2020 State Roundtable Report

Congregate Care

- Leadership
- Intensive Oversight
- Child & Parent Voice
- Alternatives
- Contract Considerations

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Court of Common Pleas of Philadelphia County

Honorable Michael Sholley
Court of Common Pleas of Snyder & Union Counties

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"Do the best you can until you know better … Then, when you know better, do better."

~ Maya Angelo

Background:

In May 2018, the Pennsylvania State Roundtable (SRT) commissioned the Congregate Care Workgroup. The SRT exclusively dedicated the Workgroup to examining the use of congregate care for dependent youth. The new Workgroup was given the following three tasks:

1. ***Examine congregate care for the purpose of significant reduction and/or elimination of congregate care.***

2. ***Identify effective alternatives to the use of congregate care for dependent youth.***

3. ***Assist Pennsylvania in the implementation of the Family First Prevention Act.***

The Workgroup, chaired by the Honorable Walter Olszewski, Supervising Judge, Court of Common Pleas of Philadelphia; the Honorable Michael Sholley, Judge, Court of Common Pleas of Snyder and Union Counties: and Bill Browning, Director, Lackawanna County Youth and Family Services, Department of Human Services, included membership that was reflective of Pennsylvania's diversity.

In its initial year of work, members heard from various state, county, and provider entities. These included three Behavioral Health Managed Care Organizations (BHMCO), Community-based Providers, Congregate Care Providers, Consumers of Service, the Administrative Office of Pennsylvania Court's Office of Children and Families in the Courts (OCFC), the Pennsylvania Department of Human Services' Office of Children, Youth and Families (OCYF), the Pennsylvania Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS), and the Pennsylvania Department of Education (PDE).

In addition, the Workgroup analyzed national and state data, reviewed several national studies regarding teen psychosocial development, and analyzed earlier efforts of the SRT's Transitional Youth Workgroup. One article, "The Adolescent Brain: New Research and its Implication for Young People Transitioning from Foster Care" (The Jim Casey Youth Opportunities Initiative, 2011), was particularly insightful. Workgroup members strongly encouraged anyone working with adolescents to read the article and use the research to inform

court, agency, and facility practice. Mentioned repeatedly in the article and research was the need for youth to have positive, meaningful relationships with caring, responsible adults. These relationships are foundational to future development. The article highlighted the importance of continually providing youth with opportunities to connect with their families and communities.

Moreover, countless studies emphasize the significant influence that peers have on one another, especially during the teen years. This influence is powerfully connected to brain and social development. It is also incredibly influential in decision-making, both positive and negative.

The Workgroup identified a substantial reduction in Pennsylvania's congregate care use from 22% to 15% (2012 to 2017). In addition, the Workgroup noted thirty (30) Pennsylvania counties that either reduced their use of congregate care or maintained a minimal use of congregate care (less than 10). There were 1,474 dependent youth between the ages of 12-17 years old and 124 dependent youth between the ages of 0-11 years old in congregate care in September 2018.

The Workgroup also noted the considerable funding utilized for congregate care. In Fiscal Year 2015/16 (the most current data available), Pennsylvania's child welfare system spent $133+ million ($83 million state, $30 million county, and $20 million federal) on congregate care placement for dependent youth. This amount included Alternative Treatment, Community-Based Residential, and Residential Non-Secure for dependent children. The average congregate care placement daily per diem in FY 2018-19 was $204.20. The daily per diem for congregate care placement facilities ranged from $37.37 (Residential Treatment Facility room and board costs) to $551.92. This fiscal data represented only the county child welfare share of congregate care placements. It did not include millions of Medicaid dollars spent by the Behavioral Health Managed Care Organizations (BHMCOs) on Residential Treatment Facility (RTF) placements.

The Workgroup identified additional information needed to finalize its work; however believed it had gathered sufficient facts to reach several preliminary conclusions, which included the need for:

- Strong judicial and agency leadership;
- Intensive oversight of all congregate care placements;
- Concise contract language that identified services and holds all accountable;
- Detailed court orders;
- Placements based upon treatment needs that are trauma-responsive and cannot be provided in a community-based setting;
- Enhanced educational services;
- Separation of low and high-risk youth;

- Frequent contacts/visitation; and
- Asking lots of questions.

