

FY 2011-12 NBPB

Commonwealth of
Pennsylvania

Office of Children,
Youth and Families



NEEDS BASED PLAN AND BUDGET NARRATIVE TEMPLATE

Montgomery County

Needs Based Plan and Budget FYs 2009/10, 2010/11, and 2011/12

Families are at the heart of children's worlds.

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Section 2: NBPB Development

This Needs Based Plan and Budget (NBPB) document provides updates and documents county status with regard to responsibilities and objectives, including service trends and data, program outcome indicators, administrative information and special grant applications which provide the foundation for the revenue and expenditures requests from the Commonwealth. A Public Hearing to elicit input from the community was held on August 2, 2010 at 10:00 a.m. at the Montgomery County Human Services Center. A press release to announce the hearing to the public was issued in advance of the event through the County's Communications Office.

Montgomery County's final Needs-Based Plan and Budget allocation for Fiscal Year 2010/11 is \$38,248,916. Additional funds for Special Grants total \$1,099,000. This year the NBPB process differs from prior years by requiring submission of the Budget Planning Narrative and accompanying General Indicators documentation by August 15th. Budget files with supporting documents must be submitted 30 days following completion of 4th Quarter Act 148 Invoice, by November 1, 2010.

The NBPB complies with federal and state statutory requirements. It incorporates the Department of Public Welfare's goals for promoting safe and stable families, including the Integrated Children's Services Planning (ICSP) process. Planning also conforms to goals identified by the Supreme Court Office of Children and Families in the Courts Guiding Principles and the Juvenile Court Judges Commission Balanced and Restorative Justice Principles. The Permanency Practice Initiative (PPI) of Office of Children, Youth and Families (OCYF)/Office of Children and Families in the Courts (OCFC) provides the practice foundation through which to meet family-centered practice goals to improve child permanency outcomes. The Montgomery County Children's Roundtable mission and goals also provide strategies for meeting the needs of children and families throughout our diverse communities.

2-1: Executive Summary

Montgomery County's child welfare and juvenile justice systems are responsible for the County's most vulnerable children and youth. We assure safety of children who are at risk of maltreatment and support for families in need of service in their homes. We hold youth accountable for delinquent acts in order to prevent future conflicts with the law. We care for children and youth who are in out-of-home care due to abuse, neglect, or delinquency, and those who have recently aged out of foster care or juvenile justice services.

Multifaceted and unprecedented challenges, increased public expectations, and rapid practice changes have impacted the child welfare and juvenile justice systems. Capability to fulfill our responsibilities is complicated by difficult economic times and significant budgetary constraints. These circumstances have been the catalyst to conceptualize change, redesign, and reconstruct our child welfare and juvenile justice systems. We have introduced new ways of getting work done with fewer resources, appropriate for the real world. The strategies in this plan provide the roadmap for change. In light of these circumstances, strategies outlined in this document are better preparing Montgomery County to meet needs of residents in the years ahead.

There is recognition that the government alone cannot provide all resources that families need. We believe that our systemic reforms can be accomplished, but they are dependent upon public support for the investment of resources in the future of our children, youth and families.

We build partnerships with public and private agencies, with communities and with those receiving services. If goals are achieved and sustained, families will be nurtured and preserved, fewer children will wind up in foster care and those youth in the juvenile justice system will find paths to success.

Goals for child welfare and juvenile justice in the current and upcoming years are:

- 1.) Improving outcomes for children, youth and families and with recognition of local needs;
- 2.) Assuring an adequate array of services to address changing needs of our residents and the increasing diversity of our communities;
- 3.) Strengthening the workforce by providing practical skills needed to help families be successful in meeting the needs of their children;
- 4.) Consistently improving program quality through use of evidence-based and promising services and practices;
- 5.) Using feedback from those served to inform planning, programs and practices;
- 6.) Working within a limited fiscal framework that makes major investments in in-home services and reduces necessity for placement services.

2-2: Determining Needs

2-2a. Collaboration

Montgomery County assures that the programmatic needs of both dependent and delinquent client populations are individually and collectively represented upon submission of this Needs Based Plan and Budget to the Department of Public Welfare’s Office of Children Youth and Families. This plan exemplifies the connectivity between multiple human service systems, among numerous professions, with the community and with stakeholders. Due to frequent cross-over of children and families served, professionally interactive relationships exist in delivering the highest quality service to children, youth and families.

Entity	County Engagement
County Children and Youth Agency Staff	Office of Children and Youth staff provide input used in planning throughout the year at staff meetings, supervisory meetings, divisional meetings and administrative meetings.
Juvenile Probation Staff	Juvenile Probation Office staff provides input used in planning throughout the year at staff meetings, supervisory meetings, divisional meetings and administrative meetings.
Juvenile Court, Orphans and Family Court Judges and Legal Counsel for Parties	The Board of Judges is also active in program development and fiscal planning. The Juvenile Court plays an integral role in development of the NBPB. Meetings with the judges are ongoing. The Children’s Roundtable is also a means for judicial and legal input into development.
Family Members and Youth, especially those who are or who have received services	The Children’s Service Integration Committee includes input from the Family Engagement Workgroup in development of this NBPB. Input from youth receiving services is gathered through various venues such as transition planning meetings and discussions with youth in the Housing 101 program which serves youth who have previously been in placement.
Child, Parent, and Family Advocates	Child, parent and family advocates all provide representation on the Children’s Roundtable which informs policy and programs. The committee informs county programs throughout the year. Input specific to the NBPB was provided at the Roundtable.

Entity	County Engagement
Mental Health and Mental Retardation service system/ Drug and Alcohol Service System/ Early Intervention System	The Behavioral Health and Developmental Disabilities Office are involved in planning through membership on the Children's Service Integration Committee which devoted time in June to provide input which informed this plan.
Children's Roundtable	The Roundtable has been the vehicle through which the Court, County and community collaborate in addressing needs. Over 50 representatives participate. Input specific to NBPB development was the focus of meetings in June and July.
Integrated Children's Services Initiative (ICSI) Committee	The CSI Executive Committee meets monthly. The full ICSI meets monthly. These committees are vehicle for integration and contribute to the NBPB. The Integrated Children's Service Team (ICRT is responsible for shared case planning and review of multi-system cases involving children and their families.
Local Education System	Representatives of 14 of our 22 School districts are members of the Children's Roundtable and inform programs, policies and services.
OCY Child Abuse Multi-Disciplinary Teams	OCY's 2 Child Abuse Multi-Disciplinary Teams provide input for programs, policies and the NBPB.
Service Providers	Planning meetings with contracted provider agencies for this Needs Based Plan and Budget were held in July to obtain input and share information. Joint vendor case reviews that occur throughout the year also inform planning and monitor outcomes.
Health Department	The Health Department and Maternal and Child Healthcare Division collaborate throughout the year to coordinate programs and services, including the Nurse Family Partnership program.
Law Enforcement	Law enforcement provides input to the NBPB process through the Children's Roundtable, the OCY Child Abuse Multi-Disciplinary Teams and Mission Kids Child Advocacy Center .
County Assistance Office	The County Assistance Office participates in various County workgroups.
Human Services Administration	The Director of Human Services is involved in all aspects of services provided to the County's children and families.
OCY Citizen Advisory Committee	The Citizen Advisory Committee provides input specific to planning throughout the year. The CAC meets 9 months annually.
District Attorney's Office	Partnership with the D.A. assures collaboration in both juvenile and criminal proceedings. Mission Kids and the Children's Roundtable are two venues through which collaboration occurs.
Family To Family Steering Committees	Three (3) F2F Steering Committees provide input with regard to programs, services and resources at quarterly meetings. Input has been utilized in the NBPB.

2-2b. Data Collection Details

Resources used for data collection and analysis in develop of the NBPB are identified below.

Resource	Data Collected	Date of Data
Data Kit provided by OCYF	HZA Data Kit	6/10
Automated Children and Youth System (ACYS) Data	Intake Statistics Caseload Statistics Case Open Data Case Closure Data Child Counts Family Counts	7/1/09 – 6/30/10
Hyperion Budget/Lawson Financial System	Fiscal Data	7/1/09 – 6/30/10
Juvenile Case Restitution System (JCRS) Data	Court fees and costs; restitution to victims, community service hours for fines and costs	7/1/09 -6/30/10
Juvenile Justice Outcomes Measures Report	Caseload statistics Case Open Data Case Closure Data Child Counts	7/1/09 -6/30/10
Juvenile Justice Network automation system (JNET)	Statewide Court data and caseload statistics	7/1/09 -6/30/10
Juvenile Case Management System (JCMS)	Caseload statistics Case Open Data Case Closure Data Child Counts Outcomes Data	7/1/09 -6/30/10
AFCARS Reporting system	Child Data Placement Data CFSR Measures Permanency Data IL Data Provider Data	7/1/09 -6/30/10
U.S. Census Bureau and State and County Quick Facts	Quick Facts Demographic data for individual communities	2000 – 2010 actual and estimates

2-3: Meeting Mandates

2-3a. PA Rules of Juvenile Court Procedure

The Pennsylvania Rules of Juvenile Court Procedure are defined by the Supreme Court. Delinquency matters are governed by Chapters One through Ten (Rules 100 - 1099). Dependency matters are governed by Chapters Eleven through Twenty (Rules 1100 - 2099). The Rules govern proceedings when the Juvenile Act vests jurisdiction in the Juvenile Court. The Rules of Criminal Procedure apply in cases involving juveniles in summary and court cases, as defined by Pa.R.Crim.P. 103, to the extent that the Juvenile Act does not apply to these proceedings. County records, pleadings, hearings and other court proceedings adhere to the Rules.

- The President Judge and Administrative Juvenile Court Judge provide oversight of adherence to the Rules, in concert with OCY and JPO.
- Delinquency Rules are fully implemented; adherence is reviewed on a continual basis, with updates and transition of procedures undertaken, as required.
- Dependency Rules are fully implemented; adherence is reviewed on a continual basis, with updates and transition of procedures undertaken as required.

2-3b. Truancy

All truancy is addressed under the Dependency Rules. Per County protocol, truant children under age 13 are accepted for assessment and served by OCY. School District referred children 13 or older are accepted for assessment and served by the Juvenile Probation Office. However, assignment of any case to the alternative system is conducted when case circumstances determine that the child and/or family will be better served.

- The Children's Roundtable started an initiative to develop a more collaborative response to truancy in 2008.
- A Truancy Workgroup is presently under development by the Children's Roundtable which includes participation by Children's Roundtable Judicial Co-Chairs, OCY, JPO, District Attorney, school superintendents, home and school visitors and District Justices, with the specific intent of achieving the Commonwealth goal of uniformity in response and intervention in our 22 county school districts.
- The County departments and Children's Roundtable provide consultation and assistance to school districts in enacting the statutory requirements of the Truancy Act and the PA Department of Education Truancy Circular.
- A model Truancy Elimination program is active in Norristown School District where the County's highest truancy rates are documented.

2-3c. Quality Assurance Process

Determination and documentation of allowable IV-E costs for placement maintenance is conducted, as required by the Commonwealth. OCYF reviews of IV-E invoicing activities are of benefit assuring that the County source of federal revenue continues at a high level. Both the Office of Children and Youth and Juvenile Probation Office have internal Title IV-E quality assurance processes to assure accurate documentation and to process claims within federal guidelines. These processes are continually revised and improved.

- At OCY, a team comprised of fiscal IV-E coordinators and a Program Specialist complete Random Moment Time Study surveys, collect, review and document activity performed at the required “moment in time” to assure compliance with claiming procedures. At JPO a similar process is in place to collect and document IV-E allowable invoicing. Only youth dually adjudicated continue to be eligible for Title IV-E placement maintenance.
- Claiming procedures are managed by two (2) designated staff in the Fiscal Division who work to assure that IV-E claims are correct, properly recorded and containing auditable documentation. Oversight is provided by the Fiscal Supervisor.
- Eligibility determination and documentation requirements have resulted in significant workload increase which has been assumed by existing staff. Additional staffing to manage the requirement and funding for a consultant is requested for Fiscal Year 2011/12.

2-3d. Fostering Connections

Requirements of the Fostering Connections to Success and Increasing Adoptions Act have been implemented as outlined below.

- Educational Stability and Continuity for Children in Placement: The Juvenile Court prioritizes educational achievement for children and for older youth. The Montgomery County Intermediate Unit and our school districts have been responsive to the needs of the county. OCY’s Educational Coordinator provides oversight and support to staff.
 - The educational screen developed by the Educational Law Center is completed for all children entering placement. The County is prepared to extend screens to all eligible children within OCYF identified timeframes.
 - Coordinating with school districts ensures that children remain in the school in which they are enrolled at the time of placement and is effectuated as often as possible. When this is not in the child’s best interests, immediate enrollment in a new school and transfer of educational records is assured.
 - All school age children in placement are enrolled in school full-time or have completed high school or a GED. The Adoption Assistance Agreement and Subsidized Permanent Legal Custodianship Agreement are revised to include the same requirement.
- Notice of Child Placement to Relatives: Due diligence is exercised to identify and provide notice to all known adult relatives of a child within 30 days after the child is removed from his or her home using numerous methods including client self-report, review of court dockets and available information systems. Family Finding is employed. The OCYF sample notification is utilized as the template for the notice.
- Waiver Request for Non-safety Licensing Standards for Kinship Care and Permanent Legal Custodianships: Requests to waive non-safety licensing standards have been submitted, as needed, to OCYF to eliminate barriers to permanency by placing children with relatives.
- Placing Siblings Together and Provision of Sibling Visitation: Reasonable efforts to place siblings in the same foster care, kinship guardianship, or adoptive placements are routine, as long as doing so is not contrary to safety or well-being. If not placed together, frequent visitation and other ongoing interaction between the siblings is provided.
- Subsidy for Relative Permanent Legal Custodianships: Kinship guardians are eligible to receive subsidy, but it may not exceed the foster care rate that would have been paid had the child remained in a foster family home. All current PLC arrangements are subsidized.
- Transition Planning for Older Youth in Placement: Transition planning begins at the time of referral for independent living preparation services. At 17 youth are involved in

development of a formal transition plan. A final plan is updated at least 90 days prior to anticipated discharge. The plans are provided to the Court and to case parties. The county document will be replaced by OCYF transition plan when available.

- Independent Living Preparation and Aftercare Services for Youth Adopted or in Care of Legal Guardians: Independent living preparation services are both available to youth 16 and older discharged to adoption or to a permanent custodianship. Aftercare services are available to youth up to the age of 21.
- Custody Extensions for Older Youth in Placement: Older eligible youth are provided the option to remain in foster care until age 21. Policy will be revised if the State adopts the full range of options.
- Coordination and Continuity of Healthcare Services for Children in Placement: Ongoing oversight, provision and coordination of health care services is maintained for all children in placement. Records are current and maintained in the County's child case record. Information is made available to additional parties, as needed, to ensure continuity of health care and oversight of all necessary prescription medications.

2-3e. Safety Assessment

The County has a Safety Team which consists of seven (7) trainers, two (2) of whom are Safety Leads. Implementation of the In-Home Safety Assessment process is completed.

- The Safety Team completed training for all staff in 2009 and fully implemented June, 2009.
- An agency initiated & developed FAQ (Frequently asked Questions) document was utilized to continuously update staff on revisions to the tool and process and to address the most common areas of confusion.
- Pa. Child Welfare Training Program technical assistance was provided for months following implementation, to assist the six (6) OCY Transfer of Learning specialists.
- The County participates on committees for process improvement and transition.
- Feedback from staff and the State indicates a firm understanding of the process.
- The Safety Team participates in all calls and meetings related to practice improvements and revisions as well as workgroups.
- The County is involved in case reviews with our Regional Office to assure continued practice improvements.

County representative sit on the Out-Of-Home Safety Assessment Implementation Committee. Montco will pilot the tool in the spring of 2010.

- The County's Safety Team consists of 7 trainers and safety leads who will be trained in the new Out-of-home care tool and process in the fall of 2010.
- Training of all staff will occur in the winter and spring of 2011 with the implementation year beginning in July of 2011.

OCY has already begun to discuss the new process and tools with placement providers and staff.

2-3f. Children & Family Services Improvement Act of 2006

Federal requirement for documenting and tracking monthly face to face visits with children in their placement setting has been implemented. All staff were trained in 2009. Tracking is accomplished through casework documentation of visits in case dictation, supervisory logbook tracking systems and is extracted from our ACYS system for reporting.

- Children in placement are visited by County staff and by contracted provider agencies.

- The County visitation protocol and policy manual assure that visits are purposeful and focus on issues related to FSP case planning and service delivery to both child and family.
- The Juvenile Court consults directly with children at dependency proceedings to assure that the needs of children and youth are recognized.
- Parents and other recognized parties to a case, including relatives and resource families are provided opportunity to address the court at all proceedings. Resource families are also provided opportunity to submit in writing at all proceedings.
- Social service staff consults with and involves physicians and medical professionals in assessing physical condition and well-being of children to address healthcare needs.

2-3g. Development Evaluation and Early Intervention Referral

Child welfare interfaces with the Early Intervention and the Intermediate Unit to comply with CAPTA requirement to identify young children with developmental delays through use of the Ages and Stages Questionnaire.

- Cross training was completed in 2008.
- An Educational Coordinator conducts Ages and Stages screenings for children age 5 and under, trains social service staff and resource families to administer the screenings and coordinates referrals for early intervention when indicated.
- All children who are victims of substantiated abuse and neglect receive these screenings, but policy has extended screenings to all children under 5 years who are accepted for services.
- ASQ is also delivered by staff in our Family Centers and the County Nurse Family Partnership Program.
- The Educational Coordinator facilitates coordination in assessment, referral and planning with Early Intervention, the Intermediate Unit and school districts, as required.
- The Educational Coordinator inputs the results of these screenings in the Statewide Ages and Stages database administered through the University of Pittsburgh.
- In lieu of the OCYF evaluation of the ASQ initiative, the County will collect data regarding children screened and results of the screening including area of delay, demographics, manner of screening, and documentation of referrals for early intervention services.

2-3h. CFSR Outcomes and Continuous Quality Improvement

Montco uses the CFSR and PIP as a foundation for identifying strengths, areas for program improvements and participates in numerous initiatives intended to continually improve program quality to achieve federal outcomes. Strategic planning emphasizes organizational change to enhance practice and promote permanency through professional skills development and utilization of evidence-based practices and programs. Areas identified for outcomes improvement are consistent with those identified by OCYF: youth and family engagement, comprehensive and ongoing assessment of child and family needs, achieving timely and sustained permanency and developing a comprehensive array of services available to children, youth and families.

- Participation on the statewide ICSI and CFSR PIP Committees provide a means through which we maintain current information, focus upon CFSR outcomes and themes and apply them to county specific practice.
- Collection and continual review of data specific to CFSR measurements through use of AFCARS and ACYS applications supports in-house review of progress.

- In-house quality assurance staff, MDTs, Family To Family Steering Committees, Act 33 team, case reviews, vendor reviews, and clinical reviews and IL transition planning are venues through which we assure CQI.

Participation in State initiatives assists in establishing strategic goals related to federal CFSR outcomes. We are represented on the Statewide ICSP Committee, PPI Phase 2, NGA Placement Reduction Initiative, Children’s Roundtable Regional and Statewide Committees and Workgroups, Safety Assessment Workgroups, CFSR PIP Committee and Workgroups, PACWTP Steering Committee, Family Group Decision Making (FGDM) Statewide Committee, MCI Pilot, Mobility Pilot and others.

2-3i. Shared Case Responsibility

The Shared Case Responsibility Policy and Procedures Bulletin provides a framework for child welfare and juvenile justice for sharing in responsibility for care and service to youth who are served concurrently by both systems. Montco was fortunate to participate with OCYF in development of this bulletin to support statewide implementation of the practice of sharing responsibility for youth and families across the child welfare and juvenile justice systems and to provide clarity in IV-E data entry and invoicing for eligible youth.

- Our departments collaborate in crossover cases where dependency and delinquency exist within the same household. On other occasions a youth in the legal custody of OCY is legally supervised by the JPO. Shared case responsibility is practiced in both of these cases.
- Youth in the juvenile justice system often have continuing dependency needs and those needs are concurrently recognized by the Juvenile Court.
- The Juvenile Court Judge frequently issues orders which require dual involvement and/or adjudication by OCY and JPO.
- These shared case management orders assure collaboration in service planning so that the needs of all family members are met.
- The Court provides simultaneous jurisdiction over the dependency and delinquency dispositions.
- A protocol for Shared Case Responsibility has been drafted and submitted to our Regional Office. It comprises the preliminary plan for expanding collaboration between our systems to meet the full spectrum of needs of youth and families through continual collaboration, shared case planning and joint court proceedings to improve outcomes for youth and their families. It is anticipated that Court involvement, cross-training regarding practice and revisions will precede completion of a final document.

2-3j. The Child Abuse Prevention and Treatment Act– Guardian Ad Litem Training

CAPTA requires that every child is represented by a qualified Guardian ad Litem in court.

- In Montco a full-time GAL and full-time assistant are employed by the Public Defender’s Office and provide representation for the majority of the County’s dependent children.
- Both the attorney and assistant have held their positions for many years and are trainers for the Commonwealth and Montgomery County Bar Association in matters related to quality legal representation for children.
- The GAL and OCY Director are represented on the Legal Representation Workgroup of the Children’s Roundtable.

The Montgomery County Advocacy Project (MCAP) also provides legal representation for children involved in dependency proceedings.

- MCAP is a 501(c)(3) organization. Volunteer pro bono attorneys provide GAL representation in cases where children circumstances cross over administrative branches of the Court of Common Pleas, when an older youth circumstances require both a GAL and a defense attorney or in those cases where some type of conflict of interest exists.
- The MCAP attorneys are appointed by the Court of Common Pleas and are empowered to act as legal representative and GAL for a child until the age of 18. 56 dependent children were represented by 33 MCAP attorneys in 2009/10.
- MCAP attorneys receive 8 hours of pre-service training prior to case assignment. Ongoing case supervision is provided by the MCAP Program Director. Pre-service and ongoing training is provided by the Court, County GAL, OCY, medical professionals, District Attorney, and others.

Montgomery County will adopt the GAL training curriculum once completed by the OCFC.

2-3k. Chafee Foster Care Independence Program - National Youth in Transition Database

OCY tracks IL eligible youth through use of the AFCARS system.

- Each month the IL Coordinator prepares a report identifying all eligible youth.
- The report is used to determine new youth eligible to receive IL preparation services and to cross-check youth who are receiving services.
- The same report is used to identify youth who are turning 17 years of age to schedule an initial transition planning meeting as well as to identify youth who will be scheduled for a discharge planning meeting at least 90 days prior to scheduled discharge.

The County is prepared to engage youth and stakeholders, implement NYTD surveys and collect data when additional information is made available from the Commonwealth and access to the National Youth in Transition Database (NYTD) is provided.

- The AFCARS system will be used to identify 17 years olds required to participate in the NYTD survey. The youth will be identified 30 days prior to turning 17 years of age. Upon identification, a letter will be sent to both the youth and IL provider. The letter will explain the reason for the survey and will contain instructions as to how the survey is completed. A letter and follow-up conversation will take place between the IL Coordinator and the IL provider to ensure that the youth has been engaged and the survey has been completed.
- OCY will initiate data collection, youth enrollment and participation in the NYTD at the time that youth participate in their first transition planning meeting which is scheduled at the time of the youth's 17th birthday.
- The OCY IL Coordinator presently collects data on the individual youth who are eligible to receive and who participate in or opt out of IL preparation services.

2-3l. Emergency and Disaster Planning

In order to comply with the Family Services Improvement Act of 2006, the County has an established plan for continuation of essential services in the event of a major disaster. It includes the five federal requirements for:

- Identification, location and continuity of services for children and families served in home and out of home;
- Capacity to respond to new child welfare cases in areas affected by disaster;

- Communication maintenance for child welfare staff affected by disaster;
- Preservation of essential records;
- Coordination with other agencies and entities at all levels of governmental is essential in the event and aftermath of a disaster.

The County's plan requires assistance from the Commonwealth in responding and supporting essential services if children and families are displaced by a major disaster. A more comprehensive plan is presently under development.

- OCY adheres to the Montgomery County Disaster Plan which is developed by the County Emergency Services Department.
- The County is familiar with the OCYF disaster plan for ChildLine.
- County service contracts include requirement for a formal disaster plan.
- The Southeast region is engaging in shared planning to provide support in maintaining services across county lines in the event of a county specific disaster.
- The County has an emergency disaster plan and capacity for uninterrupted communication in the event of a disaster which includes communication capability, protection of electronic records and tracking of vulnerable populations.

2-3m. Time Limited Family Reunification

In FY 07/08 the County continued efforts to provide supportive services in communities through application and approval of Time Limited Family Reunification (TLFR) grant funds for a three (3) year period. TLFR services are delivered through the County Family Centers in Norristown and Pottstown. TLFR operates in accordance with the Integrated Children's Services Plan and provides families with prevention, intervention and support to ensure family stability, child safety and healthy child development.

The following three (3) outcomes have been continuous since inception of TLFR:

Outcome 1: Reduce the length of time that children spend in foster care.

TLFR Family Reunification Specialists have been providing intensive case management services to referred parents who have children in foster care. Several types of assistance have been provided, including but not limited to: housing, drug and alcohol, employment, parenting skills, budgeting assistance and transportation. OCY data shows that parent engagement in these types of services and activities early in their child's placement reduces the length of time the child resides in foster care.

Outcome 2: Increase the stabilization of families who have a child in foster care in order to facilitate reunification with the family within 15 months.

Families complete pre and post tests which provide the baseline and progress of those families receiving services. All families have reported that TLFR has assisted them in achieving FSP goals, increase their confidence in parenting and better prepare for the return care of their children. Parents completing an end of year survey revealed:

- 97% reported being more aware of and better able to access community support services
- 72% reported being more stable emotionally, 50% more stable financially
- 78% reported achieving Family Service Plan goals
- 70% reported feeling more confident with parenting skills and better prepared to care for their child

Outcome 3: Enhance the working relationships between the CCYA and other agencies and service providers at the county and community levels to support families.

Montgomery County Family Centers and OCY have a long standing collaborative relationship, which continues to be enhanced through the expansion of services. TLFR has increased the communication between Family Center staff and OCY caseworkers and supervisors given the common goal of family reunification. The Family Reunification Specialists have weekly email and/or phone contact with OCY caseworkers, as well as frequent face to face contact for the purpose of joint planning. Family Center Directors and an OCY Administrative team meet on a quarterly basis to discuss progress, while Family Center Directors meet monthly with the OCY Social Service Specialist to review outcomes.

TLFR is received positively by families and is beneficial to the timely reunification of children, in addition to connecting families to services. Since fiscal year 2008, 109 families have participated in TLFR. Nineteen (19) families/thirty-three (33) children have reunified expeditiously. Of those nineteen families:

- 4 families reunified within three months
- 2 families reunified within six months
- 7 families reunified within nine months
- 3 families reunified within twelve months
- 15 families reunified within fifteen months
- Reunification did not occur in 12 families; however, the 14 children in the families obtained permanency through adoption.

Family Center staff engages parents immediately following placement of a child. Time Limited Family Reunification (TLFR) services are provided to families when a child enters the foster care system. Services are designed to expedite a reunification within an appropriate environment. Intensive services are the key to successful reunification and the primary mechanism through which family relationships are maintained while a child is in out-of-home care. Additionally, they provide a context for increasing parental capacity and building strong parent-child bonds to support a safe environment for a child. If a permanent plan other than reunification is to be considered, TLFR services continue to support the child during times of transition. Services and activities will continue to be delivered as stated in the current program description in FY 10/11.

Families receive multiple benefits from provision of TLRF services and the County requests funding to continue this program. No funding changes are planned, as the program is successful in its current structure. The allocation of \$265,000 appropriately meets the needs of TLFR.

Section 3: General Indicators

3-1: County Information/Background

Montgomery County is located in the southeast, covering 487 square miles. 96.5% of the county is considered urban with 1,602 people per square mile.

- Population growth in the western and northwestern regions of the county has been significant and is higher than the State average. An estimated population increase of 4.5% is noted for the period 2000 to 2009.
- The central region of the county is heavily populated and has high concentration of factors associated with child dependency, juvenile delinquency, poverty, infant mortality and crime.
- The percentage of residents under the age of 18 is slightly higher than State average.
- Following are selected population estimates from the U.S. Census Bureau.

Total Population	782,339 (2009)
Persons under 18 years old	179,938 (23%) (2009)
Poverty Rate	6.2% (2008)
Families with children below poverty level	11,416 (6.5%) (2008)
Unemployment (up from 4.5%)	6.9% (2009)
Racial/Ethnic Composition (2008)	
• White	84.5%
• Black	8.6%
• Asian	5.4%
• Two or more races	1.2%
• Persons of Hispanic/Latino Origin	3.3%

Annual licensing review was completed on March 31, 2010. There were 269 cases reviewed.

- 1 of 75 CPS records did not contain documentation that the child was seen in 24 hours of referral. 1 of 75 CPS records did not contain documentation that supervision occurred within the ten (10) day interval during the investigation. 1 of 60 records did not include the father's signature on the FSP and he was not provided opportunity to participate in development of the FSP.
- Visits were made and interviews were conducted with foster parents and birth parents by the OCYF staff. The Region commended the county on the quality of the foster homes and services delivered.

A Plan of Correction addressed areas of noncompliance. It was submitted to the OCYF Southeast Regional Office on 4/22/09 and accepted by OCYF. The agency was issued a full license for the current year in May, 2010.

County Overview

Service System Improvements - Integration of programs and services continues.

- County Collaborative – The two-tiered County Collaborative functions to partner local government and the community since 2003. Public, private and community social services work through five (5) Regional Collaborative Boards. A combined Advisory Collaborative meets quarterly. Truancy, early intervention initiatives, housing and homelessness, and healthcare are among the multiple priorities of the Collaborative during the past year.

- System of Care Development – Success is measured through accomplishments at both administrative and service delivery levels. Progress is significant and has surpassed that of any prior year. Implementation of evidence-based practices, shared funding, expansion of shared case planning and cross-system case reviews have been successful. The County has applied to participate in the Commonwealth’s System of Care grant demonstration program.
- Children’s Services Integration (CSI) – The two-tiered group functions to improve social services on system, program and client levels. Integration efforts emphasize cross-program collaboration, coordination, and information sharing. New evidence-based services, including MST, FFT, HIFI, SWPBS, FFSBS are added to the array to promote a unified services system for children and families. Cross training and shared case planning continues. The Executive Committee of the ICSI has met twice monthly for the past several months to undertake specific planning for the ICSP and NBPB. The CSI Committee recently developed a new workgroup whose objective is to improve health and well-being outcomes for young children, birth to 8 years which expands CSI membership to CCIS, public health, Maternal and Child Health.

Permanency Practices – The County participates in initiatives which function to improve outcomes for those children and families served.

Placement Reduction Initiative – The National Governors Association Placement Reduction Initiative set goals to reduce placements up to 20% by 2010. Although child placements have increased during 2010, the County continues to demonstrate progress across several established goals, enumerated below. These are further evaluated in other sections of this document.

- Increase the number of children and families receiving home and community based services up to 20% in 3 years.
- Reduce placements of preschool age children. Numbers are down from 111 in FY 06/07 to 86 in FY 09/10.
- Decrease adolescent placements. Numbers are down from 160 in FY 06/07 to 95 in FY 09/10 and reduce reentry rates for older youth.
- Implement multi-system, shared case planning and service delivery for older youth in placement who are also involved in the JJ, MH, DD or D/A systems. 90 children/youth were reviewed by the cross-systems team in FY 09/10, up from 75 in the prior year. 498 child cases have been reviewed since inception.
- Reduce the number of children who experience multiple placements (more than 3) while awaiting permanency. Of children discharged between 10/1/09 and 3/31/10, 12.7% had more than 3 placements.
- Increase use of relative kinship foster care by 20% in 3 years. Children placed with kin totaled 107 in FY 07/08 and 134 in FY 09/10.

Permanency Practice Initiative (PPI) Phase 2 - All requirements have been implemented.

- 3 month permanency reviews for children in placement, age 0-5.
- Implementation of CPCMS and corresponding data entry. Data is being collected as requested by OCFC.
- Family Finding
- Family Group Decision-Making (FGDM)
- Family Development Credentialing

- Permanency preparation 3/5/7 model
- Children's Roundtable oversight of initiative and implementation of above.

Juvenile Court - Coordination across administrative branches of the Court assures positive outcomes.

- New judges were appointed in January, 2010. The Honorable Wendy Demchick-Alloy is the Administrative Juvenile Court Judge. The Honorable Lois Murphy is appointed to OCY matters in the Orphans Court.
- Children's Roundtable - Roundtable priorities for 2009 continue in 2010. They include enhanced partnership with schools, district courts and police departments around issues of truancy, shared response and case planning in dependency and delinquency cases, development of training and education for participant professions and implementation of countywide protocols to promote best practices. Implementation is supported by the Juvenile Court and Human Services Administration.
- Common Pleas Criminal Court Case Management System (CPCMS) – CPCMS was implemented in September, 2008. All CPCMS court documents are utilized. Several additional County specific court orders continue to be used for specialized purposes which are not included in the CPCMS system. Required data from court pleadings, permanency reviews and hearings are entered into the system. Required data entry is exceeding current resources for data entry and system maintenance at the Juvenile Clerk of Court.

Team Investigations and Mission Kids Child Advocacy Center (CAC) - The District Attorney's Office, Police Chiefs Association and Office of Children and Youth partnered to develop Mission Kids, a countywide CAC as a non-profit 501(c)(3) organization in 2007.

