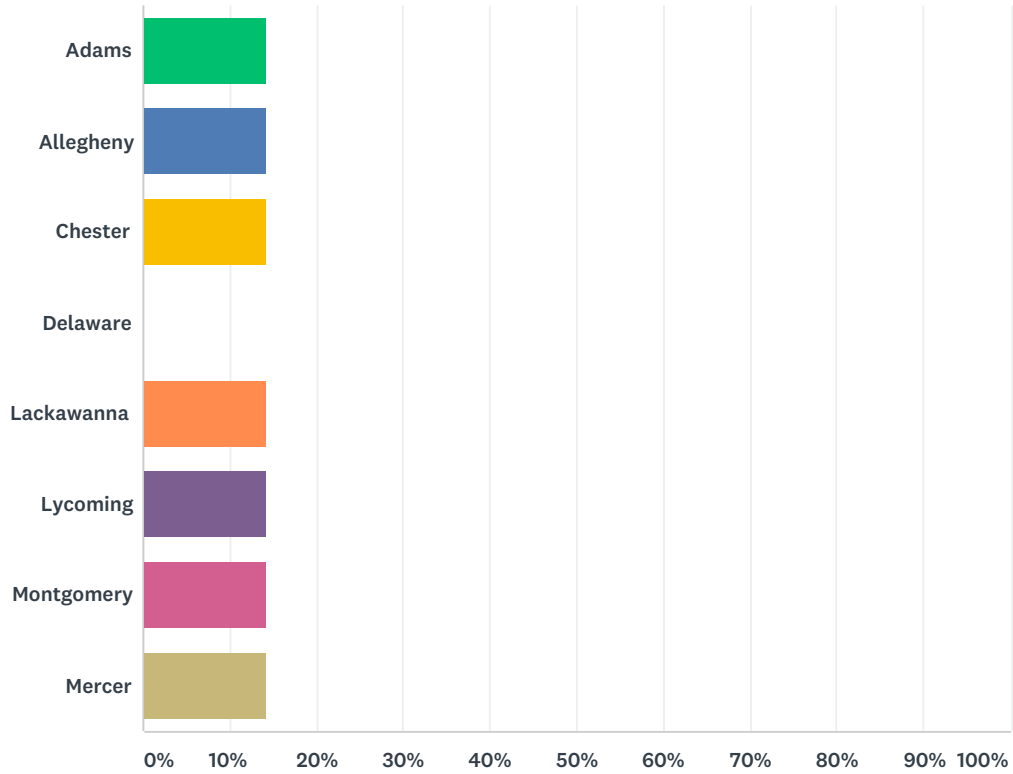


## Q1 County

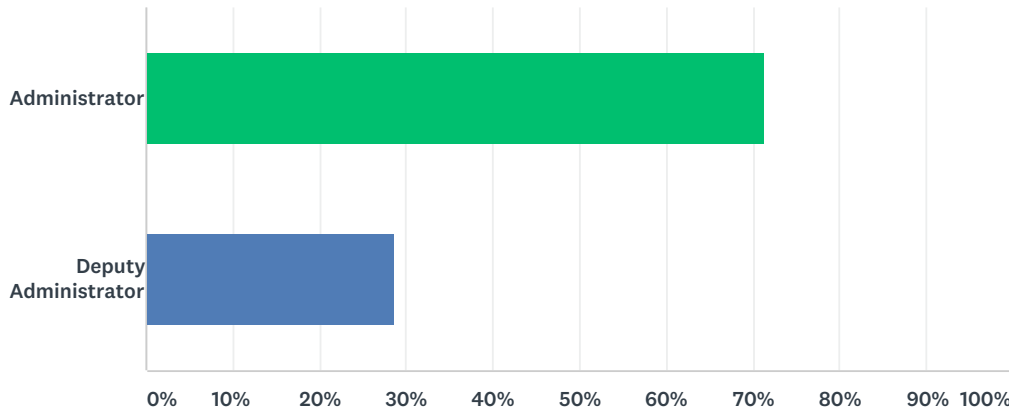
Answered: 7 Skipped: 0



| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Adams          | 14.29% 1  |
| Allegheny      | 14.29% 1  |
| Chester        | 14.29% 1  |
| Delaware       | 0.00% 0   |
| Lackawanna     | 14.29% 1  |
| Lycoming       | 14.29% 1  |
| Montgomery     | 14.29% 1  |
| Mercer         | 14.29% 1  |
| <b>TOTAL</b>   | <b>7</b>  |

