



CASA

Court Appointed Special Advocates
FOR CHILDREN

PENNSYLVANIA

PROGRAM EVALUATION REPORT HEALTHCARE ADVOCACY TRAINING PROGRAM

September 2023

ACKNOWLEDGEMENTS

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ABOUT PENNSYLVANIA CASA

The Pennsylvania Court Appointed Special Advocates Association (PA CASA) is a non-profit organization founded in 1998 to grow, strengthen, and unite local CASA programs so they can ensure the safety, well-being, and forever home for every child affected by abuse and/or neglect in Pennsylvania. To fulfill its mission, PA CASA supports the existing network of local CASA programs, builds new CASA programs and secures resources critical to CASA's mission. Currently, PA CASA provides training, technical assistance, and continuous quality improvement services to the 21 local CASA programs serving 27 counties. PA CASA actively pursues program development. Through statewide advocacy, PA CASA provides resources that make it easier for CASA programs to serve children. PA CASA's vision is for every child facing abuse and/or neglect in Pennsylvania to have access to the service and support of a CASA volunteer.

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A. PROGRAM OVERVIEW

BACKGROUND AND CONTEXT

According to the American Academy of Pediatrics statistics¹:

- 30%-80% of children come into foster care with at least one physical health problem, with one-third having a chronic health condition;
- 46% to 60% of children under the age of six have a developmental disability;
- up to 80% of children in care enter with a significant mental health need;
- up to 20% of children in care enter with significant dental issues; and,
- roughly half of youth in foster care have chronic medical problems related to behavioral concerns.

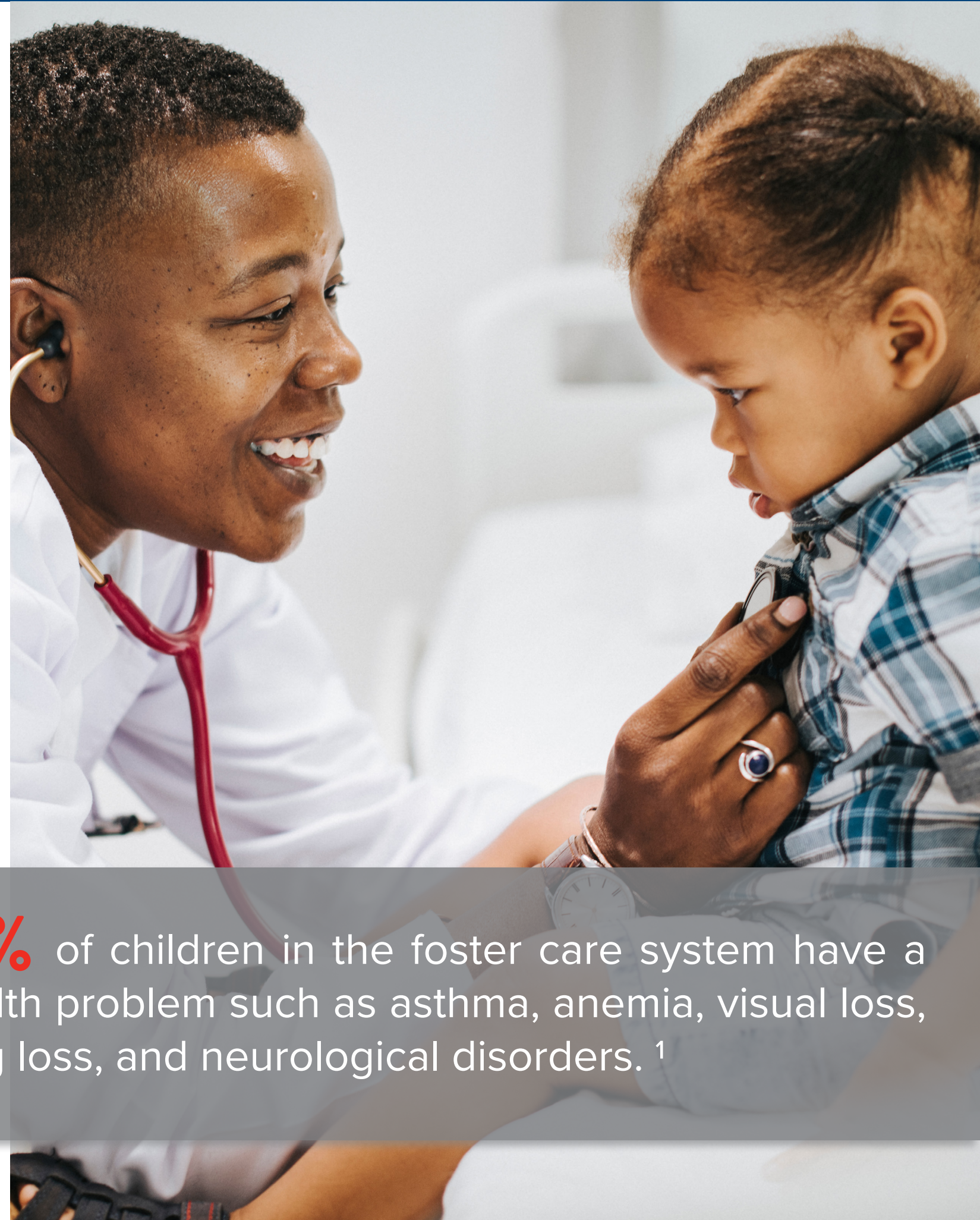
A common misconception is that these challenges are addressed when children come into the child welfare system; however, research shows that barriers to care still exist once a child is in the system due to circumstances such as caseworker turnover, placement changes, lack of medical records, and lack of necessary services within the community². It is within this environment where Court Appointed Special Advocate (CASA) volunteers assume a pivotal role in advancing the health and well-being of children navigating the complexities of the dependency system.

Appointed by the court, CASA volunteers are granted authority to examine case files and engage with various stakeholders in the child's life, including caregivers, educators, physicians, and anyone else involved in the child's care. This information serves as the foundation for their advocacy efforts, which manifest in comprehensive reports presented during court hearings and in their work beyond the courtroom.

Notably, CASA volunteers currently stand as the sole members of the child welfare team who possess unrestricted access to a child's complete record, encompassing even their medical information.