In October, 2009 Mission Kids officially opened as the County CAC. Mission Kids coordinates team investigations and MDT meetings, provides forensic interviewing and supportive services for all cases of child sexual abuse and serious and complex physical injury cases, including LEO reports and children who are witness to domestic violence. 216 children have received services at Mission Kids since opening. These children were victims in both child protective services as well as law enforcement only investigations.

- The volunteer Board of Directors functions in a fund-raising and oversight capacity. A professional Management Team is responsible for supporting the Board of Directors in an administrative and supervisory capacity.
- Technical assistance from the National Children's Alliance, the University of Pennsylvania's Field Center for Social Policy, Practice and Research and Children's Hospital of Philadelphia are employed to meet national CAC standards. Associate Membership status was awarded to Mission Kids in 2008 by the NCA. Full membership status is anticipated in 2010, once implementation of a Child Advocate position and formalized capacity to deliver specialized mental health services to child victims and their families are in place.
- The County's team investigation process requires participation by OCY, police, D.A.'s office, child advocate and medical professionals in all cases. During the period of 1/1/10 through 6/30/10, 87 children have been served at the CAC; each has received forensic interview, MDT and supportive services.

Projection for Mission Kids to serve 150 OCY children annually is on target.

Technology Improvements - Montco is committed to partnering with OCYF in development of technology that meets federal requirements for case management and reporting. Consistent with the Commonwealth's objective, Montco has prioritized development of a plan to implement interoperable technology and to achieve the related objective of making information portable to that it is accessible when and where it is needed.

IT System - In 2009 OCYF completed a Feasibility Study and Alternatives Analysis for the implementation of a Statewide Child Welfare Information System Solution. The outcome of the study resulted in a plan to develop an interoperable framework that allows access to realtime information, standardization of data across counties and access to a sustainable case management system for all counties. As part of the Statewide Plan, counties must have a sustainable system by the end of State Fiscal Year (FY) 2012. Montco has requested review of our current program to evaluate if and how the system can support the goals of the State plan or whether we must plan for the transfer to another system.

- KIDS and CAPS are under review as alternative solutions to ACYS.
- Request for funds needed to transition and maintain an alternative program are included in the IT grant request.

InterOptimability Project – The first stage of a multi-year planned technology initiative was completed in 2010. The initiative is supported by OCYF, and incorporates technical assistance from the University of Pennsylvania, the Stewards of Change, Motorola and Microsoft.

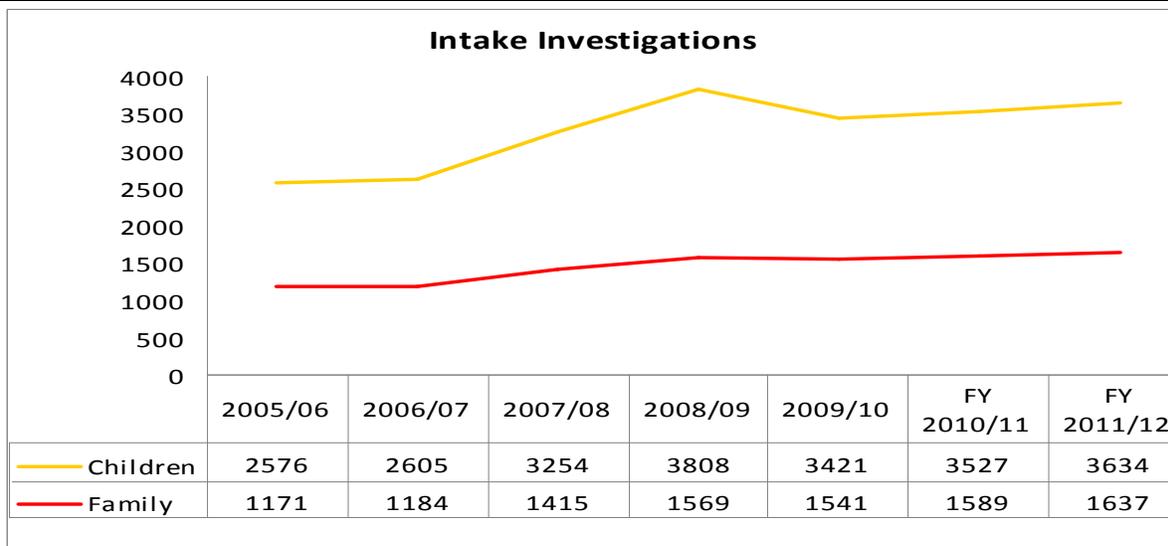
- The Roadmap Project uses an InterOptimability™ model to guide assessment, visioning and design of business processes and information technology that will enable the County to achieve and sustain an interoperable system.

Master Client Index Pilot County - The County was accepted to participate as a pilot county in this OCY initiative. The goal is to establish a common, reusable interface that allows authorized OCYF/CCYA staff to access the Master Client Index (MCI). MCI enables OCYF/CCYA users to search for a child in MCI. Montco is working with the Commonwealth to complete data entry and cross-referencing of data by the identified “go live” date in October, 2100. MCI is consistent with the County's plan for development of interoperative technology.

Mobility Project – The County is participating as a pilot county in utilization of PC “tablets” in delivery of child welfare services. The tablets are assigned to 47 caseworkers for use in enhancement of service delivery, improving practice and meeting mandates. Tablets were delivered to the county in June, programmed by the County IT Department and functional by late July. Caseworker training in utilization of the tablets is scheduled 9/9/10 and 9/10/10. Evaluation of the tablets use in enhancing practice will be conducted over a six (6) month period.

3-2: General Indicators

3-2a. Service Trends: Intake Investigations



Intake Services

Fiscal Year	Info. & Referral	Brief Services	CPS	GPS
09/10	3854	1679	702	839
08/09	4911	1089	752	817
07/08	6536	869	681	734
06/07	5796	898	524	660

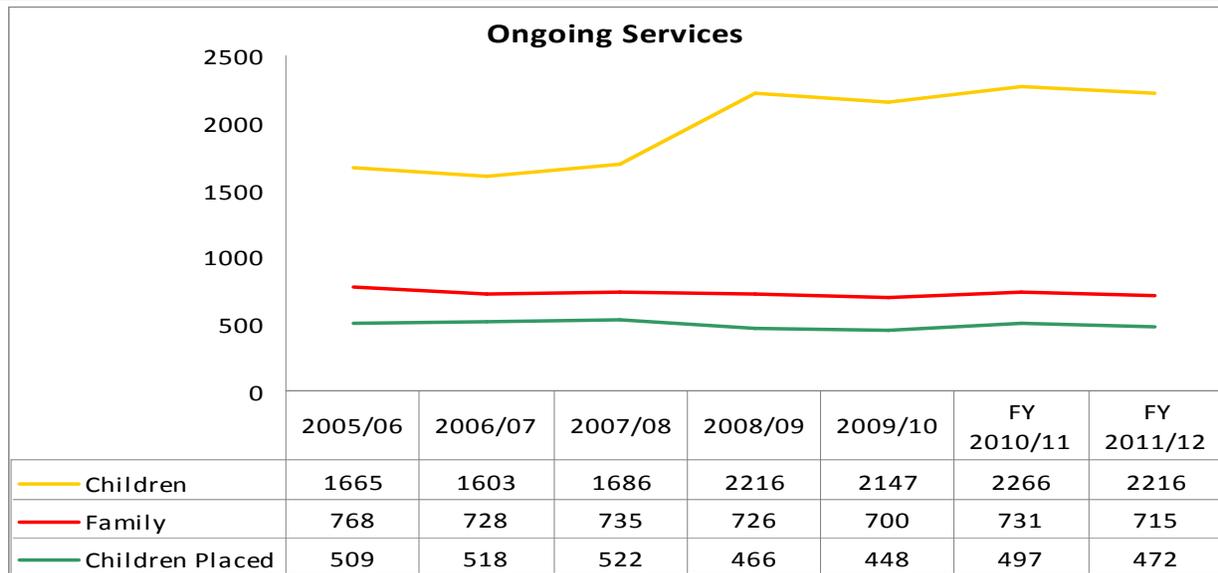
Investigations increased 23% since FY 05/06. There were 28 fewer formal investigations in FY 09/10 than in the prior year.

- 702 (46%) of investigations were for child abuse, down 7% from the prior year.
- 839 (54%) of investigations involved other forms of dependency, up 3% from the prior year.

The need for formal investigation is prevented in more cases each year through provision of brief services in the Intake Screening Unit. These brief services increased by 39% in the past four years. This is viewed as a significant accomplishment for the county. While safety is assessed in these cases, families are engaged in a less formidable manner, safety is assured and family connection to necessary services is accomplished in a less invasive more supportive manner. Further detail about Brief Services is contained in Section 4-1.

Projections for the current and upcoming year were calculated with expectation that family cases accepted for services will continue to increase as a result of increased reports and investigations. The increase is expected in GPS investigations, given that resources available in other human services are not keeping pace with the number of families in need of services such as employment, housing, medical care and the like. When family crises prevent parents from caring for children, referrals to the child welfare system increase. This projection is coupled with expectation for continued increase in provision of brief services. Projections also take into consideration continued population growth, increase in children under the age of 18 years living below poverty level and challenges posed by the downturn in the national economy, all of which are directly related to increase in child abuse, neglect and dependency referrals.

3-2a. Service Trends: Ongoing Services



Child Welfare Caseload

Fiscal Year	Cases 1 st Day	New Cases Opened	Cases Closed	Open Cases Last Day
09/10	425	275	278	422
08/09	433	279	293	425
07/08	405	313	289	433
06/07	392	264	254	405

End of year data shows no increase in the number of new family cases accepted for services. However, trend data for a three year period documents a small decline. Despite continued high level of new families referred for services it is anticipated that the increase in new cases opened will not be significant. However, the impact of the economy is evident; a related increase in new family cases opened for services is expected.

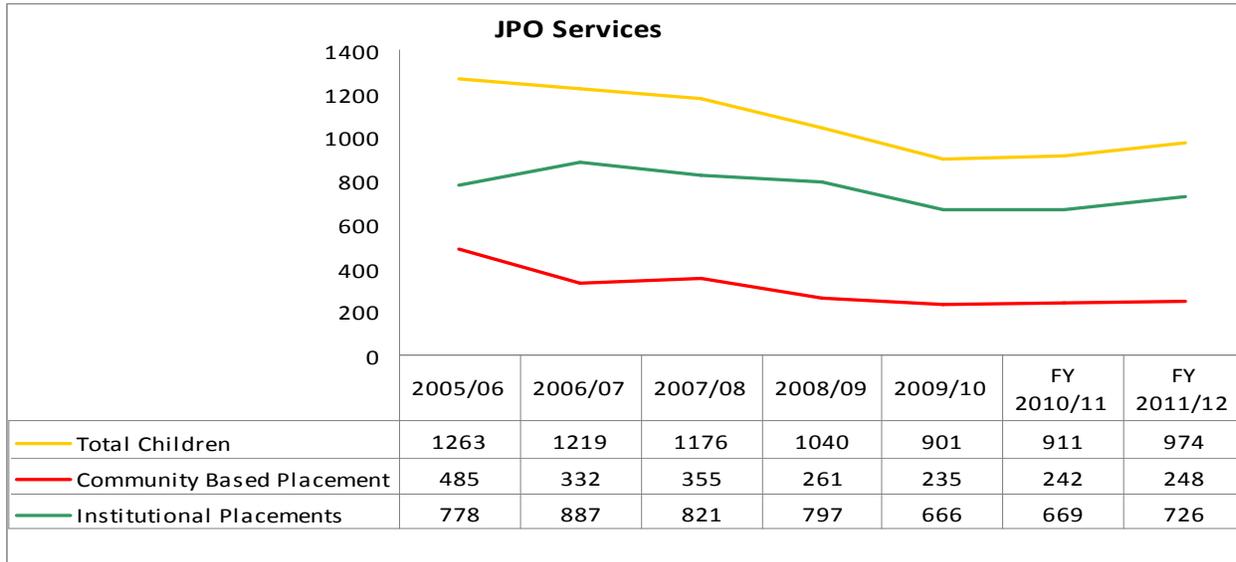
Projections incorporate factors associated with increase in families in need of services.

- The number of children receiving ongoing services has increased 22% since FY 05/06.
- The increase in new cases opened for services is expected to carry over in FY 11/12 given continuing increase in child placements since January, 2010.
- It is expected that there will be an increase in the number of shared responsibility cases given increased collaboration and changes in Juvenile Court practices.
- Increase in new cases opened for services could be offset by implementation of family engagement practices and the Alternative Response Service which are gaining momentum.

The time cases remain open has been reduced in the past several years.

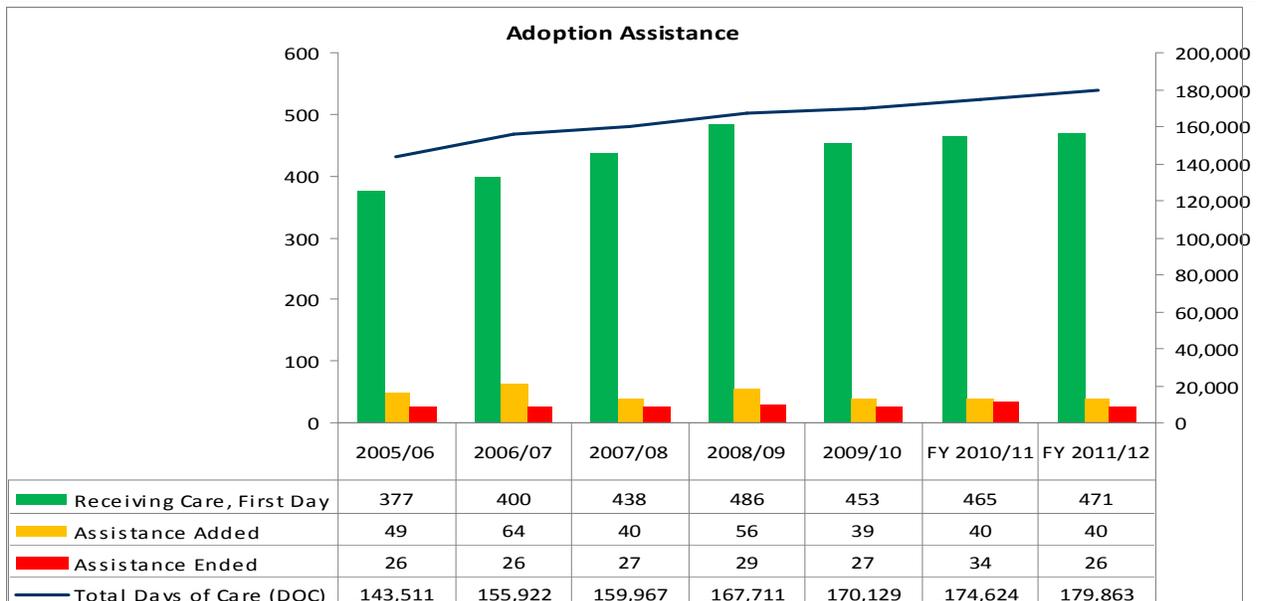
- The average length of time a family receives ongoing services when children are not in placement is about ten (10) months.
- The average length of time a family receives ongoing services when children receive placement services is about 20 months.
- The number of children per family in open cases has increased from 2.24 to 2.59 in FY 09/10.

3-2a. Service Trends: JPO Services



We have not seen a significant increase in placement services. This is due to the use of our community intervention programs and in-home services. The community also utilizes programs such as Teen Court and Youth Aid panels in order to limit penetration into the juvenile justice system. We see this trend as staying static to a bit lower in this area. We will continue working hard at reducing the number of children in placement and getting the juveniles connected to community resources so they do not return to our system. Juvenile probation is implementing new services and monitoring systems that will work as a guide in directing juveniles to the services they need. This should reduce the juvenile's penetration into the juvenile justice system, especially in the use of out of home services.

3-2b. Adoption Assistance



New Adoptions Finalized

Fiscal Year	Adoptions Finalized	Subsidy	No Subsidy	M.A. Only	Subsidies Modified
09/10	44	39	5	0	11
08/09	48	46	2	0	12
07/08	44	40	4	0	11
06/07	73	58	11	4	9

The number of children receiving adoption assistance has increased 15% since the beginning of FY 05/06. Total days of care have increased 16%. Costs continue to increase.

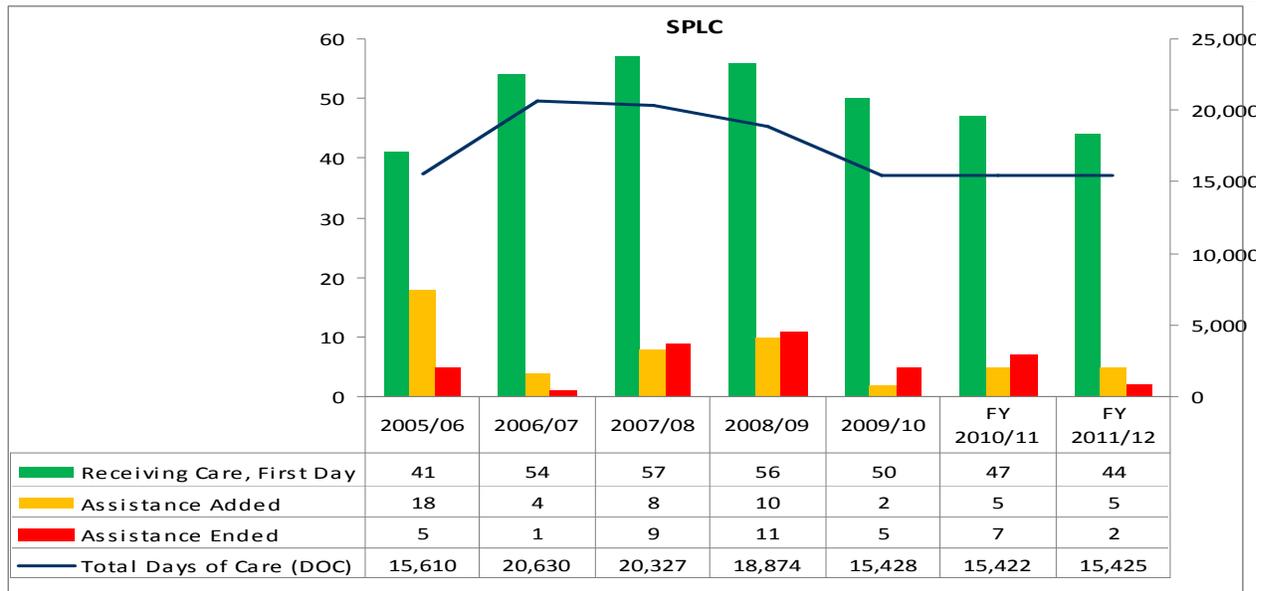
In FY 09/10 practice was changed to facilitate timeliness of adoptions. An adoption caseworker is now assigned at goal change. The previously assigned ongoing worker participates in planning and preparation for TPR and participates in proceedings. There has been a reduction in the number of finalizations in the last three (3) years given that fewer children are in placement. An increase in finalizations was predicted in FY 09/10, but there was almost no difference in numbers.

- Long-term assistance agreements that have ended vary slightly from year to year.
- Several subsidy agreement modifications are completed annually.
- The agency modified or reinstated adoption assistance in 11 cases.
- 14 current subsidy agreements are scheduled to be reviewed for modifications in 10/11.
- 35 subsidy agreements ended in 09/10, 27 of them with subsidies.
- 8 private adoption subsidies were completed in FY 09/10.

Projections for the next few years were derived from evaluation of historical trends and with the following:

- Goal changes to adoption and terminations were numerous in FY 09/10 and will maintain the number of finalizations.
 - 46 children had their goals changed to adoption by the Juvenile Court in FY 09/10.
- It is predicted that finalization numbers will increase in FY 10/11 as goal changes to adoption increased from 43 to 46 between the last two fiscal years, and children whose parental rights were terminated increased by an even larger percentage, 28%, from 39 to 50.
- Several new private subsidy agreements are completed each year.
- Modifications of subsidy agreements for 15 children each year are anticipated in FY 11/12.

3-2c. Subsidized Permanent Legal Custody



The number of SPLC agreement has declined in recent years as placements are prevented and total number of children in custody is greatly reduced. At the beginning of FY 10/11, PLC is providing permanency for 47 children. All are supported with subsidies.

- 2 new custodianships were developed for children in the past fiscal year; permanent caretakers include relatives, “kin” and foster parents.
- 5 agreements ended.
- The age range for children who had PLC agreements finalized in Fiscal Year 2009/10 was 4 years through 17 years.

Projections for the next several years were calculated through evaluation of historical trends and analysis of data for permanency goals of children presently in placement. The trend over the next two years is projected to be slightly higher than that documented for FY 09/10.

- Capability to request regulatory waivers for approval of relative foster parents when non-safety related circumstances prohibit approval will likely increase the number of children discharged to a PLC.

3-2d. Out-of-Home Placements– Children in Placement

Fiscal Year	Child Placements - Dependent			
	Placements 1 st Day	Placements Added	Discharges	Placements Last Day
09/10	262	187	156	293
08/09	292	165	195	262
07/08	312	206	226	292
06/07	315	201	201	312
05/06	307	190	191	315

Placement Population Trend (Dependent) - The County performs just below the State average and on a level comparable to Class 2 and SE region counties in terms of time to reunification. There is a small increase in the percentage of children who exit to permanency in less than 24 months which was 36.36% in FY 08/09 and 38.78% in FY 09/10. A multi-year trend in reduction of the number of children in out of home placement is evident.

- The number of children in placement has increased from 261 on 7/1/09 to 293 on 7/1/10, a total of 14% from 7/1/09 through 6/30/10.
- Average length of stay for all children in placement has declined slightly in the last three (3) years from 22 months to 18 months. The average length of stay for new placements during FY 09/10 is 6 months.

Analysis of factors impacting this increase was undertaken. Reason for placement, age of children, needs of families, length of stay and permanency circumstances at discharge from placement were reviewed. The increase noted is new placements.

- There is evidence that the economy has impacted placement numbers.
- Children and youth at greatest risk of removal live with families who are unable to provide life necessities, including neglect (42%), caretaker inability to cope (40.3%), inadequate housing (37.5%) and parent drug abuse (27.8%).
- Increase in the number of placements resulting from parent incarceration is also notable.
- There is an increase in the percentage of preschool age (11%) and school age children (22%).

Additional reduction is planned with the expanded evidence-based in-home service array for children of all ages, expansion of family-centered practices and alternative response promising practice program firmly in place. We are committed to assuring that children receive permanency with their family of origin, whenever safe and appropriate.

- Increase in the number of children with a primary permanency goal of reunification is significant. The percentage increased annually from 39% in FY 07/08 to 71% in FY 09/10.
- Decrease in a primary goal of adoption is noted, from 36% in FY 07/08 to 18% in FY 09/10.
- Decrease in a primary goal of emancipation is also noted, from 12% in FY 07/08 to 4% in FY 09/10.

Goals to accomplish improved permanency outcomes for children include:

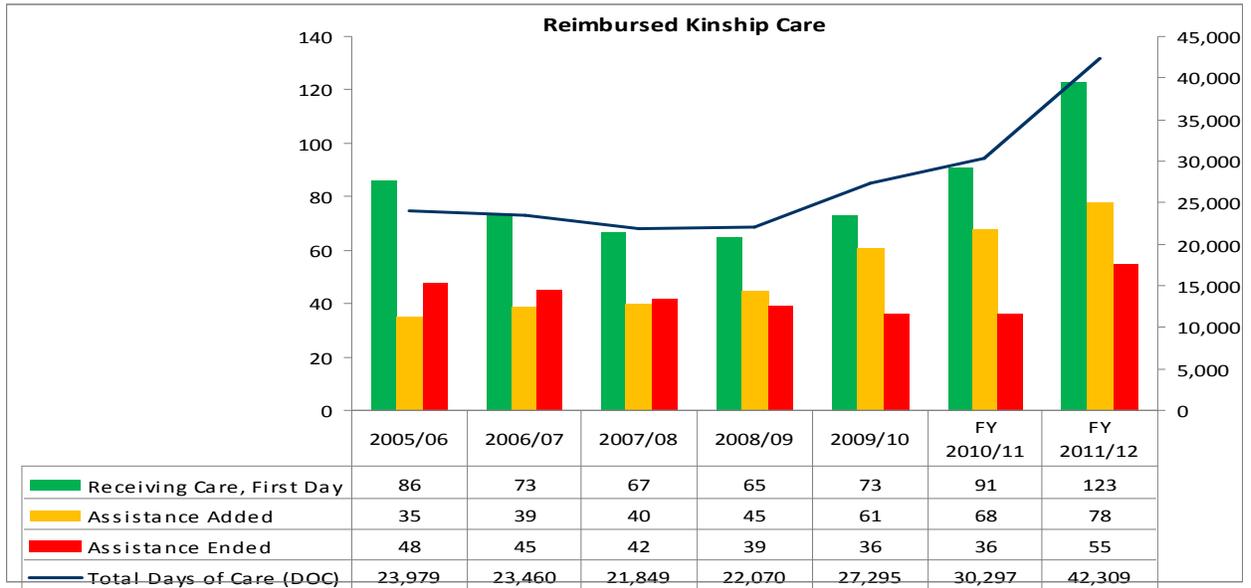
- Increasing the number of children reunified with parents or relatives in twelve (12) months.
- Increasing the number of children cared for by relatives or “kin.
- Achieving timely permanency for an increased number of children in placement for more than 12 months, especially older youth and children with special needs.

- Identify providers who will develop programs to keep older youth out of congregate care by expanding availability of resource families for this population.

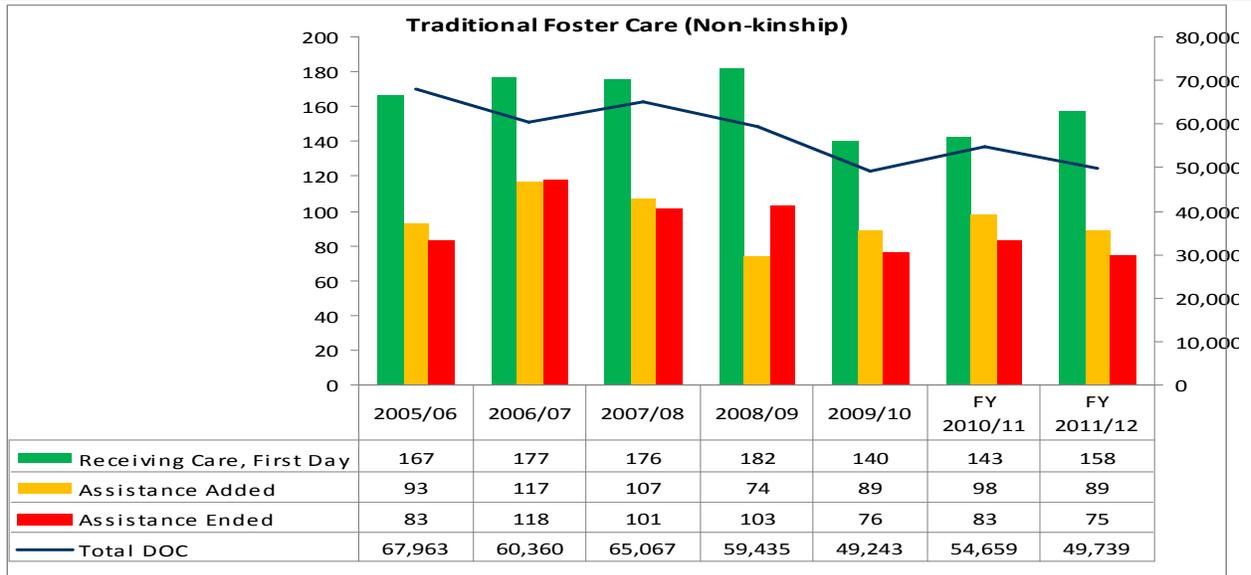
Placement prevention is also identified as a priority. We hope to achieve the following:

- Preventing placements across all age groups.
- Partnering with community agencies to address family needs prior to crisis.
- Empowering families to become decision-makers for their own children.
- Providing concrete support to families.
- Strengthening supports for relatives and kin so that they are able to act as temporary caretakers for related children during parental time of need.

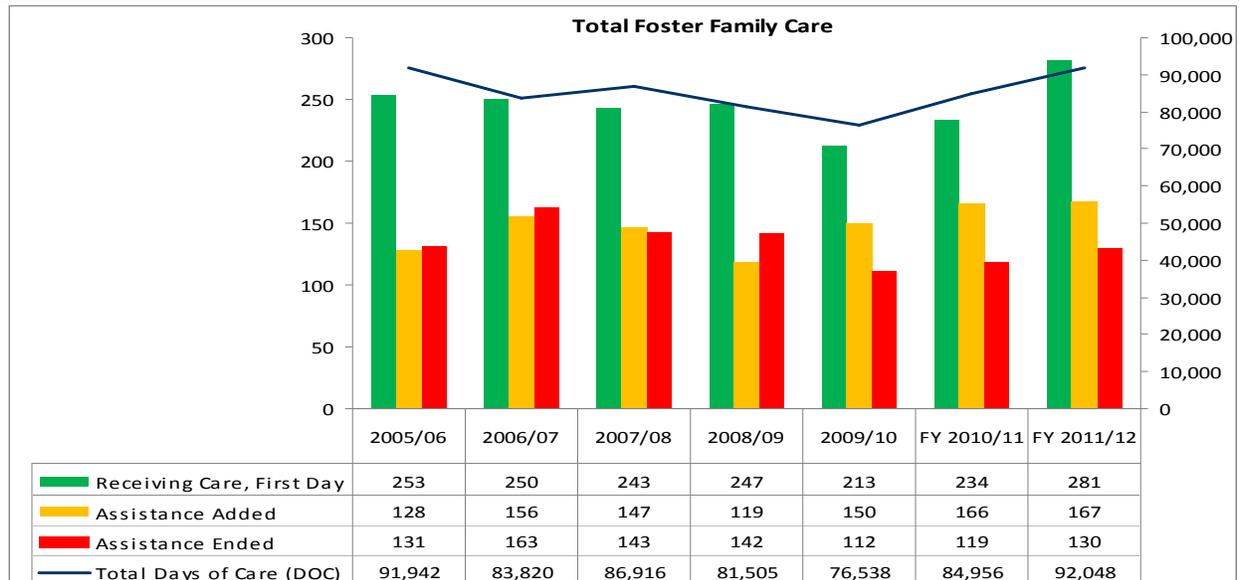
3-2d. Out-of-Home Placements– Kinship Care (Dependent)



3-2d. Out-of-Home Placements– Traditional Foster Care (Non-Kinship -Dependent)



3-2d. Out-of-Home Placements– Foster Family Care (Dependent)

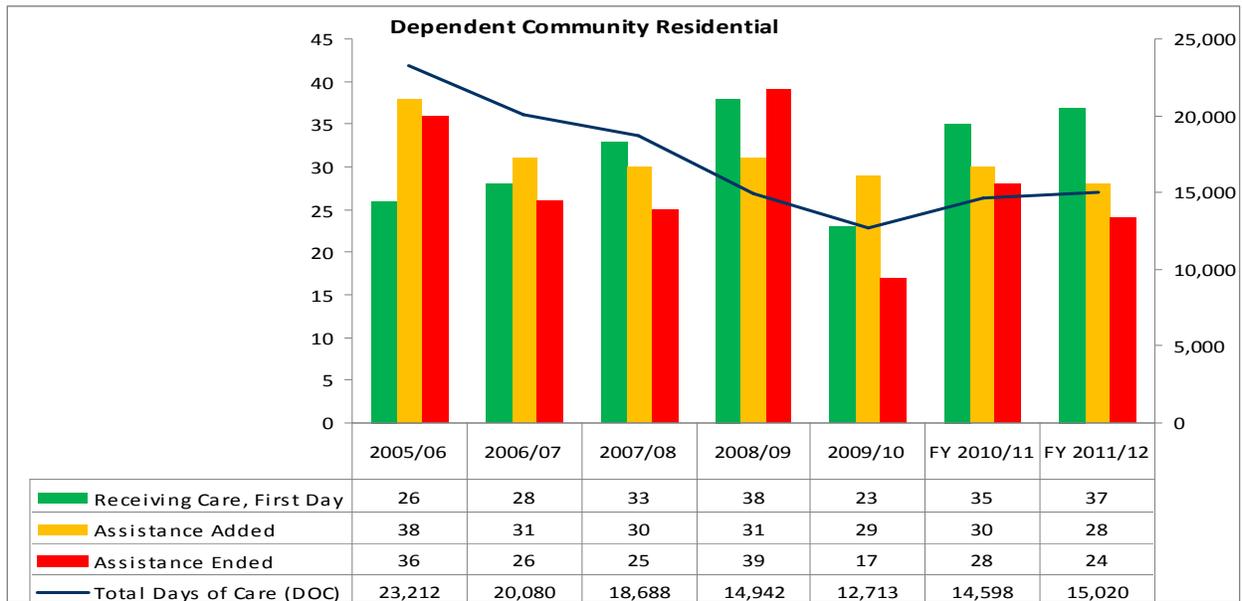


There is planned increase in use of foster care services as opposed to other types of community-based placement. Although placement prevention is planned in an increased number of cases, decreases will be offset by moves of children from higher levels of care, including group homes and residential programs.

