

# Allegheny County

## Department of Human Services

# REQUEST FOR PROPOSALS

## Family Foster Care Programs for Young People

<b>RFP ISSUED</b>	November 19, 2015
<b>QUESTIONS AND REQUESTS FOR CLARIFICATION ACCEPTED VIA EMAIL</b>	Until 5 Business Days Before Proposal Due Date
<b>RESPONSES (Q &amp; A) POSTED ON WEBPAGE</b>	Ongoing- Final Q&A Posted 1 Business Day Before Proposal Due Date
<b>PROPOSERS CONFERENCE</b>	<p>December 17, 2016 from 10:00-11:30 AM in the Homestead Grays Conference Room at 1 Smithfield Street, Pittsburgh, PA 15222.</p> <p>If unable to attend in person, Proposers may call-in to: (866)-770-8629, passcode: 4890998.</p> <p>Pre-registration is encouraged, but not required, and can be done at:  <a href="https://www.surveymonkey.com/r/FamilyFosterCareRFP">https://www.surveymonkey.com/r/FamilyFosterCareRFP</a></p>
<b>PROPOSALS DUE</b>	January 19, 2016
<b>ESTIMATED AWARD DECISION / NOTIFICATION</b>	February, 2016
<b>ESTIMATED START DATE</b>	Spring, 2016

## GLOSSARY

Agreement: The contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services.

Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania.

BIPT: The Best Interest Placement Tool (BIPT) is an electronic matching tool that DHS uses to identify best-fit foster homes for children and youth in need of placement.

CANS: The Child and Adolescent Needs and Strengths Assessment (CANS) is the standard functional assessment tool that is required for all children and youth entering out of home placement.

ClientView: An electronic application through which users can access human services data for the clients on their caseload.

Conferencing and Teaming: The DHS standard of practice that engages individuals, families, supports and professionals in assessing strengths and needs and developing a plan for keeping children, young people and adults safe and healthy while continually integrating individual and family actions with professional services.

Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services in the Agreement.

CYF: [The Allegheny County Department of Human Services] Office of Children, Youth and Families

DHS: [Allegheny County] Department of Human Services.

Family Focused Solution Based Services: Behavioral health treatment services that strive to reduce the risk of psychiatric hospitalization, out-of-home placement and developmental delays.

FAST: The Family Advocacy and Support Tool (FAST) is a family assessment tool used to determine and discuss the strengths and needs of families involved in the child welfare system.

Foster Family/Resource Family: Synonymous terms for substitute caregivers who are licensed to provide foster care.

HCIS: Home Community Services Information System

ISP: An Individual Service Plan (ISP) is a plan identifying the daily care and treatment for children in out of home placement.

KIDS: The Key Information and Demographic System (KIDS) is the electronic case record for clients of the Allegheny County Office of Children, Youth and Families.

Kinship Care: The practice of licensing a relative or close family friend to be the foster parent for a specific youth.

MPER: The Master Provider Enterprise Repository (MPER) is the County's electronic registration, billing and payment tracking system for contracted providers.

Proposal: The response submitted by a Proposer to this Request for Proposals

Proposer(s): the entity or entities submitting a Proposal to the County in response to the RFP in an effort to become the Successful Proposer

RFP: A Request for Proposals refers to a procurement mechanism DHS uses to solicit applications from interested organizations when DHS establishes new contracted services.

Successful Proposer: The Proposer selected by the County to provide the Contract Services

SWAN: The Statewide Adoption and Permanency Network (SWAN) is a partnership among DHS, the Pennsylvania Adoption Exchange, public and private adoption agencies, organizations, advocates, judges, the legal community, and foster and adoptive parents with the goal of building a better collaborative adoption process in Pennsylvania.

## GENERAL INSTRUCTIONS AND INFORMATION

### Purpose

Allegheny County, through the Department of Human Services (DHS), is soliciting Proposals to provide one or more Family Foster Care Programs for young people (henceforth referred to as Programs) that 1.) increase the availability of qualified foster families for young people through recruiting, licensing, training and supporting foster families and maintaining an active roster of foster parents and 2.) work substantively with young people, families of origin and/or foster families to provide comprehensive and wrap-around services and supports. Through this RFP, DHS intends to identify organizations with the capacity to offer family-based foster care placements for approximately 200 young people, 80 of their siblings, and 10 of their children - a total of 290 children and young people. The County, on behalf of DHS, intends to enter into Agreements with multiple Successful Proposers to provide the Scope of Services requested in this RFP on a fee-for-service basis for a contract term of one year with the option to renew in years two and three. Funding for years two and three is contingent upon successful performance, approval of budget and funding availability.

### General Information about a Request for Proposal

Allegheny County issues Requests for Proposals (RFPs) to identify entities with the ability to meet the identified needs and quality standards within specified program and funding guidelines. Evaluation criteria is included in an RFP (see Evaluation Criteria) to measure how well a Proposal meets these criteria. The County may request additional information and/or a presentation from the Proposer during the Proposal evaluation period. Following the evaluation period, an Agreement to provide the Contract Services may be awarded to the most qualified Proposer(s), that is, the Successful Proposer(s).

***The issuance of this RFP does not obligate the County to enter into an Agreement with any Proposers.***

### Communication about this RFP

DHS is the “Issuing Office” for this RFP and is the sole point of contact for all questions and communication regarding this RFP. All communication about the RFP, including requests for additional information or clarification, should be submitted via email to: [DHSProposals@allegheycounty.us](mailto:DHSProposals@allegheycounty.us).

All information about the RFP, including changes, clarifications and responses to Proposer questions, will be posted on the RFP website at: [http://www.allegheycounty.us/Human-Services/Resources/Doing-Business/Solicitations-\(RFP/RFQ/RFI\).aspx](http://www.allegheycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx)

All questions and/or requests for clarification concerning this RFP must be submitted no later than five (5) business days prior to the proposal due date in order to guarantee a response on the RFP Website.

#### Eligibility

Entities eligible to respond to this RFP include non-profit organizations and for-profit organizations or businesses that hold a license to operate a Foster Family Care program Foster in Pennsylvania, issued by the Pennsylvania Department of Human Services. Joint/Collaborative Proposals are permitted. In order to be considered under this RFP, Proposers must meet all of Allegheny County’s contractual requirements available at: <http://allegheycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx>

#### Minority, Women or Disadvantaged Business Enterprise (M/W/DBE) Requirements

This RFP contains requirements for Proposers to assist Allegheny County in meeting its M/W/DBE goal (all contracts and other business activities entered into by Allegheny County having overall goals of 13% for MBEs and 2% for WBEs). A listing of M/W/DBEs certified by Allegheny County and the Pennsylvania Unified Certification Program can be found at <http://www.county.allegheycounty.pa.us/mwdb/index.aspx>

For more information about M/W/DBEs, please review the following. An M/W/DBE Participation Statement or Waiver Statement is **REQUIRED** with Proposal submission.

[MWDBE Contract Specifications Manual](#)

[MWDBE Participation Statement](#)

[MWDBE Waiver Request](#)

#### Proposal Preparation Costs

The Proposer is responsible for all costs related to the preparation and submission of a Proposal; Allegheny County is not obligated, in any way, to pay any costs incurred.

## **BACKGROUND**

#### About DHS

DHS was created in 1997 to consolidate the provision of human services across Allegheny County. It is the largest department within Allegheny County government. In addition to its Executive Office, DHS encompasses five program offices reporting to the Executive Deputy Director of Integrated Program Services (Behavioral Health; Children, Youth and Families; Community Services; Intellectual Disability; and the Area Agency on Aging) and three support offices (Administrative and Information Management Services; Community Relations; and Data Analysis, Research and Evaluation). Last year, DHS served more than 210,000 individuals (approximately one in six County residents) through an array of 1,700 distinct services.

DHS is responsible for providing and administering publicly-funded human services to Allegheny County residents and is dedicated to meeting these human service needs, particularly for the County’s most

vulnerable populations, through information exchange, prevention, early intervention, case management, crisis intervention and after-care services.

DHS provides a wide range of services, including: services for older adults; mental health and drug and alcohol services (includes 24-hour crisis counseling); child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; non-emergency medical transportation; job training and placement for public assistance recipients and older adults; and services for individuals with intellectual and/or developmental disabilities.

DHS provides services to eligible individuals without regard to race, color, sex, gender identity or expression, sexual orientation, age, religion, national origin, political affiliation, disability, familial status, military service, or religious, community or social affiliations.

### About Young People in Foster Care

Adolescence is a critical transitional period in life when several important developmental experiences occur. Besides physical and sexual maturation, young people begin to develop an understanding of an independent self in the context of their family and culture and to move towards independence. Further, they begin to acquire the skills that they will need throughout their lives to carry out adult roles and relationships. This important period can be very trying for young people and their families, as peers and the environment exert a powerful influence over their behavior and decisions during a time when the brain's executive function is not yet fully developed, risky behaviors are common, and the parenting techniques that worked well when youth were younger may no longer be effective. In addition, some young people may experience adjustment challenges or begin to grapple with emerging mental health problems. With all that is changing for young people – bodies, brains, behaviors, relationships and status - the role of family, community and natural support networks becomes even more critical than ever before. Young people rely on the adults they love and trust to help them successfully transition through this difficult time.

Going through adolescence while living in a child welfare out-of-home placement, such as foster care, makes this transition even more difficult. Young people in foster care confront numerous challenges, including unstable living arrangements, strained emotional ties with family members, interruptions in education, and reliance on professional staff rather than family for guidance. Transitioning to adulthood under these circumstances is extremely challenging and may have life-altering consequences. Of Allegheny County youth who come of age while in the child welfare system:

- 84 percent have involvement in mental health services
- 41 percent have involvement in drug and alcohol services
- 24 percent are involved in the juvenile justice system<sup>1</sup>

The human need for belonging is basic, and young people that have experienced maltreatment deserve a family-based living situation in which they have the love and support of caring adults who can help them engage in healthy ways with their peers and community and support them through the difficult transition period to adulthood. Research has found that young people are more likely to experience positive outcomes if their out-of-home placement is in a kinship foster care setting (with a relative or

---

<sup>1</sup> Shook, J., Goodkind, S., Herring, D., Pohlig, R., Kolivoski, K., Kim, K., 2013. How Different Are Their Experiences And Outcomes? Comparing Aged-Out And Other Child Welfare-Involved Youth. *Children and Youth Services Review*, Volume 35, Issue 1, pp.11-18

close family friend) or family foster care setting, rather than group care<sup>2</sup>. Ensuring that young people in out-of-home placement are cared for in a family setting (i.e. foster care) with strong ties to their culture and community is a DHS priority.

#### About the Need for Foster Families for Young People

When young people are removed from their family as a result of concerns with parenting practices or family function, DHS first seeks to identify willing and capable kin (relatives or family friends) to provide a temporary home. When a suitable kinship resource cannot be identified, DHS then turns to its network of recruited foster families. While DHS has made significant strides in finding family-based solutions for children in its child welfare system that are in out-of-home placement, finding family-based placements for older youth ages 12 through 21 (henceforth an individual member of this group is referred to as a “Young Person” and members of this group collectively are referred to as “Young People”) remains a challenge. Even while the number of Young People in care has decreased since 2010, the proportion of those who stay in group care (also known as congregate care) has increased from 29 percent in 2010 to 36 percent in 2015 (see graph in Appendix A). Further, at any given time about 40 percent of Young People (80) have at least one sibling who is also placed in the foster care system and five percent of Young People (10) are parents. Roughly half are custodial parents placed together with the children. Too often, families are separated in out-of-home placement. Due to an inadequate supply of foster families for Young People, DHS must often rely on less-desirable congregate care settings for Young People who would be more appropriately served in a family setting.

### **SCOPE OF SERVICES REQUESTED**

Through this RFP, DHS intends to identify organizations with the capacity to offer family-based foster placements for Young People, their siblings, and their children. In addition to addressing the number of Young People that DHS is seeking to serve, Proposers should also focus on providing quality care for Young People and substantive work with the family of origin and foster family to offer a comprehensive and wrap-around program of services and supports. DHS seeks Proposers with a proven track record of successfully linking Young People, their foster families, their families of origin and/or adoptive or custodial families with community, school, faith-based organizations and other appropriate supports that build resilience among youth and strength among caregivers.

#### Target Population

In total, Programs will provide family foster care for approximately 200 Young People and 80 of their siblings and/or 10 of their children (a total of 290 children and Young People). The target population includes Young People who are:

- Not placed with their siblings
- Placed with their siblings (siblings may be of any age)
- Pregnant
- Parenting (of any gender, and who may or may not have custody of their child)
- Of any gender identity and sexual orientation: heterosexual, lesbian, bi-sexual, gay, gender conforming, gender non-conforming and questioning
- Practicing any religion and who practice no religion at all

---

<sup>2</sup> USDHHS, Administration for Children and Families, 2015. Impact and Evaluation of Kinship Care. <https://www.childwelfare.gov/topics/outofhome/kinship/impact/>

Programs are meant to serve Young People in the care of CYF, most of whom have experienced serious and repeated trauma and many of whom exhibit difficult and/or clinically significant behavior. Programs' acceptance criteria are inclusive and should never be discriminatory in nature.

The **only** exclusionary criteria are Young People who:

- Are psychotic
- Exhibit homicidal or suicidal behaviors
- Exhibit sexually assaultive and/or predatory behaviors
- Require 24/7 awake supervision to ensure their own safety and/or health, or the safety of others
- Have **severe** emotional or behavioral health disorders requiring a specialized treatment team to support day-to-day living.

In addition to providing inclusive environments for all Young People, Proposers should also have competencies to address the needs of particularly vulnerable sub-populations of Young People, including the following:

***Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) Young People***

LGBTQ Young People constitute about 25-30 percent of the CYF-involved population of Young People in Allegheny County. Compared to their peers, these Young People experience social, emotional and health disparities and are often at greater risk of physical and emotional abuse. For example, in a survey recently administered by DHS, 59 percent of LGBTQ Young People reported they "ever felt unsafe while in a placement" compared to just 27 percent of heterosexual Young People. LGBTQ Young People are at greater risk of running away, becoming homeless or falling victims to trafficking, because they are rejected in their homes. According to national statistics, 78 percent of LGBTQ Young People in foster care were removed from or ran away from foster placements as a result of hostility toward their sexual orientation or gender identity. Given these disparities, DHS places high emphasis on working with Proposers who have competencies and skills in working with LGBTQ population. Successful Proposers will recruit, train and support LGBTQ-affirming foster families.

***Immigrants, Internationals and Limited English Proficiency Young People***

Allegheny County continues to welcome a growing number of diverse immigrant populations. While DHS continues to address limitations in collecting data on this group of individuals, an estimated 3.5 percent of all Young People in placement in FY 2013-2014 were foreign-born or were raised in immigrant families. Of these, 61 percent were refugees. The needs of these Young People vary on an individual basis, but they often have experienced significant trauma in their country of origin, lived under extraordinarily stressful conditions in a refugee camp, and/or experienced an uncertain journey of asylum-seeking in the U.S. Further, Limited English Proficiency is also a barrier for some Young People or their biological families. Within the limitations of collecting accurate data on language needs within the sub-population, DHS has identified that non-English speaking CYF involved children and families most commonly speak Nepalese, Arabic, Karen Swahili, Russian and Kerundi. These circumstances present additional challenges for foster parents who are willing to open their homes to the vulnerable Young People.

Given the complexity of needs and the growing number of immigrant and refugee children who are living within Allegheny County, DHS is interested in working with Proposers who are culturally competent and have the necessary resources to support foster families who care for immigrant/Limited English Proficiency Young People.

**Pregnant and Parenting Young People**

A study at the University of Chicago found that nearly half of girls who had spent time in the foster care system had been pregnant at least once by the time they were 19 years old.<sup>3</sup> One study found that 20 percent of foster children were sexually active by age 13, compared to eight percent of the general population.<sup>4</sup> The pregnancy and parenting outcomes for these Young People are often more negative than those of their non-CYF-involved peers. In a study of 166 high-risk girls placed in foster care or group care, pregnancy was a predictor of substance use, one or more pregnancies resulting in miscarriage, and child welfare involvement regarding their parenting.<sup>5</sup> In Allegheny County, about five percent of female Young People in CYF placement are pregnant, and approximately five percent of Young People in care are parents (roughly half of these are custodial parents placed with their children). The Program will be expected to recruit, license and train staff and families who are able to work with pregnant and parenting Young People, including both custodial and non-custodial mothers and fathers.

**Program Type and Size**

Each Successful Proposer will be responsible for maintaining a Program that is structured to meet the needs of Young People in out-of-home placement. Programs will provide both emergency (“shelter”) and regular family foster care. Emergency family foster care is for Young People who are taken into custody on an emergency basis and who are in need of a temporary appropriate placement. Placement in emergency foster family care status is limited to a thirty (30) day period. If a dependent Young Person for whom the Juvenile Court has granted the Office of Children, Youth and Families permission to place does not exit the program within 30 days the placement may be converted into a regular placement.

Each Successful Proposer will provide a minimum of 50 family foster care homes for Young People. At least 20 of the homes must have capacity to serve at least one additional sibling and five must be able and willing to work with a pregnant Young Person and to continue to foster the Young Person and new baby. **Therefore, the minimum Program size for each Successful Proposer is 75 beds:**

HOMES	BEDS			
Minimum Total number of homes per Successful Proposer	Minimum Beds dedicated to Young People	Minimum Beds dedicated to siblings of Young People	Minimum Beds dedicated to infants of Young People in care	Minimum Total number of beds
50	50	20	5	75

Each licensed foster home may serve a maximum of two unrelated foster Young People concurrently. All foster homes must be located within Allegheny County. The County will give preference in awarding the

<sup>3</sup> Amy Sullivan, Teen Pregnancy: An Epidemic in Foster Care, TIME, July 22, 2009, available at <http://www.time.com/time/nation/article/0,8599,1911854,00.html>

<sup>4</sup> Boonstra, Heather D. "Teen pregnancy among young women in foster care: a primer." Guttmacher Policy Review Spring 2011: 8+. Academic OneFile. Web. 13 July 2015.

<sup>5</sup> Leve, L. D., Kerr, D. R., & Harold, G. T. (2013). Young Adult Outcomes Associated With Teen Pregnancy Among High-Risk Girls in a Randomized Controlled Trial of Multidimensional Treatment Foster Care. Journal Of Child & Adolescent Substance Abuse, 22(5), 421-434. doi:10.1080/1067828X.2013.788886



contracts to Proposers with demonstrated success in recruiting families for Young People in designated “High Need” areas (see Appendix B) or with a well-developed recruitment strategy. Ultimately, **50% of the family foster homes must be in the “High Need,” target neighborhoods or within the same school district as the target neighborhoods.**

### **Casework Support Services**

Successful Proposers are expected to provide support services, the basic service activities conducted with a Young Person, family of origin and foster family, including but not limited to: initiating engagement and assessment; service planning; direct work with family of origin/discharge resource, Young People (including vulnerable populations) and schools; coordinating care, supporting all Young People; and providing additional supports (i.e. transportation, financial literacy) as needed.

As part of this work, Successful Proposers will be expected to set goals, directly intervene with Young People and foster parents to assure smooth functioning of the foster family group, ensure engagement and participation of families of origin in case planning, facilitate linkage to supports and/or services for Young People and foster parents, and participate in Allegheny County Court of Common Pleas proceedings and related activities.

### ***Engagement and Assessment***

- A. Successful Proposers must conduct face-to-face contact with Young People in their foster home within 24 hours of placement.
  
- B. Within the first 15 calendar days of a Young Person’s placement, Successful Proposers must:
  1. Gather the following information from the CYF caseworker:
    - a. Information regarding why the Young Person was removed from the family of origin:
      - What was alleged?
      - What were the findings on each of the allegations?
      - What supports does the family of origin have?
      - What is the family of origin’s day –to-day routine?
      - What are the safety concerns?
      - What are the risk factors?
      - What is the family of origin’s prior history with CYF?
      - Obtain a copy of any current safety plan
      - What is the permanency goal for the Young Person?
    - b. Clinical information
      - A copy of any signed psychological evaluation completed within the last year (if applicable)
      - A copy of any signed psychiatric evaluation completed within the last year (if applicable)
      - Results of the most recent physical examination (if available)
      - Information regarding allergies and medications
      - Information regarding which providers (i.e., medical, dental) are already providing care to the Young Person
    - c. School information
      - Where does each child/Young Person attend school?
      - What is the current school transportation arrangement?
      - Are there any behavioral or service problems at school?

- What is the attendance record?
- d. Court information
    - What Judge is overseeing the case?
    - What is the status of each child/Young Person?
    - When is the next Court appearance?
    - Copies of all Court orders pertaining to each child/Young Person in the case
    - A copy of the family of origin's Family Advocacy and Support Tool (FAST) upon completion of same.
  2. Perform or obtain assessments
    - a. Determine whether a Child and Adolescent Needs and Strengths (CANS) assessment has already been completed. If a CANS has been completed, the Proposer is responsible for updating the CANS into DHS's Key Information and Demographic System (KIDS), and incorporating the assessment into planning for the Young Person. If a CANS has not been completed, Successful Proposers are responsible for completing one, via KIDS, within 30 days of the date of Program admission. The Successful Proposer will be responsible for administering the CANS on a continuous basis at least once in six months (more frequently when indicated), and for updating the Individual Service Plan (ISP) to incorporate the needs and strengths identified.
    - b. Follow through with any area rated as a "2" or "3" on the CANS instrument by arranging for deeper assessments as needed. Particular attention should be paid to:
      - Behavioral health care needs
      - Substance use disorders
      - Exposure to violence
      - Current involvement in a violent relationship
      - Lack of progress/problems in school
    - c. Ensure that an intake physical and clinical assessment have been completed for the Young Person as described in the section entitled "Care Coordination," below.
    - d. Complete the educational screen in KIDS.
  3. Discuss with each Young Person their goals for family, school and other aspects of their day-to-day life.
  4. Review the *ClientView* record on each Young Person to determine prior history with behavioral health and other services.

### ***Service Planning***

- A. DHS's approach to service planning with families requires Successful Proposers to:
  1. Adhere to the DHS practice model by creating and adjusting service plans with children and families via the Conferencing and Teaming process (for more information about Conferencing and Teaming see the Background Section of the RFP).
  2. Participate in all Conferencing and Teaming meetings upon invitation. Successful Proposers will be responsible for sharing all documentation regarding the Young Person and presenting it at Teaming meetings<sup>6</sup>.

---

<sup>6</sup> When a child has been removed from the home, a Conference must occur within 30 days of removal. During the Conference, members of the family's Team are convened to help the family develop a plan for meeting their goals. Members of the Team include all supports, as identified by the family. After the conference, the caseworker types the plan, and it is signed by the family. A Teaming meeting must occur within 90 days of the conference, but can occur sooner, with the family's request. Teaming meetings occur every 90 days after the first Teaming meeting until the case becomes inactive. During Teaming meetings, the family's Team convenes to discuss the progress or challenges the family is facing in meeting the goals identified in their family plan.

3. Work with the caseworker to develop and implement a plan to connect each Young Person in placement to relatives and kin, as appropriate, when the CYF caseworker has identified relatives through the Family Finding process. This includes connection to maternal and paternal relatives, incarcerated parents/grandparents, or other significant adults in the Young Person's life.
4. Contact the CYF caseworker to request a Teaming meeting to resolve major issues related to the care of the Young Person, including but not limited to:
  - a. Resolving foster parent concerns about the Young Person's behavior
  - b. Creating plans to manage serious events that impact behavioral health, physical health or other aspects of a Young Person's functioning (i.e., death of a family member, school suspension, hospitalization)
  - c. Preparation for discharge to family of origin, adoptive parent or other caretaker

**Note: The Successful Proposer is not permitted to move Young People from one home/family foster care setting to another unless a Teaming meeting has been held, with the exception of seven-day respite arrangements.**

- B. Successful Proposers must create the Young Person's Individual Service Plan (ISP):
  1. The family's Team carries the primary responsibility for determining the family's goals and related action plans.
  2. Successful Proposers are responsible for joining CYF staff in fully engaging the family of origin and foster parents as the individuals most essential to a Young Person's healthy development. Successful Proposers will be responsible for including these individuals, in addition to others identified in the family's Team, as early, fully and appropriately as possible in developing ISPs for Young People.
  3. Successful Proposers are responsible for creating an ISP for each Young Person in their care within 30 days of the Young Person's placement, using the following information: Conferencing and Teaming meetings; information gleaned from a review of KIDS and ClientView; information from the CANS, FAST and other clinical assessments; and information gained from interviews with the family of origin, foster parents and the Young People themselves. The ISP should discuss the Young Person's goals and make use of identified strengths, talents and interests in the related action plans. The ISP must be entered into KIDS by day 30 of the placement and must reflect goals and strategies that are related to the needs and strengths identified through the assessments. Successful Proposers must update the ISP at least every six months.
- C. Successful Proposers must create the Young Person's Independent Living Transition Plan:
  1. The Independent Living Transition Plan is a plan detailing how a Young Person is preparing for adulthood. The plan encompasses educational, employment, housing goals and the like. The plan for each Young Person will be developed in a Teaming meeting and in consultation with the Successful Proposer, Young Person, foster family, family of origin, CYF caseworker, child attorney(s), DHS Independent Living staff and educational liaisons, and other individuals invited by the Young Person. The CYF caseworker has the lead role in creating the Independent Living Transition Plan; however, the Successful Proposer will be responsible for participating in Teaming or other meetings in preparation for the plan's development, and for supporting the Young Person in the process of completing activities and achieving goals articulated in the plan.