¹ Szilagyi et al., 2015

² Chaiyachati et al., 2020



Approximately **50%** of children in the foster care system have a chronic physical health problem such as asthma, anemia, visual loss, hearing loss, and neurological disorders. ¹

HEALTHCARE ADVOCACY TRAINING CURRICULUM

COURSE TITLE	I Healthcare Advocacy	II Advocating for Health Equity: Addressing LGBTQ+ Health Disparities in the Child Welfare System	III Advocating for Health Equity: Addressing Racial and Ethnic Health Disparities in the Child Welfare System
COURSE DESCRIPTION	<p>This course is designed to build upon the skills of a CASA volunteer learned in pre-service training. Competencies developed during the pre-service training will be reviewed and new information will be presented. While there are many components to child well-being and health, the focus of this training is narrow in order to give the important components of this training the time and attention they need.</p>	<p>This course focuses on addressing Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) health disparities. It builds upon information shared in the Healthcare Advocacy course. This course is an introduction to how to advocate as a CASA volunteer for the children you serve, who may identify as part of the LGBTQ+ community.</p>	<p>This course will explore the role that racism plays in contributing to health disparities. It is important to note that while this course will touch upon the history of racism as it relates to health disparities, it is not meant to be a comprehensive overview of the history of racism. The information presented will help us understand the impact of racism on health outcomes and explore ways to address these disparities.</p>
LEARNING OBJECTIVES	<p>At the end of the course, participants can expect to:</p> <ul style="list-style-type: none">• Define health and medical concepts key to healthcare advocacy• Identify common health issues for foster children• Review the Core Model and role of a CASA volunteer• Understand the CASA volunteer’s role as a healthcare advocate• Review information gathering, note-taking, and court report writing skills learned in CASA pre-service training• Identify key concepts for healthcare advocacy• Apply concepts to your current case to develop an advocacy plan• Utilize tools necessary to be a successful healthcare advocate	<p>At the end of the course, participants can expect to:</p> <ul style="list-style-type: none">• Recall healthcare concepts and the role of the CASA volunteer as a healthcare advocate• Understand vocabulary describing LGBTQ+ individuals• Identify LGBTQ+ related disparities in healthcare outcomes• Discuss the impact of healthcare disparities on LGBTQ+ youth and families involved in the child welfare system• Apply an understanding of LGBTQ+ culture/identity to interviews and other critical conversations• Apply an understanding of LGBTQ+ health disparities and elements of effective healthcare advocacy to CASA cases and advocacy plans	<p>At the end of the course, participants can expect to:</p> <ul style="list-style-type: none">• Recall healthcare concepts and the role of the CASA volunteer as a healthcare advocate using the Core Model• Understand the concept of health equity and key factors that contribute to health inequities• Discuss the ways structural racism and discrimination shape healthcare and child welfare systems• Identify racial and ethnic disparities in healthcare outcomes on children and families involved in the child welfare system• Identify tools and skills to effectively advocate for the healthcare support and services needed to address the disparities or barriers to care• Apply an understanding of racial and ethnic disparities and elements of effective healthcare advocacy to a current CASA case and advocacy plan

PURPOSE OF THE PROGRAM

In Pennsylvania, the dedicated efforts of CASA volunteers extend to more than 2,000 children who have experienced abuse and neglect through a network of local CASA programs located throughout the Commonwealth, each supported through the state office.

In 2017, PA CASA reimaged and restructured the state office to better serve the network of CASA programs by strengthening the capacity of the organization in three significant ways:

1. Provide training and technical assistance to existing local CASA programs.
2. Establish new CASA programs in counties lacking access to a dedicated volunteer with a caseload of one.
3. Scale and enhance the resources available to the extensive network of CASA programs throughout Pennsylvania.

In 2018, PA CASA recognized the potential to enhance volunteer advocacy, particularly in the health and well-being of children, via a training program to address gaps within the initial 30-hour pre-service training required to be completed by all CASA volunteers prior to being sworn in by a judge. The pre-service training curriculum does not extensively cover healthcare advocacy matters, resulting in the potential for some CASA volunteers to feel hesitant to engage with medical professionals, or become overwhelmed by other facets of their case, limiting the time and depth applied to reviewing medical records. In response, PA CASA decided to proceed with the establishment of the Healthcare Advocacy Training Program.

PROGRAM PLANNING, DESIGN, AND DEVELOPMENT

PA CASA followed a simple, six-phased approach shown in **Figure 1**, to establish the Healthcare Advocacy Training Program. This approach involves up-front planning that is used to drive the design, development, execution, and evaluation of the program to measure

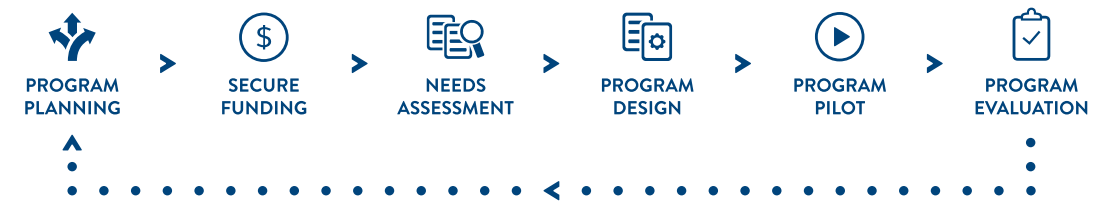


Figure 1. PA CASA followed this repeatable methodology to frame its design, development, implementation, and ongoing improvement of the Healthcare Advocacy Training Program.

and assess program performance outcomes. Furthermore, this approach contributes to a repeatable framework that then considers the evaluation outcomes back into program planning for adjusting, improving, or expanding program elements in the future.

For the initial planning of the program, PA CASA referenced their logic model for the Healthcare Advocacy Training Program to establish a path to meeting desired program outcomes and impact to the PA CASA mission and vision. PA CASA leadership regularly referenced the logic model, presented in **Figure 2**, to support decision making throughout program design and development activities.

Using the logic model, PA CASA proceeded to establish and implement processes to meet established program goals and objectives. This included designing processes, defining program policies and procedures, configuring information systems, developing training curriculum, and addressing other program elements dedicated to support the delivery of Healthcare Advocacy Training Program courses, collection of performance data, assessment of the impact of the program on child well-being, and optimization of the program infrastructure for future expansion or application in other mission-oriented needs.

In parallel with the design and development of program management elements, PA CASA led development efforts for course curriculum and learning products. PA CASA first developed a specialized course designed to empower CASA volunteers in areas concerning physical, oral, and developmental health needs. The primary goal was

PROGRAM GOALS AND OBJECTIVES



Provide high-quality training that improves advocacy at the staff and volunteer level



