

FY 2016-17 NBPB

Commonwealth of
Pennsylvania

Office of Children,
Youth and Families

**NEEDS BASED PLAN AND BUDGET
NARRATIVE TEMPLATE**

Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative piece of the Fiscal Year (FY) 2016-17 Needs-Based Plan and Budget. All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the Needs Based Plan and Budget Bulletin, Instructions & Appendices.

The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts, Special Grants Request Forms, and IL Documentation. All text must be in either 11-point Arial or 12-point Times New Roman font, and all margins (bottom, top, left, and right) must be 1 inch.

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

Armstrong County

NBPB FYs 2014-15, 2015-16, and 2016-17

Version Control	
Original Submission Date:	08/14/2015
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

Section 2: NBPB Development

2-1: Executive Summary

- Submit an executive summary highlighting the major priorities, challenges, and successes identified by the county since its most recent NBPB submission. The summary should include any widespread trends or staffing challenges which affect the county child welfare and juvenile justice service delivery, particularly those which impact all outcome indicators. The Juvenile Justice summary should provide an overview of Juvenile Justice System Enhancement Strategy (JJES) efforts, including any general data or trends related to Youth Level of Service (YLS) domains and risk levels. Counties should highlight areas related to population changes, findings of Quality Service Reviews (QSRs) and annual licensure, and other critical events of the past year that will have impact in the county's planning for FY 2015-16 and in their planning for FY 2016-17.

REMINDER: This is intended to be a high level description of county strengths, challenges and forward direction. Specific details regarding practice and resource needs will be captured in other sections of the budget submission

- County may attach any County Improvement Plan (CIP) for detail and reference attachment
- JPO Executive Summary components can be discussed under separate heading at the discretion of the county
- Child Welfare Demonstration Project (CWDP) counties need only provide responses not captured in their Initial Design and Implementation Report Update (IDIR-U)

Child Welfare

Implementation of the amendments to Pennsylvania's child abuse law. The foremost remark this year must, again, center on the county agency staff's implementation of the many changes to Pennsylvania's child abuse law. The General Assembly enacted significant child welfare legislation in 2013 and 2014 based upon the recommendations of *The Task Force Report on Child Protection*. Pennsylvania's public child welfare agencies in each county were responsible for translating many of the legislative changes into our day-to-day practice with children and families.

The most substantial practice changes were effective December 31, 2014 with the expansion of the definitions of child abuse and perpetrator. All casework staff was trained during the fall 2014. In addition, we reached out to community partners in order to familiarize those individuals with these changes. FY 2014-2015 centered on acquiring and understanding the requisite information in order to provide child protective services under changed standards. This is a monumental task that required and continues to require many resources.

With only one-half of the fiscal year under the expanded definitions, family referrals to the county agency increased by 39.5 percent. A total of 745 reports were accepted for an intake assessment in FY 2014-2015. County agency staff reached out to 1,460 children, subjects of these reports. This figure compares with 534 referrals (1,138 children) in FY 2013-2014 which were screened in for assessment. Under these new standards, it was necessary to reassign caseworkers to the intake function at the county agency in the early months of 2015 in order to address the service demand.

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

1. Mastering CWIS (Child Welfare Information Solution), the statewide case management system, is an ongoing process for the county agency staff members. We have come a long way since those dark winter days in January and February with repeated error messages that not only frustrated staff but challenged our ability to deliver timely services. It has improved immeasurably and, hopefully, will continue to improve and function as a helpful tool, supporting caseworkers' efforts to protect children.

2. Fully implement concurrent planning into casework practice from day one of a child's entry into care.

- A concurrent planning organizational self-assessment was completed and submitted to WROCYF during FY 2012-2013.
- During FY 2014-2015 activities and tasks identified in the self-assessment were executed, including a training event for the legal community on June 29, 2015.
- Concurrent planning was fully implemented on July 1, 2015, as required.
- Additional training for all casework staff was offered on July 29, 2015 through the TA Collaborative, including the ABA's Center on Children and the Law.

3. Continue to develop and fully implement the county agency's Congregate Care Diversion Initiative (CCDI) as described in previous years' Needs-Based Plans. This initiative aims to reduce the number of children in group homes by providing a resource family setting for these youth who demonstrate more challenging behaviors and who, in the past, were referred to group homes for placement and management of their behaviors.

4. Implementation of the federal *Preventing Sex Trafficking and Strengthening Families Act* with special recognition of:

- Identifying, reporting, and determining services to victims of sex trafficking
- Expanding efforts to "normalize" children's experiences in foster care
- Continuing to improve transition planning and services for young people who age-out of the child welfare placement system
- Reserving the use of the APPLA (Another Planned Permanent Living Arrangement) goal for children in substitute care

5. Continue to advance the ChildFirst initiative as the county's intervention protocol for victims of child abuse in the wider context of our locally established CAC (Child Advocacy Center).

- ChildFirst is a forensic interview protocol that uses the *Finding Words* curriculum that was designed for frontline child abuse professionals which will help address children's emotional trauma associated with their disclosure of maltreatment.
- A well trained team, sensitive to the needs of the child victim, from the very beginning at disclosure, can have a remarkable impact on limiting the emotional trauma that the child experiences.
- Local professionals will continue to receive advanced forensic interview training during FY 2015-2016 to hone their skills.
- Peer review of interviews will take place frequently during FY's 2015-2016 and 2016-2017 as a quality assurance measure and test of fidelity to the ChildFirst paradigm

- A building is under renovation, soon to become the dedicated local site for forensic interviews of child victims. It is planned to be operational in December 2015. It will serve as a CAC, affiliate status.

6. The county agency staff is fully committed to the implementation of evidence-based interventions and has sought support from the Department in establishing a number of practices through the Special Grants process of Needs-Based budgeting. Examples include SafeCare, Multidimensional Family Therapy, and WhyTry. For FY 2015-2016 we are proposing the addition of another evidence-based intervention to address the trauma experienced by child victims of sexual abuse. A Special Grant proposal is found in this Plan for the implementation of Trauma-Focused Cognitive Behavior Therapy (TF-CBT).

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

In FY 2014-2015, only 48 dependent children received placement services. In the two fiscal years before this most recently completed year, it was 47 and 60 dependent children respectively. In years previous to these, however, approximately 90 dependent children received placement services throughout each year. The number of dependent children entering substitute care has drastically decreased during the last three fiscal years.

Renewed and widespread efforts were made throughout the year to prevent placement entries. Based on the data of this three years’ trend, the projections for FY’s 2015-2016 and 2016-2017 are 52 children, the average of the three recent years. It is an accurate figure given the large reductions that have occurred to date coupled with acknowledgement of the fact that there will always be some children who will require substitute care provided by the public child welfare agency. A continued reliance on reimbursed kinship care over traditional foster care is noted for FY 2015-2016.

In addition to Armstrong County’s lower out-of-home placement rate, AFCARS statistics reveal that the county agency experienced a number of other strong measures. These include: “Placement Stability 0 – 12 Months” and “Placement Reentry.” Of special note is the strong performance in regard to the “Placement Reentry within 12 Months” measure. For the three most recently completed AFCARS’ periods, the county agency’s percentages are 4.55 (March 31, 2014), 5.88 (September 30, 2014), and 5.56 (March 31, 2015). These percentages are well below the 75th National percentile of 9.9 percent. (In the “Placement Reentry” measure, more favorable performance is marked by lower percentage numbers.)

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

Another area which remains a challenge for the county agency staff is the population of children in congregate care. Armstrong County’s percentages are significantly larger than other counties. Part of the explanation can be linked to three observations: (1) the dwindling total figures for child placements which are the denominator in the percentage calculation; (2) the county’s SCR child population may have more weight in Armstrong County than it does in other

counties, and (3) proportionately, Armstrong County has a larger segment of youth 13 -17 years of age in its child placement population. These observations are explained in detail in subsequent pages of this Plan.

A new initiative in Armstrong County is helping to address the population of children in congregate care. County agency staff, under the Congregate Care Diversion Initiative (CCDI), recruits, screens, and trains resource parents to accept youth with more challenging behaviors into their homes in lieu of youths' placements in group homes. These families are provided additional supports in order to maintain the youth in their homes.

The appropriate use and monitoring of psychotropic medications for children in substitute care was identified as a challenge for the county agency. CYF staff is acutely aware and concerned over the number of children prescribed these drugs as well as the polypharmacy issue (multiple psychotropic drugs prescribed per child). This is an issue that the county agency staff has addressed through the services of a contracted specialist who reviews children's medication regimens and, when necessary, consults with the prescriber.

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

In-home family services. The emphasis on in-home family support services has been the main catalyst in helping to maintain children in their own homes, leading to the trends identified above. This orientation to provide family support services is, of course, reflected in the county agency's spending in the "In-home and Intake" service category. Our spending in this service category has increased significantly over the past years. A 21 percent increase in purchased in-home service expenditures is noted in FY 2014-2015 over the previous year's expenditures.

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

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

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

And, as mentioned earlier in this Summary, the establishment of Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is planned, subject to the Department's approval, as a new evidence-based Special Grant to support child sexual abuse victims and their families.

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

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

Juvenile Justice

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

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

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

The JJSES Implementation Plan is attached which explains the progress on our goals and plans for FY 2015-2016.

YLS domains and risk levels. Armstrong County was in the second group of counties trained in the Youth Level of Service (YLS) inventory. The office has one master trainer. One other juvenile probation officer will be trained to be a Master Trainer during FY 2015-2016.

For YLS statistics please refer to the attached JJSES Implementation Plan. Future plans related to the YLS are included in the attached JJSES Implementation Plan.

2.2a&b: Collaboration Efforts and Data Collection Details

- Counties may attach Implementation Team membership, CWDP Advisory Team, or similarly named stakeholder group list to meet a part of this section requirement. With these attachments, counties will not need to identify each stakeholder group who collaborated with the plan development, unless not specifically identified in the attachment
- **All** counties need to respond to the following questions
- ❑ Summarize activities related to active engagement of staff, consumers, communities and stakeholders. Identify any challenges to collaboration and efforts toward improvement.

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

The county executive officers have appointed a CYF Advisory Committee to review and make recommendations pertaining to the county's children and youth social services program. One of their important duties is to consult with agency staff in the development of the annual plan and budget estimate. During meetings in the spring 2015 input from the advisory committee members was obtained and incorporated into this Plan for FY 2016-2017.

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

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

Supervisors routinely assess service delivery through personal contact with clients.

In addition, biennial surveys are used to assess service delivery and obtain client input. In 2014, a survey of children in placement and their parents, as well as in-home service families,

and a sample of families who experienced an intake assessment were provided with the opportunity to respond to a mailed survey. Their input was reviewed for practice implications.

Youth receiving IL services meet as a group throughout the year as part of their IL programming. In the course of these meetings, IL staff routinely seeks input on program and system improvement/recommendations from the participants. This feedback has been instrumental in restructuring certain facets of the IL program, making it more responsive and meaningful to the county's youth. Moreover, as part of the county agency's official annual "IL Program Review," our Practice Improvement Specialist met with youth receiving IL services and obtained their feedback in April 2015.

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

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

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

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

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

Stakeholders. In May 2015 the CYF agency administrator also requested plan input from the county's juvenile court judges. Information from the court's perspective has been provided to the CYF agency and, consequently, has been included in this Plan. Further documentation of participation by the juvenile court is contained in the Assurance of Compliance/Participation Form.

The county's president judge was a member of the local team that attended the statewide Roundtable Summit in Seven Springs in April 2015. Stronger collaboration among the judiciary, CYF staff, the CYF agency solicitor, guardians ad litem, child and parent advocates, academic experts, and others in the community, is leading to more effective functioning in the county's child dependency system. A Truancy Workgroup has been established under the Roundtable structure and it continues to meet quarterly to better address school attendance issues. Its major challenge to date is to develop uniformity around attendance policies and truancy intervention across the county's school districts. The Truancy Workgroup also reviews the status and progress of the county agency's Special Grant Program under Alternatives to Truancy in which the evidence-based WhyTry curriculum is offered.

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

During FY 2014-2015 concentrated planning connections among the Armstrong-Indiana Behavioral and Developmental Health Program (BDHP), formerly MH/MR, D&A, juvenile probation, and child welfare partners occurred. Meetings among these principals have transpired during the past year relating to consumers with co-occurring disorders as well as other key topics, such as the Human Services Block Grant Initiative.

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

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

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

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

MDFT addresses the areas of adolescent and parent functioning known to create problems while enhancing the factors that solve problems, improve relationships, and restore positive development. Outside In, the provider of MDFT, began offering services in Armstrong County in November 2014.

There have been concerns about identifying trauma-informed service providers and trauma-specific interventions for the children and families whom we serve. Many therapists purport to provide trauma-informed services. To date, the MCO has accepted the therapists' statement independent of meeting criteria or trauma certification standards. That, however, is changing and the MCO is currently establishing set criteria which clinicians must meet in order to assert that they offer trauma-informed therapy.

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

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

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

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

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

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

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

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

The private provider community is also a key player in child welfare interventions in Armstrong County. Meetings between individual provider agencies and the county agency staff occur on

an as needed basis dictated by an instant case as well as for longer-range planning purposes during program marketing visits by providers to the county agency.

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

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

As mentioned above meetings between individual provider agencies and the county agency staff occur for longer-range planning purposes. For a specialized program request initiated by CYF, county agency staff details its description and expectations. Projected service levels are identified. Potential providers ask questions and help develop its service delivery model. Their proposals are examined, evaluated, and a decision is ultimately made on whether to award and proceed. The provider’s capacity to meet the projected service need must, of course, reflect the standard established in the announcement.

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

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

Resource	Data Collected	Date of Data
US Census Bureau	Population; poverty statistics	2010
AFCARS	Child Placements	2010 – 2015
HZA Armstrong County Data Package	Outcome Measures and Performance Indicators	2010 – 2015
County Agency Data Tracking Programs; CAPS	Children/Families Served	2010 – 2015

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

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

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

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

2.3 Program and Resource Implications

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

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

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

At this time, the county agency does not independently conduct any trauma-based assessments for children. Agency staff, however, is exploring the implementation of the National Child Traumatic Stress Network's *Child Welfare Referral Tool* for trauma screening following a child's entry into foster care and afterwards, at significant events, such as a disrupted placement. The tool is completed by a caseworker based largely on information obtained during intake. Then, after the child has been placed in foster care and if actively engaged with a treatment provider, this protocol recommends that the CANS (Child and Adolescent Needs and Strengths) – Trauma be completed by the mental health provider. The CANS-Trauma is a comprehensive mental health assessment tool which includes but goes beyond trauma-related issues to survey the child's overall mental health status and also provides some information about the caregiving family.

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

In an effort to expand local resources, county agency staff is actively exploring the possibility of contracting with PAAR (Pittsburgh Action Against Rape) to provide Trauma Focused CBT (Cognitive Behavior Therapy) to child victims of sexual abuse at an Armstrong County site. An assessment is conducted by the clinician, typically followed by 12 to 16 weeks of therapy.

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

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

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

Trauma assessment and in-home services. Holy Family Institute provides in-home family support services and IL services for youth in Armstrong County. Holy Family currently uses three assessment tools in the Armstrong office. Holy Family uses an internal trauma assessment that they developed for use with the families with whom they work since the implementation of Sanctuary over six years ago. This tool is used with the primary referred parent, but may be used with select family members that the Family Counselor identifies based on the results of their larger family assessment.

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

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

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

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

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

- ❑ Please briefly describe how any findings from these trauma-based assessments may have changed or impacted your practice.

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

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

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

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

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

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

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

- ❑ Please briefly describe any specific consultation practices used by your agency that involve physicians or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining

appropriate medical treatment. Some examples of consultation practices might include policies requiring engagement of child's health care provider in case planning, contracting with psychiatrists to consult on difficult cases, working with Medicaid managed care special needs units, or having nurses on staff.

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

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

The county agency has always maintained a close working relationship with the local pediatric practice. Although the agency does not have a specific service contract with this practice their medical services have always been dependable. Efforts to involve pediatricians in the monthly Multidisciplinary Child Protection Team meetings have been successful.

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

The Child Advocacy Center and A Child's Place at Mercy in Pittsburgh are dependable resources for assessing children who have been physically and sexually abused.

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

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

- Submit any amount expended by the county government in FY 2014-15 for Legal Representation Costs for Juveniles in Delinquent Proceedings
- Submit any amounts expended by the county government in FY 2014-15 for Legal Representation Costs for Parents in Dependency Proceedings.

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

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

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

*estimates

2-3y. Special Grant Opportunity for Costs Associated with the CANS

After reviewing the literature on the CANS, it was decided to explore an alternate screening tool for trauma. As mentioned in section 2-3f above, the National Child Traumatic Stress Network's *Child Welfare Referral Tool* for trauma screening is being examined for use with the substitute care population, following a child's entry into foster care and afterwards, at significant events, such as a disrupted placement.

Section 3: General Indicators

3-1: County Fiscal Background

- ❑ Counties who exceeded their Act 148 allocation, resulting in an overmatch situation, in FY 2014-15 should describe the practice and fiscal drivers that impacted the county's level of resource need and any programmatic changes that were necessary in FY 2014-15 due to budget constraints. Also address the impact of the FY 2014-15 program and spending history has on the projected utilization of the allocation and additional resource needs for FY 2015-16.

Not applicable.

- ❑ Counties who did not spend all of their Act 148 allocation in FY 2014-15 should describe the practice and fiscal drivers that impacted the county's level of resource need and address any projections as to continued under-spending in FY 2015-16.

Armstrong County was underspent in its Act 148 allocation for FY 2014-2015. Due to the need to reprioritize activities during FY 2014-2015, a number of planned enhancements did not occur. Budget adjustments were connected to a number of those changes and, thus, those expenses

were not incurred. Activities aimed at improving the engagement of fathers, concurrent planning expenses, and the continued development of our Congregate Care Diversion Initiative are all examples of adjustments that were suspended during FY 2014-2015. Staff was required to focus attention and efforts on the implementation of the CPSL amendments, CWIS, and the nearly 40 percent increase in family referrals during FY 2014-2015.

Consequently, some of those FY 2014-2015 adjustments are restated and planned for implementation in FY 2015-2016 since they remain relevant to the three practice areas which are identified for special attention in the subsequent pages of this document.

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

Four areas are discussed below and offer some additional insight into the “Adjustment to Expenditures” which appear in the Budget portion of this Needs-Based Plan document.

Suspended adjustments from FY 2014-2015. As mentioned above a number of adjustments that centered on activities planned for FY 2014-2015 did not occur due to the need to reprioritize county agency staff’s efforts, particularly related to the challenges represented by the implementation of the CPSL changes and CWIS. Some of those adjustments have been earmarked for FY 2015-2016 implementation since they support the three practice areas identified for growth.

County agency workforce. Appointing individuals to vacant caseworker positions is a priority. Resignations and the promotion of a caseworker to a supervisory position have amplified the impact of existing caseworker vacancies. In addition, the increase in the referral workload requires that appointments be made, filling the county agency’s full complement of caseworkers. This is an especially sensitive area given the workload increase Pennsylvania’s public child welfare agencies have experienced. Adjustments have been prepared to support these additional budget costs.

Additional DOC for five placement services. Additional DOC (Days of Care) adjustments have been applied to five cost centers (Traditional Foster Care-Delinquent, Delinquent-Community Residential, Juvenile Detention, Dependent Residential Services, and Delinquent Residential Services). These adjustments are recommended based on projections of children currently in placement at those particular levels of care and, therefore, a strong foundation exists for those estimates.

Other DOC estimates that were increased were developed from examining the most recent three years’ history and calculating an average based on the three years’ experience. This approach, more frequently, is meaningful in rural counties where the numbers are small. In Juvenile Detention Services, for example, one year (2012-2013) is represented by 3 youth and 55 DOC and another year (2014-2015), by one youth and one day of care. The average number of DOC based on the experience of the last three years may be the best “guesstimate” figure for FY’s 2015-2016 and 2016-2017 when dealing with these highly variable small numbers.

Unchanged DOC projections for FY's 2015-2016 and 2016-2017. Four cost centers' projections on DOC remain unchanged from base year 2014-2015's experience; no increase or decrease is noted. The projections for Adoption Assistance, SPLC, Foster Family Care-Dependent (traditional and kinship), and Dependent Community Residential are estimated at the 2014-2015 base year service levels.