- There is a small reduction in use of traditional foster care and a significant increase in use of kinship foster care, noted in the General Indicators chart.
- Continued increase in the number of children placed in kinship care will be achieved through use of family-centered practices and engagement of extended family in the care of their children.
- Regulatory waivers are requested for approval of relative foster parents when appropriate.
- Foster care is purchased from 21 agencies that cared for 229 children in FY 09/10.
- Recruitment to increase in the number of foster homes available to care for older youth began in FY 09/10 and will continue to reduce the number of youth in congregate care.
- Extension of custody past age 18 is projected for an increased number of youth.
- Length of time children are in placement will be reduced for younger children

Continued expansion of the total number of County licensed foster homes is planned over the next several years through use of kinship care and specialized recruitment. On 7/1/10, the total county approved foster homes totaled 146. 71 are general homes and 75 are kinship homes.

3-2d. Out-of-Home–Community Based Residential (Dependent)

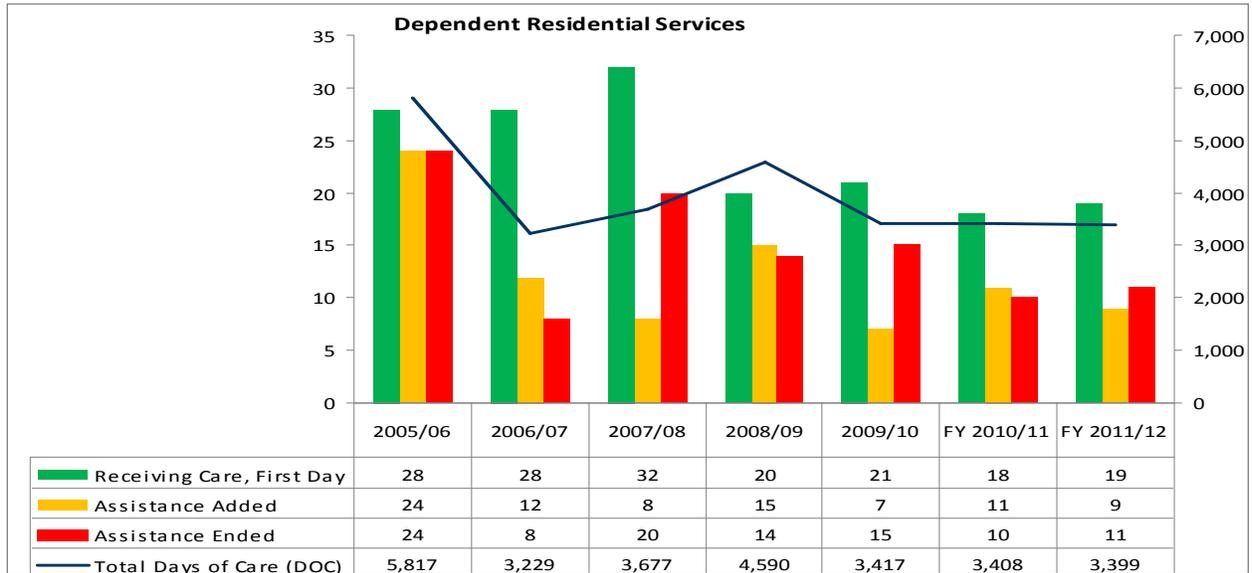


Children entering has remained steady in the past few years. However, there is a 45% decline in total days of care since FY 05/06. The county maintains contracts for with 19 private providers.

- The providers cared for 52 youth in FY 09/10.
- Most youth are placed in group homes as truants or ungovernables after provision of in-home services are unsuccessful in assuring the youth's safety. Average length of stay is 150 days.
- Extension of care for an increased number of youth over the age of 18 is planned.
- Younger youth placed in group homes move to a less restrictive level of care at a slower rate. They frequently engage in risky behaviors and foster families are reluctant to care for them.
- Engagement of family and kin is expected to identify placement resources for a minimal number of older youth who would otherwise be placed in group home settings.
- Targeted planning through the Integrated Children's Services Committee reduces the number of adolescent youth in these programs. With evidence-based programs firmly in place we hope to see more older youth remain at home.

Increase in placements is established as a projection for both FY 10/11 and FY 11/12 .

3-2d. Out-of-Home–Residential (Dependent)

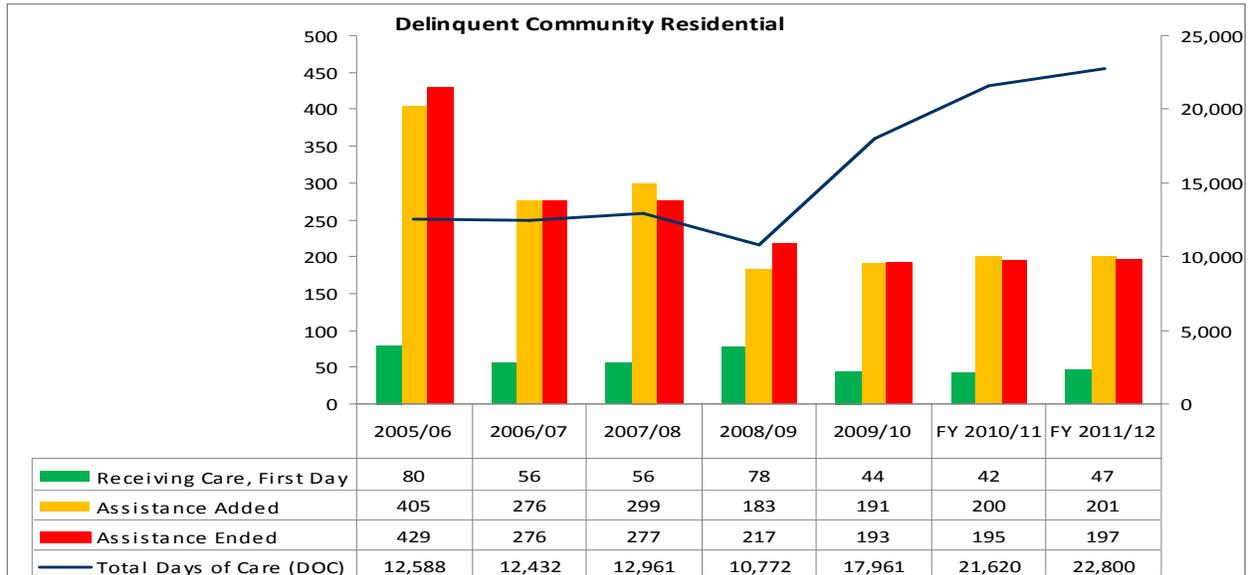


A small number children and older youth will continue to require residential placements due to complex medical needs, severe pervasive developmental disorder, or other special conditions. These children’s needs are often complicated by a history of abuse, neglect or abandonment by parents. The availability of foster or community-based placements for these children declines as they get older and need around the clock supervision of behavior or medical care. The County contracts with 12 providers for this type of placement.

- There is 25% decline in use of this type of placement since FY 04/05 and 41% decline in total days of care.
- Reducing the necessity for use of this level of care is planned through continued progress toward integration of children’s services which may increase the number of children, whose needs can be met in less restrictive settings, including foster homes.
- The Commonwealth must make provisions for long-term care for children with complex needs through Medical Assistance, Education or Developmental Disabilities funding as many of these children do not neatly fit into statutorily defined dependency circumstances.
- During FY 09/10, the average length of stay was 146 days.
- The children placed in this level of care during FY 09/10 range in age from 8 to 18.
- Of 18 children in this level of care on 7/1/10, 8 have diagnosis of intellectual or developmental disability and are eligible for services via the DD system.

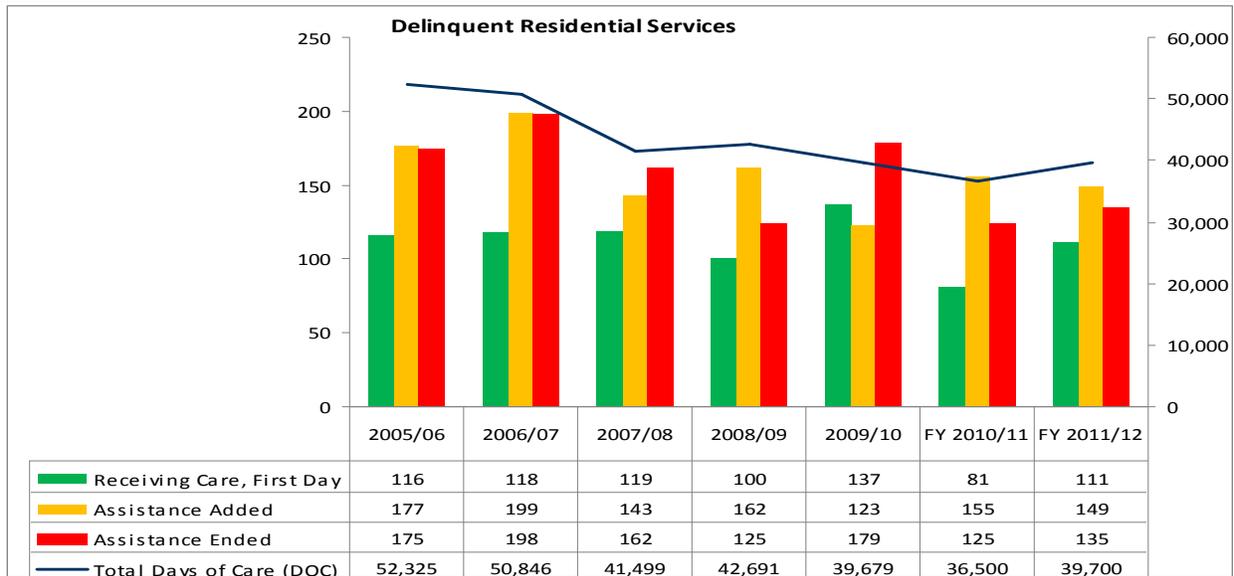
A marginal reduction in residential placement days is established as a goal for both FY 09/10 and again in FY 10/11.

3-2d. Out-of-Home–Community Based (Delinquent)



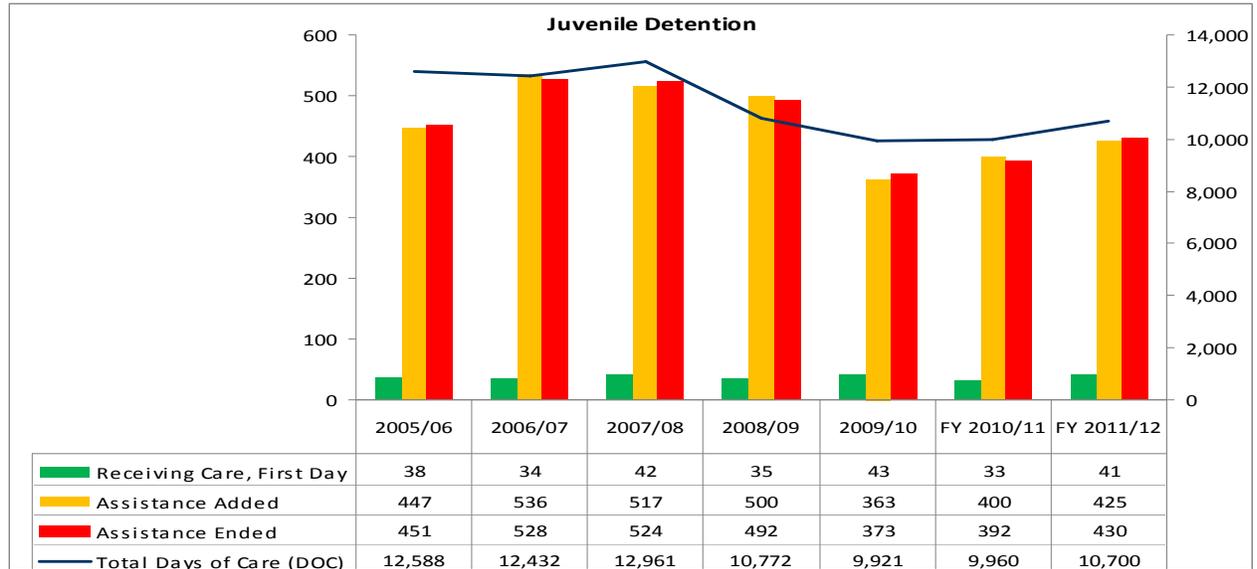
JPO sees this trend as basically staying the same. There maybe slight variation from year to year but we feel that our emphasis on using in home programs and aftercare services will continue to decrease the total number of days of care. The slight variations may come from giving juveniles the opportunity to step down to a less restrictive setting such as residential to a group home or other community type service. We are also helping our older population by putting them in independent living type setting, either in foster care or group homes. These providers assist the juvenile with finding employment, budgeting, and basis household instruction.

3-2d. Out-of-Home-Residential (Delinquent)



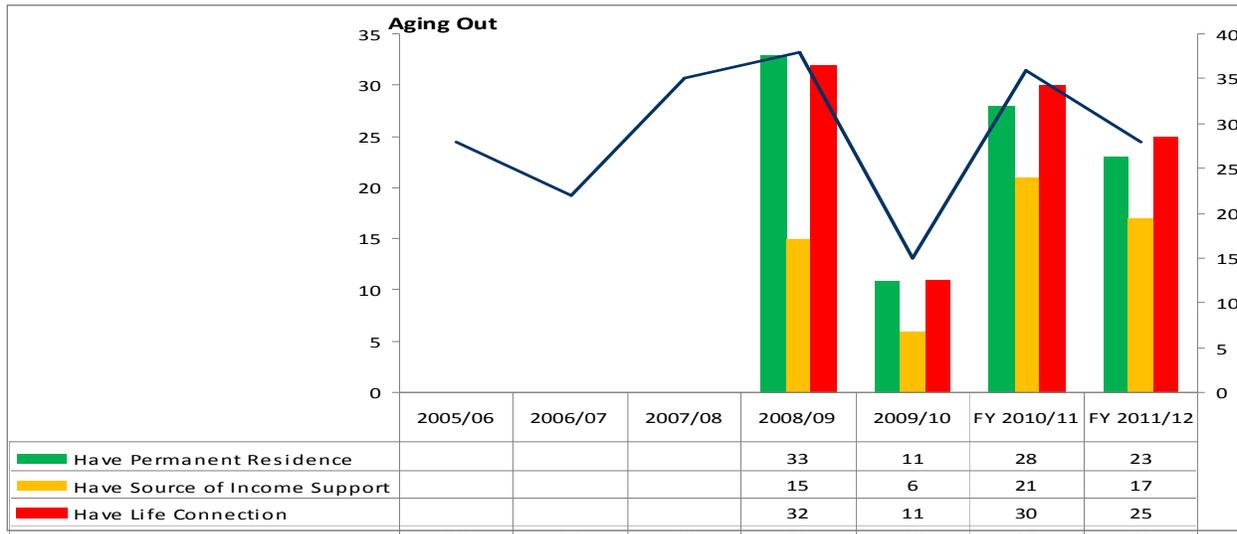
Reduction of total days of care is the goal of this indicator. Because of their alleged charges, it is necessary to place juveniles in the most restrictive category of residential services; especially when community protection is concern. Although some juveniles are immediately placed in this least restrictive category, many do have the opportunity to move to a least restrictive service. We have many service providers that offer a step-down to a less restrictive service when deemed appropriate by the courts and probation office. We also place a strong emphasis on our aftercare services which reduces length of stay and monitors post placement adjustments. These aftercare services, such as High Fidelity Wrap Around, MST, FFT, and ATA are community resources which the juvenile can access long after his release from juvenile probation. We will continue to use a matrix of services to give juveniles the best chance of becoming productive members of society.

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



The trend and number of juveniles in detention should remain basically the same in this indicator. There are several factors for consistency: cooperation with our behavioral health office and Magellan in getting RTF approvals in a timely fashion, community prevention services such as Teen Court and Youth Aid Panels that deter juveniles from entering our system, and the experience of our probation officer's that deter juveniles from detention by adding in home services when necessary. For example, a probation officer had a juvenile that was not going to school and not following the household rules. Instead of detaining the juvenile, the probation officer places the child on CMS an aftercare service provided by Glen Mills. This service made sure the juvenile went to school, staff talked to the juvenile, probation officer and parents; went over the household rules along with the rules of probation; and the juvenile was given a clear set of expectations and what would happen if his objectives were not achieved.

3-2e. Aging Out



The total number of youth discharged to independence is declining. Permanency is achieved for an increased number of older youth. Youth are active participants in case planning and more options are available to them. Youth who emancipated in FY 09/10 declined by 60%.

- An increased number of youth elect to remain in custody in order to complete their education, treatment or to transition gradually to independence to assure success.
- Currently there are 23 youth who are on continued custody past their 18th birthday. For those youth whose permanent plan is independence there is increased emphasis on the importance of child-centered transition planning that includes a strong component of youth voice.
- Of older youth who remain in custody, 6 are on an extension due to special needs, 3 are college students, 5 are still in high school, 7 are preparing to go to college and 2 are preparing to transition out of care.

Multiple transitional meetings, policy requiring preparing youth for self-sufficiency and completion of child profiles are intended to improve the future for older youth. The Housing 101 program and transitional behavioral health and developmental disabilities programs such as Trail Guides and Specialized Family Living are added to the service array that supports emancipation.

- Of 15 youth who emancipated from foster care during FY 09/10, 9 youth (60%) had identified permanent housing. Of those who did not two (2) were on runaway status occurring after reaching age 18, one (1) was discharged to a placement in the adult behavioral healthcare system, three (3) youth did not want to disclose where they would be residing.
- Six (6) youth (40%) had an identified source of income. Of those who did not: two (2) were involved in the behavioral healthcare system, (one of whom was denied Social Security Disability Income), one (1) youth with special needs remained in the care of her foster parent, two (2) were on runaway status which occurred after age 18, one (1) was unemployed at the time of discharge, but continued to reside with his foster parent in a stable environment one (1) was discharged from shelter upon declining to remain in continued custody and one (1) was in residential placement at Glen Mills and declined to remain in continued custody upon discharge from the program.

- 11 youth (74%) had a life connection. Of the 4 who did not: 2 youth ran away and were not located by their 18th birthday and 2 youth left while on a board extension and did not indicate where they were going to live.

Projections for dependent youth aging out of foster care were culled from AFCARS child counts. It is projected that 36 youth will be discharged in FY 10/11 and 20 will be discharged in FY 11/12. Targets for outcomes by the end of FY 11/12 are as follows:

Permanent Residence – 80% Source of Income – 60% Life Connection – 90%

In FY 2009/10 the Juvenile Probation Office began maintaining date on a case closing report. Information is entered into our Juvenile Case Management Systems and extracted via a crystal report. FY 08/09 data was taken from data that included the criteria of being released from placement. This data did not include all juveniles released from probation and living at home. For this plan we removed data for 2008/09 and entered the actual number of juveniles released from our jurisdiction only. From this comparison, youth released over the age of 18 has decreased by 91. Although we do not enough data to discuss trends, the data we have is positive:

- Reduction of juveniles released over age 18
- Ninety-four percent of juveniles released from care have a permanent residence.
- Seventy-seven percent have a source of income to support them.
- Ninety-five percent have a life connection

	Juvenile Probation Transition Outcomes				
	05/06	06/07	07/08	08/09	09/10
Have Permanent Residence					245
Have Source of Income Support					202
Have Life Connection					247
Total Juveniles released over 18				352	261

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3-2. General Indicators

3-2a. Service Trends								
Indicator	FY 2005/06	FY 2006/07	FY 2007/08	FY 2008/09	FY 2009/10	Projected FY 10/11	Projected FY 11/12	2005-09 %Change
Intake Investigations								
Children	2576	2605	3254	3808	3421	3527	3634	32.8%
Family	1171	1184	1415	1569	1541	1589	1637	31.6%
Ongoing Services								
Children	1665	1603	1686	2216	2147	2266	2216	28.9%
Family	768	728	735	726	700	731	715	-8.9%
Children Placed	509	518	522	466	448	497	472	-12.0%
JPO Services								
Total Children Community Based Placement	1263	1219	1176	1040	901	911	974	-28.7%
Institutional Placements	485	332	355	261	235	242	248	-51.5%
	778	887	821	797	666	669	726	-14.4%
3-2b. Adoption Assistance								
Indicator	FY 2005/06	FY 2006/07	FY 2007/08	FY 2008/09	FY 2009/10	Projected FY 10/11	Projected FY 11/12	2005-09 %Change
Adoption Assistance								
Receiving Care, First Day Assistance Added	377	400	438	486	453	465	471	20.2%
Assistance Ended	49	64	40	56	39	40	40	-20.4%
Total Days of Care (DOC)	26	26	27	29	27	34	26	3.8%
	143,511	155,922	159,967	167,711	170,129	174,624	179,863	18.5%
3-2c. SPLC								
Indicator	FY 2005/06	FY 2006/07	FY 2007/08	FY 2008/09	FY 2009/10	Projected FY 10/11	Projected FY 11/12	2005-09 %Change
Subsidized Permanent Legal Custodianship								
Receiving Care, First Day Assistance Added	41	54	57	56	50	47	44	22.0%
Assistance Ended	18	4	8	10	2	5	5	-88.9%
Total Days of Care (DOC)	5	1	9	11	5	7	2	0.0%
	15,610	20,630	20,327	18,874	15,428	15,422	15,425	-1.2%
3-2d. Placement Data								
Indicator	FY 2005/06	FY 2006/07	FY 2007/08	FY 2008/09	FY 2009/10	Projected FY 10/11	Projected FY 11/12	2005-09 %Change
Traditional Foster Care (non-kinship)								
Receiving Care,	167	177	176	182	140	143	158	-16.2%

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First Day								
Assistance Added	93	117	107	74	89	98	89	-4.3%
Assistance Ended	83	118	101	103	76	83	75	-8.4%
Total DOC	67,963	60,360	65,067	59,435	49,243	54,659	49,739	-27.5%
Reimbursed Kinship Care								
Receiving Care, First Day	86	73	67	65	73	91	123	-15.1%
Assistance Added	35	39	40	45	61	68	78	74.3%
Assistance Ended	48	45	42	39	36	36	55	-25.0%
Total Days of Care (DOC)	23,979	23,460	21,849	22,070	27,295	30,297	42,309	13.8%
Foster Family Care (Total of 2 above)								
Receiving Care, First Day	253	250	243	247	213	234	281	-15.8%
Assistance Added	128	156	147	119	150	166	167	17.2%
Assistance Ended	131	163	143	142	112	119	130	-14.5%
Total Days of Care (DOC)	91,942	83,820	86,916	81,505	76,538	84,956	92,048	-16.8%
Non-reimbursed Kinship Care								
Receiving Care, First Day	0	0	1	0	0	0	0	#DIV/0!
Assistance Added	0	1	0	0	0	0	0	#DIV/0!
Assistance Ended	0	0	1	0	0	0	0	#DIV/0!
Total Days of Care (DOC)	0	24	36	0	0	0	0	#DIV/0!
Dependent Community Residential								
Receiving Care, First Day	26	28	33	38	23	35	37	-11.5%
Assistance Added	38	31	30	31	29	30	28	-23.7%
Assistance Ended	36	26	25	39	17	28	24	-52.8%
Total Days of Care (DOC)	23,212	20,080	18,688	14,942	12,713	14,598	15,020	-45.2%
Delinquent Community Residential								
Receiving Care, First Day	80	56	56	78	44	42	47	-45.0%
Assistance Added	405	276	299	183	191	200	201	-52.8%
Assistance Ended	429	276	277	217	193	195	197	-55.0%
Total Days of Care (DOC)	12,588	12,432	12,961	10,772	23,165	23,165	23,700	84.0%
Juvenile Detention								

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Receiving Care, First Day	38	34	42	35	43	33	41	13.2%
Assistance Added	447	536	517	500	363	400	425	-18.8%
Assistance Ended	451	528	524	492	373	392	430	-17.3%
Total Days of Care (DOC)	12,588	12,432	12,961	10,772	9,921	9,960	10,700	-21.2%
Dependent Residential Services								
Receiving Care, First Day	28	28	32	20	21	18	19	-25.0%
Assistance Added	24	12	8	15	7	11	9	-70.8%
Assistance Ended	24	8	20	14	15	10	11	-37.5%
Total Days of Care (DOC)	5,817	3,229	3,677	4,590	3,417	3,408	3,399	-41.3%
Delinquent Residential Services								
Receiving Care, First Day	116	118	119	100	137	81	111	18.1%
Assistance Added	177	199	143	162	123	155	149	-30.5%
Assistance Ended	175	198	162	125	179	125	135	2.3%
Total Days of Care (DOC)	52,325	50,846	41,499	42,691	39,679	36,500	39,700	-24.2%
3-2e. Aging Out Data								
Indicator	FY 2005/06	FY 2006/07	FY 2007/08	FY 2008/09	FY 2009/10	Projected FY 10/11	FY 11/12	2005-09 %Change
Aging Out								
Number of Children Aging Out Have Permanent Residence	28	22	35	38	15	36	28	-46.4%
Have Source of Income Support				33	11	28	23	#DIV/0!
Have Life Connection				15	6	21	17	#DIV/0!
				32	11	30	25	#DIV/0!

Section 4: County Programs & Services

4-1: Children/Families Not Accepted for Service (Dependent)

Children/families not accepted for services are defined as those whose needs are not appropriate for state-defined child welfare assistance. All CPS reports are immediately accepted.

Community Contacts with the Office of Children and Youth - Most initial contacts from the community are requests for information, referral or consultation. The continued high number of information and referral calls received is a positive response by both the professional community and the general public.

FY 2006/07 = 5,796

FY 2007/08= 6,536

FY 2008/09 = 4,911 (25% decrease)

FY 2009/10 = 4,281 (12 % decrease)

Brief Services – OCY Screening Unit staff provide brief, direct in-home casework services for families not formally accepted for investigation. These families receive a home visit and other time-limited supports in order to assess needs and make connections for families to community resources. Brief Services focus on early identification of risk factors within a family unit and prevention of more serious situations through subsequent connection with community support and assistance. They are intentionally increased with focus on prevention and early intervention.

FY 2006/07=898

FY 2007/08= 869

FY 2008/09=1,089 (20% increase)

FY 2009/10= 1,679 (35 % increase)

Cases Not Accepted for Investigation – When a new contact is not identified as a CPS investigation, a screening process is immediately initiated in the Intake Screening Unit. A new report that does not include sufficient information to immediately classify it as abuse, neglect or dependency proceeds through a collateral contact process. Routine collateral contacts include, but are not limited to, law enforcement, schools, medical professionals and social services. These collateral contacts are made in all cases in which the caller is not simply requesting information and in which there is some indication of child welfare concern. The information obtained from contacts is used to make a determination about identified and potential safety threats and potential future risk factors which impact a child and family.

The Intake Screening Supervisor reviews all the information collected and assists the caseworker in making a determination about the need to set up a case for investigation. When the screening process determines that no additional investigation is necessary, the family is to advise that a contact has been made, to make inquiry about needed services or supports and to provide information and referral within the guidelines of the CPSL.

Cases Not Opened for Services Following Investigation - A needs assessment and collateral contact process similar to that undertaken in the Screening Unit is conducted in all cases during formal CPS and GPS investigations. Comprehensive assessment of child and family circumstances in relation to state-defined child welfare services is completed, along with required safety and risk assessments. Supervisory review is completed to determine continued safety threats are present in the home or if risk factors will place a child at risk in the future. Additional collateral contacts, follow-up, and/or referral to community services will benefit a family are made in the decision-making process. Administrative consultation is available when needed to make a decision about opening any case.

Montco does not accept children/families for services when our assessment/investigation determines that there are no state-defined child welfare issues affecting any child in the home. The exception to this policy is when another county, human services department or the court requests investigation or services.

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4-2: New/Enhanced Programs

Continuation of existing Alternative Response Service (ARS) is a PA Promising Practice, grant funded in FY 09/10 and FY 10/11. It is moved into the NBB base allocation request for FY 11/12. Funds for program continuation are requested for FY 2011/12 in the County NBB allocation. ARS is detailed below.

In response to identified need for better ways to handle low-risk reports of child dependency, Montgomery County submitted request to expand the County's "alternative responses" to cases that do not require formal child welfare CPS/GPS intervention. ARS is consistent with State goals to reduce the number of children in placement, divert formal referrals for child dependency and enhance the public's view of the child welfare system's intentions to promote family stability and well-being. In addition, ARS is consistent with the global goals of enhancing safety, permanency and child well-being. ARS is consistent with goals of the ICSP, PPI, NGA's PRI and Children's Roundtable. It compliments Montgomery County's delivery of services and supports families who are not formally involved with the child welfare system by providing a positive, less intrusive response to dependency prevention for families through connection to community services who have capability to meet immediate, concrete needs.

Under ARS, an Intake Division caseworker responds to cases where risk of harm to the child is minimal (as determined by initial safety and risk screening tools). By working with families to identify solutions, the agency promotes voluntary participation in community services and supports. This is accomplished by responding to reports before family difficulties escalate to the point of harm. ARS allows the county agency to protect children and support families in a less invasive way. It also promotes a strengths-based, family-centered approach to intervention by working with families to assess their strengths, determine their needs for services, and make referrals to appropriate community service agencies. At the same time, the county is able to reserve resources for more intensive, moderate to high risk cases.

The Intake Division caseworker identifies a case for ARS through use of the agency's established screening and collateral contacts process. When a report does not involve a child protective services (CPS) response, it is "screened in" or "screened out" as a GPS referral. A "screened in" GPS referral or investigation is eligible for alternative response. When the caseworker determines that the GPS referral involves no safety threat, is "low risk", does not require response within 24 hours, and involves potential inability for parents to meet concrete, daily living needs such as provision of food, clothing, shelter, housing or childcare, the case may be referred for ARS. The cases are referred to one (1) of the Family Centers for services.

Within 24 hours of OCY's referral for ARS, the Family Center makes contact with the family. Family Center staff conducts assessment of family circumstances to determine needs, connect the family with community services which address identified needs and isolate needs that cannot be met through available community supports. When continued child safety or well-being is contingent upon expeditiously meeting the family's concrete need, provision of one time only funding, up to a maximum \$1,000, is available through the Family Center. If the alternative response service is not sufficient to meet family needs, the Family Center will refer the family to community services or to OCY for formal assessment. Families are also encouraged to continue to utilize Family Center services and supports. Family Centers maintain mandated reporting responsibilities at all times and report any circumstances that present a potential safety threat or high risk to children to the Office of Children and Youth.

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OCY tracks all cases referred to the Family Centers for alternative response. A specific family assessment tool has been developed by the Family Centers and OCY to document alternative response services. Tracking of family needs and referral to community services is maintained. Needs that cannot be met within the county's infrastructure of informal community supports is also being tracked. Service access difficulties due to eligibility restrictions or wait lists are maintained. Documentation of each alternative response case is completed by the Family Center. Family Center staff provides family follow-up services at one (1) month, six (6) months and 12 months, to assure continued family stability. All Family Center documentation is made available to the County for use in determination of program outcomes. It is also used for countywide human services planning.

Evaluation of the first six (6) months of the ARS has measured outcomes proposed in the FY 09/10 Special Grant request. 35 families received ARS January 2010 through June 2010.

- 32 families did not require formal child welfare system involvement following provision of ARS.
- Three (3) families maintained involvement with Family Center supportive services, including PAT and CAP following Alternative Response.
- Five (5) families were successfully connected to other necessary services in the community to address family needs.

This approach is particularly relevant when a family's problems do not pose a safety threat to children and do not create enough risk to warrant case acceptance for service, child placement and/or court-ordered intervention. Many situations that do not meet the criteria for a full investigation involve needs that, if addressed, stabilize families, help parents to protect their children and prevent crisis that would otherwise require formal investigation. In FY 10/11 it is expected ARS will show that:

- Safety and well-being of children improves;
 - Fewer new reports of dependency are subsequently received for investigation;
 - Families like the approach; they feel treated fairly, appreciate opportunity for assistance, are involved in decision-making and benefit from the service;
 - Caseworkers like the approach; they view it as an effective way of strengthening families and meeting needs they previously were unable to address;
 - Service initiation is timely and comprehensive;
 - Families are connected with support in the community that can be used on a continuing basis through the Family Centers.
- In the specific budget adjustment forms for new initiatives or services, identify cost savings and reduced rates, and provide evidence that the new program is less expensive or more effective than the current service.

ARS is effective for reasons cited above. Providing immediate and concrete assistance to families in addressing concrete needs reduces future crisis and subsequent referrals for dependency. It is a positive and effective means of responding to need.