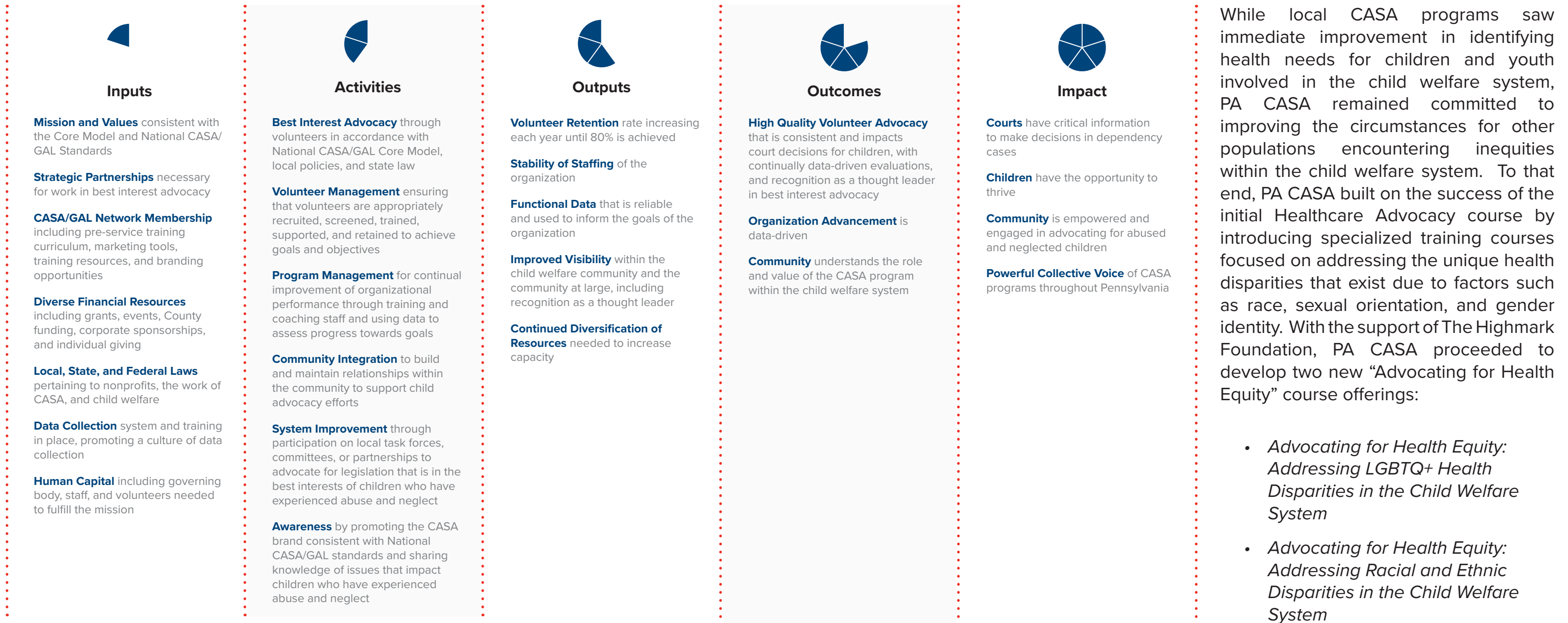
Gather data to determine if training changed volunteer behavior



Assess impact of improved advocacy on child well-being



Develop an effective model for delivering training across all areas of child well-being



While local CASA programs saw immediate improvement in identifying health needs for children and youth involved in the child welfare system, PA CASA remained committed to improving the circumstances for other populations encountering inequities within the child welfare system. To that end, PA CASA built on the success of the initial Healthcare Advocacy course by introducing specialized training courses focused on addressing the unique health disparities that exist due to factors such as race, sexual orientation, and gender identity. With the support of The Highmark Foundation, PA CASA proceeded to develop two new “Advocating for Health Equity” course offerings:

- *Advocating for Health Equity: Addressing LGBTQ+ Health Disparities in the Child Welfare System*
- *Advocating for Health Equity: Addressing Racial and Ethnic Disparities in the Child Welfare System*

Figure 2. PA CASA used the above logic model during program planning and continues to reference it when making decisions regarding the Healthcare Advocacy Training Program.

to impact volunteer behavior by equipping volunteers with the necessary tools and knowledge to request and review health records, engage with healthcare professionals, develop advocacy plans addressing health-related needs, and present well-supported recommendations to meet identified health needs to the court. The initial launch of the Healthcare Advocacy training course generated an enthusiastic response from Pennsylvania’s network of local CASA programs, with hundreds of CASA volunteers enrolling to complete the course. At this point, PA CASA engaged with a cohort of local CASA programs to formally pilot the initial course offering.

To ensure these courses were tailored to the specific needs of the target audience, a thorough needs assessment was conducted with staff from the participating local CASA programs. Needs assessment outcomes contributed to identifying the most pressing health disparities and challenges faced by vulnerable populations. Additionally, PA CASA engaged with subject matter experts and an instructional designer to develop curriculum that responds to the unique healthcare needs of these communities using industry best practices to create engaging, accessible, and effective learning experiences that achieve learning objectives.

PILOT PROGRAM EXECUTION

The program included two cohorts that participated in training and data collection pilots. Following the success of the first cohort, PA CASA secured funding to expand the pilot to include additional training courses and a larger number of Local CASA Program participants within a second cohort. The second cohort engaged **62%** of Local CASA Programs operating in Pennsylvania, representing **21%** of Pennsylvania’s 67 counties, and involved a geographically diverse sample of urban and rural communities (See **Figure 3, below**). The full data set of Local CASA Program participation is included in **Exhibit 1**. Throughout each pilot, PA CASA scheduled and facilitated monthly training and knowledge transfer sessions with local programs where participants engaged in practical application exercises, discussions, and the utilization of advocacy tools, fostering an environment conducive to enhancing advocacy skills. The sessions provided a platform for local programs to collaborate, learn from one another, and replicate successful strategies and procedures that have proven effective in other CASA programs. PA CASA assisted in disseminating these effective strategies shared by local programs, encompassing tools, such as a medication management tracker, best practices for volunteer supervision, and approaches for information gathering that could be adopted and employed by all CASA programs, ultimately leading to improved outcomes for the children they serve.

