2016 Annual Report

County Commissioners
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Kenneth E. Lawrence, Jr., Vice-Chair
Joseph C. Gale, Commissioner

Department of Health & Human Services
Office of Children and Youth
Laurie O’Connor, Administrator
Human Services Center
Norristown, Pennsylvania

Report prepared by:
Michele Kristofco, Personnel & Policy Administrator and
Community Relations Specialist
INTRODUCTION

2016 was a very busy year for the Montgomery County Office of Children & Youth. Staff have made necessary work processing and response adjustments to legislated changes implemented across the Commonwealth designed to improve child abuse and neglect reporting, investigation, assessment, prosecution and judicial handling of cases in Pennsylvania. The new legislation expanded the definition of child abuse, expanded those mandated to report suspicions of child abuse, as well as, those considered perpetrators under the law, prescribed a legislated emphasis on the multi-disciplinary investigative team (MDIT) process for child abuse cases, and prescribed a new state-wide electronic reporting system for child abuse referrals and data tracking. With these changes has come a significant increase in reports and referrals of suspected child abuse and neglect to the office, totaling nearly a 35% increase in reports and workload, since the changes went into effect. Montgomery County child welfare staff have undergone extensive training, dedicated themselves to incorporating all mandated changes, implemented best practice initiatives related to the changes, and intensified focus on ensuring the safety and well-being of Montgomery County children.

Simultaneously, Montgomery County Leadership, under the direction of the Board of Commissioners prioritized a new Health & Human Services structure and delivery system in Montgomery County to ensure that local government-provided human services are efficient and effective, and are being provided without redundancy, duplication or waste. To that end, the County Commissioners have appointed a Health & Human Services Director and Assistant Director of Strategic Support in Montgomery County and development of a new Health and Human Services delivery structure is underway. The new structure supports the streamlining of operations and improved service delivery to our Montgomery County residents. The Health & Human Services Program Offices include Community Connections, Aging & Adult Services, Child Care Information Services, Children & Youth, Drug & Alcohol, Health, Housing & Community Development, Mental Health/Developmental Disabilities/Early Intervention, and Veterans Affairs. These Program Offices will continue to provide Montgomery County residents with necessary services.

In an effort to improve workflow, increase efficiency, and reduce redundancy, supportive functions for the Program Offices are being combined and unified. The new Health & Human Services Strategic Support Offices include Community Information & Education, Finance & Administration, Integrated Services, Managed Care Solutions, and Performance & Planning. These Strategic Support Offices have been established in support of the Program Offices and combine the strengths and talents of the individual office support functions into a unified system. An Administrator has been appointed for each Strategic Support Office and staffing of those offices is underway.

The Program Office of Community Connections has been designed to increase access to services and supports for all Montgomery County residents. Community Connections offices are fully functional in Norristown, Pottstown, Lansdale, Willow Grove, Ambler, Bryn Mawr and Pennsburg. Within each Community Connections office is a Navicaste trained to assist local residents in identifying and navigating available supports and services, and also advocating for
needed services for individual and family residents. In many cases, Navicates are able to make connections to services for families and to identify available supports for individuals and families proactively based on need even if the individual is not previously aware that such support is available. These one-stop service centers are bringing services closer to the people who need them most, right within their own communities. The Community Connections offices also assist in formation of improved partnerships between government, community organizations and families, to work together to support and benefit families more fully.

Within the Health & Human Service Department of Montgomery County, under the leadership of the Health & Human Services Director and Assistant Director of Strategic Support, Program Administrators and Strategic Support Office Administrators make up the Health & Human Services Cabinet. The Cabinet operates as a means to implement a more holistic human service system approach to addressing the needs of County residents. Increased collaboration, partnership and understanding among Program Offices and Strategic Support Offices results in improved service provision and outcomes for families. In addition to implementing the new Health & Human Services delivery system in Montgomery County, the Cabinet focuses on some of the most difficult problems facing our community including child abuse and infant mortality, homelessness, unemployment and underemployment, and improving access to medical, mental health and dental care. While there is no simple or uniform solution to address these most difficult issues, barriers are being resolved through collaboration and partnership one person and one family at a time.

The Health & Human Services Program Offices of Children & Youth, Aging & Adult Services, and Mental Health/Developmental Disabilities/Early Intervention and Drug & Alcohol, now have two full years operating within our own state approved Merit Hire System. These offices have moved from Pennsylvania’s State Civil Service Commission to our own Merit System with significant success. Under the Merit Hire System, interested applicants for employment apply directly to Montgomery County for employment and are now interviewed, tested and assessed locally rather than by the State Civil Service Commission. For the Merit System offices, there is an increased ability to assess incoming applicants for readiness for specific job responsibilities. This change is designed to increase both recruitment efforts and retention within our offices. We are currently experiencing an increase in diversity, skill level and experience of those individuals applying for positions and a measure of retention will occur over time.

Within the Program Office of Children & Youth, internal focus continues on family engagement efforts and providing a strengths-based framework for child welfare staff to assist families related to appropriate and adequate care of children. Family, community and professional partnerships are relied upon to keep children safe and free from harm. Emphasis also continues on expansion of available services to children and families to offer additional support to County residents. Continuous quality improvement efforts focus on internal and external improvements for staff and constituents. Supportive programming including educational and prevention programs for at-risk families, as well as diversion and intervention programs for families identified with existing abuse or neglect issues, affords residents with the supports necessary to adequately care for their children. Technological efforts focus on continued improvements in statewide and local systems
In summary, extensive work is being done at all levels to ensure that Montgomery County residents are provided the supportive framework and services to strengthen families and meet the needs of our children and families in an efficient, cost-effective manner. We ask Montgomery County residents to join us in support of children and families. Assist us in our effort to protect children. Be informed about Child Welfare laws and requirements. Provide a voice related to changing County government. Spread the word about Community Connections offices throughout the County. Report suspicions of child abuse or neglect when you have concerns about a child. Direct those in need to seek available support and services. Offer support to a single parent or overwhelmed neighbor caring for children or grandchildren. Be a safety net for infants and children in our community. Help those who cannot help themselves.

Together we can make a difference.
Montgomery County Office of Children and Youth
Citizens Advisory Committee Membership

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<td>Naomi Barry, Secretary</td>
<td>Huntingdon Valley</td>
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<tr>
<td>Jan Biresh</td>
<td>Gladwyne</td>
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<tr>
<td>Frank S. Burstein</td>
<td>Linfield</td>
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<tr>
<td>Katherine J. Hart</td>
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<tr>
<td>Susan P. Paul</td>
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<td>Eileen L. Weingram</td>
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MONTGOMERY COUNTY OFFICE OF CHILDREN & YOUTH

VISION
To promote a peaceful community where children are safe and families are supported and happy.

MISSION
To deliver effective child welfare services that empower families to appropriately care for their children and maintain or achieve a desirable quality of life in the best interest of each child.

2016 ANNUAL REPORT
The Montgomery County Office of Children & Youth provides protection to abused, neglected and dependent children and supports their parents and caregivers in creating strong, safe and stable families. Families are referred to the agency by legally mandated professionals and concerned citizens throughout Montgomery County. Duties of the Office of Children & Youth are carried out in accordance with state and federal statutes. The agency adheres to Pennsylvania’s Department of Human Services regulations and Montgomery County Merit System requirements. The agency undergoes annual quality and compliance evaluation for licensing and is in full compliance with requirements.

This report reviews the operations and programs of the Office of Children & Youth throughout 2016 and provides statistics and information regarding child abuse and neglect as well as related agency services for families with dependent children in Montgomery County.

The information, data and statistics provided in this report are used to assist our agency and the community in addressing child abuse and neglect in Montgomery County. It emphasizes our collective responsibility for protecting children from maltreatment and for supporting families struggling with abuse, neglect and dependency issues.

2016 IN REVIEW
2016 introduced a new normal. Since passage of the two dozen pieces of new child welfare legislation, which primarily became effective on December 31, 2014, the Office of Children & Youth has experienced two full years on this new playing field. Changes from 2014 to 2015 saw increases in reports of child abuse and neglect upwards of 35%. Staff are extremely busy. Staffing efforts are underway to sustain the new workflow levels. Increased efforts to investigate reports of child abuse and neglect and efforts to provide the necessary supports and services to families continues.
In 2015, the Office of Children & Youth staff was faced with a windfall of reports and referrals from mandated reporters and concerned citizens who were being trained on their expanded responsibilities under the new legislation. Reports and referrals continue at these same levels for 2016. Although adjusting to such a dramatic increase is challenging, staff understand the value of increased awareness of child abuse and neglect and increased vigilance on the part of our community for reporting suspicions of abuse and neglect. Ultimately, early awareness and reporting increases health and safety for our most vulnerable citizens.

In addition to managing the sustained volume of reports, the agency continues to provide support and guidance for counties’ effective interface with the Commonwealth’s new statewide database (Act 29 of 2014). The Office of Children & Youth has had an electronic record system for nearly two decades and has been a leader in this area, therefore much time throughout 2015 and 2016 has been devoted to problem solving and resolving issues to achieve timely, accurate and consistent data collection and communication with the Commonwealth’s new electronic system. Several full-time staff are dedicated specifically to working with the state on identified issues, problems and solutions. The state’s new system is the Child Welfare Information Solution (CWIS), an interoperable statewide Child Welfare case management system, which allows for state and county electronic sharing of information critical to administering the child welfare program in Pennsylvania in real time. Child protection referrals are transmitted from ChildLine to counties. Counties gather and validate information, document investigative activities and determinations, and transmit information directly to ChildLine through CWIS.

Children & Youth staff continues partnership with the Juvenile Court, District Attorney’s office, County Detectives, Mission Kids, Child Advocates, Public Safety representatives, Schools, Social Service agencies, and public and private provider agencies to ensure understanding and effective implementation of all Child Welfare legislation. These partnerships are in the best interest of children and families in our community.

This Report for 2016 reflects updated data and statistics based on the new legislation and updated definitions of child abuse, increased parameters for perpetrators of child abuse, an increase in those who are required or mandated to report suspicions of child abuse, and increases in penalties for failing to report.

Services to children and families continued to improve and expand in Montgomery County throughout 2016. New carefully crafted in-home supports were added and focus on family engagement and family strengths continued. Montgomery County Office of Children & Youth services include child abuse prevention initiatives, child welfare diversion practices, and child abuse intervention activities. Services provided are evidence-based programs with measurable and proven outcomes. Keeping children safe, in permanent living arrangements, and ensuring child well-being are the goals that guide the agency and provide the framework for child welfare in Montgomery County.
NEW LEGISLATION

SPECIAL INSERT

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For additional information, please visit www.keepkidssafe.pa.gov
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NEW DEFINITION OF CHILD ABUSE
Act 108 of 2013, Effective 12/31/14

CHILD ABUSE.--the term "child abuse" shall mean intentionally*, knowingly* or recklessly* doing any of the following:

(1) Causing bodily injury to a child through any recent act or failure to act.
(2) 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.
(3) 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.
(4) Causing sexual abuse or exploitation of a child through any act or failure to act.
(5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
(6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
(7) Causing serious physical neglect of a child.
(8) Engaging in any of the following recent acts:
   (i) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
   (ii) Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
   (iii) Forcefully shaking a child under one year of age.
   (iv) Forcefully slapping or otherwise striking a child under one year of age.
   (v) Interfering with the breathing of a child.
   (vi) Causing a child to be present at a location while a violation of 18 PA.C.S. §7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
   (vii) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
      (A) Is required to register as a tier ii or tier iii sexual offender under 42 PA.C.S. CH. 97 SUBCH. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
      (B) Has been determined to be a sexually violent predator under 42 PA.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
      (C) Has been determined to be a sexually violent delinquent child as defined in 42 PA.C.S. § 9799.12 (relating to definitions).
(9) Causing the death of the child through any act or failure to act.

*INTENTIONALLY --An act that is done “for the purpose of causing” the type of harm that resulted
*KNOWINGLY --Understanding that the harm is “practically certain to result”
*RECKLESSLY --Conscious disregard for foreseeable risk
MANDATED REPORTERS
Amended by Acts 32, 33, 34 and 44 of 2014, Effective 12/31/14

MANDATED REPORTERS—The following adults shall make a report of suspected child abuse, subject to subsection (b), if the person has reasonable cause to suspect that a child is a victim of child abuse:

(1) A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State.
(2) A medical examiner, coroner or funeral director.
(3) 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.
(4) A school employee.
(5) An employee of a child-care service who has direct contact with children in the course of employment.
(6) A clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization.
(7) 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.
(8) An employee of a Social services agency who has direct contact with children in the course of employment.
(9) A peace officer or law enforcement official.
(10) An emergency medical services provider certified by the Department of Health.
(11) An employee of a public library who has direct contact with children in the course of employment.
(12) An individual supervised or managed by a person listed under paragraphs (1), (2), (3), (4), (5), (6), (7), (8), (9), (10) and (11), who has direct contact with children in the course of employment.
(13) An independent contractor.
(14) 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.

BASIS TO REPORT—A mandated reporter enumerated in above shall make a report of suspected child abuse or cause a report to be made in accordance with section 6313 (relating to reporting procedure), if the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

(1) 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.
(2) 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.
(3) A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
(4) 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.

STAFF MEMBERS OF INSTITUTIONS, ETC.—Whenever a person is required to report in the
capacity as a member of the staff of a medical or other public or private institution, school, facility
or agency, that person shall report immediately in accordance with section 6313 and shall
immediately thereafter notify the person in charge of the institution, school, facility or agency or
the designated agent of the person in charge. Upon notification, the person in charge or the
designated agent, if any, shall facilitate the cooperation of the institution, school, facility or agency
with the investigation of the report. Any intimidation, retaliation or obstruction in the investigation
of the report is subject to the provisions of 18 PA.C.S. § 4958 (relating to intimidation, retaliation
or obstruction in child abuse cases). This chapter does not require more than one report from any
such institution, school, facility or agency.

PERPETRATORS
Amended by Act 117 of 2013, Effective 12/31/14

PERPETRATOR—A person who has committed child abuse. The following shall apply:
(1) The term includes only the following:
   (a) A parent of the child.
   (b) A spouse or former spouse of the child's parent.
   (c) A paramour or former paramour of the child's parent.
   (d) A person 14 years of age or older and responsible for the child's welfare.
   (e) An individual 14 years of age or older who resides in the same home as the
       child.
   (f) 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.
(2) Only the following may be considered a perpetrator for failing to act, as provided in this
section:
   (a) A parent of the child.
   (b) A spouse or former spouse of the child's parent.
   (c) A paramour or former paramour of the child's parent.
   (d) A person 18 years of age or older and responsible for the child's welfare.
   (e) A person 18 years of age or older who resides in the same home as the child.
MAKING A REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT, Effective 12/31/14

Whether you are someone required by law to report suspected child abuse (mandated reporter) or someone able and encouraged but not required by law to report suspected child abuse (permissive reporter), take action when you have reasonable cause to suspect that a child is a victim of child abuse.

- If the child is in immediate danger call 911
- File an electronic report of suspected child abuse at www.compass.state.pa.us/cwis
- Call ChildLine (800) 932-0313 and complete a CY 47 (only if you cannot file electronically)
- Notify your Administrator, Principal, Director, Etc.

Based on Act 123 of 2013 that mandates a multi-disciplinary investigative process for investigations of child abuse, the Montgomery County District Attorney and the Montgomery County Office of Children & Youth Director require the following additional step for Mandated Reporters to follow in the making of a report of suspected child abuse:

- Notify local police department

Below is the state’s new CY-47 form to be used if you cannot report electronically. Copies of this form are available at www.montcopa.org/mcocy and www.keepkidssafe.pa.gov
Clearance Requirements

Act 45 of 2014, Effective 12/31/14

Any person who provides permanent or temporary care, supervision, guidance, control of a child, or has direct contact with children must comply with all of the following clearance requirements, regardless of whether that person is in a paid or unpaid position:

◦ PA Child Abuse History Clearance:
  https://www.compass.state.pa.us/cwis
◦ PA Criminal Record Check:
  https://epatch.state.pa.us
◦ FBI Fingerprint Clearance
  https://www.pa.cogentid.com/index.htm

Clearance Renewal Requirement – Effective 7/1/15 - Every 5 Years

Training Requirements

Act 31 of 2014, Effective 12/31/14

Mandated reporters are required to receive training on reporting suspicions of child abuse. See definition of Mandated Reporter on page 13 of this report.

Mandated Reporting Training:
  https://www.reportabusepa.pitt.edu

Training Renewal Interval – Effective 12/31/14 - Every 5 Years

Additional Information and Support

Pennsylvania’s Child Abuse Reporting Portal:
  https://www.compass.state.pa.us/cwis

Pennsylvania’s Child Abuse Resource Portal:
  http://www.keepkidssafe.pa.gov

Montgomery County Office of Children & Youth Website:
  http://www.montcopa.org/mcocy
PL 113-183 - PREVENTING SEX TRAFFICKING AND STRENGTHENING FAMILIES ACT

Effective September 29, 2014

PL 113-183 was enacted to prevent and address sex trafficking of children in foster care, to extend and improve adoption incentives, and to improve international child support recovery.

PL 113-183 establishes that states must “for any child or youth over whom the state agency has responsibility for placement, care, or supervision and who the state has reasonable cause to believe is, or is at risk of being, a sex trafficking victim (including children the state child welfare agency has an open case file but who have not been removed from the home, children who have run away from foster care and who have not attained 18 years of age (or 21 under option to extend foster care))”

- Identify, document, and determine services for children and youth at risk of sex trafficking
- Report instances of sex trafficking
- Maintain sex trafficking data
- Locate and respond to children who run away from foster care
- Provide data to state for federal reporting

PL 113-183 establishes “severe forms of trafficking in persons” and “sex trafficking”. The terms “severe forms of trafficking in persons” encompasses both sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; AND “sex trafficking” which means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.

The term “sex trafficking” means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.

PL 113-183 also establishes that states must support normalcy for children in foster care by following a “reasonable and prudent parenting standard”. This is defined as “the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.”

The term 'age or developmentally-appropriate' means “activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group,” and "in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

States are required to provide staff and foster parent training/preparation to support this standard and allow a child in foster care to engage in age or developmentally appropriate social, extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting one or more days, and support decision making involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities. Documentation of adherence to this standard is required.
Additionally, PL 113-183 sets forth:

- For children under the age of 16, the goal of “Another Planned Permanent Living Arrangement” (APPLA) is eliminated. That states will document the intensive, ongoing efforts of the agency to return the child home or secure a placement with a fit and willing relative, including siblings, guardian, and/or adoptive parent and utilize and document search technology including social media to locate biological family.

- Foster children age 14 and older be included in their case plan and transition plan development.

- Case plans for children will include a list of child rights.

- Children in foster care will have their key personal documents including birth certificate, social security card, medical records, health insurance information, driver’s license or other identification.

