"We believe that a community-neighborhood approach with clearly defined roles between county and provider staff will positively impact safety, permanency, and well-being."

What are we working together to achieve?

- More children and youth maintained safely in their own homes and communities.
- More children and youth achieving timely reunification or other permanence.
- A reduction in the use of congregate care.
- Improved child, youth, and family functioning.

The City of Philadelphia
Department of Human Services

The Improving Outcomes for Children
System Transformation

Community Umbrella Agency
Practice Guidelines

Effective December 17, 2015*

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* These Guidelines may be revised at any time or specific Interim Guidelines may be issued.

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Introduction

The Department of Human Services ("DHS" or "the Department") has embarked on a comprehensive, citywide system transformation aimed at improving the outcomes for children, youth, and families involved with the child welfare system in Philadelphia. This approach is based on the premise that positive outcomes are achieved through the use of child protection and child welfare services that are family-centered, community-based, culturally competent, integrated, timely, and accountable for results.

In order to achieve these positive results, particularly safety, permanency, and well-being for our children and youth, the system must promote new practices, service innovations, and true collaborative partnerships between public and private agencies and stakeholders in the communities served.

To accomplish this goal, the Improving Outcomes for Children (IOC) System Transformation aims to decentralize the provision of direct case management services through a network of Community Umbrella Agencies (CUA or CUAs) that can demonstrate the capacity and ability to provide child protection and child welfare services that are based within the community. The implementation phase of this system transformation began with the selection of the first two CUAs in July 2012 and it is anticipated that implementation of IOC will take approximately four years to be operational throughout the city. Corresponding to the decentralization of direct case management services, the Department is in the process of strengthening its Hotline and Investigation Services, developing capacity to integrate a family teaming process to support CUA direct case management, and enhancing its performance management and accountability structures.

The IOC service delivery model is built on the belief that a community-neighborhood approach with clearly defined roles between county and provider staff will positively impact safety, permanency, and well-being. This model is designed to increase system performance to achieve positive results for children, youth, and families including these four primary outcomes:

- More children and youth maintained safely in their own homes and communities.
- More children and youth achieving timely reunification or other permanence.
- A reduction in the use of congregate care.
- Improved child, youth, and family functioning.

Structural elements of the IOC System Transformation are anchored around a critical culture shift within the entire child welfare system in Philadelphia. Primary elements of the "IOC Case Management and Oversight Framework" are:

- Shifting from dual case management (DHS and Providers) to single case management delivered by CUAs.
- Maintaining DHS' Safety Model of Practice as core to the service delivery model.
- Adopting Strengthening Families: an evidence-informed approach focused on child and family well-being through the building of protective factors.
- Increasing focus on family-centered services and decision-making.
- Building community partnerships and neighborhood networks of supports (formal and informal) in geographic areas.

- Adopting a family team decision making model that includes the family (and youth where age-appropriate) and service and system partners convened at key decision points over the life of the case.
- Defining geographic areas serving as the primary contact and service coordinator for families.
- Enhancing services organized around the family, siblings, relative and kin connections.
- Emphasizing reunification whenever safe and possible.
- Strengthening performance management and quality improvement functions within DHS.

Many public child welfare systems nationally have shifted case management responsibilities to private agencies and are placing more emphasis on purchasing results not services. While these business practices are important to DHS, services delivered to children, youth, and families must also be anchored in the communities where consumers live. The IOC System Transformation combines intensive safety and quality practice efforts with the strength of community partnerships and networks that create a web of support for families.

Outcome measures include, but are not limited to:
- More children and youth maintained safely in their own homes and communities.
- Fewer children and youth experiencing repeat maltreatment in one year.
- Fewer children and youth entering out of home care inappropriately.
- Fewer reentries within one year following exit to permanency.

More children and youth achieving timely permanency:
- More children and youth achieving timely reunification within one year.
- More children and youth achieving adoption or PLC within two years.
- Reduction in non-permanency outcomes for youth.
- Reduction in length of stay.

Reduction in the use of congregate care:
- A reduction in the use of congregate care.

Improved child, youth, and family functioning:
- Increase placement stability.
- More children and youth placed in their own community.
- More siblings placed together.
- Increased child, youth, and family functioning (as measured by identified assessment).
- Increase in parental protective factors and children's social emotional competence.

Adherence to Departmental Policy

The CUA is bound by all current CUA Practice Guidelines, CUA Fiscal Guidelines, Philadelphia DHS Departmental and Administrative Policy Directives, Policy Transmittals, Guides, Interim Guidelines, applicable Performance and Service Standards, and any applicable Pennsylvania Department of Human Services (PA DHS) or Office of Children, Youth, and Families transmittals and bulletins or Federal regulations that may be issued.

In accordance with the City of Philadelphia Fair Practices Ordinance: Protections Against Unlawful Discrimination , Chapter 9-1100 of the Philadelphia Code, the Philadelphia Department of Human

Services and therefore its contracted providers do not discriminate in its policies or its provision of services to clients or its recruitment or development of resource parents, kinship and foster, Permanent Legal Custodians, and adoptive parents on the basis of race, color, religion, gender, age, sexual orientation, gender identity, ancestry, national origin, disability, living or perceived as living with HIV/AIDS, marital status, or sources of income.

- It is the policy and practice of the Department of Human Services and therefore its providers not to discriminate in any of its policies or provision of services to clients. To ensure meaningful access to the Department's services by Limited English Proficient (LEP) and deaf or hard of hearing individuals, DHS provides for free language assistance services, including Sign Language Interpretation (See the CUA Fiscal Guidelines for invoicing procedure). CUA staff must make LEP, deaf and hard of hearing clients aware of the availability of free interpreter services and must document in the Electronic Case Management System (ECMS) the family's primary language, the family's need for interpreter services and all requests for interpreter services and translated documents. The use of friends, neighbors, and family members, especially children, as interpreters can only be used in the case of an emergency.

Strengthening Families™: an overall approach to promoting safety, permanency, and well-being by building protective factors for families.

The Strengthening Families Protective Factors Framework, developed by the Center for the Study of Social Policy, is a research-informed, cost-effective strategy to increase family stability, enhance child and youth development and reduce child abuse and neglect. It builds five protective factors:

- Parental resilience.
- Social connections.
- Knowledge of parenting and child development.
- Concrete support in times of need.
- Social and emotional competence of children.

Strengthening Families is being used in states across the country to enhance the capacity of child and family serving programs to strengthen families by building protective factors. Strengthening Families efforts are:

- Active in over 40 states.
- Shaping services and supports for families at the program, community, policy, and system level.
- Being applied in fields as diverse as early childhood, family support, child abuse and neglect prevention, home visiting, public health, services for families with special needs, and child welfare to name a few.

Philadelphia, like a growing number of child welfare jurisdictions across the country, has adopted Strengthening Families as a key approach within child welfare services. The goal is to ensure that all families are stronger because of their contact with child welfare services. Child welfare jurisdictions adopting Strengthening Families focus on three strategies:

- Building protective factors for all parents and other caregivers.
- Addressing trauma for children and their parents.
- Focusing on the developmental needs of children in care.

Each CUA is being asked to intentionally build a protective factors approach into the services they provide to DHS families under their CUA contracts; and serve as advocates for a protective factors approach within their larger service array and within the community.

The following Guidelines represent the Department's expectations regarding the practice and delivery of service by the Community Umbrella Agency.

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I. Well-being

Overarching Principles

- **Safety and Permanency are necessary for child and youth well-being but not sufficient.**
- **All children, youth, and families leave the child welfare system stronger than when they entered.**
- **A focus on the social and emotional aspects of well-being can significantly improve outcomes for children, youth, and families receiving child welfare services.**
- **Attention is placed on addressing trauma and supporting the arc of the child or youth's development.**
- **Building the Strengthening Families™ protective factors with families is essential for promoting the ability of all caregivers to provide the type of nurturing care that is essential to supporting children's well-being.**

Guidelines for All Services

IOC Outcomes addressed: more children and youth maintained safely in their own homes and communities; improved child, youth, and family functioning.

Protective Factors

- All members of the CUA Case Team fully understand and infuse the Strengthening Families™ protective factors in their work with clients.
- Each interaction with a family will serve as an opportunity to build the family's protective factors.
- All CUA staff will provide strengths-based, family-centered, and trauma-informed services as part of the Single Case Plan (SCP).
  - Protective factors will be a key component of the SCP and the Aftercare plan for the family.
  - Customized activities, including parent cafes and services to enhance the protective factors of the parent or caregiver and reunification resource, if applicable, will be included in the SCP.

Trauma

- Children and youth will be assessed for trauma and attention will be paid to addressing trauma from previous abuse or neglect and/or the trauma related to engagement with the child welfare system, especially removal from home.
  - CUA Case Managers and Supervisors must anticipate the challenges that children and youth who have been abused and neglected will bring with them when they enter the child welfare system and provide services to address these needs before they become symptomatic.
  - Mental and behavioral health services will be provided for children who need them.

Supporting Development

- Children age zero to five will be screened for developmental disabilities and referred for early intervention assessment and services if required.
- The CUA Support Team must collaborate with other community agencies to ensure quality referrals and partnership in providing support for reunifying families.

- Teen parents who are in the child welfare system will have full access to parenting education services and every effort will be made to keep their families intact, including accessing early childhood resources such as Early Head Start and Head Start for their children.

See also Section VIII, Environment; Section IX, Education; Section X, Physical Health; Section XI, Behavioral Health; Section XII, Recreation and Development; and Section XIII, Personal Development.

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II. Safety

Overarching Principles

- **Children and youth are protected from abuse and neglect.**
- **Children and youth are safe in their own homes whenever possible.**
- **Children and youth are safe in their placement setting.**

Guidelines for All Services

IOC Outcomes addressed: more children and youth maintained safely in their own homes and communities; improved child, youth, and family functioning.

- Completion of an In-home, and if applicable Out-of-home, Safety Assessment, and if applicable Safety Plan, and the Risk Assessment according to the interval policy.
- When applicable, developing and managing the Safety Plan with the parents, caregivers, responsible parties, kinship caregiver, resource parents, and subcontractors.
- Provide to parents and caregivers, information provided by the Department and an explanation regarding the purpose of Commissioner's Action Response Office (CARO).
  - This office exists for children, youth, and families who may have questions, complaints, concerns, or suggestions regarding DHS, its operations, and that of the CUAs.
  - This discussion and delivery of materials is documented in the first SPN when initial contact is made with the family.
  - This is in addition to discussion and delivery of the Grievance Policy for children and youth in Placement (see also, Section III, Permanency and Section XV, Information Sharing and Documentation).
- The CUA must review their agency records, particularly any Prevention Services they provide or have provided in the past to determine if the family received services prior to the current CUA Service Referral and retrieve any documentation of those services to aid in planning for the family.
- Implementation of customized activities and services to enhance the protective capacities of the parent or caregiver and reunification resource, if applicable.
- Engage in hands-on parenting instruction during visits with parent or caregiver and reunification resource, if applicable.
- Discussion, development, and implementation of a process to select appropriate babysitters or respite caregivers.
- Continually assessing for domestic violence and assisting with referrals to domestic violence services if applicable for both the adult victim or survivor and batterer.
- Arranging for childcare, out of school time activities, Head Start, etc.
- Attending all hearings when the family is Court involved.
- Completion of Single Case Plan according to interval policy.
- Management and monitoring of the implementation of the activities outlined in the Single Case Plan.
- Attending Team Decision Making Meetings as scheduled.
- Ensuring parents, caregivers, reunification, and visiting resources are aware of what constitutes appropriate discipline and are taught appropriate discipline methods.
- Obtaining informed consent of the parent to share information about the Safety Plan, parental capacity, and needs of the children and youth to treatment providers to ensure that they have an understanding of specific needs and expected outcomes.
- Reporting alleged incidents of child abuse to the DHS Hotline and ChildLine.

- Taking or obtaining an identifying photo of every child and youth annually.
  - For children and youth receiving in home services, the consent of the parent or caregiver is required. If the parent or caregiver refuses, the refusal must be documented in a Structured Progress Note in ECMS. CUA Case Management Team must continue to make efforts to obtain consent and this, too, must be documented.
  - For children and youth in placement, the consent of the parent or reunification resource is not required.
  - All photos must be labeled with the name of the child or youth; date, time, and location where the photo was taken; any witnesses present; and the name of the photographer.
  - All photos over the life of the case are to be maintained. If the family transfers between counties, the photos must go to the receiving county agency.
- Initiating efforts to locate missing children, youth, and families immediately, continuing and documenting those efforts. Filing missing persons reports with the Police Department and with the National Center for Missing and Exploited Children within 24 hours, contacting the DHS Liaison Unit for computer searches, referring for electronic PI searches, and referring to DHS PI Coordinator when Private Investigator services are needed or ordered by the Court.
  - **Unless Court ordered**, a DHS computer search must be requested first by the DHS Practice Coach via DHS Central. The CUA CM or Support Staff must pursue any new leads as to potential whereabouts revealed by the computer search and document those efforts.
    - If those efforts are unsuccessful, a more extensive electronic PI search can be requested by the DHS Practice Coach with the approval of the CUA Director who must ensure that all leads the computer search revealed have been pursued.
    - Finally, an "on grounds" PI search can be requested by the CUA Director if all other efforts are unsuccessful and it is believed that safety threats remain. (See the CUA DHS Support Services document for specific procedures.)
  - If the missing child or youth is committed to the Department and was in placement, contact must be made with the Court Representative in the Law Department within one business day so that the appropriate motion can be filed to discharge the commit.
- When the children or youth are found, efforts must be made to determine what factors led to their disappearance, what their experience was during the absence including where they went and whether they may have been a victim of sex trafficking **and** to determine what additional services they may need to prevent them from running away again.

Specific Guidelines for Formal In-home Child Welfare or Child Protection Services

IOC Outcomes addressed: more children and youth maintained safely in their own homes and communities; improved child, youth, and family functioning.

- If accepted for service at the Child Safety Conference the DHS Investigation Worker must complete a CUA Service Referral and have it approved within three business days. The CUA begins services upon receipt of the CUA Service Referral.
- For families with identified safety threats:
  - At a minimum, observation of and engagement with all household children and youth, whether or not they are the children of the caregiver with the CUA Case Manager (CM) weekly to assess their current situation, safety, needs, well-being, and experience. Children and youth two and over must be seen by themselves.

        - If a parent or caregiver refuses, this must be documented. If there is persistent refusal, the Court Representatives in the Law Department must be consulted regarding any Court intervention that may be necessary.
    - Minimum of one weekly visit and focused discussion regarding compliance with the Safety Plan and progress in meeting objectives in the Single Case Plan (SCP) by the CUA CM with the primary caregiver in the home.
    - If children and youth are not in the physical care of a parent based on the requirements of a Safety Plan and are not in formal placement, but the plan is for the parent to resume care, a minimum of weekly contact and bi-weekly face to face contact by the CUA CM and that parent that includes focused discussion on addressing the issues that must be resolved to return the children or youth to the care of the parent.
    - Other visits by CUA Support Team members (at a minimum, the team includes the CUA CM, Supervisor, Outcomes Specialist, Aftercare Worker, or Case Aide) must be made as required based on the threats indicated in the Safety Assessment and Plan and the objectives outlined in the SCP.
        - Special consideration regarding additional visits must be given to children not enrolled in school, or who are medically fragile or cognitively impaired.
    - Minimum of one visit every two weeks by the CUA CM with other persons with caregiving responsibilities.
    - Minimum of a monthly visit with household members who do not have caregiving responsibility or documentation of attempts at such contact by a CUA Support Team member.
    - Minimum of monthly contacts with non-custodial parents who are not involved with their children, their care, or in planning for them or documentation of attempts at such contact by a CUA Support Team member.
        - Prior to any initial outreach to a previously uninvolved parent, the custodial parent or caregivers must be informed so that any appropriate safety measures can be taken.
    - When a Safety Assessment is completed and approved by the CUA SWS and safety threats have been ameliorated, a closing conference must be requested to close the case if there is no Court involvement. **If the case is Court involved**, a Service Authorization form should be completed to down grade the case to in home non safety and those Guidelines become effective.
- For families with **no** identified safety threats:
    - At a minimum, observation of and engagement with all household children and youth, whether or not they are the children of the caregiver with the CUA Case Manager (CM) monthly to assess their current situation, safety, needs, well-being, and experience. Children and youth two and over must be seen by themselves.
        - Additional visits may be required at the discretion of the CUA Supervisor.
        - If a parent or caregiver refuses, this must be documented. If there is persistent refusal, the Court Representatives in the Law Department must be consulted regarding any Court intervention that may be necessary.
    - Minimum of one visit monthly and focused discussion regarding compliance and progress in meeting objectives in the SCP by the CUA CM with the primary caregiver in the home.
    - Other visits by CUA Support Team members must be made as required based on the objectives outlined in the SCP.

    - Special consideration regarding additional visits must be given to children not enrolled in school, or who are medically fragile or cognitively impaired.
  - Minimum of a monthly visit with household members and others who have caregiving responsibilities or documentation of attempts at such contact by a CUA Support Team member.
  - Minimum of monthly contacts with non-custodial parents or documentation of attempts at such contact by a CUA Support Team member.
    - Prior to any initial outreach to a previously uninvolved parent, the custodial parent or caregivers must be informed so that any appropriate safety measures can be taken.
  - If the issues that brought the family to be accepted for service have been resolved, a closing conference must be requested to close the case if there is no Court involvement. If the case is Court involved, the CUA CM should consult with the Court Representatives in the Law Department about whether an early relist of the case is appropriate.

Specific Guidelines for Placement Services

IOC Outcomes addressed: more children and youth maintained safely in their own homes and communities; improved child, youth, and family functioning.

- The placement environment must keep children and youth safe from active safety threats.
- There must be a minimum of one visit each month to the placement setting to see all children and youth by the assigned CUA CM. This meeting must meet the requirements that constitute a Quality Visit as defined by OCYF Bulletin to discuss the current situation of the children or youth, their safety, needs, well-being, experience, and concerns regarding their care in that setting, and progress toward achieving their objectives in the SCP.
  - If the youth is in a congregate care setting, there must also be a discussion about whether any restrictive procedures as defined in the 3800 Regulations have been applied and if so with what frequency. Any four restraints during any three consecutive months require that a Restrictive Procedure Plan be developed with the subcontractor and the CUA. This plan is then to be incorporated into the subsequent SCP review and revision.
  - Additional visits by the CUA CM or member of the CUA Support Team may be necessary based on the specifics of the children, youth, and placement. These visits must be detailed in the Single Case Plan unless they are based on an emergency or receipt of other information in which the CUA Supervisor requires additional visits.
  - The relationship between the CUA CM and the youth is critical for successful reunification, other permanency, or transition to adulthood. Understanding that and the travel demands for certain placements, if the youth is in a congregate care or an institutional setting located two or more hours from Philadelphia, another CUA CM can complete the monthly visit, and by delegation of the case complete the SPN to document the visit.
    - At a minimum, the assigned CUA CM must complete the visit to the placement setting quarterly.
    - If the youth has home visits and someone other than the assigned CUA CM completes the visit to the placement setting, the assigned CUA CM should visit with the youth while at home.
- Initiation of a referral to the Achieving Reunification Center (ARC) based on the timeframes detailed in the SCP or within three business days of a Court Order.

Specific Guidelines for Seeing and Assessing Safety and Risk of other Household Children and Youth and Seeing Caregivers

- For in home service cases, all children and youth who are in the care of the identified caregiver are to receive services and be seen based on the CUA Guidelines whether they are biological children or not.
  - If the caregiver is not the biological parent of any of the household children or youth, the CUA Support Team must work with the caregiver to obtain legal custody of those children or youth through Domestic Relations Court, or Dependency Court if they do not already have it. The CUA can consult with the Court Representative in the Law Department if necessary to facilitate this.
  - The CUA CM or Support Team member is also responsible for contacting the biological parents of these children and youth on a monthly basis to ensure that family connections are maintained when appropriate.
- For in-home service cases where there are two "family units" living together, the requirements for contacts and assessment of safety and risk is based on whether each of the families are opened and accepted for service. If they are, it is two separate cases, each requiring contacts as described earlier.
  - If one of the family units is **not** open and accepted, there is no requirement for contact or formal assessment of safety and risk. But, the CUA Support Team are each mandated reporters and must make a report about those children or youth if at any point they witness or have concerns about the children and youth in the other family unit.
- For placement cases, there may be children and youth in the home who are not open or accepted for services, these children and youth must be assessed for safety and risk every six months as part of the safety and risk assessment process to determine whether the placed child or youth can return home.

Specific Guidelines for Seeing and Assessing Safety and Risk of Siblings Living in Other Homes than the Identified Home

- It is the responsibility of the DHS Investigation Worker to see siblings who do not live in the identified home about which a report was made. If the other household is not opened and accepted for service, the CUA Support Team has no legal authority to see those other children and youth and no responsibility to assess their safety and risk.

See also Section IV, Family Team Decision Making Conferences.

Specific Guidelines for Safe Closure of Cases Receiving Child Protection and Child Welfare Services

IOC Outcomes addressed: more children and youth achieving timely reunification or other permanence; improved child, youth, and family functioning.

When a determination is made at a Family Team or Permanency Conference that safe case closure can occur or the Court orders a case to be closed outside of the teaming process, the case must be closed by the CUA within 30 days.

- Unless otherwise ordered by the Court, a closing visit or visits by the CUA CM must occur and all open and active children and youth must be seen before the case can be closed.
- All necessary paperwork must be completed and, where required, approved. Final documentation is the Case Closing Summary, which when approved by the CUA Case Management Director, automatically closes the case.

- If it takes longer than 30 days from the last visit and interview with active children and youth to complete the closing paperwork, another visit must occur prior to the case being closed.

Specific Guidelines for Notification of High Profile Cases

In an effort to keep abreast of high profile cases, DHS requires that all CUA Directors report to the staff indicated below via telephone and email any high profile case that come to their attention. These high profile cases must be conferenced with the assigned CUA chain of command, including the Director and decision is made as to whether a teaming should be requested. This is a collaborative effort between CYD Management and Support Centers to extend support and guidance to the CUA Case Management staff in their decision-making. **Note:** This is in addition to Home and Community Services Information System (HCSIS) reports that are required of Providers.

High Profile Case criteria:

- Death of a child or youth involved with DHS or living in a DHS involved household.
- Any missing child 12 years of age or under and active with DHS (committed to DHS or receiving in-home services).
- Any child or youth sexually abused while in care.
- DHS case or family involved in media report.
- Any child or youth committed to DHS and hospitalized subsequent to injury (whether accidentally or intentionally injured).
- The arrest of a kin or resource parent or any household member of resource home.
- Notification from a foster care agency that a child or youth has been moved due to a report of abuse or neglect and the kin, resource parent, or household member is the alleged perpetrator.

Notification Procedure:

CUA SWSMs must notify their chain of command (Supervisor, Administrator, and Director).

- CUA Directors must **immediately** notify via telephone, one of the following and follow up with written email notification within 24 hours:
  - Operations Director for Ongoing Services.
  - Operations Director for Front End Services.
  - Chief of Staff for the Deputy Commissioner.
- The DHS staff above will:
  - Contact the CYD Deputy Commissioner. After hour notifications must be given to the Hotline Staff and Hotline Staff must immediately alert one of the Operations Directors or the Deputy Commissioner's Chief of Staff.
  - Notify the Law Department.

Requesting CYD Management Team meeting:

- At the CUA Director's discretion, CYD Management Team meetings can be requested via email to the Chief of Staff and the Executive Secretary to the Deputy Commissioner. The CUA Director, along with the CUA Case Management Team, will receive an invitation and confirmation email when the meeting is scheduled.
- CYD Management also exercises discretion in scheduling team meetings when deemed necessary.

NOTE: In cases where the media has made an inquiry, staff must not comment and all inquiries must be directed to the DHS Communications Director.

Specific Guidelines for Sexually Violent Predator (SVP) Notifications (Megan's Law)

- Upon receipt of a Megan's Law notification from DHS or from the Police, alerting the CUA staff of the address of a Sexually Violent Predator (SVP):
  - CUAs must forward the information to their resource home Subcontractors who are responsible for determining whether the SVP resides within 1000 feet of any of their resource homes, notifying the kin or resource parents of the name, address, offense for which the SVP was convicted, and statement from the Court that the SVP has been designated as such and is required to register with the Pennsylvania State Police. A receipt must be obtained that acknowledges receiving this notification.
    - The Subcontractor must forward the original signed receipt to the DHS Commissioner's Action Response Office (CARO).
    - CARO scans the receipt and forwards it to the CUA which uploads it into the child's or youth's section of ECMS.
    - The CUA and Subcontractor are responsible for providing whatever services are appropriate to ensure the safety and well-being of the child or youth.
  - If the SVP lives within 1000 feet of any home where the CUA is providing in-home services, the CUA CM must discuss the issue with the parent or caregivers and document that discussion in an SPN.
    - The CUA is responsible for providing whatever services are appropriate to ensure the safety and well-being of the child or youth.
- CARO also notifies the individual CUA case management team if an SVP is identified as a perpetrator to a child or youth on an open case: in-home or placement. The CUAs are to notify the Subcontractor, if applicable.
  - The CUA and Subcontractor are responsible for providing whatever services are appropriate to ensure the safety and well-being of the child or youth, including referring to the DHS Sex Abuse Unit for review and possible teaming.
- Upon receipt of notification from CARO that a child or youth in DHS custody had been a victim of an SVP who has been released from prison or is now residing, working, or attending school in Philadelphia, the CUA must provide Subcontractors with the name and address of the SVP and the statement from the Court provided by CARO to alert them that the SVP has been designated as such and is required to register with the Pennsylvania State Police.
  - The CUA and Subcontractor are responsible for providing whatever services are appropriate to ensure the safety and well-being of the child or youth, including referring to the DHS Sex Abuse Unit for review and possible teaming.
- CUAs are responsible for notifying DHS following the notification procedure for High Profile cases and the Police District Office if staff or kin or resource parents observe an SVP near the CUA or Subcontractor office, near an activity involving children or youth, or near a child or youth who was the victim of the SVP.
  - CUAs and Subcontractors take whatever steps are recommended by DHS or the Police as a result of the notification.

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III. Permanency

Overarching Principles

- **Children and youth have a right to be placed with kin.**
- **Children and youth have a right to be placed with their siblings.**
- **When children and youth cannot be placed with kin, they have a right to be placed with a resource family, in a family like setting.**
- **Children and youth have a right to be placed in their community.**
- **Placement setting will support the overall well-being of children and youth.**
- **Children and youth have a right to permanency and stability in their living arrangements.**
- **Placement caregivers must develop positive relationships with biological family.**
- **Placement caregivers must support visitation and reunification.**
- **Placement caregivers must be willing to consider being a permanent resource for children and youth who cannot be reunified.**
- **All youth exiting care deserve adult life connections and supports.**

Placement of Children or Youth Prior to CUA Involvement

DHS Investigation Worker Responsibilities (during regular business hours):

- If Present Danger is identified and cannot be adequately controlled with an in-home Safety Plan, a Safety Plan is developed indicating that children and youth are unsafe and that placement is necessary.
- The Investigation Worker obtains the Order for Protective Custody (OPC) from the Court to assume custody and files the dependent petition within the required timeframes.
- The DHS Investigation Worker explores all family members and other kin as potential resources. If appropriate kin are identified refer to "Specific Guidelines for Emergency Kinship Placements" later in this section.
- If no kin are identified, the DHS Investigation Worker completes a CUA Service Referral for placement and submits it for approval on the day the OPC is obtained. The Investigation Administrator submits it to the CRU who approves the referral as expeditiously as possible and sends it to appropriate CUA upon approval.
  - The DHS CRU is responsible for identifying the least restrictive placement. It is an expectation that kinship, and then subsequently resource care placements, are exhausted prior to placing any child or youth in a congregate care setting.
  - The DHS Investigation Worker transports the children and youth to the CUA or the placement location if one is identified immediately. The DHS Investigation Team and the CUA Case Management Team work together regarding these transportation arrangements.
  - A joint visit in the placement must occur, whatever the setting, on the same day of placement.
- At the same time the CUA Service Referral is made to the CUA, notification is automatically sent to the DHS Teaming Director and a Team Coordinator is assigned to schedule the Safety Conference, initiate family finding, and complete Accurint searches as necessary.
- The custodial parent or caregiver is notified verbally of the location of any child or youth placed at the time of placement and in writing within one business day by the DHS Investigation Worker unless there are documented safety issues or a Court Order that prevents this information from being released.

CUA Responsibilities:

- Meet the DHS Investigation Worker at the home of the identified kin to initiate the formal approval process after DHS has obtained the appropriate certifications (clearances).
- If no kin resource has been identified, the CUA is responsible for locating appropriate placement.

DHS Investigation or Hotline Worker Responsibilities when placement is needed AFTER regular business hours for the DHS CRU (8:30 AM to Midnight):

- If Present Danger is identified and cannot be adequately controlled with an in-home Safety Plan, a Safety Plan is developed indicating that children and youth are unsafe and that placement is necessary.
- The Investigation or Hotline Worker obtains the Order for Protective Custody (OPC) via the Hotline Supervisor and City Hall Communications to assume custody.
- If kin are identified, see "Specific Guidelines for Emergency Kinship Care" later in this section.
- If no kin can be identified, the Hotline Supervisor notifies the appropriate CUA via their emergency on-call phone number that an emergency placement is needed.
- The DHS Investigation or Hotline Worker transports the children and youth to DHS and subsequently to the resource home identified by the CUA.
  - If the placement was done by the Hotline, upon assignment to the DHS Investigation Worker a CUA Service Referral for placement is completed that business day.
  - The CUA forwards the CUA Service Referral to the Subcontractor within one business day of receipt.

See also Section II, Safety, "Specific Guidelines for Placement Services," regarding initial visits, and Section IV, Family Team Decision Making Conferences.

Placement of Children or Youth when the CUA had been Providing In-home Child Welfare or Child Protection Services

CUA Responsibilities:

- In situations where a CUA CM is providing in-home services, the CUA CM is responsible for assuring the immediate safety of the children and youth by either calling the Police to request assistance with immediate removal in an emergency, or by calling the DHS Hotline to initiate an investigation when:
  - Children or youth are unsafe and cannot be maintained safely in their own home through the implementation of a Safety Plan.
  - An incident of abuse or neglect occurs and the children or youth cannot be maintained safely in their own home through the implementation of a safety plan.
- In situations where the Police are asked to intervene, the Police bring the children and youth to 1515 Arch Street. The CUA CM must accompany or follow the Police. The CUA must notify the DHS Hotline of the impending arrival. The Hotline creates a new investigation for immediate assignment and calls for OPC when the Police arrive.
- In instances where there is suspicion of abuse or neglect, the CUA CM makes a report to the DHS Hotline at 215-683-6100 and subsequently to ChildLine, as required by law.
  - The Hotline SWSM elicits information from the CUA CM to create a report in FACTS[2] and determine if the allegations rise to the level of requiring a CPS or GPS investigation. If an investigation is initiated, it is assigned to the Repeat Abuse Section of DHS.

- In situations where an investigation is created, the Hotline assigns the appropriate Response Time within which DHS will respond based on DHS Policy. The Hotline Worker notifies the CUA CM calling in the report of the anticipated response time and creates a report for investigation by the DHS Repeat Abuse Section. Whenever immediate placement is likely, the response time is immediate (within 2 hours).
- The DHS Investigation Worker must coordinate the visit to the home with the CUA CM.
- The CUA CM **cannot** remove children or youth. Once the DHS Investigation Worker agrees and obtains an OPC, the Investigation Worker removes the children and youth.
  - If there is a disagreement as to whether placement is warranted, the DHS Investigation Worker must immediately consult with the Law Department as to whether there are grounds to pursue an OPC.

- If an OPC is granted the CUA CM explores kin to determine if they are an appropriate placement resource for any children and youth unless otherwise ordered by the Court. If kin are identified, the CUA CM contacts DHS Information, Assessment, and Referral Services (IARS) Liaison Unit during regular business hours and the DHS Hotline after hours to obtain all required certifications (clearances) and conducts a home evaluation along with the DHS Investigation Worker to determine if the home is appropriate.
  - The CUA Supervisor emails the Teaming Director, Administrator, Teaming Secretary, and the Court Representatives in the Law Department immediately if an OPC is granted and children and youth require placement. If this occurs after hours or on the weekend this notification is made the next business day. It should be followed up with a phone call to the Teaming Director.
- In those instances where no kin are available, the DHS CRU identifies resource care placement or the least restrictive, most appropriate and family-like placement.
  - The CUA CM completes a CUA Placement referral in ECMS on the Investigation which when approved goes to the CRU.
  - The CRU contacts the CUA CM to complete the Level of Care (LOC) tool and uses that along with the CUA Placement referral to identify the most appropriate placement among the subcontractors with which the CUA works.
- The custodial parent or caregiver is notified verbally of the location of any child or youth placed at the time of placement and in writing within one business day by the DHS Investigation Worker unless there are documented safety issues or a Court Order that prevents this information from being released.

Note: Not all instances of abuse or neglect require placement but all require that the incident be reported to the DHS Hotline and ChildLine.

Specific Guidelines for All Placement Services

IOC Outcomes addressed: more children and youth maintained safely in their own homes and communities; more children and youth achieving timely reunification or other permanence; a reduction in the use of congregate care.

- The CUA is responsible for ensuring compliance with all applicable laws, regulations, bulletins issued by the PA Department of Human Services, Office of Children, Youth, and Families (OCYF), and policies issued by DHS.
- Placement of children and youth occur the same day that placement is needed. Placements should protect primary attachments and maintain children and youth in their current school and community whenever possible and efforts to do so must be documented.

- Efforts to identify kin must be made by the DHS Team Coordinator, the DHS Investigating Worker if an emergency placement during the investigation and the CUA Support Team if an emergency placement after case hand-off. All known kin must be explored as potential placement resources.
- Siblings are placed together whenever possible. If they are not, efforts to do so must be documented on an ongoing basis. If there is a reason that siblings cannot be placed together that must be documented. Both must be evaluated at every Permanency Conference.
- The CUA Support Team is required and has a legal obligation to make reasonable efforts to ensure timely reunification including a continuing responsibility to identify and overcome barriers to reunification, unless otherwise ordered by the Court. If the goal is other than reunification, the CUA Support Team must make reasonable efforts to ensure timely permanence. Documentation of reasonable efforts is a finding made at all Court hearings.
- At the time of placement, the CUA CM is responsible for full disclosure to parents, youth and the kinship or resource parents about the implications of placement. This disclosure includes:
  - A frank discussion with the child or youth regarding their permanency plan in a manner appropriate to their age and maturity. It is also expected that the behavioral, mental, and physical health of the child or youth as well as their best interests are taken into account when engaging in these discussions.
    - It is important that CUA CMs share as much information as possible with children and youth that is appropriate to their age regarding what is known about where they are going and the composition of the household or facility, etc. The trauma of placement cannot be underestimated or overlooked. Children and youth must be told what is happening to them and be reassured that the CUA CM will be there to help and support them.
    - The legal rights and responsibilities of the children and youth including their right to file a formal grievance and how to do so in addition to their right to be allowed and afforded an opportunity to engage in, to the greatest extent possible, age-appropriate or developmentally appropriate activities and experiences. These must be given in writing to age and developmentally appropriate children and youth.
  - Issues to be discussed with the parents and children and youth as part of a full disclosure process include:
    - The circumstances that led to DHS involvement and the placement.
    - That placement is temporary.
    - That placement has emotional and developmental impacts on children and youth.
    - That it is imperative that children or youth be returned to the family as soon as possible or that another legally permanent family be found for them as soon as possible.
    - The legal rights and responsibilities of the parents.
    - That it is important for the parents to share information about the needs of the children and youth so that those needs can be met.
    - That it is important for children and youth to share information about their own needs so that those needs can be met.
    - That it is important for all the parties to identify relatives or other significant adults who may be considered as a permanency resource and participate in the conference and case planning process.
    - The permanency planning timeframes.

- The identification of the primary and concurrent goal and the plans to achieve both goals.
- The support services available to help the family.
- The changes needed and the expectations of the Department, the CUA, and the Court.

- That if they do not meet the agreed upon goals, the alternative plan may become the primary permanency plan and the focus of future efforts toward achieving permanency.
- The legal requirement to search for relatives who would be able to care for the children and youth (if a non-relative placement).
- Additional issues to be discussed with kinship and resource families and congregate care setting staff, if applicable, include:
  - Their legal rights and responsibilities including their right to be aware of and participate in Court hearings.
  - What needs they may have to adequately provide for the child or youth and what support services are available to help them.
  - The child's or youth's primary permanency goal, i.e. reunification, the importance of their support of that goal and that they are encouraged to consider becoming a permanency resource should reunification efforts fail.
  - The discussion of this full disclosure must be documented in the SPN in ECMS.
- At the time of the initial placement and ongoingly kinship, resource parents, and congregate care setting staff must be told about all known:
  - Medical information and health concerns such as allergies, medications, immunization history, medical or behavioral health hospitalizations, medical or behavioral health diagnoses, family medical problems that could impact the child's or youth's health, current illnesses or injuries, dental, mental, or emotional problems, and issues experienced by the child's or youth's mother during pregnancy that impact the child or youth.
    - Specific recommendations and diagnoses **regarding the child or youth** in psychiatric or psychiatric evaluations can be shared. Complete evaluations that often contain other family information **cannot** be shared.
  - Current medical or behavioral health providers, or both and next appointments.
  - Special dietary needs.
  - Educational needs including grade, school, progress, and IEPs if applicable as well as childcare needs or services.
  - Special dietary needs.
  - Body positioning and movement stimulation for children and youth with disabilities, if applicable.
  - Ongoing medical care needs.
  - Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.
  - Known incidents of aggressive or violent behavior.
  - Substance abuse history.
  - Sexual history or behavior patterns that may place the child or youth or other children and youth at a health or safety risk.
  - Any other information that is known particularly from the Level of Care tool that would contribute to the safety, well-being, and smooth transition during this highly

emotional time for the children and youth being placed and ensure stabilization in the placement setting.