More detailed Workgroup year one activities and information can be accessed at http://www.ocfcpacourts.us/assets/files/page-547/file-2390.pdf

The Workgroup presented five recommendations to the 2019 State Roundtable. The SRT unanimously adopted all five. These recommendations formed the basis of the Workgroup's continuing efforts and are the primary focus of this report.

PROGRESS AND UPDATES

Presentations:

As outlined in the 2019 Workgroup Report, Workgroup members believed they needed to hear from other groups, including youth, parents, counties and states which had decreased their reliance on congregate care facilities, and additional congregate care facilities.

Youth Experience:

The Workgroup heard from a panel of young persons who had previously (within the past four years) been placed in congregate care facilities. These youth shared their perspectives regarding their group home and court experiences.

Panelists addressed several areas of interest for the Workgroup. These included: quality of care, educational opportunities, visitation with family and friends, treatment, daily routines, and feelings related to safety.

When asked to describe their daily routine, there was some variance in the youths' experience. Most described large numbers of youth, trying to get ready for their day in very small quarters with limited time.

"Everything is on somebody else's time." ~ PA Former Foster Youth

"This was the most depressing, hopeless place I've ever been." ~ PA Former Foster Youth

Some youth were unable to get home passes for months or have contact with people outside of the placement facility.

All discussed staff favoritism. Some of the youth viewed this as a benefit. Others were very frustrated by this and described a reluctance to report concerns.

"Favoritism was annoying and scary." ~ PA Former Foster Youth

The youth also discussed the need for staff to understand youth development. One youth discussed the unrealistic expectation that he was expected to share his emotions in "group sessions" when most young people find that incredibly difficult. Indeed, most of the youth stated they were very guarded in their group sessions and with their counselors.

"I became an asshole… I was angry." ~ PA Former Foster Youth

Finally, the youth discussed several safety concerns, including poor sanitation, lack of space for private telephone calls, and a lack of understanding regarding the grievance process. One male panelist described his group care cottage as a "fight club."

While the youth panel shared many observations and concerns, they also shared some suggestions. These included:

- Give kids more things to do – most discussed having limited opportunities to do normal teenage activities.
- Hire better staff – while some of the youth were able to identify staff they found helpful, all recommended better staff be hired and trained.
- Opportunities to decompress – most of the youth discussed the need to have time to deal with their emotions individually (not in group or therapy) and unwind.
- Access to social media – all of the youth discussed the importance of being able to access the internet and have cell phones to remain connected to peers and family.
- Meaningful participation in Dependency Court Hearings - while some youth expressed positive relationships with their GAL, others reported their attorney often changing and being inaccessible; all of the youth underscored the need to have a meaningful voice in court proceedings.

<u>Parent Experience:</u>

The Workgroup heard from a panel of parents via technology, facilitated by Cathy Volponi, Esq. Juvenile Court Project, Allegheny County Parent Advocates. Information from the parents was mixed. Some believed their child's congregate care experience was helpful, but others did not. Most expressed concerns with transportation challenges and limited contact with their child. They were also concerned with receiving timely information about their child's therapy and treatment.

"When you go ten weeks without knowledge of anything, 15 minutes was priceless" ~Father

The reason given by each parent as to why they wanted their child in congregate care was fear for their child's safety remaining in their community, given their child's behaviors. Each parent expressed a concern that they were "hoping" their child would get the help they needed in congregate care. Each parent discussed extreme concern about their child's safety remaining in the community and being willing to "blindly trust" the facility to help their child. Each parent expressed their desire to learn how to help their child, but not being included in their child's treatment. As one mother commented about her son and her experience…

> "Don't push me away … Help me to help him."

One father reported not having any contact with his daughter for ten weeks. This lack of contact led to missed family therapy appointments and his daughter's inability to participate in extra-curricular activities.

> "We made do with the resources we had." ~Mom

Parents also expressed concern with a lack of discharge planning, which led to medications being unavailable and treatment in the community being significantly delayed.

Similar to the youth presenters, parents also shared several suggestions. These included:

- Assess the child and family's individual needs because every family is different, and one size does not fit all.
- Educate the parent about how to support their child's therapy so that the parent can educate others in the family/community to help support the child.
- Individualize visitation and communication based upon the needs of the child and resources of the family.
- Include parents in treatment and discharge planning to provide a successful transition home.