- States will ensure documentation and data collection meets PL 113-183 standards.

- A national advisory committee be established on the sex trafficking of children & youth in the United States to guide training, screening, services, strategies, technology, guidelines and placements as they relate to best practices with children involved in sex trafficking.

- Reauthorization of the Adoption Incentives Fund in support of children and establishes Successor Guardianship in the event of death or incapacity of the adoptive parent(s).

- Clarifies current protections for the placement of children in foster care with siblings.

- Extends the Family Connection Grant Program.


- Requires Federal Health and Human Service Department to report back to Congress related to PL 113-183.
While the Montgomery County Office of Children & Youth is intensely focused on proper implementation of all new legislation impacting Child Welfare, extensive effort continues on providing the children and families in Montgomery County with an extensive array of planful services to prevent and mitigate child abuse and neglect.

The initiatives of the Montgomery County Office of Children & Youth are presented on the following pages in three main categories, Prevention, Diversion and Intervention. These initiatives are considered Best Practices in the Commonwealth. We are proud to have continually expanded and adapted our services to meet the changing needs of children and families in Montgomery County, Pennsylvania. Case stories illustrate initiatives undertaken by the Montgomery County Office of Children & Youth.

PREVENTION INITIATIVES

BRIEF SERVICE RESPONSE

Brief Service Response is an agency response on a referral made to the office that goes beyond basic information and referral service, but does not require either a full Child Protective Service investigation or a full General Protective Service investigation by casework staff. Safety is ensured, collateral contacts are made, and brief follow-up occurs. This type of response is child abuse prevention work performed by agency staff.

FAMILY CENTERS

Family Centers receive state grant funding through the Office of Children & Youth to provide community-based collaborative programming designed to strengthen the family by promoting positive child development/parenting; supporting the family unit; assuring health care services for children; providing seamless, accessible network of services; and encouraging progress toward self-sufficiency. Services are free, voluntary, preventive, user-friendly and performed by dedicated, certified staff. Family Centers are located in Norristown and Pottstown. Prevention programs include Parents as Teachers Program, Fatherhood Initiative, Time-Limited Family Reunification Program, Alternative Response Housing Initiative and parent and child support groups. Hundreds of families receive support from the Family Centers each year providing them with the education, understanding and support they need to adequately care for their children.

FAMILY FINDING

Children & Youth staff has been trained in and have implemented the permanency practice entitled Family Finding. Family Finding is a set of strategies developed by Dr. Kevin Campbell of the Seneca Center in California to locate family members and find lifelong supports for children and young people in foster care. Family Finding principles and strategies meld easily with strategies the agency has employed for years on identifying and locating relatives and relative caregivers for children known to our office and/or in our foster care system. Dr. Campbell’s research clearly shows the need for children to have connections with family and provides our staff with the framework, tools and technology to search extensively for family members who may be resources for children in our care.
Following training by Dr. Campbell, designated staff members obtained authorization for utilization of specific internet-based search engines to expand family finding efforts. While the standard practice nationally has been to utilize Family Finding techniques with the children who have been in the child welfare system the longest, Montgomery County is employing family finding strategies from the very first point of contact a family has with the agency. By doing so, significant family resources can be located for a child. The goal of locating family resources from the first point of contact is to avoid the need for that child to enter a foster placement or other out-of-home placement setting completely. This strategy is helping to reduce the total number of children entering placement, it is reducing the length of time a child remains in placement, and it is establishing permanency for children with family and relatives while reducing reliance on the child welfare system. The Montgomery County Office of Children & Youth, established a Family Engagement unit and has two full-time casework specialists dedicated to Family Finding.

The Accurint Search Engine, coupled with other diligent search activities, are being utilized to assist direct service staff in identifying and locating family members. This is particularly helpful under circumstances where parents in need are unable or reluctant to identify their own family resources. In 2016, a total of 2,603 Accurint searches were conducted to assist direct service staff in locating family members who may be resources, connections or supports to a child in need.

INFORMATION & REFERRAL

Information and Referral is an agency response on a referral made to the office where information such as phone consultation, phone numbers, and/or collateral contact information is needed by the caller on issues or situations in the absence of child abuse and neglect concerns. Contacts to the office are handled by professional casework staff trained to assess each call to determine level of need and response appropriate for each call or in-person contact to the agency.

MATERNAL & EARLY CHILDHOOD CONSORTIUM

A group of multi-disciplinary professionals from several County offices and community-based organizations collaborating together to address infant mortality and child maltreatment concerns in Montgomery County and to improve access to resources and support for women, children and families in need.

MULTI-SYSTEMIC THERAPY (MST)

Multi-Systemic Therapy (MST) is a goal-oriented comprehensive treatment program designed to serve youth ages 12-17. MST is family focused and community based. It is supported by research and provides treatment for youth with complex emotional, social, and academic needs often identified as truant or ungovernable. MST provides both a child abuse prevention component and child welfare diversion component. MST can assist families through complex issues resulting in the elimination of concerns impacting child and family and thus preventing referral for Child Welfare services or by inserting the necessary supports and services to divert a case from the Office of Children & Youth. MST aligns with our focus on support and services for families rather than implementation of any type of punitive action related to the child or family.
RISK ASSESSMENT

Risk Assessment is a process of methodical review of factors that are known to contribute to child maltreatment, and those that are known to decrease the likelihood of future maltreatment. The Risk Assessment tool is used to assist direct service staff in accurately assessing risk to children in suspected child neglect and abuse situations. The process determines the degree to which key risk and safety factors are present in a family situation, and attempts to determine the likelihood of future harm to a child as a result.

By identifying the factors that increase risk, and the factors that promote safety in the family environment, and by understanding their individual and inter-relating dynamics, a valid assessment of potential risk of abuse or neglect can be made. Documentation and summarization of the facts gathered during the investigation are critical information used in determining the status of the case.

SAFE HAVEN

The Safe Haven Law (Act 201 of 2002, also known as The Newborn Protection Act) provides mothers a safe, legal and confidential alternative to abandoning their baby. All states have some form of Safe Haven Law. In Pennsylvania, the law permits parents to relinquish newborns up to 28 days old at any hospital in the state of Pennsylvania without the fear of criminal prosecution as long as the baby has not been harmed. Babies can be left with any hospital staff member or if a person is unwilling or unable to wait, they will be directed by signs on where to place the baby. Many hospitals have bassinets located near entryways where babies can be placed. The baby is examined medically and the local Office of Children & Youth provides a foster family home for the infant with a focus on identification of a permanent family for the child. Mothers can provide medical information related to the baby directly or anonymously, but is not required to do so. As long as the child is unharmed, there is no prosecution in these cases.

Children & Youth is prepared to handle all cases in which an infant or child requires support from our office and promotes the Safe Haven Law as a child abuse prevention initiative. In 2012, under this statute, Children & Youth took protective action when a child was left at a local hospital. The child is currently safe, healthy and in a loving home. In 2016, Children & Youth did not need to take any protective action under this statute.

SAFETY ASSESSMENT

Safety Assessment is a structured decision making process mandated by the Commonwealth and based on research undertaken by the National Resource Center on Child Protective Services and Action for Child Protection, Inc. The Safety Assessment is a standard tool for frontline caseworkers and supervisors to use with children and families to assure that each child in a family is protected. The primary purpose of the process is to enable parents and caregivers to provide protection to the children for whom they are responsible. Child safety is the essential aspect of child welfare work, safety guides all decisions made from initial referral through case closure, including decisions related to temporary placement of a child so that the safety of the child is assured. Decisions related to reunification or a child’s return home to birth parents or other family members focus on assuring a child’s ongoing safety.

The Safety Assessment process enables staff to make informed decisions about safety planning and safety interventions that will eliminate or control identified threats. Safety
Assessment requires good social work skills and practice and is both family-centered and strength-based. The Safety Assessment process is employed at the time of initial contact with the family by the Office of Children & Youth caseworker, at prescribed service intervals, at any time case circumstances change, and before a case can be closed.

The In-Home Safety Assessment Tool is used with families where children reside at home. The Out-of-Home Care Safety Assessment Tool, a separate and distinct process from the In-Home Safety Assessment is utilized for children in foster care and kinship care regardless of whether these arrangements are formal or informal placement arrangements.

**TRAINING & EDUCATION FOR PROFESSIONALS & COMMUNITY MEMBERS RELATED TO CHILD ABUSE & NEGLECT and REPORTING REQUIREMENTS**

Children & Youth provides training and education on recognizing and reporting suspicions of child abuse and neglect for mandated reporters, as well as, general information about child abuse and neglect and the purpose and function of the Office of Children & Youth for community members. Training is provided in accordance with the Child Protective Service Law and is tailored to meet the needs of providers of child services, schools, child care centers, law enforcement, community service organizations, faith-based organizations and more.

In partnership with the Pennsylvania Chapter of the American Academy of Pediatrics, specialized training programs are delivered to physicians, hospitals, school nurses, and first responders. Children & Youth participated in the development of a training module and webinar for early learning centers and educators which is now available as an on-line training resource. Children & Youth staff also participated in the Pennsylvania Family Support Alliance’s Train the Trainer program for the newly developed curriculum for mandated reporters of suspected child abuse and neglect.

Children & Youth staff are required to have training related to the state’s newly developed Mandated reporter training which reflects the legislative changes as they apply to the requirements of the mandated reporter in Pennsylvania. Staff complete a nine (9) module updated training curriculum prepared by the Pennsylvania Child Welfare Resource Center in order to fully understand the changes resulting from the new legislation and the impact on day-to-day Child Welfare operations. Children & Youth staff complete training on PL 113-183 and to implement “reasonable and prudent parent standard” that supports the healthy development and well-being of all youth in care.

Finally, the Professional Development Administrator oversees orientation and training activities for all staff to not only aid in training and job readiness for staff but to also increase staff retention. Supplemental training opportunities provided to staff include: Suicide Prevention, Methadone Clinic and Treatment, Preparing for Quality Service Reviews, Family Centers Overview, Milton Hershey School and Programs, Youth Empowerment Program, Traumatic Brain Injury, Field Personal Safety Training, Active Shooter Training, Conquering the Courtroom, Mental Health First Aid Training, In/Out Board Training, Every Student Succeeds Act Training and Sex Trafficking Training.

**TRUANCY PREVENTION and EDUCATIONAL SUCCESS PROGRAM**

A Truancy Prevention and Educational Success Program has been established and is being piloted by Norristown School District. The Truancy Prevention Program is implemented at the middle school level to identify at-risk youth early and to apply both school-based and home-based support, as well as, group and family therapeutic intervention sessions to address truancy. This service is a truancy abatement program serving to prevent need for formal truancy services and involvement in the Child Welfare system. Initiatives related to truancy fall under both the Prevention category and Diversion category and utilize Multi-Systemic Therapy (MST), as well as, evidence-based practices such as Check & Connect and Why Try.
DIVERSION INITIATIVES

ADOLESCENT DIVERSION SERVICES

The Adolescent Diversion Program is a service to address adolescent ungovernability. The service is designed to divert families from formal intervention. During the screening or assessment phase of an adolescent referral to Children & Youth, a determination is made regarding the best approach to addressing the child's ungovernability issues. If a child's ungovernability can be appropriately addressed through the use of a community-based diversion program, preventing further involvement with Children & Youth and/or the Juvenile Court system, a referral is made for Multi-Systemic Therapy (MST). In 2016, twenty-seven (27) adolescents and their families were referred for community-based therapeutic support and diverted from the formal child welfare system.

ALTERNATIVE RESPONSE PROGRAM (ARP)

Initially undertaken in 2009, the Alternative Response Program is a Child Welfare diversion program delivered through the Family Centers that provides families referred to Children & Youth limited support to meet concrete needs that will alleviate necessity for a formal referral to open a Child Welfare case, alleviate necessity for out-of-home placement of children, or facilitate reunification of children with family. Families appropriate for the Alternative Response Program are first assessed for child abuse and neglect concerns and in the absence thereof, concrete needs are met that eliminate need for further Child Welfare intervention.

In 2016, one hundred eighty-two (182) families (and a total of four hundred fifty (450) children within those families) received support through the agency's Alternative Response Program. The families, at risk for possible child abuse and neglect, had negative circumstances alleviated through concrete support and were successfully diverted from the Child Welfare system. ARP is not appropriate in all cases. Professional caseworkers assess each family situation identified and make a determination regarding best support under given circumstances. If a child is unsafe or abused or neglected by their caregiver, use of the diversion concept inherent in ARP is not appropriate.

HIGH FIDELITY WRAP AROUND (HiFi)

High Fidelity Wrap Around (HiFi) is a team based process for families with youth who have a mental health diagnosis and are in need of additional supports. Historically, the focus for introduction of HiFi services has been on those youth who are facing placement in a residential treatment facility or who are discharging from a residential treatment facility. In 2014, HiFi services were expanded to support complex adolescent cases with serious truancy or ungovernable issues. The Hi-Fi process involves professional assistance to family members with formation of their own treatment plan and identification of both formal and informal supports/services to assist with supporting the family unit. Professional peer support (youth) and family support are included and can assist youth and family on an ongoing basis. By implementing HiFi services in families with youth displaying truancy and ungovernable issues, some families are being successfully diverted from the Child Welfare system.
MULTI-SYSTEMIC THERAPY (MST)

Multi-Systemic Therapy (MST) is a goal-oriented comprehensive treatment program designed to serve youth ages 12-17. MST is family focused and community based. It is supported by research and provides treatment for youth with complex emotional, social, and academic needs often identified as truant or ungovernable. MST provides both a child abuse prevention component and child welfare diversion component. MST can assist families through complex issues resulting in the elimination of concerns impacting child and family and thus preventing referral for Child Welfare services or by inserting the necessary supports and services to divert a case from the Office of Children & Youth. MST aligns with our focus on support and services for families rather than implementation of any type of punitive action related to the child or family.

TRUANCY DIVERSION PROGRAM

The Truancy Diversion Program is a service to address truancy in Montgomery County. The service is designed to divert families from formal involvement with Children & Youth. During the screening or assessment phase of a truancy referral, a determination is made regarding the best approach to addressing the truancy problem. If a child’s truancy issue can be appropriately addressed through the use of a community-based diversion program, preventing further involvement with Children & Youth and/or the Juvenile Court system, a referral is made to one of three current truancy elimination providers. In 2016, one hundred (100) families were supported through Truancy Diversion.
INTERVENTION INITIATIVES

CPS & GPS INVESTIGATIONS

A Child Protective Service (CPS) Investigation is an agency response on a referral made to ChildLine or Children & Youth related to concerns of child abuse. These referrals express concerns for a child or children regarding inflicted physical or bodily injuries, sexual abuse or exploitation, mental injuries, serious physical neglect, or create a reasonable likelihood of physical injury or sexual abuse or exploitation. A multi-disciplinary investigative team approach is undertaken, risk and safety assessments are completed, a safety plan is implemented, interviews are conducted, collateral contacts are made, a determination results, and ongoing social services and support is implemented as necessary. This type of response is child abuse intervention work performed by agency staff.

A General Protective Service (GPS) Investigation is an agency response on a referral made to ChildLine or Children & Youth related to concerns of child neglect. These referrals express concerns for a child or children regarding provision of the essentials of life for a child including food, shelter, clothing, health care, personal care and proper supervision creating the potential for harm to the child. Child ungovernability and truancy may also be referred for General Protective Services from the agency. This type of response is child neglect intervention work performed by agency staff.

CHILD ABUSE MULTI-DISCIPLINARY TEAMS (MDT’s)

Children & Youth has two (2) Multi-Disciplinary Teams (MDT’s). These teams are objective groups of professionals from the community who meet monthly to review complicated cases of child abuse that are open with the office. The teams scrutinize case circumstances and recommend case supports and direction for advancement of the child and family. MDT’s are helpful in identifying community resources and supports for cases, as well as, for professional guidance in complicated case matters. MDT members also now participate in all Act 33 Reviews of child fatality and near fatalities. Act 33 Reviews are further detailed on the next page.

CHILD AND FAMILY SERVICES REVIEW (CFSR)

The 1994 Amendments to the Social Security Act (SSA) authorize the U.S. Department of Health and Human Services (HHS) to review state child and family service programs to insure conformity with the statutory requirements and intended outcomes. Traditionally, reviews focused primarily on assessing state agencies’ compliance with procedural requirements, as evidenced by case file documentation. In addition, past reviews did not provide states with opportunities for making improvements before imposing penalties.

Now, however, focus on states’ capacities to achieve and document positive outcomes for children and families takes precedent. On January 25, 2000, the HHS published a final rule in the Federal Register to establish a new approach to monitoring state child welfare programs. Under the rule, which became effective March 25, 2000, states are assessed for substantial conformity with certain federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services.
The Children's Bureau, part of the HHS, administers the review system, known as the Child and Family Services Reviews (CFSRs). The purpose of the CFSR is to enable the Children's Bureau to: (1) ensure conformity with Federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist states to enhance their capacity to help children and families achieve positive outcomes.

Ultimately, the goal of the reviews is to help states improve child welfare services and achieve the following outcomes for families and children who receive services:

Safety
- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Permanency
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for families.

Family and Child Well-Being
- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

The Federal Government conducts the reviews in partnership with state child welfare agency staff; consultant reviewers supplement the Federal Review Team. The reviews are structured to help states identify strengths and areas needing improvement within their agencies and programs. On-site state reviews commenced in 2002. Pennsylvania, however, like all 50 states in the country, was unable to achieve substantial conformity with all federal standards measured during the review process. The federal CFSR process was implemented again in Pennsylvania in 2008. Montgomery County continues to participate in the CFSR process through membership on statewide workgroups developing and implementing the State’s Program Improvement Plan. Many of the previously discussed permanency initiatives resulted following the Child and Family Services Review process.

In 2010, Pennsylvania’s Program Improvement Plan related to the CSFR in 2008 was approved. Beginning in 2013, Montgomery County Children & Youth participated in its first Quality Service Review (QSR) which was a Federal-style CSFR review at the state level. The QSR resulted in a Program Improvement Plan (PIP) which was approved by the Federal Government and focused on increasing safety, permanency and well-being for children. A second QSR was conducted in 2016 with Montgomery County Office of Children & Youth achieving substantial conformity in most areas.

These state administered Quality Service Reviews assist counties in quality improvements, as well as, prepare counties for Federal Child and Family Services Reviews. The next Federal Child and Family Services Review in Pennsylvania is set to occur in 2017.

