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SUBJECT Certification as a Specialized Setting for Children and Youth		BY  Jonathan Rubin, Deputy Secretary Office of Children, Youth & Families

SCOPE

- Administrative Office of Pennsylvania Courts
- Chief Juvenile Probation Officers
- Child Residential and Day Treatment Facilities
- County Children and Youth Social Service Agencies
- County Children and Youth Solicitors
- Juvenile Court Judges' Commission
- Pennsylvania Bar Association
- Pennsylvania Commission on Crime and Delinquency
- Pennsylvania Court Appointed Special Advocates Association
- Private Children and Youth Social Service Agencies

PURPOSE

The purpose of this bulletin is to release guidance to county and state officials, public and private children and youth social service agencies and stakeholders regarding the Department of Human Services (DHS) Office of Children, Youth and Families (OCYF) voluntary certification process for child residential facilities or Supervised Independent Living (SIL) programs that provide specialized services to:

- pregnant, expecting and parenting youth;
- youth who are transitioning to adulthood; or
- youth who are, or at risk of becoming, sex trafficking victims.

Child residential facilities or SIL programs providing or planning to provide services to the above identified populations may request certification as a specialized setting using the application and approval procedures outlined in this bulletin. To qualify, the child residential facility or SIL program must demonstrate enhanced practice standards as detailed in this bulletin, including trauma-informed practices.

BACKGROUND

The Family First Prevention Services Act (Public Law (P.L.) 115-123) (Family First) was signed into law on February 9, 2018. Family First reforms federal child welfare financing to help keep children safely with their families. Specifically, Titles IV-E and Title IV-B of the Social Security Act were amended to expand funding and availability of enhanced supports to families and children to prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based

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ORIGIN OF BULLETIN:
Office of Children Youth and Families

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programs, and kinship navigator services. The law limits Title IV-E foster care maintenance payments for eligible children and youth for placements that are not foster family homes; however, there are some exceptions. Title IV-E foster care maintenance payments are not limited as long as the child residential facility meets the requirements specific in federal statute and policy as described below:

- A setting specializing in providing prenatal, post-partum, or parenting supports for youths.
- In the case of a youth who has attained 18 years of age, a supervised setting in which the youth is living independently.
- A setting providing high-quality residential care and supportive services to children and youth who have been found to be or are at risk of becoming, sex trafficking victims.

This bulletin defines how the above settings will be implemented in Pennsylvania through the voluntary participation of agencies currently providing or seeking to provide services for identified populations of children and youth being served by the county child welfare system.

Relevant Pennsylvania law, regulations and guidance pertaining to this bulletin include:

- 55 Pa Code Chapter 3800 Child Residential and Day Treatment Facilities
- 55 Pa Code Chapter 3680 Administration and Operation of a Children and Youth Social Service Agency
- Pennsylvania Child Protective Services Law (23 Pa C.S. Chapter 63)
- Juvenile Act (42 Pa. C.S. 6301-6365)
- OCYF Bulletin 3130-09-04, Serving Child Victims of Human Trafficking in Pennsylvania
- OCYF Bulletin 3130-14-01, Independent Living Services Guidelines
- OCYF Bulletin 3170-19-01, Requirements for Reimbursement of Placement Services to Children in Substitute Care

DEFINITIONS

Child residential facility (as defined in 55 Pa. Code § 3800.5) – A premise, or part thereof, operated in a 24-hour living setting in which care is provided for one or more children who are not relatives of the facility operator, except as provided in § 3800.3 (relating to exceptions).

Specialized setting – A trauma-informed child residential facility or supervised independent living (SIL) program specializing in providing care and treatment to one or more specific populations:

- pregnant, expecting and parenting youth;
- youth who are transitioning to adulthood; or
- youth who are, or at risk of becoming, sex trafficking victims.

Specialized setting for children and youth who are, or at risk of becoming, sex trafficking victims – a licensed child residential facility that incorporates and demonstrates implementation of the specialized settings program standards for providing high-quality residential care and supportive services for the safety, permanency and well-being of children and youth who are, or at risk of becoming, sex trafficking victims.

Children and youth who are at risk of becoming sex trafficking victims – all children and youth in out-of-home placement settings are determined to be at risk of sex trafficking based on their involvement with county children and youth agencies (CCYAs) and vulnerability due to pre-placement experiences that elevates their risk for being commercially sexually exploited.

Specialized setting for pregnant, expecting and parenting youth – A licensed child residential facility that incorporates and demonstrates implementation of the specialized settings program standards in providing prenatal, post-partum and parenting supports for youth while promoting their safety, permanence and well-being of the youth and their child. The facility program description and programming must serve only youth who are pregnant/expecting and/or parenting.

Specialized setting for youth transitioning to adulthood – a licensed supervised setting in which the child is living independently with supports offered through a trauma-informed agency that promote the youth’s independence and transition to adulthood while supporting the safety, permanency and well-being needs of the youth. The following types of SIL programs may request certification:

- i. Transitional Living Residences (TLR) as defined by Chapter 3800 – a home or living unit for fewer than five youth (ages 16 to 21), with or without their own children, who are all able to live in a semi-independent living setting. A youth’s own child is counted in determining the maximum number of four per TLR.
- ii. Licensed Supervised Independent Living Placement (L-SILP) – a less restrictive placement setting for youth ages 16 to 21 who live in a single residence or unit. Examples of L-SILP settings include apartments in various locations in communities or specialized apartments designated for youth to acquire skills prior to transferring to another apartment. L-SILP may house not more than three youth and agency staff, while not providing 24-hour supervision, must be accessible at any time to a youth. 55 Pa. Code Chapter 3680 governs L-SILP and require an approved program description which clearly describes how the agency will implement and monitor the L-SILP program.

Unlicensed Supervised Independent Living Placement (U-SILP) are the least restrictive and include a range of placement settings for youth ages 18 to 21. Examples of U-SILP settings can include, but are not limited to, host homes, apartment settings or higher education on-campus or dormitory living. U-SILPs are not eligible for certification due to the nature of the setting, but they are considered a specialized setting for youth transitioning to adulthood.

Trauma - (Substance Abuse and Mental Health Services Administration definition) results from an event, series of events, or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma-informed Care – a strength-based approach to service delivery that realizes the widespread impact of trauma and understands potential paths to recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. At its core, it values the following six principles: organizational safety, trustworthiness and transparency, peer support, collaboration and reciprocal relationships, empowerment among and between staff and participants, and cultural sensitivity.

DISCUSSION

Placement should only occur when children and youth cannot remain safely at home. In these circumstances, the courts and counties have jurisdiction regarding the least restrictive placement option, starting with kinship care. Services are available to support family and kin who offer to care for relatives, as well as for those who embark on the journey to become foster and adoptive families. Residential care may be an option if a child or youth’s unique needs cannot be met in the community with kin or a resource family.

Implementation of Family First provided an opportunity to enhance and elevate the standards of practice and care in child residential facilities and SIL programs to better serve and meet the identified needs of the below populations of children and youth:

- pregnant, expecting and parenting youth;
- youth who are transitioning to adulthood; or
- youth who are, or at risk of becoming, sex trafficking victims.

These standards align with Governor Tom Wolf’s Executive Order 2019-05 – *Protection of Vulnerable Populations* and the Council on Reform’s recommendation specific to utilization of trauma-informed approaches across all systems.

Certification of specialized settings in no way implies that children and youth with these needs cannot have those needs met in the community. The courts and counties maintain their role in determining whether these settings are the most appropriate level of care based on the individual circumstances of the child or youth.

DHS recognizes that seeking certification as a specialized setting is an individual agency decision and should consider feedback from contracting counties related to their need for, and potential utilization of, these services. A decision to seek certification should not be based solely on the request of the county child welfare agency (CCYA) or on the ability of the CCYA to continue to receive Title IV-E foster care maintenance payments for eligible children and youth placed in these programs. Agencies may choose to incorporate these enhanced practice standards within a currently licensed facility or SIL program and complete the application process included in this bulletin (Attachment B) or may opt to develop a new facility or SIL program and seek licensure (Attachment C) and program approval (Attachment B).

Child residential facilities or SIL programs which choose to apply to be certified as a specialized setting must meet the DHS program standards identified in Attachment A. To receive certification, the agency will be expected to demonstrate an elevated level of quality of care and training of staff. These enhanced levels of programming may result in increased costs to the provider, which in turn may result in increased negotiated per diems. Areas of increased costs may include implementing and maintaining reduced staffing ratios, training requirements and physical site modifications. CCYAs are advised to plan for any increased costs as part of the Needs-Based Plan and Budget process; therefore, early communication between the agency seeking certification and the CCYA is critical.

To be considered for approval of certification as a specialized setting, interested agencies must submit policies and a program description which address the following required components for all specialized settings programming and operations:

- Identification and demonstration of a trauma-informed approach reflected in the culture of the facility's programming, training provided to staff and the children and youth, and the services and treatment provided;
- Enhanced levels of staffing ratios, staff training, training and skill development for the children and youth served and youth supervision provided;
- Enhanced physical site safety considerations and elevation of the importance of the personal safety plan for each child and youth to address relationships with staff, personal feelings of safety, run-away prevention, appropriate responses to behavior triggers and child and youth engagement in planning;
- Enhanced emphasis and demonstration of meaningful family and child/youth engagement throughout the placement experience. This includes family time/visitation, open communication with staff and purposeful inclusion of the children and youth in their treatment and service planning;
- Enhanced emphasis and demonstration of reality-based discharge/transition planning from the point of admission including emphasis on team development and community connections as resources during and following placement; and
- Specialized training for staff and youth (as appropriate) on sex trafficking awareness, assessment and screening practices, reporting requirements and social media/cyber security cautions.

Additional criteria for certification as a specialized setting for pregnant, expecting, and parenting youth that must be addressed include:

- Enhanced physical site and service planning considerations specific to ensuring the health and safety of the infants/toddlers residing with their parent in the congregate care setting;
- Enhanced levels of training for staff and youth focused on parenting issues and responsibilities, skill development and preparation for youth in their role as a parent, infant stimulation and child development and health care; and
- Enhanced emphasis and demonstration of meaningful engagement of the non-custodial parent of the infant/toddler including family time/visitation, open communication and purposeful inclusion in treatment and service planning.