- As additional information becomes known, it must be shared with the subcontracting agency and kinship and resource parent and documented in an SPN.

These discussions are documented in a Structured Progress Note (SPN) in ECMS.

- There must be bi-weekly face to face visits with the parent or other reunification resource to work diligently and urgently toward reunification. At a minimum, one face to face contact must be made by the CUA Case Manager and one other face to face contact with parent or other reunification resource by a CUA Support Team member. If the goal is not reunification, required frequency of contact face to face or otherwise is outlined in the SCP and based on the primary and concurrent goal of that plan and any required Act 101 post adoption planning. During these meetings, it is expected that the CUA will:
  - Review and prioritize the actual barriers the parent or reunification resource must overcome to achieve reunification and aggressively assist them in overcoming these barriers by taking an active role in advocating and problem solving, which may include assisting them in concrete ways with: their housing search; accessing appropriate mental health and/or drug and alcohol treatment; identifying and accessing economic assistance programs for example public benefits, utility and rental assistance programs; and assisting with material goods.
  - Discuss progress made by parent and team in overcoming these barriers, develop and confirm ongoing or future concrete plans to overcome each barrier.
  - Troubleshoot any logistical or other problems that parents have encountered in meeting goals, including but not limited to, transportation, child care, prior criminal or poor credit histories, delays, insurance, etc. This may include providing financial or direct services.
  - Ask if any additional supports, in general or specific to achieving reunification goals are needed.
  - Identify strategies to support the building of parental protective factors that will both support the reunification goal and build family capacity in ways that will reduce the change of re-entry into the child welfare system.
  - Assess whether all evaluations, services, and treatment being provided to the family are effective and appropriate in content and quality given the actual needs of the particular family and the reasonable efforts requirement.
  - Where feasible, enroll parents, children, and youth in services and programs that can continue or will be accessible post reunification, such as staying with the same mental health therapist.
  - Discuss the implications of the failure on the part of the parent or reunification resource to complete objectives in a timely manner and the requirements around concurrent planning for children and youth in placement.
- If at the time of removal, the parent or caregiver was receiving Temporary Assistance for Needy Families (TANF) benefits, a member of the CUA Support Team must work with the parent or caregiver from whom children and youth were removed to provide the necessary documentation to the PA DHS whose policy allows for TANF benefits to be continued when reunification is anticipated within six months.

- The CUA CM or congregate care provider, if subcontracted, must explain to children and youth in language that is understandable and clear given their age and mental ability what their rights are while in placement and the procedure for filing a grievance. Resource parents and kinship parents must also have these rights explained to them and be willing to comply with ensuring that these rights are respected. Children and youth must also be given a written copy of their rights and the procedure by which they can file a grievance. Additionally, this must occur anytime children and youth move from one placement to another. (See also Section VI, Family Court and the Law Department, regarding placement moves.)
  - No right guaranteed under statute can be excluded from agency policy.
  - Documentation of this discussion and delivery of the grievance policy must be made.
- The CUA is responsible for ensuring that all children and youth receive three nutritional meals and snacks daily and that special dietary or religious restrictions must be respected. Food is never to be withheld as a means of discipline.
- The CUA is responsible for providing children and youth with new, age appropriate, and seasonal clothing.
  - All clothing should be purchased new with the child or youth, when appropriate, having choice in the selection. All clothing purchased is the property of the child or youth.
  - Purchase of necessary clothing is never to be withheld as a means of discipline.
- DHS Team Coordinator (TC) provides information regarding continued Family Finding efforts and the CUA CM follows up as necessary to determine the extent of participation.
  - Efforts to establish paternity must be made for all children and youth in placement and continued efforts to identify relatives must be made for all children and youth in placement. These efforts are documented appropriately in ECMS.
- Resource Homes must be certified per regulation and meet requirements of an approved adoptive placement.
- Resource Parents must be willing to work with the reunification resource to ensure that children and youth can reunify in a timely way. At the same time, resource parents must be willing to consider being a permanency resource for children and youth placed in their care.
- The benefits of SWAN Services must be explored at every Permanency Conference including the initial one and those after that are held to review and revise the Single Case Plan. SWAN referrals must be initiated based on OCYF Policy. Referrals should be made as soon as possible based on the concurrent goal in the Single Case Plan. Referrals are made through the DHS SWAN Liaison Unit and must be made in a timely way so that the profile requested can be completed within the required timeframes.
  - If SWAN referrals have not been initiated by the sixth month of placement, documentation must be made as to why such services are not appropriate.
  - Child profiles must be completed within 90 days and family profiles within 120 days from date of SWAN referral. If profiles are being completed by an affiliate that is not the CUA itself, efforts to ensure timely completion must be documented.
  - The CUA CM and Supervisor must review and approve all SWAN documents received and submit the approval to the DHS SWAN Unit.
- Services and visits must be provided on evenings and weekends as necessary to accommodate caregivers and should not interfere with a child or youth's school attendance whenever possible.
- CUA Staff are to continue to make efforts to locate kin when children and youth are in non relative foster homes. If children and youth are placed in non-kin resource homes and kin are

identified, it is the responsibility of the CUA to explore the identified kin as a resource and initiating steps either by itself, if licensed by the 3700 Regulations or its subcontractor to certify the home (See applicable parts of "Specific Guidelines for Emergency Kinship" below when there is no DHS Investigation Worker involved.

- Before any children or youth can be moved into the home, the CUA CM must obtain all the required oral certifications (clearances) from the DHS Liaison Unit, complete a full home inspection, and complete the Emergency Kinship Caregiver document having the kin sign and initial in the required places. Temporary approval then can be granted for up to 60 days.
- The CUA, if licensed by the 3700 Regulations, to do so, or its subcontractor must then proceed with obtaining full approval.
- If the home is not certified or will not be certified by the 60th day the CUA CM must contact the Court Representatives in the Law Department as soon as possible to either get an agreement of all parties to move any children and youth or request a hearing. No child or youth can be moved without either an agreement or a Court hearing. The decision of the Court must be followed.

- When appropriate, an individualized Aftercare Plan must be incorporated into the Single Case Plan for all discharges from placement. The CUA must ensure that the activities and services documented in the Aftercare Plan are implemented.
  - CUAs must advise parents about and connect parents to post permanency resources (see Specific Guidelines for Aftercare below).
  - The CUA must submit the "60 Day Medical Extension" form to the DHS Medical Eligibility Unit no later than one business day after the discharge to ensure continuity of medical care for any child or youth being discharged (see CUA DHS Support Services/Medical Eligibility and CUA Forms on DHSConnect).
- Funding for initial clothing is provided via the initial clothing allowance protocol (see the CUA Fiscal Guidelines for reimbursement procedures) and cannot be deducted from the resource parents' maintenance payment nor can the cost of any required certifications (clearances) be deducted from that payment.

See also Section II, Safety, "Specific Guidelines for Placement Services" regarding initial visits, and Section IV, Family Team Decision Making Conferences.

Specific Guidelines for Emergency Kinship Care Placements

IOC Outcomes addressed: more children and youth maintained safely in their own homes and communities; more children and youth achieving timely reunification or other permanence.

Kin is defined as an individual who has a relationship with the children, youth, or their family. This individual is related through blood or marriage, is a godparent as recognized by an organized church, is a member of their tribe or clan, or has a significant positive relationship with the children, youth, or their family. Placement with kin is a value of the highest order for the Department and must always be the first consideration when children and youth require placement outside the home. If no appropriate kin can be located at the time of the initial placement, continued efforts to locate kin must be made throughout the time of the placement and documented in ECMS. Efforts to locate kin should be included in Permanency Conferences including the potential use of Family Finding.

- The CUA, if licensed under the 3700 Regulations, or its subcontractor must be prepared to bring to full certification kinship caregiver homes when children and youth have been placed on an emergency basis after the initial Child Welfare Information Solution (CWIS) On-line certifications (clearances) and verbal State Police certifications from the Liaison Unit are obtained and the home passes the initial visual inspection and requirements detailed below, enabling the placement to continue until reunification or other permanency occurs.
- The CUA must have the capacity to have a CUA CM, CUA Support Team Member, CUA Resource Home Coordinator, or subcontractor available to meet with the DHS Investigation Worker at the home of a potential kinship caregiver within two hours of notification by the DHS Supervisor to jointly complete the emergency assessment with the DHS Investigation Worker.

DHS Investigation Worker Responsibilities:
Prior to the placement of children and youth committed to the Department, it is the responsibility of DHS Investigation Workers and Supervisors to:

- Ensure that the potential caregiver is 21 years of age or older.
- For all household members 18 years of age or older, including any person who lives in the home at least 30 days or more per calendar year, and any identified substitute caregivers:
  - Obtain written consent from each person and obtain a Child Welfare Information Solution (CWIS) On-line certification.
    - **At no time** can children or youth committed to the Department be placed in a home where any resident is a perpetrator of a founded report of child abuse **ever** or an indicated report within the past five years. If the CWIS certification reveals that any household member is a perpetrator of an indicated report that is over 5 years old, the home may only be approved after consultation and approval by the appropriate DHS Director or above.
  - Obtain State Police certification from the Liaison Unit. **Pending charges or convictions** for any of the following prohibit the placement in the home:
    - Criminal homicide.
    - Causing or aiding suicide.
    - Drug delivery resulting in death.
    - Aggravated assault, Aggravated indecent assault, Indecent assault, or Indecent exposure.
    - Stalking, Kidnapping, or Unlawful restraint.
    - Rape, Sexual assault, Involuntary deviate sexual intercourse, or Incest.
    - Concealing the death of a child, Endangering welfare of children, or Dealing in infant children.
    - Felony prostitution and related offenses.
    - Obscene and other sexual materials and performances.
    - Corruption of minors or Sexual abuse of children.
    - Conviction of a felony offense under the Controlled Substance, Drug and Devices and Cosmetic Act **within the five year period immediately preceding** the certification request.
    - The equivalent of any of the above charges from other states.
    - The attempt, solicitation, or conspiracy to commit any of the offenses listed above.

- For all household members 14 years of age or older, including any person who lives in the home at least 30 days or more per calendar year, and any identified substitute caregivers:
  - The DHS Worker or Supervisor completes a FACTS certification.
    - **At no time** can a child committed to the CYD be placed in a kinship care home if there is an active investigation, active case, or current CYD or JJS placement for any household member. If there is prior history of DHS involvement with any household member, the placement may occur with the approval of the Social Work Administrator, with the exception of indicated reports within the past 5 years.
    - If the caregiver resides outside of Philadelphia, a request for a certification of all adult household members must be made to the Pennsylvania County Children and Youth Agency where they reside.

During regular business hours after the above certifications are validated and the placement can continue, the DHS Supervisor calls and emails the appropriate CUA regarding the emergency kinship placement so that a CUA CM or other appropriate CUA Team member or subcontractor member can be assigned and meet the DHS Worker at the home within two hours.

The DHS Investigation Worker and CUA staff jointly:

- Assess the caregivers physical, social, and emotional characteristics and their ability to care for the children and youth including whether:
  - They have an established relationship with the children and youth or their parents.
  - Their age, ability to complete activities of daily living, or health status affects their ability to provide the appropriate care.
  - There are factors like other commitments or other persons dependent on the caregiver that may prohibit them from providing appropriate care.
  - Their own protective factors and how they will impact their ability to provide nurturing care for the children and youth.
  - Their relationship with the parents or perpetrators will adversely affect the safety of the children and youth in this home or allow them to be further victimized.
- Complete a preliminary assessment of the home. This includes a physical inspection of every floor and room of the home. Regulations require:
  - At least one flush toilet, one wash basin and one bath or shower with hot and cold running water.
  - An operable heating system.
  - An operable telephone.
  - Sleeping areas shall meet the following criteria:
    - No unsuitable area such as a hall, stairway, unfinished attic or basement, garage, bathroom, eating area, closet, shed or detached building may be used as a sleeping area for children or youth.
    - Children of the opposite sex who are 5 years of age or older may not share the same bedroom.
- Identify and make efforts to provide any physical resource (e.g. bed for the child or youth, etc.) needed at the kinship home to successfully accommodate the placement of the child or youth on an emergency basis. The lacking of any identified physical resource

at the kinship home must not pose a safety threat to the child or youth; otherwise the child or youth must not be placed in the home.

- Have a detailed discussion with the potential kinship caregivers regarding:
  - Their responsibilities to the children and youth as kinship caregivers, particularly disciplinary practices.
  - Their responsibilities regarding visitation with parents and other siblings, particularly around any visits they are required to supervise. This includes their understanding that they must remain alert, present and in hearing distance in the room where the visit occurs the whole time, and be willing and able to intercede if the children or youth are being physically, sexually, or emotionally abused.
  - Their financial options and other factors impacting formal kinship placements of children and youth committed to the Department including ongoing Departmental and Provider oversight, Court jurisdiction, the need for permanency planning and initial and ongoing training requirements.
  - The prohibition regarding smoking in the home or a car while the children and youth are present and use of a car seat for those eight years of age and under or under 50 pounds.
  - The caregivers' obligation to notify the CUA and subcontracting foster care agency, if applicable, if they or any household member are arrested for or convicted of an offense that would constitute grounds for disqualification as a foster parent or if they are named as the perpetrator in an indicated or founded report, in writing no later than 72 hours after the arrest, conviction or notification that the foster parents was named as a perpetrator in the statewide database. In addition, they must report any change in the foster family household composition within three business days.

The CUA is only able to reject the potential kinship home **if any statutory requirement or DHS Policy is not fulfilled,** unless it is otherwise ordered by the Court**.** If the CUA rejects the kinship home based on inability to meet a statutory requirement, DHS committed children and youth must be removed from the home unless there is an existing Court Order that precludes removal. The CUA CM must contact the Court Representatives in the Law Department as soon as possible to either get an agreement of all parties to move any children and youth or request a hearing. No child or youth can be moved without either an agreement or a Court hearing. The decision of the Court must be followed. The CUA is responsible for locating an appropriate placement in the least restrictive setting necessary to meet the needs of the children and youth.

- It is only after the above tasks are completed, the home and household members pass requirements and are documented by the DHS Worker's and kinship caregiver's signatures and initials on the assessment form that children and youth committed to the Department may be placed there.
- Notice of rejection as an emergency kinship placement must be sent to the caregiver by DHS if the determination is made at the preliminary level or by the CUA if the denial is made subsequently.

All assessment activities are documented in ECMS by the DHS Investigation Worker.

- The DHS Worker must complete, scan and upload the Emergency Kinship Packet documents into the Assessment folder in ECMS within one business day of the emergency placement.

- The CUA Placement referral must subsequently be completed by the DHS Worker or Supervisor and approved and submitted to the CUA by the Administrator within one business day **if this is a new case to the CUA**.

If an emergency kinship placement occurred **after hours** and was completed by the Hotline, upon assignment to the Investigation Unit, the DHS Supervisor calls and emails the appropriate CUA regarding the emergency kinship placement so that a CUA CM or other appropriate Team member can be assigned. The DHS Investigation Worker and CUA Team member are to arrange to meet in the kinship home the day it is assigned.

All assessment activities are documented in ECMS by the DHS Investigation Worker.

- The DHS Worker must complete, scan, and upload the Emergency Kinship Packet documents into the Assessment folder in ECMS within one business day of the emergency placement.
- The CUA Placement referral must be completed by the DHS Worker or Supervisor within one business day **if this is a new case to the CUA**.

Contacting CUA Regarding Emergency Placement:
When the DHS Supervisor calls and emails the CUA regarding an emergency kinship placement, the subject line of the email should read "Emergency Kinship Assessment Required."

- The email should detail the name and contact information of the DHS Worker as well as the name of potential kinship caregivers, their address and contact information and whether the DHS Worker is at the home now or when they are expected to be there.

The CUA is required to physically meet with the DHS staff within two hours after being notified of the placement, unless an alternative time is agreed upon.

CUA Responsibilities:
The CUA is responsible for obtaining a location code for the home from the DHS Data Services Unit, using the appropriate form in CUA Forms on DHSConnect which will also process the service authorization for the children and youth placed there.

Formal kinship caregivers for children and youth committed to DHS must meet all the statutory and regulatory requirements, and CYD Policy.

- Temporary approval **can only be granted for up to 60 days** on emergency placements.
- **Any home** that cannot or will not be certified **as general level resource home** by the 60th day or whose written ChildLine, State Police and FBI certifications have not been received **requires** committed children and youth in the home to be removed. This can only be done by Court Order and the Court representatives in the Law Department must be notified in order to get agreement of the parties for the move or to request a Court hearing.
  - This notification to the Law Department should be done as soon as possible upon the realization that the home will not be certified and should under no circumstances wait until the 60th day.
  - If a Court hearing is required, **no DHS or CUA staff are to request that the children and youth be permitted to remain in the home as such a request would violate**

Pennsylvania Regulation or for that matter to request anything contrary to Law, Regulation, or DHS Policy under any circumstances.

- The Court may order they remain in opposition to DHS' removal request and the children or youth must remain.

The CUA, if licensed by the 3700 regulations, or its subcontractor is responsible for completing a thorough evaluation adhering to all regulatory requirements, obtaining written certifications, and obtaining whatever may be reasonably necessary for the home to be fully certified.

- The CUA or its subcontractor is responsible for requesting any waiver including a waiver of the regulatory limit of a total of six children and youth in any home.
- The approved Resource Family Profile must be used to document the evaluation and certification process.

If children and youth are placed in non-kin resource homes and kin are identified, it is the responsibility of the CUA to explore the identified kin as a resource and initiating steps either by itself, if licensed by the 3700 Regulations, or its subcontractor to certify the home.

- Before any children or youth can be moved into the home, the CUA CM must obtain all the required oral certifications (clearances) from the DHS Liaison Unit, complete a full home inspection, and complete the Emergency Kinship Caregiver document having the kin sign and initial in the required places. Temporary approval then can be granted for up to 60 days. Additionally, unless ordered by the Court, an agreement of all parties or Court authorization is necessary and the Court Representatives in the Law Department must be contacted.
- The CUA, if licensed by the 3700 Regulations to do so, or its subcontractor must then proceed with obtaining full approval.
- If the home is not certified or will not be certified by the 60th day the CUA CM must contact the Court Representatives in the Law Department as soon as possible to either get an agreement of all parties to move any children and youth or request a hearing. No child or youth can be moved without either an agreement or a Court hearing. The decision of the Court must be followed.

Funding for initial clothing is provided via the initial clothing allowance protocol (see the CUA Fiscal Guidelines for reimbursement procedures) and cannot be deducted from the resource parents' maintenance payment nor can the cost of any required certifications be deducted from that payment.

Specific Guidelines for Emergency Shelter Placement

CUAs must have or develop the capacity to place all appropriate CUA Service Referrals for Placement, as needed. Children and youth must be placed in the least restrictive setting, and preferably with kin.

- Under no circumstance can a dependent youth be placed at a Community Based Detention Shelter (CBDS), without an order from the Court specifically stating that the dependent youth is to be held at the CBDS.

CUAs must have resource homes available at all times, including weekends and holidays, willing to take children and youth. Training and licensure for resource home caregivers must include availability to accept placements on an emergency basis.

If it is determined that a youth requires a shelter placement, the CUA must immediately start a search for a more appropriate ongoing placement. The youth should be moved from the shelter to the new placement within five business days whenever possible. Under no circumstances can a shelter placement last more than 30 days.

- CUA CMs or other staff responsible for locating placement must document in ECMS as either an SPN or a Contact Log event all efforts to identify ongoing placements including agencies contacted and reason for denial at a minimum every five business days for any and youth in temporary emergency placements.

Specific Guidelines for Visitation

IOC Outcome addressed: more children and youth achieving timely reunification or other permanence.

- The frequency and duration of visits with reunification resources, concurrent plan resources, and siblings must be as liberal as possible from the time of placement. Whenever possible, visitation should be weekly but the opportunity for parental and sibling visitation cannot be less than twice monthly unless otherwise prohibited or specified by Court. Special attention must be made to ensure that frequent visitation is in place for infants and toddlers to ensure that critical bonding and attachment between parent and child is facilitated.
- The visitation plan must be discussed and agreed upon during the Permanency Conference. It should be accommodating to the schedules of the reunification resource, children, and youth and include weekends or evenings or both where needed.
- CUAs or their subcontractors, if applicable, must ensure parents have adequate resources to have successful visits and attend them if they are not in the home. This may include transportation, food, diapers, etc.
- Whenever children or youth are placed or replaced, a visit must occur with them and the parent from whom they were removed as soon as possible and no later than two business days.
- An introductory meeting between the resource parent or the facility staff and the parents must also occur within five business days of the placement or replacement.
- Resource parents should communicate with the parents or other reunification resources regularly and at least monthly about the children or youth outside of regularly scheduled visits. It is particularly important for resource parents to regularly update the parents or other reunification resource on the child or youth's developmental progress and any developmental issues of concern.
- Siblings are to be placed together whenever possible. When siblings are not able to be placed together, visits are to occur between the siblings bi-weekly at a minimum unless otherwise directed by Court Order.
- Whenever possible visits must be:
  - In the home of the reunification resource unless there is clear documentation in the SCP visitation plan or in a Structured Progress Note as to why this cannot occur. If other than the home of the reunification resource, visits must be in a family-like and family-friendly visitation space that allows for normal parent-child interaction, ideally in the home of a relative or resource parent. If such home is not available, visits should occur at a

community location familiar to the child, youth or parent (such as a recreation center, playground, or church). The option of last resort is a family-friendly area in the CUA. In order to move from the best option in the hierarchy to a lower option, the higher option must be ruled out and the reasons for ruling it out must be clearly documented in the SCP. When visits are not in the home, a progression plan for visits in the home must be considered at the Permanency Conference and included in the visitation plan of the SCP based on that discussion.
    - Supervised only if necessary based on clear threats to the safety of children and youth or Court Order. Persons supervising visits should ensure safety and provide unobtrusive constructive feedback and coaching on parenting.
    - Accommodating to the schedules of the reunification resource, children, and youth.
    - Structured in such a way to provide opportunities for parents to learn and practice new parenting skills.

Specific Guidelines for Outreach to and Involvement of Incarcerated Parents

All parents, whether incarcerated or not, must be offered the opportunity to be involved in service planning for their children in out-of-home placement, and every child and youth in out-of-home care must have the opportunity to visit with their parents, unless it is prohibited by court order or inconsistent with the child or youth's permanency goal.

- CUA CMs are expected to reach out to parents of children and youth in care, which includes efforts to locate a missing parent and/or determine whether the parent of children and youth in out-of-home placement is incarcerated.
- CUA CMs are expected to meet (face-to-face when possible) with parents who are incarcerated to involve them in planning for their children and youth. Meeting with incarcerated parents also provides an opportunity to obtain information about the child or youth's extended family. Meetings should take place as frequently as needed to achieve children and youth's permanency goal, and at a minimum every three months pursuant to Family Team Conferencing requirements.
    - CUA CMs should discuss dates and times that children and youth will visit with parents during Team Conferences.
- Children and youth in placement should be visiting with incarcerated parents at least every two weeks, in accordance with the Single Case Plan, as they would with parents who are not incarcerated unless there is a court order limiting or prohibiting visitation. Visitation for children and youth in placement is an important part of working toward safe, permanent homes, and maintaining children and youth's connections to their family and community. Parents should be encouraged to maintain additional contact with their children and youth through letters, cards and telephone calls.
- Incarcerated parents should be involved in ongoing planning for their children and youth just as they would if not incarcerated. In addition to being given the opportunity to participate in development of the Single Case Plan, incarcerated parents should be kept informed about their children and youth's well-being, mailed relevant documents and, where appropriate involved in educational, medical and therapeutic decision-making. With incarcerated parents' permission, CUA CMs may consult with Prison staff as to the availability of programs at the Prison which allow incarcerated parents to meet Single Case Plan objectives. For parents incarcerated in the Philadelphia Prison System, SCP and other teaming meetings may take place through videoconferencing.

    - When CUA CMs become aware that a parent on their caseload is incarcerated in the PPS, they inform the Teaming Coordinator that a videoconference is needed for Single Case Plan meetings and other Family Team Conferences.
    - Videoconference meetings do not take the place of face-to-face visitation and regular contact by CUA CMs or children and youth with the incarcerated parent, nor do they substitute for engagement efforts by the Teaming Coordinator with the incarcerated parent or family members.
    - If an incarcerated parent cannot attend the videoconference meeting, the meeting is to be rescheduled to allow the parent and opportunity to participate, unless it is determined by the CUA chain of command that if is not in the child's best interest to delay the meeting.
  - When incarcerated parents in the Philadelphia Prison System have Single Case Plan objectives, CUA CMs will request an Adjustment Report from Prison staff which details an incarcerated parent's participation and progress in Prison programs.

Specific Guidelines for Adoption and Permanent Legal Custodianship and the Use of the Statewide Adoption Network (SWAN) Services

IOC Outcomes addressed: more children and youth achieving timely reunification or other permanence; a reduction in the use of congregate care; improved child, youth, and family functioning.

General Responsibilities:

DHS Permanency Services Workers

- Attend the next and subsequent Teamings. If the DHS Permanency Services Worker is unable to attend the Teaming, the DHS Permanency Services Supervisor must attend.
- Attend Court when needed to testify as to DHS actions, such as approving permanency-related documents.
- Work with the DHS Permanency Program Analyst in regard to affiliate problems, concerns, or suggestions.
- Review Subsidy Agreements with permanency resources, including possible subsidy extension beyond age 18 years, and obtain their signatures.
- In collaboration with the Law Department, respond to requests to renegotiate Subsidy Agreements.
- Follow up on failure to return annual or Act 80 semi-annual Adoption or PLC questionnaire.

Adoption Specific Responsibilities:

DHS Permanency Workers

- Prepare Consent to Adopt and submit to CYD Deputy Commissioner for signature.
- Obtain Letter of Agreement and Subsidy Agreement from adoption resource.
- Assist the CUA CM with accessing resources for purposes of matching a child or youth with a potential adoptive family.
    - A child or youth may not visit or be moved to a new pre-adoptive home until the DHS Permanency Services Worker, with agreement of the Permanency Social Work Supervisor, approves the home study.
- Complete a special contract if one is needed.
- Sign for behavioral health services and medical services for children and youth.
- Prepare for and attend Adoption Court when requested by the Law Department.
- Obtain the Adoption Decree from the Adoption attorney.

- Forward a copy of the Adoption Decree to the assigned City Solicitor, to be used at the Dependency Hearing discharging custody of the child or youth.
- Download necessary documents from ECMS to create sealed Adoption files.
- Create Adoption Subsidy and sealed Adoption files.
- Complete the Pennsylvania Adoption Exchange (PAE) registration form and any updates.
- Prepare Act 101 PAIR registration and send this and the Child Profile to the Permanency Program Analyst for uploading into the Department of Public Welfare portal.

PLC Specific Responsibilities:

DHS Permanency Workers

- Attend Domestic Relations Court when someone files for change in custody or visitation.
- Complete assessments regarding visitation, custody and subsidy decisions when requested.
- Create and maintain subsidy files for PLC.
- Work with Data Entry to ensure subsidies are initiated as well as other actions for PLC reinstatements, discharges, and re-negotiations when child re-enters DHS care.
- Monitor and document PLC transfers in the database and subsidy files once custodianship is granted.
- Maintain data on PLC transfers and follow-up accordingly.

SWAN Adoption and PLC Specific Responsibilities:

- The CUA must complete a SWAN referral within ten business days of the goal change on the Single Case Plan, or within ten business days of determining that children or youth would benefit from any SWAN service.
  - If the home is a CUA subcontractor home, and the subcontractor is a SWAN affiliate, the subcontractor should be identified as the affiliate on the SWAN referral form.
- Permanency Program Analysts enter the SWAN referral into the SWAN portal so that a SWAN affiliate can be assigned to complete the work.
  - CUA CMs and CUA Supervisors may not complete profiles on their own cases.
  - First priority for completion of SWAN work on a CUA subcontractor home will be given to that subcontractor if they are a SWAN affiliate. The DHS SWAN Unit or Permanency Program Analyst may determine that assignment should be made to an alternate affiliate.
- The assigned DHS Permanency Services Worker completes at least one joint visit to the permanency resource home with CUA CM or other CUA staff within five business days after receiving a completed Family or Child Profile and prior to approving any Family or Child Profile.
- Completed and signed SWAN work is scanned and emailed to the DHS Permanency Program Analyst by the SWAN affiliate for benchmark consistency and tracking.
- DHS Permanency Services Workers, with Supervisor oversight, have ten business days to review and approve SWAN documents to ensure they meet the guidelines and benchmarks, and for quality, accuracy, and completeness, or return them to the SWAN affiliate for correction.
  - If something is incomplete or appears inconsistent, they communicate with the SWAN affiliate, and copy the CUA CM and their chain of command to resolve the issue.
  - DHS Permanency Services Workers have ten business days to review and approve the documents, or return them to the SWAN affiliate for correction.

    - If corrections are needed, the SWAN affiliate has no more than ten business days to make the corrections and return the signed and corrected document via email to the DHS Permanency Services Worker.
- Once approved, DHS Permanency Services Workers complete the SWAN Payment Authorization Form (PAF) and forward to the DHS Permanency Program Analysts. The DHS Permanency Services Workers will provide a stamped, approved Adoption Family Profile along with the Consent to Adopt to the SWAN affiliate, and notify the CUA CM and their chain of command of the approval.
- The SWAN affiliate will file the Intermediary Report and provide the consent to the private Adoption attorney.
- DHS Permanency Program Analysts certify SWAN work in the SWAN portal.

Specific Guidelines for the Use of SWAN Services for Other Placement Services

- The CUA CM must make referrals to SWAN within ten business days of determining that children or youth would benefit from any SWAN service.
    - If the home is a CUA subcontractor home, and the subcontractor is a SWAN affiliate, the subcontractor should be identified as the affiliate on the SWAN referral form.
- DHS SWAN Program Analysts retrieve SWAN referrals and other correspondence from the email box.
- DHS SWAN Program Analysts enter SWAN referrals for non-adoption and non-PLC SWAN work from CUAs into the SWAN portal within five business days of receiving the referral so that a SWAN affiliate can be assigned.
    - CUAs may not complete SWAN work on their own cases.
    - CUA subcontractors may complete SWAN work on CUA cases.
    - First priority for completion of SWAN work on a CUA subcontractor home will be given to that subcontractor if they are a SWAN affiliate. The DHS SWAN Unit or Permanency Program Analyst may determine that assignment should be made to an alternate affiliate.
- Completed and signed SWAN work is scanned and emailed by SWAN affiliate to the DHS SWAN unit.
- DHS SWAN Program Analysts track and monitor the completed SWAN work.
- DHS SWAN Program Analysts have ten business days to review non-adoption and non-PLC SWAN documents for formatting and structure, per the guidelines and benchmarks and for consistency.
    - If something is incomplete or appears inconsistent, they communicate via email with the SWAN affiliate and copy the CUA CM and the CUA chain of command to resolve the issue.
    - If corrections are needed, the SWAN affiliate has no more than ten business days to make the corrections and return the corrected document to the DHS SWAN Program Analysts.
- DHS SWAN Program Analysts forward reviewed documents electronically to the CUA Supervisor for review and approval as to accuracy, quality, and completeness.
    - If corrections are needed, the SWAN affiliate has no more than ten business days to make the corrections and return the corrected document to the CUA Supervisor.
- Once the SWAN documents have been reviewed and approved, the CUA CM completes a SWAN Payment Authorization Form (PAF), scans it, and submits it by email.

- DHS SWAN Program Analysts certify the completed work in the SWAN portal, process withdrawals if necessary, and enter correct documentation in the SWAN portal.

Additional CUA Responsibilities

- When a child or youth enters out-of-home care and adoption is being considered as the concurrent or primary goal, CUA CMs must discuss the possibility of entering into a voluntary, enforceable post adoption agreement that allows for ongoing communication or contact with the parents, child or youth, and resource parents.
  - Refusal to consider a post adoption agreement can never be a factor to rule out adoption as a goal when it is appropriate, or to rule out an adoptive resource.
  - CUA CMs must guard against the potential for coercion of any party to agree to adoption, based on the possibility that a voluntary post adoption agreement may occur.
- At the first Permanency Conference where adoption is established on the Single Case Plan as the primary or concurrent goal, the CUA CM must formally notify parents, the child or youth, and resource parents who are potential adoption resources of this option by giving them the formal notification letter.
  - CUA CMs must discuss with parents, children and youth, and resource parents the intent of the letter, and what a post adoption agreement might contain.
    - CUA CMs document this discussion in ECMS and upload the letter signed by the parties to whom it was given.
    - CUA CMs send the notification letter certified/return receipt and regular mail to any involved parties or their attorneys who were not present at the Permanency Conference.
- CUA CMs cooperate with DHS Permanency Services Worker in ensuring that Adoption and PLC SWAN work is accurate and complete, and in resolving any issues of inconsistency, inaccuracy, or incompleteness.
- CUA CMs attend Juvenile (Dependency) Court and forward the Dependency Review Orders (DRO) to the assigned DHS Permanency Services Worker and Permanency Services Supervisor.
- CUA CMs prepare for and attend Adoption Court when requested by the Law Department.
- Once finalization of the adoption has occurred:
  - CUA CMs are not required to visit children and youth who have been adopted.
  - CUAs CMs are not required to attend the final Dependency Hearing discharging DHS custody of children and youth who have been adopted.
- CUA CMs are not required to visit after the Court awards the PLC **and discharges the case.**
- CUA CMs attend Domestic Relations Court if requested by the Law Department or the PLC Permanency Services Worker.
- CUA CMs locate an alternative permanency resource if the current resource parents are not adopting or intending to become Permanent Legal Custodians.

Specific Guidelines for Specialized Behavioral Health Resource Home Placements

Youth requiring Specialized Behavioral Health (SBH) resource home placements must be placed with kinship or resource parents who have been appropriately trained to meet the needs of the youth identified by the CANS Assessment with a rating of two or three and needs or recommendations from other assessments or evaluations.

- At a minimum additional training beyond what is required to be licensed as a resource home provider must include:

    - The ABC Model of treatment planning or other comparable treatment planning model.
    - Medication management.
    - De-escalation techniques.
  - The number of youth in a SBH home may not exceed two with the exception of sibling groups. A waiver of this may be approved in writing by the CUA Director.

Treatment Team:

- This team includes the kin or resource parent, CUA CM and Support Team, other specialists, the youth's biological parent or reunification resource, and the youth. The kin or resource parents must be an integral and active part of the treatment team.
    - The CUA CM is the practical leader of the treatment team.
    - The treatment team must participate in the Permanency Conferences held every three months, and if necessary meet more frequently as necessary to meet the primary and concurrent Single Case Plan goals.

Treatment Plan:

- The treatment team, including the resource parent, develops a youth-centered plan during the Permanency Conference which helps the youth learn new behaviors or to modify existing behaviors. This plan uses the ABC Model treatment planning approach or other comparable treatment planning model and is documented in the Single Case Plan. The plan includes:
    - Clear, measurable goals for the youth's behavior.
    - Strategies and steps to achieve those goals.
    - Specific behaviors of the youth that the resource parent will observe and document.
- In addition to in-home behavioral intervention, youth requiring behavioral health supports must receive outpatient therapy or another authorized behavioral health service (delivered by a mental health provider or other professional), which occurs outside the home. Kin or resource parents are actively involved in this treatment, and participate in treatment planning meetings when appropriate. However, it is important to note that outpatient therapy and other outpatient services are distinct from the in-home behavioral interventions delivered by the resource parent.
- Other additional supports or enrichment activities or both including a plan for respite for the kin or resource parent must also be discussed at the Permanency Conference and included in the SCP.
- The CUA CM must review the Treatment Plan with the kin or resource parent and the youth monthly at a minimum and document the discussion.

Kin or Resource Parents must:

- Be able to comply with prescribed behavioral health interventions.
- Observe and document the youth's behaviors and progress, according to the Treatment Plan, on a daily basis. These records are then discussed with the treatment team and utilized in order to modify the Treatment Plan when appropriate.
- Report daily medication activity on a medication log.

The medication log must be reviewed monthly by the CUA CM or if necessary by a member of the CUA Support Team and if needed more frequently based on the Single Case Plan.

Specific Guidelines for Specialized Medical Resource Home Placements
These placements require the provision of 24-hour care for children and youth with special, chronic medical conditions or physical disabilities or a combination of those who require placement but cannot be served in general kin or resource homes and who might otherwise be inappropriately placed or maintained in an institutional or hospital setting. These conditions may be congenital, or caused by severe neglect, abuse, maternal drug and alcohol abuse, or as in most cases, any combination of the above.

Examples of children and youth who fall into this category are those who have any or a combination of the following: fetal alcohol syndrome or failure to thrive; heart disease; stroke; leukemia and other blood diseases; diabetes; acquired immune deficiency syndrome or other immune system deficits; cerebral palsy and other neuro/muscular disorders; epilepsy and other neurological disorders; pulmonary and respiratory disorders that may or may not require tracheostomies; any other organ, tissue or muscular malfunctions/collapses; a host of medical problems and physical disabilities that result from gross parental neglect and serious physical or sexual abuse; impaired or total loss of sight or hearing; loss of limbs requiring prostheses, non-ambulatory or ambulatory with aids; etc.

This type of placement is not primarily based on a particular diagnosis as it is based on the daily care and attention needed for the child or youth to perform activities of daily living and maintain the stability of their health.

In all of these situations, consultation with the DHS Nurses is mandatory both for the DHS Investigation Worker and the CUA CM.

- All medical information must be uploaded into ECMS by the DHS Investigation Worker and the CUA CM as it becomes available.
- If the child or youth is in the hospital and it is known that resource home care is necessary because the child or youth cannot return home, the CUA Service Referral for Placement should be made as soon as possible so that an appropriate kin or resource parent can be located and, if necessary, obtain any training that may be required to address the special needs. The DHS Nurses are to be consulted around these placement decisions.
    - The CUA CM or Support Team member must notify the DHS Nurses of the name and address of the resource home as soon as possible and within one business day of when the placement is located. The DHS Nurses will contact the resource parent to review the medical treatment plan and will conduct a home visit as necessary to reinforce the medical treatment plan.