These projections with unchanged figures were developed through: (a) an analysis of the individual children's cases who are currently in placement, (b) the possibility and likelihood that other children on our protective service caseload for whom a crisis could lead to placement, and (c) the possibility and likelihood of children who are unknown to us at the time of preparing and submitting this document would enter substitute care. It is believed that these are accurate projection figures given the large reductions that have occurred to date in Armstrong County, coupled with acknowledgement of the fact that there will always be some children who will require substitute care provided by the public child welfare agency.

For example, with the Foster Family Care – Dependent Cost Center, a number of exits from care are projected, i.e., to reunification, adoption, and SPLC. Estimates were developed for the number of months in care before the permanency goal is attained. And then a figure of 18 new entries to Foster Family Care - Dependent was projected for FY 2015-2016. The figure of 18 new entries plus the 12 children who were placed in Foster Family Care – Dependent on July 1, 2015 totals the overall projection of 30 children, the same number as the previous year's experience. When the DOC were calculated for this group of children it was determined that it was not appreciably different. It is reasonable to assume that the projected DOC for Foster Family Care – Dependent can be estimated at the same value as the 2014-2015 base year's experience.

This analysis was followed for each of the four cost centers and the conclusions supported carrying forward the 2014-2105 base year's estimates. These considerations and mathematical "guesstimates" led to the assumption that the 2014-2015 base year figures are reasonable figures for projections for both the Implementation Year and the Needs-Based Year for these four cost centers. Consequently, there is no change in DOC or expenditure projections in the four cost centers.

Please note in the example, while the projection (4,933 DOC) for Foster Family Care – Dependent, the cost center, remains the same as the base year, its two components (Traditional and Kinship) reflect a continued shift to the wider reliance on Reimbursed Kinship Care. (Reimbursed Kinship Care is increased 387 DOC and Traditional Foster Care is reduced 387 DOC.)

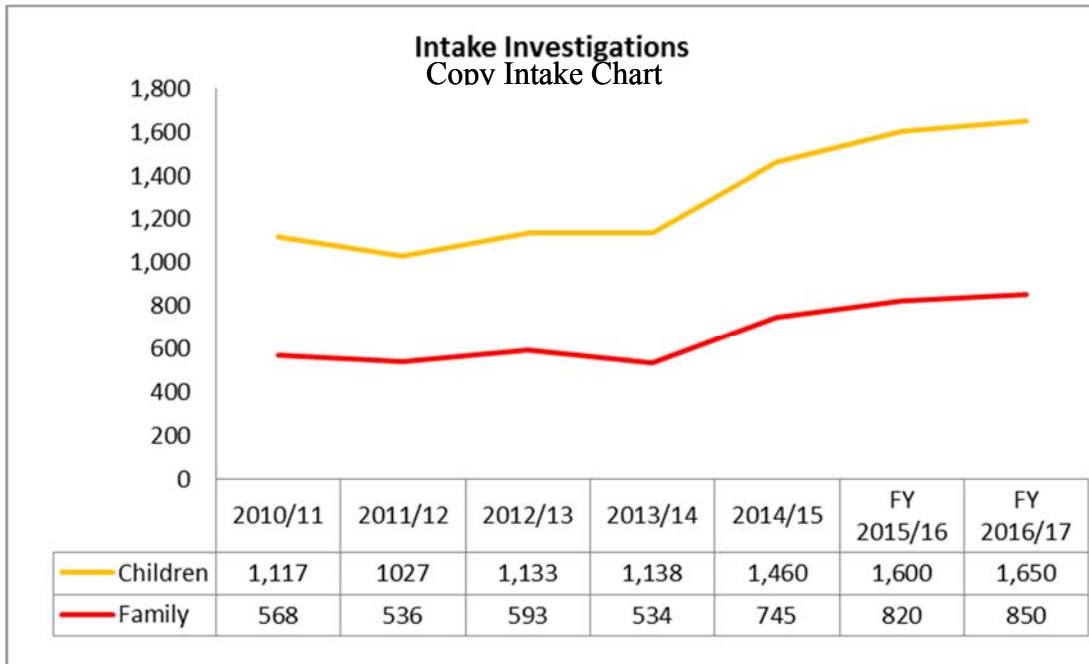
PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 3-4)

All highlights are addressed in the Program Improvement Strategies narrative.

Armstrong County

3-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).

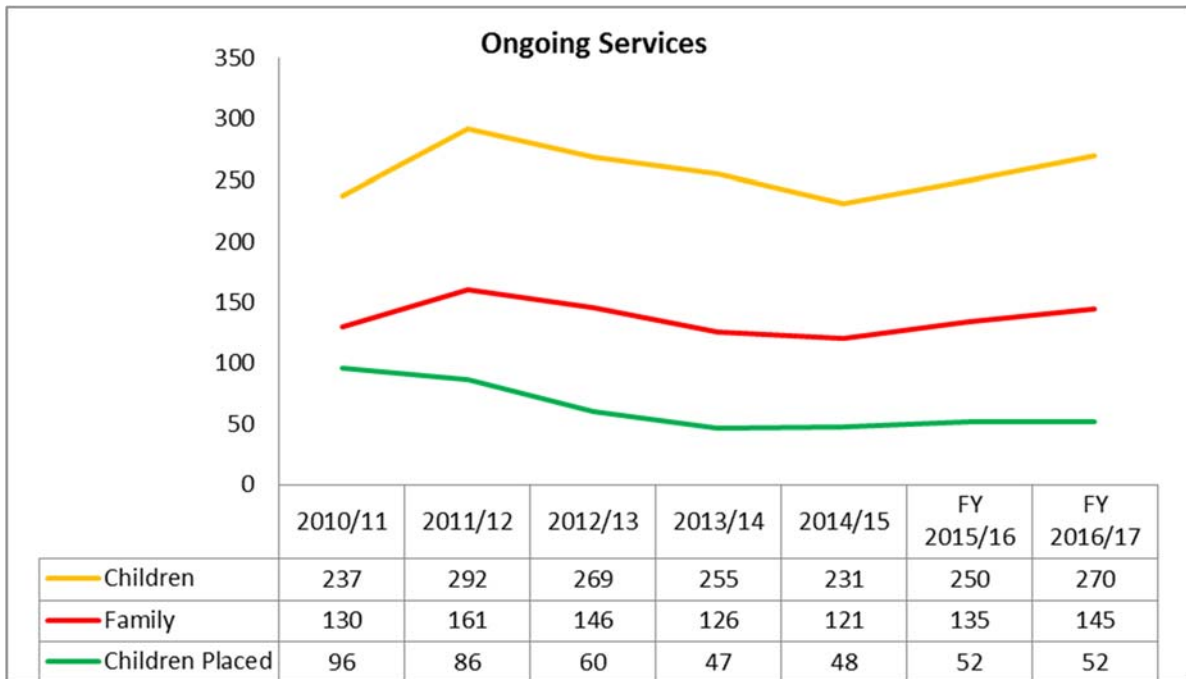


Click to Paste Chart

Armstrong County

3-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

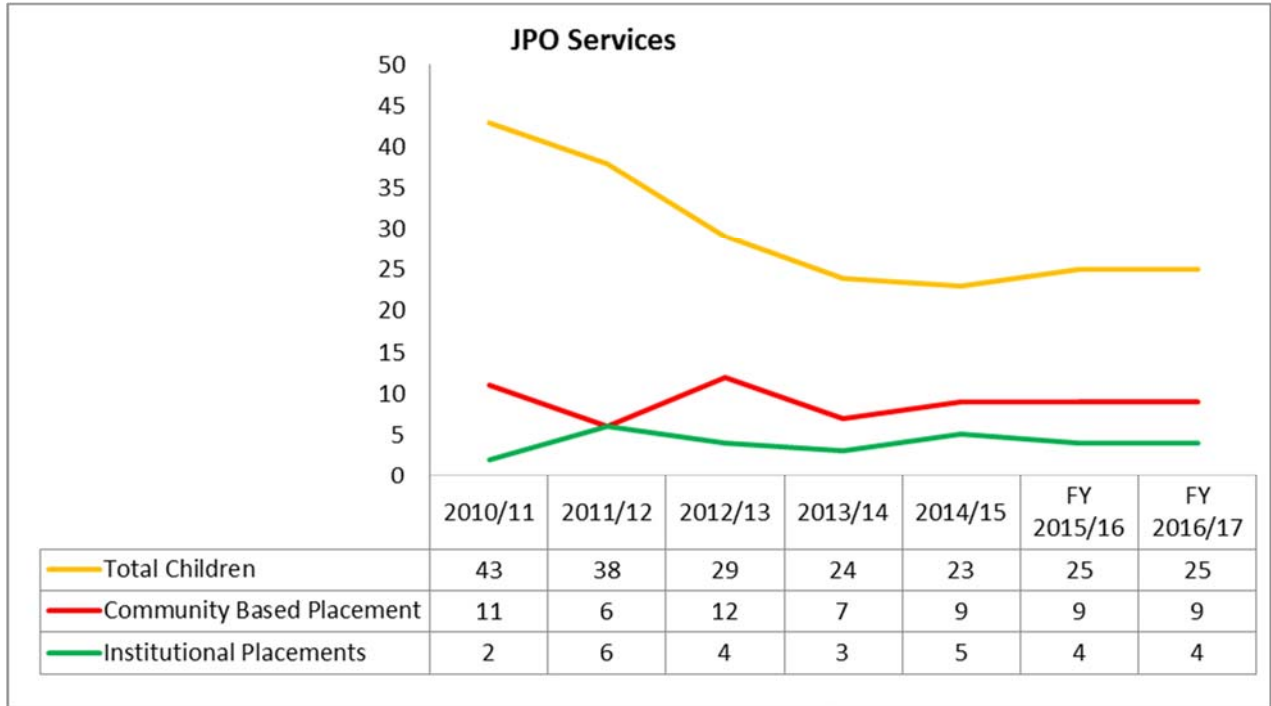


Click to Paste Chart

Armstrong County

3-2a. JPO Services

Insert the JPO Services Chart (Chart 3).

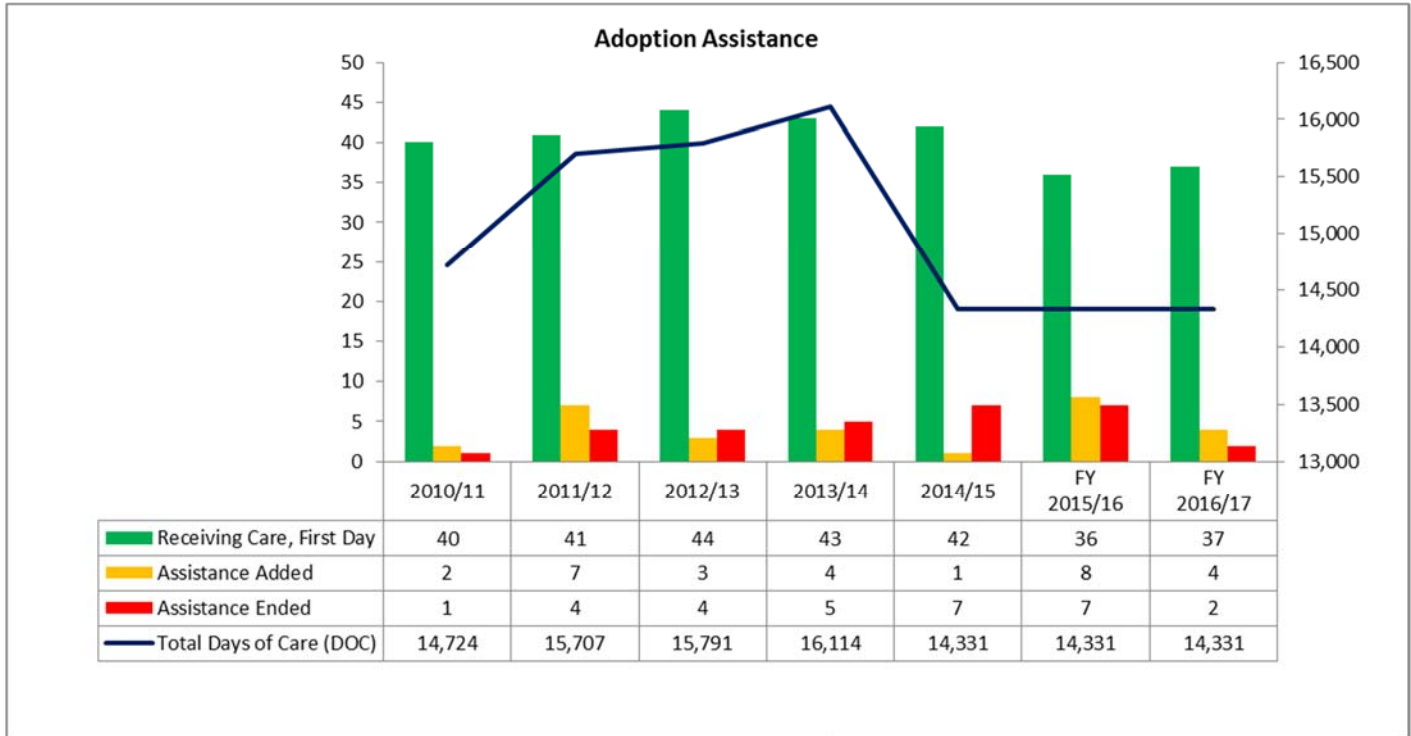


Click to Paste Chart

Armstrong County

3-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).

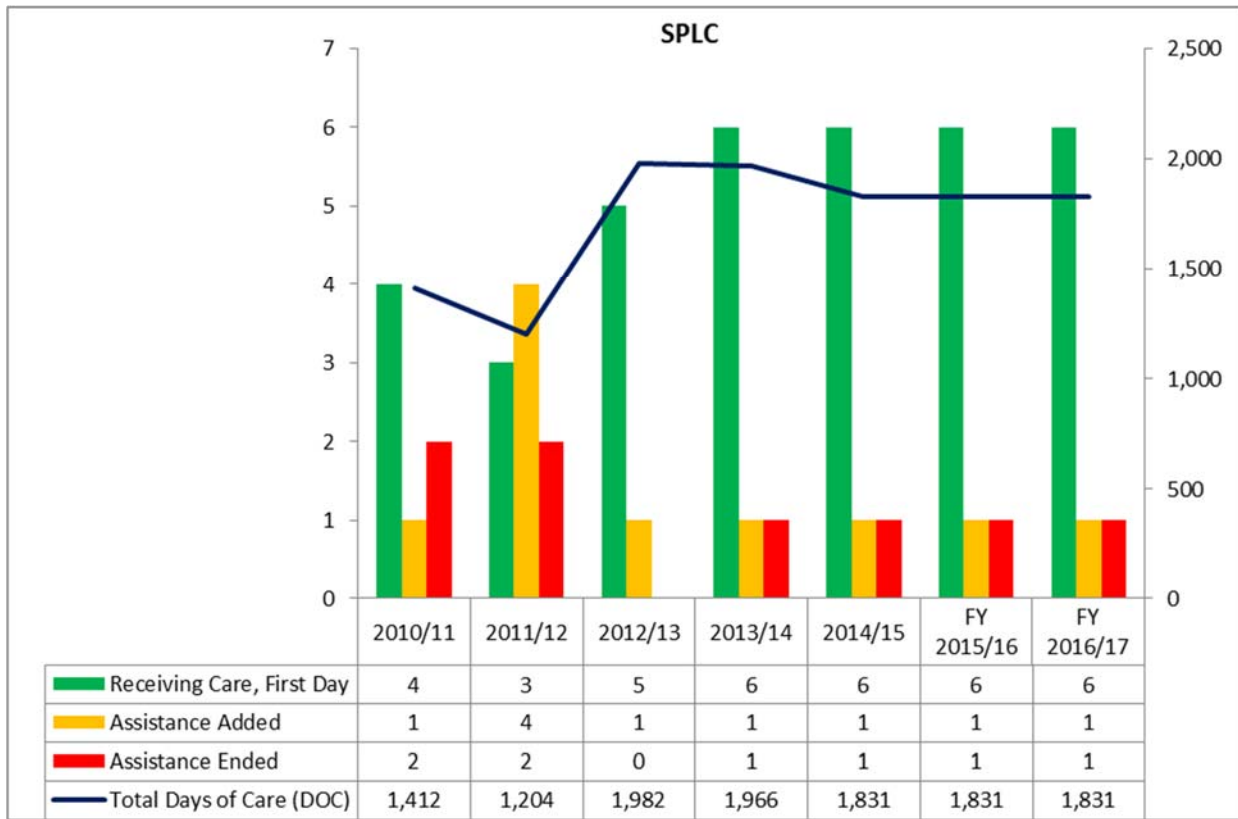


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Armstrong County

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

Insert the SPLC Chart (Chart 5).