Additional criteria for certification as a specialized setting for youth transitioning to adulthood that must be addressed include:

- Elevated attention to admission practices, development of transferable treatment plans, housekeeping skills and personal health and financial management knowledge;
- Enhanced levels of training for youth and staff focused on preparation for self-sufficiency and independence of youth as they transition to adulthood; and
- Enhanced emphasis and demonstration of reality-based discharge/transition planning focused on developing personal and community connections as resources.

Additional details and guidance of the above stated criteria are outlined in Attachment A.

A child residential facility or SIL program may request certification as one or more specialized settings. Certifications, once granted, will be reviewed annually to ensure the agency is meeting the enhanced practice standards outlined in this bulletin, in addition to regulations under the appropriate chapter of 55 Pa. Code.

Applications to be considered a specialized setting beginning with State Fiscal Year (SFY) 2020-21 must be submitted by March 15, 2020 using the process described in Attachment B. Receipt of an application will automatically grant a placement service provider a 45-day extension of the requested due date for pre-contractual budget documentation required under the Human Services Code, as outlined in OCYF Bulletin #3170-19-01.

OCYF will offer specialized setting application periods prior to the start of each subsequent SFY.

Attachments

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| Attachment A | SPECIALIZED SETTING STANDARDS |
| Attachment B | APPLICATION AND APPROVAL PROCESS |
| Attachment C | APPLICATION AND LICENSURE REQUIREMENTS FOR NEW FACILITIES AND/OR PROGRAMS |

ATTACHMENT A: SPECIALIZED SETTING STANDARDS

- ❖ Standards for specialized settings for children who are, or at risk of becoming sex trafficking victims can be found in **Sections I, II and III.**
- ❖ Standards for specialized settings for pregnant, expecting and parenting youth can be found in **Sections I, III and IV.**
- ❖ Standards for specialized settings for youth transitioning to adulthood can be found in **Sections I and V.**

Section I – PRACTICE STANDARDS APPLICABLE TO ALL SPECIALIZED SETTINGS

The standards included in Section I apply to ALL specialized settings providing services to:

- pregnant, expecting and parenting youth;
- youth who are transitioning to adulthood; or
- youth who are, or at risk of becoming, sex trafficking victims.

Each agency applying to be considered a specialized setting must develop and submit a new detailed specialized setting service description which reflects how the standards identified below will be demonstrated in programming and service delivery. Related policies and procedures as referenced in the standards must also be developed and submitted as part of the application packet.

Program descriptions must include sufficient detail to support implementation of the following common core practice standards to be demonstrated by all approved specialized settings.

1. Trauma-Informed Care;
2. Physical Site Safety;
3. Enhanced and Meaningful Family Involvement;
4. Enhanced and Meaningful Child/Youth Involvement;
5. Visitation Practices and Policies;
6. Youth Life Skill Development;
7. Enhanced Staff Training; and
8. Teaming and Discharge Planning.

In addition to the core program components listed above, each program description for a specialized setting must include policies and protocols addressing:

9. Standards to Report a Child/Youth as Missing;
10. Standards Upon Return of a Child/Youth to a Facility After a “Missing” Episode;
11. Screening for Sex Trafficking Experiences; and
12. Assessments for Sex Trafficking Experiences.

Common Core Specialized Setting Practice Standards Details:

1. Trauma-Informed Care

Each specialized setting must be positioned within an agency and program culture which demonstrates a trauma-informed approach, and which supports trauma-informed treatment as part of the programming and interventions made available to youth. The trauma informed treatment may be provided to the children and youth by community-based agencies external to the specialized setting. Staff training requirements are a critical element in supporting a trauma-informed agency culture even if staff are not directly responsible for providing the trauma treatment. This is reflected in the additional staff training requirements standards listed herein.

Each specialized setting must operate as a trauma-informed organization. If a trauma-informed model is operational or being implemented, the agency must address how fidelity to the model will be

monitored and maintained. Identification of the staff trauma training model and curriculum, including the agency defined qualifications of those providing the training, must be included in the program description with dates and documentation of training completion maintained in staff training files.

Trauma-informed care is an approach to engaging individuals with a history of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. The agency's culture, treatment approaches and interactions with the children and youth must, at a minimum, be reflective of the Substance Abuse and Mental Health Services Administration's (SAMHSA) principles of a trauma-informed approach including: organizational safety, trustworthiness and transparency, peer support, collaboration and reciprocal relationships, empowerment among and between staff and participants, and cultural sensitivity.

2. Addressing the Safety of the Children and Youth

Physical Site Safety: Each specialized setting must demonstrate enhanced efforts to address the safety, privacy and confidentiality of children and youth served in the program. These efforts may be reflected in program policies, security systems including electronic and/or designated security staff, and social media policies adopted with input from the children and youth served. Each specialized setting is required to have policies and protocols that incorporate and demonstrate implementation to ensure the safety of the children, youth and staff.

The specialized setting program description and related policies must detail how access to and egress from the facility will meet the safety needs of children and youth living on-site. Examples for Chapter 3800 licensed facilities include delayed locks, door alarms, staff supervision, cameras, and grounds monitoring. In settings for youth who are transitioning to adulthood basic residential security measures are recommended such as secure locks, peepholes, visual doorbells, buzzer entrance systems. Training provided to both the children/youth and staff should reflect these safety policies and practices and the rationale behind them. The application must include any OCYF waiver approvals issued for any regulatory exceptions requested, such as delayed locking devices in Chapter 3800 licensed facilities.

Policies and plans should include specific plans for evacuation of infants and toddlers who are under direct care of staff while parents are off site.

Notification to local law enforcement, similar to that currently required for fire department and emergency relocation plans, must also be reflected in the policies.

Health and Safety Planning: Each specialized setting program description must address aspects of the overall health and safety planning process, including the development of a personal safety plan for each child/youth, that includes:

- How each staff person will develop familiarity with and understand criteria in each child's personal safety plan as a resource to limit/prevent each child/youth from running, including individualized prompts and triggers.
- How staff will have immediate access to a child's/youth's safety plan including updates and how receipt of updated information is documented. This may include but is not limited to use of a daily log to transfer information from one shift to another, a quick shift change summary, and/or staff/supervisor sign-off documenting their awareness of changes in plans. Triggers for the child/youth including past events, and effective strategies to support alternative coping options for the child/youth are to be reflected in the information documented.
- How the programming focuses on balancing normalcy and safety based on the individual child's/youth's abilities and needs. This should include consideration of:
 - The child's/youth's and their family's definition of "safe".
 - The child's/youth's internal and external triggers and options to effectively de-escalate actions/responses caused by the trigger.

- Identification of a “go-to” person(s) for each child/youth. How the child/youth will be provided with a contact to call if they run or get in trouble.
- The child’s/youth’s level of developed coping alternatives to running.
- How these safety issues will be addressed in teaming efforts and/or communicated to external community supports.
- The process to be used to update the child’s/youth’s safety plans monthly in conjunction with updates made to the Individual Service Plan (ISP) and with the treatment team and the child/youth.

Outside Access and Visitors to the Facility: Each specialized setting (except for L-SILP) should have facility operating policies and procedures, in addition to those identified in Chapter 3800, that incorporate and demonstrate implementation specifically addressing site access and visitation practices related to site safety including:

- The level of supervision/observation to be provided by staff based on individualized needs.
- Designated areas and times for visits and pre-determining in the child/youth’s safety plan if visits need to be supervised or observed by staff. Flexibility should be offered to accommodate specific needs identified by family or child/youth.
- The process outlined for visitors to arrange for visitation in advance.
- A list of approved visitors, reflecting court orders and county directives, that is updated and accessible to staff.
- A sign-in and sign-out protocol that is enforced with photo identification provided by adult visitors.
- Posting of items that are not allowed to be brought into the facility.
- Policies reflecting that family visits following admission are never prohibited (no “black out” period of restricted contact).
- Exceptions to the above exist for L-SILP settings; however, L-SILP policies should address court order prohibitions while encouraging youth to make safe and healthy decisions related to contact with family and friends.

3. Enhanced and Meaningful Family Involvement

Each specialized setting must demonstrate a focus on meaningful family engagement and support an enhanced level of family involvement, reflecting the child/youth’s definition of family. The scope and depth of these efforts must reflect county and court directives and deference to county preferences to exercise a lead role in coordination and communication with family members.

Each specialized setting must identify a point of contact for the family of the child/youth to support ease in coordination of contacts and visits as well as exchange of information and updates. Plans to support family involvement in service and treatment planning, visitation, educational programming and discharge planning must be reflected in program descriptions and the information packets provided to the family and child/youth at admission. Transportation supports available through the facility (if any), meeting/visitation times and location options must also be addressed by program descriptions and information packets.

Within three years of approval as a specialized setting, the agency must be able to verify the identification of a staff person(s) having responsibilities as parent advocate and/or peer support specialist. The position of a youth support partner at the agency or county level should also be considered. Recruitment efforts including consideration of former consumers of the services and/or family members to fill these paid positions should be reflected in agency staff recruitment policies and personnel manuals.

4. Enhanced and Meaningful Youth Involvement

Each specialized residential service setting must demonstrate a focus on meaningful, age appropriate youth engagement in case planning including efforts to successfully transition the youth to self-sufficient adulthood. Maintaining open lines of communication with staff and engaging children and youth in their case planning creates the opportunity for the youth to be directly involved in decisions that affect and concern their lives. The practices demonstrated within a specialized setting must incorporate the requirements in OCYF's Independent Living Services Guidelines and reflect planning that is guided by a youth's wishes, hopes, and dreams. However, program staff are responsible to work with youth to make sure the goals are realistic and attainable. This may include steps to work with the youth to manage expectations and identify steps the youth may need to take to overcome barriers. Helping youth develop lifelong supportive connections is also a priority of meaningful involvement.