***Direct work with family of origin/discharge resource***

- A. Successful Proposers must hold an “Icebreaker” meeting:
1. Within 3-5 business days of the Young Person’s entrance into the Program, Successful Proposers will be responsible for arranging and facilitating an Icebreaker meeting between the family of origin and the foster parent(s):
    - a. The goal of the icebreaker meeting is for the family of origin and foster parent(s) to meet each other, for the family of origin, foster parent(s) and Successful Proposer to make decisions together related to the care of the Young Person, and for the family of origin to share important information about the Young Person such as:
      - Information about typical routines, friends and social habits
      - Information about school performance and activities
      - List of treatment providers (primary care physician, dentist, etc.) with whom the Young Person is already linked
      - Establish a recommended visitation schedule and troubleshoot logistics of that schedule
      - Establish parameters and a working agreement for communication between the foster parent and family of origin
    - b. If the family of origin or foster parent(s) do not attend the meeting, the Successful Proposer must alert the CYF caseworker and make two attempts to reschedule.
- B. Successful Proposers must participate in the creation of a Family Plan, CYF’s service plan for the family, that the CYF caseworker helps the family develop through Conferencing and Teaming:<sup>7</sup>
1. Within 3-5 business days of the Young Person’s entrance into the Program, the Successful Proposer will be responsible for obtaining a copy of the Family Plan, if one has been created.
  2. If a Family Plan has not yet been created, the Successful Proposer will be responsible for providing the name/contact information of the case planner, assigned by the Successful Proposer to oversee the Young Person’s case, to the CYF caseworker, so that the case planner may attend the Family Conference at which the Plan will be developed.
  3. The Successful Proposer is responsible for attending Conferencing and Teaming meetings upon invitation and for engaging in specific activities to assist the family in carrying out the goals of their Family Plan as determined via the Teaming process.
  4. The Successful Proposer is responsible for engaging the family of origin (including both mothers and fathers) to participate in meetings regarding the Young Person’s education and physical/behavioral health care, unless parental rights have been terminated; there is a Court order specifically prohibiting parent-child contact; or the Court has appointed an education guardian. If the Young Person is 14 or older, specific rights in regard to behavioral health care must be taken into account.
- C. Successful Proposers must establish routine face-to-face contact with the family of origin: For cases in which the Young Person’s goal or concurrent goal is reunification with the family of origin and parental rights have not been terminated or surrendered, a case planner appointed by the Successful Proposer is responsible for face-to-face meetings with the family of origin at least once per month. These visits are designed to:

---

<sup>7</sup> For more information about Conferencing and Teaming, please see: <http://www.alleghenycounty.us/Human-Services/Programs-Services/Children-Families/Conferencing-and-Teaming-in-CYF.aspx>

1. Update the family of origin on any medical treatment, including use of and reaction to psychotropic medication, dental and vision care, and routine/non-routine medical care
  2. Update the family of origin on progress in school including grades, attendance and any issues with special education or other school-based services
  3. Update the family of origin on any behavioral health issues or treatment
  4. Troubleshoot any issues related to family of origin/Young Person visitation
  5. Ensure that the family of origin is aware of any upcoming appointments or meetings involving the Young Person's care (e.g., medical/behavioral health appointments, school meetings)
  6. Provide the family of origin with an opportunity to ask questions regarding the Young Person's care
- D. Successful Proposers must undergo preparation for reunification with the family of origin, when reunification is the goal:
1. When a Young Person or sibling group is placed out-of-home in any setting and the placement has exceeded 90 days, the CYF caseworker will make a referral for Family Focused Solution Based Services, behavioral health treatment services that strive to reduce the risk of psychiatric hospitalization, out-of-home placement and developmental delays, to engage with the family of origin, Young Person and foster family and facilitate family treatment in support of reunification and placement stability.
  2. When the family of origin is granted unsupervised overnight and/or weekend visits, the Successful Proposer will be responsible for working with the Family Focused Solution Based supports in advance of the first visit, to plan with the family for a successful experience, including reviewing family routines, scheduled activities and assisting the family of origin in planning ahead for any anticipated behavioral or other challenges that may occur during the unsupervised visit.
  3. When the Young Person returns from unsupervised overnight/weekend visits, the Successful Proposer must discuss the visit with the Young Person and, if the Young Person reports difficulties or concerns, coordinate with CYF and the Family Focused Solution Based Services supports regarding adjustments to any work with the Young Person and family of origin that may be necessary prior to the next visit.
    - a. When reunification is likely within the upcoming three months, the Successful Proposer will be required to be a full participant in any pre-reunification Teaming meetings that will support the family's reunification process.
    - b. The Successful Proposer must also ensure that:
      - The family of origin has a copy of all documents and reports related to the Young Person's medical and behavioral health care
      - The family of origin has been instructed in and demonstrated the ability to assist with medication management, if applicable
      - The family of origin has a written list of the Young Person's current treatment providers
      - The family of origin has a copy of the Young Person's most recent report card and Individualized Education Plan<sup>8</sup> (if applicable)
      - The Young Person's clothing and personal belongings are transported back to the family of origin.

---

<sup>8</sup> An Individualized Education Plan is a plan or program developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives specialized instruction and related services.

- The Young Person’s school, medical providers and other professionals engaged with the Young Person are notified of the change in living address.
- E. Successful Proposers must prepare for Adoption or Permanent Legal Custody, when adoption is the goal:
1. When the Young Person’s goal is Adoption or Permanent Legal Custody, the Successful Proposer will be responsible for:
    - a. Ensuring that all documentation is up-to-date, including but not limited to medical, criminal/background clearances and home studies for the pre-adoptive family as well as medical and dental records for the Young Person, and providing copies of these records to CYF as requested.
    - b. Cooperating with Statewide Adoption Network (SWAN)<sup>9</sup> services that may be assigned to assist the Young Person and family in proceeding toward permanency via adoption or permanent legal custody. This includes explaining to the Young Person and family what the assigned SWAN services are and how those SWAN services will assist the family through the process.
    - c. Prior to finalization, making sure that each pre-adoptive family is aware of the availability of SWAN Post-Permanency Services and how to access them.
    - d. Assisting and supporting the family as designated through the Conferencing and Teaming process.

***Direct work with Young People***

Successful Proposers are responsible for maintaining regular contact with Young People in the Program, as well as monitoring their safety at all times while in care. This includes regular visits with the Young Person, foster parent(s), family of origin, discharge resources and significant adults as described below:

- A. During the first week of placement, Successful Proposers will designate a case planner to each Young Person who is responsible for:
1. Facilitating a discussion with the Young Person about:
    - a. the family circumstances that led to the placement
    - b. explaining what family foster care is
    - c. explaining the Juvenile Court process
    - d. making sure the Young Person knows who their assigned KidsVoice<sup>10</sup> attorney/Guardian Ad Litem<sup>11</sup> is, and how to contact them
    - e. making sure the Young Person knows who their assigned case planner and CYF caseworker are and how to contact them and their supervisors
    - f. Answering questions
  2. Facilitating a discussion with the Young Person and the foster parent(s) regarding the foster family’s expectations for the Young Person, the Young Person’s expectations for the foster parent(s), and household routines, rules, etc.

---

<sup>9</sup> The Statewide Adoption and Permanency Network is a partnership among DHS, the Pennsylvania Adoption Exchange, public and private adoption agencies, organizations, advocates, judges, the legal community, and foster and adoptive parents with the goal of building a better collaborative adoption process in Pennsylvania.

<sup>10</sup> KidsVoice is a non-profit agency that advocates in court and in the community to ensure a safe and permanent home for abused, neglected, and at-risk children.

<sup>11</sup> A Guardian Ad Litem is the person the court appoints to represent the best interests of a child in a divorce or parental rights and responsibilities case.

- B. The case planner will visit each Young Person in the foster home at least once per week for the first six weeks of the placement. Subsequently, the case planner will visit each Young Person in the foster home at least once every other week (or more as needed). A safety assessment will be carried out at each contact visit and a record should be submitted to CYF within 24 hours of this assessment. Successful Proposers must notify CYF immediately if it is determined that the Young Person is at risk.
1. During the first few visits between the case planner and the Young Person, the case planner will discuss the Young Person's talents, interests and activities.
  2. During the visit, the case planner will meet with each Young Person individually in a private space where no other person can hear the conversation.
  3. During each week's conversation, the case planner will:
    - a. Inquire as to whether the Young Person feels safe in the foster home
    - b. Inquire as to whether the Young Person has any concerns about the foster family or the housing itself
    - c. Inquire about the nature of the relationship between the Young Person and each other Young Person living in the home
    - d. Inquire about the nature of the relationship between the Young Person and each foster parent
    - e. Discuss the Young Person's aspirations/desires and whether recent activities are helping to achieve those goals
    - f. Inquire about how the previous week in school and related activities went
    - g. Discuss any behavioral or other health issues
    - h. Discuss how any recent Court events, Conferencing and Teaming meetings, and other meetings went, assist the Young Person in understanding what has transpired, clarify questions, etc.
    - i. Discuss how family of origin/Young Person and sibling visits are going. Inquire as to whether the Young Person feels safe during these visits and whether s/he has any concerns about visits continuing.
  4. At least once per month the conversation with the Young Person will include:
    - a. A discussion of the reasons why the Young Person remains in family foster care
    - b. A description of the Successful Proposer's and CYF's efforts to achieve permanency.
    - c. A discussion of the Young Person's permanency goal
    - d. Opportunities for the Young Person to ask questions about the permanency plan
    - e. A discussion of the Young Person's relationships with friends, such as:
      - i. Who are the Young Person's friends
      - ii. What activities does the Young Person enjoy with friends
      - iii. If the Young Person is dating anyone (if 12 and older)
      - iv. If the Young Person is receiving formal services such as therapy, inquire as to how that is progressing and answer any questions the Young Person has about the service
      - v. If the Young Person is taking any medication regularly (prescribed or over the counter):
        - Review the medication regime
        - Discuss whether the Young Person is experiencing any side effects from any medications
        - Discuss whether the medication is having the intended effect
        - Provide an opportunity for the Young Person to ask questions about the medication

5. For Young People ages 14 and older, at least twice per year the discussion will include a discussion of sexual health. This conversation will not assume that the Young Person is gender-conforming or heterosexual and will be conducted in such a manner that creates a safe space for lesbian, gay, bisexual, transgender and gender-nonconforming Young People to discuss their sexual health. The discussion will include but not be limited to:
    - a. Ensuring that the Young Person understands safe sex practices
    - b. Ensuring that the Young Person knows where to access contraceptives, including but not limited to birth control methods and condoms, and offering to obtain contraceptives if the Young Person does not have access to them
    - c. Ensuring that the Young Person knows how to use the contraceptives of choice
    - d. Ensuring that the Young Person has a basic understanding of the risks of unprotected sex, sexually transmitted diseases and HIV/AIDS
  6. At least once per quarter, the Successful Proposers' case planner will complete a clothing inventory for each Young Person using the attached Guide to Clothing Inventory (Appendix K). Successful Proposers are responsible for working with foster parent(s) to ensure that the Young Person has appropriate clothing. Successful Proposers are expected to work with CYF to purchase or obtain special clothing needed for events such as religious ceremonies, proms, graduations and other special occasions through the use of the Allegheny County Music Festival Fund and other sources.
- C. Successful Proposers should have information about each Young Person's exact location upon placement and will notify CYF immediately if the location changes due to running away, arrest, hospitalization or movement. Successful Proposers are not authorized to move the Young Person to a different location without a Teaming meeting and prior written notice to CYF, except in the case of emergency. An emergency is defined as when the Young Person cannot be safely maintained at the current level of restrictiveness, has been arrested, or has been hospitalized. This rule does not apply to respite care.
- D. Successful Proposers will be responsible for arranging, with CYF and the family of origin, frequent and consistent visitation between Young Person and the family of origin, including incarcerated parents, as determined by the terms of the Family Plan:
1. The first family of origin/Young Person visit must take place within the first five calendar days of the Young Person's removal.
  2. The foster parent/Successful Proposer is responsible for transporting each Young Person to family of origin/Young Person and sibling visits. Young People who are mature enough can use public transportation when available. In the rare event that a foster parent is unable to transport the Young Person, Successful Proposers are responsible for transporting Young People to visits.
  3. The visits shall be supervised according to the visiting plan that was developed in the Conferencing/Teaming meeting
    - a. Unless stated otherwise in the Family Plan, Successful Proposers will be responsible for coordinating the monitoring of supervised visits in a manner consistent with what is outlined in Court orders and the Family Plan
    - b. Successful Proposers are responsible for documenting visits
    - c. Successful Proposers, either directly or through agreement with the foster parent(s), are responsible for observing each Young Person before and after visits to determine/attend to emotional and other impacts of the visits.



4. Under no circumstances may the Successful Proposer and/or foster family use visits as a reward or withhold visits from a Young Person as a punishment
- E. Successful Proposers will be responsible for arranging sibling visits as follows, as determined by the Family Plan and in doing so must:
1. Facilitate sibling (including half-siblings and step-siblings) visits as determined in the Family Plan, if separated siblings are not included in the family of origin/Young Person visit referred to above, unless it would be harmful to their health and safety or is precluded by geographic distance.
  2. Ensure appropriate monitoring of sibling visits. When more than one provider is involved in the care of separated siblings, the providers must work out a rotation schedule through which the responsibility for monitoring visits is shared equally by each provider during Conferencing and Teaming meetings.
  3. Facilitate frequent visiting and contact with other family members, and/or other significant individuals in the Young Person's life, both in the home community and in the foster home, to the extent appropriate.
  4. When a Young Person's schedule of school and extra-curricular activities makes arranging family visits complicated, request a Teaming meeting to work out a schedule that attends to the Young Person's developmental needs for socialization and pursuit of personal, academic and vocational interest while balancing the need for family connection.
- F. Successful Proposers will be responsible for attending all scheduled Court hearings related to the Young Person in family foster care, including all Allegheny County Juvenile Court proceedings related to dependency and delinquency.
- G. Successful Proposers will be responsible for preparing for discharge of the Young Person to next placement
1. When a discharge is planned, Successful Proposers will be responsible for engaging the Young Person in a full discussion of what the discharge will entail:
    - a. Ensuring the Young Person knows where s/he will be living
    - b. Asking the Young Person if s/he will feel safe in the new setting and taking steps to address, with the assigned CYF caseworker, any safety concerns that the Young Person expresses
    - c. Ensuring that the Young Person knows where s/he will be attending school upon discharge and collaborating with the CYF caseworker to ensure that school transportation is in place prior to discharge
    - d. Inquiring as to what type of relationship, if any, the Young Person would like to maintain with the foster parent and any other Young Person in the home and taking steps to establish plans for ongoing contact if the Young Person wishes, in cooperation with the CYF caseworker, the family to whom the Young Person is being discharged and the current foster family.
    - e. Ensuring that, prior to the date of discharge, any needed treatment or other services are established for the home to which the Young Person is being discharged, if such services are needed.
  2. Successful Proposers will be responsible for submitting to CYF a discharge summary within fifteen (15) days from date of a Young Person's discharge from the Program. The Discharge Summary shall have the title "Discharge Summary" and shall address the progress achieved in each of the areas addressed in the ISP and Quarterly Reports, noting the progress or lack

thereof that resulted in the discharge. The Discharge Summary shall also include any post-discharge recommendations and services to be carried out by the Successful Proposer, if applicable. Successful Proposers will return to DHS all original documents such as birth certificates, Social Security Cards, Medical Assistance Cards, Court Orders and such similar documents of the Young Person within fifteen (15) working days from date of discharge.

### ***Work with schools***

Successful Proposers will carry primary responsibility for ensuring that the educational needs of each Young Person receiving services in their Program are met and that Young People are attending school regularly and making academic progress. Specifically, Successful Proposers should:

- A. Ensure that the case planner and foster parent(s) have a conversation with the Young Person about their school progress, educational goals and needs within the first week of placement.
- B. Ensure that the school and foster parent(s) have a clear understanding of the identity of the Young Person's Education Decision Maker<sup>12</sup> within the first week of placement.
- C. Visit each Young Person's school and establishing contact with a school representative within the first week of the Young Person's placement in the program, to ensure the Young Person is properly registered in school and to determine any issues with school attendance, academic progress, social integration, extra-curricular involvement and behavior in school.
  1. Successful Proposers must make sure that each Young Person remains in the school district of origin, unless it is not in the Young Person's best interest.
  2. A decision about school placement should be made based on the input from the Young Person and in consultation with other stakeholders.
  3. If the Young Person needs to change schools as a result of the family foster care placement, Successful Proposers will ensure that school enrollment is timely to ensure that there is no interruption in schooling.
- D. Complete the Educational Screening Tool in KIDS. The requirements and guidelines on how to complete the tool can be found in Appendix C. Successful Proposers must update the tool within 30 days if there is a change in placement or every six months if there are no interruptions in placement
- E. Track each Young Person's attendance on a weekly basis, keeping educational records updated in KIDS and monitoring school progress. This can be done through use of ClientView/KIDS (where possible), and/or conversations with the Young Person, foster parent, Educational Decision Maker and/or school. If there is a data-sharing partnership between DHS and a school district, basic school information will already be in the KIDS system, but the Successful Proposer is responsible for access to any further documents necessary to assist in meeting the Young Person's educational needs
- F. Obtain a copy of the Young Person's report card during each reporting period.

---

<sup>12</sup> An Educational Decision Maker is a court-appointed individual that makes educational decisions for children who have no parent or guardian to make education decisions for them, or when a court concludes that appoint an Educational Decision Maker is in the best interest of a child.

- G. Make sure the foster family is aware of their rights and responsibilities with respect to the education of Young People in family foster care. (Refer to Appendix D for more information.)
- H. Trouble-shoot any school-related concerns and coordinating with the family of origin, Educational Decision Maker, caseworkers and other stakeholders on decision-making:
  - 1. If a Young Person is suspended or receives any other form of school discipline, the Successful Proposer is responsible for:
    - a. attending any school meetings related to the suspension/discipline
    - b. convening a Teaming meeting for serious or chronic disciplinary issues
    - c. advocating for the Young Person to be sure that educational rights are being met during the process
  - 2. If a Young Person is suspended from school transportation, the Successful Proposer is responsible for:
    - a. advocating for a meeting with the school to resolve the issue so that the Young Person may regain access to school transportation. Attendees at this meeting should include the Young Person, the foster parent(s), case planner, Educational Decision Maker, appropriate school staff and the transportation company.
    - b. ensuring that the Young Person has an alternate means of transportation to school
    - c. if the Young Person has an Individual Education Plan that calls for transportation or the Young Person receives special education services and the bus is the assigned means of transportation to the school, the Successful Proposer should contact the special education point-of-contact at the school for assistance in resolving the bus suspension immediately. If unresolved at the school level, additional support for students with special education needs may include the Young Person's KidsVoice attorney, the Education Law Center, or DHS. Please refer to Appendix E for school-related resources and contact information.
  - 3. If a Young Person is not attending school regularly, struggling to maintain focus in the classroom or behave appropriately during the school day, and/or struggling to achieve academically, the Successful Proposer is responsible for:
    - a. meeting with the Young Person, foster parent, school officials and any other caring adult who enjoys a positive relationship with the Young Person to create a plan for change. The Successful Proposer is responsible for monitoring the situation to determine whether or not the plan results in improvement. If the plan does not result in improvement the Successful Proposer is responsible for requesting a formal Teaming meeting with the Young Person's entire Team to create an adjusted plan with full support from all Team members.
    - b. If the Young Person has a disability that affects learning, the Proposer is responsible for ensuring that special education services are requested and pursued.
- I. Ensure that the Young Person receives special education services, where applicable:
  - 1. Obtaining a copy of the Individualized Education Plan where such is in place
  - 2. Monitoring whether or not the school complies with all of the requirements of the Plan
  - 3. Gathering information from the school, the Young Person, the Educational Decision Maker and the foster parent(s) to monitor the extent to which the services and strategies called for in the Plan are achieving the intended results.

### **Care Coordination**

Successful Proposers must coordinate the physical and behavioral health care and treatment of Young People in their Program by:

- A. Ensuring that Young People receive physical and behavioral health services from appropriate licensed medical and clinical providers:
  1. In accordance with all existing Federal, State and County laws, rules and regulations, and consistent with DHS's policies, procedures and standards, including but not limited to:
    - a. Medical care
    - b. Vision care
    - c. Dental and orthodontic care
    - d. Sexual health and family planning
    - e. Prenatal and obstetric care for pregnant Young People
    - f. Post-partum care for new mothers
    - g. Behavioral health care
    - h. Specialty care
  2. In a Young Person-focused, family-friendly manner. Successful Proposers are responsible for making all treatment providers aware of the Young Person's out-of-home placement.
  3. That include:
    - a. an intake physical - a comprehensive medical appraisal by a licensed physician - within 60 days of admission to the foster home
    - b. primary medical care according to the American Academy of Pediatrics/Child Welfare League of America guidelines (see Appendix F)
    - c. dental care according to the American Academy of Pediatrics (Refer to Appendix G)
  4. With continuity, as identified through CANS and coordinated with Community Care Behavioral Health Organization and existing providers regarding needed treatment. DHS, in cooperation with Healthy Choices PA, aims to ensure that Young People with existing behavioral health services, prior to entry into care, continue to receive these services within 30 days of the date of placement.
  5. With continuity throughout the course of placement and upon discharge from family foster care, by:
    - a. Engaging foster parents and the family of origin in the planning, delivery and coordination of health services for the Young Person while in care and after discharge.
    - b. Communicating effectively with the family of origin/caretakers, foster parents, caseworker and health care providers to ensure that health visits are scheduled and kept and that treatment recommendations are followed
    - c. Ensuring that the Young Person remains with the same primary care physician upon placement and after any change in placement, unless there is a compelling reason not to do so
    - d. Ensuring that the caseworker is kept informed as to the dates and outcomes of all clinical appointments
    - e. Ensuring the parent or adoptive parent or other discharge resources are apprised of:
      - i. The names and locations of all treatment providers
      - ii. health insurance status and information
      - iii. Any health, dental, vision or behavioral health issues that arose during placement and/or that are being managed

- iv. The health management plan for any conditions that are actively being managed
- B. Involving the family of origin and foster parents in medical, dental, vision and behavioral health services:
- 1. By engaging the family of origin and foster parents in the Young Person's health, mental health, reproductive health and behavioral health treatment unless there is a compelling clinical or legal reason to exclude them.
- NOTE: Young People ages 14 and older must consent to the family of origin and foster parent(s)' participation in behavioral health treatment.**
- C. Ensuring that proper consents for all forms of treatment have been obtained from the person authorized to provide consent (e.g., the family of origin, the Young Person, DHS, or a Court-appointed medical guardian, as applicable) prior to the initiation of any form of treatment. Unless specifically directed via Court order, foster parents are never permitted to sign consent for treatment.
- D. Ensuring that Young People receive proper vision care that includes:
- 1. Vision assessments conducted prior to the start of school
  - 2. Screening for vision care every two years or more frequently if a problem is suspected
  - 3. Referring to the **American Optometric Association** for further guidelines on vision care.
- E. Ensuring that Young People receive proper reproductive health care so that:
- 1. All Young People – male and female – are offered contraception. Successful Proposers are also responsible for ensuring that Young People understand available methods of contraception and how to obtain contraception. Contraception includes condoms, birth control pills, intra-uterine devices, implants, patches, diaphragms and fertility awareness.
  - 2. Females aged 14 and older, or those who have become sexually active regardless of age, are taken to a gynecologist annually.
  - 3. Males have access to an urologist as needed.
- F. Selecting health care providers so that:
- 1. The existing "medical home" for each Young Person is identified, confirmed and maintained within the Young Person's own community or as close as possible to that community, when appropriate, and consistent with the level of health care needed.
    - a. When the Young Person was receiving appropriate medical and/or mental health care prior to placement into the family foster care system, efforts should be made to maintain care at the established providers.
    - b. Family of origin/caregivers must be included in all decisions regarding who will provide care to the Young Person except as specifically excluded by law.
    - c. All primary and sub-specialty care must be coordinated through a medical home.
  - 2. A strategy is developed for creating (either directly or through linkages with other community-based providers) a continuum of community-based care to adequately meet the full range of medical and mental health needs of the Young Person being served, through participation in community-based health coalitions, consortia and networks.
  - 3. A strategy is developed to ensure that medical and mental health services providers for Young People in their care are well qualified to deliver health care to abused, neglected and otherwise maltreated Young People. Preference should be given to health care providers

who are skilled in delivering trauma-informed care and who are oriented to the specific clinical needs of and legal/consent issues related to Young People in family foster care.