<u>Successful Counties and States:</u>

The Workgroup also heard from several counties (Chester, Lycoming, Philadelphia, Snyder, and Union) and one state (New Jersey) that had significantly reduced their reliance on congregate care. Counties discussed many effective strategies used to reduce their use of congregate care. These include:

- An overall philosophy to keep youth safely in their community; reluctance by the agency and the court to use congregate care
- Intensive Family Finding with a focus on family healing and long-term outcomes
- Focus on giving children, parents, and families a meaningful voice in decision-making
- Front-load services that include tangible resources for families (food, housing, respite, summer camps, etc.)
- Intensive diversionary programs
- School-based social workers
- Efforts to ensure that weekend and after-hours staff provide the same level of service as during regular hours
- Focus on purchasing services that are needed, not just what vendors are selling
- Focus on collaboration with Mental Health, Intellectual Disabilities, and Drug & Alcohol Services, including a Community Behavioral Health representative in each courtroom (Philadelphia)
- Increased rates for resource families based on the actual cost of care for older youth
- Measured and publicly disseminated facility outcome measurements (Philadelphia - https://www.phila.gov/media/20200420154836/2019_Congregate_care_report_print.pdf
- Well-trained lawyers who are paid to attend training (Union/Snyder)

The Workgroup also heard from New Jersey's Department of Children and Families' Assistant Commissioners, Mollie Greene and Carmen Diaz-Petti, who shared their state's mental health team concept. This mental health team, which includes Master's level clinicians, responds to a family's home and provides whatever crisis service is needed to support children in their own home safely. This service is available to all children and families and does not

require official involvement with the child welfare system. This transformation took over ten years to solidify, required extensive retraining of staff, and significant restructuring of New Jersey's mental health funding.

Additional Providers:

Finally, the Workgroup reached out to counties and to the Pennsylvania Council of Children, Youth, and Family Services (PCCYF) to identify additional providers from which to hear. Two providers (Perseus House and Hoffman Homes) were identified. Both providers presented to the Workgroup.

Perseus House highlighted their trauma services, evidence-based programming, and partnership with the local school district. Hoffman Homes identified services primarily focused on youth with serious mental health needs.

Neither provider identified services that Workgroup members believed incapable of being provided within a community setting.

Progress and Update on approved 2019 State Roundtable Recommendations

Equipped with this additional information, the Workgroup focused its efforts on recommendations approved by the 2019 State Roundtable. These efforts are highlighted below:

Identify community-based, in-home, and placement alternatives to congregate care

Seek and strengthen informal and formal community resources for children and families.

~ Mission and Guiding Principles for Pennsylvania's Child Dependency System

The Workgroup, tasked with identifying alternatives to congregate care, created a list of potential resources. These include philosophical as well as tangible services and practices. These resources are identified in a tool entitled "Array of Local Service Alternatives" (Attachment A). This tool is divided into four categories: family engagement solutions, community-based solutions; system solutions; and service solutions.

The Workgroup recognizes that each community is unique, with different resources and needs. Moreover, each child and family is unique, with different resources and needs. Therefore, the Array of Local Service & Practice Alternatives is by no means meant to be an exhaustive list of options. However, it is intended to be a starting point for local Children's Roundtables interested in developing and implementing alternatives to congregate care.

The Workgroup encourages local Children's Roundtables to utilize the tool and consider the following questions:

- What service or practice is needed?
- Is this service or practice available in our community?
- What are the barriers to implementing the service or practice in our community?
- Who are the people (providers, mental health professionals, families, school leaders, managed care organizations, etc.) that need to be around the table to implement this service or practice successfully? It is important to consider issues such as quality, availability, access, transportation, and capacity.

Recommendations: The Workgroup offers the following recommendations for consideration by the SRT.

1. Approve the "Array of Local Service & Practice Alternatives" tool.

2. Encourage Local Children's Roundtables to utilize the tool to:

   - Identify the necessary countywide placement alternatives that allow youth to remain within their communities, and

   - Develop collaborative partnerships necessary to create/implement needed services and practices.

Identify an evidence-based level-of-care assessment tool.