5. Visitation/Family Time Practices and Policies

Each specialized setting must develop and adhere to enhanced policies and protocols for supporting contact between the children and youth in care and those individuals, including but not limited to parents, guardians, former caregivers, siblings and other persons identified by the child/youth, as having a positive, significant connection with them. Visitation/family time practices must consider stipulations in court orders that restrict contacts and may include consideration of clinical appropriateness of contacts with identified individuals based on the child's/youth's history. This may also include their own child placed with them or in other care arrangements, and the other parent of their child.

These policies must address the value and importance of maintaining established connections for the child/youth in care as well as providing opportunity to develop/deepen meaningful connections and supportive relationships. Normalcy considerations and the value of peer/sibling connections must be reflected. Timing, location, frequency and duration must be individualized to the extent possible within the context of treatment, education, and overall residential programming.

To establish a more consistent practice across specialized settings to document the experiences of a child/youth who is engaging in family time away from the facility, policies must include requirements for staff to check-in with the child/youth or their parent during the visit, as well as follow-up contact with the parent and a focused review with the child/youth upon returning to the facility. This supports timelier assessment of the quality and success of the extended time of the child/youth with family which can then be factored into service planning.

Specialized settings staff are required to "check-in" with at least one attempted documented verbal/text contact with the child/youth and/or parent during family time/home visit that exceeds 48 hours. Upon return to the facility, a follow-up conversation must be initiated within 2 business days by program staff with the parent regarding the visitation experiences unless a concern/flag triggers a more rapid follow-up. Failure to connect with the parent, despite documented efforts, will be factored into consideration in planning for any future visits and should be communicated to the CCYA. If the specialized setting adopts a practice of family sessions prior to and following each home visit, the follow-up contact expectation may be met through this process.

Exceptions for L-SILP are acknowledged; however, it is still important that youth communicate plans and their whereabouts to staff. If a youth in a L-SILP plans to be away from the residence for more than 24 hours, they are responsible for contacting designated staff in advance to provide information as to their plans and location. Program staff should initiate contact with the youth following their planned return.

6. Child/Youth Life Skill Development and Sex Trafficking Awareness Training

Each specialized setting must develop and deliver an enhanced training and educational curriculum specifically developed for children and youth to increase their coping abilities and life skill levels and to better equip them to function as self-sufficient adults. The curriculum content and delivery methods must also recognize the trauma they have experienced, challenges overcome, and strengths developed. Specialized settings must provide a variety of opportunities for children and youth to practice acquired life skills. Additional training requirements and opportunities for parenting youth and those in SIL programs are included in the sections addressing population specific specialized settings requirements.

The profile of child/youth victims of sex trafficking looks like the profile of many children and youth already involved with or known to the child welfare system. Experience shows that traffickers disproportionately target at-risk populations including children and youth who have been exposed to other forms of violence (examples include child abuse and maltreatment), interpersonal violence, sexual assaults, and those who are disconnected from stable support networks. Additional groups of children and youth at higher risk of sex trafficking than the general population are those that identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ), have disabilities, and/or have mental health or substance use disorders. For purposes of this bulletin, all children and youth in out-of-home placement settings are considered at risk of becoming victims of sex trafficking.

Children and youth who have the potential for becoming victims of sex trafficking, as well as those who have already been victimized, need specialized awareness training and educational supports addressing trafficking warning signs, personal and social media safety, relationship boundaries, developing healthy connections. There is a need to inform and increase awareness of children and youth placed in specialized settings about sex trafficking risks, and grooming techniques.

A specialized child/youth curriculum, tailored to focus on the needs of this population, offers information to support healthy decision-making and long-term safety for children and youth must be addressed in the program description for all specialized settings.

Each specialized setting must develop (or purchase) and present a child/youth friendly curriculum which includes considerations and topics listed below. Agency-defined/identified qualifications of trainers and use of peer educators/alumni (when appropriate) delivering training must also be referenced in the program description.

- What does it mean to be trafficked?
- Grooming techniques used by traffickers
- Personal, Community and Social Safety including social media and technology
- Boundaries and Relationships
- Safe dating; Healthy sexual relationships, including comprehensive sex education
- Coping Skills; Benefits of delayed gratification
- Value of being independent – decision making process and socialization
- Self-esteem and self-love
- Meeting personal mental health/drug and alcohol treatment needs

Specialized settings policies must also address safety and normalcy related to use/possession of personal cell phones, and personal clothing/ belongings. If cell phones and/or internet access are available to children at the facility, policies/practices must be implemented to assure safety including:

- Device free space/locations
- Time restrictions
- Right vs. Privilege guidance – earning time/access/social media.

Involvement of children and youth in making decisions, to the extent possible, must be reflected in the specialized setting policies. Decisions related to training opportunities and skill development activities for children and youth must be individualized.

7. Enhanced Staff Training and Roles

Each specialized setting must develop and deliver an enhanced staff training curriculum and framework specifically developed to address the specific needs of the children and youth served in the program. This may include sessions attended by both the children/youth and staff together for an integrated learning opportunity. The realities of the risks faced by children and youth related to sex trafficking is a training topic required for both staff and youth in specialized settings.

Specialized settings must have staff identified who perform the functions of coordination of services, external and internal communication, supporting the team process (not always as the lead), and acting as an advocate for the child/youth. Designated staff need to function in a true case/care management role even though this may not be their position title.

All staff must be aware of staff gender impact in their interactions with children and youth, demonstrate an understanding of cultural differences to operate in a culturally sensitive manner, and demonstrate an understanding of the special needs of LGBTQ children and youth.

Staff turnover rates may disrupt established relationships and impact trust levels of children and youth in care. Establishing a true teaming configuration for the child/youth may address these concerns as team members provide multiple points of contact for the child and continuity of relationships is increased.

- Staff training on the trauma informed approach adopted by the agency and information about the trauma treatment provided to children and youth in care must be documented in staff training records along with the qualifications of the person(s) conducting the training.
- Staff should have access to resources including advocacy information and opportunity to hear from individuals who were victims of sex trafficking.
- Staff should have specific training on cyber security and safe social media usage as it relates to sex trafficking and child safety.
- All staff must attend a DHS approved (currently through the Child Welfare Resource Center (CWRC)) online module for sex trafficking, unless there is identification and documentation of another curriculum of sex trafficking used. If the online training module is used, it must then be followed up with in-person organization specific training focused on the needs of the population served.
- This training is in addition to the topics required under current regulations (55 Pa. Code Chapters 3800 and 3680) and should reflect the needs, experiences and circumstances of the children and youth served in the identified specialized setting. Additional training requirements for staff are included in the sections addressing population specific specialized settings requirements.

8. Teaming and Discharge Planning

Each specialized setting must develop and adhere to a comprehensive discharge planning process as the foundation for a seamless transition supporting permanency, long-term stability and successful outcomes for the child/youth and their family. This process begins with identification of the child's/youth's therapeutic treatment team which should include residential program staff, the youth and their designated support person(s), therapists and educational staff, family members and medical caregivers if appropriate. Representatives from the contracting entity shall also be included. If the child or youth has special needs or a disability, other entities such as the county agency serving individuals with intellectual or developmental disabilities is also to be included.

Children and youth placed in a specialized setting must be active participants in their own discharge planning process which includes an individualized team offering input to address needs and identify supports. Teaming efforts become a priority and must be individualized for each child/youth, with the child/youth having the opportunity to identify participants who will act as their representatives. Team

members must focus on ensuring that concurrent discharge plans are realistic and include identification of potential discharge resources as well as community connections. Team members' responsibilities include:

- Recognition that team members may change throughout the child's/youth's placement and time must be designated to allow the child's/youth to build trusting relationships with new team members.
- Identification of community links and contacts for children/youth when they leave the setting (also addressed in safety plan).
- Identification of and active outreach to create local networks that include organizations and businesses committed to providing hands-on work or volunteer experience to prepare older youth for self-sufficiency post discharge.
- Identification of and support to initiate services while the child/youth is in placement, so that services can transition with the child/youth upon discharge. This should include identification of peer supports.
- Assist in ongoing Family Finding efforts by supporting the work of the county team members.
- Commitment to support teaming as part of the process for monthly ISP progress review.
- Involvement in determining needed post-discharge services; aftercare/post placement permanency provider should become part of the team.
- If discharge is to a resource family, resource parents should be supported and specifically trained to support the child/youth. The ability to have services overlap needs to be financially supported to allow the resource family to be involved in treatment and transition planning.
- If discharge coincides with the transition to adulthood/out of care, all older youth transition planning protocols must be followed.

9. Standards to Report a Child/Youth as Missing

Each specialized setting program description must incorporate and demonstrate implementation of specific policies that address federal reporting requirements that appropriate and immediate notification occur when the facility staff does not know the location of the child/youth. Immediate reporting of the child/youth as missing must be initiated to the points of contacts listed in 55 Pa. Code Chapter 3800, whenever the facility staff does not know the location of the child/youth.

Each specialized setting program description must incorporate and demonstrate implementation of specific policies that address how a child/youth will be identified as being on run-away status vs. a determination that a child's whereabouts are unknown to staff. Identification of the child's/youth's status as missing is directly connected to what triggers the facility to file a missing child/youth report as defined by federal and state law.

Program descriptions must also address how older youth will be informed and educated on the requirements of the facility to report them as missing if their whereabouts are not known and they do not check in with staff. This allows for some flexibility with older youth who are working, involved in after school activities and/or connecting with peers, but does not limit immediate reporting if a child is suspected of running or is believed to be in jeopardy.

Program descriptions should reflect points of contact and established lines of communication between each specialized setting and local law enforcement to address this federal reporting requirement.

The location of the youth in L-SILP settings may not be readily known to staff given the independent nature of the programming and limited staff supervision. Expectations for youth to notify staff/ SIL staff/case manager of their plans to be away from their SIL setting for extended periods must be clearly addressed with youth and in SIL policies given the federal reporting requirements.

