

FY 2017-18 NBPB

Commonwealth of
Pennsylvania

Office of Children,
Youth and Families

**NEEDS BASED PLAN AND BUDGET
NARRATIVE TEMPLATE**

Crawford

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

Version Control	
Original Submission Date:	
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, impact of the budget impasse on county practice and decisions, and other critical events of the past year that will have impact in the county's planning for FY 2016-17 and in their planning for FY 2017-18.
- **REMINDER:** This is intended to be a high level description of county strengths, challenges and forward direction. Specific details regarding practice and resource needs will be captured in other sections of the budget submission
 - County may attach any County Improvement Plan (CIP) for detail and reference attachment
 - JPO Executive Summary components can be discussed under separate heading at the discretion of the county
 - Child Welfare Demonstration Project (CWDP) counties need only provide responses not captured in their Initial Design and Implementation Report Update (IDIR-U)

Crawford County Children and Youth Services

- Crawford County held the second round of QSR. The preliminary findings showed that the efforts made to enhance engagement, role and voice and permanency were successful based on the cases chosen this round. Success was measured in the increase in acceptable percentages. Only one family identified in the second round was also in the first round.
- Crawford County implemented both Evidence Based Programs identified for the Child Welfare Demonstration Project. Family Behavior Therapy was implemented on July 1, 2015 and Triple P Standard level 4 for children ages 0-12 was implemented in May 2016. The individuals trained were accredited on June 3rd and 4th. The same providers were also trained in Triple P Standard Level 4 for children ages 12-16. The accreditation process will commence at the end of June.
- Crawford County Children and Youth Services under the umbrella of Crawford County Human Services has partnered with Parkside Psychological to collaborate together with other service systems to become trauma informed. In an effort to become trauma informed in both the physical and emotional environment, a survey was administered to our staff and consumers to identify the strengths and areas of need to create a trauma informed plan. Subcommittees were created to and the focus areas are: Screen for Trauma at Intake, Consistent Training for Staff, Vicarious Trauma, Reduce Agency Requests for Consumers to Repeat Information, Increase Cultural Competence of Staff, and Increase Consumer Input & Participation. Additionally Crawford County Children

and Youth Services is implementing the use of the Adverse Childhood Experiences Study (ACEs) Survey.

- Crawford County underwent the annual inspection in April 2016 and in June 2016. No citations were received.
- In 2014, Crawford County Human Services began working on the creation of a critical home repair program called VISION (Volunteers in Service in Our Neighborhoods). The program is focused on providing families being served by CCHS with volunteer-centric home repair services that would help keep families safe, warm, and dry, while also preventing separation of the family by CYS as a result of unsafe living conditions. Originally called Mustard Seed Missions of Crawford County, the program worked with local churches, nonprofit agencies, and contractors to complete projects, with any materials required for projects being purchased by CCHS. Since the program's creation, VISION has helped six families make their homes safer and provided needed items, such as beds and major home appliances, to families. In June 2016, CCHS partnered with The United Way of Western Crawford County to strengthen our network of volunteers and create a more sustainable program that can continue for many years to come. VISION also partnered with the Cornell Company and Watson Run Church in Meadville to boost its volunteer pool and create a network of ongoing support. With the help of these entities, VISION will be able to respond quicker to a family's needs and have more skilled volunteers sharing their expertise on how best to complete repairs and projects. In FY 2016-17, VISION is working to have at least 10 projects completed.
- Crawford County Children and Youth Services experienced a 30% turnover rate in FY 14/15 which was primarily in the case work staff. Studies show that for a caseworker to feel comfortable in the position and have an understanding of the child welfare practices and procedures takes approximately 2 years. Based on the current mandates of the state compiled with the initiatives that Crawford County CYS is involved in is overwhelming for new workers. To help alleviate this, case workers are only given no more than 3 cases while in the core mods. This allows them to gain minimal experience to apply to the mods. Crawford County Human Services is also looking at creating a comprehensive onboarding orientation. This is being developed by our training supervisor and an individual who has been assigned to work within a trauma informed lens.
- Opiate and methamphetamine use/abuse continue to plague Crawford County. Family Behavioral therapy was implemented as an EBP to be used in conjunction with Drug and Alcohol Services. FBT provide a therapeutic component to help offset negative responses with drug and alcohol use with positive coping skills. The barrier to FBT is that those who are in active drug usage do not necessarily want the treatment and therefore not vested.

Crawford County Juvenile Probation

This past year Crawford County Juvenile Probation continued to Implement JJSES. These are some of the advancements we made during 15/16 fiscal year:

Stage one - Crawford County Juvenile Probation continues to engage the community through various committees, initiatives, and boards. We are involved with System of Care,

Children's Advisory Council (our CTC board), and Partners in Education, Roundtable, Safe Schools, Peace 4 Crawford, and the Criminal Justice Advisory Board.

Stage Two - We had two more PO'S trained as Motivational Coaches (MI), as we continue to have quarterly trainings, monthly reminders, and the probation officers are being scored twice a year out in the field.

- We started using the ACEs questioner as a screening tool during the intake process in February of 2016. Now at intake we use the MAYSI2 for mental health screening, ACEs for trauma screening, and YLS for risk assessment.
- In June we started to use the PADRAI to assess for the need for detention at time of arrest.
- We continue to develop appropriate case plans and they are reviewed by a supervisor bi-monthly to ensure the focus is on the risk factors identified by the YLS. Our supervisors are on the state committee for the YLS and case plan.

Stage Three - There were two officers trained to be facilitators for NCTI(Crossroads),and we were able to train the Alternative ED teacher, and two of her support staff for Titusville School District to Facilitate ART groups. Drug and Alcohol in collaboration with Parkside Psychological ran a Seeking Safety group for us. We continue to use the Carey Guides and Bits along with running our own ART groups. Parkside Psychological also facilitated a SPARCS group for juveniles who experienced chronic stress this past year.

Stage Four - Through the continued phases, staff will be trained in EPICS, Supervisor Briefcase, Case Plan Coordinators, Trauma Coaches and will implement NCTI.

Through the continued phases of JJSES, services and initiatives continue to be used in the supervision and rehabilitation of our juveniles.

- In intake, several tools are used to more effectively help determine the need of a juvenile and with the use of the various assessments tools; the most appropriate services are referred. Intake utilizes the YLS, MAYSI 2 screening and the ACEs screening. The 16/17 year will see the use of the ACE screening for all intake cases, which likely will see an increase for trauma referrals.
- Intake is seeing a correlation between a moderate YLS score and a trauma score of 4 and above. Those individuals are typically in need of trauma counseling.
- PADRAI assessment is now being utilized on cases requiring detainment. This was initiated in June 2016. Utilization of this assessment will likely increase secure detention and alternatives to detention, such as shelter and electronic monitoring.

Moderate to high YLS domains remain the focus for case planning and treatment. Services such as MST, ART, SPARCS, Seeking Safety, Brief, NCTI will continued to be referred and utilized for treatment.

- Crawford County has 68% of juveniles scoring moderate and high in the Personality/Behavior domain. Low YLS scores are scoring 32% in the personality/behavior domain. Overall, when addressing this domain and the need for change, EB services likely will be implemented.

- Twenty cases were assessed with the YLS and ACEs screening since February 2016. Six cases scored a moderate with the YLS, and four of those cases scored a 4 or more on the ACEs screening.
- With continued use of the YLS, in conjunction with ACEs screening, it is likely to see increased referrals to trauma therapy or other evidence based services.

Within the next projected year, intake may increase due to the volume of calls linked to mandated reporting. The Pennsylvania State police report a backlog in investigation due to the number of 24 hour notifications. All of these notifications require investigation and the majority are sexual abuse allegations. The investigative unit is short staffed and investigations are taking longer.

- Cases are expected to increase; resulting in additional sexual assessments and placements of these offenders. Projected numbers is approximately 10 new sexual offense cases. These offenders remain in treatment for 12 months on average to complete treatment in residential, group home or secure treatment.
- Related to sexual offender treatment, there have been juveniles who are not compliant with treatment and/or have failed to adjust in ADAPT (group home setting), and have required secure residential treatment. There will be a need for continued treatment of these individuals, as well as expected increase of petitions filed for sexual offenses. Secure residential treatment will be utilized for community protection. We have utilized Cove Prep for these individuals.

Crawford County is unique in that we are also treating juveniles that are at a poverty level of 16.8%, another barrier in comparison to other areas.

- Actively 60% juveniles are between the ages of 16-19. This is a continued trend that increases steadily. Prolonged issues include homelessness, lack of competency skills, job skills, education and mental health, which will require services.
- The need of supervised IL residential programming is on the rise, as well as community based programs to assist this population.

The need to address drug and alcohol usage continues.

Seeking Safety, an evidence based treatment model for trauma and addiction, will be used on an increased basis. These individuals will show moderate to high scores on the substance abuse domain of the YLS. There has been a significant increase in parents using within the family household and ultimately subjecting others to trauma and the fallout of addiction. These issues in the county are also showing parents incarceration or arrest for drug usage, creating more issues within the home.

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.

Crawford County's Human Services Block Grant Planning Team is currently comprised of a variety of planning partners. Many representatives from the following groups serve on multiple planning teams in the County. This allows information to flow across systems in the most natural way possible. Following are a compilation of the groups that collaborate on a regular basis to identify unmet needs, brainstorm solutions and monitor processes within Crawford County:

Crawford County System of Care (SOC) Partnership – The Crawford County SOC is managed by the County Leadership Team comprised of senior representatives from Crawford County Human Services, Juvenile Justice Department, Crawford County Drug and Alcohol Executive Commission, Education and Mental Health services, as well as 5 adult family members, 3 youth members and community organization partners. The group is responsible for implementation of the PA SOC Partnership Standards: Youth Driven, Family Driven, Leadership Teams, Integrated Child-Serving Systems, Natural and Community Supports, and Cultural and Linguistic Competence. The Crawford County SOC has met regularly for the past two years and is a natural fit as the core planning group for the Block Grant.

Mental Health (MH) Planning Teams - Crawford County's mental health planning team meets monthly to discuss and prioritize unmet needs of those living with mental illness in the community. Active participants include representation from Crawford County Human Services, Blended Case Management, Active Aging, mental health stakeholders including consumers of mental health services, representatives from the Consumer Satisfaction Team and representatives from Crawford County Drug and Alcohol Executive Commission and CHAPS.

Intellectual Disabilities (ID) Planning Teams - Crawford County utilizes a variety of existing ID committees to review data, usage, and brainstorm ideas for future HSBG use.

- Crawford County Advisory Board – Administrative Entity (AE) meets bi-monthly with Board members. Membership is made up of a variety of community members as well as ID family members. The board's purpose is to advise the AE and offer suggestions for future projects and direction.
- Crawford County Quality Council - AE meets quarterly with Crawford County ID providers, IM4Q, and Health Care Quality Unit (HCQU) representatives to review programming issues, quality trends, miscellaneous field changes, and potential needs for the Crawford County area. Independent Monitoring for Quality (IM4Q) (Consumer Satisfaction Team) staff represent individuals who receive service and/or a family member of a service recipient. Continued outreach for ID consumer volunteer is ongoing.
- Supports Coordination Organization (SCO)/AE Review Committee – AE meets weekly with SCO to review HSBG individual service requests, programmatic issues, individual/provider trends, individual concerns, and miscellaneous field changes or quality improvement topics. SCs meet regularly with individuals/families to bring their concerns/ideas/thoughts to AE's attention.
- Provider Program Specialists and SCO Trainings/Meetings – AE meets with SCO and Provider Program Specialists on an as needed basis to

review changing field topics, address misconceptions, discuss improvement strategies, examine current usage of service, and develop ideas for ongoing improvement.

- HSBG Program Funded Services Review Committee – AE meets at least annually with HSBG program funded provider, The Arc of Crawford County. AE and The Arc have contact on a monthly basis regarding HSBG service usage and individual needs. The Arc submits monthly individualized usage reports for each of their HSBG funded services. Usage reports are reviewed by AE and SCO monthly for monitoring and coordinating purposes.
- ID/MH Year-End Projections Committee – AE ID staff, AE MH staff and AE fiscal staff coordinate together at least annually to identify potentially available HSBG funding, prioritize individual/provider need that has not been addressed throughout the fiscal year with HSBG funding, and identify how HSBG funding can assist with requests. Many individuals eligible for ID also utilize MH services. Coordinating ID and MH funding with requests is a collaborative effort between ID and MH.
- HSBG Annual Budget Meetings – AE meets annually with HSBG-funded provider fiscal/director to review current need, projected need, and potential new programming trends toward future need that would benefit the ID population.

Children and Youth Planning Teams – These teams includes the planning committee for the Needs Based Plan and Budget which is comprised of Crawford County Human Services staff and representatives from Juvenile Probation as well as the Child Advisory Council that is made up of the same representatives as above with the addition of a vast array of service providers, community partners, education, law enforcement and local government and the Children's Round Table which further expands the previously mentioned participants to include court staff.

Drug and Alcohol Planning Teams – Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) serves on numerous advisory boards, steering committees, executive boards and has collaborated with various community services with organizations throughout the region. Included are Crawford County Criminal Justice Advisory Board, Crawford County Children's Advisory Council, Titusville Coordinated School Health Council, Safe Kids, Child Death Review Team, Suicide Task Force, Children's Integrated Services Committee, Community Council, Coalition on Housing Needs, and the State Health Improvement Plan (SHIP) Committee. CCDAEC has recently joined the forming Systems of Care Board.

The only challenge is that of engaging and maintaining involvement of community stakeholders – family and youth partners specifically. Crawford County continues to improve family and youth representation at planning meetings. Meetings are scheduled at the convenience of the family and youth partners, transportation is provided, stipends and refreshments are often provided as well.

- 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.

Providers of in home, community-based services communicate weekly with our CYS Program Specialist and our Service Authorization agent. Existing service needs are reviewed and provider capacity and most appropriate referrals are discussed. These weekly "Service Authorization Meetings" allow for ongoing open dialogue between the County and our pool of providers to ensure that service needs are met or gaps are addressed. Crawford County also hosts Provider Meetings every other month. Providers for all types of categoricals convene at Crawford County Human Services to be briefed on current issues at the state and county levels, bulletins, service needs, funding options, etc. These communications also allow the providers to communicate important information back to the County as well as collaborate and coordinate options with their peers. Additionally, our CYS Program Specialist and designated fiscal staff meet with providers during monitoring visits and as needed throughout the year to discuss and address any programmatic or funding issues. All of these opportunities for communication between county staff and contracted service providers fosters meaningful relationships and allows for better service availability and delivery to our community.

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

Hornsby Zeller data, data derived for the IDIR-I and IDIR-U, Quality Service Plan Continuous Improvement Plan, Concurrent Planning Implementation Plan, US Census Bureau data, and data kept by this County on placements, re-entry and reasons for placement instability, Youth Level of Service (YLS) data, Pennsylvania Youth Surveys (PAYS), Integrated Case and Accounting Management System (ICAMS)/Child Accounting and Profile System (CAPS), service provider outcome data.

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

The County uses ALL available data resources to ensure the most complete and effective analysis of gathered information.

- ❑ 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 various data sources are monitored on an ongoing basis throughout the year by key staff at the County. Some of these staff include the Deputy Director, Program Analyst, Quality Assurance Manager, CYS Program Specialists, Program Managers, Training and other Supervisors as well as fiscal staff. Beginning in May or June of each year the data is more thoroughly analyzed at weekly NBP planning meetings. These meetings include the County staff mentioned above as well as the agency Director, County CFO and Commissioner, Juvenile Probation Director and Supervisor among others.

2.3 Program and Resource Implications

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

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

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

2 youth total

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

One youth was placed in an Independent Living Apartment.

One youth was placed in an Independent Living Group Home.

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

The youth have contacted their previous caseworker or Independent Living Program Specialist. The caseworker and/or youth contacts the GAL to help the youth petition the court for resumption of jurisdiction.

If a youth wants to resume court jurisdiction but not be meeting one of the criteria, then the youth must provide a plan to do so. The youth is helped to develop this plan either with the GAL or the IL program specialist. The youth will address the Master with a plan to meet one of the criteria in a timely manner.

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

- The youth continues high school education.
- The youth is enrolled in a post-secondary education setting.
- The youth works at least 80 hours a month.

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

- Facilities are unwilling to take a youth 18 and older. Most facilities will retain a youth who wants to stay after turning 18. However, they typically will not accept a youth who wants to resume jurisdiction. In these situations, the facilities are basing their decisions on the youth's behavior during past placement stays, how those behaviors affected other youth and their own liability.
- Youth want the security of having a stable living environment but not willing to follow one of the five criteria. In these situations youth may petition the court to return to care and then refuse to work on one of the criteria or they are presented with the criteria at court and refuse to meet one of the criteria. In both scenarios, a conversation is held with the youth to discuss the different options they have and the potential outcomes or consequences to the decisions they are making.
- Youth unwilling to follow the rules of out of home placement. Youth placed in group homes or foster homes have, at times, had issues adhering the rules and expectations of the group homes or foster homes.
- Lack of foster homes willing to take a youth 18 and older. The Foster Care providers that service Crawford County have a lack of homes willing to take older youth.

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

CCYA looks at the number of youth who have resumed court jurisdiction in previous years in conjunction with how many youth have “aged out” of the system. The County then plans accordingly.

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

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

Crawford County Children and Youth Services continues to administer the Child and Adolescent Needs and Strengths assessment (CANS) with all children five to twenty-one years old, who are in substitute care. This assessment is administered within 30 days of a child being placed and every six months thereafter in conjunction with the development or review of the Child Permanency Plan (CPP). The CANS is also administered when there is an indicated report of abuse on a child between the ages of 5-21. There is a trauma assessment component to the CANS that is utilized if indicated.

Contracted providers conduct trauma-based assessments for children we serve. Assessments include: UCLA PTSD Index (child, adolescent and parent versions), CPPS-4, Beck Depression Inventory, PERQ, PSQ. Other assessments include the Trauma Assessment Pathway (TAP) and the Trauma Symptom Checklist for Children (TSCC) or the Trauma Symptom Checklist for Young Children (TSC-YC) for all children and the Adult Trauma Assessment or the Trauma Symptom Inventory 2 for adults. When the reason for the trauma referral is sexual abuse the provider staff normally do the TAP, TSCC/TSC-YC and 2 or 3 more assessment tools including Hewitt Touch Survey for children 3-10. Child Behavior Checklist (CBLC) (1.5-5 years and another version for 6-18). The time of assessments vary from intake to 90 days.

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

Crawford County Human Services has completed an agency wide trauma informed practices self-assessment that included staff and consumers. The self-assessment resulted in an action plan to include screening for Adverse Childhood Experiences at Intake, staff trauma trainings; vicarious/secondary staff trauma programs; reduction of consumer re-traumatization resulting from agency involvement; increase agency cultural and linguistic competence; and increase consumer input and participation with the agency. The agency workgroup meets monthly.

Crawford County Children and Youth Services recognizes that trauma impacts children's lives. The activities undertaken for trauma while not associated with assessment scores are impacting how this agency and our contracted agencies evaluate and respond to different situations. Every year, Crawford County hosts resource parent training. This training is open to all local kinship and foster care agencies and CASA. In FY 14/15, FY 15/16 and 16-17 trauma-Informed Care is one of the trainings provided. In order for resource family's to fully understand and incorporate trauma informed practices into their home life, Crawford County wants to hold quarterly trainings/support groups for our contracted resource homes.