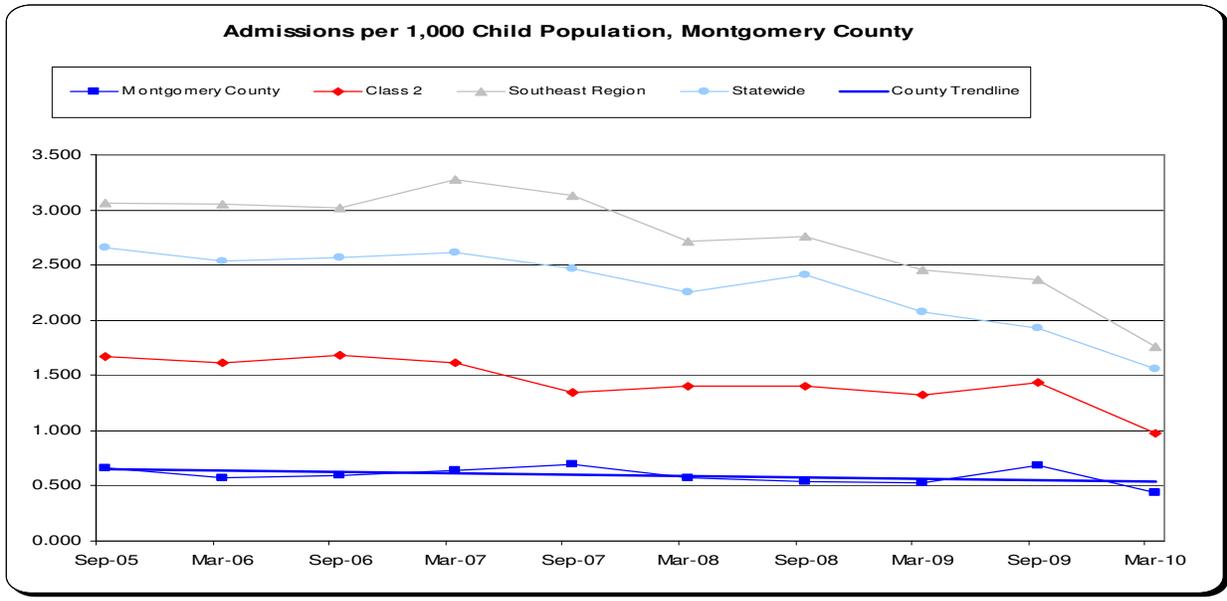
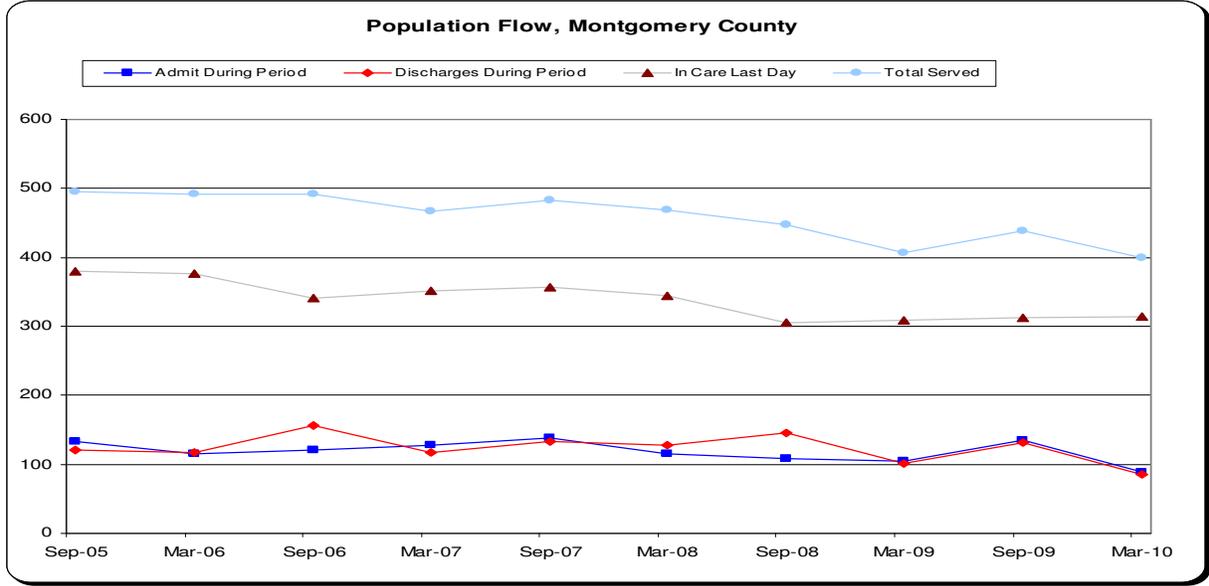
Request in the amount of \$150,000 was made and approved for FY 10/11. 35 families received ARS January 2010 through June 2010. Up to \$1,000 per family is made available to Family Centers for use in meeting daily living needs such as housing assistance, utilities, food, household items, appliances and services which reduce risk and enhance well-being of families at risk of child abuse and neglect. Family Center costs for delivery of the service are calculated at \$50.00 per hour with maximum ten (10) hours of service per family.

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Section 5: Outcome Indicators

5-1. Reunification and Permanency

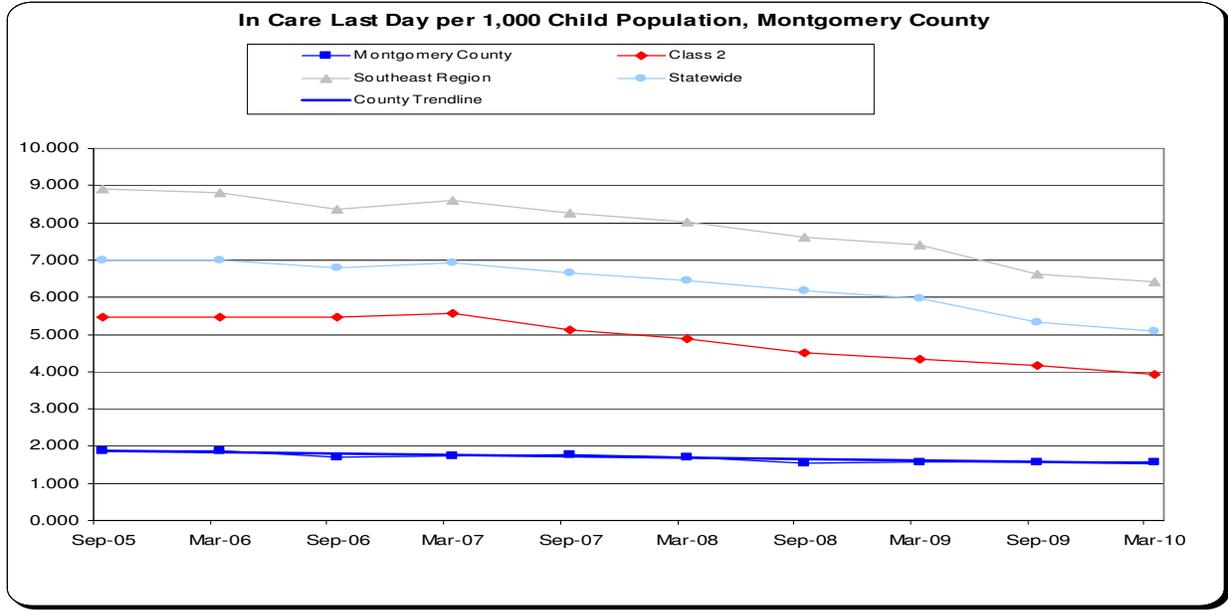
5-1a. Population Flow



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Population Flow (Entries) - Rate per 1,000 child population

	2007B	2008A	2008B	2009A	2009B	2010A
Montgomery County	0.691	0.576	0.543	0.523	0.679	0.442
Class 2	1.343	1.401	1.399	1.321	1.441	0.971
Southeast Region	3.132	2.710	2.764	2.461	2.367	1.766
Statewide	2.471	2.254	2.414	2.080	1.927	1.563



Population Flow (In Care) - Rate per 1,000 child population

	2007B	2008A	2008B	2009A	2009B	2010A
Montgomery County	1.783	1.723	1.538	1.554	1.574	1.584
Class 2	5.130	4.888	4.520	4.321	4.165	3.924
Southeast Region	8.260	8.035	7.596	7.405	6.634	6.430
Statewide	6.640	6.457	6.180	5.957	5.337	5.076

- ❑ Is the overall trend in the number of children being served or in care in the county different than that in the state as a whole? In counties of the same class?

County trends follow those of class, region and state in regard to continued decline across all measures. Despite recent increase in placements, the rate of children in care per 1000 children in the population is significantly under that of class, region and state.

- ❑ Please describe what demographic factors, if any, have contributed to changes in the number of children being served or in care.

The number of children in placement has risen 14% since 7/1/09. 296 children are in placement on 7/1/10. Analysis of placement data reveals that the increase in numbers lies in new placements, not in increase in length or stay or number of children who are not provided

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permanency in a timely manner. Placement reasons documented in AFCARS indicate that neglect (42%), caretaker inability to cope (40.3%), inadequate housing (37.5%) and parent drug abuse (27.8%) are the primary safety threats that result in removal of children from home. The county unemployment rate has increased significantly in the past year, from 4.3% to over 7% in 2010. County estimates by the U.S. Census Bureau continue to report population increases, as well as increase in the number of children living below poverty level.

Reduction of the placement population to date can be attributed to many practical and theoretical factors. Technical assistance, training and support from the Office of Children, Youth and Families has been significant and is appreciated.

- On a conceptual level, transformation of agency culture and practice to a family-centered and child focused philosophy has had cumulative impact.
 - On a systemic level, child welfare no longer operates as an independent system, but continues to move closer to the goal of integration, as part of a larger whole which is consistent with our County goal of developing a System of Care.
 - Federal goals of child safety, child permanency and child and family well-being are directing casework practice for county and provider staff.
 - Staff at all levels of the organization are more familiar with outcomes upon which performance is based; they now have a structure through which to focus service planning and are learning concrete skills to accomplish those goals.
 - Most caseworkers carry generic caseloads that include in-home and placement cases. As a result there are fewer caseworkers with whom a family must become familiar. To the extent possible, cases are assigned geographically to staff located in each of three (3) county offices.
- Please describe what changes in agency priorities or programs, if any, have contributed to changes in the number of children served or in care and/or the rate at which children are discharged from care.

Placement prevention is identified as a priority. We hope to achieve the following:

- Preventing placements across all age groups.
- Empowering families to become decision-makers for their own children.
- Strengthening supports for relatives and kin to enable them to provide temporary caretaking for children during parental time of need.
- Providing concrete support to families.
- Partnering with community agencies to address family needs prior to crisis.

Introduction of family-centered practices, intensive in-home services, frequent purposeful visitation, and emphasis on effective supervision have been designed to prevent placements and improve permanency outcomes for children who require temporary out of home placement.

- Social service staff was trained to employ Family Finding practices, including use of Accurint searches, at the point of intake for relatives and kin to provide support necessary to divert placement of children or to involve as potential caregivers for concurrent planning.
- Families are increasingly engaged in the placement process, providing kinship care and maintaining connections with children in placement.
- Children are increasingly discharged to the permanent care of relatives.
- Family To Family and FGDM services are influential in helping parents achieve goals and providing timely permanency for children through various means.

We have undertaken organizational change, devoted time, reorganized staffing, changed practice and dedicated financial resources to improving programs through implementation of

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permanency practices. The broad concept of promoting child permanency has been the cornerstone of practice improvement. Permanency practices are firmly in place, including:

- Family Finding
 - FGDM
 - Family engagement skills training through FDC and in-house curriculum
 - Family To Family practices
 - Concurrent Planning
 - Cross-systems collaboration and shared case planning
 - Family Center TLFR services
 - Transitional planning for older youth
 - Permanency aftercare services
 - SWAN child preparation services across the array of permanency alternatives
 - Introduction of ARS to the service array
- Are there any demographic shifts which impact the proportions of children in care (for example, are younger children making up a larger proportion of admissions than in years past)?

The child placement population on 7/1/10 is distributed by age as follows:

- Preschool age children are represented as 41% of the county's current placement population, up from 32% at the same time last year.
- School age children represented 36% of the population, up from 25%.
- Adolescent placements comprise much smaller percentage than the prior year, 23%, down from 42% on 7/1/09.

Permanency goals for children in placement have also transitioned.

- A significant change in the permanency goal for children in placement with a primary goal of reunification increasing annually from 39% in FY 07/08 to 71% in FY 09/10.
- A related decrease in a primary goal of adoption is noted, from 36% in FY 07/08 to 18% in FY 09/10.
- A related decrease in a primary goal of emancipation is also noted, from 12% in FY 07/08 to 4% in FY 09/10.

Montgomery County is more racially and ethnically diverse than many counties and our communities continue to diversify. Immigrants, both documented and undocumented have settled in the county from Korea, Russia, India, South America, Mexico, Africa, China and others. As a result the need for staff to recognize, understand, respect and address diversity is more important than ever. There is need to address racial and ethnic disparity in the county. On 6/30/10, of the 296 children in placement, 49% were white, 35% were African American or Black, 13.5% were of more than one race and 14.6% were Hispanic. This is disproportional to the population as reported by U.S. Census data. The County is acting to address the problem. PA Partnerships for Children's white paper on Children of Color and Pennsylvania's Child Welfare System provides the foundation from which to begin the process.

- Data on race and ethnicity is now collected at all service delivery points including intake and referral when allegations are made, investigation when substantiations are determined, and acceptance and delivery of in-home services.
- Consistent and regular review of comprehensive data by race and ethnicity by the County.

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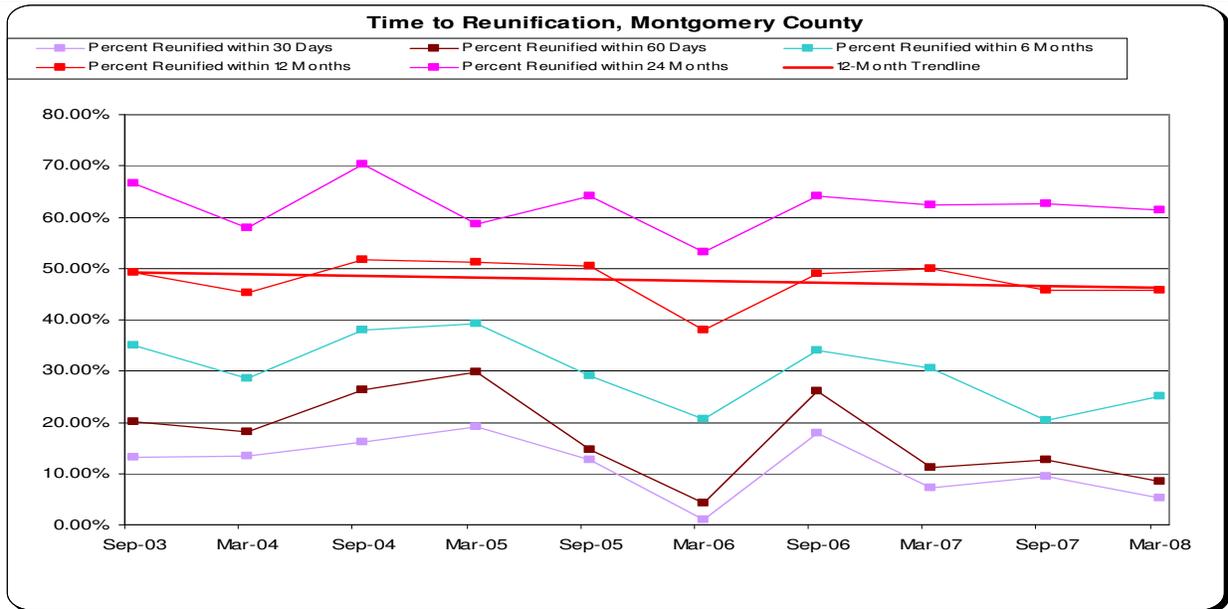
- Recruitment and training of a workforce that is culturally competent and reflects the diversity of the County.
 - Expanding family strengthening activities that are home and community-based and culturally sensitive.
 - Improving family engagement through family finding, family conferencing and involving fathers and relatives in meaningful ways.
 - Removing barriers to adoption and guardianship.
- 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 foster care population? Is the county's current resource allocation appropriate to address projected needs?

The County has not reallocated staffing or expenditures in response to the multi-year decline or recent increase in placements. The caseworkers in the Ongoing Services Division carry generic caseloads which include in-home and placement cases. The Placement Resources Division caseworkers are assigned kinship and OCY agency foster care placements. With an increase in kinship placements and continued capacity to place children within our own network of private homes the increased caseload has remained manageable. Strategic practice improvements, new mandates and increased turnover have impacted workload.

Projections for the number of children and families served are based upon historical trends which document increase in number of cases opened for services with overall reduction in placements. Consideration of this data projects an increase for the Implementation Year. The combined data from these projections was applied in determining budget requests for the next few years.

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5-1b. Reunification Survival Analysis



Reunification - Percentage of first-time entries each period who are reunified within 12 months of the removal

	2007A	2007B	2008A	2008B	2009A	2009B	2010A
Montgomery County	50.0%	45.8%	45.8%	73.8%	69.6%	55.1%	58.5%
Class 2	44.9%	49.5%	44.9%				
Southeast Region	42.7%	41.9%	42.7%				
Statewide	47.7%	47.8%	49.1%				

- Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

Trending of county data reflects variability across reporting periods. The data trend line above shows decline in timely reunifications which is likely impacted by the decline in placements. Fewer children in placement is indicative of increased placement prevention. More children are able to remain safely at home. Families whose children cannot be safely maintained at home have more complex needs that cannot be met in a short period of time.

- If there are fewer reunifications within 12 months of the child's removal, what is happening to those children? Are they returning home later or eventually being discharged in some other way?

There is improved performance on this measure as documented above.

- Are children being reunified more quickly, or more slowly, than in past years? Does the timeliness of the reunifications reflect the changing needs of families in the county? Among children reunified in less than 30 days, were the services provided sufficiently to alleviate the

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concerns that led to the child's removal? What services could have prevented removal of children who were reunified within 30 days?

Although time to reunification is variable, more children have a goal of reunification than has been the case in previous years. The county is engaging families and making every effort to reunite children prior to moving forward with an alternative permanency option. Permanency goals for children show:

- The permanency goal for children in placement with a primary goal of reunification increasing annually from 39% in FY 07/08 to 71% in FY 09/10.
- A decrease in a primary goal of adoption is noted, from 36% in FY 07/08 to 18% in FY 09/10.
- A decrease in a primary goal of emancipation is also noted, from 12% in FY 07/08 to 4% in FY 09/10.
- A lower percentage of children in the 6-10 age group were discharged from placement than in other age groups when compared to past years.
- A higher percentage of children in the 0-5 and 16-18 age groups were discharged during the year than in prior years.

If children remain in placement for 24 months, there is greater likelihood that a permanency goal other than reunification has been established by the Court. Administrative case reviews are being implemented at six (6) month intervals to review permanency planning for all children in placement and provide recommendations for staff in accomplishing the child's permanency goal.

- ❑ How does the county's data compare to other counties of the same county class size? To the statewide data?

Timeliness of reunification in Montco is variable. Performance on this measure is nonetheless better than region and class at reported intervals. Region and state trends show small but steady increase in reunification timelines.

If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

The County's continued expansion of permanency practices over the life of our cases is working as intended to increase the number of family placements and permanency plans for children in placement. However, a correlation between timeliness permanency and kinship care has not been evident in Montco. Family meetings (i.e. FGDM, F2F) are intended to address this issue and improve performance on this measure as practice expands over the life of family cases.

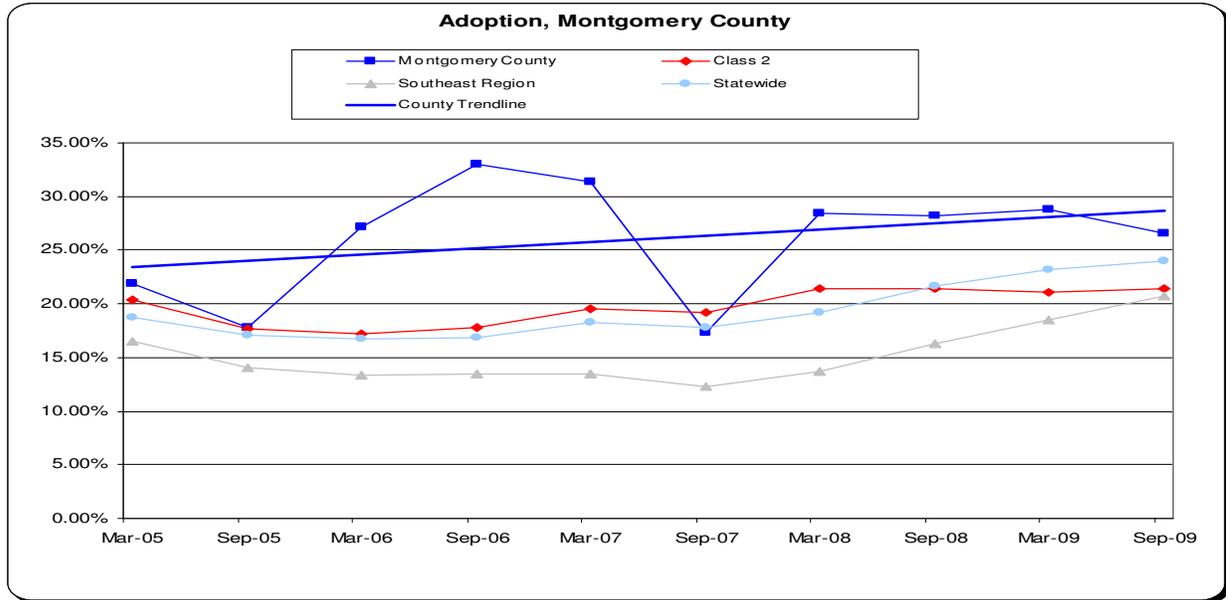
The county will implement family team meetings (if approved by OCYF) in 2011. FTMs are held at critical points in the casework process with the specific intent of engaging family and kin in case planning to support family in achieving safety and permanency for children.

- ❑ Are there certain populations which are disproportionately represented in this measure? What actions is the county taking to address that population's needs?

Children in kinship care traditionally experience longer stay than children in traditional foster care. Kin are frequently less comfortable with assuming permanent care for relative children within a short timeframe and opt to maintain the temporary status of foster parents for longer periods.

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5-1c. Adoption Rate, 17 Months



Percentage of children in care 17 months or longer (as of the first day of the period) whose adoption was finalized within 12 months

	2007A	2007B	2008A	2008B	2009A	2009B
Montgomery County	31.3%	17.3%	28.4%	28.2%	28.8%	26.6%
Class 2	19.5%	19.3%	21.4%	21.4%	21.1%	21.5%
Southeast Region	13.4%	12.3%	13.7%	16.2%	18.4%	20.8%
Statewide	18.3%	17.8%	19.2%	21.7%	23.2%	24.0%

- Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

Montco has historically maintained a high level of adoption finalizations. Many children awaiting adoption find permanency in their resource family homes. In FY 09/10: 28% of children were previously placed in SWAN homes and 44% were adopted by non-kin foster parents. 42 of 46 are under age 12 (91%). 21 of 46 (46%) are minority (predominantly African American) children. Family To Family practices, concurrent planning and close monitoring of permanency timeframes by the Juvenile Court assist in achieving timely permanency.

- Do current policies of the agency or courts serve affect the timeliness of adoptions? Do the delays tend to occur between removal and TPR, between TPR and pre-adoptive placement, or between pre-adoptive placement and finalization?

Although Montco's Court of Common Pleas does not conduct dual goal change/termination proceedings, the County historically performs at a high level on this measure. In Montco the Juvenile Court conducts all goal change hearings. The Orphans Court hears petitions for termination of parental rights. This process is viewed by the Court as one which requires presentation of evidence to address the higher burden of proof required for termination.

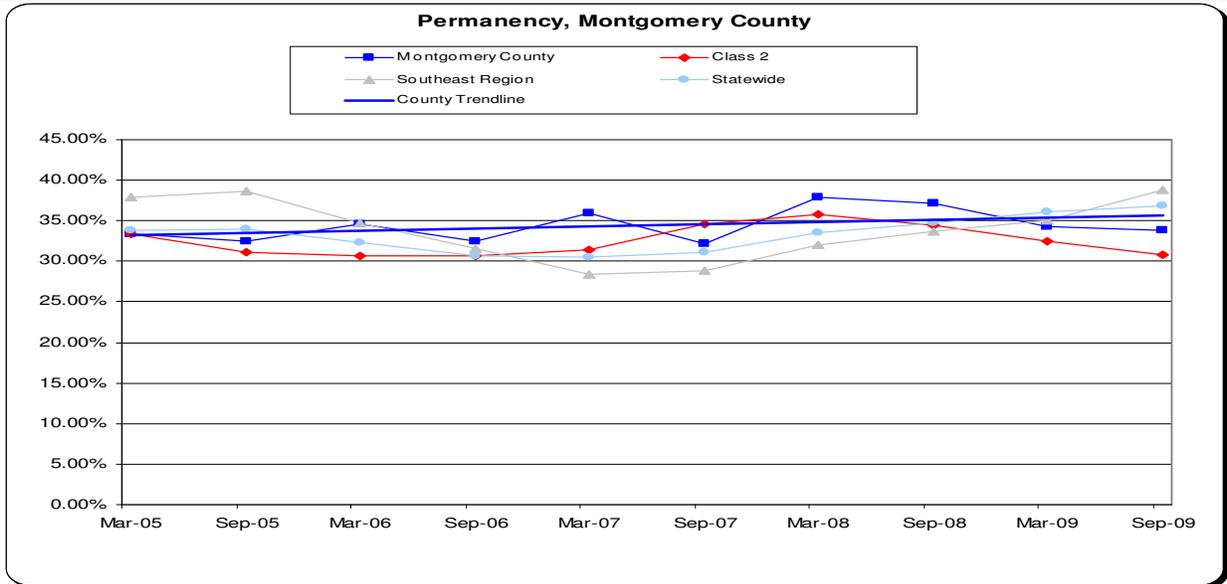
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- ❑ Which group of children represent the largest proportion/share of children for whom performance is below the national standard? What actions is the county taking to address that population's needs?

Children awaiting adoption for long periods of time are few in number, but represent the most challenging to provide permanency for. The County has been successful in identifying adoptive families for some children with special needs, but not all. CSR is typically needed for school age children who are in RTF, TFC, and reg. foster care where foster parents decline to adopt. Often these children have significant behavioral issues, sometimes medical issues. CSR may be undertaken for younger children whose goal may not yet be adoption but case circumstances determine that early recruitment may benefit the child, especially when sibling groups of 2 or more are likely to have a goal of adoption established in the near future. 30 CSR searches were completed during FY 09/10.

At the beginning of FY 10/11, there are 14 children with a goal of adoption without an identified adoptive family. 11 will be challenging to find families for (1 is sibling group of 4, all with special needs), 6 are children between 10 and 15 years old with difficult behaviors and 1 has Selective Mutism/Reactive Attachment Disorder. There are seven (7) children with TPR who are without an identified adoptive family. Five (5) will be challenging to identify adoptive families for.

5-1d. Permanency, 24 Months



Permanency - Percentage of children in care 24 months or longer (as of the first day of the period) who achieved permanency within 12 months

	2007A	2007B	2008A	2008B	2009A	2009B	FY 09/10
Montgomery County	35.9%	32.2%	38.0%	37.2%	34.3%	33.8%	38.78%
Class 2	31.5%	34.6%	35.8%	34.5%	32.5%	30.8%	
Southeast Region	28.4%	28.8%	32.0%	33.7%	35.1%	38.9%	
Statewide	30.5%	31.1%	33.5%	34.8%	36.1%	36.9%	

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- ❑ Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

County performance on this measure is improving but not to our desired level. It is possible that because so many children are provided a permanent home within less than 24 months, those who remain in placement are harder to achieve permanency for.

- ❑ Which group of children represents the largest proportion/share of children in care more than 24 months? What are the most frequent permanency goals for these children? What are the most frequent actual discharge destinations for these children?

Children with ongoing behavioral health needs requiring a high level of treatment, children with serious pervasive developmental disabilities, adolescents and children for whom the Orphan's Court has not found it appropriate to terminate parental rights are predominantly represented in this population.

- ❑ What steps is the county taking to achieve permanency for these children? What are the barriers to achieving permanency?

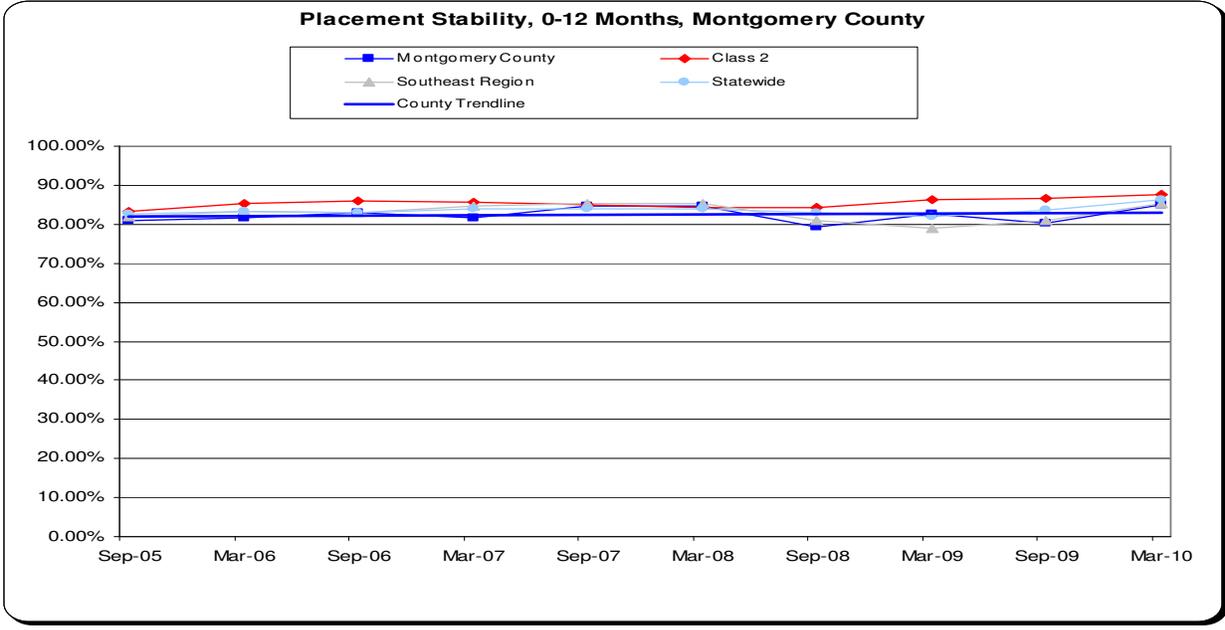
The County will continue expansion of permanency practices over the life of our cases. Family finding, family group decision making, concurrent planning and other engagement practices will continue to increase the number of family placements and permanency plans for children in placement. In addition, the county will implement family team meetings (if approved by OCYF) in 2011. FTMs are held at critical points in the casework process with the specific intent of engaging family and kin in case planning to support family in achieving safety and permanency for children.

The county will also begin to conduct targeted permanency reviews for all children in placement for 24 months or longer at 6 month intervals to improve upon this outcome. Members of the county Children's Integrated Service Committee, Citizen Advisory Committee, Child Abuse Multi-Disciplinary Team and Family To Family Steering Committees will be recruited to review cases and provide recommendations for permanency. Reviews will begin in fall, 2010.

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5-2. Placement Stability

5-2a. Placement Stability, Less than 12 Months (CFSR Measure 4.1)



**Placement Stability (0-12 months) –
Percentage of children in care 12 months or less whose placement history is stable**

	2007B	2008A	2008B	2009A	2009B	2010A
Montgomery County	84.7%	84.5%	79.4%	82.6%	80.3%	85.0%
Class 2	85.0%	84.4%	84.3%	86.3%	86.7%	87.6%
Southeast Region	85.4%	85.2%	80.8%	79.1%	80.9%	85.3%
Statewide	83.9%	83.9%	82.8%	82.0%	83.6%	86.5%

- Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

The County's performance on this measure has been variable from one federal reporting period to the next. Data suggests that targeted practice improvement over the next several years will improve outcomes statewide, for counties of all sizes. Montco continues to identify these outcomes as in need of improvement.

- How does the county's data compare to other counties of the same size? To the statewide data?

County performance is consistent with that of class, region and state.

- If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?

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Or

If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

The identification of kinship resources increases stability if identified early in the placement process. Expansion of family finding efforts will continue to increase this occurrence. Adolescents, especially ungovernable youth, do not ordinarily remain in their first placement.

The County will continue expansion of permanency practices over the life of our cases. Family finding, family group decision making, concurrent planning and other engagement practices will continue to increase the number of family placements and permanency plans for children in placement. In addition, the county will implement family team meetings (if approved by OCYF) in 2011. FTMs are held at critical points in the casework process with the specific intent of engaging family and kin in case planning to support family in achieving safety and permanency for children.

- When compared to class and state performance on each of the measures, at what point does placement stability tend to break down— the first, second, or third year? What is the county doing differently than the class, region, or rest of the state?

It is evident that children who do not achieve permanency within 12 months are likely to remain in placement for longer periods of time. The only exception is those children who have a goal of adoption established within 15 months of removal. The county is implementing focused practices to improve performance in achieving permanency within 12 months. Family engagement efforts will be reviewed at all PCRs. All new placements will be reviewed at PCRs for appropriateness of referral for FGDM or F2F meetings and decisions will be documented in PCR findings. The same practice will be repeated at PCRs routinely completed following nine (9) months of placement.

- Describe the relationship between actions taken in the first 24-72 hours of a child's removal and the on placement stability? How often does the child's first placement become the placement in which the child remains while in care? What steps is the county taking to increase that proportion?

The highest priority in initial 24 – 72 hours following placement is to minimize trauma for the child. Identification of an appropriate placement for each child is important for success and stability. Matching a child with a family or placement program able to address his or her needs is essential. In addition, staff is trained to accomplish the following from time of placement and continuing during the days following.