10. Standards Upon Return of a Child/Youth to a Facility After a Missing Episode

Each specialized setting program description must incorporate and demonstrate implementation of specific policies that address steps to be taken upon a child's/youth returning to the facility from a runaway episode. This includes how the facility will address the child's/youth's basic physical needs, complete a sex trafficking screening tool and update the child's/youth's health and safety plan. Notification to law enforcement, CCYA or other referring agency and/or other identified parties must occur.

Each child/youth returning to the facility must be screened for sex trafficking and interviewed to understand where they were while on runaway from the facility. Training and staff ability to establish a trusting connection with the child/youth are key variables in successfully compiling information about the child's/youth's experiences while away from the facility, if facility staff are responsible for completing the sex trafficking screen. A referral for a sex trafficking assessment may also be needed based on the screening findings. See OCYF Bulletin # 3130-19-04, "Serving Child Victims of Human Trafficking in Pennsylvania", for more information about the screening and assessment processes.

Every child/youth should have a visual screening when they return from a missing episode to check for obvious injuries and new tattoos or markings. Additional medical evaluations should be arranged as needed. Within 24 hours, there should be a conversation between the child/youth and trained staff person to gather information related to experiences, locations and other persons involved, and triggers that caused the child/youth to run.

Until the child's/youth's health and safety plan can be updated, sight and sound checks should occur once every 15 minutes except in L-SILP settings. Plan updates should address continuation or modification of staff supervision needed based on reasons the child ran including:

- Steps to be taken to recognize the importance of child's/youth's connections with friends, family, community, supporting the child's/youth's need for normalcy and avoiding arbitrarily ending relationships when the child/youth is placed.
- Steps that identify/develop services that are responsive and supportive of needs of the child/youth to reduce the risk of repeated running away/returning.
- Steps supporting developing healthy connections with community/people and teaching the child/youth safe parameters and boundaries.

Updates must be made to the case plan, no later than the next monthly review, addressing reasons why the child/youth ran (e.g. if it was to see family, how will the plan address developing family or other positive ties with caring adults and desire to spend time with friends) and how healthy peer relationships will be supported.

Efforts to address the cause of the child's/youth's running are an effective tool in prevention, which may further enhance the quality and practices in a specialized setting.

11. Screening for Sex Trafficking Experiences

Screening youth for sex trafficking experiences is usually the responsibility of the CCYA. However, specialized settings may also complete this screening process at the request of the CCYA, after a child/youth returns from a runaway episode and/or as needed during the child/youth's placement.

Program staff often have positive relationships with the child/youth and create an atmosphere of support during difficult discussions and the child/youth's sharing information about their experiences. Training can assist staff in developing productive techniques, establishing trust and supporting disclosure.

If the sex trafficking screening is to be completed by staff at the specialized setting, they are required to be trained in the use of the screening process selected by the facility/program. Training is needed on the structure, purpose and content of specific tools that may be utilized, in addition to the discussion and observation process to be used. The tone and affect to be demonstrated by the screener, and demonstration of skills needed to ensure that discussion remains focused on the scope of information to be gathered as part of the screening process is a critical part of staff training. This training is to be included as part of the annual mandatory training requirements and the content as well as the dates of the initial and ongoing completion must be documented in staff training files.

12. Assessments for Sex Trafficking Experiences

Assessments for children and youth whose screening indicates a risk level for victimization of sex trafficking is usually the responsibility of the CCYA and/or Child Advocacy Center (CAC). However, specialized setting clinicians may also complete this assessment process at the request of the CCYA, after a child/youth returns from a runaway episode and/or as needed during the child/youth's placement.

If the service provider has clinical staff prepared and trained to conduct assessments as needed, the assessment can be expedited and supports the assessment being conducted by someone known to the child/youth.

If specialized setting clinicians are responsible for completing assessments, they must complete training offered by the county/local CAC prior to any assessments being done. This training must include information about available, relevant and accessible community-based services that are prepared to respond to the specific needs of the child/youth identified as part of the assessment. Referrals for treatment are to be initiated as needed with documentation of these referrals reflected in the child/youth's treatment/ISP plan. This assessment training is to be included as part of the annual mandatory training requirements. The training content, and dates of the initial and ongoing completion must be documented and maintained in staff training files.

SECTION II – Additional Specialized Setting Standards for Youth Who Are, or At Risk of Becoming, Sex Trafficking Victims

In addition to the standards included in Section I, the following additional standards apply to specialized settings for children and youth who are, or at risk of becoming, sex trafficking victims.

Physical Site Accommodations

Based on previous placement history and prior experiences in treatment settings, the child's/youth's feelings of safety in their bedroom space vary greatly. Even though it is often complicated to address bedroom accommodations because children and youth have different needs, specialized settings must factor individual needs into their bedroom assignment process. Specialized settings policies and procedures must address the room assignment process and criteria used to address individual child/youth needs.

Specialized residential setting facilities should have the ability to make single room accommodations available to a child/youth in response to their assessed safety needs and/or if there is a clinical need identified as part of the child's assessment/treatment plan supporting a single room assignment. Determinations should also consider a child/youth's need for privacy, confidentiality and personal safety.

Treatment for Victims of Sex Trafficking

Program descriptions for specialized settings for victims of sex trafficking must include a protocol for development of an individualized treatment plan recognizing the impact of the child's/youth's experiences. The specialized setting certification requires that the program's policies address safety and confidentiality that reflect concerns for victims. Training for staff must address protection of child/youth identities and confidentiality of treatment. Identification of connections with community resources offering treatment must be included.

Not all services need to be provided internally by specialized settings staff as some services can be accessed in the community. Identification of options available allows for personal choice and prioritization by the child/youth and treatment team. Specialized setting program descriptions must address service options, how services will be delivered, community connections, the teaming and referral process.

If a child has been identified as a victim, the specialized setting staff must immediately begin to provide or arrange for services to meet the individualized needs of youth that address:

- Mental health treatment focused on victimization – individualized trauma treatment such as Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR), SAMHSA recommended interventions, individual and/or group therapy
- Medical screening by a trauma sensitive provider
- Drug and alcohol screening/services if needed
- Independent living, self-awareness, skill trainings
- Attention to permanency and reunification efforts

SECTION III – Additional Specialized Setting Practice Standards for Youth Who Are, or At Risk of Becoming Sex Trafficking Victims and Pregnant, Expecting, and Parenting Youth

In addition to the standards included in Sections I and II, the following standards apply to specialized settings for children and youth who are, or at risk of becoming, sex trafficking victims. This standard also applies to specialized settings for pregnant, expecting, and parenting youth.

Staffing and Supervision of Children and Youth

Frequency of staffing ratios and sight and sound checks must consider normalcy and safety and reflect the needs of children and youth in care. These standards for specialized settings program descriptions and policies include increased staffing ratios and more frequent supervision checks reflecting elevated practice. Each specialized setting must always have at least two staff people scheduled on duty when children and youth are present at the specialized setting. This allows for more immediate responses in emergencies. In addition, the specialized setting must:

- Meet or exceed the minimum ratios of 1:6 during awake hours and 1:12 overnight/sleeping hours. If children under 6 are present at the facility (pregnant, expecting and parenting programs), the ratios must be 1:4 during awake hours and 1:8 overnight/sleeping hours.
- Reflect increased staffing ratios during prime activity times especially during evenings and weekends based on occupancy, activity levels and needs of the children and youth present.
- Document sight and sound checks of each child/youth by staff once every 30 minutes.

Nothing in this requirement precludes the need to increase staff as needed based on identified individual or group safety needs during identified "high-risk" times.

Each specialized setting program description for children and youth who are victims, or at risk of becoming, sex trafficking victims and for pregnant, expecting and parenting youth must also include a crisis management plan identifying procedure to contact 911/law enforcement and on-call staff in an emergency situation.

SECTION IV – Additional Specialized Setting Practice Standards for Youth Who Are Pregnant, Expecting, and Parenting

In addition to the standards included in Section I, and the staffing and supervision of children and youth requirements in Section III, the following additional standards apply to specialized settings for pregnant, expecting, and parenting youth. Pennsylvania has not previously offered specific guidance and criteria addressing requirements for residential programming designed specifically for pregnant, expecting or parenting youth. The requirements set forth in this section are in addition to and enhance the minimal references currently included in 55 Pa. Code Chapter 3800 regulations and support increased skill development for youth, who as parents, are/will responsible for the care and nurturing of a young child. Additional training requirements for the staff working with the youth in these specialized settings are also identified in this section.

Physical Site Considerations

A certified specialized setting for pregnant, expecting and parenting youth allows the youth and their infant to return/stay in the same setting following delivery, maintaining supports and relationships. Specialized settings program descriptions for pregnant, expecting and parenting youth, must address how the physical site is configured to meet the safety needs of the youth and their child. Special physical site considerations (in addition to those listed in 55 Pa. Code Chapter 3800 and in other relevant specialized setting requirements (Section I) include:

- All electrical outlets accessible to infants/toddlers must have protective covers.
- Hot water pipes and other sources of heat exceeding 110° F that are accessible to children shall be equipped with protective guards or shall be insulated to prevent direct contact.
- Top-heavy and unsteady furniture must be anchored to prevent tipping over.
- Non-permanent safety barriers (safety gates) must be in place to prevent infants from falling if the facility/program has stairs, ramps, balconies, porches or elevated play areas. These safety gates must not prevent egress from the facility/program in cases of emergency.
- All outdoor areas must be maintained in a safe manner by ensuring that non-permanent safety barriers (safety gates) are installed to block steps accessible to infants/toddlers.
- The facility/program shall provide a crib for each infant under 18 months of age. Safe sleeping practices as recommended by the American Academy of Pediatrics must be followed. The facility/program shall provide a crib or bed for each toddler 18 months of age or older. Cribs must meet current industry safety standards.
 - Crib mattresses must fit snugly, and each infant must have a fitted sheet covering the crib mattress for their exclusive use.
- Appropriately sized car seats must be securely installed and correctly used, in accordance with state law, whenever transporting an infant/toddler.

Program descriptions for specialized settings must also include the process utilized to monitor for, and address, any safety-recall notices that have issued on any childcare furniture and products in use at the facility.