## Q2 Position

Answered: 7 Skipped: 0

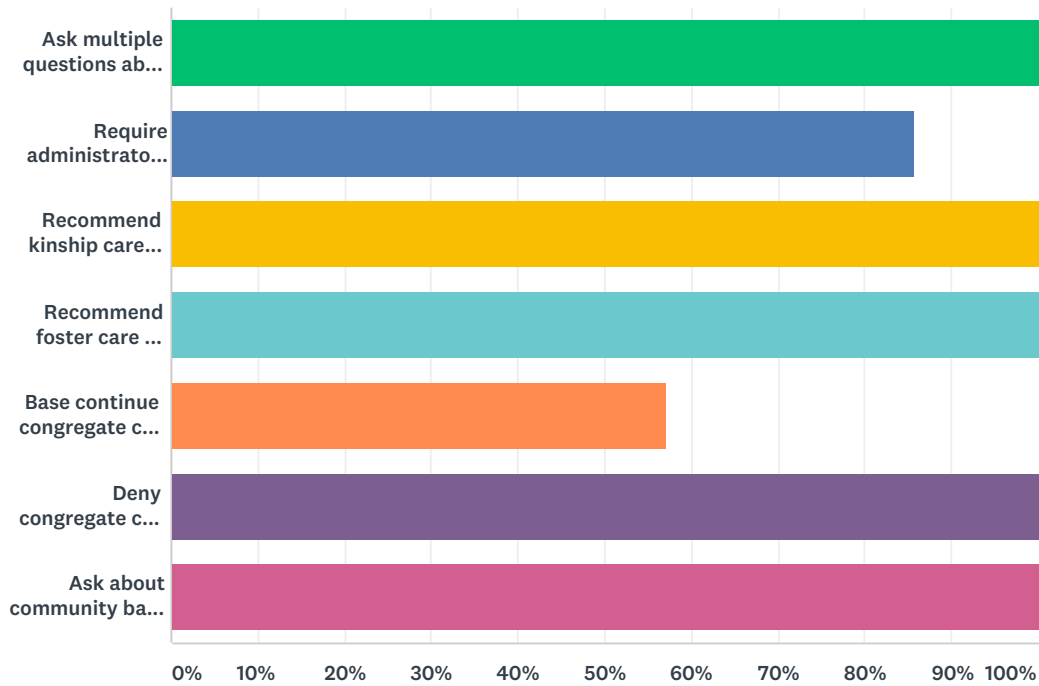


| ANSWER CHOICES       | RESPONSES |
|----------------------|-----------|
| Administrator        | 71.43% 5  |
| Deputy Administrator | 28.57% 2  |
| TOTAL                | 7         |

| # | OTHER (PLEASE SPECIFY)    | DATE              |
|---|---------------------------|-------------------|
| 1 | Assistant Deputy director | 5/3/2018 2:45 PM  |
| 2 | Assistant Administrator   | 4/25/2018 7:28 AM |

### Q3 Composition of Services: Check all practices that you do in your agency to ensure that congregate care is used as a least restrictive option.

Answered: 7 Skipped: 0



| ANSWER CHOICES  | RESPONSES |
|---|-----------|
| Ask multiple questions about how more least restrictive options of care have been exhausted (i.e. kinship, foster care) | 100.00% 7 |
| Require administrator approval for a congregate care recommendation   | 85.71% 6  |
| Recommend kinship care for older youth  | 100.00% 7 |
| Recommend foster care for older youth   | 100.00% 7 |
| Base continue congregate care recommendation on treatment versus time focused (i.e. 6-9 month program, "level systems") | 57.14% 4  |
| Deny congregate care recommendation when not appropriate  | 100.00% 7 |
| Ask about community based programs that could meet the youth's needs  | 100.00% 7 |
| Total Respondents: 7  |           |

| # | ADDITIONAL PRACTICES YOU DO IN YOUR AGENCY TO ENSURE CONGREGATE CARE IS THE LEAST RESTRICTIVE OPTION  | DATE              |
|---|---|-------------------|
| 1 | Remove children A.M.A. if not meeting therapeutic goals. Develop programs to meet the needs of children either in congregate care or at risk of placement in congregate care. Educate staff regarding the limitations and outcomes of congregate care settings Empower staff to advocate for children to be treated at a lower level of care who have been determined to be medically eligible for RTF, i.e. refuse RTF placement despite medical recommendation Develop culture that understands congregate care is not a viable option for children | 4/30/2018 4:36 PM |