We continue to seek agencies to partner with Parkside Psychological Associates to create trauma informed foster homes. Although area agencies support trauma informed trainings and practices, they have been reluctant to move forward with comprehensive engagement of foster family participation. It is hopeful that this program will become active.

Currently Crawford County utilizes two agencies that are credentialed in trauma counseling that is recognized by our county medical care organization (MCO), Parkside Psychological Associates and Megan Chong. The assessment scores delineate which trauma evidence based program/curriculum is used. While Trauma-Focus Cognitive Behavioral Therapy (TF-CBT) is a common therapeutic intervention, it is not appropriate for all individuals. Therefore Parkside Psychological is credentialed in several different evidence based programs (EBP).

Juvenile probation is looking at using SEARS (Social Emotional Assets and Resilience Scales) to help with identifying the Juveniles resilience. This will be a key for the officers and juvenile to help develop an appropriate case plan. There will be a cost however it will be minimal compared to the benefits. Juvenile Probation has implemented using the ACEs questioner as a screening tool at intake. We now look at the MAYSI2, YLS and ACEs score when developing a recommendation for court and development of the juvenile's individualized case plan. Based on these screening and assessment tools we implement the services that match the juvenile's needs therefore having a greater impact.

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

Psychotropic medication for all children is listed under the medical tab of the Child Permanency Plan (CPP). The CPP is reviewed and signed by supervisors prior to the plan being distributed to the appropriate parties and stakeholders. During this review process, supervisors are reviewing the medications that children are prescribed. If a child is prescribed multiple medications that a caseworker or supervisor questions, then a team meeting is scheduled with the child's psychiatrist and other stakeholders to review the medication. The topics discussed during this meeting include but are not limited to the child's presenting symptoms, the child's history, past medications, and the reasons for holding the meeting regarding that child's medication. Second opinions are sought after if needed. Caseworkers are also attending psychiatric evaluations/appointments to ensure that the psychiatrist has all the information necessary to make a determination on medication management.

SWAN LSI paralegals are tasked with aiding in obtaining the medical information for children in out of home placement on a yearly basis. The caseworker is responsible for obtaining the signed release, the SWAN LSI paralegal will be faxing the release to the doctor's/psychiatrist's office and ensuring that the records are received. The paralegal will flag any medication that the child is prescribed and give this information to the assigned caseworker. This is a new process that began in July 2016.

Training on psychotropic medication will be sought out for caseworkers to watch during case management.

- ❑ 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 complex cases, working with Medicaid managed care special needs units or having nurses on staff to conduct level of care assessments for medically necessary services to support children with special health care needs to live in foster family care.

Agency case managers and provider staff monitor medication for children in out of home placements.

Psychotropic medication for all children is listed under the medical tab of the Child Permanency Plan (CPP). The CPP is reviewed and signed by supervisors prior to the plan being distributed to the appropriate parties and stakeholders. During this review process, supervisors are reviewing the medications that children are prescribed. If a child is prescribed multiple medications that a caseworker or supervisor questions, then a team meeting is scheduled with the child's psychiatrist/doctor and other stakeholders to review the medication. The topics discussed during this meeting include but are not limited to the child's presenting symptoms, the child's history, past medications and the reasons for holding the meeting regarding that child's medication. Second opinions are sought after if needed.

The Special Needs Unit is a consultation practice that is used by our agency as needed.

Another process that has recently been established within the agency is for SWAN LSI paralegals to gather medical records for all children in placement on an annual basis. Any child who is prescribed multiple medications (over two medications) will be flagged and given to the caseworker.

2-3e. Concurrent Planning

- ❑ Please share any challenges in completing concurrent goal activities.

Concurrent planning has several Challenges. One is the turnover rate of caseworkers. Turnover creates a stalemate with the case until another caseworker has been trained and has the ability to move forward with the case. In these situations, the case is either case managed by the supervisor or managed by a caseworker with the same unit causing the family to rebuild a relationship with yet another person.

The parallel process of simultaneously working on two goals can be a struggle for some workers. The conversations of concurrent planning with families can create a sense of defensiveness with families that hinder the working relationship. Newer caseworkers do not always have the comfortability in having these conversations and there is no formulized training for them to develop this skill set.

Another barrier to concurrent planning is for other parties of the case to understand Children and Youth Services position for simultaneously working on the dual goals. This has caused conflict amongst case members and stakeholders. Turnover in Crawford County parent attorneys has recently occurred. A discussion occurred with the Court on concurrent planning and a PowerPoint was distributed as way for others to understand ASFA and the activities that surround concurrent planning.

The last barrier to concurrent planning for this county is foster homes willing to work with older youth. Activities such as Child Specific recruit, the Older Child Matching Initiative and hiring a placement coordinator, to list a few, are used to locate homes that meet the needs of older children.

Overall, we do well with concurrent planning. We have added the concurrent goals to the Child Permanency Plan, making the parent aware of the ASFA timelines and the work that will be done to prepare a child for adoption as we also work towards reunification. These plans are developed in a Family Group Decision Making Conference or team meeting style. We are having open, honest, respectful conversations with the birth families about full disclosure, their rights, responsibilities, time frames, permanency options, consequences, and expectations of the agency. Diligent searches are completed immediately upon the case being accepted for service and are immediately taken to the family for a discussion about possible relative that may be a placement option for their children. We also make an effort to locate fathers immediately.

The LSI paralegals complete the Fostering Connections letters. There is no hesitation to complete home studies on kinship resources to determine appropriateness of placement. Ice breaker meetings or first meetings as we call them are happening quickly once a child goes into placement to begin to foster the relationship between the birth parents and foster parents. Visits with children and their birth families are frequent and often are above the requirement.

We have ASFA pamphlet's that have been created to assist the caseworker in expressing the language of ASFA and what it means to the birth parents. Child profiles are referred for each child who has been in placement for 3 months. This is a required document to complete an adoption so this process begins soon after the child enters substitute care. In addition, a child prep unit of services is also referred at this time to assist the child in understanding the changes occurring in their life.

In Crawford County we have a permanency meeting for each child in placement at 9 months, again at 12 months and if the case has not had permanency established again at 15 months. Most adoptions occur with a total time in placement under 24 months.

2-30. Successor Permanent Legal Custodians

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

Certified letters were sent to all SPLC on the option to name a successor.

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

Crawford County has not amended the SPLC agreements as there are specific procedures that must occur prior to transferring the funds to the successor permanent legal custodian.

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

Zero cases

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

Not since the law went into effect.

2-3p. Preventing Sex Trafficking:

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

Crawford County was not on the sex trafficking workgroup nor was this county a pilot for the screening tool. Based upon the statutes and presentations from the sex trafficking workgroup, it is anticipated that there will be an impact. The impacts include:

- Staff time- It takes approximately 30 minutes to conduct the screening tool per child. From July 1, 2015 to June 22, 2016 Crawford County served 2,148 children in our intake department. The new mandate will create an additional 1,074 hours.
- Cost- An intake worker who has been employed for three years makes \$22.03 (based upon 2015 union contracted rates, union negotiations for 2016 on are currently ongoing). Intake workers are currently already managing overtime on a weekly base. The additional cost of this statute will be \$23,660.22 dollars for straight time and the total cost to include over time will be \$35,490.33 dollars.
- Cost-The sex trafficking assessment to be contracted out would cost between \$25 to \$35 dollars per 15 minutes. If 15% of the youth in intake only (excluding ongoing cases) met the criteria to have an hour assessment completed it will cost this agency \$45,108.00.
- Cost-In FY 15/16 there were approximately 7 children who ran from a placement setting. Two children had multiple runaway episodes. Every time a child runs away, multiple phone calls are made with ongoing searches and efforts are made to locate the child. Each child when located will have a sex trafficking screening tool administered and possibly an assessment in addition to multiple conversations regarding the experiences that lead to the child running away and what occurred during the episode.
- The surrounding counties show a higher number of sex trafficking incidents occurring. It is anticipated with sex trafficking education and screening there will be an increase in the identification of sex trafficking victims.
- Sex Trafficking assessment-Crawford County must determine who is to complete the assessment. There are several possibilities to consider such as a contracted provider, the Child Interview Center forensic interviewer, or a Master's Level employee.
- Services-implementing specific comprehensive counseling/services for those youth who are at risk or who have been sex trafficked.
- Training in commercial sex trafficking and exploitation will be an ongoing endeavor.

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

Sex trafficking is not well-known to this county. There have been no convictions of sex trafficking in this county in the last couple of years. The technical assistance that is needed is for the public to become aware and have clear and accurate information on sex trafficking. Crawford will be reaching out the FBI to provide awareness and training to our caseworkers, service providers, Guardian Ad Litem, CASA workers and police. Public service announcements would be beneficial for not only this county but all the counties.

Crawford ADA was contacted regarding the new statute and how it may have an effect on this county. Having the state reach out to law enforcement to explain Child Welfare's mandate and the bulletin procedures will aid in the collaborate work between Child Welfare and Law Enforcement.

Information pertaining to the specific comprehensive services needed to help those youth who are either at risk of or have been victims of sex trafficking is needed. There is research on this topic. For children, PTSD is a common mental health diagnosis for children who have been trafficked. However there is little known about the presentation of PTSD in children. Lack of information is due, in part, to the fact that identification of PTSD in children has been more recent than its recognition in adults (Pfefferbaum, 1997). One study found that while children might initially respond to trauma through a fight or flight response, long-term trauma without relief can result in children responding through immobilization followed by dissociation (Perry, Pollard, Blakley, Baker, & Vigilante, 1995). Some evidence suggests that girls are at higher risk for re-victimization than boys, while boys are more likely to develop aggressive behavior as a result of their victimization. This evidence suggests the need for distinct, targeted treatment for boys and girls (Office for Victims of Crime, 1998). At the end of the article the conclusion states: Long-term population-specific studies are needed to provide evidence for the best treatment options to help victims of trafficking psychologically process the trauma they have experienced. However, until these studies are conducted and their results made available, mental health practitioners can base treatment options for this population on existing research findings and interventions found to be successful with other similarly victimized populations.

It has been found that one or more theories of psychological treatment, the most prominent being behavioral, cognitive, and psychodynamic works to change behaviors and feeling altering how a patient comprehends and understands significant life experiences. These therapies include:

Cognitive Therapy

Aims to challenge dysfunctional thoughts based on irrational or illogical assumptions.

Cognitive-Behavioral Therapy

Combines cognitive therapy with behavioral interventions such as exposure therapy, thought stopping, or breathing techniques.

Exposure Therapy

Aims to reduce anxiety and fear through confrontation of thoughts (imaginal exposure) or actual situations (in vivo exposure) related to the trauma.

Eye Movement Desensitization and Reprocessing

Combines general clinical practice with brief imaginal exposure and cognitive restructuring (rapid eye movement is induced during the imaginal exposure and cognitive restructuring phases).

Stress Inoculation Training

Combines psycho-education with anxiety management techniques such as relaxation training, breathing retraining, and thought stopping. (Rauch & Cahill, 2003)

Internet Article: Evidence-Based Mental Health Treatment for Victims of Human Trafficking 04/15/2010

By: Erin Williamson, Nicole M. Dutch, and Heather J. Clawson Caliber, an ICF International Company

This report is part of a larger project: Study of HHS Programs Serving Human Trafficking Victims

Crawford County has access to four out of the five different therapies listed above.

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

Crawford County anticipates using the screening tool and assessment provided by OCYF.

Staff are trained through the Child Welfare Resource Center E-Learn mode 1 CSEC.

The planning stages have been hindered due to not having access to the screening tool, assessment or knowing which modalities of therapy will be approved by the state as a comprehensive service for victims or those at risk for sex trafficking.

In preparation for this statute, a brief training was given pertaining to when a youth runs away. There is a process in place and stored on our data base system. To install the importance in what sex trafficking is and that it can happen in this county, training will be scheduled for the FBI to present information to the CYS staff.

During the MDIT meetings, conversations are being held with the police and the ADA to create a unified procedure so reduce the number of interviews a child may have encounter and to ensure that the work completed is not duplicated.

Counseling agencies have been notified to determine their willingness to administer the sex trafficking assessment tool and to determine the cost.

2-3q. The Child Abuse Prevention and Treatment Act (CAPTA)

Sex trafficking has not been seen as a prevalent issue in this county. Therefore it is unknown at this time how prevalent it is in this area and if there will be an impact on the number of alleged abuses when the law changes to incorporate sex trafficking. Within the last two years there have been no cases of sex trafficking brought before the District Attorney. At this time it is unknown if the change in the definition of child abuse will have a significant impact on our agency.

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

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

Reasonable and Prudent Parenting Standards (Act 75 of 2015):

- Every CYS caseworker, CYS supervisor, CYS program manager, and CYS program specialist is trained on this topic through the CWRC online training course. All new employees will receive this training as part of their initial training within the agency.
 - A liaison for prudent parent standards has been identified for each provider agency and the CYS agency.
 - Prudent Parent and Normalcy liaisons met monthly and now meet bi-monthly.
 - An Independent Living group was developed by a contracted provider specifically for youth ages 14 and 15.
 - Child Permanency Plans now include goals and or objectives for children age 14 and older to transition to adulthood and for all children the participation in extracurricular, enrichment, cultural and social activities.
 - The Child Grievance Form has been revised and reviewed with staff to include time frames in which the Child Grievance Form is to be discussed with the child and caregiver.
 - Discussions with staff pertaining to youth spending the night at an uncertified home have been a struggle. This practice was a major change. Internally staff are now asked to only obtain the names and address of where the youth will be spending the night. Internally the names and address are run through the data base system and Megan's law for any potential threats. In the event that a youth may be unsafe a discussion would be held with the foster parent or the prudent parent liaison.
 - Training for foster families is provided by the contracted agencies and Crawford County Human Services.
 - Crawford County contracts out all foster homes. Therefore the contracts between the agency and the contracted service providers were revised to include the provisions in Act 75 of 2015.
 - The court report was revised to include revisions of Reasonable and Prudent Parenting and is discussed in court procedures.
- Act 94 of 2015
- The court report was revised to include sections for youth 14 and 15 regarding services or activities to assist the youth's transition to a successful adult.
 - The court report was revised to incorporate a normalcy section for children.
 - The Goal of APPLA is not discussed for any youth under the age of 16.
 - Permanency hearings have been enhanced to not only discuss normalcy, youth ages 14 and 15 IL services but also the activities to achieve permanency for youth with the goal of APPLA.
 - Permanent Connections continues to be a focus for all youth in substitute placement.

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

- Religion and Religious Training
- Education Placement

- Non-routine physical/mental health treatment
- Use of psychotropic medications
- Activities that violate Case Plans or Court Orders

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

Yes, all staff who carry an ongoing case load and those who supervise them were trained on Reasonable and Prudent Parent Standards. Any new employees that meet the criteria stated above will also be trained on these standards. Placement Providers have also trained their staff. And additional training for foster parents will be provided in the summer of 2016.

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

Crawford County was denied funds to increase placement agencies per diems to allow for Reasonable and Prudent Parenting Standards costs. This cost was anticipated to enhance transportation costs and increase the number of staff associated with prudent parenting, i.e. excess transportation. It was also to fund the activities the children and youth were involved in. No other funds were approved for this standard. Each case will need to be reviewed on a case-by-case scenario. However youth who work with the Independent Living Program can earn stipends to help pay for clothing and equipment for extracurricular activities.

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

- 4 youth in IL
- 9 youth in After Care

- ☐ Describe any collaborative efforts that support young drivers.

- Independent Living and the Moving On Program offer groups on obtaining a learner's permit and driver's license.
- Independent Living is researching community Driver's Education programs to help youth obtain a permit and license.
- Independent Living is also seeing an increase in the number of youth who have their permits or are in the process of receiving their permits.

- ☐ Describe any barriers to obtaining driver's licenses and learners permits.

- Lack of Driver's Education classes in the school.
- Youth's fear and anxiety over taking test/driving.
- Concerns over youth not being responsible enough/mature enough to drive.
- Driver's License Center unwilling to cooperate with CYS agency and/or providers for youth to obtain their driving permit.

Although barriers have been identified, the Independent Living program is working to alleviate these barriers. This may include working with the youth and educating them to help remove any anxiety and fear, working with the placement providers to help all youth with the opportunity to take their permit test, and working with the State to help make the permit/license process easier.

Independent Living is also researching community Driver's Education programs to see if it is feasible for them to provide classroom education for IL youth.

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

0 IL Youth

8 After Care Youth

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

0 IL Youth

2 After Care Youth

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

Should a youth want to own a vehicle, the Independent Living Program Specialist would work with the youth to research vehicles and talk to those who understand vehicles, in the hopes they purchase a car at good value and good working order.

Should a youth want to purchase a vehicle, placement providers are encouraged to talk with CCYA about responsibility, liability, etc.

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

- Financial responsibility/burden of the youth to afford an automobile.
- Financial responsibility/burden of automobile upkeep and maintenance
- Financial responsibility/burden of car insurance.
- Liability.

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

4 IL Youth

10 After Care Youth

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

- Youths' lack of motivation or apprehension to seek employment.
- Immaturity and mental health issues of youth which lead to a breakdown in trust.
- Local businesses apprehensiveness of hiring youth at 16-21.
- Lack of part-time employment in the area.

- Lack of transportation.
- Youth's Limited knowledge base of job readiness skills.

Although there are barriers to the youth obtaining employment, Independent Living is working to help alleviate such barriers. This may include:

- Working with the youth in group and individual settings on job readiness skills.
- Helping the youth with job applications, including where to find them, proofreading for errors, and submitting them.
- Talking with business owners about the youth.
- Working with placement providers on transportation for the youth.

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

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

There are two children in Crawford County with the goal of APPLA.

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

One of the above noted children has a concurrent goal of APPLA.

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

Neither of the two children with the goal of APPLA in Crawford County are under the age of 16.

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

Both of the children in Crawford County with the goal of APPLA are 17 year old females. Both of them have a history of sexual abuse with unsafe behaviors that led to their current placements in congregate care. Both of these youth have had numerous, unsuccessful foster care placements. One of the youth has a biological family that is unwilling to work toward reunification. The other youth was adopted previously; however, her adopted family is not willing to consider reunification. Both youth are currently doing well in their respective placements, but have both voiced reservations about being adopted at any point in the future.

Both girls have review hearings with our Juvenile Court Master, attorneys, CYS staff and providers every 6 months to make a determination as to whether the goal of APPLA is still accurate and appropriate. Both children are linked with Independent Living Services, Child Specific Recruitment and also Older Child Matching Initiative. Both children have Child Profiles in place that are used for referral to potential placements within family settings. The Placement Program Specialist is consistently seeking possible appropriate permanent resource homes and has made referrals to various foster agencies for permanent placement options. The case managers are seeking possible permanent connections or resources for both of these children through diligent searches, contact with previous foster placements and also discussions with the children about influential adults in their lives. There have been Family Team meetings held to discuss permanency options and also to adapt the Child Permanency Plans in order to address

the need for permanency. Once a permanent resource home is identified for either of these youth, the goals will be revisited to determine if a goal of SPLC or adoption are more appropriate at that time.