Nurses are invited to the initial Safety Conference and when appropriate are invited to attend the Permanency Conference and Permanency Review Conferences so that appropriate objectives designed to meet medical treatment plan needs of the children and youth can be included in the Single Case Plan. This plan must address:

- The medical needs and required follow-up that is needed.
- Any specialized training needed for the kin, resource and respite caregivers.
- Other additional supports or enrichment activities or both including a plan for respite for the kin or resource parent must also be discussed at the Permanency Conference and included in the SCP.

The kin, resource, and respite caregivers must:

- Participate in whatever training necessary to address the specific health needs of the child or youth.
- Report daily medication activity on a medication log.

The DHS Nurses make follow-up contact with the DHS Health Management Unit (HMU) whose responsibility is to work with the Pennsylvania Office of Medical Assistance (OMA) to determine the appropriate level of care and reimbursement.

- The HMU contacts the CUA CM and works with OMA to determine the appropriate medical level.
  - The CUA bills OMA directly at the rate for the determined level. The Department pays the room and board rate.

The CUA CM must review:

- The medical treatment plan with the kin or resource parent and the youth, if age appropriate, monthly at a minimum and document the discussion.
- The medication log monthly by the CUA CM or if necessary a member of the CUA Support Team and if needed more frequently based on the Single Case Plan.
  See also Section X, Physical Health.

Specific Guidelines for Maternity Placement Services

- The CUA CM is responsible for ensuring youth understand the impact and potential consequences of unplanned pregnancies, are aware of all legitimate options for preventing pregnancy, and have access to complete information about each option. Youth must also receive complete information regarding all legal options in the occurrence of an unintended or unwanted pregnancy.
  - The Pregnancy Prevention and Options Counseling form is completed within 30 days of the placement or upon learning of a pregnancy, or both.
- The CUA Support Team is to ensure that the youth receives regular and appropriate prenatal care if the youth chooses to continue the pregnancy.
- The CUA CM must contact the Court Representative in the Law Department and the Health Management Unit if the youth wishes to terminate the pregnancy.

Specific Guidelines for Minor Parent/Baby Placements

The overriding goal of Maternity and Minor Parent/Baby placement is to enhance the youth's parenting ability and strengthen the parent-child relationship. The placement must promote opportunities for youth in care to form secure and stable attachments with their children and to develop to their full potential physically, emotionally, socially, and cognitively.

Both formal and informal interventions must be put in place to facilitate improvements in the youth's protective factors in order to support the youth's parenting and relationship abilities to support the positive connections that the youth and child have with other caring adults, in particular healthy relationships with family members, children's non custodial parent, peers, and Case Managers.

The non custodial parent of the child should share responsibility with the custodial parent for the child's overall welfare, including health, personal development, and support, whenever feasible. Regular contact between young children and their non custodial parent and maternal and paternal relatives must be encouraged when appropriate.

Minor Parent/Baby placements represent two distinct cases: the case of the minor parent and the case of the infant or young children. Whether the child is committed or not, a case for the child must be created and an SAF and an SAF for the child completed as if it is a placement with a service code ending in "C'" for the child corresponding to the custodial parent's service code ending in "P" for parent. This will ensure medical coverage for the child.

- If the infant or young children are committed because of concerns regarding the minor custodial parent's care, placement planning guidelines as well as all the other guidelines for education, physical and behavioral health, Early Intervention assessments, etc. are applicable for the children of the minor mother.
- If only the minor custodial parent is committed, then non safety planning guidelines as well as all the other guidelines for education, physical and behavioral health, Early Intervention assessments, etc. are applicable for the infant or young children.

The CUA CM or other member of the Support Team must:

- Discuss, reinforce, and evaluate quarterly safe sleeping practices and respond otherwise and appropriately when noted outside the quarterly period. Supply a crib if necessary.
- Discuss, model, and reinforce quarterly safe bathing practices and respond otherwise and appropriately when noted outside the quarterly period. Supply water temperature devices if necessary.
- Ensure appropriate child proofing including safety locks on cabinets, appropriate safe storage of dangerous or hazardous materials, safety caps on outlets, etc.

In addition to what is required above, the following must be used:

- The "Pregnancy," "Parenting Babies (0-12 months)" and the "Parenting Young Children (ages 1-5 years)" supplements to the Casey Life Skills Assessment (CLSA) Tool.
- The Edinburgh Postnatal Depression Scale whose goal is to identify youth who may be suffering from postpartum depression and, when indicated, to secure a full mental health assessment and appropriate treatment. This is done between two and six weeks following childbirth, or, if the youth is not placed with the provider during that time, within 30 days of placement for minor mother's. (See also Section VII, Certifications (clearances), Assessments, and Evaluations, "The Edinburgh Postnatal Depression Scale.")
- Pregnancy Prevention and Options counseling to provide the youth with information about the impact of unplanned pregnancy, pregnancy prevention (including abstinence, birth control, and safe sex), and, in the event of pregnancy, the youth's options (including abortion, adoption/transfer of custody, marriage or co-parenting, and single parenting). This can be done through referral to Planned Parenthood. However, the CUA Support Team is responsible for ensuring and documenting that youth have access to additional, specialized, or individualized counseling, or both and services as needed or requested. The Pregnancy Prevention and Options Counseling form is used to document this discussion and must also inform any subsequent Permanency Conference and Single Case Plan Objectives.

Specific Guidelines for Congregate Care Placements

One of the four specified outcomes for the Improving Outcomes for Children System Transformation is a reduction in the use of congregate care. "No research proves that children fare better in congregate care facilities than family care and some studies have shown the outcomes are worse" (Rightsizing Congregate Care, Annie E. Casey Foundation).

Congregate care facilities must be licensed by the Commonwealth of Pennsylvania and fully comply with the 3800 Regulations issued by the Pennsylvania Department of Human Services.

Congregate care must be the placement service of last resort when all other kinship and community resource placements have been exhausted, or there is a Court Order. These efforts to find kin and community resource placements must be documented in ECMS.

- No child under the age of 12 can be placed in a congregate care setting without the express approval of the CUA Director unless it was ordered by the Court.
- All congregate care placements must be approved by the CUA Case Manager Director and the CUA Director.

Congregate care placements are temporary.

- The CUA Supervisor and CUA Case Manager Director must review the progress of youth in congregate care at least monthly with a focus on the progress being made or additional supports necessary to step the youth down.
  - This conference is documented in the Supervisory Log by the CUA Case Manager Director.
- The approval of the CUA Director must be obtained prior to any Permanency Conference where continued congregate care placement will be recommended.
  - Each Permanency Conference in which a congregate care placement is extended must document specifically why the continued placement is in the best interest of the youth **and** what additional efforts and actions are required to obtain a less restrictive setting for the youth by the next Permanency Conference.
- The Permanency Conferences associated with youth in congregate care must focus on eliminating, reducing, and controlling the behaviors which necessitated the placement **and at the same time** locating an appropriate kinship or resource parent that can support the youth and their behaviors in a community setting.
- The CUA Support Team along with the congregate care provider, if subcontracted, is expected to make continued and diligent efforts to locate an appropriate community setting to meet the youth's needs.
  - These efforts must be documented in ECMS.
- All other provisions in the CUA Guidelines are in force if a youth is in a congregate care setting.

Specific Guidelines for Residential Treatment Facility (RTF) Placements

Residential Treatment Facilities provide intensive behavioral health treatment services to children and youth under the age of 18 (or in some circumstances, up to the age of 21) in a residential, group setting. RTF provides the most intensive treatment services for children and youth who present with significant risks in various life domains, as well as severe impairments in social, communicative, and daily living skills.

- Children and youth appropriate for this level of care exhibit behaviors that present a significant risk to the safety of themselves and others.
- These facilities are funded through Community Behavioral Health (CBH) when it has been determined that a youth meets medical necessity for this level of intensive treatment.
  - RTF must be recommended by a Psychiatrist and approved by a CBH Physician. In addition to the psychiatric evaluation and CBH Physician approval, an interagency meeting must occur prior to a youth being placed in an RTF.

It is crucial that CUA CM's to share all relevant information about the child or youth, including the child welfare issues which brought the family to be accepted for DHS services, with the RTF placement facility or hospital where the child or youth is currently placed. This information is critical for assessing the treatment needs of the child or youth so that the most appropriate placement and treatment can be provided.

- CUA CM's must notify their assigned CBH CUA team member, within 1 business day, of a psychiatric hospitalization or RTF placement. This will ensure that coordination of services can begin immediately.

CUA staff will be alerted by CBH or a hospital SW as soon as possible once a youth no longer requires hospitalization or RTF placement and no longer meets medical necessity for this level of care. Once this notification occurs, the CUA staff is responsible for locating the appropriate dependent (child welfare) placement.

- The CUA CM or other staff responsible for locating placement must maintain weekly communication with the CBH CUA team assigned regarding progress or barriers to locating the appropriate child welfare placement.
- When necessary CUAs must utilize their chain of command to assist with locating appropriate placement.
- Continued collaboration and planning between JPOs and CUA CMs is essential to ensure that services are being provided appropriately and objectives are being met. If there is no specific order for DHS or CUA involvement for youth on probation, the case may be closed after consultation with the JPO as long as child protection, child welfare, or dependency issues have been resolved.
- At a minimum of monthly, the JPO and CUA CM are required to collaborate regarding the youth's progress and collaboration around additional needed resources. Discharge planning must take into consideration the youth's and family's strengths, family dynamics, physical and emotional health, educational needs, rehabilitation efforts, and prospects for successful reintegration into the community.

These youth may be either dually adjudicated or adjudicated dependent with a deferred delinquent adjudication. The case remains open with the CUA as long as there is Dependent Court involvement.

Specific Guidelines for Shared Case Responsibility

This applies to youth who are arrested as juveniles who themselves or their families have child protection, child welfare, or dependency issues as well. The youth or family can be:

- Active with DHS for child protection or child welfare services at the time of the arrest.
- Reported to the DHS Hotline by the JPOs when they suspect from their initial assessment that there are child protection, child welfare, or dependency issues with the youth or family and the report is accepted for investigation.

- Reported to the DHS Hotline by the JPOs at any time during their involvement with the youth when they suspect that there is child protection, child welfare, or dependency issues with the youth or family and the report is accepted for investigation.

All youth for whom there is shared responsibility require joint assessment and planning among JPOs, DHS Investigation Workers when applicable, and CUA CMs along with other interested parties. Each using their specific assessment tools, these parties identify family strengths and challenges, safety threats, educational, medical, and behavioral health needs, community safety issues, etc. This is directed towards developing an appropriate plan, securing needed services, identifying resources, articulating outcomes to be achieved and making recommendations to the Court. Planning for youth and families involved with both systems must be done in a consistent, collaborative, and thoughtful manner.

Youth involved with the DHS Children and Youth Division (CYD) and a CUA and who are placed under the supervision of Juvenile Court, interim probation (deferred delinquent adjudication), consent decree, adjudicated delinquent and placed on probation, or adjudicated delinquent and placed in a delinquent setting require continued planning from both CYO and the JPO as long as child protection, child welfare, or dependency issues remain.

These youth have a delinquent order requiring Shared Case Responsibility whether or not they are also adjudicated dependent, are otherwise involved in Dependent Court with a deferred dependent adjudication, or whose families are voluntarily receiving in-home services without Court involvement.

The DHS Investigation Worker, when applicable and the CUA share in planning for arrested youth with whom they are involved in the same manner as they would for youth who have not been arrested, unless relieved of shared responsibility by the Court.

CUA CMs must appear for Delinquent Court hearings along with the JPO.

When there is current CUA involvement and youth are arrested:

- The CUA will continue to serve the family and youth through the delinquent hearing process and thereafter as long as child protection, child welfare, or dependency issues remain.
- The Juvenile Justice Services (JJS) Delinquent/Dependent Unit serves as the liaison between the CUA and the JPO and informs each of the responsible chains of command.
  - CUA CMs and JPOs are responsible for contacting each other in these instances, share information regarding the youth, the family, and the services being provided or planned, and collaborate with other interested parties regarding appropriate planning for the arrested youth.
  - If arrested youth are subsequently adjudicated delinquent and placed on probation, or otherwise placed under the supervision of the JPO (i.e. Crossover Court, interim probation, consent decree) JPOs and CUA CMs, along with other interested parties, collaborate on assessment, planning and making recommendations to the Court regarding the most appropriate disposition for the youth. This will require a face to face meeting.
    - The DHS Teaming Director or designee must be notified so the appropriate Family Team Conference can be scheduled.
  - If the Court Orders delinquent placement JPOs are responsible for securing the placement.

- The DHS Teaming Director or designee must be notified so the appropriate Family Team Conference can be scheduled within the required timeframes.
- The JJS Billing Unit processes payments for the delinquent placement and works collaboratively with the JJS Managed Care Unit which ensures that medical insurance is secured.

▪ If the Court places the youth on probation or defers adjudication and allows the youth to remain at home or in dependent placement JPOs are responsible for monitoring the youth and their compliance with the Court ordered terms of the probation and the JPO Single Plan. CUA CMs include the terms of probation for the youth in the Single Case Plan in order to ensure services to assist the youth with completing the terms of their probation.

- At no time will a CUA close a case or youth on a case simply because they were adjudicated delinquent.

Ongoing CUA CM and JPO Collaboration and Coordinated Supervision:
Youth are adjudicated delinquent and **PLACED IN A DELINQUENT SETTING:**
Case plan consultation between the JPO and the CUA is required **whenever** there is shared responsibility for youth in delinquent placement.

- At no time will the CUA close a case with which they are involved when youth have been adjudicated delinquent and placed in a delinquent placement unless the Court has specifically relieved the CUA of continued responsibility through DHS. The case cannot be closed while a dual adjudication or SCR Order is in place.
- An SCR Order cannot be withdrawn solely based on the type of placement setting. If there were a service need prior to the delinquency adjudication and that service need remains, then the CUA and the JPO will provide services to youth and the family as long as they are necessary.
- After required collaboration between JPOs and CUA CMs and the applicable Family Team Conference, an updated JPO Single Plan, and DHS Single Case Plan are developed to reflect joint case planning.
- Continued collaboration and planning between JPOs and CUA CMs is essential to ensure that services are being provided appropriately and objectives are being met.
  JPOs are required to visit youth in delinquent placement within the first thirty days of placement and every other month thereafter. The CUA CM must visit the youth as per previously stated Guidelines for all placement services and must share information about the visit with the JPO.
- The current **and anticipated** needs of youth determine the continuation or discontinuation of SCR. If either DHS through the CUA or JPO seek to change the status, each party must inform the other and be present at the Court hearing during which the request is made.
  ▪ Both the JPO and CUA must discuss with their respective chain of command the reason for the request. Information documenting the request must be in the case records for both JPO and the CUA.

Youth are adjudicated delinquent or the delinquent adjudication is deferred or they are otherwise placed under the supervision of the JPO **AND REMAIN AT HOME:**
Whenever families have current CUA involvement and youth from those families are arrested, the CUA will continue to serve the family and youth through the delinquent hearing process and, depending on the disposition, thereafter as long as child protection, child welfare, or dependency issues remain.

After required collaboration between JPOs and CUA CM and the appropriate Family Support Conference is held, the JPO Single Plan, and Single Case Plan are developed and must reflect joint case planning. Both documents must be developed within the required timeframes.

- Continued collaboration and planning between JPOs and CUA CMs is essential to ensure that services are being provided appropriately and objectives are being met. If there is no specific order for DHS or CUA involvement for youth on probation, the case may be closed after consultation with the JPO as long as child protection, child welfare, or dependency issues have been resolved.
- If the conditions of the probation are not being met and the JPO is considering placement, the case cannot be closed until the next Delinquent Court hearing. If that hearing results in the youth being placed in a delinquent placement, the youth becomes Shared Case Responsibility and CUA remains involved.

Youth are adjudicated delinquent or the delinquent adjudication is deferred, or youth are otherwise placed under the supervision of the JPO **AND ARE IN DEPENDENT PLACEMENT:**

- After required collaboration between JPOs and CUA CM and the Permanency Conference is held, the JPO Single Plan, and Single Case Plan are developed and must reflect joint case planning. Both documents must be developed within the required timeframes

The Juvenile Justice Services (JJS) Delinquent/Dependent Unit reviews all youth arrested in order to determine whether they or their families are or have been involved with CYD.

When youth are arrested and there is current CUA involvement the JJS Delinquent/Dependent Unit contacts the CUA chain of command, via email, informing them the youth has been arrested, the nature of the arrest, the JPOs name and contact information, and the next Delinquent Court hearing date. The JJS Delinquent/Dependent Unit also contacts the JPO chain of command, via email informing them of the CUA chain of command, their contact information, and the nature of the CUA involvement.

- CUA CMs are expected to contact and collaborate with JPO as soon as possible in advance of the next Delinquent Court date to gather information as a foundation for joint assessment and case planning.

Specific Guidelines for Exercising the Reasonable and Prudent Parent Standard

The Reasonable and Prudent Parent Standard is the standard, characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of children and youth while encouraging their emotional and developmental growth, that a caregiver must use when determining whether to allow children and youth in an out-of-home placement and committed to Philadelphia DHS to participate in extracurricular, enrichment, cultural and social activities.

- Exercise of this standard applies to resource parents, both kinship and foster. It applies, as well, to congregate care facilities which must designate a person or persons responsible in the facility to exercise this standard.

Children and youth in an out-of-home placement must be allowed and afforded an opportunity to engage in, to the greatest extent possible, age-appropriate or developmentally appropriate activities and experiences. Children and youth with a disability or special needs in an out-of-

home placement must have the same access to age-appropriate or developmentally appropriate activities and experiences as the child's or youth's nondisabled peers, even if reasonable accommodations are required.

Caregivers or designated persons in congregate care facilities have the authority to provide or withhold permission for children and youth in their care to participate in and experience age-appropriate or developmentally appropriate activities and experiences. The authority of a caregiver or designated person in congregate care facilities:

- Must be exercised using the reasonable and prudent parent standard and does not conflict with any applicable Court order or any provision in the Single Case Plan (SCP).
- May be exercised without the prior approval of Philadelphia DHS, the CUA, or the Court.
- Plans for any overnight stays or travel must be reported in advance to the CUA CM along with travel details and locations being visited.

When using the Reasonable and Prudent Parent Standard:

- A caregiver or designated persons in congregate care facilities must consider all of the following:
  - The child's or youth's age, maturity and developmental level to maintain the overall health and safety of the child or youth.
  - The potential risk factors to the child or youth or to others and the appropriateness of the extracurricular, enrichment, cultural, or social activity or experience.
  - The best interest of the child or youth, based on information known to the caregiver.
  - The importance of encouraging the child's or youth's emotional and developmental growth.
  - The importance of supporting the child or youth in developing skills to successfully transition to adulthood.
  - The importance of providing the child or youth with the most family-like living experience possible.
  - Any special needs or accommodations that the child or youth may need to safely participate in the activity or experience.
- The child's or youth's wishes, though not determinative, must also be considered.

A caregiver, designated persons in congregate care facilities, Philadelphia DHS, and the CUA or its subcontractors cannot be held liable for harm caused to a child or youth while engaged in an activity or experience approved by the caregiver or designated person in congregate care facilities if:

- The caregiver or designated persons in congregate care facilities has completed the required training relating to the reasonable and prudent parent standard.
- The caregiver or designated persons in congregate care facilities has made a good faith effort to use the reasonable and prudent parent standard in approving the activity or experience.
- The approval does not conflict with any applicable Court Order or any provision in the SCP.

Specific Guidelines for Use of the Interstate Compact on the Placement of Children (ICPC)

IOC Outcomes addressed: more children and youth achieving timely reunification or other permanence; a reduction in the use of congregate care; improved child, youth, and family functioning.

- An Interstate Compact is used for the placement of DHS committed children and youth in another state and for children and youth being placed in Pennsylvania from another state for any purpose.
  - If children and youth are placed in violation of the ICPC, even under Court Order, the receiving state does not have to provide services or supervision. The sending state is fully liable for the placement. The receiving state can require that children and youth be returned to the sending state.
- ICPC requests for out-of-state placements are made electronically by email through the DHS ICPC Unit and can include any of the following situations:
  - Request out-of-state placements.
  - Approve placements in out-of-state kin or resource homes which are under the supervision of DHS contracted agencies.
  - Evaluate kin or resource homes that are relocating from Pennsylvania to another state, known as an Intact Foster Home move or a Regulation 1 move.
- Requesting ICPC Placement. (See also DHS CUA Supports/ICPC for Procedures.)
  - The CUA CM first consults the DHS ICPC Unit regarding what is needed for the particular placement that is being requested.
    - Whenever there is a Court ordered placement of a child or youth in another state, the CUA CM must consult immediately with the DHS ICPC Unit.
  - With the help of the DHS Medical Eligibility and ICPC Units, the CUA CM determines with the placement resource how expenses and medical coverage will be managed for the children and youth.
    - The ICPC Unit and the Medical Eligibility Unit (MEU) work together to obtain and complete the verification of Title IV-E eligibility and the Interstate Compact Financial/Medical Plan.
  - Except for the forms above, the CUA CM submits the additional documentation in the ICPC packet to the DHS ICPC Unit.
- Approval of ICPC Placement.
  - The assigned CUA CM will be notified of the receiving state's approval or disapproval of a placement through the DHS ICPC Unit. **No child or youth may be placed in an out-of-state home until the CUA CM receives written approval from the DHS ICPC Unit, which must receive approval from Harrisburg.**
  - The CUA CM, in consultation with a CUA Supervisor, decides whether to use the approved placement for a child or youth and when to send the child or youth there.
  - The CUA CM makes final plans directly with the receiving agency for the placement of a child or youth, including transportation plans.
  - The CUA CM notifies the DHS ICPC Unit of the date the child or youth was placed, or that the CUA has decided not to use the placement resource using an "Interstate Compact Report on Child's Placement Status" form (ICPC 100B).
    - If the children and youth are Title IV-E eligible, the DHS ICPC Unit will request that the Medical Eligibility Unit process the necessary paperwork to continue the coverage in the receiving state.
    - If children and youth are not Title IV-E eligible, DHS remains responsible for any medical costs not covered by Medical Assistance.
- Post-Placement.
  - After the placement, the CUA CM may communicate directly with the receiving state's Case Manager, but must copy the Interstate Compact Offices through the DHS ICPC Unit and provide copies of any non-electronic documents.

    - All changes to the Single Case Plan are to be reported to the DHS ICPC Unit for transmission to the Interstate Compact Office and the receiving state.
    - Both must consult with their Interstate Compact Offices regarding any changes to the placement plan.
  - The receiving state has the right to return children and youth to Philadelphia if there is a breakdown in the placement or change in planning for the child or youth.
- Supervision and Termination of an ICPC Placement.
  - The receiving state supervises once children and youth are placed.
  - The receiving state provides quarterly reports through Harrisburg to the DHS ICPC Unit and CUA CM until children and youth are discharged.
    - Quarterly reports should document: the condition of the home, child or youth presentation, interaction of the members of the resource home with the child or youth; information on child's or youth's adjustment to the home, community and school; school reports; receipt of medical, dental or eye care; and status of any conditions.
      - If there is any other pertinent information related to the child or youth, that information should also be included in the quarterly supervision report.
  - Custody of children and youth is retained for a minimum of 6 months, or until permanency is achieved.
    - If the CUA CM receives documentation that the receiving state is conducting monthly quality visits, then the CUA CM must conduct a quality visit with children and youth in their out-of-home placement settings every 3 months.
    - If the CUA CM does not receive documentation that the receiving state is conducting monthly quality visits, then the CUA CM must conduct a quality visit with children and youth in their out-of-home placement settings monthly.
  - The CUA CM must notify the Harrisburg Interstate Correspondent, through the DHS ICPC Unit, to confirm termination of any out-of-state placements.
  - If a child or youth has to be moved to another home in the receiving state, a new ICPC request must be completed.

Specific Guidelines for Older Youth Transition

IOC Outcome addressed: improved child, youth, and family functioning.

- The Casey Life Skills Assessment must be completed when youth turn 14 years of age and at intervals determined in the Permanency Conference and contained in the SCP thereafter (see Section V, Single Case Plan Development, Review, and Revisions).
- A Transition to Adulthood CANS must be completed for youth at age 14 (see Section V, Single Case Plan Development, Review, and Revisions).
- All youth 14 years of age or older are referred to the Achieving Independence Center.
- A Youth Transition Plan must be incorporated in the Single Case Plan and its ongoing revisions beginning 180 days prior to a youth turning 16 years of age and thereafter until safe case closure.
- The CUA must ensure that all youth in care 16 years of age and older and not enrolled and participating in the AIC receive a copy of their credit report and any assistance that may be required if there is an issue. This is done annually thereafter until discharge.
- The opportunity to request and receive a Board Extension must be presented to all youth prior to their 18th birthday. The CUA Case Manager and the CUA Support Team Members must work with youth to comply with the requirements of their Board Extension.

- A Discharge Plan must be incorporated into the Single Case Plan and Transition Plan and presented to Court when a discharge of the youth is anticipated.
  - This plan must include ensuring that there is a certified copy of the youth's birth certificate, a social security card, and that the youth obtains either a driver's license or a state issued identification card.
- Youth exiting care must have supports and positive life connections to sustain them through adulthood.
- The CUA must submit the 60 Day Medical Extension form to the DHS Medical Eligibility Unit no later than one business day after the discharge to ensure continuity of medical care for any child or youth being discharged.
  - If youth are discharged between 18 and 21 years of age (that is, was committed to the Department at 18 and anytime until 21) and were receiving Medical Assistance, they are eligible for continued Medical Benefits until age 26 under the Affordable Health Care Act. The CUA completes the SAF to discharge and the 60 Day Medical Extension complete with the address where the youth will live. (See also CUA DHS Support Services/Medical Eligibility for procedures and CUA Forms on DHSConnect.)
- CUAs must be prepared to accept youth who were discharged from care between 17 and ¾ years of age and before they are 21 years of age who have been ordered returned to care by the Court and who meet the requirements of a Board Extension.
  - Returns to care are coordinated through the Achieving Independence Center which will ensure the youth meets the criteria established under statute and through the Law Department file the necessary petition for the Court to rule on the request.
- At discharge, the CUA must document on the Independence Outcome Checklist that they have provided any youth 18 years of age or over with the following documents:
  - A certified copy of the youth's birth certificate.
  - A Social Security card.
  - Information about continuing to receive health insurance and how to apply.
  - Copies of any medical records.
  - A driver's license or a state issued identification card.

Specific Guidelines for Board Extensions

Transition plans for older youth must be presented to Court at permanency hearings. The Court must find that an appropriate **exit** transition plan has been presented before youth 18 years of age through to their 21st birthday can be discharged. An appropriate transition plan includes information about the youth having a place to live, a reasonable means of financial support, and a support system.

- Youth must be informed in the letter inviting them to the first Permanency Teaming meeting following their 17th birthday, that they have the right to request the Judge to continue their commitment to DHS and to have the CUA continue to provide placement, social services, financial support, and the continuation of health insurance, if they meet the criteria specified below. The definition and criteria for a Board Extension must be detailed in the invitation to this meeting and be discussed at that meeting along with the youth's own life goals.
- Qualifying youth must request that the Court retain jurisdiction over them in order to remain in care on a Board Extension while they continue their preparation for independence. A Board Extension remains in place for a maximum of six months and is renewable by Court Order if the criteria continue to be met until the youth turns 21 years of age.

- For youth not choosing to seek a Board Extension, the SCP must detail the necessary actions to be taken to prepare the youth for self-sufficiency and independent living upon leaving placement.
- To qualify for a Board Extension, youth must be adjudicated dependent before 18 years of age and meet at least one of the following criteria:
  - Completing secondary education or an equivalent program.
  - Enrolled in an institution that provides post-secondary or vocational education.
  - Participating in a program actively designed to promote or remove barriers to employment.
  - Employed for at least 80 hours per month.
  - Incapable of doing any of the above due to a documented medical or behavioral health condition that prevents them from meeting any of the above criteria.
- Leading up to and during this period of time, the youth's SCP must incorporate objectives from:
  - The Casey Life Skills Assessment.
  - The Transition to Adulthood Child and Adolescent Needs and Strengths (CANS) assessment.
  - The exit transition plan.
  - Medical or behavioral health treatment plans for conditions that prevent the youth from meeting the other Board Extension criteria.
- Youth must be actively working to meet the objectives on the SCP aimed at addressing any barriers to independent living. Additionally, youth requesting and those already on a Board Extension must:
  - Participate in their Permanency Conferences that result in SCPs.
  - Attend their Court hearings.
  - Use whatever financial resources or scholarships that are available to them to contribute toward the cost of their basic daily living and tuition expenses.
- While on a Board Extension, youth must continue to meet the necessary criteria, provide documentation of their eligibility and inform their CUA CM of any changes or anticipated changes to their eligibility including but not limited to dropping out of school or stopping their treatment program.
- At least every six months, in conjunction with their Permanency Conference and the review and revision of their SCP, the youth's continued eligibility for a Board Extension, their progress towards meeting the objectives in their SCP, and new or ongoing barriers to independence must be discussed. Other factors to be monitored include:
  - The youth maintaining satisfactory performance to meet the institution's, employer's, or agency's minimum requirements for continued enrollment or employment.
  - Abiding by the institution's, employer's, or agency's rules of behavior and code of conduct.
- If circumstances change, eliminating the youth's qualifications for a Board Extension, the Court may revoke it and discharge the youth from care. In addition to no longer meeting the criteria for a Board Extension, being arrested for criminal activity and the use or possession of illegal substances can also result in a termination of the extension by the Court.
  - The CUA CM must consult with the Court Representative in the Law Department regarding whether an early relisting of the case before the Court is necessary.
  - A motion must also be filed to discharge the commitment for the youth, effective as of their 18th birthday, or at the time of renewal if a Board Extension is already in place.

    - If the youth disagrees with the decision to deny or revoke the Board Extension, the Law Department must be notified as soon as the disagreement becomes known but no later than two weeks prior to the next Court hearing.
- CUA CMs are responsible for assisting the youth with applications for financial aid, SSI, or other potential benefits, and to obtain basic documentation including but not limited to a birth certificate, Social Security card or immigration status documentation, and either a driver's license or a non-driver's identification card, this is in addition to assisting youth achieve their SCP objectives and helping to prevent or handle obstacles in obtaining them.
- Payments for a youth's care while on a Board Extension are determined by the youth's living arrangements and the CUA subcontractor if applicable.
    - If the youth is attending school out of the area and living independently, the room and board payment is made directly to the youth.
- All applicable Board Extension forms must be completed by the youth and the CUA CM which include the conditions to which the youth are agreeing by seeking a Board Extension, the youth's statement requesting and justifying the granting of a Board Extension, and their signature. A similar justification must be provided by CUA CM. These together with the latest SCP are to be reviewed and approved or declined up through the CUA Case Management Director. Once all the approvals and signatures have been obtained from the CUA, and the Court has also granted its approval, copies of the documents must to be sent to the Accounts Payable – Fiscal Department at DHS. This must include verification of the youth's participation in an educational program (roster, report card, etc.).

Specific Guidelines for Older Youth Re-entry

- Act 91 allows youth to re-enter care before turning 21 years of age if they were discharged from care three months before their 18th birthday or anytime thereafter and they are:
    - Completing a secondary education or equivalent program.
    - Enrolled in an institution that provides post-secondary or vocational education.
    - Participating in a program actively designed to promote or remove barriers to employment (such as a job skills program).
    - Employed for at least 80 hours per month.
    - Incapable of doing any of the above due to medical or behavioral health conditions that prevent them from meeting any of the listed criteria.
- The Achieving Independence Center (AIC) is the central point of contact for youth requesting to re-enter care. When youth contact their previous CUA, go to the CUA, or call the DHS Hotline requesting to re-enter care, they are to be instructed to call or go to the AIC to speak to the DHS Re-entry Liaison.
- Calls from attorneys should be directed to the DHS Court Representative in the Law Department. When a youth requests re-entry through an attorney or someone else who does not file a motion, the Law Department is to direct them to refer the youth to the AIC.
- When a motion requesting re-entry is filed on behalf of the youth by someone other than the Law Department, the Law Department will contact the Re-entry Liaison to determine whether DHS is currently active with the family, and refer the youth to the AIC.
- When discharged youth go to the AIC seeking assistance, the Re-entry Liaison will determine during an assessment interview what the youth is asking for assistance with, whether they want assistance without re-entering care and such assistance can be provided through the AIC, or whether they are requesting to re-enter care.

- If the youth accepts alternative services and chooses no involvement with DHS, the Re-entry Liaison provides information regarding AIC and Prevention services they can access.
- For all youth requesting re-entry, an assessment must be completed by the Re-entry Liaison which includes a determination as to whether the eligibility requirements have been met and there is the documentation needed to support the request for re-entry.
  - A summary of the assessment includes relevant demographic information such as housing status, current address, contact information, level of current need, and how the youth meets the eligibility criteria.
- The Re-entry Liaison must obtain documentation of how the youth meets the eligibility criteria, such as:
  - School transcripts, rosters, report cards, and proof of enrollment.
  - Pay stubs, work schedules, time sheets, verification of volunteer hours, etc.
  - Letters or other certification of acceptance from employers, programs, doctors, or educational programs.
  - Diagnosis by qualified professionals verifying addiction, medical, or behavioral health conditions.
  - Any pertinent information collected to be included as part of an Act 91 referral packets.
- Family Court makes the decision as to whether a youth may re-enter care. The Re-entry Liaison must contact the Law Department to initiate the youth's motion to the Court to re-enter DHS care.
- If youth requesting re-entry do not appear to meet the criteria, the Law Department determines whether to file a motion and advises the Re-entry Liaison regarding how to proceed.
- The Law Department notifies the Re-entry Liaison of the Court hearing date. The Re-entry Liaison must notify the youth of the Court hearing date, time, and court room.
- For **cases with siblings currently active with the CUA**, the Re-entry Liaison remains the point of contact until the Court hearing. The Re-entry Liaison will email the CUA to notify them that a discharged older youth from a family for whom they are providing services has filed a motion to re-enter care, and that the Re-entry Liaison will be the point of contact until the Court hearing and they will be informed if the Court grants the youth's motion. The Re-entry Liaison faxes the Act 91 referral packet to the CUA within one business day of being notified of the Court hearing date, and the CUA begins a search for placement resources.
- For **closed cases**, the Re-entry Liaison will email the CUA to notify them that a discharged older youth who had been on their caseload has filed a motion to re-enter care. The Re-entry Liaison also scans and emails the Act 91 referral packet to the CUA within one business day of being notified of the Court hearing date, and the CUA begins a search for placement resources.
- Prior to the Court hearing (but no later than three business days before the hearing) the Re-entry Liaison will review the youth's record in ECMS and contact the youth's prior CUA CM for additional information in preparation for the Court hearing.
- The Re-entry Liaison attends the Court hearing. If the Court grants the motion to re-enter care, the Re-entry Liaison must inform the Liaison Unit of the Information, Assessment, and Referral Services (IARS) Section which re-opens the youth's case, and notifies the CUA that a placement resource is needed, including a copy of the Court order.
- The Re-entry Liaison notifies the youth and CUA CM of the Court hearing date.

- The Re-entry Liaison attends the Court hearing. If the Court determines that the youth may re-enter care the Re-entry Liaison notifies IARS so that the case can be re-opened and notifies the Data Services Unit to assign the case to the CUA.
- The CUA CM will attend the Court hearing and identify a placement resource if the Court authorizes re-entry into care.
- If the last known address for the youth is within the geographical area of a CUA, and the youth contacts the CUA for assistance, the CUA will direct the youth to connect with the AIC.
- If the older youth is homeless, the Re-entry Liaison determines if the youth has a resource with whom they may stay, and, if not provides the youth with a list of adult shelters if needed until the Court hearing is scheduled.
- For youth who do not meet the eligibility requirements or whose motion is not granted, the Re-entry Liaison assists the youth by providing information on:
  - Services such as Adult Services, Public Assistance programs through the PA Department of Human Services, Office of Emergency Shelter Services, Supplemental Security Income (SSI), Community Legal Services, etc.
  - Enrolling in vocational, technical, or college programs.
  - Completing high school or similar programs (e.g. GED).
  - Accessing behavioral or medical health care if needed.
- Youth must be advised that if their application for re-entry is granted by the Court, they must notify their CUA and the Court at any time when their circumstances change and they no longer meet the eligibility requirements.

Specific Guidelines for Placement Moves

- **In emergency situations:** when children or youth must be immediately removed from their present placement, the move must occur immediately to ensure their safety. On the same business day, or if after hours the next business day, the CUA CM must notify **both** the Law Department via CUACourtLaw@phila.gov and by phone notify the DHS Court Representatives in the Law Department, and the CUA's assigned CUA Teaming email address. Information must include the name of the children and youth, their former placement address, new placement address, and the circumstances which necessitated the move.
  - The assigned Solicitor or Court Representative in the Law Department will then reach out to the CUA CM or Supervisor.
    - The Solicitor may be required to file a motion. A Court hearing may be required.
  - The Teaming Coordinator assigned will schedule a Placement Stability Conference within three business days and notify the CUA CM, Supervisor, and all parties.
- **In non-emergency situations:** the day a practice decision is made based on what may be occurring in the placement setting or between the kinship or resource parents and the children and youth that a placement move may be necessary, the CUA CM must notify **both** the Law Department via CUACourtLaw@phila.gov and by phone notify the DHS Court Representatives in the Law Department, and the CUA's assigned CUA Teaming email address. Information must include the name of the children and youth, their current placement address, the circumstances which may necessitate a move, and the potential new placement if identified.
  - The assigned Solicitor or Court Representative in the Law Department will then reach out to the CUA CM or Supervisor.
    - The Solicitor may be required to file a motion. A Court hearing may be required.

Specific Guidelines for In-home Aftercare

- During the Closing Family Support Conference, the parent or caregiver must be given information of available community supports that will help insure that the family remains stabilized and potential crises can be averted to prevent the family from returning to DHS for formal child welfare or protection services.
  - The list of supports must be relevant to the issues that brought the family to DHS' attention, as well as any other supports that may be helpful to promote the well-being of the children and youth.
- At a minimum, the parent and caregiver should be given the name and contact information for the CUA Aftercare Worker.
- The duration of the In-home Aftercare Services should be decided at the Closing Family Support Conference but they are not to exceed six months **and are voluntary.**
- At a minimum, monthly phone contact by the CUA Aftercare Worker must be made, unless the family is not willing.