## Congregate Care Practices in Low Use Counties/Administrators

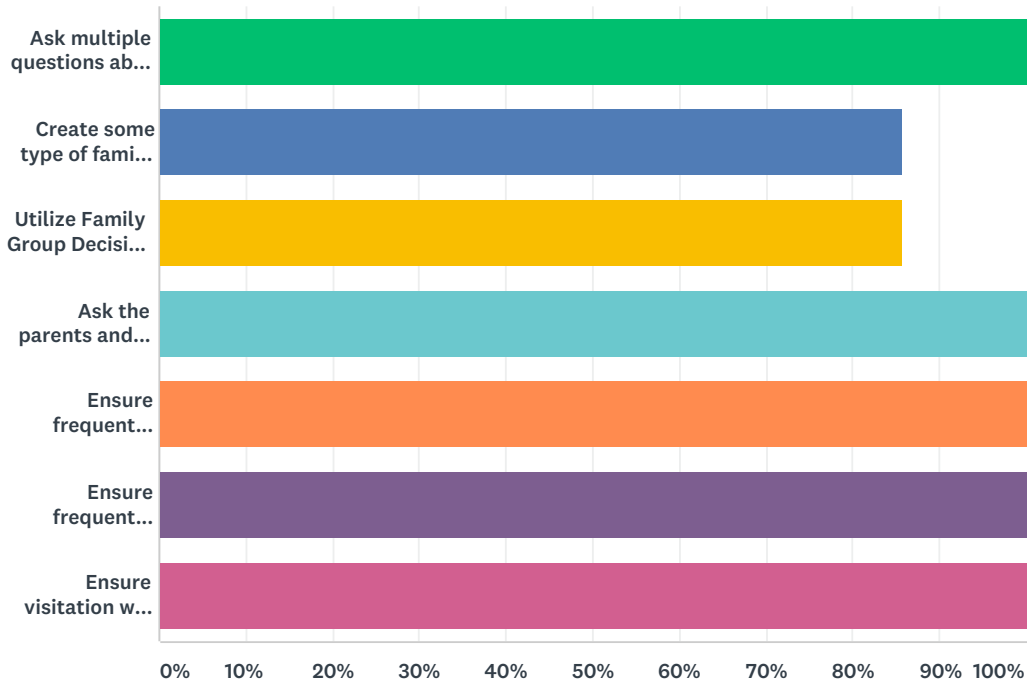
---

|   |   |                    |
|---|---|--------------------|
| 2 | Placement and Clinical Reviews (include GAL), Team Decision Making Meetings (including youth voice), Family Group Decision Making Review of pertinent documents, i.e. prior placement reports, evaluations, educational records (and IEPs), medical records, etc. Bi-monthly case review meetings with Juvenile Court that include judge, CYS, GAL/advocate, MH, D/A (as well as JPO and DA for cross-systems youth)  | 4/26/2018 9:58 AM  |
| 3 | Our Agency has a resource parent program- a MSW level social worker provides one on one support to all foster parents that have youth in their homes to support the foster parents- discuss challenges and behavior issues that are occurring in the home that could lead to disruption of the youth from that home. We have heard from foster parents that they would not have adopted or worked towards PLC without this program. We have increased our use of kinship care in Adams County, which will hopefully reduce the use of congregate care even further. We have a CW and Probation Officer cross trained for each others departments- they go on home visits together to ensure there are no gaps in service, and that the most appropriate placement options have been explored. | 4/25/2018 11:23 AM |
| 4 | In Lycoming County we have created a mind set that congregate care should absolutely be a last resort. We have a court system that supports this concept and this has helped create this mind set for the entire system.  | 4/25/2018 7:28 AM  |

---

**Q4 Front-Line-Practice: Please check all practices that you do in your agency to determine whether older youth, parents, family and kin were identified and engaged in the planning and decision making of the youth's out of home placement.**

