

# Pennsylvania Citizen Review Panels' 2021 Annual Report

## Collaboration Statement

The Citizen Review Panels' Annual Report was produced in collaboration with individual citizen review panels, the Department of Human Services Office of Children, Youth and Families, the Pennsylvania Child Welfare Resource Center, and the Pennsylvania Children and Youth Administrators, Inc.

### The Mission and Purpose of the Citizen Review Panels

**Mission:** To facilitate citizen participation and provide opportunities for citizens to partner with local child protection systems to ensure that these systems:

- Provide the best possible service;
- Prevent and protect children from abuse and neglect;
- Meet the permanency needs of children; and
- Promote diversity, equity, and inclusion.

**Purpose:** To examine policies, procedures, and practices of State and local agencies to evaluate the extent to which State and local child protective services system agencies are effectively discharging their child protection responsibilities.



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**Letter from the Deputy Secretary**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES

May 27, 2022

Dear Citizens,

Thank you for taking a moment to read the Pennsylvania Citizen Review Panels' 2021 Annual Report. The Citizen Review Panels (CRPs) are represented by a wide array of citizen volunteers, including those with lived experience in the child welfare system, who join together to partner with local child protection agencies to ensure that the needed support systems provide the best possible services, prevent and protect children from abuse and neglect, and meet the permanency needs of children. Furthermore, the CRPs play an important role in efforts to promote positive child welfare outcomes for children and families.

The 2021 CRP Annual Report contains an update on the CRPs' work throughout 2021 and their recommendations for enhancements to policy, procedure, and practice within the Commonwealth's child protection system. The CRPs' recommendations and the Department's responses to these recommendations are contained in this report.

OCYF welcomes the CRPs' collaboration, including recommendations for improvement, and recognizes each member for their passion, time, and dedication to ensuring the safety, permanency and wellbeing of children and families. OCYF believes that working together to strengthen families leads to safe, nurturing, and healthy environments for children. By improving our child welfare system, Pennsylvania will be better prepared to support families as they strive to achieve their personal goals and dreams. OCYF expresses great appreciation to the CRP members for their ongoing work and dedication in these efforts.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jonathan Rubin'.

Jonathan Rubin  
Deputy Secretary  
Office of Children, Youth, and Families

OFFICE OF CHILDREN, YOUTH AND FAMILIES

## Pennsylvania Introduction

### **Commonwealth of Pennsylvania**

Pennsylvania consists of 67 counties covering 44,817 square miles and is home to approximately 13 million residents. The city of Philadelphia is the largest metropolitan area within the six-county Southeast region, which includes Philadelphia, Berks, Bucks, Chester, Delaware, and Montgomery counties and encompasses approximately 35 percent of the total statewide population. Allegheny County is the second largest metropolitan area and includes the city of Pittsburgh and its surrounding suburbs. The diversity across Pennsylvania's urban, suburban, and rural areas creates the need for both flexibility and consideration of regional, county, cultural, and other differences in the child welfare and juvenile justice systems.

### **Structure of Child Welfare**

Pennsylvania is one of nine states that operates a state-supervised, county-administered child welfare system. The county-administered system means that child welfare and juvenile justice services are organized, managed, and delivered by 67 County Children and Youth Agencies (CCYAs), with staff in these agencies hired as county employees. Each county elects its county commissioners or executives who act as the governing authority. Pennsylvania has a rich tradition of hundreds of private agencies delivering the direct services and supports needed by at-risk children, youth, and their families through contracts with CCYAs. The array of services delivered by private providers includes prevention, in-home, foster family, kinship care, permanency, and congregate care. A variety of related behavioral health and education programs are also provided.

The DHS, OCYF is the state agency that supports the provision of quality services and best practices designed to ensure the safety, permanency, and well-being of Pennsylvania's children, youth, and families. There are some intrinsic differences in operating a state-supervised, county-administered system that impacts statewide outcomes for children and families. Within this structure, Pennsylvania provides the statutory and policy framework for delivery of child welfare services and monitors local implementation. Given the diversity that exists among the 67 counties, this structure allows for the development of county-specific solutions to address the strengths and needs of families and communities. Each county, through planning efforts, must develop strategies to improve outcomes.

This structure also presents challenges in ensuring consistent application of policy, regulation, and program initiatives and has impacted Pennsylvania's performance on federal outcome measures. These federal measures require county-specific analysis to determine the factors that influence statewide data. Because of the variance in county practice, it is challenging to identify statewide solutions that would have the most impact on improving county outcomes.

To address those challenges, the Pennsylvania Child Welfare Council (Council) was formed to provide shared leadership and guidance to support collaborative, strategic visioning for Pennsylvania's child welfare system. The Council is comprised of multidisciplinary members who are broadly representative of the child welfare system and reflect the Commonwealth in geographic, racial, ethnic, and cultural diversity. Efforts of the Council are aligned with OCYF's mission, vision, and values and Pennsylvania's Child Welfare Practice Model. The Council utilizes quantitative and qualitative data to guide the establishment of priorities related to federal, state, and locally driven improvement efforts through the use of a Continuous Quality Improvement (CQI) process/framework. CQI serves as the vehicle to guide the achievement of Pennsylvania's child welfare goals. The Council exists to:

- Help build a sustainable structure to support collaborative strategic visioning for Pennsylvania's child welfare system;
- Foster a unity of effort to achieve common and shared goals by sharing ideas/expertise in guiding priorities for the child welfare system, sharing data to identify priorities/monitor achievement of goals, and considering how best to ensure the system has the capacity/resources to support achievement of common goals;
- Enhance communication based on shared values of respect and honesty by reinforcing clear and transparent communications regarding the strengths/challenges of the system;
- Increase proactive responses to address systemic issues and concerns; and
- Enhance capacity to use data to drive decision making.

The Council provides the means for key stakeholders to come together to provide shared leadership, purpose, and accountability to enhance our ability to work collaboratively to improve outcomes for children, youth, and families. By gathering feedback, the Council takes steps to be more proactive in response to system needs, is more responsible in the use of resources, and enhances and supports the system's ability to function more efficiently. This leads to more strategic and effective efforts to achieve the goals and objectives outlined in the strategic plan focused on improving outcomes for the children, youth, and families served by the system. The Council was instrumental in the development of Pennsylvania's federal Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and serves as the primary stakeholder forum for development and ongoing monitoring of Pennsylvania's federal Child and Family Services Plan.

Because the CRPs are so closely tied to the work of ensuring the safety, permanency, and well-being of children in Pennsylvania, OCYF invites all panel members to participate in the subcommittees. This ensures that information and resources are shared between the two groups. By having direct involvement with the Council, panel members have greater access to information at the state level, including data and current priorities within the child welfare system.

## **Pennsylvania and the Child Abuse Prevention and Treatment Act**

The key federal legislation addressing child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA) (Public Law (P.L.) 93-247), originally enacted in 1974. This Act has been amended several times and was most recently amended on January 7, 2019, when the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424) went into effect. For a full legislative history of CAPTA see: [CAPTA: A Legislative History](#).

CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities. CAPTA also provides grants to public agencies and non-profit agencies for demonstration programs and projects as a means of promoting innovation and disseminating best practices. Additionally, CAPTA identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and mandates the National Clearinghouse on Child Abuse and Neglect Information. CAPTA sets forth a minimum definition of child abuse and neglect. Some of the changes Pennsylvania adopted to become compliant with CAPTA required amendments to the Child Protective Services Law (CPSL) and the Adoption Act. Other changes only required administrative implementation for which no legislation was needed. Pennsylvania is compliant with CAPTA.

### **Pennsylvania Legislation**

To support compliance with CAPTA in Pennsylvania, House Bill 2670, Printer's Number 4849 was signed into law as Act 146 on Nov. 9, 2006, by then Governor Edward G. Rendell. Act 146 amended Pennsylvania's CPSL (23 Pa.C.S. Chapter 63) to address the establishment, function, membership, meetings, and reports as they relate to CRPs in Pennsylvania. Act 146 required that DHS establish a minimum of three CRPs and that each panel examine the following:

1. Policies, procedures, and practices of state and local agencies and, where appropriate, specific cases to evaluate the extent to which state and local child protective system agencies are effectively discharging their child protection responsibilities under Section 5106 (a) of CAPTA.
2. Other criteria the panel considers important to ensure the protection of children include:
  - i. A review of the extent to which the state and local child protective services system is coordinated with the foster care and adoption programs established under part E of Title IV of the Social Security Act (49 Stat. 620, 42 U.S.C. § 670 et seq.); and
  - ii. A review of child fatalities and near fatalities.