G. Coordinating care with DHS so that:

1. The intake physical is completed within 24 hours of admission
2. The DHS 501 form is submitted to the health enrollment unit within 24 hours of admission
3. Coordination occurs with each Young Person's medical care with the health enrollment unit
4. Ongoing health surveillance is conducted and any physical health, developmental and mental health needs are addressed in a timely manner.

***Work with Vulnerable Young People***

Successful Proposers are expected to have competencies to address the needs of particularly vulnerable sub-populations of Young People, including pregnant Young People, parenting Young People, LGBTQ and gender non-conforming Young People and Immigrant, International and Limited English Proficient Young People (see more information about in the "Target Population" section). In addition to the support requirements outlined above in the Engagement and Assessment; Service Planning; Direct Work with Family of Origin/Discharge Resource, Direct Work with Young People, Direct Work with Schools and Coordinating Care sections, when a Successful Proposer has placement responsibility for a Young Person in vulnerable sub-population, the Successful Proposer is responsible for providing the following additional services for:

A. Pregnant Young People

1. Engagement and Assessment
  - a. Facilitating an initial discussion with the Young Person to include:
    - Assessment of the level of involvement of the father and paternal family of the unborn child
    - Determination of whether prenatal care has been established and if it has not, development of a plan for immediate initiation of prenatal care.
    - Discussion about the Young Person's questions or concerns about being pregnant.
  - b. Facilitating an initial discussion between the Young Person and her foster parent(s), within the first week of placement, to include:
    - Discussion of the schedule of prenatal care and what support the Young Person needs from the foster parent(s) to maintain appointments
    - Discussion about the importance of sleep, exercise and proper diet during pregnancy
    - Discussion about what supports the Young Person will need from the foster parent(s) to take good care of her during the pregnancy.
2. Direct Work with Young People
  - a. Discussing the following during a home visit with the Young Person at least once per month:
    - Review prenatal care appointment schedule

- How related services (e.g., Nurse Family Partnership,<sup>13</sup> birth preparation classes, etc.) are going
  - Symptoms of pregnancy and prepare plans for the next month related to health
  - Diet, exercise and emotional preparation for birth
3. Direct Work with Schools
- a. Coordinating with the school district to determine a plan for:
    - The care of the Young Person during the school day that accounts for health needs (i.e., adjustments to physical education requirements, additional bathroom breaks)
    - The continuity of the Young Person’s education following the birth of the baby
4. Options counseling
- a. Providing options counseling, as defined as a discussion with a trained counselor to discuss in an unbiased manner the full range of options available to the Young Person including carrying to term, abortion and placement for adoption. Successful Proposers arranging for biased counseling promoting one or more options over the others will be in violation of the terms of this contract.
    - Terminating a Pregnancy: If a Young Person in care decides to terminate her pregnancy, the Proposer is responsible for assisting her through that process and ensuring that she undergoes a procedure and/or obtains medication under the care of a licensed medical practitioner.
5. Prenatal care
- a. Referring to the Nurse Family Partnership program within the first trimester If the pregnancy is the first that the Young Person will carry to term, as well as arranging all prenatal care, including:
    - Prenatal care appointments with an obstetrician or nurse midwife
    - Birth preparation classes, if elected by the Young Person
    - Breastfeeding preparation classes, if elected by the Young Person
    - Appropriate exercise opportunities, in consultation with the health care provider
  - b. Discussing with the Young Person how to maintain a healthy pregnancy including diet, abstinence from smoking, alcohol and recreational drugs, taking care regarding over-the-counter medications and certain foods, the importance of exercise, and other topics as appropriate.
  - c. Discussing with the Young Person preparation for the baby including:
    - Birth plan
    - Who will support the Young Person during labor and delivery
    - Who will support the Young Person during the first three months of parenthood
    - Feeding for the baby – the benefits of breastfeeding and the importance of proper feeding whether breast or formula
    - Baby routines – what routines related to sleep, feeding, diapering, cleaning and self-care need to be established for the mother and baby.
6. Post-partum care for the Young Person:
- a. Supporting the Young Person in scheduling and maintaining follow up medical care

---

<sup>13</sup> The Nurse Family Partnership introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life.

- b. Supporting the Young Person in establishing breast-feeding if she has elected to pursue this method, including linking the Young Person to breastfeeding support groups and/or lactation consultants if needed
- c. Supporting the Young Person in maintaining a proper diet
- d. Supporting the Young Person in establishing day-to-day routines that allow her body to heal from childbirth.
- e. Providing ongoing screening for post-partum depression/anxiety and appropriate follow up
- f. Assisting the Young Person in establishing proper medical care for the newborn, including:
  - Supporting the Young Person in scheduling and attending pediatric appointments according to the schedule recommended by the American Academy of Pediatrics.
  - Teaching the Young Person how to properly bathe, diaper, feed and comfort a newborn.
  - Educating the Young Person in appropriate feeding and sleeping routines, and helping the mother to establish those in the home
  - Discussing safe infant sleeping and assessing the sleeping routines in the home for safety

## B. Parenting Young People

### 1. Engagement and Assessment

- a. Incorporating into an initial discussion (to be held within the first week of placement) with the Young Person that:
  - The Successful Proposer and the foster parent will receive family foster care payments for the Young Person and the infant/child.
  - The Successful Proposer is responsible for using the per diem to support costs associated with children of parents in family foster care including but not limited to:
    - i. Room and board
    - ii. Infant/child food/formula
    - iii. Baby care items (soaps, towels, wipes, etc.)
    - iv. Clothing and diaper allowance for the child
    - v. Any special furniture or equipment needed (including, but not limited to cribs, strollers, high chairs and car seats).
  - The Young Person's child does not have to be legally placed in family foster care in order for funds to be provided to the foster parent for the care of the infant/child.
- b. Exploring the Young Person's needs and plans for child care and assist in making needed child care arrangements.
- c. Ensuring that the Young Person knows what medical insurance coverage has been assigned to the child and that s/he is in possession of the insurance card for the child.
- d. Exploring contact and financial support arrangements with the family of origin.
- e. Discussing the Young Person's child's daily schedule and the Young Person's and foster parent(s)'s responsibilities as to the child while living in the foster home.



- f. Discussion of how the stipend for the Young Person's child's care will be handled (e.g., who is responsible for shopping for the child).
- 2. Direct Work with Children and Young People
  - a. Incorporating into home visit discussions, at least once per month, the following issues:
    - Caregiving arrangements in the foster home, attending to the roles of the foster parent and Young Person and providing an opportunity for the Young Person to request assistance in preventing conflict in the home
    - Child care arrangements
    - The child's growth and development, including the schedule for medical or other appointments, and any instructions from doctors or other service providers

3. Coordinating Care

- a. Monitoring the safety and well-being of the Young Person and child.
- b. Assisting the Young Person in establishing needed services such as health care, child care, early childhood education, etc.
- c. Assisting the Young Person in accessing needed supports for self-care including peer support groups, parent education classes, etc.

NOTE: Unless there is a court order stating otherwise, when a Young Person is placed with his/her child, the child remains in the custody of the Young Person.

C. LGBTQ and gender-nonconforming Young People

- 1. Affirming and supporting LGBTQ Young People in their identity, regardless of the current level of family acceptance.
- 2. Reporting inappropriate housing placements to CYF. Successful Proposers are required to treat all such incidents seriously and provide prompt follow up.
- 3. Respecting that decisions to disclose sexual orientation, gender identity and expression-related information with family or other stakeholders will be led and informed by the Young Person.
- 4. Assessing and incorporating needs of LGBTQ Young People into service plans:
  - a. Service referrals will not automatically be made just because a Young Person identifies as LGBTQ.
  - b. If the Young Person is experiencing conflict with others related to their sexual orientation, gender identity and expression, it will be treated as any other need or safety concern and be addressed appropriately.
  - c. If the family of origin is exhibiting rejecting behaviors, they will be engaged and educated about the negative impact of those behaviors.

D. Immigrants, Internationals and Limited English Proficiency Young People and families:

- 1. Addressing cultural needs throughout the Young Person's placement, including but not limited to:
  - a. Reducing language barriers: Title VI of the Civil Rights Act (1964) protects persons from discrimination based on their race, color and national origin. This applies to all organizations receiving direct or indirect federal funding, including DHS providers. Therefore, when English is not a primary language, Successful Proposers are responsible for taking reasonable steps in order to provide meaningful language access services to Young People, families of origin and/or foster parents with Limited English Proficiency, including:

- Providing oral interpretation during all one-on-one and group meetings
  - Translating all forms and written documentation into the native language of the Young Person
  - Educating staff and foster parents about interpretation and translation services that are available. See Appendix H for a list of local providers of interpretation and translation services.
- b. Discussing cultural practices with the Young Person and ensuring that steps are taken to eliminate any barriers that might prevent the practice of Young Person's beliefs.
  - c. Attending to the Young Person's integration into home life and school and connecting the Young Person to supportive groups and community resources when warranted.
2. Tracking language proficiency and cultural strengths and needs through CANS and in the demographic section of KIDS.

### ***Additional Support Services***

Successful Proposers must:

- A. Assist Young People in building a network of supports, strengthening the available connections in the community and linking Young People to the services that will enrich their lives.
- B. Develop an understanding of each Young Person's talents, interests and activities and coordinating with foster parents and members of the family's Team to ensure that the Young Person has access to appropriate non-academic activities and opportunities for development that coincide with the expressed areas of interest.
- C. Support the sexual development of Young People, along with foster parent(s). For all Young People, regardless of sexual orientation, gender identity or expression, Successful Proposers must:
  1. Reference the DHS Standards of Practice for guidance about how to serve Young People related to their sexual orientation, gender identity and gender expression.
  2. Not assume that Young People are gender conforming or heterosexual, thereby creating an environment where LGBTQ Young People are comfortable should they choose to come out to the Successful Proposer.
  3. Engage Young People in conversations about their relationships, identity and sexual activity in a way that is inclusive of different sexual orientations and/or gender identities.

### ***Additional Services***

Successful Proposers will be responsible for providing transportation and allowance and financial literacy to Young People in their Program, as well as assisting Young People in obtaining important documents (i.e. state issued identification). Successful Proposers will be responsible for:

- A. Transportation
  1. Meeting the daily transportation needs of Young People, including but not limited to ensuring that Young People are transported to all appointments, activities, visits, Court activities, etc.

2. Teaching Young People how to navigate public transportation when Young People have the developmental and cognitive maturity to manage this task.
3. Facilitating Young People’s training in Drivers’ Education. Successful Proposers can work with DHS’s Independent Living Program to assist the Young Person with Drivers’ Education and obtaining a permit.
4. Assessing, along with the Young Person’s Team, a Young Person’s need for a bus pass once the Young Person is age 14 by:
  - a. Ensuring that Young People who attend City of Pittsburgh schools receive a bus pass and the assist the Young Person in obtaining that pass
  - b. Purchasing a bus pass for Young People over the age of 14 who have not obtained one via other means, unless the Young Person is developmentally unable to navigate public transportation on his/her own or is living in an area that is not served by public transportation.
5. Utilizing the Medical Assistance Transportation Program (MATP) when the Young Person qualifies for services of this program. Refer to DHS website for eligibility requirements.

**B. Allowance and financial literacy for Young People**

1. Ensuring that each Young Person is paid an allowance on a monthly basis according to terms developed in the Family Plan, provided that:
  - a. Young People are enrolled in school, an accredited education or vocational program, or are employed AND:
  - b. Young People are not charged with a juvenile or criminal offense within the month, or, for Young People who are JPO-involved, are following the terms of their probation
2. Ensuring for Young People enrolled in school that:
  - a. school attendance is 85 percent or better
  - b. they are maintaining a GPA of at least 1.5
3. Ensuring for Young People who are employed that:
  - a. Young People furnish a copy of all pay stubs.
  - b. Young People receive the full amount of the allowance. Allowance amounts are as follows:

<b>Age</b>	<b>Amount/week (month)</b>
12-14	\$9/week (\$36/month)
15-17	\$12/week (\$48/month)
18-21	\$15/week (\$60/month)

4. Assisting all Young People, age 14 and older, in opening a bank account and obtaining a debit card.
5. Referring Young People that are 16 and older to the Youth Opportunity Passport Program through DHS’s Independent Living Initiative so that they may receive training and technical assistance in financial literacy.
6. Obtaining a copy of Young People’s credit checks, ensuring that the foster family and Young Person understand the report and have a plan to address any credit issues. DHS’s

Independent Living Program will perform a credit check on all Young People in the program on an annual basis and share the report with the Young Person and caseworker.

C. Important documents

1. Assisting each Young Person in obtaining a state-issued photo ID.
2. Ensuring that a Young Person has a birth certificate and social security number.
3. Ensuring that Young People over the age of 14 have a copy of his or her medical records

**Foster Parent Recruitment, Selection, Development and Support**

Successful Proposers will be responsible for recruiting, licensing, training and supporting foster families and maintaining an active roster of foster parents sufficient to provide a capacity of not fewer than 75 beds in their Program at all times. At least 20 of the homes must be able to accommodate a Young Person and one or more of his or her siblings. At least five of the homes must be able to accommodate a Young Person who is parenting and his or her child

***Foster Family Recruitment Plans***

Successful Proposers will be responsible for establishing annual recruitment plans and reporting on progress toward those plans on a monthly basis.

- Reports will be completed in a format designated by DHS.
- Reports on the previous month's activity will be due to DHS by the 15th day of each month.

Successful Proposers will be responsible for adhering to best practice standards in customer service to foster parents as articulated in the National Resource Center for Diligent Recruitment publication "[Using Customer Service Concepts to Enhance Recruitment and Retention Practices \(2013\)](#)."

***Foster Family Selection***

Successful Proposers are responsible for selecting, educating, and working with foster families, so that:

- A. Foster parents:
  1. Are able and motivated to provide a nurturing home for maltreated Young People
  2. Meet all applicable federal, state and county requirements for certification
  3. Are able and can be prepared, with support, to meet the cultural and language needs of the Young Person in out-of-home placement in Allegheny County.
- B. Foster parents are informed about the need to work with the family of origin when deemed in the best interest of the Young Person.
- C. A working relationship is established with DHS to create a best practice home study and best practice selection criteria to identify and screen foster parents for participation in each Program, and to implement these home study and selection criteria tools once they are identified.
- D. Foster family homes are assessed during pre-service and at periodic intervals for how affirming they are of 1) lesbian, gay and bisexual Young People, and 2) transgender or gender non-conforming Young People. This should be completed for all families since it is not always known at the time of placement whether a Young Person identifies as LGBTQ.

- E. Foster families are not discriminated against on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.

### ***Foster Family Certification***

Successful Proposers may only place Young People in certified homes.

- A. Certification requirements for foster homes providing care to Young People from Allegheny County include:
  - 1. A completed type-written, signed and dated home study
  - 2. Clearances as required per the PA Child Protective Services Law
  - 3. Documentation that the foster parent has completed 24 hours of formal pre-service training using a curriculum adherent to the Allegheny County Resource Parent Training Standards, in addition to First Aid and CPR training
  - 4. Medical clearances for all household members aged 18 and older
  - 5. The name and signature of a back-up resource family, who must complete all clearances and a medical exam
  - 6. Foster home registered with the Pennsylvania Foster Parent Registry within 5 days of approval
  - 7. Home study plan
  - 8. Home study and the most recent update regarding the foster home suggested for placement submitted to DHS.
  - 9. A Home Study Certification Letter completed and submitted with every Home Study submitted to DHS.
  
- B. Successful Proposers shall meet all other requirements of the PA Department of Human Services prior to certification.

### ***Foster Family Training***

Successful Proposers are responsible for managing and coordinating training for foster parents by:

- A. Training Standards
  - 1. Carrying out training of foster parents in accordance with the CYF Resource Parent Training Standards (attached as Appendix I)
  - 2. Ensuring that foster parents who care for Young People have no fewer than 24 pre-service training hours in addition to CPR and First Aid Training.
  - 3. Ensuring that foster parents who care for Young People have no fewer than 12 hours of recertification training annually.
  
- B. Quality of Training Provided
  - 1. Submitting a copy of their training curricula to CYF for approval prior to using it as a part of required foster parent training. Foster parent training conducted using unapproved curricula will not count toward the foster parent's required training hours.
  - 2. Providing a written curriculum for training. Any training that is intended to count as training hours for recertification must have a written curriculum. The curriculum must be kept on file at the Successful Proposer's office and be available for review. The exception is child-specific training on clinical issues such as medical care specific to the child or Young Person in the

home or online training that is permitted as described in the CYF Resource Parent Training Standards.

**NOTE: Unless approved training content is being delivered at the meeting, attendance at a support group does not count toward training hours. If a formal curriculum that has been approved by DHS is employed for a portion of the support group session, up to one hour of training credit can be granted for attendance. Having a Young Person placed in the home does not, in and of itself, count toward training hours.**

- C. Medication management training
  - 1. Providing at least one hour of training annually to any foster parent of a Young Person who is prescribed medication of any type on proper administration and storage of medication, and the side effects of the particular medication that the Young Person is receiving.
- D. Training schedules
  - 1. Sending the DHS contract monitoring unit notification of all foster parent pre-service training schedules, and schedules of all ongoing Foster Parent Training.

### ***Foster Family Support***

Successful Proposers will provide meaningful support to foster parents, the goal of which is to: (a) develop the foster parents' skills; (b) promote retention of foster parents; and (c) ensure that each Young Person placed with the foster parent does not move from that home by:

- A. Providing 24/7 on-call support to foster parents:
  - 1. By a staff member with sufficient clinical training to provide substantive clinical guidance over the telephone for critical case situations.
  - 2. That is accessible at all hours every day of the year, including weekends and holidays
  - 3. Along with written outline of the on-call coverage protocol to DHS on an annual basis, including staff clinical qualifications and on-call telephone numbers.
- B. Meeting with the foster parent(s) at least once per week in the home for the first six weeks of the Young Person's placement in the home. After the first six weeks, the Successful Proposer's assigned case planner will meet with the foster parent(s) face-to-face on a bi-weekly basis; at least once per month this contact will occur in the foster parent(s)' home.
  - 1. During home-based, face-to-face visits, the case planner will talk with the foster parent in an area of the home where no Young Person can overhear the conversation. The case planner will inquire as to:
    - a. Any behavioral, health or other emerging clinical issues related to the Young Person
    - b. Any changes in the Young Person's behavior, habits, demeanor, etc.
    - c. How the Young Person is doing in school
    - d. Review the Young Person's schedule for the following week and troubleshoot logistical issues
    - e. Inquire as to the Young Person's responses to family of origin/child and sibling visits, and family contact in general. Ask whether the foster parent(s) have any concerns about the frequency and type of contact between the family of origin and Young Person.
  - 2. At least once per month the case planner will discuss with the foster parent(s):
    - a. The reasons why the Young Person remains in family foster care
    - b. The Young Person's permanency goal

- c. A brief update of the efforts to achieve permanency.
  - d. Opportunity for the foster parent to ask questions about each Young Person's permanency plan
  - e. A discussion of each Young Person's relationships with friends, such as:
    - Who are their friends
    - What activities they are enjoying with friends
    - Are they dating anyone (if aged 12 and older); how is the relationship going and screen for relationship violence and sexual activity
  - f. If the Young Person is receiving formal services such as therapy, tutoring, etc.:
    - inquire as to how that service is progressing
    - opportunity for the foster parent(s) to ask any questions about the service
  - g. If the Young Person is on any medication:
    - a review of the medication regime
    - whether the Young Person is experiencing any side effects from any medications
    - whether the medication is having the intended effect
    - an opportunity for the foster parent to ask questions about the medication
- C. Facilitating monthly support groups for foster parents. These groups should be held at a time that is convenient for foster parents and in a location that is accessible to foster parents.
- D. Providing concurrent planning and support for adoption.
1. Train and dually approve families to both foster and adopt, in accordance with the Pennsylvania Department of Human Services Concurrent Planning Bulletin
  2. Teach foster parents about concurrent planning during pre-service training
  3. Discuss concurrent plans made for the Young Person in their care regularly throughout the time that the Young Person is placed with the foster family.
  4. If a foster family decides to adopt, provide support to the foster family throughout the adoptive process, and helping to engage the foster parent with SWAN and DHS services that facilitate the adoption.

***Expectations for Basic Care of Young People by the Foster Family***

Successful Proposers are responsible for ensuring that foster parents provide for the needs of Young People in their care, including, but not limited to:

- A. Food- The foster parent(s) is responsible for providing meals that are of sufficient nutritional and caloric value to meet the Young Person's needs, and that adhere to any dietary restrictions for the Young Person (e.g., vegetarian, gluten-free, Kosher, Halal). Adolescence is a period of rapid growth, and Young People must have access to food at any time of the day. Food cannot be withheld as punishment. Young People must be included in family meals and must be offered the same food as the foster family is eating. Food may not be locked in the home unless clinically indicated by a treatment provider. Foster parents must make efforts to ensure that food appropriate to the Young Person's culture is provided.
- B. Clothing – Young People must be provided with sufficient clothing. Young People 12 years of age and older should be able to provide input into selecting and purchasing their clothing. It is recommended that Young People's involvement begin earlier than age 12 based on developmental appropriateness. Young People 16 years of age and older should be responsible

for purchasing their clothing with some support from a caring adult. The Successful Proposer and foster parents should use the attached Guide to Clothing Inventory as a guideline to determine clothing needs.

- C. Personal Care Items – The foster parent(s) are responsible for providing personal care items such as (but not limited to) toothbrush, toothpaste, deodorant, tampons, hair brushes/combs, hair accessories and shaving supplies.
- D. Transportation – Foster parents are responsible for providing or coordinating transportation for the Young Person in their care. Young People who are developmentally able to ride a public bus on their own must be provided with a bus pass and the foster parent(s) are responsible for teaching the Young Person how to ride the bus, access and review bus schedules, etc.
- E. Access to the telephone – Young People must be permitted to use the foster parent(s)' telephone in accordance with reasonable parenting standards.
- F. Haircuts and styling – Foster parent(s) must provide for routine haircuts and styling of Young People's hair.

### ***Foster Family Respite***

Successful Proposers will be responsible for matching each foster parent with another foster parent in their Program who can be available for respite purposes as needed. Successful Proposers may also choose to recruit specific homes for the purpose of respite. Such homes must also be matched to the foster parents in the Program. The Successful Proposer is required to adhere to:

- A. Standards for respite care.
  - 1. All respite homes must be fully certified foster homes.
  - 2. Foster parent/respite parent pairs must meet in person at least once prior to the use of respite.
  - 3. The Young Person who will be temporarily replaced for respite must meet the respite caregiver at least once prior to the use of respite.
  - 4. Respite may not last longer than seven (7) calendar days. Respite stays of more than seven calendar days must be approved, prior to the initiation of the Respite stay, by DHS.
  - 5. Prior to the transfer of the Young Person for respite purposes, Successful Proposers are responsible for ensuring that:
    - a. The respite home has the names and contact information for relatives/siblings/other connections to the Young Person
    - b. If the Young Person is using medication (over the counter or prescription), staff from the Successful Proposer's agency – and not the foster parent – has instructed the respite provider on how to dispense medication, what side effects to look out for, and who to contact if clinical symptoms change.
    - c. The respite home has a plan for transporting the Young Person to any appointments, lessons and other activities during the respite period.
    - d. The respite home has clearly explained household rules to the Young Person.
    - e. The respite home has answered any questions the Young Person has regarding the stay.



6. Prior to the transfer of the Young Person for respite purposes, the Successful Proposer is responsible for:
  - a. Explaining to the Young Person why respite is being used, and how long it will last.
  - b. Ensuring that the Young Person feels safe with the respite provider
  - c. Reviewing the Young Person's scheduled activities during the respite period and troubleshooting any logistical issues.
  - d. Answering any questions the Young Person has regarding the respite arrangement.

### ***Foster Family Recertification***

Successful Proposers will be responsible for recertifying foster homes on an annual basis.