Comprehensive Health Planning for Pregnant Youth

Specific health care considerations ensure that medical needs of pregnant youth are met in a consistent manner and that youth have information about options available to them to support their involvement in their health care plan. Pregnant youth present special health care considerations, including postpartum needs, which must be specifically addressed in the program description and service planning. All facilities/programs seeking certification as a specialized setting for pregnant, expecting and parenting youth must incorporate and demonstrate implementation of policies addressing the special health care considerations during pregnancy and following delivery, in addition to those health and safety requirements outlined in 55 Pa. Code Chapter 3800, which include:

- How the facility plans to ensure that all pregnant youth receive comprehensive prenatal care including assisting the youth in scheduling an initial appointment and providing transportation to appointments as scheduled by the medical caregiver.
- How special dietary considerations identified by the medical caregiver will be addressed by the facility/program and reflected in menu and meal planning.
- How the frequency and scheduling of appointments/testing as determined by the medical caregiver and tailored to meet the individual needs of the pregnant youth will be monitored and documented.
- How the facility will ensure that arrangements for the birth of the infant are made by the end of the first trimester. If the youth enters the facility/program after the first trimester, the facility/program must ensure that arrangements for delivery are made by the second prenatal visit. Documentation of delivery arrangements made should be noted in the case record and made known to all facility staff.
- How the facility will ensure that a staff member or volunteer accompanies the youth to the hospital or birthing center when she is ready to deliver and that the staff member or volunteer remains with the youth at least until health care personnel are assigned to her. This does not preclude the youth from identifying family members that she is requesting also be present.
- How the facility will ensure that the youth is connected to individual and group community-based resources and services (examples include Nurse Family Partnership or other early home visiting programs, parenting education groups, other public benefit programs and supports).

Health and Safety Planning for Infants/Toddlers

Many infants/toddlers in these programs are not adjudicated dependent or under the care and responsibility of the CCYA. In these cases, primary responsibility for addressing the health care needs of the infant/toddler must be assumed by the parent, but the specialized setting staff maintains responsibility to monitor, document and support the parent in meeting the health care needs of the youth's child.

All programs seeking certification as a specialized setting for pregnant, expecting and parenting youth must incorporate and demonstrate implementation of specific policies addressing health and safety planning for the infant/toddler in care addressing the items listed below. While 55 Pa. Code Chapter 3800 addresses basic health care concerns of children in care, infants/toddlers present special health care considerations which must be specifically addressed in specialized settings program descriptions and service planning.

- Documentation of assessments of the health and development of the infant/toddler, including developmental assessments.
- Compliance with ISP requirements in 55 Pa. Code Chapter 3800 focusing on the infant's/toddler's individual needs - monitoring weight gain, developmental services, nutritional plan, milestones and overall plan for medical care.
- Discussion with the youth about sharing information regarding the infant's/child's health with the facility/program staff, especially if the infant/toddler is not under the care and responsibility of the CCYA. This may include a written agreement reinforcing the roles and responsibilities of both the parent and specialized setting staff.
- Assessments and referral (if appropriate) for Early Intervention services.
- Immunization schedule and well-baby medical appointments.
- Documentation of referral to Supplemental Feeding Program for Women, Infants, and Children (WIC)
- Assessment of interest in the child by the non-custodial parent, including whether the infant's paternity has been legally established when the father is the non-custodial parent.
- Assessment of the youth's parenting capabilities including but not limited to their ability to feed and play with the infant/toddler, provide for the infant's/toddler's grooming, provide for medical care, and use childcare responsibly.

- Staff use of a parenting checklist to regularly review the health, safety, and development of the infant/toddler with the parent. This may also be incorporated into the parent's ISP to identify areas needing improvement and to reinforce progress made.
- How the facility/program will ensure that each parent obtains and follows a written plan developed with the infant's/toddler's health care provider regarding the feeding schedule, specific formula, nutritional needs and introduction of new foods.
- How the facility will ensure that each parent obtains education related to safe sleeping practices (no co-sleeping) and safe baby bathing techniques.

Care of Sick Infants/Toddlers

Specific guidance for the care of an ill infant/toddler is needed to support both the specialized setting staff and the parent in reaching agreement and seeking care, if needed.

In addition to the 55 Pa. Code Chapter 3800 requirements and other specialized setting recommendations which may be relevant, all programs seeking certification as a specialized setting for pregnant, expecting and parenting youth must demonstrate implementation of specific policies to be followed by the staff and the parent to determine when to seek medical direction/care for a sick or inconsolable infant/toddler.

- Guidance that defines when an infant/toddler should be seen by a medical caregiver shall be developed. This should be a joint decision between the parent and staff, but staff must exercise final decision-making authority if they feel it is necessary to seek medical care.
- When an infant/toddler at the facility has any illness or symptom of illness including, but not limited to, those specified below, the facility/program shall ensure that the parent or staff contacts a licensed physician:
 - Severe pain or discomfort;
 - Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of 24 hours, or bloody diarrhea;
 - Two or more episodes of acute vomiting within a period of 24 hours;
 - Elevated oral temperature equal to or greater than 101.5 degrees Fahrenheit or axillary temperature equal to or greater than 100.5 degrees Fahrenheit or over in conjunction with behavior changes;
 - Lethargy that is more than normal tiredness;
 - Yellow eyes or jaundiced skin;
 - Red eyes with discharge;
 - Infected, untreated skin patches;
 - Difficult or rapid breathing or severe coughing;
 - Skin rashes in conjunction with fever or behavior changes;
 - Weeping or bleeding skin lesions not yet treated by a healthcare provider;
 - Mouth sores with drooling; or
 - Stiff neck.
- The facility shall follow the physician's advice about whether to permit the infant/toddler who is ill to have contact with other children.

Medication Administration for Infants/Toddlers

Many infants/toddlers in these programs are not adjudicated dependent or under the care and responsibility of the CCYA. In these cases, primary responsibility for addressing the administration of medication for the infant must be assumed by the parent; however, the specialized setting staff maintains responsibility to monitor, document and support the parent in meeting the health care needs of their child.

While 55 Pa. Code Chapter 3800 addresses the requirements for medication administration and self-administration, infants/toddlers present additional special health care considerations which must be

specifically addressed in specialized settings program descriptions and service planning. All programs seeking certification as a specialized setting for parenting youth must demonstrate implementation of specific policies addressing the protocol staff and the youth will follow to administer both prescription and over the counter (OTC) medications to the infant/toddler. This protocol should include:

- That a staff person, who has successfully completed the State-approved Medication Administration Course (55 Pa. Code Chapter 3800) must observe and document the parent administering medication to the infant/toddler.
- Medication Administration training as a component of parenting education, connecting medication administration and care of sick infants with the overall ISP goals.
- Parent education specific to the use of specialized medical equipment such as breathing treatments and aspirators, with documentation that the parent consistently demonstrates proper use of the equipment.
- Safe storage of medications.
- That staff persons who have successfully completed the State approved Medication Administration Course (55 Pa. Code Chapter 3800) may administer medications to the infant/toddler to demonstrate proper techniques to the parent or in their absence.

Parenting and Life Skills Education

55 Pa. Code Chapter 3800 only minimally addresses requirements for parenting education for a youth in care who has a child. Specific guidance addressing life skills and parenting education focused on responsibilities of a youth placed in care with their child, or for a youth in placement who has a child living elsewhere, are now being included as program requirements in specialized settings for pregnant, expecting, and parenting youth. These parenting education requirements must be specifically addressed in specialized settings program descriptions and service planning to support consistency in information and skill development opportunities provided to pregnant, expecting and parenting youth. While many of the life skills areas listed compliment or are directly connected to developing competencies supporting self-sufficiency, the specific issues addressed in this section focus more on parenting techniques and child development to support success in this role.

In addition to the youth training and skill development areas addressed in other specialized settings recommendations (Section I), programs seeking certification as specialized settings for youth who are pregnant, expecting or parenting must also include parenting education and an expanded life skills curriculum focused on parenting skill development. Details of the written curriculum or guidelines used to provide parenting education, in addition to the agency defined qualifications of trainers used, must be included in the specialized settings program description.

Each specialized setting serving pregnant, expecting and parenting youth must develop (or purchase) and present parenting education on a group or individual basis, using a curriculum which addresses the following topics:

- Awareness of physical and hormonal changes throughout pregnancy and steps toward maintaining a healthy pregnancy
- Impact of post-partum physical and emotional changes including signs of and treatment for post-partum depression
- Age-appropriate stimulation, games and other recreational activities for the infant/toddler.
- Childcare options, subsidies and back-up plans/selection of appropriate caregivers for child.
- Infant health and nutritional care.
- After receiving information about infant feeding options, if the mother expresses interest in breast feeding her infant, the facility must arrange for education/support for her, preferably with a Licensed Practical Nurse or Registered Nurse to offer consistent breastfeeding advice. Exploration of insurance coverage for a breast pump for nursing mothers should be documented. Staff should consistently offer encouragement to the nursing mother and if they are not successful, reassurance that it is acceptable to use formula.
- Proper storage of breast milk and prepared formula.

- Changes in relationships of the parenting youth and family members.
- Dealing with the parenting youth's feelings about their relationship with the other (non-custodial) parent of the infant.
- Age appropriate discipline.
- Differentiating between "old-wives-tales", poor parenting advice offered by family/friends and best parenting practices.
- Appropriate installation and use of a car seat to ensure compliance with state law.
- Education for the parent about their child's educational needs - pre-school and kindergarten; education obligations and opportunities and differences between pre-school and daycare and the value of both.
- Documentation of how the parenting youth is being prepared for self-sufficiency, to include but not be limited to, instruction in food preparation, including food shopping and child nutrition.
- How to initiate and maintain connections to community-based resources and programs supporting the parenting youth in this caregiver role.
- Health education and physical care for infants/toddlers (including nutritional needs), physical and mental health needs, pregnancy prevention, personal care, hygiene, personal grooming, physiological changes experienced during pregnancy and childbirth, sexually responsible behavior, and pediatric CPR.
- Career planning and job training, including but not limited to, discussion of entry level requirements for job openings in the community and assistance in obtaining the skills/qualifications for these positions.
- Education on Pennsylvania's child protection laws including parental responsibilities related to selection of substitute caregivers and facility/program reporting requirements
- Education on the parenting youth's legal rights as a parent.
- Financial Training
 - Money management and banking
 - Loans and interest rates
 - Fraud and cyber protection
 - Budgeting
 - Credit recovery
 - W-2s and income taxes
 - Leases, Agreements, contract language and reading the fine print
- Life Skills
 - Laundry
 - Hygiene
 - Personal care
 - Dress and sizing
 - Living space maintenance
 - Cooking
 - Shopping
 - Locating affordable housing
 - Using public transportation

Infant/Toddler Stimulation

Identifying components of a program description that create a stimulating environment for a young child supports consistency in creating learning opportunities for the parent, and clarity for staff as to their role in modeling behaviors. 55 Pa. Code Chapter 3800 does not address any level of programming or stimulation for young children.