CHILD FATALITY/NEAR FATALITY - ACT 33 REVIEWS

Pennsylvania Act 33 of 2008 requires the investigation of every child fatality or near fatality for which child abuse or neglect is the suspected cause. Review is conducted by a multi-disciplinary team to determine, through exhaustive inquiry and evaluation, system strengths and weaknesses, and remedies to prevent any such future occurrences. In 2016, Act 33 Reviews were conducted by a multi-disciplinary review team in three (3) situations of near fatalities and one (1) situation of fatality. Following thorough review of each, recommendations were made by the multi-disciplinary review team to enhance child safety.
CHILD WELFARE RESOURCE CENTER

The Pennsylvania Child Welfare Resource Center (previously known as the Pennsylvania Child Welfare Training Program) administered by the University of Pittsburgh, prepares and supports child welfare professionals through training, education, and research. All Children & Youth direct service workers must complete a series of child welfare-related training courses at the on-set of employment. The training series, titled Charting the Course, is 120 hours of in-classroom work and 6 hours of online Transfer of Learning (TOL) work delivered in 10 specific training modules. Charting the Course is designed to provide child welfare professionals with fundamental information related to the awareness, knowledge, and understanding of child welfare concepts. The series assists in development of essential skills needed to provide strengths-based, solution-focused, family-driven services to children and families involved with the child welfare system.

Following initial intensive training of staff within the first year of employment with the agency, all direct service staff must have a minimum of twenty (20) training hours each year thereafter to maintain Direct Service Certification within the Commonwealth. The same applies to Direct Service Supervisors and Administrators to ensure that skills are continuously refreshed and updated. Charting the Course for supervisors provides state certification in skills specific to these critical managerial positions.

Following passage of the new legislation, the Child Welfare Resource Center created an online training for mandated reporters. This training provides three (3) credit hours of training and meets the state’s requirements for training related to renewal of professional licenses held by many mandated reporters. The training is available at www.reportabusepa.pitt.edu. All Child Welfare staff in Montgomery County completed the mandated reporter training, nine (9) training modules of practice updates related to implementation of the new legislation into daily practice, and required training related to the newly passed Preventing Sex Trafficking and Strengthening Families Act, PL 113-183.

CHILDREN'S ROUNDTABLE

Children’s Roundtables were introduced in November 2006 under leadership of Supreme Court Justice Max Baer. The initiative is 3-tiered with county, regional and statewide “Roundtables” which focus upon promoting statewide uniformity in Dependency Court procedures and improve outcomes for children and families under the jurisdiction of the Juvenile Court. An additional goal is to establish a structure for dependency courts in all counties to share information with each other on "best practices" in the handling of cases, to assure that judges are given necessary time and resources to reach the best decision, with a minimum of delay, for each child under their jurisdiction.

In 2007, the Supreme Court of Pennsylvania created a new Office of Children and Families in the Courts, which works with county dependency courts and child welfare officials to speed the placement into permanent homes of thousands of abused and neglected children. The office works in concert with counties toward the following goals:

- To have a permanent placement plan for each dependent child within one year.
- To provide more intensive training, in collaboration with the relatively new Judicial Education Department of the Administrative Office of Pennsylvania Courts (AOPC), for judges who handle cases of dependent children.
- To seek more active leadership by judges in working with the child welfare system to develop a team approach in dealing with dependency cases.
- To assure frequent court hearings for each dependent child.
Montgomery County's Children's Roundtable is co-chaired by the Honorable Wendy Demchick-Alloy, Court of Common Pleas Judge/Juvenile Division Administrative Judge and Laurie O’Connor, Children & Youth Program Administrator.

The Roundtable meets monthly to identify best practices and needs related to family circumstances that impact child safety, permanency and well-being. Membership on the Children’s Roundtable includes over 300 representatives from:

- County Government
- Courts
- Law Enforcement
- Service Providers
- Consumers
- Advocate Organizations
- Schools and Early Learning Centers
- Community Organizations

COMMON PLEAS CASE MANAGEMENT SYSTEM (CPCMS)

The Administrative Office of Pennsylvania Courts (AOPC) developed a state-wide dependency module of the Common Pleas Case Management System (CPCMS). CPCMS was fully implemented in Montgomery County during 2009. This case management system is designed to enable statewide uniform electronic scheduling and tracking of children and court processes within the system, as well as, provision of individualized electronic court orders to streamline the Court and Children and Youth systems related to hearings and matters before the Court. Eventually the CPCMS system should be able to provide reports and statistical data related to court processes in each county and across the Commonwealth. This information will be beneficial to continued court improvement objectives. Staff will be provided additional training in the CPCMS system in 2017.

FAMILY GROUP DECISION MAKING (FGDM)

A permanency initiative that we have added to our family engagement service array is called Family Group Decision Making. Family Group Decision Making is a family practice. A voluntary meeting of family members and other people important to the family is held to make necessary plans and decisions for the child or children who have been identified as having some level of dependency which requires service intervention by our office.

FGDM meetings provide structured opportunities for families to resolve difficult issues related to child safety, permanency planning, child well-being and other family circumstances. The Family Group Decision Making meetings place families in a position of responsibility to resolve their own problems. The evidence shows that families know themselves, their strengths and weaknesses, their own capabilities and resources better than those outside the family. Families who identify their own goals and objectives to resolve problems are more likely to follow through than those not directly involved in planning.

In 2016, twenty-three (23) formal FGDM conferences were provided to engage families and empower them to come up with viable solutions to the problems they faced relating to the care of their children. Numerous informal family conferences were also held by Children & Youth casework staff to actively involve family in decisions about the safety, permanency and well-being of their children.
FAMILY-TO-FAMILY
Our Family-to-Family approach to foster care supports close proximity of birth parents to foster parents, direct communication between birth parents and foster parents, and mentoring of birth parents by foster parents. Family-to-Family work emphasizes building working relationships between birth and foster parent, supervision of visits by foster parents, and the inclusion of foster parents into the team of professionals in team meetings.

Adherence to Family-to-Family principles by involved parties is intended to result in the additional assurance of child safety, a decrease in the time children spend in foster care, a decrease in “split loyalties” of children, an increase in foster parent longevity, improved communication, and improvement in overall well-being factors and outcomes for children. During 2011, the agency moved from having a single Family-to-Family Coordinator to having all casework staff coordinate Family-to-Family meetings for families in placement situations. Casework staff is continuously improving their family engagement skills, which results in improved outcomes for children and families. All staff has been trained in Family-to-Family meetings and facilitates the meetings on their individual cases. In 2016, a total of one hundred six (106) Family-to-Family Team Meetings were conducted.

FAMILY ENGAGEMENT STEERING COMMITTEES
To insure effectiveness of meetings and to connect families to local community resources, three (3) Steering Committees operate in different areas of the County; one each in the western, central and eastern regions of Montgomery County. The Steering Committees are made up of a diverse group of parents and professionals who meet quarterly to make practice recommendations, identify resources, recruit foster parents, support agency functions, and promote positive outcomes for children.

FOSTERING CONNECTIONS TO SUCCESS & INCREASING ADOPTIONS ACT OF 2008 (FOSTERING CONNECTIONS)
The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893/P.L. 110-351) is expected to help vulnerable children find a safe, loving and permanent home by increasing opportunities for adoption and relative guardianship. It is also intended to improve critical education and health care services for children in foster care and better prepare older youth for adulthood by extending federal support for transition programs. The Act also provides important federal protections and support for many American Indian children.

Children & Youth has implemented programs and practices to meet the requirements of this Federal legislation and to promote permanency by:
• Increasing family search and family engagement efforts
• Providing subsidy and waiver opportunities where appropriate
• Maintaining siblings together and prioritizing sibling visitation to the extent possible
• Extending services for older youth as appropriate, including emphasis of child preparation and transition planning services
• Coordinating stable and continual educational and healthcare services for children in OCY custody
Currently, Montgomery County receives federal financial support through the Fostering Connections Act to increase the number of youth in permanent families and extend support to those still in foster care without placing additional financial burden on the state and local governments. Under Fostering Connections, the Montgomery County Office of Children & Youth is provided the following extensions of support and care:

- Extension of adoption and guardianship subsidies for children until age 21
- Expansion of eligibility criteria for youth who can remain in foster care until age 21
- Re-entry of youth ages 18 to 21 to foster care

FOSTER PARENT ASSOCIATION (FPA)
The Foster Parent Association of Montgomery County is a non-profit organization of foster parents. The purpose of the organization is to provide a network of support for Children & Youth foster parents and foster children. Contributions to the organization are used to support events and activities for children in foster care and for the families that care for them. Foster Parent Association members are instrumental in foster parent recruitment, training and retention.

HIGH FIDELITY WRAPAROUND (HiFi)
High Fidelity Wraparound (HiFi) is a team-based collaborative process geared to assist families whose child or adolescent is experiencing multiple needs and often have complex plans from several different systems. HiFi is based on specific principles and phases that utilize a partner and empowerment approach with families, encouraging their voice and strengths to be the driving factor in development of a plan that meets identified needs. Ongoing meetings occur over the course of several months employing the four phase structure: Engagement and Team Preparation, Initial Plan Development, Implementation, and Transition. For a number of years, HiFi has been employed as an additional layer of support and advocacy and as an enhancement to the family engagement processes. HiFi is available for diversion, as an intervention on a case opened for services, as well as an aftercare support when case closure is planned and formal therapeutic services end. The HiFi team works to ensure that the youth and family are heard and respected, and that the goals they have identified are built into an ongoing recovery process. The youth and family, along with the HiFi Facilitator and support partners regularly monitor the plan and bring the team together to review, celebrate successes, and help identify new needs as they may arise.

MISSION KIDS
Mission Kids is the County’s Child Advocacy Center established to help ease the investigative process for abused children in Montgomery County. Mission Kids is a non-profit organization created through collaborative efforts of the Montgomery County District Attorney, the Police Chiefs of Montgomery County and the Montgomery County Office of Children and Youth. This 501©(3) corporation is governed by a Board of Directors.

Mission Kids forensic interviewers interview child victims of serious physical injury and sexual abuse in the child-friendly location with a multi-disciplinary investigative team (MDIT) approach. This approach limits the trauma to children while still affording all professionals involved the information necessary to advance an investigation and appropriately support the child.

In 2016, Mission Kids provided five hundred twenty-two (522) child-friendly forensic interviews for children suffering sexual abuse or bodily injury in Montgomery County. Two hundred seventy-two (272) of those interviews involved a child known to Children & Youth and two hundred fifty (250) of those interviews involved a child known to law enforcement. All cases, regardless of how they come to Mission Kids, receive a multi-disciplinary team investigation.
MONTGOMERY CHILD ADVOCACY PROJECT (MCAP)

The Montgomery Child Advocacy Project (MCAP) is a non-profit organization that recruits and trains local volunteer attorneys available to child victims in cases of family violence when the interest of the child is in potential conflict to the interests of other family members. Child advocates may also represent the needs of a child in the absence of a parent or guardian. Currently there are over 150 volunteer attorneys who assist children every day through the legal process, providing a voice to a child who needs someone to look out for them and represent their best interests. In conjunction with Children & Youth, volunteer attorneys assist abused, neglected and dependent children in navigating the sometimes confusing and complicated legal steps of child welfare and criminal proceedings. Attorneys involved with MCAP speak passionately about the children they help and the fulfillment they receive in doing such important and beneficial work in our community. In 2016, fifty-five (55) new child advocates were assigned to Children & Youth dependency cases. Numerous child advocates continue their work on existing cases assigned in prior years.

MULTI-DISCIPLINARY INVESTIGATION TEAMS (MDITs)

Child welfare investigations of child abuse and neglect are best suited to a multi-disciplinary team approach. No single agency is able to provide the necessary framework to handle every aspect of investigation and support that a child or family might need when abuse or neglect of a child has been reported. In Montgomery County, we have a strong and long-standing commitment to protecting children and supporting families. While working together in the best interest of the children we serve has always been a priority, we have formalized our team investigative process with the opening our County’s child advocacy center, Mission Kids. Mission Kids is a non-profit organization created by the collaborative effort of the Montgomery County District Attorney, the Police Chiefs of Montgomery County, and the Montgomery County Office of Children and Youth to help ease the investigative process for abused children in Montgomery County.

Team investigations support the most vulnerable children in our County by streamlining investigative information gathering, facilitating effective and timely investigations of child abuse and neglect, emphasizing the child’s needs and best interests, eliminating duplication of services, and increasing positive outcomes for abused and neglected children.

PERMANENCY 3-5-7 MODEL

The Permanency 3-5-7 Model is an initiative supported by Children & Youth in partnership with the Statewide Adoption Network (SWAN) to assist children in preparing for permanency with family, relatives, kin, or adoptive parents. Children & Youth provides this supportive preparation service directly when working with families and refers children to SWAN for this service as well. The 3-5-7 Model provides tools and language to engage a child and to assess that child’s readiness for permanency. Additionally, the 3-5-7 Model helps the child reconcile past losses that he or she has encountered. This model fits well with the Family Finding initiative described above. Once family or other permanent support resources are identified for a child, the 3-5-7 Model is implemented to assist the child in preparing for permanency. The Model is initiated while the child is in his/her temporary placement setting. The 3-5-7 Model can be employed when a child is preparing for permanency through adoption, permanent legal custodianship, relative or kinship care. In 2016, seventy-eight (78) children were referred to SWAN for child preparation services which includes use of this permanency initiative.
Placement and Clinical Reviews (PCRs) are objective group decision making meetings convened to discuss case circumstances, review plans for provision of child welfare services, and provide guidance related to best practices and available resources for dependent children and their families. PCRs are required during certain intervals and under defined special circumstances, but additional reviews can be held at the caseworker’s, supervisor’s or administrator’s discretion when deemed helpful or appropriate. The PCR also serves as an administrative case review process related to compliance with agency goals, Department of Public Welfare regulations, and legal mandates for agency services. The PCR meeting generally includes the caseworker, supervisor, Social Service Administrator, and Quality Assurance Administrator. Additional participants including foster parents, service provider agencies, county human services, and others may be included when appropriate. The PCR process is essential to the agency’s efforts toward permanency for children. PCRs allow for coordinated and planful decision-making related to available services, supports and case directives to best meet the needs of each individual child, sibling group and family. PCRs are essential to Montgomery County’s success in our permanency initiatives. During 2016, a total of one hundred sixteen (116) Placement and Clinical Case Reviews were conducted by Quality Assurance staff.

Safety Across Counties
The counties in the Southeast Region (Philadelphia, Montgomery, Bucks, Chester, Delaware, and Berks) have collaborated and worked closely together for many years with the intended result of formulating plans, processes and practices which make purposeful sense to the children, families and agencies living in and serving this region. Families occasionally move from one county to another and therefore, a case transfer policy has existed within the Southeastern, Pennsylvania Region for many years. The purpose of a case transfer policy is to insure safety of an abused, neglected or at-risk child whose family relocates to another county. The process is supported by formal case referral, case transfer, and case acceptance letters utilized in the Southeast Region. The letters provide consistency in sending and receiving adequate information on families that may move between counties insuring that proper services are provided and that a child(ren) is not left in an unsafe situation.

Shared Case Responsibility
Children & Youth and the Juvenile Probation Office follow Department of Public Welfare guidelines related to shared case responsibilities within the County. We recognize that in certain cases, it is in the best interest of the child and family to receive supports and supervision from both offices and the Juvenile Court.

There are four categories of youth who qualify for Shared Case Responsibility:
- A youth under the care of child protective services becomes involved in the delinquency system
- A youth with a previous, but not current, case with child protective services enters the delinquency system
- A youth who is a current victim of maltreatment, but without any previous or current contact with child welfare, enters the delinquency system
- A youth who exits juvenile justice and enters the child welfare system because he/she does not have a home to which to return

In 2016, Children & Youth and Juvenile Probation managed sixty-three (63) Shared Cases.
SUPERKIDS

SuperKIDS of Montgomery County, Inc. is a non-profit 501©(3) group of volunteers established in 1994 that collaborates with Children & Youth to provide abused, neglected and dependent children in the county the opportunity for educational growth and personal enrichment. The educational and enrichment experiences supported by SuperKIDS for children and youth known to the agency serve to boost a child’s self-esteem, improve confidence and skills, and helps children of all ages to reach his or her full potential.

Without SuperKIDS, many abused and neglected children would be unable to access such things as vocational instruction, summer camp programs, art, dance and music lessons, martial arts training, school trips, work uniforms, summer school classes, GED classes and much more. SuperKIDS also assists older youth who are attending higher education following high school graduation. From its inception in 1994 through 2016, SuperKIDS has supported a vast number of children known to the Montgomery County Office of Children & Youth. In 2016, SuperKIDS supported a total of four hundred twenty-one (421) children in an educational or enrichment program identified to specifically meet individual needs. SuperKIDS has also awarded the Tom Ward Scholarship to a deserving young person who is furthering her education through post-secondary education.

SYSTEMS OF CARE

Some of the County’s most challenging multi-system needs children require support through the Child Welfare System. Collaborative meetings are convened regularly to swiftly address the needs of the children and families to expedite appropriate service implementation and support. Necessary review of funding streams and resources is included in this process.

Both formal and informal collaboration continues to improve social services on both system and program levels. Staff from various child-serving systems meets regularly to address systems improvements emphasizing cross-systems case planning, service delivery improvements and shared funding opportunities for families whose circumstances require services and supports from multiple service systems and from both public and private agencies. Integration efforts utilize a Systems of Care model which emphasizes a high degree of cross-program collaboration, coordination, cooperation and information sharing. These efforts are improving service delivery, cross-systems management and resource challenges.

TEAM DECISION MAKING (TDM)

Team Decision Making (TDM) is a structured process that staff utilize to engage the appropriate individuals within the family, community and agency at the appropriate times to aid in concrete planning and decision-making for a child at-risk for placement, placement disruption, or placement discharge. The goal of Team Decision Making is to make safe placement-related decisions in the least intrusive, least restrictive manner possible by involving birth families and community members, along with resource families, service providers and agency staff. In all placement decisions, the agency will insure a network of support for the child and the adults who care for them.

Team Decision Making is a strengths-based practice which emphasizes parents as our partners and focuses on the strengths of the parents and community. We know that parents know their children best, and by including parents, families and community supports, along with agency staff, the most suitable decisions for short-term and long-term health and well-being of a child can be determined. This approach was developed by the Annie E. Casey Foundation and fits well with our agency because we have practiced the family engagement principles needed for success with this approach for many years now. Our background in Family-to-Family and our emphasis on permanency initiatives over the past several years allows us to incorporate Team Decision Making with relative ease.
Team Decision Making meetings commenced in Montgomery County on November 1, 2011. Initial roll-out of TDM meetings focused on preserving and stabilizing children already in a placement situation who may be at-risk for a placement disruption or change, or in situations where a child is preparing for independence and transitioning to adulthood. Phase two of Team Decision Making implementation focused on the permanency decisions that must be considered when a child has been in placement for a period of nine months. These meetings assist in preparation for the child’s formal twelve (12) month review by the Juvenile Court. These meetings pool resources for a child and family and give careful consideration to the best interests of the child. Phase three of Team Decision Making focused on initial placements of children to identify family and community resources to alleviate the need for formal out-of-home placement.