Specific Guidelines for Placement Aftercare

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities; more children and youth achieving timely permanence.

- The CUA must provide Aftercare Services to families who achieve reunification or PLC and discharge from Court unless Court orders otherwise or the family is unwilling to accept continued services. The plan must be developed prior to the permanency.
- Aftercare Services must connect the family to community resources that will support the family's progress and stability after completion of Aftercare Services.
- When the goal is reunification or PLC, the CUA CM develops an Aftercare Plan with the family to support the family in the community and decrease the likelihood of re-entry. This plan is developed as part of a Single Case Plan during a Permanency Conference held 30 days prior to a planned reunification.
- Additionally, 30 days prior to reunification, the CUA CM or Support Team member must:
  - Request from the DHS Liaison Unit criminal and Domestic Relations Court histories and FACTS certifications (clearances) for all adults who live in the home to which the children and youth will return. Reunification cannot be denied solely as a result of these certifications. Any change from reunification must result from documented Safety Threats and the inability to ensure safety through a comprehensive Safety Plan (see Section VII, Certifications (clearances), Assessments, and Evaluations).
  - Work with the reunification resource to have TANF benefits reinstated if they have been cut off because children or youth have been in placement longer than seven months. The Department of Public Welfare policy allows for benefits to be reinstated 30 days prior to a reunification.
- The Aftercare Plan must address the Life domains including:
  - Safety, including a comprehensive Safety Plan if there are active safety threats.
  - Subsistence and Financial Sustainability.
  - Behavioral Health and emotional well-being.
  - Physical Health.
  - Education or Vocational training.
  - Family and community connections.

- The CUA Case Manager must visit the home based on the CUA Practice Guidelines for in-home services based on whether active safety threats exist or not as long as the family remains open with Family Court.
- Families discharged from Court are closed for formal child protection and welfare services. The Aftercare Worker visits the home with the intensity detailed in the Aftercare Plan. **Note:** The Aftercare year for reunifications is based on the reunification date not the date of Court discharge. For PLC, it is the date of the PLC Court Order.
- The CUA Support Team must verify collateral services received by the family, including substance abuse treatment and behavioral health services.
- The CUA must report on Aftercare Services using tools or forms to be provided by DHS.
- Additionally, criminal and Domestic Relations Court histories and FACTS certifications must be requested from the DHS Liaison Unit for all adults who live in the home to which the children and youth will return. Reunification cannot be denied solely as a result of these certifications. Any change from reunification must result from documented Safety Threats and the inability to ensure safety through a comprehensive Safety Plan (see Section VII, Certifications, Assessments, and Evaluations).
- The CUA CM or Support Team member must orient families who adopt on how to access post-adoption services through SWAN.
- Upon discharge, the CUA must submit the "60 Day Medical Extension" form to the DHS Medical Eligibility Unit no later than one business day after the discharge to ensure continuity of medical care for any child or youth being discharged.

See also Section IV, Family Team Decision Making Conferences and Section VIII, Environment, and the DHS Support Services Document.

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IV. Family Team Decision Making Conferences

Overarching Principles

- **Family Team Decision Making Conferences occur throughout the life of a case at key decision making points, including safety and permanency decisions, child or youth placement moves, changes in service, routine review intervals, and case closing.**
- **The four basic types of conferences are:**
  - **Child Safety Conferences.**
  - **Family Support Conferences.**
  - **Permanency Conferences.**
  - **Placement Stability Conferences.**
- **Family Team Decision Making Conferences are the core of all DHS involvement with a family. Any time safety concerns or Court determine that children or youth and their families warrant DHS involvement, conferences serve as the primary gathering of family, friends, and child welfare professionals to inform assessments, discuss options, plan interventions, and make critical safety and permanency decisions. Involvement of the family and those who know the family provides valuable information about the current safety or permanency issues and builds understanding and buy in about decisions and plans made during the conference.**
- **Family Team Decision Making Conferences are children and youth centered, family focused structured meetings. Attendees include: parents, youth 12 years of age or older, any supports identified by the parents or youth including family members, and friends; community resources, Community Umbrella Agency (CUA) and DHS staff, other child, youth, and family serving agencies, and other professionals involved including domestic violence advocates, counsel for parents, children and youth, if they have been identified.**
  - **When domestic violence is identified, separate conferences are held on different dates or times, for the adult victim of domestic violence and the adult who is acting abusively toward the other adult parent to prevent contact.**
- **Family Team Decision Making Conferences are intended to involve all these formal and informal family supports to make critical recommendations and decisions about child and youth safety, permanency, and well-being in a strength based way.**
- **All identified parties are invited to attend, contribute to, and participate in decision making.**

Child Safety Conferences

Purpose: Structured process to make quality safety decisions with the family and create a viable Safety Plan to ensure children and youth are protected from identified safety threats.

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities.

This conference must occur whenever:

- A DHS Investigation Worker - including Intake, Hotline, Sex Abuse Intake, and Multi Disciplinary Team (MDT) - determines that children or youth are either “safe with a plan” or “unsafe” on an investigation.
- Court refers the family to DHS and safety threats are identified.
  - If no safety threats are identified, the case proceeds directly to a Family Support 20 day conference.

At the conference, at a minimum, the following occur:

- The Safety Plan, if applicable, is confirmed or revised by the DHS Investigator.
- If the family is not already accepted for service, a decision is made as to whether or not to accept the family for service. If accepted for service at the Child Safety Conference the DHS Investigation Worker must complete a CUA Service Referral and have it approved within three business days. The CUA begins services upon receipt of the CUA Service Referral.
- A Conference Summary Report is created by the Team Coordinator and Practice Specialist to include any actions outside of safety concerns necessary to maintain the family, based on the conference.

Initiating the Child Safety Conference Request:

- If a DHS Investigation Worker finds that any children or youth are "**unsafe**," placement must occur, and the Safety Conference must be held prior to the Detention Hearing and always within 72 hours of placement. The request for a Child Safety Conference is initiated when the DHS Investigation Supervisor and Administrator approve a CUA Out-of-Home Service Referral in ECMS for emergency placement. Part of the approval process requires the Administrator to assign it to the appropriate CUA. At assignment the CUA and the Teaming Director are notified electronically.
- The CUA assigns a CUA Case Manager (CM) and Support Team, and the Teaming Director assigns a DHS Practice Specialist (PS) and Teaming Coordinator (TC).
- If the DHS Investigation Worker finds that any children or youth are "**safe with a plan**," the Safety Conference must be held within three business days of the DHS Supervisor approving that Safety Assessment. The request for a Child Safety Conference is initiated when the DHS Investigation Supervisor approves a Safety Assessment in ECMS with a determination of "safe with a plan," at which time the appropriate CUA and the Teaming Director are notified electronically. The CUA assigns a CUA CM and Support Team or CUA Community Liaison, and the Teaming Director assigns a DHS PS and TC.
- If the Child Safety Conference is based on a referral received from Family Court and there are existing safety threats, a Safety Conference is scheduled. The conference must always result in an acceptance of the case for formal child welfare and child protection services. If there are no existing threats a Safety Conference is not held.
    - In either instance, the DHS Investigation Worker must complete and submit the appropriate CUA Service Referral in ECMS within three business days of a Court Order or the timeframe set by the Court if earlier. The request for a Child Safety Conference is initiated when the DHS Investigation Supervisor and Administrator approve the CUA Service Referral. Part of the approval process requires the Administrator to assign it to the appropriate CUA. At assignment the CUA and the Teaming Director are notified electronically. The CUA assigns a CUA CM and Support Team, and the Teaming Director assigns a DHS PS and TC.

Prior to the conference:

- Once DHS TCs receive the request for a Child Safety Conference, they must begin outreach efforts to all parties, including mother, father, youth 12 years of age or older, legal parties if they have been identified, the DHS Investigation Worker and Supervisor, and the CUA CM and CUA Supervisor. DHS TCs must also invite DHS support staff as appropriate, including nurses, educational support, psychologists, and attorneys (if already assigned to the case). DHS TCs must make every effort to engage these parties and solicit their participation in the

conference. DHS TCs are responsible to make meeting arrangements, including scheduling the conference for a time and reserving a place most convenient to all parties, particularly the family, and considering any special needs or circumstances. In the event that the conference is pursuant to an Order of Protective Custody (OPC), the DHS Investigation Worker must initiate the outreach efforts because the conference must be held prior to the Detention Hearing and always within 72 hours of placement.

- DHS TCs must document outreach and engagement efforts, updating FACTS[2] as necessary and tracking engagement in the Conference Tool.
- The DHS Team Coordinator will ensure the DHS Nurses are invited to any Safety Conference if:
  - The report was made for medical neglect or the child or youth has significant health care needs that are not being adequately met. This may include but is not limited to children with Failure to Thrive, children or youth with diabetes, Sickle cell, Morbid Obesity, Cerebral Palsy, HIV/AIDS, and premature infants.
  - A child under six years of age was seen in an emergency department or was hospitalized because of physical abuse or an unexplained injury. This includes cases that have been certified as a near fatality.
  - Significant health care needs are identified that are not or have not been adequately addressed.
  - There are concerns that a child or youth has unmet health care needs.
  - A child or youth with complex health care needs is being placed in out of home care, regardless of the quality of their previous health care.

During the conference:

- The DHS PS facilitates the meeting in a manner that ensures that each participant has a role and voice in the process, including providing information and making decisions and recommendations. This will include introductions, identification of purpose, assessment of the current situation, discussion of possible strengths and supports, building consensus towards recommendations and decisions, and recapping and closing the conference.
- Both the DHS Investigator and Supervisor, if at all possible, attend the conference and present safety threats, risk factors, and protective capacities identified in the investigation. However, at a minimum, the DHS Investigation Worker should attend. If the Investigation Worker cannot attend, the Supervisor's attendance is required. The team will have an opportunity to discuss this information, provide feedback and potential additional safety and risk factors as well as protective capacities, and identify additional supports that may be available.
- A CUA CM or Supervisor, or both or a CUA Community Liaison or CUA After Worker, if the family has not yet been accepted for service, participate in this conference and in the development of any Safety Plan that results.
- Parents, any youth 12 years of age or older, and supports as identified by the parents or youth participate in the conference to provide input about the assessment of the current situation, discussion of possible strengths and supports, and recommendations and decisions.

Close of the conference:

- The Safety Conference results in a live decision about the Safety Assessment and Plan, which may be informed by any Assessment or Plan that already exists. The conference is meant to confirm or further strengthen the Safety Plan, or both.
- Additionally, immediate recommendations concerning Court involvement, type of services, and location of the children and youth must be made. The Safety Plan must capture the immediate safety actions.
- Conference recommendations must be recorded in the Conference Tool. The Conference Summary Report, capturing actions to support the recommendations, is printed and distributed at the conference.
- If a decision is made at this time to accept the family for formal child welfare services, if not done prior to the conference, CUA Support Team members may be identified as Responsible Parties in the Safety Plan, and the DHS Investigation Worker must make appropriate CUA Service Referral in ECMS within three business days. The DHS Investigation Worker continues to be responsible for completing the investigation.
- If there is not presently a need for formal child welfare services, community supports as appropriate are identified and the DHS Investigation Worker may be responsible for the continued monitoring of the Safety Plan. The DHS Investigation Worker remains responsible for the investigation and the family until it is determined and disposed. No Family Support Conference is scheduled.
- If the family is or has been accepted for service, the date of the initial Family Support Conference or the initial Permanency Conference must be determined at the conclusion of the conference.
- The conferencing process is structured to reach consensus by the group. Consensus means that all members of the group can accept and live with the proposed decision. When the group does not or cannot reach consensus, the DHS Investigation Worker and Supervisor (when present) makes the decision. If any DHS or CUA staff cannot support the Investigation Worker's decision, they can ask for an appeal and review of that decision by the designated DHS Teaming or Intake Director or above. That review and appeal is immediately held or scheduled. The decision resulting from the review is final.

Family Support Conferences

Purpose: Develop or review a plan that supports families in maintaining children and youth safely in their own homes.

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities.

This conference must first occur within 20 calendar days of a Safety Conference when a CUA Service Referral had been completed prior to that conference or within 20 days of a CUA Service Referral if the family was referred by Court and no safety threats exist. If the family was accepted for service at that Safety Conference the initial Family Support Conference is scheduled 20 calendar days from receipt of the CUA Service Referral from DHS. The CUA Service Referral must be completed and approved by the Administrator within three business days.

- **Upon receipt of the CUA Service Referral, the CUA begins case management services.**
- If the conference has not been scheduled by the 10th calendar day from receipt of the CUA Service Referral or any other conference within the required intervals, the assigned Team

Coordinator, the Practice Specialist, Teaming Administrator, and Teaming Director must be notified by email.

- The Conference must be scheduled upon this notification within three calendar days.
- If the Conference has not been scheduled after the above notification and time frame, the CUA CM must schedule the meeting and notify all parties including the Conference Team by mail with ten calendar days' notice of the meeting time and date.

If the family was not accepted for service at the Safety Conference and at the conclusion of the investigation an accept for service decision is made, a CUA Service Referral must be completed by the DHS Investigation Worker and be approved by the Administrator within three business days.

- **Upon receipt of the CUA Service Referral**, **the CUA begins case management services.**
- The DHS Teaming Director is automatically notified of the request for a Family Support Conference and a DHS Team Coordinator is assigned to schedule the conference within 20 calendar days.

This conference must occur within 20 calendar days of receipt of the CUA Service Referral.

- If the conference has not been scheduled by the 10th calendar day from receipt of the CUA Service Referral, the assigned Team Coordinator, the Practice Specialist, Teaming Administrator, and Teaming Director must be notified by email.
  - The Conference must be scheduled upon this notification within three calendar days.
  - If the Conference has not been scheduled after the above notification and time frame, the CUA CM must schedule the meeting and notify all parties including the Conference Team by mail with ten calendar days' notice of the meeting time and date.

If a family was accepted for services at the initial Safety Conference but a decision is made at the initial Family Support Conference that child protection or child welfare services are not needed the CUA CM needs only to complete the Closing Summary before the service is discharged and the case is closed.

Family Support Conferences are scheduled in three month intervals prior to Court Reviews if applicable, until safe case closure and Court discharge.

It is at this conference that the goals, objectives, and action steps to enhance protective capacities as well as build family protective factors are developed to inform the Single Case Plan (SCP). For children and youth receiving in-home services, an alternate plan must be established, so that if a Safety Plan breaks down, or progress is not being made toward improved safety, the alternate situation can be put immediately in place.

- The DHS Investigation Worker or Supervisor, or both participate in the initial conference. It is facilitated by a DHS PS.
- With the assistance of the CUA Community Liaison or CUA Support Team members, the DHS Team Coordinator is responsible for identifying a location within the community for this conference to occur. The location must consider primarily the needs and convenience of the children, youth, and family.
- Written notice that includes the date, time, and location must be sent a minimum of ten calendar days prior to the conference by the DHS TC. The DHS TC must make additional attempts regarding receipts for invitations when no direct contact has been documented.

- The CUA CM or Supervisor, or both participate in this conference and in the development of the SCP that results from this conference.
- The close of the initial Family Support Conference is the official hand off of the case to the CUA which then retains all responsibility for continued assessment of safety and risk, ensuring the provision of services detailed in the SCP, any necessary revisions of Safety Plans or SCPs, and compliance with all applicable laws, regulations, bulletins issued by the PA Department of Human Services, Office of Children, Youth, and Families (OCYF), and policies issued by DHS.
- Not all subsequent Family Support Conferences will result in a revised SCP, but the SCP must be reviewed and revised at a minimum of every six months from the last SCP and as a result of a Family Support Conference.
- If families are receiving both placement and in-home services, the Permanency Conference schedule is followed.
- The conferencing process is structured to reach consensus by the group. Consensus means that all members of the group can accept and live with the proposed decision. When the group does not or cannot reach consensus, the CUA CM and Supervisor (when present) makes the decision. If any DHS or CUA staff cannot support the decision, they can ask for an appeal and review of the decision by the designated CUA Director. That review and appeal is immediately held or scheduled. The decision resulting from the review is final.

Permanency Conferences

Purpose: Develop or review a plan that supports families moving towards timely reunification or other appropriate permanency option.

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities; more children and youth achieving timely permanence; a reduction in the use of congregate care.

This conference must first occur within 20 calendar days of a Safety Conference then in three month intervals prior to Court Reviews, until safe case closure and Court discharge.

- **Upon receipt of the CUA Service Referral, the CUA begins case management services.**
- If the conference has not been scheduled by the 10th calendar day from receipt of the CUA Service Referral or any other conference within the required intervals, the assigned Team Coordinator, the Practice Specialist, Teaming Administrator and Teaming Director must be notified by email.
  - The Conference must be scheduled upon this notification within three calendar days.
  - If the Conference has not been scheduled after the above notification, the CUA CM must schedule the meeting and notify all parties including the Conference Team by mail with ten calendar days' notice of the meeting time and date.

It is at this conference that the goals, objectives, and action steps to enhance protective capacities as well as build family protective factors are developed to inform the Single Case Plan (SCP). For children and youth in placement, a concurrent goal must also be established.
This conference must first occur within 20 calendar days of a Safety Conference then in three month intervals prior to Court Reviews, until safe case closure and Court discharge.

These conferences must include a discussion regarding the visitation plan for parents or other caregivers and siblings as well as a discussion around affording children and youth in placement the opportunity to engage in, to the greatest extent possible, age and developmentally

appropriate activities and experiences including participation in extracurricular, enrichment, cultural, and social activities as defined by the Reasonable and Prudent Parent Standard (See Section III, Permanency, "Specific Guidelines for Exercising the Reasonable and Prudent Parent Standard" and defined in the Glossary).

- The DHS Investigation Worker or Supervisor, or both participate in the initial conference.
- With the assistance of the CUA Community Liaison or CUA Support Team members, the DHS Team Coordinator is responsible for identifying a location within the community for this conference to occur. The location must consider primarily the needs and convenience of the children, youth, and family.
- Written notice that includes the date, time, and location must be sent a minimum of ten calendar days prior to the conference by the DHS TC. The DHS TC must make additional attempts regarding receipts for invitations when no direct contact has been documented.
  - All youth 12 years of age and over must be invited and are able to select up to two individuals of their choice who are not their resource parent or CUA CM to participate in their planning. Youth must be made aware of this possibility. The selected parties may be rejected if one or both are deemed to not be acting in the best interest of the youth after consultation with CUA CM who will consult with the Supervisor and, if necessary, the Law Department and Child Advocate.
- The CUA CM or Supervisor, or both participate in this conference and in the development of the SCP that results from this conference.
- It is facilitated by a DHS PS who is responsible for explaining to the participants the purpose of the meeting and guiding the discussion to include the CUA CM providing full disclosure to the participants regarding the requirements for concurrent planning and the timely achievement of permanency for children and youth in placement.
- The close of the initial Permanency Conference is the official hand off of the case to the CUA which then retains all responsibility for continued assessment of safety and risk, ensuring the provision of services detailed in the SCP, any necessary revisions of Safety Plans or SCPs, and compliance with all applicable laws, regulations, bulletins issued by the PA Department of Human Services, Office of Children, Youth, and Families (OCYF), and policies issued by DHS.
- Not all subsequent Permanency Conferences will result in a revised SCP, but the SCP must be reviewed and revised at a minimum of every six months from the last SCP and as a result of a Permanency Conference.
- If families are receiving both placement and in-home services, the Permanency Conference schedule is followed.
- The conferencing process is structured to reach consensus by the group. Consensus means that all members of the group can accept and live with the proposed decision. When the group does not or cannot reach consensus, the CUA CM and Supervisor (when present) makes the decision. If any DHS or CUA staff cannot support the decision, they can ask for an appeal and review of the decision by the designated CUA Director. That review and appeal is immediately held or scheduled. The decision resulting from the review is final.

Placement Stability Conferences

Purpose: Increase placement stability and prevent disruptions.

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities; more children and youth achieving timely permanence; a reduction in the use of congregate care.

Placement Stability Conferences occur when a placement is at immediate or imminent danger of disruption. The CUA CM or Supervisor must make the following notifications to both the Law Department and the CUA Teaming Staff.

- **In emergency situations:** when children or youth must be immediately removed from their present placement, the move must occur immediately to ensure their safety. On the same business day, or if after hours the next business day, the CUA CM must notify **both** the Law Department via CUACourtLaw@phila.gov and the CUA's assigned CUA Teaming email address. Information must include the name of the children and youth, their former placement address, new placement address, and the circumstances which necessitated the move.
  - The assigned Solicitor or Court Representative in the Law Department will then reach out to the CUA CM or Supervisor.
    - The Solicitor may be required to file a motion. A Court hearing may be required.
  - The Teaming Coordinator assigned will schedule a Placement Stability Conference within three business days and notify the CUA CM, Supervisor, and all parties.
- **In non-emergency situations:** the day a practice decision is made based on what may be occurring in the placement setting or between the kinship or resource parents and the children and youth that a placement move may be necessary, the CUA CM must notify **both** the Law Department via CUACourtLaw@phila.gov and the CUA's assigned CUA Teaming email address. Information must include the name of the children and youth, their current placement address, the circumstances which may necessitate a move, and the potential new placement if identified.
  - The Teaming Coordinator assigned will schedule a Placement Stability Conference within ten calendar days and notify the CUA CM, Supervisor, and all parties.
  - If the conference is unable to resolve the issue and no additional supports are available or acceptable and the move must occur, the assigned Solicitor will file the appropriate motion. If parties are not in agreement, a Court hearing may be required.

Other moves that have been planned and discussed during prior teamings, for example a move from a resource home to a kinship home once the kin is certified or a move from congregate care to a kin or resource home, **do not** require a placement stability conference. **But,** if the Court has not authorized the potential move in a prior Court Order, the Court authorization is required.

- In these instances where there is no prior Court authorization, the CUA CM must notify the Law Department via CUACourtLaw@phila.gov. Information must include the name of the children and youth, their current placement address, and the potential new placement.
  - The assigned Solicitor or Court Representative in the Law Department will then reach out to the CUA CM or Supervisor.
    - The Solicitor may be required to file a motion. A Court hearing may be required.

This conference must be held within ten calendar days of a determination that a move may be necessary and within three business days of an unplanned move that is not respite care or with the intention of returning the child or youth to the placement within seven days.

- At the time of notice from the CUA that a move may be necessary, and not less than eight calendar days before the meeting date, written notice that includes the date, time, and location of the conference must be sent by the DHS TC. In the event of an emergency move,

verbal and written notice must be provided immediately upon notification from the CUA of the emergency move.

- With the assistance of the CUA Community Liaison or CUA Support Team members, the DHS Team Coordinator is responsible for identifying a location within the community for this conference to occur. The location must consider primarily the needs and convenience of the children, youth, and family.
- The DHS TC is responsible for providing appropriate and timely written and verbal notification to all the parties of the meeting date, time, and location.
- If a Placement Stability Conference results in the revision of the SCP, the next SCP is required to be revised again within six months.
- Visits with the parents and the placed children and youth and the introductory meeting with the parents and the resource parents or facility staff are to occur within two and five business days respectively unless this was a planned move and these introductions have already occurred.
- The conferencing process is structured to reach consensus by the group. Consensus means that all members of the group can accept and live with the proposed decision. When the group does not or cannot reach consensus, the CUA CM and Supervisor (when present) makes the decision. If any DHS or CUA staff cannot support the decision, they can ask for an appeal and review of the decision by the designated CUA Director. That review and appeal is immediately held or scheduled. The decision resulting from the review is final.

Case Closing Conferences

Purpose: Timely safe case closure.

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities; more children and youth achieving timely permanence.

Outside of the regular conference intervals, if the CUA believes that safety threats have been mitigated and the case can move to safe case closure and there is no current Dependent or Delinquent Court involvement that would preclude the closure, the CUA Case Manager Director notifies the DHS Teaming Director so that a Closing Family Support Conference can be scheduled within ten business days.

- This conference must include decisions regarding Aftercare Services for the family that are then reflected in the Teaming form completed to record the meeting. It will focus on continued efforts to ensure protective factors are in place for the family. Community and other resources connected to the Aftercare Plan will be identified. This Aftercare Plan will be discussed during the Closing Family Support Conference. It will detail the community supports the family can access as well as actions which the family will continue to take.
  - The list of supports must be relevant to the issues that brought the family to DHS' attention, as well as any other supports that may be helpful to promote the well-being of the children and youth.
- A closing Safety Assessment and Risk Assessment are completed prior to the meeting.
- If the decision is that the case can proceed to safe case closure, the CUA then completes the Service Authorization form to discharge the service; the CUA CM completes a Case Closing Summary, sends a closing letter, and closes the case within ten business days.
- If a family receiving in-home services moves out of the jurisdiction, a closing conference is not required. If issues remain, then the jurisdiction to which the family moved must be notified. The CUA then completes the Service Authorization form to discharge the service;

the CUA CM completes a Case Closing Summary, sends a closing letter, and closes the case within ten business days. If the move did not allow for an Aftercare Plan to be developed, the closing letter must provide the contact information of the Aftercare Worker and explain to the family that if they return and are in need of services to contact the Aftercare Worker.

A Case Closing Conference is not required:

- If during the course of case management services, it is found that children or youth or both in a specific home are safe but the case continues to require services due to safety threats that remain active at a different home (e.g. where a sibling resides, etc.), the specific children and youth residing in the home where the safety threats were mitigated may be closed, unless prohibited by Court Order, if applicable. Since only specific children or youth within the case will be closed, not the case, a Case Closing Conference is not required.
- If some children and youth are in placement and threats are ameliorated for children and youth who remained in or returned to the home, those may be closed without a closing conference as well unless otherwise prevented by Court Order, if applicable. Since only specific children or youth within the case will be closed, not the case, a Case Closing Conference is not required.
- When the Court Order is going against what the CUA Case Manager (CM) is recommending. While a case being discharged or closed at the bar of the Court should not be a surprise to the CUA staff, discharges do occur against parties recommendations. If the family wants no Aftercare services, at a minimum, contact information for the Aftercare Worker and Supervisor, and the CUA should be given to the family. Or, if they are willing to accept Aftercare, a plan must be developed with the CUA CM and the Aftercare Worker at a closing visit held within two weeks.
    - The CUA CM must document in an SPN the reason for the Court's closing and the dissemination aftercare information or planning meeting.
    - The CUA CM must close the case within 30 days of the Court discharge.
    - On a monthly basis, CUAs are to report to the IOC Chief Implementation Officer and IOC Implementation Program Manager any cases that were discharged by Court against the recommendations of the CUA by case name, DHS #, Courtroom, Judge, and date so that the Department can track cases reentering the system based on these judicial decisions.

In other instances, prior to a hearing, once the CUA Case Manager and Supervisor determine that there are no safety threats in the home, a Service Authorization Form is completed to a change the service to Non-Safety, unless the current Court Order prohibits such. An early relist to the hearing may be requested upon consultation with the Court Reps in the Solicitor's Office.

Also, because there was a significant change in the situation of the children and youth (safety threats mitigated, etc.), a Family or Permanency Conference is to be requested and should occur prior to the hearing. At this conference, the lack of safety threats and service change is to be discussed. Revisions to the Single Case Plan must be discussed and implemented.

The CUAs Court recommendation of discharging and closing the case due to the lack of safety threats at the upcoming hearing must be discussed during this conference as well as aftercare planning. The SCP should incorporate an Aftercare plan if the family wishes the service.

If at the hearing, the Court approves the CUA recommendation and discharges the case for closing, and an Aftercare plan was incorporated in the SCP, the Family or Permanency Conference that was completed prior to the hearing is considered the Closing Conference and no other meeting is needed. The Aftercare plan will go into effect, unless the family rejects the service or the Court orders otherwise.

- The CUA CM must close the case within 30 days of the Court discharge.

If the Court does not accept the CUAs recommendation of closing and discharging the case, the Single Case Plan remains in effect and non-safety services resume unless the Court orders otherwise. On all other Court involved cases that are closed or discharged at the bar of the Court, the family should be presented with the option of having a Closing Conference and receiving Aftercare services.

Family Group Decision Making Meetings

In 2015, the First Judicial District of Pennsylvania, Court of Common Pleas, Family Division – Juvenile Branch has initiated a pilot program to incorporate the use of Family Group Decision Making for families whose cases were being heard in Family Court at the point of adjudication of dependency. Families will be identified and engaged by the FGDM Providers, It Takes a Village and A Second Chance, Inc., and offered an opportunity to participate in a FGDM meeting. Participation by families is voluntary. If they agree, the FGDM Provider will coordinate and facilitate a meeting within the FGDM model. Assigned CUA team staff should expect to be invited to participate in the meeting.

The FGDM Providers who identify and engage families to participate in the pilot must inform them verbally and in writing that FGDM is completely voluntary. The FGDM Providers must also communicate with the CUA case management staff who are present for the hearing. If FGDM Providers are not able to do so at that time, they must contact the assigned CUA staff within five business days. The FGDM Providers must provide assigned CUA staff with an overall description of the FGDM process and be available to answer any questions that the assigned CUA staff may have regarding Family Group Decision Making. Assigned CUA staff should encourage family participation in the FGDM process and point out the benefits of FGDM to families.

When a CUA-involved family agrees to participate in a pilot FGDM meeting, the FGDM Provider will notify the DHS Teaming Director's office. The DHS Teaming Director's assistant will also inform the assigned Teaming Coordinator and Practice Specialist that the next ongoing Family Team Conference will be replaced by a Family Group Decision Making meeting.

The FGDM Provider must communicate with and invite the CUA case management team, the assigned DHS Teaming staff, and other involved professionals to participate in the professionals' portion of the meeting. The FGDM Provider must coordinate the professionals' portion of the meeting with the assigned CUA case management team's schedule. The assigned CUA Case Manager or Supervisor must attend any FGDM meeting which they have agreed to attend; assigned DHS Teaming staff are encouraged to attend FGDM meetings to which they have been invited if they are able. If assigned CUA staff are unable to attend the professionals' portion of the meeting, the FGDM Provider should obtain their input and communicate it to the other professionals in attendance.

Family Group Decision Making meetings for CUA-involved families that are held as part of this pilot will substitute for the next ongoing Family Team Conference after the 20-day conference. Subsequent Family Team Conferences will occur consistent with the timeframes set out in the CUA Practice Guidelines.

- Any decisions, other than adding action steps, which affect the objectives in the Single Case Plan, must be documented by CUA staff as a revision to the Single Case Plan.
- If the FGDM meeting replaces a Family Team Conference at which the SCP is required by regulation and the CUA Practice Guidelines to be reviewed and revised, and the Single Case Plan is not reviewed, CUA staff must schedule a meeting for this purpose separate from the FGDM meeting.

If a scheduled FGDM meeting does not occur because the family does not attend the meeting to which they agreed, the FGDM Provider will reschedule the meeting to occur within ten calendar days. If the re-scheduled meeting fails to occur, the DHS Teaming Director will be notified immediately by the FGDM Provider so that the Philadelphia DHS Teaming staff can schedule a Family Team Conference within ten calendar days of the rescheduled meeting.

When the FGDM meeting occurs for a CUA-involved family, the FGDM Provider must share the FGDM plan with the assigned CUA case management team and the Philadelphia DHS Teaming Coordinator so that the information can be documented in ECMS and the Teaming And Management Interface (TAMI) tool.

The FGDM Provider must share the FGDM Plan with the CUA CM and the DHS Teaming Coordinator so that information can be uploaded into ECMS and into TAMI.

See also, Section VI, Family Court and the Law Department, "Court Orders."

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V. Single Case Plan Development, Review, and Revisions "One Family, One Plan"

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities; more children and youth achieving timely permanence; a reduction in the use of congregate care.

Single Case Plans (SCPs) are always the result of either a Family Support Conference or a Permanency Conference. They are never an isolated document created without family involvement.

The SCP must be individualized to meet the needs of the children, youth, and family.

For children and youth in placement, a concurrent goal must be established in the initial plan. For children and youth receiving in-home services, an alternate plan must be established in the initial plan, so that if a Safety Plan breaks down, or progress is not being made toward improved safety, the alternate situation can be put immediately in place.

Detailed objectives and action steps for both the primary and concurrent or alternate goal must be developed and, if applicable, reviewed and revised at the Family Support or Permanency Conference based on progress, or lack thereof. Newly identified concerns, including but not limited to, the identification of new Safety Threats, medical, behavioral health, educational, and environmental issues require objectives and actions steps to be discussed at the conference and documented in a revised plan.

The plan must also include actions the CUA will take to identify kin, if children and youth are placed in non-relative resource homes or congregate care settings particularly if the youth is 16 years of age or older with a goal of Another Planned Permanent Living Arrangement (APPLA). Additionally, the plan must detail the child's or youth's opportunities for participation in extracurricular, enrichment, cultural, and social activities and for youth 14 years of age or, over opportunities to gain experience in mastering skills needed to transition to successful adulthood and managing freedom and responsibility.

For youth 16 of age with a goal of APPLA, the plan must detail intensive, ongoing efforts for family placement, including efforts to locate biological family members using search technologies and social media. The plan must also detail whether a significant relationship exists for the youth, who that person is, what the relationship looks like, and that the person has at least verbally agreed to serve in such capacity. If a relationship has not yet been identified, the efforts to be made by the CUA toward supporting or establishing a significant relationship for the youth must be included in the plan.

With the assistance of the CUA Community Liaison or CUA Support Team members, the DHS Team Coordinator (TC) is responsible for identifying a location within the community for this conference to occur. The location should consider the needs and convenience of the children, youth, and family primarily. The DHS TC is responsible for scheduling a time convenient to the parties for this conference, if not already done at the conclusion of the Safety Conference and notifying the parties. Written notice must be sent a minimum of ten calendar days prior to the conference that includes

the date, time, and location. The DHS TC must make additional attempts to contact regarding receipts for invitations when no direct contact has been documented.

The DHS Investigation Worker or Supervisor, or both participate in the Family Support or Permanency Conference at which the initial SCP is developed. It is facilitated by a DHS Practice Specialist (PS).

The DHS TC documents the goals and objectives determined during the conference that will be outlined in the SCP. Parties for whom goals and objectives have been established are given a document outlining their responsibilities at the close of the meeting.

- If no Safety or Risk Assessment were available to the CUA, they are completed after the Family Team or Permanency Conference by the CUA CM, prior to the completion and supervisory approval of the SCP.
- The CUA CM completes the details of the SCP including the specific action steps related to each objective agreed upon at the teaming and receives supervisory approval within ten calendar days from the date of the conference.
  - Adding action steps does not require a new conference or a new SCP.
- CUA staff is responsible for obtaining signatures on the plan by hand-delivering and explaining the **relevant sections** of the plan to parents or caregivers, and youth 14 years of age and over and obtaining their signature or documenting their refusal to sign during their next visit with each of them.
- The plan then must be mailed or emailed (if not personally given) to the parents, youth 14 years of age and over, the professional parties involved including the subcontractors within ten business days after receipt of signatures above. Those who receive the plan personally must sign a receipt if they are not signing the signature page at that time. Those receiving the plan by mail must include a cover letter as proof of timely distribution.
  - Parents and all other parties with objectives are to receive the signature page and **only** their objectives and the objectives related to their children, including child objectives, CUA objectives, subcontractor objectives, etc. Youth 14 years of age or older receive their objectives, their parents' objectives, and any objectives of others as they are related to the youth. Parent and Child Advocates receive the whole plan including the demographic page. To ensure confidentiality, no one else receives the demographic page.
    - The SCP must be reviewed to assure that in cases of domestic violence, an abusive partner will not have access to information that would be harmful. Examples of this information would include disclosures of abuse and a description of where an individual will be at any given time.
- When applicable, the SCP must be filed with the Court. The CUA is responsible for notifying the DHS Court Representative in the Law Department that the plan is available electronically so the Law Department can do the necessary filing.
- If, during the course of their work with a family, CUA CMs identify other issues that need to be addressed which may require additional objectives, these objectives will be included in the next conference if the parent is amenable to working with CUA CM.
  - CUA CM will document in Section 3 of the Structured Progress Note (SPN), namely: "Information about progress made in the SCP and/or other significant information, to include risk factors." Any new objectives to be added in the upcoming Teaming Conference must be included here along with the CUA CMs work around them.

    - These new objectives are then discussed at the next scheduled teaming and, if appropriate, added to the revised SCP.
- If the parent or caregiver is not amendable to working on the identified issues, the CUA CM, if appropriate, will make a report to the Hotline. If Hotline rejects the report or the concern does not rise to the level of being reported to the Hotline, the CUA CM will contact the Court Representative in the Law Department who will consult with the City Solicitor regarding the situation and the Law Department will decide whether a petition needs to be filed, or if the case is Court involved, an early relisting of the case is necessary.
- If there is no need for an intervening review and revision of the SCP, it must be reviewed and revised not less than every six months from the date the family was accepted for service or last revision per the 3130 Regulations. A minimum of 30 days prior to a revised SCP being due, the CUA CM is responsible for notifying the DHS TC of the need for a conference to review and revise the SCP.
- The benefits of SWAN Services must be explored at every Permanency Conference including the initial one and those after that are held to review and revise the Single Case Plan. SWAN referrals must be initiated based on OCYF Policy. Referrals should be made as soon as possible based on the concurrent goal in the Single Case Plan. Referrals are made through the DHS SWAN Liaison Unit and must be made in a timely way so that the profile requested can be completed within the required timeframes.
    - If SWAN referrals have not been initiated by the sixth month of placement, documentation must be made as to why such services are not appropriate.
    - Child profiles must be completed within 90 days and family profiles within 120 days from date of SWAN referral. If profiles are being completed by an affiliate that is not the CUA itself, efforts to ensure timely completion must be documented.