- ☐ Describe what efforts are being made to identify and review case goals for youth age 16 and older.

Crawford County holds review hearings with our Juvenile Court Master, attorneys, CYS staff and providers at least every 6 months to make a determination as to appropriateness of the goals for our children in care. All children in care over the age of 16 are linked with Independent Living Services, Child Specific Recruitment and also Older Child Matching Initiative. The Placement Program Specialist and case manager along with our SWAN affiliates are consistently seeking possible appropriate permanent resource homes and utilizing child profiles to submit referrals to various foster agencies for permanent placement. The team members also seek possible permanent connections or non-placement resources for the children through diligent searches, contact with previous foster placements and also discussion with the children of influential adults in their lives through CSR. Family Team meetings are held when appropriate to discuss permanency and also adapt the Child Permanency Plan to address the need for permanency. Once a permanent resource home is identified for any child, the goals are revisited to determine if a goal of SPLC or adoption is most appropriate.

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

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

\$68,502.20 was expended during FY15/16 for Legal Representation Costs for Juveniles in Delinquent Proceedings.

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

\$24,949.48 was expended during FY15/16 for Legal Representation Costs for Parents in Dependency Proceedings.

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

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

Crawford County contracts with 4 GALs.

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

By contract, each GAL is required to carry a minimum of 25 cases at any one time. One child equals one case. The current average caseload per GAL is 26.75.

- ☐ How is caseload size calculated?

GALs are assigned cases on a rotation schedule with the court.

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

Currently, as of the writing of this report, 107 children are being represented by a GAL and legal counsel appointed on their behalf.

2-3y. Child Advocacy Centers (CACs)

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

Crawford County Children and Youth Services utilize the Crawford County Interview Center, (CIC) for all forensic interviews. The Center is located adjacent to the county agency and is managed by a County contracted forensic interviewer. The expenditures for the FY 2015-16 are as follows;

Forensic Interview	\$60, 410.41
Training expenditures	\$4, 454.62
Trauma informed assessment and consultant fee's	\$3, 206.25
Establishment of protocols, consultant fees	\$5, 639.00
Printing and office supplies	\$1, 000.00
Office Space	\$4,128.00
Total	<hr/> \$78,838.28

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

The facility, training expenditures and the cost of the forensic interviewer are all funded using Act 148 and county monies.

The remaining items listed were funded by a 2014 grant, administered through the Pennsylvania District Attorney's Institute.

2-3z. Medical Foster Care

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

- ☐ Describe how the level of medical foster care services required by a child is determined and explain how often the levels of care are reassessed to ensure appropriate payment of services.

The provider agency determines what level of foster care a child is placed into. This is typically determined through a medical doctor's diagnosis. Once a level is determined, the agency must sign off that it is the right level. It is the provider's responsibility to ensure that the appropriate level is utilized and billed for an ongoing basis. Typically, the county does not require ongoing assessment of the level of care unless reassessment is requested by the agency.

The Bair Foundation, Family Pathways and Families United Network, Inc. offer four levels of Medical Foster Care as per the 1994 bulletin descriptors for children from infancy through age 21. The level of care is determined by the child's physician. The County CYS office is then provided with the physician's recommendation to which the County CYS either agrees to or modifies the recommendation. The levels are reassessed a minimum of once annually per physician, but more often if something changes in the medical status. Due to the extensive number of appointments needed for medically fragile children their physicians have the ability to reassess their needs on a continual basis. Eligible youth with a diagnosis by a licensed medical practitioner of a special or chronic medical condition or physical disability and an indication that they may remain in a foster care placement resulting in a less restrictive environment than a hospital or other institution are then placed in a specific level of service. Services for specialized medical foster care placements include supportive and supervisory activities, as well as direct personal care. Following are the four levels of available service: Level 1 – One or more medical conditions or physical disabilities that can be relieved, alleviated or controlled by a regimen of medical supervision and consistent non-specialized care. The condition or disability is not considered life threatening. Level 2 - One or more acute medical conditions or physical disabilities that can be relieved, alleviated or controlled by specialized intervention and a regime of medical supervision and consistent care. No immediate life threatening indications are present. Level 3 – A combination of acute temporary, chronic or permanent medical conditions or physical disabilities which require intensive, home-based medical intervention on a constant basis to sustain life. Condition may be life threatening. Level 4 – A combination of acute, chronic or permanent medical conditions or physical disabilities where life can be sustained only by intensive, home-based medical intervention on a 24-hour basis. Life threatening conditions are constantly present.

☐ Please check all that apply:

☐ The CCYA is an MA-enrolled medical foster care service provider.

☒ The CCYA contracts with one or more MA-enrolled medical foster care service provider(s).

☐ Provide a list of the MA-enrolled medical foster care service provider(s) the CCYA currently contracts with:

1. Families United Network, Inc.
2. Family Pathways
3. The Bair Foundation of Pennsylvania

☐ List or describe the county's contract requirements with your medical foster care provider(s).

All CYS/JP placement providers are required to submit the same requirements in order for a contract to be created, regardless of if they provide medical foster care or not. After the approved IV-E packets are pulled from DocuShare and reviewed, a contract rate sheet is compiled. This is emailed to the provider for approval, along with a request that they send a completed *Agency Cover Page* (per provided template), program descriptions for each program, an organizational chart, listing of the Board of Directors, and a W-9. The appropriate certificates of compliance are pulled from the state website and the provider's most recent insurance certificate is retrieved from our files to add to the contract. After the above requested documentation is received, the contract is compiled and submitted for

approval on the IV-E invoicing website by OCYF. Then the contract is sent for commissioner signature. Finally, the completed contract is sent to the provider for signature. There are no additional requirements above what is asked for, for all providers.

- ☐ Does the CCYA require medical foster care providers to account for the use of MA dollars received for providing medical foster care services? If so, what information is the medical foster care provider(s) required to report, and how frequently?

Currently, Crawford County does not require this level of fund monitoring.

The Bair Foundation passes 100% of the MA revenue through to the foster families; therefore, it is not included in the Title IVE cost report process.

Families United Network, Inc. reports this information annually through the pre-audit review process at the state level for maximum allowable rates.

- ☐ Explain how medical foster care provider(s) (both CCYAs and those under contract with the CCYA) determine the percentage of the MA medical foster care payment rate that is directly paid to each medical foster parent?

The portion of the rate that is paid to foster parents is not a specific percentage. During contract negotiations, the rate is clearly split between admin and maintenance costs. The maintenance portion is whatever the provider agency is currently paying their foster families. This varies between agencies, which is why there is no set percentage.

The Bair Foundation utilizes the MA payment as a 100% pass through to the foster parent who is caring for the child's medical needs. The Bair Foundation does not retain any of these dollars.

Families United Network, Inc. passes MA reimbursement to foster parents based on a percentage of the MA rate for each level to the total rate comprised of County and MA funds. For example, a Medical Level 1 is allocated as follows: MA rate for Med level 1 - \$19.36, County rate for Med level 1 - \$49.36, Total rate for Med level 1 - \$68.72. $\$19.36/\$68.72 = 28\%$ attributed to MA revenue which is then applied to the foster family rate. $\$28/\text{day} \times 28\% = \7.84 .

- ☐ Explain whether the county or contracted medical foster care provider(s) place an administrative capitation on the amount of MA funds retained for training and other costs related to training of medical foster parents and administration of the medical foster care program? If so, how much?
Roberta and Emilee

The Bair Foundation does not retain an administrative capitation on the amount of MA funds.

Families United Network, Inc. does not current have a capitation for the items listed. Expenditures are determined on a case by case basis and are based on the needs of the child.

Family Pathways retains an administrative capitation on the MA funds as follows: For Level 1 they retain \$16.36/day; For Level 2 they retain \$22.66/day; For Level 3 they retain \$24.31/day; For Level 4 they retain \$36.19/day.

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

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

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

At Crawford County Human Services it has been determined two positions will be impacted by the change in regulation. One position will change to hourly since it has minimal overtime and the other position is currently being evaluated and will either go to hourly or will be raised to the salary threshold whichever is more cost effective to the program. Our expected additional costs due to the new FLSA rule will be \$5257.39.

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

Emails were sent out on two separate occasions to 34 provider agencies requesting a response on how the Department of Labor's New Overtime Rule would be impacting their agency and how they plan to deal with this change. Out of the 34 providers 12 responded. The majority of the 12 that did respond said the new rule would have a significant impact on their agency.

Additionally, of the 12 responses from provider agencies, one said they would see no significant impact, while the other 11 providers expected an increase in rates of 3% to 7% to cover the cost of the FLSA rule. If days of care remained steady that would result in approximate additional costs of \$121,621.00 to Crawford County Children and Youth Services and JPO. The days of care were based on F/Y 15-16 data from each provider that responded.

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

So far we have one provider, Hermitage House who will be receiving a \$7,000.00 increase in the IL Program which will be effective December 2016 to June 2017.

- To assist in development of a resource request tied to the new rule, please use the italicized questions as a guide when developing an **ADJUSTMENT TO EXPENDITURE** related to CCYA employees. For an **ADJUSTMENT TO EXPENDITURE** related to private providers, please provide any supporting documentation from the provider that addresses the same or similar questions:
 - How many CCYA employees will be affected by this change in regulation?
 - Approximately how many hours per week will need to be compensated that were not previously? At what rate(s)?
 - Is there a way to reduce or eliminate the need for overtime hours without affecting current operations?

- Are the overtime hours worked now due to vacancies? If so, could additional staffing reduce or eliminate the need?
- What analysis was completed to determine the direction of the agency's response to the new rule?

Section 3: General Indicators

3-1: County Fiscal Background

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

Crawford County Children and Youth Services continued to use general funds to meet their financial obligations. Spending was limited to necessary expenses needed to perform job duties. Training and travel was also restricted.

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

Crawford County did not exceed our Act 148 allocation for FY 2015-16

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

Crawford County did not spend all of the Act 148 allocation. This is partially due to the budget impasse. The other major reason for underspending is due to the decreased numbers of families opened for ongoing services and the decreased numbers of children in substitute placement. The decrease in numbers affects a whole array of line items that range from the used of contracted services to the total cost of placements.

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

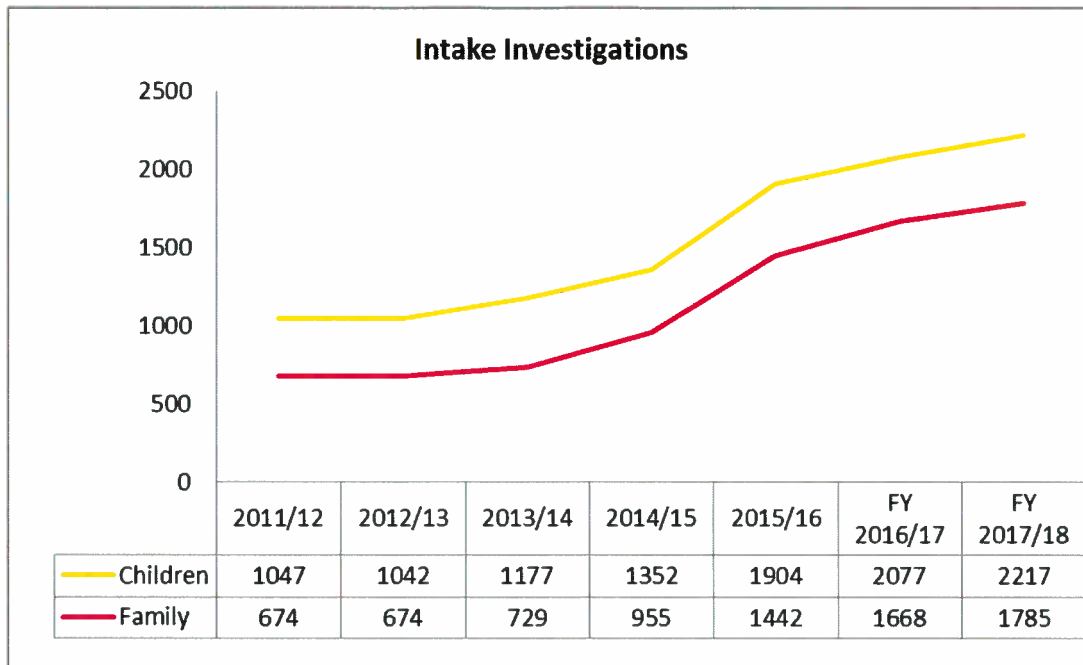
See Fiscal Excel Template

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

Crawford

3-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).



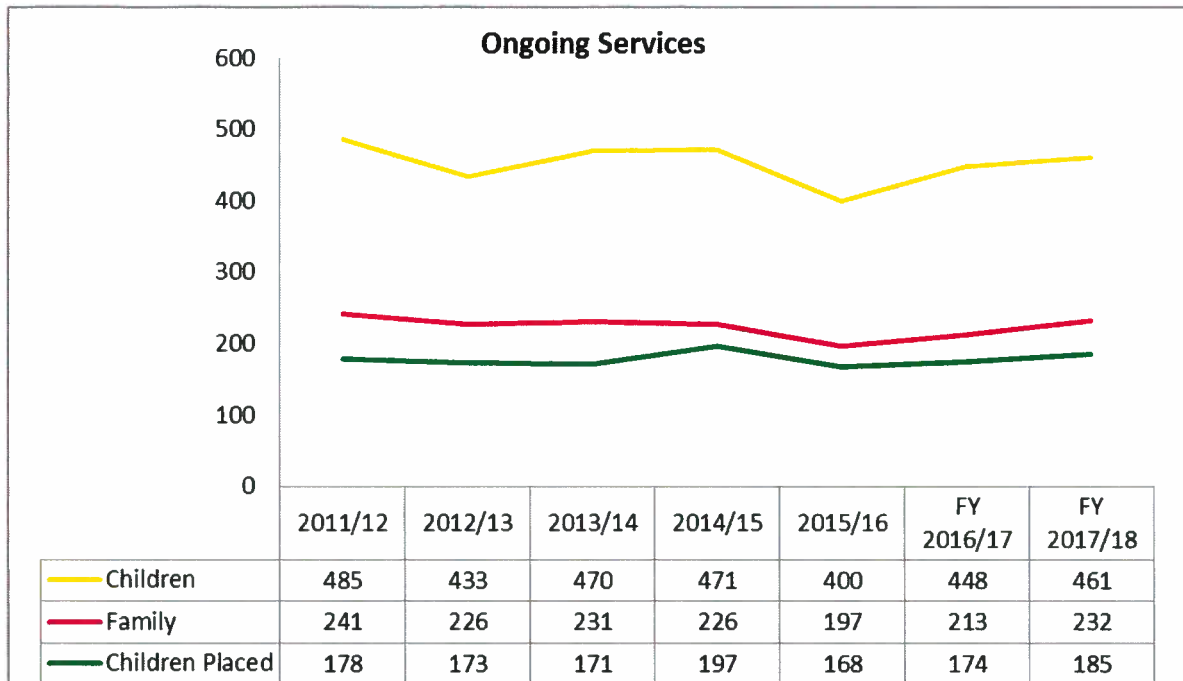
[Click to Paste Chart](#)

Intake investigations have increased significantly since the enhancement to the new CPSL laws. The majority of calls received are from mandated reporters. Based upon the current trends of the last five years it is expected that intake investigations will continue to increase.

Crawford

3-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).



Click to Paste Chart

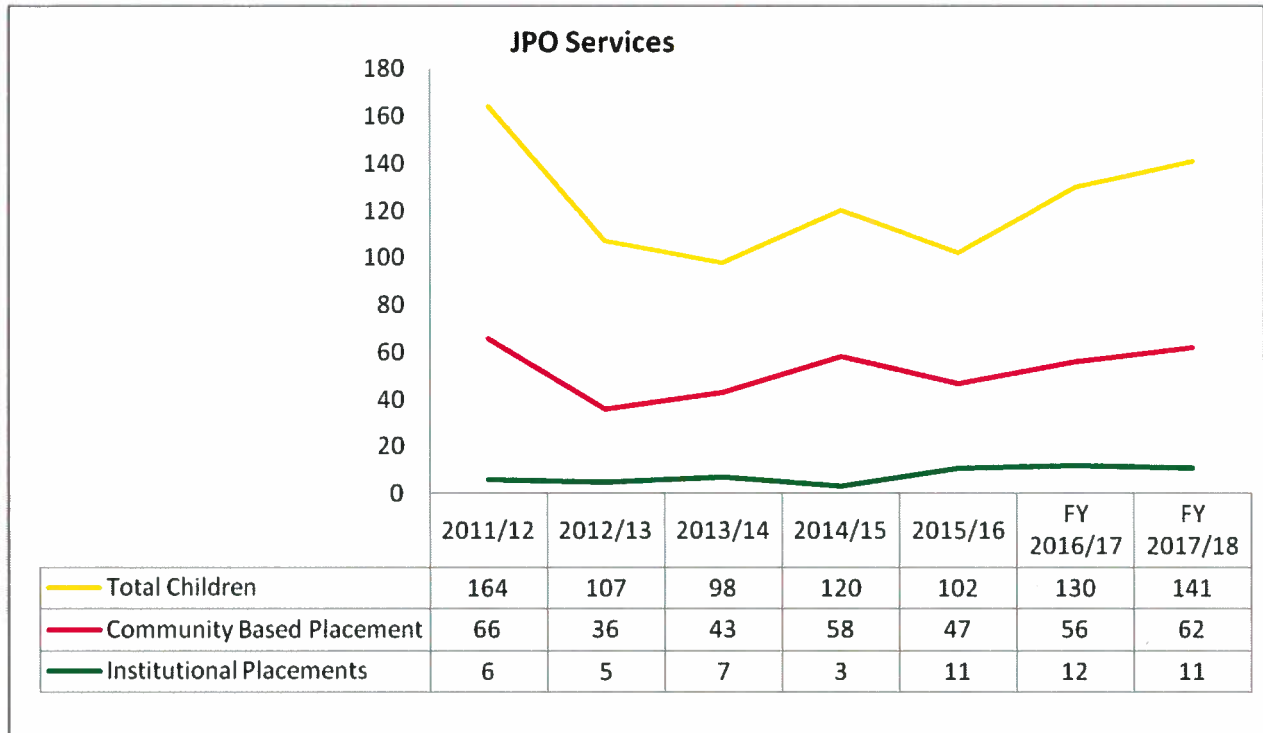
Reference census data www.census.gov. The population of Crawford County has decreased in total by 2.6%. Children under the age of five have decreased by .3% and the total number of children under the age of age has decreased by 1.2%. This compounded by the fact that Crawford County has a lower percentage of individuals who are age 25 and beyond who are a high school graduate or higher and a lower percentage if individuals who are age 25 and beyond with a bachelor's degree or higher. These statistics may account for a portion in the reduction of families receiving ongoing services. Based upon past trends, the number of families receiving service will increase as the decrease of families served does not coincide with the decline of the population.

Of the children opened for ongoing services 41% are placed in substitute care. Of the children placed 30% are placed due to parental drug usage. Parents who are using or abusing substances is increasing in this county. Drug use/abuse is complex and recovery is a slow process in which relapse is a part of. The EBP selected to aid in recovery is only as effective as the engagement and willingness of individuals to change. With the epidemic of opiate use/abuse, it is anticipated that additional children will be placed into substitute care.