TDM meetings are lead by an agency facilitator and are attended by the key people in a child’s life, including but not limited to, the older child, parents, grandparents, aunts, uncles, others significant to the family, friends, relatives, and community supports. The parent(s) involve the people in their lives in these meetings who may be able to assist them with problems that prevent their children from remaining or returning safely home. Family to Family Steering Committees now include parents and community members to best support families and our agency’s TDM process. During 2016, one hundred one (101) Team Decision Making meetings were held to engage and support families in Montgomery County.

THREE MONTH DEPENDENCY COURT REVIEWS

All children in an out-of-home placement with Children & Youth fall under jurisdiction of the Juvenile Court. At the time of an initial placement of a child, the Court must be petitioned, and formal hearings are held on the matter including an initial Shelter Care Hearing, Adjudication Hearing, and Disposition Hearing. These hearings are to determine the existence of dependency and occur within the first few days and weeks of a child’s placement. Once the Court determines that temporary services are necessary for a child while parents work on outlined goals and objectives, the Court must provide formal review of circumstances on a bi-annual (every six months) basis.

As a permanency or best practice initiative, Children & Youth, in collaboration with the Courts, guardians ad litem and child advocates, has implemented three (3) month permanency reviews of all placements where the child is five years of age and under. More frequent intensive reviews are designed to speed resolution of problems and shorten a child’s length of stay in a placement setting. Montgomery County is measuring outcomes and current consideration is being given to extending the age under which a child is formally reviewed by the Juvenile Court for all children from every six months to every three months.

TIME LIMITED FAMILY REUNIFICATION (TLFR)

Children & Youth was awarded a State funded grant program called Time Limited Family Reunification (TLFR) in 2007. This permanency initiative continues today supporting children and families when an out-of-home placement setting was deemed necessary to ensure the safety of the child. TLFR is designed to strengthen and support families by providing immediate and appropriate reunification services to parents whose children have been placed into foster care and who have not exceeded 15 months in care. The intent of the program is to safely reunify children with parents in a timely fashion, reducing the length of time a child spends in foster care. Families appropriate for TLFR are identified by Children and Youth staff and are then provided specific reunification support services by the Norristown or Pottstown Family Centers, based on location of the family residence. In total, forty-nine (49) families received Time Limited Family Reunification support in 2016.
Diverting Families from the Child Welfare System
Alternative Response Program (ARP) Success Story

The "J" family originally became known to the Montgomery County Office of Children & Youth in April 2016 when a report was made to ChildLine due to "loud noises coming from the home at all hours of the day and night and a 4 year old and 7 year old seen playing outside unattended in the back yard on a rusty swing set."

The Children & Youth Caseworker received the report and immediately contacted local police to see if there had been any concerning contacts with the family or at the stated address. The Police quickly identified the family and informed the Caseworker that both mother and father are hearing impaired and new to the community. The Caseworker sent a letter to the family scheduling a home visit. During the home visit, the Caseworker met with Mr. and Mrs. J and their two children, Lindsay, age 7 and Lisa, age 4. The home was neat and orderly. The parents communicated with the Caseworker via a unified video system. The Caseworker explained the nature of the report and asked about loud noises coming from the home and the supervision of the children both inside and outside. Mr. and Mrs. J explained that due to their hearing impairment they are somewhat loud in their communications, but that it is nothing extreme. The children appeared clean and well-cared for, appropriate in their interactions with their parents, and when asked, did not have any concerns about their family circumstances. Mr. & Mrs. J showed the Caseworker the back yard which is fenced in, however, there was no play equipment in the yard. Mrs. J stated that when they moved in there was a swing set but the landlord removed it approximately 2 months ago, shortly after they moved in due to safety concerns. While assessing the family's situation, Mr. and Mrs. J told the Caseworker that they moved to the new location due to their last home being sold. They explained that they lost several pieces of furniture when their storage unit flooded. Mrs. J showed the Caseworker throughout the home and stated that she and the children share an inflatable mattress and stated that Mr. J sleeps on the floor. The Caseworker observed that the home was clean, there were no safety concerns, and that the parents were appropriate with the children.

Due to their recent relocation and flooding of their storage unit, the "J" family was without resources to purchase new furniture. The Caseworker identified the need for appropriate beds for the family in the absence of any other concerns of child abuse or neglect. The Caseworker submitted a request for Alternative Response for the family. Through the Alternative Response Program, support and resources were made available to the family, to assist with their adjustment to a new community and to aid in the purchase of beds for the family. This case was successfully diverted from the formal child welfare system.
2016 STATISTICS
SCREENING & ASSESSMENT, INFORMATION & REFERRAL,
BRIEF SERVICES AND CASE ACCEPTANCE

The Office of Children & Youth’s Screening Unit and Assessment Unit staff is the front line for case referral and acceptance. These staff members have the responsibility for reviewing incoming reports against the definitions cited on page 13 of this report, assessing for safety, responding to emergencies, setting up cases appropriate for investigation, providing information and referral to community members seeking direction and consultation, providing brief services when necessary to support child, family, agency or community needs, and identifying family circumstances appropriate for an alternative (preventative or diversionary) response to meet the need of the family in the absence of child abuse or neglect.

Since the legislative changes, effective December 31, 2014, Children & Youth experienced a significant increase in reports and referrals. This increase in reporting is detailed in the charts and graphs included in this section. Each incoming report requires review of laws and regulations to establish if a referral meets legal acceptance criteria and mandates for services. To do so, staff must follow the legal definitions previously reviewed. The chart on the following page shows the number of reports, calls and contacts made by the community to ChildLIne and Children & Youth and summary information relating to the initial and immediate handling of those contacts.

In 2016, twelve thousand three hundred fifty-seven (12,357) reports, referrals, calls, walk-ins, and requests for information were made to Children & Youth. Of the 12,357 reports received last year, eight thousand twenty-two (8,022) families were provided immediate direct assistance by an OCY Screening or Assessment Caseworker, After-Hours Caseworker, Truancy or Adolescent Caseworker or were referred to the appropriate public or private agency best suited to meet their needs. Two thousand one hundred forty-one (2,141) contacts received “brief services” or follow-up casework services by an OCY Screening or Assessment Caseworker, Truancy or Adolescent Services Caseworker or After-Hours Caseworker. One thousand four hundred nineteen (1,419) contacts resulted in a Child Protective Services (CPS) investigation. Seven hundred seventy-five (775) contacts resulted in a General Protective Services (GPS) Investigation. Adolescent Assessments and Truant Assessments are including in the GPS totals.

Daytime casework staff handles incoming calls Monday through Friday from 8:00 a.m. to 4:30 p.m. The After-Hours Casework Unit responds to emergencies reported to the office during evenings, nights, weekends and holidays on new cases reported and on cases already open with the agency. In 2016, After-Hours staff provided emergency response or support to six thousand one hundred thirty-one (6,131) contacts coming into the agency. After-Hours staff responds to emergencies on both new contacts or reports coming into the agency during evenings, nights, weekends and holidays, as well as, providing response to emergencies that arise on open cases with the office during these same “off” hours. With this type of response team, Children & Youth is able to handle child abuse and neglect emergencies 24 hours a day, 7 days a week, 365 days a year.

The chart on the following page shows the breakdown of Community Contacts to the agency during 2016:
CHILD ABUSE AND NEGLECT NUMBERS FOR 2016

2,194 reports were accepted for investigation by Children & Youth in 2016. Of the 2,194 investigations completed, 1,419 were CPS or Child Protective Service investigations, up 14.3% from 2015, and 775 were GPS or General Protective Service investigations, down 14.6% from 2015. The GPS numbers include Adolescent Ungovernable Assessments and Truancy Assessments conducted in 2016.

Note - Responsibility for truancy in Montgomery County transferred from the Juvenile Probation Department to the Office of Children & Youth in September 2012.

The agency may also provide a Brief Service response. Brief Services (totaling 2,141, down 1.4% from 2015) are provided to families that may not require a full Child Protective Service or full General Protective Service investigation, but that may need some brief support, assistance or guidance from the office while also affording staff the opportunity to ensure children are safe and free of harm.

During an investigation of suspected child abuse or neglect or the provision of brief services, the Children & Youth caseworker has the responsibility for ensuring the safety of not only the reported child, but of every child in the household. Most households have more than one child and in some situations, a family may be reported more than one time in a calendar year to Children & Youth related to concerns that may warrant a response from the agency. Thousands of children are assessed by professional casework staff every year and the safety of each individual child is assured. Staff utilize their knowledge, training, skills and abilities to assess each child and family's circumstance, as well as, formal assessment tools such as safety assessments and risk assessments to evaluate circumstances and arrange for direct and collaborative services, where appropriate, for children and family members.
Note - 2016 Rate of Child Abuse (Does not include General Protective Service reports) in Montgomery County per 1,000 children ages 0-17 is 6.9 according to The PA Department of Human Services 2016 Annual Child Protective Services Report

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CPS INVESTIGATIONS</th>
<th>GPS INVESTIGATIONS</th>
<th>BRIEF SERVICES</th>
<th>TOTAL INVESTIGATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>806</td>
<td>720</td>
<td>1,613</td>
<td>3,139</td>
</tr>
<tr>
<td>2013</td>
<td>784</td>
<td>889</td>
<td>1,262</td>
<td>2,935</td>
</tr>
<tr>
<td>2014</td>
<td>866</td>
<td>778</td>
<td>1,252</td>
<td>2,886</td>
</tr>
<tr>
<td>2015</td>
<td>1,242</td>
<td>908</td>
<td>2,171</td>
<td>4,321</td>
</tr>
<tr>
<td>2016</td>
<td>1,419</td>
<td>775</td>
<td>2,141</td>
<td>4,335</td>
</tr>
<tr>
<td>Type of Abuse</td>
<td>2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bodily Injury</td>
<td>883</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Fabricated Illness</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Mental Injury</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse or Exploitation</td>
<td>270</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating Likelihood of Bodily Injury</td>
<td>106</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating Likelihood of Sexual Abuse or Exploitation</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Physical Neglect</td>
<td>131</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abusive Actions Against a Child</td>
<td>116</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Causing the Death of a Child</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The previous charts provide detail related to the number of reports received by the agency in 2016 under the expanded definition of child abuse as set forth in Act 108 of 2013 which became effective on December 31, 2014. The expanded definition of child abuse includes:

- “Bodily injury” rather than “serious physical injury”
- Includes “caregiver fabricated illness”, which is new to the definition
- Lowers the threshold for serious mental injury from “causing” to “substantially contributing to”
- Includes sexual abuse or exploitation including human trafficking
- Changes “imminent risk” of serious physical injury or sexual abuse or exploitation to “creating the likelihood” of bodily injury or sexual abuse or exploitation
- Includes serious physical neglect
- Includes specific abusive actions against a child not previously detailed in the law including: kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child, unreasonably restraining or confining a child, forcefully shaking a child under one year of age, forceful slapping or otherwise striking a child under one year of age, interfering with the breathing of a child, and/or causing a child to be present at a location where a methamphetamine lab is operating, leaving a child unsupervised with an individual, other than the child’s parent who is a registered sex offender, sexually violent predator, or sexually violent delinquent child
- Causing the death of the child through any act or failure to act

This expanded definition of child abuse provides a broader safety net for our most vulnerable children. By providing additional detail in the law and including certain specific actions as abusive in and of themselves, there is less room for interpretation and a more straightforward understanding of what constitutes child abuse in Pennsylvania.

GEOGRAPHIC DISTRIBUTION OF REPORTS OF CHILD ABUSE

The following chart captures specific areas of the County by postal zip code from which the largest amounts of reports of Child Abuse to the agency originated. In the past, the agency was able to capture each individual township or borough from which the report was made. We are currently in a time of transition following passage of twenty-five (25) new pieces of legislation impacting child welfare. On December 31, 2014, the Commonwealth unveiled its new electronic reporting portal, the Child Welfare Information Solution (CWIS) to meet requirements under the new legislation. The Commonwealth and Counties are currently making necessary adjustments to our business process and data reporting capabilities.

All referrals received by the Commonwealth through ChildLine and those reports received directly to Children & Youth locally may require a full Child Protective Service investigation based on the content of the report and the requirements under the Child Protective Services Law of Pennsylvania and are maintained in the state-wide database, CWIS. Reports are investigated and determined at the County level and communicated back to the State electronically. These reports all involve a Montgomery County child, family, or location of abuse, as criteria for acceptance for investigation.

The following information is used to focus efforts and improve response in areas with the greatest recurring incidents of reported child abuse. Increased awareness is the first step to prevention of child abuse. Schools, police, community providers (to name a few) are encouraged to use this information to focus prevention efforts and resources in identified areas of greatest need.
MONTGOMERY COUNTY OFFICE OF CHILDREN AND YOUTH
2016 GEOGRAPHIC DISTRIBUTION OF CHILD ABUSE (CPS)

AREAS OF MOST REPORTS OF CHILD MALTREATMENT
BY ZIP CODE IN MONTGOMERY COUNTY - 2016

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Township/Borough</th>
<th>CPS</th>
<th>%</th>
<th>GPS</th>
<th>%</th>
<th>BrSvc</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>19401</td>
<td>Norristown Area</td>
<td>262</td>
<td>18.5%</td>
<td>159</td>
<td>20.5%</td>
<td>330</td>
<td>15.4%</td>
</tr>
<tr>
<td>19464</td>
<td>Pottstown/Sanatoga/Stowe Area</td>
<td>242</td>
<td>17.1%</td>
<td>150</td>
<td>19.4%</td>
<td>318</td>
<td>14.9%</td>
</tr>
<tr>
<td>19446</td>
<td>Lansdale/Towamencin Area</td>
<td>88</td>
<td>6.2%</td>
<td>45</td>
<td>5.8%</td>
<td>118</td>
<td>5.5%</td>
</tr>
<tr>
<td>19468</td>
<td>Royersford/Limerick/Linfield Area</td>
<td>52</td>
<td>3.7%</td>
<td>15</td>
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</table>
The chart on following page details the source of referrals to ChildLine and Children & Youth. In addition to the expanded definition of child abuse, those required or mandated to report their suspicions of child abuse has also been expanded.

Those individuals who come into contact with children during the normal course of their business are required to report their suspicions of child abuse or neglect. Additionally, now volunteers, coaches, scout leaders, clergy, librarians, camp staff and others are also included in the list of those mandated by law to report their suspicions of child abuse and neglect when they have a concern.

Legally required reporters are termed “mandated reporters.” The law also provides for those deemed as “permissive reporters” to report their concerns as well. Under the new definitions, ALL are encouraged to report their concerns related to child abuse or neglect.

In 2016, referrals were received by ChildLine and Children & Youth. Referrals are made electronically through the Commonwealth’s reporting portal: www.compass.state.pa.us/cwis or by calling the Commonwealth’s hotline 1-800-932-0313.

Mandated and permissive reporters are taking action and reporting their concerns on behalf of children in our community and our Commonwealth. School personnel, law enforcement officials, nurses, relatives, therapists and social service staff are making referrals in large number to the agency. Referrals are now also coming in from coaches, attorneys, clergy and even child self-referral.

No report to ChildLine or to the agency is unimportant. Each referral allows us to review concerns and circumstances and determine the appropriate level of response to assure safety to children in our county. It takes all of us working together to adequately support children and families in our community.

Clearly, professionals, community partners and parents are actively providing a safety net within our schools and our neighborhoods by contacting ChildLine when families require intervention to assure child safety, or require parenting support or assistance in meeting daily needs of adequate food, clothing, shelter, health care, or proper supervision.
### REFERRAL SOURCES 2016

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<th>Source of Referral</th>
<th>CPS</th>
<th>%</th>
<th>GPS</th>
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<td><strong>Totals</strong></td>
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<td>775</td>
<td>100.0%</td>
<td>2,141</td>
<td>100.0%</td>
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</table>
FACTORS CONTRIBUTING TO CHILD ABUSE & NEGLECT

We know child abuse and neglect occurs in families across all communities in our county. There is not an identifying profile of someone more likely to abuse his/her children. Child abuse and neglect crosses all boundaries with regard to race, color and creed, economic status, social status and culture.

The Pennsylvania Chapter of the American Academy of Pediatrics has identified three sets of risk factors that could increase one’s likelihood for abuse and neglect when the risk factors are present. They are as follows:

Child characteristics which could increase the risk of child abuse and neglect:
- Premature birth
- Colic
- Physical disabilities
- Developmental disabilities
- Chronic illness
- Emotional/behavioral difficulties
- Unwanted child
Parental characteristics which could increase the risk of child abuse and neglect:
- Low self-esteem/depression
- Poor impulse control
- Substance abuse
- Abused as a child
- Teenage parent
- Unrealistic expectations of child’s behavior
- Negative view of themselves and their children
- Punitive child rearing style

Social/Situational/Family characteristics which could increase the risk of child abuse and neglect:
- Isolation
- Family/domestic violence
- Non-biologically related male in the home
- Poverty
- Unemployment/financial problems
- Single parent
- Animal abuse

Child abuse and neglect is more likely to occur in situations where the above-identified risk factors are present and when there is a triggering situation present whereby a parent becomes overwhelmed and perhaps over-reactive to a situation involving a child.

You can personally make a difference in a child’s life by playing a supportive role to new parents or a struggling family. Sometimes, simply having someone to talk to or someone to listen can ease a stressful situation for a parent and reduce the likelihood of child abuse or neglect. Child abuse is a community problem that should concern us all. Child abuse prevention starts when we take the time to help a parent or caregiver in need.

Additional factors contributing to child abuse and neglect totals:
- New legislation which expands the definition of child abuse, increases those designated as mandated reporters of suspected child abuse, increases those who can be considered perpetrators of child abuse, and increases penalties for failing to report.

- Economic Climate – Significant stress can occur on families dealing with economic stressors in their lives. When employment opportunities fluctuate and employment is not secure, families face added difficulty in managing the day-to-day responsibility of raising a family. Loss or decline of income can result in one’s inability to provide for their family, maintain housing, supply adequate food, clothing, and healthcare and more. Significant stress on families can be a risk factor that contributes toward child abuse and neglect. An improved economy often results in a positive impact on a families’ ability to care for their children.

- Unresolved behavioral health issues on the part of caregivers can be a factor contributing to one’s inability to adequately care for a child/children. Children & Youth continues to develop partnerships with public and private behavioral health support services to best meet the needs of children and families.
Drug and Alcohol Dependency – Upwards of 75% of open cases with Children & Youth have one or more parents in the household with a drug or alcohol problem. This type of dependency can create a situation of either increased violence or a situation of utter neglect of children. Drug and alcohol dependency can significantly impair an individual’s ability to adequately care for their children.

Housing – 16% of families receiving placement services from Children & Youth in 2016 were without adequate housing, were facing eviction or were homeless. Shortage of affordable housing and housing assistance is not unique to the child welfare system and is a priority across human services.