- A. At least 30 days prior to recertification, in preparation for the recertification, Successful Proposers are responsible for:
  1. Updating the home study
  2. Gathering information about the foster parent(s)' performance over the prior year, by:
    - a. Surveying the Successful Proposers' case planner(s) and DHS caseworker(s) who have interacted with the foster parent(s) over the last year for input regarding the foster parent(s)' performance.
    - b. Surveying all Young People who stayed in the home during the last year.
    - c. Obtaining a foster parent self-assessment. Successful Proposers may design their own survey instrument for this purpose and submit it for approval by DHS, or may use a survey developed collaboratively with DHS subsequent to the award of the contract. Successful Proposers choosing to design their own survey instrument must construct an instrument that seeks feedback on desired foster parent competencies and the survey instrument must be approved by DHS prior to use. These surveys must be maintained in the foster parent(s)' file.
  3. Following the collection of information via the assessments described above:
    - a. Successful Proposers are responsible for holding a face-to-face feedback session with the foster family to discuss feedback, celebrate strengths and design action plans for areas in need of improvement. This session must be held prior to recertification.
    - b. Based on information gathered through staff, Young Person and foster parent surveys as well as the updated home study, Successful Proposers are responsible for developing, prior to recertification, the training plan for the foster parent(s) for the upcoming year. The training plan must be provided to the foster parent(s) in writing prior to the recertification date.
    - c. The results of the session, including noted strengths, areas in need of improvement and action plans, must be provided to the foster parent(s) in writing prior to the recertification date.
  4. Updating records and clearances
    - a. Successful Proposers will be responsible for updating clearances according to the schedule outlined in the PA Child Protective Services Law and maintaining records of those clearances.
    - b. Successful Proposers will be responsible for conducting an enhanced criminal check, through DHS, annually for each foster parent.

## **Program Management**

Successful Proposers are responsible for effectively managing their Program intake procedures and the way that their Program responds to critical incidents.

### ***Intake***

Successful Proposers are responsible for:

- A. Having 24 hours a day/7 days per week intake ability and are responsible for updating an intake phone number and the name of intake staff to DHS on a monthly basis.
- B. Abiding by the following acceptance and rejection criteria:
  1. Young People aged 12 through 21 must be accepted for placement into the Program on a shelter or planned basis.
  2. The only permissible reasons to reject a referral for placement from CYF are when a Young Person :
    - a. Exhibits psychotic behavior
    - b. Exhibits homicidal or suicidal behaviors
    - c. Exhibits sexually assaultive and/or predatory behaviors
    - d. Requires 24/7 awake supervision to ensure his/her safety and/or health, or the safety of others
    - e. Has severe emotional or behavioral health disorders requiring a specialized treatment team to support day-to-day living.
- C. Maintaining and updating Master Provider Enterprise Repository (MPER), the County's electronic registration, billing and payment tracking system for contracted providers.
  1. Referrals from DHS must be made using the Best Interest Placement Tool (BIPT), an electronic matching tool that DHS uses to identify best-fit foster homes for children and Young People in need of placement.
  2. Successful Proposers will be responsible for maintaining up-to-date information regarding their foster parents in MPER.
- D. Following procedures around discharge:
  1. Discharges should be carefully planned and coordinated with DHS. All discharges should be handled through the Conferencing and Teaming process and engage all stakeholders as identified by the family. Successful Proposers will be responsible for submitting a discharge summary to DHS within 15 days from the date of discharge
  2. The summary should outline the progress in the areas identified in the ISP and recommendations and services to be carried out by the caretaker to whom the Young Person is being discharged.
  3. No case referred by DHS to a Successful Proposer should be discharged by the Successful Proposer without including DHS caseworkers, planning with the foster and family of origin or other appropriate parties
- E. Continuing to provide services to a Young Person who runs away and/or is absent and/or family for a minimum of three days but not more than seven days without approval of DHS. At the end of

the seven days, the Young Person is to be considered discharged unless DHS makes arrangements to continue the Young Person in care.

### ***Management of critical case events***

Successful Proposers are responsible for:

#### **A. Reporting**

1. Reporting any of the following events via a phone call (must make direct contact; voicemail is not sufficient) to the CYF caseworker, supervisor, or clinical manager:
  - a. Young Person is arrested
  - b. Young Person is seriously injured or has died
  - c. Young Person is missing or has run away from placement.
  - d. Young Person is admitted to the hospital
  - e. Foster parent is seriously injured, seriously ill, or has died
2. HCIS reports are required for critical incidents per PA Department of Human Services regulations.

#### **B. Responding to crisis**

1. If a Young Person is arrested, the Successful Proposer is responsible for:
  - a. Notifying the CYF caseworker and supervisor directly
  - b. Obtaining information regarding the charges against the Young Person
  - c. Obtaining information regarding the Young Person's whereabouts
  - d. Obtaining information regarding the next scheduled Court appearance
  - e. Making arrangements, with the caseworker, regarding who will inform the Young Person's parent/legal custodian of the arrest (assuming parental rights are intact)
  - f. Informing the Young Person's KidsVoice attorney
  - g. Attending Court with the Young Person
2. If a Young Person is seriously injured or dies, Successful Proposers are responsible for
  - a. Notifying the caseworker and supervisor directly.
  - b. If abuse/maltreatment of a caregiver is suspected to have caused or contributed to the injury or death, making a formal report of maltreatment to ChildLine
  - c. Assessing the safety of any other Young Person in the home
3. If a Young Person runs from placement
  - a. Once the Young Person is missing from placement for 24 hours **or** if the Young Person is suspected of being kidnapped, trafficked, or otherwise in an unsafe situation within a shorter timeframe, Successful Proposers are responsible for filing a Missing Person's report.
  - b. Making efforts to locate the Young Person, including but not limited to:
    - Interviewing the Young Person's relatives, known friends, school, clubs, etc.
    - Monitoring social media
    - Cooperating with the DHS-appointed Private Investigator if one is appointed
4. In the event that a foster parent is seriously injured, becomes seriously ill or passes away, Successful Proposers are responsible for:
  - a. Informing the caseworker and supervisor immediately.
  - b. Assessing whether the Young Person placed in the home may remain there safely; in the event that change in placement movement is required, the Proposer is responsible for

- cooperating with CYF to enact the move and following relevant County procedures related to movements of Young People in care.
- c. Discussing the event with each Young Person in the care of the foster parent and gauging the Young Person's reactions. Where clinical follow-up seems necessary, the Successful Proposer is responsible for coordinating that care.
  - d. Offering support to the foster parent and his/her family.

## **Staffing**

### **A. Staffing Pattern and Qualifications**

Successful Proposers are required to maintain a staffing pattern that includes, at minimum:

1. Case planners, that will:
  - a. Act as the lead worker for each Young Person in care
  - b. Hold a minimum of a bachelor's degree in social work or a related field, or a bachelor's degree in another subject with two years of relevant work experience.
  - c. Maintain a staff: Young People ratio ideally of 1:12 Young People, not to exceed 1:15 Young People.
2. Supervisors, that will:
  - a. Oversee the work of case planners.
  - b. Hold a minimum of a master's degree in social work or a related field, or a bachelor's degree in another subject with five years of relevant work experience
  - c. Maintain a supervisor: case planner ratio not to exceed 1:5.
3. Foster parent recruitment, development and support staff  
The Successful Proposer may carry out foster parent recruitment, development and support activities according to a staffing pattern designed at their discretion. In order to maintain the capacity as required by the contract, Successful Proposers are expected to dedicate sufficient staff time to these activities.
4. On-call staff  
On-call coverage may be provided by staff members with other duties. Any staff member who is assigned to on-call coverage must have sufficient clinical training and experience to be able to provide meaningful and appropriate guidance to foster families who call while in crisis. On-call coverage should be provided by staff who have at least two years of experience in any of the following areas:
  - a. Supervising CYF casework
  - b. Providing or supervising clinical services such as individual or family therapy, wrap-around services, inpatient or residential services

### **B. Staff Training**

Successful Proposer must ensure that:

1. All staff complete the following training within the first year of assignment to their Program:
  - a. Mandated reporter training
  - b. Training in Conferencing and Teaming
2. Case planners, supervisors, staff with responsibility for on-call support, and staff with responsibility for foster parent recruitment, development and support must additionally complete training in the following subjects within the first year of assignment to their Program:
  - a. Case Management
    - Facilitating Icebreaker meetings

- Creating and using ISPs, incorporating the CANS
  - b. Development and maintenance of relationships:
    - Understanding of Young People’s development
    - Understanding of how trauma impacts Young People’s development
    - Understanding of how a bond develops between a Young Person and a parent
    - Skills for communication with Young People and their foster parents
    - Problem solving strategies to use with families
    - Recognizing early signs of placement disruption & intervening effectively
  - c. Foster families
    - Role of the foster parent and foster parents as Team members
    - Full foster parent pre-service training
    - Knowledge of resources/toolbox for Young People and their families
  - d. Safety and risk
    - Assessing and addressing child safety and risk
    - Recognizing and addressing sexual abuse
  - e. Working with teams including families of origin and foster families
  - f. Permanency Goals
    - Definitions of Adoption and Permanent Legal Custody and what each provides on a long-term basis
    - Why it is important for a Young Person to find a forever family
    - Concurrent planning
  - g. ACT 101
  - h. Data maintenance
    - KIDS
    - HCIS
    - MPER
3. Case planners, supervisors, staff with responsibility for on-call support, and staff with responsibility for foster parent recruitment, development and support additionally complete training in the following subjects within the first three years of assignment. Ideally, staff will participate in these training topics with foster parents whenever possible:
- a. Young Person-serving systems
    - i. Navigating the education system for Young People in family foster care
    - ii. The Individual Education Plan process
    - iii. Navigating the behavioral health care system
    - iv. Navigating the juvenile justice system
  - b. Issues impacting Young People in the community
    - i. Drug and alcohol prevention and effective strategies for intervention
    - ii. Gang prevention and effective strategies for intervention
    - iii. Sex trafficking prevention and effective strategies for intervention
    - iv. Sexual Orientation, Gender Identity and Expression
    - v. Preventing and addressing dating violence
  - c. Facilitating support for families
    - i. Effective behavioral health interventions for Young People and their families
    - ii. Community specific resources available to support foster families
    - iii. Family supports available to foster parents through the behavioral health, education and juvenile justice systems
    - iv. How to talk about concurrent planning with foster families

- v. Coaching foster families to parent effectively
  - vi. Effective use of respite care
4. Staff complete CANS training  
Successful Proposers must designate which staff will conduct CANS assessments for the Young Person placed within their Program and ensure that they are trained by DHS in how to complete the CANS. Successful Proposers are responsible for maintaining sufficient staffing to conduct the CANS in the required timeframe.

C. Cultural competence

Successful Proposers must employ staff and retain foster parents who are culturally competent and adhere the following:

1. All staff must be trained in general cultural competency and sensitivity. Beyond training, Successful Proposers are responsible for ensuring that every staff member with responsibility for the Program has a sound understanding of how the American CYF system has disproportionately impacted African American, Native American and Latino families, and how the American child welfare system may differ from those abroad.
2. Young People must be placed with culturally competent foster parents, and staff must possess the skills to support foster families who are fostering Young People from a different cultural background than that of the family. Foster families and staff must demonstrate understanding of cultural differences in child-rearing, communication, family environments, self-care, dress and other areas.
3. Successful Proposers should arrange for targeted training for Young People from backgrounds with which staff is not familiar. For example, if a Successful Proposer takes care of a Young Person who came to the United States via a Somalian refugee camp, the staff should have access to training on the basic history of the conflict in Somalia, how refugees came to settle in North America and the types of trauma that the Young Person and his/her family may have been exposed to during conflict, life in the refugee camp and the journey to the United States. The Successful Proposer can work with Jewish Family and Children's Services' Immigrant Services and Connections (ISAC) initiative to make their services more immigrant-friendly and find information regarding training and other resources.

***Record keeping and reporting***

- A. All records related to children in the custody of Allegheny County are the property of DHS. This includes records kept in any format and media type (including but not limited to electronic and paper files). All records related to foster parents are the property of the provider.
- B. Successful Proposers are responsible for maintaining foster parent records on all active foster parents that contain:
  1. Required clearances
  2. Foster parent application
  3. Home study current within the last year
  4. Act 160 requirements
  5. Proof of foster parent income
  6. Proof of foster parent completion of required training
  7. Results of recertification feedback surveys
  8. Personal references

- C. Successful Proposers are responsible for maintaining records for five years following the Young Person’s discharge from their program.
- D. Successful Proposers are responsible for KIDS documentation.
  - 1. The official record for each Young Person will be the KIDS electronic record.
  - 2. Successful Proposers’ responsibility and instructions on KIDS documentation are outlined in Job Aids
  - 3. Successful Proposers are responsible for contemporaneous documentation in KIDS
  - 4. Among other requirements, Successful Proposer must submit monthly progress reports in KIDS which address progress towards each area as identified in the ISP. The report will indicate any new goals, objectives or strategies identified by the Young Person or family.

**Outcomes**

Successful Proposers are expected to achieve measurable outcomes for Young People in their care including:

- Safety from abuse and neglect while in family foster care
- Placement in the least restrictive setting
- Stability of placements such that Young People are able to remain with the same foster family throughout their time in out-of-home care
- Timely achievement of permanency through reunification or, when that is not possible, adoption
- Low rates of re-entry into out of home care
- Young People involved in activities, therapy, relationships and other supports/services that facilitate healing from past trauma
- High rates of school attendance and academic progress; low rates of school moves and disruptions, absenteeism and discipline
- Low incidences of running away and arrest

In addition, the Successful Proposer will be expected to attend in detail to each Young Person’s personal development and ensure that each Young Person is permanently connected to caring adults who are invested in maintaining lasting supportive relationships.

**Budget**

A. Per Diem Rates

The County will compensate the SP based upon the following per diem rates. Note that for Young People 12 and older, there is one flat rate and no PAT Level rates.

	<b>Young People, aged 12 or older</b>	<b>Sibling of Young Person, aged younger than 12</b>	<b>Infant/child of a Young Person who is placed with the Parent</b>
<b>Per Diem</b>	\$75/day	Payment according to PAT level of the child	PAT Level 1 payment

The per diem is to be used to support the following costs:

- 1. All personnel and administrative costs associated with the Program, including staffing, transportation, supplies, rent, equipment, etc.
- 2. Bus passes for Young People who are of age to be provided with one

3. Allowances for Young People as described in the Section entitled “Additional Services.”
4. Foster Parent Stipends:
  - a. The minimum permissible foster parent stipend for a Young Person ages 12 and older is \$26
  - b. The minimum permissible foster parent stipend for a sibling of a Young Person under the age of 12 is \$21.
  - c. The minimum permissible foster parent stipend for the infant/child of a Young Person who is placed in the home with the Young Person is \$21.

B. Program-Funded Payments

1. A Special Payments Fund will be available to Successful Proposers. These funds will be considered the fund of last resort when no other resources, such as the Allegheny County Music Festival Fund<sup>14</sup>, can be used to defray the cost of participation in activities or other expenses. The special expenses fund will cover unexpected extraordinary expenses that the Young Person and foster family cannot plan for and for which the Allegheny County Music Festival Fund is not appropriate or timely. A description of the parameters for use of the Special Payments fund can be found in Appendix J.
2. Successful Proposers will have access to a program-funded clothing and diaper fund allotment to support adequate clothing for Young People in care and clothing and diapers for the children of Young People in care.
3. Enhanced Recruitment Fund – Year One Only  
During the first year of the contract only, DHS will allocate program funding in the amount of \$42,560 to each Successful Proposer, for the support of additional foster parent recruitment, development and support activities. These funds may only be used for the purpose of foster parent recruitment, development and support.

---

<sup>14</sup> The Allegheny County Music Festival Fund provides children and youth receiving services through DHS and the Juvenile Section of the Family Division of the Court of Common Pleas with life-enriching items and opportunities otherwise unavailable through traditional government funding.



**TABLE OF APPENDICES FOR SCOPE OF SERVICES**

<b>APPENDIX A</b>	<b>Information regarding Young People in CYF Placement</b>
<b>APPENDIX B</b>	<b>Top 11 Neighborhoods from Which Young People are Placed</b>
<b>APPENDIX C</b>	<b>Educational Screening Tool</b>
<b>APPENDIX D</b>	<b>Education Rights</b>
<b>APPENDIX E</b>	<b>Education Resources</b>
<b>APPENDIX F</b>	<b>American Academy of Pediatrics Healthy Foster Care America Health Care Standards</b>
<b>APPENDIX G</b>	<b>American Academy of Pediatric Dentistry Guideline on Adolescent Oral Health</b>
<b>APPENDIX H</b>	<b>Interpretation Agencies Available in Allegheny County</b>
<b>APPENDIX I</b>	<b>Allegheny County Office of Children, Youth and Families Resource Parent Training Standards</b>
<b>APPENDIX J</b>	<b>Guidelines for the Use of Special Payments Funds</b>
<b>APPENDIX K</b>	<b>Guide to Clothing Inventory</b>

**PROPOSAL INSTRUCTIONS AND FORMAT**

A complete Proposal must include all of the components listed below, submitted as a word document or PDF (budget may be submitted in Excel). Use 1-inch margins, 12-point font and numbered pages. Single spacing is permissible. Please adhere to page limitations indicated below; only required attachments may be included in your Proposal.

Proposals should directly address the standards and requirements included in this RFP and clearly demonstrate how the proposed services will meet or exceed those standards and requirements. Proposals must include the following sections, in correct order, and address the content provided further below, at a minimum. Failure to include any of the requested information may result in rejection of the Proposal. **Please note: Proposals that exceed the page limitations will be disqualified from consideration.**

**PROPOSAL CONTENT**

- i. **Executive Summary (1 page)** should include:
  - a. A brief description of organization’s experience to provide family foster care programming for Young People
  - b. A brief description of the Proposer’s approach to providing family foster care and to linking Young People and family to community services
- ii. **Proposal Narrative (not to exceed 20 pages. Required attachments do not count toward the page limit)**

Proposals should contain a clear and concise narrative section that addresses the following:

**Organizational Experience and Capacity**

- 1. List what contract(s) you currently have with DHS and other PA counties to provide family foster care programming using the following format:

Program Type	Contract with	Date contract started
<i>Example Family foster care</i>	<i>Allegheny County DHS</i>	<i>1998</i>
<i>Example Family foster care</i>	<i>Washington County</i>	<i>2004</i>

- 2. Since 1990, has any contract that your organization held with a government entity (local, state, or federal) been terminated? If yes, please describe the nature of the contract, name the jurisdiction with which the contract was held, the year that the contract was terminated and the reason for the termination of the contract.
- 3. Describe your history of providing services for Young People:
  - a. Please complete the table below:

<b>2</b>		<b>2013</b>	<b>2014</b>
2a	How many Young People ages 12-21 were accepted for placement in your family foster care program?		
2b	What is the rate at which Young People ages 12 through 21 left your family foster care program for congregate care (group home or residential settings; excludes Independent Living and Residential Treatment Facility) placement?		
2c	What is the rate at which Young People ages 12 through 21, who were placed in your family foster care program, moved from one foster home to another within your program? List the total number of moves.		
2d	What is the number of Young People ages 12 through 21 who were placed in your family foster care program and ran away for longer than 24 hours at least one time?		

- b. Please identify your organization’s strengths and areas in need of improvement in working with each of the following populations: direct work with Young People, work with the Young Person’s family of origin, work with foster parents who serve Young People.
4. Describe your past experience and ability to serve communities identified as priority under this RFP (See Appendix B for a listing of these communities).
5. Describe how your organization will strategically position its Board of Directors, management and staffing structure to enhance the implementation of the services as described in the Scope of Service.
6. Describe your organization’s existing internal quality assurance systems, how those have been used to identify programmatic deficiencies, and the process involved in designing and implementing program performance improvement strategies. Discuss the strategies taken to resolve identified deficiencies and barriers and to strengthen the organization and its service.
7. Please attach:
  - a. an organizational chart which shows how the proposed program fits into and is supported by the full organization.
  - b. a list of current board members and their professional affiliations.
  - c. a copy of your license to operate a family foster care program in Pennsylvania.
  - d. MWDBE certification

**Strategy for Adhering to Casework Support Standards**

Please describe your agency’s strategy to meet program standards as described in the Scope of Service. Please include at least the following information:

1. What changes will your organization need to make in order to operate a Family Foster Care program for Young People that delivers the services according to the standards laid out in the Scope of Service?

2. Describe your organization’s plan to meet the requirement for conducting necessary assessments of Young People placed in the program:
  - a. If you currently hold a family foster care contract with Allegheny County, please provide the following information on your current performance with the CANS assessment. (If you do not currently hold a contract for family foster care with Allegheny County, please skip this section):
    - i. How many total children and Young People were served in your family foster care program in FY 2014-15
    - ii. Of that total, for how many did your program successfully complete a CANS within the required 30-day timeframe?
      - a. Describe the management strategies your program will use to ensure that the following are completed on time:
        - i. Gathering of information from CYF as described in the Scope of Services
        - ii. Completing the CANS
        - iii. Completing medical and educational screens
3. Describe how your Program will monitor the process of developing and carrying out the ISP.
4. Teaming with families
  - a. If you currently hold a contract for any CYF service with Allegheny County, describe your agency’s process of integrating Conferencing and Teaming (or similar models) into your work thus far. (If you do not currently hold a CYF service contract with Allegheny County, please skip this question).
  - b. Describe how your agency will engage the family of origin and other members of the family’s Team in your ongoing work
5. Describe the strategies your organization will use to help to ensure coordinated and comprehensive family foster care services and supports for families/children who need services from more than one CYF program and/or more than one service system (e.g., mental health and substance use disorder treatment). Discuss also the strategies the program will use to ensure flexibility and linkages among programs within your organization as well as with other providers, as Young People transition from one program to another, such as from residential to family foster care, or from family foster care to reunification with supportive services.

**Foster Parent Recruitment, Selection, Development and Support**

1. Describe how many new families your agency licensed in Calendar Year 2013 and Calendar Year 2014 by filling out the table below:

1		2013	2014
1a	What is the total number foster families you licensed as a new home in each calendar year?		
1b	Of the new foster families you licensed, how many were willing to serve Young People ages 12 through 21?		
1c	How many families left your program each calendar year?		

1d	Of the foster families that left your program, how many of them were families that had fostered Young People ages 12 through 21?		
1e	What is the average period of time (years) that your current group of foster families has been engaged in your program?		

2. Describe your organization’s current performance in recruiting and retaining foster homes for Young People and the bed development requirement of this contract and your organization’s plan to develop additional foster homes to meet the Program requirements. Include the following information:
  - a. Describe the techniques and methods you will use to effectively recruit, select and train a significant volume of foster parents, including a description of how you will recruit families within the neighborhoods identified as priorities in Appendix B. Provide an estimate of how many beds, of the 75, you expect to maintain in each community of interest.
  - b. Describe the process of selecting foster parents from among potential candidates. Include a description of the criteria your organization uses to select foster parents, and describe who is responsible for selecting foster parents.
  - c. Describe how you will effectively recruit foster parents who are motivated and able to work with:
    - i. Pregnant Young People
    - ii. Parenting Young People and their children
    - iii. LGBTQ Young People
    - iv. Young People who are new to the United States and/or with Limited English Proficiency
  - d. Describe the measures that your organization will take to ensure that foster parents reflect the ethnic and racial diversity of the population that they propose to serve.
  - e. Describe your organization’s plan to build relationships between foster parents and birth parents to form a productive partnership that will reinforce permanency and case planning decisions.
  
3. Briefly describe how you will carry out the foster parent training that is required as described in the Scope of Services. Include details about who will provide the required training. For any training that will be outsourced or provided via collaboration with other organizations, please attach the relevant service agreements.
  
4. Describe how you will offer necessary support to foster parents, including specialized programs, peer groups, respite and other supports described in the Scope of Services:
  - a. Briefly describe what supports your program currently provides
  - b. Describe how your organization’s approach to foster parent support approach will change to:
    - i. provide necessary support to foster families who are experiencing challenges in providing care to Young People with trauma histories

- ii. provide necessary support to foster families who are caring for pregnant and parenting Young People (including mothers and fathers), LGBTQ Young People and Young People who are new to the United States

## **Program Management**

### *Staff Qualifications and Experience*

1. Describe your current staff training program. What changes will your organization need to make to adhere to the staff training requirements described in the scope of services? How will that process of change be carried out?
2. Describe your ongoing professional development process for employees
3. Please attach:
  - a. an organizational chart reflecting the names and positions of all of the staff members who will participate in the Program
  - b. For each position listed:
    - iii. Provide a job description
    - iv. Provide a resume (if the position is currently filled)

### *Community Engagement*

1. Describe how your staff reflect the communities that are identified as priority neighborhoods (see Appendix B for a list of priority neighborhoods). Provide data on the total number of staff employed by your program and the number of staff employed by your organization who live in the communities named.
2. Describe how your organization ensures diversity in staffing.
3. Describe how your organization incorporates feedback from children, Young People, foster parents and families of origin into program planning and organizational decision-making.

### *Implementation Plan*

1. Describe your organization's implementation plan for this program, reflecting how you will implement staff training, foster parent recruitment, hiring and other steps to launch this program. Include benchmarks and a clear statement of the date by which you expect to be operating at the full capacity of 75 beds. Identify expected challenges. Include information regarding who will be responsible for managing and overseeing the various aspects of the plan.