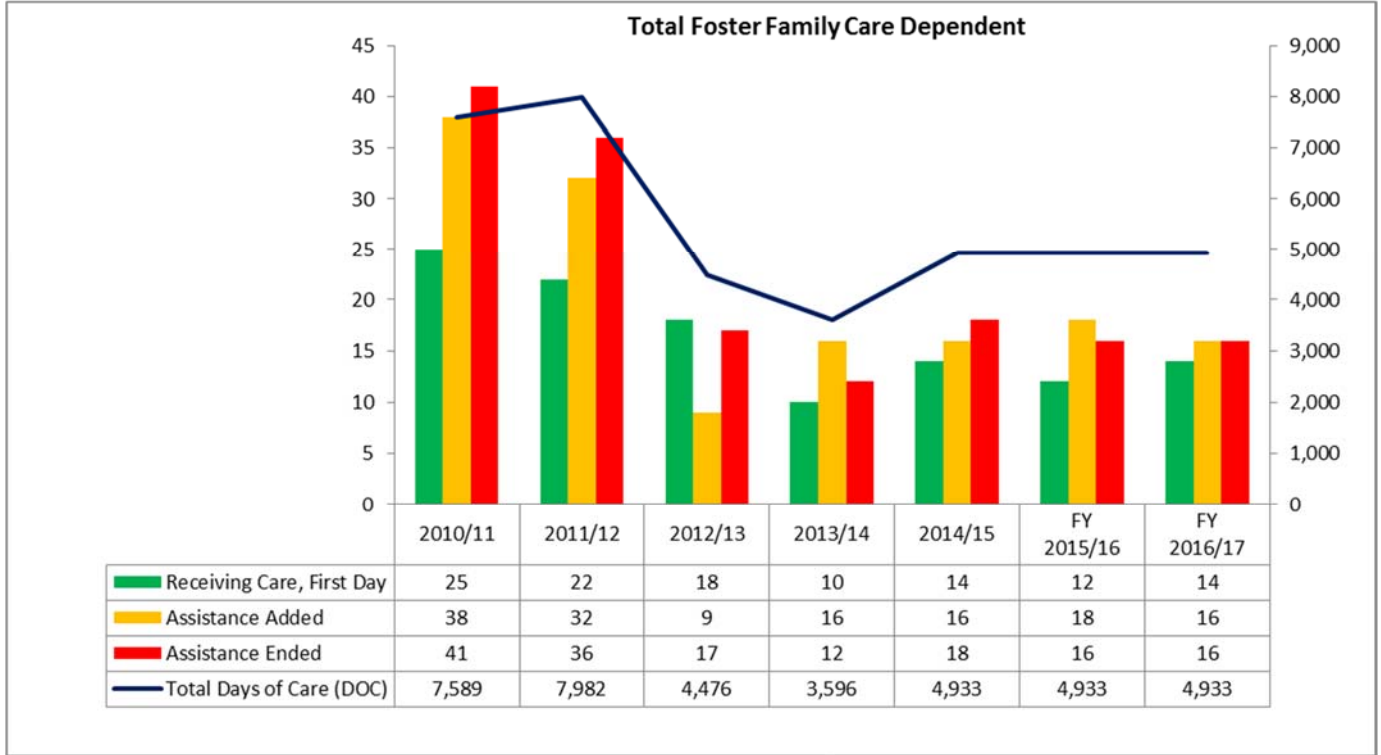


Click to Paste Chart

Armstrong County

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

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

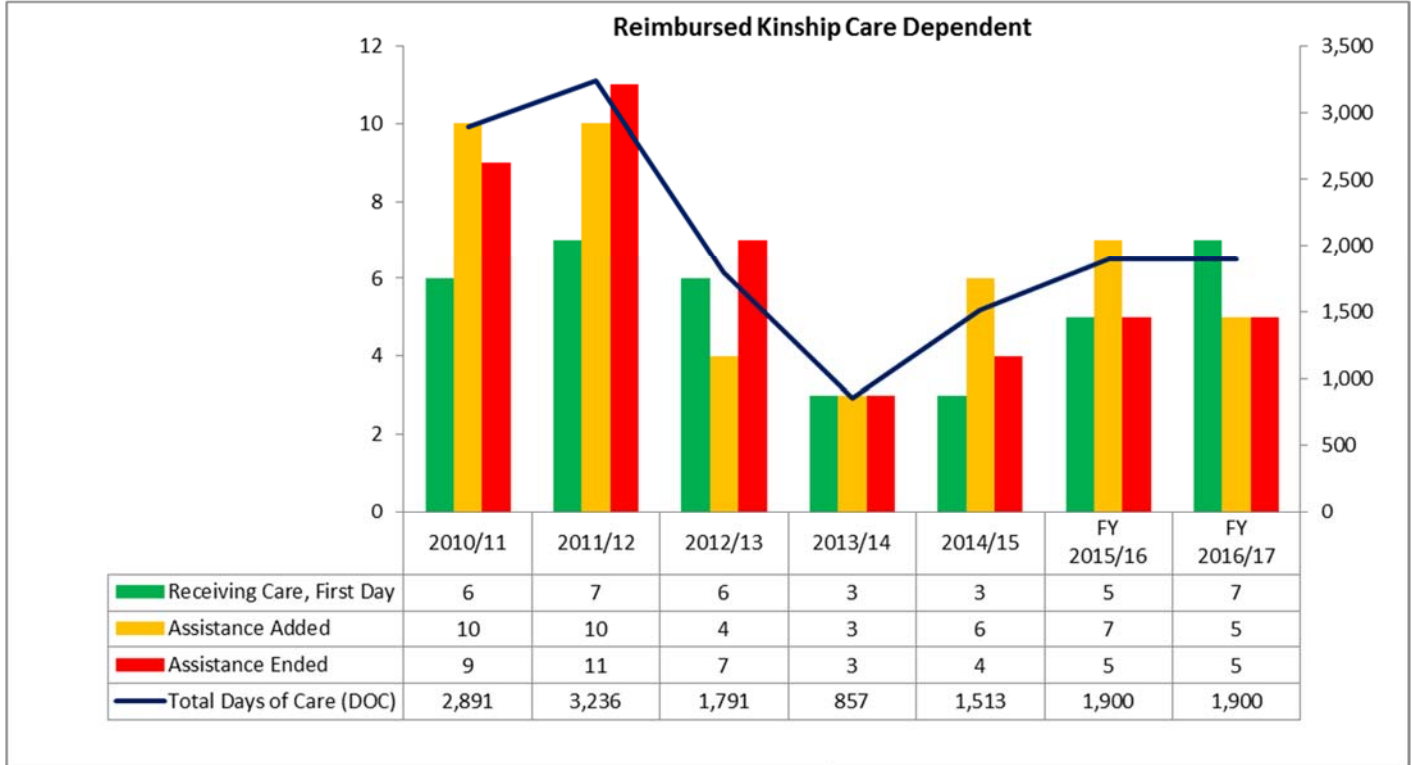


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Armstrong County

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

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

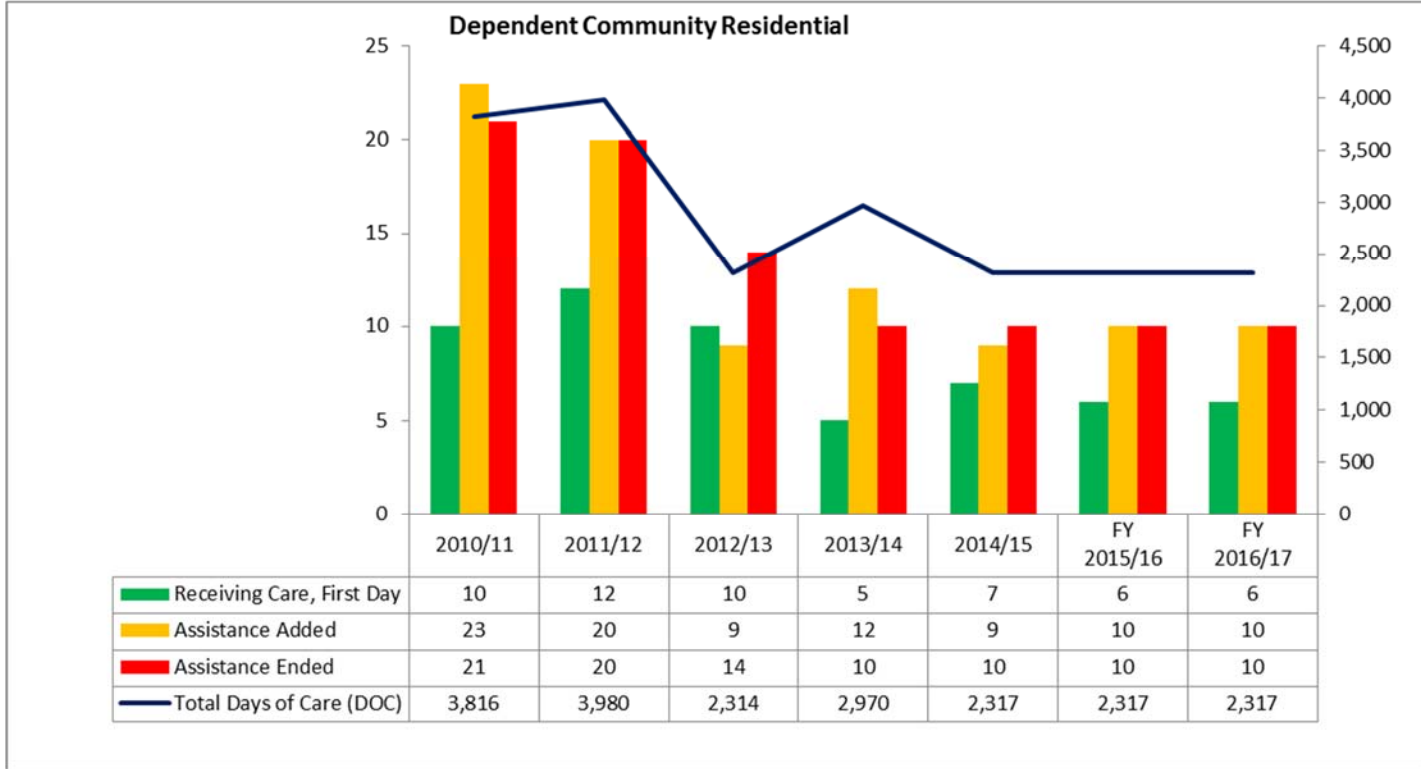


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Armstrong County

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

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

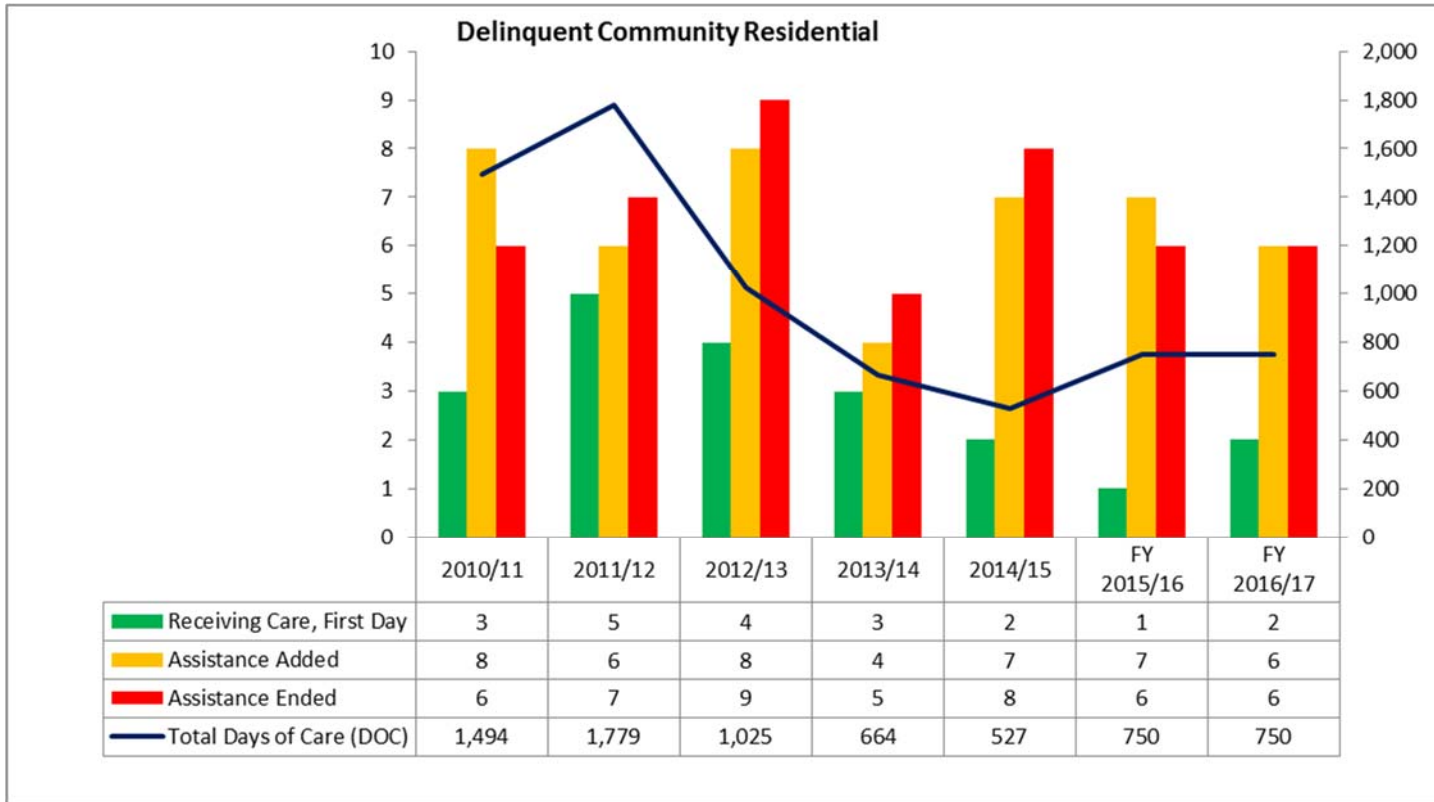


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Armstrong County

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

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

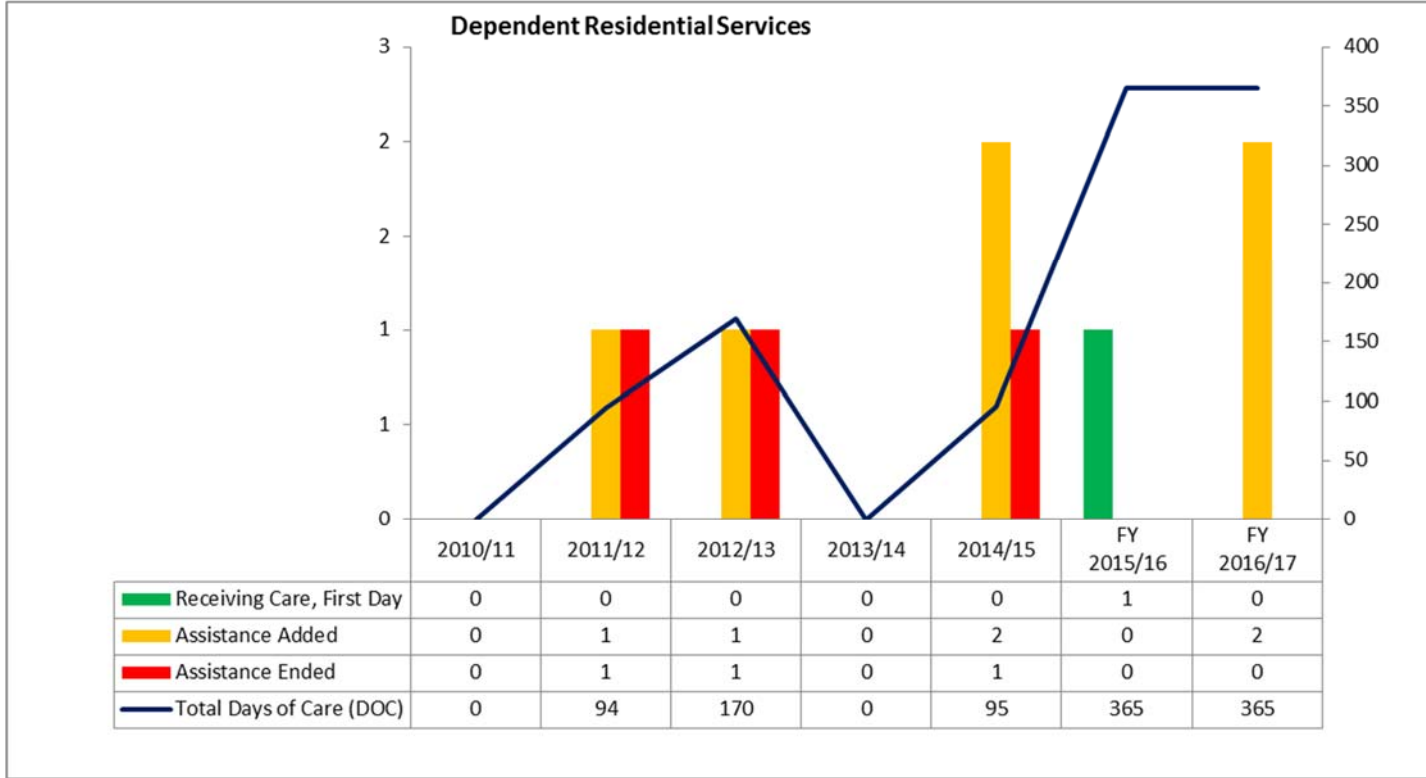


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Armstrong County

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

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

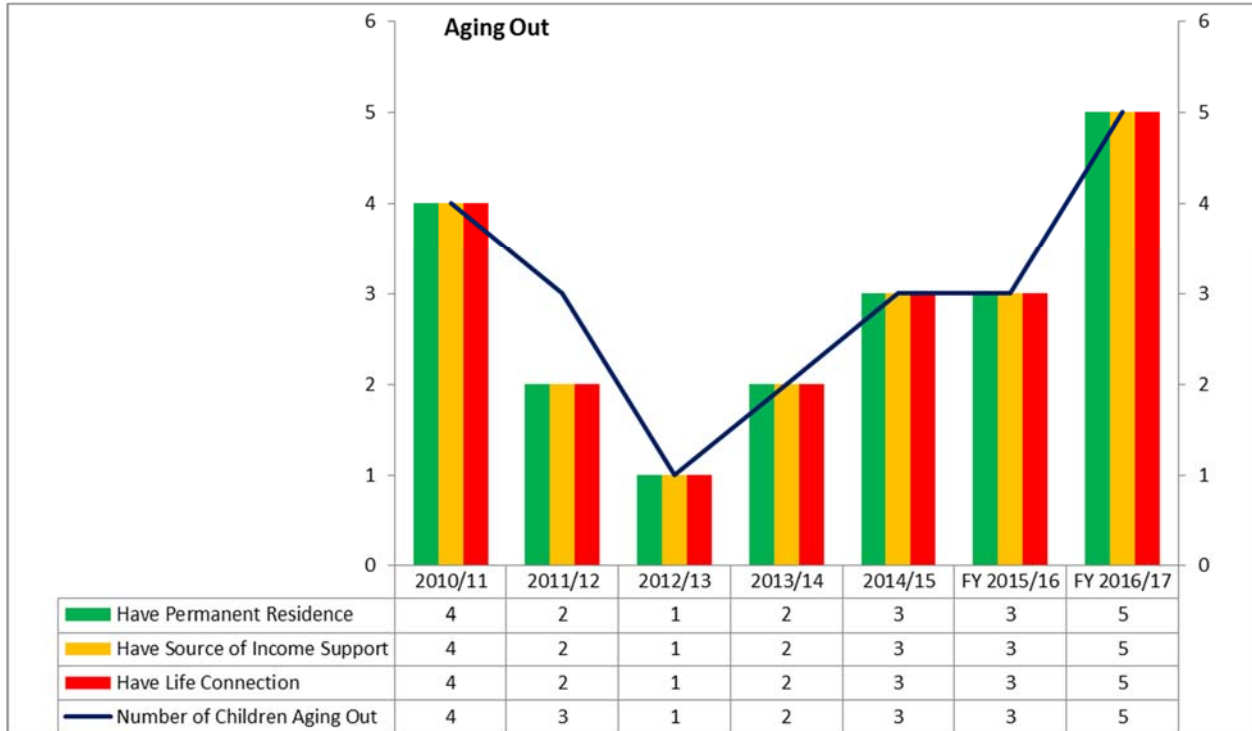


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Armstrong County

3-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



Click to Paste Chart

Armstrong County

3-2f. General Indicators

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

3-2: General Indicators								
"Type in BLUE boxes only"								
County Number:	3	Class	6					
Armstrong County								
Copy Part 1 for Narrative insertion	Copy Part 2 for Narrative insertion	Copy Part 3 for Narrative insertion			Print			
3-2a. Service Trends								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15
						FY 2015/16	FY 2016/17	% Change
Intake Investigations								
Children	1,117	1027	1,133	1,138	1,460	1,600	1,650	30.7%
Family	568	536	593	534	745	820	850	31.2%
Ongoing Services								
Children	237	292	269	255	231	250	270	-2.5%
Family	130	161	146	126	121	135	145	-6.9%
Children Placed	96	86	60	47	48	52	52	-50.0%
JPO Services								
Total Children	43	38	29	24	23	25	25	-46.5%
Community Based Placement	11	6	12	7	9	9	9	-18.2%
Institutional Placements	2	6	4	3	5	4	4	150.0%
3-2b. Adoption Assistance								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15
						FY 2015/16	FY 2016/17	% Change
Adoption Assistance								
Receiving Care, First Day	40	41	44	43	42	36	37	5.0%
Assistance Added	2	7	3	4	1	8	4	-50.0%
Assistance Ended	1	4	4	5	7	7	2	600.0%
Total Days of Care (DOC)	14,724	15,707	15,791	16,114	14,331	14,331	14,331	-2.7%
3-2c. SPLC								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15
						FY 2015/16	FY 2016/17	% Change
Subsidized Permanent Legal Custodianship								
Receiving Care, First Day	4	3	5	6	6	6	6	50.0%
Assistance Added	1	4	1	1	1	1	1	0.0%
Assistance Ended	2	2	0	1	1	1	1	-50.0%
Total Days of Care (DOC)	1,412	1,204	1,982	1,966	1,831	1,831	1,831	29.7%

Armstrong County

3-2d. Placement Data								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15
						FY 2015/16	FY 2016/17	% Change
Traditional Foster Care (non-kinship) - Dependent								
Receiving Care, First Day	19	15	12	7	11	7	7	-42.1%
Assistance Added	28	22	5	13	10	11	11	-64.3%
Assistance Ended	32	25	10	9	14	11	11	-56.3%
Total DOC	4,698	4,746	2,685	2,739	3,420	3,033	3,033	-27.2%
Traditional Foster Care (non-kinship) - Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	1	1	0.0%
Assistance Ended	0	0	0	0	0	1	1	0.0%
Total DOC	0	0	0	0	0	210	210	0.0%
Reimbursed Kinship Care - Dependent								
Receiving Care, First Day	6	7	6	3	3	5	7	-50.0%
Assistance Added	10	10	4	3	6	7	5	-40.0%
Assistance Ended	9	11	7	3	4	5	5	-55.6%
Total Days of Care (DOC)	2,891	3,236	1,791	857	1,513	1,900	1,900	-47.7%
Reimbursed Kinship Care - Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Foster Family Care - Dependent								
Receiving Care, First Day	25	22	18	10	14	12	14	-44.0%
Assistance Added	38	32	9	16	16	18	16	-57.9%
Assistance Ended	41	36	17	12	18	16	16	-56.1%
Total Days of Care (DOC)	7,589	7,982	4,476	3,596	4,933	4,933	4,933	-35.0%
Foster Family Care - Delinquent (Total of 2 above)								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	1	1	0.0%
Assistance Ended	0	0	0	0	0	1	1	0.0%
Total Days of Care (DOC)	0	0	0	0	0	210	210	0.0%
Non-reimbursed Kinship Care - Dependent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Non-reimbursed Kinship Care - Delinquent								
Receiving Care, First Day	0	0	0	0	1	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	1	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	26	0	0	0.0%
Alternative Treatment Dependent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Alternative Treatment Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%