The Workgroup spent significant time exploring level-of-care assessment tools. Information reviewed by the Workgroup included:

- Level-of-Care County Survey results
- Magellan Behavioral Health Attachment 8
- Youth Level of Service (YLS) & Case Plan Bench Card *
- Youth Level of Service/Case Management Inventory (YLS/CMI)*
- The Family Advocacy and Support Tool (FAST)
- The Child and Adolescent Needs and Strengths (CANS)

- Out-of-Home Placement Decision-Making and Outcomes in Child Welfare: A Longitudinal Study

- "Local Children's Roundtable Discussion Guide When Considering Congregate Care Placement Practice" from the Transitional Youth Workgroup

*Note: These instruments have been developed for use with delinquent youth.

The Workgroup surveyed counties aimed at identifying tools and processes currently being utilized in congregate care placement decisions https://www.surveymonkey.com/results/SM-KN7X23JB7/ The survey received fifty-six (56) responses. Of those, three respondents indicated using a level-of-care assessment tool; however, no examples or names of the tools were provided. Fifty-three (53) respondents indicated that their county did not use a level-of-care assessment. Three responses indicated not using congregate care settings for dependent youth. Sixteen (16) respondents indicated a requirement for administrator approval. Seven (7) respondents identified supervisory approval as the highest required approval. Ten (10) respondents identified using some form of case conferencing, which included agency staff and, in some cases, other professionals.

Workgroup members also discussed several "assessment" tools (noted above) being used in some Pennsylvania counties to understand the needs of children and families better. ***None of these tools were designed or tested as level-of-care tools for dependent children and should not be used as such.*** Instead, they were intended to identify strengths and needs. ***Workgroup members strongly caution counties and courts to use tools only for the purposes they were designed and only for the populations for which they were intended.*** The CANS and FAST were not designed or tested as level-of-care tools and should not be used as such. The YLS was developed and tested only with delinquent youth.

Finally, the Workgroup conducted a national search for congregate care level-of-care assessments being used for dependent youth. This search resulted in no results other than those already noted.

Workgroup members believe there is a need for a more structured approach to congregate care assessments and recommendations to the court. However, after a statewide and national search, the Workgroup could not identify an evidence-based level-of-care assessment tool.

In fact, Workgroup members came to believe assessments should be focused on individual child and family functional needs rather than "levels of care." ***Workgroup members believe counties and courts should not be bound by what services currently exist. Instead, counties and courts should be creative, aligning services to need (even if it requires creating a***

new service). Members strongly believe this approach is much more helpful than a level of care assessment or a placement recommendation.

For instance, Workgroup members believe an assessment that identifies 24/7 supervision of a youth (a functional need) is more useful than an assessment that identifies group home placement (a level of care). Once the child and family's functional needs are identified (in this example, 24/7 supervision), services can then be aligned to meet the need, even if that service needs to be created in the community.

Recommendation: Encourage the consistent use of comprehensive child and family assessments that clearly identify functional needs and match **or create** services to meet children's and families' individualized needs.

Create a recommended oversight process for any initial or ongoing congregate care placement request (Agency and Court)

Given congregate care placements are the most restrictive type of placement for dependent children, Workgroup members believe these situations should receive the highest level of oversight from both the agency and the court. After extensive discussion and review of practices utilized in counties that have successfully reduced their reliance on congregate care, Workgroup members identified several common practices.

Based on the information gathered, the Workgroup created the following Congregate Care Oversight Process:

1. Administrator approval before any congregate care recommendation is submitted to the court;

2. Frequent (i.e., weekly) caseworker in-person visits with the child in the congregate care facility. This requirement mirrors that expected for "high risk" children/families.

3. Frequent (i.e., monthly) in-person contact, at a minimum, between the Guardian ad Litem and child in the congregate care facility.

4. Frequent (i.e., monthly) judicial reviews for any child placed in a congregate care setting until congregate care placement is no longer needed.

5. Use of Congregate Care Report to the Court for all new and ongoing congregate care recommendations to the court.

Recommendation: Approve Congregate Care Oversight Process and disseminate such to county child welfare agencies and courts.

Create a "Report to the Court" prepared by the child welfare agency, for any initial or ongoing congregate care placement request.

After extensive discussion, the Workgroup created a model Congregate Care Report to the Court (Attachment B) to be used in the Congregate Care Oversight Process. This report is intended to provide the judicial officer needed information to make an informed decision regarding any new or ongoing congregate care recommendation. The report identifies any alternatives attempted and services to be provided, as well as issues related to emotional and physical safety.