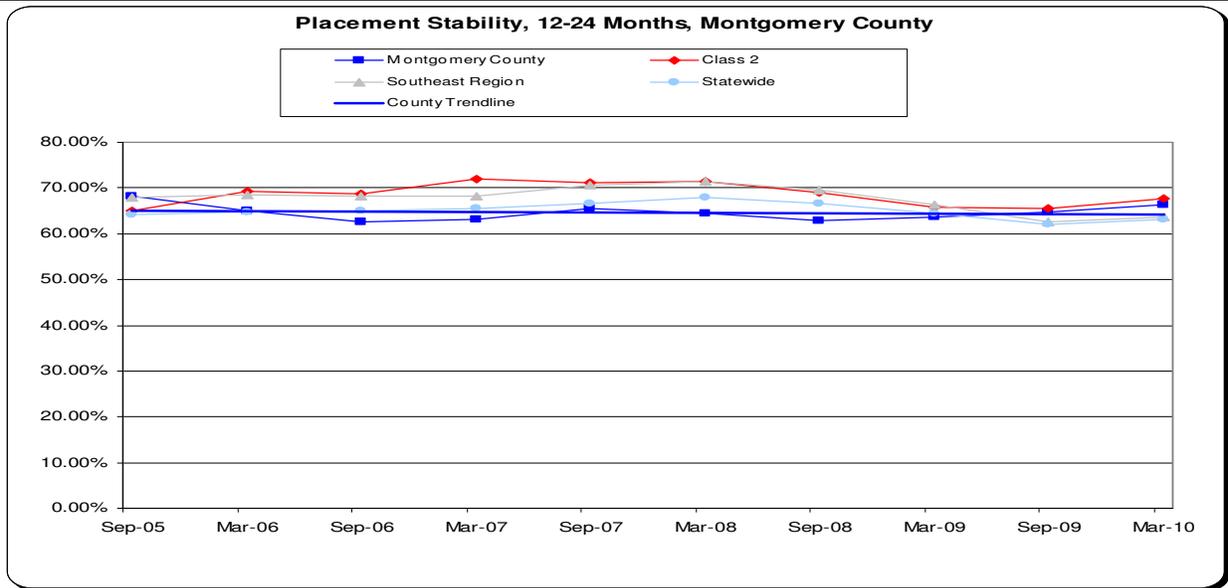
- Whenever possible children are placed with relatives or individuals who have significant relationship with the child or family. This may be more significant than any other factor in assuring placement success.
- The child needs to be provided with information about placement in age appropriate detail. Older youth can be included in providing information about potential caretakers. Questions should be addressed before travel to the placement location.
- Provision of all available information about the child's situation, needs and routines is important for caretakers. A child is more at ease with caretakers who are able to make him or her comfortable in unfamiliar surroundings.
- Services, supports and activities should continue for the child when possible and appropriate, particularly education, treatment, counseling, social activities and skill building.

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- Visitation should be planned and provided with family and siblings.
- Needed assessments should be complete within a limited period to assure that any additional services needed by the child are accessible and available.
- Assigned agency caseworkers should maintain contact with the child and caregiver. This includes regular telephone contact and in-home visits with the child and the family to facilitate school enrollment, treatment needs and offer any additional support needed to the child and caregiver.
- Children and caregivers who are informed and supported during the placement process will be more equipped for success.

Training for direct service staff is planned to increase the quality of the placement process. In addition, review of the case histories which involve child placements is planned to determine if specific circumstances in which placements end prematurely can be averted through additional casework support.

5-2b. Placement Stability, 12 to 24 Months (CFSR Measure 4.2)



Placement Stability (12-24 months) – Percentage of children in care 12-24 months whose placement history is stable

	2007B	2008A	2008B	2009A	2009B	2010A
Montgomery County	65.5%	64.5%	62.8%	63.6%	64.9%	66.3%
Class 2	71.1%	71.4%	69.1%	65.9%	65.4%	67.6%
Southeast Region	70.6%	71.6%	69.6%	66.2%	62.6%	63.6%
Statewide	66.6%	68.0%	66.6%	64.6%	62.1%	63.2%

- Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

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County performance is slowly moving forward on this measure. We hope to continue to improve performance in relation to stability for all children in out of home placement, the CFSR Permanency Composite 4.

- ❑ How does the county's data compare to other counties of the same size? To the statewide data?

Montco performance on this measure is similar to the statewide percentage while class and region show minimal decline in performance over several reporting periods.

- ❑ If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?

Or

If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

There is no significant difference in the number of placements for children with regard to race, although African American children have experienced slightly more stability than white children for the past several years.

- Children of Hispanic ethnicity, while fewest in number, experience the greatest stability.
- Males have slightly more stability than females at this marker.
- Youth in the juvenile justice system experience less stability at this marker (50%); those who are dependent have more (68.99%).
- Kinship care affords children more stability than other types of placement (92.59%).
- There is less differential evident with regard to reason for placement once a child is in care more than one year, although children placed due to neglect have more stability than those placed for other reasons.
- Children with disabilities, especially behavioral health needs, continue to experience the most disruptions.

Children in placement for more than 12 months are at increased risk of placement disruption and multiple placements. Children/youth that can move to permanency before they hit this milestone are more likely to achieve permanency.

The County will continue expansion of family engagement and permanency practices over the life of our cases to continue progress noted. In addition, the county will implement family team meetings (if approved by OCYF) in 2011. FTMs are held at critical points in the casework process with the specific intent of engaging family and kin in case planning to support family in achieving safety and permanency for children.

- ❑ When compared to class and state performance on each of the measures, at what point does placement stability tend to break down— the first, second, or third year? What is the county doing differently than the class, region, or rest of the state?

Children in placement for more than 12 months appear to be at an increased risk of placement disruption and multiple placements. Children/youth that can move to permanency before they pass this milestone are more likely to achieve permanency. Over the past 3 years, the percentage rate of children ages 13-18 in placement for 12-24 months and in at least 2 or more placements is consistently higher than any other age group. Evaluation reveals the following:

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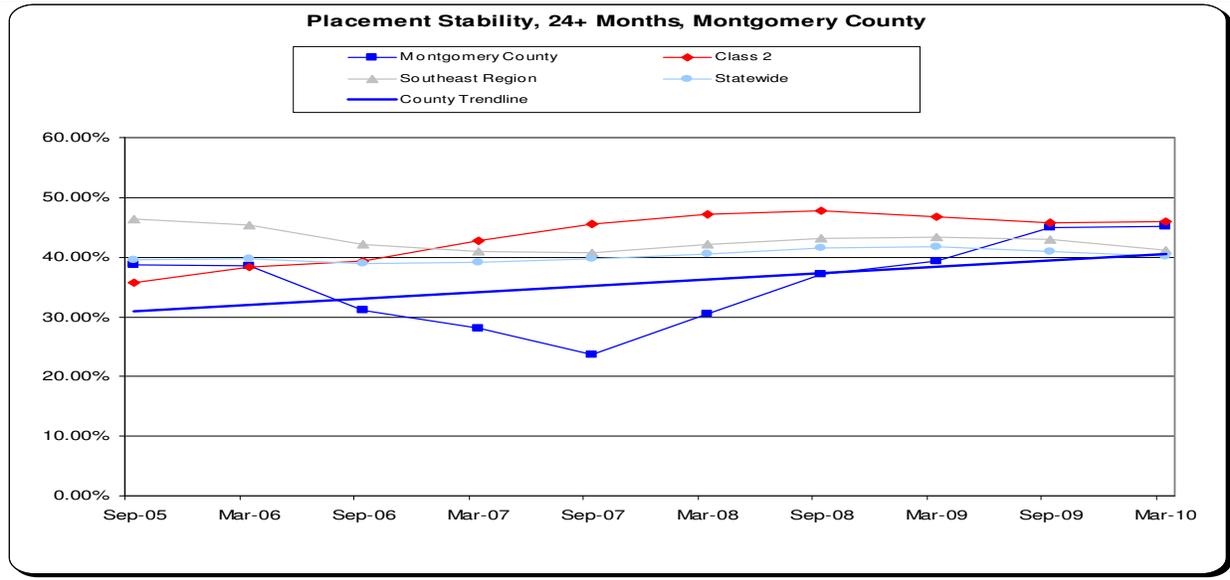
- Typically, these children have limited coping mechanisms. When a placement provider requests their removal, they often act out or threaten harm to themselves or others which may then result in an interim placement, such as the youth shelter or psychiatric hospital, until an evaluation is completed that will recommend a more appropriate placement setting.
 - Some parents go through this process multiple times, become frustrated and stop participating in services.
 - When adolescents see parents/caregivers becoming less involved, there is a little motivation for them to work on making behavioral changes.
 - Placement programs that are better equipped to provide services geared toward the behaviors of adolescents will result in increased placement stability.
 - Equally important is for parents/caregivers to be required to participate and support the adolescent/child, as well as to learn techniques to handle the behaviors of this population.
 - Utilization of behavioral health services in foster homes to prevent disruptions has been implemented to increase the ability for a troubled child or youth to remain in one stable placement. A treatment modality designed for adolescents with behavioral and MH issues, such as MST or FFT, supports the youth and caregivers upon reunification or return to a relative's home so that the likelihood of a return to placement will be reduced.
 - Continued training for our supervisory staff so that they are equipped to provide clear direction regarding permanency is planned to reduce multiple placement disruptions or keep a youth from returning to care.
 - Many children have a mental health diagnosis along with behavioral issues requiring psychiatric hospitalization and residential mental health treatment. Often the group includes adolescents with an array of presenting problems, delaying discharge from placement.
 - Trying to identify a program that can address the needs of these children and older youth with multiple diagnoses is difficult. They require a strong level of commitment by both a placement provider and the reunification resource. When both are not present, these adolescents/children are not successful which often begins the cycle of replacements.
- Describe the relationship between actions taken in the first 24-72 hours of a child's removal and the on placement stability? How often does the child's first placement become the placement in which the child remains while in care? What steps is the county taking to increase that proportion?

Training for the three OCY units that provide services to OCY kinship and foster families and the children placed in those homes was conducted in FY 09/10 with the goal of increasing supports to those families in order to decrease placement disruptions.

Expansion of family engagement practices is intended to improve the supports available to resource families and in turn increase commitment of caregivers to the child with challenging behaviors and other special needs. Utilizing these family centered techniques along with the front-loading of services in the first 12 months of placement will help to accelerate permanency and strengthen placements.

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5-2c. Placement Stability, Longer than 24 Months (CFSR Measure 4.3)



Placement Stability (24+ months) – Percentage of children in care 24 months or longer whose placement history is stable

	2007B	2008A	2008B	2009A	2009B	2010A
Montgomery County	23.7%	30.5%	37.0%	39.4%	44.9%	45.1%
Class 2	45.5%	47.2%	47.7%	46.7%	45.7%	45.9%
Southeast Region	40.7%	42.1%	43.1%	43.4%	42.9%	41.2%
Statewide	39.7%	40.5%	41.5%	41.7%	41.0%	40.1%

- ❑ Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

County performance is slowly moving forward on this measure and is not notably higher or lower than class, region or state. We hope to continue to improve performance.

- ❑ How does the county's data compare to other counties of the same size? To the statewide data?

Data above suggests that Montco has progressed in improvements on this measure more rapidly than class, region or state. We hope to continue to improve performance.

- ❑ If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?

Or

If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

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Improvement in assuring stability for youth in placement for long period of time has been positively affected by engaging family members and/or kin who have more of a connection to that youth than a non-relative caretaker. Caretakers are also being provided and are eligible for more community supports which can prevent unnecessary moves in placement. Also, a goal has most likely been changed from family reunification to another placement goal and children are in a placement consistent with that goal.

If children remain in placement for 24 months, the likelihood is greater that a permanency goal other than reunification has been established by the Court. Administrative reviews are being implemented at six (6) month intervals to review permanency planning for all children in placement and provide recommendations for staff in accomplishing the child's permanency goal.

The County will continue expansion of permanency practices over the life of our cases to continue progress noted. Family finding, family group decision making, concurrent planning and other engagement practices will continue to increase the number of family placements and permanency plans for children in placement. In addition, the county will implement family team meetings (if approved by OCYF) in 2011. FTMs are held at critical points in the casework process with the specific intent of engaging family and kin in case planning to support family in achieving safety and permanency for children.

5-3. Other

5-3a. Prevention Services

Montgomery County is the grantee of funds that support Family Centers in two targeted communities, Norristown and Pottstown. Family Centers have helped parents since the 1990s to learn about their children's development and engage in parent education and child development activities. They also provide assistance to parents in accessing family health care services and insurance, education, training and employment. Family Centers provide information and access to supportive community resources, such as well-baby care, immunizations and early interventions services.

- Programs focus on early childhood development and prevention of child abuse and neglect through use of the Parents as Teachers (PAT) program.
- The PAT program is an evidence-based program through which parents of high risk families with preschool age children are able to improve stability and success related to child safety and well-being.
- Approximately 200 families are served by each of Family Centers annually.
- Programs measure outcomes established per Department of Public Welfare requirements for grantees measure of continued success.

The Norristown and Pottstown Family Centers have provided parenting education through Child Abuse Prevention (CAP) grant funding for two (2) years. The program has entered the final year of the three (3) year grant period.

- The Montgomery County Child Abuse Prevention Program since inception has afforded services to parents in 143 families with 261 children.
- Families who are at-risk for child abuse or who have already been identified as experiencing child abuse will comprise the target population.
- CAP focuses on the two geographic areas of the county in which there are the greatest risk factors for child abuse, Norristown and Pottstown.

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- Two (2) national model programs Guiding Good Choices, a Promising Practice program, and Becoming a Love and Logic Parent, an approved program from the US Department of Education, are utilized with participants.
- The goal is to enable participants to better understand their relationship with their children and utilize healthier parenting skills. Identified outcomes:
 - participants practice pro-social methods or stress and anger management,
 - participants meet their children's needs for health and safety,
 - participants foster optimal cognitive, academic, and literacy development and
 - participants manage child behavior in a nurturing and effective manner.

Carson Valley Children's Aid (CVCA) provides a 6- week, 2 hour parent education class at least 6 times a year in order to address the needs of Montgomery County and specifically the Norristown area residents. The program utilizes parent empowerment techniques and family strengths to increase parenting skills, enable participants to better understand their relationship with their children and practice healthier parenting skills. The 6-week session was developed using components of various evidence based and/or nationally known curriculums, including: Becoming a Love and Logic Parent, Parents as Teachers, Nurturing Parenting Program, Strengthening Multi-Ethnic Families, Without Spanking or Spoiling, Effective Black Parenting Families, The Parent Project, Inc. and The Incredible Years. Feedback from participants included:

- 70% stated they understand more about their child's development as a direct result of class participation
- 82% stated they utilize effective (two or more) stress management techniques as a direct result of class participation.
- 90% stated that they spend more time talking with their children about their feelings than before attending the parent education sessions.

5-4. Case Management

5-4a. Family Engagement in Case Planning

Successfully engaging clients in the helping process is critical. Drop-out and noncompliance can lead to removal of children from their families, extended stays in placement and sometimes to eventual termination of parental rights.

- Strategies used by the county to engage families in case planning and services emphasize respect of culture and family values, client collaboration in decision-making and service planning, delivery of supportive in-home interventions, access to skill-building services, provision of concrete resources, and parental involvement in children's therapeutic services.
- Increasing practical skills of direct service staff has fostered engagement. Several trainings have been provided to staff during the past year to promote increased utilization of engagement practices in direct service delivery. Staff increasingly employ strategies such as immediate response, working in the family's home and community, acknowledging and building upon strengths and respecting differences, modeling and teaching skills, helping families access concrete community services, tailoring resources to family need and addressing the needs of all family members.

Organizational practice change has increased reliance on use of in-home services, both formal and informal. These services are delivered by OCY staff, through Family Centers, by

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providers and by community programs. They have increased access to early childhood programs, concrete services, parenting skill training, family-focused solution-based strategies, and the development of support systems have been effective interventions which engage families and contribute to success.

Family engagement is not yet practiced consistently in every case. Training, supervision and support to social service staff continues to improve success in engaging families and providing them opportunities to be among the key decision-makers in planning services in their own cases.

- We have prioritized addition of current and former consumer input to several key committees in the current year, including Family to Family Steering Committees, Children's Roundtable, Mission Kids and Integrated Children's Services Committee.
- Training for staff and providers in family-focused, strengths-based practice is occurring through Family Development Credentialing, Family Group Decision Making, Family Finding, Concurrent Planning and other avenues.
- FGDM, implemented in summer of 2009 and fully functional agency-wide in March, 2010, involves families in development of service plans and acknowledging that family knows family best.
- Family To Family practices promote partnership between birth and foster families when children are in placement.
- Identification, location and engagement of family through Family Finding practices are underway. Establishing and maintaining sustainable resources and connections for children with their families has been effective.
- Kinship care and achieving permanency through relative adoption and PLC has increased which allows parents and family to be engaged in concurrent and permanency planning.

Opportunity to introduce Team Decision Making in FY 10/11 has been provided through technical assistance from OCYF for the ICSP process. Family Team Meeting practices are based upon the Family to Family philosophy from Annie E. Casey Foundation. The Team Decision-making Approach involves the family and community, but the agency maintains responsibility for ultimate decision making. An agency/family team makes decisions at key times in a case (i.e., placement, moves, reunification, concurrent planning, etc.) The purpose of the meetings is to make an immediate decision regarding the child's safety, well-being and best interests. Case planning, assessment, and review functions are also incorporated, but are secondary to needs of the children

- A trained agency facilitator is not involved in the case meeting. The family's caseworker convenes the group. Family may include anyone they wish. Community partners are encouraged to attend.
- Meetings are planned at four critical points: prior to placement in foster care, prior to any placement disruptions, prior to reunification, anytime there is a critical decision to be made about the child.

Family engagement continues to be successful through direct casework services and County partnerships with the following parent organizations: Family Centers, Family to Family Steering Committees, Parents Involved Network/Parents Empowerment for Advocacy through Knowledge (PEAK) Trail Guides and High Fidelity Wraparound.

5-4b. Youth Involvement in Case Planning

Youth who are not part of the case planning process are less likely to “buy-in” to the case plan whatever it may be, as well as have increased difficulty in relating to the professionals who are working with them. While there is still room for improvement, efforts to be inclusive of youth in case planning have been incorporated into practice, such as:

- Family to Family and FGDM conferences in selected cases involve age appropriate youth.
- Youth have opportunity to participate in and be heard at court proceedings. Child advocate attorneys via the Montgomery Child Advocacy Project (MCAP) are assigned in complex situations.
- Participation in FSP development and IL Transition Plans continues.
- OCY in-house foster homes have a Foster Parent Coordinator assigned to work specifically with the foster parent(s), freeing up more time for the child’s caseworker to work directly with the child.
- Ongoing access to Guardian-ad-Litem/GAL Social Worker or MCAP attorneys by phone and in-person.
- Increased family, sibling and kinship visitation for children in placement.
- Specialized, intensive casework services provided by the Family and Adolescent Service Unit for youth experiencing significant behavioral and family conflict issues; youth are involved in developing their own behavioral contracts.
- Special funding for educational, cultural and enrichment purposes through Superkids, a non-profit organization serving OCY.
- OCY Independent Living Coordinator who meets with youth ages 16 and up to plan and develop specific goals for independence.
- IL aftercare service and Housing 101 Program which provide vehicles for youth voice of former foster youth who have aged out of child welfare and juvenile justice systems.

5-4c. Transition Planning & Preparation

Independent Living (IL) Services in Montgomery County are provided to all eligible youth, age 16-21 years, who have been adjudicated dependent or dually adjudicated dependent/delinquent with sharing of case planning and service delivery responsibilities.

- Valley Youth House is under contract to share in the delivery of the majority of the case management, IL instruction, service delivery and aftercare service to discharged youth.
- The IL Coordinator manages referrals, services and transition planning for all youth eligible for services.

Transition planning is collaborative and may include any of the following participants: youth, OCY caseworker, OCY IL Coordinator, Guardian ad Litem, placement program representative, foster parent, birth parent, and any other child serving system representative who is involved in case planning and/or service delivery for the youth.

- Upon initial referral, and then twice annually, youth have their IL preparatory needs assessed by the Ansell Casey Life Skills Assessment. IL plans are based upon needs identified with the instrument and includes employment, housing, education, life skills, and prevention.
- Individual case management is a core service available to all youth through the IL provider. Once a youth reaches the age of 17, transition reviews are held which include the youth, IL provider, OCY Caseworker, OCY IL Coordinator and others identified by the youth.

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- During the reviews, a discharge plan is developed, revised or updated. An additional resource for transitioning youth is Superkids of Montgomery County, Inc., a non-profit organization formed in 1994 which provides financial assistance to former OCY foster youth who are attending college along with other supports for transitioning youth.
- Progress toward goals in the transition plan are reviewed to assure that the youth will leave county custody with permanent housing, employment, high school degree or alternative educational plan, skills, savings account and source of income, along with adult connections and community supports needed to assist with both routine daily living challenges and arising emergencies.

Youth receiving aftercare has exceeded the regular IL population in the last few years.

- Continued support has been crucial in assuring that youth do not encounter emergency situations that may result in homelessness, lack of employment, failure to complete education or personal emergencies.

In 2004 Montgomery County Collaborative partners established Housing 101, a housing program designed to serve former Montgomery County foster youth.

- Valley Youth House, the Montgomery County IL vendor, maintains oversight of the program which provides supportive services as well as housing vouchers to a maximum of 12 eligible youth.
- Participants must be enrolled in an educational program or be employed, and must maintain all requirements of the program in order to maintain eligibility following admission.
- Supportive services include mandatory weekly contact with the case manager to review identified goals and group counseling and interaction.
- Group sessions include cooking lessons, shopping and nutritional information, and budgeting.
- Former foster youth are also able to attend the same group lectures offered to in care youth.
- Montco was selected as recipient of federal Family Unification Program funds from HUD which will assist transitioning youth.

5-4d. Implementation of Concurrent Planning

Concurrent plans mean that staff are working on two goals simultaneously rather than only starting a new goal when the first goal fails. If implemented correctly, this is a proven method of reducing time in placement and moving towards timely permanency for children.

- Concurrent Planning is implemented in all cases, from referral through aftercare.
- These concurrent plans are developed at case acceptance via a service planning meeting, reviewed on a regular basis and revised as necessary.
- Concurrent plans develop a primary and secondary goal for each child in a case. They emphasize “front loading” of services to reduce child safety and risk factors and reduce the time required to provide permanency for children or time from case acceptance to case closure.

OCY staff received multiple trainings on concurrent planning and engaging extended families and fathers from 2008 to 2010. TOL from the PACWTP provided technical assistance through meetings with Supervisors and Caseworkers in individual casework units to review sample cases and measure practice.

- Supervision with caseworkers improves skills required to move beyond only establishing a concurrent plan to skillfully working with case participants to implement one.

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- Review of FSPs and case dictation reflects an incorporation of concurrent planning in casework. Planning to achieve primary and secondary goals is no longer linear, but simultaneous, reflecting the intent of concurrent plans.
- Caseworkers are meeting with families to assure that they are aware of both primary and secondary permanency goals. They are explaining efforts to identify and engage relatives or others who may provide timely permanency through either the primary or secondary goal.
- An ASFA brochure for families describes concurrent planning and is distributed when cases are opened for services.
- Caseworkers conduct diligent search for family and use family finding to identify relatives and/or kin who may be a permanent resource or to assist a family in placement prevention. Beginning at time of placement there is need to implement the concurrent plan. When relatives are not a placement option, adoption staff starts the process to locate an adoptive family. This occurs concurrently.

Section 6: Administration

6-1. Workforce

6-1a. Salary and Benefits

Salary and benefits costs are detailed in the Budget Excel file, as required. Maximum salary and benefits may be exceeded for only one position, the agency psychologist.

6-1b. Employee Benefit Detail

Montgomery County’s employee benefits package is described below. Full-time employees receive benefits 90 days after date of hire. The following are included:

- Medical Insurance – Personal Choice/KeystoneC3F3/Keystone 10 (individual or family coverage), Vision, Prescription Drugs, Dental Insurance, Basic Life and Accidental Death & Dismemberment Insurance, Disability & Sick Leave, Long Term Disability Insurance, Voluntary Term Life and Accidental Death & Dismemberment Insurance, Flexible Spending Accounts, Social Security Tax (Employer share), Retirement Plan, Pre-Tax Parking Plan and Health Advocate Services

Actual costs for employee benefits are charged to each county department and actual costs vary depending upon the type of insurance coverage selected, salary, and number of insured dependents. Employees contribute to their benefits on a per-pay basis determined by plan selected, salary, and number of insured dependents. Costs of benefits for the past several years are documented below.

- Medical and dental insurance is expected to increase 7% in 2010 and close to 7% again in 2011. This will push the total benefit rate for the average salary during Fiscal Year 2009/10 to 40%.
- In Fiscal Year 2009/10 the total benefit rate for the average salary is projected to be 42%.

Fiscal Year/Average % of Salaries

2007/08 = 37.0% 2008/09= 38% 2009/10= 40.0% (projected) 2010/11= 42% (projected)

6-1c. Organizational Changes

Two clerical positions will be transitioned from direct service units to the agency’s Fiscal Division to support implementation and maintenance of the Master Client Index (MCI) and the continued transition to maintenance of electronic records and use of technology to support delivery of services, data collection and reporting. The positions were unfilled for the past several years in support of County budget circumstances.

Two (2) new Program Specialist positions are requested in FY 11/12. One (1) will coordinate shared planning for school age and adolescent youth. The second will coordinate shared planning for young children ages 0 – 8. The positions will coordinate shared casework planning in cases where children are served by multiple systems, employing the concept of a “personal navigator”. A personal navigator assists individuals/families in connecting with programs or benefits that meet the needs of an identified child. They will assist in coordinating appropriate cross-systems teams which will convene to undertake shared planning in direct service delivery, establishing eligibility for services, and connecting children to necessary

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services. Personal navigator services are intended to assist families as early as possible, preventing crisis and improving likelihood of success of community-based services. If services that meet the needs of children and their families are made available in a proactive fashion, necessity for families to resort to more restrictive services (including child placement) will be reduced. Crisis is prevented. Families are supported and it is probable that more will be able to remain intact. Both positions support the County's continued progress toward integration and development of a System of Care.

6-1d. Staff Evaluations

Ongoing evaluation of measures progress toward meeting identified outcomes.

- In-house Quality Assurance QA – Formal case review processes are utilized to assure staff compliance with regulatory and statutory mandates, identifying areas for development or revision of policy and practice, measuring progress toward program outcomes and evaluating effectiveness of programs and delivery of services for our client children and families.
- Casework Supervision - Ongoing evaluation of county staff performance is conducted in weekly supervision by managers and administrators, in order to maintain a direct connection between supervision and service delivery. Individualized employee performance improvement plans, professional training, continuing education and the County's Employee Assistance Program supplement support for employees in meeting requirements for effective performance.
- WMS Salary Administration Program – The County uses WMS to measure employee performance across specific measures of job function and job responsibilities.
 - The WMS system requires annual evaluation of employee performance, using county specific evaluation tools and measures of job performance.
 - Evaluation instruments are revised, as needed, to assure accurate reflection of job responsibilities and measures of performance.
- Pennsylvania State Civil Service Commission - Requirements for performance evaluation is maintained and assessment of performance is completed at required intervals.

6-1e. Contract Monitoring & Evaluation

Purchase of service contracts with 110 provider agencies support child welfare and juvenile justice programs. Service requirements, performance measurements and data collection efforts are required in the contract.

New Purchase of Service Agreements - Researching and documenting program quality is required of the Quality Assurance Division and Contract Manager when considering a new vendor contract. A site visit is conducted and children, youth and families are engaged in discussion about the services they receive.

Contract Renewal – Contract renewals and subsequent service usage is contingent upon success in producing positive outcomes. OCY's Contract Manager completes annual renewals for both child welfare and juvenile justice purchased services.

Contract Negotiations - Negotiations are undertaken annually, on a fiscal year basis. Providers have not received a rate increase in three (3) years.

- Requested rates are obtained for individual services and comparison with other vendors providing the same service is conducted for each. Comparison of rates approved by other counties is completed. Historical review costs are developed for each vendor and service.

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- Rates approved are dependent upon available funds and increases required by vendors to provide services for which the county contracts.
- County contract rate negotiation is hampered by a vendor refusing to negotiate a rate that differs from the State’s maximum allowable costs and/or one that has already been approved by provider’s home county and/or other county operating as a primary user of services.

Quality Assurance Service Reviews - Vendor Service Reviews of in-home and placement services assure that our vendors are achieving mutually intended results. The Office of Children and Youth conducts quality assurance vendor case reviews and documents results to monitor outcomes.

Service Authorizations – The County has time-limited service authorization periods for services, including SCOH services, foster care services, residential placements and child daycare services. This provides necessity for review of service quality and outcome measures at stipulated intervals in each individual case where services are purchased via contract.

Cross-Systems Activities – OCY, JPO and BH departments conduct joint site visits and file reviews to obtain cross-systems measurement of program quality of behavioral healthcare.

Court Participation - The Juvenile Court Judge conducts site visits and meets with youth. Aside from allowing the Judge to see and know each provider and program, it sends a message that those in high authority in our County prioritize maintaining quality of programs and continue to set goals consistent with the federal and state standards that protect children.

Juvenile Justice Outcome Measures - Montgomery County Juvenile Probation also participates in the Juvenile Justice Outcome Measures, used to measure impact on BARJ objectives. This is a quarterly report which is reviewed and monitored for changes and to see if target projections are met. Data is gathered on cases that are closed during the timeframe queried.

6-1f. Largest Providers Contract Review

- ☐ Two largest providers of In-Home Services. Include contact information.

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
1: Glen Mills	P.O. Box 5001 Concordville, PA 19331 (610) 459-8100	Garrison D. Ipock, Jr. Executive Director	368	\$1,792,126
2: The Academy	340 Harding Blvd. Norristown, PA 19401 (610) 639-6919	Regan Mahoney Director	79	\$395,964

1. Glen Mills CMS offers daily in-person contact and supervision in the home community, as well as round the clock emergency intervention. The program utilizes the sociological principles of the Glen Mills Residential Program, inclusive of Balanced and Restorative Justice Principles. This service is used to ensure compliance to pro-social behaviors, using developed life skills to help sustain the change. The purpose of CMS is fourfold:

- To reduce recidivism for those returning from residential placements by providing additional structure to sustain the growth and change made in placement;

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- To provide at risk youth the opportunities and personal skill development to avoid further involvement with the system;
- To monitor school attendance for youth identified with chronic truancy issues;
- To provide structure and accountability for youth being processed through the juvenile system.

Glen Mills Outcomes for 7/1/09 to 6/30/10

- Number of students served: 416. Number of students rearrested: 46. Success rate: 90%.
- Community Service Hours performed: 4560.
- Percent of students enrolled in school 92%. Attendance during school day 95%.
- The restitution program collected \$7,525.

2. The Academy is a community based service offering daily face-to-face contact, supervision, and 24/7 emergency intervention availability. This service allows student to remain in their home and community, while addressing their educational, social, behavioral, and employment needs. The Academy utilized the Balanced Approach Restorative Justice (BARJ) principles of accountability, competency development, and community protection. The Academy assists with aftercare planning, truancy issues, prevention services, and restitution owed. The purpose of the Academy is:

- To provide opportunities and development to avoid further involvement with the juvenile justice system.
- To provide structure and accountability for youth being processed through the juvenile justice system.
- To monitor school attendance and educational progress.
- To reduce overall recidivism.
- To help juveniles avoid detention or placement for non payment of restitution owed to courts.

The Academy Outcomes for FY 2009/10:

- Number of students served: 79. Number of rearrested: 7. Success rate: 91%
- Community services hours performed: 2,031
- Restitution hours completed: 2,565
- Total restitution paid: \$25,653

□ Largest provider of Community Based Placement services. Include contact information.

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
1: Youth Services Agency of PA	1398 State Rte. 903 Jim Thorpe, PA 18229 (570) 325-2020	Roger E. Dawson Executive Director	155	\$1,071,056

Youth Services Agency provides structured, supportive and challenging programs to youth who are resistant to traditional treatment.

- Act
- Alternative Education
- Adventure Learning Centers

The programs focus on helping youth become responsible and functional members of the community. They provide case management, education, community services, adventure

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challenge therapy, mental health and drug and alcohol services, life skills and independent living instruction and others. Activities are designed to promote teamwork, self-esteem, self-motivation and overall respect. YSA uses positive role models and values and community integration to prepare youth for success. The programs are an alternative to more restrictive placements and meets juvenile justice requirements for restorative justice through high levels of community service and restitution.

Youth Services Agency's 2009 outcomes are as follows:

- Number of clients: 78. Total Successful Clients: 71. Failure to Adjust: 8%
- Safely at home at 6/12 months 81%
- Re-abuse within 12 months of service ending: 19%
- Re-arrest within 12 months of services ending: 13%
- Attend school at 6/12 months after return home: 75%
- Employed 6/12 months after return home: 47%
- Community service hours: 4,194
- Restitution: \$20,053

□ The largest provider of Institutional Placement Services

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
1: Glen Mills	P.O. Box 5001 Concordville, PA 19331 (610) 459-8100	Garrison D. Ipock, Jr. Executive Director	96	\$1,464,764

Glen Mills Schools provide a number of residential programs including:

- Residential Program – A BARJ compliant program designed to effect long-term behavioral change and enhance life skills, the residential program provides youth with behavior management, individual and group counseling, academic and vocational programming, athletic and recreational opportunities.
- Restitution Program – Youth with court-ordered restitution and/or court fines and costs participate in performing campus work assignments and applying earnings to satisfy court ordered financial obligations.
- Drug and Alcohol Program – A socio-educational health curriculum based on brief intervention theoretical model for youth who are in the low-to-mid range of the severity continuum and are at risk for other health and related social and behavioral problems.
- 90/90 Program – This hybrid program combines residential and aftercare services for youth who do not require long-term out-of-home placement. It includes ninety days of residential placement and 90 days of aftercare services provided by CMS staff.
- Summer Program – A short-term program for youth who require structure during the summer season.

All programs focus on two primary objectives for youth:

- To change behavior from anti-social to pro-social;
- To develop life skills that will help sustain this change.