Crawford

3-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



Click to Paste Chart

Although our current intake level is low, it is expected the level of service for moderate and high risk cases will increase. As probation officers continue to improve in utilizing MI skills to identify skill deficits, and use the service matrix to match YLS risks/needs, it is expected that JPO services, will likely continue to rise to meet those needs. This will increase the need for funding for services such as ART, Seeking Safety, SPARCS, Trauma, and NCTI curriculum. The YLS risk assessment along with the MAYSI and ACE screening tools utilized at intake has worked well to keep low and low moderate cases out of placement with the referral and utilization of evidence based services.

68% of moderate and high level risk cases are reporting concerns in the domain of personality/behavior. Therefore, in addressing this criminogenic need, there is a high volume of cases that need ART groups and trauma specific programs. We would anticipate a need to continue to implement ART groups in the local public school as well as within our department. Within this past year, 15 cases have been referred for ART groups.

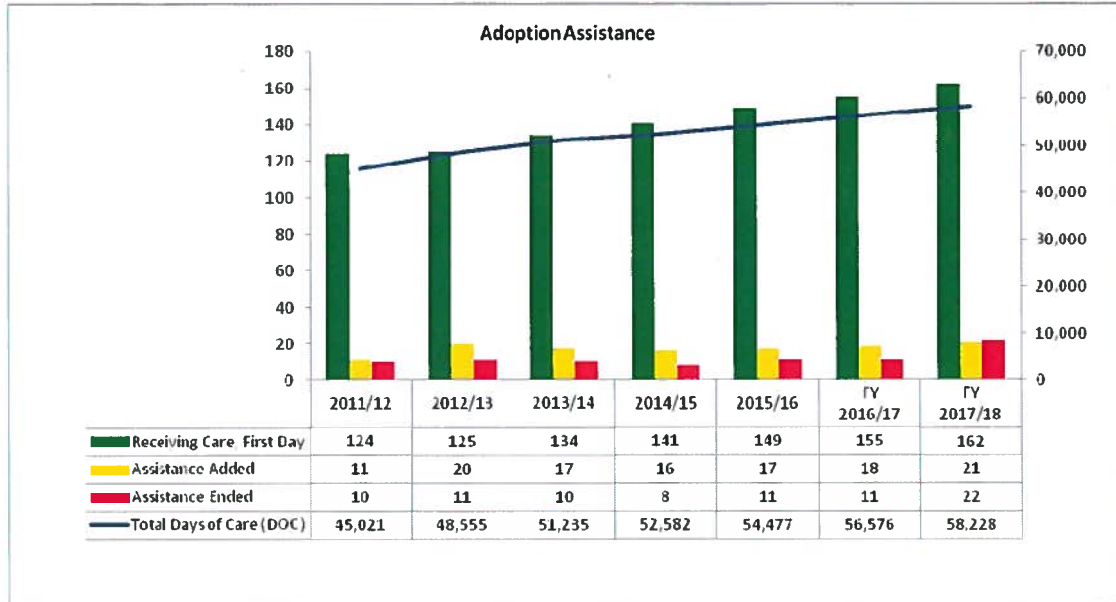
There has been an increased trend in need of the youth we serve for trauma related services. Within the past year, 21 clients have been referred for trauma counseling and the SPARCS groups. Further, many of the youth we serve that have criminogenic needs in more than one domain and need for multiple services.

The PA youth survey has identified youth are reporting depression levels that may be linked to d/a usage. 32% of moderate/high level cases are reporting concern in the area of substance abuse. The probation department is expanding the use of Seeking Safety groups to address domains of the YLS related to substance abuse and personality behavior domain.

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3-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).



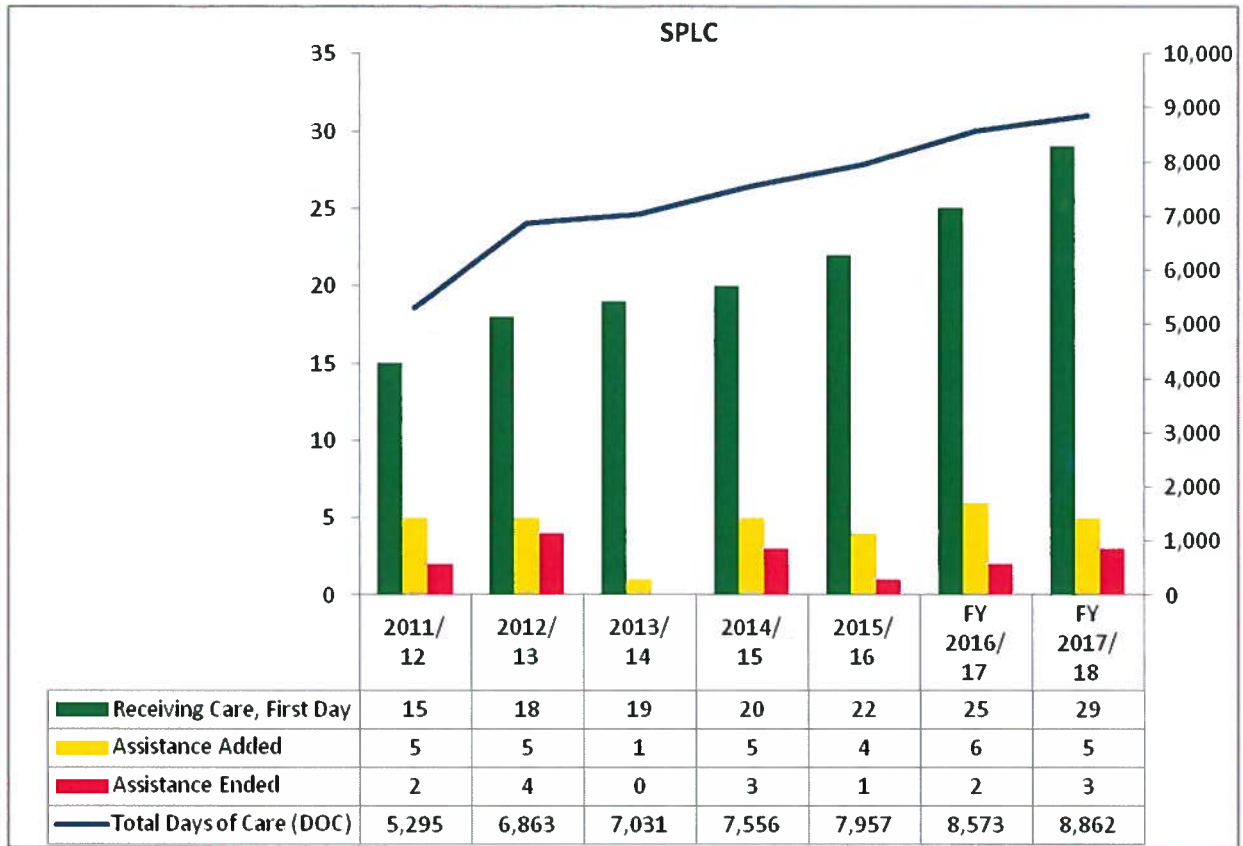
[Click to Paste Chart](#)

Adoption Assistance is increasing due to Act 80 and 91. Children adopted or SPLC on or after the age of 13 are receiving subsidies up until the age of 21 dependent on whether they meet one of the five criteria.

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

Insert the SPLC Chart (Chart 5).



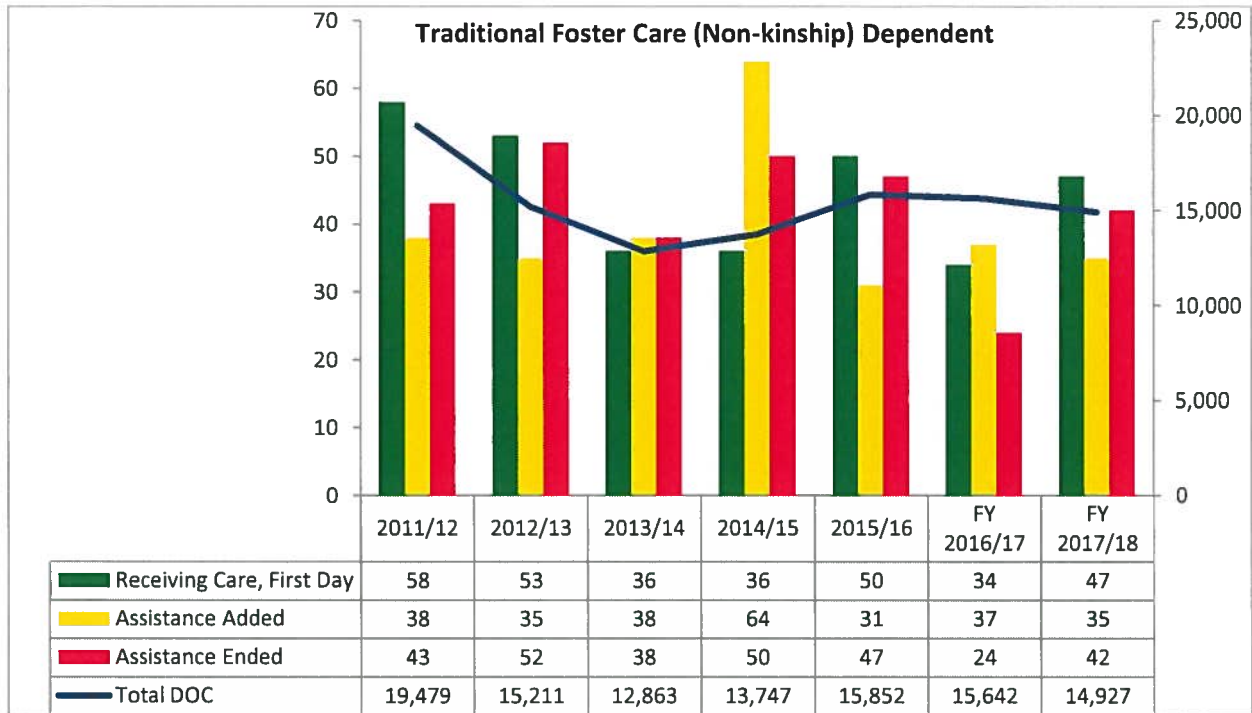
[Click to Paste Chart](#)

Adoption Assistance is increasing due to Act 80 and 91. SPLC is increasing due to Act 80 and 91. Children adopted or SPLC on or after the age of 13 are receiving subsidies up until the age of 21 dependent on whether they meet one of the five criteria.

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

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



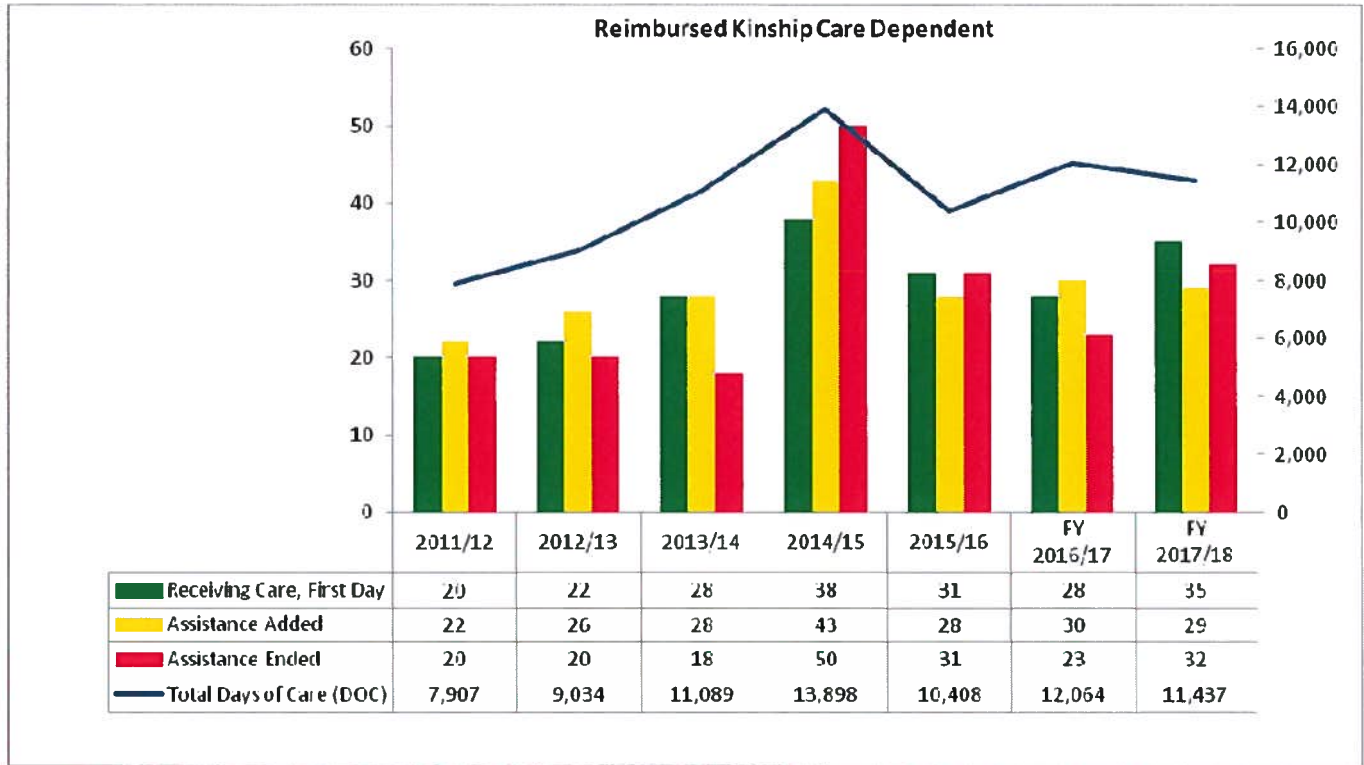
[Click to Paste Chart](#)

Children placed in traditional foster care have reached an all-time low. This is due to a decline in families receiving ongoing children and youth services. A diligent search and discussions occur around identifying extended family and supports for every child that enters into substitute care. Appropriate kinship caregivers that will pass the kinship home study are not always assessable. It is anticipated that additional children will enter into placement but the EBP's will reduce the number of days that the child remains in care.

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3-2d. Out-of-Home Placements: Reimbursed Kinship Care Dependent

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



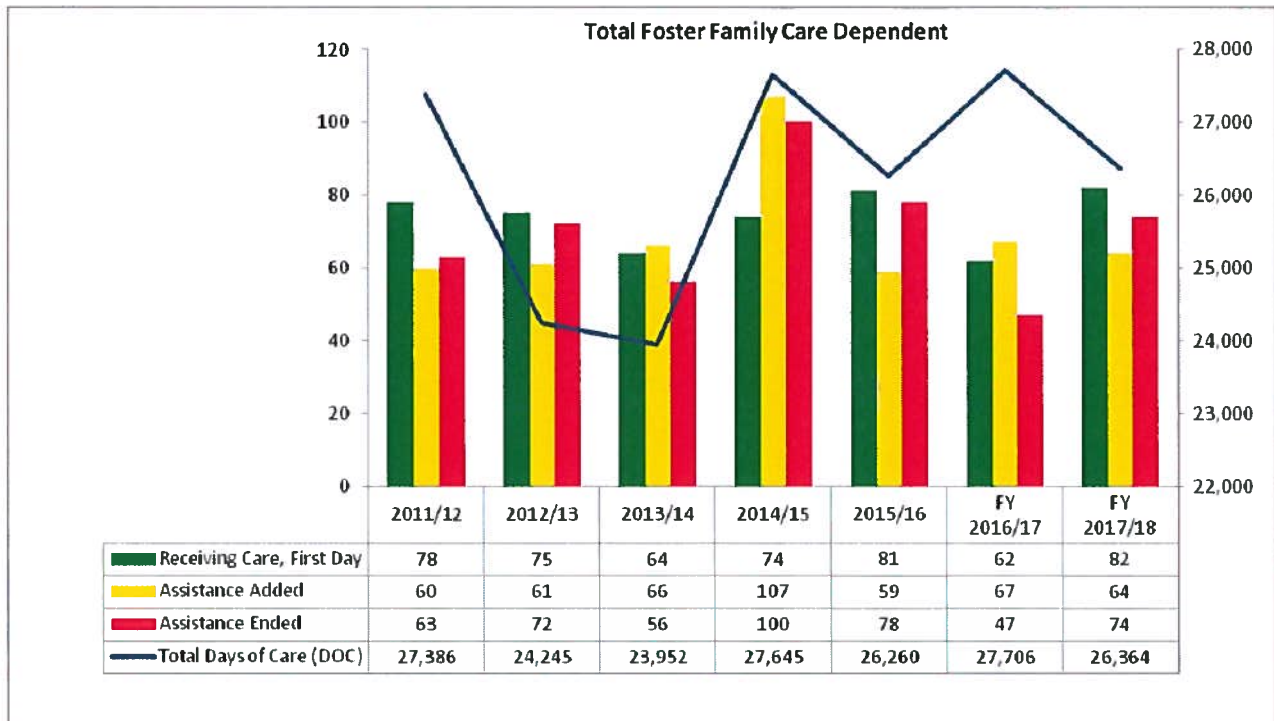
[Click to Paste Chart](#)

Through Family Finding efforts that include diligent searches, conversations with families, SWAN services and Fostering Connections letters, the number of children entering kinship home's will increase.

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3-2d. Out-of-Home Placements: Total Foster Family Care Dependent

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



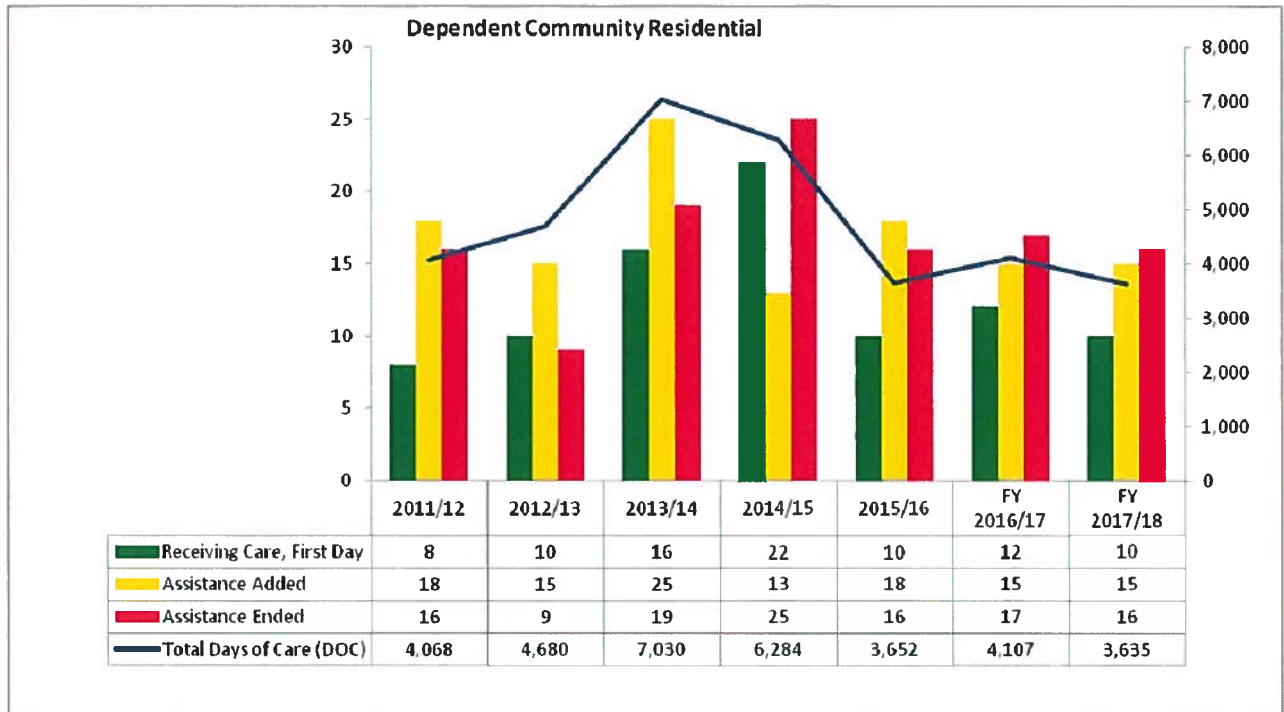
[Click to Paste Chart](#)

The number of cases opened for drug use/abuse is increasing and is a majority factor in children being placed in substitute care, causing children to be placed in substitute care to rise. With the implementation of Triple P and FBT working on the root causes, the number of days a child remains in care will be decreased.