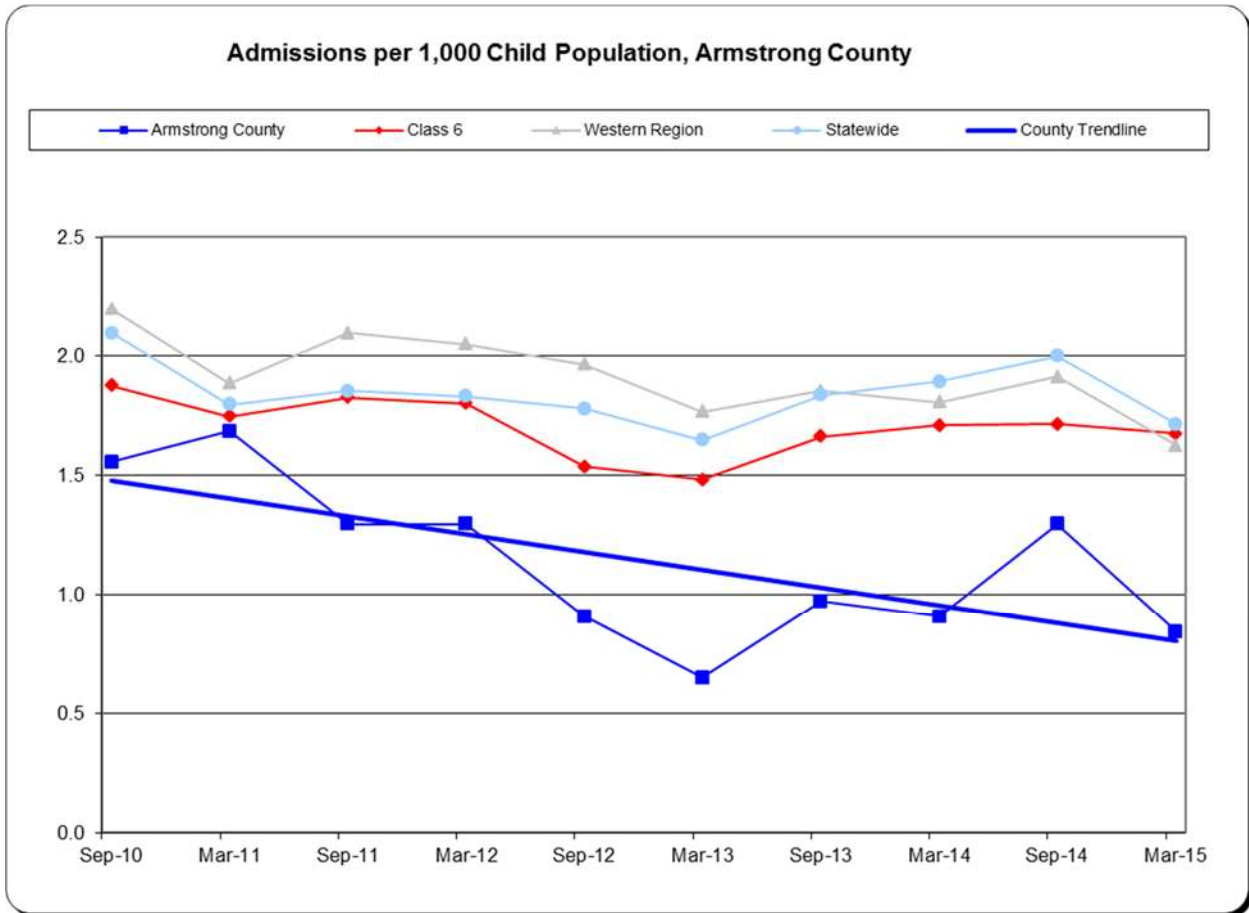
Armstrong County

Dependent Community Residential								
Receiving Care, First Day	10	12	10	5	7	6	6	-30.0%
Assistance Added	23	20	9	12	9	10	10	-60.9%
Assistance Ended	21	20	14	10	10	10	10	-52.4%
Total Days of Care (DOC)	3,816	3,980	2,314	2,970	2,317	2,317	2,317	-39.3%
Delinquent Community Residential								
Receiving Care, First Day	3	5	4	3	2	1	2	-33.3%
Assistance Added	8	6	8	4	7	7	6	-12.5%
Assistance Ended	6	7	9	5	8	6	6	33.3%
Total Days of Care (DOC)	1,494	1,779	1,025	664	527	750	750	-64.7%
Supervised Independent Living Dependent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Supervised Independent Living Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Juvenile Detention								
Receiving Care, First Day	0	1	0	0	0	0	0	0.0%
Assistance Added	2	5	3	2	1	2	2	-50.0%
Assistance Ended	1	6	3	2	1	2	2	0.0%
Total Days of Care (DOC)	10	54	55	10	1	22	22	-90.0%
Dependent Residential Services								
Receiving Care, First Day	0	0	0	0	0	1	0	0.0%
Assistance Added	0	1	1	0	2	0	2	0.0%
Assistance Ended	0	1	1	0	1	0	0	0.0%
Total Days of Care (DOC)	0	94	170	0	95	365	365	0.0%
Delinquent Residential Services								
Receiving Care, First Day	0	0	0	1	1	2	0	0.0%
Assistance Added	0	0	1	1	3	0	2	0.0%
Assistance Ended	0	0	0	1	2	2	0	0.0%
Total Days of Care (DOC)	0	0	139	215	318	545	545	0.0%
3-2e. Aging Out Data								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15
Aging Out						FY 2015/16	FY 2016/17	% Change
Number of Children Aging Out	4	3	1	2	3	3	5	-25.0%
Have Permanent Residence	4	2	1	2	3	3	5	-25.0%
Have Source of Income Support	4	2	1	2	3	3	5	-25.0%
Have Life Connection	4	2	1	2	3	3	5	-25.0%

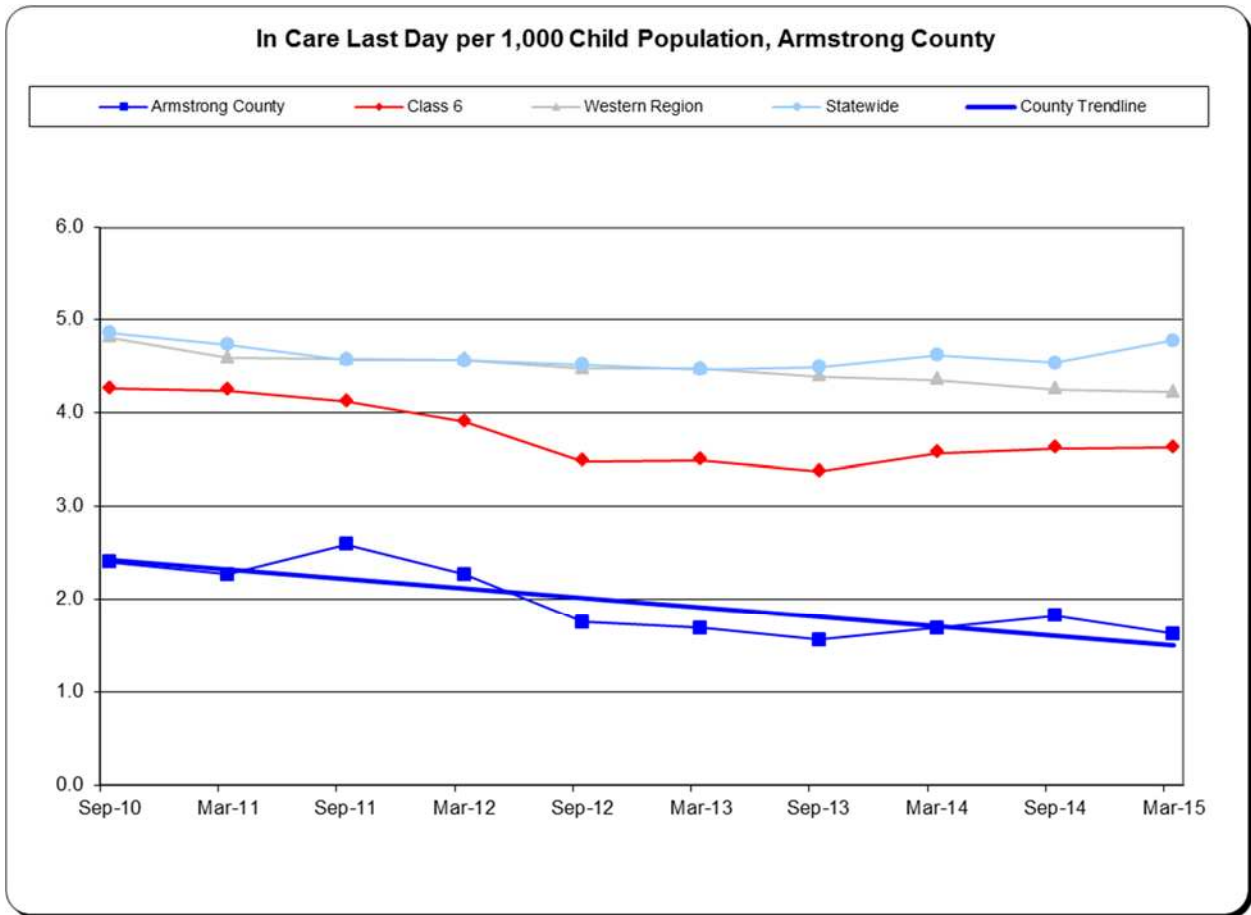
Armstrong County

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

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



Armstrong County



Armstrong County

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

- **NOTE:** These questions apply to both the child welfare and the juvenile justice agencies
- ❑ Discuss any highlighted child welfare and juvenile justice service trends and describe factors contributing to the trends in the previous charts.
- ❑ Discuss any important trends that may not be highlighted.

Intake referrals and investigations. Family referrals (593) in FY 2012-2013 were 10.6 percent above FY 2011-2012's figure (536). An additional 57 intake assessments were conducted in FY 2012-2013 when compared to 2011-2012. There was a reduction in the number of referrals that were screened in for assessment in FY 2013-2014 when 534 intake assessments were completed.

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

An additional increase is projected for FY 2015-2016 with twelve full months under the new CPSL amendments as well as due to the effect of increased familiarity among mandated reporters with the changes in the law. A 10 percent increase in referrals is reflected in the 2015-2016 figures (820 families/1,600 children) with a 3.6 percent increase the following year (850 families/1,650 children).

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

Ongoing services. A 13.7 percent reduction in family cases opened for continuing service is noted in FY 2013-2014 when compared to the previous fiscal year. A total of 126 family cases were open for ongoing services in FY 2013-2014, compared to 146 families in FY 2012-2013. There, however, is only a 5 percent decrease in the total number of children served in those 126 ongoing service families in FY 2013-2014. A total of 255 ongoing service children are service recipients in FY 2013-2014 compared to 269 children in the previous fiscal year. There is a negligible change in the number of ongoing service families during FY 2014-2015 when 121 families (231 children) received ongoing services as open cases.

It is projected that the county agency's ongoing services caseload will increase due to the increase in family referrals as a consequence of the CPSL amendments. The last several months, in fact, have registered an influx of referrals opening as agency cases. Serious family situations with complex issues continue to be referred which necessitate opening families as cases at the agency. A total of 135 families (250 children) is projected to be served as open cases in FY 2015-2016. And a total of 145 families (270 children) is projected to be served during the Needs-Based Year.

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

As far as children entering out-of-home placements, the charts on pages 33 and 34 depict “Admissions per 1,000 Child Population” and “In Care Last Day per 1,000 Child Population.” This data establishes that Armstrong County consistently has lower figures for the rates of children “admitted” and “in care” per 1,000 child population when compared with other class six counties, western region counties, and the state as a whole. Proportionately, it is less likely that children will be separated from their families and enter out-of-home placement in Armstrong County.

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

Last year’s Plan hypothesized that FY 2013-2014 appeared to be an anomaly year when examining DOC (Days of Care) for kinship foster care. Only 857 DOC were provided in FY 2013-2014, a 52 percent decrease from the previous fiscal year. That observation was, in fact, accurate. DOC for kinship foster care increased 76.5 percent during FY 2014-2015 when 1,513 DOC were recorded.

Dependent Children Receiving Placement Services

2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
96	86	60	47	48	52 est.	52 est.

The county agency staff’s orientation and emphasis on placement prevention and in-home family support services can help explain the above table’s figures. FY’s 2012-2013, 2013-2014, and 2014-2015 document extraordinarily reduced figures for child placements. Forty-eight dependent children received placement services in FY 2014-2015, compared to 47 children and 60 children in the two previous fiscal years. In years previous to the last three, however, approximately 90 dependent children received placement services throughout each year. The number of dependent children entering substitute care has drastically decreased during each of the last three fiscal years. A figure of 52 children, an average based on the past three years, is projected as dependent children receiving placement services in both FY’s 2015-2016 and in 2016-2017. This reflects the reduced trend for child placement services established by the past three years’ history.

Of special note is the fact that although only one more child received placement services during FY 2014-2015 than during the previous fiscal year, an increase of 19.6 percent in DOC is noted. Total DOC across all placement types in FY 2014-2015 equals 13,212 compared to 11,051 in FY 2013-2014. Fortunately, this increase is found in foster family care and not in congregate care placements. It appears that, as a group, these 48 children in FY 2014-2015 experienced longer placement episodes. This may be reflective of the more serious child and family issues

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that necessitated the original placement. Our assessments are stronger in identifying children who can be safely maintained in their own homes with supports as opposed to children who must enter substitute care.

Juvenile justice service trends. The number of children and youth served through the juvenile probation department who are supported through the C&Y funding stream has remained relatively stable for the past three years. Consequently, projections for FY's 2015-2016 and 2016-2017 are "averages" based on the service figures established during the last three fiscal years. These numbers are, indeed, smaller than the service levels funded through C&Y in FY's 2010-2011, 2011-2012, and 2012-2013. JPO staff, of course, evaluates and follows many other juveniles for whom no support is obtained through C&Y funding sources and, thus, do not appear in the C&Y Needs-Based Plan statistics.

The JJSES Implementation Plan for FY 2015-2016 is attached and it describes the service needs projected for youth in the juvenile justice system.

The cost of the YLS (Youth Level of Service) Inventory is \$1.25 per assessment. In the past JCJC has paid for this expense for the counties. Beginning in FY 2014-2015, however, each county was required to absorb these costs. Armstrong County is projecting 60 to 80 YLS assessments will be completed in this fiscal year. Therefore, \$100 is needed to perform these assessments which is a vital tool used in the JJSES implementation.

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

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

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

During FY 2010-2011, 13 youths' cases were considered SCR cases, served collaboratively by CYF and Juvenile Probation. Eleven SCR placement cases and 2 SCR in-home service cases are found.

During FY 2011-2012, 9 youth served in the previous fiscal year received services plus 3 new children, for a total of 12 youth in the SCR service population. Ten SCR placement cases and 2 SCR in-home service cases are noted.

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And during FY 2012-2013, 4 youth served during the previous fiscal year received services and 5 new individuals were added, for a total of 9 youth. Seven SCR placement cases and 2 in-home service cases are found.

For FY 2013-2014, the following statistics are noted. Five youth served during the previous fiscal year received services and 6 new individuals were added, for a total of 11 youth. Five placement cases and 6 in-home service cases are in the 2013-2014 SCR service pool.

During FY 2014-2015, 8 youth served in the previous fiscal year received services plus 11 new children, for a total of 19 youth in the SCR service population. Seven SCR placement cases and 12 SCR in-home service cases are noted.

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

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

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

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

	2011B	2012A	2012B	2013A	2013B	2014A	2014B	2015A
Armstrong County	3.433	3.887	3.174	2.397	2.656	2.462	2.721	2.656
Class 6	5.942	5.784	5.324	4.844	4.986	4.915	5.182	5.163
Western Region	6.438	6.443	6.332	6.008	6.158	6.047	6.133	5.783
Statewide	6.335	6.346	6.122	5.962	6.081	6.149	6.359	6.117

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

	2011B	2012A	2012B	2013A	2013B	2014A	2014B	2015A
Armstrong County	2.591	2.267	1.749	1.684	1.555	1.684	1.814	1.619
Class 6	4.117	3.901	3.476	3.489	3.367	3.566	3.615	3.621
Western Region	4.570	4.565	4.469	4.471	4.388	4.352	4.250	4.218
Statewide	4.568	4.561	4.517	4.461	4.489	4.619	4.537	4.772

Armstrong County’s figures on the two tables are relatively stable at these lower rates over the four years. Moreover, it is noteworthy that the last two plus years’ statistics detail even lower “Children Served” and “In Care” rates, demonstrating the county agency staff’s continued, successful efforts at preventing placement. These rates are consistently superior to the class 6 counties, western region counties, and statewide rates. No demographic factors are identified to have contributed to this change.

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

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

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

The county agency is continuing to receive referrals of older youth who have “exhausted” mental health placement services. These youth and their families are unknown to the county agency. These children have been in placement through the mental health system for many years and that system (MCO and BDHP) has determined that their placement services are no longer productive and appropriate. The parent-child relationship has been shattered. These young people are disconnected from their parents and siblings. Parents refuse to have their children return home because they have acclimated to a family structure that does not include the troubled child. CYF staff’s efforts to convince parents to accept in-home family support services with their alienated son or daughter in their home are unsuccessful.

In addition, older youth, 13 through 17 years of age, continue to make up a larger portion of our child placement population. The table, “Percent of Child Placement Population Represented by

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Adolescents,” is found on subsequent pages under Practice Area 2’s Least Restrictive Placement Setting discussion and documents this phenomenon. The “older youth” finding appears to be more pronounced in the 2014 AFCARS’ periods.

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

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

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

Community Residential - Dependent and Delinquent Youth

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

As far as the data in the “Community Residential” table, large number decreases in the number of dependent and delinquent youth who enter group homes and, concomitantly, decreases in days of care are documented over the past five fiscal years. This is principally a function of our dwindling total child placement population and, in some measure, our evolving CCDI (Congregate Care Diversion Initiative) which only began in FY 2013-2014.

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

The county agency has made the necessary adjustments over the past five years. FY 2013-2014’s staffing and financial resources have been stable and adequate to meet service needs. The availability of the Special Grant Programs has been of significant value.

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3-4 Program Improvement Strategies

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

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

Counties must identify the areas for improvement that are the focus of CIPs, IDIR-U or other strategic plans that are in planning stages or under implementation in FY 2015-16 and FY 2016-17 that address both child welfare and juvenile justice populations.

County agency staff identified areas for program improvement in the Needs-Based Plan document submitted to OCYF in August 2014. Three weak practice areas were identified and benchmarks were established to gauge progress. These practice areas continue to remain relevant for planning purposes into FY 2016-2017. The following list represents these challenging practice areas:

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

Each area is discussed separately below. The data in the tables has been updated from last year's submission.

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

Issue. There is a problem with obtaining permanency for children who have been in the child welfare placement system for an extended period of time. Five years of Armstrong County data prepared by HZA appears in the chart and table on pages 53 and 54 for this permanency indicator related to longer placement episodes. With the exception of the March 31, 2012 AFCARS report period, Armstrong County's deficient performance is the focus of identifying this measure as one of the county's benchmark areas. The table examines "Permanency for Children in Care \geq 24 Months." It presents prospective permanency data, i.e., of all children who were in foster care for 24 months or longer on the first day of the target year, what percent were discharged to reunification, relative care, guardianship, or adoption, prior to their 18th birthday, by the end of the target year. Armstrong County lags behind the performance of other

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class 6 counties, western region counties, and the statewide cumulative percentage in this prospective permanency measure.

The prospective adoption data presented on pages 55 and 56 also underscores the need for county agency staff to focus on this benchmark. This measure examines children in care 17+ months and the number of those children who are adopted by the end of the year. In all but three of the ten AFCARS report periods during the five years, Armstrong County's performance trailed below other class 6 counties, the 23 western region counties, and the state as a whole. The statewide average figure for the most recent three years is 24.2 percent for this prospective adoption measure. The county's three year average figure is 16.2 percent.