## **III Budget and Budget Narrative (Not to exceed 5 pages)**

1. Please Attach:
  - a. The organization's budgets for the two most recent fiscal years
  - b. a copy of your organization's latest audit report or certified financial statement

- c. For non-profit organizations, a copy of your organization's most recent Internal Revenue Service Tax Form 990. In the case of a for-profit organization, provide a copy of the most recent 1120 or 1120S for a corporation, or 1065 for a partnership.

Note that an organization's audits must demonstrate responsible fiscal performance and specifically must meet the following standards:

- Audits, audited financial statements and management letters must address the organization's most recently completed fiscal year in accordance with federal, state and city requirements.
- The audit must include or disclose any pending litigation and the likely outcome.
- The audit must report an unqualified opinion on financial statements, compliance and internal controls, if appropriate.
- The audit should not contain material weaknesses, unaddressed prior year findings, or excess liabilities.
- The organization's net assets and liquidity should demonstrate minimum financial risk.

**Organizations that are unable to furnish these documents will be disqualified from consideration for an award of an agreement. Organizations whose audits do not meet the standards identified above will be disqualified from consideration for an award of an agreement.**

2. Using the template available on DHS' Active Solicitation webpage: [http://www.county.allegheny.pa.us/Human-Services/Resources/Doing-Business/Solicitations-\(RFP/RFQ/RFI\).aspx](http://www.county.allegheny.pa.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx) please provide a detailed **three**-year budget that clearly supports the proposed model and the implementation plan. [Proposer should use the attached template as guidance. Proposer's budget should include all the required fields and line items as identified in the template] If you anticipate that the annual operating budget will differ significantly from the budget for the start-up year, please provide both budgets, along with justification for the difference.
3. Complete a budget narrative (not to exceed 5 page) that explains each budget item and how amounts were calculated. The budget narrative should also include the justification for use of the Special Payments Fund and the Enhanced Recruitment Fund.

#### **IV References (1 page)**

On a separate page, please list:

1. Include name, affiliation and contact information [include email address and telephone number] for a professional agency that partners with you around family foster care programs.
2. Contact information for three (3) Young People that have been served by your existing child welfare program
3. Contact information for three (3) foster families that are active with your family foster care program (if you do not currently operate a family foster care program, skip this question)

## **Proposal Checklist**

- Cover Letter Signed by Chief Executive Officer or Executive Director and Board Chair
- Executive Summary (1 page)
- Proposal Narrative (not to exceed 20 pages)
- List of References (1 page)
- Budget
- Budget Narrative (5 pages)
- Attachments
  - Organizational chart for the entire organization
  - Organizational chart for the proposed Program
  - Job Descriptions for each position proposed
  - Staff Resumes
  - List of current board members and their professional affiliations.
  - Copy of your license to operate a family foster care program in Pennsylvania
  - Service agreements related to foster parent training, if applicable
  - 3 Tables
  - Audited financial statements
  - MWDBE Participation Statement form
  - W9
  - Vendor Creation Form

## **SCORING AND SELECTION PROCESS**

### **Scoring Criteria**

The narrative and budget sections will be evaluated on a scale of 100 points as detailed below.

Proposal Narrative (**20 pages/80 points total**)

- i. Organizational Experience and Capacity (20 pts)
- ii. Strategy for Adhering to Casework Support Standards (25 pts)
- iii. Foster Care Recruitment, Selection, Development and Support (20 pts)
- iv. Program Management (15 points)

Budget and Budget Narrative (**20 points**)

### **Selection Process**

**DHS will perform an initial screening of all Proposals received. For a Proposal to be eligible for evaluation, the Proposal must be:**

- **Received from the Proposer by the due date/time**
- **Properly signed by the Proposer**
- **Properly formatted and include required forms and sections, including financial information described above**

**Proposals that do not meet the initial screening are subject to rejection without further evaluation.**



After the initial screening has occurred, the evaluation process for Proposals is as follows:

- DHS will designate an evaluation committee to review and evaluate all Proposals submitted in response to this RFP. The evaluation committee may consist of some or all of the following individuals:
  - County employees/contractors
  - Representatives of foundations, educational institutions, community and civic organizations, businesses and/or non-profit agencies
  - Individuals selected for subject matter/content expertise or experience, or by virtue of other relevant experience/knowledge
- The evaluation committee will evaluate the Proposals based upon the Scoring Criteria listed above.
- The County shall have exclusive discretion to shortlist a small number of Proposals receiving the highest or most satisfactory evaluations for more extensive review.
- If determined necessary, DHS may contact the Proposer for the purpose of clarifying any ambiguities in the Proposal, requesting Proposal modifications, or discussing Budget modifications.

#### Oral Presentations and Site Visits

DHS may create a short-list of Proposers who will be invited to give an oral presentation. In that case, short-listed Proposers will be notified of the time and location, and will be provided with an agenda or topics for discussion. Questions asked during oral presentations or site visits will be for the purpose of clarifying the scope and content of the written Proposal. Oral presentations will be used scored using the same criteria outlined in the Scoring Section of this RFP.

#### Final Award Process

Following the evaluation process described above, which may include oral presentations and/or negotiations; the evaluation committee will tabulate and submit an award recommendation to the DHS Director. The evaluation committee reserves the right to recommend that none of the Proposals be selected. The DHS Director will then issue a recommendation to the County Manager who will make the final determination concerning award of an Agreement.

**NOTHING HEREIN SHALL BE CONSTRUED OR INTERPRETED IN ANY WAY AS OBLIGATING THE COUNTY TO ENTER INTO AN AGREEMENT WITH ANY PROPOSER. THE COUNTY RESERVES THE RIGHT AT ALL TIMES NOT TO AWARD OR ENTER INTO AN AGREEMENT FOR THE SCOPE OF SERVICES FOR ANY REASON WHATSOEVER.**

#### **SUBMISSION INFORMATION**

Proposals must be submitted by email to [DHSProposals@allegheycounty.us](mailto:DHSProposals@allegheycounty.us), **no later than 3:00 p.m. EST January 19, 2016**. Proposals received after this time will not be accepted. The County reserves the right to extend or postpone the date and time for RFP activities. In the event of a change, the information will be posted on the website at [http://www.county.allegheycounty.pa.us/Human-Services/Resources/Doing-Business/Solicitations-\(RFP/RFQ/RFI\).aspx](http://www.county.allegheycounty.pa.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx) .

If necessary, attachments may be sent via U.S. Mail, Courier or hand-delivery, by the date/time above, to:

Maria Wallace  
Allegheny County Department of Human Services  
One Smithfield Street – Suite 400  
Pittsburgh, PA 15222-2221

**You will receive an email confirmation of receipt of your Proposal. Please contact us (via email or by calling Maria Wallace at 412-350-7144) if you do not receive an email confirmation.**

To be considered, the Proposal must include all of the required context. DHS may request additional information and/or conduct investigation as necessary to determine the Proposer's ability to provide the requested service. This additional information may become part of the County's final award decision-making process.

All Proposals are the property of the County and may become part of any subsequent Agreement. Additionally, the Successful Proposer's proposal will be posted online in the DHS Solicitations Archive

## CONTRACT TERMS AND CONDITIONS

### Agreement Terms and Conditions

The Successful Proposer will be expected to enter into an Agreement with the County of Allegheny, on behalf of DHS, for performance of the Scope of Services specified in this RFP and set forth in the Proposal. The Scope of Services specified in the RFP shall become the Contracted Services. The Successful Proposer will not enter into subcontracts for any of the services listed in the Scope of Services section of this RFP without obtaining prior approval by DHS. The Successful Proposer agrees to accept full responsibility for the quality and quantity of any work performed as part of the Scope of Services by any of its approved subcontractors. Information about contracting with the County on behalf of DHS and the standard terms and conditions for County contracts for services for DHS which will be included in the Agreement can be found on the DHS Website at:

<http://alleghenycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx>  
[HIPAA Compliance](#)

DHS is a "covered entity" under the Health Information Portability and Accountability Act (HIPAA). The Successful Proposer must comply with HIPAA requirements.

### CYBER Security

A significant portion of DHS business activities and related billing carried out under this RFP are done through information management systems or tools, including email. Proposers should meet the minimum computer specifications beginning on page 14 of the [DHS Contract Specifications Manual](#) available on the DHS webpage and should make sure their computers, laptops and other electronic devices have sufficient security software and settings to minimize the risk of a breach of information. In addition, the Proposer should have policies and procedures in place to assure that their electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected, etc.).

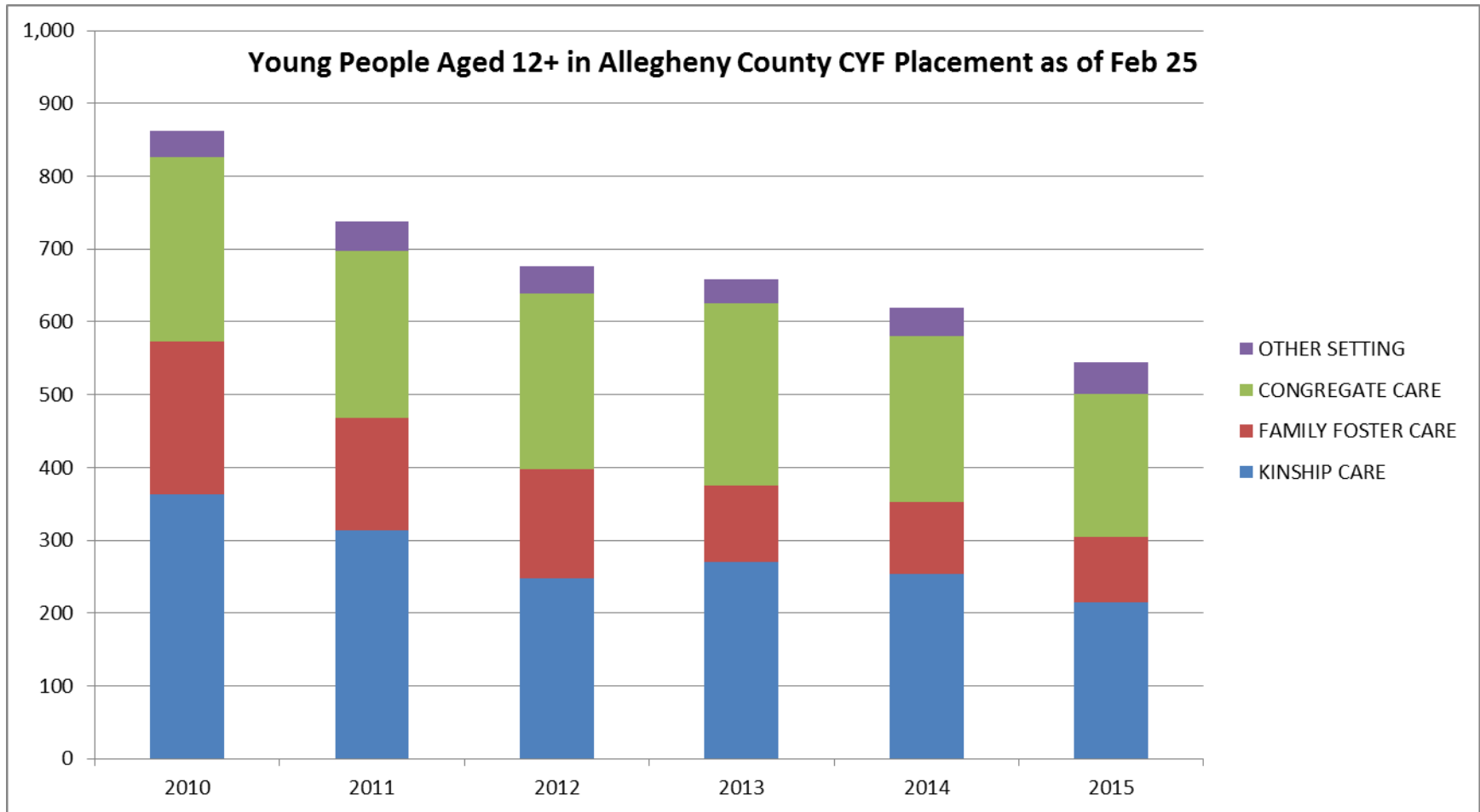
### Conflict of Interest

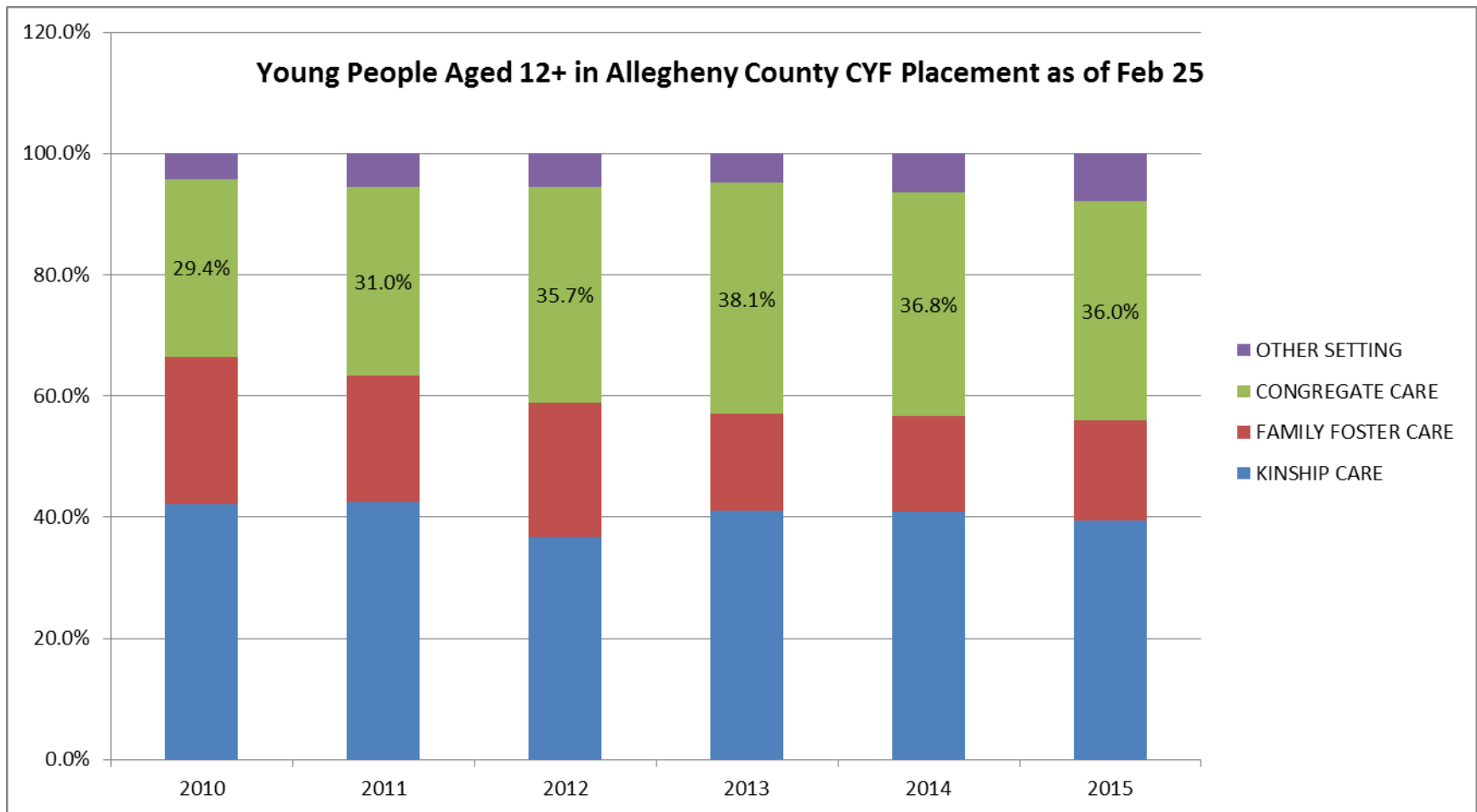
By submitting a Proposal, the Proposer certifies and represents to the County that the Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Equal Employment Opportunity/Non-Discrimination

By submitting a Proposal, the Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, consumer or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability of any individual or independent contractor or because of the disability of an individual with whom the person is known to have an association or on any other basis prohibited by federal, state or local law.

Appendix A: Congregate Care Trends, Allegheny County 2014





**Appendix B:**

**Top 11 Neighborhoods from which Young People Are Placed (Excludes Young People Placed in Kinship Care) – 7/1/13 to 6/30/14**

<b>Neighborhood</b>	<b># Young People placed by CYF in FY 13/14</b>	<b># beds available in FY 13/14</b>	<b># beds available to Young People in FY 13/14</b>	<b># Young People in care as of 3/30/14</b>	<b># Young People in care as of 6/30/14</b>	<b># beds for families serving a child on 6/30/14</b>	<b># of beds for families serving on 6/30/14 who would take Young People</b>	<b>Age 14 - 21 Population (2010 Census)</b>	<b>% of 14 - 21 year olds in care</b>
McKeesport	32	28	3	7	3	28	3	2215	1.4%
Penn Hills	22	49	16	3	3	34	12	3856	0.6%
Wilkinsburg	21	18	10	4	2	15	10	1487	1.4%
Perry (combined)	18	4	0	3	2	4	0	893	2.0%
Homewood (combined)	16	10	3	5	4	10	3	913	1.8%
McKees Rocks	12	3	3	4	2	3	3	683	1.8%
Duquesne	12	3	0	3	1	3	0	692	1.7%
Knoxville	12	1	1	2	2	0	0	512	2.3%
Braddock	11	0	0	0	1	0	0	289	3.8%
Stowe	11	3	0	3	3	3	0	565	1.9%
Swissvale	11	5	5	3	2	3	3	781	1.4%

- County-wide, CYF placed approximately 0.5% of all 14-21 year olds in Allegheny County (N=129,451) in a non-kinship setting.

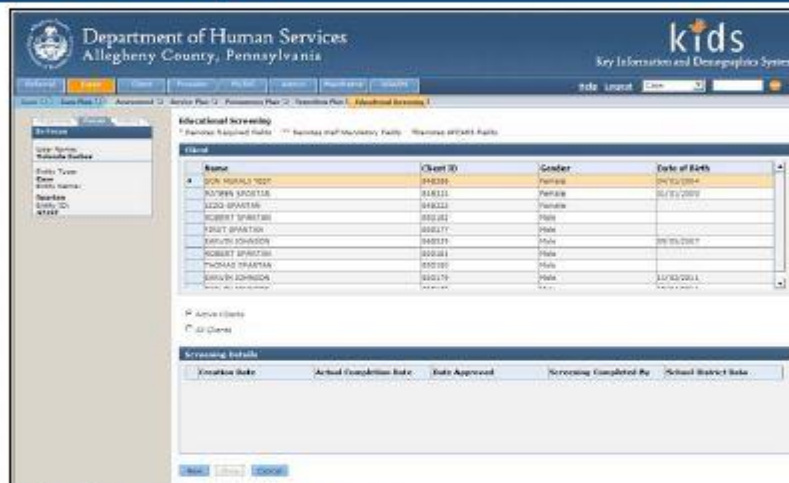
## Appendix C: Educational Screening Tool



### Educational Screening Tool – Job Aid

The Educational Screening tool is an assessment of a child's educational support needs that is completed by the service provider or by the CYF Caseworker, ILI Education Liaison, or the IL Worker. For children in placement, the screen must be completed every six months, and is due 10 days before the CYF Family Service Plan date. The assessment must also be completed within 30 days of any change in placement. For children receiving Non-Placement services, the assessment must be completed once a year, and is due 10 days before the CYF Family Service Plan due date. This assessment is completed in the Case module only in the Educational Screening grouping of screens.

#### Accessing the Educational Screening screen



1. Navigate to the *Educational Screening* screen.
  - a. **Case > Case Plan > Educational Screening**
2. Select the child that is the subject of the screening from the *Client* grid.
3. Click the **[New]** button to create a new Educational Screening.
4. To view an existing screening, select the screening from the *Screening Details* grid and click the **[Show]** button.
  - i. **TIP:** As a DHS employee, you will see all the documented screenings for the selected child, but you will only be able to edit screenings that you have created.

## Documenting an Educational Screening

1. Under the *General Information* heading, the name of the CYF Caseworker completing the screening will appear in the *Initiated By* field once the screen is saved.
2. As a CYF caseworker, the *Status* field will automatically populate with 'Initiated by CYF'.
3. Click the *Date of Completion* dropdown and select the date the screening was completed.
4. Click the + signs to expand each of the Nodes of the screening tool.
  - i. *TIP: Be sure to expand all Nodes and sub-nodes to address all questions in the screening tool.*
5. Select or record the appropriate response.
  - i. *TIP: Selecting a response of 'False' will require additional responses.*
6. Enter narrative comments under each Node.
  1. Enter appropriate narrative text in the *CYF Additional Comments* field.
7. Click the **[Save]** button to save the screening.
8. Click the **[Approval]** button to submit the screening for supervisor approval.
  - i. *TIP: The Provider documented assessment has multiple tiers of approval. Service Provider completed assessments will be forwarded to the assigned CYF Caseworker and Caseworker Supervisor for additional levels of approval after the Provider Supervisor has approved.*
9. To generate the *General and Special Education/Disability Accommodation Screen* form, click the **[Preview]** button.
10. The **[Instructions]** button opens a new window and displays the 'Educational Supports for Children, Youth and Young Adults' page of the Allegheny County Department of Human Services web-site.



Department of Human Services  
Allegheny County, Pennsylvania

kids  
Key Information and Demographics System

Home Logout [User] [Role]

Assessment [1] Screen Plan [2] Personality Plan [3] Incident Plan [4] **Standard Screening [5]**

**Screening**

User Name: [Name]  
Yuhua Hecker  
Role: User  
Case: [Case]  
Group Number: [Group]  
Hedge: [Hedge]  
Birth Date: [Date]  
SSN: [SSN]

Child's Name: [Name]  
Initials: [Initials]  
Status: [Status]  
Status Last Updated: [Date]  
Date of Completion: [Date]

**Educational Screening List**  
\* Denotes Required Fields \*\* Denotes Not Mandatory Fields \*\*\* Denotes AFORS Fields

**Selected Information**

**Educational Screening**

1. Education Records  
 True  
 False  
 Indeterminate  
 Obtain parental consent for education records  
 Obtain verbal educational information regarding a child placed in out-of-home care through the school district data sharing agreement  
 Consult with supervisor and/or case manager about how to obtain a court order authorizing the release of education records to DHS  
 Other reference source (briefly describe):  
 Comments: [Text Area]

2. Up-to-date education records are on file  
 True  
 False  
 Indeterminate  
 Contact school to obtain records  
 Other (briefly describe):  
 Comments: [Text Area]

3. Education Decision Maker (A special education decision maker cannot be a child welfare professional, except when appointed by a court to request a consent to an initial evaluation)  
 True  
 False  
 Indeterminate

4. School Safety/Events (Exclusion)  
 True  
 False  
 Indeterminate

5. Progress Toward Promotion or Graduation  
 True  
 False  
 Indeterminate

6. Information for Postsecondary Education Completion for children/young adults (18 or older)  
 True  
 False  
 Indeterminate

7. Need for Special Education Evaluation (Complete for children who do not have an Individualized Education Plan - IEP)  
 True  
 False  
 Indeterminate

8. Adequacy of Special Education Services (Complete only for child/young adults with an existing Individualized Education Plan - IEP)  
 True  
 False  
 Indeterminate

9. Need for Accommodations in School  
 True  
 False  
 Indeterminate

CR Additional Comments: [Text Area]

Cancel Cancel Cancel Cancel Cancel

1. Click the + sign to expand the 1. Education Records node.
  - i. TIP: Be sure to expand all the sub-nodes by clicking the + signs and address all the questions in this node.
2. Select 'True' or 'False' for the 2 primary questions.
  - i. TIP: Selecting a response of 'False' will require additional selections.
3. Enter appropriate narrative text in the Comments field.