Caregiver Isolation - In 76.7% of cases with Children & Youth, caregivers are parenting alone or in relative isolation. Without strong family supports, providing adequate care for children can be difficult, and in some circumstances overwhelming.

Low Case Acceptance Threshold - Children & Youth takes pride in providing both child protective services and child abuse prevention services. When presenting circumstances support an investigation regarding the safety or well-being of a child, an investigation may commence even in the absence of a specified injury. In these situations, the goal is to provide support and resources to families in need before a serious injury occurs.

Community education and training by the agency’s Community Relations Specialist and other staff - This proactive referral trend has resulted in decline in serious cases of child abuse and neglect and mandated reporters seeking supportive services for families sooner before more serious situations arise. Educational programs include (see Glossary for definitions):

- Montgomery County District Attorney’s Multi-Disciplinary Child Abuse Training
- Mandated Reporter Training
- Children’s Service Integration Team Training
- Child Abuse Investigation Team Training
- PEAK Presentations
- Community Forums
- College/University Course Instruction
- Informational Fairs
- EPIC - SCAN
- SCAN - EMS
- SCAN - HS
- SCAN - SN

ChildLine (the Pennsylvania Child Abuse Reporting Portal, Hotline and Registry) accepts all reports related to possible child maltreatment, including both child abuse and child neglect concerns. ChildLine guidelines require case acceptance in two specific areas even in the absence of specified abuse if the report is from a child care center or if the report involves preschool-aged children.

These factors directly and indirectly impact the number of referrals to Children & Youth and the number of investigations completed by our agency in 2016. Likewise, families whose cases are opened for Ongoing Services are families dealing with many of these factors which contribute to child abuse and neglect. Two Family Centers located in Norristown and Pottstown provide additional child abuse prevention, parent education and child reunification services including Time Limited Family Reunification (TLFR) services and Parents As Teacher in the family home and Child Abuse Prevention Education services for families.
ONGOING SERVICES

Many families referred to the Agency are provided short-term services to meet the immediate needs of the children and families. However, in many situations, ongoing, longer-term supportive services are necessary in order to ensure the safety, permanence and well-being of children. When ongoing services are needed, cases are transferred from our Intake Investigation Division to our Ongoing Services Division or Placement Resources Division. Staff in these divisions is responsible for working intensively with families, whose children can be either at home or in placement, to resolve problems that place children at risk of abuse or neglect. Ongoing Division caseworkers and parents work together, with the support of identified family resources and community supports to meet family needs. Families may receive these coordinated services from Children & Youth for as little as six (6) months to as long as several years. Direct service casework visits are made to the parents and children a minimum of once every thirty (30) days, and more often as needed.

In 2016, Ongoing Services were provided to a total of eight hundred thirty (830) families. The 830 families served includes all child abuse, neglect and dependency cases requiring longer term services, as well as, cases concerning issues of adolescent ungovernability and truancy that required intervention and ongoing services. Throughout 2016, there was an average of three hundred eighty-five (385) cases open on any given day with direct casework services being provided by an Ongoing Caseworker. During the course of the year, two thousand seventy-five (2,075) children were monitored and safety assured. Approximately 25% of these children were in a placement setting. Direct service ongoing caseworkers specialize in family engagement techniques and coordinated numerous meetings designed to elicit family strengths and supports for their children. Family meetings may include one-on-one meetings with parents, Team Decision Making meetings, Family to Family meetings, Family Group Decision Making meetings, Placement and Clinical Review meetings and more depending on needs and circumstances. Most families receive services from Children & Youth in Montgomery County while children are at home with family members. Court intervention is necessary in all out-of-home placement situations. Court requirements have increased over the years, and in 2016, direct service caseworkers attended a total of one thousand four hundred sixty-one (1,461) Juvenile Court hearings in the best interest of children served by our office. An additional six hundred eighty-nine (689) Permanency Reviews were attended by direct service casework staff to update the Court on case circumstances and progress.

In-Home Services provided directly by Children & Youth caseworkers or through contracted providers for children and families as a means of preventing out-of-home placement include a wide range of services designed to meet specific and individual needs. Currently, there are approximately thirty-five (35) different types of In-Home Services available for families. This broad array of services falls into six (6) state cost centers as follows: Counseling, Day Care, Day Treatment, Direct Service Casework by an OCY Caseworker, Life Skills Education for Families (which includes both Intensive Service Casework provided by an OCY Caseworker and/or Family Specific Services) and Auxiliary Services (which include home studies, courtesy interviews and other support provided by the agency). These services are provided to safely stabilize and support families at home and to avoid the need for out-of-home placement. Maintaining children safely at home is in the best interest of both children and families. Our goal is to maintain family connections and have children remain with family whenever safe and appropriate to do so.

Please refer to the chart on the following page for an in-home services summary:
The following casework summary has been included to assist in understanding the Caseworker’s role and responsibility in support of children.

**Teaming in Support of Three Siblings**

The “E” family was referred to the Office of Children and Youth due to allegations of inappropriate housing and hygiene. The family consisted of Debbie (mother), Kevin (father) and three children, Kyle age 16, Sarah, age 9 and Jenna, age 8. Following an unannounced home visit by the Children & Youth Caseworker, in which the home was found to be deplorable, Code Enforcement was contacted. Code Enforcement toured the home, found multiple violations and deemed the home unsafe for human occupancy. The “E” Family was forced to leave. The Children & Youth Caseworker implemented a safety plan with the family. The two younger children, Sarah and Jenna, and the parents, Debbie and Kevin, went to the maternal grandparents’ home. Due to prior conflict between Kyle and his maternal grandparents, Kyle went to live with another relative.

Since the family was unable to return to their residence and because it was unclear when and if they would be able to do find housing, the Caseworker organized a Family Group Decision Making Meeting (FGDM). The parents and their family members decided together that they would like Kyle’s living arrangement to become a formal kinship placement with the relative with which he was currently residing. The Office of Children & Youth initiated an emergency home study, and Kyle was formally placed in kinship foster care.

After two months passed, the parents and Sarah and Jenna were no longer welcome at the maternal grandparents’ home. Therefore, the Caseworker organized another FGDM meeting. The family decision at this time was for Sarah and Joe to be placed in foster care to ensure they had proper housing and care until the family could adequately provide for them. Unfortunately, due to behavioral issues, Sarah and Jenna could not remain in the foster home. A Team Decision Making (TDM) meeting was held to address behaviors and concerns that were occurring, but ultimately Sarah and Jenna would have to be moved. Fortunately, a new foster home was located nearby so that the children did not experience any disruption in their school setting or support services.

Throughout their time in placement, Kyle, Sarah and Jenna each received supportive collaborative services through the behavioral health system. Debbie and Kevin participated in parenting classes, visited regularly with their children, and worked cooperatively with the Office of Children & Youth caseworker and services providers.
After almost a year in placement for the children however, Debbie and Kevin remained homeless. At this point, Kyle’s kinship foster parents determined they could no longer provide for Kyle and gave a 30 day notice for his removal. The only positive note being that the Caseworker talked at length with Sarah and Jenna’s foster parents and they agreed to take in Kyle as well. All three siblings were now together again.

Finally, approximately three months later, Debbie and Kevin obtained housing! Debbie was approved for Social Security Insurance (SSI) and Social Security Disability (SSD) and Kevin was able to obtain fulltime employment. Visitation for Debbie and Kevin and the children was increased and began taking place at the family home. Two months later, a final Team Decision Making Meeting was held and a plan for reunification of the children with their parents was developed. After a few additional months of positive visitation and stable employment for Kevin, the children were returned home. Follow up by the Caseworker confirmed that Debbie and Kevin have been able to maintain housing and Kevin has maintained employment. Because there were no more safety concerns and Debbie and Kevin were adequately providing for the children, this case was successfully closed with the Office of Children & Youth in October 2016!
Studies have shown that as a society we are experiencing opioid drug addiction at alarming rates. Painkillers are being over-prescribed, misused, sold to others, and not infrequently, becoming an individual’s initial experience with addiction. Drugs like heroin, which are highly addictive, are often less expensive and easier to access than prescribed medications. Currently, drugs like heroin are being laced with even more deadly additives, leaving a path of lethality in its wake. These additives, like fentanyl and carfentanil are so toxic and dangerous that one can overdose simply by touching the packaging or being present in the same environment. Those who ingest it, are most often suffering fatal consequences.

Drugs and alcohol are extremely dangerous. They can distort an individual’s perception of what is happening around him or her and as a result, the person may act irrationally, inappropriately or even destructively. An individual who is addicted to drugs or alcohol has a significantly decreased ability to care for their children. Often the addiction itself becomes so powerful that a parent’s innate ability to love, nurture, bond with and care for one’s child is diminished or even negated altogether. Failure to prioritize the care of one’s child is what brings many cases to the attention of Children & Youth.

Upwards of 75% of open cases with Children & Youth have one or more parents or caregivers in the household with a drug or alcohol problem. This type of dependency can create a situation of either increased violence or a situation of utter neglect of children. Drug and alcohol dependency can significantly impair an individual’s ability to adequately care for their children. We are experiencing drug use by parents and caregivers at alarming rates and are responding at an increased rate to referrals of newborns effected by drugs or alcohol and/or preschool aged children in homes with drug and alcohol impaired adults.

Children & Youth has prioritized response to and intervention for families when parents of drug and alcohol exposed infants and preschool aged children are unable to meet the basic needs of the child due to addiction. The response involves applying specialized risk assessment techniques and identifying supportive evaluation and treatment services for families in need.

The list belows shows a compilation of the substances identified by local hospital staff necessitating referral to Children & Youth for assessment. Note - the list specifies the substance exactly as it was conveyed by the referral source:

- “Abuses Drugs” 7
- Adderall 5
- Alcohol 37
- Amphetamine 9
- Ativan 4
- Barbiturates 2
- Benzos 16
- Benzodiazepine 1
- Clonazepam 1
- Cocaine 38
- Codeine 1
- Crack 5
- Crystal Meth 3
- Cyclobenzaprine 1
- Cymbalta 1
- Dilaudid 1
- “Drug Dealing/Use” 12
- Effexor 1
- Gabapentin 1
- Hallucinogens 1
- Heroin 101
- K-2 5
- Klonopin 7
- Lexapro 1
- Marijuana 126
- Methadone 59
- Methamphetamine 14
- Molly 1
- Morphine 7
- Narcotic 1
- Nortriptyline 1
- Opiates 69
- Oxazepam 1
- Oxycodone 21
- Oxycotin 2
- PCP 6
- Percocet 41
- Remeron 1
- Suboxene/Subutex 47
- Tenazepam 1
- Tizanidine 1
- Tramadol 4
- Tylenol 3 1
- Vicodin 4
- Valium 3
- Wellbutrin 1
- Xanax 7
- Zoloft 2
DRUG & ALCOHOL AFFECTED INFANTS

Pennsylvania's adoption of the federal Child Abuse Prevention and Treatment Act (CAPTA) mandates in 2007 required area hospitals to develop policies and procedures regarding which mothers and newborns to test for drug exposure and to report infants exposed to drugs to the Office of Children and Youth. Children & Youth acts as a resource for hospital personnel with questions regarding this growing population of infants and provides clarification regarding Children & Youth policy, procedure and services for these vulnerable children. Most hospitals request initial assessment by Children & Youth prior to discharging drug or alcohol affected infants and then jointly work with the agency to coordinate whatever protective action is required. Montgomery County practice extends beyond CAPTA requirements to include referrals from any source suspecting drug or alcohol abuse by caregivers of infants or preschool age children.

Montgomery County has a formal protocol in place for assuring safety of infants and pre-school age children. An in-house drug and alcohol risk assessment tool is used by staff in determining the safety of these children. In all cases referred, a drug and alcohol risk assessment must be completed within two days of the report to develop an administratively approved plan of safety. A safety plan may include non-substance abusing relatives to care for the child while the mother seeks drug or alcohol evaluation and recommended treatment, or the child’s father or other appropriate relatives providing primary caretaking to the child and assuring that the most vulnerable of our children are not left alone in the addicted mother’s care. The most invasive safety plan would involve seeking court sanctioned protective custody and placement of the infant and/or preschoolers into foster family care while Children & Youth caseworkers work closely with the parents toward rehabilitation and reunification.

To manage this growing problem in our society and its impact on children in our community, staff apply specialized risk assessment and management techniques on the following new referrals to the agency:

- Infants who test positive for any drug, legal or illegal, or alcohol
- Mothers who test positive for any drug, legal or illegal, or alcohol at the time of delivery of their newborn
- General drug or alcohol concerns of adult caretakers in homes where preschool children reside

Similarly, if a case is already open with our agency, specialized risk assessment and management techniques are applied when:

- A new child is born into a family with an open child welfare case where drugs or alcohol issues already exist and either the infant or mother test positive for any substance, legal or illegal, or for alcohol
- Preschool children move into a household where drugs or alcohol concerns exist for any adult caregivers in the home
- An adult with drug or alcohol issues moves into an established household where preschool children are residing

Clinical review is provided on all cases with a reported infant or pre-school aged child effected by drugs or alcohol. This review provides careful scrutiny of our most vulnerable children and identifies supports and services available to assist the family.
The chart below provides referral data compiled over the last several years:

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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Infants Testing Positive at Birth</td>
<td>67</td>
<td>73</td>
<td>97</td>
<td>110</td>
<td>114</td>
</tr>
<tr>
<td>Preschool Referrals</td>
<td>115</td>
<td>131</td>
<td>135</td>
<td>114</td>
<td>215</td>
</tr>
<tr>
<td>Total Referrals</td>
<td>182</td>
<td>204</td>
<td>232</td>
<td>224</td>
<td>329</td>
</tr>
</tbody>
</table>

**ACT 4 OF 2014**

With the passing of Act 4 of 2014, Pennsylvania’s Senate Bill 29, related to the mandatory reporting of infants, effective April 22, 2014, we are seeing increased enforcement of requirements for protection of infants exposed to drugs or alcohol or both.

Act 4 of 2014, Senate Bill 29, mandates that health care providers immediately make a report or cause a report to be made to the appropriate county Children & Youth office if the provider is involved in the delivery or care of a child under one year of age who is born and identified as being affected by any of the following:

- Illegal substance abuse by the child's mother
- Withdrawal symptoms resulting from prenatal drug exposure
- A Fetal Alcohol Spectrum Disorder

Children & Youth staff responsibly assess the family situation, ensure the safety of the child, and arrange reasonable services to ensure the child is provided with proper parental care, control and supervision, including emergency protective custody measures if necessary.
ADOLESCENT SERVICES

The Office of Children & Youth provides a range of services to assist families confronted with child ungovernability. An ungovernable child is defined as a child between the ages of ten (10) and eighteen (18) who is beyond the control of his or her parent. All children go through a period of growth when they test the limits and boundaries set forth by their parents. This is normal teenage behavior and should be dealt with on the part of the parents accordingly. When a child’s behavior becomes overtly risky, pre-delinquent, or the safety of child or parent is at issue, Adolescent Services may be appropriate.

The Adolescent Unit is unique in that it handles cases completely from beginning to end. The Adolescent Unit does all its own call screening, informational and referral, brief services, case assessments, and ongoing services to families. As with all Children & Youth services, emergency response is available if necessary 24 hours a day, 7 days a week, 365 days a year. Before seeking assistance from Children & Youth, families are strongly encouraged to participate in counseling for a six (6) month period. In most cases, counseling services are adequate to assist families in identifying problems and finding solutions. If counseling has been unsuccessful or when circumstances warrant immediate formal intervention, Adolescent Services will commence. In all cases, parents must participate equally in the service with their children. Most work focuses on mediation of issues, contracting for success and compromise on the part of both parents and children.

In 2016, the Adolescent Unit provided information and referral services, as well as, brief services to hundreds of families. Seventy-seven (76) cases were open and supportive social services were provided during the year. Twenty-seven (27) families were diverted to supportive MST (Multi-Systemic Therapy) and prevented need for formal child welfare services. Thirteen (13) families received formal adolescent assessments by the Office of Children & Youth. Eleven (11) new families were opened for formal child welfare services.

TRUANCY SERVICES

In September 2012, the Juvenile Court transferred the supervision of Truancy from the Juvenile Probation Department to Children & Youth to comply with the Juvenile Act of Pennsylvania. A truant child is a matter of dependency defined in the Juvenile Act as a child subject to compulsory school attendance who is habitually and without justification absent from school.

In Pennsylvania, a child can be considered truant when he or she has been absent three (3) or more days during the course of a school year without a valid, or lawful excuse. The school district must provide the parent with written notice of the attendance violation three (3) days before filing a citation and bringing court proceedings against a parent. Schools must engage parents in a plan to eliminate truancy and often this is successful.

If necessary the schools can refer families to the Magisterial District Justice. Following efforts by the Magisterial District Justice, truants can be referred to the Office of Children & Youth for comprehensive family-focused service and intervention. In addition to direct service casework available to address truancy, Children & Youth expanded our service array to meet the needs of this population.
The Truancy Diversion Program, implemented in 2012, is designed to divert families from formal intervention. During the screening or assessment phase of a truancy referral to Children & Youth, a determination is made regarding the best approach to addressing the truancy problem. If a child’s truancy issue can be appropriately addressed through the use of a community-based diversion program, preventing further involvement with Children & Youth, a referral is made to one of three (3) current service providers.

On average 10-15, new truancy referrals are received each month. Some are appropriate for Truancy Prevention services, some are referred for Truancy Diversion support, while others are assessed by a Children & Youth Caseworker and provided services as necessary. Petitioning the Juvenile Court is an option used when the previous interventions are not successful. During 2016, one hundred (100) families were supported through Truancy Diversion and Truancy Prevention services. Seventy-five (75) families received formal truancy assessments by the Office of Children & Youth. Forty-five (45) families were opened for formal child welfare services.

**REUNIFICATION SERVICES**

Children & Youth is proud of its work on behalf of children and families in Montgomery County. When a family is referred, most often children remain in the care of their parents and services are delivered in the family home. In fact, 85% of the time this is the case. When placement services are necessary in the remaining approximate 15% of cases, the number one goal for children is to return home or to another identified relative. Timely, safe reunification with family is a priority.

The following data is information we have been tracking since 2002 when we first participated in the federal Child and Family Services Review (CFSR). Keep in mind that federal child welfare goals include:

**Safety**
- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

**Permanency**
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for families.

**Family and Child Well-Being**
- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

Within these goals, specific areas are closely examined to measure success as it relates to reunification of children with family when placement is necessary. These specific areas of focus include re-abuse, reunification and re-entry into care.

**Re-abuse** – Of all children who were victims of substantiated child abuse during the reporting period, what percentage had another substantiated report within a six (6) month period.