Target for improvement. This permanency measure, Permanency for Children in Care \geq 24 Months was projected to increase to 20 percent by the end of federal fiscal year 2013-2014 (September 30, 2014). The attainment of this 20 percent target goal, however, was realized last fall when 22.2 percent of the Armstrong County children in care 24 or more months reached permanency. The next two AFCARS' cycles on this prospective permanency measure, however, show a decrease to 16.67 percent (both March 31, 2014 and September 30, 2014).

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

- 25 percent (September 30, 2016) and
- 28 percent (September 30, 2017)

As far as the "Prospective Adoption" measure, the county's performance is projected to increase to:

- 20 percent by the end of federal fiscal year 2015-2016 (September 30, 2016) and
- 25 percent by the end of federal fiscal year 2016-2017 (September 30, 2017)

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

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

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

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

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

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

Process for placement decisions. The identification of kin and the least restrictive placement of children with their extended family members continue to be key strategies in our child welfare interventions. The percent of children in foster care who are in a kinship foster care arrangement is anticipated to increase with the service projections for FY's 2015-2016 and 2016-2017.

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

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

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

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

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

FY 2015-2016. Six areas are identified below for Implementation Year activity:

- In 2009 Armstrong County was admitted to Pennsylvania's PPI (Permanency Practice Initiative) sponsored by AOPC's Office of Children and Families in the Court. One of the requirements of PPI participation is for the juvenile court to conduct three months' permanency reviews for children. These frequent reviews, however, were limited to our target population of children (≤ 5 years of age and their older siblings). It was the plan to expand this frequent review standard to all children in substitute care by July 1, 2013. County agency staff, collaborating with the juvenile court, developed a plan during FY 2012-2013 to phase in all children in substitute care into the three months' review cycle. During FY 2013-2014, dependent children and SCR youth in substitute care, regardless of age, have experienced three months' court reviews of their placements. The application of this frequent review standard has gone without a glitch and the practice continues into FY 2015-2016.
- A close reexamination of the children's cases that fall into this criterion of longer-term placement episodes is planned for FY 2015-2016. Technical assistance will be sought from WROCYF staff and our Practice Improvement Specialist through the Child Welfare Resource Center who will be asked to join a team of county agency staff in evaluating these children's cases. Findings will lead to recommendations for those specific cases as well as impacting practice and service delivery for other children's cases.
- A number of county agency and contracted service provider staff members received Family Finding training in the spring 2014 in order to fully implement our Pennsylvania Promising Practice, "Family Finding Activities Initiative," which was funded in FY 2013-2014. All components of the Family Finding model will be utilized in FY 2015-2016.
- Continue to expand the availability of SafeCare as the new evidence-based intervention for the county agency's families who have young children. "Home Visitors" were trained in FY 2013-2014. "Coaches," an advanced level of SafeCare Training, have been credentialed in FY 2014-2015. A full description is found in the Special Grants portion of this Plan.
- Offer Trauma-Focused Cognitive Behavior Therapy (TF-CBT) to child sexual abuse victims. Helping children to process their traumatic experiences and providing healthy coping skills can ease children's adjustment to substitute care when foster care is necessary. Reducing a child's behavioral and emotional difficulties can lead to a successful permanency outcome for a placement episode.
- A concurrent planning organizational self-assessment was completed in June 2013. Its purpose was to review the county agency's planning policies and practices to determine: (a) strengths serving to facilitate implementation and (b) challenges serving as barriers to the full implementation of concurrent planning agencywide. Several of the action steps in the Concurrent Planning Assessment and Implementation Plan require some additional refinement and development during FY 2015-2016:
 1. The training of all casework staff in conducting full disclosure conversations with parents, children/youth, and resource parents (occurred on July 29, 2015)

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2. Transfer of learning activities will be held with casework staff in order to assist them in applying skills learned to their practice
3. All families will be engaged to develop their child's concurrent goal using a team approach
4. All families will be offered a FGDM conference in order to fulfill the above team approach requirement
5. For families choosing not to have a FGDM conference, a "step-down" team meeting will be conducted to develop the concurrent goal
6. Amend current orientation materials to include requirements for a dual (foster-adopt) approval process
7. Refine the process to dually approve all new resource parent applicants
8. Continue to train all resource families on Concurrent Planning
9. Printing and distribution of a "Parent Handbook" for parents of children in substitute care will occur during FY 2015-2016. A "Youth Handbook" remains under development.

FY 2016-2017. Needs-Based Year's activities center on two areas:

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

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

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

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

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

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

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

Percent of Substitute Care Population in Congregate Care Settings

	09/30/2010	03/31/2011	09/30/2011	03/31/2012	09/30/2012
Armstrong	37.8%	45.7%	35.0%	45.7%	37.0%
Class 6	23.3%	23.6%	22.8%	22.7%	22.3%
Region	20.6%	21.7%	20.2%	21.0%	20.8%
Statewide	21.9%	22.9%	22.4%	22.4%	21.8%

	03/31/2013	09/30/2013	03/31/2014	09/30/2014	03/31/2015
Armstrong	46.2%	54.2%	50.0%	39.3%	52.0%
Class 6	24.2%	22.0%	22.8%	22.6%	24.4%
Region	22.8%	20.4%	21.0%	20.9%	22.0%
Statewide	22.1%	20.6%	21.2%	19.2%	20.3%

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

These statistics reflect both dependent children and delinquent youth for whom the county agency performs shared case responsibility activity. Although Armstrong County has fewer children in substitute care than five years ago, the rate at which county agency staff and juvenile probation department staff identify congregate care settings as appropriate resources for youth has not changed over the years. When a youth must enter care, the decision to use a group home or institution as the placement resource appears to be nearly as likely to be made in 2015 as it was in 2010.

The SCR population of youth in Armstrong County also weighs in on this trend and may not have such a large impact in other class six counties, the western region counties, and statewide. Although comparison data from other counties is not available, county agency staff postulates that other counties, for whatever reason(s), do not experience the penetration rate of SCR delinquent youth in their placement populations as Armstrong does. Over the most recent six AFCARS 6 months' periods (three years), 24.7 percent of all children in congregate care settings are SCR youth. Consequently, other counties' delinquent youth in congregate care who are not SCR cases are not entered into AFCARS. Thus, their data is not reflected in the class six, region, and statewide figures noted in the above tables. It is believed that this phenomenon disproportionately affects Armstrong County's statistics.

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

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

	09/30/10	03/31/11	09/30/11	03/31/12	09/30/12
Armstrong	48.5%	47.6%	54.7%	43.3%	51.0%
Class 6	41.1%	40.9%	41.9%	40.4%	40.9%
Region	40.4%	39.4%	38.9%	35.8%	35.3%
Statewide	39.2%	38.8%	38.4%	37.4%	37.1%

	03/31/13	09/30/13	03/31/14	09/30/2014	03/31/2015
Armstrong	51.4%	65.9%	65.8%	69.0%	51.2%
Class 6	42.5%	41.0%	38.0%	37.0%	36.4%
Region	35.0%	33.7%	32.8%	31.3%	31.8%
Statewide	36.5%	35.7%	34.7%	33.4%	32.9%

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

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

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

Target for improvement. In the previous pages of this section on Practice Area #2, a table, “Percent of Substitute Care Population in Congregate Care Settings,” is found. The most recent

Armstrong County

four AFCARS 6-months' intervals on this table present alarming percentages which when averaged over the 24 months reflect a figure of 48.9 percent of Armstrong County's substitute care population were placed in congregate care settings. It is hypothesized that certain issues which have been raised and discussed have a significant impact upon this disproportionate figure. Class 6, western region counties, and statewide figures average approximately 21.5 percent over this same interval.

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

- FFY 2015-2016 (September 30, 2016): The nearly 50 percent Armstrong County figure will be reduced to ≤ 40 percent. No more than 40 percent of the substitute care population will be placed in congregate care settings.
- FFY 2016-2017 (September 30, 2017): A goal of ≤ 35 percent is projected. Similarly, no more than 35 percent of the substitute care population will be placed in congregate care settings.

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

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

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

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

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

Treatment records from service providers involved with the youth are routinely assembled and evaluated. Updated evaluations are obtained in order to confirm or refute information on the

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youth's adjustment. CASSP meetings or Interagency Team meetings are conducted to plan placement and treatment for those youth involved with BDHP (MH/MR) or D&A.

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

Seven areas are identified below for Implementation Year activity:

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

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FY 2016-2017. Two major actions are planned for the Needs-Based Year:

- The Permanency Action Review Team meets monthly and reviews youth's cases for whom congregate care placement is a likely possibility or who have entered congregate care on an emergency basis during the month.
- Continue to develop and refine the county agency's CCDI foster care program as described under the FY 2015-2016 activities.

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

Issue. On July 1, 2012, county agency staff reported that, 34 percent of the agency's intake, ongoing service families, and placement cases had fathers "connected" to their children and included in the child welfare casework activity. The statistic for 2013 was not significantly improved. On July 1, 2013, 37 percent of the agency's intake, ongoing service families, and placement cases had fathers "connected" to their children and included in the child welfare casework activity. We have not done an adequate job advocating for and engaging fathers whose children are involved with the public child welfare system.

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

The most recent statistic dated July 1, 2015, however, presents a negligible decrease (2.7 percent) from the previous year's elevated figure. A figure of 58.9 percent is calculated as the father involvement factor for July 1, 2015. It can be advanced that the huge gain represented by the 2014 statistic was, in large measure, maintained into 2015. Nevertheless, county agency staff failed to meet its 65 percent father involvement target for July 2015 as projected in last year's Needs-Based Plan document. That target goal will be reestablished for 2016.

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

Target for improvement. Children can never have too many key adults in their lives who care about them, nurture them, and love them. Consequently, we are not satisfied with what appears to be significant improvements in children's connections with their fathers demonstrated on our one-day counts conducted on July 1 in years 2014 and 2015.

- On July 1, 2016, 65 percent of the agency's intake, ongoing service families, and placement cases will have fathers "connected" to their children and included in the child welfare casework activity.

Armstrong County

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

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

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

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

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

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

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

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

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

- Provide additional training to county agency staff in areas of engaging fathers and maintaining their involvement throughout the life of the case
- Supervisors continue to use the Child Welfare Resource Center's publication, *Enhancing Critical Thinking: A Supervisor's Guide* as a tool to further develop the father-inclusion orientation
- Develop a caseworkers' checklist of search activities and methods that can be used to locate fathers
- Special efforts will allow more fathers (parents) to experience SafeCare and Visit Coaching as alternatives to traditional parenting classes

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

FY 2016-2017. Needs-Based Year’s activities center on maintaining and developing the many activities that will be implemented in FY 2015-2016.

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

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

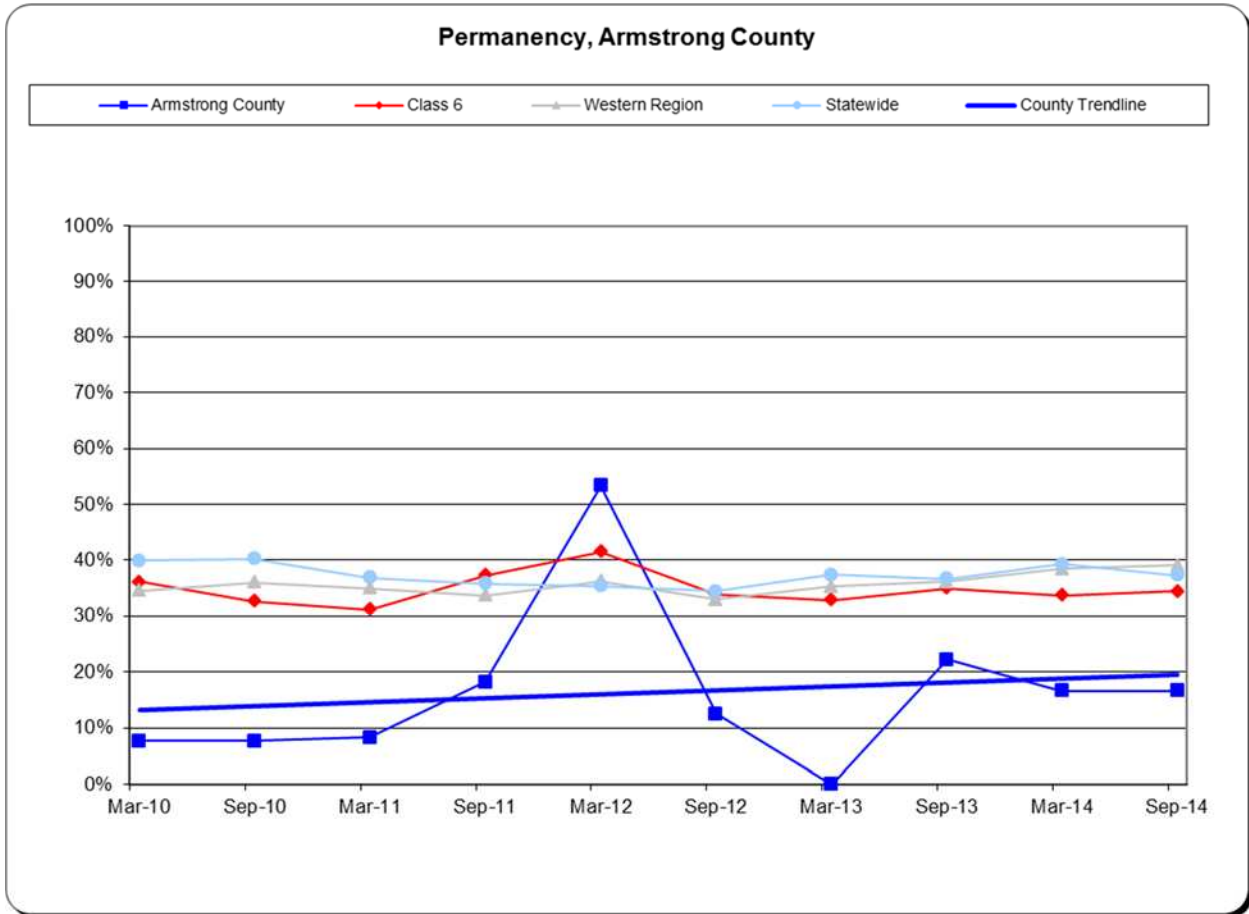
Three outcome indicator charts are presented below and relate to two of the three identified practice areas. The first two charts on “Permanency for Children in Care ≥ 24 Months” and “Adoption” are related to the county agency’s performance relative to what has been identified as Practice Area #1, Rate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

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

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

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Permanency for Children in Care ≥ 24 Months



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

Armstrong County

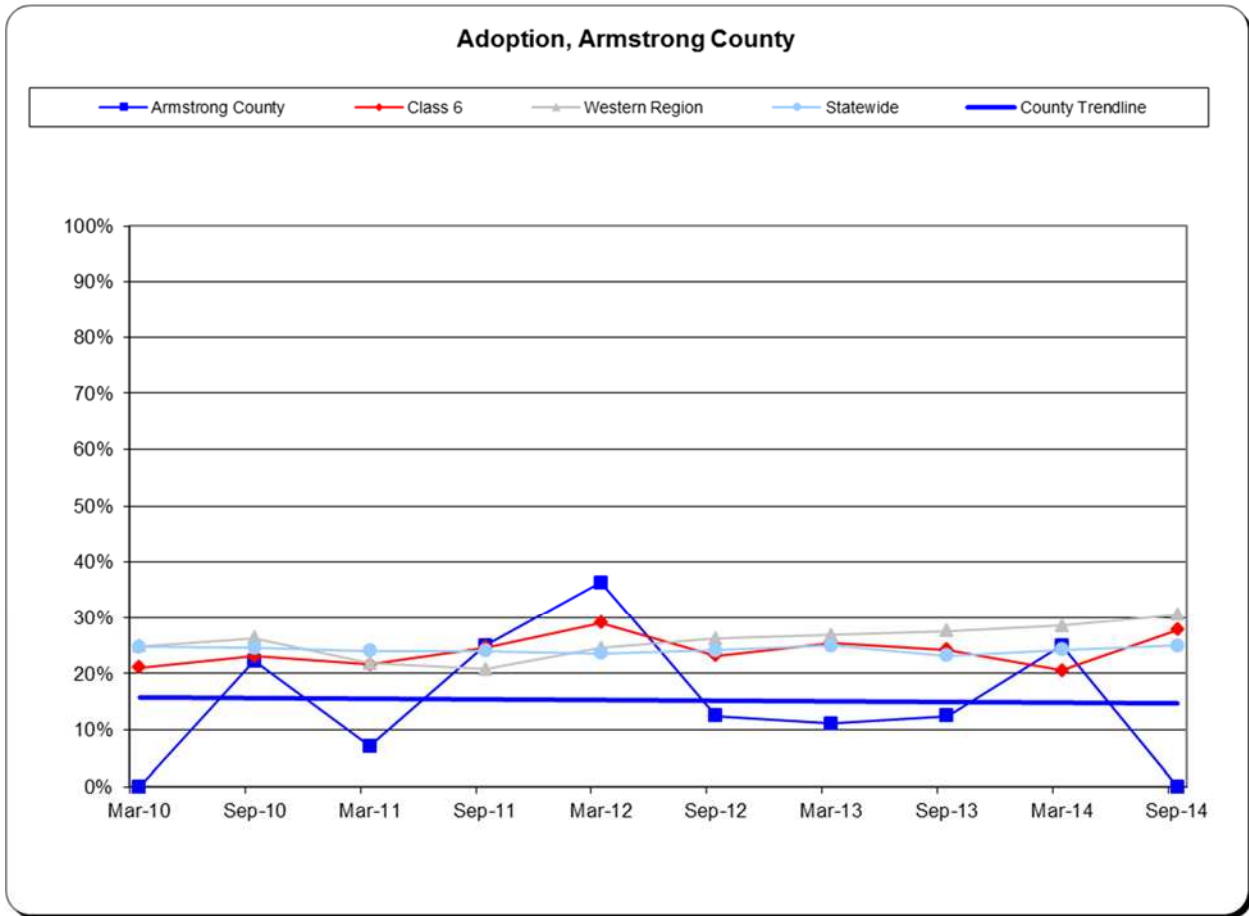
Permanency for Children in Care for Long Intervals

Prospective Permanency Data

	Mar-31 2010	Sep-30 2010	Mar- 31 2011	Sep- 30 2011	Mar- 31 2012	Sep- 30 2012	Mar- 31 2013	Sep- 30 2013	Mar- 31 2014	Sep-30 2014
Armstrong County										
Total in Care 24+ Months	13	13	12	11	15	8	7	9	6	6
Discharges to Permanent Home	1	1	1	2	8	1	0	2	1	1
Percent	7.69%	7.69%	8.33%	18.18%	53.33%	12.50%	0.00%	22.22%	16.67%	16.67%
Class 6										
Total in Care 24+ Months	478	459	429	408	390	339	298	266	237	241
Discharges to Permanent Home	173	150	134	152	162	115	98	93	80	83
Percent	36.19%	32.68%	31.24%	37.25%	41.54%	33.92%	32.89%	34.96%	33.76%	34.44%
Western Region										
Total in Care 24+ Months	1,377	1,366	1,262	1,146	1,109	987	932	836	798	778
Discharges to Permanent Home	476	492	441	386	402	325	329	302	307	304
Percent	34.57%	36.02%	34.94%	33.68%	36.25%	32.93%	35.30%	36.12%	38.47%	39.07%
Statewide										
Total in Care 24+ Months	6,098	5,792	5,023	4,558	4,195	3,914	3,874	3,753	3,693	3,708
Discharges to Permanent Home	2,435	2,334	1,850	1,632	1,483	1,349	1,451	1,376	1,450	1,382
Percent	39.93%	40.30%	36.83%	35.81%	35.35%	34.47%	37.45%	36.66%	39.26%	37.27%