Act 146 also set the following requirements for the composition and function of the panels:

- Membership – The panel shall be composed of volunteer members who represent the community, including members who have expertise in the prevention and treatment of child abuse and neglect;
- Meetings – Each CRP shall meet not less than once every three months; and
- Reports – DHS shall issue an annual report summarizing the activities and recommendations of the panels and summarizing DHS's response to the recommendations.

## **Pennsylvania Citizen Review Panel Overview**

The CRPs are comprised of volunteer members that meet in their respective regions and, while influenced by local, regional, and statewide concerns, are charged to make recommendations for statewide improvements. Currently, there are three regional CRPs from the Northeast, South Central, and Southwest areas of the Commonwealth, as well as a statewide CRP consisting of Pennsylvania's longstanding Youth Advisory Board (YAB).

Regional CRP recruitment is held every year from April to June. After receiving 16 applications for membership this year, OCYF was excited to welcome nine new members to the regional CRPs in August 2021. New members participated in a half-day orientation, where they had the opportunity to meet one another, discuss their interests, learn about their responsibilities as volunteer members, and hear from OCYF on departmental priorities as well as ways OCYF supports the CRPs. New members were able to join the existing panels for the Fall All Panel Meeting in October.

OCYF is dedicated to correcting the impacts of systemic racism on the child welfare system and is implementing a DHS directive that advisory bodies, such as the CRPs, should reflect the diversity of the communities they serve. The following paragraph is an excerpt from the [DHS Racial Equity Report 2021](#):

*DHS also has countless advisory committees, workgroups, task forces, and boards across the payer, provider, facility, and consumer sectors. These advisory bodies should reflect the diversity of the communities we collectively serve. We are evaluating membership of these groups and plan to work with them if needed to encourage diverse and representative membership that accurately represents voices of the people we serve. As we move forward, a greater focus on diversity and equitable representation among race will be prioritized among other qualifications for serving on these advisory bodies.*

In 2022, Pennsylvania's Regional CRPs will begin to rotate to ensure representation of all regions in the Commonwealth over time. The counties to be represented within each region are proposed to be the same as those that make up the current YAB Regions, which can be viewed on the [YAB website](#). The rotation will begin by establishing a Southeast regional panel to include representation from members that live and work in our largest and most diverse population center.

The rotation of regional panels will allow for representation of all counties across the state while minimizing the costs associated with facilitation or travel. Recruitment for the Southeast panel will begin in 2022, with their work beginning in January 2023. As the new panel is established, the longest operating panel (South Central) will be wrapping up its current work in December 2022. Over the course of 2023 and 2024, new panels will be established in the North Central and Northwest regions, while work in the Northeast and Southwest panels will adjourn. Each new panel will remain in operation for a period of five years, until the cycle of re-establishing panels in the South Central, Northeast, and Southwest begins again in 2028.

The Statewide YAB is comprised of youth and alumni of the child welfare system ages 16 to 23. Recruitment for the YAB occurs at the regional and local levels. There are six regional boards, as well as local boards, whose members funnel in to form the membership of the Statewide YAB. Youth Leaders attending the Statewide YAB meetings volunteer or are appointed by their peers to represent their respective regions. The YAB membership ebbs and flows due to the availability of the youth. When OCYF established the YAB as a CRP, older youth in Pennsylvania were provided with a

platform to advocate and communicate their experiences, needs, and recommendations to inform policies and improve services for Pennsylvania's children, youth, and families involved in the child welfare system.



**2021 Citizen Review Panel Annual Report**  
**Northeast Citizen Review Panel Report and Recommendations**

**Introduction:**

The Northeast (NE) CRP serves 11 of Pennsylvania's 67 counties. The NE CRP is dedicated to ensuring that the needs of Pennsylvania's children are being met within the current system.

**Overview of the Focus Area:**

The NE CRP is interested in ways that the child welfare system can support and engage families affected by substance abuse to reduce the number of children removed from their homes and decrease the incidents of abuse and neglect affecting children in Pennsylvania.

NE CRP members shared examples that showed that parents and caregivers with substance abuse issues did not request assistance from County Children and Youth Agencies (CCYAs) due to fears of child removal. The NE CRP saw the need for child welfare services to be perceived as a support for families rather than a threat to be avoided.

According to Statewide Adoption and Foster Care Analysis and Reporting System (AFCARS) data, during a four-year period (2016-2020) an average of approximately 3,500 children were removed from their homes each year due to parental substance abuse. Of the approximately 3,500 children, about 50-60% remained in placement for more than 12 months.

**Summary of Work Completed:**

Once the NE CRP decided to focus on how CCYAs support and engage families affected by substance abuse, the panel requested and reviewed a variety of information to determine the effect of parental substance abuse on the child welfare system.

The first items reviewed included the [Family First Prevention Services Act](#) (Family First) and a listing of all evidence-based programs (EBP) that were available to Pennsylvania. Family First is federal legislation that, among other things, provides funding to states for mental health and substance abuse prevention programs, as well as in-home parent skill-based programs. The prevention services are

available to children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. In order to receive this funding, each state must submit a Five-Year Prevention Plan outlining which evidence-based programs will be utilized to provide these prevention services to eligible candidates.

To assist states with selecting EBPs, the [Title IV-E Prevention Services Clearinghouse \(Clearinghouse\)](#) was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. Programs and services are rated as well-supported, supported, promising, or does not currently meet criteria.

The NE CRP reviewed a list of all the evidence-based programs rated by the Clearinghouse, focusing specifically on the programs that showed promise in supporting parents/caretakers with substance abuse challenges. At the time of review, there were only four programs that addressed parental substance abuse concerns. Of those programs, none were selected by Pennsylvania to be used. The NE CRP identified this lack of Title IV-E prevention programs to address parental substance abuse as a critical gap in services for Pennsylvania's families.

Next, the NE CRP reviewed AFCARS data regarding the number of children and youth removed from their home or origin for placement in foster care due to parental or caretaker substance abuse and the number of children and youth that were discharged within 12 months of removal during a five-year period from 2015-2020. This data shows the total number of removals, the number of children and youth removed based solely on parental substance abuse, and the number of children and youth removed when parental substance abuse was a co-occurring reason for removal.

Removals due to Parental Substance Abuse as Sole vs. Co-Occurring Reason Number and percentage discharged within 12 Months of Removal, Calendar Years 2015-2020							
Calendar Year	Total Removals (any Reason)	Removals due solely to parental drug or alcohol abuse			Removals due to parental drug or alcohol abuse, co-occurring with any other reason		
		Total Removals	# Discharged within 12 Months	% Discharged within 12 Months	Total Removals	# Discharged within 12 Months	% Discharged within 12 Months
2015*	12,662	1,656	858	51.81%	3,170	2,222	70.09%
2016	11,729	1,539	674	43.79%	1,994	984	49.35%
2017	11,880	1,833	809	44.14%	1,816	718	39.54%
2018	10,825	1,699	765	45.03%	1,616	604	37.38%
2019	9,912	1,674	702	41.94%	1,536	535	34.83%
2020**	2,261	401	155	38.65%	340	122	35.88%

\* 2015 data are of questionable quality due to miscoding of removal reasons in a large county

\*\* 2020 data are based on removals occurring through March 31 in order to allow sufficient time to measure discharges within 12 months (through March 31, 2021)

*AFCARS data provided by the Pennsylvania Department of Human Services*

Unfortunately, the NE CRP was unable to obtain any case specific information regarding these removals, such as reasonable efforts made by the CCYA to prevent the placement or services provided to successfully discharge the children and youth from placement. The NE CRP was also unable to review data related to General Protective Service referrals to assess what services were provided to families to allow children and youth to remain in the home without a need for removal. Despite not being able to review the information listed above, the NE CRP identified that collecting data on substance abuse of a parent or caretaker prior to removal may be an opportunity for the Commonwealth to complete a root cause analysis in order to target interventions to prevent neglect and abuse.