Specific Guidelines for Goal Selection

Single Case Plan (SCP) goals must be considered in order of precedence. Each prior goal must be ruled out by substantiating why it is not in the best interest of the child or youth. The order of precedence for SCP goals from first to last is:

- Stabilize Family and Prevent Placement.
- Reunification.
- Adoption.
- Permanent Legal Custodianship (PLC).
- Placement with a Fit and Willing Relative.
- Another Planned Permanent Living Arrangement (APPLA).
    - The goal of APPLA cannot be used for children and youth under the age of 16.

Concurrent planning is the ongoing process of actively working on two permanency plans at the same time. Concurrent planning requires the CUA to simultaneously establish and execute two permanency goals with objectives to achieve those goals so that if the primary permanency goal cannot be achieved, the concurrent goal can be implemented right away.

Any goal change requires that CUAs seek, provide, and exhaust all available resources to support the current goal, using routine supervision and consultation with the Law Department. Goal changes must be discussed at Family Team Conferences, but they ultimately need to be presented and approved at Court. All efforts, supervision, and consultations must be documented in the case record in ECMS.

When goal changes are being considered, use these questions as a guide:

- Have all efforts been made, including family finding services by the Team Coordinator and the CUA CM, FGDM, SWAN Services, and Permanency Teamings to rule out the prior goal?
- Have all efforts been made to locate kin as potential permanent resources for the child or youth?
  - Efforts to locate kin must be made annually and documented in ECMS.

Stabilize Family and Prevent Placement:
When DHS becomes involved with a family and accepts that family for services, the first goal is always to maintain children and youth safely in their own homes whenever possible. Although a concurrent goal is not necessary an alternate plan must be developed. At the initial Family Support Conference DHS, the CUA Support Team, and the family must recognize that absent effective preventive services being provided, children and youth are at imminent risk of removal from their homes, and kinship or resource home care would be the planned service. This is expressed in writing on the SCP under the children or youth's sections. All objectives and action steps must be concrete, measurable, and directed toward the specific goal of stabilization. The SCP has a section wherein CUAs should note the objectives and action steps that would be taken in an emergency when children and youth cannot safely remain in their own homes.

- At all times efforts to locate appropriate kin and placement with kin is the preferred alternate plan. Kin is very broadly defined as an individual who has a relationship with a child, youth, or their family. This individual is related through blood or marriage, is a godparent as recognized by an organized church, is a member of their tribe or clan, or has a significant positive relationship with the child, youth, or their family.

Reunification (Return Home):
If children or youth must be removed from the care of their parents or caregivers, initially the primary goal is always reunification and the concurrent goal is always adoption unless aggravated circumstances exist or the youth is 12 years of age or older and is unwilling to consent to being adopted. The Law Department must be consulted regarding whether reunification can be excluded as the initial goal.

- Objectives and action steps on the SCP must be concrete, measurable, and directed toward a specific goal. Objectives supporting reunification are based on the results of Risk and Safety Assessments and informed by the FAST, and, if applicable, CANS assessments.
- Objectives and action steps must also be developed and acted upon to support the concurrent goal of adoption.

Adoption:
When children or youth are removed from the care of their parents or caregivers, state law mandates that DHS file a petition to terminate parental rights if either of the following situations exists:

- The children or youth have been in placement for at least 15 out of the last 22 months.
- The Court has determined that aggravated circumstances exist and that reasonable efforts to prevent or eliminate the need to remove children and youth from the home or to preserve and reunify the family need not be made or continue to be made.

UNLESS any of the following situations exists:

- The children or youth are being cared for by a relative best suited to their welfare.

- DHS has documented a compelling reason for determining that filing a petition to terminate parental rights would not serve the needs and welfare of the children or youth.
- The children or youth's family has not been provided with necessary services to achieve their safe return home within the timeframes set forth in the SCP. These are known as reasonable efforts.

When the primary goal is changed to adoption, the concurrent goal becomes PLC.

- Objectives and action steps on the SCP must be concrete, measurable, and directed toward each goal.

Potential adoptees 12 years of age or older must consent to the adoption. If age-appropriate youth refuse adoption, CUA staff must fully explore what the youth's reasons are for refusing this option. If youth refuse adoption after the matter has been fully explored with them, another permanency goal will have to be determined. The refusal should be explored at each Permanency Teaming with the youth to account for the possibility that they could change their mind.

Permanent Legal Custody (PLC):
If adoption is ruled out by the Court for reasons described above, the primary goal becomes PLC and the concurrent goal becomes Placement with a Fit and Willing Relative or APPLA for youth 16 years of age or over. A Court may award legal custody of a child or youth to an individual, including a relative, whom the Court finds to be qualified for the child or youth's permanent legal custodian. This custodian will have the right to the physical custody of the child or youth, to secure their ordinary medical care, and to provide for the "care, protection, training and education, and the physical, mental, and moral welfare of the child." At the same time the Court will define additional conditions around the relationship, including addressing temporary visitation rights of the parents. The parents will be referred to the Court of Common Pleas/Domestic Relations for child support and for continuing visitation matters.

- Objectives and action steps on the SCP must be concrete, measurable, and directed toward each goal.
- For children 12 years of age or younger, the Permanency Conference must discuss why a goal of PLC is appropriate.
  - The CUA Director must complete and submit the Request for Special Permission to change a permanency goal to PLC after teaming and conferencing the case with the Law Department.
  - No recommendation to change the goal to PLC is to be presented at Court until the permission is received.

Placement with a Fit and Willing Relative:
If adoption and PLC have been ruled out by the Court and when the child is placed with a fit and willing relative or a fit and willing relative is being explored and where return to the child or youth's parent, guardian or custodian, being placed for adoption or being placed with a legal custodian is not best suited to the safety, protection and physical, mental and moral welfare of the child or youth this goal is selected.

Another Planned Permanent Living Arrangement (APPLA):
If reunification, adoption, PLC, and placement with a fit and willing relative have been ruled out by the Court, the primary goal becomes APPLA and there becomes no concurrent goal. This is considered a failure on the part of the child welfare system and the CUA.

- Objectives and action steps on the SCP must be concrete, measurable, and directed toward a youth obtaining independence.
- Efforts must continue to locate permanency resources for any youth with a goal of APPLA and presented to Court at each Permanency Review.
- The plan must also detail intensive, ongoing efforts for family placement, including efforts to locate biological family members using search technologies and social media. The plan must also detail whether a significant relationship exists for the youth, who that person is, what the relationship looks like, and that the person has at least verbally agreed to serve in such capacity. If a relationship has not yet been identified, the efforts to be made by the CUA toward supporting or establishing a significant relationship for the youth must be included in the plan.
- This goal **cannot** be used for children and youth under 16 years of age.

Specific Guidelines Regarding Reasonable Efforts, Aggravated Circumstances, Compelling Reasons
The law and DHS policy require that all reasonable efforts be made to:
- Maintain children and youth in their own home whenever possible.
- Locate appropriate relatives or other kin if placement outside the home of origin is necessary.
- Place siblings together.
- Maintain placed children and youth in their current school.
- Maintain placed children and youth in their communities.
- File or seek to join a petition to terminate parental rights and to concurrently identify, recruit, process, and approve a qualified family to adopt the children or youth if children or youth have been in placement for 15 out of the previous 22 months. This occurs in consultation with the Law Department. There are exceptions but they are very few and specific. Also, depending on the circumstances, the exceptions might require filing a petition.

In order to ensure the safety, well being, and permanence of children and youth, the following three concepts must be considered and adhered to:
- Reasonable Efforts.
- Aggravated Circumstances.
- Compelling Reasons.

Reasonable Efforts:
DHS and the CUA Support Team must identify all problems which led to placement or which can prevent placement and offer services to the family to address the problems. The CUA remains responsible for seeing that the services are provided. Services must be timely and intensive.
- In the event placement cannot be prevented, relatives and kin must be considered first as placement resources. Relatives with whom children or youth are not placed are still given the opportunity to participate in the care of the children or youth. Relatives can also be added to the SCP to assist with expediting reunification, being an alternative respite placement, and being a life connection resource.
- Efforts to locate relatives and kin must be made annually and documented in ECMS.

Ongoing efforts must be made to provide permanence for children and youth in placement. These efforts include identifying, locating, and engaging parents, relatives, and kin whenever placement is necessary. Resources to support such efforts include, but are not limited to, Permanency Conferences, Family Group Decision Making (FGDM), Family Finding, and the use of other search

tools. These efforts support decisions around the appropriate goals for children and youth in placement.

There are three types of reasonable efforts that must be determined over the course of the life of a case. They are whether or not DHS through the CUA made reasonable efforts to:

- Prevent the removal of children or youth from their home.
- Reunify children, youth, and family if temporary placement has become necessary to protect children or youth because safety threats exist.
- Make and finalize a concurrent permanency plan if children and youth cannot be reunited.

In determining what efforts are reasonable and in making those efforts, the health and safety of the children and youth must be the paramount concern.

If the agency reasonably believes that reasonable efforts should be made even though there are aggravated circumstances, the agency can make a recommendation to the Court that reasonable efforts to reunify the family should be made.

Aggravated Circumstances:
Rather than waiting for the 15th of the past 22 months requirement to take effect to move towards adoption, the law requires that if the Court agrees that one of the following aggravated circumstances exist AND that reasonable efforts do not need to be made, DHS, via the Law Department, is to file or seek to join a petition to terminate parental rights within 30 days of such a finding. The Law Department must be consulted about the possible existence of any aggravated circumstance immediately if any are suspected.

Aggravated circumstances, defined in the Juvenile Act, are considered any of the following:

- An abandoned child.
- Serious bodily injury.
  - The child or another child of the parent has been the victim of physical abuse by the parent resulting in serious bodily injury.
- Sexual violence.
  - The child or another child of the parent has been the victim of sexual violence by the parent. Sexual violence is any of the following:
    - Rape, indecent contact as defined in 18 Pa. C.S. 3101 (Relating to Definitions).
    - Incest or using, causing, permitting, persuading or coercing the child to engage in a prohibited sexual act as defined in 18 Pa. C.S. 6312(A) (Relating to Sexual Abuse of Children).
    - A simulation of a prohibited sexual act for the purpose of photographing, videotaping, depicting on computer or filming the involved child.
  - Sexual violence does not require a criminal conviction of the perpetrator.
  - Sexual exploitation is not considered to be sexual violence.
  - Sexual violence is a criminal matter; it does not fall under child abuse and neglect laws.
- Aggravated physical neglect.
  - The child or another child of the parent has been the victim of aggravated physical neglect by the parent.
- Parental conviction for certain crimes.

- This situation occurs when a parent has been convicted of any of the following crimes where the victim was a child:
  - Criminal homicide under 18 Pa. C.S. Ch. 25 (Relating to Criminal Homicide).
  - Felony under 18 Pa. C.S. 2702 (Relating to Aggravated Assault), 3121 (Relating to Rape,) 3122.1 (Relating to Statutory Sexual Assault), 3123 (Relating to Sexual Assault) or 3125 (Relating to Aggravated Indecent Assault).
  - Misdemeanor under 18 Pa. C.S. 3126 (Relating to Indecent Assault).
  - An equivalent crime in another jurisdiction.
  - The attempt, solicitation, or conspiracy to commit any of the above offenses.
- Involuntary termination of parental rights to another child.

Compelling Reasons:
There are two kinds of compelling reasons and they must be specific to the particular child or youth:

- Those for determining that filing a petition to terminate parental rights would not serve the needs and welfare of children and youth. These include but are not limited to:
  - Adoption is not the appropriate permanency goal for the children and youth.
  - No grounds to file a petition to terminate parental rights exist.
  - The child or youth is an unaccompanied refugee minor as defined in 45 CFR 400.111.
  - There are international legal obligations or compelling foreign policy reasons that would preclude terminating parental rights.
- Those that are specifically for determining if APPLA is the most appropriate goal for the youth and that reunification, adoption, PLC, and placement with a fit and willing relative have been considered and justifiably ruled out. Examples of such compelling reasons are:
  - The case of an older youth who specifically requests that emancipation be established as their permanency plan.
  - The case of a parent and children and youth who have a significant bond but the parent is unable to care for children and youth because of an emotional or physical disability and the resource parents have committed to raising the children and youth to the age of majority and to facilitate visitation with the disabled parent.
  - The Tribe has identified another planned permanent living arrangement for Native American children and youth.

Putting the above concepts together, if either of the following situations exists DHS must then file or seek to join a petition to terminate parental rights and to identify, recruit, process, and approve a qualified family to adopt children and youth:

- The children or youth have been in placement for at least 15 out of the last 22 months.
- The Court has determined that aggravated circumstances exist and that reasonable efforts to prevent or eliminate the need to remove children and youth from the home or to preserve and reunify the family need not be made or continue to be made UNLESS any of the following situations exists:
  - The children or youth are being cared for by a relative best suited to the welfare of the child.
  - DHS has documented a compelling reason for determining that filing a petition to terminate parental rights would not serve the needs and welfare of the children or youth.
  - The children or youth's family has not been provided with necessary services to achieve their safe return home within the timeframes set forth in the SCP. These are known as reasonable efforts.

The Court Representative in the Law Department can be consulted for more detailed information regarding Reasonable Efforts, Aggravated Circumstances, and Compelling Reasons. They must also be consulted regarding the Indian Child Welfare Act for specific guidelines governing the adoption of American Indian children and youth from the child welfare system.

Specific Guidelines for Filing the SCP with the Court
By law, the SCP for **placement** cases must be filed with the Court.

Once the CUA CM completes the SCP and the CUA obtains or attempts to obtain the required signatures, the signature page is uploaded into ECMS.

- Once both the plan and the signature page upload are completed, an email is sent to CUASingleCasePlan@phila.gov as notification that both are available for filing with the Court.
  - The subject line of the email must read: SCP for DHS #XXXXXX Suffixes…… is available for filing with the Court.
  - The naming convention for the signature page of the SCP when uploaded in ECMS must be: SCP Signature Page-Case ######-Suffix-mm.dd.yyyy.

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VI. Family Court and the Law Department

- **The Juvenile Branch of Family Court of Philadelphia has jurisdiction over dependent and delinquent children and youth.**
- **The Department and CUA become involved with the Juvenile Branch in one of four ways:**
  - **By DHS requesting and receiving an Order of Protective Custody (OPC) for the purpose of placing any child or youth at imminent risk in their home of origin.**
  - **By formally petitioning the Court with respect to cases of alleged abuse, neglect, or dependency because the Department or the CUA believe the circumstances warrant Court intervention.**
  - **By responding to a referral or an order from a Common Pleas Court Judge requesting DHS intervention.**
- **Petitions brought to Court by the Department are filed in the Family Court Division of the Court of Common Pleas for Philadelphia by the City Solicitor's Office/Law Department of the City of Philadelphia.**
- **Cases are assigned to Solicitors working under the supervision of the Divisional Deputy within the Law Department.**

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities; more children and youth achieving timely reunification or other permanence; a reduction in the use of congregate care.

Court Hearings

- If an Order for Protective Custody (OPC) is granted, it is the responsibility of the DHS investigative SW to notify parents or caregivers of the time and location of shelter care hearing once the OPC is granted.
- It is the responsibility of the Law Department to notify all parents or caregivers any petition or motion filed in Court. This includes all dependency petitions and motions to change goals.
- It is the responsibility of the CUA to notify parents, caregivers, children, youth, and resource parents of any regularly scheduled Court hearings except as described above.
  - This written notice must include the date, time, and Court room, and be sent via both regular and certified return mail if not personally given.
- Subcontractors may be called The CUA CM or Supervisor must appear and testify at all Court hearings unless specifically excused by previous Court Order or the assigned Law Department Attorney. They must be prepared to testify as to the progress of <u>both</u> the primary plan and the concurrent plan.
- The CUA CM or Supervisor must be available to prepare for Court with the Solicitor. Solicitors will schedule a phone conference within the week before the hearing to discuss the case and ensure the availability of the CUA CM or Supervisor.
  - The CUA CM and Supervisor should use the Court Preparation Check list as a guide in their preparation for testifying in Court and the Court Report. The CUA CM completes the Court Report in ECMS at a minimum of two business days before the hearing. The CUA Supervisor, upon approval, notifies the DHS Court Representative in the Law Department that the report is complete and available in ECMS.
  - CUA Case Management staff must spend a minimum of a half a day per month observing their staff in Court and providing feedback to the Case Manager and Supervisor regarding their observations.

- Subcontractors may be called upon to testify to safety or any other matters as Providers currently are called upon. Solicitors will notify the CUA CM, and, if necessary, subpoena the subcontractor.
- At every Permanency Hearing for children and youth in placement, the CUA CM or Supervisor must be prepared to testify as to the efforts made since the last Permanency Hearing to identify, locate, and engage relatives and kin and the Court must make a ruling regarding those efforts.
- Additionally, the CUA CM or Supervisor must be prepared to testify as to the child's or youth's opportunities and participation in extracurricular, enrichment, cultural, and social activities and for youth 14 years of age or over opportunities to gain experience in mastering skills needed to transition to successful adulthood and managing freedom and responsibility.
- For youth over the age of 16 with a goal of APPLA, CUAs are required to continue and record the intensive, ongoing efforts for family placement, including efforts to locate biological family members using search technologies and social media. At each permanency hearing the Court must make a ruling on:
  - Whether a significant relationship exists for the youth, who that person is, what the relationship looks like, and that the person has at least verbally agreed to serve in such capacity. If a relationship has not yet been identified, the efforts made by the CUA to support or establish a significant relationship for the youth must be reported.
  - Why APPLA is still the best permanency plan for the youth.
  - Efforts made toward finding a permanency goal for the youth.
  - Compelling reasons why it is not in the best interest of the youth to be returned home, adopted, placed with a Permanent Legal Custodian, or with a fit and willing relative.
  - The regular and ongoing efforts made by the agency to engage the youth in age or developmentally appropriate activities.

Orders for Protective Custody

- Children and youth can never be removed from their home of origin without an order by the Court. If there is a need to get an Order of Protective Custody (OPC) to remove children and youth from their home of origin:
  - Anytime **there is apparent and imminent danger,** the CUA CM must contact the Police Department for immediate assistance and transport by the Police to 1515 Arch Street.
  - The CUA CM or Supervisor must contact the DHS Hotline if there is no apparent and imminent danger. (See also Section III, Permanency, "Placement of Children or Youth when the CUA had been Providing In-home Child Welfare or Child Protection Services.")
  - If an OPC is granted to DHS, DHS staff must be involved in the removal of the child from the home of origin.
- A petition must be filed whenever an OPC is granted. A Legal Assistant or Solicitor from the Law Department will contact the DHS Investigation Worker, the CUA CM, the CUA Supervisor, or all if necessary to gather the relevant facts to be alleged in the petition.

Court Orders

- It is the responsibility of the CUA and the CUA Support Team to comply with all Court Orders.
- Decisions regarding appeal of Court Orders are made by the Law Department. The CUA CM or Supervisor must consult with the DHS Court Representative regarding any issues

pertaining to the ability to comply with a Court Order or its appropriateness within one business day of the order or an indication that the CUA may be unable to comply.

- The Court must approve any planned placement moves and must be informed of unplanned or emergency placement moves.
  - The CUA CM or Supervisor must notify the DHS Court Representative in the Law Department if a move is planned so that the appropriate motion can be filed.
  - In the case of an emergency move, the DHS Court Representative in the Law Department must be contacted within 24 hours so that the necessary motion can be filed within the required time.

See also Section IV, Family Team Decision Making Conferences, "Placement Stability Conferences."

Specific Guidelines for Filing the SCP with the Court

By law, the SCP for **placement** cases must be filed with the Court.

Once the CUA CM completes the SCP and the CUA obtains or attempts to obtain the required signatures, the signature page is uploaded into ECMS.

- Once both the plan and the signature page upload are completed, an email is sent to CUASingleCasePlan@phila.gov as notification that both are available for filing with the Court.
  - The subject line of the email must read: SCP for DHS #XXXXXX Suffixes…… is available for filing with the Court.
  - The naming convention for the signature page of the SCP when uploaded in ECMS must be: SCP Signature Page-Case ######-Suffix-mm.dd.yyyy.

Consultation

- For consultation regarding Court related issues, DHS Court Representatives, located in the Law Department, are available to CUA CMs or Supervisors. Based on the issue, the Court Representative will facilitate a conversation with the appropriate staff in the Law Department. The Court Representative will then direct the CUA CM about actions required based on the issues that are mandated by law, regulation, or policy.
- If a family is not currently Court involved, this consultation may result in the need to file a dependent petition in order for the Court to order a family's cooperation with services.
- If a Permanency Conference results in a recommendation to change the SCP goal for any child or youth from reunification, a petition must be filed with the Court. The CUA CM and Supervisor must discuss the case with the assigned Solicitor or Legal Assistant so the appropriate petition can be filed in a timely way.
- If there is a request for information and there is any doubt regarding whether information may be released, DHS Court Representatives must be consulted.
- Requests to review case records and subpoenas for case records are to be directed to the DHS Court Representatives and through them, to the Department Chief. The Law Department must review and redact case records prior to release.
- CUA CMs may sign for **routine** medical care for a committed child or youth. They must consult with the Law Department whenever possible before signing the consent.

Placement Moves

- **In emergency situations:** when children or youth must be immediately removed from their present placement, the move must occur immediately to ensure their safety. On the same business day, or if after hours the next business day, the CUA CM must notify **both** the Law Department via CUACourtLaw@phila.gov and by phone notify the DHS Court Representatives in the Law Department, and the CUA's assigned CUA Teaming email address. Information must include the name of the children and youth, their former placement address, new placement address, and the circumstances which necessitated the move.
  - The assigned Solicitor or Court Representative in the Law Department will then reach out to the CUA CM or Supervisor.
    - The Solicitor may be required to file a motion. A Court hearing may be required.
  - The Teaming Coordinator assigned will schedule a Placement Stability Conference within three business days and notify the CUA CM, Supervisor, and all parties.
- **In non-emergency situations:** the day a practice decision is made based on what may be occurring in the placement setting or between the kinship or resource parents and the children and youth that a placement move may be necessary, the CUA CM must notify **both** the Law Department via CUACourtLaw@phila.gov and by phone notify the DHS Court Representatives in the Law Department, and the CUA's assigned CUA Teaming email address. Information must include the name of the children and youth, their current placement address, the circumstances which may necessitate a move, and the potential new placement if identified.
  - The assigned Solicitor or Court Representative in the Law Department will then reach out to the CUA CM or Supervisor.
    - The Solicitor may be required to file a motion. A Court hearing may be required.

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VII. Certifications (clearances), Assessments, and Evaluations

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities; more children and youth achieving timely reunification or other permanence; a reduction in the use of congregate care.

Criminal, ChildLine, Domestic Relations Court History, and FACTS Certifications

Criminal and ChildLine certifications are accessed through the DHS Liaison Unit.

FACTS certifications are accessed through the DHS On-site Support Worker.

Except for initial placements initiated by a DHS Investigation Worker, the CUA CM must contact the DHS Liaison Unit and the DHS On-site Support Worker for the appropriate certifications for all adults and youth 14 years of age or older when an emergency kinship caregiver and household are identified. The Child Abuse and Criminal certifications can only be accessed if the adult has a signed consent.

- Placement with an Emergency Kinship Caregiver must comply with all OCYF Regulation and corresponding Bulletins in effect. (See also, Section II, Permanency, "Specific Guidelines for Emergency Kinship Care Placements".)

For temporary moves with Safety Plan caregivers, new adults in a Safety Plan caregiver home, recommending that the Court grant Temporary Legal Custody to an identified custodian, or recommending unsubsidized PLC:

- CUA CMs must request from the DHS Liaison Unit ChildLine certifications and obtain Criminal and Domestic Relations Court histories on all potential caregivers and all other household members, 18 years of age or older, including anyone who stays in the home for a total of 30 days or more during the year in the following circumstances:
  - If the certifications produce a result indicating a criminal history, prior PFAs, or Domestic Relations Orders, the assigned DHS Social Work Services Team, up to and including the SW Administrator, must conference the implications of the findings. This discussion should include a consultation with the DHS Court Representative in the Law Department regarding the extent and implications of any DR Court Orders. If a record indicates that a potential caregiver has an active bench warrant, the team **must** consult with the Law Department.
  - If the clearance checks indicate a prior DHS history or history of child welfare involvement in another jurisdiction, the implications of these findings must be discussed between the CUA CM and Supervisor. No child or youth can be placed in the home of any Safety Plan caregiver:
    - Where any person has been flagged in FACTS[2] "Party Detail" screen as having a past history of inappropriate behavior as a caregiver or resource parent.
    - Where there is either a CYD or JJS open case or any pending investigation.
- The existence of any of these factors, except as prohibited above, does not automatically forbid temporary placement with a caregiver as a Safety Plan or prevent recommending that Temporary Legal Custody or unsubsidized Permanent Legal Custody be granted to an individual.

- Careful and thoughtful consideration must be given to the nature of the crime, the age of the person at the time the act was committed, how long ago the incident occurred, the sentence given, and current assessment of their protective capacities.
- Additionally, there must be a discussion of whether and how the information impacts safety, risk, protective capacities, service planning, service delivery and, if applicable, permanency outcomes for any children and youth.
  - The information must be included in the appropriate domains of the SPN, inform the safety assessment process, and be addressed in any Safety Plan that may be required.

For Planned Reunifications:

- At least 30 days prior to reunification, Criminal and Domestic Relations Court histories and FACTS certifications must be requested from the DHS Liaison Unit for all adults who live in the home to which the children and youth will return. Reunification cannot be denied solely as a result of these certifications. Any change from reunification must result from documented Safety Threats and the inability to ensure safety through a comprehensive Safety Plan. (See also Section III, Permanency, "Specific Guidelines for Aftercare.")

The Family Advocacy and Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) Assessments

The FAST and CANS provide a structured way to gather information related to the domains of Parent Functioning, Adult Functioning, Child Functioning, and Discipline. Additionally, information collected from the FAST and CANS helps to assess parents' protective capacities. The information gathered must support the determinations made in both the Safety and Risk Assessments and inform the Single Case Plan in the form of objectives and action steps.

For in-home service cases the FAST is completed by the CUA CM or Outcomes Specialist for all household children and youth and all caregivers listed on the Safety Assessment.

The CANS tool is completed in addition to the FAST for any child or youth ages five to 18 who remain at home whenever four out of six of the following items in the "Child Functioning" section of the FAST score a two or a three for that child or youth only. These items are:

- Physical/Medical status.
- Mental Health status.
- Intellectual/Developmental.
- Self-Regulation Skills.
- Social Functioning.
- School.

For placement cases the FAST is completed by the CUA CM or Outcomes Specialist for all children and youth in placement and all caregivers listed on the Safety Assessment and on other children and youth who remain at home if they are receiving services. For cases with a Court goal of Adoption or PLC the FAST is not completed. The CANS is completed for every placed child or youth ages five to 18.

A Transition Age Module is completed for youth 14 years of age or older.

Prior to the teaming conference the CUA CM must consult as indicated below if the following items score a two or a three on the FAST. These consultations can occur prior to supervisory approval.

- Caregiver's Mental Health: consultation with DHS Psychologists.
- Caregiver's Intellectual/Development: consultation with DHS Psychologists.
- Child's Physical/Medical: consultation with the DHS Nurses.
- Child's Mental Health Status: consultation with DHS Psychologists.
- School: consultation with the DHS Educational Support Center.

The CUA CM will inform the DHS Teaming Coordinator as to whether the DHS Psychologists, the DHS Nurses, or the Education Support Center should be invited to participate in the conference.

Intervals:

- For new cases, the initial FAST, when applicable, must be completed prior to the CANS, if a CANS is required. The assessments must be completed within 60 days after the placement of a child or youth or within 60 days of receipt of the referral to the CUA for in-home services.
  - If there are any significant factors that affecting the safety of children or youth a teaming must be requested and the Single Case Plan revised to address those concerns.
- Ongoingly, the FAST and CANS, if applicable, are completed after the Safety and Risk Assessments within the 30 days prior to a Teaming Conference in which the Single Case Plan is created or revised. They must be approved within ten calendar days by the CUA Supervisor or before the Teaming Conference if scheduled sooner.
  - These assessments must be brought to the teaming.
- As part of the closing process, the FAST and CANS, if applicable must be completed after the Safety and Risk Assessment and Closing Teaming Conference if one is required.
- For cases with a Court goal of Adoption or PLC the FAST is not completed. However, the CANS must still be completed for each child and youth in placement ages five to 18 until case closure.

Certification:

- CUA CMs, Supervisors, or other CUA Support staff with a bachelor's degree if they are to be assigned this duty must be certified to complete both the FAST and the CANS and must renew that certification annually.

Ages and Stages Questionnaire (ASQ)

- This assessment is completed for all children 5 years of age or younger. If scores require intervention, a referral is made to the appropriate Early Intervention (EI) Provider based on the child's age. Children who do not require referrals for EI services must have follow-up screenings based on the ASQ Interval schedule.
  - Objectives and action steps around identified issues must be included in the Single Case Plan.

Casey Life Skills Assessment

- This assessment is completed for both in-home and placement cases when a youth turns 14 years of age or by the second Family Support or Permanency Conference if the youth is 14 years of age at the time of the receipt of the CUA Service Referral. The results must be

addressed and intervals for reassessment must be decided at Family Support or Permanency Conferences at which a revised SCP is developed. It is the responsibility of the CUA to have this assessment completed by any appropriate staff including the CUA CM, the Outcomes Specialist, and Life Skills Coaches.

- For in-home services cases, the CUA CM must encourage the primary caregiver and the youth to complete the assessment and assist them if they are willing but require assistance.
- Objectives and action steps around identified issues must be included in the Single Case Plan.
- Specialized supplemental assessments are available and CUAs are to use them when appropriate. These include:
  - Healthy Pregnancy.
  - Parenting.
  - Gay, Lesbian, Bisexual, Transgender, and Questioning Youth.
  - Homeless youth.
  - Native American.
  - Education.

Medical Assessments

- The CUA CM must obtain pertinent medical history and complete the Basic Health Information form for all active children and youth within 30 days of receipt the CUA Service Referral. This form must be updated when medical issues arise or change, or annually if no issues have been identified once a child is 24 months old. For infants it should be revised during the following schedule for pediatric visits: every 6 weeks for birth to 6 months, every 3 months for ages 7-23 months and yearly for every child 24 months and older..
  - Objectives and action steps around identified medical health needs must be included in the Single Case Plan.

See also Section X, Physical Health.

The Edinburgh Postnatal Depression Scale

- The scale is to be used for case mothers or youth who have given birth receiving in-home services and youth receiving Mother/Baby placement services. The scale helps to identify women or youth who may be suffering from postpartum depression and, when indicated, to secure a full mental health assessment and appropriate treatment. This is done between two and six weeks following childbirth, or within 30 days of placement.
  - Scores in the range of ten or higher indicate moderate or high risk for PPD. The CUA CM must explain to the youth the need for further evaluation, encourage the youth to consent to it and, if necessary, treatment from an appropriate primary care or mental health provider. The CUA Support Team must ensure the youth receives prompt further evaluation and treatment if necessary, and must continue to closely monitor the youth's condition.
  - If the youth scores between 8 or 9, it is considered borderline. The CUA CM must explain to the youth their possible risk for postpartum depression and should encourage the youth to consent to obtain further evaluation and, if necessary, treatment from an appropriate primary care or mental health provider. The tool should also be administered in the next 30 days to further clarify the youth's risk level.

- The completed and scored Postpartum Depression Screening form must be scanned into the appropriate folder of ECMS. Follow-up discussions with the youth and efforts to arrange further evaluation and treatment, if applicable, must also be appropriately documented.

Forensic Psychological Evaluations and Consultation: DHS Psychology Unit

Forensic psychological evaluation and consultation services are available to the CUA through the Psychology Unit in the DHS Center for Child and Family Well-being. The Psychology Unit is staffed by licensed and school certified Psychologists with extensive experience in psychological testing, evaluation, treatment of sex offenders and survivors of sexual abuse and family violence in clinical, educational, and forensic settings.

Forensic evaluations are often needed when the social work teams have specific questions about parental role functioning and the impact of behavioral health and developmental conditions on a parent's capacity to provide structure, supervision and nurturance to their children. Caregivers referred for forensic psychological evaluation may include those with suspected intellectual disabilities, psychiatric disorders, and high risk cases where children have been severely injured or sexually abused by a caregiver. Forensic evaluations answer questions about children's safety, permanency, and well-being and include:

- Parenting Capacity.
- Bonding.
- Supervised therapeutic visits.
- Evaluations of sexual abuse and sexual behavior issues, including sex offenses of parents, children, or youth.

These evaluations conclude with recommendations that if not implemented may impact permanency planning and the safety of children and youth. The DHS Psychologists provide consultation with specific directions on how to implement the findings of evaluations.

The CUA CM **must** consult the Psychology Unit whenever the Court Orders an evaluation for any of the following:

- Parenting Capacity Evaluation.
- Bonding Evaluation (to assess parent-child relational behavior).
- Supervised Therapeutic Visits.
- Adult Psychosexual Services/Sex Offender.
- Forensic Behavioral Health Consultations.
- Other Court ordered evaluations, for example, psycho-educational testing.

See also Section XI, Behavioral Health, "Mandatory Consultation with the DHS Psychologists."

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VIII. Environment

Overarching Principles

- **The home should be free of violence.**
- **The utilities should be operable (heat, gas, electricity, water, etc.).**
- **There must be adequate and nourishing food in the home.**
- **There must be appropriate safe sleeping and bathing arrangements.**
- **The home must not be infested with pests or vermin.**
- **The home must be free from fire, health, or structural hazards that pose a safety threat.**
- **The home must be lead free or free from flaking and chipping paint.**

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities.

Specific Guidelines for In-home Services

- The CUA Support Team must ensure and document monthly and the CUA CM at least quarterly:
  - Every floor and room in the entire house is seen and evaluated on a monthly basis making certain that:
    - All doors leading outside of the house are able to be locked or otherwise secured.
    - There are cribs for infants and beds for each child and youth.
    - There are working smoke detectors, fire extinguishers, and carbon monoxide detectors.
    - Chemicals and drugs are stored properly away from children and youth.
    - Firearms are locked and ammunition is stored separately in a locked container.
  - When there are children in the home two years of age or younger or when a new baby is born to a family, the CUA CM must:
    - Discuss, reinforce, and evaluate quarterly safe sleeping practices and respond otherwise and appropriately when noted outside the quarterly period. Supply a crib if necessary.
    - Discuss, model, and reinforce quarterly safe bathing practices and respond otherwise and appropriately when noted outside the quarterly period. Supply water temperature devices if necessary.
    - Ensure appropriate child proofing including safety locks on cabinets, appropriate safe storage of dangerous or hazardous materials, safety caps on outlets, etc.
  - Parents or current caregivers must be provided with the following resources:
    - Mobile Crisis number and contacting procedures.
    - Suicide Prevention Hotline number.
    - Poison Control number.
    - Smoke detectors and fire extinguishers.
    - Police Department number and contacting procedures.
    - Drug and Alcohol Intervention numbers and contacting procedures.
    - Philadelphia Domestic Violence Hotline number (1-866-723-3014).
    - Car seats appropriate to the age and weight of the children if the family drives.
- The home must be accessible to children and youth with disabilities or appropriate referrals for obtaining accessibility, including engaging the HMO, must be pursued.
- The CUA Support Team must have an understanding of and assist families with accessing:

    - All the supports and services identified in the SCP.
    - Shelter and low-income housing options.
    - Energy assistance programs.
    - Food stamps, Share Program, etc., and assistance with budgeting.
    - Food banks.
    - Domestic violence services for victims and perpetrators.
  - Homes with issues of infestation, structural damage (unless it poses an immediate threat to safety), lead, non functioning utilities, etc. are not issues that necessarily require the removal of children or youth but are issues that the in-home service is to address and remediate with the family though concrete goods funding, energy assistance programs, TANF benefits, etc.
  - The CUA Case Manager will discuss the importance of having a land line telephone in each home and provide information regarding low cost phone connection. The CM will ensure that an emergency communication plan is put in place, including neighbors, friends, and family in close proximity, through whom emergency responders and the caregiver can be reached.

Specific Guidelines for Placement Services

  - Ensure that the placement is least restrictive and whenever possible situated geographically in the community. There must be documentation of these efforts and continued efforts.
  - No placement home can have infestation, structural damage that poses an immediate threat to safety, lead (unless being treated), non functioning utilities, fire, or other safety hazards.
  - There must be adequate and nourishing food in the home.
  - The home must have an operable phone in the residence at all times.
  - Homes must be smoke free.
  - The child or youth's sleeping area must be seen on a monthly basis.
  - For resource and kinship placements, the CUA CM must ensure and document at least quarterly that:
    - Every floor and room in the entire house is seen and evaluated making certain that:
      - All doors leading outside of the house are able to be locked or otherwise secured.
      - There are cribs for infants and beds for each child and youth.
      - There are working smoke detectors, fire extinguishers, and carbon monoxide detectors.
      - Chemicals and drugs are stored properly away from children and youth.
      - Firearms are locked and ammunition is stored separately in a locked container.
    - When applicable safe sleeping practices are discussed, reinforced, and evaluated and respond otherwise and appropriately when noted outside the quarterly period. Supply a crib if necessary.
    - When applicable safe bathing practices are discussed, reinforced, and evaluated and respond otherwise and appropriately when noted outside the quarterly period. Supply water temperature devices if necessary.
    - When applicable ensure appropriate child proofing including safety locks on cabinets, appropriate safe storage of dangerous or hazardous materials, safety caps on outlets, etc.
    - The home has the following resources:
      - Mobile Crisis number and contacting procedures.
      - Suicide Prevention Hotline number.
      - Poison Control number.

- Smoke detectors and fire extinguishers.
- Cribs, water temperature devices, outlet covers, as applicable.
- Police Department number and contacting procedures.
- Drug and Alcohol Intervention numbers and contacting procedures.
- Philadelphia Domestic Violence Hotline number (1-866-723-3014).
- *Sleeping Safely* brochure, if applicable.
- Car seats appropriate to the age and weight of the children if the resource family owns or will transport children in a vehicle.