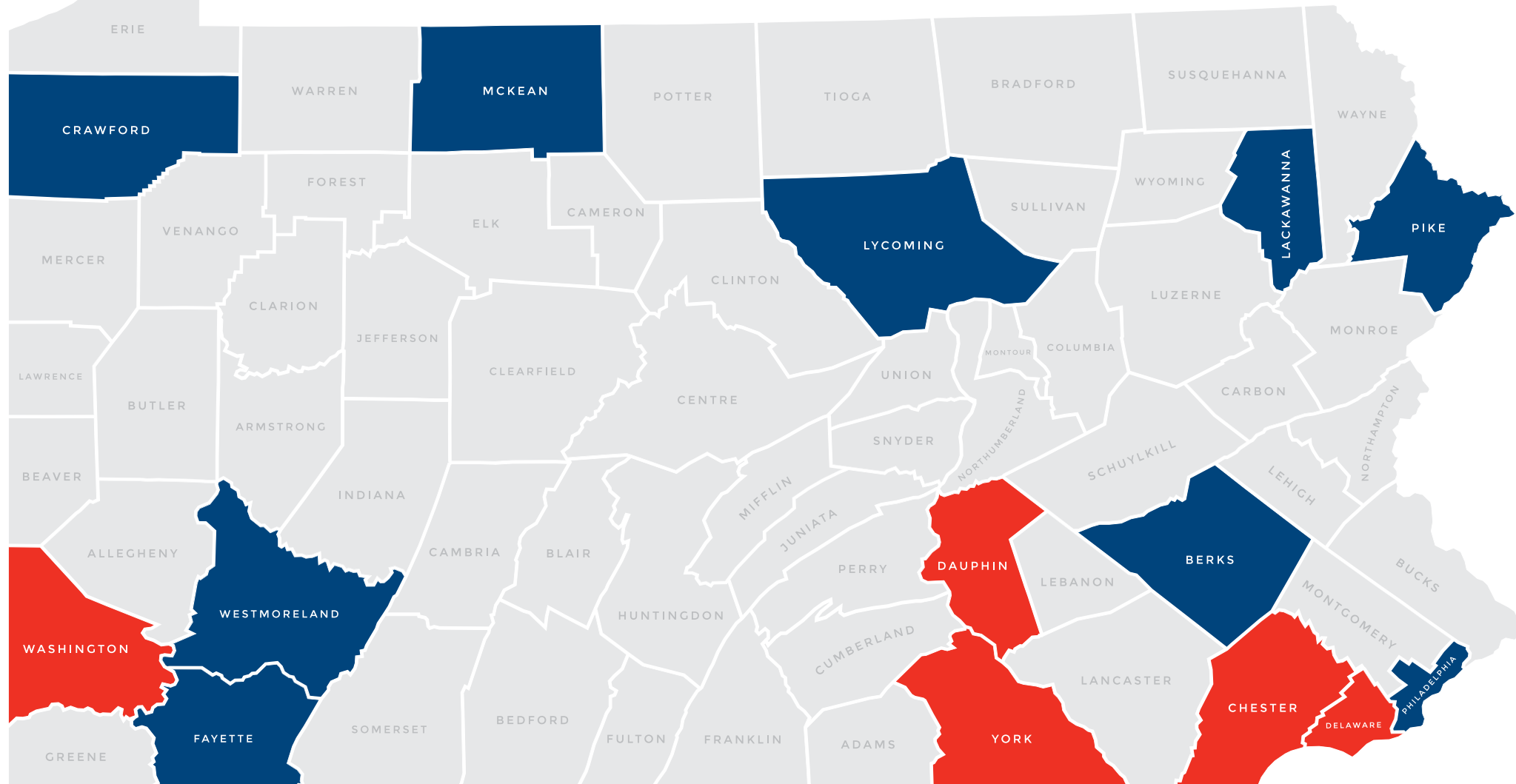
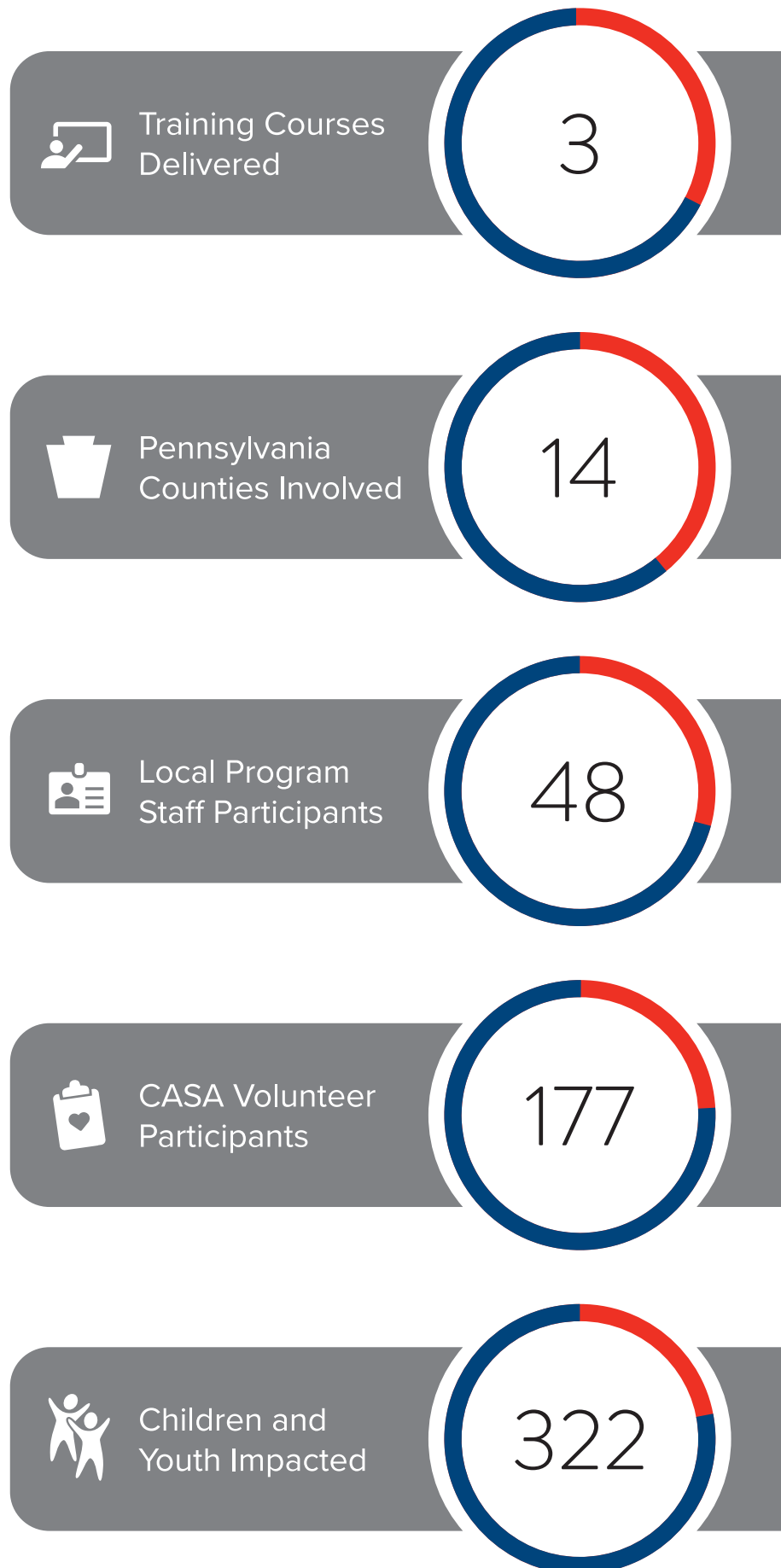


Figure 3. Pennsylvania counties represented by Local CASA Programs that participated in a Healthcare Advocacy Training Program pilot.