Finally, the NE CRP reviewed how parental or caretaker substance abuse is being reported to the child welfare system. The panel requested a copy of the “script” that ChildLine workers utilize when they receive child abuse and neglect referrals, and how that “script” compares to the online reporting system. The NE CRP wanted to determine how ChildLine screens for possible substance use/abuse of parents/caretakers when reports are received and how allegation types are categorized.

The NE CRP was informed that there is no formal “script” that could be provided to the panel for review. There are also no specific questions that ChildLine workers are required to ask regarding concerns related to substance abuse. If the reporter voices that there are concerns of substance abuse, the information would be entered into the “Type of Maltreatment/Nature of Maltreatment” or “Adult Functioning” sections of the report. If it is the main concern the caller is reporting, it’s typically in the first (and possibly also the second) section, but if the primary concern is not related to parental substance abuse, and the caller is just mentioning a history of substance abuse, it is often entered in the latter section of the report. The NE CRP has concerns that issues entered in later sections of the report may not be addressed appropriately by the CCYA. Based on this information, the NE CRP identified the lack of use of standardized language by ChildLine staff as a potential deterrent for reports to adequately provide the information needed to address the reporter’s concerns.

#### Key Activities in 2021:

Members of the NE CRP attended and participated in the following:

- The virtual CRP National Conference hosted by Ohio;
- The National CRP community’s June meeting with the CRP Coordinator and panel members from around the country;
- The Child Welfare Virtual Expo in September; and
- The Spring and Fall All Panel Meetings and engaged in strategic planning for their focus areas with OCYF.

#### **Northeast Citizen Review Panel Recommendations for 2021:**

##### Recommendation 1:

Currently, each CCYA collects and reports data on parent substance abuse differently, which led the NE CRP members to have difficulty interpreting the data. The NE CRP recommends OCYF provide

clarity to CCYAs on how to collect and report AFCARS data on parental/caretaker substance abuse and child removal and abuse in a uniform fashion.

#### OCYF's Response to Recommendation 1:

OCYF agrees that CCYAs should collect and report AFCARS data in a uniform fashion. OCYF is required to report AFCARS case-level data elements on all children in foster care and children who have been adopted with CCYA involvement (per §479 of the Social Security Act). OCYF collects AFCARS data from CCYAs in order to submit it to the ACF. The data elements that are required to be reported for children in foster care currently include whether the child was removed due to alcohol abuse or substance abuse of the parent/caretaker.

Federal regulations regarding AFCARS were updated via the final rule published in May 2020 ([85 FR 28410](#)). To comply with the regulations, CCYAs and OCYF have until October 1, 2022, to prepare their data systems to collect and report AFCARS 2020 data. The first submission of AFCARS 2020 data is due to ACF by May 15, 2023. ACF has provided substantial guidance in the form of technical bulletins, webinars, and trainings on implementation of the new regulations, including the reporting of AFCARS data elements. AFCARS 2020 data elements that must be reported by CCYAs include placement in foster care due to a caretaker's alcohol use or drug use that is "compulsive" and "not temporary in nature". Other related data elements which must now be reported include placement into foster care due to prenatal alcohol exposure or prenatal drug exposure. The data collection allows for more than one reason for placement to be entered for each child. CCYAs are advised to utilize the guidance that ACF has provided regarding AFCARS reporting. This will ensure that data is reported in a more uniform fashion. For more information see ACF's AFCARS Technical Assistance web page: [AFCARS Technical Assistance | The Administration for Children and Families \(hhs.gov\)](#).

#### Recommendation 2:

Currently, there is no formal script for ChildLine or CCYA workers receiving child abuse referrals to ask questions about substance abuse in the household. The NE CRP recommends standardized, nonjudgmental wording for questions and clear training for ChildLine and CCYA staff that receive child abuse referrals about substance abuse. This script and training should be written by individuals with expertise in substance abuse and should consider whether the substance abuse negatively affects the welfare and/or safety of the child(ren).

#### OCYF Response to Recommendation 2:

OCYF thanks the NE Panel for its interest in ChildLine. ChildLine is Pennsylvania's child abuse hotline. The vision of the hotline is to improve the safety and well-being of Pennsylvania's children, youth, and families. The mission of the hotline is to collect and maintain referral information from mandated and permissive reporters regarding child and general protective service concerns and provide each referral to the appropriate investigative agencies to ensure the safety and well-being of children, youth, and family 24 hours a day, 7 days a week, 365 days a year.

Although there is no written script for ChildLine hotline staff, ChildLine does have a policy and procedure manual which provides comprehensive guidance for hotline employees regarding child abuse reporting. All ChildLine hotline staff are required to gather safety and risk information from the reporter via a safety and risk assessment interview. A key part of the interview is assessing adult functioning, which includes asking, among other questions, whether the adult(s) in the home have

current substance use issues or a history of substance use issues. Hotline staff are directed to ask relevant questions, as applicable to the situation, therefore no script is provided.

The ChildLine policy and procedure manual highlights the guiding principles of the hotline. One of those principles is to “[r]egard all concerns as important”. Whether concerns are entered in one section of a report as opposed to another section does not impact the fact that the concerns are referred to the CCYA for assessment and possible investigation.

ChildLine has recently hired a staff member to focus solely on quality assurance and continuously seek out ways to further improve the capturing of information that is needed to improve the safety and well-being of Pennsylvania’s children, youth, and families. This staff person will assist the ChildLine Management team in developing policies and procedures for improvements including consideration of this recommendation.

### Recommendation 3:

The NE CRP believes that the evidence-based programs that OCYF has chosen to include in their Five-Year Prevention Plan do not address parental/caregiver substance abuse. The NE CRP recommends that OCYF identify and implement evidence-based programs that support parents/caregivers with substance abuse regarding treatment and rehabilitation.

### OCYF Response to Recommendation 3:

Implementing evidence-based programs that support parents/caregivers so that children and youth can remain at home with their families is a priority for OCYF.

Family First provides states with the option of participating in the Title IV-E Prevention Services program. As the NE CRP has mentioned above, the Title IV-E Prevention Services program allows states to receive federal funding for evidence-based mental health prevention and treatment, substance abuse prevention and treatment, and in-home parent skill-based programs that are delivered to eligible children, youth, and families to help prevent the placement of a child into out-of-home care. In order for a state to participate in the Title IV-E Prevention Services program the state needs to submit a Five-Year Prevention Plan that includes a selection of EBPs from a listing available on the [Title IV-E Prevention Services Clearinghouse](#).

OCYF reviewed all of the EBPs on the Clearinghouse and selected EBPs for inclusion in the Five-Year Prevention Plan. In making the determination of which EBPs to select, OCYF considered information about the EBPs from the Clearinghouse, as well as from individual program websites and supporting documentation (such as fidelity measures and quality improvement guides). In order to support selection of the most impactful EBPs for Pennsylvania, information about Pennsylvania’s child welfare population was collected from a variety of sources, including AFCARS Data, Statewide Child Welfare Information System Data, and OCYF Needs Based Plan and Budget data.

Pennsylvania prioritized EBPs for inclusion in the Five-Year Prevention Plan by focusing on Clearinghouse-rated programs that were already available in Pennsylvania that address an identified need for children and families. In part, this decision was made based on lessons learned through Pennsylvania’s implementation of the Title IV-E Demonstration Project. By starting with EBPs already being utilized the challenges associated with initial startup can be mitigated for those communities.

Together, the selected EBPs cover the entire age range of children and address three of the top four removal reasons in Pennsylvania (i.e., neglect, child's behavior problem, and parent inability to cope), and three of the top four valid GPS report reasons in Pennsylvania (i.e., conduct by parent that places child at risk, experiencing homelessness/inadequate shelter, child behavior problems/behavior health concerns).

CCYAs have the ability to select and scale EBPs that are included in the Five-Year Prevention Plan to meet the needs of children and families in their counties. Of the current EBPs chosen in the Five-Year Prevention Plan, one is designed to serve families with parental/caregiver substance use. Parents as Teachers is a skill based in-home service for parents that is rated as Well-Supported by the Clearinghouse. Parents as Teachers has a target population of expectant parents and parents of young children that have a history of substance use or are experiencing other high-risk circumstances. The intended outcomes of the program include child safety and child well-being to include social and cognitive functioning.

OCYF can choose to add Clearinghouse EBPs to the Five-Year Prevention Plan at any time. OCYF welcomes the NE CRP recommendations for additional EBPs and intends to monitor community needs and additions to the Clearinghouse to determine if more Clearinghouse EBPs should be added.