- Montgomery County’s re-abuse rate, in accordance with the definition above is less than 1% for 2016. This number compares to statewide data of 6.5% re-abuse rate in 2015 (most current data available) for the Commonwealth. We do everything we can to support families and have been successful in assuring that abused and neglected children are not re-abused.
**Reunifications** - Of all children discharged from care during the reporting period, what percentage are reunified (returned to parents or placed with relatives) or discharged to custodianship within 12 months or between 12 and 24 months of the date of removal.

- Montgomery County’s reunification rate within 12 months: During 2016, 42% of children discharged from the office were successfully reunified with parents, relatives, guardians or custodians within 12 months. The average length of stay in care in Montgomery County for this identified population is only 4.2 months. Thorough work is done to prepare both child and family for reunification to insure safety and prevent subsequent re-entry into the Child Welfare system. This shows Montgomery County’s commitment to permanency for children and effectiveness of the evidence-based initiatives being employed.

- Montgomery County’s reunification rate within 24 months: An additional 11.9% of children discharged from the office were successfully reunified with parents, relatives, guardians or custodians within 24 months. In total, 53.9% of children were reunified successfully within a 24 month period.

**Re-entries** – Of all children who were discharged from care during the reporting period, what percentage re-entered care.

- Montgomery County’s re-entry rate was 18.7%. This number is down from 23.1% in 2015. This number compares to statewide data of 26.7% re-entry rate in 2014 (most recent data available) for the Commonwealth as a whole.

- Montgomery County’s re-entry rate includes children over the age of 18 who request to re-enter care under the federal Fostering Connections Act which provides children who meet specific educational or work-related requirements the option to return to care for additional support up to the age of 21. Six (6) children between the ages of 18-21 requested re-entry into care in 2015 and two (2) children between the ages of 18-21 requested re-entry into care in 2016.

- 81.3% of children who are successfully returned to parents, relatives or guardians in Montgomery County do not come back into Children & Youth placement.

Montgomery County Children & Youth is committed to the Quality Service Review process designed to support the achievement of improved outcomes for the children and families who receive services. The purpose of QSR is to gain a greater understanding of the strengths and gaps in services delivered to families in order to develop strategies that continue practice firmly in place or make improvements. As a result of the agency’s participation in the QSR process in 2013 and 2016, staff involved in our Continuous Quality Improvement efforts identified and prioritized three (3) specific outcomes to further enhance our ability to achieve improved results on our CSFR goals above. They include:

**Engagement** involves using a methodical process to effectively communicate and partner with families. Engagement skills include relationship building and goal oriented discussions with all members of the family included in the process. This outcome incorporates early identification of family team members, sharing of information, and preparing families for involvement with the agency.

**Assessment** involves direct service staff using various ‘tools’ to effectively engage families in a conversation to gather information and also provides the means for families to tell their story. Comprehensive assessments aid in the understanding of individual and family needs, while at the same time highlight strengths. Combined, this outcome establishes engagement and assessment as the basis for workers and families to jointly develop effective plans and services.
Planning involves using collected information through engagement and assessment to connect individuals and families to intervention strategies that meet identified needs and improve functioning. This outcome emphasizes the use of, and access to, available resources and guides families to develop a network of supports.

Montgomery County Children & Youth has had a long-standing belief that partnering with families is critical to the safety and well-being of children. Prioritizing these goals will have a direct positive impact on the children and families we serve and our related outcomes.

PLACEMENT RESOURCES

Placement Resources encompasses the Agency’s Foster Home Program, Kinship Placement Services, Adoption Services and Permanent Legal Custodian (PLC) Program.

FOSTER CARE SERVICES

The majority of families served by Children & Youth are able to remain intact, but if safety cannot be ensured at home, child placement or another arrangement may be necessary. At year-end (12/31/16) Children & Youth was serving two hundred eighty-nine (289) children in placement. This number nearly represents the average over the last five years of children in placement at year end. Children placed in the legal and physical custody of Children & Youth were placed by order of the Juvenile Court. The chart below shows the number of children in a placement setting at year end over the last five (5) years.

YEAR END FOSTER CARE PLACEMENT FIGURES

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CHILDREN IN PLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2012</td>
<td>304</td>
</tr>
<tr>
<td>12/31/2013</td>
<td>259</td>
</tr>
<tr>
<td>12/31/2014</td>
<td>301</td>
</tr>
<tr>
<td>12/31/2015</td>
<td>266</td>
</tr>
<tr>
<td>12/31/2016</td>
<td>289</td>
</tr>
</tbody>
</table>

As previously discussed, a primary goal of our agency is to keep children safe and stable while in a placement arrangement. A casework unit is dedicated to recruiting foster parents, training and studying foster parents, inspecting and licensing agency foster homes, and supporting foster parents and foster home placements.

Passage of current legislation related to child welfare may impact data moving forward. Expansion of our service array to adequately support families without need for out-of-home placement continues to be a priority, recognizing that child safety remains our number one priority.
In 2016, Children & Youth maintained eighty-three (83) approved foster homes. Forty-six (46) of those homes are general foster care homes, meaning the foster parents care for a child with whom they have had no prior relationship, and thirty-seven (37) are kinship foster homes, meaning they are child-specific homes, caring for a child with whom there is a prior existing relationship. A goal of Children & Youth, when faced with the placement of children, is to place children with family, friends, or relatives to reduce the trauma for a child requiring removal from their birth home for safety reasons.

Children whose needs cannot be met in a Children & Youth Foster Home or Kinship Home are placed with one of our contracted placement providers. All placement provider agencies utilized by Children & Youth must be licensed and approved by the Department of Human Services and Children & Youth staff oversees all vendor agency placements to assure that they maintain local quality standards and achieve positive outcomes for children and families served.

Those interested in learning more about becoming a Children & Youth foster parent can call (610) 278-5800 or go to our website and click on foster care or click here: http://www.montcopa.org/index.aspx?nid=713

Foster families are specifically needed for sibling groups, teens, and minority children. Foster homes are needed throughout the County, but area specific recruitment is being done in both Norristown and Pottstown.

Those interested in becoming foster parents learn about Children & Youth through various means. The chart on the following page shows how general foster home parents learned about foster parenting with the Office of Children and Youth. We utilize this information to focus foster parent recruitment activities.

Like us on Facebook: Montgomery County PA Foster Parent Program
Relative and kinship foster parents find out about the agency through direct contact with a Children & Youth caseworker. Names of potential caregivers are provided by the families we serve and follow-up is provided by the caseworker. Dedicated Family Finding staff assist in identifying and locating family when whereabouts are unknown. The Foster Home Unit is responsible for studying and approving kinship providers in the same manner as general foster care providers. Study and approval procedures are regulated by the Department of Human Services.

Children & Youth has been recognized for our successful foster care program. Our Family-to-Family approach to foster care supports direct communication between birth parents and foster parents and mentoring of birth parents by foster parents. Adherence to the Family-to-Family principles by all involved parties results in:

- Assurance of child safety
- A decrease in the time children spend in general foster care
- A decrease in “split loyalties” of children
- Improved communication between OCY staff, foster parents and birth families
- Improvement in overall well-being factors and outcomes for children

Additionally in 2016, emphasis on family engagement was paramount. We relied on the successful principles of Family-to-Family, Family Engagement, Family Finding, Family Group Decision Making, and Team Decision Making. These evidence based practices provide a specific philosophical framework for engagement on cases identified by agency staff and administration based on the needs of each identified family.

**PLACEMENT DURING 2016**

Most services provided by Children & Youth are delivered in the family home where children remain together with their parents. Services are provided in the family home when necessary. When a child requires an out-of-home placement, for safety reasons, most children go to a kinship home or a general foster family home. Occasionally, alternative placement settings are necessary to adequately meet the needs of the child(ren).
The chart below shows the breakdown of placement settings utilized by Children & Youth during 2016. All placements are ordered by the Juvenile Court and are thoroughly scrutinized by agency administration and Quality Assurance personnel. Placement reviews occur in-house to monitor the placement setting and the child’s progress. Juvenile Court reviews occur as well to ensure a child’s needs are being adequately met and that placement settings and services provided by Children & Youth are effective.

<table>
<thead>
<tr>
<th>Placement Setting</th>
<th>Number of Children</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Adoptive Home</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>Kinship Foster Home</td>
<td>129</td>
<td>25.0%</td>
</tr>
<tr>
<td>General Foster Home</td>
<td>211</td>
<td>41.0%</td>
</tr>
<tr>
<td>Group Home</td>
<td>111</td>
<td>21.6%</td>
</tr>
<tr>
<td>Institutional Care</td>
<td>59</td>
<td>11.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>515</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Count includes OCY/JPO Shared Case Management Cases
**Due to changes by the Department of Human Services, Independent Living is now reported with Group Home counts.

INDEPENDENT LIVING PREPARATION SERVICES

In accordance with Federal law, the Chaffee Foster Care Independence Act is designed to assist youth transitioning from substitute care to self sufficiency while making every effort to reduce or eliminate the instances of homelessness, poverty, and delinquent and criminal behavior. Independent Living Preparation Services are designed to assist older youth in preparing for employment, education, and successful management of adult responsibilities. Services are designed around identified need and skills training is provided.

Independent Living services have historically been available for youth age sixteen (16) years and older who reside in an out-of-home placement setting. Beginning in 2016, Independent Living Services are now available to youth beginning at age fourteen (14). Services include needs assessment, goal planning, individualized case management services surrounding stated goals, and group workshops and lectures in the areas of prevention, housing, employment, education and life skills. In 2016, two hundred one (201) youth participated in the Independent Living Preparation Program.

Independent Living Preparation Aftercare Services are available to youth once they are discharged from county custody until the age of twenty-one (21) years. In 2016, Fifty-eight (58) youth received services through the Independent Living Preparation Services Aftercare Program.

The Housing 101 Program is a collaboratively funded housing program that supports former foster children. The program is available to youth aged eighteen (18) to twenty-one (21) and is able to house up to twelve (12) youth who are enrolled in an educational program or have full time employment. Housing vouchers are provided and supportive services are included to support youth entering this program. In 2016 eleven (11) youth were provided housing through the Housing 101 Program.
Additional resources available through the Pennsylvania Statewide Adoption Network (SWAN) affiliates include services which support permanency for children with goals of adoption or with goals other than adoption. A sizable population of children, ages 10 to 18, benefit from these permanency services. Currently, we are utilizing SWAN child profile and child preparation resources to assist older youth who are preparing for independent living. A SWAN child profile provides each child with a comprehensive document that contains all available information about his or her birth family, educational history, health history and special needs information that is essential for the youth to have in one location upon discharge from foster care. We are also utilizing SWAN child profile, child preparation and child specific recruitment resources to assist children with the goal of adoption or with the goal of permanent legal custodian so that they also have comprehensive, detailed information pertaining to themselves. In 2016, seventy-eight (78) children received child preparation services through SWAN and sixty-three (63) received child profile services through SWAN.

In 2014, we began utilizing child specific recruitment services through the Pennsylvania Statewide Adoption Network. This service identifies adoptive resources for children in the custody of a county agency. Often SWAN services are utilized in conjunction with one another to best support a child within Montgomery County care and custody. In 2016, sixteen (16) children received child specific recruitment services through SWAN.

PERMANENCY SERVICES

Through resources available from the Department of Human Services Legal Services Initiative, six (6) paralegals and a paralegal supervisor are supporting permanency outcomes in Montgomery County. The positions have been invaluable in improving timeframes for child permanency. Children and Youth has also revised adoption related processes as recommended by the Dependency Court Improvement Committee (now Children’s Roundtable). An Adoption Specialist has focused on identification of adoptive homes for children who are most difficult to place. Child Specific Recruitment (CSR) as managed through multimedia, collaborative relationships, and local and state-wide recruitment and searching, has been successful. It has resulted in homes for children, older and/or intensively involved with the behavioral health system, for whom adoption would otherwise have been unlikely.

With a specialization in permanency, the adoption unit also completes Permanent Legal Custodianship (PLC) home studies, thus bringing both of these permanency options under one roof and focusing the expertise of the unit. As a result, reduced timeframes for goal changes, achieving terminations, and finalizing permanency plans have been achieved. Increased numbers of both goal changes to adoption and termination of parental rights has created need for permanency services which support identification of adoptive families and other services associated with our capability to finalize adoptions for waiting children. Child preparation services have been accessed for a growing number of children because of time limitations and available resources. The number of interstate requests for both child profiles and family profiles has also increased over the past few years.

As discussed, significant support is being provided by the Statewide Adoption & Permanency Network (SWAN). Permanency services for children may be provided by the County, through a contracted provider or by the SWAN contractor. Counties receive an annual allocation of funds to provide permanency services for children. Funds may be used to provide child profiles, child preparation services and child specific recruitment for children who are in the legal custody of the county and/or children who have a court-ordered goal of adoption, are placed with a permanent legal custodian or are placed with a fit and willing relative.
Pennsylvania contracts with a “prime contractor” to support the work of county children and youth agencies in the timely permanency of children in county custody. The SWAN prime contractor, Diakon Lutheran Social Ministries, manages funds available for use by county agencies in purchasing services completed by subcontracted affiliate agencies. These services of the SWAN prime contractor include the family profile (home study), the child profile, child-specific recruitment, placement, adoption finalization, and post-adoption services. We are finding this to be an invaluable relationship for our county and the additional resources are proving to be vital for children.

ADOPTION

The Adoption and Safe Families Act (ASFA) of 1997 has cemented the notion of a concurrent plan from the first day of placement in order to help children achieve permanency quickly. By law, if a child has been in placement 15 out of the last 22 months, the goal of adoption must be considered and only by way of extenuating circumstances does the agency recommend another permanent plan to the Juvenile Court.

Children & Youth prides itself on accomplishing timely permanency for children. Most children are successfully reunified with birth parents, but when this is not possible, another permanent plan must be pursued for a child. The Adoption & Permanency Services Unit is dedicated to studying and matching adoptive parents and children awaiting adoption, helping children achieve permanency through adoption when it is determined most appropriate, and supporting adoptive placements. Staff assist in permanency planning when a child is legally assigned a goal of adoption. Staff involve the Montgomery County Orphans Court to pursue termination of parental rights. Adoption occurs only after a child has resided with an adoptive family for not less than six months and the arrangement is in the best interest of the child and the adoptive parents. Adoptions are finalized by the Orphans Court. Permanency for children was a priority in Montgomery County long before ASFA was formally in place. The chart below depicts our adoption statistics over the last five (5) years. Thirty-five (35) children who were in temporary placement settings achieved permanency through adoption last year. The efforts of agency staff and solicitors to move children from temporary placements to permanency are evident in these adoption outcomes. The focus on concurrent planning, front-loading of services, maximizing family engagement practices and permanency practice initiatives should be credited.

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*Goal change hearings are now combined with TPR hearings and held on the same date.*
THE OPIOID EPIDEMIC
FAMILY SUPPORTING FAMILY

The "R" family became known to the Office of Children & Youth initially in 2012 due to a report that the children were not being supervised. The family included the parents, Jon and Lea, and five children, Marcos age 13, Maria age 12, Sofia age 10, Ana age 6 and Lucas age 4. The Caseworker reached out to local police who reported frequent contact with Marcos. The Caseworker and Police responded together to the home. During the home visit, Lea was found passed out and Jon and Marcos were fighting with each other. The Police called for back-up. Jon was arrested, Lea was transported to the hospital, and the five (5) children were taken into emergency protective custody. The children were placed in a foster home and work began with the family. Jon and Lea seemed to take this incident as a wake-up call and dedicated themselves to getting their children back. Jon and Lea both cooperated with drug and alcohol evaluations and participated fully in treatment. They attended parenting classes, visited consistently with the children, and were appropriate in their interactions. Random urine tests were done regularly and Jon and Lea were consistently clean. Jon and Lea cooperated fully with the Caseworker and the service providers. After a year, the children were reunified with their parents and home visits continued in the family home for another six (6) months. Having no additional cause for concern, the case was closed in late 2013.

In February 2015, a new report was received on the "R" family by the Office of Children & Youth stating that Jon and Lea were being arrested for possession and dealing of heroin. The children were placed into foster care for the second time in their young lives. A single foster home could not be located for all five (5) children, so unfortunately they were split with the two older children in one home and the three younger children in a separate home. Work began again with Jon and Lea but no progress was being made. Neither Jon nor Lea were willing or able to remain clean and sober. Through family engagement efforts of the Office of Children & Youth staff, a maternal aunt (Rosa) was identified who was willing and able to become a permanent resource for the children. With assistance from Children & Youth staff, Aunt Rosa was certified as a kinship foster parent in 2016 and Marcos and Maria were placed in her home. After a period of adjustment, Sofia, Ana and Lucas were placed in the home as well, and the sibling group was reunified with family. While there were challenges and obstacles along the way, Children & Youth staff, contracted service providers, community mental health providers, and the schools all worked together to provide the necessary support to assist this large and newly formed family. Aunt Rosa formally adopted all five children in December 2016!
PERMANENT LEGAL CUSTODIANSHIP (PLC)

Permanent Legal Custodianship (PLC) is another permanency option for children. This option was established by Act 126 of 1998 that amended the Juvenile Act. These amendments ensure that Pennsylvania statutes comply with the federal Adoption and Safe Families Act of 1997 (PL 105-89) by adding this permanency option for children.

PLC provides a formal custodial arrangement for children who would otherwise remain in the custody of Children & Youth. It is not an option designed for children who are able to return home or for children for whom adoption is a viable permanency plan.

The PLC program provides permanency for children residing with kinship caregivers or foster parents able to provide a permanent home for the child(ren). In 2016, twenty-four (24) children were discharged to Permanent Legal Custodians. The total number of children discharged to this permanency option since it began in Montgomery County is two hundred nine (209).

QUALITY ASSURANCE (QA)

The Quality Assurance (QA) Division has provided substantial administrative and casework support during 2016. Quality Assurance staff assists in the responsibility of insuring that high quality services are provided by the agency, and that quality services are being received by the agency and our families from our contracted provider agencies.

Technical support provided by Quality Assurance Program Specialists assures access, coordination and monitoring of in-home services, placement services, cross-system collaborative services for multi-systemic needs children, educational services, independent living services, aftercare services and transition services.

QA staff leadership continues to support agency and staff needs related to:

- Complex Case/Multisystem Service Coordination
- Educational Needs Assessment and Coordination
- Independent Living Service Coordination – for children in placement ages 14 to 18
- Aftercare Services to Children – for children leaving placement ages 18-21
- In-Home Service Quality Review – for all services provided in the family home
- Placement Services Quality Review – for all placement services
- Placement & Clinical Case Review Process – at regular specified intervals for all open cases
- Development and maintenance of service array to best meet the needs of children in our system including housing and community supports

During 2016, a total of one hundred sixteen (116) Placement & Clinical Case Reviews (PCRs) were conducted. These clinical case reviews are a multi-disciplinary review and assessment of current case circumstances during which guidance and direction is provided for appropriate services and agency best practices for individual children and families served by the agency. The reviews are essential to positive outcomes for children and families.
These reviews, when combined with our In-Home Service Case Reviews, Placement Services Reviews, and Transition Reviews, add a distinct level of overview and guidance for the extremely difficult cases handled by Children & Youth.