■ Participant in Cohorts 1 and 2 ■ Participant in Cohort 2 Only



B. PROGRAM EVALUATION

In accordance with PA CASA’s stated program goal to, “assess impact of improved advocacy on child well-being” resulting from training outcomes and implementation of program-related data management practices, PA CASA has taken the initiative to conduct a formal evaluation of its Healthcare Advocacy Training Program to determine the quality and effectiveness of the program against stated goals, objectives, and applicable benchmarks and industry standards. This section of the report includes details about how the evaluation was designed, its execution, and the ultimate results and outcomes documented at the conclusion of evaluation activities.

DATA COLLECTION AND EVALUATION METHODS

PA CASA used various quantitative and qualitative methods to collect and evaluate program data. These methods included:

PROGRAM EFFECTIVENESS	PROGRAM QUALITY
<p>Data Collection Methods</p> <ul style="list-style-type: none"> Quarterly Child Well-Being Assessments Healthcare Advocacy Course Pre- and Post-Test Results Case Management Software Reports <p>Evaluation Criteria</p> <ul style="list-style-type: none"> Achievement of Goals and Objectives Impact to Program Stakeholders <ol style="list-style-type: none"> PA CASA Staff Local CASA Program Staff CASA Volunteers Children / Youth Appointed a CASA Volunteer Court / Judicial Personnel 	<p>Data Collection Methods</p> <ul style="list-style-type: none"> Monthly Meetings with Local Program Staff Satisfaction Surveys for Local Program Staff and Volunteers Healthcare Advocacy Course Reviews <p>Evaluation Criteria</p> <ul style="list-style-type: none"> Alignment to Regulatory and Industry Standards <ol style="list-style-type: none"> National CASA/GAL Association Local Program Standards Health and Human Services Industry Standards Data Management Best Practices Program Management Best Practices

CHILD WELL-BEING ASSESSMENT MODEL

PA CASA developed a quarterly Child Well-Being Assessment that serves as a key input into program effectiveness. The assessment was designed to enable a quantitative score based on how well the child’s health needs are known and met in the areas of physical health, oral and dental health, and developmental health. Prioritized scoring was then configured within the case management system for assessment data collection and analysis. CASA volunteers received training to learn how to complete the well-being assessment and were then tasked to complete it on a quarterly basis. Corresponding scores were attached and calculated in backend reports. The model was designed so that a cumulative score across all three health areas would contribute to an overarching evaluation of the child’s health and well-being where lower scores correlate to prevalence and magnitude of the child having or at risk of having unmet health needs. By tracking this cumulative score on a quarterly basis, PA CASA was able to measure improvement trends and program effectiveness.

Following the completion of the child well-being assessment, both the CASA volunteer and their supervisor had the opportunity to discuss the findings and develop an advocacy plan within the case management system. This plan aimed to identify specific tasks or actions that could be completed by the CASA volunteer to address each identified need or area of unknown need.

The assessment included three prompts to assess the child’s physical health, oral and dental health, and developmental health. Response options and corresponding scores used in the Child Well-Being Assessment are presented below:

OPTION	DEFINITION	SCORE
Excellent	The child has no needs at this time.	10
Very Good	The child has needs and they are being addressed.	9
Good	The child has one unmet need.	8
Satisfactory	The child has two unmet needs.	6
Fair	The child has three unmet needs.	4
Unsatisfactory	The child has four unmet needs.	2
Poor	The child has five or more unmet needs.	1
Unknown	The child’s needs are unknown at this time.	0

KEY FINDINGS

1

CHILDREN AND YOUTH APPOINTED TO A CASA VOLUNTEER THAT COMPLETES THE HEALTHCARE ADVOCACY TRAINING PROGRAM ARE MORE LIKELY TO HAVE THEIR PHYSICAL, ORAL, AND DEVELOPMENTAL HEALTHCARE NEEDS IDENTIFIED, MET, AND SUPPORTED.

Analysis of the data collected in the Child Well-Being Assessment and qualitative information obtained through program monitoring indicates positive results surrounding the effectiveness of identifying health needs of children and youth appointed to a CASA volunteer.

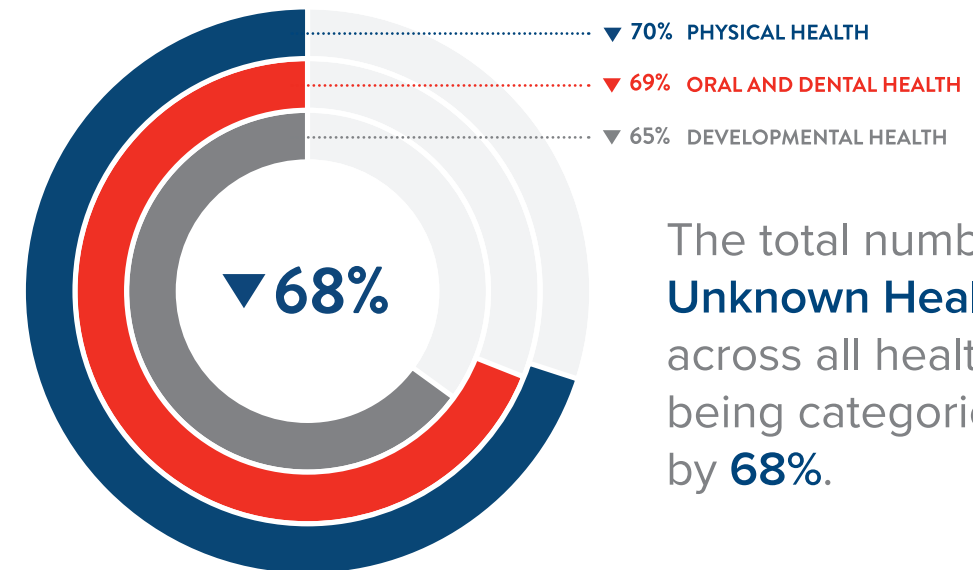
“This teaching program is thorough, clearly presented. I am a retired nurse who spent a lot of time with children in their homes, and I thought this program was an excellent overview of a CASA’s responsibility in working with the health care of kids.”