Recommendation: Approve the model Congregate Care Report to the Court document, disseminate to all counties/courts and strongly encourage its use as a component of the Congregate Care Oversight Process noted above.

Identify a common set of contract expectations for any future use of congregate care

Workgroup members reviewed many documents in response to this task. These included:

- Attachment H Outcome Reports
- NBHCC Dashboard – MH and SUD Services – FY 2018-2019
- Centers for Medicare & Medicaid Services Qualified Residential Treatment Programs (QRTP) guidance
- Residential Child Care Contract from the Texas Department of Family and Protective Services

Given the diversity of county contracting processes, the unique language required by different county legal staff, as well as the extensive knowledge gained throughout the past two years, the Workgroup created a tool aimed at assisting county congregate care contract development. This resource, entitled "Congregate Care Contract Provision Tool" (Attachment C), provides guidance regarding the many considerations needed in the care youth receive while living in congregate care settings. The document identifies specific issues related to group care and includes information regarding the best practices for each.

Recommendation: Approve "Congregate Care Contract Provision Tool" and disseminate to counties with strong encouragement to implement.

CONCLUSION AND RECOMMENDATIONS:

The Workgroup utilized the past year to gather additional information from various perspectives and identify practices that can effectively and safely reduce the reliance on congregate care for dependent youth. In addition, the Workgroup created several recommended processes (contracting and oversight) and tools (one focusing on alternatives to congregate care and one focusing on judicial decision making related to congregate care). These recommended tools and processes significantly increase child welfare agency and court oversight provided for children in congregate care settings. Because congregate care is the most restrictive of all dependent placement options and dependent children placed in congregate care settings have the most intensive treatment needs, Workgroup members believe this enhanced oversight level is needed.

Given the information contained in the 2019 Report and this Report, Workgroup members believe courts and counties now have the resources needed to significantly reduce their use of congregate care for dependent youth, if they wish to do so. Workgroup members are confident that, if implemented as designed, enhanced oversight and contracting processes, new tools and services combined with already established family inclusion practices (i.e., family finding, family group decision conferences, family team meetings, crisis/rapid response family meetings, etc.), will allow more children to be safely maintained in their communities and significantly reduce Pennsylvania's reliance on congregate care placements.

Finally, Workgroup members believe their work in the coming year will primarily consist of disseminating resources approved by the State Roundtable, supporting the use of these new resources, tracking outcomes, and reporting such to the 2021 State Roundtable.

The Workgroup respectfully submits to the Pennsylvania State Roundtable the following recommendations:

1. Approve "Array of Local Service Alternatives" tool and disseminate to all counties/ courts strongly encouraging Local Children's Roundtables to utilize.

2. Encourage the consistent use of comprehensive child and family assessments that clearly identify needs and match or create services to meet the individualized needs of children and families.

3. Approve Congregate Care Oversight Process and disseminate such to county child welfare agencies and courts with strong encouragement to utilize.

4. Approve the model Congregate Care Report to the Court document, disseminate to all counties/courts with strong encouragement to utilize tool in combination with the Congregate Care Oversight Process noted above.

5. Approve "Congregate Care Contract Provision Tool" and disseminate to counties with strong encouragement to utilize in any new or ongoing contract development.

6. Examine the concept of Specialized Congregate Care settings being created as a result of the federal Family First Prevention Services Act and include in 2021 State Roundtable Report.

ATTACHMENTS

A Array of Local Service & Practice Alternatives

B Model Congregate Care Report to the Court

C Congregate Care Contract Provision Tool

Array of Local Service & Practice Alternatives

The Congregate Care Workgroup identified an array of services and practices that have been proven successful to a reduction in the use of congregate care. This list groups solutions into four categories: Family Engagement, Community-based, System, and Service Alternatives. This list is not intended to be a complete and comprehensive list of all the possibilities. Knowing that each county has different resources and needs, it is meant to be a starting point for local discussion.

Using this list as a starting point, it is suggested that counties hold the following discussion at their local Children's Roundtable:

1. What service or practice is needed?

2. Is this service or practice available in the community?

3. What are the barriers to having this service or practice in the community?

4. Who are the people (providers, mental health professionals, families, school leaders, managed care organizations, etc.) that need to be around the table to successfully implement this service or practice?

It is important to consider issues such as quality, availability, access, transportation, and capacity.