Answered: 7 Skipped: 0



| ANSWER CHOICES  | RESPONSES |
|---|-----------|
| Ask multiple questions about extended family and kin  | 100.00% 7 |
| Create some type of family finding report   | 85.71% 6  |
| Utilize Family Group Decision Making  | 85.71% 6  |
| Ask the parents and child about family and kin involved in their lives  | 100.00% 7 |
| Ensure frequent parent/youth visitation while a youth is in kinship or foster care                            | 100.00% 7 |
| Ensure frequent parent/youth visitation while a youth is in congregate care                                   | 100.00% 7 |
| Ensure visitation with extended family and kin when a youth is in out of home care, including congregate care | 100.00% 7 |
| Total Respondents: 7  |           |

| # | ADDITIONAL THINGS YOU DO IN YOUR AGENCY TO ENSURE THAT YOUTH, PARENTS, FAMILY AND KIN WERE IDENTIFIED AND ENGAGED IN PLANNING AND DECISION MAKING PRIOR TO OUT OF HOME PLACEMENT AND DURING THE YOUTH'S PLACEMENT:  | DATE              |
|---|---|-------------------|
| 1 | We have kinship Navigators in all 5 Regional offices to explore kin for placement and connectivity We also have congregate care strike teams. We are having permanency round tables on youth in congregate care and the strike teams meet regularly on specific youth to plan for discharge | 5/3/2018 2:45 PM  |
| 2 | Continue Family Finding while child/youth is in placement. Conduct FGDM conferences as needed to transition children/youth home or to live with kin.  | 4/30/2018 9:54 AM |

## Congregate Care Practices in Low Use Counties/Administrators

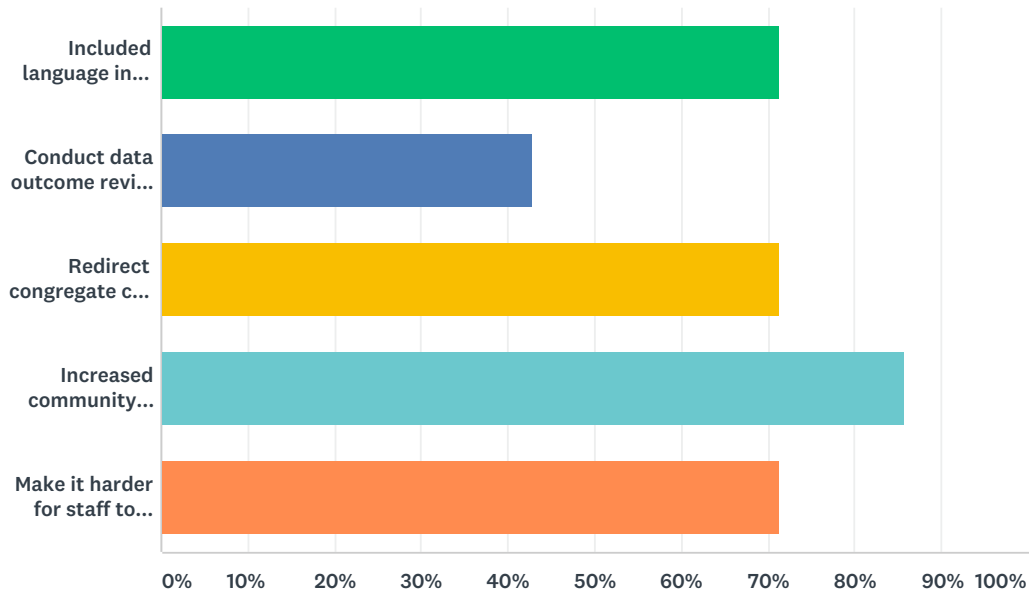
---

|   |   |                    |
|---|---|--------------------|
| 3 | We are an FEI county. We do FGDM, Family Finding, Rapid & Crisis response meetings and have a strong collaborative relationship with Justice Works- we have both internal and contracted staff working on this process. We have a caseworker and a case aid dedicated to visitation. We have a new promising practice beginning this summer who will coach caseworkers on how to engage families more efficiently and increase their confidence and competency when working with families. We also have the 30/30/90 model for FGDM- families have regular follow up conferences throughout the life of their case. | 4/25/2018 11:23 AM |
| 4 | Lycoming County ensures that each older youth has a specific IL caseworker to provide additional weekly support.  | 4/25/2018 7:28 AM  |