- CASA Volunteer

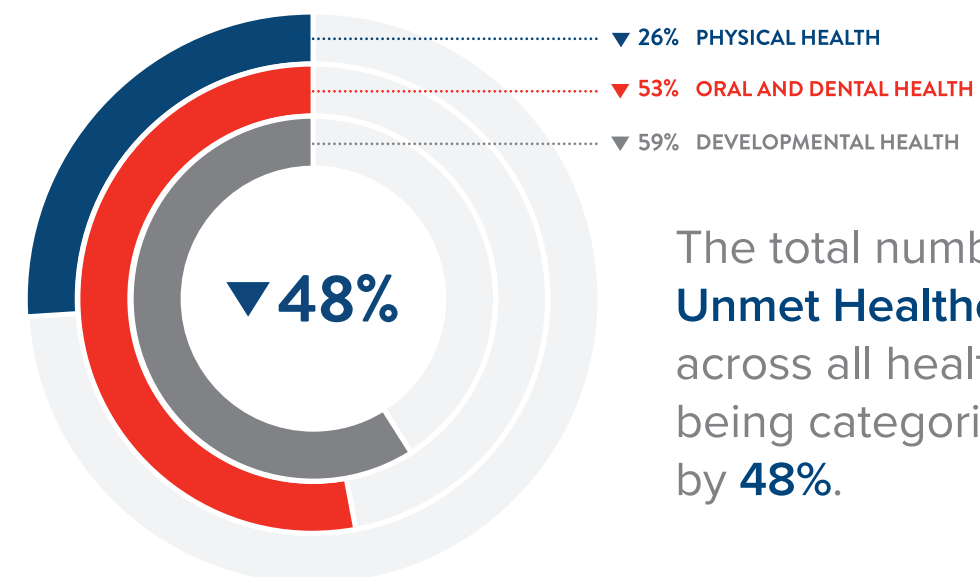
This data analysis also offers compelling evidence that the curriculum developed for the Healthcare Advocacy Training Program has been embraced by CASA volunteers and has successfully met key learning objectives related to recognizing health issues, applying these concepts to current cases, and utilizing tools to advocate for health needs effectively.

Results from the Child Well-Being Assessment showed improvement in the identification and reporting of healthcare needs across Physical Health, Oral and Dental Health, and Developmental Health categories. Specifically, CASA volunteers were better able to identify healthcare needs after completing the training program, as evidenced by the **68%** decrease in the total number of ‘Unknown’ responses.

Furthermore, there was a **48%** reduction in the total number of unmet healthcare needs, underscoring that CASA volunteers are equipped to employ the tools and methods provided in the training to request, review, and assess healthcare needs of assigned children and youth via elicitation through conversations, reviews of medical records, and other stakeholder interactions.



The total number of **Unknown Healthcare Needs** across all health and well-being categories decreased by **68%**.



The total number of **Unmet Healthcare Needs** across all health and well-being categories decreased by **48%**.

Analysis of quantitative data collected in the Child Well-Being Assessment and qualitative information obtained through program monitoring indicates that CASA volunteers that complete the Healthcare Advocacy Training Program are demonstrating an increased confidence in applying principles, especially as information gatherers and facilitators, to make informed recommendations to the court. Evidence suggests that the Healthcare Advocacy Training Program has led to increased activity and improved outcomes by CASA volunteers in advocacy practices, including official requests for medical records, comprehensive review of medical records, development of important healthcare recommendations within court reports, and meaningful participation in court proceedings.

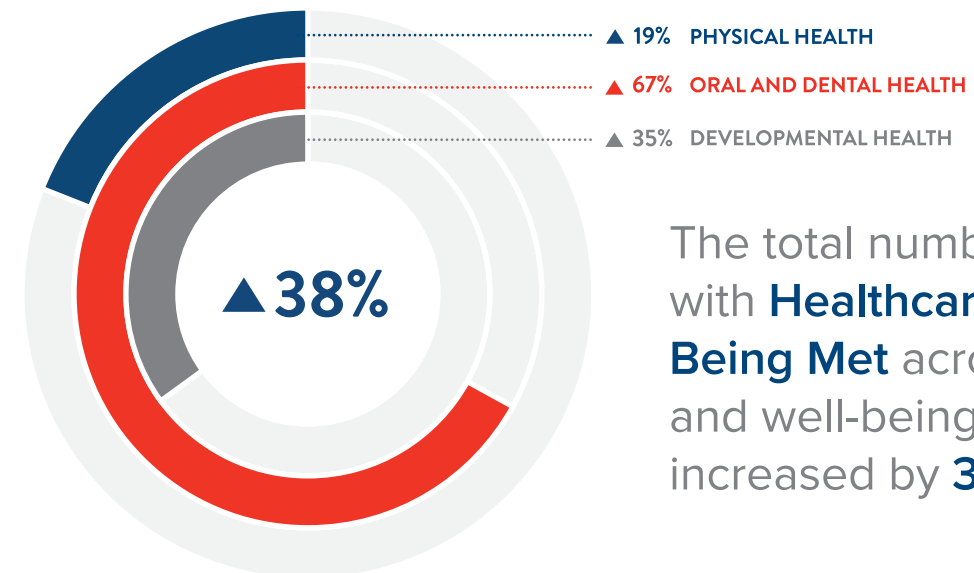
The improved outcomes have made a positive impact on key stakeholders involved in the child welfare system:

Children and Youth - The total number of children and youth with healthcare needs being met across all health and well-being categories has increased by **38%**, with an impressive **67%** increase in oral and dental health needs met.

Judges and Court Personnel - Program monitoring has shown that CASA volunteers are translating the discovery of healthcare needs into actionable recommendations and advocacy plans presented in court reports. Participating programs have reported increases in medical records requests and the number of health recommendations included in CASA volunteer court reports.

“Thank you again for the opportunity to participate in this program. I believe it increases confidence of volunteer advocates to get records they are entitled to and ask questions of medical providers, in order to ensure children’s medical needs are closely followed and monitored.”

- Executive Director of a Local CASA Program



The total number of children with **Healthcare Needs Being Met** across all health and well-being categories increased by **38%**.

Furthermore, judges and court personnel are also taking notice of the positive effects of the Healthcare Advocacy Training Program. For example, Hon. Kelly A. Gaughan, a Pike County Dependency Judge, noted that,

“Pike County CASA continues to vastly change the lives of children in our Dependency Court for the better. Our Advocates recently devoted themselves to participation in Pennsylvania CASA’s Healthcare Advocacy Training Program which benefited our Pike County children by uncovering previously overlooked, medical, dental and vision needs and making sure that they are attended to. This will remain a priority for our Advocates moving forward. I cannot thank our Advocates enough for the difference they are making in the lives of the children and families who come before me.”

CASA VOLUNTEERS THAT COMPLETE THE HEALTHCARE ADVOCACY TRAINING PROGRAM FEEL MORE CONFIDENT AND EMPOWERED TO ADVOCATE FOR THE HEALTHCARE NEEDS OF CHILDREN AND YOUTH, INCLUDING THOSE WITHIN HISTORICALLY MARGINALIZED COMMUNITIES.

“[The Advocating for Health Equity: Addressing LGBTQ+ Health Disparities in the Child Welfare System Course] gave me more tools to help LGBTQ children get services and grow in a foster care environment.”