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3-2d. Out-of-Home Placements: Dependent Community Residential

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



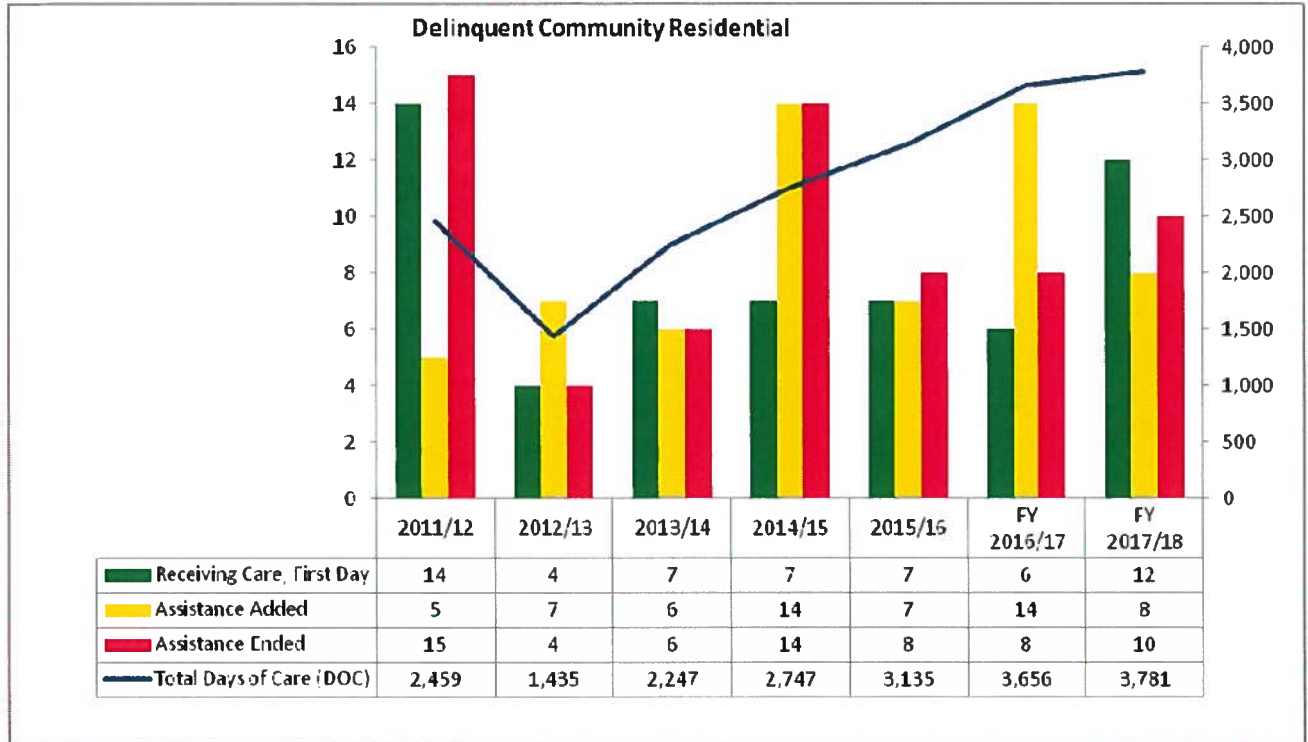
[Click to Paste Chart](#)

Please refer to question "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".

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3-2d. Out-of-Home Placements: Delinquent Community Residential

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



[Click to Paste Chart](#)

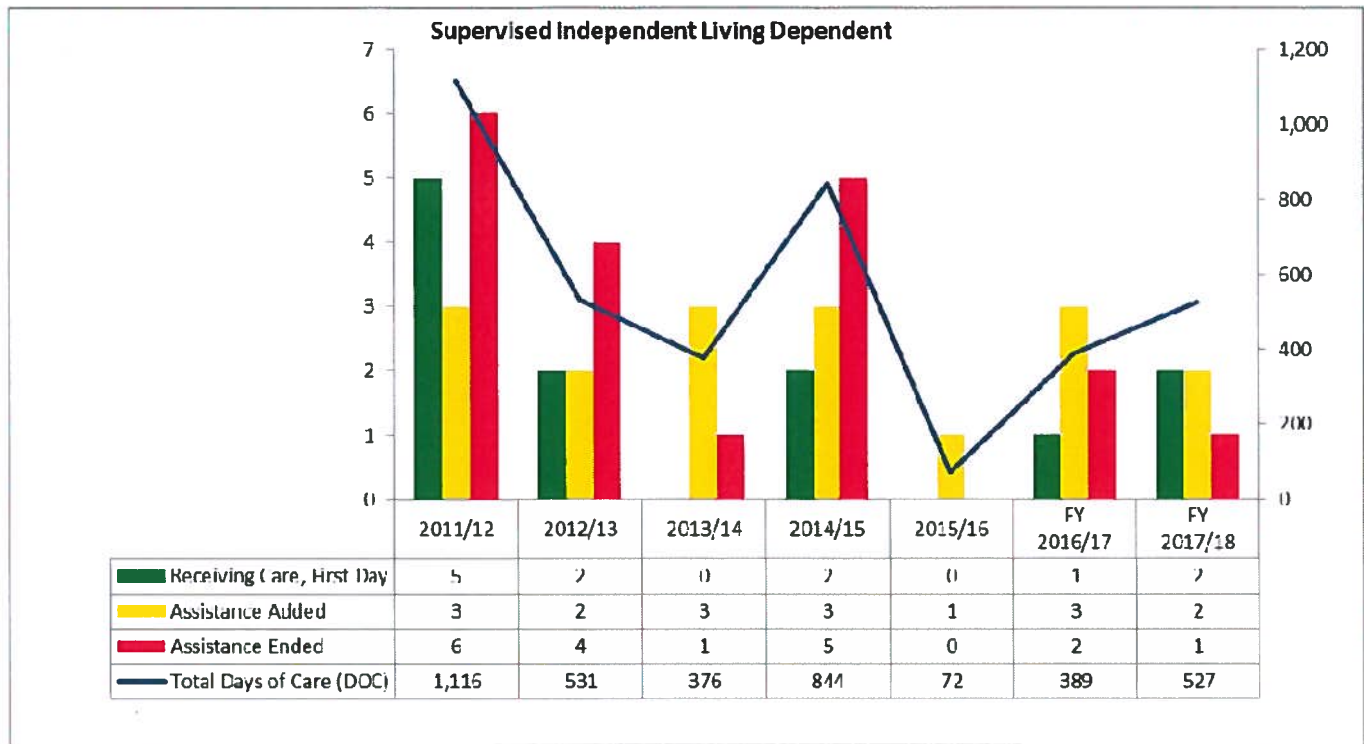
The need for community residential placement continues to rise, and the trend continues that moderate and high cases have needed extended services. The juveniles we serve in community residential program typically are placed for a period of 12 months to address all of their risk/needs. We continue to see a rise in cases for sex offender related crimes in need for delinquent community residential in the ADAPT program. We anticipate this trend to continue as PSP is investigating at least 10 cases for the next fiscal year and with the new child abuse laws and an increase in the population we serve that are involved in sexting. We expect an increased volume of criminal charges related to sex offenses and the possibility of need for community residential placement. There is potential for 6-8 of those cases which could lead to placement in the ADAPT program for a minimum of 365 days per case. There will likely be a need for ongoing services, assessments, outpatient service, or placement costs related to sex offenders and insurance only covers a portion of these services.

Regarding delinquent community residential, the follow is anticipated in the upcoming year: Two current sex offenders were recently placed into the ADAPT program, therefore, a minimum of 730 days of care is necessary at per diem rates of \$244.00. Three individuals at Hermitage House (2 ADAPT, 1 IL) will remain there for up to a total of 546 days. There is the potential for six cases currently being supervised which could lead to short term placement such as the HIP program or Independent living for up to 182 days each, for a total of 1092 days of care in community based residential.

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3-2d. Out-of-Home Placements: Supervised Independent Living Dependent

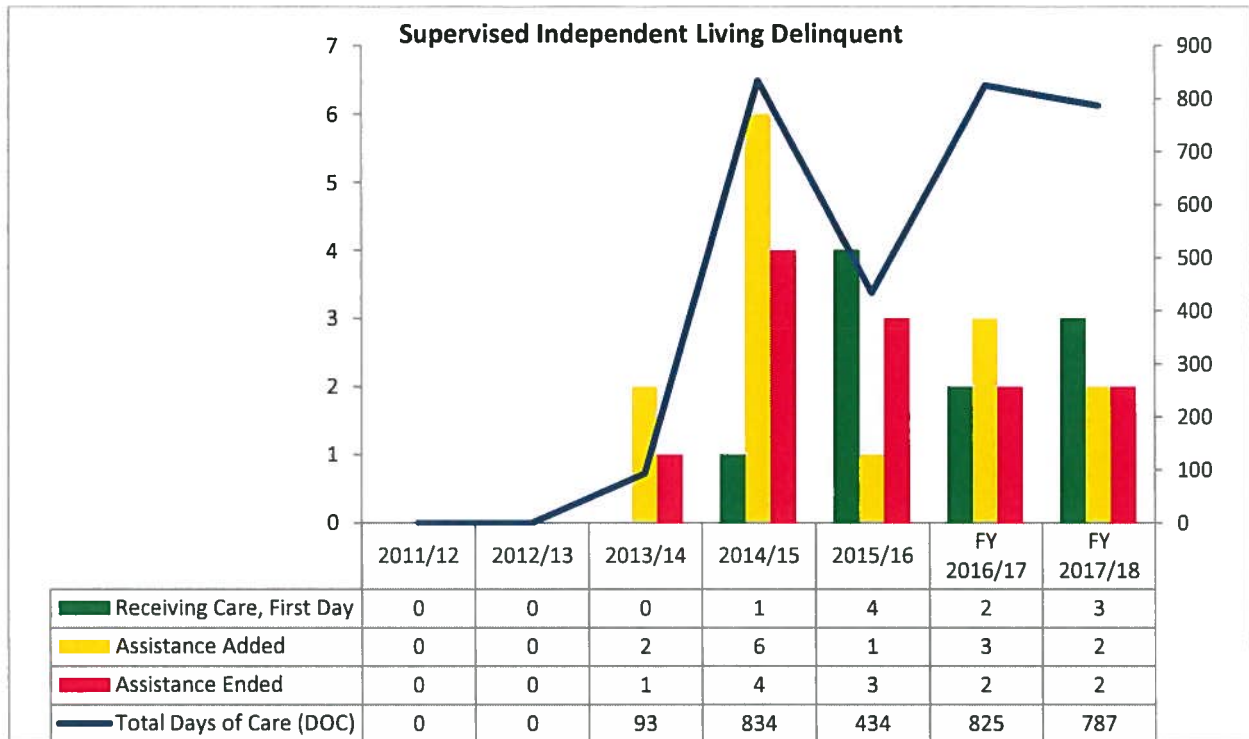
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



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3-2d. Out-of-Home Placements: Supervised Independent Living Delinquent

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

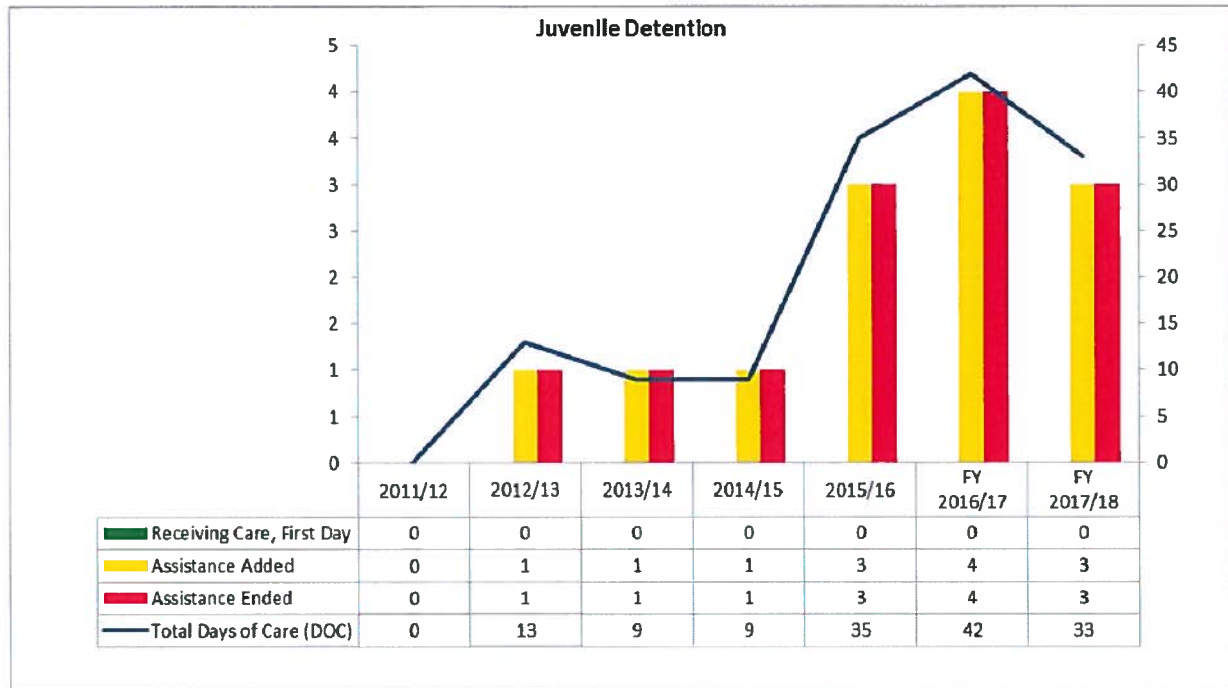


The need for supervised IL is on the rise. Within the past year, 60% of our population is age 16-19. Crawford County has seen a higher population of older youth who may be in need of Independent Living Services. We have seen a trend of prolonged issues with this age groups such as homelessness, lack of competency, job skills, education and mental health needs. We have also seen a trend of our older youth who have the potential for re-entry placements, as we have seen further violations upon release. Therefore it is anticipated the need for supervised independent living would increase, and the potential for up to 3 cases needing IL placement within the next fiscal year. At minimum, 182 days of care is necessary for IL placements. It is anticipated a juvenile will be moved from Perseus House to Independent Living in the upcoming year for at least 182 days. Further, we expect the possibility of another IL placement for up to 182 days for an individual who failed at 3 prior placements and is in need of IL.

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3-2d. Out-of-Home Placements: Juvenile Detention

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

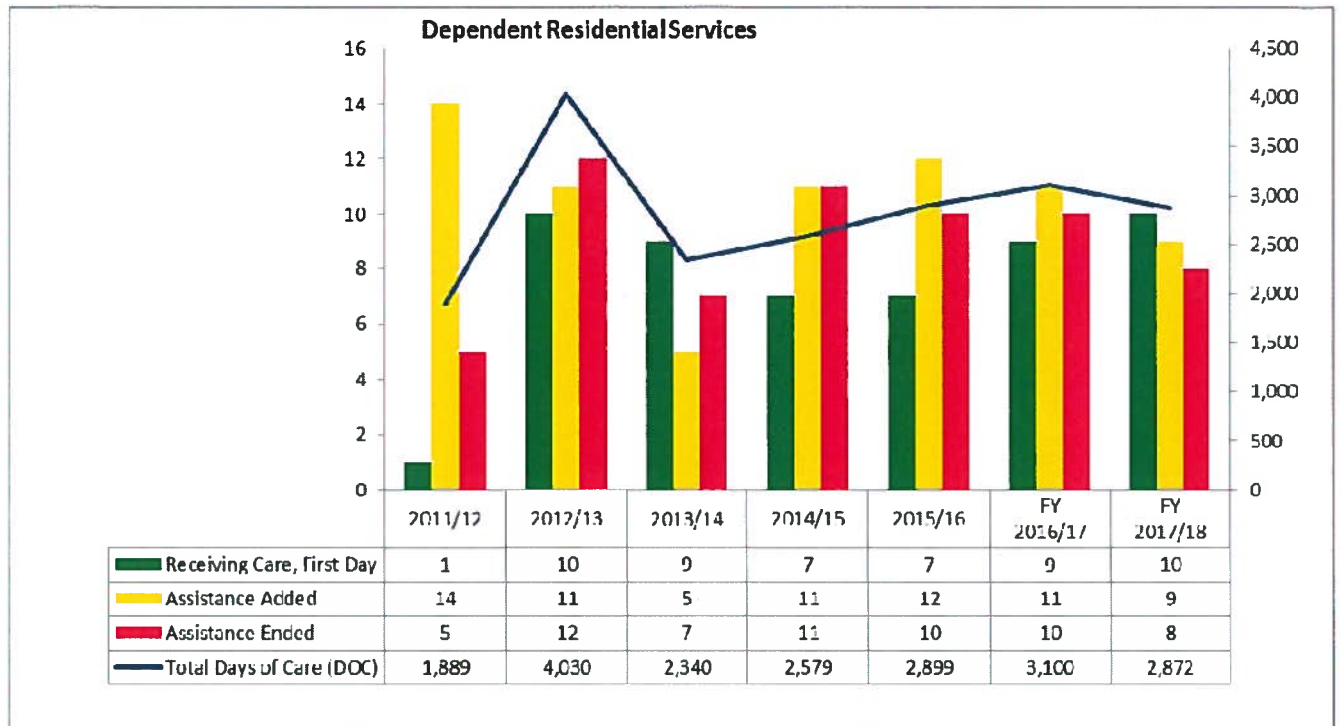


It is anticipated in the upcoming year that there will be an increase in need of secure detention and secure placement. Probation Officers recently began utilizing the PADRAI assessment, a tool to determine if secure detention is necessary, or if an alternative to detention should be utilized. This may cause a slight increase in need for increase in days for detention care. We have currently used secure detention for 2016-2017 for a client who absconded from EM and returned to secure against our recommendation for an additional 10 days. If 4 clients are placed in detention in the upcoming fiscal year, it is likely the maximum days of care would be around 40 days.