Education Decision Maker node

Department of Human Services  
Allegheny County, Pennsylvania

kids  
Key Information and Demographics System

Education Decision Maker

General Information

Child's Name	Initials	Status	Status Last Updated	Date of Completion
CHILD TEST		Not	Entered by CIP	

Education Decision Maker

2. Education Records

3. Education Decision Maker (A special education decision maker cannot be a child welfare professional, except when appointed by a court to respond or respond to an initial evaluation)

4. The child has an education decision maker who is acting or attempting to act

True

False

Encourage parent/other parent/court or appointed surrogate parent to actively participate in regular education or special education decisions

Request that the school appoint a surrogate parent for a child whose parent is unknown or can't be located, has no foster parent or other IDEA parent or the child is an unaccompanied youth

Request that the Court appoint a Special Education Decision Maker (if there is no parent or other IDEA parent actively participating)

Other (briefly describe)

Comments

5. The child has a special education decision maker who is acting or attempting to act

Statement does not apply

True

False

Encourage parent/other parent/court or appointed surrogate parent to actively participate in regular education or special education decisions

Request that the school appoint a surrogate parent for a child whose parent is unknown or can't be located, has no foster parent or other IDEA parent or the child is an unaccompanied youth

Request that the Court appoint a Special Education Decision Maker (if there is no parent or other IDEA parent actively participating)

Other (briefly describe)

Comments

6. School Reliability/Principals Involvement

7. Special School Funding/Involvement

8. Progress Toward Promotion or Graduation

9. Preparation for Postsecondary Education (Complete for children youth age 16 or older)

10. Need for Special Education Evaluation (Complete for children who do not have an Individualized Education Plan - IEP)

11. Adequacy of Special Education Services (Complete only for child/youth with an existing Individualized Education Plan - IEP)

12. Need for Accommodations in School

OR Additional Comments

1. Click the + sign to expand the 2. *Education Decision Maker* node.
  - i. *TIP: Be sure to expand all the sub-nodes by clicking the + signs and address all the questions in this node.*
2. Select 'True' or 'False' for the 2 primary questions.
  - i. *TIP: Selecting a response of 'False' will require additional selections.*
3. Enter appropriate narrative text in the *Comments* field.



1. Click the + sign to expand the 4. *Special School Settings/Situations* node.
  - i. *TIP: Be sure to expand all the sub-nodes by clicking the + signs and address all the questions in this node.*
2. Select 'True' or 'False' for the 3 primary questions.
  - i. *TIP: Selecting a response of 'False' will require additional selections.*
3. Enter appropriate narrative text in the *Comments* field.



- i. *TIP: Be sure to expand all the sub-nodes by clicking the + signs and address all the questions in this node.*
2. Select 'True' or 'False' for the 6 primary questions.
  - i. *TIP: Selecting a response of 'False' will require additional selections.*
3. Enter appropriate narrative text in the *Comments* field.

**Preparation for Post-Secondary Education node**

The screenshot displays the 'kids' system interface for the Department of Human Services, Allegheny County, Pennsylvania. The main content area is titled 'Educational Readiness List' and shows a table with columns for 'Child's Name', 'Created By', 'Status', 'Status Last Updated', and 'Date of Completion'. Below the table, the 'Educational Readiness' section is expanded, showing a list of nodes. Node 6, 'Preparation for Post-Secondary Education', is selected and expanded. This node contains several sub-questions with checkboxes for 'True' or 'False' responses. For example, question 6.A asks 'Preparation for Post-Secondary Education is occurring'. Below the questions are text input fields for 'Comments' and 'DHY Additional Comments'. The interface includes a navigation menu on the left and a top navigation bar with various system links.

1. Click the + sign to expand the 6. *Preparation for Post-Secondary Education* node.
  - i. *TIP: Be sure to expand all the sub-nodes by clicking the + signs and address all the questions in this node.*
2. Select 'True' or 'False' for the 2 primary questions.
  - i. *TIP: If Node does not apply, click the 'Section does not apply' checkbox.*
  - ii. *TIP: Both 'True' and 'False' responses will require additional selections.*
3. Enter appropriate narrative text in the *Comments* field.

**Need for Special Education Evaluation node**

1. Click the + sign to expand the 7. *Need for Special Education Evaluation* node.
  - i. *TIP: Be sure to expand all the sub-nodes by clicking the + signs and address all the questions in this node.*
2. Select 'True' or 'False' for the 4 primary questions.
  - i. *TIP: If Node does not apply, click the 'Section does not apply' checkbox.*
  - ii. *TIP: Selecting a response of 'False' will require additional selections.*
3. Enter appropriate narrative text in the *Comments* field.

## Adequacy of Special Education Services node

Department of Human Services  
Allegheny County, Pennsylvania

kids  
Key Information and Demographics System

Home Logout Case

Assessment > Service Plan > Educational Screening

**Educational Screening List**

General Information

Child Name: [Field] Initiated By: [Field] Status: [Field] Status Last Updated: [Field] Date of Completion: [Field]

**Educational Screening**

**1. Education Needs**

2. Education decision maker (A special education decision maker cannot be a child welfare professional, except when appointed by a court to request a consent to an initial evaluation)

3. School Stability/Preempt Enrollment

4. Special School Settings/Situations

5. Progress Toward Emergence or Graduation

6. Preparation for Postsecondary Education (Complete for children/youth age 16 or older)

7. Need for Special Education Evaluation (Complete for children who do not have an Individualized Education Plan - IEP)

8. Adequacy of Special Education Services (Complete only for child/youth with an existing Individualized Education Plan - IEP)

Section does not apply

A. Current special education services are meeting the child's educational needs and child is making academic progress as indicated in quarterly reports

True

False

B. Child is 14 or older and has special education transition plan in Individualized Education Plan

True

False

C. Child's special education plan is current (revised each year) and evaluations have been conducted at the appropriate intervals (every 3 years for all children or every 2 years for children with a diagnosis of Mental Retardation)

True

False

D. Child's family or caregiver believes child's educational needs are being met - included gifted and talented or special education needs

True

False

E. Child is in the least restrictive educational environment

True

False

If IEP/IEP is checked for IEP statement above, indicate how to show (select all that apply)

Encourage the parent/guardian or special education decision maker to request an IEP Team meeting

Assist parent/guardian or special education decision maker to schedule conferences with special education teacher

Request a special education transition coordinator be assigned

Assist parent/guardian or special education decision maker conference with special education transition coordinator

Encourage the parent/guardian or special education decision maker to request a re-evaluation of the child

Consult with Department of Human Services Office of Behavioral Health Education Specialist regarding the child's special education needs

Advise for child to be placed in a less restrictive educational environment

(Identify describe)

Comments

CY Additional Comments

1. Click the + sign to expand the 8. *Adequacy of Special Education Services* node.
  - i. *TIP: Be sure to expand all the sub-nodes by clicking the + signs and address all the questions in this node.*
2. Select 'True' or 'False' for the 5 primary questions.
  - i. *TIP: If Node does not apply, click the 'Section does not apply' checkbox.*
  - ii. *TIP: Selecting a response of 'False' will require additional selections.*
3. Enter appropriate narrative text in the *Comments* field.




## Need for Accommodations in School node

The screenshot shows the 'Need for Accommodations in School' node in the KIDS system. The interface includes a navigation menu on the left, a header with the Department of Human Services logo, and a main content area with a table of educational screenings and a detailed form for the selected screening. The form contains several sections with checkboxes and text input fields for comments.

1. Click the + sign to expand the 9. *Need for Accommodations in School* node.
  - i. **TIP:** Be sure to expand all the sub-nodes by clicking the + signs and address all the questions in this node.
2. Select 'True' or 'False' for the 2 primary questions.
  - i. **TIP:** Selecting a response of 'False' will require additional selections.
3. Enter appropriate narrative text in the *Comments* field.

## Generate General and Special Education/Disability Accommodation Screen form

1. After all applicable Nodes have been documented; enter appropriate narrative text in the *CYF Additional Comments* field.
2. Click the **[Save]** button to save the screening.
3. Click the **[Approval]** button to submit the screening for supervisor approval.
4. To generate the *General and Special Education/Disability Accommodation Screen* form, click the **[Preview]** button.
5. Click the printer icon located in the top left corner of the PDF popup screen. 
6. Click the **[OK]** button.
  - i. **TIP:** This form generates in a PDF format, which cannot be edited. If modifications are required, they must be made on the *Educational Screening* screen in KIDS.

## Approving an Education Screen initiated by the Provider

1. Once the Provider Supervisor has approved an Education Screening, an alert will be sent to the CYF Caseworker and Supervisor notifying that an Education Screening is awaiting CYF Approval.

2. Using the client and case information in the alert, navigate to the *Educational Screening* in KIDS.
3. After reviewing the educational screening, if approving the information entered by the provider, press the **[Approval]** button and request for approval.
  - a. If the information entered by the provider is incomplete or insufficient one of two options should be followed:
    - i. Add comments to the *CYF Additional Comments* field explaining the necessary changes or concerns and continue with the CYF approval by pressing the **[Approval]** button and requesting for approval from the CYF Supervisor.
    - ii. Send it back to the provider to make requested updates by changing the *Status* to *'Incomplete – Sent back to Provider'*; update the *CYF Additional Comments* with an explanation of the send back and press **[Save]**. An alert will be generated to the provider to tell them that they must review and edit the screening based on comments from the CYF worker.
4. Once the Educational Screening is approved by the CYF Supervisor, the screen will be read only for all users.

***For more information...***

For more information on this communication or for assistance, please be sure to contact the Help Desk at [Helpdesk-dhs@alleghenycounty.us](mailto:Helpdesk-dhs@alleghenycounty.us) or 412-350-4357 Option 2.

## Appendix D: Education Rights

### WHO CAN ACT ON BEHALF OF CHILDREN IN OUT-OF-HOME PLACEMENT TO ADDRESS EDUCATION ISSUES?

Education Issue	Bio/Adoptive Parent	Foster Parent	Surrogate Parent or Special Education Decision Maker	Education Decision-Maker Appointed by Court	Person with Whom Child Lives that Cares for Child	C&Y Worker or Private Provider	Older Youth (Age 18-21)
<u>Education Records: Who Can Consent to Disclose/Share a Child's Education Records?</u> Parent of a Student. Under FERPA parent is defined as <i>a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or a guardian.</i> 34 CFR § 99.3	YES	YES, if acting as a parent due to the absence of a parent	YES, but only with a parent's written consent or pursuant to a court order	YES, if acting as a parent in the absence of a parent or if parent consents or it is expressly stated in order	YES, if person is acting as a parent in absence of a parent	YES, but only in the limited circumstance where education records are shared to meet the individual needs of the child	YES, if the youth is age 18 or older
<u>Education Records: Who Can Access Education Records?</u> Parent of a Student. Under FERPA parent is defined as <i>a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or a guardian.</i> 34 CFR § 99.3	YES	YES, if acting as a parent due to the absence of a parent	YES, but only with a parent's written consent or pursuant to a court order	YES, if acting as a parent in the absence of a parent or if parent consents or it is expressly stated in order	YES, if person is acting as a parent in absence of a parent	YES, under the Uninterrupted Scholar's Act of January 2013, C&Y can access the records of children in out-of-home placements	YES, if the youth is age 18 or older

Who can act 10.2014

WHO CAN ACT ON BEHALF OF CHILDREN IN OUT-OF-HOME PLACEMENT TO ADDRESS EDUCATION ISSUES?

Education Issue	Bio/Adoptive Parent	Foster Parent	Surrogate Parent or Special Education Decision Maker	Education Decision-Maker Appointed by Court	Person with Whom Child Lives that Cares for Child	C&Y Worker or Private Provider	Older Youth (Age 18-21)
<p><b>Enrolling in School: Who Is Legally Authorized to Enroll A Child in School?</b> <i>A parent, guardian or "any person having control of charge of the student."</i> 22 PA Code § 11.11 (b)</p> <p><b>Withdrawal from School:</b> Youth <u>may</u> withdraw from school on their own at age 17 because they are no longer of compulsory school age but this IS NOT be encouraged.</p>	YES	YES	YES	YES	YES	YES	YES, but only if youth is emancipated minor (w/o support of parent or guardian) or an unaccompanied youth
<p><b>Evaluation for Special Education: Who Can Consent to an Evaluation to Determine If Child is Eligible for Special Education Services?</b> <i>Parent under the IDEA is defined as (A) a natural, adoptive, or foster parent; (B) a guardian; (C) an individual acting in the place of a natural or adoptive parent (including a grandparent, step-parent, or other relative) with whom the child lives or (D) a surrogate parent.</i> 34 CFR § 300.30 See Note re: Initial Eval below.*</p>	YES	YES, but only if Parent is not acting or attempting to act as IDEA Parent	YES, if appointed by a Court or School District under the IDEA**	YES, if court order states that Education Decision Maker can act in this capacity	YES, but only if Parent is not acting or attempting to act as a Parent	Only if a Court appoints C&Y worker to consent to initial eval. only <b>See Note re: Initial Eval below.*</b>	NO, not unless youth is 21.

Who can act 10.2014

WHO CAN ACT ON BEHALF OF CHILDREN IN OUT-OF-HOME PLACEMENT TO ADDRESS EDUCATION ISSUES?

Education Issue	Bio/Adoptive Parent	Foster Parent	Surrogate Parent or Special Education Decision Maker	Education Decision-Maker Appointed by Court	Person with Whom Child Lives that Cares for Child	C&Y Worker or Private Provider	Older Youth (Age 18-21)
<b>Special Education Services and Placement (NOREP):</b> Who Can Consent to Special Ed Services Starting, Initial Placement and Change in Placement? <i>(A) a natural, adoptive, or foster parent; (B) a guardian; (C) an individual acting in the place of a natural or adoptive parent (including a grandparent, step-parent, or other relative) with whom the child lives or (D) a surrogate parent.</i> 20 U.S.C.A. § 1401	YES	YES, but only if Parent is not acting or attempting to act as a parent	YES	YES, if Court Order states that Education Decision Maker will serve in this capacity	YES, but only if Parent is not acting or attempting to act as a Parent	NO	NO, not unless youth is age 21.
<b>Participation in IEP Meeting:</b> Who can participate in the IEP meeting? <i>The parents of a child with a disability must be given an opportunity to participate in IEP meetings. Parents or the School district may also invite other individuals who have knowledge or special expertise regarding the child.</i> 34 CFR § 300.501(b)(1), 34 CFR § 300.321(a)(6) See IDEA definition of parent above.	YES	YES	YES	YES	YES	YES, if invited by the Parent or School District	YES
<b>Day-to-day education issues</b> (e.g., field trip, notices etc.)	YES	YES	YES	YES	YES	YES	YES, if age 18 or older

Who can act 10.2014

WHO CAN ACT ON BEHALF OF CHILDREN IN OUT-OF-HOME PLACEMENT TO ADDRESS EDUCATION ISSUES?

Education Issue	Bio/Adoptive Parent	Foster Parent	Surrogate Parent or Special Education Decision Maker	Education Decision-Maker Appointed by Court	Person with Whom Child Lives that Cares for Child	C&Y Worker or Private Provider	Older Youth (Age 18-21)
<p><u>Accommodations for disability or chronic condition (e.g., diabetes):</u> Who can participate in the evaluation and development of 504 plans or Service Agreements? <i>Parents and guardians must receive notice, an opportunity to examine records, and be able to participate in hearing and review procedures for the development of 504 plans.</i> See IDEA definition of parent above. 34 C.F.R. § 104.36</p>	YES, unless there is no legal author to make education decision	YES, but only if Parent is not acting or attempting to act as a Parent	YES	YES	YES, but only if Parent is not acting or attempting to act as a Parent	NO	YES, if age 18 or older

Who can act 10.2014

WHO CAN ACT ON BEHALF OF CHILDREN IN OUT-OF-HOME PLACEMENT TO ADDRESS EDUCATION ISSUES?

Education Issue	Bio/Adoptive Parent	Foster Parent	Surrogate Parent or Special Education Decision Maker	Education Decision-Maker Appointed by Court	Person with Whom Child Lives that Cares for Child	C&Y Worker or Private Provider	Older Youth (Age 18-21)
<b>Post-Secondary:</b> FAFSA financial aid re application to college or technical school: Who's income matters and who can sign off? <i>Any child "who is an orphan, in foster care, or a ward of the court at any</i>			NO	NO		NO	
<b>School Discipline Issues:</b> Who receives notice about and who can participate in various stages of school discipline issues? <i>Schools must notify parents "immediately in writing when the student is suspended." Students and parents have an opportunity for an informal hearing if the suspension exceeds three days or if the school proposes a transfer to an alternative placement. Notification of expulsion hearings must be sent to the parent via certified mail. 22 Pa. Code § 12.6, 22 Pa. Code § 12.8</i> See IDEA definition of parent above.	YES, unless there is no legal authorization to make educational decision (e.g., parent rights terminated)	YES	YES	YES	YES	NO	YES, if age 18 or older

**\*Note Re Initial Evaluations:** A school may undertake an initial evaluation without obtaining a parent's permission only if:

The school documents that it has made repeated attempts but cannot locate the parents without success;

The parents' rights have been terminated under state law, or

The parents' rights to make education decisions have been suspended by a judge and an individual appointed by the judge to represent the child consents to

**\*\*Note re Surrogate Parent:** The Education Agency must make reasonable efforts to ensure the assignment of a surrogate parent not more than 30 days after

## Appendix E: Education Resources

### Education "go to" Resource List

Challenge	Resource
Identify Education Decision Maker	<a href="http://www.alleghenycounty.us/dhs/education/decision-makers.asp">www.alleghenycounty.us/dhs/education/decision-makers.asp</a>
Changing Schools/Transient	Advocate for children to stay in the same school OR immediately be enrolled in a new school without delay
Information & Record Sharing	For probation involved young people, The AIU Records Center Dawn (412-464-4064) and Kathy (412-464-4059) from the AIU can assist in records collecting
Special Education	<a href="http://idea.ed.gov">http://idea.ed.gov</a> PA Special Education Cosultline (800) 879-2301 PATTAN <a href="http://www.pattan.k12.pa.us">www.pattan.k12.pa.us</a> Wrights Special Education Law <a href="http://wrightslaw.com">http://wrightslaw.com</a> ACHIEVA (412) 995-5000 x486 <a href="http://achieva.info/services.jsp?pageId=2161392240601292853981536">http://achieva.info/services.jsp?pageId=2161392240601292853981536</a> PEAL Center <a href="http://pealcenter.org/needhelp/parentadvisors.php">http://pealcenter.org/needhelp/parentadvisors.php</a> 412-281-4404 Mental Health America, Education Advocates <a href="http://www.mhaac.net/">www.mhaac.net/</a> 412-661-7862 Education Specialists, Allegheny County DHS, Office of Behavioral Health, Bureau of Child & Adolescent Mental Health Services Supervisor – Ruth Ann Koss, 412-350-3374 or <a href="mailto:ruthann.koss@alleghenycounty.us">ruthann.koss@alleghenycounty.us</a> Clint Hauser 412-350-2433, <a href="mailto:EdwardClint.Hauser@alleghenycounty.us">EdwardClint.Hauser@alleghenycounty.us</a> Amy Hardy 412-350-5035, <a href="mailto:Amy.Hardy@alleghenycounty.us">Amy.Hardy@alleghenycounty.us</a> Joanna Patterson 412-350-6903, <a href="mailto:Joanna.Patterson@alleghenycounty.us">Joanna.Patterson@alleghenycounty.us</a>

March 2015



Homelessness (enrollment, school supports, transportation)	<a href="http://www.alleghenycounty.us/dhs/education/homeless.aspx">www.alleghenycounty.us/dhs/education/homeless.aspx</a> Homeless Liaisons in EVERY school district <a href="http://homeless.center-school.org/HomelessDirectory/Main.aspx?AspxAutoDetectCookieSupport=1">http://homeless.center-school.org/HomelessDirectory/Main.aspx?AspxAutoDetectCookieSupport=1</a>
	AIU Program for the Education of Children & Youth Experiencing Homelessness <a href="http://www.aiu3.net/Level3.aspx?ID=1250">http://www.aiu3.net/Level3.aspx?ID=1250</a> Nicole Anderson <a href="mailto:Nicole.Anderson@aiu3.net">Nicole.Anderson@aiu3.net</a> 412-394-5894
Legal Resources	Education Law Center <a href="http://www.elc-pa.org">www.elc-pa.org</a> 412-268-2120
	KidsVoice <a href="http://www.kidsvoice.org">www.kidsvoice.org</a> 412-391-3100
Other Supports	Samantha Murphy, Allegheny County Department of Human Services 412-350-2441 <a href="mailto:Samantha.Murphy@alleghenycounty.us">Samantha.Murphy@alleghenycounty.us</a>
	School Based Liaisons, Allegheny County DHS, Office of Behavioral Health, Bureau of Child & Adolescent Mental Health Services Supervisor – Ruth Ann Koss, 412-350-3374 Suzanne Hull, 412-350-4958 or <a href="mailto:Suzanne.Hull@alleghenycounty.us">Suzanne.Hull@alleghenycounty.us</a> Leslie Pruden, 412-350-4958 or <a href="mailto:Leslie.Pruden@alleghenycounty.us">Leslie.Pruden@alleghenycounty.us</a> Rusty Hewitt, 412-350-7089 or <a href="mailto:Rusty.Hewitt@alleghenycounty.us">Rusty.Hewitt@alleghenycounty.us</a> Heidi Sasson, 412-350-6679 or <a href="mailto:Heidi.Sasson2@alleghenycounty.us">Heidi.Sasson2@alleghenycounty.us</a> Pittsburgh Promise <a href="http://pittsburghpromise.org/">http://pittsburghpromise.org/</a>
	DHS Independent Living Initiative (up to the age of 24 if young person has been in CYF placement at least 30 days after his/her 16th birthday) 412-350-7153 <a href="mailto:DHS-IndependentLiving@AlleghenyCounty.us">DHS-IndependentLiving@AlleghenyCounty.us</a>
	Juvenile Probation Specialists Lou Guardino, 412-321-0365 *229, <a href="mailto:lou.guardino@alleghenycourts.us">lou.guardino@alleghenycourts.us</a> Andrew Schneider, 412-321-0365, <a href="mailto:andrew.schneider@alleghenycourts.us">andrew.schneider@alleghenycourts.us</a> Jim Davis, 412-321-0365 *250, <a href="mailto:james.davis@alleghenycourts.us">james.davis@alleghenycourts.us</a>

March 2015

## **Appendix F:**

### **American Academy of Pediatrics Healthy Foster Care America Health Care Standards**

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



**Healthy Foster Care America**

# Health Care Standards

The American Academy of Pediatrics (AAP) and Child Welfare League of America (CWLA) have published standards for health care for children and teens in foster care. These standards are designed to help professionals from all disciplines understand the complexity of health problems and the quality of care issues in foster care. The standards specify the parameters for high-quality health care, and enable us to improve services and outcomes, as well as create an opportunity to measure the outcomes, provide a framework for child welfare to assess services for children and teens, determine the appropriateness of funding, and provide a foundation for health advocacy.

## **Fundamental Principles**

### **▼ Children and teens in foster care should be seen early**

- To assess for signs and symptoms of child abuse and neglect
- To assess for presence of acute and chronic illness
- To assess for signs of acute or severe mental health problems
- To monitor adjustment to foster care
- To ensure a child or teen has all necessary medical equipment and medications
- To support and educate parents (foster and birth) and kin

### **▼ Children and teens in foster care should be seen often upon entry into foster care**

- Health screening visit within 72 hours of placement
- Comprehensive health admission visit within 30 days of placement
- Follow-up health visit within 60 to 90 days of placement

### **▼ Children and teens in foster care should have an advanced health care schedule**

Because of a high prevalence of health care problems and often multiple transitions that can adversely impact their health and well-being, children and teens in foster care should have an enhanced health care schedule:

- To monitor signs and symptoms of abuse or neglect
- To monitor a child's or teen's adjustment to foster care and visitation
- To ensure a child or teen has all necessary referrals, medical equipment, and medications
- To support and educate parents (foster and birth) and kin

### ▼ **Children and teens in foster care should be seen often while they are in foster care**

- Monthly for infants from birth to age 6 months
- Every 3 months for children age 6 to 24 months
- Twice a year for children and teens between 24 months and 21 years of age

### ▼ **Children and teens in foster care should have comprehensive evaluations**

Within 30 days of placement, children and teens in foster care should have the following detailed, comprehensive evaluations:

- A mental health evaluation
- A developmental health evaluation if under age 6 years
- An educational evaluation if over age 5 years
- A dental evaluation

Such evaluations can be conducted as part of the comprehensive health assessment by a multi-disciplinary team or through referral to specialists. It is important that they be conducted in a timely manner and information is shared among all the professionals and parents caring for the child or teen. Information from these assessments should be shared with child welfare and the courts to ensure that it is incorporated into permanency planning for the child or teen.

See more at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Health-Care-Standards.aspx#sthash.Pu7XwfRK.dpuf>

## Appendix G: American Academy of Pediatric Dentistry Guideline on Adolescent Oral Health

REFERENCE MANUAL V 36 | NO 6 14 | 15

# Guideline on Adolescent Oral Health Care

### Originating Committee

Clinical Affairs Committee

### Review Council

Council on Clinical Affairs, Committee on the Adolescent

### Adopted

1986

### Revised

1999, 2003, 2005, 2010

### Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes that the adolescent patient has unique needs. This guideline addresses these unique needs and proposes general recommendations for their management.

### Methods

This guideline is an update of the previous document, revised in 2005. The update includes an electronic search using the following parameters: Terms: "adolescent" combined with "dental", "gingivitis", "oral piercing", "scalants", "oral health", "caries", "tobacco use", "dental trauma", "orofacial trauma", "periodontal", "dental esthetics", "smokeless tobacco", "nutrition", and "diet"; Fields: all; Limits: within the last 10 years, humans, English, clinical trials. The reviewers agreed upon the inclusion of 83 electronic and hand searched articles that met the defined criteria. When data did not appear sufficient or were inconclusive, recommendations were based upon expert and/or consensus opinion by experienced researchers and clinicians.