- CASA Volunteer

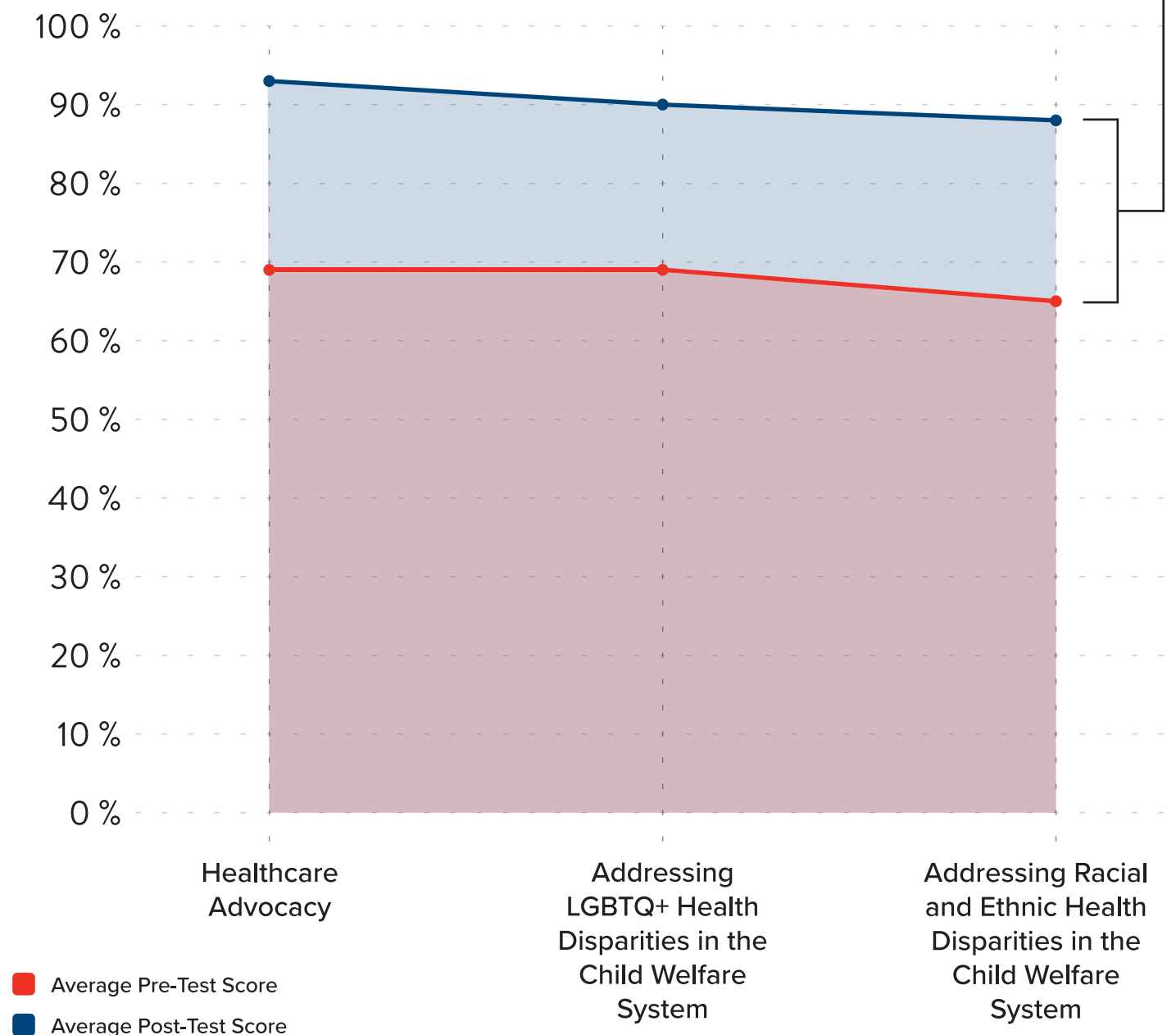
Analysis of pre- and post-test learning assessments that were administered for each training course within the program reveal two important outcomes:

1. Participants learned and retained knowledge of the concepts, tools, and practices covered within each training course as evidenced by the score differential between pre- and post-tests and an aggregate post-test score close to 90%.
2. Participants feel more confident in applying the concepts and skills learned in the training to their current casework, evidenced by 100% of participants reporting the same or increased confidence level after course completion.

These results are particularly meaningful when considered with the Child Well-Being Assessment outcomes because it establishes a correlation between CASA volunteer preparedness and confidence with positive outcomes to the children and youth involved in their appointed cases.

Furthermore, because the pre- and post-test assessments were designed to specifically measure against course learning objectives, this finding validates the content development and instructional design activities that were used in the creation of the Healthcare Advocacy Training Program.

This area represents a **22% Increase** in the knowledge, ability, and confidence of CASA Volunteers after course completion.



PA CASA engaged with a third-party management consulting firm, Momentum, Inc., to perform a high-level evaluation of its program management practices. The results of this evaluation clearly indicate that the Healthcare Advocacy Training Program meets all of its established goals and objectives and is effective in delivering positive impact to advancing the PA CASA mission and vision. Furthermore, Momentum, Inc. found that PA CASA has established a foundational infrastructure and repeatable framework that can be used for future expansion of the Healthcare Advocacy Training Program. Notable outcomes of the program management evaluation are provided below:

STRENGTHS

Program Planning and Design - PA CASA developed specific strategies and plans for program design and development. The Logic Model developed by PA CASA was noted for being a valuable asset that directly contributed to program effectiveness. Additionally, PA CASA showed a high level of maturity in tracing program outcomes to goals and objectives.

Alignment to National CASA/GAL Standards - PA CASA deliberately designed the program to align with the National CASA/GAL Core Model and Standards for Local Programs.

Continuous Improvement - PA CASA applied a continuous improvement mindset to program operations and was able to adapt to challenges. The establishment of a statewide Data Committee is a notable example of this mindset.

Data Collection and Management - While PA CASA experienced challenges in some of its data collection processes, the focused attention on incorporating program metrics and data collection methods to enable performance measurements is in itself a key strength of the program. The recent establishment of an active Data Committee that includes staff from local programs and operates using documented goals makes this area primed for future improvement.

OPPORTUNITIES FOR IMPROVEMENT

Data Collection and Management - While also listed as a strength, PA CASA did encounter several challenges that should be addressed to improve the quality of the data used to measure program performance¹. PA CASA reported that challenges were encountered in the areas of accuracy, completeness, consistency, and timeliness and proceeded to

¹ While data collection and management challenges were encountered during pilot program execution, it is important to note that PA CASA was able to successfully capture enough quality program data to ensure the integrity of this evaluation. Addressing these challenges will enable PA CASA to perform additional types of analysis in future program evaluations.

perform a high-level root cause analysis. Root causes identified by PA CASA included:

- Inconsistent training or a lack of adherence to established protocols leads to data inaccuracies and inconsistencies across cases.
- Many local programs do not formally capture whether recommendations entered by CASA volunteers during court hearings are accepted, rejected, negotiated, or not acknowledged within the case management software.
- Reliance on volunteers with a range of experience, abilities, and availability poses challenges to data entry.
- CASA volunteers may face challenges in finding the time to conduct assessments and update records promptly.
- Effective data collection often requires collaboration among various stakeholders, including CASA volunteers, healthcare providers, social workers, and legal professionals. Ensuring seamless communication and collaboration can be challenging, as different parties may have different priorities and communication preferences.