#### Recommendation 4:

The NE CRP recommends the Commonwealth develop a more integrated process for delivering non-biased services for families, including mental health, substance abuse recovery, and children and youth services. Counties should employ or contract drug and alcohol specialists to work within CCYAs so that they can work directly with parents and caregivers throughout treatment and recovery. Mental health and drug and alcohol training should be included in the Foundations training for all new caseworkers.

#### OCYF Response to Recommendation 4:

OCYF appreciates the NE CRP's interest in ways that the child welfare system can support and engage families affected by substance abuse to reduce the number of children removed from their homes and decrease the incidents of abuse and neglect affecting children in Pennsylvania.

PA's Department of Drug and Alcohol Programs (DDAP) is committed to providing education, intervention, and treatment programs to reduce drug and alcohol abuse and dependency for PA's citizens. In order to receive state and federal funding, PA counties are required to designate an agency to function as the Single County Authority (SCA). These agencies, for which DDAP has oversight, can help with treatment funding, assess the need for treatment or other services, and make referrals to match treatment or service needs. They are located within county jurisdictions throughout the Commonwealth. Many SCAs are located either in the same county municipal building as the CCYAs or in close proximity to the CCYA and may serve as a resource for consultation, information sharing and providing guidance about substance use. CCYAs are encouraged to collaborate with SCAs and other community partners, including contracted entities, to best serve children, youth, and families.

The new caseworker training called Foundations of Pennsylvania Child Welfare Practice (Foundations) launched in July of 2019. The Foundations series uses the Team-Based Learning™ delivery method which combines online courses with instructor-led sessions focusing on application

and skills practice, simulations, and targeted fieldwork activities. The case scenarios do include simulations that contain mental health and substance abuse concerns to better prepare workers for these issues in the field. More information on the Foundations curriculum is available here: <http://www.pacwrc.pitt.edu/Foundations.htm>.

Trainings are currently available to CCYA staff through the CWRC which specifically address the topic of drug and alcohol use. The following instructor-led trainings are available:

- 206 Engaging Families Experiencing Opioid Use, Addiction, and Recovery;
- 309 Drug and Alcohol Issues: An Introduction for Child Welfare Professionals; and
- 309 Prescription Drug Abuse.

Additionally, the CWRC offers a variety of online courses that are available through the E-Learn website page at [www.e-learn.pitt.edu](http://www.e-learn.pitt.edu). These online trainings can be accessed at any time by CCYA staff. The following courses on substance use are available on the E-Learn website:

- 9000 CAST II Module 4: Psychotropic Medication;
- 9000 CAST II Module 7: Substance Use as a Risk Factor for Child Maltreatment: A Macro Perspective; and
- 9000 CAST II Module 8: Substance Use as a Risk Factor for Child Maltreatment: A Micro Perspective.

### **Proposed Focus Area/Activities for 2022:**

The NE CRP's topic for next year will focus on Solution Based Casework, specifically how caseworkers can work in connection with families and service providers to provide effective services.

### **Northeast Citizen Review Panel Members**

Benjamin Toll – Luzerne County\*  
 John Aciukewicz – Luzerne County +  
 Kathleen Donson – Pike County  
 Kelly Langan – Lackawanna County  
 Kerrie Ann Fitzsimmons – Wayne County  
 Laura Giannetti – Northampton County +  
 Marilyn Johnson – Monroe County +  
 Marshall Davis – Wyoming County \*  
 Megan Boettcher – Lackawanna County +  
 Moneefah Jackson – Northampton County \*  
 Roberta Daniels – Wyoming County  
 Shelley Fairclough-Gumbs – Lehigh County

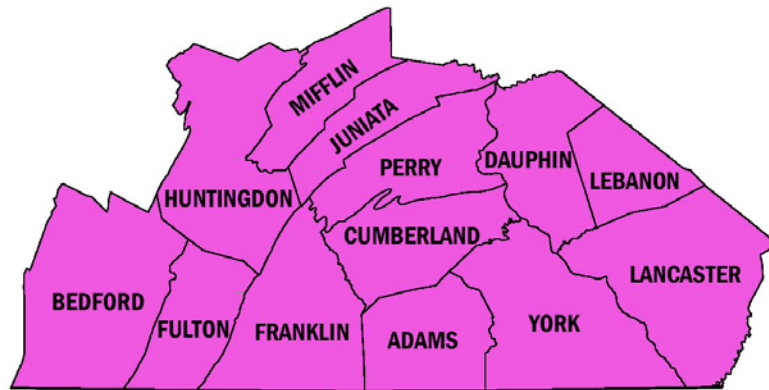
\* - New member of the panel

+ - Member leaving the panel in Dec 2021

Biographies for each member can be found on the CRP website at the following link: [Northeast Citizen Review Panel](#). Information regarding the panel's current focus area and meetings can also be found by following the same link.



**2021 Citizen Review Panel Annual Report**  
**South Central Citizen Review Panel Report and Recommendations**



**Introduction:**

The South Central (SC) CRP serves 13 of Pennsylvania's 67 counties. The SC CRP is dedicated to ensuring that the needs of Pennsylvania's children are being met within the current system.

**Overview of the Focus Area:**

In 2021, the SC CRP embarked on a discussion and review of current practice regarding the need for medical assessments of children referred to CCYAs in both Child Protective Service (CPS) and General Protective Service (GPS) cases. While not all referrals involve injuries or medical conditions, we believe that it is important for all children referred to be screened for medical assessment. This screening should be part of the initial intake assessment and be on-going for cases accepted for services. CCYAs need resources both to carry out the screening and to consult with and refer to medically trained abuse specialists in their area.

**Summary of Work Completed:**

The SC CRP met on the following dates: January 12, 2021, March 29, 2021, April 27, 2021, May 27, 2021, June 30, 2021, August 31, 2021, September 22, 2021, October 20, 2021, and November 5, 2021.

Assessment for medical needs of children has been an issue of interest to the SC CRP for several years. The interest in the issue is heightened by the SC CRP's concerns over the current level of CCYA staff turnover at both the caseworker and supervisory level. Therefore, it was decided that the SC CRP would focus on this topic for 2021.

The SC CRP reviewed CCYA staff turnover data as a part of this process. The data was difficult to draw conclusions from due to differing data definitions across the county agencies. However, it was possible, even anecdotally, to note that turnover rates have increased for most counties over the years since the implementation of the CPSL amendments in 2014 and 2015.

After much discussion, our central questions are: "How can we assure that every child referred to the CCYA is assessed for immediate and underlying medical needs?" and "How is this documented and connected to the Safety Assessment?" We determined that these questions can best be addressed

by evaluating the process as it occurs in the counties now, evaluating needed resources, and encouraging the development of standards and protocols.

After briefly reviewing turnover data, we reviewed the laws and regulations around when a child referred to the CCYA must be seen by a medical professional. We found that this requirement was reduced in the CPSL from the previous “shall be seen” to the current “may be seen” when the child is referred due to alleged abuse. This requirement appears to be the only direct reference in law other than requirements for initial and regular medical care when a child is receiving placement services.

The SC CRP then reviewed training available to CCYA staff to address recognition of signs and symptoms in a child that would warrant a medical assessment. This was identified as a gap area that will need further exploration. While there are trainings that address medical issues, the particular skill of recognizing signs and symptoms in a child that would warrant a medical assessment does not appear to be addressed.

The SC CRP discussed at great length the need for caseworkers to be proactive in the assessment of potential medical needs for all children referred, including both CPS and GPS referrals. The major question identified was how best to equip staff to do so. We looked at possible assessment tools. Some counties use the [Child and Adolescent Needs and Strengths](#) (CANS) and the [Family Advocacy and Support Tool](#) (FAST) assessment tools. We looked briefly at these tools but found that they do not directly address the issue. The panel recommends that OCYF include a comprehensive bio-psycho-social assessment as they develop a universal assessment tool which would combine and enhance the current risk and safety assessments.