Glen Mills Residential Service Outcomes for 2008/09:

- Number of clients: 96. Total Successful Clients: 93. Failure to Adjust: 3

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- Restitution: \$57,942.35
- Community service hours: 5,159.5

Provider Performance: Performance is monitored via monthly review hearings and placement review hearings that occur every five months. The deputy chief along with supervisory staff meet monthly to review all juveniles receiving services. A list is generated of all juveniles receiving services during that time. The probation officer is required to attend the meeting along with supporting documentation of why the child still needs the services. This information is discussed and a determination as to whether the juvenile should remain on these services, or other services should be implemented is determined.

6-2: Program Oversight

6-2a. Document Maintenance for Residential Providers

Montco assures that purchase of service contracts with residential providers include required provisions for maintenance of centrally located documentation on each of the required outcomes. A copy is available upon request.

6-2b. Children served by county staff (In-home services only)

This data is contained in the Excel Budget file as required.

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6-3: Grant Funded and Special Programs

6-3a. Evidence Based Programs

Evidence based programs incorporated in the County's services are described below. Some are funded through Special Grants. Others are funded through Health Choices but are included for informational purposes. Funding streams are specified in the accompanying narrative. No transfer of funds between special grants is requested.

6-3a. Evidence Based Programs: Multi-Systemic Therapy

Montco's MST programs operate countywide, provided by K/S Services for delinquent youth and Child Guidance for dependent youth. Both are funded through the Office of Behavioral Healthcare and Magellan Behavioral Health. There is no funding requested for this program. 78 delinquent youth and 10 dependent youth were served in FY 09/10.

6-3a. Evidence Based Programs: Functional Family Therapy

Montco's FFT program operates countywide and is delivered by Valley Youth House and is jointly funded by Montco and Bucks Counties via Magellan Behavioral Health. 9 dependent youth were served in FY 09/10. There is no funding requested for this program. The program may be discontinued due to inability to reach optimal utilization levels.

6-3a. Evidence Based Programs: Multidimensional Treatment Foster Care

There is no funding requested for this program. The Children's Service Integration Committee continues to explore feasibility of the program under auspices of the Office of Behavioral Healthcare.

6-3a. Evidence Based Programs: Family Focused Solution Based Services (FFSBS)

Montco's FFSBS service was implemented in FY 09/10 through the Integrated Children's Service Plan. Several providers of SCOH services obtained licensing to provide behavioral healthcare services, becoming dually licensed, including Aldersgate Youth Service Bureau, The Lincoln Center for Family and Youth, Upper Perk Youth and Family Services and Carson Valley Children's Aid. FFSBS is a blended service that allows families to receive behavioral health supports and SCOH services from the same provider agency so that continuity of service delivery can be maintained for the family. The licensing allows families to move seamlessly from one service to the other, dependent upon needs of an involved child. There were 43 referrals for the service in the past year, 38 of which were OCY referred and 5 initially referred for behavioral healthcare that later became OCY involved.

6-3a. Evidence Based Programs: High-Fidelity Wrap Around

Montco's HIFI program operates countywide, delivered by Access Services and funded by Montco Office of Behavioral Healthcare via Magellan Behavioral Health. There is no funding requested for this program. Total families served to date total 46. 7 dependent youth and 6 delinquent youth received this service in FY 09/10.

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6-3a. Evidence Based Programs: Schoolwide Positive Behavioral Support

SWPBS is available in Abington School District, funded by Montco Office of Behavioral Healthcare via Magellan Behavioral Health. 14 youth were served in FY 09/10; 2 were OCY involved and 3 were JPO involved. Pottsgrove School District also received a SWPBS grant. No statistics on services are available.

6-3a. Evidence Based Programs: Family Group Decision Making

Montco received Special Grant funds for FGDM in FY 09/10 and 10/11. The county is applying for program expansion in FY 11/12.

Request Type	Enter Y or N		
Renewal from 2009-10	Y		
New implementation for 2010-11 (did not receive funds in 2009-10)	N		
Funded and delivered services in 2009-10 but not renewing in 2010-11	N		
Requesting funds for 2011-12 (new, continuing or expanding)	Y	New	Expanding
		Continuing	X

	06/07	07/08	08/09	09/10	10/11 Projected	11/12 Projected
Target Population	N/A	N/A	N/A	Any family receiving investigation or with an open case – Total = 50	Any family receiving investigation or with an open case – Total = 72	Any family receiving investigation or with an open case – Total = 75
# of Referrals Accepted	N/A	N/A	N/A	28	54	75
# Successful/Conference Held	N/A	N/A	N/A	13	49	67
# Unsuccessful/No Conference				4	6	8
Cost per year	N/A	N/A	N/A	150,214	153,000	209,000
Per Diem Cost/Program funded amount	N/A	N/A	N/A	\$12,500 Monthly to provider; \$6,063 for OCY Coord.	Monthly average 4.5 conferences, .5 unsuccessful*	Monthly average 6.25 conferences, .33 unsuccessful*
# of MA referrals	N/A	N/A	N/A	N/A	N/A	N/A
# of Non MA referrals	N/A	N/A	N/A	28	54	75
Name of provider	N/A	N/A	N/A	Community Service Foundation	Community Service Foundation	Community Service Foundation

* See attached budget detail.

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If this is a renewal of services delivered in FY 2009-10, answer the following:

- Clearly describe the program's accomplishments or results; any challenges to implementation; and the impact on service delivery for **FY 2010-11**. Use data/statistics to show the impact of the program services. *Response:*

As planned, Montco has established a shared delivery model for FGDM. A group of FGDM specialists was developed in-house in 2008. The specialists include: Director of Social Services, Placement Resources Division Administrator, Foster Home Supervisor, Family To Family Specialist, Quality Assurance Administrator and QA In-Home Service Specialist. The group has been represented on the Statewide FGDM Committee. Pilot FGDM meetings were conducted by staff who were previously trained in FGDM and family conferencing and who are actively participating in the statewide FGDM committee activities. A small number of FGDM conferences were held by OCY in 2009 and early 2010.

Montco received \$216,441 in FY 09/10. Given the State budget impasse, implementation was delayed until final allocation of funds was confirmed by OCYF. Implementation plans were changed given the County's budget circumstances which prohibited hiring of a full-time FGDM coordinator in-house. As a result, a decision was made to purchase the majority of FGDM services, maintaining administrative and program coordination in-house. Responsibility for program implementation and oversight is shared between OCY and CSF.

An RFP process for the service was completed in January, 2010. Community Service Foundation (CSF) was selected as provider for the service by a group of cross-system professionals. Service implementation was planned by a group of OCY and CSF staff during the months of January and February, 2010. All OCY staff were trained in the FGDM model and process in February. Implementation of FGDM began in March across all functional divisions of the agency.

All FGDM referrals are coordinated by the Family To Family (F2F) Coordinator for preliminary review of appropriateness with the assigned caseworker and gathering of additional information when needed to make a determination regarding the type of family meeting that will best address need. The F2F Coordinator may coordinate and facilitate 2 FGDMs monthly in addition to conducting F2F meetings between birth and foster families. The remaining referrals are assigned to CSF. CSF staff providing FGDM services are located in the OCY office three (3) days each week for consultation and follow-up with staff. A coordinator and two (2) FGDM coordinators are assigned to the county for this service. FGDM services are being encouraged for use in case planning agency-wide and families can be referred at any time during provision of services, from Intake through Aftercare. A ten (10) day priority schedule was developed to respond to investigation/assessment timeframes or Juvenile Court schedules. As such, FGDM is available to any family, under appropriate circumstances.

FY 09/10 accomplished program development, training and implementation of practice at OCY. As stated in the initial grant application, implementation occurred throughout the initial year of programming. The County met its goal to complete twenty-five (25) referrals. Implementation required revising responsibilities for OCY staff, additional staff training and sufficient time for start-up prior to full implementation. Practice improvements will be ongoing in FY 10/11.

In FY 10/11 select staff at JPO, BH/DD, Youth Center and Magellan Behavioral Health will receive training in the FGDM model in order to support the practice across child and family serving departments. The FGDM Specialist Team will provide ongoing training. Training will also be available to:

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- Courts
- Providers
- Children's Roundtable membership
- Children's Service Integration Committee membership

Full implementation was delayed until March, 2010. The County set a goal to complete 25 conferences during the period from March through June, 2010. Referral activity for the period of March through June resulted in 28 referrals and completion of ten (10) conferences in the last four (4) months of the fiscal year.

- Total referrals for FGDM for the period March – June, 2010 is 28. Of the 28 referrals, 23 were received in the period of March through June, 2010. Some referrals were determined to be better suited for a different type of planning meeting (i.e. Family To Family or in-house family team meeting).
- An average of six (6) new referrals have been made each month since March, 2010.
- Of the total referrals in FY 09/10, 15 resulted in completed family meetings, 7 referrals received coordination but did not culminate in a completed family meeting and 4 referrals were terminated prior to a meeting and 7 continue in the coordination process.
- The referrals that did not result in a meeting were unsuccessful due to two (2) families withdrawing interest or lack of cooperation, a crisis placement on one (1) case and one (1) family developing a plan for a child prior to the conference. A drug relapse postponed one (1) conference.

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

Response:

FY 09/10 – Implementation of FGDM was delayed due to State budget impasse.

FY 10/11 – Incorporating FGDM into everyday casework practice.

FY 11/12 – Sustaining referrals to the formal FGDM process as casework staff becomes more experienced in coordinating family meetings themselves.

In addition, FGDM service success is contingent upon a referring caseworker's acceptance of principles of family engagement, adherence to the concept of shared authority and responsibility and the ability to accept and support the family plan at the end of the meeting. As organizational culture change is expanded, practices that engage families and share responsibility for primary child welfare goals of safety, permanency and well-being are employed more routinely in day to day interaction. FGDM is not feasible in every case, but the number of referrals for the services in the initial months of implementation are indicative of staff buy-in with regard to the process and willingness to employ the practice.

- Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

FY 09/10 Response: FGDM was funded through installments to CSF in the amount of \$12,500 monthly for the period of January through June, 2010. Start up costs were covered for the period of January and February. Costs for service delivery were invoiced for the period March through June. Salary and benefits for one existing Caseworker 3 position (salary, benefits, travel, supplies and equipment) were also covered with grant funds for the year. The position was responsible for internal coordination of all FGDM activities and also coordinated and facilitated conferences.

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- If there were instances of underspending 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 2010-11 and FY 2011-12**.

Response: The County did not spend all funds received for FGDM in FY 09/10 for the reasons reported in the previous section of this application. Expenditures totaled \$150,214. Based upon total referrals made during the March through June, 2010 period and the success rate for completed conferences, it is anticipated that the county will reach the projected level of use in the current year.

The county begins the current grant year with FGDM in place. During the summer 2010 the FGDM Specialist Team provided training to all staff (with the exception of those in clerical and fiscal positions) in use of engagement practices to promote positive outcomes for children and their families. The training was designed to clarify the concept of engagement, to illustrate the connection among permanency practices introduced in the county and to create a roadmap for using permanency practices in the casework process. It has also helped in addressing staff questions and anxiety about the process such as safety during the conference and child safety when following a FGDM family plan.

In the upcoming two fiscal years, the FGDM Specialist Team will continue to meet monthly to review referrals, services, policy and process. It is also charged with monitoring implementation progress and outcomes. All families receiving Time Limited Family Reunification services will be evaluated for FGDM immediately following placement. In addition, the benefits of FGDM will be reviewed at each agency Placement and Clinical Review; these are held for multiple reasons at critical points over the life of a case. The additional case oversight of potential for FGDM to facilitate permanency is intended to maximize and more effectively manage referrals. A tool to gather feedback from families was developed and is utilized to assess outcomes. The County will revise its payment structure to comply with OCYF directive which allows for:

Completed/successful conference - \$3,000

Conference coordination without completion/success - \$1,000

Referral with unsuccessful coordination attempt - \$250

Complete the following for each applicable year.

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

FY 2010-11 Response: Child welfare program enhancements since 2003 have prioritized permanency practices. There have been numerous targeted organizational and policy changes to child and family engagement practices, concurrent planning, assessment of bonding and attachments for children, identification and inclusion of relatives in supportive roles for the family and child, increased kinship placements and increased involvement of fathers and paternal relatives in the planning and permanency process.

FGDM is intended to:

- Develop plans to keep children safe at home or with temporary caretakers
- prevent placement by identifying alternatives that keep children safe

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- increase the number of kinship placements
- facilitate timely family reunification
- develop permanent plans for children to promote discharge from placement
- develop life connections and supports for children and older youth preparing for discharge
- create sustainable supports from within the family unit so cases may be closed sooner.

In the initial year, FGDM referrals have been submitted for various reasons across all functional service divisions. Staff received family engagement and FGDM training and have been encouraged to utilize the practice for multiple reasons to promote permanency such as:

- Developing family supports for an overwhelmed mother in need of assistance in after school care for her children
- Transportation to medical appointments
- Occasional weekend respite care
- Decision about which family members would be the best temporary caregivers for twins while their mother is in a drug rehab program and father is in jail.

As originally intended, FGDM has been utilized to safely reduce the length of time children are in placement, particularly older youth. A secondary focus was placed upon achievement of permanency for children who have been in placement more than twelve (12) months given the increased likelihood of placement disruptions and reduced likelihood of achieving timely permanency for those children and it has also been used under these circumstances. The direct link between family finding, family engagement and concurrent planning and timely permanency was highlighted in our recent training.

As stated above, FGDM services are available to all families known to OCY, including families involved in CPS/GPS investigations, as long as the safety or well-being of an individual will not be jeopardized by a conference. All referrals are evaluated for appropriateness by the Family To Family Coordinator prior to approving the referral for service. Cases for FGDM are approved with consideration of voluntary family participation, approval of the Court and case parties when appropriate, and cases in which safety threats or risk of abuse or neglect do not present an immediate risk to a child's safety. No other criteria automatically excludes a case from FGDM, but safety and child permanency goals will be of primary consideration. Under some circumstances referrals are denied, as stated above. Under others an alternative type of conference such as Family To Family meeting or informal in-house conference are recommended given case circumstances or timing of family circumstances may be such that a conference is not in the family's best interests.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

Response: SAA

- ❑ Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

FY 2010-11 Response: Safely reducing the length of time children are in placement and achieving timely permanency through reunification with parents or relatives are primary goals of FGDM. If the 6 maximum monthly referrals is reached, priority is placed upon achievement of

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permanency for children who have been in placement more than twelve (12) months given the increased probability of disruptions and reduced likelihood of achieving timely permanency for those children. Additionally, older youth in placement are also prioritized with intent to achieve reunification and to reduce the number of youth who are discharged from custody to emancipation without achieving permanency or without sustainable family connections. Federal outcome measures will be used to determine success of FGDM.

- Number of children in placement
- Length of stay
- Time to permanency

Measurements include:

- Number of children discharged to permanency following FGDM and subsequent implementation of the Family Plan.
- Number of children placed in kinship care following FGDM and subsequent implementation of the Family Plan.
- Number of children discharged to permanency or to emancipation with connections and life supports, as identified and engaged through the Family Plan.

Placement prevention is another primary intended use of FGDM. Federal outcome measures will be used to determine success of FGDM. Measurements include:

- Number of cases in which relatives and others attend an FGDM and subsequently participate in and maintain the Family's Plan to keep children safe at home for a period of at least three (3) months.
- Number of children at imminent risk of placement who remain safe at home, or in informal kinship care, following FGDM and subsequent implementation of the Family Plan for at least three (3) months.

Outcomes described above will be measured quarterly by the FGDM Implementation Team.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification. *Response:*

SAA, adding diverting a case from being formally opened as a result of an FGDM. Outcomes described above will be measured quarterly by the FGDM Implementation Team.

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency's experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

FY 2010-11 *Response:*

As stated in a prior section of this grant application, FGDM is implemented across all functional divisions of the child welfare agency. Montco has emphasized the necessity to incorporate permanency practices at all stages of the casework process.

A limited number of FGDM conferences were coordinated and facilitated in-house during late fall, 2009. Once State and County budgets were finalized and funds were made available for FY 09/10, planning for implementation began. An RFP was issued for provision of this service. Multiple responses were received and scored by representatives of the County's Integrated Children's Services Committee in December, 2009. Program development and implementation planning began in January, 2010. Implementation was complete in March, 2010.

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All FGDM referrals are coordinated by the Family To Family (F2F) Coordinator for preliminary review of appropriateness with the assigned caseworker and gathering of additional information when needed to make a determination regarding the type of family meeting that will best address need. The F2F Coordinator may coordinate and facilitate 2 FGDMs monthly in addition to conducting F2F meetings between birth and foster families. The remaining referrals are assigned to CSF. CSF staff providing FGDM services are located in the OCY office three (3) days each week for consultation and follow-up with staff. A coordinator and two (2) FGDM coordinators are assigned to the county for this service. FGDM services are being encouraged for use in case planning agency-wide and families can be referred at any time during provision of services, from Intake through Aftercare. A ten (10) day priority schedule was developed to respond to investigation/assessment timeframes or Juvenile Court schedules. As such, FGDM is available to any family, under appropriate circumstances.

The County has maintained a strong relationship with the provider, CSF, in delivery of community-based residential services for older youth and in day treatment. CSF was one of the initial agencies in the State to incorporate FGDM in their programming and has provided these services to multiple counties for several years.

FGDM is not an M.A. eligible service.

FY 2011-12 Response:

SAA

- ❑ Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

FY 2010-11 Response:

FGDM will be funded in compliance with OCYF directive of July, 2010 which allows \$3,000 for successful conferences, \$1,000 for conference planning that does not result in a meeting and \$250 for unsuccessful referrals. Annual average costs are projected based on 6 new referrals monthly. 54 successful conferences = \$147,000 + 6 conferences coordinated but unsuccessful conference \$6,000. Referrals are reviewed by two (2) OCY staff and the CSF FGDM coordinator prior to acceptance though it is not anticipated that the county will have any unsuccessful referrals. New referrals will not be accepted in a given month if total referrals exceed six (6) given funding limits. Two FGDMs may be assigned to the Family To Family Coordinator monthly, workload permitting. Up to six (6) FGDM referrals may be assigned to the provider agency, workload and budget permitting.

If funds are depleted prior to the close of the fiscal year, and if funding is available, the County will utilize base allocation dollars to provide the service.

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FGDM Budget 09/10	
I. TOTAL PERSONNEL (total salary and benefits for FGDM Coordinator)	
II. OPERATIONS	
Professional/ Technical Services	
Training/Conferences	
Transportation/ Travel	
Service Contracts	\$153,000
Communication	
Facility Expenses	
Supplies	
Evaluation	
Other:	
Indirect Costs	
TOTAL	\$153,000

* The budget was developed using payment structure identified by OCYF and is calculated with expectation of 75 referrals (67 completed and 8 coordinated but unsuccessful). All FGDM services will be provided by a contracted provider agency in FY 11/12. The provider will contact and engage participants, coordinate and facilitate conferences.

FY 2011/12 Response:

For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

The County is requesting to expand FGDM from 54 accepted referrals in FY 10/11 to 75 accepted referrals in FY 11/12. Funding to coordinate 6.25 (average) monthly conferences is factored into the request. Given the internal evaluation and oversight of the referral process it is anticipated that only 8 referrals coordinated will not move forward to a conference. The county and the provider are highly committed to the success of FGDM which is being integrated into casework practice.

□ **FY 2011-12** Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

Response:

FGDM is strongly in place and impact of increased use is expected in FY 10/11. Benefits expected include:

- Continued reduction in total days of care for children in placement.
- Successful placement prevention for children whose families participate in family conferences to develop family plans which keep children safe at home or with family caregivers.
- Increased placement stability for children

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- Increase in the number of older youth discharged to emancipation who have life connections, permanent residence and income assistance

Offsets have been incorporated into major cost center implementation year calculations for the current year and projections for FY 11/12. Because FGDM is only one component of the county's permanency improvement initiatives, it cannot be extracted from overall cost savings anticipated as a result of increased use of family engagement practice in casework and service delivery. Budget justifications will detail overall cost savings anticipated.

- Identify any technical assistance needs the county or provider agency has to provide effective services.

FY 2010-11 Response:

Technical assistance from the PACWTP or Southeast Regional OCYF office in the form of case reviews for QI purposes is requested on a quarterly basis during the current fiscal year. The case reviews will also assist in development of recommendations for program improvement and measurement of outcomes.

FY 2011-12 Response:

Following a full year of operation, technical assistance needs are not anticipated.

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6-3a. Evidence Based Programs: Family Development Credentialing

Montco received Special Grant funds for FDC in FY 09/10 and 10/11. The county has included request to expand the program in FY 11/12.

Request Type	Enter Y or N		
Renewal from 2009-10	Y		
New implementation for 2010-11 (did not receive funds in 2009-10)	N		
Funded and delivered services in 2009-10 but not renewing in 2010-11	N		
Requesting funds for 2011-12 (new, continuing or expanding)	N	New	Expanding
			X

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

- ❑ Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

FY 10/11 Response: No request to transfer funds was made.

	0607	0708	0809	0910	1011	1112
Target Population	N/A	N/A	N/A	Front line public and private staff	Front line public and private staff	Front line public and private staff
# of Referrals	N/A	N/A	N/A	25	25	50
# Successfully completing program	N/A	N/A	N/A	25 pilot trainees	Complete pilot for 25 trainees;	Complete training for 25; 25 new trainees
Cost per year	N/A	N/A	N/A	35,270	41,017	107,040
Per Diem Cost/Program funded amount	N/A	N/A	N/A	\$3,685/Mo.	\$3,685/Mo.	\$11,055/Mo.
# of MA referrals	N/A	N/A	N/A	N/A	N/A	N/A
# Non MA referrals	N/A	N/A	N/A	N/A	N/A	N/A
Name of provider	N/A	N/A	N/A	Carson Valley Children's Aid	Carson Valley Children's Aid	Carson Valley Children's Aid

If this is a renewal of services delivered in FY 2009-10, answer the following:

- ❑ Clearly describe the program's accomplishments or results; any challenges to implementation; and the impact on service delivery for **FY 2010-11**. Use data/statistics to show the impact of the program services.

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FY 2010-11 Response:

FDC teaches agency workers how to coach families to set and reach their own goals for healthy self-reliance. The program is being delivered to frontline caseworkers at both public and contracted provider agencies. The key foundational concept of the training is working with the family unit to ensure the safety and well-being of all family members, strengthening the capacity of families to function effectively. Participants are expected to improve skills to more effectively engage, empower and partner with families throughout the decision-making and goal-setting processes. Skills include emphasis on development of practice which is culturally responsive, flexible, and relevant for each family. The pilot session of FDC is being delivered to county staff and providers across the child welfare, juvenile justice and behavioral healthcare service array to assure that skill building is consistent with the County's Integrated Children's Services Plan which focuses on a System of Care model for service planning and delivery.

FDC training pilot began in January, 2010 with 3 co-trainers, 9 portfolio advisors and 25 participants. The trainers are employees of three (3) of our provider agencies, Carson Valley Children's Aid, Bethany Children's Services and Lincoln Center for Family and Youth. Portfolio advisors are employees of OCY, Bethany, our two (2) Family Centers and Carson Valley Children's Aid. Trainees represent OCY staff and provider staff, both in-home and placement programs. Participants in the pilot were selected to represent a broad representation of experience, skill and knowledge across child welfare, juvenile justice and behavioral health systems. The Training is held once day per month for a twelve month period. To date six (6) days of the pilot training have been successfully completed. 24 of the 25 trainees continue to participate in the program. One trainee was promoted within her provider agency and was unable to continue training with her new job. Participant evaluations are promising. Portfolio advisors attend training for a specified number of hours, as required by the model, and meet monthly with trainees to review curriculum content, skills and complete written practice reflections.

Carson Valley Children's Aid (CVCA) is the formal provider for FDC. An oversight committee consisting of the trainers and OCY Quality Assurance staff meets monthly to monitor service progress and evaluate the curriculum and review trainees' experiences. Portfolio advisors and the oversight committee meet quarterly to collaborate on interaction with trainees and improve the portfolio development experience for trainees. Portfolio advisors meet monthly with assigned trainees to review skills and practice reflections.

The rollout of FDC has been successful. However, trainers and trainees report that the curriculum is very elementary, particularly the learning activities. Skills development and exercises are reported as very applicable to practice improvements. More specifically, after completing six (6) of the 12 required trainings, cursory evaluation is directing some revision of curriculum delivery, with less duplication of workbook information and more guided discussion about how skills development can be applied to practice. An evaluation tool is presently being developed with assistance from the PACWTP which will provide detailed input about program improvement. As the county moves into the second round of training there are planned revisions to the curriculum and delivery. Three (3) new trainers attended CAAP certification training in Harrisburg in the spring, 2010. Several additional portfolio advisors have been trained by CAAP as well.

- ❑ What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

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FY 10/11 Response:

FDC program development process is lengthy and time intensive. However, once all certification for trainers and portfolio advisors is completed the training can move forward on the county schedule. In summer and fall of FY 09/10 it was necessary to work with CAAP to develop trainers and portfolio advisors, determine program administration process and designate responsibilities among the FDC implementation team entities (i.e. OCY and involved providers). Frequent meetings were held to accomplish various requirements for program implementation. CAAP delivered the training and providers were contacted to participate.

Frequent formal and informal meetings and debriefings among the FDC Implementation Team members have been necessary during the initial year of implementation to adjust process and training delivery.

An ongoing challenge with FDC relates back to the basic nature of the curriculum and lack of flexibility within the FDC to modify the model.

The county's desired training schedule has been successful. However, the once each month training day does mean that participants must commit to a full year of participation in order to complete certification requirements. The training schedule may be revised for the upcoming fall FDC training; the process was time intensive.

- ❑ Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or under spending or under-utilization of grant funds?

FY 09/10 Response:

Because the county was not sure that funds for FDC would be approved in the final budget allocation from the State, the initial pilot did not begin until the State budget was formally passed. The County subcontracts the FDC program to CVCA. CVCA is responsible for payment of trainers and portfolio advisors and for supplying materials and incidentals for the program. CVCA receives a monthly installment of \$3,685 to cover costs of providing the program.

- ❑ 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 2010-11 and FY 2011-12.

FY 2010-11 Response:

The County and participating providers have found the curriculum addresses training needs through delivery of concrete skills development and practice. Program participants in the pilot report satisfaction with skills development and practice, although, as stated above, there is some revision to curriculum delivery that will be undertaken in the delivery of the next round of training. Funds for the current year will meet costs to complete the pilot training. No additional training cycles will be initiated.

FY 2011-12 Response :

Capacity to deliver the training has already been increased to meet the goal of completing two (2) full cycles of training in FY 11/12 for a total of 50 participants. Additional trainers and portfolio advisors completed required certifications prior to the close of FY 09/10.

The long-term objective for delivery of FDC is development of a core training consortium among our provider community with the intent for providers to deliver training

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independently, with the county's role as intermediary. The current core implementation group includes one foster care provider and one in-home service provider, along with OCY staff. As the program develops and additional provider agencies are included on the implementation team, the county intends to reduce involvement in program management, but will maintain oversight responsibilities.

Complete the following for each applicable year.

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

FY 2010-11 Response:

The FDC program is designed to expand the knowledge foundation and skill set for child welfare professionals. The county has moved ahead with an implementation plan that includes both in-home and placement providers in the credentialing process. Credentialed staff will not be assigned to a particular geographic area or service. The trainees selected for our current pilot deliver services throughout the county, across child and family serving systems. County staff and providers work with families who have varied needs. The trainee group was intentionally selected to help us to determine if the FDC skill set is best suited to a particular function, age group or family circumstance. As such, there is no specific target population. Preference for the pilot training was given to providers whose programs cross child welfare, juvenile justice and behavioral healthcare/developmental disabilities populations to build integrated capacity. The county will evaluate participant experiences, skill building and transfer of learning at the culmination of the pilot. However, at present we maintain the belief that cross-system training will have positive impact upon outcomes for children and families.

FY 2011-12 Response:

Funding to deliver two (2) full cycles of FGDM during the fiscal year is requested. The County and participating providers have found the curriculum addresses training needs through delivery of concrete skills development and practice. Program participants in the pilot report satisfaction with skills development and practice, although, as stated above, there is some revision to curriculum delivery that will be undertaken in the delivery of the next round of training. The target population will remain the same as in prior years. OCY has contracts with 110 private provider agencies for services. Not all can participate in FDC. In order for FDC to impact services for families in Montgomery County, our local and primary providers will be prioritized in delivery of FDC. Provider participation is voluntary, but trainees will continue to be selected based upon past and present performance in achieving quality outcomes related to county specific goals for the next several years.

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

FY 2010-11 Response:

Practice improvements are expected to result in improved services and, in turn, improve outcomes across the service continuum. Follow-up TOL with trainees is planned at 3 and 6 month intervals following certification through interviews and questionnaire. If TOL activities

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during the initial year following implementation document practice improvements and increased collaboration among public and private agencies through utilization of the common foundation for practice, the county can expect that outcomes for children and families across the service delivery spectrum will be improved.

We anticipate that provider agencies will provide placement prevention, family reunification, permanency and aftercare services through a more family-centered approach following completion of the FDC program. Measured outcomes for the second year of implementation will be more accurate than in year 1 given the increased number of credentialed staff. Outcomes to be measured include:

- Development of Family Plans and subsequent utilization in strengths-based service delivery.
- Increased engagement of families at all stages of the casework process.
- Increased awareness and responsiveness to diversity.

These outcomes have direct correlation with broad child welfare outcomes specific to those areas in which the county has focused program improvements.

- Increased capacity to prevent out-of home placement
- Improved time to permanency
- Safe discharge of children with reduction of re-entry
- Increased reliance on in-home services
- Continued safe reduction of youth in foster care through implementation of programs that support safe and timely reunification
- Increased capacity to support kin as temporary and permanent caregivers

FY 2011-12 Response: SAA

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency's experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

FY 2010-11 Response:

As stated above, the county selected three (3) provider agencies representing the full array of prevention, in-home placement and permanency services to participate in training to develop "trainers" for the implementation year. Family Development Credentialing training for seven (7) "training specialists" was completed in February, 2009. "Training Specialists" are both OCY staff and provider agency staff from in-home and placement programs, including:

- OCY Quality Assurance staff
- Carson Valley Children's Aid
- Bethany Christian Services
- The Lincoln Center for Family and Youth

FDC is piloted with a group of frontline workers from OCY and several provider agencies. The training pilot began in January, 2010. A core group of trainers and OCY staff comprises the FDC Implementation Team which has developed and managed the pilot program. Three trainers deliver the curriculum. Each monthly training day is 8 hours of curriculum delivered by two co-trainers. The trainer teams rotate delivery of the curriculum. A total of twenty-five (25) staff is being trained, participate in portfolio development and will complete

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credentialing by the end of 2010. Training day evaluations have been developed and are now completed by trainees at the end of each training day.

Nine (9) portfolio advisors were certified to support trainees in the certification process. Each portfolio advisor is assigned to between one and three trainees. Portfolio advisors meet monthly with assigned trainees to review curriculum and to provide support and assistance in skills and complete written practice reflections with the trainee for each chapter of the curriculum.

Practice has been implemented with fidelity to the model. FDC is time intensive. It involves completion of a 90 hour course over several months, led by an official FDC instructor. Participants then work with a trained portfolio advisor who provides guidance to complete required portfolio work. The portfolio contains activities to extend learning, planning and utilization of skills for each of ten (10) portfolio chapters, and family development planning which demonstrates capability to utilize skills. A final examination based on "Empowerment Skills for Family Workers" must be successfully completed for FDC certification.

Transfer of Learning (TOL) activities will be conducted to measure implementation of skills in daily practice following the pilot. TOL will be measured at three (3), six (6) and twelve (12) month intervals. An appropriate instrument is being developed by the FDC Workgroup with technical assistance from the PACWTP.

Additional trainers and portfolio advisors have received certification from CAP to support a second round of FDC training which will begin in the fall, 2010. The second training will replicate the pilot in terms of co-training, number of participants and training schedule. Delivery of the curriculum is being revised based upon the pilot experience.

FY 2011-12 Response:

Funding for continuation of FDC is requested in FY 2011/12. Total funds requested will provide credentialing for two training groups of twenty-five (25) individuals each who begin training in fall, 2010. The model described above will be utilized for training delivery.

- ❑ Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

FY 2010-11 Response:

FDC is up and running. The program is subcontracted to Carson Valley Children's Aid. A monthly allotment of funds is made to CVCA, based upon program costs and utilizing CAAP cost documentation. All costs are covered with grant funds. The County will complete the current pilot in December, 2010. The allocated \$41,017 will be expended to complete the pilot.

Costs for the program are calculated as follows. The three (3) instructors are responsible for delivery of all training, with support from OCY staff who was also trainer certified. Cost of training is calculated at \$65.00/hr. for preparation and training up to 120 hours per trainer. Each of the trainers is paid for instruction at a calculated rate of \$525.00 per day. These costs are consistent with Community Action Association of Pennsylvania (CAAP) sample budgetary expenses. Portfolio advisors are paid at a rate of \$65.00 per hour of instruction.

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FY 10/11 FDC Budget

I. TOTAL PERSONNEL	\$16,500.00
II. OPERATIONS	
Professional/ Technical Svcs	\$22,110.00
Training/Conferences	
Transportation/ Travel	
Service Contracts	
Communication	
Facility Expenses	
Supplies	\$2,407.00
Evaluation	
Other:	
Indirect Costs	
TOTAL	\$41,017.00
III. EQUIPMENT	

* Budget is based upon costs required for delivery of the pilot training for 25 participants as described. Personnel costs include 10% salary and benefits for the QA Administrator and QA Social Service Specialist were charged to the grant for administrative services, including development, support and monitoring. Professional services were provided via service contract to CVCA. The provider is responsible for administration of grant funds and service delivery, including oversight of training delivery and the payment of trainers and portfolio advisors. Supplies for training include purchase of workbooks and various supplies utilized in training delivery and exercises.