In 2016, the agency’s Educational Coordinator coordinated a total of eighty-eight (88) initial Ages and Stages Questionnaire (ASQ) screenings. The Educational Coordinator also attended eighty-two (82) school meetings for youth in our custody, and made arrangements for seventy-two (72) homeless youth to remain in their school district of origin. These services improve overall child well-being.

The agency’s Family Engagement Specialists conducted thirty-six (36) Team Decision Making Transition Meetings for older youth preparing to transition from an agency supported arrangement to independence in 2016.

The In-Home Services Manager conducted a total of two hundred six (206) internal case reviews and twenty (20) In-Home Provider Reviews to assure quality services and appropriate case direction for children and families receiving services at home.

The Quality Assurance Division continued collaboration with the Montgomery County Housing Authority related to federal Family Unification Program Housing (FUP) Vouchers. In 2010, Montgomery County was jointly awarded fifty (50) housing vouchers designed to prevent placement of children into foster care for the sole reason of homelessness, or to reunite families whose remaining need is housing, or for youth at least 18 years old and not more than 21 years old who left foster care at age 16 or older and who lack adequate housing. Applicants must meet these identified criteria, have an open case with Children & Youth, and cooperate with services. Families occasionally leave or close out from this support, providing openings for new families to utilize FUP vouchers. In 2016, four (4) new families with a total of ten (10) children were housed with available FUP vouchers.

To date, a total of sixty-six (66) families and one hundred sixty-two (162) children have been supported with housing through FUP since Montgomery County was awarded the lifetime vouchers in 2010. Keeping children safely with their families and supporting older youth toward independence are high priorities of Children & Youth. FUP is helping us to achieve improved outcomes in these areas. Secure and stable housing supports families in maintaining adequate living arrangements for their children preventing the need for Children & Youth intervention and services that could otherwise result.

Previously reported were the number of families supported by Homeless Assistance Program (HAP) funding. With the introduction of the Your Way Home Program in Montgomery County, all available HAP funding is directed through that housing program. Your Way Home is a partnership between Montgomery County government and philanthropy structured to coordinate, leverage and maximize the impact of scarce public and private resources to end homelessness once and for all through systems change and service innovation.

Finally, considerable effort was spent by the QA Division in 2016 working with service providers to enhance and expend the available in-home service array. Child specific and family specific supports were developed to meet the needs of individuals requiring child welfare services. These supports and services are designed to keep children safely at home with family and avoid out-of-home placement whenever possible, keeping with Children & Youth’s mission to empower families to appropriately care for their children with focus on the best interest of each child.
CONTINUOUS QUALITY IMPROVEMENT (CQI)

In 2013, the Program Improvement Administrator position was created and serves as the lead for the agency’s CQI efforts. To that end, a CQI Team made up of 25 to 30 staff members, was formed. The CQI Team is representative of all parts of the agency and is an integral part of the performance management process. The team focuses on enhancing or improving agency practices, as well as the organizational culture and climate, by utilizing targeted task forces.

To achieve the continuous improvement goals within the agency, agency staff were trained on this concept and the evaluative process inherent to effective change and ongoing improvement. Volunteers from all agency departments, divisions, roles and functions were solicited and the Continuous Quality Improvement (CQI) Team was formed. The purpose of the CQI Team is to identify systemic, agency and individual strengths and areas for improvement, and to recommend strategies for improvements. Created strategies support both improved agency functioning and the achievement of positive outcomes for children, youth and families involved with the agency and residing in the county.

CQI Team Vision: An ongoing sustainable process with all stakeholders contributing to outcomes that support our greater community.

CQI Team Mission: Enhancing the agency’s performance through meaningful and active engagement of committed professionals.

The CQI Team established their role as a process for change within the agency for the following:
- Effectively collaborating and communicating
- Evaluating services, policies and practice
- Developing strategies for improvement
- Sharing strengths and knowledge
- Ensuring a positive work environment

CQI Team members establish sub-groups when needed to effectively multi-task issues and problems to make a positive impact on the agency with recommendations for improvements. Sub-groups or “Task Forces” were active in 2016. Activities of the Task Forces are described on the following page.

The CQI Team is an ongoing impetus for change and improvements within the agency. Staff leadership in the change and improvement process is vital to the success of the agency.

CQI is guided by a model based on IDEAS:
- Identify
- Define
- Evaluate
- Act
- Study
In April 2016 the agency participated in a second Quality Service Review (QSR). Quality Service Review is a collaborative process between Children & Youth and the State’s Office of Children, Youth and Families designed to support the achievement of improved outcomes for the children and families who receive services. The purpose of QSR is to gain a greater understanding of the strengths and gaps in services delivered to families in order to develop strategies that continue practice firmly in place or make improvements. The CQI Team spent significant time analyzing results. Finally, the QSR Task Force undertook a more in-depth process of reviewing a number of QSR and CQI related findings to establish priority agency outcomes for the three years post QSR.

Through this extensive and comprehensive process the Team found consistencies in agency areas of strengths and needs. The agency is committed to maintaining a high level of standards to successfully achieve safety, permanency, and well-being for children and youth. We are proud of the best practices firmly in place and evident in the QSR findings.

CONTINUOUS QUALITY IMPROVEMENT UPDATES - 2016

**Communication:** This group’s focus is on increasing lines of communication throughout the agency. This includes development by or input from the Task Force on the following: communication survey, OCY shared calendar, agency newsletter, internal blog, staff meeting agenda/staff meeting structure/staff meeting minutes, staff directory, and quarterly meetings with administrators.

**Quality Service Review:** This group's focus is on effectuating current laws and regulations into everyday work. The majority of efforts during 2016 revolved around Quality Service Review preparation, QSR analysis, and development of a County Improvement Plan integrating outcome improvement measures. Additional efforts include integrating concurrent planning into agency culture, development of an OCY Family Handbook as a comprehensive informational guide used with all families known to the Office of Children & Youth, and assessment of new legislation and it's impact on child welfare.

**Mobility/Office Space:** This group’s focus has been on improving mobility for Children & Youth staff. The task force has been instrumental in numerous office initiatives to improve efficiency and staff effectiveness including implementation of an agency-wide electronic in/out board and initial steps in development of a comprehensive electronic case record file system.

**Agency Practices and Procedures:** This group’s focus has been on improving agency practice. The task force completed implementation of required voter registration guidelines for staff, assessment of the agency's performance evaluation process, implementation of visitation service guidelines and extensive work on guiding principles for the agency.

**Positive Organizational Culture:** This group’s focus has been on creating an agency climate where staff members feel valued. The focus is on positive concrete events and a more positive sustainable agency undertone. Highlights include a new staff awards survey and process, updated staff retention and staff exit surveys, and regular staff “meet and greet” events for staff to get to know each other better, and promote everyday leadership among staff.

Note: All CQI team members provided input to the agency’s Needs Based Plan and Budget process to inform and enhance operational and purchased service needs.
TECHNOLOGICAL IMPROVEMENT TIMELINE

2008 - County Human Services Administration, Children and Youth, and Behavioral Healthcare and Developmental Disabilities department participated in planning toward development of “interoperable” and portable technology for human services. The County formalized a partnership with the University of Pennsylvania, the Stewards of Change, Microsoft Corporation, Motorola and the Pennsylvania Department of Public Welfare’s Office of Children, Youth and Families for completion of a “Road Map” for Interoperability. Montgomery County was identified as the pilot county for an information management system to interconnect existing human services information systems.

2009 - Continued progress was made on the “Information Portability Pilot Project”. The collaborative effort produced a first of its kind web-based information system to allow direct service casework staff to best support children and families. This new technology affords caseworkers the ability to carry specially designed hand-held technological devices that provide immediate, remote access to files and documentation, provide the ability to take and upload photo or video documentation of a child or home situation, track home and placement visits, and/or call for assistance. The result is improved information accessibility, increased productivity, coordinated provision of services, and increased safety for Children & Youth staff.

2010 - Children & Youth continued collaborative efforts toward the acquisition of smaller handheld units for direct service casework staff that would further improve overall services to families.

Department of Human Services selected Montgomery County to pilot use of computer tablets. Agency forms were uploaded onto the tablets so that direct service caseworkers could use them in the homes of clients to improve efficiency through sharing of documents and information, improved information and referral through internet access where available, and the ability to obtain signatures for documents and/or releases of information, streamlining the casework process.

The agency’s Automated Children and Youth System (ACYS), continued to be adjusted and expanded to meet the needs of casework staff related to the Safety Assessment process. Additionally, new electronic forms and templates were created in Word which link data from our current information systems to self-populate demographic information, when appropriate, saving casework time and increasing accuracy. This includes a new automated database for our Placement and Clinical Review (PCR) process. Finally, an on-line forms website was developed so that direct service casework staff can access necessary forms from anywhere that has internet access.

The Commonwealth mandated use of the Master Client Index (MCI). The MCI is a database of all programs that receive funding from the Commonwealth of Pennsylvania. Effective 2010, and in accordance with Commonwealth regulations, all children served by Office of Children & Youth are cross-referenced with the MCI or added to the MCI if no record currently exists. Data gathering and validation has continued to expand.

2011- Children & Youth becomes the first child welfare agency in Pennsylvania and one of the first nationally to pilot mobile technology. Additionally, Children & Youth partnered with software company, Altruit, to customize the hand-held portable technology units to the specific work of child welfare in Montgomery County.
2012 - Caseworkers continue to pilot the new mobile technology that supports the Casework function. Focus groups were held to troubleshoot problem areas, develop solutions and to refine the mobile technology and software. Montgomery County as a whole moved to cloud-based internet technology to support operations. Data-base expansion is occurring to self populate necessary information on multiple forms for streamlining of Casework responsibilities. Montgomery County Children & Youth prepares to roll out mobile technology to all Casework staff in the upcoming year.

2013 - Improvements made the agency’s web-based automated child welfare information system accessible through secure, password protected, smartphone technology. Smartphones were provided to all direct service and administrative staff. Workforce mobility is truly a reality with the latest technological improvements and an outstanding internal support effort.

Computer tablets, larger than smartphones, but smaller, lighter and more portable than laptops, were also piloted by staff with good results.

Intense efforts were made to support the state’s Child Welfare Information System (CWIS) for the electronic exchange of ChildLine data related to the receipt of incoming child abuse reports and the investigative outcomes of those reports.

2014 - Surface tablets were distributed to a limited number of staff in continuation with mobility efforts.

Efforts continued in support the state’s Child Welfare Information System (CWIS), which was legislated to go live on December 31, 2014. CWIS is the state’s electronic child abuse portal and provides electronic exchange of data with the Commonwealth’s ChildLine system.

2015 - Staff spent the entirety of 2015 improving interface between Pennsylvania’s new system and our own internal data system with positive results. Staff participate in statewide CWIS workgroups to develop program enhancements, improve data collection and information management.

The majority of Children & Youth staff received Surface tablets in 2015. The small, lightweight tablets with broad functionality support the agency’s efforts toward mobility. Staff were provided the ability to “hot spot” cell phones to initiate Surface tablet connectivity from any home, residence or location where family meetings occur or where electronic file documentation is completed. Training on mobile devices and secure data storage and transmission was provided.

Children & Youth implemented a formal mobile workforce initiative which includes flexible workday, telecommuting, compensatory time and overtime guidelines for staff, as well as, an electronic In/Out Board to enhance individual safety, accessibility, and work unit efficiency.

Children & Youth staff transitioned from traditional cubicles to a more modern shared mobile workspace. Staff are encouraged to work in ways that are most efficient and effective for completion of job responsibilities using technology to support flexible scheduling, documentation and best practice initiatives in support of families.

2016 - IT staff continued enhancement efforts in support of the Commonwealth’s Child Welfare Information System (CWIS) and our own Automated Children & Youth System (ACYS). Continuous improvements in systems areas resulted in improved workflow for all staff. Additional attention continues to be given to web-based forms and templates, as well as, mobility enhancements to improve staff efficiency and effectiveness.
The following glossary is included to aid understanding of collaborative investments:

**GLOSSARY OF KEY TERMS**

**Act 33 Reviews Fatality/Near Fatality** - PA Act 33 of 2008 requires the investigation of every child fatality or near fatality for which child abuse or neglect is the suspected cause. Review is conducted by a multi-disciplinary team to determine, through exhaustive inquiry and evaluation, system strengths and weaknesses, and remedies to prevent any such future occurrences.

**Adolescent Respite** - Weekend respite for youth demonstrating ungovernable behavior. Respite is viewed as a last result to placement of a child outside the home. Respite weekends are Friday through Sunday, for male and female youth (12 years and older).

**Adolescent Services to Children in their own Homes Service** - Services designed to assist families and youth aged 12-17 years in which the youth displays ungovernable behaviors and is at risk for out of home placement or returning home from out of home placement. Services are delivered with slight differences among the three providers; however include a family and individual therapy component.

**Adolescent Monitoring Service** - Service designed to provide daily supervision and contact with youth to encourage accountability and achievement of stated goals. Services are designed to prevent out of home placement. OCY views the program as an intensive 30-90 day program for problematic youth behavior.

**Ages and Stages Questionnaire (ASQ)** - As per CAPTA, DHS was mandated to develop a procedure to refer victims of substantiated abuse/neglect, under the age of 3 years, for early intervention screening. DPW chose the Ages and Stages and Ages Questionnaire (ASQ) and Ages and Stages Social Emotional Questionnaire (ASQ-SE) to be used as screening tools. If a child scores below a certain level then this indicates a referral for full evaluation must be made to Early Intervention. Pennsylvania has recommended that screening be extended to all children under the age of 5 years, who are an open case of CPS/GPS and out of home placement.

**Alternative Response Program (ARP)** – A Child Welfare diversion program that provides families referred to the Office of Children & Youth limited financial support to meet concrete needs that will alleviate necessity to open a Child Welfare case on the family. Families appropriate for Alternative Response are first assessed for child abuse and neglect concerns and in the absence thereof, concrete needs are met that eliminate risk or concerns related to the safety and welfare of the child(ren).

**Balanced and Restorative Justice Program (BARJ)** - Combines efforts of our local Judges, Juvenile Probation Officers, Juvenile Police Officers, Child Advocates, Children & Youth and Youth Center staffs to ensure that juvenile offenders are held accountable and develop competencies to become positive members of society.

**Behavioral Health Rehabilitation Service (BHRS)** - BHRS is a set of individualized mental health interventions designed to support the child in his/her home, community, and school. Otherwise know as ‘wraparound’ as services are wrapped around children and families to provide needed supports to maintain the child in their home/community.
Brief Service Response - Service to a family on a referral made to the office that goes beyond basic information and referral service, but does not require either a full Child Protective Service investigation or a full General Protective Service investigation by casework staff. Safety is insured, collateral contacts are made, and brief follow-up occurs. This type of response is child abuse prevention work performed by agency staff.

Child Abuse Multi-Disciplinary Teams (MDT) – The Montgomery County Office of Children & Youth has objective regional teams of professionals from the community who meet monthly to review complicated cases of child abuse open with the office. The teams scrutinize case circumstances and recommend case supports and direction for advancement of the child and family.

Child Preparation - Services to provide children insight into their past, present and future while addressing each child’s unique issues related to their own personal circumstances. Preparation plans are specific and appropriate to a child's interests, cognitive ability, and development level.

Child Profile - A comprehensive review of a child's history, strengths and behaviors including documentation of the child's emotional, social, academic, and medical history. The child profile provides a chronology of a child’s life and identifies a child’s life connections.

Child Welfare Information Solution (CWIS) - an interoperable statewide Child Welfare case management system allowing for state and county child abuse and neglect report acceptance; and real-time electronic sharing of information critical to administering the child welfare program in Pennsylvania.

Children’s Mobile Crisis - Crisis service designed to stabilize and resolve crisis situations, and engage families in treatment. Services are mobile and will be delivered at the location of the crisis within the parameters of Montgomery County.

Children’s Roundtables - Implemented in November 2006 by the Office of Children & Families in the Courts with Supreme Court Justice, Honorable Max Baer, taking the lead for the Supreme Court. Children’s Roundtables are the continuing evolution of Court Improvement. Children’s Roundtables operate at both the state and local levels and includes representation by designated judges from criminal, family, juvenile and orphans’ court, children & youth, law enforcement, district attorney’s office, juvenile probation, provider agencies, behavioral health, schools, parents, etc.

The Collaborative Effort - A two-tiered system of collaborative review and professional input impacting human service delivery was formally established in 2001 and supported by the Board of Commissioners. The establishment of the Collaborative Effort creates the most comprehensive and inclusive human services initiative in the County and consists of approximately 117 participating members representing diverse needs of Montgomery County citizens. Members share a common vision...to improve results for individuals and families accessing services at both the program and community levels to improve family satisfaction, while seeking to effect positive change within public human services systems. The Collaborative meets quarterly with Regional Advisory Boards meeting monthly.

Community Connections—One stop community-based service centers operating in Norristown, Pottstown, Lansdale, Willow Grove, Ambler, Bryn Mawr and Pennsburg. Within each Community Connections office is a Navicate trained to assist local residents in identifying and navigating available supports and services, while also advocating for needed services for individual and family residents. Community Connections offices also assist in formation of improved partnerships between government, community organizations and families, to work together in support of individuals and families.

Concurrent Planning - Using comprehensive early assessment to identify and work on both a primary permanency plan, as well as, a secondary permanency plan for children in foster care with the purpose of eliminating delays in attaining a permanent family for a child. Concurrent Planning can shorten the time to achieve permanency. If efforts toward the primary goal prove unsuccessful, progress is already being made toward the secondary goal.

Continuous Quality Improvement—Agency wide effort to identify systemic, agency and individual strengths and areas for improvement, and to recommend strategies for improvements. Created strategies support both improved agency functioning and the achievement of positive outcomes for children, youth and families involved with the agency and residing in the county.

Dependency Court Improvement - This initiative has brought together the various individuals and components of the Juvenile and Orphans Court functions related to child dependency. The workgroup includes our President Judge, Orphans Court Judge and staff, the Children & Youth Director, Children & Youth and Juvenile Court Solicitors, Child Advocates, Family Attorneys, and Children & Youth staff. The workgroup has improved court processes and procedures to best meet the needs of the Courts, the agency, and the families we serve within statutory mandates.

EPIC-SCAN – Educating Physicians In their Communities about Suspected Child Abuse and Neglect. This program is a partnership between the Office of Children & Youth and the American Academy of Pediatrics, Pennsylvania Chapter, to educate private physicians, medical office staff, and hospital personnel in recognizing and reporting child abuse and neglect.