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3-2d. Out-of-Home Placements: Dependent Residential Services

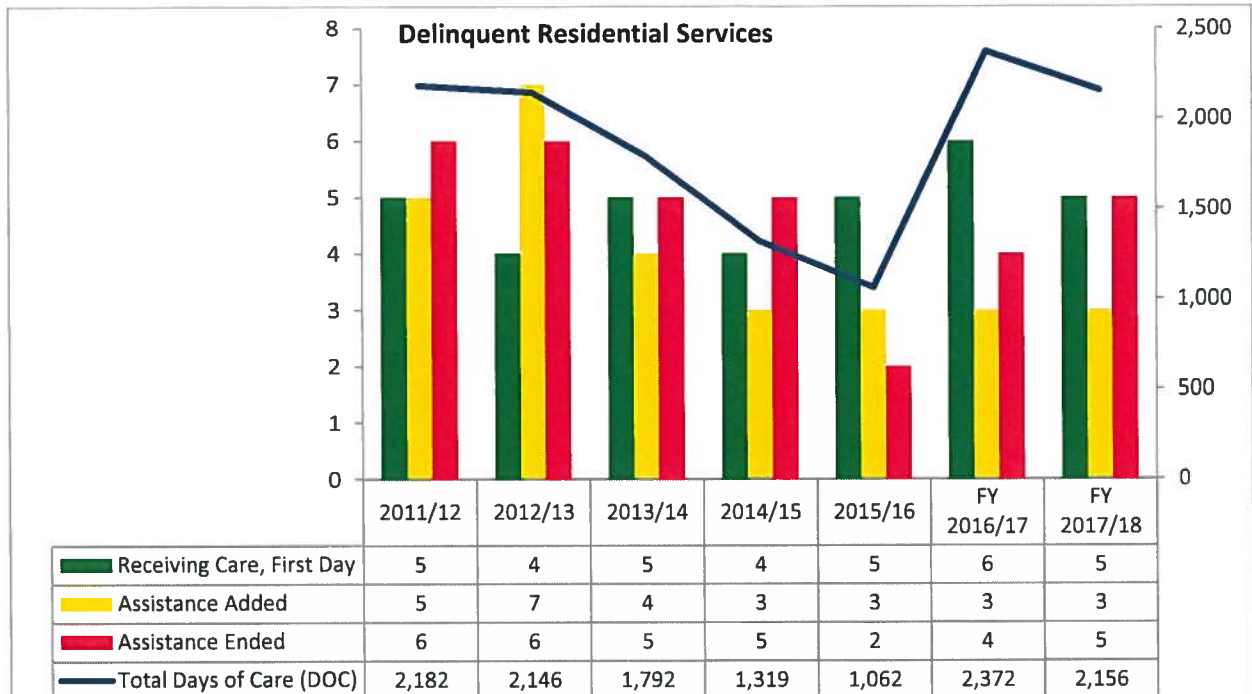
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



There are currently 69 children over the age of 5 in placement. Fifty-three of these children are receiving some type of MH services (therapy and/or medication at a minimum). Two of these children have a diagnosis of ID. Thirty-two of these children are in some form of congregate care (shelter, group home, RTF). Three congregate placements are due to Value denying further RTF treatment and it is not safe for the children to return home. Three of the congregate care placements were needed while the children waited for a RTF placement. Three children had CRR referrals, but there were no CRRs available, and they were placed in congregate care instead. Twelve children were considered for CRR placement, but due to the lack of availability the referral was not sought and instead they were placed into congregate care. Due to the lack of Mental Health Treatment facility options, children are being placed in residential placements.

3-2d. Out-of-Home Placements: Delinquent Residential Services

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



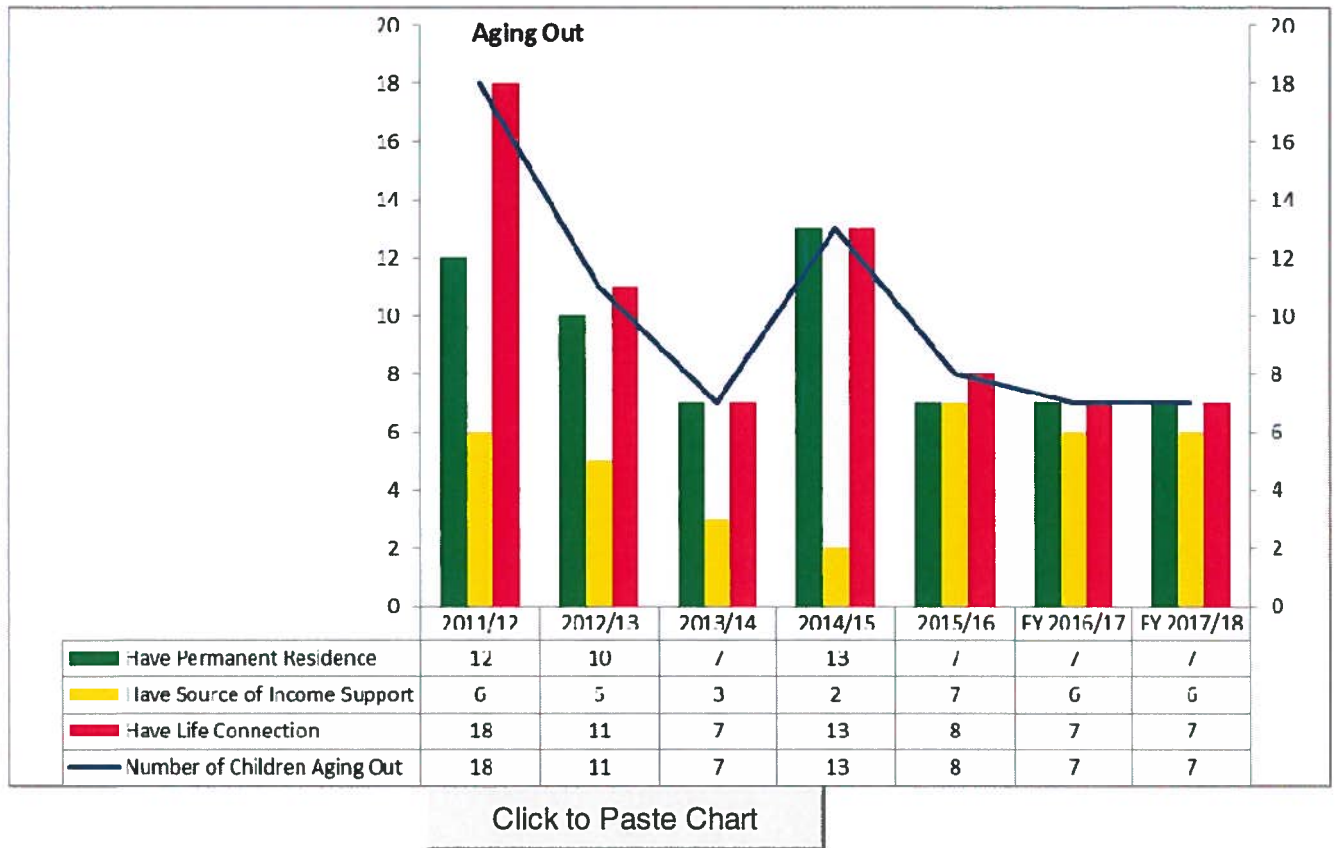
Our delinquent residential placements are on the rise. These placements are being utilized for our higher end kids, in particular, clients with multiple issues in more than one domain of the YLS and for individuals who have been FTA'd from other placements or who have absconded. We have seen a rising trend of clients who are having issues in community residential which have led to delinquent residential.

It is expected that the following delinquent residential placements will be continued into the next fiscal year: An individual placed in Harborcreek in April 2016 will likely remain in said program for up to 365 days at \$257.57 per diem. One juvenile remains in Abraxas Secure. It is anticipated he would be moved to step-down for a maximum of 365 days. One juvenile case in which probation violations in the ADAPT program led to placement at (Cove Prep). This case shall remain there for up to 365 days. One juvenile case will be moved from ADAPT to Cove Prep for a full diagnostic based on violations of supervision in which the juvenile was viewing porn on a school Ipad. At least 90 days for the assessment is needed and may require up to 365 days of care. Cove Prep per diem cost is \$281.09. One individual was in the Hermitage house independent living program and moved to Glen Mills as he absconded from the IL program. He will need up to 365 days of care. Glen Mills, per diem \$158.91. A juvenile at Mid-Atlantic secure has had some issues in the step down IORT program and may need up to 182 more days of care at \$270.50 per diem. These programs are being used for higher risk offenders due to the need for community protection.

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3-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



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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:		20		Classes		6		
Crawford County								
Copy Part 1 for Narrative		Copy Part 2 for Narrative insertion		Copy Part 3 for Narrative insertion		Print		
3-2a. Service Trends								
Indicator	FY 2011/12	FY 2012/13	FY 2013 /14	FY 2014 /15	FY 2015 /16	Projected FY 2016/17	Projected FY 2017/18	2011-16 % Change
Intake Investigations								
Children	1047	1042	1177	1352	1904	2077	2217	81.9%
Family	674	674	729	955	1442	1668	1785	113.9%
Ongoing Services								
Children	485	433	470	471	400	448	461	-17.5%
Family	241	226	231	226	197	213	232	-18.3%
Children Placed	178	173	171	197	168	174	185	-5.6%
JPO Services								
Total Children	164	107	98	120	102	130	141	-37.8%
Community Based Placement	66	36	43	58	47	56	62	-28.8%
Institutional Placements	6	5	7	3	11	12	11	83.3%
3-2b. Adoption Assistance								
Indicator	FY 2011/12	FY 2012/13	FY 2013 /14	FY 2014 /15	FY 2015 /16	Projected FY 2016/17	Projected FY 2017/18	2011-16 % Change
Adoption Assistance								
Receiving Care, First Day	124	125	134	141	149	155	162	20.2%
Assistance Added	11	20	17	16	17	18	21	54.5%
Assistance Ended	10	11	10	8	11	11	22	10.0%
Total Days of Care (DOC)	45,021	48,555	51,235	52,582	54,477	56,576	58,228	21.0%

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3-2c. SPLC								
Indicator	FY 2011/12	FY 2012/13	FY 2013 /14	FY 2014 /15	FY 2015 /16	Projected FY FY 2016/17 2017/18		2011- 16 % Change
Subsidized Permanent Legal Custodianship								
Receiving Care, First Day	15	18	19	20	22	25	29	46.7%
Assistance Added	5	5	1	5	4	6	5	-20.0%
Assistance Ended	2	4	0	3	1	2	3	-50.0%
Total Days of Care (DOC)	5,295	6,863	7,031	7,556	7,957	8,573	8,862	50.3%

3-2d. Placement Data								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected FY FY 2016/17 2017/18		2011-16 % Change
Traditional Foster Care (non-kinship) - Dependent								
Receiving Care, First Day	58	53	36	36	50	34	47	-13.8%
Assistance Added	38	35	38	64	31	37	35	-18.4%
Assistance Ended	43	52	38	50	47	24	42	9.3%
Total DOC	19,479	15,211	12,863	13,747	15,852	15,642	14,927	-18.6%
Traditional Foster Care (non-kinship) - Delinquent								
Receiving Care, First Day	1	0	0	0	0	0	0	-100.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	1	0	0	0	0	0	0	-100.0%
Total DOC	42	0	0	0	0	0	0	-100.0%
Reimbursed Kinship Care -								

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Dependent								
Receiving Care, First Day	20	22	28	38	31	28	35	55.0%
Assistance Added	22	26	28	43	28	30	29	27.3%
Assistance Ended	20	20	18	50	31	23	32	55.0%
Total Days of Care (DOC)	7,907	9,034	11,089	13,898	10,408	12,064	11,437	31.6%
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 (Total of 2 above)								
Receiving Care, First Day	78	75	64	74	81	62	82	3.8%
Assistance Added	60	61	66	107	59	67	64	-1.7%
Assistance Ended	63	72	56	100	78	47	74	23.8%
Total Days of Care (DOC)	27,386	24,245	23,952	27,645	26,260	27,706	26,364	-4.1%
Foster Family Care - Delinquent (Total of 2 above)								
Receiving Care, First Day	1	0	0	0	0	0	0	-100.0%

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Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	1	0	0	0	0	0	0	-100.0%
Total Days of Care (DOC)	42	0	0	0	0	0	0	-100.0%
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	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 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%

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Alternative Treatment Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%

Dependent Community Residential								
Receiving Care, First Day	8	10	16	22	10	12	10	25.0%
Assistance Added	18	15	25	13	18	15	15	0.0%
Assistance Ended	16	9	19	25	16	17	16	0.0%
Total Days of Care (DOC)	4,068	4,680	7,030	6,284	3,652	4,107	3,635	-10.2%
Delinquent Community Residential								
Receiving Care, First Day	14	4	7	7	7	6	12	-50.0%
Assistance Added	5	7	6	14	7	14	8	40.0%
Assistance Ended	15	4	6	14	8	8	10	-46.7%
Total Days of Care (DOC)	2,459	1,435	2,247	2,747	3,135	3,656	3,781	27.5%
Supervised Independent Living Dependent								
Receiving Care, First Day	5	2	0	2	0	1	2	-100.0%
Assistance Added	3	2	3	3	1	3	2	-66.7%
Assistance Ended	6	4	1	5	0	2	1	-100.0%
Total Days of Care (DOC)	1,116	531	376	844	72	389	527	-93.5%
Supervised Independent Living Delinquent								
Receiving Care, First Day	0	0	0	1	4	2	3	0.0%
Assistance Added	0	0	2	6	1	3	2	0.0%
Assistance Ended	0	0	1	4	3	2	2	0.0%
Total Days of Care (DOC)	0	0	93	834	434	825	787	0.0%

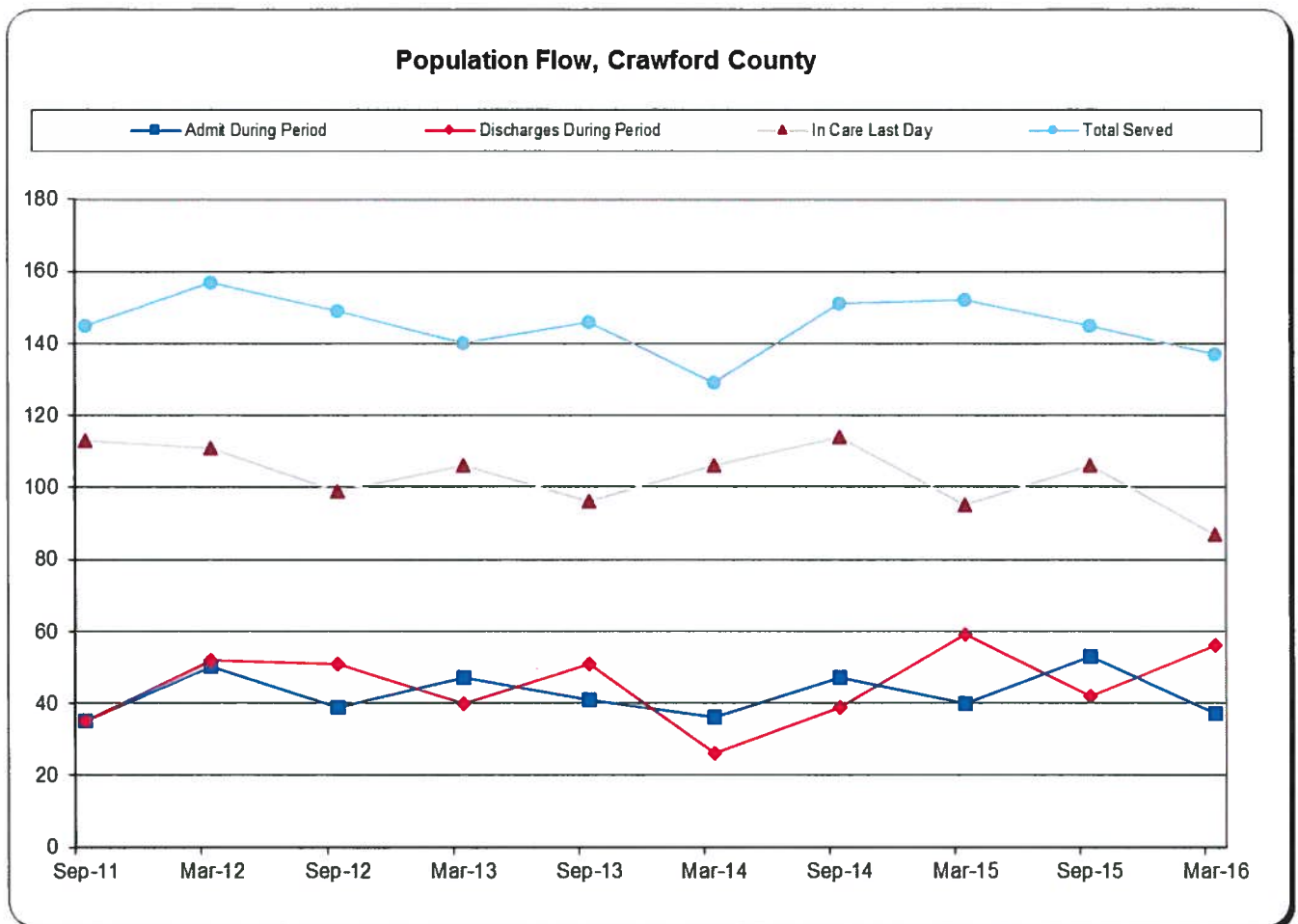
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Juvenile Detention								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	1	1	1	3	4	3	0.0%
Assistance Ended	0	1	1	1	3	4	3	0.0%
Total Days of Care (DOC)	0	13	9	9	35	42	33	0.0%
Dependent Residential Services								
Receiving Care, First Day	1	10	9	7	7	9	10	600.0%
Assistance Added	14	11	5	11	12	11	9	-14.3%
Assistance Ended	5	12	7	11	10	10	8	100.0%
Total Days of Care (DOC)	1,889	4,030	2,340	2,579	2,899	3,100	2,872	53.5%
Delinquent Residential Services								
Receiving Care, First Day	5	4	5	4	5	6	5	0.0%
Assistance Added	5	7	4	3	3	3	3	-40.0%
Assistance Ended	6	6	5	5	2	4	5	-66.7%
Total Days of Care (DOC)	2,182	2,146	1,792	1,319	1,062	2,372	2,156	-51.3%
3-2e. Aging Out Data								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected FY 2016/17 FY 2017/18		2011-16 % Change
Aging Out								
Number of Children Aging Out	18	11	7	13	8	7	7	-55.6%
Have Permanent Residence	12	10	7	13	7	7	7	-41.7%
Have Source of Income Support	6	5	3	2	7	6	6	16.7%
Have Life Connection	18	11	7	13	8	7	7	-55.6%