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FY 2011-12 Response:

For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county's successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

FY 11/12 FDC Budget

I. TOTAL PERSONNEL	\$17,000.00
II. OPERATIONS	
Professional/ Technical Services	\$88,640.00
Training/Conferences	
Transportation/ Travel	
Service Contracts	
Communication	
Facility Expenses	
Supplies	\$1,900.00
Evaluation	
Other:	
Indirect Costs	
TOTAL	\$107,040.00
III. EQUIPMENT	

* Budget is based upon costs required for delivery of the pilot training for 25 participants as described. Personnel costs include 10% salary and benefits for the QA Administrator and QA Social Service Specialist were charged to the grant for administrative services, including development, support and monitoring. Professional services were provided via service contract to CVCA. The provider is responsible for administration of grant funds and service delivery, including oversight of training delivery and the payment of trainers and portfolio advisors. Supplies for training include purchase of workbooks and various supplies utilized in training delivery and exercises.

- Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

FY 2011-12 Response:

FDC is intended to function as a skills building certification. It is not a service or program. As such, there may be no immediate cost saving/offset. As worker practice capacity is increased across the service continuum in the county it is expected that outcomes will reflect the benefits of the skills training. Strategic expansion of family-centered practices is planned over the next number of years and resources are required to accomplish this end. CAAP and counties which have several years of FDC credentialing experience document qualitative improvements in worker utilization of strengths-based skills in supporting families, particularly in areas of communication, conflict resolution, productive home visits, relationship building, assessment of need, and capacity to increase self-sufficiency. These skills are correlated with success in

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empowering individuals and families to solve problems and to set and reach their own goals. Empowered individuals and families are better equipped to attain a healthy self-reliance and interdependence with their communities which reduce reliance on the child welfare system.

FDC is viewed as a component of the county's organizational transition and culture transformation, in which this plan is grounded. By year end in FY 2010/11, up to fifty (50) child welfare workers will receive credentialing. This request will continue FDC in FY 11/12. If 100 front line OCY and provider staff is credentialed over the 3 year period, savings will be associated with reduction of in-home service provision hours per family in which the family's service provider is credentialed and reduced length of stay may be evident. Projections for a specific cost savings will not be realistic until a substantial number of professionals receive credentialing and practice can be evaluated in terms of designated outcomes. However, Montco is a participant in numerous initiatives and is committed to working toward goals of placement reduction and timely permanency. County outcomes continue to improve.

Offsets have been incorporated into major cost center implementation year calculations for the current year and projections for FY 11/12. Because FDC is only one component of the county's permanency improvement initiatives, it cannot be extracted from overall cost savings anticipated as a result of increased use of family engagement practice in casework and service delivery. Budget justifications will detail overall cost savings anticipated.

- Identify any technical assistance needs the county or provider agency has to provide effective services.

FY 2010-11 Response:

None

FY 2011-12 Response:

None

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6-3a. Evidence Based Programs: Family Finding

Montco received Special Grant funds for Family Finding in FY 09/10 and 10/11. Costs for FY 11/12 are moved to the NBB base allocation.

Request Type	Enter Y or N			
Renewal from 2009-10	Y			
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			

	0607	0708	0809	0910	1011
Target Population	N/A	N/A	N/A	All families with active case or investigation, or post-permanency	All families with active case or investigation, or post-permanency
# of Referrals	N/A	N/A	N/A		48 cases annually or 4 new referrals per month
# Successfully completing program	N/A	N/A	N/A		48 cases annually
Cost per year	N/A	N/A	N/A	69,818	86,232
Per Diem Cost/Program funded amount	N/A	N/A	N/A	N/A	N/A
# of MA referrals	N/A	N/A	N/A	N/A	N/A
# of Non MA referrals	N/A	N/A	N/A		
Name of provider	N/A	N/A	N/A	Montco OCY	Montco OCY

If this is a renewal of services delivered in FY 2009-10, answer the following:

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for **FY 2010-11**. Use data/statistics to show the impact of the program services.

FY 2010-11 Response:

Beginning in late 2008 and into the Spring of 2009, twelve (12) OCY staff attended 36 hours of statewide training in Family Finding techniques, and were instructed in engagement strategies. An additional team of three (3) OCY staff began training in August, 2009. Capability to enhance the family network for isolated, or potentially isolated children, was increased when OCYF made Accurint available to counties. Family involvement speeds recovery from emotional trauma.

Services provided through Family Finding are designed to assist in accomplishing several established goals for child welfare. These are specified throughout this plan and are consistent with strategic transformations in county practice. Services also support inter-related goals of federal CFSR and PA PIP, the ICSP, the PPI and the PRI. The county is an active participant in all. The target population has been defined. It is two-fold.

- Families with children in placement who do not have family currently serving as caretakers (i.e. kinship care),

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- Families receiving investigative and assessment services in the Intake Division where involvement of additional family members and kinship resources is needed to develop safety plans to keep children safe and meet their needs in their own homes, with relatives or in their community.

Montco views family finding as a component of best practice. It is evident that family finding is best practice in all divisions and over the life of a family case, from initial referral through to case closure. It can be of great benefit in delivery of aftercare services following permanency through adoption or subsidized legal custodianship as well.

A Family Finding Workgroup consisting of staff who participated in formal training with Kevin Campbell have worked for two (2) years to integrate family finding practices across casework divisions. In addition, casework staff in all agency service divisions and quality assurance staff were trained in family finding and engagement concepts and practices during FY 09/10. The curriculum was developed in-house. Family finding will be reviewed by casework supervisors as a component of weekly supervision in FY 10/11. It will be reviewed in our Placement and Clinical Case Reviews (PCRs) by administrators and quality assurance staff, at vendor case reviews, at permanency reviews and in Juvenile Court proceedings. As a result, the practice is intended to become an integral part of casework services for all families.

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

FY 09/10 Response:

Staff workload prohibits devoting sufficient time to family finding when practices are added to existing day to day casework.

FY10/11 Response:

Caseworkers will be required to work collaboratively with the Family Finding Coordinator in the processes of identifying, locating and engaging relatives and kin to provide resources, support and connections for children and their families.

- Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or under spending or under-utilization of grant funds?

FY 09/10 Response:

Expenditures totaled \$72,000. The State budget impasse and County's hiring restrictions did not allow for addition of a Family Finding Specialist to implement specialized family location and engagement activities or to engage a private provider agency to deliver the services. As a result, the County did not spend all funds received. As an alternative, Family Finding activities were divided among a group of staff who provided agency support in conducting Accurant Searches. Salary and benefits for one Intake Supervisor who completed searches with staff at the time of case opening were charged to the grant.

- If there were instances of underspending 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 2010-11 and FY 2011-12.

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FY 2010-11 and FY 2011-12 Response:

Based upon total referrals for Accurint searches and requests from staff to provide intensive supports in identifying, locating and engaging resources for children, it is anticipated that the county will expand practice in the current year if a necessary reclassification of an existing caseworker position is approved.

The county begins the current grant year with staff understanding of Family Finding firmly in place. During the summer 2010 the Family Finding Specialist Team provided training to all staff (with the exception of those in clerical and fiscal positions) in use of search, contact and engagement practices to promote family finding activities in routine casework and in permanency planning. The training was designed to clarify the concept of engagement, to illustrate the connection among permanency practices introduced in the county and to create a roadmap for using permanency practices in the casework process. It has also helped in addressing staff questions and anxiety about confidentiality and how to utilize activities and tools for finding family and subsequent engagement processes. The benefits of the concept is supported by staff.

In the upcoming two fiscal years, the Family Finding Specialist Team will continue to meet to review referrals, services, policy and process. It is also charged with monitoring implementation progress and outcomes. All families receiving Time Limited Family Reunification services will be evaluated for intensive Family Finding immediately following placement. In addition, the benefits of Family Finding will be reviewed at each agency Placement and Clinical Review; these are held for multiple reasons at critical points over the life of a case. The additional case oversight of potential for FGDM to facilitate permanency is intended to maximize and more effectively manage referrals.

In light of the above, plans for use of funds in FY 10/11 have changed. Grant funds in the amount of \$86,230 will be used to upgrade one (1) existing Caseworker 2 position to a Caseworker 3 position. This position will be the agency's in-house Family Finding Specialist. The position will be responsible for assisting staff in family finding practices, including specialized Accurint searches, and for providing case consultation. A small percentage of the direct supervisor's salary will also be covered with grant funds.

- 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 FY 2010-11.

FY 2010-11 Response:

Please see above.

Complete the following for each applicable year.

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

FY 2010-11 Response:

The target population has been defined. It is two-fold.

- Families with children in placement who do not have family currently serving as caretakers (i.e. kinship care),

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- Children in need of timely permanency who have been in placement longer than 12 months.
- Families receiving investigative and assessment services in the Intake Division where involvement of additional family members and kinship resources is needed to develop safety plans to keep children safe and meet their needs in their own homes, with relatives or in their community.

The target population was identified in order to improve county performance on outcomes that the county has identified as ones in need of improvement. Performance on the specific outcomes is detailed in the NBPB narrative.

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

FY 2010-11 Response:

Outcomes to be achieved are consistent with those identified throughout the FY 09/10 NBPB request. Federal measurements will be used to determine progress in:

- Reduction in length of stay
 - Achievement of timely permanency for children in placement
 - Development of lifelong connections for older youth
- Additional outcomes include:
- Increased number of children placed with relatives and kin.
 - Placement prevention

Staff are expected to experience benefits in year one which will result in natural expansion of practice in year 2. Routine practice of FF across all types of cases is anticipated. This practice can produce positive outcomes in cases across the service delivery spectrum, from investigations, in-home service delivery, placement, reunification and alternative permanency planning. Limiting the practice to select cases will make implementation more difficult for staff who will attempt to meet eligibility requirements for locator services instead of integrating FF concepts and strategies into daily practice. Any case will be considered appropriate for FF as long as it does not jeopardize safety or well-being of the involved child or any specific individual.

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency's experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

FY 2010-11 Response:

Montco views family finding as a component of best practice. It is evident that family finding is best practiced in all divisions and over the life of a family case, from initial referral through to case closure. It can be of great benefit in delivery of aftercare services following permanency through adoption or subsidized legal custodianship as well. Casework staff have communicated that family finding is time-intensive; they are unable to devote sufficient time to family finding in cases where identifying, locating and engaging relatives for a number of siblings with different fathers or other case circumstances reduce capacity to utilize family finding processes effectively. This position will provide capacity to devote sufficient time to

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finding family members for a limited number of children annually, supporting the casework process.

- Families with children in placement who do not have family currently serving as caretakers (i.e. kinship care),
 - Families receiving investigative and assessment services in the Intake Division where involvement of additional family members and kinship resources is needed to develop safety plans to keep children safe and meet their needs in their own homes, with relatives or in their community.
- Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

FY 2010-11 Response:

FY 10/11 Expenditures

I. TOTAL PERSONNEL	\$65,000.00
	+
	13,550.00
II. OPERATIONS	
Professional/ Technical Svcs	
Training/Conferences	
Transportation/ Travel	\$1,500.00
Service Contracts	
Communication	
Facility Expenses	
Supplies	\$180.00
Evaluation	
Other:	
Indirect Costs	\$6,000.00
TOTAL	\$86,230.00

* Budget is based upon costs required for incorporation of family finding into service delivery for all casework staff. Personnel costs, including salary and benefits, for the Family Finding Coordinator and a portion of the supervisor's time are incorporated into the grant. Travel costs for the FF Coordinator are calculated at the County's current rate of mileage reimbursement. Supplies required are minimal, but will include miscellaneous costs related to items such as transportation or calling cards for a limited number of cases. Indirect costs for the FF Coordinator and supervisor are also incorporated in the grant budget.

- Identify any technical assistance needs the county or provider agency has to provide effective services.

FY 2010-11 Response: None.

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6-3b. Pennsylvania Promising Practices – PP Dependent

Montco received Special Grant funds for the Alternative Response Program in FY 09/10 and 10/11. The county has included request to continue the program in FY 11/12. In the NBPB, Montco received Special Grant funds for FGDM in FY 09/10 and 10/11. The county has included request to continue the program in FY 11/12 in the NBB base allocation.

Program Name: **Alternative Response Service (ARS)**

Request Type	Enter Y or N		
Renewal from 2009-10	Y		
New implementation for 2010-11 (did not receive funds in 2009-10)	N		
Funded and delivered services in 2009-10 but not renewing in 2010-11	N		
Requesting funds for 2011-12 (new, continuing or expanding) *Costs moved to NBB base allocation request for year 3.	N	New	Continuing
		Expanding	

□ Complete the following table for each applicable year.

	0607	0708	0809	0910 (Jan-June 2010)	1011	1112
Target Population	N/A	N/A	N/A	New families referred to Intake	New families referred to Intake	Costs Moved to NBB Request
# of Referrals	N/A	N/A	N/A	35	100	
# Successfully completing program	N/A	N/A	N/A	32	90	
Cost per year	N/A	N/A	N/A	\$75,000	\$150,000	
Per Diem Cost/Program funded amount	N/A	N/A	N/A	\$50/Hr. for service delivery plus up to \$1,000 per family for concrete needs	\$50/Hr. for service delivery plus up to \$1,000 per family for concrete needs	
# of MA referrals	N/A	N/A	N/A	N/A	N/A	
# of Non MA referrals	N/A	N/A	N/A	43	100	
Name of provider	N/A	N/A	N/A	Family Centers (2)	Family Centers (2)	

If this is a renewal of services delivered in FY 2009-10, answer the following:

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

FY 2010-11 Response:

In response to identified need for better ways to handle low-risk reports of child dependency, Montgomery County submitted request to continue the County’s Alternative

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Response Service (ARS) in FY 10/11. ARS is used to support families under circumstances where family needs do not require traditional child welfare CPS/GPS assessment and investigation.

Alternative response is consistent with State goals to reduce the number of children in placement, divert formal referrals for child dependency and enhance the public's view of the child welfare system's intentions to promote family stability and well-being. In addition, alternative response is consistent with the goals of enhancing safety, permanency and child well-being.

The ARS option to investigations compliments Montgomery County's delivery of services and supports families who are not formally involved with the child welfare system. It provides a positive, less intrusive response to prevention for families through connection to community services who have capability to meet immediate, concrete needs. Referrals are made by the Intake Division staff to allow families to resolve difficulties outside of the governmental child welfare agency. This approach is particularly relevant when a family's problems do not pose a safety threat to children and do not create enough risk to warrant case acceptance for service, child placement and/or court-ordered intervention. Many situations that do not meet the criteria for a full investigation involve needs that, if addressed, stabilize families, help parents to protect their children and prevent crisis that would otherwise require formal investigation.

An ARS Team including Family Center Directors and staff as well as OCY administrators and QA staff was developed to implement the service. Policy, procedure, required documentation and outcome measures were designed by the team. Point staff were designated at each Family Center and at OCY to facilitate and monitor program start-up. Staff were employed to deliver the service. ARS was reviewed with all staff and specific training was provided to direct service staff in the Intake Division. The Intake Screening Unit received additional training to clarify the concept of alternative response, to clarify program concepts and provide direction for engaging families and completing referrals. ARS was implemented in January, 2010.

To date ARS has assisted 35 families. Evaluation of the first six (6) months of the ARS has measured outcomes proposed in the FY 09/10 Special Grant request.

- Families who received ARS required the following types of assistance: beds for children, eye glasses, payment of utility bills and food
- The number of families who did not require formal child welfare system involvement following provision of ARS services was 32.
- The number of families who maintained involvement with Family Center supportive services, including PAT and CAP following alternative response was 3.
- The number of families who were successfully connected to other supportive resources in the community to address family needs was 5.

Review of family cases that received ARS show that:

- Safety of children improved
- Fewer new reports of dependency were subsequently received for investigation
- Families like the approach. They felt treated fairly, appreciated opportunity for assistance, were involved in decision-making and benefited from the service
- Caseworkers at OCY and Family Center staff like the approach. They view it as an effective way of strengthening families and meeting needs they previously were unable to address.
- Service initiation is timely and comprehensive

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- Families were connected with support in the community that can be used on a continuing basis through the Family Centers.
- ❑ What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

FY 09/10 Response:

OCY staff were initially hesitant to make referrals for ARS. Anxiety centered around practice change which does not require comprehensive assessment of family need by OCY, but transferred needs assessment to Family Centers. This was significant change in both procedure as well as practice. Intake Screening staff were accustomed to setting a case up for GPS investigation when family needs negatively impacted children. To address the issue the Screening Supervisor and QA Social Service Specialist began reviewing all new Brief Services cases to determine if a family's needs were consistent with the goals of ARS. In addition, information about the new ARS service was communicated to community agencies in Norristown and Pottstown in order to elicit referrals for service in a preventive manner before a family is in crisis. As a result, the service began to take hold. ARS has recently been expanded to the Intake Division investigative units who may determine early in an investigation that ARS is the more appropriate service avenue to pursue. Feedback has been positive.

FY 10/11 Response:

Additional community education about ARS is planned to expand knowledge of the service and its intent. Challenges associated with start-up have been addressed and the success of the service has started to speak for itself. Benefits have been multiple. It is determined that ARS will be of increased impact as referrals for services are expanded to include families who have been involved in a CPS or GPS investigation, but do not meet case acceptance criteria for ongoing services. ARS started accepting referrals following CPS/GPS investigation and will evaluate the impact during the current year.

- ❑ Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

FY 09/10 Response:

Because the county was not sure that funds for ARS would be approved in the final budget allocation from the State, the service was not implemented until the State budget was formally passed. The Implementation Team finalized program, referral, documentation and invoicing processes in January, 2010. Staff training at OCY and Family Centers was completed in January, 2010. Approval to commence referrals was made the same month. From January through June referrals from the Screening Unit to ARS totaled 35.

- ❑ If there were instances of underspending 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 2010-11 and FY 2011-12.

FY 2010-11 and FY 2011-12 Response:

The County did not spend all funds received for ARS in the prior fiscal year for the

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reason reported in the previous section of this application. Based upon current level of service it is anticipated that the county will reach projected level of use in the current year.

The county begins the current grant year with ARS firmly in place. During the spring and summer 2010 the Implementation Team met with the Nurse Family Partnership, Norristown School District, several local police departments, community organizations and other county departments to explain ARS and encourage referrals for families in need.

Complete the following for each applicable year.

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

FY 2010-11 Response:

ARS provides a positive, less intrusive response to dependency prevention for families through connection to community services which have capability to meet immediate, concrete needs. As stated above, ARS is available to families referred to OCY who do not have an open case and when the initial screening “risk tag” determines that the GPS referral is “low risk”, does not require response within 24 hours, and involves potential inability for parents to meet concrete, daily living needs such as provision of food, clothing, shelter, housing or childcare. ARS can be provided to families as an alternative to GPS assessment or following a GPS or CPS investigation when it is determined that there are no immediate safety threats to children and measured risk is low.

Factors influencing the decision to develop an ARS service included the following:

- The county is invested in engaging, strengthening and supporting families.
- The county has a rich array of available community resources and grass roots supports. However, in recent years few have funds available to immediately meet the concrete needs of families who are without daily living essentials. Because community services are less able to provide needed assistance, an increasing number of GPS referrals are received by OCY.
- Two grant funded Family Centers have successfully maintained connections in identified communities where families at high risk of child dependency are located. The Family Centers provide Parents As Teachers programs, Time Limited Family Reunification, Child Abuse Prevention programs and have added additional community services to address varied family needs in the two communities with highest risk of child abuse and neglect.
- The Family Centers have developed capacity to maintain the ARS program.

Alternative response is most successful when inter-disciplinary collaboration is available to meet family needs for expeditious and appropriate services. Montco has a strong collaborative foundation. Success in this initiative may provide the catalyst for an expanded inter-disciplinary program that is adopted by the Integrated Children’s Service Initiative.

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

FY 2010-11 Response:

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Alternative response is consistent with State goals to assure safety of children in their own homes, prevent child abuse and neglect, divert formal referrals for child dependency and enhance the public's view of the child welfare system's intentions to promote family stability and well-being. In addition, alternative response is consistent with the goals of the ICSP, PPI, NGA's PRI and Children's Roundtable.

Outcomes developed to measure program success include:

- The number of families who did not require formal child welfare system involvement following provision of ARS services.
 - The number of families who maintained involvement with Family Center supportive services, including PAT and CAP following alternative response services.
 - The number of families who were successfully connected to other supportive resources in the community to address immediate and ongoing needs.
- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency's experience with the provider agency. Provide a timeline for any changes or new program implementation.

FY 2010-11 Response:

Under the alternative response option, an Intake Division caseworker responds to cases where risk of harm to the child is minimal (as determined by initial safety and risk screening tools). By working with families to identify solutions, the agency promotes voluntary participation in community services and supports. This is accomplished by responding to reports before family difficulties escalate to the point of harm. Alternative response allows the county agency to protect children and support families in a less invasive way. It also promotes a strengths-based, family-centered approach to intervention by working with families to assess their strengths, determine their needs for services, and make referrals to appropriate community service agencies. At the same time, the county is able to reserve resources for more intensive, moderate to high risk cases.

In ARS, the Intake Division caseworker identifies a case for alternative response through use of the agency's established screening and collateral contacts process. When a report does not involve a child protective services (CPS) response, it is "screened in" or "screened out" as a GPS referral. A "screened in" GPS referral is eligible for alternative response. When the agency's initial "risk tag" procedure determines that the GPS referral is "low risk", does not require response within 24 hours, and involves potential inability for parents to meet concrete, daily living needs such as provision of food, clothing, shelter, housing or childcare, the case may be identified for alternative response. The cases are referred to one (1) of the County's two (2) Family Centers for services.

Within 24 hours of OCY's referral the Family Center will make contact with the family. Family Center staff conducts assessment of family circumstances to determine needs, connect the family with community services which address identified needs and isolate needs that cannot be met through available community supports. When continued child safety or well-being is contingent upon expeditiously meeting the family's concrete need, provision of one time only funding, up to a maximum \$1,000, will be available to the Family Center to do so. Family Center staff provides family follow-up services at one (1) month, six (6) months and 12 months, to assure continued family stability. If the alternative response service is not sufficient to meet

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family needs, the Family Center will refer the family to OCY for formal assessment. OCY tracks all cases referred to the Family Centers for alternative response.

A specific family assessment tool has been developed by the Family Centers and OCY to document alternative response services. Tracking of family needs and referral to community services is maintained. Needs that cannot be met within the county's infrastructure of informal community supports is also being tracked. Services inaccessible through county human services agencies due to eligibility restrictions or wait lists is maintained. Documentation of each alternative response case is completed by the Family Center.

All Family Center documentation is made available to the County for use in determination of program outcomes. It is also being used for countywide human services planning. Family Centers maintain mandated reporting responsibilities at all times and report any circumstances that present a potential safety threat or high risk to children to the Office of Children and Youth.

- ❑ Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

FY 2010-11 Response:

Request in the amount of \$150,000 was made and tentatively approved for funding that will facilitate provision of Alternative Response by Family Centers for 100 families. Up to \$1,000 per family will be made available to Family Centers for use in meeting daily living needs such as housing assistance, utilities, food, household items, appliances and services which reduce risk and enhance well-being of families at risk of child abuse and neglect. Family Center costs for delivery of the service are calculated at \$50.00 per hour with maximum ten (10) hours of service per family.

ARS is intended to address need via our Family Centers as opposed to the County child welfare agency which provides families opportunity to utilize the Family Centers for additional supportive services on a continuing or as needed basis. It grounds the assistance within the family's community.

Because brief service and investigation activity continues to increase, additional community prevention services through this program are intended to result in fewer resources necessary to address CPS and GPS services where caseloads have been challenging to maintain in the past several years.

- ❑ Identify any technical assistance needs the county or provider agency has to provide effective services.

FY 2010-11 Response:

The County has no technical assistance needs.

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6-3b. PaPP Delinquent

The County is not applying for funds.

6-3c. Housing Initiative

No funds are requested for this initiative. Montgomery County was fortunate to be selected as recipient of Family Unification Program from H.U.D. A joint application was submitted the Housing Authority. The County will receive 50 Housing Choice Vouchers as part of the program which can be used for families who are facing foster care placement of their children as the result of housing issues or to reunify children from foster care when housing is the only remaining factor preventing reunification. Funds can also be used to assist youth who are aging out of the child welfare or juvenile justice system.

6-3d. Alternatives to Truancy Prevention

Montco is not requesting funds.

6-3e. State Reintegration Program(SRP)

Montco is not requesting funds.

6-3f. Independent Living Service Grant

- In the table below, place an "X" for the services that will be provided by CCYA (regardless of funding source). Check as many boxes as apply.

Mark "X" in this column	Services
x	A. Needs Assessment/Case Planning
x	B. Life Skills Training
	C. Prevention Services
x	Dental/Health
x	Drug Abuse Prevention
x	Alcohol/Tobacco/Substance
x	Safe Sex/Pregnancy
	D. Education
x	Vocational Training
x	High School Support and Retention
x	Preparation for GED
x	Assistance in Obtaining Higher Education
	E. Support
x	Individual and Group Counseling
x	Stipends
x	Services for Teen Parents
x	Mentoring
	F. Employment
x	Job Placement

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Mark "X" in this column	Services
	Subsidized Employment
x	G. Location of Housing
x	H. Room and Board
x	I. Retreats/Camps
x	J. Indirect Services
x	K. Program Administration

- In the following forms, complete the form **for services marked with an "X" in the above table only**. Provide the requested information pertaining to each specific IL service to be provided by the CCYA. Enter all county IL services information in this template. In each service area table, list the estimated requested grant amount to be used for IL services. Include the following in the estimate: staff costs to perform these services, the cost of materials and supplies and the cost to develop, implement and monitor implementation of these services unless adding in Indirect Services or Program Administration.
- For each IL service **marked with an "X" in the above table**, estimate the number of in care; delinquent, discharged and total youth (unduplicated counts) who will receive IL services.

IL Services (federal, state, local)	\$ amount
FY 2010-11 Approved Budget *	403,848.00
FY 2011-12 Budget Request *	<input type="checkbox"/> 403,848.00

* These amounts must match the amounts on the county's budget

worksheets

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- ❑ Describe the county's expenditures history for IL Services for FY 2006-07, 2007-08, 2008-09 and 2009-10. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

Grant funds have been completely expended during previous fiscal years.

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

A. Needs Assessment/Case Planning

- ❑ Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Needs Assessment/Case Planning	27, 947.00	70		39	109
Total	27, 947.00				

* Enter unduplicated youth count only.

- ❑ Describe how the needs assessment/case planning process will be delivered; who will deliver the activities (provider or agency staff); what tool(s) will be used; and the frequency of the activity for or with youth.

After completion of initial intake and youth agreement to participate, each youth will complete an on-line Ansell Casey Life Skills Assessment with the assistance of their Life Skills Counselor. The counselor is an employee of the provider agency Valley Youth House. The initial assessment will be utilized in developing the individual case plan described below.

To be eligible, youth must:

- Be at least 16 years old but less than 21 years old at the beginning of the state fiscal year;
- Be in, or have been in, out-of-home placement on or after age 16;
- Have been adjudicated dependent; or
- Have been dually adjudicated dependent and delinquent; or
- Have been adjudicated delinquent with shared case management responsibility between the county children and youth agency and the juvenile probation office.

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Montgomery County Supervisory and Casework staff have been oriented to mandated requirements regarding referral of youth for independent Living Services. All eligible youth are referred by staff completion of the referral form. In addition, Montgomery County IL Coordinator conducts review of AFCARS and ACYS case management system on a monthly basis to assure all eligible youth are referred.

Additional Quality Assurance oversight for identification and referral is provided through OCY placement and Clinical Reviews, Dependency Court proceedings and contractual agreements with service providers.

Within 14 days of receiving the referral, provider IL staff will initiate contact with the referral source, youth, and caretaker to begin the intake process. The intake process normally consists of three home visits/interviews although this may vary slightly based on a youth's level of functioning and motivation as well as their schedule. During the first home visit, IL staff meets with the youth and foster parent/caretaker to present a Montgomery County IL program overview and to conduct a needs assessment with the youth. During the second interview the Ansell-Casey life skills assessment is administered to the youth. During the third visit, a collaborative meeting occurs with the youth, OCY Caseworker, caretaker, birth parent if available, vendor agency staff, and any other involved party e.g. mentor, other child system representative if applicable, guidance counselor etc. to develop and sign the youth's Independent Living Plan. The plan will document the youth's current IL participation in vendor IL activities, identify curriculum areas in which youth will participate, address any future IL needs, and identify the individual goals and program/activities best suited to the youth's IL needs. Youth are expected to participate in the development of their IL Plan and are given opportunity to sign the plan indicating their agreement. Any youth who refuses to participate in IL training must also sign their plan indicating their refusal of services. As IL training is a collaborative effort between all parties, every attempt will be made to consider the youth's current level of IL services being provided by the caretaker staff and incorporate this into the IL plan. The youth's availability to attend workshops and conferences will also be taken into consideration and the plan may reflect a more individualized approach to IL if warranted. A copy of the IL plan is provided to OCY, the youth and the caretaker staff at the time of completion.

Supervisors and IL Case Managers will meet with Montgomery County Children & Youth staff for quarterly case reviews. IL Case Management staff will have monthly contact, at a minimum, with the OCY IL Coordinator to discuss referrals, provide case updates and maintain an open line of communications. The frequency of contact is dependent upon the identified needs of the youth.

The same protocol for in-county referrals will be used to assure that all age appropriate out-of-county youth are referred. Youth placed outside of Montgomery County will be contacted by the OCY IL Coordinator and asked to complete the Ansell-Casey assessment with the assistance of their placement provider. The OCY IL Coordinator will assist the provider agency in completion of the IL plan and service provision.

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Youth, family members and service providers will all be involved in the assessment of the youth's strengths and needs, in the development of the child's permanency plan, and the delivery of IL services.

Child welfare dependency issues, with consideration of the youth's current permanency goal and available support system, are all considered in this process. The permanency plans, Permanency Reviews by the court for the youth and family and QA review process provide procedure through which the above are reviewed for determination

All youth will be oriented to the program through the assessment process with the OCY IL Coordinator and IL Case Manager. This process consists of three home visits that are described under Section A: Needs Assessment and Case Planning, Roman Numeral II.

The IL Case Manager, OCY Caseworker, foster parent, placement providers, and other interested parties will meet with the youth for a team meeting to discuss and develop the individual goal plan. The plan will include: initial service level; school, work, job training, and life skills training goals; therapeutic goals; permanency; and parenting skill goals as needed. Goal plans will be reviewed and modified on a bi-annual basis or more, as needed. Clients' progress will be monitored by the IL Case Manager throughout the quarter and reviewed by the team as needed. Goal plans will take into account each youth's ability to achieve goals.

The Ansell-Casey IV Life Skills Assessment functions as the primary needs assessment tool, an additional assessment, the Valley Youth House Life Skills Assessment Survey can be utilized on an as needed basis. Ansell-Casey Assessment will be administered by IL or placement provider staff, along with the youth.

The OCY IL Coordinator will make arrangements with placement providers to complete the needs assessment for youth in placement who are not easily assessable due to physical distance.

1. A copy of the written program description will be distributed to the youth, their care giver(s) and other service providers.
2. IL staff members will conduct an intake and assessment.
3. All involved parties, including youth, will be involved in the development of the Independent Living Plan (ILP) and will also receive a copy. The ILP will include a written description of the services to be provided, the frequency of services, and the goals. The initial service level will be determined at this time. Service levels are summarized in the following chart:

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SERVICE	DESCRIPTION	TYPICAL APPLICATION
Intensive: approx 15 youth at any given point in time	Weekly individual/group contact	Primarily for youth in their last 6 months in care or their first 6 months in aftercare
Regular: approx 20 youth at any given point in time	Bi-weekly individual/group contact	Primarily for youth in stable home or aftercare situation
Maintenance: approx 20 youth at any given point in time	Monthly individual/group contact	Primarily for youth away at college or older aftercare youth
Out of County: approx 15 youth at any given point in time	Assessment, plan development, appropriate service delivery by placement provider or referral to local IL provider when appropriate.	Youth placed outside of close physical proximity to Montgomery County.

4. Individual and/or group IL counseling will be provided by the IL Counselor or through referral and will be identified in the ILP.
5. The ILP will be revised and updated on an as needed or bi-annual basis.
6. Upon discharge from Foster Care, the youth will be transferred to the aftercare component of program on a voluntary basis.
7. Youth will complete program upon completion of final goal plan or upon reaching the age of 21.

The Valley Youth House Independent Living Program Supervisor will meet monthly (at minimum) with the Montgomery County Children and Youth IL Coordinator to provide program information, updates, and to ensure appropriate referrals. Additionally, the Vice President of IL will provide IL training to County staff on an annual basis.

Youth who are 17 years of age and older will participate in transition reviews which are held with the youth, OCY Caseworker, IL Case Manager, IL Coordinator, and any other involved party. At the time of the review, discharge planning is discussed with emphasis on youth attainment of education goals, housing resources, income, and positive resources available to youth. Transition reviews are held again 90 days prior to youth discharge or at an interval determined during the initial review.

IL plans for youth who have multi systemic needs will reflect services and supports available to youth through the most appropriate system.

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- ❑ Describe how the costs to provide the activities are determined.

The total program budget is based on actual operational costs.

B. Life Skills Training

- ❑ Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Life Skills Training	21,456.00	70		39	109
Total	21,456.00				

* Enter unduplicated youth count only.

- ❑ Estimate the percentage of the delivery method for this service area.