Family Centers - Community-based collaborative effort to strengthen the family by promoting positive child development/parenting; supporting the family unit; assuring health care services for children; providing seamless, accessible network of services; and encouraging progress toward self-sufficiency. Services are free, voluntary, preventive, user-friendly and performed by dedicated, certified staff. Locations in Norristown and Pottstown.

Family Engagement – A philosophy of service delivery to families that more fully involves families in decision-making processes that effect parental ability to assure the safety and well-being of their children. Family engagement employs a broader attempt to locating absent parents and other family members of children known to the child welfare system, identifies resources for children and families, and addresses our goals of child safety, permanence and well-being.

Family Finding – Helps reconnect children with safe, healthy families and speed their recovery from emotional trauma. Using internet search technology, family members are identified. Casework staff work to reestablish family relationships and explore ways to find a permanent family placement for the child.
Family Focused Solution Based Services (FFSBS) - An in home service designed to assist families with achievement of both identified child welfare and child mental health goals. FFSBS can assist families who move between the MH and CW systems while maintaining the same team of professional service providers. FFSBS is delivered by a team of two professionals, a Master’s level therapist and a Bachelor’s level family support worker. FFSBS provides services in the family home approximately 2-4 hours per week and the Master’s level professional must deliver the service at least 80% of the time. Services can be geared towards an individual child or the family and may include individual/family therapy, play therapy, crisis intervention, case coordination, skill building, or psycho-education relating to the child’s MH needs. FFSBS can be used to prevent out of home placement or support reunification. All FFSBS providers will complete safety checks on active OCY cases.

Family Group Decision Making (FGDM) – A voluntary meeting that brings family and others close to them together to make important decisions and plan for their children. Family meetings are structured opportunities to resolve difficult issues related to child safety, permanency planning and other family circumstances. The meetings place families in a position of responsibility to resolve their own problems because they know themselves, their strengths and capabilities best.

Family support services, youth enrichment programs, recreational programs, and before/after school programs - These include working with the Inter-Agency Council of Norristown and Tri-County Consortium, area YMCA’s and YWCA’s, Family Centers and various school and social service programs.

Family Team Meetings— Planning meetings that bring family and others close to them together to make decisions regarding their children who have come to the attention of the Office of Children & Youth and who require intervention, support or services.

Family-To-Family Program – A focused approach to foster care promoting close proximity of birth parents to foster parents, direct communication between birth parents and foster parents, and mentoring of birth parents by foster parents. Adherence to Family-To-Family principles results in the additional assurance of child safety, a decrease in time children spend in foster care, a decrease in “split loyalties” of children, an increase in foster parent longevity, improved communication, and improvement in overall well-being factors and outcomes for children.

Family-To-Family Steering Committees – These three regional boards of community members meet quarterly to advise the agency on best practices for Family-To-Family implementation. They also serve to positively promote the mission of the Office of Children & Youth, recruit foster families, support agency functions and promote positive outcomes for children and families.

Family Unification Program (FUP): A Montgomery County Housing Authority (MCHA) housing voucher program specifically for families involved with OCY and whose lack of adequate housing is a primary cause of the separation, or imminent separation, of a child or children from their families, and stable housing is identified on the Family Service Plan. Families certified by OCY to make application, work with MCHA to obtain a Housing Choice Voucher, which allows them to secure affordable, permanent housing. OCY provides supportive services for at least 6 months post-voucher.
Fatherhood Initiative - A granted funded fatherhood program provided by the Family Centers designed to engage and support fathers in order to enhance their role as a parent and provider, as well as promotes healthier relationships with the mothers of their children. Weekly fatherhood group meetings are offered in both Norristown and Pottstown. Meetings include a light snack, on-site childcare at no cost to the father, and are offered once a week from 6-8 pm in six week sessions. The program is based on what researchers have found to be fundamental elements for successful children and youth including: 1) Loving, nurturing relationships. 2) Financial stability. 3) Positive connections to people, organizations, and opportunities. MCFI uses two nationally recognized parenting curricula to guide their work: The Nurturing Parenting Program and Becoming a Love and Logic Parent.

Foster Parent Association (FPA) of Montgomery County - A non-profit 501©(3) organization of foster parents. The purpose of the organization is to provide a network of support for Montgomery County Office of Children & Youth foster parents and foster children. Contributions to the organization are used to support events and activities for children in foster care and for the families that care for them. Foster Parent Association members are instrumental in foster parent recruitment, training and retention.

High Fidelity Wraparound (HiFi) - A team based process for families with youth who have a mental health diagnosis and are in need of additional supports. In Montgomery County, the focus has been on those youth who are facing residential treatment facility (RTF) placement or discharging from a RTF facility. Services expanded in 2014 to provide HiFi support to complex adolescent case situation to implement intense therapeutic support sufficient to divert children from formal Child Welfare system involvement. The Hi-Fi process involves professional assistance to family members with formation of their own treatment plan and identification of both formal and informal supports/services to assist with supporting the family unit. Professional peer support (youth) and family support are included and can assist youth and family on an ongoing basis.

Homemaker Services - In home service designed to assist families with significant unsafe living environments. Services are geared to remedy an unfit home and prevent placement of children.

Housing 101 Program - A collaboratively funded housing program that supports former foster children associated with the Montgomery County Office of Children & Youth. The program is available to youth aged 18 to 21 and is able to house up to 12 youth who are enrolled in an educational program or have full time employment. Housing vouchers are provided and supportive services are included to support youth in this program.

Human Service Systems Improvement - An approach to strengthening and empowering Montgomery County communities so that they can foster the strength of families including their children, youth, adult and aging members. It is child centered, puts families first, and involves whole communities. Public and private agencies are establishing innovative partnerships to better serve families and to improve capabilities to become more proactive, responsive and holistic. Collaboration translates to improved response to the complex and diverse needs of Montgomery County residents. Collaboration may also translate into cost effectiveness and increased ability to attract funding from diverse sources.
Independent Living Preparation (ILP) - Independent Living services are provided to youth who have been adjudicated dependent or dependent/delinquent on or after 16 years of age. Youth who are discharged from county custody are eligible for services up to the age of 21 years. Case management services along with skill training and education are offered to youth related to education, housing, nutrition, prevention and employment.

Independent Living Preparation (ILP) Aftercare Services – Specific services provided to children exiting a Children & Youth placement setting who voluntarily request support. These services are a coordinated effort between Children & Youth, our contracted vendor provider and the Pennsylvania Child Welfare Training Program administered by the University of Pittsburgh.

Information and Referral (I&R) - An agency response on a referral made to the office where Information such as phone consultation, phone numbers, and/or collateral contact information is needed by the caller on issues or situations in the absence of child abuse and neglect concerns. Contacts to the office are handled by professional Casework staff trained to assess each call to determine level of need and response appropriate for each call or in-person contact to the agency.

Intensive Support Services (ISS) - ISS is an OCY protective service provided to assist families with stability, child safety, and achievement of stated goals outlined within the FSP. ISS services are designed to be intensive; services are provided weekly or more frequently as dictated by case circumstances.

Kinship Care - The care of children with relatives, close family friends or a person with a pre-existing relationship with the child. Kinship care helps to maintain a child's connections with their family and culture.

Mandated Reporter - Someone required by law to report suspected child abuse.

Maternal and Early Childhood Consortium - A group of multi-disciplinary professionals from several County offices and Community-based organizations collaborating together to address Infant Mortality and Child Maltreatment concerns in Montgomery County and to improve access to resources and support for women, children and families in need.

Master Client Index (MCI) – The Master Client Index is a database of all programs that receive funding from the Commonwealth of Pennsylvania. Effective 2010, and in accordance with Commonwealth regulations, all children served by Office of Children & Youth are cross-referenced with the MCI or added to the MCI if no record currently exists.

Mission Kids – A non-profit organization created by the collaborative effort of the Montgomery County District Attorney, the Police Chiefs of Montgomery County, and the Montgomery County Office of Children and Youth to help ease the investigative process for abused children in Montgomery County. Mission Kids is a 501c 3 corporation governed by a Board of Directors and operating as a countywide child advocacy center.

Montgomery County Child Advocacy Project (MCAP) – An organization that recruits and trains local volunteer attorneys available to child victims in cases of family violence when the interest of the child is in potential conflict to the interests of other family members. Child advocates may also represent the needs of a child in the absence of a parent or guardian.

Multi-Disciplinary Investigative Team (MDIT) – The collaborative investigative process for child abuse in Pennsylvania involving a child-friendly forensic interview process, law enforcement, child welfare, prosecutors, and guardian ad litem or child advocate.
Multi-Systemic Therapy (MST) - A goal-oriented, comprehensive treatment program designed to serve multi-problem youth in their community. MST is effective in helping youth (ages 12-17) with chronic, delinquent behavior and youth with serious emotional problems. Services are provided in the youth’s home with an intensive treatment delivery, often including multiple contacts with family members and other participants every week, by a therapist.

Navigates - Trained staff positioned located in Community Connections offices throughout Montgomery County to assist local residents in identifying and navigating available supports and services. Navigates also advocate for needed services on behalf of individual and family residents.

Nurse Family Partnership (NFP) - A visiting nurse program through the Health Department, supported by OCY funding, which educates first time at-risk mothers regarding pre-natal care and infant health care.

Nurturing Parenting - An in-home parenting program designed to assist parents, of children ages 0-18, in recognizing behaviors that contribute to further system involvement, and correct those patterns of behavior by empowering all parties with new knowledge, beliefs, strategies and skills to engage in more appropriate lifestyle choices. It is an evidenced based program that includes pre and post tests, the results of the pre test help to formulate the treatment plan and the post test is used to assess the degree to which new skills are practiced and retained.

Parents as Teachers Program (PAT) - An in home voluntary educational program provided by the Family Centers for families with children 0-5 years of age. PAT workers visit the family home twice per month to educate parents on developmental milestones and increase children’s school readiness and school success through parenting programs. Program goals are related families achieving economic self-sufficiency, preservation of the family unit as a foundation for success for children, routine health care and immunization for children, understanding of child development, early identification and referral for developmental delays, and child abuse and neglect prevention.

Pennsylvania Child Welfare Resource Center (PACWRC) – (Formally known as the Pennsylvania Child Welfare Training Program) prepares and supports Child Welfare Professionals through education, research and a commitment to best practice. New Child Welfare staff attend 120 hours of in-classroom work and 6 hours of online Transfer of Learning (TOL) work initially and a minimum of 20 hours of training per year thereafter. Training is designed to provide fundamental information related to the awareness, knowledge, and understanding of child welfare-related concepts.

PEAK - Parent Empowerment for Advocacy through Knowledge. Educational Forums provided by the Parents Involved Network for parents/caregivers who want to learn how to become their child’s best advocate with the systems that serve children and adolescents in Montgomery County.

Permanency 3-5-7 Model – This practice model provides tools and language to engage a child and to assess that child’s readiness for permanency. The 3-5-7 Model also helps the child reconcile past losses that he or she has encountered. It provides tools for use in preparing children in placement for permanency through adoption, permanent legal custodianship, relative or kinship care.

Permissive Reporter - Someone able and encouraged but not required by law to report suspected child abuse. Regardless of professional affiliation, someone who makes a report as a concerned neighbor, friend, witness, or by-stander.
**Placement Clinical Reviews (PCR)** - A multi-disciplinary review and assessment of current case circumstances during which guidance and direction is provided for decision points and best practice for children and families served by the agency. Provider input is essential during this process.

**Protective Day Care** - Short term funding for day care services maybe utilized as part of a safety plan, either to prevent placement or provide protection/supervision of children after all other resources have been exhausted. Parents must provide verification of day care subsidy application, if employed. Approval granted for up to 3 months of funding prior to review of further need.

**Risk Assessment** - A process of methodical review of factors that are known to contribute to child maltreatment, and those that are known to decrease the likelihood of future maltreatment which is conducted by staff to assist in understanding family factors and dynamics and to aid in case decision making.

**Safe Haven Law** – Provides mothers a safe, legal and confidential alternative to abandoning their baby. Pennsylvania is one of 48 states that have passed a Safe Haven Law allowing parents to relinquish newborns up to 28 days old at any hospital in the state of Pennsylvania without the fear of criminal prosecution as long as the baby has not been harmed. Babies can be left with any hospital staff member or if a person is unwilling or unable to wait, they will be directed by signs on where to place the baby. Many hospitals have bassinets located near entryways where babies can be placed.

**Safe Schools Committees** – Located throughout the County and committed to bringing together law enforcement, Juvenile Probation, School Personnel, Children & Youth to discuss, plan and collaborate around issues facing at-risk youth.

**Safety Assessment** – A structured decision making process which enables staff to make informed decisions about safety planning and safety interventions that will eliminate or control identified threats. Safety Assessment is a family-centered, strength-based practice.

**SCAN-EMS** – Suspected Child Abuse and Neglect training for Emergency Medical Service personnel. This program is a partnership between the Office of Children & Youth and the American Academy of Pediatrics, Pennsylvania Chapter, to educate emergency service personnel and first responders in recognizing and reporting child abuse and neglect.

**SCAN-HS** – Suspected Child Abuse and Neglect training for Hospital Staff. This program is a partnership between the Office of Children & Youth and the American Academy of Pediatrics, Pennsylvania Chapter, to educate hospital staff and personnel including doctors, nurses, residents and attending physicians in recognizing and reporting child abuse and neglect.

**SCAN-SN** - Suspected Child Abuse and Neglect training for School Nurses. This program is a partnership between the Office of Children & Youth and the American Academy of Pediatrics, Pennsylvania Chapter, to educate school nurses in recognizing and reporting child abuse and neglect.
Shared Case Management - Placement cases that are dually managed/supervised by both Juvenile Probation and the Office of Children & Youth. In certain cases, it is in the best interest of the child and family to receive supports and supervision from both offices. This is a coordinated effort in Montgomery County involving Children & Youth, Juvenile Probation and the Juvenile Court.

Short-term Therapeutic Outreach to Prevent Placement (STOPP) - An intensive in home service designed to address crisis situations with a concern for imminent placement of the children. Services are delivered daily up to 60 days in an effort to prevent placement.

Strengths-Based Approach - Family casework approach which emphasizes people's self determination and strengths. Strengths-based practice is client led, with a focus on future outcomes and strengths that the individual, and their family and resource supports bring to a problem or crisis.

SuperKIDS of Montgomery County, Inc. - A non-profit 501© 3 group of volunteers established in 1994 that collaborates with the Montgomery County Office of Children & Youth to provide abused, neglected and dependent children in the county the opportunity for educational growth and personal enrichment. The educational and enrichment experiences supported by SuperKIDS for children known to the Montgomery County Office of Children & Youth, serve to boost a child’s self-esteem, improve confidence and skills and helps a child to reach his or her full potential.

System Integration - Emphasis on collaboration with public and private child and family serving entities has been an ongoing initiative. System Integration embodies the philosophies of Human Service System Improvement, The Collaborative Effort and Systems of Care and then looks even more closely at appropriate shared case management activities and shared funding for our County’s most complex cases – those families requiring multiple services from multiple public and private agencies.

Systems of Care – This initiative develops community-based, culturally competent systems of natural resources and professional services to support the well-being and safety of children. It supports the ongoing connection between children, families, and communities, which is essential to healthy social development. Local Systems of Care will fulfill this mission through effective, value-based practices, consistent with, and compatible to, the goals and needs of individual children and their families. Pilot counties, including Montgomery, are working to develop the structure and processes needed to support individualized integrated plans of care across child-serving systems. Essential participants include but are not limited to, Office of Children and Youth, Behavioral Health and Developmental Disabilities, Juvenile Probation, Drug and Alcohol, Education, Public Health, providers, consumers and youth. Montgomery County’s initial focus will be on children with severe emotional and behavioral needs and multi-system involvement.

Team Decision Making (TDM) - A structured process to engage the appropriate individuals within the family, community and agency at the appropriate times to aid in concrete planning and decision-making for a child at-risk for placement, placement disruption, or placement discharge. The goal of Team Decision Making is to make safe placement-related decisions in the least intrusive, least restrictive manner possible by involving birth families and community members, along with resource families, service providers and agency staff.
**Three Month Court Reviews** - Frequent intensive dependency court reviews, in cases where the child is five years of age or younger, designed to speed resolution of problems and shorten a child’s length of stay in a placement setting.

**Time Limited Family Reunification (TLFR)** - In July 2007 the Office of Children and Youth was awarded this State funded grant program. The program is designed to strengthen and support families by providing immediate and appropriate reunification services to parents whose children (ages 0 – 13) have been placed into foster care and have not exceeded 15 months in care. The intent being that children are safely reunified with parents in a timely fashion, reducing the length of time a child spends in foster care. Services are provided by the Norristown and Pottstown Family Centers.

**Truancy Prevention/Diversion Program** - Services designed and implemented to work intensively with children and families to abate truancy and prevent referral for formal truancy services through the Child Welfare system and/or divert children with identified truancy issues from formal involvement in the Child Welfare and Juvenile Court system through the introduction of intensive school-based and home-based supportive services.

**Your Way Home of Montgomery County** - A partnership between Montgomery County government and philanthropy structured to coordinate, leverage and maximize the impact of scarce public and private resources to end homelessness once and for all through systems change and service innovation.
It is important to mention the efforts and hard work of a vital internal workgroup of the agency. The Boost Committee was formed in 2012 and has improved overall staff morale and retention through its numerous initiatives. The mission of the Boost Committee is to encourage co-workers to increase positive social connections, to enable all co-workers to participate in social events, and to raise funds to offset the cost of events and encourage staff to participate in all activities.

Through the support of Boost, agency staff have enjoyed numerous holiday events, meet and greet activities, staff meeting snacks, and exciting raffles, games and gifts. Boost has made donations to non-profit charities and has supported SuperKIDS and Bikers Against Child Abuse (BACA) in addition to supporting Children & Youth staff. The Boost Committee spear-headed a successful Children & Youth Cookbook fundraiser in 2016, along with their usual activities, to engage and unite staff in a fun activity with lasting results, as well as, provide financial support to offset costs incurred by staff for activities and events.

For additional information about the Children & Youth, Montgomery County, PA or to download a copy of this report, please visit our website at www.montcopa.org/mcocy

***Special Thanks - Thank you to the Children & Youth Staff for your contributions to the 2016 Annual Report. Your data, graphs, charts, information, analysis and daily work are reflected here.

Additional thanks to the Children & Youth’s Citizens Advisory Committee for your annual review of the report and for your recommendations related to content, data collection, and outcome measures.
Special Thanks to our 2016 Donors and Contributors

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OFFICE OF CHILDREN & YOUTH

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To promote a peaceful community where children are safe and families are supported and happy.

MISSION
To deliver effective child welfare services that empower families to appropriately care for their children and maintain or achieve a desirable quality of life in the best interest of each child.

To Report Suspected Child Abuse:
Report electronically:  www.compass.state.pa.us/cwis
or Call ChildLine:  1-800-932-0313

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