Family Engagement Solutions

- Family Finding
- Family engagement skills for professional staff
- Peer mentoring and supports
- Family meetings (including FGDM, Crisis/Rapid Response Family Meetings)
- Structure for building networks and lifetime supports

Community-based Solutions

- Family-based services
- Evening Reporting Center
- 24/7 supervision in the community
- Day centers
- One-stop shops for multiple services
- Intensive Behavioral Health Services (IBHS)
- Reimbursement incentives for resource families

- Enhanced training and supports to resource families
- Prevention service
- Diversion services
- School-based services

System Solutions

- Family Finding
- Service coordination to parents/entire family while the child in care is receiving services
- Community involvement and relationship building
    - Collaboration across systems (education, school, police, etc.) to improve relationships
- Stress management (for families/professionals)
- Blending resources
- Monitoring – Evidence-based practice
- Certified Trauma-Informed practice
    - (at all levels including screens, assessments, and services)
- County cultural change with leadership and staff that prioritizes children remaining in their county and community as the preferred option for all children
- Decisions based upon child and family needs assessment, not level-of-care recommendations
- Written decision making policy that emphasizes administrator approval

Service Solutions

- Emergency crisis response (24/7)
- Respite
- Professional foster parents
- Intensive in-home services
- Broad array of Mental Health services
- Mobile crisis response

Report to the Court
Congregate Care Placement Recommendation

Child Name: **DOB:** **Docket Number:**

Hearing Type: **Hearing Date:**

Permanency Goal:

Type of placement request:

- ☐ **Entering (has never lived in a Congregate Care Facility)**
- ☐ **Re-entering (has previously lived in a Congregate Care Facility)**
- ☐ **Transfer (moving from one Congregate Care to another Congregate Care)**
- ☐ **Ongoing (remain in current Congregate Care Facility)**

Current Placement:

☐ **Home**

Kinship Care

- ☐ **Relative Care-Maternal**
- ☐ **Relative Care-Paternal**
- ☐ **Pre-Adoptive Home**
- ☐ **Kinship Non-Relative Care**

Foster Care

- ☐ **Foster Home**
- ☐ **Pre-Adoptive Home (Non-Kinship)**
- ☐ **Supervised Independent Living**

Congregate Care

- ☐ **Shelter Care**
- ☐ **Group Home**
- ☐ **Residential Facility**
- ☐ **Residential Treatment Facility**

Hospitalization

- ☐ **Medical Care Facility**
- ☐ **Psychiatric Facility**

Reason for congregate care placement request (be specific regarding why this level of care is the best placement option):

Safety Threat(s) that prevents youth from being in home:

Community Services/Treatment provided prior to request being made (be specific):

Family finding (identify all efforts made to locate and involve family/kin in the child's network, the resolution of safety threats or general concerns):

Youth's opinion regarding proposed placement (use his/her words, if possible):

Mother's opinion regarding proposed placement (use her words, if possible):

Father's opinion regarding proposed placement (use his words, if possible):

Guardian's opinion regarding proposed placement (use his/her words, if possible):

Family Meeting: Was a family meeting held? Yes ☐ No ☐

If yes,
Date of Meeting:

Attendees (name and relationship)

What was decided by the family (attach a copy of the family plan):

Previous Placements:

Placement:

Reason previous placement is not an option:

Kinship Placement Options Explored:

Name: **Relationship:** **Reason unable to be placed:**

Proposed Placement Facility:

Reason this specific facility is being recommended:

Critical Incident History of this Facility (list all critical incidents, child line complaints, licensing violations and results of investigations within the past 2 years):

Above information proved by (facility staff person name/title/date):

Facility distance from youth's family/home county:

Services to be provided by the facility that cannot be provided in the community (be specific):

Service: **Frequency:** **Provider/Credentials:**

Counseling & Treatment Services to be provided (be specific):

Type: **Frequency:** **Duration:** **Provider/Credentials:**

Trauma Treatment youth will receive:

Type: **Frequency:** **Duration:** **Provider/Credentials:**

Medications: ☐ **None** ☐ **See attached** ☐ **See below (list medication name, dosage, purpose, side-effects)**

Visitation Plan (address mother, father, siblings, kin, friends, etc...)

Name/Relationship **Frequency** **Location**

Transportation Assistance Needed?