50%	50%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ Describe how life skills training will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Based on the Ansell-Casey Assessment, conversations with the youth and care givers, and additional information gathered during the intake and assessment process, an Individual Goal Plan will be developed for and with each youth. The plan will identify life skill areas to be addressed. Instruction will be conducted through both an individual and group settings. Instruction will include both “classroom” and real world practice.

IL staff will administer the Ansell-Casey Assessment at program entry and discharge in order to document improved life skills performance. Pre- and post-status regarding housing, education and employment will be tracked for each youth. Improved status is an indicator of increased life skills mastery.

Curriculum used will include a combination of Ansell Casey and program developed materials.

Group sessions are offered three times per year. In the fall, a ten week series of hard-skills classroom sessions are offered. In the spring, a ten week series of soft skill sessions are offered. Finally in the summer, a variety of educational and community service activities are offered to provide opportunity for participants to practice both hard and soft like skills.

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The subject areas to be covered in the life skills training courses include:

Soft skills taught will include:

- | | |
|--|--|
| <input checked="" type="checkbox"/> decision making | <input checked="" type="checkbox"/> conflict resolution |
| <input checked="" type="checkbox"/> self-esteem | <input checked="" type="checkbox"/> coping strategies |
| <input checked="" type="checkbox"/> negotiation skills | <input checked="" type="checkbox"/> managing stress |
| <input checked="" type="checkbox"/> impulse control | <input checked="" type="checkbox"/> anger management |
| <input checked="" type="checkbox"/> assertiveness | <input checked="" type="checkbox"/> problem solving |
| <input checked="" type="checkbox"/> peer interactions | <input checked="" type="checkbox"/> communication skills |

Hard skills taught will include:

- | | |
|---|---|
| <input checked="" type="checkbox"/> locating and using needed community resources (police, clergy, lawyer, insurance, dentist, banker) | <input checked="" type="checkbox"/> shopping |
| <input checked="" type="checkbox"/> utilizing community socialization activities (churches, recreational activities, parks, concerts, etc.) | <input checked="" type="checkbox"/> work attitudes including worker responsibilities and proper dress |
| <input checked="" type="checkbox"/> obtaining personal identification | <input checked="" type="checkbox"/> transportation |
| <input checked="" type="checkbox"/> time management | <input checked="" type="checkbox"/> consumer/shopping skills |
| <input checked="" type="checkbox"/> human sexuality | <input checked="" type="checkbox"/> health care |
| <input checked="" type="checkbox"/> money management (budgeting-banking) | <input checked="" type="checkbox"/> locating housing |
| | <input checked="" type="checkbox"/> insurance (auto, health, etc.) |
| | <input checked="" type="checkbox"/> nutrition |
| | <input checked="" type="checkbox"/> obtaining, and maintaining a residence, including locating a residence, negotiating a lease, home management skills (i.e. food preparation, laundry, cleaning, living cooperatively, basic maintenance, simple repairs, problem solving). |

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- Describe how the costs to provide the activities are determined.

The total program budget is based on actual operational costs

C. Prevention

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Dental/Health	3055.50	70		39	109
Drug Abuse Prevention	3055.50	60		20	80
Alcohol/Tobacco Substances	3055.50	60		20	80
Safe Sex/Pregnancy	3055.50	60		20	80
Total	12,222.00				

* Enter unduplicated youth count only.

- Estimate the percentage of the delivery method for this service area.

25%	75%
Individualized Svcs.	Group or Classroom Svcs.

- Describe how prevention services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

The afore-mentioned preventive health services will be provided primarily in group settings, with each course scheduled several times to accommodate up to 20 youth per session. Two courses will be offered each year. Individual preventive services will also be provided anytime, as needed, and may include specific referral.

Pregnancy Prevention will be provided by Planned Parenthood and by Valley Youth House staff. Valley Youth House will utilize the Center’s for Disease Control approved curriculum “*Be Proud, Be Responsible*”

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- Describe any additional prevention services provided to the youth that are not listed above and who will provide those services.

Youth with a recent history of violent or self destructive ideation or behavior will be referred for counseling, safety planning, or crisis intervention on an as needed basis.

- Describe how the costs to provide the activities are determined.

The total program budget is based on actual operational costs.

D. Education

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Vocational	8,000.	35		5	
High School Support and Retention	9,000.	52		10	
GED	9224.	15		10	
Assistance in Obtaining Higher Education	8000.	60		10	
Education and Training Grant (ETG) Provision and Retention		20		10	
Total	34,224				

* Enter unduplicated youth count only.

- Estimate the percentage of the delivery method for this service area.

80%	20%
Individualized Svcs.	Group or Classroom Svcs.

- Describe how education services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

All youth will be counseled to continue education until high school graduation is achieved.

Individual educational goals (such as improved study skills and tutoring services) will be outlined in each participant's individual goal plan. Counseling will be provided by the IL Case managers, OCY IL Coordinator, and assigned OCY/vendor Caseworker. Referrals to

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school guidance counselors and after school academic programs will also be made. Additionally, The OCY Education Coordinator will attend IEP meetings with youth, provide counseling related to behavioral issues or peer relations, and make referrals for more intensive therapy through the behavioral health system if necessary. Discharged youth will receive assistance in getting re-enrolled in school, if applicable. The program will provide fees or waivers for SAT, ACT, and PSAT testing, as well as application fees, dormitory deposits, and other applicable registration fees for college application. Tutoring and mentoring will also be provided on a limited basis by volunteers. The need for support and retention services will first be identified during the development of the participant's Individual Goal Plan, and will be monitored through their progress in achieving educational goals in their plan, and through individual counseling sessions.

Most assistance in the area of obtaining higher education will be provided in planning and other logistical assistance, rather than cash assistance. However, some financial aid will be provided for application fees, entrance fees, SAT fees, etc. (Application fees for state schools are waived.) All eligible youth will be assisted in completing the Chafee Education Training Voucher (ETV) application. This grant provides up to \$5,000 per year to former substitute care youth.

IL Case Managers will make referrals to SAT preparation course and provide preparation guidebooks. Case Managers will assist in setting up and accompanying youth on college tours, completing applications (for admission as well as financial aid), and will provide workshops in preparing for college. Youth will also be directed to the University of Pittsburgh's *Foster Care Youth Guide to Financial Aid*. MCOYC staff may apply for additional financial support from SUPERKIDS of Montgomery County, Inc. on behalf of eligible youth for consideration of partial financial scholarship for educational/training needs. SUPERKIDS is a private non-profit organization developed to support Youth known to MCOCY and assists in support of their continued educational needs. Current IL youth have and are attending a number of local colleges and universities with support from MCOCY and Valley Youth House: Arcadia, Bloomsburg, Kutztown, Montgomery County Community College and The Art Institute of Philadelphia, to name a few.

Youth deemed to be at risk of dropping out of high school (those two or more years behind) will be counseled around the feasibility of pursuing a GED. Ultimately, youth will make the decision regarding staying in high school or entering GED preparation. IL Case Managers will assist youth in the application process if a GED is pursued.

Youth who have completed the GED or graduated from high school and who express an interest in higher education and identify higher education as a goal are supported and encouraged. Most assistance in this area will be provided by IL Case Manager, OCY IL Coordinator, and OCY Caseworker in planning and assisting with financial aid application.

Youth assessed to be in need of vocational assistance or training will be referred to the Office of Vocational Rehabilitation (OVR) or CareerLink. OVR will provide employment counseling and support as well as job training, and has been particularly helpful with learning

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disabled youth in the past. CareerLink provides skills assessment, resume writing, interview preparation, and “welfare-to-work” programs.

- Describe any additional services provided to the youth that are not listed above and who will provide those services.

- Describe how the costs to provide the activities are determined.

The total program budget is based on actual operational costs.

E. Support Services

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Individual and/or Group Counseling	14, 185.00	70		39	109
Stipends	34,000	50		30	80
Services for Teen Parents	4,000	10		10	20
Mentoring	500.	10		5	15
Total	52. 685				

* Enter unduplicated youth count only.

- Estimate the number of youth who the county will refer to the SWAN prime contractor for the following services related to permanent connections.

SWAN	
	No. of Youths
Child Profile:	30
Child Preparation:	30
Child Specific Recruitment:	0

- Estimate the percentage of the delivery method for this service area.

60%	40%
Individualized Svcs.	Group or Classroom Svcs.

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- Describe how support services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth. All youth participating in the IL program will receive individual and group counseling to address interpersonal issues. The frequency of sessions will be determined by client need. The counseling will routinely be integrated in the delivery of other IL services. Emphasis will be placed on those issues that impede progress toward independence. For in-area youth, counseling will be provided by Independent Living staff, while out-of-area youth may be referred for counseling at appropriate resources in their area through the IL distance program. Phone counseling may also be provided by staff. The minimum amount of counseling that each youth will receive per week is .25-.5 hours of individual counseling, and 2 hours of group counseling will be offered, but participation is not required. The IL Coordinator and OCY Caseworker supplement counseling as needed.

All youth will be eligible to earn incentive based unrestrictive stipends, which will be provided for group attendance and completion of goals. All withdraws must be approved by the IL Coordinator, IL Program Director or QA Administrator. Discretionary stipends are available to youth who have been discharged from foster care and are able to assist with housing, life skill, transportation, or educational need. Pregnant and parenting teens will be automatically referred to the Nurse Family Partnership or other Title V program in order to receive additional case management services, including home visits from registered nurses, educational classes, health care assistance, and coordination of doctor's visits. Youth enrolled in school districts that utilize teen parent academic programs will be

Parenting teens needs, strengths and weaknesses will be assessed during the intake process. Overall and parenting goals for the participant will be designed and agreed upon depending on needs included in the case plan. Additional programming for male and female teen parents are designed to:

- 1) teach parenting skills,
- 2) prevent future pregnancies,
- 3) provide interaction with other teen parents and to
- 4) provide opportunities to interact with parenting adults for role modeling

Teen Parents will also be included in all other OCY IL Program activities and may be asked to share their concerns and challenges with other non-parenting OCY IL Program participants during informal group discussions.

Valley Youth House along with the IL Coordinator and OCY/Vendor Caseworker will provide supportive (emotional) services for teenage mothers and fathers, and information and referrals for care and education.

Planned Parenthood will provide childbirth classes and general information regarding labor and the birthing process.

All program youth will receive pregnancy prevention education services.

All IL youth who are pregnant or parenting (whether or not the child lives with the

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parent) will participate in services for teenage parents. Also, the biological father/mother of the IL client's child and/or partners of the client (involved with the client but not the biological parent) will be included in the services for teen parents at no additional cost.

All youth who receive IL services will receive pregnancy and STD prevention education services.

All youth in custody will be referred for SWAN Child Profile and Child Preparation services by age 17 and will receive services until they opt out of IL preparation.

- Describe any additional services provided to the youth that are not listed above and who will provide those services.

- Describe how the costs to provide the activities are determined.

The total program budget is based on actual operational costs.

F. Employment

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Job Placement	19,669	60		40	100
Subsidized Employment		10		10	20
Total	19,669				

* Enter unduplicated youth count only.

- Mark with an "X" the types of subsidized employment services which will be offered, and whether the subsidy will be full or partial.

Subsidy Type	Offered	Full	Partial
Summer Employment			
Agency Operated Only			
Tax Credits			
Other (describe:)			

- Estimate the percentage of the delivery method for this service area.

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50%	50%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ Describe how employment services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Whether or not each youth has a job will be noted as part of both the intake and exit assessments. Individual needs will be identified in the youth's Individual Goal Plan, which will also reflect the date job attainment goals are met. Each youth's participation in job placement services will be documented in the client file.

Valley Youth House IL counselors will provide assistance in writing resumes, preparing for job interviews (to include conducting mock interviews and how to dress and comport oneself) and will make referrals on the basis of each youth's ILP.

Youth may also be referred to a variety of county agencies including Economic and Workforce Development i.e. (career link) for summer and subsidized employment.

- ❑ Describe any additional services provided to the youth that are not listed above and who will provide those services.

- ❑ Describe how the costs to provide the activities are determined.

The total program budget is based on actual operational costs.

G. Location of Housing

- ❑ Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file. **Do not request placement costs in this service area or grant.**

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Location of Housing	120,863	70		39	109
Total	120, 863.				

* Enter unduplicated youth count only.

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- Mark with an “X” the types of assistance which will be offered.

Assistance Type	Offered
Referral to public housing agency	x
Interview preparation	x
Application assistance	x
Accompany on inspection	x
Use local realtors as a housing resource	x
Other (describe:)	x

- Estimate the percentage of the delivery method for this service area.

65%	35%
Individualized Svcs.	Group or Classroom Svcs.

- Describe how location of housing services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Permanent housing goals for each youth will be noted in the ILP, which will also include an indication of how the services will be delivered. The ILP will also reflect the date goals are met. The process of providing permanent housing services will be documented in the case file. Youth will be oriented to the limits and eligibility criteria for admission into the independence 101 Housing program, a supportive housing program designed specifically for former Montgomery County foster children. Staff time including one full-time employee and a portion of supervisory staff are funded by this Title IV-E funds. Rental assistance is provided through Tennant Based Rental Assistance Vouchers (TBRA’s which are reported in section H below).

Valley Youth House and Montgomery County OCY have also secured Homeless Prevention and Rapid RE-Housing (HPRP) funds. This allows the program to provide additional housing resources for aged-out youth at risk of homelessness without utilizing Chafee funds.

The IL Counselor will prepare youth to complete housing applications, to be interviewed by landlords, accompany youth to inspect housing, and link youth to realtors. Youth are encouraged to consider sustainable housing plans and the need for ongoing permanent residence is reviewed during the transition plan meeting.

- Describe any additional services provided to the youth that are not listed above and who will provide those services.

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- ❑ Describe how the costs to provide the activities are determined.

Costs for TBRA vouchers are determined by HUD fair market value rents. Costs for location of housing include 1 FTE housing case manager, .3 FTE program coordinator, and .05 FTE vice president as well as benefits calculated at 26%.

H. Room & Board

- ❑ Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Room and Board	3,000.			10	10
Total Chafee					
TBRA-non Chafee				12	12
HPRP-non Chafee				4	4
Combined total	3,000.			26	26

* Enter unduplicated youth count only.

- ❑ If the agency **does** provide youth with room and board, describe the frequency of staff contact with youth accessing these services.

IL Case Management staff will meet with youth on a daily, weekly or as needed basis. Actual service hours will be determined based on client need and type of assistance. Youth who are in need of emergency housing support will have daily contact with IL staff. Youth who have need for temporary/partial assistance with room and board will have weekly contact at a minimum. This arrangement can be modified with the approval of the Vice President of IL and the Montgomery County QA Administrator if necessary based upon the current location of the youth and distance from Montgomery County.

- ❑ If the agency **does** provide youth with room and board, describe the period of time that youth can access the service, by type of assistance offered and whether a “step-down” approach will be used.

Temporary - Room & Board assistance up to 30 days. Temporary services will be targeted for youth transitioning from foster care to a college, vocational setting, or used by youth who are between educational semesters. Youth may choose to reside with a former foster family, a foster family not known to them, or another OCY approved housing resource. Youth are

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eligible to access this service up until age 21 years of age if necessary. Reimbursement is available up to \$15.00 per day and is payable to the housing resource.

Partial- Partial financial assistance is available for up to 3 months at a time and may be used to assist the youth who is a student who enters into a sub-let agreement over the summer break. Youth are eligible for partial assistance up to the age of 21 years if necessary. This assistance can be used by other youth in need of partial financial assistance however the amount cannot exceed \$500.00 per 3-month period of time.

Emergency - Offered for up to 10 days. Emergency housing needs will be met by referral to other housing programs, such as the Valley Youth House shelter (for youth 18 years old or under) or the local youth shelters, or with cash assistance for short-term hotel stays.

Extended- The Independence Housing 101 program is a supportive housing program designed specifically for former Montgomery County foster children and is administered by Valley Youth House. This program is a Montgomery County collaborative effort that has received support through the following agencies; Montgomery County Department of Economic and Workforce Development, Montgomery County Office of Aging and Adult Services, Montgomery County Development Commission, Montgomery County MH/MR/D&A, Montgomery County Office of Children and Youth, Montgomery County office of Housing and Community Development, Montgomery County Housing Authority, and Montgomery County Office of Human Services. Supportive services for this program funded through Title IV-E funds and noted in section H above.

The Independence Housing 101 program is a planned approach to meet the housing needs of eligible youth aged 18-21 who are no longer in county custody. Youth must be employed and enrolled in high school, vocational training program, or some type of post secondary high school educational program. Youth receive ongoing support through case management and counseling services. A Program Overview and Tenant Guidelines are contained within the attached Room and Board Policy.

Homeless youth who were formerly dependent will be referred to the Valley Youth House Housing 101 Program and/or the HUD funded Homelessness and Rapid Re-Housing (HRRP) program.

Success will be evaluated by the IL Supervisor and will vary based on type of service provided as outlined below:

Temporary – Time in which clients move from temporary to permanent housing

Emergency – The percentage of clients who move to stable housing after receiving emergency assistance.

Extended- The percentage of clients able to sustain independent housing after participation in this program.

- If the agency **does not** provide youth with room and board, describe what services are used to meet housing needs.

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- Describe how the costs to provide the activities are determined.

Room and Board costs are based on an estimate on the number of youth who will require this type of assistance and the actual costs of providing rental assistance. Non-Chafee housing sources shown above include TBRA vouchers and HPRP funds.

I. Retreats/Camps

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Retreats/Camps	6, 495.	20		10	30
Total	6, 495.				

* Enter unduplicated youth count only.

- Estimate the percentage of the delivery method for this service area.

%	100%
Individualized Svcs.	Group or Classroom Svcs.

- Describe how retreats/camps will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Program retreats will be open to all participants, but youth who are nearing program completion and who will not have the opportunity to attend future retreats will be given priority. The youth's ability to utilize and benefit from the retreat will also be considered.

The annual DPW sponsored State Independent Living Retreat brings together participants from throughout the state. The five day retreat affords the opportunity to meet other youth and share experiences. Additionally, the retreat provides a variety of workshops designed to assist youth in developing peer leadership and counseling skills, as well as public speaking and self-advocacy. It is anticipated that youth will have increased self-esteem and increased IL skills as a result of participation

Valley Youth House will also sponsor and host a young women's leadership development camp. Youth will participate in a variety of interactive workshops and activities to improve self-confidence, and develop leadership, interpersonal, decision-making and conflict resolution skills

Additional program retreats and camps will be conducted at the agency's Camp Fowler, where facilities include: a two-story 3,000 sq. ft. lodge with a commercial kitchen, large dining area (accommodating 150 people), and dormitory space for 20; seven cabins; two

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pavilions; a variety of sports fields; a ropes course; a handicapped accessible swimming pool; and an 18-hole disc golf course. An outdoor stage surrounded by a 100-seat amphitheater is also located on the grounds.

Montgomery County IL youth will be included to both events.

Program staff will organize other program retreats.

- Describe how the costs to provide the activities are determined.

The total program budget is based on actual operational costs.

J. Indirect Services

- Complete the table and breakout the costs for these activities. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Indirect Service Type	Budget Request \$
Staff, Foster/Adoptive and other Residential Child Care Providers	4278.
Community Outreach and Educational Efforts	4278.
Interagency coordination to support IL activities and services at the local level	4278.
System change efforts	4278.
Other (describe:)	
Total	17,112.00

- Describe the indirect services provided by the county.

Community Outreach and Educational Efforts: Montgomery County IL staff and youth participate in the regional and statewide YAB. They regularly participate in community speaking and education events/ will provide an orientation to staff and foster parents/caretakers.

Interagency Coordination: to support IL activities occurs through collaboration on a county level as individual case needs arise. In addition to these circumstances, collaboration with other county agencies that support IL activities occurs. Transition reviews occur on a regular basis and often involve coordination with other systems and providers to meet specific need.

System Change: Montgomery County QA staff coordinate on a regular basis with partners surrounding identification of service need and planning for transition age youth.

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- ❑ Describe any additional indirect services provided by the county and who will provide those services.

- ❑ Describe how the costs to provide the activities are determined.

Indirect Costs are based on actual program operational cost.

K. Program Administration

- ❑ Complete the table and breakout the costs for these activities. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Indirect Service Type	Budget Request \$
Staff providing direct services	28,666.
Program reporting costs	28,666.
Equipment, training materials, supplies, postage, facility expenses	28666.
IL and Youth Advisory Board related travel	2,175
Other (describe:)	

- ❑ Explain the administrative costs of providing IL services and the drivers of these costs.

The Budget Administrator and fiscal staff will review all invoices and program reports submitted by VYH and disperse funds as encumbered.

Program supervision will be provided by MCOCY Quality Assurance (QA) Administrator or appropriate designee. The QA designee will maintain regular contact with VYH. VYH will maintain IL files, participant report forms, and will forward all correspondence and monitoring of youth to MCOCY. All changes in proposed activities or services will be reviewed and approved by the QA Administrator.

- ❑ Describe any additional administrative costs of providing IL services that are not listed above and the drivers of these costs.

- ❑ Describe how the costs to provide the activities are determined.

6-3g. Information Technology

The County IT Grant Application is submitted in the Budget Excel file, as required.

1. Does the county currently have an automated case management system that is sustainable? If yes, describe the system and its functionality.

Yes, we believe that our case management system is sustainable and provided the requested documentation to OCY&F as required on July 31, 2010. Our current system, ACYS along with our Enhanced Service, Case management, Provider and Eligibility add-on application, provides our staff with the following “Real-Time” functionalities:

- Case management
- Administrative
- Financial management
- Eligibility determination
- Provider Management
- Federal and state reporting
- Other related inquires and ad hoc reporting

Specifically, ACYS provides full screening, intake and casework functionality. It maintains a history of abuse and neglect, placement, custody, court hearings. A strong case note capability is provided. ACYS supports family risk and safety assessments as well case planning (FSP). ACYS generates CY-48 and CY-104. ACYS contains an expunction capability as prescribed by Pennsylvania's CPSL.

An MS Word interface allows users to produce form letters. In addition to the various canned reports provided with the system, the system contains an ad hoc reporting tool that permits users without database knowledge to extract reports and export them to MS Word and Excel. Users of ACYS are assigned to specific workgroups. System permissions are granted according to workgroups. The system supports a system administrator function. Access to the system is via user ID and encrypted password. Screen/function level security is provided.

Various levels of security are maintained by the system to ensure that access to sensitive information is controlled. ACYS operates behind the county firewall for added security and compliance with Pennsylvania’s CPSL statutes. Users must be authenticated county users before they may access ACYS. The system administrator is permitted a county configurable number of unsuccessful login attempts before the system revokes the ID/password combination.

ACYS was developed using Microsoft's Visual Studio platform. It uses Microsoft's SQL Server data management system. The system is fully web enabled and requires only thin client workstations with Microsoft Internet Explorer (current version) for access. ACYS does not use middle-ware. The current release is level 2.0.

ACYS supports properly licensed COTS software, including polar reporting tools such as Mobius and Crystal Reports.

Montgomery County

All counties of the Commonwealth of Pennsylvania have perpetual unlimited licenses to ACYS. Montgomery County is the custodian of the source code. All data contained in the ACYS (SQL Server) database is the sole property of the county where it resides.

2. How does the county's current system or transfer system align with the goals of the Statewide Child Welfare Information System Strategic Plan (Statewide Plan)?
 - a. Interoperability – The system uses technology that is web-based and allows the efficient and secure exchange of information with other systems or components. The County is working with The University of Penn, Motorola and Microsoft to develop interoperability between the Children and Youth Office and the other County Human Service Depts.
 - b. Real-Time Information – The system is accessible to all workers, allows the direct input of real time information and will be capable of exchanging real time information with a statewide database. Information is not first tracked on paper and then entered into the system by data entry staff. Yes, as stated above, ACYS is web-enabled and available to staff 24/7/365. Staff can perform case management functions in real-time fashion and will be able to interface with a state-wide database.
 - c. Standardized Data – the system accurately collects and reports data associated with federal and state reporting, such as AFCARS; and can be enhanced to exchange data with a statewide database using a standard data schema. Yes, our system is used to collect and report to the federal and state items such as CY-28, AFCARS, Title IV-E invoicing, etc.
 - d. Case Management System – the system is a true case management system that is used by all caseworkers and supervisors to manage day to day caseload activities. The system adequately supports the following functional areas: Case Management (Intake/Investigation, In-Home Services, Placement Services, Adoption, etc.); Eligibility; and Resource/Provider Management. Yes, see above Section 1.
 - e. The system is compliant with DPW and/or Commonwealth Enterprise Standards and the system software code is public domain. Yes, in fact the initial report provided by the state's consultant, PCG found the ACYS application to be compliant with Commonwealth standards, we own the source code for ACYS and was therefore found to be sustainable with minor enhancements.
3. How does the county's current system or transfer system support other critical business areas such as Financial Management and Administrative Functions?

As stated above, our system enables us to track and monitor caseloads, assets, services, child visitation, family contacts, child and service costs, provider and service rate history, it provides statistical reports and federal outcomes to name a few.

4. How does the county's current system or transfer system support the evaluation of child welfare outcomes in the areas of child safety, permanency and well-being?

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ACYS provides for an automated FSP (including CPP) and the ability to track and measure success in service objectives and the relation to established child and family goals and concurrent goals. ACYS maintains the FSP history so that progress or the lack thereof can be reviewed.

5. How does the county plan support the reuse of existing IT assets? We would not have to consider any replacement of existing IT assets with our current system.

If the county is requesting funding for ongoing or new development in their FY 2011-2012 ITG, the county must provide the following information.

1. Business Need - describe the business need for the ongoing or new development; The only new development considerations would be needed to fully incorporate our "ESCAPE" module into ACYS or to add additional functionality due to changes in state and federal directives. The current estimate to fully upgrade ACYS would be \$50,000, which would still be non-proprietary.
2. High Level Requirements – provide a description of the high level business and technical requirements; The requirements are pretty simple and have been addressed in other areas above.
3. 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; and
Cost/Benefit Analysis – provide a cost/benefit analysis that demonstrates the ongoing or new development provides a better return on investment than transfer of an already existing system or component. As stated above, we project that the total cost to update ACYS and permit interoperability transition at \$50,000.

It is not possible to develop a viable Benefit/Cost Analysis without detailed knowledge of the replacing system(s) being proposed. The current cost to maintain the current ACYS system is only \$10,000/year. Annual costs for Microsoft applications are provided via the County's enterprise licensing structure and would continue even if we converted to another program.

Costs to transfer to another system (such as CAPS) would run about \$110,000 for just the first year or 10 times over our current system costs. This above amount is based on a quote from Avanco of \$45,000/year just for "hosting" CAPS and plus an additional \$65,000 "one-time" for start-up, data conversion, implementation and training in CAPS. Another consideration to maintain our current system is that our County IT department does not support Oracle which would require additional costs to pay for program modifications and excessive annual licensing for same. Recent costs for upgrades to the CAPS program have run close to \$40,000 during each of the last 2 upgrades. So in general, we can expect that CAPS will continue to run close to \$100,000/year beyond year one.

Simply stated, as the current cost for our existing, sustainable program is only \$10,000, converting to another program would increase our costs a minimum of 10 times. This does not take into account the learning curve for staff nor the "change in the Process Flow" or business practices that usually accompany any automated program conversion, which could easily take up to 12 months or longer to fully implement, thereby possibly affecting service delivery.

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6-3h. Statewide Adoption Network

Montco utilizes SWAN services to meet numerous needs. In addition to preparing children for permanency via adoption, the services support children and older youth preparing for PLC, transition to independence and placement with relatives. SWAN is an invaluable resource. The SWAN request for FY 11/12 is contained in the budget excel file.

6-3i. Nurse Family Partnership

Funds for the NFP are contained in the County Health Department's budget.

6-3j. Medical Assistance Services

The County does not pay for medical/behavioral healthcare services for children ineligible for reimbursement under PA Office of Medical Assistance Programs. When appropriate, a waiver has been requested from the Deputy Secretary, Office of Children, Youth and Families.

6-3k. Assessment Tool

A uniform assessment tool is not utilized across categorical human services. However, an initial screening tool was approved and implemented across departments in January, 2010.

6-3l. Child Care

Montco works collaboratively with our Child Care Information Services Department. OCY utilizes only those childcare providers under contract with CCIS and contracts at CCIS approved rates. Only programs with two (2) or more Keystone Stars are utilized.

6-3m. Integrated Children's Service Plan

Montco is a Tier 1 county working toward full integration via a Systems of Care model.

6-4. Accurint Search Tool

Column 1	Column 2	Column 3
Number of users assigned by DPW for FY 2010-11	Number of additional users requested for FY 2011-12	Total number of users requested for FY 2011-12
6	9	13

Montco views family finding as a component of best practice. It is evident that family finding is best practiced in all divisions and employed continually over the life of a family case, from initial referral through to case closure. It can be of great benefit in delivery of aftercare services following permanency through adoption or subsidized legal custodianship as well.

A Family Finding Workgroup consisting of staff who participated in formal training with Kevin Campbell have worked for two (2) years to integrate family finding practices across casework divisions. In addition, casework staff in all agency service divisions and quality assurance staff were trained in family finding and engagement concepts and practices during FY 09/10. The curriculum was developed in-house. Family finding will be reviewed by casework supervisors as a component of weekly supervision in FY 10/11. It will be reviewed in our

Montgomery County

Placement and Clinical Case Reviews (PCRs) by administrators and quality assurance staff, at vendor case reviews, at permanency reviews and in Juvenile Court proceedings. As a result, the practice is intended to become an integral part of casework services for all families.

This requests approval to add eight (8) Accurint users. The six (6) current users are select staff. Accurint searches were added to their existing job responsibilities. The staff do not have sufficient time to spend on each search. They cannot work individually or intensively with caseworkers on follow-up to possible matches for relatives and kin identified in initial searches. Accurint searches could be significantly more beneficial if sufficient time were available to focus on finding family or connections, as intended by OCYF. At present the search is an added responsibility for staff who already manage a heavy workload. The current users are an Intake Division Supervisor, an Ongoing Division Supervisor, the Foster Care Recruiter, two (2) LSI paralegals and the Fiscal/MIS Administrator. Accurint searches average 146/month.

1/10=103

2/10=116

3/10=240

4/10=127

5/10=161

6/10=159

7/10=113

Total= 1,019

Ave./Mo.=146

The additional nine (9) users will provide Accurint access to all social service supervisors who manage a casework unit. The Casework Supervisor will have capacity to conduct the Accurint search along side the caseworker, producing more specific searches with targeted follow up over the life of a case. The request also includes Accurint access for the Family Finding Coordinator position proposed in the Special Grant section of this document.

Section 7: Required & Additional Language

7-1. Assurances

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

- ❑ Assurance of Compliance/Participation Form
- ❑ Documentation of Participation by the Juvenile Court

The following forms must be signed and submitted in hard copy to:

Mr. Cliff Crowe
Office of Children, Youth and Families
Health and Welfare Building Annex
Seventh and Forster Streets
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

and

Mr. James Anderson, Executive Director
Juvenile Court Judges' Commission
401 Finance Building
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, County Children and Youth Administrator, and Chief Juvenile Probation Officer and submitted with the FY2009-10 Needs Based Plan and Budget.

COUNTY: Montgomery

These assurances are applicable as indicated below.

Fiscal Year 2011 - 2012 Children and Youth Needs Based Plan and Budget Estimate and/or the

Fiscal Year 2010 - 2011 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.

I. 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 and adoption assistance 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 and adoption assistance 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 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.

II. EXECUTIVE ASSURANCES

In addition to the Common Assurances,

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 Public Welfare, 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 and adoption assistance 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, Mental Retardation, 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.

THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS A 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 FUNDS TOTAL\$ _____.

Signature(s)

County Executive/Mayor

_____	_____	_____
Name	Signature	Date

County Commissioners

<u>James R. Matthews, Chairman</u>	_____	_____
Name	Signature	Date

<u>Joseph M. Hoeffel, Vice-Chairman</u>	_____	_____
Name	Signature	Date

<u>Bruce L. Castor, Jr., Commissioner</u>	_____	_____
Name	Signature	Date

III. DOCUMENTATION OF PARTICIPATION BY THE JUDICIARY

In addition to the Common Assurances:

I/We assure that I/we had the opportunity to review, comment and/or participate to the level desired in the development of the Children, Youth and Families Needs Based Plan and Budget.

I/We assure that the plan accurately reflects the needs of children and youth served by the juvenile court.

I/We assure that the Juvenile Probation Office has actively participated in the development of the Children, Youth and Families Needs Based Plan and Budget.

Judicial Comments:

Juvenile Court Judge(s)/ Designer

Hon. Wendy Demchick-Alloy,
Administrative Juvenile Court Judge
Name



8/10/2010
Date

IV. CHILD SERVING SYSTEM 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 the capacity of both the county programs 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 and adoption assistance payment requirements are met for the specified children, not merely addressed by the agreement.

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.

Children and Youth Administrator

_____ Laurie O'Connor Name	_____ Signature	_____ Date
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Chief Juvenile Probation Officer

_____ Steven Custer Name	_____ Signature	_____ Date
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Human Services Director

_____ Joseph Roynan Name	 _____ Signature	8/13/10 _____ Date
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REV 5/13/08

IV. CHILD SERVING SYSTEM 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 the capacity of both the county programs 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 and adoption assistance payment requirements are met for the specified children, not merely addressed by the agreement.

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.

Children and Youth Administrator

_____ Laurie O'Connor Name	_____  Signature	_____ 8/10/10 Date
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Chief Juvenile Probation Officer

_____ Steven Custer Name	_____  Signature	_____ 8/10/10 Date
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Human Services Director

_____ Joseph Roynan Name	_____ Signature	_____ Date
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REV 5/15/08