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

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

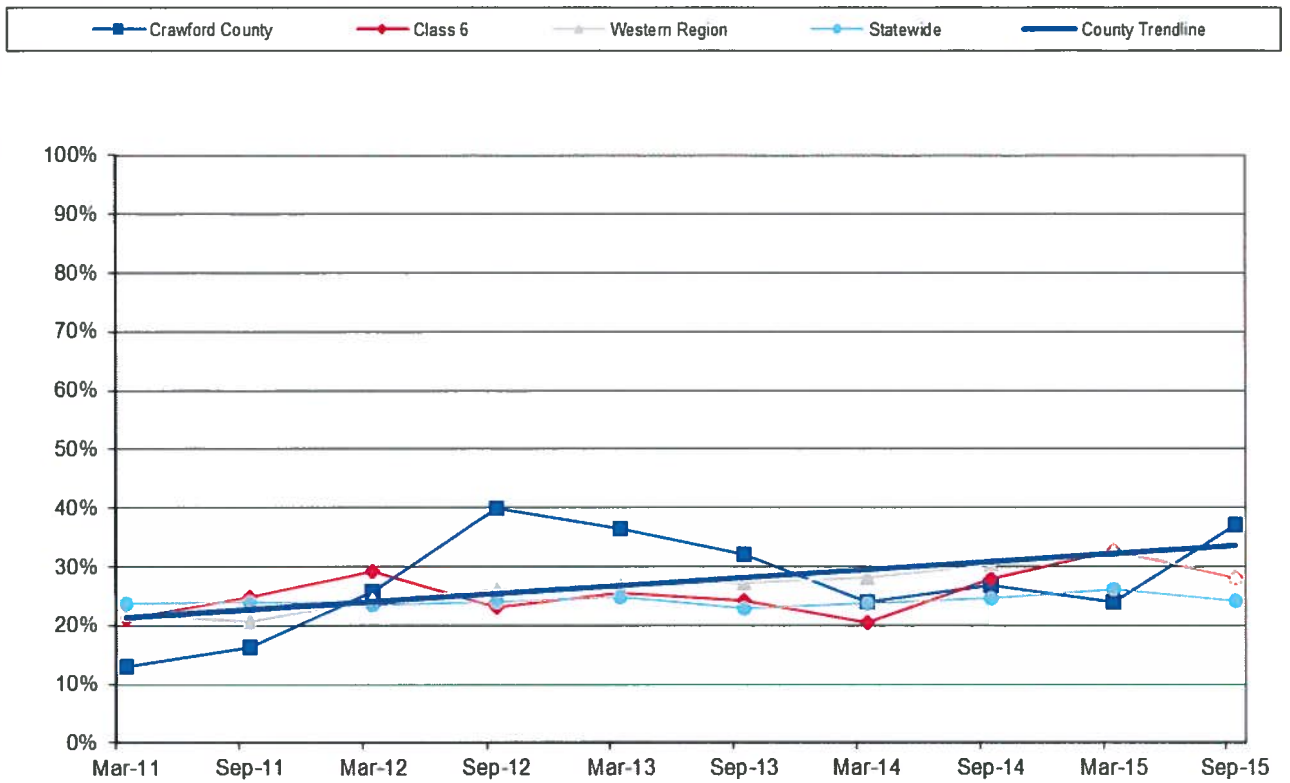


Click to Paste HZA chart

Click to Paste HZA chart

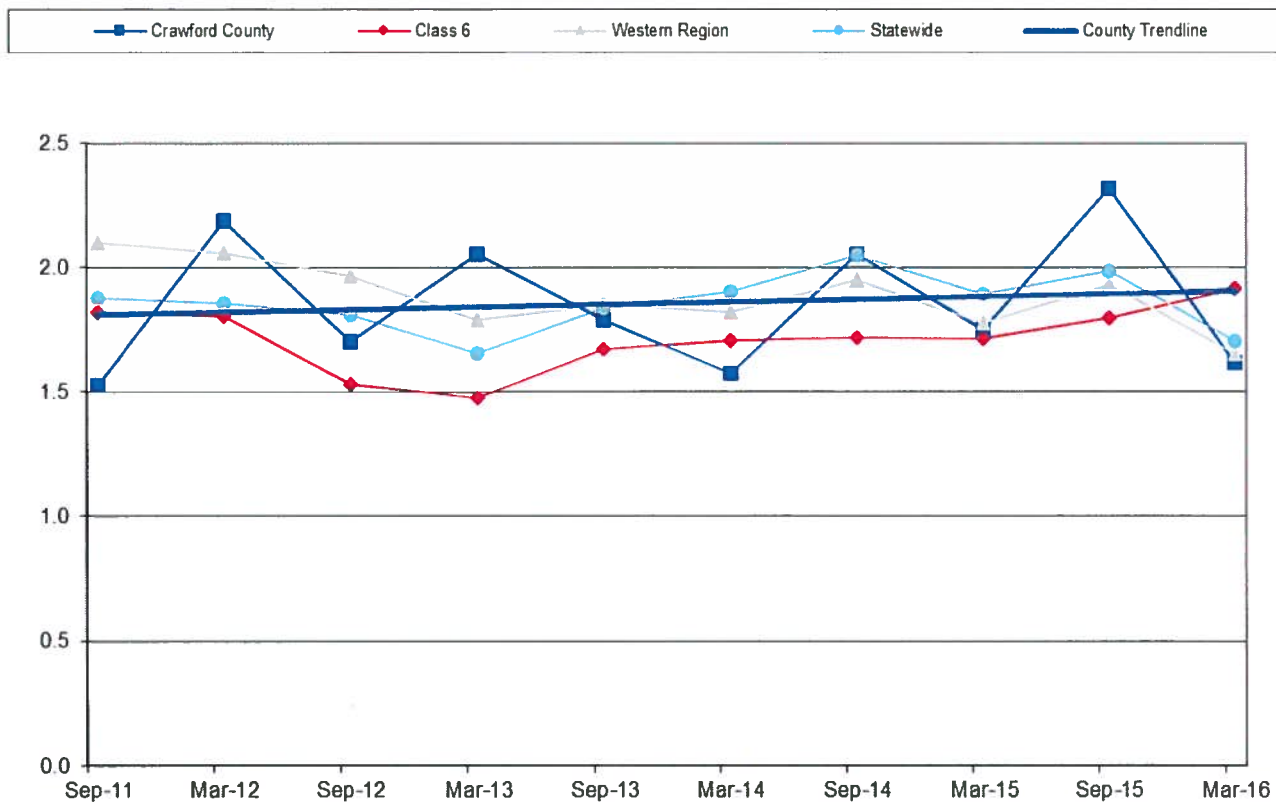
Crawford

Adoption, Crawford County



Crawford

Admissions per 1,000 Child Population, Crawford County



[Click to Paste HZA Chart](#)

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

- **NOTE:** These questions apply to both the child welfare and the juvenile justice agencies
 - ❑ Discuss any highlighted child welfare and juvenile justice service trends and describe factors contributing to the trends in the previous charts.

Crawford County Children and Youth Services is experiencing a very high spike in the number of families in which one or both parents are using illegal substances. The number of drug related overdose deaths doubled from 2014 to 2015 and the trend was expected to continue rise in 2016, according to the County Coroner based on an article published in the Meadville Tribune. Crawford CYS continues to see a large percentage of families who are struggling with addiction issues which is affecting the safety and well-being for the children who are in the home. The placement rate per 1000 children has dropped from 2.2 to 1.6 and while Crawford CYS has seen a decrease in the number of children entering placement and a decrease in the amount of days children are spending in care, the County is still placing children in out of home care for unsafe home environments due to substance abuse which are often compounded with untreated previous trauma histories and serious untreated mental health concerns. In FY 15/16 31% of children placed, were placed due to parent substance abuse and of the total number of children opened for ongoing continued services, 42% were placed in substitute care. The apprehension for this subgroup is that while the number of families opened for ongoing services has decreased the number of children placed per family opened is higher. The potential for an increase in placements is anticipated even with the implementation of EBP's. Substance use and abuse is a multifaceted, complex issue facing this county. The road to recovery does not always coincide with the timeframes of AFSA, therefore increasing the number of children whose goals are changed to adoption and SPLC.

Services have been implemented and developed in order to assist the families who use or abuse substances obtain safe home environments, however engagement of the population to be served is proving very difficult by both Crawford CYS and providers tasked with providing evidence based programming to target the substance abuse behaviors. Success rates for services that were initiated to assist with the problem are very low. The Evidence Based Program (EBP) is still being monitored to determine if it is successful for this population.

In regards to permanency for children being served by Crawford CYS, the County has experienced an increased difficulty in locating permanent homes for older youth. This has resulted in older youth not effectively being matched to pre-adoptive homes which creates a barrier to permanency for the youth. The difficulty becomes compounded when cases are Shared Case Responsibility. Because of the nature of the offense for which the youth has been placed, the length of placement for the older youth becomes exponentially greater which creates a barrier to permanency for the youth.

Re-entry into out of home care continues to be a struggle for Crawford County Children and Youth Services. Crawford County continues to remain in the 13 to 18 percentile range for the number of children who re-enter out of home care which is above the National standard. A large percentage of the children re-entering out of home care are struggling with unsafe behaviors and mental health concerns.

Adoption rates are higher for children who are under the age of 9. The rate at which adoptions are completed for older youth is substantially lower. This trend is mainly

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based upon foster home unavailability for older youth. Concurrent planning efforts have been implemented by the County and permanency is routinely discussed and permanency meetings/decisions are made at the 9th, 12th and 15th month mark of the placement of the child. Recruitment and training for resource homes who serve older youth is needed within the County.

- ☐ Discuss any important trends that may not be highlighted.

Crawford County is geographically the 10th largest county in the commonwealth of Pennsylvania. Transportation presents as a barrier for families to access services that could serve as a deterrent to child protective service involvement. Services are not routinely available in the smaller communities outside the county seat of Meadville. Commute times from smaller communities range from 30 to 45 minutes, transportation continues to be a barrier for families to receive services without CYS's help. Crawford County Children and Youth Services continues to have a fleet of vehicles and per diem drivers to offset the transportation barrier. The number of drivers currently hired does not fulfill the need of the drives. Crawford County is expanding visitation between families and children in an effort to continue the bond of the family, reduce trauma of the children and ultimately decrease the length of time children are in care.

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

The current SCR practices have effectively increased collaboration between CYS and Juvenile Probation Office (JPO). CYS and JPO workers share case management responsibilities for all shared cases. The CYS workers are expected to invite the assigned JPO worker to all team meetings, have collateral contact with the assigned JPO worker at least once a month and meet face to face on a quarterly basis to discuss the case. The court attempts to conduct joint hearings; however when that is not possible CYS is invited to the JPO hearings and JPO is invited to CYS hearings. Court orders are shared between departments which allows for increased communication in case planning and practice. This practice provides continuity of services and permanency planning for the children and families court ordered SCR.

Collaboration should continue to occur between CYS and JPO to implement the most effective and appropriate services to a shared case. Collaborating with shared cases allows the juvenile, and additionally the family to engage in services that are most beneficial and not duplicated, and would serve the family unit.

- ☐ 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.

CYS is a phase II Child Welfare Demonstration Project (CWDP). The first year was focused on family engagement and assessments. Family Engagement was enhanced to incorporate that every family opened for ongoing services develop their plan through Family Group Decision Making (FGDM). This practice change has been successful. However there is consistent monitoring and assessing to determine if activities should be adjusted. The second year has been focused on the implementation of evidenced based services. The County had chosen Triple P Level 4 and 5 and Family Behavioral Therapy as the evidence based practices that were implemented. While Triple P level 4

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started in May of 2016, Family Behavioral Therapy (FBT) started in July of 2015. The program, FBT, received 25 referrals the first year alone. The successful completion rate of this service is low and this will be explored with the developer of the program.

- ❑ 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)?

There are no discernible demographic shifts that are impacting the amount of the youth that are in out of home care. The five year trend has shown that Crawford County CYS has placed less children aged 13 to 18 than the younger age groups.

- ❑ 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.

There are a variety of reasons for which a child would need placed in out of home care in a congregate care facility. Crawford County CYS works to ensure that children are placed in the least restrictive placement setting possible and safe for the child, however there are still circumstances in which congregate care placement is a necessity. The average age for a child in congregate care is 16 years old. These youth either cannot be safely maintained in a less restrictive setting or a less restrictive setting is not available that is willing to foster the child. When youth are placed into a congregate care setting, the placement occurred because treatment is needed for the youth while they are out of the home.

Many youth who are placed in a congregate care setting have a multitude of issues that are hindering their ability to be safely maintained in the home or a less restrictive setting. The common issues are general defiance, serious mental health concerns, elopement, sexual development issues, and drug/alcohol issues. It is very rare where a child would be placed in a congregate care setting with just one identified area of need. The two most common area of need for youth are general defiance and serious mental health concerns.

There is a lack of foster homes that are adequately trained on how to safely maintain an older youth in their home located within the County. Foster home unavailability is a major barrier in placing older youth in a less restrictive environment. Roughly 15 to 20 percent of youth older (youth over the age of 15) are placed in a less restrictive placement setting such as foster care or kinship care when they enter out of home placement through Crawford County CYS.

Two additional key factors can be correlated to high usage of group home/residential care. In Crawford County during the fiscal year 15/16 there was only one CRR host home provider who had licensed homes in or in the near vicinity of Crawford County. Because of the lack of CRR host homes, children being discharged from RTF's were unable to step down to a least restrictive setting. This situation, caused Child Welfare to intervene and place children in a group home setting. The second factor in our group home settings are the teenage population. The characteristics of this population are: traumatization, behavioral issues, potential threats to themselves or others, and failed foster home placements.

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

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A placement coordinator was hired with the sole purpose to help locate the most appropriate placement for a child. The type of placement is determined by the supervisor and the placement coordinator locates the placement that is the best match and will meet the placement needs. The current resource allocation is not appropriate if the staff to family ratio is change to 1 to 15. Based on analytical analysis, the number of intake caseworkers will need to increase. Currently Crawford County has 10 intake workers carrying case load and three intake case workers who are screeners. If the change occurs, the intake caseworkers will need to increase by at least two workers. This does not incorporate an increase in the number of cases referred.

3-4 Program Improvement Strategies

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

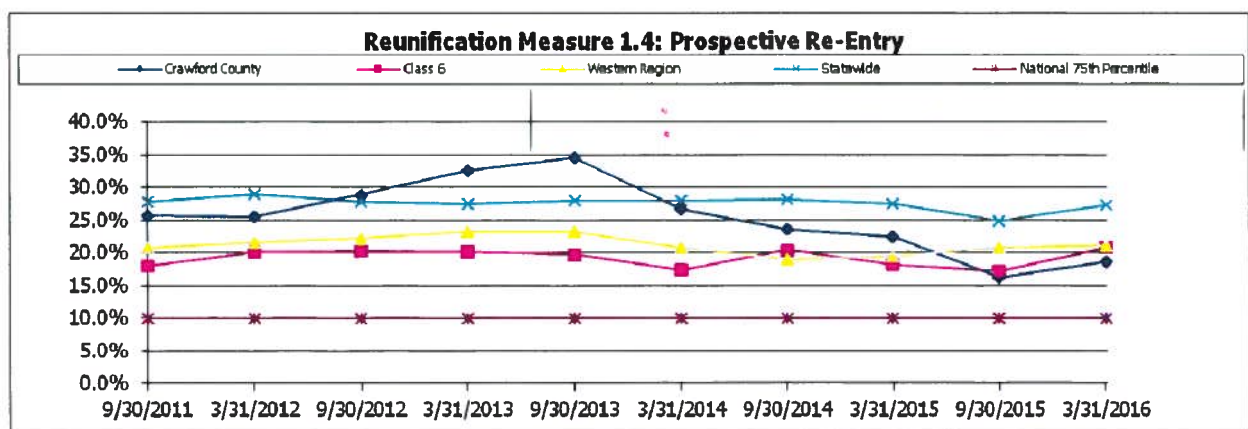
- Participating CWDP counties if the information is captured in their IDIR-U and the plan is submitted as an attachment
- Phase I – IV Continuous Quality Improvement (CQI) counties whose County Improvement Plan (CIP) captures the required information and the plan is submitted as an attachment
 - Counties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

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

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

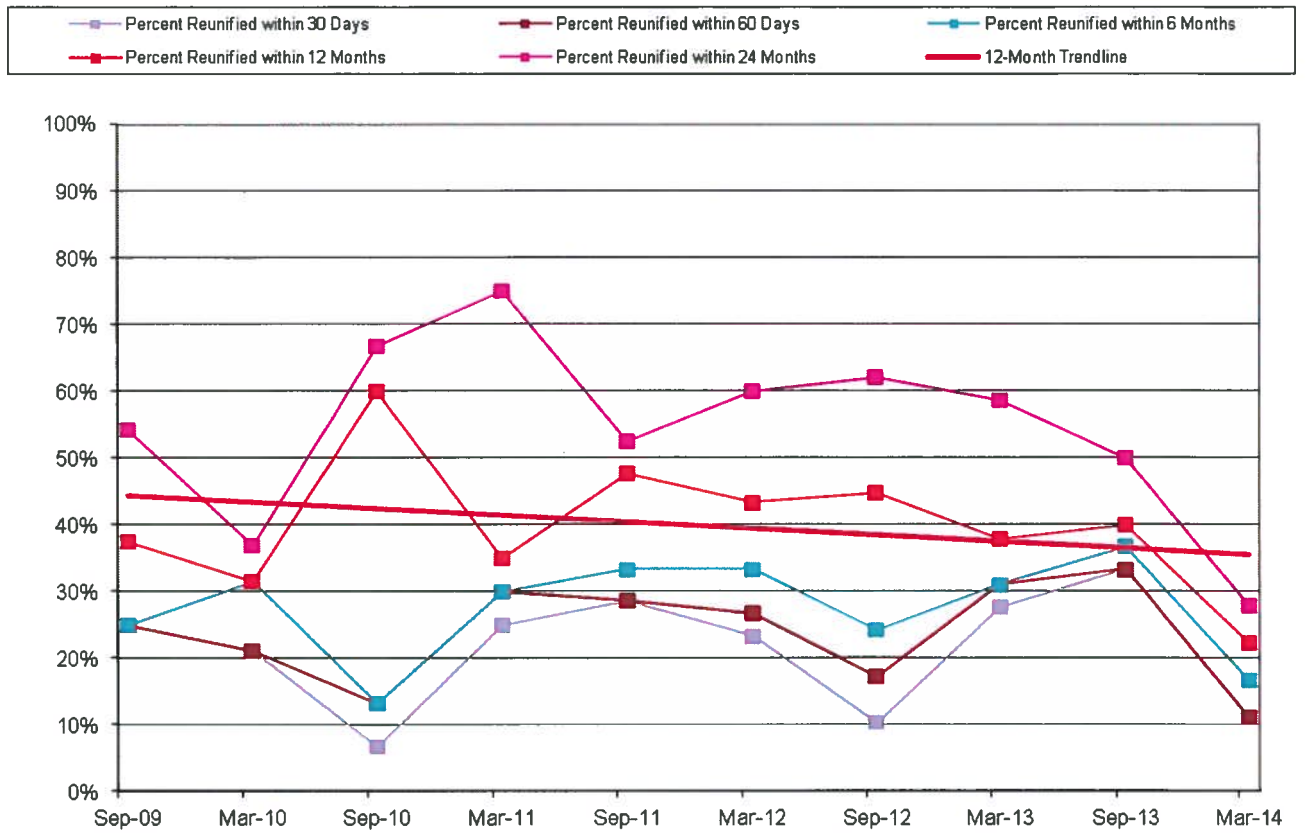
Counties who are below the national standard for re-entry must select this as an area of improvement.