---

## Q5 Finance: Create financial disincentives for congregate care and redirect savings to more youth based community services: (please check all that apply)

Answered: 7 Skipped: 0

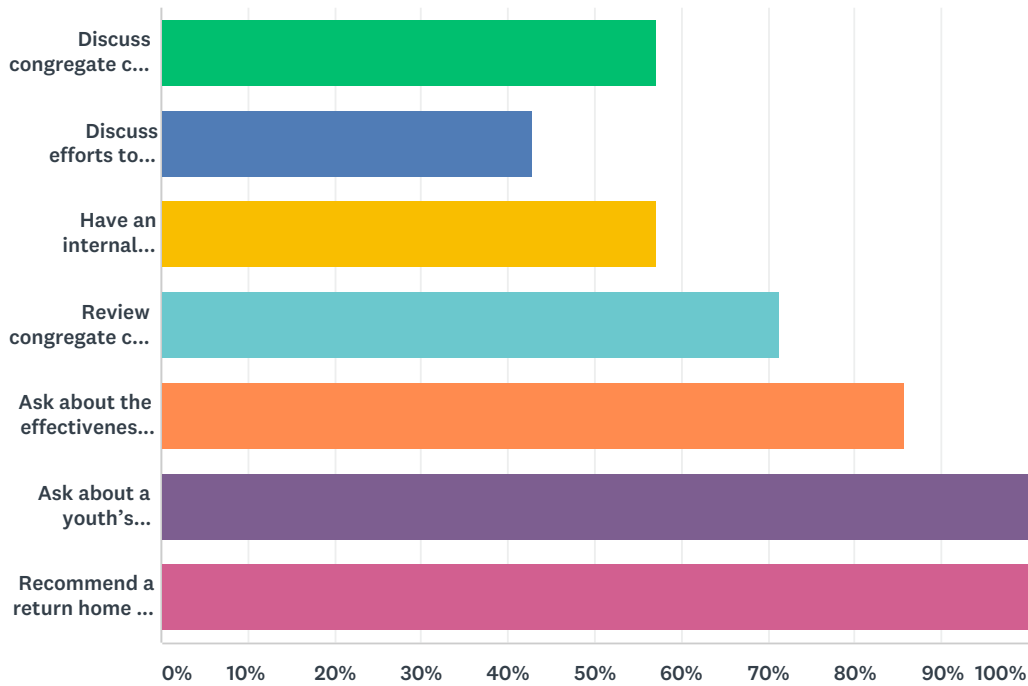


| ANSWER CHOICES  | RESPONSES |   |
|---|-----------|---|
| Included language in your congregate care provider contracts to ensure normalcy and prudent parenting standards | 71.43%    | 5 |
| Conduct data outcome reviews for your congregate care facilities  | 42.86%    | 3 |
| Redirect congregate care savings to community services  | 71.43%    | 5 |
| Increased community services for older youth  | 85.71%    | 6 |
| Make it harder for staff to receive approval for congregate care than other least restrictive options           | 71.43%    | 5 |
| Total Respondents: 7  |           |   |

| # | WHAT ADDITIONAL PRACTICES ARE YOU DOING IN YOUR COUNTY TO CREATE FINANCIAL DISINCENTIVES FOR CONGREGATE CARE AND REDIRECT SAVINGS TO MORE YOUTH BASED COMMUNITY SERVICES?  | DATE               |
|---|--|--------------------|
| 1 | There are numerous internal controls in place as stated above. In addition: provider service reviews general provider meetings detailing both state as well as county specific expectations<br>Monthly provider reporting with random QA review  | 4/26/2018 9:58 AM  |
| 2 | We only have 4 youth in group homes at this time so we don't specifically conduct data outcomes, but we are very familiar with the providers we are using, and are satisfied with their programs and outcomes. We have an internal mentoring program for our youth, that helps provide support for them, which we feel assists them in staying in the community and in out of home care. | 4/25/2018 11:23 AM |
| 3 | Having a lower number of placements and not utilizing congregate care on a regular basis has allowed Lycoming County the opportunity to create more preventive services.   | 4/25/2018 7:28 AM  |

**Q6 Performance Management: Please check all practices being done in your county to evaluate congregate care facilities and only use facilities with high performance:**