The SC CRP also discussed consultation resources available to the CCYAs. In recent years, there has been a growing network of Child Advocacy Centers (CACs) across the state. Staffing in these centers may or may not include medical staff. There are also programs addressing child abuse and neglect in the major hospital settings. Local pediatricians specifically trained in child abuse and neglect may be available to some CCYAs. Several larger CCYAs contract nursing professionals to consult with casework staff. Pennsylvania has a complex urban/rural make-up that impacts resources for the CCYAs, and this diversity is apparent in this topic. Regardless of county size or location, we agreed that it is important that each CCYA connect to a medically trained abuse specialist in pediatrics for consultation. Regardless of medical consultation connections, the need continues for an objective, in-the-field screening process that will identify the need to consult with a trained medical professional.

In March 2021, the SC CRP began evaluating the process that CCYAs use to determine the need for a medical assessment. A survey was developed and distributed to the 13 counties in their region. At the time this report was written, eight CCYA responses were received. The results showed inconsistency across the counties with regard to practice and procedure. Most counties indicated that the decision to seek medical assessment is made by the caseworker in consultation with the supervisor. One larger CCYA described contracted internal nurse consultants who are readily available resources for this decision-making process. Some CCYAs include additional administrative staff when discussing the need for medical assessment. There was no indication of the use of an objective assessment tool to inform these decisions. The survey responses identified a need for additional, specifically trained medical providers as well as funding and transportation for medical assessments. Survey responses identified the need for more teaming with medical professionals, school professionals, and trauma-trained professionals. In 2022, the SC CRP will continue to seek additional responses to inform survey results to inform future recommendations.

Of note in the information from the survey, some of the counties mention their staff participates in regular training provided to the CCYA by their local CAC. It is the panel's understanding that these trainings may not be standardized, but instead meet the needs of the agencies participating. This may be an opportunity to develop a statewide training that can then be tailored to meet the needs of specific communities. It may also offer an opportunity for a collaboration between CWRC and the CAC network.

The SC CRP was made aware of work being done by Pennsylvania's Children's Justice Act (CJA) Task Force related to medical consultation. The CJA Task Force is an independent, multidisciplinary group of professionals that has the ability to make connections to related work going on throughout the State as a result of its connection to the Council's Safety subcommittee. In 2019, the CJA Task Force focused on the topic of medical consultation as it relates to CPS investigations. The review of this topic started with an assessment of current Pennsylvania laws and legislation, followed by a presentation from the Pennsylvania Commission on Crime and Delinquency regarding work that the Children's Advocacy Center Advisory Committee has been doing regarding medical consultation. In their 2020 assessment and report to OCYF, the CJA Task Force recommended that OCYF complete the following:

- Support a subject matter expert forum/gathering to develop a "model set of standards" for completing medical examinations for child abuse cases; and
- Survey [CCYAs] throughout Pennsylvania to determine and assess the needs of the state in the area of medical consultation during child abuse investigations.

After reviewing the recommendations of the CJA Task Force, the SC CRP supports the CJA Task Force's recommendations and has incorporated them into this year's recommendations.

**In conclusion, CCYA caseworkers are, at times, the only observers of young children outside of their families. The SC CRP is concerned that needed resources are not available to ensure that these caseworkers have the skills and knowledge needed to objectively identify indicators of medical needs in these children. Additionally, they may not have adequate medical consultation resources available to them. Clear statewide standards and protocols are needed to ensure consistent, quality services to these children.**

#### Key activities in 2021:

Members of the SC CRP attended and participated in the following:

- The virtual CRP National Conference hosted by Ohio;
- The National CRP community's June meeting with the CRP Coordinator and panel members from around the country;
- The Child Welfare Virtual Expo in September; and
- The Spring and Fall All Panel Meetings and engaged in strategic planning for their focus areas with OCYF.

**South Central Citizen Review Panel Recommendations for 2021:**Recommendation 1:

The SC CRP recommends that OCYF consider inclusion of “need for medical assessment” as they develop a universal assessment tool to be used in all GPS and CPS referrals, in consultation with subject matter experts.

OCYF Response to Recommendation 1

As stated above, OCYF is involved in ongoing efforts to develop and implement a statewide universal assessment tool. This tool, among other facets, would combine elements of the current Safety and Risk Assessments. It is OCYF’s intention to assess the safety of children, including whether there is a need for further medical assessment, by implementing this tool.

With technical assistance provided by Casey Family Programs, OCYF has developed a strategic plan, which outlines activities that will need to be completed over the course of several years to achieve successful implementation of the universal assessment tool. OCYF, through the CWRC, has also begun a contracting process with the Praed Foundation and the University of Kentucky to support the development of the universal assessment tool, as well as an accompanying manual and training. Furthermore, a Tool Development Workgroup, which includes representation from OCYF, as well as CCYAs of different sizes, and all OCYF regional offices was formed. The Tool Development Workgroup will work with the Praed Foundation throughout this process.

As OCYF continues this project OCYF will provide updates and opportunities for the SC CRP to provide recommendations regarding this topic.

Recommendation 2:

The SC CRP recommends that OCYF, CWRC, and the CAC network collaborate to review and enhance available initial and ongoing training for frontline caseworker staff regarding screening of the need for medical assessment of a child. The need for medical assessment training should be considered as a primary competency for all new and ongoing caseworker staff.

OCYF Response to Recommendation 2:

In 2020 OCYF began to utilize Children’s Justice Act funding, provided by ACF to focus on medical consultation as it relates to child abuse. This initial project with goals to gather and review information about statewide needs and to improve knowledge of medical consultation utilized during child abuse investigations is in its first stage. Through partners including the Pennsylvania Commission on Crime and Delinquency and the Children’s Advocacy Center Advisory Council, among other key stakeholders, OCYF is planning to host a subject matter expert forum to assess and evaluate PA’s approach to medical consultation during child abuse investigations. To date, discussions have and continue to occur with medical providers regarding the format and content for a statewide medical forum. OCYF looks forward to hosting and participating in the forum.

Recommendation 3:

The SC CRP recommends that OCYF develop best practice standards to address the screening for the need of medical assessment and provision of medical consultation and assessments. Once the standards are developed, OCYF should issue a comprehensive guide for CCYAs to follow.

OCYF Response to Recommendation 3:

Efforts are currently underway to create a universal assessment tool and to plan implementation. Guidance will be developed during the implementation phase which will follow. Comprehensive guidance, as well as training and technical assistance, will be made available to the Commonwealth's 67 independently operating CCYAs.

OCYF is also involved in a pilot project related to the need for medical assessment. Project Medical Assessment Guidelines to Improve Child Outcomes (Project MAGICO) is a pilot project that began within Allegheny County Department of Human Services. It focuses on children under 3 at the highest risk for maltreatment related deaths. The project aims to ensure: rapid accurate medical assessment of injuries; that children are being seen by a primary care physician (PCP); and improved communication between CCYAs and PCPs.

Project MAGICO consists of three key activities: 1) Every day, a dashboard populates a list of eligible children; 2) Assigned CCYA caseworkers use a decision tree to determine what kind of medical evaluation is needed and the timing of the evaluation; and 3) a physician and a Child Health Evaluation and Coordination Services nurse reviews cases to identify acute issues and confirm the caseworker's recommendation for medical examination. Through this deliberate CCYA/medical collaboration, Project MAGICO aims to decrease re-referrals, improve overall health, and decrease death and near-death incidents among children under three at highest risk. OCYF is happy to announce that two more counties will soon be implementing Project MAGICO. OCYF will continue to assess the impact of this program and consider whether the findings should influence statewide practice.

**Proposed Focus Area/Activities for 2022:**

The SC CRP plans to continue researching the area of medical consultation during 2022 by:

- Exploring the possibility of proposing an amendment to the CPSL to allow for information sharing between CCYAs and medical providers;
- Reviewing Pennsylvania's Child and Family Service Review data on well-being outcomes (those specifically related to physical health); and
- Exploring national models of medical consultation and assessments.

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**South Central Citizen Review Panel Members**

Erich Batra – Lebanon County  
Jessica Crouse – Franklin County  
Kait Gillis – Cumberland County

Kurt Miller – Lancaster County  
Lisa Kennedy – York County  
Lynn Carson – Dauphin County  
Robin Nickel – Cumberland County  
Robin White – Mifflin County  
Sabrina Valente – York County  
Wendy Hoverter – Cumberland County  
Whitney Barbusca – Lancaster County

Biographies for each member can be found on the CRP website at the following link: [South Central Citizen Review Panel](#). Information regarding the panel's current focus area and meetings can also be found by following the same link.