Modeling behaviors demonstrated by staff can assist the parent in learning techniques to interact and engage in age appropriate activities with their child. The program description for a specialized setting for pregnant, expecting, and parenting youth must provide details of the written guidelines used by staff to model positive interaction with the infants/toddlers. The details must also reflect how staff will offer

guidance and support to the parent in developing appropriate parenting skills specific to infant/toddler care and development. These guidelines should include but are not limited to the following topics:

- All infants under three months of age are to be held and spoken to or placed in a position to observe group activity when they are awake during daytime hours.
- Infants up to six months of age are to be held by their parent or staff members throughout all feedings and that older infants are held if they are incapable of holding a bottle on their own.
- When the parent is in school or working, the infant is to be cared for in a licensed childcare center or family childcare home or in the facility.
 - Ideally, offsite licensed childcare should be used to support a youth's activities outside the facility/program.
 - A parent may identify a relative/friend as the child's caregiver while the parent is in school or working and notice must be provided to the CCYA. If the infant/toddler is in the custody of the CCYA, the county must approve the childcare arrangements.
 - In any circumstance where the parent is away from the facility and their child remains at the facility/program, the child must always be observed by facility/program staff. At no time can another resident of the facility be designated to care for a child of another resident.
- The specialized setting staff must ensure that the parent engages in daily activities with their infant/toddler that provide sensory stimulation including age appropriate art and music; language development; fine motor skill development; and large muscle development.
- The specialized setting staff must ensure that infant and play equipment is sturdy and of safe construction, nontoxic and free of hazards.
- A choker tube must be available on site at the facility to ensure that all parts of all toys used by infants under three years of age are large enough so they cannot be swallowed by the infants.
- Activities, interactions and progress and goals should be incorporated in both the parent's and infant's ISPs.

Adoption Planning

Adoption planning requires a level of skill and experience usually vested in agency staff providing this specialized service. However, specialized setting staff must also have an awareness of the adoption process and demonstrate sensitivity to this planning process to support a youth considering this option.

The specialized setting staff must provide information about options for counseling to the parent based on Memorandums of Understanding (MOUs) held with community based/external agencies specializing in adoptions and initiate a referral respecting their preference. Specialized settings providing care to pregnant, expecting and parenting youth must establish a MOU with at least two licensed adoption agencies to provide choices of supportive services for the parent considering adoption.

When a pregnant, expecting or parenting youth in care expresses interest in exploring options for placing the infant/toddler for adoption, the specialized setting must provide options for the youth to access information about the legal and emotional implications of the adoption process.

- Notification to the placing agency and the youth's parent or legal guardian, must occur once the adoption plan is developed.
- The facility should also provide the youth with information in order to contact legal counsel if they so choose and offer support/transportation to access legal services.
- Birthfather notification requirements should be addressed by the adoption agency selected.

Services Regarding Non-Custodial Parental Involvement

Pennsylvania has not offered specific guidance addressing the rights and obligations of the non-custodial parent of a child residing with the parent in a facility/program. Guidance offered in this bulletin does not preclude services being offered to a father wishing to reside in a parenting program with his young child.

Information and education related to the role, rights and responsibilities of the non-custodial parent helps support the potential for continuity of relationships for the infant/toddler and productive visitation experiences. It may also increase understanding of the value of developing/maintaining healthy relationships between the parents.

Program Descriptions for specialized settings for pregnant, expecting, and parenting youth must include guidelines addressing how the parent in placement will be informed of parental obligations including both parent's legal rights to information and contact with the child. The program description must also include written guidelines to engage the parent in discussions regarding establishing paternity, and/or the non-custodial parent's legal and visitation rights with the child. This includes:

- Appropriate education and identification of available resources regarding establishment of paternity/other legal parent.
- Explanation and discussion with the parent of the benefits of establishing paternity for their child.
- How the parent can appropriately deal with future questions the child may have about their other parent.
- How the parent can best manage visitation arrangements with the child's other parent.
- Potential legal implications based on the age differential between the parents.
- Specialized settings policies that ensure that custody orders are followed and support the parent in care to recognize the other parent's right to visitation, providing them with information addressing legal parental responsibilities and rights.
- Specialized settings policies that address on-site visitation by the other parent who may be a minor child.
- If appropriate, the specialized setting staff should encourage the non-custodial parent to connect with community/school district parent educational programs.
- Specialized settings policies addressing how the non-custodial parent will be notified and involved in meetings/appointments about their child with the other parent's and county's agreement.

Infant/Toddler Visitation

Clear written visitation practices established in advance by the specialized setting and communicated to the parent at admission to the program, and again when visitation with the infant/toddler is initiated, support productive relationships focused on the infant/toddler. 55 Pa. Code Chapter 3800 does not address specifics of facility/program staff responsibilities specific to visitation for an infant/toddler in care with the parent. The program description for a specialized setting for pregnant, expecting, and parenting youth must provide details of the written policies and procedures addressing visitation and family member contacts with the infant/toddler, which must include, but are not limited to:

- Visitation practices established in advance by the facility and communicated to the parent at admission to the program and again when visitation with the infant/toddler is initiated including staff supervision (if needed), scheduling, process, hours, and locations.
- Consideration of the infant/toddler needs for consistency and safety in making visitation plans.
- Identification of family relationships and potential infant/toddler contacts
 - Until paternity is established, there should be stricter parameters for infant/toddler visits with father.
 - Family members, including the infant's non-custodial parent, may not be denied visitation unless the facility documents risk to the infant/toddler or other parent, or there is a court order or county directive prohibiting contact.
- Identification of appropriate caregivers (with addresses and phone numbers) for visits/infant care away from the facility with documentation included in the visitation plan. If a parent has unsupervised time away from the facility, this process must be followed and reflect discussions held with that parent about the need to ensure the infant's/toddler's safety. Potential

consequences of poor decisions related to selection of caregivers away from the specialized setting should be addressed with both parents by staff.

Discharge Planning for the Infant/Toddler

Coordinated discharge planning requires consistent input and communication with treatment team members and a special focus on the infant's/toddler's needs. Discharge planning with ongoing input from the child's parent and designated team members may reduce the risk of unplanned discharges, may increase the likelihood of program completion and can support long term stability. Infant/toddler discharge plan considerations must be addressed in a related but separate document from the parent's discharge plan.

55 Pa. Code Chapter 3800 does not specifically address staff responsibilities related to discharge planning for an infant/toddler in care with their parent. In addition to those more general relevant discharge planning requirements in 55 Pa. Code Chapter 3800 and in other specialized settings recommendations (Section I) , the program description for a specialized setting for pregnant, expecting, and parenting youth must provide details of the written policies and procedures addressing discharge planning for infant needs including:

- Follow-up medical care, identification of doctors and any necessary equipment needed; appointments should be scheduled before discharge.
- Transportation arrangements available to the parent to ensure an easy and safe transition.
- Transfer of Early Intervention services and childcare funding arrangements to the receiving county.
- Application for any cash or public assistance benefits for which the infant/toddler may be eligible.
- Sharing transition plan with community supports and others involved with the parent and their child.
- Options the parent can explore to benefit from connections to community-based resources and programs as the child grows.
- Documentation or verification of the transition of skills if the parent and child are returning to a resource parent. The parent may lead the transition meeting for their child to inform/educate the resource parents on plans for caring for the infant/toddler.
- Helping the resource parent adjust to the youth's new role as a parent and stressing that the parent should be the primary caregiver for their child unless the infant/toddler is under the CCYA's care and responsibility. This is to be reinforced during transitional visits.
- Any continued level of team member involvement available to the parent/infant.

Staff Development and Training

While many of the general life skills training topics compliment or are related to supporting youth in acquiring parenting skills, there are additional areas of staff training needed to best support youth in their parenting role. In addition to the staff training and skill development addressed in Section I, specialized settings for pregnant, expecting, and parenting youth must also include a specific staff training curriculum focused on modeling good infant care techniques and building youth parenting skill and confidence.

Each specialized setting serving pregnant, expecting, and parenting youth must develop (or purchase) and implement a curriculum for program staff which includes specific youth parenting issues in addition to relevant requirements in 55 Pa. Code Chapter 3800 and in other specialized settings recommendations (Section I). Content and dates of completion of the trainings, and the agency defined qualifications of trainers used, must be documented in the facility staff training records. Topics which must be reflected in the specialized setting training plan for staff include:

- Sensitivity to needs of LGBTQ youth.
- Self-awareness training.

- Supporting the youth throughout pregnancy with awareness of physical and hormonal changes to be expected and support in maintaining a healthy pregnancy
- Impact of post-partum physical and emotional changes including signs of and treatment for post-partum depression
- Infant/toddler and adolescent growth and development.
- Infant feeding and nutrition including supportive breast-feeding techniques and proper storage of breast milk/formula.
- Emergency evacuation from the facility – special considerations and fire drills.
- Effective discipline techniques with toddlers.
- Infant care and stimulation.
- Human sexuality and AIDS prevention.
- Depression and suicide prevention.
- Overview of paternity, custody/visitation and adoption laws.
- Legal rights as a parent.
- Supporting the parenting youth in administering medication to their child; safe storage of medications.
- Pediatric Cardiopulmonary Resuscitation (CPR) training.
- Car seat training – installation and appropriate use.
- Safe Baby Sleep (no co-sleeping).
- Safe baby bathing.
- Public benefits/supportive services such as Child Care Works, Early Intervention Services, WIC, and prevention services.