Answered: 7 Skipped: 0



| ANSWER CHOICES  | RESPONSES |
|---|-----------|
| Discuss congregate care as a topic at our local children's roundtable   | 57.14% 4  |
| Discuss efforts to recruit foster parents for older youth during local children's roundtable  | 42.86% 3  |
| Have an internal process for recruiting foster parents for older youth  | 57.14% 4  |
| Review congregate care data in CPCMS, AFCARS or other database systems  | 71.43% 5  |
| Ask about the effectiveness of a congregate care program prior to recommending a youth into that congregate care facility   | 85.71% 6  |
| Ask about a youth's progress in treatment   | 100.00% 7 |
| Recommend a return home or lesser level of care when a youth has met sufficient treatment goals, regardless of a facilities recommendation for continued congregate care due to a youth not reaching "levels" or specific time tables (i.e. 6-9 month programs) | 100.00% 7 |
| Total Respondents: 7  |           |

| # | WHAT ADDITIONAL PRACTICES ARE YOU DOING IN YOUR COUNTY TO EVALUATE THE EFFECTIVENESS OF CONGREGATE CARE USE   | DATE              |
|---|---|-------------------|
| 1 | Ongoing regional consultations with other SE counties to share information about successes and concerns regarding children placed in specific congregate care settings. | 4/30/2018 9:54 AM |
| 2 | Review and evaluation of youth specific outcomes Regional information sharing regarding quality and performance   | 4/26/2018 9:58 AM |



## Congregate Care Practices in Low Use Counties/Administrators

---

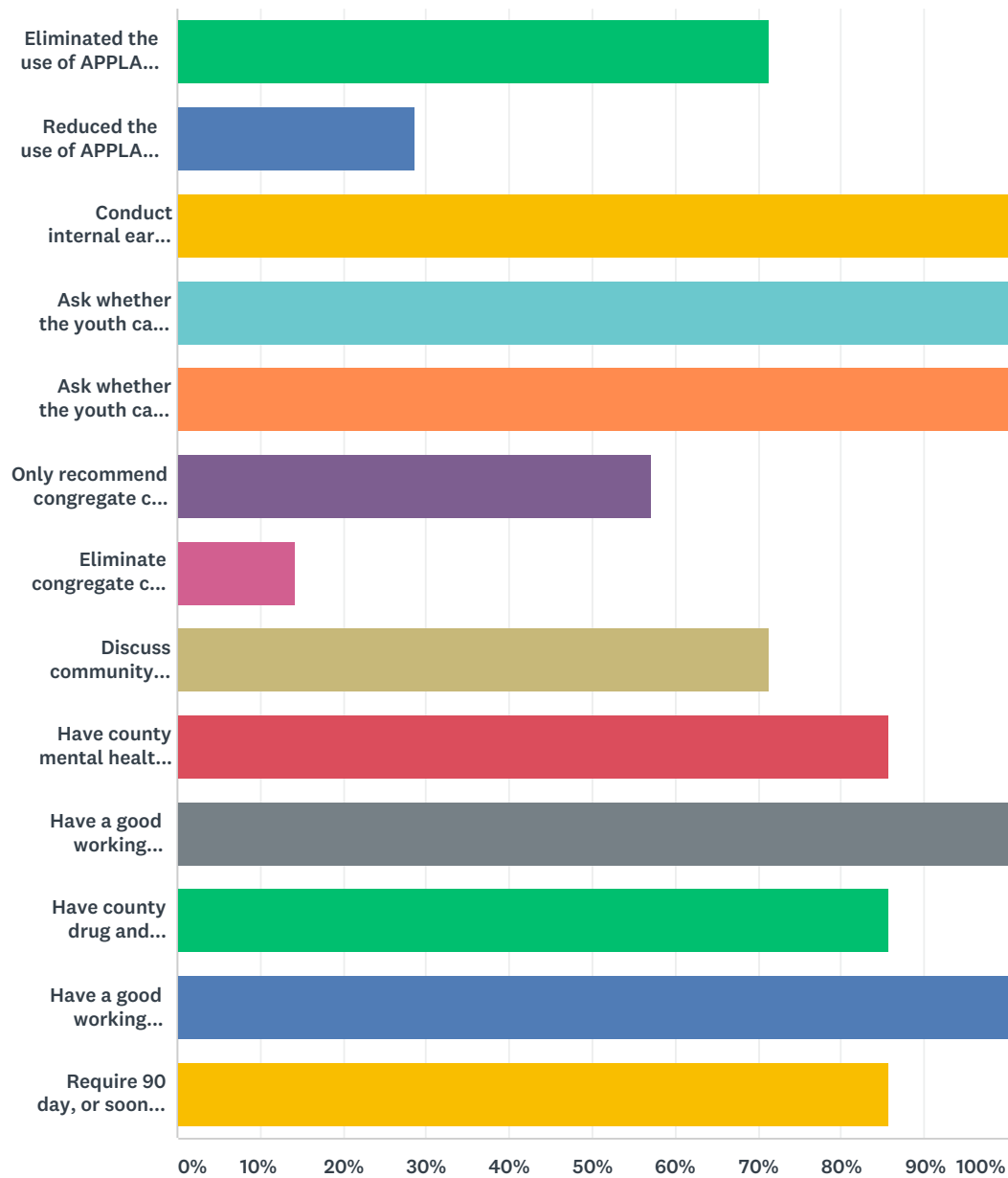
3 We feel that through the family finding process, we are locating kin on a regular basis- and hopefully right from the start of the case- this is not exactly recruitment, but similar. We don't specifically talk about congregate care at Roundtable due to our lower numbers.