- For congregate care placements, the CUA CMs must ensure and document at least quarterly during the monthly Quality Visit that:
  - They see the place where the child or youth sleeps and make a visual inspection of the common areas of the placement setting including the kitchen, dining area, any recreation rooms or TV rooms, and the bathroom the child or youth uses.
- Resource Homes must meet all the requirements of an approved adoptive placement.
- Resource Parents must be willing to work with the reunification resource to ensure that children and youth can reunify in a timely way. At the same time, resource parents must be willing to consider being a permanency resource for children and youth placed in their care.
- If a minor has a baby or children in her care as a Mother/Baby placement the CUA CM and Support team must:
  - Discuss, reinforce, and evaluate quarterly safe sleeping practices and respond otherwise and appropriately when noted outside the quarterly period. Supply a crib if necessary. Cribs must be used for all infants 24 months or younger. After that, they must be used until the child can pull up or is taller than 35 inches, or both.
  - Discuss, model, and reinforce quarterly safe bathing practices and respond otherwise and appropriately when noted outside the quarterly period. Supply water temperature devices if necessary.
  - Ensure appropriate child proofing including safety locks on cabinets, appropriate safe storage of dangerous or hazardous materials, safety caps on outlets, etc.

Specific Guidelines for Use of Safe Families, Discretionary, and In-home Aftercare Funding
These funds are not simply an emergency fund, but are to be used strategically to advance four critical child welfare outcomes:

- Keeping children and youth safely in their homes (Safe Families and Discretionary Funds).
- Maintaining safe case closure (In-home Aftercare Funds).
- Reuniting children and youth with their families in a timely manner (Safe Families and Discretionary Funds).
- Achieving permanency through adoption or permanent legal custodianship (Discretionary Funds).

Safe Families Funding:
This includes but is not limited to:

- Day and overnight respite.
- Homemaker care.
- Informal respite (baby-sitting services).
- Structured afterschool and summer activities not already funded by other sources.

Emergency Funds:
(Please see the DHS CUA Support Services document for procedures for accessing the Emergency Fund.)
Making decisions about the use of this fund is critical and must be based on the sustainability of the living situation or other issue that needs to be addressed once the funding is applied.
Discretionary Funding includes but is not limited to:

- Rent for long-term lease, rent arrears, or both.
  - Copy of Lease (must be at least a one year agreement) and a copy of Housing Inspection License is the required documentation for the auditing of these expenditures.
- Mortgage Arrears.
  - This is for families who own their own home or if they are living with a relative or kin who owns the home assurance that the family will be able to continue to live in the home. Copy of the mortgage bill and letter of assurance if the home is not owed by the family is the required documentation for the auditing of these expenditures.
- Utility deposits or arrears.
  - Documentation of payment agreement for utility arrears from utility company or a letter from the utility company stating why an agreement will not be given is the required documentation for the auditing of these expenditures.
- Plumbing, roofing, electrical, heating, windows, window screens, fire safety devices, banisters, locks, doors, one time cleaning or junk disposal, or pest control.
  - Depending on the service, the required documentation for the auditing of these expenditures may include:
    - Proof of ownership and relationship.
    - Copy of Contractor's License (only licensed contractors may be used).
    - Bill or quote for equipment and services to be performed. Include company's tax ID number or social security number if payment is to be made to an individual performing the repair.
    - For expenditures over $1,000.00 three estimates must be obtained and the lowest bid selected.
  - Refrigerators (a receipt with the family case names on it is the required documentation for the auditing of these expenditures).
  - Clothing expenditures.
  - Layaway document describing the items to be purchased or receipts is the required documentation for the auditing of these expenditures.
- Beds and cribs: twin beds and bunk beds only (a receipt with the family case names on it is the required documentation for the auditing of these expenditures).
- Other expenses deemed appropriate for this funding at the discretion of the CUA with appropriate documentation for the auditing of the expenditure.

In-home Aftercare Funding:
These funds are to help families who were receiving in home services maintain safe case closure once child welfare and child protection services are no longer needed and the case is closed with the CUA. These funds are applied to the Discretionary Fund and can be used in the same way.

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IX. Education

Overarching Principles

- **Children and youth attend school daily.**
- **Children and youth perform at least satisfactorily in their subjects and have the necessary educational supports to assist them with performing at least satisfactorily (e.g. tutoring, out of school time programs).**
- **Children and youth should remain in their school of origin.**
- **Children and youth should receive all educational supports they need, be tested, and receive an IEP if necessary.**
- **Children and youth must be assessed for developmental delays and, when indicated, referred for early intervention services.**

IOC Outcome addressed: improved child, youth, and family functioning.

Guidelines for All Services

- Complete Ages and Stages Questionnaire (ASQ) when applicable and make referrals for Early Intervention when indicated and ensure that information and concerns about the child's development are communicated to the parents or caregiver and resource parents, if applicable.
- Refer for child care and Head Start, etc.
- Contact all schools, daycares, and Head Start to obtain academic and developmental progress within two weeks and visit the facility within the first 60 days and thereafter as needed based on attendance, performance, behavior issues, and objectives in the Single Case Plan.
  - Appropriate objectives must be included in the SCP for any child or youth with more than six unexcused absences or a "D" or an "F" in any subject.
- Arrange for academic supports, such as tutors, out of school time programs and early education resources.
- Advise parent and caregiver about psychoeducational testing and IEP. Facilitate parent, caregiver, and reunification resource participation in IEP meetings.
- Ensure that IEP is being implemented.
- Assist parents and caregivers with advocating for children and youth so they receive all necessary educational supports.
- Make referrals for necessary evaluations for school-based behavioral health services as needed and identified.
- Ensure that children and youth have any uniform the school requires.
- Ensure proper transportation to maintain school stability.
- Obtain a FERPA consent from the parent or caregiver.
- Obtain current report card and attendance record prior to any Family Support or Permanency Conference and include, if necessary, objectives and action steps in any SCP developed.
- Every effort must be made to avoid making appointments or scheduling meetings for children and youth during school hours.

Specific Guidelines for Placement Services

- If children and youth cannot remain in their school of origin, they must be enrolled in school within one business day of the placement and any required uniform obtained within two business days of the placement.
- Advise parents that they continue to have the right to make educational decisions for their children and have the right to attend the IEP, other school meetings, and other school-related activities.
- Utilize the Education Support Center (ESC) within one business day if there is difficulty with maintaining school stability, transfer efforts, transportation, or performance issues.
- Consultation with the ESC prior to children or youth being transferred from one school to another.
- When appropriate the CUA CM must request that the School District appoint a Surrogate Parent as an education decision maker for children and youth whose parents are unable or unwilling to act in this capacity.

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X. Physical Health

Overarching Principles

- **Children and youth have access to quality medical care and all resources for insurance are explored.**
- **Children and youth attend all medical appointments and receive routine medical care as outlined by American Academy of Pediatrics.**
- **Children and youth attend all dental appointments as outlined by American Academy of Pediatrics.**
- **Children and youth receive all specialized medical care if needed as directed by medical care providers.**
- **Children and youth receive immunizations according to schedule as outlined by American Academy of Pediatrics.**
- **Children and youth are given all medications as prescribed.**
- **Children and youth receive all follow-up medical and dental care as needed.**
- **Parents and caregivers receive assistance with navigating the medical care system.**
- **Parents and caregivers understand the importance of and are provided supports to attend all medical and dental appointments when their children and youth are in placement.**

IOC Outcome addressed: improved child, youth, and family functioning.

Guidelines for All Services

- Except when there are issues of insurance coverage and changes or decisions made by custodial parents, children and youth must have consistency in medical care and where that health care is provided. If medical providers must change, there must be documentation as to why the decision is appropriate and how other values were considered and can be assured in spite of or because of the change. These considerations include but are not limited to:
  - The quality of care.
  - Assuring parents have the supports to attend medical appointments.
  - Assuring resource parents understand the importance of attending appointments whenever possible, were considered in making the decision and are assured in spite of or because of the change.
- Obtain written consents from the parent to obtain physical health information.
- Obtain pertinent medical history and complete the Basic Health Information form for all open children and youth within 30 days of receipt of the CUA Service Referral. The form must be updated when medical issues arise or change, or annually if no issues have been identified once a child is 24 months old. For infants it should be revised during the following schedule for pediatric visits: every 6 weeks for birth to 6 months, every 3 months for ages 7-23 months and yearly for every child 24 months and older.
  - For in-home service cases, the CUA CM or other Support Team Member must encourage the parent or caregiver to have the child or youth seen by a medical practitioner at these intervals and must document efforts to do so.
  - For placement cases, the CUA CM must ensure that children and youth are seen by a medical practitioner at these intervals. This is documented on the Basic Health Information form.

    - Objectives and action steps around identified medical health needs must be included in the Single Case Plan.
- Refer cases with identified special medical issues to the DHS Nurses (see specific requirements below in this Section) and contact specialists as necessary to ensure compliance with special medical needs.
- Ensure that children and youth attend all medical appointments.
- Ensure that children and youth receive all immunizations as outlined by American Academy of Pediatrics.
- Ensure that children and youth receive ongoing physical examinations as outlined by American Academy of Pediatrics.
- Ensure that children and youth receive all dental and hearing examinations as outlined by American Academy of Pediatrics.
- Arrange or transport children and youth and their parents and caregivers to medical appointments when necessary.
- Ensure that parents and caregivers follow medical treatment plans including checking that medications are being given. Concerns regarding medication use or side effects should be discussed with the health care provider who prescribed the medication.
- Identify interventions by any medical provider that must be included in the Safety Plan or Single Case Plan, or both.
- Coordinate with Managed Care Organization (MCO) Special Needs Coordinators for specialized medical services.
- Consult with DHS Nurses when question about medical issues arise (see specific requirements below in this Section).
- Ensure completion of all health-related medical forms for school, programs, events, and out of school and summer activities.

Specific Guidelines for In-home Services

- A member of the CUA Support Team must accompany parents to the County Assistance Office to apply for medical insurance, if necessary.

Specific Guidelines for Placement Services

- Contact the Medical Eligibility Unit at DHS if a child or youth does not have medical insurance.
- CUA CMs may sign for **routine** medical care for a committed child or youth. They must consult with the Law Department whenever possible before signing the consent.
- Ensure that children and youth receive an initial medical and dental examination according to regulation.
    - All infants, children, and youth require health care follow-up as recommended by health care providers, if that follow-up is needed prior to regulation requirements.
- Parents or other reunification resources must be invited to attend appointments when appropriate.
    - Encourage parents and caregivers to attend all medical appointments.
    - Whenever possible health care appointments must be scheduled at a time and location to allow parents and caregivers to accompany children and youth to the appointment and not disrupt school time.

    - If a resource parent cannot take children or youth for a health care appointment, it is the responsibility of a member of the CUA Support Team to accompany them to the needed appointment.
- Maintain medication logs and pill counts according to regulations.

Consultation with the DHS Nurses
DHS Nurses provide assistance to staff to help them understand complex health issues and plan for the appropriate services around the health care needs of children, youth, and caregivers. They are also responsible for helping to facilitate health care coordination and advocacy with health care providers.

The DHS Nurses review the medical information about the physical condition of children, youth, or caregivers. If necessary they accompany the CUA Case Manager on a joint visit to make an assessment. The Nurses may make additional visits to the family to monitor the health needs of the child or youth as determined by the Child Health Plan.

DHS Nurses are also responsible for contacting health providers of children with complex special medical needs and reading and explaining medical evaluations, conditions, diagnoses, treatment, and terms.

Specific Requirements for DHS Nurse Involvement in Initial (72-hour) Safety Conference
The DHS Team Coordinator will ensure the DHS Nurses are invited to any Safety Conference if:
- The report was made for medical neglect or the child or youth has significant health care needs that are not being adequately met. This may include but is not limited to children with Failure to Thrive, children or youth with diabetes, Sickle cell, Morbid Obesity, Cerebral Palsy, HIV/AIDS, and premature infants.
- A child under six years of age was seen in an emergency department or was hospitalized because of physical abuse or an unexplained injury. This includes cases that have been certified as a near fatality.
- Significant health care needs are identified that are not or have not been adequately addressed.
- There are concerns that a child or youth has unmet health care needs.
- A child or youth with complex health care needs is being placed in out of home care, regardless of the quality of their previous health care.

Mandatory Consultation with the DHS Nurses during the Provision of Ongoing Services
The CUA CM must consult with the DHS Nurses whenever:
- A caregiver is not complying with an established medical plan for a child with special health care needs. This may include but is not limited to children with Failure to Thrive, children or youth with diabetes, Sickle cell, Morbid Obesity, Cerebral Palsy, HIV/AIDS, and premature infants.
- A new report of medical neglect is made on an open case.
- A new report of physical abuse is made for a child under six years of age while the case is currently receiving services.
- A notification is received from a health care provider that a child or youth's medical needs are not being met.

- Any children or youth with complex health care needs being placed in out of home care or being reunified with their families, regardless of the quality of their previous health care.
- A CUA Support Team member identifies a child or youth with complex health care needs that are not or have not been adequately addressed.
- A CUA Support Team member has a concern that a child or youth has unmet health care needs that are not being addressed.

Consultation with the DHS Health Management Unit (HMU)

The DHS Health Management Unit is available for consultation with the CUA Support Team or CUA Liaison for:

- Identifying or changing Primary Care Physicians.
- Placement in medical resource home care and determination of medical level for reimbursement through the Department of Public Welfare, Office of Medical Assistance.
- Pregnant youth.
- A Court Order for health related services.
- A caregiver needing a medical card.
- A medical bill.

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XI. Behavioral Health

Overarching Principles

- **Children, youth, and parents receive necessary evaluations.**
- **Children, youth, and parents receive quality behavioral health supports to assist with stabilizing behaviors.**
- **Parents are empowered and assisted with making informed decisions about the behavioral health needs and recommendations for children and youth, particularly around receiving psychotropic medication.**

IOC Outcomes addressed: improved child, youth, and family functioning; more children and youth maintained safely in their own homes and communities; more children and youth achieving timely reunification or other reunification or other permanence; a reduction in the use of congregate care.

Guidelines for All Services

- Request that parents sign an informed consent to obtain their own behavioral health information. If denied, discuss with a DHS Court Unit Representative.
- Request that parents sign an informed consent to obtain behavioral health information about their children and youth. If denied, discuss with the DHS Court Unit Representative.
- Obtain current and past behavioral health service history.
- Assist parents and caregivers with obtaining behavioral health insurance, evaluation appointments, treatments, access, scheduling, troubleshooting, etc. from Community Behavioral Health (CBH) or private insurers.
- Assist or arrange with CBH Member Services or private insurance member services to obtain Medicaid transportation through Logisticare or other transportation services for children, youth, and parents to attend necessary intake, evaluations, and therapeutic appointments.
- Monitor all behavioral health services including but not limited to therapy, medication management, wraparound, and family-based services provided in the home, School Therapeutic Services (STS), etc.
- Provide any necessary information to the behavioral health provider including the most recent CANS.
- Monitor that children, youth, and parents or caregivers are taking medications as prescribed and follow up as needed.
- Participate in interagency meetings when scheduled for children and youth receiving behavioral health services and request an interagency meeting if concerns arise.
- Attend and, if necessary, transport children, youth, parents, and caregivers to interagency meetings.
- Identify interventions that are provided by behavioral health and, if necessary, incorporate into the Safety Plan or objectives and action steps in the Single Case Plan, or both.
- Invite parents and caregivers to attend appointments when appropriate. Appointments should be scheduled at a time and location that allows the children, youth, parent, and caregiver the opportunity to attend. If children and youth must miss school for appointments, document how the CUA Team made efforts for appointments outside of school time.
- Provide records to the caregivers if appropriate.
- Support parents in recovery and assist children and youth in understanding the parent's condition.

Mandatory Consultation with the DHS Psychologists
In addition to Court ordered evaluations, the CUA CM must consult with the DHS Psychologists whenever any of the following circumstances are applicable.

For new reports and when new information is received during ongoing services regarding any of the following circumstances:

- Any caregiver intended to cause serious physical harm to a child or youth.
- Any caregiver is threatening or threatened to severely harm or maltreat a child or youth.
- Any caregiver, intimate partner, former intimate partner, or household member that has a pattern of aggressive behavior in family relationships, the community, or both.
- Youth committed to DHS who have behavior health or intellectual disability issues, or both, have been arrested and charged as an adult, and are in the adult criminal system.
- The long-term or severe abuse of children and youth including but not limited to fractures, burns, poisoning, shaken baby syndrome, all reports labeled a near fatality, and all deaths by abuse in which there is a surviving minor sibling.
- Children or youth are living with an adult or juvenile sex offender.
- Children or youth are victims of sexual abuse.
- Children under 12 years of age are labeled in a behavioral health evaluation as a sex offender, sexual perpetrator, perpetrating child, or sexual predator.
- Children under 12 years of age whose severely aggressive behavior is alleged to have resulted in a fatality or near fatality.
- Children or youth are not compliant with life sustaining medical treatment.
- Cognitively impaired caregivers, presenting as intellectually disabled including mental retardation, developmental delays, autism syndromes, traumatic brain injuries, etc.
  - Who cannot or may not be able to meet the needs of children or youth, particularly those with medically fragile conditions.
  - Who themselves cannot communicate their needs or who have children or youth who cannot communicate their needs.
- A near fatality or fatality case when the family is accepted for in-home services for the children and youth remaining in the home, to advise regarding forensic services for them or the caregivers in the home.

When children and youth are in placement with the CUA or living with a Safety Plan caregiver receiving in-home services, consultation must occur before making a recommendation for reunification to the Court or reunifying, even if there has been prior consultation, under the following circumstances:

- Children or youth who sustained serious non-accidental physical injuries reunifying with caregivers or others who were responsible for those injuries or non offending caregivers who failed to protect them.
- Children or youth who were victims of sexual abuse reunifying with caregivers or others (including siblings) who were perpetrators of the abuse, or non offending caregivers who failed to protect them. This is to occur whether or not the offending individual and the victim have completed treatment.
- Siblings of children or youth who sustained serious non accidental physical injuries, died as a result of abuse or neglect, or were sexually abused reunifying with caregivers or others

(including siblings) who were responsible for the abuse, or non offending caregivers who failed to protect them.

- Caregivers cannot or will not explain serious injuries including fractures, poisoning, burns, and neurological damage to infants, children, or youth.
- Criminal charges stemming from abuse of the children or youth are still pending.
- Children and youth are in placement and either or both parents have one or more prior terminations of their parental rights of other children and reunification is the current goal for this child or youth.

Other Consultation available from the DHS Psychologists

The CUA CM can consult with the DHS Psychologists regarding any of the following:

- Indicators of trauma and how to support children and youth that have experienced trauma or a parent who has a history of trauma.
- Supervised therapeutic visits.
- Adult psychosexual and sex offender services.
- Forensic behavioral health consultations.
- Best practices for reunification on prior sex abuse or physical abuse cases, or both.
- Whenever a child or youth is brought in for crises treatment and there is a disagreement about returning them to the same level of care which may pose a safety threat.

See also Section III, Permanency, Specific Guidelines for Residential Treatment Facilities (RTF) Placements and Section VII, Certifications (clearances), Assessments, and Evaluations.

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XII. Recreation and Development

Overarching Principles

- **The interests of children and youth must be explored, encouraged, and facilitated including hobbies, specific aptitudes, and other pastimes and leisure activities.**

IOC Outcome addressed: improved child, youth, and family functioning.

Guidelines for All Services

- Identify childcare, out of school time providers, recreation, and PAL centers, etc.
- Identify and facilitate participation in extracurricular activities and other supports available in the community and elsewhere.
- Assess the particular interests and skills of children and youth and identify programs to enhance those skills and interests.
- Ensure children and youth have summer activities in which to participate.
- Ensure that children and youth have access to developmentally appropriate toys and books.

Specific Guidelines for Placement Services

- Children and youth in care must be provided regular and ongoing opportunities to engage in age or developmentally appropriate activities.
  - Kinship and resource parents must use the reasonable and prudent parent standard when making decisions about children and youth in their care (See "Specific Guidelines for Exercising the Reasonable and Prudent Parent Standard" in Section III Permanency, and defined in the Glossary).
  - Congregate care facilities must designate an individual on site that can act as a reasonable and prudent parent.
  - The Court at each Permanency Hearing must specify the steps being taken to implement the reasonable and prudent parent standard and note on the record that the child or youth has regular, ongoing opportunities to engage in age and developmentally appropriate activities.
- Funding must be available for children and youth to participate in school activities, trips, extracurricular activities, school pictures, proms, dinner dances, senior year events, etc.

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XIII. Personal Development

Overarching Principles

- **Children, youth, parents, and caregivers are offered opportunities to develop life skills such as budgeting, nutrition, stress management, resilience building, and job skills, as appropriate.**
- **Children, youth, parents, and caregivers are provided and explained information about health education and reproductive rights.**
- **Community involvement, community advocacy, and empowerment opportunities are offered, encouraged, supported for children, youth, parents, and caregivers.**

IOC Outcome addressed: improved child, youth, and family functioning.

Guidelines for All Services

- Pro-social behavior and interpersonal skills are modeled and reinforced.
- Children, youth, parents, and caregivers are connected to organizations that assist with personal development.
- Staff is trained in basic child care and child development.
- The strengths of children, youth, parents, and caregivers are identified, supported, and enhanced by connection to appropriate resources and programs.

Specific Guidelines for Placement Services

- Children and youth are given the opportunity to regularly participate in religious services of their choice or at the request of their parent as can be reasonably accommodated.

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XIV. Confidentiality

All information gathered in the course of an investigation or assessment for service, and subsequent provision of services is confidential. Employees of the CUA may not access, disclose, or make use of information concerning any family except in the course of performing their duties. This includes both physical copies of information and information maintained electronically. (See also Section XVI, Administrative Guidelines, "Specific Guidelines for Technology.")

If personal information is disclosed or otherwise obtained by others not authorized to have such information, the CUA must notify the clients in writing of the incident and the potential information that may have been inadvertently released, and a contact person. If the information released includes persons' Social Security Numbers, the CUA must pay for and make efforts to help clients monitor their credit history for a minimum of six months after the incident.

- No CUA staff are to take physical case records off site. Any documents that they travel with must remain with them at all times.
- Any electronic equipment that CUA staff travel with must remain with them at all times and be password protected.
- At no time are they to take **any** document that reveals the name of the reporter of any child abuse report off site.

Except as allowed by law or regulation, all requests for information from cases open with the CUA require a valid, current, authorized release signed by the legally responsible party for the information requested.

- If there is any doubt regarding whether information may be released, DHS Court Representatives must be consulted. (See also Section VI, Family Court and the Law Department.)
- Requests to review case records and subpoenas for case records are to be directed to the DHS Court Representatives. Law Department must review and redact case records prior to release.

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XV. Information Sharing and Documentation

The CUA to DHS

- As Required (mandated) Reporters, the CUA CM or any other member of the CUA Support Team must report any suspicion of abuse or neglect to both the DHS Hotline and subsequently to ChildLine.

DHS to the CUA

- The DHS Hotline notifies the CUA immediately if a new report of abuse or neglect is received on any case within the CUA. It is expected that communication between the CUA CM and the assigned Investigator occurs as soon as possible and before the completion of the initial Safety Assessment and continues during the investigation period as relevant information becomes known.
  - If the family is receiving in-home services, the investigation whether it be a Child Protective Services (CPS) Abuse report or a General Protective Services (GPS) report, it will be assigned to the DHS Repeat Abuse Section for follow-up.
  - If the report is CPS in nature but involves a placement setting, the report is investigated by the Southeast Regional Office of OCYF.
- The DHS HCSIS Liaison notifies the CUA if an incident report is filed as required based on the 3800 Regulations and the circumstances surrounding the incident.
- The DHS Practice Coach on-site at the CUA is available to perform Legacy FACTS and FACTS^2 certifications for CUA CMs when new parties become known in a case.
- The DHS Liaison Unit is available for emergency ChildLine and State Police Certifications when kin are identified as potential caregivers.

CUA Support Team

- Required forms in the ECMS and DHS Connect (formerly P-web) must be used for all documentation. As forms are added they will be required to be used in the system. All case management functions and activities around supporting children, youth, and families including but not limited to applicable Performance Guidelines must be documented in the Electronic Case Management System (ECMS) either as a Contact Log entry or a Structured Progress Note (SPN).
- Completed visits are documented in the appropriate SPN by the CUA CM and must be done within six business days of the completed visit.
  - The CUA Supervisor has ten calendar days to review and approve those notes.
  - Unsuccessful visit attempts and other contacts are documented in the Contact Log. Documentation of continued attempts whether or not they result in satisfying the standard will be considered compliance.

CUA to Children, Youth, Caregivers, and Placement Resources

- At the time of placement, the CUA CM is responsible for full disclosure to parents, youth and the kinship or resource parents about the implications of placement. This disclosure must be documented in ECMS and includes:
  - A frank discussion with the child or youth regarding their permanency plan in a manner appropriate to their age and maturity. It is also expected that the behavioral, mental, and physical health of the child or youth as well as their best interests are taken into account when engaging in these discussions.

- It is important that CUA CMs share as much information as possible with children and youth that is appropriate to their age regarding what is known about where they are going and the composition of the household or facility, etc. The trauma of placement cannot be underestimated or overlooked. Children and youth must be told what is happening to them and be reassured that the CUA CM will be there to help and support them.
- The legal rights and responsibilities of the children and youth including their right to file a formal grievance and be allowed and afforded an opportunity to engage in, to the greatest extent possible, age-appropriate or developmentally appropriate activities and experiences. These must be given in writing to age and developmentally appropriate children and youth and discussed annually thereafter. These discussions must be documented in an SPN.

- Issues to be discussed with the parents, children, and youth and documented in ECMS as part of a full disclosure process include:
  - The circumstances that led to DHS involvement and the placement.
  - That placement is temporary.
  - That placement has emotional and developmental impacts on children and youth.
  - That it is imperative that children or youth be returned to the family as soon as possible or that another legally permanent family be found for them as soon as possible.
  - The legal rights and responsibilities of the parents.
  - That it is important for the parents to share information about the needs of the children and youth so that those needs can be met.
  - That it is important for children and youth to share information about their own needs so that those needs can be met.
  - That it is important for all the parties to identify relatives or other significant adults who may be considered as a permanency resource and participate in the conference and case planning process.
  - The permanency planning timeframes.
  - The identification of the primary and concurrent goal and the plans to achieve both goals.
  - The support services available to help the family.
  - The changes needed and the expectations of the Department, the CUA, and the Court.
- That if they do not meet the agreed upon goals, the alternative plan may become the primary permanency plan and the focus of future efforts toward achieving permanency.
- The legal requirement to search for relatives who would be able to care for the children and youth (if a non-relative placement).
- Additional issues to be discussed with kinship and resource families and congregate care setting staff, if applicable, include:
  - Their legal rights and responsibilities including their right to be aware of and participate in Court hearings.
  - What needs they may have to adequately provide for the child or youth and what support services are available to help them.
  - The child's or youth's primary permanency goal, i.e. reunification, the importance of their support of that goal and that they are encouraged to consider becoming a permanency resource should reunification efforts fail.

- The discussion of this full disclosure must be documented in the SPN in ECMS.

- At the time of the initial placement and ongoingly kinship, resource parents, and congregate care setting staff must be told about all known:
  - Medical information and health concerns such as allergies, medications, immunization history, medical or behavioral health hospitalizations, medical or behavioral health diagnoses, family medical problems that could impact the child's or youth's health, current illnesses or injuries, dental, mental, or emotional problems, and issues experienced by the child's or youth's mother during pregnancy that impact the child or youth.
    - Specific recommendations and diagnoses **regarding the child or youth** in psychiatric or psychiatric evaluations can be shared. Complete evaluations that often contain other family information **cannot** be shared.
  - Current medical or behavioral health providers, or both and next appointments.
  - Special dietary needs.
  - Educational needs including grade, school, progress, and IEPs if applicable as well as childcare needs or services.
  - Special dietary needs.
  - Body positioning and movement stimulation for children and youth with disabilities, if applicable.
  - Ongoing medical care needs.
  - Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.
  - Known incidents of aggressive or violent behavior.
  - Substance abuse history.
  - Sexual history or behavior patterns that may place the child or youth or other children and youth at a health or safety risk.
  - Whether the youth identifies as LGBTQ **after** discussion with and permission of the youth.
  - Any other information that is known particularly from the Level of Care tool that would contribute to the safety, well-being, and smooth transition during this highly emotional time for the children and youth being placed and ensure stabilization in the placement setting.
- As additional information becomes known, it must be shared with the subcontracting agency and kinship and resource parent and documented in an SPN.

These discussions are documented in a Structured Progress Note (SPN) in ECMS.

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XVI. Administrative Guidelines

- Compliance with all applicable laws, regulations, and bulletins issued by the PA Department of Human Services, Office of Children Youth and Families either in effect at this time or issued after implementation.
- Compliance with DHS Practice Guidelines and Performance Standards either in effect at this time or issued or amended by Policy directive after implementation.
- CUAs must have the capacity to ensure language appropriate services for clients with limited English proficiency.
- CUAs must maintain accurate personnel rosters of CUA CMs and CM Supervisors, and their Supervisors in the employee spreadsheet provided by the Department. This must be updated when new employees are hired.
- CUAs must maintain an up to date electronic file of employee training and numbers of hours in training (see "Specific Guidelines for Staffing and Training" below).
- Case management responsibility changes and other changes in staffing must be updated in all applicable systems within one business day.
- CUAs must input the necessary information into ECMS to document the services being provided and, if placement, the location and when applicable the subcontractor.

Specific Guidelines for Case Management Documentation

- All case management functions and activities surrounding supporting children, youth, and families including but not limited to applicable Practice Guidelines and Performance Standards must be documented in the Electronic Case Management System (ECMS) either as a Contact Log entry or a Structured Progress Note.
  - Guidelines specific to visits and contacts must document those visits or contacts or attempts and continued attempts to comply with the standard. Documentation of continued attempts whether or not they result in satisfying the standard will be considered compliance.

Specific Guidelines for Resource Home Files

- The CUA will establish resource family files in accordance with state regulations. In addition, the resource family file will include the following:
  - Original application and updated personal information.
  - Required certifications (clearances).
  - Orientation and training schedule and attendance.
  - List of children placed in-home including dates of placements and discharges.
  - Awards and commendations.
  - Foster home approval and child relocation appeals.
  - CY-47's filed against foster parents, if indicated.
  - Disciplinary actions.
  - List of approved substitute caretakers.
  - A chronology of the use of the foster home as a placement setting (names of children, outcome of placement, and conditions under which placement terminated).
- If the home is managed by a subcontractor, the CUA will ensure that the subcontractor maintains resource family files according to these guidelines.

Specific Guidelines for Technology

Proper Use of Application Systems:

- All case management activities, unless specifically identified and excluded, will be documented in the Electronic Case Management System (ECMS) component of the DHS Family and Child Tracking System (FACTS^2).
- ECMS will be accessed through the existing P-web Provider web portal. New login assignments may be required for CUA staff and workers.
- The use of P-DRIVE is also required for documentation of service provision, and if placement, the location of the child or youth and whether the placement service is being provided directly by the CUA or by a subcontractor.
- It is anticipated that there will be continued development of each of these systems and as development occurs their mandatory use is grandfathered into these Guidelines.
- FACTS^2, ECMS, P-web, and any other DHS proprietary applications are either owned solely by, or in conjunction with, the City of Philadelphia's Department of Human Services and the Commonwealth of Pennsylvania's Department of Public Welfare. As such, any unlawful copying or use of said applications is considered infringement. Furthermore, any unauthorized use of the applications or systems, is a violation of protocol and standards as set here forth within and may be a breach of confidentiality subject to legal action.
- By accessing DHS systems, users also agree to use all applications and related features, functionality, or both for their intended purposes and agree to not engage in any inappropriate or illegal usage, such as effecting security breaches or disruptions of network communication.

Record Management:

- All documents, forms, and any other case related hard copies are to be converted into electronic format and uploaded to the related case "electronic" folder within ECMS.
- Any documents not uploaded to ECMS will not be considered part of the case record and may result in the Provider agency and/or DHS being cited for non-compliance.
- Any cased related electronic documentation that does not need to be uploaded into ECMS must be stored in an electronic file folder on a secure file server with said folder being named according to an agreed upon naming convention.
- A mirror image of the file server containing case related electronic folders must be backed up daily/nightly and shared via an agreed upon mechanism with DHS.

Security and Access Control:

- For security and network maintenance purposes, authorized individuals within DHS may monitor equipment, systems, and network traffic at any time, as part of our Audit policy. Furthermore, DHS reserves the right to audit networks and systems on a periodic basis to ensure compliance with this policy.
- The user interface for information contained on DHS systems is classified as confidential and covered under HIPAA regulations. By accessing DHS systems, users agree to take all necessary steps to prevent unauthorized access to this information.
- Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts. Do not reveal your account password to others or allow use of your account by others. This includes family and other household members when work is being done at home.

- All PCs, laptops, and workstations should be secured with a password-protected screensaver with the automatic activation feature set at ten minutes or less, or by logging-off when the host will be unattended.

Specific Guidelines for Minimum Responsibilities for CUA Staff (whether the position is within the CUA or Subcontracted)

Outcomes Specialist (This position must be within the CUA.):

- Work as part of the CUA Support Team toward achieving the objectives as established in the Single Case Plan (SCP).
- Facilitate safe case closure for in-home service cases.
- Facilitate reunification or other permanency by:
  - Assisting the CUA CM to focus on permanency opportunities.
  - Tracking and managing the movement of cases through the permanency process.
  - Assisting the CUA CM in preparing the children, youth, and families for reunification or other permanency.
  - Supporting the CUA CM in preparation for Court.
- Supervise visits when necessary.
- Participate in Family Team Conferences when necessary.
- Attend Court Hearings as needed but never in lieu of the CUA CM.
- Document in the appropriate section of ECMS any activity they have performed within six business days.

Aftercare Worker (This position must be within the CUA.):

- Work as part of the CUA Support Team toward achieving the objectives as established in the SCP.
- Work with families who have achieved safe case closure after receiving formal In-home child welfare or child protection services as directed by the Aftercare Plan.
- Work with families whose children and youth have been reunified and then achieved safe case closure as directed by the Aftercare Plan.
- Work with children, youth, and families who have achieved other permanency having particular knowledge of and proficiency around available SWAN services.
- Participate in Family Team Conferences when necessary, particularly if the purpose of the conference is determining safe case closure.
- Support the CUA CM in preparing Aftercare Plans.
- Document on forms prescribed by the CUA any activity they have performed within six business days.

Case Aides (This position must be within the CUA.):

- Work as part of the CUA Support Team at the direction of the CUA CM and Supervisor toward achieving the objectives as established in the SCP.
- Provide home, school, and community visits, and assist in accessing resources.
- Supervise visits when necessary and with the knowledge of what appropriate supervision is, the ability to intervene if children and youth are at risk, and to report back relevant details about the interactions.
- Assist with transport of the family to Court, Conferences, and other essential appointments.
- Provide home-maker training services, assisting with de-cluttering, etc.
- Participate in Family Team Conferences when necessary.

- Attend Court Hearings as needed but never in lieu of the CUA CM.
- Document in the appropriate section of ECMS any activity they have performed within six business days.

Community Liaisons (This position must be within the CUA.):

- Function as part of the larger CUA team responsible for achieving the target goals of improving safety, permanency, and well-being of children, youth, and families.
- Serve as the primary point of contact between the CUA and the residents and community members within the designated geographic region.
- Through family and community outreach, promote the programs and services offered by the CUA, and provide guidance and feedback to CUA leadership to help address the unique issues, concerns, and needs of the community.
- Work with the Strengthening Families Coordinators in establishing community connections.
- Support the Community Advisory Board (CAB) as determined within the organizational structure of the CUA.

Resource Home Coordinator:

- Function as part of the larger CUA team responsible for achieving the target goals of improving safety, permanency, and well-being of children, youth, and families.
- The position exists to ensure that the CUA has enough resources to successfully achieve the IOC goals, specifically a reduction in the use of congregate care and to monitor utilization.
- It is the Department's intention to place youth in family settings rather than group settings as often as possible. The necessary resource homes would need to be able to accept older youth with possible behavioral health issues. The Coordinators would assist the CUAs in identifying appropriate prospective resource homes.
- There are two Resource Home Coordinator positions in each CUA to develop and implement strategies with the subcontractors to increase the capacity of available resource homes in the CUA area.
- The Resource Home Coordinator is also responsible for ensuring that the quality and quantity of resource homes recruited and certified by subcontractors meets or exceeds the Department's benchmark for each CUA area.
- The Resource Home Coordinator must maintain an electronic system for tracking status and utilization of subcontractors' certified and prospective resource homes.
- Benchmarks have been established for availability of resource homes on which each CUA will be evaluated.
- The work of the Resource Home Coordinator is primarily to focus on achieving the following IOC outcome measures listed below:
    - Reduction in non-permanency outcomes for youth.
    - Reduction in length of stay.
    - Reduction in the use of congregate care.
    - More youth achieving timely permanence.
    - Increased placement stability.
    - More children and youth placed in their own community.
    - More siblings kept together while in placement.

Visitation Coaches:

- Function as part of the larger CUA team responsible for achieving the target goals of improving safety, permanency, and well-being of children, youth, and families.
- When necessary coordinate with the CUA CM to structure an appropriate visitation strategy that ensures the safety of the children and youth and enhances protective factors of the reunification resource.
- Supervise and provide hands-on coaching during family visits when necessary.
- Initiate immediate contact with the CUA CM or Supervisor if concerns arise during a visit.
- Maintain regular contact with kin or resource parents to promote supportive relationships.
- Maintain regular communication with assigned CUA CM to share progress updates.
- Transport family members, children, and youth to visits as necessary.
- Participate in Family Team Conferences when necessary.
- Attend Court Hearings as needed but never in lieu of the CUA CM.
- Document any activity they have performed within six business days in the appropriate section of ECMS unless subcontracted in which case using the CUA-prescribed form.