SECTION V – Additional Specialized Setting Practice Standards for Youth Transitioning to Adulthood

In addition to the standards included in Section I, the following additional standards apply to specialized settings for youth transitioning to adulthood. Certification as a specialized setting can be sought by TLRs and L-SILPs.

Unlicensed Supervised Independent Living Placement (U-SILP) are the least restrictive and include a range of placement settings for youth ages 18 to 21. Examples of U-SILP settings can include, but are not limited to, host homes, apartment settings or higher education on-campus or dormitory living. U-SILPs are not eligible for certification due to the nature of the setting, but they are considered a specialized setting for youth transitioning to adulthood.

Self-Administration of Medications

Youth in TLR settings are subject to facility policies that comply with 55 Pa. Code Chapter 3800 medication administration requirements unless a specific waiver is requested and approved by OCYF. This includes administration of prescription and OTC medications. However, staff observation of self-administered medications does not reflect normalcy or age appropriate activities for youth ages 18 up to 21. 55 Pa. Code Chapter 3680 governs L-SILP and does not address medication administration.

Creating an alternative approach to medication self-administration in specialized settings for youth over age 18 that reflects normalcy and allows youth to demonstrate responsibility in practicing and managing their medications more independently is supported by these specialized setting practice standards. The realities of youth in SIL programs being able to purchase and use OTC medications without staff awareness is acknowledged. Specialized setting staff must redirect their focus toward youth education about safe and proper use of medications.

Compliance with dosage directions, and safe storage practices are learned behaviors and must be reinforced as part of the youth's case planning and life skill education. Staff monitoring may still be required for a period of time or as part of program supervision.

Specialized setting program descriptions for older youth must demonstrate implementation of specific policies addressing the protocol staff and youth will follow to support independent self-administration of both prescription and OTC medications for youth ages 18 to 21. The policy should include the process for controlled substances/psychotropic medications being monitored/counted by program staff and how the youth is expected to verify/document that they have followed dosage directions.

Waivers to 55 Pa. Code Chapter 3800 regulations for TLR programs must still be secured to allow for self-administration without staff observation. Each youth must be evaluated to identify the level of monitoring needed (if any) and the youth's ability to independently self-administer medications. Youth must complete a facility developed medication administration training including staff observations of the youth's ability to self-administer. This may include an initial period of closer staff monitoring, check-ins and pill counts, working toward decreasing/no longer requiring staff involvement.

Supervision and Safety Planning

By nature of the programming model in SIL settings, staff supervision is less intense and less frequent. However, there are still considerations which must be addressed in program descriptions and plans developed with youth. Youth in specialized settings are encouraged to independently schedule activities, plan their daily schedule and be responsible to meet school and employment obligations.

While recognizing the normalcy and expectations of independence for older youth in specialized settings, there is still a need for program staff to provide age and developmentally appropriate supervision for young adults and have information about the activities and plans of the youth as reflected in program policies, case plan and county directives. Nothing in this standard precludes increased staff supervision for identified individual youth presenting safety needs or experiencing a "high-risk" time.

Youth may perceive sharing information about their plans and whereabouts as intrusive and controlling. The specialized setting staff should strive to develop a trusting relationship with the young adult so that they understand the importance of sharing information and the requirements for facility reporting missing youth to law enforcement in addition to the value of adhering to the youth's safety plan.

All specialized settings program descriptions for older youth must demonstrate implementation of specific policies addressing the protocol staff and the youth will follow to provide age and developmentally appropriate supervision as the youth are engaging in their daily activities. Policies and protocols should reflect age, maturity, and skill development of the young adults in the program and a balanced approach to addressing safety and independence. Specialized settings must provide age and developmentally appropriate supervision to ensure safety as well as encourage youth skill development. Specialized settings should develop policies that offer flexibility so that program staff can respond to the growing independence and skill development of individual youth in their programs.

Methods to assure safety and appropriate supervision may include an array of strategies, including, but not limited to in-person check-ins, signing in and out, and use of cell phones and other technology to provide information about whereabouts. Programs may determine that guidelines and rules around curfews and other activities are appropriate; however, they should model rules to reflect what non-system involved peers experience and provide flexibility to be consistent with a young person's transition and permanency goals (for example, if working an overnight shift or going on a trip with a sports team means a curfew should not apply).

The level and range of supervision provided will vary depending on factors such as the type of setting and the development/progress of young adults in the program.

While recognizing normalcy and expectations of independence for older youth in SIL settings, there is still a need for program staff to have information about the location and plans of the youth and to be able to exercise supervision as reflected in program policies, case plan and county directives. Policies should reflect that specialized settings do not provide 24/7 supervision and are structured to provide young adults with opportunity to develop responsible decision-making skills as they enter adulthood. This process supports the safety of the youth, staff and the physical site. This includes youth communicating plans for any travel or time away from the program that exceeds 24 hours.

Age appropriate language clearly outlining the expectations and responsibilities of both staff and youth should be made part of the case plan and reviewed and updated as needed.

Meeting Treatment Needs of Older Youth

Youth ages 18 to 21 in specialized settings are to be supported in learning to manage their own physical and behavioral health care. Steps to support increasing independence in these areas, especially in accessing services and following treatment recommendations related to their behavioral health needs, should be delineated in their case plan.

A successful SIL experience for youth with identified behavioral health needs is connected to youth consistently accessing behavioral health services and adhering to their treatment plan. Specialized setting staff are to be focused on supporting youth in navigating the behavioral health system as they no longer have direct responsibility for scheduling, transporting and documenting services.

Youth may perceive staff efforts to monitor their compliance with their treatment plan and address sensitive issues in their case planning process as negating their rights to manage their own treatment process. Staff must present sensitivity to these feelings and demonstrate skill in working with youth to ensure their needs are being met and to assist in coordinating services.

All specialized setting program descriptions for older youth must demonstrate implementation of specific policies addressing the protocol staff and youth will follow to identify, access and maintain involvement in services to support youth with identified behavioral health, intellectual disabilities and addiction needs. This includes coordination of efforts with external, community-based services as well as offering enhanced levels of staffing support within the specialized SIL setting if needed and as reflected in the program description. Efforts to identify gaps in services and establish connections to address co-occurring needs must be reflected in the youth's case plan with documentation of their input into this planning process. Efforts to identify services which can transition with the youth at discharge should also be clearly documented.

Admission Considerations for Older Youth

Specialized settings offer an increased level of independence for youth. Youth readiness to take on this increased responsibility and level of freedom and their ability to make choices must be assessed and documented. Youth must be willing to be more accountable for their actions and demonstrate an openness to accepting staff supervision, even though it may be minimal.

Specialized settings must ensure that supports are readily available to youth while respecting the needs of the youth to have opportunity to practice life skills, make decisions and resolve problems. SIL placements are not an automatic transitional step for all older youth aging out of care at age 18 nor is SIL an appropriate option for all older youth. Expectations for work/school involvement and willingness to adhere to program requirements requires a personal commitment from the youth.

Specialized settings for older youth must demonstrate implementation of specific policies addressing admission considerations for accepting youth into the program including:

- Confirmation that youth wants to be in the program as their buy-in is critical to their success.

- The level of awareness presented by the youth related to the value of healthy decision-making and consequences.
- How the mental health needs of youth will be supported including documentation that their treatment history was reviewed with youth at admission.
- How the specialized setting program model appropriately responds to the youth and their developmental needs.
- How the specialized setting will support development of practical life skills for the youth.
- Identification of the support person(s) that youth can call for advice or help.
- A safety assessment completed at time of initial referral to confirm that the youth can live on a campus setting/in an apartment with others, identification of risks related to increased independence and youth safety, need for a safety plan, medications used and self-administration readiness assessed, and level of supervision needed.
- The Health and Safety Assessment completed upon admission to a TLR as referenced in 55 Pa. Code Chapter 3800 becomes part of the youth's service plan addressing the identified level of supervision, supports and safety planning needed.

Discharge Planning Considerations for Older Youth

In addition to those requirements for discharge planning included in Section I and addressed in 55 Pa. Code Chapter 3800 for TLRs, the following considerations must also be reflected in program descriptions for specialized settings for older youth.

Older youth are more independent than those in the more traditional congregate care settings; however, planning for transition and discharge is a very significant process and requires the active participation of the youth and program staff. Additional considerations for discharge planning for youth in specialized SIL setting program descriptions include:

- Clearly identifying what aftercare services will look like, ensuring that youth are connected with aftercare supports and are aware of how to access additional services in the community if needed.
- If services through the adult system are identified as being needed by the youth, connections to those service settings must occur during the transition planning and be clearly documented. This includes youth with mental health, intellectual or physical disabilities or substance use disorders in need of long-term or recovery-oriented supports.
- Addressing recreational, health and wellness, and transitional components in their discharge plan.
- Encouraging family member contact especially if family is the discharge resource. The specialized setting staff should consider hosting events for family members at the youth's SIL residence or scheduling visits at other locations. If there is limited family, efforts should focus on ensuring that some supportive adult connections are in place.
- Maintaining connections with youth defined family members to reduce feelings of isolation. Family finding efforts should continue to be coordinated with the CCYA.
- Policies that address how unplanned discharges for youth will be handled including:
 - Items and documents that the youth take with them
 - Transfer of money belonging to the youth

In addition to the discharge/transition planning requirements listed in 55 Pa. Code Chapter 3800 for TLR settings and the OCYF Independent Living Services Guidelines, specialized settings must develop and implement a detailed discharge planning process reflected in the program description that includes:

- The date of admission and anticipated or actual date of discharge.
- Details of the events and circumstances leading to the decision to discharge.
- If youth is not transitioning to independence, the name and address of the individual or agency to whom the youth will be discharged and the rationale for discharge to that individual or agency.