---

4/25/2018 11:23 AM

## Q7 Policy: Please check all practices or policies occurring in your county to support permanency and well-being for older youth?

Answered: 7 Skipped: 0



| ANSWER CHOICES   | RESPONSES |   |
|--|-----------|---|
| Eliminated the use of APPLA as a goal for older youth  | 71.43%    | 5 |
| Reduced the use of APPLA as a goal for older youth   | 28.57%    | 2 |
| Conduct internal early teaming reviews on older youth in congregate care                                     | 100.00%   | 7 |
| Ask whether the youth can receive the same mental health treatment in the community as in congregate care    | 100.00%   | 7 |
| Ask whether the youth can receive the same drug and alcohol treatment in the community as in congregate care | 100.00%   | 7 |

## Congregate Care Practices in Low Use Counties/Administrators

|  |         |   |
|--|---------|---|
| Only recommend congregate care use for youth having treatment needs                                    | 57.14%  | 4 |
| Eliminate congregate care use for youth having behavioral needs  | 14.29%  | 1 |
| Discuss community programs to address older youth behavioral needs at your local children's roundtable | 71.43%  | 5 |
| Have county mental health participation on your local children's roundtable                            | 85.71%  | 6 |
| Have a good working relationship with your county mental health office                                 | 100.00% | 7 |
| Have county drug and alcohol participation on your local children's roundtable                         | 85.71%  | 6 |
| Have a good working relationship with your county drug and alcohol office                              | 100.00% | 7 |
| Require 90 day, or sooner, permanency reviews on all youth in congregate care                          | 85.71%  | 6 |
| Total Respondents: 7   |         |   |

| # | WHAT ADDITIONAL POLICIES DO YOU HAVE IN YOUR COUNTY TO SUPPORT PERMANENCY AND WELL-BEING FOR OLDER YOUTH?  | DATE               |
|---|--|--------------------|
| 1 | Agency eliminated APPLA, however one youth over 18 wished to have her goal remain APPLA. APPLA has been prohibited as a goal since then.   | 4/30/2018 4:36 PM  |
| 2 | Use FGDM model to conduct "transition conferences" for older youth transition planning. Use SWAN units of service including child prep and child specific recruitment for permanency for older youth.  | 4/30/2018 9:54 AM  |
| 3 | Court reviews may occur as often as every 30days to determine the necessity for continued congregate care placement.   | 4/26/2018 9:58 AM  |
| 4 | All youth have Youth transition conferences beginning at 14 years old annually. When they are 16 they are every 6 months, and at 17 they are every 3 months. I didn't check eliminate the use of congregate care for behavior needs- we only use it as a last resort for children- all of the children we have in congregate have both behavior issues and treatment needs. I don't think we have completely eliminated it. We have a MH/IDD worker and a D&A worker from the D&A commission assigned to our office. They are physically in our office one day per week. We have consultations with a child psychiatrist monthly to review all of the cases that have treatment needs. | 4/25/2018 11:23 AM |
| 5 | Having a positive relationship with MH/ID, Courts, JPO and DA has helped prevent long term congregate care placements.   | 4/25/2018 7:28 AM  |