Life Skills Coaches:

- Function as part of the larger CUA team responsible for achieving the target goals of improving safety, permanency, and well-being of children, youth, and families.
- Provide home and community life skills education and intervention services to children, youth, and their caregivers toward ensuring family stabilization, reunification, or other permanency.
- Make use of the Casey Life Skills assessment in preparing the youth for successful transition to adulthood.
- Teach and coach youth to understand and perform life skills related to self-care, housing and money management, work and study skills, career and education planning, relationship, communication, and daily living skills.
- Work with parents and caregivers who may have cognitive limitations, physical or emotional disabilities, or any combination of these.
- Participate in Family Team Conferences when necessary.
- Attend Court Hearings as needed but never in lieu of the CUA CM.
- Document any activity they have performed within six business days in the appropriate section of ECMS unless subcontracted in which case using the CUA-prescribed form.

Strengthening Families Coordinators (This position must be within the CUA.):

- Function as part of the larger CUA team responsible for achieving the target goals of improving safety, permanency, and well-being of children, youth, and families.
- Act as the coordinator of Parent Cafes.
- Facilitate Parent Cafes and other support groups.
- Develop and conduct Strengthening Families orientations and workshops for the CUA and the Community.
- Train Facilitators and Parent Cafe Hosts.
- Work with the Community Liaison in establishing community connections.
- Attend Court Hearings as needed but never in lieu of the CUA CM.
- Document activity they have performed within six business days using the CUA-prescribed form.

Well-being Specialists:

- Function as part of the larger CUA team responsible for achieving the target goals of improving safety, permanency, and well-being of children, youth, and families.
- Ensure that all children and youth involved with the CUA receive timely medical, dental, and behavioral health examinations and interventions. Medical and dental appointments must be completed at the prescribed intervals.
  - Coordinate, track, and monitor these medical services and appointments for families at the direction of the CUA CM or Supervisor, or both.
  - Transport children, youth, and families to and from these appointments as directed by the CUA CM or Supervisor, or both if necessary.
- Consult with DHS Nurses, when necessary.
- Consult with the DHS Medical Eligibility Unit (MEU) and the DHS Health Management Unit (HMU) as needed to ensure continuity of medical insurance and care.
- Attend Court Hearings as needed but never in lieu of the CUA CM.
- Document any activity they have performed within six business days in the appropriate section of ECMS unless subcontracted in which case using the CUA-prescribed form.

Parent Mentors:

- Function as part of the larger CUA team responsible for achieving the target goals of improving safety, permanency, and well-being of children, youth, and families.
- Offer emotional support, share experiences, and help parents and caregivers understand the system.
- Assist parents and caregivers in navigating the multiple systems with which they may be involved.
- At the request of parents or caregivers accompany them to Team Conferences, other meetings, appointments, Court Hearings, or other programs or services.

Youth Mentors:

- Function as part of the larger CUA team responsible for achieving the target goals of improving safety, permanency, and well-being of children, youth, and families.
- Offer emotional support, share experiences, and help youth understand the system.
- Assist youth in navigating the multiple systems with which they may be involved.
- At the request of youth accompany them to Team Conferences, other meetings, appointments, Court Hearings, or other programs or services.

Specific Guidelines for Minimum Staff Qualifications

All CUA Support Team Staff, other CUA staff, and Subcontractor staff who work or have contact with children and youth:

- Background checks must be completed for all potential hires and volunteers to verify education, employment history, and vehicular and traffic history (PA Driver Information or other state driver information if applicable).
- For any employee who will have direct contact with any children, youth, or families, CUAs must obtain a PA Criminal Background Check, Federal Bureau of Investigation Clearance, and PA Child Abuse Clearance dated no earlier than one year preceding the start date. Employees who have resided outside of Pennsylvania within the previous 5 year period, child abuse certifications from any state of residence of any of the aforementioned applicants must be obtained.

- No employee is permitted to be alone with a child or youth until all certifications are received.
  - An applicant may be employed on a provisional basis for a single period not to exceed 30 days after the start date or, for out-of-State applicants, a period of 90 days after the start date, if all of the following conditions are met:
    - The applicant has applied for the information required by law and regulation and the applicant provides a copy of the appropriate completed request forms to the CUA.
    - The CUA has no knowledge or information pertaining to the applicant which would disqualify him from employment based on law or regulation.
    - The applicant swears or affirms in writing that he is not disqualified from employment based on law or regulation.
    - If the information obtained through the certifications reveals that the applicant is disqualified from employment based on law or regulation, the applicant must be immediately dismissed by the CUA.
    - The applicant is not permitted to work alone with children and youth and is required to work in the immediate vicinity of a permanent employee.
- Any CUA or subcontractor staff that transport clients must have their driving record check on a bi-annual basis and a copy of their current driver's license maintained in their personnel file.
- All staff with direct contact with children, youth, and families must abide by the Social Work Code of Ethics and maintain the confidentiality of information regarding children, youth, and families being served.

CUA Case Manager Supervisors, CUA Case Management Directors, and CUA Directors:

- Supervisors of CUA CMs must have a Bachelor's Degree in any field and a Master's Degree in Social Work and a minimum of two years experience in human services, preferably child welfare.
  - Waivers of the above MSW may be requested of the Department on a case by case basis with appropriate documentation and rationale.
- CUA Case Management Directors and CUA Directors must have a Master's Degree and a minimum of two years experience in the administration of Human Service programs.

CUA Case Managers:

- Must have a Bachelor's Degree in Social Work or related field including but not limited to sociology, psychology, counseling, criminal justice, education, divinity, or public health administration. Candidates with a Degree in an unrelated field require a minimum of four years experience working in child, youth, and family serving systems and an approved waiver from the Department.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. **The Bachelor's Degree requirement cannot be waived for this position.**

Quality Improvement Directors:

- Responsible for oversight of quality improvement and program development related to agency's role as a CUA, as such, a Master's Degree and a minimum two years experience in program evaluation and monitoring of child, youth, and family serving systems.
- Strong analytical, project management and communication skills.

- Strong working knowledge of computer applications.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. **A Bachelor's Degree, at a minimum, is required and cannot be waived for this position.**

Intervention Director:

- This position is responsible for ensuring that the CUA has the necessary array of planned interventions, services, and supports necessary to achieve the conditions for safe case closure. Additionally, this position is responsible to ensure that interventions: are readily available for at risk families (both with and without active safety threats), have the sufficient power and beneficial effect to meet family needs, and are linked to an ongoing network of support for the families involved. This person may also be responsible for managing the CUA non-case management staff.
- A Master's Degree and a minimum two years experience in program evaluation or development, community engagement, or monitoring of child, youth, and family serving systems.
- Strong analytical, project management and communication skills.
- Strong working knowledge of computer applications.
  - Waivers of the above may be requested of the Department on a case-by-case basis with appropriate documentation and rationale. **A Bachelor's Degree, at a minimum, is required and cannot be waived for this position.**

Outcomes Specialists:

- Must have a Bachelor's Degree in Social Work or related field including but not limited to sociology, psychology, counseling, criminal justice, education, divinity, or public health administration. Candidates with a Degree in an unrelated field require a minimum of three years experience working in child, youth, and family serving systems.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. **The Bachelor's Degree requirement cannot be waived for this position.**

Aftercare Workers:

- Must have a Bachelor's Degree in Social Work or related field including but not limited to sociology, psychology, counseling, criminal justice, education, divinity, or public health administration. Candidates with a Degree in an unrelated field require a minimum of three years experience working in child, youth, and family serving systems. Experience and knowledge of available SWAN services is beneficial.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. **The Bachelor's Degree requirement cannot be waived for this position.**

Case Aides:

- High School Diploma or GED. At least two years experience involving children, youth, and families with knowledge of child, youth and family service systems and community resources is preferred. An appropriate Associate's Degree can substitute for experience.

- Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale.

Community Liaisons:

- Bachelor's Degree in Social Work or related field including but not limited to sociology, psychology, counseling, criminal justice, education, divinity, or public health administration. Experience in a position that involves coordination and engagement with community members, groups, or stakeholders, or any combination of these is preferable.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. The Degree requirement can be waived **unless,** given the organizational structure of the CUA, the Community Liaison is supervising any of the specific positions required in these Guidelines.

Resource Home Coordinator:

- Bachelor's Degree in Social Work or related field including but not limited to sociology, psychology, counseling, criminal justice, education, divinity, or public health administration. Experience in working within child, youth, and family service systems is preferable.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. The Degree requirement can be waived **unless,** given the organizational structure of the CUA, the Resource Parent Recruiter is supervising any of the specific positions required in these Guidelines.

Visitation Coaches:

- Bachelor's Degree in Social Work or related field including but not limited to sociology, psychology, counseling, criminal justice, education, divinity, or public health administration. Experience in child and youth development, family dynamics, parenting skills, cultural differences in parenting, and varying learning styles of parents and caregivers is preferable.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. The Degree requirement can be waived **unless,** given the organizational structure of the CUA, the Visitation Coach is supervising any of the specific positions required in these Guidelines.

Life Skills Coaches:

- Bachelor's Degree in Social Work or related field including but not limited to sociology, psychology, counseling, criminal justice, education, divinity, or public health administration. Experience in working with youth preferable.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. The Degree requirement can be waived **unless,** given the organizational structure of the CUA, the Life Skills Coach is supervising any of the specific positions required in these Guidelines.

Strengthening Families Coordinators:

- Must have a Bachelor's Degree in Social Work or related field including but not limited to sociology, psychology, counseling, criminal justice, education, divinity, or public health administration. Candidates with a Degree in an unrelated field require a minimum of three years experience working in child, youth, and family serving systems.

- Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale. The Degree requirement can be waived **unless,** given the organizational structure of the CUA, the Strengthening Families Coordinator is supervising any of the specific positions required in these Guidelines.

Well-being Specialist:

- A high school diploma or GED. At least two years experience involving children, youth, and families. Knowledge of child, youth and family service systems and community resources is preferred or experience working in the health care field. An appropriate Associate's Degree can substitute for experience.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale.

Parent Mentors:

- Must have successfully reunified with their children and youth or successfully stabilized their family and maintained safe case closure for a minimum of one year and recognize that they have benefitted from their experience with the Child Welfare System.
- Or, in the alternative, positively utilized Prevention Services to keep their family from entering the formal child welfare system.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale.

Youth Mentors:

- Must have successfully transitioned into young adulthood or be currently on a positive path to successful transition to adulthood.
  - Waivers of the above may be requested of the Department on a case by case basis with appropriate documentation and rationale.

Specific Guidelines for Training

- CUA Case Managers must be certified as Direct Service Workers according to the requirements set out by the Commonwealth and the Office of Children, Youth, and Families in regulation and bulletin. CUA Case Managers cannot begin working with families until they have completed the first seven of the ten Modules of the "Charting the Course Curriculum" and the Strengthening Families Overview.
  - In addition, within the first 18 months of employment, attend the "Living the Protective Factors" Strengthening Families in-service workshop.
- CUA Case Manager Supervisors and their Supervisors must complete the "Charting the Course" training series and achieve certification as Direct Service Workers in Pennsylvania and also receive the Strengthening Families Overview.
  - In addition, within the 18 months of employment, attend the "Living the Protective Factors" Strengthening Families in-service workshop.
- Supervisors must also complete the Supervisory Training Series within one year and achieve certification as Child Welfare Supervisors.
- CUA Case Managers, Supervisors, and members of the CUA Support Team excluding the Case Aides must complete a minimum of 20 hours of training annually. The Department or the Office of Children, Youth, and Families may mandate particular trainings at any time which may, for some staff, be in addition to the 20 hours if already completed.

    - An Individualized Training Needs Assessment (ITNA) and the accompanying Individual Training Plan must be completed for each CUA CM and Supervisor every three years beginning after their initial certification.
- Case Aides, Visitation and Life Skills Coaches, Strengthening Families Coordinators, Well-being Specialist, Parent and Youth Mentors must receive a minimum of ten hours of training annually.
- Applicable CUA staff must participate in any additional specialized training determined by DHS or the CUA in accordance with specific functions, roles, and responsibilities.
- At a minimum the following trainings are required for the positions indicated below. This staff do not have to complete the trainings prior to the start of case work but must complete the required trainings as soon as possible and not more than one year from hire.
    - Outcomes Specialists: It is optimal but not required that they be certified as Direct Service Workers. At a minimum they must complete:
        - The Strengthening Families Overview (DHS University).
        - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
        - Skills to Engage Families (CUA or other Provider Training Staff).
        - Overview of the Safety Model of Practice: Understanding In-home and Out of Home Safety Assessment (DHS University).
        - The Single Case Plan and the Family (CUA or other Provider Training Staff).
        - Permanency Planning and Your Role (CUA or other Provider Training Staff).
        - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS Strengthening Families Unit).
        - First Aid and CPR (CUA or other Provider Training Staff).
    - Aftercare Workers: It is optimal but not required that they be certified as Direct Service Workers. At a minimum they must complete:
        - The Strengthening Families Overview (DHS University).
        - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
        - Skills to Engage Families (CUA or other Provider Training Staff).
        - Overview of the Safety Model of Practice: Understanding In-home and Out of Home Safety Assessment (DHS University).
        - The Single Case Plan and the Family (CUA or other Provider Training Staff).
        - Permanency Planning and Your Role (CUA or other Provider Training Staff).
        - The "Living the Protective Factors" Strengthening Families in-service workshop (DHS Strengthening Families Unit).
        - First Aid and CPR (CUA or other Provider Training Staff).
    - Case Aides at a minimum must complete:
        - The Strengthening Families Overview (DHS University).
        - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
        - Skills to Engage Families (CUA or other Provider Training Staff).
        - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS Strengthening Families Unit).
        - First Aid and CPR (CUA or other Provider Training Staff).
    - Community Liaisons:
        - The Strengthening Families Overview (DHS University).

- Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
- Skills to Engage Families (CUA or other Provider Training Staff).
- Parent Action Network (PAN) Facilitator Training (DHS PAN Staff).
- The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS PAN Staff).

▪ Resource Home Coordinators at a minimum must complete:
  - The Strengthening Families Overview (DHS University).
  - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
  - Skills to Engage Families (CUA or other Provider Training Staff).
  - Overview of the Safety Model of Practice: Understanding In-home and Out of Home Safety Assessment (DHS University).
  - The Single Case Plan and the Family (CUA or other Provider Training Staff).
  - Permanency Planning and Your Role (CUA or other Provider Training Staff).
  - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS Strengthening Families Unit).

▪ Visitation Coaches at a minimum must complete:
  - The Strengthening Families Overview (DHS University).
  - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
  - Skills to Engage Families (CUA or other Provider Training Staff).
  - Overview of the Safety Model of Practice: Understanding In-home and Out of Home Safety Assessment (DHS University).
  - The Single Case Plan and the Family (CUA or other Provider Training Staff).
  - Permanency Planning and Your Role (CUA or other Provider Training Staff).
  - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS Strengthening Families Unit).
  - First Aid and CPR (CUA or other Provider Training Staff).

▪ Life Skills Coaches at a minimum must complete:
  - The Strengthening Families Overview (DHS University).
  - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
  - Skills to Engage Families (CUA or other Provider Training Staff).
  - Overview of the Safety Model of Practice: Understanding In-home and Out of Home Safety Assessment (DHS University).
  - The Single Case Plan and the Family (CUA or other Provider Training Staff).
  - Permanency Planning and Your Role (CUA or other Provider Training Staff).
  - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS Strengthening Families Unit).
  - First Aid and CPR (CUA or other Provider Training Staff).

▪ Strengthening Families Coordinators at a minimum must complete:
  - The Strengthening Families Overview (DHS University).
  - The full Strengthening Families on-line training and certification.
  - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
  - Skills to Engage Families (CUA or other Provider Training Staff).

    - Parent Action Network (PAN) Facilitator Training (DHS PAN Staff).
    - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS PAN Staff).
  - Well-being Specialists at a minimum must complete:
    - The Strengthening Families Overview (DHS University).
    - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
    - Skills to Engage Families (CUA or other Provider Training Staff).
    - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS Strengthening Families Unit).
    - First Aid and CPR (CUA or other Provider Training Staff).
  - Parent Mentors:
    - The Strengthening Families Overview (DHS University).
    - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
    - Skills to Engage Families (CUA or other Provider Training Staff).
    - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS Strengthening Families Unit).
  - Youth Mentors:
    - The Strengthening Families Overview (DHS University).
    - Identifying Child Abuse and Neglect and Mandated Reporting within the Context of Child Welfare In Pennsylvania (DHS University).
    - Skills to Engage Youth (CUA or other Provider Training Staff).
    - The "Living the Protective Factors" Strengthening Families in-service day workshop (DHS Strengthening Families Unit).
- CUAs must develop training for staff about any particular services, issues, and cultural competencies relating to their specific geographic area as well as their own internal protocols and processes as necessary to comply with regulations and meet the requirements of their contract.
- The CUA must maintain a record of all trainings in which CUA staff have participated. They must require their subcontractors to maintain records of all trainings subcontractor staff have participated in and this information must be made available to the CUA.

Specific Guidelines for Supervision

- CUA CMs must have supervision at a minimum of once every two weeks. Supervision must be documented by the CUA Supervisor in ECMS.
- CUA Support Team Members must have supervision at a minimum of once every two weeks. Supervision is documented by the CUA Supervisor in ECMS.
- Visitation and Life Skills Coaches, Strengthening Families Coordinators, and Well-being Specialists must have supervision at a minimum of once every two weeks by whoever supervises them within the organizational structure of the CUA or the subcontractor. This supervision is documented by the Supervisor on forms prescribed by the CUA.
- CUA CM Supervisors must review each case assigned to their units at a minimum of once every month. This review must be documented in ECMS. This includes a review of safety threats, risk factors, and protective capacities; appropriateness of Safety Plan; appropriateness of SCP, including primary and concurrent goals and objectives; upcoming

court dates and court orders; and general compliance, including that all case information is up to date. Case reviews may occur as a part of supervision with CUA CMs.

Use of Student Interns

- CUAs may accept Bachelor and Master level interns to work with families the CUA is serving.
  - All interns must sign a confidentiality agreement.
- Interns may **not** be assigned as CUA Case Managers. They can be assigned to a CUA Support Team and depending on their educational track (BA or MA) be assigned to shadow CUA CMs, or act or fill in as Outcomes Specialists, Aftercare Workers, Life Skills or Visitation Coaches, etc. (MA interns) or Well-being Specialists or Case Aides, etc. (BA interns) for certain families being served by the particular CUA Support Team to which they are assigned.

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Glossary

3130 Regulations: Those rules issued by the Commonwealth of Pennsylvania, Department of Public Welfare, Office of Children Youth, and Families and approved by the legislature which govern the administration of county children and youth social service programs. Find these regulations at this link:
http://www.pacode.com/secure/data/055/chapter3130/chap3130toc.html

3490 Regulations: Those rules issued by the Commonwealth of Pennsylvania, Department of Public Welfare, Office of Children Youth and Families and approved by the legislature which define the responsibilities for providing child protective services, the handling of general protective service reports, and reports of student abuse. They apply to county children and youth agencies, other agencies providing services to children and youth, law enforcement officials, county executive officers, public and non public staff and any other agencies of the Commonwealth who in the course of their employment or occupation, or in their practice of their profession come into contact with children and youth. Find these regulations at this link:
http://www.pacode.com/secure/data/055/chapter3490/055_3490.pdf

3680 Regulations: Those rules issued by the Commonwealth of Pennsylvania, Department of Public Welfare, Office of Children, Youth, and Families and approved by the legislature which apply to the administration and operation of an agency, whether public or private, for profit or not-for-profit, which provides social services to a child or youth. This chapter does not govern the administration or operation of probation offices; county children and youth social service agencies governed by Chapter 3130; child residential and day treatment facilities governed by Chapter 3800; or child day care facilities governed by Chapters 3270, 3280 and 3290 (relating to child day care centers; group day care homes; and family day care homes).

Agencies subject to this chapter provide the following social services:

- Resource Family Home Care.
- Adoption Services.

These regulations do not apply to an agency that operates solely to provide services to children and youth in their own homes as defined in § 3680.4 (relating to definitions). Find these regulations at this link:
http://www.pacode.com/secure/data/055/chapter3680/chap3680toc.html

3700 Regulations: Those rules issued by the Commonwealth of Pennsylvania, Department of Public Welfare, Office of Children, Youth, and Families and approved by the legislature which apply to:

- An agency operated by a person, organization, corporation or society, public or private, for profit or not-for-profit, which approves or supervises foster families or provides resource family home care.
- An individual providing resource family home care to children and youth placed by an approved resource family home care agency.
  These regulations do not apply to agencies and homes licensed or approved by the Department's Offices of Mental Health and Mental Retardation. Find these regulations at this link: http://www.pacode.com/secure/data/055/chapter3700/chap3700toc.html

3800 Regulations: Those rules issued by the Commonwealth of Pennsylvania, Department of Public Welfare, Office of Children, Youth, and Families and approved by the legislature which apply to residential and day treatment facilities in order to protect the health, safety, and well-being of children and youth receiving care there through the application and enforcement of minimum licensing requirements. Find these regulations at this link: http://www.pacode.com/secure/data/055/chapter3800/chap3800toc.html

A

Abandoned Child: A child who is in the custody of Philadelphia DHS and **either** the identity or whereabouts of the parents are unknown and cannot be ascertained and the parent does not claim the child within three months of the date the child was taken into custody, **or** the identity or whereabouts of the parent **are** known and the parents have failed to maintain substantial and continuing contact with the child for a period of six months.

ABC Model Treatment: Antecedent, Behavior, Consequences is based on learned behavior. The objectives are: to "pinpoint" the behavior, determine what may have "triggered" the behavior, and then develop consequences for the behavior (both "reinforcers" and "punishers").

Accept-for-Service: Decide on the basis of an individual's or family's needs and problems to admit or receive the individual or family as a client of Philadelphia DHS or as required by Court Order.

Adjudication: A court determination or finding of fact. Generally for CYD purposes, if the petition alleges fact to support the request that a child or youth be adjudicated dependent, the adjudication would be a finding of fact that the child is a dependent child, based on the provisions of the Juvenile Act, or abused, based on the provisions of the Child Protective Services Act. Delinquent petitions request a finding of fact that the youth is guilty of charges and delinquent, that is, in need of treatment, rehabilitation, or supervision. A youth could also be found guilty of delinquent charges but **not** delinquent

Administrative Appeals: Requests to the Secretary of the Pennsylvania Department of Human Services to amend or expunge a report and appeals of the Secretary's decision to grant or deny a request to amend or expunge a report are now referred to as administrative appeals.

Adoption: Method used by law to establish the legal relationship of parent and child or youth between persons who are not so related by birth with the same mutual rights and obligations as exist between children and youth and their biological parents**.**

Adult*:* An individual 18 years of age or older.

Advocate: A member of the Bar appointed by the Court or privately retained to represent a party as counsel in an action filed with the Court.

Aftercare: Services designed to support the safe case closure, reunification, or attainment of another permanency goal for children and youth. Aftercare services are meant to be creative in their design and implementation and are provided post placement for up to one year. Aftercare plans must focus on preventing children and youth from re-entering placement and include funds necessary for concrete goods, services, and other costs over the course of the year for placement cases and six months for in-home service cases closed. Aftercare is required for all levels of service within the IOC Framework.

Aggravated Circumstances: Various incidents stipulated in the Juvenile Act involving the parent or parents of a child in placement and which upon order of the Court may preclude prevention or reunification efforts. The CYD or Child Advocate may allege these incidents in a dependent petition or other petition. If the CYD reasonably believes aggravated circumstances exist, the petition must be filed as soon as possible, but no later than 21 days from when the determination is made. The Court must find through clear and convincing evidence that aggravated circumstances exist **and** that prevention and/or reunification efforts are not required or will not continue to be required. Aggravated circumstances consist of any of the following events:

- The child is an abandoned child.
- The child or another child of the parent has been the victim of physical abuse resulting in serious bodily injury, sexual violence, or aggravated physical neglect by the parent. A criminal conviction is **not** required to allege the existence of aggravated physical neglect, or physical abuse resulting in serious bodily injury, or sexual violence committed by the parent.
- The parent of the child has been convicted of any of the following offences **where the victim was a child:**
  - Criminal homicide.
  - A felony relating to aggravated assault, rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, or aggravated indecent assault.
  - A misdemeanor relating to indecent assault.
  - An equivalent crime in another jurisdiction.
- The attempt, solicitation, or conspiracy to commit any of the crimes listed above.
- The parental rights of the parent have been involuntarily terminated with respect to a child of the parent.

B

Bench Warrant: A document and order issued by the Court which empowers the sheriff to take physical custody of children or adults and bring them to the Court or other place. Frequently used to apprehend runaways and obtain children committed to the Department whose parents are unwilling to release them for placement; in Delinquent Court it is commonly issued for children who repeatedly fail to appear for Court hearings.

Bona Fide Religion: A religious organization so recognized for tax purposes by the United States Internal Revenue Service (IRS) unless its religious doctrine precludes it from obtaining IRS certification.

Bodily Injury: Impairment of physical condition or substantial pain.

C

Certified Medical Practitioner: A licensed Physician, a certified Physician Assistant, or a Certified Registered Nurse Practitioner.

Child: An individual under 18 years of age, for the purposes of the Child Protective Services Law.

Under the Juvenile Act, a child is:

- An individual under 18.
- Is under the age of 21 years who committed an act of delinquency before reaching the age of 18 years.
- Is under the age of 21 years and was adjudicated dependent before reaching the age of 18 years, who has requested the court to retain jurisdiction and who remains under the jurisdiction of the court as a dependent child because the court has determined that the child is:
  - Completing secondary education or an equivalent credential.
  - Enrolled in an institution which provides postsecondary or vocational education.
  - Participating in a program actively designed to promote or remove barriers to employment.
  - Employed for at least 80 hours per month.
  - Or, incapable of doing any of the activities described above due to a medical or behavioral health condition, which is supported by regularly updated information in the permanency plan of the child.

Child Abuse: Intentionally, knowingly or recklessly doing any of the following:

- Causing bodily injury to a child through any recent act or failure to act.
- Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- Causing sexual abuse or exploitation of a child through any act or failure to act.
- Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- Causing serious physical neglect of a child.
- Engaging in any of the following recent acts:
  - Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
  - Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
  - Forcefully shaking a child under one year of age.
  - Forcefully slapping or otherwise striking a child under one year of age.
  - Interfering with the breathing of a child.

- Causing a child to be present at a location while an operation of a methamphetamine laboratory is occurring, provided that the operation is being investigated by law enforcement.
- Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
  - Is required to register under Megan's Law as a sexually violent predator, where the victim of the sexual offense was under 18 years of age when the crime was committed.
  - Has been determined to be a sexually violent predator as defined by PA law.
  - Has been determined to be a sexually violent delinquent child as defined by PA law.

- Causing the death of the child through any act or failure to act.

Conduct that causes injury or harm to a child or creates a risk of injury or harm to a child shall not be considered child abuse if there is no evidence that the person acted intentionally, knowingly, or recklessly when causing the injury or harm to the child, or creating a risk of injury or harm to the child.

Exclusions from child abuse:

- Environmental factors. No child shall be deemed to be physically or mentally abused based on injuries that result solely from environmental factors, such as inadequate housing, furnishings, income, clothing and medical care, that are beyond the control of the parent or person responsible for the child's welfare with whom the child resides. This subsection does not apply to any child-care service, excluding an adoptive parent.
- Practice of religious beliefs. If, upon investigation, the county agency determines that a child has not been provided needed medical or surgical care because of sincerely held religious beliefs of the child's parents or relative within the third degree of consanguinity and with whom the child resides, which beliefs are consistent with those of a bona fide religion, the child shall not be deemed to be physically or mentally abused. In such cases the following shall apply:
  - The county agency shall closely monitor the child and the child's family and must seek court-ordered medical intervention when the lack of medical or surgical care threatens the child's life or long-term health.
  - All correspondence with a subject of the report and the records of the Pennsylvania DHS and the county agency shall not reference child abuse and shall acknowledge the religious basis for the child's condition.
  - The family must be referred for general protective services, if appropriate.
  - This subsection does not apply if the failure to provide needed medical or surgical care causes the death of the child.
  - This subsection does **not** apply to any child-care service, excluding an adoptive parent.
- Use of force for supervision, control and safety purposes. Subject to "the rights of parents" below, the use of reasonable force on or against a child by the child's own parent or person responsible for the child's welfare shall not be considered child abuse if any of the following conditions apply:
  - The use of reasonable force constitutes incidental, minor or reasonable physical contact with the child or other actions that are designed to maintain order and control.
  - The use of reasonable force is necessary:

        - To quell a disturbance or remove the child from the scene of a disturbance that threatens physical injury to persons or damage to property.
        - To prevent the child from self-inflicted physical harm.
        - For self-defense or the defense of another individual.
        - To obtain possession of weapons or other dangerous objects or controlled substances or paraphernalia that are on the child or within the control of the child.
- Rights of parents: Nothing in the Child Protective Services Law shall be construed to restrict the generally recognized existing rights of parents to use reasonable force on or against their children for the purposes of supervision, control and discipline of their children. Such reasonable force shall not constitute child abuse.
- Participation in events that involve physical contact with child: An individual participating in a practice or competition in an interscholastic sport, physical education, a recreational activity, or an extracurricular activity that involves physical contact with a child does not, in itself, constitute contact that is subject to the reporting requirements of the CPSL.
- Child-on-child contact:
    - Harm or injury to a child that results from the act of another child shall not constitute child abuse unless the child who caused the harm or injury is a perpetrator.
    - Notwithstanding the paragraph above, the following apply:
        - Acts constituting any of the following crimes against a child are subject to the reporting requirements of the Chile Protective Services Law:
            - Rape as defined in Pennsylvania Law.
            - Involuntary deviate sexual intercourse as defined in Pennsylvania Law.
            - Sexual assault as defined in Pennsylvania Law.
            - Aggravated indecent assault as defined in Pennsylvania Law.
            - Indecent assault as defined in Pennsylvania Law.
            - Indecent exposure as defined in Pennsylvania Law.
    - No child shall be deemed to be a perpetrator of child abuse based solely on physical or mental injuries caused to another child in the course of a dispute, fight, or scuffle entered into by mutual consent.
    - A law enforcement official who receives a report of suspected child abuse is not required to make a report to the Pennsylvania DHS if the person allegedly responsible for the child abuse is a non-perpetrator child.
- Defensive force: Reasonable force for self-defense or the defense of another individual, consistent with the provisions Pennsylvania Law relating to use of force in self-protection and relating to use of force for the protection of other persons, shall not be considered child abuse.

***Child-care services**:* Includes any of the following:
- Child day-care centers.
- Group day-care homes.
- Family day-care homes.
- Foster homes.
- Adoptive parents.
- Boarding homes for children and youth.
- Juvenile detention center services or programs for delinquent or dependent children and youth.
- Mental health services for children and youth.

- Services for children and youth with intellectual disabilities.
- Early intervention services for children and youth.
- Drug and alcohol services for children and youth.
- Day-care services or programs that are offered by a school.
- Other child-care services that are provided by or subject to approval, licensure, registration or certification by the Department or a county social services agency or that are provided pursuant to a contract with the Pennsylvania DHS or a county social services agency.

Child Protective Services (CPS): Type of abuse report whose allegations meet the statutory definition of child abuse in the Commonwealth of PA.

ChildStat: This process is part of a larger continual quality improvement structure surrounding practice at the Department of Human Services. Through it, data is collected from various parts of the system and performance is measured. The ChildStat meetings serve as a forum for participants to review this data and to ask questions about what needs to occur in order for the Department to be more effective.

ChildStat meetings also serve as a process to break down silos and to increase communication and accountability across the agency and with Provider partners. Through this process representatives from each division and service area in the agency are provided an opportunity to focus on how their work affects others' work and contributes to the larger success of the organization. The Provider ChildStat process also allows the Department to focus on how its collaboration with contracted Providers enables the system to achieve positive outcomes with families.

Clear and Convincing Evidence: That proof which results in reasonable certainty of the truth of the allegation. Proof which requires **more than** a preponderance of the evidence but **less than** proof beyond a reasonable doubt. The truth of the allegations asserted is highly probable.

Commitment: The legal process by which the public agency or other custodian is given legal custody of a child.

Community Advisory Board: A group of volunteer stakeholders representing the communities within the geographical area where the Community Umbrella Agency (CUA) is located. This board must be comprised of at least 12 members and include residents, business owners, and religious and community leaders. Representatives from area schools, area social service providers, area medical providers, Police District Community Liaisons, City Counsel representatives, etc. may also be invited to serve. Community Advisory Board members are selected to help advise the CUA regarding the programs and services it offers as well as communicate the issues, concerns, and special needs of the communities they represent. One member of the Community Advisory Board is to be elected annually by this advisory board to serve as a member of the CUA Board of Directors. CUAs will be required to have the elected member of the Community Advisory Board on its Board of Directors.

Community Liaison: A person who serves as a point of contact between the Community Umbrella Agency (CUA) and the residents within the geographic area. This liaison, employed by the CUA, will serve to promote the programs and services offered by the CUA, provide guidance, and address the issues, concerns, and special needs of the community.

Community Umbrella Agency (CUA): A CUA is an agency, collaboration, or affiliation of agencies that provides a continuum of services to children and youth at risk of abuse, neglect, and delinquency. Services and agencies are located in a defined geographic area and are accountable to the city and local community stakeholders.

CUAs are committed to DHS' mission and practice principles of engagement, assessment, teaming, planning, and intervention. Services are designed to meet the unique needs of the geographic area for which the CUA is contracted to serve. CUAs are agencies that must perform the following kinds of services:

- Supporting and strengthening families through preventative programming in the community.
- Engaging parents and exploring other family members, kin, and natural community supports.
- Assessing the strengths and needs of the child, youth, and family.
- Teaming to build or capitalize on a network of supports around the family.
- Planning towards safe case closure.
- Intervention by maintaining children and youth in their own homes whenever possible, or by placing children and youth with kin and/or in their own communities when they require placement**.**

Concurrent Planning: The ongoing process of actively working on two permanency plans at the same time. Concurrent planning requires the CUA to simultaneously establish and execute two permanency goals and two plans to achieve those goals so that if the primary permanency goal cannot be achieved, the concurrent goal can be implemented right away.

Congregate Care: Out-of-home placements such as group homes, and institutional and residential treatment settings governed by OCYF 3800 Regulations.

Cooperation with an Investigation or Assessment: Includes but is not limited to a school or school district which permits authorized personnel to interview a student while the student is in attendance at school.

Law enforcement agencies and county agencies are required to cooperate and coordinate their efforts to respond to reports of suspected child abuse and reports involving school employees. Failure to cooperate is a summary offense for the first violation and a misdemeanor of the third degree for subsequent violations.

Certain facilities, e.g. shelters for battered spouses, have a policy of not releasing the location of the facility for the protection of the residents. The CPSL would not require them to release this information. However, they would be required to arrange for the county agency to interview the parent, subject child, and other children with the parent in conducting its investigation.

Custodian: A person other than a parent or guardian who stands in the place of the parents (*in loco parentis*) or a person or agency given legal custody of a child by the court.

D

Dependent Child: A dependent child is one who:

- Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health or morals. A determination that there is a lack of proper parental care or control may be based upon evidence of conduct by the parent, guardian, or other custodian that places the health, safety, or welfare of the child at risk, including evidence of the parent's, guardian's, or other custodian's use of alcohol or a controlled substance that places the health, safety, or welfare of the child at risk.
- Has been placed for care or adoption in violation of the law.
- Has been abandoned by parents, guardians, or legal custodians.
- While subject to compulsory school attendance is habitually and without justification truant from school.
- Has committed a specific act or acts of habitual disobedience of the reasonable commands of the parent, guardian, or other custodian and who is ungovernable and found to be in need of care, treatment, or supervision.
- Is under the age of 10 years and has committed a delinquent act.
- Has been formerly adjudicated dependent, and is under the jurisdiction of the Court, subject to its conditions or placements and who commits an act which is defined as ungovernable.
- Is referred by the Court because the child has committed an act defined as ungovernable.
- Is born to a parent whose parental rights with regard to another child have been **involuntarily** terminated within three years immediately preceding the date of birth of the child and conduct of the parent poses a risk to the health, safety, or welfare of the child.

Dependency Petition: A legal document containing identifying information about the parties in question and setting forth allegations which would show, if proven, that a child is dependent. Any information in a petition which supports a finding of dependency must be capable of proof at hearing and, therefore, as concrete as possible.

Delinquent Child: A delinquent child is a child 10 years of age or older whom the Court has found to have committed a delinquent act and who is in need of treatment, rehabilitation, or supervision.

Delinquent Act: A delinquent act refers to an act designated a crime under the law of the Commonwealth of Pennsylvania, or another state if the act occurred in that state, or under Federal law or local ordinances.

- The term shall not include:
  - The crime of murder.
  - Any of the following where the child was 15 years of age or older and a deadly weapon was used in the commission of the offense: rape, involuntary deviate sexual intercourse, aggravated assault, robbery, robbery of a motor vehicle, aggravated indecent assault, kidnapping, voluntary manslaughter, the attempt, conspiracy or solicitation to commit murder, or any of these crimes.

Detention Hearing: A hearing held within 72 hours following the taking of a child into custody by means of a Restraining Order.

Disposition: Where the child will live after a finding of dependency, including what services are to be provided to the family that are best suited to the protection and physical, mental, and moral welfare of the child.

Direct Case Management: The process by which the assigned CUA Case Manager (CM) assesses the strengths and needs of a family and makes the necessary referrals to secure appropriate support services and other resources. The focus of direct case management is to ensure that all children and youth involved with the formal child protection and child welfare system are in a safe, nurturing, and permanent living situation. The Case Manager is directly responsible for assessing safety and risk, and service planning.

Direct contact with children:
The care, supervision, guidance or control of children, youth, or both or routine interaction with them.

E

Emergency Placement: Out-of-home care and supervision in a non-secure setting, not to exceed 30 consecutive days for a Philadelphia DHS committed child or youth.

Essentials of Life: Food, shelter, clothing, medical and dental care, personal care, education as required by law, proper supervision, and protection from physical, sexual, or emotional injury.

Expunge: To strike out or obliterate entirely so that the stricken information may not be stored, identified, or later recovered by any mechanical or electronic means or otherwise.