- An assessment of the youth's continuing needs and referral to services, including, but not limited to, consideration of health care, behavior management and educational or vocational training.
- If the youth will be living independently, confirmation of points of contact known to the youth who can offer support, guidance and assistance as needed by the youth.
- How the program will comply with requirements in the federal Preventing Sex Trafficking and Strengthening Families Act, Act 75, and the OCYF Independent Living Services Guidelines.

Skill Development and Training for Older Youth

In addition to the youth training and skill development areas addressed in Section I, specialized settings for older youth must include an expanded life skills curriculum focused on self-sufficiency, personal safety and civic responsibility.

In SIL settings, life skills training changes from a staff hands-on daily modeling level to one that is more a monitoring, reinforcement process as youth assume increasing responsibilities for their own care. Training for youth connected to developing and deepening skills and competencies supporting self-sufficiency are needed on an ongoing basis.

Pennsylvania has offered guidance addressing IL services, training and supports for youth under age 18 but additional guidance for the population over age 18 is now included as part of the specialized settings standards. The program description for a specialized SIL setting that serves youth over age 18 must provide details of the written curriculum used to provide training to youth that addresses, but is not limited to:

- SIL Program orientation outlining steps to achieve/work toward self-sufficiency and independence.
- Financial Literacy:
 - Money management and banking.
 - Loans and interest rates.
 - Fraud and cyber protection.
 - Budgeting.
 - Credit recovery.
 - W-2s and income taxes.
 - Leases, agreements, contract language and reading the fine print.
- Education/ Employment Options:
 - High School/General Education Diploma (GED) completion.
 - College/Tech School.
 - Financing post-secondary education – PA Tuition Waivers; Free Application for Federal Student Aid (FAFSA); grants and aid.
 - Military recruitment steps.
 - Employment preparation - Job interviews, appropriate behavior, building relationships.
 - Signing releases to share education information.
- Driving:
 - Obtaining a permit.
 - Driver's education classes options.
 - Car insurance.
 - How to buy a car, where to go and what to avoid.
- Civic responsibilities:
 - Voting and how to register.
 - Registering for selective service.
- Physical and Mental Health Care:
 - Lifelong impacts of trauma.
 - Understanding health insurance.
 - Value of treatment consistency and medication management.

- Education on Medical Assistance and private health insurance including referrals, if applicable.
- Securing appropriate medical and dental services.
- Medications – types, descriptions, and reasons for use.
- Life Skills:
 - Laundry.
 - Hygiene.
 - Personal care.
 - Dress and sizing.
 - Living space maintenance.
 - Cooking.
 - Shopping.
 - Locating affordable housing.
 - Using public transportation.
- Personal Safety:
 - Healthy sexual relationships.
 - Substance Use Disorders.
 - Safe Dating.
 - Maintaining Independence – decision making process and socialization.
- Social media curriculum:
 - Technology safety education.
 - Confidentiality and privacy boundaries.

Staff Training Requirements for Older Youth

In addition to the staff training and skill development addressed in Section I, specialized settings for youth transitioning to adulthood must also include a staff training curriculum that focuses on supporting youth in working toward self-sufficiency and independence. Supporting youth in SIL settings is a monitoring role that is different from the level of direct care offered by a childcare worker/ supervisor. It is much more of a care manager role that requires a different skill set and additional training. While many of the life skills areas compliment or are related to supporting all youth in care, there are additional areas of staff training needed to best support older youth in specialized SIL settings in consideration of the increasing level of youth independence.

Each specialized setting serving youth transitioning to adulthood must develop (or purchase) and implement a curriculum for program staff that addresses the developmental needs of older youth, skills needed to establish a relationship focused on offering support and monitoring, allowing youth to assume ownership for much of their own care and decision making, and based on respect for the youth's evolving life skills competencies.

This training curriculum is in addition to relevant requirements in 55 Pa. Code Chapter 3800 for TLR programs and in 55 Pa. Code Chapter 3680. Content and dates of completion of the trainings, and the agency defined qualifications of trainers used, must be documented in the specialized setting staff training records. In addition to a life skill training curriculum, topics which must be reflected in the specialized setting training plan for staff include:

- Sensitivity to needs of LGBTQ youth.
- Self-awareness training.
- Human sexuality, reproductive health and planning and AIDS prevention.
- Intimate partner/dating violence.
- Depression and suicide prevention.
- Training specific to the needs of the youth and adolescent development.
- Budget and money management training.
- How to build relationships with youth in a healthy way; maintaining balance.
- Maintaining work/life balance.

ATTACHMENT B: APPLICATION AND APPROVAL PROCESS

APPLICATION PROCESS:

The following steps must be completed for a 55 Pa. Code Chapter 3800 licensed child residential facility or Chapter 3680 Supervised Independent Living (SIL) program to be considered for certification as a specialized setting. All information is to be included as part of the application packet and submitted to the following resource account: ra-depsec@pa.gov so that the certification review can be assigned to the appropriate Office of Children, Youth and Families' (OCYF) Regional Office.

A letter of intent submitted by the legal entity which specifically identifies the facility name(s) and Certificate of Compliance number(s) for which application for certification of a specialized setting is being sought. In addition, the letter should identify the type of specialized setting(s) approval being sought for each facility referenced.

- Confirmation of current licensing status for a 55 Pa. Code Chapter 3800 child residential facility, including transitional living residential (TLR) programs or a Licensed-Supervised Independent Living Program (L-SILP) approved under Chapter 3680 by providing copies of the current Certificates of Compliance. Certification as a specialized setting is not applicable for Unlicensed Supervised Independent Living Program (U-SILP) sites.

The complete application packet submitted shortly thereafter should include:

- A copy of the letter of intent (referenced above).
- A Program Description and all corresponding policies and procedures as defined in the Program Standards outlined in Attachment A.
- Any request for a "Waiver of Regulation", specific to 55 Pa. Code Chapter 3800 or Chapter 3680, that the agency, through its program development, may have identified as being needed in order to operationalize the Program Standards within its setting.

NOTE: If it is the intent of the agency to designate a facility as a specialized setting that is not currently licensed as a child residential child residential/TLR or L-SILP program, provisions of Chapter 20 also apply. The agency will need to submit all the requirements outlined in Attachment C to obtain licensure in addition to the requirements set forth in this bulletin for specialized setting approval.

APPLICATION and APPROVAL TIMELINE:

Any agency interested in obtaining certification as a specialized setting in advance of the October 1, 2020 implementation of Family First must adhere to the following steps that have been outlined to assure timely approval of both program and corresponding budget documents in advance of state fiscal year (SFY) 2020-21 contract executions between counties and providers.

3/15/2020 – Interested providers must submit a letter of intent that will trigger an automatic 45-day extension of DHS's requested due date (3/1/20) for pre-contractual budget documentation through the following resource account: ra-depsec@pa.gov.

Acknowledgement of receipt will be sent to the applicant agency within 10 business days by the assigned OCYF Regional Office.

4/15/2020 – A complete application packet for the specialized setting must be submitted to the following resource account: ra-depsec@pa.gov.

4/15/2020 - Completed pre-contractual budget documentation must be submitted to the following resource account: ra-ocyfcontracts@pa.gov.

04/15/2020 - 06/30/2020 – OCYF staff will review the application materials and pre-contractual budget documentation, follow up with the agency regarding areas of clarification and/or additional information needed, process waiver requests, and complete a site visit for verification of implementation status of policies, procedures, and staffing.

07/01/2020 – Specialized setting certification issued.

NOTE: Applications as described above for certification as a specialized setting can be submitted during annual application periods. Notice of upcoming application periods will be shared by OCYF. OCYF approval of a facility as a specialized setting does not guarantee utilization by CCYAs. All contracting practices and reimbursement processes to counties addressed in 55 Pa. Code Chapters 3140 and 3170 still apply. The pre-contractual budget documentation process will support determinations by OCYF of allowable costs for federal and state funding. Calculations should reflect the increased projected costs, if justified, to meet the standards as presented.

ANNUAL RE-CERTIFICATION

Specialized settings will be subject to annual review of the agency's implementation of the program standards. Any areas in which the standards have been determined to not be met will require the agency to submit a plan of correction. Verification of the correction will occur prior to renewal of the certification as a specialized setting.

ATTACHMENT C: APPLICATION AND LICENSURE REQUIREMENTS FOR NEW FACILITIES AND/OR PROGRAMS

An agency that does not currently hold a license under 55 Pa. Code Chapter 3800 or Chapter 3680 which is seeking approval as a specialized setting must first obtain licensure. The agency would need to submit all the requirements as outlined below to the appropriate OCYF Regional Office.

- HS 633 for each chapter/unit for which a certificate is being sought. The required form can be found at: <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Documents/App%20HSL/Application%20for%20Certificate%20of%20Compliance.pdf>
- Proof of need for the services: residential, adoption, foster care --including evidence of discussion with and approval by the County Children and Youth Agency.
- Children or Youth to be served: ages, problems, geographical area.
- Statement of Purpose (and By-Laws, if already existent).
- List of Sponsors, Board Members and Committees.
- Sources of funding and budget for first year.
- Policies defining objectives, services and admissions.
- Financial and personnel policies.
- Staff organization chart with number of persons in each position, job descriptions and qualifications for those positions.
- Program to be provided for the children.
- Education Plan and evidence that schools will accept the children.
- Health Services and written understanding with providers.
- Social Services and written understanding with providers, if social worker not on your staff.
- Articles of Incorporation.
- IRS non-profit 501 (c) (3) approval letter or PA Dept. of Revenue Sales and Use Tax Certificate of Exemption if applicable.
- Certificate of Occupancy for 3800.
- Civil Rights Compliance/BEO certificate.
- Fictitious name approval if applicable.
- Certificate of Authority to do business in state of PA if applicable.
- Establishing a maximum allowable expenditure level for your placement service: email: ra-ocyfcontracts@pa.gov

Note: An on-site inspection and approval of the facility premises, program description and accompanying policies/procedures must be completed by OCYF before a license can be issued. The license(s) must be received and posted in the facility