### Background

There is no standard definition of "adolescent".<sup>1</sup> Adolescents are defined very broadly as youths between the ages of 10 to 18. Using this definition, there were approximately 41.5 million adolescents in the United States in 2008, according to the US Census Bureau.<sup>2</sup> The adolescent patient is recognized as having distinctive needs<sup>3,4</sup> due to: (1) a potentially high caries rate; (2) increased risk for traumatic injury and periodontal disease; (3) a tendency for poor nutritional habits; (4) an increased esthetic desire and awareness; (5) complexity of combined orthodontic and restorative care (eg, congenitally missing teeth); (6) dental phobia; (7) potential use of tobacco, alcohol, and other drugs; (8) pregnancy; (9) eating disorders; and (10) unique social and psychological needs.<sup>5-8</sup>

Treatment of the adolescent patient can be multifaceted and complex. An accurate, comprehensive, and up-to-date medical history is necessary for correct diagnosis and effective treatment planning. Familiarity with the patient's

medical history is essential to decreasing the risk of aggravating a medical condition while rendering dental care. If the parent is unable to provide adequate details regarding a patient's medical history, consultation with the medical health care provider may be indicated. The practitioner also may need to obtain additional information confidentially from an adolescent patient.

### Recommendations

This guideline addresses some of the special needs within the adolescent population and proposes general recommendations for their management.

#### Caries

Adolescence marks a period of significant caries activity for many individuals. Current research suggests that the overall caries rate is declining, yet remains highest during adolescence.<sup>9</sup> Immature permanent tooth enamel,<sup>10</sup> a total increase in susceptible tooth surfaces, and environmental factors such as diet, independence to seek care or avoid it, a low priority for oral hygiene, and additional social factors also may contribute to the upward slope of caries in adolescence.<sup>1,11-13</sup> It is important for the dental provider to emphasize the positive effects that fluoridation, routine professional care, patient education, and personal hygiene can have in counteracting the changing pattern of caries in the adolescent population.<sup>5,6,14,15</sup>

#### Management of caries

##### Primary prevention

**Fluoride:** Fluoridation has proven to be the most economical and effective caries prevention measure. The adolescent can benefit from fluoride throughout the teenage years and into early adulthood. Although the systemic benefit of fluoride incorporation into developing enamel is not considered necessary past 16 years of age, topical benefits can be obtained through optimally-fluoridated water, professionally-applied and prescribed compounds, and fluoridated dentifrices.<sup>16</sup>

**Recommendations:** The adolescent should receive maximum fluoride benefit dependent on risk assessment<sup>17</sup>:

- Brushing teeth twice a day with a fluoridated dentifrice is recommended to provide continuing topical benefits.<sup>14,18</sup>
- Professionally-applied fluoride treatments should be based on the individual patient's caries-risk assessment, as determined by the patient's dental provider.<sup>18</sup>
- Home-applied prescription strength topical fluoride products [eg, 0.4 percent stannous fluoride gel, 0.5 percent fluoride gel or paste, 0.2 percent sodium fluoride (NaF) rinse] may be used when indicated by an individual's caries pattern or caries risk status.<sup>18</sup>
- Systemic fluoride intake via optimal fluoridation of drinking water or professionally-prescribed supplements is recommended to 16 years of age. Supplements should be given only after all other sources of fluoride have been evaluated.<sup>18</sup>
- The criteria for determination of need and the methods of delivery should be those currently recommended by the American Dental Association and the AAPD.<sup>18</sup>

**Oral hygiene:** Adolescence can be a time of heightened caries activity and periodontal disease due to an increased intake of cariogenic substances and inattention to oral hygiene procedures.<sup>1,19</sup> Tooth brushing with a fluoridated dentifrice and flossing can provide benefit through the topical effect of the fluoride and plaque removal from tooth surfaces.<sup>20</sup>

*Recommendations:*

- Adolescents should be educated and motivated to maintain personal oral hygiene through daily plaque removal, including flossing, with the frequency and pattern based on the individual's disease pattern and oral hygiene needs.<sup>19,20</sup>
- Professional removal of plaque and calculus is recommended highly for the adolescent, with the frequency of such intervention based on the individual's assessed risk for caries/periodontal disease, as determined by the patient's dental provider.<sup>20,21</sup>

**Diet management:** The role of carbohydrates in caries initiation is unequivocal. Adolescents are exposed to and consume high quantities of refined carbohydrates and acid-containing beverages.<sup>11,12,22</sup> The adolescent can benefit from diet analysis and modification.

*Recommendations:* Diet analysis, along with professionally-determined recommendations for maximal general and dental health, should be part of an adolescent's dental health management.<sup>23</sup>

A diet analysis and management should consider:

- Dental disease patterns.
- Overall nutrient and energy needs.
- Psychosocial aspects of adolescent nutrition.
- Dietary carbohydrate intake and frequency.
- Intake and frequency of acid-containing beverages.
- Wellness considerations.

**Sealants:** Sealant placement is an effective caries-preventive technique that should be considered on an individual basis. Sealants have been recommended for any tooth, primary or permanent, that is judged to be at risk for pit and fissure caries.<sup>6,12,24-27</sup> Caries risk may increase due to changes in patient habits, oral microflora, or physical condition, and unsealed teeth subsequently might benefit from sealant applications.<sup>27</sup>

*Recommendations:* Adolescents at risk for caries should have sealants placed. An individual's caries risk may change over time; periodic reassessment for sealant need is indicated throughout adolescence.<sup>27</sup>

*Secondary prevention*

**Professional preventive care:** Professional preventive dental care, on a routine basis, may prevent oral disease or disclose existing disease in its early stages. The adolescent patient whose oral health has not been monitored routinely by a dentist may have advanced caries, periodontal disease, or other oral involvement urgently in need of professional evaluation and extensive treatment.

*Recommendations:*

- Timing of periodic oral examinations should take into consideration the individual's needs and risk indicators to determine the most cost-effective, disease-preventive benefit to the adolescent.<sup>17</sup>
- Initial and periodic radiographic evaluation should be a part of a clinical evaluation. The type, number, and frequency of radiographs should be determined only after an oral examination and history taking. Previously exposed radiographs should be available, whenever possible, for comparison. Currently accepted guidelines for radiographic exposures (ie, appropriate films based upon medical history, caries risk, history of periodontal disease, and growth and development assessments) should be followed.<sup>28</sup>

**Restorative dentistry:** In cases where remineralization of non-cavitated, demineralized tooth surfaces is not successful, as demonstrated by progression of carious lesions, dental restorations are necessary. Preservation of tooth structure, esthetics, and each individual patient's needs must be considered when selecting a restorative material.<sup>29</sup> Molars with extensive caries or malformed, hypoplastic enamel—for which traditional amalgam or composite resin restorations are not feasible—may require full coverage restorations.<sup>27,30</sup>

*Recommendations:* Each adolescent patient and restoration must be evaluated on an individual basis. Preservation of non-carious tooth structure is desirable. Referral should be made when treatment needs are beyond the treating dentist's scope of practice.<sup>27</sup>

### Periodontal diseases

Adolescence can be a critical period in the human being's periodontal status. Epidemiologic and immunologic data suggest that irreversible tissue damage from periodontal disease begins in late adolescence and early adulthood.<sup>8</sup> Adolescents have a higher prevalence of gingivitis than prepubertal children or adults. The rise of sex hormones during adolescence is suspected to be a cause of the increased prevalence. Studies suggest that the increase in sex hormones during puberty affects the composition of the subgingival microflora.<sup>31</sup> Other studies suggest circulating sex hormones may alter capillary permeability and increase fluid accumulation in the gingival tissues. This inflammatory gingivitis is believed to be transient as the body accommodates to the ongoing presence of the sex hormones.<sup>32</sup>

**Acute conditions:** The adolescent may be subjected to acute conditions such as acute necrotizing ulcerative gingivitis and periodontitis, which can require immediate and occasional long-term management. In most cases, early diagnosis, treatment, and appropriate management can prevent irreversible damage.<sup>33-35</sup>

**Recommendations:** Acute intraoral infection involving the periodontium and oral mucosa requires immediate treatment. Therapeutic management should be based on currently accepted techniques of periodontal therapy.<sup>36,37</sup> Referral should be made when the treatment needs are beyond the treating dentist's scope of practice.

**Chronic conditions:** Chronic conditions affecting the adolescent include, but are not limited to, gingivitis, puberty gingivitis, hyperplastic gingivitis related to orthodontic therapy, gingival recession that may or may not be related to orthodontic therapy, drug-related gingivitis, pregnancy gingivitis, localized juvenile periodontitis, and periodontitis.<sup>24,31-33</sup> Personal oral hygiene and regular professional intervention can minimize occurrence of these conditions and prevent irreversible damage.

**Recommendations:** The adolescent will benefit from an individualized preventive dental health program, which includes the following items aimed specifically at periodontal health:

- Patient education emphasizing the etiology, characteristics, and prevention of periodontal diseases, as well as self-hygiene skills.<sup>32-34</sup>
- A personal, age-appropriate oral hygiene program including plaque removal, oral health self-assessment, and diet. Sulcular brushing and flossing should be included in plaque removal, and frequent follow-up to determine adequacy of plaque removal and improvement of gingival health should be considered.<sup>32,36</sup>
- Regular professional intervention, the frequency of which should be based on individual needs and should include evaluation of personal oral hygiene success, periodontal status, and potential complicating factors such as medical conditions, malocclusion, or handicapping conditions.

Periodontal probing, periodontal charting, and radiographic periodontal diagnosis should be a consideration when caring for the adolescent. The extent and nature of the periodontal evaluation should be determined professionally on an individual basis. Those patients with progressive periodontal disease should be referred when the treatment needs are beyond the treating dentist's scope of practice.<sup>32-34,36</sup>

- Appropriate evaluation for procedures to facilitate orthodontic treatment including, but not limited to, tooth exposure, frenectomy, fibrotomy, gingival augmentation, and implant placement.<sup>37</sup>

### Occlusal considerations

Malocclusion can be a significant treatment need in the adolescent population as both environmental and genetic factors come into play. Although the genetic basis of much malocclusion makes it unpreventable, numerous methods exist to treat the occlusal disharmonies, temporomandibular joint dysfunction, periodontal disease, and disfigurement which may be associated with malocclusion. Within the area of occlusal problems are several tooth/jaw-related discrepancies that can affect the adolescent. Third molar malposition and temporomandibular disorders require special attention to avoid long-term problems. Congenitally missing teeth present complex problems for the adolescent and often require combined orthodontic and restorative care for satisfactory resolution.

**Malocclusion:** Any tooth/jaw positional problems that present significant esthetic, functional, physiologic, or emotional dysfunction are potential difficulties for the adolescent. These can include single or multiple tooth malpositions, tooth/jaw size discrepancies, and craniofacial disfigurements.

**Recommendations:** Malposition of teeth, malrelationship of teeth to jaws, tooth/jaw size discrepancy, skeletal malrelationship, or craniofacial malformations or disfigurement that presents functional, esthetic, physiologic, or emotional problems to the adolescent should be referred for evaluation when the treatment needs are beyond the treating dentist's scope of practice. Treatment of malocclusion by a dentist should be based on professional diagnosis, available treatment options, patient motivation and readiness, and other factors to maximize progress.<sup>38</sup>

**Third molars:** Third molars can present acute and chronic problems for the adolescent. Impaction or malposition leading to such problems as pericoronitis, caries, cysts, or periodontal problems merits evaluation for removal.<sup>36,39</sup> The role of the third molar as a functional tooth also should be considered. Although prophylactic removal of all impacted or unerupted disease-free third molars is not indicated, consideration should be given to removal by the third decade when there is a high probability of disease or pathology and/or the risks associated with early removal are less than the risks of later removal.

**Recommendations:** Evaluation of third molars, including radiographic diagnostic aids, should be an integral part of the dental examination of the adolescent.<sup>28</sup> For diagnostic and extraction criteria, refer to AAPD's Guideline on Pediatric Oral Surgery.<sup>40</sup> Referral should be made if treatment is beyond the treating dentist's scope of practice.

**Temporomandibular joint (TMJ) problems:** Disorders of the TMJ can occur at any age, but appears to be more prevalent in adolescence.<sup>40-42</sup>

**Recommendations:** Evaluation of the TMJ and related structures should be a part of the examination of the adolescent. Referral should be made when the diagnostic and/or treatment needs are beyond the treating dentist's scope of practice.<sup>43,44</sup>

**Congenitally missing teeth:** The impact of a congenitally missing permanent tooth on the developing dentition can be significant.<sup>3</sup> When treating adolescent patients with congenitally missing teeth, many factors must be taken into consideration including, but not limited to, esthetics, patient age, and growth potential, as well as periodontal and oral surgical needs.<sup>38,45,46</sup>

**Recommendations:** Evaluation of congenitally missing permanent teeth should include both immediate and long-term management. Referral should be made when the treatment needs are beyond the treating dentist's scope of practice. A team approach may be indicated.<sup>47</sup>

**Ectopic eruption:** Abnormal eruption patterns of the adolescent's permanent teeth can contribute to root resorption, bone loss, gingival defects, space loss, and esthetic concerns. Early diagnosis and treatment of ectopically erupting teeth can result in a healthier and more esthetic dentition. Prevention and treatment may include extraction of deciduous teeth, surgical intervention, and/or endodontic, orthodontic, periodontal, and/or restorative care.<sup>48-50</sup>

**Recommendations:** The dentist should be proactive in diagnosing and treating ectopic eruption and impacted teeth in the young adolescent. Early diagnosis, including appropriate radiographic examination,<sup>28</sup> is important. Referral should be made when the treatment needs are beyond the treating dentist's scope of practice.<sup>47</sup>

### Traumatic injuries

The most common injuries to permanent teeth occur secondary to falls, followed by traffic accidents, violence, and sports.<sup>51-54</sup> All sporting activities have an associated risk of orofacial injuries due to falls, collisions, and contact with hard surfaces.<sup>55</sup> The administrators of youth, high school, and college organized sports have demonstrated that dental and facial injuries can be reduced significantly by introducing mandatory protective equipment such as face guards and mouthguards. Additionally, youths participating in leisure activities such as skateboarding, rollerskating, and bicycling also benefit from appropriate protective equipment.<sup>56,57</sup>

**Recommendations:** Dentists should introduce a comprehensive trauma prevention program to help reduce the incidence of traumatic injury to the adolescent dentition. This prevention plan should consider assessment of the patient's sport or activity, including level and frequency of activity.<sup>58</sup> Once this information is acquired, recommendation and fabrication of an age-appropriate, sport-specific, and properly-fitted mouthguard/faceguard can be initiated.<sup>58</sup> Players must be warned about altering the protective equipment that will disrupt the fit of the appliance. In addition, players and parents must be informed that injury may occur, even with properly-fitted protective equipment.<sup>58</sup>

### Additional considerations in oral/dental management of the adolescent

The adolescent can present particular psychosocial characteristics that impact the health status of the oral cavity, care seeking, and compliance. The self-concept development process, emergence of independence, and the influence of peers are just a few of the psychodynamic factors impacting dental health during this period.<sup>15,7,16</sup>

**Discolored or stained teeth:** Desire to improve esthetics of the dentition by tooth whitening and removal of stained areas or defects can be a concern of the adolescent. Indications for the appropriate use of tooth-whitening methods and products are dependent upon correct diagnosis.<sup>59</sup> The dentist must determine the appropriate mode of treatment. Use of bleaching agents, microabrasion, placement of an esthetic restoration, or a combination of treatments all can be considered.<sup>60</sup>

**Recommendations:** For the adolescent patient, judicious use of bleaching can be considered part of a comprehensive, sequenced treatment plan that takes into consideration the patient's dental developmental stage, oral hygiene, and caries status. A dentist should monitor the bleaching process, ensuring the least invasive, most effective treatment method. Dental professionals also should consider possible side effects when contemplating dental bleaching for adolescent patients.<sup>61,62</sup>

**Tobacco use:** Significant oral, dental, and systemic health consequences and death are associated with all forms of tobacco use. Smoking and other tobacco use almost always are initiated and established in adolescence.<sup>63-68</sup>

**Recommendations:** Education of the adolescent patient on the oral and systemic consequences of tobacco use should be part of each patient's oral health education. For those adolescent patients who use tobacco products, the practitioner should provide or refer the patient to appropriate educational and counseling services.<sup>69-71</sup> When associated pathology is present, referral should be made when the treatment needs are beyond the treating dentist's scope of practice.

**Positive youth development:** Treatment and management of adolescent oral health that takes into account the adolescent's psychological and social needs can be approached through the framework of positive youth development (PYD).<sup>72</sup> The

approach goes beyond traditional prevention, intervention, and treatment of risky behaviors and problems and suggests that a strong interpersonal relationship between the adolescent patient and the pediatric dentist can be influential in improving adolescent oral health and transitioning patients to adult care. In the office, dental professionals have a unique opportunity to serve as positive role models.

**Recommendations:** Integrating PYD into clinical practice can be attained through continuing education on adolescent development issues, as well as partnerships with community-based organizations and schools. The dentist can be a part of the myriad of adolescent support and services.<sup>72</sup>

**Psychosocial and other considerations:** Behavioral considerations when treating an adolescent may include anxiety, phobia, or intellectual dysfunction.<sup>1</sup> Referral should be made when the treatment needs are beyond the treating dentist's scope of practice and nondental professionals or a team approach may be indicated.

Additional examples of oral problems associated with adolescent behaviors include, but are not limited to:

- Oral manifestations of venereal diseases.
- Effects of oral contraceptives or antibiotics on periodontal structures.
- Perimyolysis (severe enamel erosion) in bulimia.<sup>73</sup>
- Traumatic injury to teeth and oral structures in athletic or other activities (short- and long-term management).<sup>56,74-76</sup>
- Intraoral and perioral piercing with possible local and systemic effects.<sup>77,78</sup>

The impact of psychosocial factors relating to oral health must include consideration of the following:

- Changes in dietary habits (eg, fads, freedom to snack, increased energy needs, access to carbohydrates).
- Use of tobacco, alcohol, and drugs.
- Motivation for maintenance of good oral hygiene.
- Potential for traumatic injury.
- Adolescent as responsible for care.
- Lack of knowledge about periodontal disease.

Physiologic changes also can contribute to significant oral concerns in the adolescent. These changes include: (1) loss of remaining primary teeth; (2) eruption of remaining permanent teeth; (3) gingival maturity; (4) facial growth; and (5) hormonal changes.

**Recommendations:**

- An adolescent's oral health care should be provided by a dentist who has appropriate training in managing the patient's specific needs. Referral should be made when the treatment needs are beyond the treating dentist's scope of practice. This may include both dental and nondental problems.<sup>72</sup>
- Attention should be given to the particular psychosocial aspects of adolescent dental care. Other issues such as consent, confidentiality, and compliance should be addressed in the care of these patients.<sup>79,80</sup>

- A complete oral health care program for the adolescent requires an educational component that addresses the particular concerns and needs of the adolescent patient and focuses on:
  - specific behaviorally- and physiologically-induced oral manifestations in this age group;<sup>20</sup>
  - shared responsibility for care and health by the adolescent and provider;<sup>20</sup> and
  - consequences of adolescent behavior on oral health.<sup>81,82</sup>

**Transitioning to adult care:** As adolescent patients approach the age of majority, it is important to educate the patient and parent on the value of transitioning to a dentist who is knowledgeable in adult oral health care. The adult's oral health needs may go beyond the scope of the pediatric dentist's training. The transitioning adolescent should continue professional oral health care in an environment sensitive to his/her individual needs. Many adolescent patients independently will choose the time to seek care from a general dentist and may elect to seek treatment from a parent's primary care provider. In some instances, however, the treating pediatric dentist will be required to suggest transfer to adult care.

Pediatric dentists are concerned about decreased access to oral health care for persons with special health care needs (SHCN)<sup>83</sup> as they transition beyond the age of majority. Pediatric hospitals, by imposing age restrictions, can create a barrier to care for these patients. Transitioning to a dentist who is knowledgeable and comfortable with adult oral health care needs often is difficult due to a lack of trained providers willing to accept the responsibility of caring for SHCN patients.

**Recommendations:** At a time agreed upon by the patient, parent, and pediatric dentist, the patient should be transitioned to a dentist knowledgeable and comfortable with managing that patient's specific oral care needs. For the SHCN patient, in cases where it is not possible or desired to transition to another practitioner, the dental home can remain with the pediatric dentist and appropriate referrals for specialized dental care should be recommended when needed.<sup>83</sup>

## References

1. American Psychological Association. *Developing Adolescents: A Reference for Professionals*. Washington, DC: American Psychological Association; 2002.
2. MacKay AP, Duran C. Adolescent health in the United States, 2007. National Center for Health Statistics, 2007. Available at: "<http://www.cdc.gov/nchs/data/misc/adolescent2007.pdf>". Accessed July 6, 2010.
3. Pinkham JR, Adair SM, Casamassimo PS, et al. Adolescence. In: Pinkham JR, Adair SM, Casamassimo PS, Fields HW Jr, McTigue DJ, Nowak AJ, eds. *Pediatric Dentistry: Infancy Through Adolescence*. 4<sup>th</sup> ed. Philadelphia, Pa: WB Saunders Co; 2005:649-718.
4. National Institutes of Health. Consensus development conference statement: Diagnosis and management of dental caries throughout life, March 26-28, 2001. *J Am Dent Assoc* 2001;132(8):1153-61.



5. Macgregor ID, Regis D, Balding J. Self-concept and dental health behaviors in adolescents. *J Clin Periodontol* 1997;24(5):335-9.
6. Yu SM, Bellamy HA, Schwalberg RH, Drum MA. Factors associated with use of preventive dental and health services among US adolescents. *J Adolesc Health* 2001;29(6):395-405.
7. American Academy of Pediatric Dentistry. Policy on prevention of sports-related orofacial injuries. *Pediatr Dent* 2004;26(suppl):44.
8. US Dept of Health and Human Services. Oral Health In America: A Report of the Surgeon General—Executive Summary. Rockville, Md: US Dept of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.
9. Kaste LM, Selwitz RH, Oldakowski JA, Brunelle JA, Winn DM, Brown LJ. Coronal caries in the primary and permanent dentition of children and adolescents 1-17 years of age: United States, 1988-1991. *J Dent Res* 1996;75(special issue):631-41.
10. Kirkham J, Robinson C, Strong M, Shore RC. Effects of frequency of acid exposure on demineralization/remineralization behavior of human enamel in vitro. *Caries Res* 1994;28(1):9-13.
11. Howze KA. Health for Teens in Care: A Judge's Guide 2002. Washington, DC: American Bar Association; 2002.
12. Majewski RF. Dental caries in adolescents associated with caffeinated carbonated beverages. *Pediatr Dent* 2001;23(3):198-203.
13. Marshall TA, Levy SM, Broffitt B, et al. Dental caries and beverage consumption in young children. *Pediatrics* 2003;112(3Pt1):e184-e191.
14. Burt BA. Prevention policies in light of the changed distribution of dental caries. *Acta Odontol Scand* 1998;56(3):179-86.
15. Irwin CE, Millstein SG. Biophysical correlates of risk-taking behaviors during adolescence. *J Adolesc Health Care* 1986;7:825-965.
16. CDC. Recommendations for using fluoride to prevent and control dental caries in the United States. *MMWR Recomm Rep* 2001;50(RR14):1-42.
17. American Academy of Pediatric Dentistry. Guideline on caries-risk assessment and management in infants, children, and adolescents. *Pediatr Dent* 2010;32(special issue):101-8.
18. American Academy of Pediatric Dentistry. Guideline on fluoride therapy. *Pediatr Dent* 2009;31(suppl):128-31.
19. Macgregor ID, Balding J, Regis D. Tooth-brushing schedule, motivation, and 'lifestyle' behaviours in 7,770 young adolescents. *Community Dent Health* 1996;13(4):232-7.
20. Dean JA, Hughes CV. Mechanical and chemotherapeutic home oral hygiene. In: Dean JA, Avery DR, McDonald RE, eds. *McDonald and Avery's Dentistry for the Child and Adolescent*. 9th ed. Maryland Heights, Mo: Mosby Elsevier; 2011:205-22.
21. American Academy of Pediatric Dentistry. Guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children. *Pediatr Dent* 2009;31(special issue):118-25.
22. Freeman R, Sheiham A. Understanding decision-making process for sugar consumption in adolescents. *Community Dent Oral Epidemiol* 1997;25(3):228-32.
23. American Academy of Pediatric Dentistry. Policy on dietary recommendations for infants, children, and adolescents. *Pediatr Dent* 2009;31(special issue):47-8.
24. Feigal RJ. The use of pit and fissure sealants. *Pediatr Dent* 2002;24(5):415-22.
25. Ahovuo-Saloranta A, Hiiri A, Nordblad A, Worthington H, Makela M. Pit and fissure sealants for preventing dental decay in the permanent teeth of children and adolescents [review]. *Cochrane Database Syst Rev* 2004;3:CD001830.
26. Macek MD, Beltrán-Aguilar ED, Lockwood SA, Malvitz DM. Updated comparison of the caries susceptibility of various morphological types of permanent teeth. *J Public Health Dent* 2003;63(3):174-82.
27. American Academy of Pediatric Dentistry. Guideline on pediatric restorative dentistry. *Pediatr Dent* 2009;31(special issue):172-8.
28. American Academy of Pediatric Dentistry. Guideline on prescribing dental radiographs for infants, children, adolescents, and persons with special health care needs. *Pediatr Dent* 2009;31(special issue):250-2.
29. Donly K. Pediatric Restorative Dentistry Consensus Conference April 15-16, 2002, San Antonio, Texas. *Pediatr Dent* 2002;24(5):374-6.
30. Croll TP, Castaldi CR. The preformed stainless steel crown for restoration of permanent posterior teeth in special cases. *J Am Dent Assoc* 1978;97(4):644-9.
31. Beck JD, Arbes SI Jr. Epidemiology of gingival and periodontal disease. In: Newman MG, Taki HH, Klokkevold PR, Carranza FA, eds. *Carranza's Clinical Periodontology*. 10th ed. St Louis, Mo: Saunders Elsevier; 2006:117-9.
32. Wilson TG Jr, Kornman KS. *Fundamentals of Periodontics*. 2nd ed. Hanover Park, Ill: Quintessence Publishing; 2003:196-7.
33. Modeer T, Wondimu B. Periodontal diseases in children and adolescents. *Dent Clin North Am* 2000;44(3):633-58.
34. Grossi SG, Zambon JJ, Ho AW, et al. Assessment of risk for periodontal disease. I. Risk indicators for attachment loss. *J Periodontol* 1994;65(3):260-7.
35. Grossi SG, Genco RJ, Machtei EE, et al. Assessment of risk for periodontal disease. II. Risk indicators for alveolar bone loss. *J Periodontol* 1995;66(1):23-9.
36. Litonjua LS. Pericoronitis, deep fascial space infections, and the impacted third molar. *J Philipp Dent Assoc* 1996; 47(4):43-7.
37. American Academy of Periodontology. Periodontal therapy. *J Periodontol* 2001;72(11):1624-8.