Yes ☐ **No** ☐

If yes, how will transportation need be met?

Telephone Contact Plan:

Name/Relationship: **Frequency:** **Duration:**

Current Education Placement: **Grade Level:**

- ☐ **Public School in community**
- ☐ **Public School on facility grounds**
- ☐ **Non-public School on facility grounds**
- ☐ **Youth has GED or HS Dipolma**
- ☐ **Vocational Program/Higher Education**
- ☐ **Other (explain):**

Does child have an IEP or 504 Plan? If so, how will this plan be implemented in the placement setting?

Community Extra-Curricular activities in which youth will be involved (list specific activities not run by the provider, in which the youth will participate off campus grounds in each of the categories below...list activity and frequency):

- ☐ **Physical activites:**
- ☐ **Social activities:**
- ☐ **Arts**
- ☐ **Other:**

Special dietary needs of youth:

Other youth needs not addressed above (religious, cultural, language, etc.):

Discharge Plan (what needs to occur for youth to leave facility placement):

Recommended by:

Caseworker Name/Signature **Date**

The above recommendation was reviewed and approved by:

CYS Agency Administrator/Designee **Date**

Congregate Care Contract Provision Tool

The purpose of this tool is to provide counties with a set of contract provisions designed to align congregate care facilities' contracted deliverables with agency and court expectations.

It is the hope of the State Roundtable's Congregate Care Workgroup that this tool will be useful to county children and youth agencies as they review existing contract language, create addendums, and draft revisions for future contracts.

Contracts should:

- Include critical elements and activities for effective contract management and quality assurance
- Be written in concise language that clearly outlines what is expected from a congregate care facility

Counties should:

- Consider judicial input when drafting contracts
- Hold providers accountable to contract provisions through contract monitoring
- Not contract with facilities that use blackout dates
- Consider the following components for inclusion in contract language or as part of an attachment or addendum:

Family Engagement

Visitation

Health and Well-being

Education and Vocation

Service Planning and Coordination

Cooperation in Judicial Proceedings

Disclosures, Notifications, and Safety

Staffing Requirements

Reporting and Contract Monitoring

Note: There may be provisions within each component that require funding changes to fully or partially implement. These include, but are not limited to, staffing ratios, training and development, and transportation.

Additional resources regarding the above components can be found in the Pennsylvania Dependency Benchbook and online at www.ocfcpacourts.us.

Congregate Care Contract Provision Tool

Contract Components	Provisions to Consider	Best Practice Recommendations
Family Engagement	➨ Communication & Visitation	[Provider] facilitates ongoing and regular communication between youth and family/kin via phone calls, in-person and/or virtual visits, and other contact mediums as outlined by the family service plan and/or court order.
	➨ Service Planning	[Provider] actively involves family in the development, implementation, review, and modification of family service planning.
	➨ Transition Planning	[Provider] actively involves family in the development, implementation, review, and modification of transition planning.
Visitation	➨ Visitation rights and participants/who may visit or have contact	Unless prohibited by court order, [provider] promotes the involvement of family, kin, and friends, including but not limited to parents, siblings, grandparents, aunts/uncles, and friends.
	➨ Facilitation of visits*	[Provider] assists with transportation or technology needs necessary to ensure onsite and/or offsite visits.
	➨ Frequency and duration	[Provider] facilitates visitation as early as possible and ensures that the duration and frequency meet the needs of the youth and adhere to the family service plan and/or court order.
Health and Well-being	➨ Age and developmentally appropriate activities	[Provider] provides youth normal experiences that are developmentally appropriate, such as attending public school, joining extracurricular activities, getting jobs, dating, engaging in social activities, and learning to drive.
	➨ Maintaining connections	[Provider] ensures that youth are able to preserve connections to family, school, community, and religious organizations through on-site or off-site means through