Click to Paste HZA chart

Armstrong County



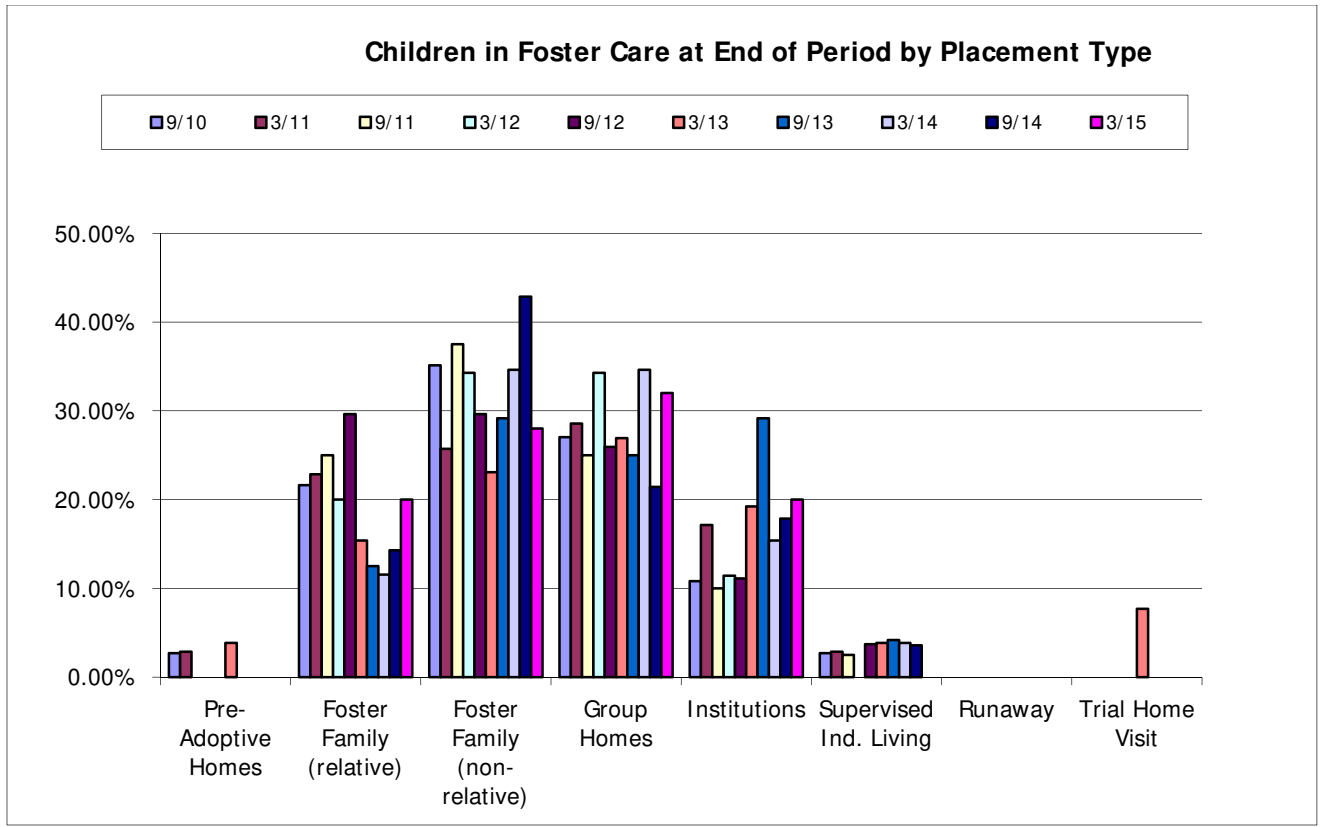
The data for the above figure is presented below through 10 AFCARS' periods.

Armstrong County

Prospective Adoption Data

	Mar-31 2010	Sep-30 2010	Mar-31 2011	Sep-30 2011	Mar-31 2012	Sep-30 2012	Mar-31 2013	Sep-30 2013	Mar-31 2014	Sep-30 2014
<i>Armstrong County</i>										
Total in Care 17+ Months	15	18	14	12	11	8	9	8	8	5
Adopted by End of Year	0	4	1	3	4	1	1	1	2	0
Percent	0.00%	22.22%	7.14%	25.00%	36.36%	12.50%	11.11%	12.50%	25.00%	0.00%
<i>Class 6</i>										
Total in Care 17+ Months	459	468	440	402	385	336	294	280	263	266
Adopted by End of Year	97	108	95	99	112	78	75	68	54	74
Percent	21.13%	23.08%	21.59%	24.63%	29.09%	23.21%	25.51%	24.29%	20.53%	27.82%
<i>Western Region</i>										
Total in Care 17+ Months	1,210	1,151	987	949	888	851	779	754	721	685
Adopted by End of Year	301	303	215	197	218	223	209	208	206	209
Percent	24.88%	26.32%	21.78%	20.76%	24.55%	26.20%	26.83%	27.59%	28.57%	30.51%
<i>Statewide</i>										
Total in Care 17+ Months	5,311	5,047	4,486	4,268	3,913	3,842	3,683	3,622	3,548	3,560
Adopted by End of Year	1,313	1,240	1,077	1,028	925	926	920	840	862	888
Percent	24.72%	24.57%	24.01%	24.09%	23.64%	24.10%	24.98%	23.19%	24.30%	24.94%

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Placement Types	9/10	3/11	9/11	3/12	9/12	3/13	9/13	3/14	9/14	3/15
Pre-Adoptive Homes	2.70%	2.86%	0.00%	0.00%	0.00%	3.85%	0.00%	0.00%	0.00%	0.00%
Foster Family (relative)	21.62%	22.86%	25.00%	20.00%	29.63%	15.38%	12.50%	11.54%	14.29%	20.00%
Foster Family (non-relative)	35.14%	25.71%	37.50%	34.29%	29.63%	23.08%	29.17%	34.62%	42.86%	28.00%
Group Homes	27.03%	28.57%	25.00%	34.29%	25.93%	26.92%	25.00%	34.62%	21.43%	32.00%
Institutions	10.81%	17.14%	10.00%	11.43%	11.11%	19.23%	29.17%	15.38%	17.86%	20.00%
Supervised Ind. Living	2.70%	2.86%	2.50%	0.00%	3.70%	3.85%	4.17%	3.85%	3.57%	0.00%
Runaway	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Trial Home Visit	0.00%	0.00%	0.00%	0.00%	0.00%	7.69%	0.00%	0.00%	0.00%	0.00%

Armstrong County

Click to Paste HZA chart

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

- ❑ If you have not submitted a formalized plan as an attachment, please describe the priority areas of program improvement that are underway within your county.

The priority areas of program improvement were described in the opening pages of this section (3-4 Program Improvement Strategies). Three practice areas were identified for concentrated attention.

- ❑ Describe the process undertaken to identify the areas of improvement for prioritization, including identifying data analysis utilized in defining the program need. Describe any analysis related to the county's outcome performance in comparison to comparable counties' and/or statewide performance and how these findings may have contributed to the identification of practices contributing to strong or weak performance.

These issues were described under each of the three identified practice areas in the previous pages of this document.

- ❑ For each strategy identified, please address the following questions. It is recognized that the same responses may apply for multiple strategies. In those circumstances, please note as such, otherwise provide separate responses for distinct strategies as warranted.
 - Describe how the selected strategies were selected as the approach that will successfully meet the challenge the agency is addressing.

Weaker areas of performance were identified based on observational and statistical information. County agency staff then prioritized areas that they believed were most significant and meaningful to agency practice. These areas could have the most consequence to the children and families served by the county agency. The top three practice areas identified were: rate of permanency, least restrictive placement setting, and engaging fathers.

Strategies were then identified aimed at improving performance related to measures established for each of the practice areas. Those strategies were developed through examining other counties' approaches, State Children's Roundtable research and consequent recommendations, as well as research of child welfare literature. For example, the implementation of two evidence based interventions evolved out of this analysis (SafeCare and Multidimensional Family Therapy). The use of "Visit Coaching" as a strategy to help address family engagement efforts for the permanency deficiency had its root in Children's Summit recommendations. Similarly, fatherhood engagement activities came out of endorsements through AOPC's Office of Children and Families in the Courts.

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- Describe how the selected strategies fit within your county's current organizational structure, existing service provider community and align with agency mission and values.

The implementation of various strategies was examined closely. A decision was made whether the proposed service/activity could be performed by county agency staff, a contracted service provider, or a combination of both. With no organizational changes and with current staff resources, a number of the strategies have been implemented by the county agency staff members. Many of the strategies related to the engagement of fathers fall into the category of county agency staff's responsibilities. The evidence-based SafeCare curriculum is delivered by a contracted service provider. Our CCDI (Congregate Care Diversion Initiative) is offered through the combined resources of county agency staff members and a service provider.

There is no question that the identified strategies align with the agency's mission and values. They are inextricably tied to safety, permanency, and child well-being. The strategies emerge from the three identified practice areas which, of course, are foundational to the agency's mission and values.

- Describe resources needed by the county agency and service providers to be able to successfully implement the strategy (including staffing, training needs, concrete needs etc.)

Resources were identified under the heading, "Plan to Address Deficient Practice Area," in each of the three practice area discussions contained in previous pages of this document. In addition, "budget adjustments" reflect needed resources and related expenses.

- How will the county and service provider determine program efficacy or effectiveness? If the strategy is an Evidence Based Program, how will fidelity to the model be assessed? Identify a measurable target for improvement and timeframes for evidence.

Measures or benchmarks were established to evaluate change for each of the three practice areas. Those measures are detailed under the individual practice area under the "Target for Improvement" heading. The evidence based interventions, SafeCare, MDFT, and Trauma-Focused CBT, have protocols that evaluate efficacy and fidelity to the model. As an example, the SafeCare information is presented below:

SafeCare efficacy is established by a baseline assessment that is conducted at the beginning of each of the three curriculum modules and then compared to a final assessment at the completion of each module. A parent is expected to reach success or mastery level by the final assessment to move forward to the next module.

Efficacy is also reflected in the service outcomes the county agency established in its Special Grant application for offering SafeCare. Three service outcomes have been identified as well as their measurement and frequency of measurement. This information is found under the SafeCare Special Grant portion of this Plan document.

Armstrong County

The *fidelity* of SafeCare is ensured through the “coaching” process. During certification of a SafeCare home visitor, the home visitor must score a minimum 85 percent accuracy of all material that should be covered during 3 of the 6 visits in each module. After the home visitor meets this criterion, the visitor is then certified and must maintain a minimum of one coached session per month, reaching the 85 percent accuracy. If the home visitor goes below the 85 percent, the visitor must continue to submit visits to be coached until the 85 percent standard is met. The coaching process involves the home visitor recording the visit, either audio or video, with the parent. The coach then views/listens to the visit and documents all of the areas that should be covered, creating the SafeCare coaching document. The coach scores the visit and then meets with the home visitor to discuss what went well and what area, if any, requires attention.

- If the program improvement strategy is expansion of an existing service, describe the county and provider’s readiness to expand or duplicate the program.

None of the strategies represent expansion of an existing service.

- What efforts are underway by the county and/or provider to determine capacity to implement and sustain program enhancements.

County agency staff is coordinating efforts with specific providers in order to evaluate providers’ capacity to implement and sustain program enhancements. For example, additional support to our county’s resource parents for teens with challenging behaviors is provided by mentors linked to a provider agency under our CCDI (Congregate Care Diversion Initiative). Through a series of meetings between the provider and county agency, plans are formulated to train mentors and, if necessary, increase this pool of mentors as required to meet program capacity.

- Briefly describe the current activities for each strategy. Structural and functional changes made to accommodate the enhanced or new strategy

The activities related to implementing and offering new programming can be found in the previous pages of this section which examine the identified deficient practice areas.

- Status of engagement of staff who will be identifying children/youth/families for the practice

Statistical data was reported to staff members. Their observations were considered. And, ultimately, staff members’ opinions were solicited in helping to identify practice areas that require attention. Those areas are reflected in this Plan.

Caseworkers, juvenile probation officers, and supervisors are routinely kept informed of implementation steps and timelines for new programming that can support their casework efforts, promoting the adjustment and well-being of children and families. Topic specific presentations to staff at specially held events, announcements at staff meetings, emails, and supervisor-caseworker conferences are all mechanisms that serve to engage staff members so that they are fully aware of the resources they have at their disposal.

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- Engagement of stakeholders who will be impacted by the enhanced programming

Every effort is made to engage all stakeholders who will be impacted by new programming. Resource parents, for example, under the CCDI, have been made aware of the need for foster family homes for youth with challenging behaviors. Efforts have been made to obtain their opinions on the supports needed to successfully maintain the youth in their homes. Those opinions help shape the mentoring support provided to the youth and resource family.

Comments from service recipients are obtained during the course of and following service delivery. The evidence based interventions, as part of the model, solicit feedback, often very structured feedback, which can be used to guide continued service and/or evaluate progress and success. Family Group Decision Making participants, for example, are asked for their opinions and suggestions about what they have experienced. One important use of these FGDM surveys is to improve service delivery for future stakeholders.

- Status of program set up including hiring and training of staff delivering the service
- Projected date of first referrals for new services/programs
- Identification of data elements to be utilized for program delivery and outcome monitoring

The above three issues are discussed under the heading, “Plan to Address Deficient Practice Area,” in each of the three practice areas in the previous pages of this section and/or under the Special Grants section of this Plan which follows.

Section 4: Administration

4-1a. Employee Benefit Detail

- Submit a detailed description of the county’s employee benefit package for FY 2014-15. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

A detailed description of the county’s employee benefit package for FY 2014-2015 is presented. It includes a description of each benefit included in the package and the methodology used for its calculation. Information is provided on six benefits: social security, retirement, healthcare insurance, life insurance, workman’s compensation and PA state unemployment tax.

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

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- Healthcare insurance is provided as follows:

NON-UNION EMPLOYEES

	Monthly Rate	Employee Contribution
Family	\$1,940.17	\$212.02
Employee & Spouse	\$1,689.41	\$188.94
Parent & Child	\$1,508.33	\$170.84
Single	\$ 626.91	\$ 72.70

UNION EMPLOYEES (CASEWORKERS)

	Monthly Rate	Employee Contribution
Family	\$1,398.43	\$139.84
Employee & Spouse	\$1,341.29	\$134.12
Parent & Child	\$ 1,008.48	\$100.84
Single	\$ 501.23	\$ 50.12

- Life insurance is the actual billed rate. Both union and nonunion employees' rate is \$3.60 per month. All employees have a \$20,000 life insurance benefit.
- Workman's compensation, with the county as a self-insured employer, a different amount is paid each quarter depending upon various factors, e.g., usage.
- PA state unemployment tax is 1.53% of first \$9,000 of earnings.

4-1b. Organizational Changes

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

No organizational changes are proposed for FY 2016-2017.

4-1c. Staff Provided Service Evaluations

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

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

- Open intake referrals receive supervisory attention and review at least once every 10 days with child safety as the hallmark standard.
- Ongoing service cases, at a minimum, are reviewed by an agency supervisor monthly. And, again, child safety is paramount.

Armstrong County

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

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

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

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

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

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

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

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

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

4-1d. Contract Monitoring & Evaluation

- ❑ Note the employee/unit which oversees county contracts.

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

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

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

Visits to child placement facilities are routinely conducted by the casework supervisor monitor. This provides an opportunity to closely examine programming against the service provider's program description. During FY 2014-2015 issues related to the county agency staff's expectations with respect to IL programming have had to be addressed with several congregate care facilities.

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

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

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- ❑ Describe the process by which the CCYA monitors its sub recipients or contractors throughout the fiscal year. Descriptions should include efforts the CCYA makes to monitor the sub recipients or contractors' use of federal and state dollars through reporting, site visits, regular contact or any other means to provide reasonable assurance that federal and state dollars are used in compliance with laws, regulations and the provisions of the contracts/agreements and that performance goals are achieved. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding. CCYAs may find it helpful to address this section by following these questions:
 - Is the CCYA receiving and reviewing all required A-133 sub recipient audits or other qualified independent audit report as part of the contracting process?

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

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

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

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

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

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

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

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

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

Armstrong County

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

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

- How often is the monitoring process executed?

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

4-2a. Human Services Block Grant (HSBG)

- Participating counties whose HSBG report does not capture the following information should describe what services and activities will be funded through the block grant and how this may change from the previous year. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county and the NBPB. Describe any plans for increased coordination with other human service agencies and how flexibility from the block grant is being used to enhance services in the community.

Armstrong County is not a participant Block Grant County.

4-2b through 4-2e. Special Grants Initiatives (SGIs)

Requests to Transfer/Shift Funds

The following subsections permit the transfer or shifting of funds within the SGI categories of Evidence Based Programs (EBP), EBP-Other, Pennsylvania Promising Practices (PaPPs), Housing and Alternatives to Truancy Prevention (ATP) for FY 2015-16 within the maximum allocation amount. Counties may not request additional funds above the certified allocation and must have sufficient local matching funds when requesting a transfer to those programs with a higher match requirement. After submission of this application and during FY 2015-16, the CCYA may transfer within EBP funds and EBP-Other without OCYF approval. However, approval is required if transferring to/from EBP and other SGI programs.

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

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

Armstrong County

Block Grant County SGI Requests

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

Requests for Nurse-Family Partnership (NFP)

Complete a program specific narrative only when requesting additional or new SGI funds for this EBP-other. SGI funds can only be requested if the county has/will utilize all NFP grant funds available through the Office of Child Development and Early Learning (OCDEL) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. To complete the tables, insert ONLY SGI fund requests; DO NOT include NFP grant amounts from OCDEL of MIECHV in the tables.

- From the list below, please indicate those EBPs, PaPPs, Housing and ATP programs that the county will provide in FY 2015-16 and/or request funding for in FY 2016-17. **Please only identify those programs/practices that are being unded through the NBPB or Special Grant funding. Do NOT note any program area that is utilized but funded outside your child welfare allocations for NBPB and Special Grants.**

FY2015-16	FY 2016-17	Program Area
X	X	a-1. Evidence Based Practices (Other) Name: SafeCare
X	X	a-2. Evidence Based Practices (Other) Name: Multidimensional Family Therapy (MDFT)
X	X	a-3. Evidence Based Practices (Other) Name: Trauma-Focused CBT
X	X	b. Multi-Systemic Therapy (MST)
		c. Functional Family Therapy (FFT)
		d. Treatment Foster Care Oregon (TFCO) *
X	X	e. Family Group Decision Making (FGDM)
		f. Family Development Credentialing (FDC)
		g. High-Fidelity Wrap Around (HFWA)
		h. Pennsylvania Promising Practices Dependent (PaPP Dpnt) Name: Name (if different for FY 2016/17):
		i. Pennsylvania Promising Practices Delinquent (PaPP Dlqnt) Name: Name (if different for FY 2016/17):
X	X	j. Housing Initiative
X	X	k. Alternatives to Truancy Prevention (ATP)

* Treatment Foster Care Oregon (TFCO) formerly known as Multidimensional Treatment Foster Care (MTFC.) The program model and developer are unchanged. Please discontinue use of MTFC name to avoid trademark infringement.

Armstrong County

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

-----BEGIN COPY-----

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

Request Type	Enter Y or N			
Renewal from 2014-15	Y			
New implementation for 2015-16 (did not receive funds in 2013-14)				
Funded and delivered services in 2014-15 but not renewing in 2015-16				
Requesting funds for 2016-17 (new, continuing or expanding)	Y	New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16	\$138,375	+\$26,625	\$165,000
FY 2016-17			\$165,000

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

An increase in funding is requested due to the experience of FY 2014-2015 when over \$147,000 was expended for SafeCare delivery. SafeCare home visitors' time and efforts to problemsolve obstacles/resolve crises with the family that arise during service delivery have increased expenses. The proposed change was discussed with WROCYF staff on August 10, 2015.

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

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Website registries. Please see the following websites:

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

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

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

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

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

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

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

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

Referrals of serious child neglect, often poor supervision or intermittent supervision of young children, are, unfortunately, becoming all too common. In one referral, for example, a toddler accessed the parent's prescription drugs stored carelessly in the family home. In another referral, a young child started a fire in the home. Many of these parents are very young adults, some struggling with addiction. Some are just "clueless," not recognizing the many hazards that abound in the home environment and failing to take "childproofing" measures.

During FY 2014-2015, 121 families received ongoing service and 54 of those families (44.6 percent) had children 5 years of age or younger as household members. Of those 54 families, 44 families (81.5 percent) experience one, often more than one, of the following issues: inadequate supervision, physical neglect, and inadequate healthcare of the children and parent substance use. By way of summary, almost one-half of the ongoing service cases at the county agency during the past fiscal year are families with young children, five years of age and younger. And over 80 percent of those families with young children could benefit from a Family Service Plan that included SafeCare. A large service pool of families for SafeCare exists at the county agency.