**2021 Citizen Review Panel Annual Report**  
**Southwest Citizen Review Panel Report and Recommendations**

**Introduction:**

The Southwest (SW) CRP serves 16 of Pennsylvania's 67 counties. The SW CRP is dedicated to ensuring that the needs of Pennsylvania's children are being met within the current system.

**Overview of the Focus Area:**

In 2020, the SW CRP decided to focus on the area of Complex Cases. For the purpose of this report, the panel defines complex case as 'an individual or a family who are identified as being at risk with a multitude of needs, involved with more than three providers, and the issues within the case have been ongoing for more than 12 months in duration.'

As the panel began working on the Complex Case Planning Implementation Guide (Implementation Guide), it realized that writing useful guidance was a much bigger task than it originally thought. Therefore, the panel decided that it is unable to produce recommendations to OCYF for 2020 and planned to utilize its time in 2021 creating an implementation guide that could be issued to support counties.

**Summary of Work Completed:****Creation of the Complex Case Implementation Guide:**

In 2021, the SW CRP continued working on the Implementation Guide. The panel began meeting more frequently as a large group, as well as breaking out into four subcommittees to work on specific sections of the guide.

Initially, the panel reviewed the Implementation Guide draft from 2020, then created an outline including the areas in which counties would need to focus on to ensure successful implementation for a Complex Case Team. The SW CRP decided on headings for each section that would be addressed and developed during each panel meeting.

Utilizing the wording from the [2020 CRP Annual Report](#) and the [Complex Case Planning for Children and Youth Under Age 21](#) DHS bulletin issued in October 2020, the SW CRP drafted the introduction and background sections of the Implementation Guide. These sections were written to help counties understand why the Implementation Guide was created and provide a summary of work that is going on statewide so that this vulnerable population is served effectively.

As the SW CRP began to review and edit the Implementation Guide, it was evident that without creating subcommittees to work on drafting the individual sections, the panel would be less productive during scheduled meetings. Therefore, at the February panel meeting, four subcommittees were created to work between panel meetings to draft sections of the Implementation Guide. Full panel meetings were used to compile and review the subcommittees' work.

Subcommittee #1 was assigned to draft the "Where should you begin?" section of the Implementation Guide. This section focuses on the need for Memorandums of Understanding (MOU) and cost sharing concerns that may arise between the multiple county departments or agencies represented on the Complex Case Team. The subcommittee outlined a series of questions for county implementation teams to consider regarding cost of services, who is responsible for paying, and what language to include in the MOU.

Subcommittee #2 outlined the "What should you include in your Complex Case Team Protocols?" section of the Implementation Guide. This subcommittee relied heavily on information from the [Complex Case Planning for Children and Youth Under Age 21](#) bulletin to determine what departments, professions, or agencies should be represented on a county's Complex Case Team. The subcommittee reviewed and defined the list of responsibilities for each team member, which included key functions for each member. Once the team members and their responsibilities were established, the subcommittee identified which members should be part of a "core team" and/or an "adjunct team". The "core team" would be made of professionals who complete high-level reviews of each case, whereas the "adjunct team" would consist of those who are directly responsible for the care and well-being of the target child and family. The subcommittee also began outlining orientation, training, case tracking, and development of a comprehensive treatment plan subsections of the Implementation Guide.

Subcommittee #3 drafted the "How do you successfully implement complex case team protocols?" section of the Implementation Guide. This subcommittee added, "To effectively implement these protocols, it is highly recommended that each team initially discuss and establish the role for each participating agency representative while identifying a 'team coordinator'. The coordinator would be responsible for facilitating, scheduling, and communicating the effectiveness of the treatment plan when convened. Members of this team are responsible for implementing their assigned tasks while focusing on the safety and development of the child/young adult. It is highly recommended that the appointed agency representative has the authority to commit resources and support. These protocols embrace trauma-informed principles while building on the strengths of the individual(s) being served."

Subcommittee #4 focused on conflict resolution and created a detailed trauma-informed approach. The recommendation included steps, tips, and skills to be utilized by both the adjunct and core teams.

#### Collaboration with the Complex Case Planning Steering Team:

In 2020, the SW CRP was provided an opportunity to collaborate with and receive feedback from DHS' Complex Case Planning Steering Team (Steering Team). Following a productive conversation with members of the Steering Team during the Fall All Panel meeting and before the official release



of the October 2020 bulletin “Complex Case Planning for Children and Youth Under Age 21”, the Steering Team agreed to continue to collaborate with the SW CRP to move forward with the creation of the Implementation Guide.

In January 2021, the SW CRP was given the opportunity to review and provide feedback regarding a DHS training entitled Complex Case Planning for Children and Youth Under Age 21 (Complex Case Planning Training) that was being developed.

During the Spring All Panel Meeting, the SW CRP shared the most current version of the draft Implementation Guide with members of the Steering Team. It was during this meeting that the Steering Team provided members of the SW CRP a copy of an updated Complex Case Planning Bulletin, which included a new Complex Case referral form. The Steering Team also provided updates on the Complex Case Planning Training which was released in April of 2021, and engaged in meaningful and productive conversation regarding the SW CRP draft Implementation Guide.

The SW CRP spent time reviewing the new [Complex Case Planning Bulletin](#) to determine if the version sufficiently addressed the panel members’ concerns. The SW CRP provided the Steering Team with substantive feedback, while determining it was still important to work on the Implementation Guide.

In August 2021, the SW CRP was notified that the Steering Team was planning to issue another update to the Complex Case Planning Bulletin, after receiving considerable feedback from counties, the SW CRP, and other stakeholders. When the SW CRP was notified of the upcoming revision, the SW CRP provided the Steering Team with an updated draft of the Implementation Guide in order to share ideas that may be helpful to include.

During the Fall All Panel meeting, the collaboration between the SW CRP and the Steering Team continued. The Steering Team provided feedback to the SW CRP on the draft Implementation Guide, and once again engaged in a significant discussion regarding the panel’s next steps. The SW CRP proposed that instead of issuing recommendations in 2021, the panel would continue to work on finalizing the Implementation Guide. The SW CRP would like to continue collaborating with the Steering Team to ensure that Implementation Guide aligns with the Complex Case Planning Bulletin re-write.

#### Key Activities in 2021:

Members of the SW CRP attended and participated in the following:

- The virtual CRP National Conference hosted by Ohio;
- The National CRP community’s June meeting with the CRP Coordinator and panel members from around the country;
- The Child Welfare Virtual Expo in September; and
- The Spring and Fall All Panel Meetings and engaged in strategic planning for their focus areas with DHS.

**Southwest Citizen Review Panel Recommendations for 2021:**Recommendation 1:

The SW CRP would like to continue collaborating with the Steering Team as the panel works to finalize the Implementation Guide.

OCYF Response to Recommendation 1:

OCYF and DHS recognize the necessity for an effective system of care that engages social, emotional, behavioral, and/or physical health needs of children, youth, and young adults. OCYF and DHS appreciate the panel's work on the topic of complex cases and has encouraged the SW CRP members to continue this work into 2022.

Complex case planning is a priority topic for OCYF and DHS as we continue to make improvements to policy and practice. Efforts to assist counties in their understanding and use of the Complex Case Planning for Children and Youth Under Age 21 bulletin (#14-Bul-110) issued in April 2021 (Complex Case Planning Bulletin) are on-going with much of this work being addressed through the Complex Case Planning Steering Team. For more information on complex case planning in PA see [Complex Case Planning \(pa.gov\)](#).

OCYF and DHS would like to thank the SW CRP for the opportunity to review the draft versions of the Implementation Guide. The feedback that was provided by the SW CRP was invaluable in assessing the stakeholder's needs. The feedback will be taken into consideration in the upcoming rewrite of the Complex Case Planning Bulletin.

Throughout the process of revising the Complex Case Planning Bulletin, the Complex Case Planning Steering Team would like to collaborate further with the SW CRP in their efforts to complete the Implementation Guide. OCYF and DHS look forward to continued work with this panel on the topic of complex cases.

**Proposed Focus Area/Activities for 2022:**

The SW panel will be continuing the work on the Implementation Guide and will be seeking out feedback from specific OCYF and DHS staff that are responsible for and familiar with the Complex Case Planning Bulletin. This collaborative approach will be beneficial to align with OCYF desired outcomes.