F

Family Finding: This model developed by Kevin Campbell, offers methods and strategies to locate and engage relatives of children and youth in placement. The goal of Family Finding is to provide each child and youth with lifelong connections that only a family can offer. Core beliefs inherent in this approach are that every child and youth has family and every effort must be made to keep them with their family. Every child and youth has connections that can be engaged for visitation, support, and permanency.

Family Service Plan (FSP): **see Single Case Plan**

Family Team Conferencing (Team Decision Making): This is a practice that encourages and allows for full participation and engagement of children, youth and families, their extended family or other supports, community members, providers of services, case management staff and other professionals at specific decision making points throughout the movement of the case through the formal child protection and child welfare system. This practice model uses family-

centered, strength-based, principles to bring together people who are responsible for and interested in the care, safety, well-being, and permanency of children and youth, and provides the venue to discuss issues and concerns.

It helps to make the system more accountable to and understandable by families and the broader community. The goal is to develop a specific, individualized plan (Single Case Plan) that has support from the team. It also ensures that all relevant parties (family, extended family, providers, etc.) know and support the components of the plan.

The conference will be facilitated by a DHS Practice Specialist who will be Master's level and trained in facilitation skills as well as the fundamentals of engagement, assessment, planning, and intervention. The DHS Practice Specialist will play a critical role in matters of safety, policy, regulation, and applicable law.

Founded Report: A child abuse report involving a perpetrator that is made pursuant to this chapter, if any of the following applies:

- There has been a judicial adjudication based on a finding that a child who is a subject of the report has been abused and the adjudication involves the same factual circumstances involved in the allegation of child abuse. The judicial adjudication may include any of the following:
  - The entry of a plea of guilty or nolo contendere.
  - A finding of guilt to a criminal charge.
  - A finding of dependency relating to adjudication if the Court has entered a finding that a child who is the subject of the report has been abused.
  - A finding of delinquency if the Court has entered a finding that the child who is the subject of the report has been abused by the child who was found to be delinquent.
- There has been an acceptance into an accelerated rehabilitative disposition program and the reason for the acceptance involves the same factual circumstances involved in the allegation of child abuse.
- There has been a consent decree entered in a juvenile proceeding relating to juvenile matters, the decree involves the same factual circumstances involved in the allegation of child abuse and the terms and conditions of the consent decree include an acknowledgment, admission or finding that a child who is the subject of the report has been abused by the child who is alleged to be delinquent.
- A final protection from abuse order has been granted under Pennsylvania Law relating to relief, when the child who is a subject of the report is one of the individuals protected under the protection from abuse order and:
  - Only one individual is charged with the abuse in the protection from abuse action.
  - Only that individual defends against the charge.
  - The adjudication involves the same factual circumstances involved in the allegation of child abuse. And
  - The protection from abuse adjudication finds that the child abuse occurred.

G

General Protective Services (GPS): Services to prevent the potential for harm for a child or youth who:

- Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her physical, mental, or emotional health or morals.
- Has been placed for care or adoption in violation of the law.
- Has been abandoned by his/her parents, guardian, or legal custodian.
- While subject to compulsory school attendance is habitually and without justification truant from school.
- Has committed a specific act or acts of habitual disobedience of the reasonable commands of his/her parent, guardian, or other custodian and who is ungovernable and found to be in need of care, treatment, or supervision.
- Is under ten years of age and has committed a delinquent act.
- Has been formerly adjudicated dependent, and is under the jurisdiction of the Court, subject to its conditions or placements and who commits an act which is defined as ungovernable.
- Is referred by the Court because the child or youth has committed an act defined as ungovernable.

General Resource Home Care: An out of home placement service that provides a family-like setting to children and youth who cannot remain with their parents or caregivers and for whom no kin resource has been identified. General Resource Home Care Services for the purposes of IOC includes emergency non-kin placement, kin and resource home care for pregnant youth, and kin and resource home care for minor mothers and their children.

Group Home: Small, residential facilities located within a community and designed to serve children and youth who need a structured supervised setting. These homes usually have six or fewer occupants and are staffed 24 hours a day by trained caregivers.

Most group homes are standard, single-family houses, and are virtually indistinguishable from other homes in the surrounding neighborhood.

Guardian Ad Litem: A court-appointed advocate whom the Court recognizes as acting on behalf of a person's best interests pending the outcome of the legal proceedings. Persons' best interests can at times conflict with their wishes. In certain instances, people can have both legal counsel to represent their wishes and a guardian *ad litem* to represent their best interests. For CYD purposes, the Court most often appoints a guardian *ad litem* for parties who have mental illness.

I

Imminent Risk: Any recent act, failure to act, or series of such acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age.

Improving Outcomes for Children (IOC): A Philadelphia DHS system-wide transformation detailing how case management services are delivered throughout the City to children, youth,

and families that require child welfare or child protection services, or both. This approach is based on the premise that positive outcomes are achieved through the use of services that are family-centered, community-based, culturally competent, integrated, timely, and accountable for results.

To accomplish this goal, the Improving Outcomes for Children System Transformation aims to decentralize the provision of direct case management services through a network of Community Umbrella Agencies (CUAs) that demonstrate the capacity and ability to provide child protection and child welfare services that are based within the community. Corresponding to the decentralization of direct case management services, Philadelphia DHS is in the process of strengthening its Hotline and Investigation Services, has developed the capacity to integrate a family teaming process to support CUA direct case management, and enhanced its performance management and accountability structures.

The IOC service delivery model is built on the belief that a community-neighborhood approach with clearly defined roles between county and provider staff will positively impact safety, permanency, and well-being. This model is designed to increase system performance to achieve positive results for children, youth, and families including these four primary outcomes:

- More children and youth maintained safely in their own homes and communities.
- More children and youth achieving timely reunification or other permanence.
- A reduction in the use of congregate care.
- Improved child, youth, and family functioning.

Indicated Report: A report of child abuse made pursuant to this chapter if an investigation by the PA Department of Human Services or county agency determines that substantial evidence of the alleged abuse by a perpetrator exists based on any of the following:

- Available medical evidence.
- The child protective service investigation.
- An admission of the acts of abuse by the perpetrator.

A report may be indicated for any child who is the victim of child abuse, regardless of the number of alleged perpetrators.

A report may be indicated listing the perpetrator as "unknown" if substantial evidence of abuse by a perpetrator exists, but the PA Department of Human Services or county agency is unable to identify the specific perpetrator.

In-home Non-Safety Services: Non-safety-related in-home services provide supportive services to children, youth, and families who have been found by DHS to be safe but who have been ordered to receive an in-home intervention. On many occasions this type of service is initiated by the Court as an effort to improve school attendance or to help stabilize a child or youth who is demonstrating challenging behaviors.

In-home Safety Services: Safety-related in-home services are provided to families whose children or youth have been found by DHS to be experiencing active safety threats but who, with the implementation of a Safety Plan, can be maintained safely in their own homes.

Intentionally: A person acts intentionally when they consciously engage in conduct of that nature or cause such a result and are aware of such circumstances or believe or hope that they exist.

K

Kin: An individual who has a relationship with children, youth, or their family. This individual is related through blood or marriage, is a godparent as recognized by an organized church, is a member of their tribe or clan, or has a significant positive relationship with the children, youth, or their family.

Kinship caregiver: The provider of full-time nurturing and protection for a child or youth committed to the Department who must be separated from parents and placed with a caregiver who has an existing relationship with the child, youth, or their family. Kin providing care to a child or youth committed to the CYD must comply with State regulations regarding resource parents and resource homes.

Knowingly: A person acts knowingly when they are aware that their conduct is of that nature or that such circumstances exist and they are aware that it is practically certain that their conduct will cause such a result.

L

Law Enforcement Official (LEO): The term includes any one of the following: the Attorney General, the District Attorney, a state police officer, a county sheriff, a county police officer, a county detective, or a local or municipal police officer.

Legal Custodian: A person or persons who receive the legal authority to care for a child from the Family Court Division of the Court of Common Pleas, either the Domestic Relations Division or the Juvenile Court Division.

Legal Custody: Care of a child awarded by the court to a natural parent or to an adult other than a natural parent or commitment to CYD.

Legal Guardian: A person or persons who receive the legal authority to care for a child from the Orphan's Court Division of the Court of Common Pleas. This person may have been named in a will as the child's legal guardian, or pursuant to a petition filed requesting authority to care for the child, or the child's money and/or property.

M

Mandated reporters: The following adults shall make a report of suspected child abuse, subject to the "Basis to Report" below, if the person has reasonable cause to suspect that a child is a victim of child abuse:

- A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State.
- A medical examiner, coroner or funeral director.
- An employee of a health care facility or provider licensed by the Department of Health, who is engaged in the admission, examination, care or treatment of individuals.
- A school employee.
- An employee of a child-care service who has direct contact with children in the course of employment.
- A clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization.
- An individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, accepts responsibility for a child.
- An employee of a social services agency who has direct contact with children in the course of employment.
- A peace officer or law enforcement official.
- An emergency medical services provider certified by the Department of Health.
- An individual supervised or managed by a person listed above who has direct contact with children in the course of employment.
- An independent contractor.
- An attorney affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance or control of children.
- A foster parent.

Basis to make a report:

- A mandated reporter shall make a report of suspected child abuse if the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:
  - The mandated reporter comes into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service.
  - The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of the child.
  - A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
  - An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.
- Nothing in this section shall require a child to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.

- Nothing in this section shall require the mandated reporter to identify the person responsible for the child abuse to make a report of suspected child abuse.

Mental Health Commitments: Commitments for inpatient or outpatient voluntary or involuntary mental health services filed under the Mental Health Procedures Act of the Commonwealth of Pennsylvania.

Motion: An action, generally in the form of a petition, asking the Court to consider or reconsider.

N

Newborn Child: A child who is less than 28 days of age as defined by a physician.

O

Order of Protective Custody (OPC): An ex parte order, granted by a Judge without benefit of a hearing, temporarily granting permission for the CYD to remove children or youth from their parents or caregivers.

P

Parent: A biological parent, adoptive parent, or legal guardian.

Permanency: The establishment of an identified adult or family who has made a commitment to care for and to support a child or youth up to and beyond 18 years of age. Permanency options as defined by the federal Adoptions and Safe Families Act (ASFA) are in hierarchical order. The prior goal must be ruled out by the Court before the next goal can be considered. The goals are:

- Return to the parent.
- Place for adoption.
- Placement with a permanent legal custodian.
- Placement with a fit and willing relative.
- Another Planned Permanent Living Arrangement (APPLA). This may be used only when no other arrangement can be made for the child or youth and all other permanency options have been ruled out by the Court. It cannot be used for children and youth under 16 years of age.

Permanent Legal Custodianship (PLC): The legal option the court can approve that grants legal custody to a person or persons, and allows children and youth to be given the opportunity for permanence when the goals of reunification and adoption have been ruled out. For those children and youth for whom PLC is appropriate, PLC will offer the opportunity to:

- Achieve safety, permanence, and well-being in a permanent home.

- Enhance security in relationships by legally recognizing the relationships between children and youth and their caregivers.
- Continue contact with biological family, if appropriate.
- Continue financial assistance until 18 years of age or if the PLC was granted after the youth's 13th birthday, until 21 years of age if requirements are met.

Perpetrator: A person who has committed child abuse and includes only the following:
- A parent of the child.
- A spouse or former spouse of the child's parent.
- A paramour or former paramour of the child's parent.
- A person 14 years of age or older and responsible for the child's welfare.
- An individual 14 years of age or older who resides in the same home as the child.
- An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child.

Only the following may be considered a **perpetrator for failing to act**:
- A parent of the child.
- A spouse or former spouse of the child's parent.
- A paramour or former paramour of the child's parent.
- A person 18 years of age or older and responsible for the child's welfare.
- A person 18 years of age or older who resides in the same home as the child.

Person Responsible for the Child's Welfare: A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. The term includes any such person who has direct or regular contact with a child through any program, activity or service sponsored by a school, for-profit organization or religious or other not-for-profit organization.

Petition: A complaint setting forth the facts that bring a child within the jurisdiction of the Court.

Placement Amendment (PA): An addendum to the Single Case Plan (SCP) or Family Service Plan (FSP) prepared prior to the **planned** placement of a child or within 30 days after the emergency placement of a child.

Placement Amendments to the SCP or FSP include:
- The CYD efforts to prevent placement (required only for an initial placement) and a description of the circumstances that make placement necessary or continue to be necessary.
- Current and chronic medical conditions/problems and medications which the child may have and/or need. Identification of known physical, mental, or emotional disabilities and the child's immunization record.
    - Conditions and diagnoses documented on the PA should have collaborating information in the case record.
    - The child's current medical practitioners and current HMO should be listed.
- Educational information including grade, performance level, and the school attended prior to placement. Subsequent PA Revisions contain current school information on the child including grade, performance level, and proximity to the child's placement location.

- Information regarding the proximity of the placement location to the child's own home and how it will serve to encourage visiting between the child and parents, consistent with the best interests and special needs of the child and goal of the plan.
    - The schedule for visits between the child and parents must include frequency, location, and participants and be included in the plan.
    - The PA of any child in placement regardless of placement goal who does NOT have a parent living in the same state AND within 150 miles of the child's location must document why the placement is in the best interests of the child.
- An identification of the type of placement, a discussion of the appropriateness of the placement including how it is the least restrictive, most family-like setting available for the child consistent with the best interest and special needs of the child, and how it assures the child's safety and proper care and tends to the child's physical and mental welfare.
- For all youth 15½ years of age and over, an assessment of independent living skills and services directed at preparing the youth for transition to independence, if indicated, are required.
    - All youth are referred to the Adolescent Initiative Program after their 14th birthday.
- Identification of services to be provided to the family, the child, and, if applicable, the kinship caregivers or foster family by Philadelphia DHS and service providers to achieve the goal for the child in placement and to ensure that the child receives the proper care.

Placement Services: Services that provide out of home care for a child or youth when a determination has been made that safety threats exist in the environment where children and youth live, and these threats cannot be controlled with a Safety Plan.

Potential for Harm: Term used to describe General Protective Service allegations meaning likely, if permitted to continue, to have a detrimental effect on a child's health, development, or functioning. Injury or potential for injury is not ***imminent*** as defined by the CPSL.

Practice Specialist: A DHS Supervisor who supervises Team Coordinators and is responsible for facilitating Family Team Conferences. Responsibilities also include:
- Ensure compliance with all relevant laws, policies, and regulations.
- Assist in identifying and resolving systemic barriers to reunification and permanency.
- Identify additional supports and services for the child, youth, and family.
- Supervise DHS Team Coordinators.

Program, Activity or Service: A public or private educational, athletic or other pursuit in which children participate. The term includes, but is not limited to, the following:
- A youth camp or program.
- A recreational camp or program.
- A sports or athletic program.
- An outreach program.
- An enrichment program.
- A troop, club or similar organization.

Preventative Services: Services which provide support to families before circumstances lead to intensive involvement with the child protection, child welfare, or juvenile justice systems. Services can include parenting classes, out of school time programs, supports groups, etc., and are provided by community-based organizations.

Q

Quality Visitation Review (QVR): This process is part of a larger accountability and continual quality improvement process surrounding practice at the Department of Human Services (DHS). During this process, children, youth, and caregivers are interviewed for the purpose of ensuring that the case documentation accurately reflects the services provided to the family.

R

Reasonable and Prudent Parent Standard: The standard, characterized by careful and sensible parental decisions that maintain the health, safety and best interests of a child while encouraging the emotional and developmental growth of the child, that a caregiver must use when determining whether to allow a child in an out-of-home placement under the responsibility of the county agency to participate in extracurricular, enrichment, cultural and social activities.

Recent Act or Failure to Act: Any act or failure to act committed within two years of the date of the report to the ChildLine or county agency.

Recklessly: A person acts recklessly when they consciously disregard a substantial and unjustifiable risk that the material element exists or will result from their conduct. The risk must be of such a nature and degree that, considering the nature and intent of the conduct and the circumstances known to them, its disregard involves a gross deviation from the standard of conduct that a reasonable person would observe in the situation.

Re-Entry: A child or youth returning to out of home care.

Required Reporters: see Mandated Reporter

Resource Home Care: An out of home placement service that provides a family-like setting to children and youth who cannot remain with their parents or caregivers and for whom no kin resource has been identified. General Resource Home Care Services for the purposes of IOC includes emergency non-kin placement, kin and resource home care for pregnant youth, and kin and resource home care for minor mothers and their children.

Respite Care for Placement: A short-term change in placement location that helps resource caregivers with childcare situations that may arise. For example, resource caregivers may need medical treatment, need to travel to attend to a sick family member, or may benefit from a short time away from the child or youth to allow them to recharge and become better prepared

to handle the normal day-to-day challenges of parenting. Respite Care is used with the express plan to return children and youth to their previous resource caregivers. Respite Care may only last up to seven days unless it is a planned resource parent absence or child or youth enrichment activity which can then be extended to 14 days.

Response Priority: A determination made at the Initial Intake Level based on the nature and type of report, if applicable; the allegations made; and the Screening Risk Determination. It assigns a response time for initiating the investigation or assessment by the receiving DHS Investigating Worker. The response tags are:

For CPS investigations:

- **Immediate (within 2 hours):** This response tag is assigned if during the HGDM process **any** Present Danger has been identified in the Present Danger Assessment. This includes **all** CPS reports regarding a child victim five years of age or under.
- **Priority 24 Hours:** This response tag is assigned if during the HGDM process all 5 Safety Thresholds have been met based on the information received but no Present Danger has been identified.
- **24 Hours:** This response tag is assigned when the information meets the Child Protective Services Law regarding CPS reports but not all of the Safety Thresholds were met and no Present Danger was identified during the HGDM process.

For GPS and General Assessments:

- **Immediate** (within 2 hours): This response tag is assigned if during the HGDM process **any** Present Danger has been identified in the Present Danger Assessment.
- **Priority 24 Hours:** This response tag is assigned if during the HGDM process all 5 Safety Thresholds have been met based on the information received but no Present Danger has been identified.
- **Expedited** (within 3 **calendar** days): This response tag is assigned whenever the Threshold "is likely to occur within the next 72 hours" is identified in the HGDM process.
- **Other** (within 7 **calendar** days): This response tag will be used for all reports that do not meet any of the criteria above during the HGDM process to be otherwise tagged.

Response tags are in no way meant to prevent the DHS Supervisor from requiring the DHS Investigating Worker to make the initial contact sooner than is designated.

Whenever possible, initial face to face contact requirements are to be accomplished:

- As soon as possible but not later than the response tag assigned it.
- During the regular work schedule of the DHS Worker to whom it is assigned.
- Without the use of overtime.

For example, a "GPS Other" assigned on Monday must have the initial contact made by Friday or earlier if possible to meet the response time requirement.

Reunification: The return of children and youth from placement to their home of origin including parents, caregivers, legal custodians, or adoptive parents after a period of time in out of home care.

Review of Commitment: A formal hearing to determine the appropriateness of continuing a commitment to the agency.

Risk Assessment: A Commonwealth approved systematic process that assesses a child's or youth's need for protection or services based on the risk of harm to them.

S

Safe: Existing caregiver protective capacities are enhanced causing no safety threat to exist. Children and youth can safely remain in the current living arrangement**.**

Safety Assessment: A Commonwealth-approved systematic process that assesses a child's need for protection or services based on the threat to the safety of the child. It is the continuous process of collecting information related to child or youth safety in six domains to identify threats to safety and protective capacities to determine if children and youth remain safe in their own home, or if they are in a placement setting, to determine if reunification is possible. Please refer to the Safety Assessment and Management Process Manual published by the PA DHS and the University of Pittsburgh, Child Welfare Training Program.

Safety in Out of home Care: A family and home situation where there is an absence of perceived or actual threats, a refuge exists and is experienced, family members have perceptions and feelings of security and there is confidence in consistency.

Safety Plan: A written arrangement between caregivers, responsible persons, and the county agency or the CUA that delineates the interventions or actions implemented to control identified safety threats. Safety Plans including actions taken or needed that are oriented towards control of threats of harm rather than changing the conditions that cause the threats of harm. It must control or manage impending danger, have immediate effect, be immediately accessible and available and contain safety services and actions. The plan must clearly specify the safety threats and identify how each safety threat will be managed.

Safety Threats: The conditions or actions within the home that represent the likelihood of imminent serious harm to them.

Serious Mental Injury: A psychological condition, as diagnosed by a physician or a licensed psychologist, caused by the acts or omissions***,*** including the refusal of appropriate treatment, of the perpetrator which does one of the following:

- Renders the child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic, or in reasonable fear that their life or safety is threatened.
- Seriously interferes with the child's ability to accomplish age-appropriate developmental and social tasks.

Serious Physical Neglect: Any of the following when committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury or impairs a child's health, development or functioning:

- A repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities.

- The failure to provide a child with adequate essentials of life, including food, shelter or medical care.

Sexual Abuse or Sexual Exploitation: Any of the following if committed on a child by a perpetrator:

- The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in or assist any other person to engage in any sexually explicit conduct which includes but is not limited to the following:
- Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
- Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
- Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
- Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.
- Any simulation of any sexually explicit conduct, for the purpose of producing any visual depiction including photographing, videotaping, computer depicting, or filming of any sexual conduct.
- Any of the following as defined by statute: rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, institutional sexual assault, aggravated indecent assault, indecent assault, incest, indecent exposure, or prostitution, the crime of sexual abuse: unlawful contact with a minor and sexual exploitation.

Sexual abuse does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child's age.

Sexual Violence: Rape, indecent contact relating to incest or using or causing, permitting, persuading, or coercing a child to engage in a prohibited sexual act relating to ***sexual abuse*** of children, or a simulation of a prohibited sexual act for the purpose of photographing, videotaping, depicting on computer, or filming involving a child.

Shared Case Responsibility (SCR): This applies to youth who are arrested as juveniles who themselves, or their families, have child protection, child welfare, or dependency issues as well. The youth or family can be:

- Active with DHS for child protection or child welfare services at the time of the arrest.
- Reported to the DHS Hotline by the JPOs when they suspect from their initial assessment that there are child protection, child welfare, or dependency issues with the youth or family and the report is accepted for investigation.
- Reported to the DHS Hotline by the JPOs
- At any time during their involvement with the youth when they suspect that there is child protection, child welfare, or dependency issues with the youth or family and the report is accepted for investigation.

All youth for whom there is shared responsibility require joint assessment and planning among JPOs, DHS Investigation Workers, when applicable, and CUA CMs along with other interested parties. Using their specific assessment tools, these parties identify family strengths and challenges, safety threats, educational, medical, and behavioral health needs, community safety issues, etc. This is directed towards developing an appropriate plan, securing needed services, identifying resources, articulating outcomes to be achieved and making recommendations to the Court. Planning for youth and families involved with both systems must be done in a consistent, collaborative, and thoughtful manner.

Single Case Plan (SCP): A coordinated plan that is developed in collaboration with the family and involves parents, children, youth, relatives, other kin, providers, and all stakeholders. It is thorough, comprehensive and avoids overlapping or conflicting assessments, time limits, and requirements. As a Single Case Plan assists with avoiding conflicting goals, objectives, and timelines, it is more likely that the family will achieve positive outcomes.

This plan is developed, modified, or revised during the Family Team Conference process. It is to be strength-based and focused on the children, youth, and family. It must also incorporate the recommendations of treatment providers when applicable.

The Single Case Plan must address all of the elements and timelines required by all applicable laws, policies, regulations, bulletins, and special transmittals. It is intended to encompass the following:

- Family Service Plan.
- Child Permanency Plan.
- Placement Planning.
- Concurrent Planning.
- Visitation Plans.
- Transition Planning for Older Youth.
- Individual Service Plan.
- Discharge Planning.
- Aftercare Plans.
- Foster Connections to Success and Increasing Adoptions Act of 2008.
- Shared Case Responsibility.
- Restrictive Procedure Plan.

Specialized Resource Home Care: Homes which provide supportive services to children and youth with emotional and behavioral problems or medical issues serious enough to interfere with their success in traditional foster care settings.

Subcontractor: A person or legal entity that enters into a binding agreement with the CUA to assume some of the obligations in the CUA's contract with the Department.

Subjects of the Report: A child, parent, guardian, or other person responsible for the welfare of a child or any alleged or actual perpetrator in a report made to the county agency or PA DHS.

Subpoena: An order issued requiring attendance and potentially the production of documents in Court. Non compliance with this order will result in Court sanctions.

Substantial Evidence: Evidence which outweighs inconsistent evidence and which a reasonable person accepts as adequate to support a conclusion.

T

Team Decision Making: **See Family Team Conferencing**

Temporary Assistance for Needy Families (TANF): The Temporary Assistance for Needy Families (TANF) program became the TANF Bureau within the federal Office of Family Assistance in May 2006. The TANF block grant is administered by state, territorial and tribal agencies. TANF is designed to help families achieve self-sufficiency. States receive a block grant to design and operate their programs to accomplish the purposes of TANF. These are:

- Assisting needy families so that children can be cared for in their own homes.
- Reducing the dependency of needy parents by promoting job preparation, work and marriage.
- Preventing out-of-wedlock pregnancies.
- Encouraging the formation and maintenance of two-parent families.

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Common Acronyms and Abbreviations

*Indicates recently adopted by ChildLine for the Child Welfare Information Solution (CWIS) Implementation.

A & M	-	Administration and Management (Philadelphia DHS Division)
ACF	-	Administration for Children and Families (Federal)
ACS	-	Assistant City Solicitor
ADA	-	Assistant District Attorney
ADHD	-	Attention Deficit/Hyperactivity Disorder
AFCARS	-	Adoption and Foster Care Analysis and Reporting System
AFS	-	Accept for Service
AI	-	Adolescent Initiative
AIC	-	Achieving Independence Center
AIDS	-	Acquired Immune Deficiency Syndrome
AKA	-	Also Known As
AMA	-	Against Medical Advice
ANON*	-	Anonymous
AP*	-	Alleged Perpetrator
APPLA	-	Another Planned Permanent Living Arrangement
APS*	-	Adult Protective Services
ARC	-	Achieving Reunification Center
ARM	-	Agreement of Mutual Responsibility (TANF)
ARS*	-	Alternative Response System
ASFA	-	Adoption and Safe Families Act
ASL	-	American Sign Language
ASQ	-	Ages and Stages Questionnaire
B/C*	-	Because
BARJ	-	Balanced and Restorative Justice
BHSL*	-	Bureau of Human Service Licensing (PA)
BIO	-	Biological
BSC*	-	Behavioral Specialist Consultant
BSU	-	Base Service Unit
BX*	-	Behavior
C/O*	-	Care of
CA/N*	-	Child Abuse/Neglect
CAC*	-	Child Advocacy Center
CANS	-	Child and Adolescence Needs and Strengths
CAO	-	County Assistance Office
CARO	-	Commissioner’s Action Response Office
CASA	-	Court Appointed Special Advocate
CAU	-	Child Advocate Unit (Defenders Association)
CBDS	-	Community Based Detention Services

CBPS	-	Community Based Prevention Services
CBH	-	Community Behavioral Health
CCTC	-	Children's Crisis Treatment Center
CEU	-	Continuing Education Unit
CFCIP	-	Chafee Foster Care Independence Program
CFSR	-	Child and Family Services Review (Federal Review)
CHIP	-	Child Health Insurance Program
CHOP	-	Children's Hospital of Philadelphia
CHRI	-	Criminal History Record Information
CL	-	ChildLine
CLS	-	Community Legal Services
CM	-	Case Manager
CO*	-	County
COB	-	Close of Business
COB	-	Community Oversight Board (Philadelphia DHS)
CPL*	-	Corporal
CPP	-	Child Permanency Plan
CPS	-	Child Protective Services
CPSL	-	Child Protective Service Law
CQI	-	Continuous Quality Improvement
CRC*	-	Children's Resource Center
CRO*	-	Central Regional Office
CRU	-	Central Referral Units
CSA	-	Consolidated Statutes Annotated
CUA	-	Community Umbrella Agency
CWDP	-	Child Welfare Demonstration Project
CWIS	-	Child Welfare Information Solution
CWRC	-	Child Welfare Resource Center
CWU	-	Child Welfare Unit
CYD	-	Children and Youth Division (Philadelphia DHS)
CYS*	-	Children and Youth Services
D and E	-	Diagnostic and Evaluation (Program)
D/A	-	Drug/Alcohol
D/C*	-	Discharge
D/O*	-	Disorder
DA	-	District Attorney
DBH/IDS	-	Department of Behavioral Health and Intellectual disAbility Services
DC	-	Daycare
DEPT*	-	Department
DHS	-	Department of Human Services Pennsylvania (formerly Department of Public Welfare) Philadelphia County
DHSU	-	DHS University
DJJS	-	Division of Juvenile Justice Services (Philadelphia DHS)

DNC	-	Disproportionate Minority Contact
DNR	-	Do Not Resuscitate
DOA*	-	Dead on Arrival
DOB	-	Date of Birth
DOD*	-	Date of Death
DOI*	-	Date of Incident
DOR*	-	Date of Report
DPW	-	Department of Public Welfare (former name, now PA DHS)
DR	-	Doctor
DR Court	-	Domestic Relations Court
DRO	-	Dependency Review Order
DV	-	Domestic Violence
DX*	-	Diagnosis
DYFS*	-	Division of Youth and Family Services (New Jersey)

E*	-	East
E3 Centers	-	Education/Employment/Empowerment Centers
EBP	-	Evidence Based Practice
ECL	-	Early Childhood Learning
ECMS	-	Electronic Case Management System
EEP	-	Employee Education Program
EGPS	-	Emergency General Protective Services
EI	-	Early Intervention
ELEM*	-	Elementary
EPIC	-	Equal Partners In Change
EPSDT	-	Early and Periodic Screening Diagnosis and Treatment
ER	-	Emergency Room
ERC	-	Evening Reporting Center
ESC	-	Education Support Center
EVAL*	-	Evaluation

FA	-	Father
FACTS	-	Family and Child Tracking System
FAST	-	Family Advocacy and Support Tool
FC	-	Foster Care
FCSS	-	Family and Community Support Services
FERPA	-	Family Educational Rights and Privacy Act
FFT	-	Functional Family Therapy
FGDM	-	Family Group Decision Making
FH	-	Foster Home
FMU	-	Fiscal Management Unit (Philadelphia DHS Support Service)
FOS*	-	Foster (as a relationship)
FRS	-	Family Resource Scale
FSD	-	Family Service Description
FSP	-	Family Service Plan

FT*	-	Foot or Feet (a measurement)
FTA	-	Failure to Adjust
FTC	-	Family Team Conferencing
FY	-	Fiscal Year
FYI	-	For Your Information

GAL	-	Guardian Ad Litem (court appointed advocate)
GC*	-	Guidance Counselor
GF*	-	Grandfather (unknown side)
GH	-	Group Home
GM*	-	Grandmother (unknown side)
GP*	-	Grandparent (unknown side)
GPS	-	General Protective Services

HCIS	-	Home and Community Services Information System
HGDM	-	Hotline Guided Decision Making
HH*	-	Household
HHM*	-	Household Member
HIPAA	-	Health Information Portability and Accountability Act
HIV-	Human Immunodeficiency Virus	
HMO	-	Health Maintenance Organization
HMU	-	Health Management Unit (Philadelphia DHS Support Service)
HOSP*	-	Hospital
HS*	-	High School
HWY*	-	Highway
HX*	-	History

IARS	-	Investigation, Assessment, and Referral Services
ICPC	-	Interstate Compact for the Placement of Children
IED*	-	Intermittent Explosive Disorder
IEP	-	Individualized Education Plan
IHD	-	In-Home Detention
IL	-	Independent Living
IOC	-	Improving Outcomes for Children
IPS	-	Intensive Prevention Services
IPV	-	Intimate Partner Violence
IRSS	-	Internal Referral Services System
ISP	-	Individual Service Plan (CYD)
ISP	-	Intensive Supervision Program (JJS)
ITNA	-	Individual Training Needs Assessment
IU*	-	Intermediate Unit

JCAHO	-	Joint Commission on the Accreditation of Hospital Organizations
JDAI	-	Juvenile Detention Alternative Initiative
JJS	-	Juvenile Justice Services (Philadelphia DHS Division)
JJSC	-	Juvenile Justice Services Center (former Youth Study Center)
JPO	-	Juvenile Probation Office
LB(S)*	-	Pound(s)
LCSW*	-	Licensed Clinical Social Worker
LEO*	-	Law Enforcement Office/Official
LEP	-	Limited English Proficiency
LG*	-	Legal Guardian
LGBTQ	-	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
LKA*	-	Last Known Address
LMS	-	Learning Management System
LOC	-	Level of Care
LSW*	-	Licensed Social Worker
LT*	-	Lieutenant
MA	-	Medical Assistance
MAT*	-	Maternal
MCFH	-	Maternal Child and Family Health
MCU	-	Managed Care Unit
MDO	-	Managing Director's Office
MDT	-	Multidisciplinary Team
MED(S)*	-	Medication(s)
MEPA	-	Multiethnic Placement Act
MEU	-	Medical Eligibility Unit (Philadelphia DHS Support Service)
MGF	-	Maternal Grandfather
MGM	-	Maternal Grandmother
MGP	-	Maternal Grandparents
MH	-	Mental Health
MH/MR	-	Mental Health/Mental Retardation
MHID*	-	Office of Mental Health and Intellectual Disabilities (PA)
MHPA	-	Mental Health Procedures Act
MM*	-	Millimeter
MO*	-	Mother
MR	-	Mental Retardation
MS*	-	Middle School
MSB	-	Municipal Services Building
MT*	-	Mobile Therapist
N*	-	North
NA*	-	Not Applicable
NBPB	-	Needs-based Plan and Budget

NERO*	-	Northeast Regional Office
NFA*	-	No Further Action
NJDCPP*	-	New Jersey Division of Child Protection and Permanency
NOS*	-	Not Otherwise Specified
NYACS*	-	New York Administration of Children's Services
NYTD	-	National Youth in Transition Database
OCDEL*	-	Office of Child Development and Early Learning (PA)
OCYF	-	Office of Children Youth and Families (PA DHS)
ODD	-	Oppositional Defiant Disorder
OJT	-	On the Job Training
OPB	-	One Parkway Building
OPC	-	Order of Protective Custody
ORD*	-	Oral Report Date
OSR	-	Ongoing Services Region
P&P	-	Policy and Planning
PA DHS	-	Pennsylvania Department of Human Services (formerly the PA Department of Public Welfare
PAE	-	Pennsylvania Adoption Exchange
PAN	-	Parent Action Network
PARA*	-	Paramour
PBC	-	Performance Based Contract
PCA	-	Philadelphia Children's Alliance
PCC*	-	Pending Criminal Court
PCIT	-	Parent Child Interactive Therapy
PCP	-	Primary Care Provider
PDD*	-	Pervasive Development Disorder
PERP	-	Perpetrator
PFA	-	Protection from Abuse
PGF	-	Paternal Grandfather
PGM	-	Paternal Grandmother
PGP	-	Paternal Grandparents
PI	-	Private Investigator
PJC*	-	Pending Juvenile Court
PJJSC	-	Philadelphia Juvenile Justice Services Center
PLC	-	Permanent Legal Custodianship
PMA	-	Performance Management and Accountability (Philadelphia DHS Division)
PO	-	Probation Officer
PP	-	Permanency Plan
PPD	-	Philadelphia Police Department
PPP	-	Positive Parenting Program (Triple P)
PREA	-	Prison Rape Elimination Act
PREP	-	Provider Relations and Evaluation of Programs

PRTF	-	Psychiatric Residential Treatment Facility
PSIS	-	Protective Services Investigation Summary
PTSD	-	Post-traumatic Stress Disorder
PYAP	-	Philadelphia Youth Advocate Program
QA	-	Quality Assurance
QI	-	Quality Improvement
QSR	-	Quality Service Review
QVR	-	Quality Visitation Review
R/O*	-	Rule Out
RA	-	Risk Assessment
RAD	-	Reactive Attachment Disorder
REHAB	-	Rehabilitation Center
RMTS	-	Random Moment Time Study
RS*	-	Referral Source
RTC	-	Regional Training Center
RTE*	-	Route
RTF	-	Residential Treatment Facility
RX*	-	Prescription
S*	-	South
DAF	-	Service Authorization Form
SAFE	-	Substance Affected Family Evaluation
Schl*	-	School
SCI*	-	State Correctional Institution
SCOP	-	Support Community Outreach Program
SCP	-	Single Case Plan
SCR	-	Shared Case Responsibility
SDP	-	School District of Philadelphia
SERO	-	Southeast Regional Office (OCYF, PA DHS)
SGT*	-	Sergeant
SHP	-	Shelter Housing Program
SIB(S)*	-	Sibling(s)
SIL	-	Supervised Independent Living
SOOVI	-	Serious, Observable and specific, Out of control, Vulnerable, Immanent (Safety Threats)
SPLC	-	Subsidized Permanent Legal Custodianship
SSI	-	Supplemental Security Income
SSN	-	Social Security Number
SSPA	-	Social Service Program Analyst
SSPS	-	Social Service Program Supervisor
STEP*	-	Step (relation – not ST)
STI*	-	Sexually Transmitted Infection

SUIDS	-	Sudden Unexplained Infant Death Syndrome
SUPP*	-	Supplemental
SVU	-	Special Victims Unit
SWA	-	Social Work Administrator
SWAN	-	Statewide Adoption Network
SWS	-	Social Work Supervisor
SWSM	-	Social Work Services Manager
SWSS	-	Social Work Services Staff
TANF	-	Temporary Assistance for Needy Families
TEMP*	-	Temporary
TFC	-	Treatment Foster Care
TOL	-	Transfer of Learning
TPB	-	Three Parkway Building
TPR	-	Termination of Parental Rights
Triple P	-	Positive Parenting Program
TSS	-	Therapeutic Support Staff
TX*	-	Treatment
UNK*	-	Unknown
UR	-	Utilization Review
VQ	-	Vision Quest
W*	-	West
W/*	-	With
W/O*	-	Without
WRO	-	Western Regional Office
YDC	-	Youth Detention Counselor
YFC	-	Youth Forestry Camp
YLS	-	Youth Level of Service
YVRP	-	Youth Violence Reduction Partnership

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