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

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

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

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

- Research examining family outcomes indicates that families who participate in SafeCare as compared to family preservation services as usual show significant improvements in risk factors associated with child neglect and physical abuse and are about two-thirds less likely to be the subjects of a child maltreatment report.

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- Findings also suggest that parents who participate in SafeCare rate the program as satisfying and rate their providers as more culturally competent than standard services.
- Research examining home visitors who deliver the SafeCare program indicates that SafeCare providers, as compared to those who deliver services as usual, report experiencing less burn out and are significantly less likely to quit their jobs over a 3-year period.

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

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

- For FY 2015-2016, two milestones are noted:
 1. provide SafeCare curriculum to 50 families/35 families complete and
 2. have at least two additional staff members certified as SafeCare “Home Visitors”
- For FY 2016-2017, the key milestones are to:
 1. Provide SafeCare curriculum to 50 families/35 families complete and
 2. have at least one additional service provider’s staff member trained as a SafeCare Home Visitor.

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population		50	50	70	70
# of Referrals		8	18	55	55
# Accepting Services		8	16	50	50
# Successfully completing program		Footnote 1	8	35	35
Cost per year		\$26,073	\$147,314	\$165,000	\$165,000
Program Funded Amount		\$26,073	\$147,314	\$165,000	\$165,000
Per Diem Cost		Footnote 1	Footnote 2	\$95.50 per hour Note 3	\$95.50 per hour Note 3
# of MA referrals		0	0	0	0
# of Non MA referrals		8	18	55	55
Name of provider		HFI/CYF	HFI	HFI	HFI

Footnote 1:

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

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Footnote 2:

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

Footnote 3:

SafeCare service delivery to 35 families, completing 20 weeks' curriculum \$133,700

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

Home safety supplies for 50 families \$2,650

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2015-16 and FY 2016-17.

No underspending of funds occurred in FY 2014-2015. In fact, a budget amendment was prepared and subsequently approved to transfer other evidence-based program funds to SafeCare.

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

- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.
 1. Improvement in risk factors associated with child abuse and child neglect will be demonstrated with families completing SafeCare. The PA Model Risk Assessment Form Matrix that is routinely and periodically completed will be examined before SafeCare exposure and after the curriculum has been completed by the parent(s). Seventy-five percent of parents completing SafeCare will demonstrate a reduction in risk level of one or more risk factors.
 2. Parents who complete the SafeCare Program are less likely to be subjects of future referrals of child maltreatment. Reports to the county agency will be tracked at 1, 2, and 3 year intervals for SafeCare families. Seventy-five percent of these families will demonstrate no referrals or referrals with no substantiated child dependency allegations.
 3. Families who completed SafeCare are less likely to experience placement of their children into substitute care. Family history related to SafeCare completion will be collected for all young children entering county agency custody. Parents completing SafeCare will be two-thirds less likely to experience their child's removal and placement when compared to parents of young children who have not completed SafeCare.

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

Request Type	Enter Y or N			
Renewal from 2014-15	Y			
New implementation for 2015-16 (did not receive funds in 2013-14)				
Funded and delivered services in 2014-15 but not renewing in 2015-16				
Requesting funds for 2016-17 (new, continuing or expanding)	Y	New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16	\$60,000	-\$30,000	\$30,000
FY 2016-17			\$45,000

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

Based on the previous year's expenditures for MDFT, the \$30,000 figure for FY 2015-2016 represents a more accurate projection for expenditures. A larger number of clients qualified for their therapy to be covered under their behavioral health MCO benefits. The requested change was discussed with WROCYF staff on August 10, 2015.

FY 2014-2015 represents the first No change is requested.

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

Website registries. Please see the following websites:

- SAMHSA's National Registry of Evidence-based Programs and Practices
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=16>

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- National Resource Center for Permanency and Family Connections
[http://www.nrcpfc.org/ebp/downloads/CommonlyUsedEPBs/Multidimensional%20Family%20Therapy%20\(MDFT\)_8.22.13.pdf](http://www.nrcpfc.org/ebp/downloads/CommonlyUsedEPBs/Multidimensional%20Family%20Therapy%20(MDFT)_8.22.13.pdf)
- The California Evidence-Based Clearinghouse for Child Welfare: Multidimensional Family Therapy
<http://www.cebc4cw.org/program/multidimensional-family-therapy/>

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

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

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

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

Open caseloads at both CYF and juvenile probation were examined and it is estimated that currently 18 Armstrong County dependent and delinquent youth are benefitting/could benefit from MDFT. A large number of these youths' treatment is/will be funded through the behavioral health MCO but there are occasions, as occurred with offering MST, in which there was no insurance payer or there was a lapse in the coverage period and the Special Grant funds were tapped to fill the void pending the instatement of insurance coverage.

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Outcomes. The outcomes addressed by research include:

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

The Program Goals are split into four domains:

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

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

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

- Enhance parental teamwork
- Improve parenting practices

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

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

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

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

Key milestones. Outside In was identified as the MDFT provider during FY 2014-2015 and established a practice. Outside In staff began offering MDFT services in November 2014. Referrals of youth were made by juvenile probation staff and CYF staff to the provider and service delivery has occurred.

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Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population			50	55	60
# of Referrals			14	32	45
# Accepting Services			10	20	28
# Successfully completing program			3 (4 clients remain in service)	12	17
Cost per year			\$16,486	\$30,000	\$45,000
Program Funded Amount			\$16,486	\$30,000	\$45,000
Per Diem Cost			\$116/hour 4-6 hours/week/client	\$116/hour 4-6 hours/week/client	\$116/hour 4-6 hours/week/client
# of MA referrals			7	20	25
# of Non MA referrals			7	12	20
Name of provider			Outside In	Outside In	Outside In

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2015-16 and FY 2016-17.

There was underspending of MDFT grant funds in FY 2014-2015, the first year of program operation. MDFT service delivery did not begin until late November 2014. This delayed start-up, the particular pool of clients, many MA eligible which reduced the use of grant dollars, and the lack of widespread awareness of MDFT and the referral process are all contributing factors to the underspending. MDFT is now well-established and seen as a valuable resource, addressing substance abuse in youth in the family context with the youth remaining in the community. These projections for FY's 2015-2016 and 2016-2017 are realistic given the numbers of youth that the staffs of the child welfare agency and the juvenile probation department are seeing with substance use issues as part of their ungovernable behavior or delinquent conduct.

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

- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.

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

MDFT promotes effective change:

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

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

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

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

Request Type	Enter Y or N			
Renewal from 2014-15				
New implementation for 2015-16 (did not receive funds in 2013-14)	Y			
Funded and delivered services in 2014-15 but not renewing in 2015-16				
Requesting funds for 2016-17 (new, continuing or expanding)		New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

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Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16	\$0	+\$25,300	\$25,300
FY 2016-17			\$30,000

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

Trauma-Focused CBT is submitted as a proposed evidence-based practice (other) for implementation in FY 2015-2016. The county agency is partnering with PAAR (Pittsburgh Action Against Rape) in order to offer a trauma informed intervention for our county’s child sexual abuse victims. The proposed change was discussed with WROCYF staff on August 10, 2015.

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

Website registries. Please see the following websites:

- **Child Welfare Information Gateway**
<https://www.childwelfare.gov/pubs/trauma/>
- SAMHSA National Registry
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=135>
- The National Child Traumatic Stress Network
http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/TF-CBT_fact_sheet_3-20-07.pdf

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

This form of therapy integrates interventions that are specifically tailored to meet the needs of people experiencing emotional and psychological difficulties as a result of a trauma and

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combines them with humanistic, cognitive behavioral and familial strategies. Through TF-CBT, both parents and children learn how to process their emotions and thoughts that relate to the traumatic experience. They are given the necessary tools to alleviate overwhelming thoughts that can cause stress, anxiety and depression and are taught how to manage their emotions in a healthier way. The goal of TF-CBT is to allow both the child and the parent to continue to develop their skills and communication techniques in a healthy manner.

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

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

Need for the program and population to be served. Armstrong County has limited resources for psychological treatment of child sexual abuse victims. Under this Special Grant request, TF-CBT will be used principally with victims of child sexual abuse and help fill this trauma informed care treatment void.

County agency staff, over the past three years, has documented 50 confirmed victims of child sexual abuse (indicated and founded status determinations). TF-CBT will be used with this population of children to help address their abuse and promote healing and adjustment. As a county resource, TF-CBT will also be offered to other child victims of sexual abuse in the community (law enforcement only reports). A total of 48 child sexual abuse victim reports fell into this LEO category during the past three years.

It is proposed that a TF-CBT clinician will be present in the county one day per week and see approximately five children during that day's visit. Therapy, typically, is delivered over 12 to 16 weeks. During a 12 months' interval, a pool of 20 to 25 child victims could potentially receive services.

Outcomes. TF-CBT goals include:

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

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

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

Key milestone. Program operation is not expected to get underway until the fall 2015. A key milestone will be for 15 children to be engaged in Trauma-Focused CBT during FY 2015-2016. Fifteen children will be well on their way to improved mental health and social adjustments. Parents, too, will have improved insight into their children’s traumatic experiences and be better prepared emotionally to support their children.

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population				30	40
# of Referrals				20	25
# Accepting Services				15	20
# Successfully completing program				12	16
Cost per year				\$25,300	\$30,000
Program Funded Amount				\$25,300	\$30,000
Per Diem Cost				Footnote below	Footnote below
# of MA referrals				4	6
# of Non MA referrals				16	19
Name of provider				PAAR	PAAR

Projected implementation is October 2015. FY 2015-2016’s budget is based on 38 weeks’ TF-CBT service at \$600 per week (\$22,800) plus \$2,500 to equip the therapy center with necessary supplies. FY 2016-2017’s budget is based on 50 weeks’ TF-CBT service at \$600 per week (\$30,000).

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- ❑ 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 2015-16 and FY 2016-17.

Not applicable since this is a first time grant request for Armstrong County.

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

- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.

1. Child victims will receive a timely mental health intervention in their home community. The interval between disclosure and initiation of TF-CBT will be 60 days or less in 90 percent of children's cases.
2. The change between pre-test and post-test measures on screening and assessment tools will meet or exceed the model criterion in 75 percent of children's cases upon the completion of TF-CBT.
3. A follow-up measure of children's emotional and behavioral adjustment will be conducted at the one year mark. A parent will be asked to complete a questionnaire 12 months after their child's TF-CBT has concluded. Seventy-five percent of children will maintain the gains demonstrated at the conclusion of their TF-CBT intervention.

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

Request Type	Enter Y or N			
Renewal from 2014-15	Y			
New implementation for 2015-16 (did not receive funds in 2013-14)				
Funded and delivered services in 2014-15 but not renewing in 2015-16				
Requesting funds for 2016-17 (new, continuing or expanding)	Y	New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

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Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16	\$61,500	-\$41,500	\$20,000
FY 2016-17			\$50,000

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

The number of children to be served was not accurately estimated when this projection was developed in August 2014. Fewer children will be served in FY 2015-2016 due to the limited availability of an MST therapist. This proposed change was discussed with WROCYF staff on August 10, 2015.

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

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population	65	65	65	65	65
# of Referrals	17	0	0	15	28
# Accepting Services	17	0	0	15	28
# Successfully completing program	13	0	0	10	23
Cost per year	\$33,670	0	0	\$20,000	\$50,000
Program Funded Amount	\$33,670	0	0	\$20,000	\$50,000
Per Diem Cost	\$65/day	\$67.63/day	\$67.63/day	\$67.63/day	\$67.63/day
# of MA referrals	10	0	0	10	17
# of Non MA referrals	7	0	0	5	11
Name of provider	Adelphoi	No Service Provider	No Service Provider	Adelphoi; MHY Family Services	Adelphoi; MHY Family Services

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- ❑ 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 2015-16 and FY 2016-17.

The county has not had an MST provider available for service delivery since early 2013. Referrals had declined and the provider agency was not able to support a therapist for the county. Consequently, only \$33,670 was expended for MST and those costs were incurred during the first half of FY 2012-2013. We were unable to restore MST services during FY's 2013-2014 and 2014-2015. Efforts are continuing to reestablish MST as a service for our county's youth. It is unlikely, however, that MST services will be restored to a level supporting an MST therapist's full caseload complement.

A neighboring county therapist from the Adelphoi MST program is able to serve several Armstrong County children. Additionally, efforts are underway to establish MHY Family Services as a provider for MST for Armstrong County youth.

A reduced funding estimate is projected for FY 2015-2016 based upon the most recent full year's expenditures. A full year's funding for MST is projected for 2016-2017, based on prior years' experiences.

- ⇒ NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specify to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.

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

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

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

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

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

Request Type	Enter Y or N			
Renewal from 2014-15	Y			
New implementation for 2015-16 (did not receive funds in 2013-14)				
Funded and delivered services in 2014-15 but not renewing in 2015-16				
Requesting funds for 2016-17 (new, continuing or expanding)	Y	New	Continuing	Expanding
				Y

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16	\$80,000	-\$26,925	\$53,075
FY 2016-17			\$65,000

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

Although the previous year's expenditures for FGDM were only \$22,500, the \$53,075 figure for FY 2015-2016 represents a more accurate projection for expenditures, given the forecasted additional applications of the practice as described in the underspending/under-utilization discussion which follows. The requested change was discussed with WROCYF staff on August 10, 2015.

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

Not applicable.

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Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population	125 families	125 families	125 families	125 families	125 families
# of Referrals	62	60	88	90	90
# Accepting Services	22	39 Team and Orientation Meetings; 9 Conferences	25 Team And Orientation Meetings; 5 Conferences	55	65
# Successfully completing program	17	48	30	45	55
Cost per year	\$60,250	\$39,296	\$22,500	\$53,075	\$65,000
Program Funded Amount	\$60,250	\$39,296	\$22,500	\$53,075	\$65,000
Per Diem Cost	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour
# of MA referrals	NA	NA	NA	NA	NA
# of Non MA referrals	62	60	88	65	75
Name of provider	HFI	HFI	HFI and JusticeWorks YouthCare	HFI and JusticeWorks YouthCare	HFI and JusticeWorks YouthCare

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2015-16 and FY 2016-17.

Significant underspending of FGDM grant funds occurred in FY 2014-2015. The county agency's new policies which guide/require FGDM's use in transition planning practice with older youth as well as our protective services work with in-home service families will continue to expand its use among more families during FY's 2015-2016 and 2016-2017.

One major series of policy changes impacting the FGDM Special Grant Program is the implementation of concurrent planning on July 1, 2015. The use of FGDM in concurrent planning is underscored. Our Concurrent Planning Organizational Self-Assessment and Implementation Plan provides for the wide use of FGDM as a key strategy.

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

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

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

- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.

There are three key outcomes for the FGDM practice:

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

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

Program Name:	FDC/Strengths-Based Family Workers' Credential
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- ❑ Please indicate which type of request this is:

Request Type	Enter Y or N		
Renewal from 2014-15			
New implementation for 2015-16 (did not receive funds in 2013-14)			
Funded and delivered services in 2014-15 but not renewing in 2015-16	X		
Requesting funds for 2016-17 (new, continuing or expanding)		New	Continuing
			Expanding

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

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Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16	\$13,500	-\$13,500	\$0
FY 2016-17			\$0

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

This Special Grant program is abandoned. We have struggled and have experienced limited success with attracting students for FDC, now called the SFW (Strengths-Based Family Worker) Credential. For a number of years Armstrong has partnered with Indiana County in offering this training to our two counties' service provider pool. In the fall of 2014, however, we met a barrier in failing to recruit a sufficient number of students to conduct the training series. It was not financially sound to run the series for several students. Consequently, the 2014-2015 SFW series was cancelled. We do not foresee this changing and have recommended to the AOPC's Office of Children and Families in the Courts that it be removed from the PPI required practices. This projected change was discussed with WROCYF staff on August 10, 2015.

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

Not applicable.

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population	100 Frontline Family Workers	100 Frontline Family Workers	100 Frontline Family Workers		
# of Referrals	10	8	8		
# Accepting Services	7	6	5		
# Successfully completing program	7	6	0		
Cost per year	\$10,864	\$10,367	\$1,400		
Program Funded Amount	\$10,864	\$10,367	\$1,400		
Per Diem Cost					
# of MA referrals	NA	NA	NA		
# of Non MA referrals	10	8	8		
Name of provider	HFI	HFI	HFI		

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- 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 2015-16 and FY 2016-17.

We are no longer requesting funding for FDC as explained above.

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

- Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.

Not applicable.

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

Request Type	Enter Y or N		
Renewal from 2014-15	Y		
New implementation for 2015-16 (did not receive funds in 2013-14)			
Funded and delivered services in 2014-15 but not renewing in 2015-16			
Requesting funds for 2016-17 (new, continuing or expanding)	New	Continuing	Expanding
		Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16	\$28,000	\$0	\$28,000
FY 2016-17			\$28,000

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

Not applicable.

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

Not applicable.

Complete the following chart for each applicable year.

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

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

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2015-16 and FY 2016-17.

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Significant underspending occurred in FY 2014-2015. The county agency and the local Housing Authority operate a Family Unification Program (FUP). Fifteen FUP Section 8 housing vouchers were available to qualifying child welfare families. Over the past three fiscal years, all 15 vouchers have been distributed. It will be a gradual process whereby an assigned FUP Section 8 voucher family transfers into the traditional Section 8 voucher program. Consequently, it is projected that FY's 2015-2016 and 2016-2017 will see a demonstrated need to rely on funds through this Housing Initiative Special Grant Program since FUP, in many instances, will not be a viable option due to the unavailability of an open FUP voucher slot.

- NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specific to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.
 - Prevent children from being separated from their parents and entering placement
 - Facilitate the reunification of children with their families
 - Facilitate the successful transition of youth aging out, or who have aged out of placement.

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

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

Request Type	Enter Y or N			
Renewal from 2014-15	Y			
New implementation for 2015-16 (did not receive funds in 2013-14)				
Funded and delivered services in 2014-15 but not renewing in 2015-16				
Requesting funds for 2016-17 (new, continuing or expanding)		New	Continuing	Expanding
				Y

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

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Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16	\$165,000	+\$60,000	\$225,000
FY 2016-17			\$225,000

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

The requested change is proposed to match the experience and service demand represented by the most recently completed fiscal year in which expenditures totaled \$227,374. The proposed change was discussed with WROCYP staff on August 10, 2015.

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

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population	75	100	135	150	150
# of Referrals	61	98	127	130	130
# Accepting Services	50	53	80	90	90
# Successfully completing program	44	53	56	65	65
Cost per year	\$115,872	\$150,000	\$227,374	\$225,000	\$225,000
Program Funded Amount	\$115,872	\$150,000	\$227,374	\$225,000	\$225,000
Per Diem Cost	\$54.06/hour \$75/hour	\$54.06/hour \$75/hour	\$54.06/hour \$75/hour	\$54.06/hour \$75/hour	\$54.06/hour \$75/hour
# of MA referrals	NA	NA	NA	NA	NA
# of Non MA referrals	61	98	127	130	130
Name of provider	JusticeWorks Glen Mills Schools	JusticeWorks Glen Mills Schools	JusticeWorks Glen Mills Schools	JusticeWorks Glen Mills Schools	JusticeWorks Glen Mills Schools

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- ❑ 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 2015-16 and FY 2016-17.

Not applicable.

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

- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.

Projected outcomes include:

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

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

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

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

Not enough time has elapsed and data obtained to establish feedback on some of the longer range projected outcomes. One important outcome, however, is available and demonstrates the effectiveness of the intervention. The total number of days of school absence of each student is tracked and comparison percentages are obtained for absences before the intervention as well as during and after the intervention. For the 2014-2015 school year, the measure examines the total number of days absent (illegal as well as legal) divided by the total number of days present for participating students. A 27 percent truancy

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rate with a range from 10 percent to 56 percent was found as the mean for students before the WhyTry intervention. The truancy rate mean dropped to 13 percent for students after WhyTry with a range between 7 and 30 percent.