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**Southwest Citizen Review Panel Members**

Bob Brinker – Westmoreland County +  
Carla Smith – Cambria County  
Carrie Richardson – Washington County  
Emily Snow – Butler County  
Gwendolyn Steiner – Allegheny County  
Jennifer Kalie – Westmoreland County +  
Jo Ann Jankoski – Fayette County +

Karynn Davis – Westmoreland County \*  
Lisa Snyder – Armstrong/Indiana Counties \*  
Patricia Parenti – Mercer County  
Paula Eppley-Newman – Somerset County +  
Richard Wynn – Allegheny County  
Robin Thompson – Beaver County \*  
Suella Himes – Clearfield County +  
Tracey Finn – Allegheny County \*

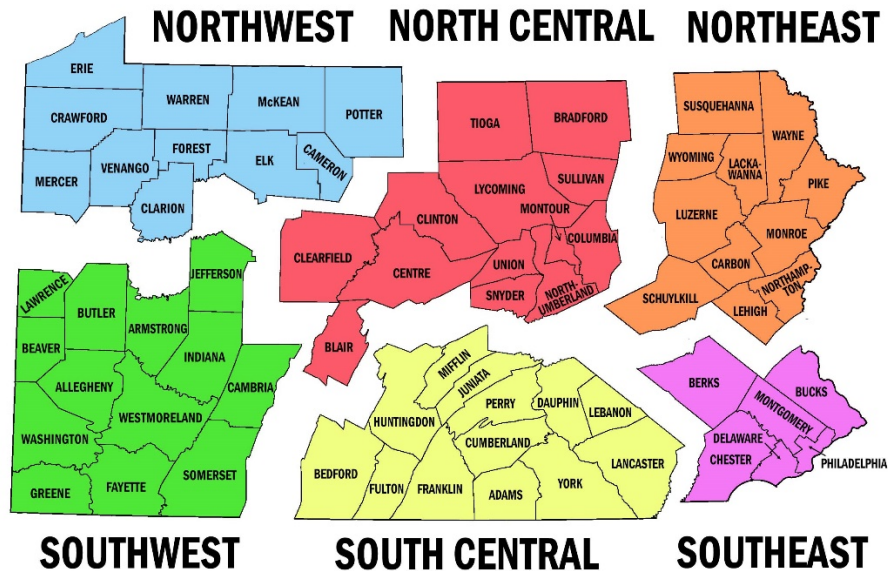
\* - New member of the panel

+ - Member leaving the panel in Dec 2021

Biographies for each member can be found on the CRP website at the following link: [Southwest Citizen Review Panel](#). Information regarding the panel's current focus area and meetings can also be found by following the same link.

**2021 Citizen Review Panel Annual Report**  
**Statewide Youth Advisory Board Report and Recommendations**

# YAB REGIONS/BOARD



## Introduction:

The mission of the Pennsylvania YAB is to educate, advocate, and form partnerships to create positive change in the child welfare system. The YAB is funded by the Pennsylvania OCYF and is supported by the CWRC.

The YAB is formed by youth and alumni of the child welfare system ages 16 to 21. There are local boards and six regional boards that funnel into the Statewide YAB. Regional YABs and the Statewide YAB meet every other month. The meeting schedule for the Statewide YAB is listed under the “About” section of the Youth Advisory Board website here: [YAB Website](#).

## Overview of the Focus Area:

2021 was challenging for older youth involved in the child welfare system. The COVID-19 pandemic created changes and limitations to how the statewide, regional, and local YABs could engage youth. The YAB was restricted from having meetings in person, and youth quickly became “zoomed out.” Additionally, many YAB Alumni experienced changes to their daily routines with disruptions in on-campus housing and access to employment. Despite these challenges, Statewide YAB meetings continued to be held virtually with interactive activities and guest speakers to engage the youth as the YAB forged ahead with its best ideas for their 2021 annual projects.

During the Statewide YAB meeting, youth brainstormed ways to best support their peers during the pandemic. The YAB wanted to ensure that youth had access to COVID-19 prevention items that were not easily accessible or available in stores. Youth were also concerned about stress and isolation their peers were experiencing due to the pandemic. As a result of this need, the YAB decided to

supply wellness kits that included masks, hand sanitizer, disinfecting wipes, and crisis prevention hotline numbers for youth in need of support. The packets were shipped to the regional YAB Consultants and dispersed regionally and locally to youth in out-of-home care and youth formerly in out-of-home care regardless of their affiliation with the YAB.

In 2020, the YAB collaborated with Juvenile Law Center to revise the Know Your Rights (KYR) guide. The guide was also translated to Spanish as part of YAB's 2020 recommendations. While youth acknowledged having the KYR guide in English and Spanish was a great resource for older youth and alumni, they felt the guide did not address the needs of youth with intellectual disabilities and children in out-of-home care. Therefore, the YAB wanted to develop resources to help these populations learn about their rights in a highly interactive way. Two Youth Bill of Rights coloring and activity books were created to accomplish that goal. The coloring and activity books are intended for children in out-of-home care ages 5-7 and 8-10, as well as older youth at those developmental levels.

Lastly, the YAB wanted to learn more about local elections and the voting process due to the recent presidential election. Many YAB members did not understand the importance of their local elections. Therefore, the YAB's final recommendation focused on a media campaign that centered around voter education. This campaign included sharing information about local and national elections and the voting process. The YAB shared weekly resources, such as voter registration information, via Facebook and provided resources in the YAB Blast Newsletter and on the YAB Website.

### **Summary of Work Completed:**

The YAB held Statewide meetings in January, May, September, and November of 2021. Due to the COVID-19 pandemic, the YAB meetings continued to be held virtually via Zoom. Despite restrictions around in-person meetings and travel, the YAB leadership continued to attend and take part in Statewide meetings and events. The YAB also continued to offer supports to county children and youth agencies (CCYAs) while advocating for older youth statewide. A summary of the work that occurred throughout 2021 is outlined below.

As a direct response to the urgent needs of older youth in out-of-home care and those who aged out during the pandemic, the Consolidated Appropriations Act, 2021, Division X – Supporting Foster Youth and Families Through the Pandemic (Division X) was signed into law. Section 3 of Division X provided a temporary increase in funding and in program flexibilities related to the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) and the Education and Training Grant. Until September 30, 2021, Section 4 of Division X prohibited child welfare agencies from terminating foster care services to youth who aged out and required child welfare agencies to provide re-entry to youth who aged out during the COVID-19 public health emergency even if they reached age 21. During the January Statewide Meeting, Teresa Musser, the Independent Living (IL) Program Specialist at OCYF, spoke with the YAB about implementation of Division X. She provided an overview of what the act meant and its purpose: to extend support to eligible youth and put funding directly in the hands of youth to meet their needs. YAB Leadership understood the importance of this valuable resource and therefore embarked on a social media campaign targeting alumni no longer receiving aftercare services. Information and resources about Division X were shared via YAB social media platforms, including Facebook, the YAB Blast Newsletter, and the YAB Website. YAB Leadership also shared the information on their personal media platforms.

The YAB held its first virtual college fair in March. Several colleges from across the state took part in the four-day event, sharing information about their services and support for youth in out-of-home care. Participants were educated on the Pennsylvania Act 101 Program (Act 101). Act 101 is a state

funded program that distributes funds to Pennsylvania postsecondary institutions to academically and financially support disadvantaged students in efforts to help them successfully complete their education. Participants were also educated on facets of the Dreams Realized through Education Aspiration Model certificate program available to youth with intellectual disabilities and mental health conditions. In addition, YAB leadership held a panel presentation to discuss transitioning from out-of-home care to college.

In May, OCYF Deputy Secretary Jon Rubin spoke with YAB youth leaders to help inform the youth of the Commonwealth's Family First Prevention Services Act (FFPSA) implementation. FFPSA seeks to improve the delivery of services to families focusing on ways to help children and youth safely stay with their parents and relatives and out of the foster care system. Youth leaders shared their lived experiences in out-of-home care with the Deputy Secretary. They provided feedback on how the child welfare system could make changes that would positively affect families in the future.

The YAB held its annual Youth Leadership Summit in June. This one-day event allowed youth an opportunity to connect with each other as well as engage in life skills learning. Teresa Musser welcomed participants and reminded youth about changes to Chafee funding as well as services and monetary supports available to eligible youth through Division X. As a result of these changes, the YAB felt it was important to lead a money management session to stress the importance of budgeting and saving. They invited Kim Davis, Director of Community Outreach for Erie Federal Credit Union. Ms. Davis led a money management session focusing on the importance of setting up savings and checking accounts, building and maintaining good credit, and securing personal data.