*Counties should take funding impacts into consideration

Contract Components	Provisions to Consider	Best Practice Recommendations
		face-to-face, telephone/video, or electronic devices. To this end, [provider] does not utilize blackout dates, nor do they permit a level system to impact maintaining connections.
	➨ Hygiene	[Provider] provides culturally appropriate products to meet the youth's hygiene and personal grooming needs.
	➨ Special dietary needs	[Provider] provides culturally appropriate meals of a sufficient quantity and adequate portion to meet the youth's nutritional needs. Dietary needs may be based on food allergies, cultural background, medical conditions, or nutritional requirements based on age and size of youth.
	➨ Medical and dental care*	[Provider] facilitates any transportation or technology needs necessary to ensure a youth's access to medical, dental care, vision care, and behavioral health services. [Provider] notifies **in advance** and includes parents, caregivers, caseworkers, and GALs in scheduled medical appointments, changes to medications, and any impact to the youth's treatment plan related to medical or dental care.
Education and Vocation	➨ School selection	[Provider] promotes the least restrictive educational setting, such as enrollment at a public school over the use of an on-ground school, unless the court order indicates otherwise. [Provider] ensures that student(s) attend schools with certified teachers that provide age-appropriate classwork and participation in age-appropriate school activities.

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Contract Components	Provisions to Consider	Best Practice Recommendations
	➨ District of residence/Home district involvement	[Provider] cooperates with and involves the home district in the determination of educational placement.
	➨ Licensing requirements	[Provider] ensures any on-ground educational facility is state-licensed or through contracts provides credentialed instructors and transferrable credits.
	➨ Certification, hours, and relevancy of coursework	[Provider] provides access to education that allows a student to receive academic credits that, upon discharge, will transfer to the student's home school and that the student will be able to advance to the next grade level.
	➨ Vocational and employment training	[Provider] provides and/or facilitates access to vocational training, support services, and activities, including job readiness, skill training apprenticeships and trade skills, and vocational training opportunities that are required by the youth's service plan, transition plan, and/or court order.
Service Planning and Coordination	➨ Community-based services	[Provider] facilitates the use of and transportation to community-based services, recreational and/or after-school activities, and any other services necessary to align with the goals of the family service plan and/or court order.
	➨ Service Accessibility	Trauma-informed and responsive treatments, evidenced-based treatments, assessments, and other services must be accessible and incorporate family involvement according to the youth's treatment plan and/or court order.
	➨ Transition planning	[Provider] works with the parent/guardian/caregiver to ensure successful transition planning, including, but not limited to, providing timely submission of

Contract Components	Provisions to Consider	Best Practice Recommendations
		discharge summaries, facilitating pre-placement visits, supplying adequate medications, and assisting with transportation or technology needs.
Cooperation in Judicial Proceedings	➨ Court appearance, written reports, and testimony for youth* ➨ Court appearance, written reports, and testimony for employees and/or subcontractors	[Provider] facilitates any transportation or technology needs necessary to ensure a youth's participation in court hearings. [Provider] ensures employees, subcontractors, and/or [provider]'s are present and capable of giving accurate and necessary testimony in judicial proceedings, depositions, and administrative hearings relating to a youth placed as requested by [agency] or [court].
Disclosures, Notifications, and Safety	➨ Policy and Protocol Disclosures ➨ Safety and Supervision of Youth ➨ Reportable incidents	[Provider] ensures [agency] and [court] has information to make decisions regarding the safety and well-being of the youth. This requires [provider] transparency in disclosures including, but not limited to, restraint policy, emergency protocols, and safety protocols. [Provider] bases the level of supervision/observation on individualized needs and utilizes video/security cameras to ensure youth safety. [Provider] provides information regarding the number of reportable incidents and corresponding outcomes upon request of [agency] or [court].
Staffing Requirements	➨ Staff ratio ➨ Education and skill level*	[Provider]'s staffing ratios must be manageable, sufficient, and dependent on the level of care needs of the youth served. [Provider] must employ individuals whose education and skill level are appropriate for

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Contract Components	Provisions to Consider	Best Practice Recommendations
		the services provided. When providing counseling services, [provider] must employ or contract with someone in the community who is credentialed and holds a master's level degree in counseling.
	➨ Training/Development*	[Provider] must provide opportunities for ongoing professional development to develop and maintain the necessary skill level for the services provided. [Provider] ensures employees are culturally competent and trained to recognize and address trauma and trauma-related behaviors.
Reporting and Contract Monitoring	➨ Required reporting	[Provider] provides facility performance data related to permanency, well-being, and safety outcomes including, but not limited to, re-entry rate, family involvement, progress, and outcomes.
	➨ Contract Monitoring	[Provider] ensures that employees and/or subcontractors are familiar with any contract monitoring provisions that require their cooperation and/or participation.