38. Richardson G, Russell KA. Congenitally missing maxillary incisors and orthodontic treatment considerations for the single tooth implant. *J Can Dent Assoc* 2001;67(1):25-8.
39. Waller JH, Malden N. Rapid cystic involvement of a lower third molar. *Dent Update* 1999;26(4):166-7.
40. American Academy of Pediatric Dentistry. Guideline on pediatric oral surgery. *Pediatr Dent* 2010;32(special issue):238-45.
41. American Academy of Pediatric Dentistry. Guideline on acquired temporomandibular disorders in infants, children, and adolescents. *Pediatr Dent* 2010;32(special issues):232-7.
42. Riolo ML, tenHave TR, Brandt D. Clinical validity of the relationship between TMJ signs and symptoms in children and youth. *J Dent Child* 1988;55(2):110-3.
43. National Institutes of Health. Management of Temporomandibular Disorders. National Institutes of Health Technology Assessment Conference Statement. *J Am Dent Assoc* 1996;127(11):1595-606.
44. Skeppar J, Nilner M. Treatment of craniomandibular disorders in children and young adults. *J Orofac Pain* 1993;7(4):362-9.
45. Garg AK. Treatment of congenitally missing maxillary incisors: Orthodontics, bone grafts, and osseointegrated implants. *Dent Implantol Update* 2002;13(2):9-14.
46. Wexler G. Missing upper lateral incisors: Orthodontic considerations in young patients. *Ann R Australas Coll Dent Surg* 2000;15:136-40.
47. American Academy of Pediatric Dentistry. Guideline on management of the developing dentition and occlusion in pediatric dentistry. *Pediatr Dent* 2009;31(special issue):196-208.
48. Chaushu S, Sharabi S, Becker A. Dental morphologic characteristics of normal versus delayed developing dentitions with palatally displaced canines. *Am J Orthod Dentofacial Orthop* 2002;121(4):339-46.
49. Kojima R, Taguchi Y, Kabayashi H, Noda T. External root resorption of the maxillary permanent incisors caused by ectopically erupting canines. *J Clin Pediatr Dent* 2002;26(2):193-7.
50. Ericson S, Kurol PJ. Resorption of incisors after ectopic eruption of maxillary canines. *Angle Orthod* 2000;70(6):415-23.
51. Kurol J. Early treatment of tooth eruption disturbances. *Am J Orthod Dentofacial Orthop* 2002;121(6):588-91.
52. Rocha MJdC, Cardoso M. Traumatized permanent teeth in Brazilian children assisted at the Federal University of Santa Catarina, Brazil. *Dent Traumatol* 2001;17(6):245-9.
53. deFranca Caldas A Jr, Burgos MEA. A retrospective study of traumatic dental injuries in a Brazilian dental trauma clinic. *Dent Traumatol* 2001;17(6):250-3.
54. Skaare AB, Jacobsen I. Dental injuries in Norwegians aged 7-18 years. *Dent Traumatol* 2003;19(2):67-71.
55. Gassner R, Bösch R, Tuli T, Emshoff R. Prevalence of dental trauma in 6,000 patients with facial injuries: Implications for prevention. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 1999;87(1):27-33.
56. Tesini DA, Soporowski NJ. Epidemiology of orofacial sports-related injuries. *Dent Clin North Am* 2000;44(1):1-18.
57. Ranalli DN. Prevention of sport-related dental traumatic injuries. *Dent Clin North Am* 2000;44(1):19-33.
58. Ranalli DN. A sports dentistry trauma control plan for children and adolescents. *J Southeast Soc Pediatr Dent* 2002;8:8-9.
59. Sarrett DC. Tooth whitening today. *J Am Dent Assoc* 2002;133(11):1535-8.
60. Donly KJ. The adolescent patient: Special whitening challenges. *Compend Contin Educ Dent* 2003;24(4A):390-6.
61. Li Y. Tooth bleaching using peroxide containing agents: Current status of safety issues. *Compend Contin Educ Dent* 1998;19(8):783-96, 790.
62. American Academy of Pediatric Dentistry. Policy on use of dental bleaching for child and adolescent patients. *Pediatr Dent* 2009;31(special issue):59-61.
63. US Dept of Health and Human Services. Preventing Tobacco Use Among Young People: Report of the Surgeon General. Atlanta, Ga: US Dept of Health and Human Services, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1994.
64. CDC. Cigarette use among high school students-United States, 1991-2009. *MMWR Morb Mortal Weekly Rep* 2010;59(26):797-801.
65. Tomar SL, Winn DM, Swango PA, Giovino GA, Kleinman DV. Oral mucosal smokeless tobacco lesions among adolescents in the United States. *J Dent Res* 1997;76(6):1277-86.
66. Audrain-McGovern J, Rodriguez D, Tercyak KB, Cuevas J, Rodgers K, Patterson F. Identifying and characterizing adolescent smoking trajectories. *Cancer Epidemiol Biomarkers Prev* 2004;13(12):2023-34.
67. Zullig KJ, Valois RF, Huebner ES, Drane JW. Evaluating the performance of the Centers for Disease Control and Prevention core health-related quality of life scale with adolescents. *Public Health Rep* 2004;119(6):577-84.
68. Johnson CC, Myers L, Webber LS, Boris NW. Profiles of the adolescent smoker: Models of tobacco use among 9<sup>th</sup> grade high school students; Acadiana Coalition of Teens against Tobacco (ACTT). *Prev Med* 2004;39(3):551-8.
69. American Dental Association. Summary of policy and recommendations regarding tobacco: 1964-present. ADA Resolution 1H-1992. In: *ADA Transactions* 1992. Chicago, Ill: ADA; 1993:598.

70. American Cancer Society, National Cancer Institute, National Institutes of Health. How to Help Your Patients Stop Using Tobacco: A National Cancer Institute Manual for the Oral Health Team. Bethesda, Md: National Institutes of Health, US Dept of Health and Human Services, Public Health Service; 1998. NIH publication No. 98-3191.
  71. American Academy of Pediatric Dentistry. Policy on tobacco use. *Pediatr Dent* 2010;32(special issue):49-52.
  72. Larson RW. Toward a psychology of positive youth development. *Am Psychologist* 2000;55(1):170-83.
  73. Christensen GJ. Oral care for patients with bulimia. *J Am Dent Assoc* 2002;133(12):1689-91.
  74. Cortes MI, Marcenes W, Sheiham A. Impact of traumatic injuries to the permanent teeth on the oral health-related quality of life in 12- to 14-year-old children. *Community Dent Oral Epidemiol* 2002;30(3):193-8.
  75. Gassner R, Tuli T, Hächl O, Moreira R, Ulmer H. Cranio-maxillofacial trauma in children: A review of 3,385 cases with 6,060 injuries in 10 years. *J Oral Maxillofac Surg* 2004;62(4):399-407.
  76. Barnett F. Prevention of sports-related dental trauma: The role of mouthguards. *Pract Proced Aesthet Dent* 2003;15(5):391-4.
  77. American Academy of Pediatric Dentistry. Policy on intraoral and perioral piercing. *Pediatr Dent* 2009;31(special issue):54-5.
  78. Boardman R, Smith RA. Dental implications of oral piercing. *J Calif Dent Assoc* 1997;25(3):200-7.
  79. American Academy of Pediatric Dentistry. Guideline on record-keeping. *Pediatr Dent* 2009;31(special issue):239-46.
  80. American Academy of Pediatric Dentistry. Guideline on informed consent. *Pediatr Dent* 2009;31(special issue):247-9.
  81. Romito L, McDonald JL Jr. Nutritional considerations for the dental patient. In: Dean JA, Avery DR, McDonald RE, eds. *McDonald and Avery's Dentistry for the Child and Adolescent*. 9<sup>th</sup> ed. Maryland Heights, Mo: Mosby Inc; 2011;223-240.
  82. Macgregor ID, Balding JW. Self-esteem as a predictor of toothbrushing behavior in young adolescents. *J Clin Periodontol* 1991;18(5):312-6.
  83. American Academy of Pediatric Dentistry. Guideline on management of persons with special health care needs. *Pediatr Dent* 2009;31(special issue):113-7.
-

**Appendix H:**  
**Interpretation Agencies Available in Allegheny County**

**Allegheny County Department of Human Services**  
**Interpretation and Translation Resources**

**On-site, In-person Interpretation**

- a. Echo International: 412-261-1101
- b. Language Services Associates: 800-305-9673
- c. Pittsburgh Language Access Network (PLAN): 412-281-1375
- d. Royal Multilingual Translations Center: 412-716-3414

**Telephonic Interpretation**

- e. Language Line: 800-752-6069
- f. Language Services Associates: 800-305-9673
- g. Optimal Phone Interpreters: 877-746-4674

Appendix I:  
Allegheny County Office of Children, Youth and Families Resource Parent Training Standards

RESOURCE PARENT TRAINING STANDARDS

CREATED BY: RESOURCE  
PARENT TRAINING STANDARDS  
WORK GROUP

A Families for Teens Project  
8/20/2015

### Background: Creation of the Training Standards

Training Standards Work Groups were held over four sessions July through August 2015. The sessions were facilitated by the Families for Teens Training Coordinator and attended by staff (trainers and supervisors) from the following agencies: Auberle, The Bair Foundation, Bethany Christian Services, Every Child Inc., Gwen’s Girls, Mon Yough Community Services, Pressley Ridge, Project STAR, Three Rivers Adoption Council, Three Rivers Youth, and Wesley Spectrum Services, as well as a representative from the Statewide Adoption and Permanency Network.

The overarching goal of these sessions was to develop a set of best practice training standards for resource parents. Overall, the work group participants agreed that deliberate training and development of resource parents is needed. The following standards reflect the consensus of the workgroup and are adopted by the Office of Children, Youth and Families:

### Training Standards for Pre-Service Resource Parent Training

Resource Parents are required to attend, at minimum, 24 hours of training plus First Aid/CPR training prior to certification. Agencies have the option of requiring more than 24 hours of training depending on their training model, but no less than 24 hours of pre-service training. Classroom trainings are preferred when there are two or more families registered. The curriculum should be in writing, the trainer trained in the curriculum and the same information should be presented to each resource family coming through the process.

Pre-Service trainings need to cover the following list of topics. These topic requirements can be met throughout the agency’s training model (each topic is not necessarily a separate training). The Pre-Service training should be heavily knowledge and value based, providing a solid foundation of information for Resource Parents to grow from. The list is as follows:

#### *Child Development Topics*

- Typical Child Development Milestones
- Typical Cognitive, Social, Emotional, Physical, Communication Development
- Appropriate/Typical Child Sexual Development
- Teen Development
- Trauma’s impact on the brain’s development

#### *Trauma Topics*

- Drug and Alcohol Use Exposure
- Sexual Abuse and its Effects
- Physical Abuse and its Effects
- Neglect and its Effects
- Exposure to Domestic Violence and its effects
- Issues in utero
- Disruption Awareness and Prevention

#### *Grief and Loss Topics*

- Teen Expression of Grief
- Children’s Expression of Grief
- Definitions of Grief
- Definitions of Loss
- Healing from Grief – how is this different for a child/youth
- Ways Trauma impacts the healing process

- Provide explanations of the losses children face in the system
- Engage resource parents in reflection about their own losses, and if they are in a position to parent the child who is actively grieving

#### *Attachment Topics*

- What is attachment and why is it important?
- Typical Attachment Cycle and Development
- Teen Attachment Development
- Explanation of how relational trauma impacts attachment development

#### *Parenting Topics*

- How to manage parenting birth children and children placed in your home
- Basic Parenting Skills (engaging with children/youth, discipline vs. punishment etc.)
- Trauma Informed/Attachment Focused Parenting
- Normalcy standards
- Parenting Concerns with System Involvement
- Parenting Teens with a trauma informed focus
- Engage resource parents in reflection of what they have learned from their parents
- Behavior as a language
- What are the resource parents expectations and motivations
- What are the resource parent's buttons/triggers?
- Fertility Issues

#### *Legal and System Topics*

##### *Support Topics*

- Crisis Response – how to prevent a crisis, triggers/baseline, de-escalation,

- How the system works
- Visitation
- Concurrent Planning
- ASFA
- Act 101
- Teamwork
- Roles of Team Player
- Rights of Resource Family
- Child's Experience in System
- Hearing Etiquette

#### *Children in Care Topics*

- Demographics of children/youth in care
- Typical Experiences of children in care
- Mental Health Diagnosis – PTSD, Attachment Disorders, ADHD, ODD, Autism
- Typical Education Issues
- Possible triggers in children/youth for behavioral concerns
- Birth Family Relationships
- Sibling Loss/Relationships
- The Triad relationship
- Strengths and Normalcy in children in care
- Drug and Alcohol use in youth

#### *Identity/Culture Topics*

- LGBTQ Identity in Kids
- Racial Identity in Kids
- Considerations in becoming an interracial family
- Family Culture/Traditions (family culture as the type of environment, how conflict is handled, how joys are celebrated, how affection is displayed etc.)
- Community Environments

recovery after crisis, protocol for crisis, definition of a crisis

- What are resources, services and providers

#### *Necessary Skills*

- Healing Responses to Behaviors/ Thoughtful Consequences/Discipline techniques aimed at the core needs of child, not behavior
- How to use Strength Based Parenting
- Skills for teaching self-regulation
- Skills to help a child/youth heal from trauma
- How to Advocate for a child in the following areas: Court, Education, Mental Health, Developmental Services

- Internal and External Supports
- Support System

- Parenting techniques to use with a grieving child
- Attachment development skills
- Parenting Techniques: Contracts, Sharing Power, Picking battles
- Flexibility in parenting – structure, fun, play
- Skills for participating in a meeting
- Self-Care and Self-Regulation for Resource Parents

#### **In-Service Resource Parent Training**

All families will be required to obtain at minimum 12 hours of in-service training per year.

The content of the trainings will focus on the Core Training Topics (see below) and each training will identify what Core Training Topics it addresses. These trainings will be heavily focused on skill and value building.

In addition, a Resource Parent Development Plan will be created for each resource family at the initial certification and updated at the yearly re-certification meetings. This plan will identify strengths and needs identified by the family and provider agency over the course of the previous year. Each update will address how the previous year's needs were met and if it continues to be a need. Each resource family's plan will identify three Core Training Topics (six training hours) that the family will obtain training in during the year. These topics must be met through classroom trainings. The Core Training Topics include:

- Cultural Competency (this can include topics such as: LGBTQ Issues, Interracial Families, Current Drug Trends, Current Event Issues, etc.)
- Attachment Based Parenting Skills (this can include topics such as: parenting intervention, attachment development etc.)
- Discipline (this can include topics such as: appropriate discipline techniques for trauma exposed children, age appropriate discipline techniques etc.)
- Trauma and Loss (This can include topics such as: grief and loss, helping children heal, brain development and trauma etc.)
- Crisis Response
- Birth Family/Triad Relationships
- Navigating the System (This can include topics such as: teamwork in the system, the court system, reunification and visits, etc.)
- Child Development



- Placement Preservation (this can include topics such as: recognizing the signs of a disruption, self-care and respite issues, etc.)
- Voices of the System (Panel Trainings)

The remaining 6 training hours can be obtained through traditional (i.e. classroom, conferences etc.) or non-traditional training techniques (i.e. books, online training, support groups etc.). The topics of these trainings will be based on each individual family's development needs and interests. Furthermore, first year families are required to attend at least one support group prior to being recertified.

#### **Additional Development Opportunities for Resource Families**

##### *Resource Parent Exposure to Children and Youth*

The work group participants agreed that more exposure to children and youth prior to their placement in the resource family's home was important. One of the ways that was suggested to address this was through panels. The Allegheny County Department of Human Services (DHS) will coordinate panel discussions featuring voices of youth, resource parents, families of origin and others and providers will be able to coordinate access to these discussions for resource families in their network.

##### *Using Home Visits to Support Resource Parent Development*

Lastly, the work group participants reported that it would be helpful to have access to guided discussion "packets" in which workers can take out to families during home visits to further resource parent development in that way. Topics that these packets should touch on are: Core Training Topics, Teamwork, Courtroom and Meeting Etiquette, Parenting Specific Behavioral Issues and Role Playing Tough Conversations. DHS will make this packet available to providers.

**Appendix J:  
Guidelines for the Use of Special Payments Funds**

ALLEGHENY COUNTY OFFICE OF CHILDREN, YOUTH AND FAMILIES  
FAMILY FOSTER CARE PROGRAMS FOR YOUNG PEOPLE  
GUIDE TO USE OF SPECIAL PAYMENTS FUND

---

A Special Payments fund will be available to providers. These funds will be considered the fund of last resort when no other resources, such as the Allegheny County Music Festival Fund can be used to defray the cost of participation in activities or other expenses. The special expenses fund will cover unexpected extraordinary expenses that the Young Person and foster family cannot plan for which the Allegheny County Music Festival Fund is not appropriate or timely.

**METHODOLOGY**

A Special Payments Fund will be allocated to Family Foster Care Programs for Young People on a program funded basis, annually. The funding methodology is that a census of the Program's Young People will be taken annually prior to the beginning of the following contract year and the Program will be awarded \$300/youth aged 12+. In the start-up year, the amount will be pro-rated :

START UP	Estimated February 1, 2016 – June 30, 2016	Funding will be pro-rated from the \$300/Young Person once the contract start date is finalized. An assumption will be made about how many Young People the Program is expected to serve in
YEAR 1	July 1, 2016 – June 30, 2017	On April 30, 2016 the Department of Human Services will take a census of the number of Young People aged 12+ who are currently being served by the provider. The FY2016-17 allocation will represent \$300/Young Person based on this April 30 census.
YEAR 2	July 1, 2017 – June 30, 2018	On April 30, 2017 the Department of Human Services will take a census of the number of Young People aged 12+ who are currently being served by the provider. The FY2017-18 allocation will represent \$300/Young Person based on this April 30 census.
YEAR 3	July 1, 2018 – June 30, 2019	On April 30, 2018 the Department of Human Services will take a census of the number of Young People aged 12+ who are currently being served by the provider. The FY2018-19 allocation will represent \$300/Young Person based on this April 30 census.

**USE OF SPECIAL PAYMENTS FUND**

The following expenses may be covered using Special Payments Funds:

<b>Item</b>	<b>Amount</b>	<b>Requirements</b>	<b>To receive payment</b>
Compensation to foster parent for loss/damage of property owned by a foster parent, when loss/damage is caused by a child in care	Up to \$1,000 maximum for a 2 year period of placement/child	*Foster parent must first seek compensation from his/her insurance carrier. Compensation of less than \$25 will NOT be granted.	Submit invoice to DHS with copies of receipts.
School uniforms	Not allowable with this funding source. Providers should utilize clothing and diaper allotment fund.		
Tutoring	Up to \$100/month/Young Person	Provider must explore community based tutoring/No Child Left Behind tutoring prior to using private tutors.	Submit invoice to DHS with copies of receipts.
Drivers' training/license, driver's insurance for the Young Person in care	Up to \$200/month/Young Person	Provider must obtain copies of foster parent's insurance policy and a quote for adding the youth to the policy prior to payment	Submit invoice to DHS with copies of receipts.
Hair and skin care	Up to \$200/year/Young Person	Provider must document justification as to why this expense cannot be met by the foster parent using the stipend	Submit invoice to DHS with copies of receipts.
SAT, PSAT, GED, ACT other standardized test fees	Not allowable. Seek assistance from DHS Independent Living Unit		
Travel expenses to facilitate Young People going on family vacations with foster family or birth family	Up to \$1,500/Young Person annually		Submit invoice to DHS with copies of receipts.

Items that may otherwise be covered by the Allegheny County Music Festival Fund (See below)		must document request to obtain Music Festival Funds 75 days in advance, or must document that request is being made later than 75 days prior to the date by which payment is needed	
---	--	--	--

**USE OF OTHER FUNDING SOURCES**

The following expenses should be covered using the Allegheny County Music Festival Funds. Requests for use of these funds must be made via the CYF caseworker at least 75 days prior to the date by which a payment would need to be made:

- Fees associated with school trips, activities, hobbies, recreational fees
- Entry fees into competitions, etc.
- Prom/religious observance/special event related attire
- Gifts for special occasions
- Equipment/supplies/furniture for a physically handicapped child or youth when such is not covered by Medicaid

The following should be requested of the CYF Caseworker, who will arrange for payment/purchase using CYF direct funding:

- Child care
- Funeral expenses
- Cribs, toddler beds, car seats, high chairs, other infant-related equipment for children of teens in care
- Interpretation/translation services
- College tuition, room & board, fees\*
- Camp fees, day camp

Providers should

- Make use of the DHS Project Prom and DHS Holiday Project to obtain prom and Homecoming attire, and holiday gifts.
- Request waivers for application fees from universities, colleges, and vocational/technical programs

**Appendix K:  
Guide to Clothing Inventory**

Allegheny County Office of Children, Youth and Families  
Guide to Clothing Inventory for Young People Aged 12-20 in Out of Home Placement

GUIDE TO CLOTHING INVENTORY LIST –Categories	
Section A – Year Round	Quantity
Undershirt (tank tops, camisoles, etc.)	10
Undergarments (boxers, briefs, panties, etc.)	12
Sleepwear (pajamas, etc.)	3
Bathrobe	1
Socks (dress, casual, trouser socks)	12
Pantyhose (stockings, knee-highs, tights)	5
Bra/Binder (sports bra, etc.)	7
Slip	1
Casual Outfit	2
*Formal Outfit (Suit, slacks/skirt with blazer/sport coat, etc.)	2
Track Suit (sweat suit, wind suit, etc.)	2
Casual Shirt (t-shirts, turtlenecks, etc.)	7
*Dress Shirt (button-down, polo, etc.)	3
Casual Pant (jean, khaki, etc.)	7
Dress Pant (work wear, formal wear)	3
Skirt	2
Pullover (hooded sweatshirt, fleece, etc.)	4
Hat (cap, fitted hat, etc.)	3
Rain Gear	1
Shoes	2
Sneakers	1
Slippers	1
<b>Section B -- Summer</b>	
Lightweight Jacket	1
Shorts	6
Summer Shirts	5
Swimwear	1
<b>Section C – Winter</b>	
Mittens or Gloves	1
Winter Jacket	1
Boots	1
Winter Hat	2
<b>Additional Items</b>	
Luggage (suitcase, etc.)	2
Wallet	1
Purse	1
Belt	2
Book Bag (backpack, etc.)	1
Gym Bag (duffel, etc.)	1
Tie	1