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

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

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

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

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

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

Trauma Focused Cognitive Behavior Therapy (TF-CBT) is proposed for implementation in FY 2015-2016 and will offer support to child sexual abuse victims and their parents. Children will be prepared to cope with trauma related distress through the use of healthy coping skills. Non-offending caregivers will be assisted to respond supportively to children's distress and also be helped with their own feelings related to their child's trauma.

The impact of these grants is demonstrated in the rate of children entering out-of-home placements. The data establishes that Armstrong County consistently has lower figures for the

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rates of children “served” and “in care” per 1,000 child population when compared with other class six counties, western region counties, and the state as a whole. Proportionately, it is less likely that children will be separated from their families and enter out-of-home placement in Armstrong County.

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

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

Practice Area #1, Rate of Permanency, examines the rate of children exiting the foster care system who have achieved permanency through reunification, relative placement, adoption or guardianship. The HZA Data Package indicator, “Permanency for Children in Care \geq 24 Months” has goals of 25 percent and 28 percent respectively, established for this measure for the end of federal fiscal year 2015-2016 (September 30, 2016) and for 2016-2017 (September 30, 2017). And in the “Prospective Adoption” measure, the county’s performance is projected to increase to 20 percent by the end of federal fiscal year 2015-2016 (September 30, 2016) and to 25 percent by the end of federal fiscal year 2016-2017 (September 30, 2017).

Practice Area # 2, Least Restrictive Placement Settings, looks at the use of familial type placement settings in comparison to the use of congregate care placement settings. Armstrong County’s rate of placing youth in congregate care settings is at a level well in excess of other class six counties, the western region, and the state as a whole.

In the previous pages of this Plan, “Section 3-4: Program Improvement Strategies,” a table, “Percent of Substitute Care Population in Congregate Care Settings,” is found. The most recent four AFCARS 6-months’ intervals on this table present alarming percentages which when averaged over the 24 months reflect a figure of 48.9 percent of Armstrong County’s substitute care population were placed in congregate care settings. It is hypothesized that certain issues which have been raised and discussed in the above referenced section have a significant impact upon this disproportionate figure. Class 6, western region counties, and statewide figures average approximately 21.5 percent over this same interval.

The percent of the substitute care population of children in congregate care serves as an indicator for improvement in this measure. Over the past four AFCARS’ intervals (two years), 48.9 percent of the county’s substitute care population of children were in congregate care placements. Goals are established for federal fiscal years 2015-2016 and 2016-2017 and those goals are \leq 40 percent and \leq 35 percent respectively.

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

- FFY 2015-2016 (September 30, 2016): The nearly 50 percent Armstrong County figure will be reduced to \leq 40 percent. No more than 40 percent of the substitute care population will be placed in congregate care settings.
- FFY 2016-2017 (September 30, 2017): A goal of \leq 35 percent is projected. Similarly, no more than 35 percent of the substitute care population will be placed in congregate care settings.

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Practice Area #3, Engaging Fathers, is aimed at increasing the involvement of fathers in the lives of children who are involved with the public child welfare system. On July 1, 2012, 34 percent of the agency's intake, ongoing service families, and placement cases had fathers "connected" to their children and included in the child welfare casework practice. This figure did not appreciably change on the July 1, 2013 measure (37 percent). On July 1, 2014, however, it increased to a booming 61.6 percent, well in excess of the 45 percent projection. Family Finding and FGDM as engagement efforts have helped make huge differences in this practice benchmark. And on July 1, 2015, 58.9 percent was the fathers' connection rate with the children who were open on intake services, ongoing services, and placement on that date, a figure not appreciably different than demonstrated with the previous year's measure of 61.6 percent.

It is projected that 65 percent of the agency's intake, ongoing service families, and placement cases will have fathers "connected" to their children and included in the child welfare casework activity as measured on July 1, 2016. And on July 1, 2017, 70 percent of the agency's intake, ongoing service families, and placement cases will have fathers "connected" to their children and included in the child welfare casework activity.

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4-2f. Independent Living Service (ILS) Grant

- ❑ In the table below, place an “X” for the services that will be provided by CCYA during FY 2016-17 (regardless of funding source.) Check as many boxes as apply. Enter the projected total amount of youth that will receive these services (regardless of age, placement status, or disposition.)

Mark “X” in this column	Total Youth	IL Services
X	30	A. Needs Assessment/Case Planning
X	28	B. Life Skills Training
X	36	Credit History Review
		C. Prevention Services
X	28	Dental/Health
X	28	Drug Abuse Prevention
X	28	Alcohol/Tobacco/Substance
X	28	Safe Sex/Pregnancy
		D. Education
X	10	Vocational Training
X	15	High School Support and Retention
X	10	Preparation for GED
X	5	Assistance in Obtaining Higher Education
		E. Support
X	28	Individual and Group Counseling
X	20	Stipends
X	5	Services for Teen Parents
		Mentoring
		F. Employment
X	10	Job Placement
		Subsidized Employment
X	16	G. Location of Housing
X	2	H. Room and Board
X	3	I. Retreats/Camps
		J. Indirect Services
		K. Program Administration

- ❑ Enter the county’s total approved budget for FY 2015-16 and budget request for FY 2016-17 IL Services below. Include federal, state and local funds in the total amount. Note: Fiscal information entered in the Narrative Template serves only as an estimate of projected program cost for FY 2016-17. If information entered into the Narrative Template and the Budget Excel File do not match, the Budget Excel File will be deferred to and considered as a final budget.

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

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	FY 2015-16 Actual	FY 2016-17 Request
Total Budget Amount	\$158,500	\$158,500

- ❑ Describe the county's expenditures history for IL Services for FY 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015
\$61,360	\$92,656	\$137,864	\$144,436	\$123,425

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

The underspending which occurred in FY 2014-2015 was principally a result of a staffing issue that developed with the IL provider agency. The IL provider lost an experienced staff member who provided IL services to our county's youth. A new worker was recruited during 2014-2015 and that individual was trained during the past fiscal year and is now fully prepared to assume a full caseload of IL youth. This explanation, along with the continuing large number of older youth whom the county agency is serving and a proposed stipend increase, will lead to the increased projected expenditures in FY 2015-2016.

- ❑ Provide a brief explanation if the county elects to submit an implementation budget for FY 2015-16 that is less than the certified allocation.

Not applicable.

IL Outcomes

- ❑ Identify and describe three program, or youth, IL outcomes the county plans to address and improve for FY 2016-17 (or earlier, if applicable). Also provide an overall summary of how the delivery of IL Services will ultimately impact these outcomes for youth.

The IL outcomes description must include:

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

Outcome 1 Employment

Employment was selected because many of our youth cannot obtain employment without assistance. At baseline we had 1 youth working and 10 searching for employment. HFI's IL coordinator maintains employment data.

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HFI's IL staff provides education on locating potential employment leads, applying and interviewing for jobs, and maintaining employment. The youth is supported and assisted in every step of the process. Assistance in obtaining job skills and exploring careers are offered to the youth.

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

Outcome 2 Education

Education was selected as a second outcome since a high percentage of youth in the county agency's IL program continue to drop out of high school prior to graduation. At baseline 15 youth were in school but only 6 are expected to graduate on time. While this is a slight improvement over last year the high dropout rate continues to be a concern. This information was obtained during the course of assessment, along with highest grade completed and future educational plans.

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

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

Outcome 3 Housing

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

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

- If the agency is requesting an increase of funds for FY 2016-17, clearly explain and justify the increased costs.

No increased budget is presented for FY 2016-2017.

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- Explain how the county is meeting the annual Credit Reporting requirements for all youth in foster care age 14 and older. (Note this requirement is reduced to age 14 effective September 29, 2015.)
 - Has the county established contracts with all of the following Credit Reporting Agencies (CRAs)? (Yes or No)
 - TransUnion: Yes
 - Equifax: Yes
 - Experian: Yes

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

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

Not applicable.

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

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

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

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

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

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Youth in placement who are age 16 or older receive an initial IL (Independent Living) assessment completed by the assigned HFI worker. HFI, the agency's contracted provider for Independent Living services, administers the Ansell-Casey Life Skills Assessments (ACLSA) and the Campbell Interest and Skill Survey (CISS) to youth at the placement location. The final written assessment is generated based on the youth's response to these instruments and is used as a starting point to design an individual Independent Living curriculum. HFI's IL staff continues to visit the youth, regardless of placement site, to build relationships and trust. This helps the youth build connections before leaving placement which can be crucial to building connections in the community.

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

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

Staff has begun using FGDM (Family Group Decision Making) meetings for transitioning youth. These "Independence Conference" gatherings are a variation of the traditional FGDM and are being held for all youth in placement reaching their 17th birthday. The intent is to engage the youth's family and other support connections while they are still in substitute care.

The established IL Lab, an apartment home in Kittanning, continues to be used as a site for practical and experiential learning for IL youth. This resource is a foundational component in the agency's efforts to expand youth's abilities to live independently. New for FY 2015-2016, a computer workstation is planned for the IL Lab site. IL youth will be able to work on education and employment related opportunities. A self-contained workstation consisting of a desk/cabinet that can be locked and positioned on wheels for mobility will house the computer equipment. A laptop and printer, as well as supplies, will be available.

All youth receive information about Act 91 of 2012 which amends the Juvenile Act, expanding the criteria for youth to remain in care beyond age 18 years and also allowing for youth to reenter care before turning 21 years of age if they aged out at 18 years or older. IL youth are educated about provisions of the Affordable Care Act (ACA) which provides free health insurance for young adults who were formerly in foster care placement. They remain eligible for Medicaid until age 26 regardless of their income, as long as they were in foster care at age 18 or older and enrolled in Medicaid at that time.

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

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

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

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

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

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

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

- Describe how IL Support services will be delivered and who will deliver the activities (provider or agency). Include the use of stipends and the total amount planned. Estimate the number of youth who will be referred to the Statewide Adoption and Permanency Network (SWAN) prime contractor for Child Profile, Child Preparation and Child Specific Recruitment services.

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

On average HFI provides 2-4 hours per month of individual education services for each youth in the IL program. HFI also offers once monthly IL groups on various IL topics. These

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groups are a minimum of two hours long. In the past Armstrong County CYF offered each youth an individual stipend of \$3,000 (\$3,500 in FY 2015-2016) which can be used to support a wide variety of objectives. The youth may also be offered portions of their stipend for successful completion of certain objectives on their IL plan.

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

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

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

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

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

CYF, in partnership with the County Housing Authority, was the recipient of a HUD Grant award several years ago. The HUD grant awarded 15 FUP (Family Unification Program) vouchers which are available for use by families and also transitioning youth. Transitioning youth FUP vouchers are time limited to a period of 18 months. If a youth is granted one of these vouchers, they must participate with services through HFI for the entire 18 month period. It has been difficult connecting youth with housing needs to an open FUP voucher as they are generally filled by child welfare families needing housing assistance. FUP voucher slots cannot be kept open for any length of time in anticipation of providing assistance to homeless youth. The opportunity is there, however, and the county agency continues to negotiate for adjustments when barriers are encountered attempting to connect homeless youth with FUP vouchers.

Additional housing help, beyond FUP, is available to our IL youth. Housing assistance is accessible through the Chafee Room and Board Funds or through the Special Grant Housing Initiative that the county agency received for FY 2015-2016 and is requesting continuation in FY 2016-2017.

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

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

One youth is estimated to receive Chafee Room and Board funds' service for FY 2016-2017.

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

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

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

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

Youth's apartment/house. In the case of independent housing, the county agency will contract with HFI to assist the youth in locating affordable housing. The youth will be required to participate in IL education services with HFI on a minimum of two visits per week. The services will focus intensely on housing skills, employment skills and financial management skills. Services will continue at this intense level until the youth has obtained employment, demonstrated the ability to manage finances, and become capable of financially maintaining housing without county agency funding. The maximum length of time for full county agency room and board funding is three months. During this time, the youth must be actively applying for employment, community housing resources, and cooperating with HFI. Funding will then either be terminated or begin a step-down process, where the funding is reduced over the course of the next three months. Maximum allowable timeframe is six months with a maximum allotment of \$1500. Actual monthly allotment is to be determined by individual need and available housing. Services through HFI will also be on a step-down approach as the youth accomplishes the outcomes designated in the youth's IL plan.

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- Identify and justify all planned purchases for equipment or assets for use by the agency during FY 2015-16 and FY 2016-17. Prepare this information separately for each year. Include a statement whether the purchase costs are included in the appropriate budget

⇒ NOTE: All agency or staff computer purchases and IT needs must be requested to be reimbursed through the county's IT grant application and funds. Computers purchased, in full or part, for youth, is not considered an asset and is reimbursable with IL grant funds.

The county agency through its contracted service provider, HFI, plans to continue to assemble and distribute youth "Transition Kits." A Transition Kit is a large plastic trash can filled with many of the items an individual would need to establish a household, e.g., bed linens, pillows, towels, toiletries, laundry basket, silverware, plates, smoke detector, fire extinguisher, etc. The cost of each Transition Kit is approximately \$725. In previous years these kits had been prepackaged to have on hand for distribution. Plans have been revised so that funding can be used to individually prepare each Transition Kit based on the youth's needs. It is estimated that 10 kits (\$7,250) will be distributed in FY 2015-2016 and 10 kits (\$7,250) in FY 2016-2017.

And for FY 2015-2016, a supply of IL educational materials for distribution to youth will be purchased. A supply of IL training books will also be purchased with an estimated expenditure of \$600.00. Similarly, for FY 2016-2017, \$600 is the estimated expenditure.

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

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

4-2g. Information Technology

- Identify the Case Management System your county is using: CAPS
- Provide the county's approved staffing complement:
 - Certified Staff: 30
 - Other staff not included in certified who receive IT equipment and services – please identify the positions and the number in the position:

Position: SWAN LSI Paralegal	Number: 1
Position: _____	Number: ____
Position: _____	Number: ____
Position: _____	Number: ____
Position: _____	Number: ____

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Answer the following questions related to participation in the Child Welfare Demonstration Project:

Indicate if your county participates in the Child Welfare Demonstration Project (CWDP) in FY 2015-16: **Yes** ___ **No** **X**

Indicate if your county is submitting a revised FY 2015-16 IT budget along with your FY 2016-17 IT grant request: **Yes** ___ **No** **X**

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

Indicate if your county is requesting funding for ongoing or new development in FY 2016-17 that is not related to the statewide Child Welfare Information Solution (CWIS): **Yes** ___ **No** **X**

If **Yes**, provide the following details:

- Business Need - describe the business need for the ongoing or new development.
- High Level Requirements – provide a description of the high level business and technical requirements.
- Project Cost Proposal – provide the total costs for the development, as well as, the total estimated project costs if the development is part of a larger project.
- Identify contracts associated with the development project.

Indicate if your county is entering into or planning for an IT procurement in FY 2015-16 or FY 2016-17:

Yes _____ No **X**

If Yes, provide the following details:

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

Provide any additional information that will assist in the review of changes to your FY 2015-16 IT budget or 2016-17 IT request.

Not applicable.

Armstrong County

4-2h. SWAN

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

In FY 2014-2015, 91 percent of the SWAN service budget was utilized, leaving a remaining fund's balance of \$15,500. Although the number of children placed by this agency has decreased, the use of services has increased. This past year, this agency has worked closely with our SWAN representative and county agency staff was better able to utilize the services to benefit the children in care.

- Please explain any projected change in focus of utilization of SWAN services in FY 16/17 compared to previous years as justification for the county's FY 16/17 allocation request.

County agency staff will continue to work with our SWAN representative in order to maximize the services which are provided to children in care. We also will attempt to expand the services which we provide to preadoptive families.

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

Not applicable.

Section 5: Required & Additional Language

5-1. Assurances

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

- Assurance of Compliance/Participation
- Documentation of Participation by the Judiciary
- Assurance of Financial Commitment and Participation

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

Division of County Support
Office of Children, Youth and Families
Health and Welfare Building Annex
625 Forster Street
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

And

Mr. Keith Snyder
Juvenile Court Judges' Commission
Pennsylvania Judicial Center
601 Commonwealth Avenue | Suite 9100
Harrisburg, Pennsylvania 17102-0018

**ASSURANCE OF COMPLIANCE/PARTICIPATION FORM
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

The Assurance of Compliance/Participation Form

The Assurance of Compliance/Review Form provided in this bulletin must be signed by the County Executive or a majority of the County Commissioners, the Juvenile Court Judge(s) or his/her designee, the County Human Services Director, the County Children and Youth Administrator, and the County Chief Juvenile Probation Officer and submitted with the FY 2016-17 Needs Based Plan and Budget submission.

The Assurance of Compliance/Review Form has two signatory pages. The first page is for the County Human Services Director, the County Children and Youth Administrator, the County Chief Juvenile Probation Officer and the Juvenile Court Judge(s) or his/her designee. This page must be submitted at the time of the county's implementation plan and needs based plan submissions. The second page is for the signatures of the County Executive or a majority of the County Commissioners. This page must be submitted at the time of the county's financial budget submission and must contain the financial commitment of the county.

COUNTY: ARMSTRONG

These assurances are applicable as indicated below.

Fiscal Year 2016-17 Children and Youth Needs Based Plan and Budget Estimate and/or the

Fiscal Year 2015-16 Children and Youth Implementation Plan

Note: A separate, signed Assurance of Compliance/Participation form must accompany the Children and Youth Implementation Plan and the Needs Based Plan and Budget when they are submitted separately. This Assurance of Compliance/Participation form cannot be modified or altered in any manner or the Children and Youth Implementation Plan and the Needs Based Plan and Budget will not be accepted.

COMMON ASSURANCES

I/We hereby expressly, and as a condition precedent to the receipt of state and federal funds, assure that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Americans with Disabilities Act of 1990; the Pennsylvania Human Relations Act of 1955, as amended, and 16 PA Code, Chapter 49 (Contract Compliance Regulations):

1. I/We do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation or disability:
 - a. in providing services or employment, or in our relationship with other providers;
 - b. in providing access to services and employment for handicapped individuals.
2. I/We will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/We assure that these documents shall constitute the agreement required by Title IV-E of the Social Security Act 42 U.S.C. § 672 (a)(2) for foster care maintenance 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.

EXECUTIVE ASSURANCES

In addition to the Common Assurances,

I/We assure that I/we have participated in the development of the Plan, are in agreement with the Plan as submitted and that all mandated services if funded by the Plan will be delivered.

I/We assure that these Plans comply with the "Planning and Financial Reimbursement Requirements for County Children and Youth Social Services Programs" as found in 55 PA Code Chapter 3140.

I/We assure that, when approved by the Department of 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.

I/We assure that all new Guardians Ad Litem (GAL) have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.

I/We assure that the County Children and Youth Agency is in compliance with all credit reporting agency requirements regarding the secure transmission and use of confidential credit information of children in foster care through electronic access for operation by counties where no agreement exists between the county and credit history agency. This also includes limiting online access to users approved by OCYF for the explicit use of obtaining credit history reports for children in agency foster care.

**COUNTY ASSURANCE OF COMPLIANCE AND PARTICIPATION
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

**THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN
ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND
EXECUTIVE ASSURANCES CONTAINED IN THE PRECEEDING PARAGRAPHS**

County Human Services Director

Name Signature Date

County Children and Youth Administrator

Dennis Demangone
Name Signature Date

County Chief Juvenile Probation Officer

Regina B. Himes
Name Signature Date

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)/ Designee

Kenneth G. Valasek, P.J.
Name Signature Date

Name Signature Date

COUNTY ASSURANCE OF FINACIAL COMMITMENT AND PARTICIPATION

THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND EXECUTIVE ASSURANCES CONTAINED IN THE PRECEEDING PARAGRAPHS AS WELL AS COUNTY COMMITMENT TO PROVIDE THE LOCAL FUNDS SPECIFIED IN THE PLAN AS NECESSARY TO OBTAIN THE MATCHING STATE AND FEDERAL FUNDS BASED ON THE COUNTY'S PROPOSAL. THE LOCAL FUND COMMITMENT AS PROVIDED IN THE COUNTY'S PROPOSAL TOTAL \$742,418.00.

Signature(s)

County Executive/Mayor

_____	_____	_____
Name	Signature	Date

County Commissioners

<u>David K. Battaglia, Chairman</u>	_____	_____
Name	Signature	Date

<u>Robert T. Bower, Vice-Chairman</u>	_____	_____
Name	Signature	Date

<u>Richard L. Fink, Secretary</u>	_____	_____
Name	Signature	Date