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



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Time to Reunification, Crawford County

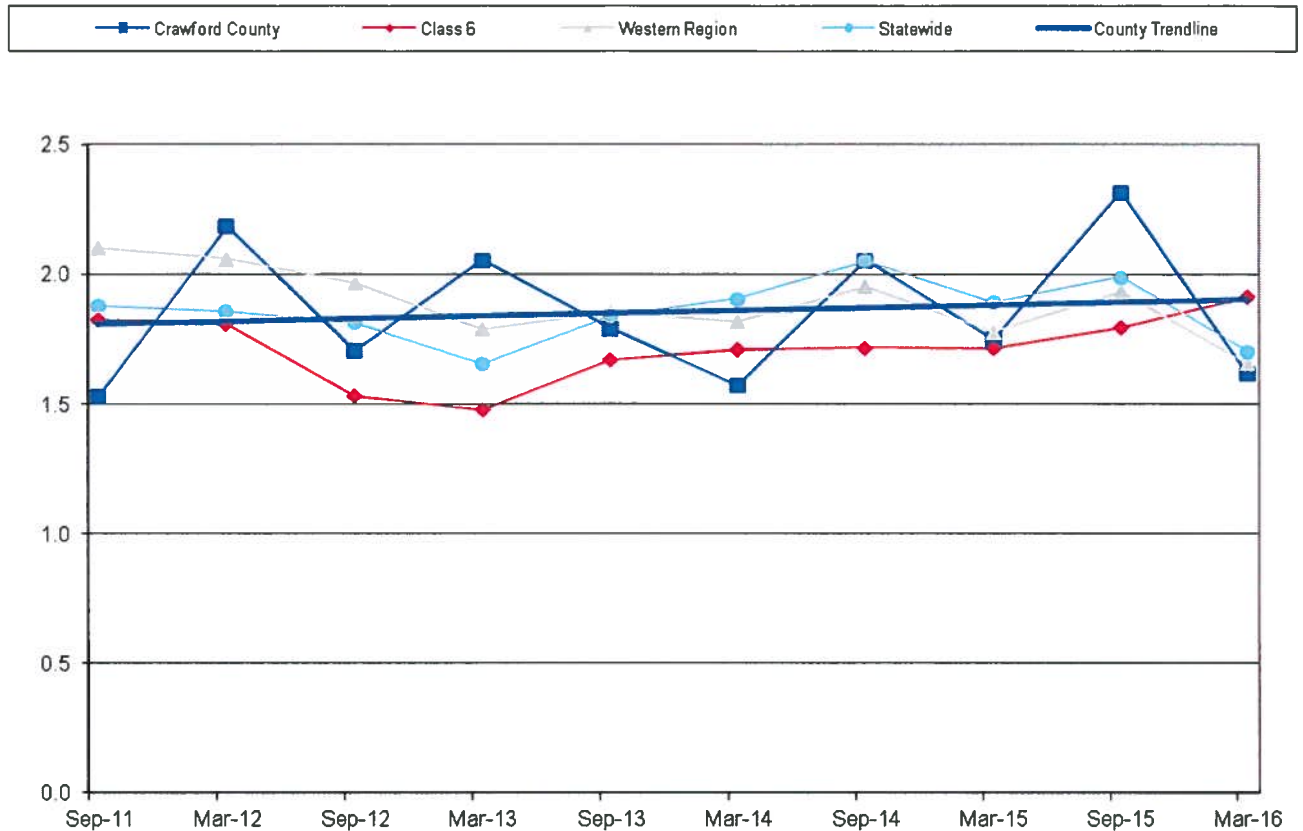


[Click to Paste HZA chart](#)

[Click to Paste HZA chart](#)

Crawford

Admissions per 1,000 Child Population, Crawford 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. Discuss the connection of your priority areas to the OCYF priority areas that have been identified.

Crawford County is a Child Welfare Demonstration Project County. We are operating under a theory of change.

If families are engaged as part of a team and IF children and families receive comprehensive, structured screening and assessment to identify underlying causes /needs and assessment information is used to develop a service plan and IF that plan identifies roles for extended family members and various supports (including appropriate placement decisions) and connects them to evidence-based services to address their specific needs, THEN, children, youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience

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fewer placement changes, experience less trauma, and experience improved functioning.

The demonstration project proposes several outcomes that are directly related to OCYF's outcomes and the CFSR. The outcomes are:

- Improved parent behavioral health and functioning;
- Increased parenting skills;
- Decreased placement disruptions due to child and youth behaviors;
- Improved child and youth functioning at home, school and in the community;
- Reduction in the number of children and youth entering care (with a particular focus on reducing placement in congregate care);
- Reduction in the number of children and youth reentering care;
- Reduced lengths of stay in placement; and
- Increase in youth being placed in the most appropriate, least restrictive placements.

The strategies identified in the IDIR-U and the work plans were interconnected with the Quality Service Review (QSR) County Improvement Plan (CIP). The CIP plan and the IDIR-U is attached. However, in May 2016 this county underwent the second round of QSR. The results slightly differed from original QSR. The Next Steps meeting will be held on August 15, 2016 and the CIP will be reviewed and updated by November 2016. Based upon the preliminary results, it is anticipated that planning and adjusting will be an additional focus for this agency.

- 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.

The areas of improvement were identified through the CWDP and the state directive to focus on re-entry rates if the counties rate was above 8%.

The charts selected for analytical review will help identify if the strategies and tasks selected have a positive effect on the areas needing to be improved.

It should be noted that the re-entry chart shows that this county has made strides in reducing the number of children who re-enter care. This was a focus in this county for several years. The data package outlines that 59 children in this county were returned home in years 2014/2015. Of those 59 children, 11 re-entered. Due to the discrepancies with AFCARS submission Crawford only had 8 children re-entry care. Two of the children who were placed into care in Crawford County moved to Erie County. Crawford had to close the placements. The family moved back to Crawford County a few months later. To have this placement show in AFCARS, the removal tab had to be completed causing these two placements to appear as a re-entry when in fact it was not. The other child shown was an error in reporting. The child moved to Erie County to live with his/her father. It is showing that this child was placed. Even with this reduction, Crawford needs to continue to focus on re-entry.

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The other two charts were selected based upon the CWDP outcomes. In both charts it reflects an increase in this county's substitute placement admission rate and length of time in care.

- 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.

Re-entry Strategies:

- Extend trial home visits from 90 days to 120 days when needed.
This determination will be made through the success of the family unit during that trial home visit. Success will be measured by Service Provider reports, family services, and observations.
- A quarterly meeting is held for caseworkers from JPO and CYS to review shared cases. This meeting will be expanded to include cases opened with both agencies but not shared. An agenda was developed but will also include the ACES assessment.
- Continuation of team meetings, preferably through Family Group Decision Making thirty days prior to a planned return home or no longer than thirty day after an unplanned return home.
- A standard agenda will be developed to be used during a reunification meeting.
- A placement coordinator was hired in 2015 to match children in the best substitute placement setting. This individual has knowledge of all the surrounding placements.
- The placement coordinator will be trained in FGDM practices and will be trained to become a FGDM facilitator.

The above strategies were selected based upon case level analysis and actions that are already proven effective. A meeting was held with supervisors, managers and administration to develop the strategies.

Each of these strategies were analyzed based on the available data. Please refer to the IDIR -I, the IDIR-U and the QSR CIP.

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

Re-Entry

The new tasks and expansion of current tasks have already been addressed with the appropriate parties. It is not expected to create a hardship on the agency or current practices.

CIP and IDIR-I and IDIR-U, please refer to the attachments.

- 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.)

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This county has already prepared for the necessary changes.

- 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.

Refer to the IDIR-I and IDIR-U.

Re-entry

1. The number of FGDM conferences/team meetings to develop a plan to transition children returning home will increase by 15%.
2. The number of trail home visits extending to 120 days will increase by 10%.
3. The Placement Coordinator will facilitate at least 5 to 7 FGDM conferences/team meetings.
4. The standardized agenda for transitioning a child home will be developed by October 1, 2016.

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

JPO and CYS are already meeting quarterly to discuss shared cases. Both JPO and CYS are willing to expand these meetings to incorporate cases that are opened with both CYS and JPO but not shared.

As for Level 5 of Triple P in FY 16/17 this is an anticipated enhancement that all providers are aware of.

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

Refer to IDIR-I and IDIR -U.

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

Refer to the section above.

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

Refer to IDIR-I and IDIR-U.

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

Refer to IDIR-I and IDIR-U.

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- Status of program set up including hiring and training of staff delivering the service

N/A

- Projected date of first referrals for new services/programs

Refer to IDIR-I and IDIR-U.

- Identification of data elements to be utilized for program delivery and outcome monitor

Refer to IDIR-I and IDIR-U.

Section 4: Administration

4-1a. Employee Benefit Detail

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

Employee fringe benefits in Crawford County consist of FICA @ 7.65% of wage, life insurance at a cost of 13 cents per \$1,000 (Union \$20,000 – Non-Union \$20,000 – Department Head \$25,000), and medical insurance benefit is \$1,070 per month for everybody, regardless of level of coverage.

4-1b. Organizational Changes

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

A case aide 3 position was changed to a fiscal tech. This position performs IV-E eligibility determination, obtaining MA cards for children in substitute placement, adoption annual surveys among other tasks.

4-1c. Complement

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

Currently, the approved state personnel complement is 60.21 for FY15-16 and 63.21 for FY16-17. Tentatively the number of positions filled in FY 15-16 was 58.97.

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

27 employees are carrying a case load.

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

Crawford

Crawford County has a discrepancy in the state approved vs. county approved personnel complement in that not all positions are filled within the agency. This is partially due to the budget impasse. The positions that are not able to be filled are two caseworkers, one clerical and one case aide.

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

The county is trying to enhance retention and recruitment efforts in order to ensure that the county has/maintains enough employees to cover correlating need.

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

Crawford County has the advantage of being in close proximity to two colleges - Edinboro University and Allegheny College. An established relationship has been formed. It is common practice for this county to utilize interns and then hire them after they have graduated from college.

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

This county has not experienced a hiring freeze. There have been discussions pertaining to increasing the number of hours per week the CYS work staff are required to work therefore reducing the number employees needed to fulfill the job requirements.

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

Crawford County Children and Youth Services has been able to hire for several positions:

One FGDM facilitator in 2014
One placement coordinator in FY14-15
One integrated call screener in FY14-15
One integrated intake worker in FY14-15
One intake worker in FY15-16

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

The CPSL has caused an influx of cases referred to our intake department. This influx has created an increase on regular time over 35 hours and overtime over 40 hours. The intake caseworkers are carrying approximately a 25 to 30 family caseload.

There has been an increase in the number of GPS incidents received on ongoing caseloads.

CWIS has been a struggle as it is a major change that has occurred. Fortunately the hiring of a third intake screener has helped to offset the increased workload that CWIS has created. For the monthly CWIS calls a designated team has been formed to obtain the information, participate in the discussions and decisions and then inform the rest of the agency of the information and changes. This team includes both intake and ongoing

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staff. These staff, at times, are given/offered a reduced case load to offset the work of CWIS.

All eligible staff have been trained in the 3 hours mandated reporter training or the required CPLS trainings under the Child Welfare Resource Center.

Crawford County has submitted over 2500 child welfare custody reports (300 families) to the mediator and/or judge. This job duty is completed by two different employees.

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

Crawford County was allocated one intake worker.

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

Crawford County has the advantage of being in close proximity to two colleges - Edinboro University and Allegheny College. An established relationship has been formed. It is common practice for this county to utilize interns and then hire them after they have graduated from college.

Retention is an ongoing goal. Several actions are occurring to help with the retention of our staff. The training supervisor and the Program Analyst are working on developing an onboarding training for new staff. Staff have expressed the need for more training when they are hired. This training will be interwoven with a trauma lens. Crawford County is working on becoming a trauma informed community. Training has occurred regarding the ACE study and assessment. A work group has formed with subcommittees to address different aspects surrounding the development of a trauma informed agency. Staff are encouraged to participate in these subgroups. This is one example of how our staff are encouraged to participate in changing the culture of the agency. It is believed that by being part of something or belonging to a group has an effect on one's retention to an agency.

All staff may be eligible for CWEL. It is part of their union contract.

There is an employee assistance plan.

The agency attempts to create a safe work environment through caring and empathy. Employees are recognized for outstanding work performance.

4-1d. Caseload Sizes

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

The intake worker had an average of 20.86 families and 29.89 children for the FY 2015-2016. To achieve an average of 15 families the intake department would have to add an additional 3.4 workers.

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

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The average caseload size for ongoing workers in FY 15-16 by families was 7, and by child was 15.

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

Crawford County does not have generic workers.

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

Family Case Management is a voluntary, specialty unit that provides case management for families with both CYS and MH involvement. There are 2 caseworkers in the FCM unit. In FY 15-16 the average caseload for FCM consisted of 4 families and 4 children. These numbers are lower than they would have been as one of the caseworkers was on leave for 6 out of the 12 month FY.

4-1e. Staff Provided Service Evaluations

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

CYS uses several means to determine staffs' effectiveness in providing required services and evaluating positive results. CYS employs a full time Training Supervisor who provides training throughout the course of the employment of the CYS caseworker and follows their progress while making suggestions for additional training as needed. Besides training from an approved curriculum, Administration, Supervisors and staff can request training when needs are identified or new procedures or services are introduced. The Court essentially is reviewing the effectiveness and appropriateness of services at every hearing held. Supervisors conduct scheduled supervision with their staff to review every case the worker has on their caseload to include effectiveness of services and caseworkers positive results and well as areas of need. Administration and Management hold a weekly meeting where issues with staff performance are discussed and remedies are determined as needed. Lastly, the agency uses the Civil Service mandated performance evaluation at the predetermined periods throughout the year to determine the strengths and needs of the employee and to make recommendations for improving performance.

JPO is looking to implement a more effective and standardize evaluation process in order to establish job performance of its probation officers.

The focus would be to review staff's ability to utilize and implement the evidence base practices into the supervision of the client. It would review the knowledge, skills and ability of utilizing effective case planning, motivational interviewing (MI), effective and responsible supervision, use of graduated responses and complete documentation and report writing. Staff would be rated on work conduct, adhering to policy and procedure, and attendance.

4-1f. Contract Monitoring & Evaluation

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

Crawford

Crawford County has a dedicated fiscal staff accountant, a fiscal staff technician, CYS training supervisor and CYS program specialist who monitors and oversees county contracts.

- ❑ 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.

CYS Program Specialists, the CYS Training Supervisor, fiscal technician, and a Fiscal Supervisor, as a team, oversee county contracts and the effectiveness of private providers. The Fiscal Supervisor insures the rate and reviews the budget packet and the Program Specialists evaluate the program and its effectiveness. The agency keeps a problem log on the agency network for caseworkers and supervisors to report any problems with a provider or program. The Program Specialist is responsible for reviewing the problem log regularly and addressing issues as they arise. Service providers annually submit program outcomes that are reviewed for effectiveness. Service provider's outcomes generally include prevention of placement, prevention of re-abuse and neglect and prevention of recidivism with CYS involvement. CYS Program Specialists and fiscal technicians monitor each provider annually. This consists of an agency visit where fiscal and client files are reviewed and correlated to the billing that the provider submitted.

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

Yes. There is language in the contracts that states the auditing requirements. CYS also sends out letters to all providers on July 1st of each fiscal year to remind when end of year invoicing is due as well as audit confirmations, draft audits, final audits, etc. Once we receive the audits, we record the date we received them and also the date we reviewed them on a master spreadsheet. Information contained in their audit is checked against our records. Any discrepancies and/or findings are discussed with a Supervisor and CFO (if necessary) and the provider is contacted regarding the findings and any corrective plans in place based on the findings.

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

If there are findings and/or recurring findings in an audit we discuss amongst CCYA fiscal and administrative staff. The provider is contacted with our

Crawford

concerns and a corrective plan is developed. Normally an on-site monitoring is set up if the findings are of high concern to CCYA.

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

Yes. All billable services must be checked against contract language/rates.

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

In-home services require an authorization. The services being billed for each individual child are checked against the authorization (dates, service, service recipient, number of hours, etc. The billing is also compared to contract language/rates (Service, rate, IVE amounts, etc.)

Placement costs are compared to child, dates of placement, provider, and contracted rates (certificate number, unit ID, per diem rate, IV-E Maintenance, IV-E Admin, etc). All information must match our records in order to process invoice for payment.

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

Sub recipient information is normally contained within the main recipient's contract. Invoicing for sub recipient services would have a per diem rate for each service as well as any breakout needed in order to process invoices (IV-E Maintenance, IV-E Admin, etc). This information would also be contained in the audit confirmation.

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

All deliverables would be documented and reflected within the bill generated by the provider that is submitted to CCHS and then cross referenced to ensure that the proper authorization was in place for the deliverable service. Invoices are submitted to the County the following month after the service was delivered to a consumer. When a contract monitored is completed by the County with a provider, billable activities are monitored through documented contact/encounter sheets that are generated by the provider after each session with a consumer and cross referenced with the invoice submitted by the provider. If there is questionable billing activities the County may ask for additional documentation from the provider if needed.

- How often is the monitoring process executed?

Invoices are reviewed each time they are received. Auditing information is reviewed once per year. On site monitoring are set up at the discretion of Administration based on audit reviews/findings or other factors.

Crawford

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

Uniform Grant guidance supersedes and streamlines requirements from eight different grant circulars into one set of guidance contained in Title 2 of the Code of Federal Regulations (CFR), Part 200. With these new rules, non-federal entities will be required to implement the administrative requirements and cost principles for all new federal awards and for additional funding to existing awards made after December 26, 2014. Audit requirements previously found in Circular A-133 are now found in Subpart F. New thresholds and requirements for audits are effective for fiscal years beginning on or after December 26, 2014 or effectively 2015 for audit years ending December 31.

Management is in the process of re-assessing its sub-recipient monitoring efforts in light of these new requirements and thresholds.

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

Management is developing a general compliance questionnaire to document its compliance, risk assessment, and monitoring efforts with each sub-recipient. The questionnaire will encompass consideration of the sub recipient's past audit results, if any, system and key personnel changes, software changes and updates, past reports of internal control deficiencies, material weaknesses or instances of material non-compliance as well as the results and effectiveness of any proposed corrective action plans. Based upon responses to the questionnaire and Uniform Guidance thresholds and requirements, a customized compliance monitoring program will be designed for each sub recipient.

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

Management plans to complete the design of its compliance questionnaire in the third quarter of 2016 and complete any required compliance audit or detailed monitoring of sub recipients during the fourth quarter of 2016.

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

The contracted providers cost of doing business expenses have already been thoroughly reviewed by OCYF during the review of the providers IV-E budget packet. Therefore, costs are only reviewed when the provider requests an increase for a specific program. Appropriate justification must support the additional costs, and the increased expenses must be for reasonable improvements or changes to the program. The determination of whether the additional costs are reasonable varies between providers, as the needs of each provider are vastly different.

4-2 Human Services Block Grant (HSBG)