In addition to providing a session on budgeting, the YAB leadership conducted a time management training during the Youth Leadership Summit. The youth understood that COVID-19 placed them in a position to have a lot of unstructured free time, which often led to putting things off. This session taught youth the dangers of procrastination and the importance of creating a daily schedule and setting small goals.

The YAB Leadership recognized the mental toll that COVID-19 may have caused to youth in out-of-home care and thought it was important to support youth who may have lost connections, relationships, and loved ones during the pandemic. The YAB Leadership provided time for youth participants to engage in a Sacred Circle. The Sacred Circle was designated for youth only to discuss how they were navigating through the pandemic focusing on ways to practice self-care and mindfulness. The day's events concluded with youth taking part in a virtual mystery escape challenge, which promoted team building skills while allowing youth to have fun.

In September, the YAB held its 2021/2022 kickoff meeting. YAB leadership provided a brief overview of the time limited services and supports available to youth due to Division X and reminded everyone of its upcoming deadline on September 30th. Participants were recommended to contact Teresa Musser with any follow-up questions. YAB leadership went over updates for the 2020-2021 Statewide projects and shared their ideas for potential Statewide projects for the 2021-2022 year, which included better access to resources such as employment, education, housing, and mental health. Youth were reminded that resources are available and were encouraged to utilize sources on the YAB Facebook page, the YAB Blast Newsletter, and the YAB Website for information. YAB Leadership also agreed to put forth an effort to increase exposure to these resources.

### Key Activities in 2021:

- The YAB focused its campaigning efforts on reaching current and out-of-care youth and alumni across the state. The campaign centered around the extension of the Chafee funding and services through Division X;
- YAB leadership collaborated with the Statewide Adoption and Permanency Network (SWAN)/IL virtual matching event by facilitating a video interview with an IL worker about the role IL workers play in adoption and permanency for older youth in care;
- The YAB hosted a college fair for youth in which 10 colleges from across the Commonwealth took part, along with a representative from Pennsylvania Higher Education Assistance Agency;
- The YAB presented “The Journey to Finding Permanency,” which focused on the importance of permanency for older youth, at the 2021 SWAN Permanency Conference;
- YAB Leadership participated in a youth panel press conference with DHS Acting Secretary Meg Snead for National Foster Care month; and
- YAB leadership joined in a National Foster Care Month Special Event entitled “To and Through: Creating Conditions that Support Higher Education Success for Youth with Experience in Foster Care” presented by the Pennsylvania Department of Education and DHS and coordinated by the Center for Schools and Communities.

### **Youth Advisory Board Recommendations for 2021:**

#### Recommendation 1: Bill of Rights Coloring Book

YAB recommends OCYF support distributing the coloring and activity book, designed to allow youth with intellectual disabilities and children to understand their rights, to all children and youth in out-of-home placement.

#### OCYF Response to Recommendation 1:

OCYF supported the YAB in the development of two coloring and activity books for children ages 5 -7 and ages 8 -10. The coloring and activity books can be used as a tool to educate youth with intellectual disabilities on their rights while in out-of-home placement. The first coloring and activity book titled, *Learning About Foster Care for Children Ages 5 – 7*, has been finalized. The second coloring and activity book for youth ages 8-10, contains a superhero’s theme and is currently going through final edits.

OCYF has approved the CWRC to print and distribute 500 coloring and activity books to CCYAs. The coloring and activity books will also be available electronically on the YAB website at [www.payab.pitt.edu](http://www.payab.pitt.edu) for CCYAs to download and print for youth in out-of-home placement.

#### Recommendation 2: Voter’s registration

YAB recommends OCYF support a campaign designed to educate youth on how to become a voter, educate themselves on candidates, and understand the voting process.

### OCYF Response to Recommendation 2:

OCYF collaborated with CWRC to develop educational materials for youth on the process of becoming a registered voter, ways to educate themselves on candidates running for office, and understanding the voting process. This information was shared and distributed during YAB meetings, on the YAB Facebook page, and during the YAB Blast. CCYA IL Coordinators received this information, as well, to incorporate into their IL programs.

OCYF and CWRC will continue to work with CCYAs and IL Coordinators to educate youth in out-of-home placement about voter registration and the voting process through their IL programs.

### Recommendation 3: Health Kits

YAB recommends OCYF provide support with distribution of COVID-19 prevention items such as masks and hand sanitizer to youth.

### OCYF Response to Recommendation 3:

OCYF agrees youth should have access to and receive COVID-19 personal protective equipment (PPE). Since the onset of the COVID-19 pandemic, OCYF has supported the purchase and distribution of PPE to youth in the child welfare system. CCYAs and private providers continue to have the ability to purchase PPE using their Chafee/IL grant for youth in out-of-home placement as well as youth receiving and participating in IL services. CCYAs can also request funds to provide PPE to youth through the Needs Based Plan and Budget process.

Additionally, OCYF supported the development and one-time distribution of PPE with COVID-19 prevention kits through the work of the YAB. The COVID-19 prevention kits included a reusable mask, hand sanitizer and hand sanitizer wipes in a convenient carrying pouch. The prevention kits were assembled and distributed by CWRC staff to local and regional YABs for youth participating in IL Services across the Commonwealth.

### **Proposed Focus Area/Activities for 2022:**

The YAB's proposed focus area for 2022 will concentrate on mental health/self-care wellness packets to promote mental well-being. These kits will include a mindfulness journal, empowerment/self-affirmation cards, headphones, a coffee mug, an inspirational book, and mental health resources.

The YAB would also like to raise youth awareness about the National Youth in Transition Database (NYTD). Many youth have not heard about the NYTD Survey and those who have may not fully understand the importance of participating.

The YAB would like to ensure that the youth voice is incorporated during IL site visits. The YAB will begin to brainstorm ways to get youth engaged and educate youth about the site visits.

The YAB would also like to survey older youth in care to evaluate how prepared they are to transition out of foster care. The information is intended to inform the CCYAs on how well they are preparing youth to successfully transition to adulthood.



## Attachment A

### South Central Citizen Review Panel Use of Medical Consultation in Child Welfare Cases Survey

The South Central Citizen Review Panel is gathering information to determine how County Children and Youth Agencies utilize a comprehensive physical health exam by a qualified physical health professional as part of their information gathering process. The focus of this survey is physical health and neglect assessments, not sexual abuse or mental health assessments.

1. County:
2. Name and Title of Person Responding:
3. Email Address:
4. Does your county have a policy regarding determination of when a child needs to be seen by a qualified physical health professional when agency personnel observe physical health and neglect symptoms or injuries? (Please select each situation for which your county has a policy)
  - a. General Protective Services (GPS) Referral
  - b. Child Protective Services (CPS) Referral
  - c. On-Going In-Home Cases
  - d. Out-of-Home (Placement) Cases
  - e. Other
5. If you do not have a written policy, how and by whom (position) are these decisions made?
6. What, if any, are the differences in the decision-making process if the case is a CPS or GPS referral?
7. What resources are available to your agency to **determine the need** for a child to have a physical health assessment? (Please select all that apply)
  - a. Nurse on staff or contracted
  - b. Local Child Advocacy Center (medical staff)
  - c. Local Child Advocacy Center (non-medical staff)
  - d. Local Physician/Primary Care Provider
  - e. Consultation with a Child Abuse Team at a major medical hospital
  - f. Local Emergency Room
  - g. Other
8. What resources are available to your agency to **perform** a physical health assessment for a child? (Please select all that apply)
  - a. Nurse on staff or contracted
  - b. Local Child Advocacy Center (medical staff)
  - c. Local Physician/Primary Care Provider (non-child abuse certified)
  - d. A Certified Child Abuse Pediatrician
  - e. Local Emergency Room
  - f. Other
9. What lack of resources for your county have been identified as a need? (Please check all that apply)
  - a. Physical Health Providers (general)
  - b. Certified Child Abuse Specialist in Pediatrics
  - c. Transportation
  - d. Funding
  - e. Other
10. If so, what assistance would be helpful?

11. What training does your county provide caseworkers regarding assessing a child's physical health needs?
12. Additional Comments?