Quality Management System - PA CASA has already established various processes and process assets used in the successful operations of the Healthcare Advocacy Training Program and should consider formalizing documentation and establishing a quality management system in accordance with industry best practice standards, such as ISO 9001:2015².

PROGRAM RISKS

Staffing - The quality and effectiveness outcomes of the Healthcare Advocacy Training Program are dependent on the capacity and capability of both program staff and volunteers.

Authority to Apply New Standards - PA CASA is in a unique position where it provides support services to a network of independent organizations while also responsible for communicating between local programs and the National CASA/GAL Association. Operating in this quasi-federated model establishes as a risk to consistent execution of new processes and data collection standards at the local program level as PA CASA lacks designated enforcement authority.

² ISO 9001:2015 is the current International Standard for Quality Management Systems published by the International Organization for Standardization (ISO).

C. NOTABLE SUCCESS STORIES

During the course of program monitoring and management activities, PA CASA learned of several instances where the Healthcare Advocacy Training Program enabled positive outcomes that are particularly notable for their demonstration of the potential value that can be realized through the program. A sampling of these stories have been selected for inclusion in this report.

1

CHILD GIVEN IMPORTANT MEDICAL TESTS AFTER CASA VOLUNTEER UNCOVERS NEED FOR FOLLOW-UP APPOINTMENT

An exemplary CASA volunteer went above and beyond by requesting and reviewing more than 7,000 pages of medical records and discovering the need for a follow-up appointment with a cardiologist. The follow-up appointment with the cardiologist was scheduled and the child received an electrocardiogram (EKG) test that indicated normal results. Having learned of the child's increasing seizure activity during the review of medical records, the CASA volunteer advocated for the child to also receive an electroencephalogram (EEG) test to evaluate brain activity. Subsequently, the EEG test results indicated abnormal brain activity, prompting further advocacy for a trauma assessment to ensure the child's well-being.

2

SIBLINGS PROVIDED EYEGASSES AND ESSENTIAL SERVICES WITH HELP FROM OBSERVANT CASA VOLUNTEER

A CASA volunteer's involvement in Healthcare Advocacy led to the discovery that two children, who had previously been prescribed glasses but weren't wearing them at the time of the volunteer's appointment, had vision records indicating their need for eyeglasses. Thanks to the CASA volunteer's intervention, both children received eye exams and were provided with the necessary eyeglasses. In a separate instance, another CASA volunteer identified a concerning situation within a sibling group where one child had not seen a dentist since 2015. Prompt action was taken, and this child is now receiving the essential dental care they require.

3

CASA VOLUNTEER RUNS POINT ON CHILD'S MEDICAL NEEDS FOR PRESIDING JUDGE

In a specific case involving a child with Cerebral Palsy, a CASA volunteer that participated in the Healthcare Advocacy Training Program, quickly garnered recognition as an expert in deciphering recommendations made by medical professionals. This expertise was acknowledged by the presiding Judge, who consistently turned to the CASA volunteer first for information about the child's medical needs, including dates for upcoming evaluations and appointments.



4

CHILDREN RECEIVE ESSENTIAL THERAPIES THANKS TO CASA VOLUNTEER DISCOVERY OF OVERLOOKED EARLY INTERVENTION PLAN

A CASA volunteer played a pivotal role in advocating for essential therapies outlined in an Early Intervention plan that had previously been overlooked and not pursued in court proceedings, resulting in a court order for the provision of speech therapy services for two children.

After conducting a meticulous review of the children's developmental health records and evaluations, the CASA volunteer called the court's attention to the urgent need for speech therapy for two siblings. The presiding judge subsequently ordered a specific timeframe for the referral and initiation of speech therapy services for both children. These services, which had not yet been implemented or included in the caseworker's plan, have now been set in motion thanks to the CASA volunteer's dedication.

D. FUTURE PROGRAM INITIATIVES

Given the positive outcomes realized through the Healthcare Advocacy Training Program to date that have been validated within this Program Evaluation, PA CASA has looped to the Program Planning Phase of its repeatable approach to program design and development. Equipped with important evaluation data surrounding the effectiveness and quality of the the program, PA CASA has already started high level planning to identify potential training course topics and initiatives to improve upon program operations in the future.

While it is important to note that planning is in its earliest stages at this time, PA CASA has chosen to share some of its preliminary plans in this report to begin engaging with the community as it moves through the steps of the design and development process to advance the positive trajectory of the Healthcare Advocacy Training Program. **Figure 4**, below, unveils some of the initiative outputs from PA CASA’s recent program planning activities:



Figure 4. PA CASA continues to make short-term and long-term plans for new program initiatives and improvement projects designed to meet established goals and objectives, such as those described in the above graphic.

■ Already Planned or Actively Planning (Near-Term Initiatives)
■ Future Considerations (Long-Range Initiatives)

E. SUPPLEMENTAL INFORMATION

REFERENCES

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EXHIBIT 1: PILOT COHORT PARTICIPATION DATA TABLES

TABLE 1: PARTICIPATION IN COHORT 1 BY COUNTY AND PARTICIPANT CATEGORY

COUNTIES SERVED	PROGRAM STAFF PARTICIPANTS	CASA VOLUNTEER PARTICIPANTS	CHILDREN & YOUTH IMPACTED
Dauphin	2	14	23
Delaware / Chester	6	14	25
Washington	3	3	3
York	3	11	19
TOTAL COHORT 1	14	42	70

TABLE 2: PARTICIPATION IN COHORT 2 BY COUNTY AND PARTICIPANT CATEGORY

COUNTIES SERVED	PROGRAM STAFF PARTICIPANTS	CASA VOLUNTEER PARTICIPANTS	CHILDREN & YOUTH IMPACTED
Berks	1	5	9
Crawford	2	5	15
Dauphin	2	17	29
Delaware / Chester	6	17	32
Fayette	1	7	13
Lackawanna	2	10	34
Lycoming	3	6	9
McKean	2	13	19
Philadelphia	4	10	16
Pike	2	18	34
Washington	3	4	4
Westmoreland	3	12	19
York	3	11	19
TOTAL COHORT 2	34	135	252

TABLE 3: TOTAL PARTICIPATION BY COHORT AND PARTICIPANT CATEGORY

PARTICIPANT CATEGORY	COHORT 1	COHORT 2	TOTAL
Program Staff Participants	14	34	48
Volunteer Participants	42	135	177
Children & Youth Impacted	70	252	322
TOTAL	126	421	547

EXHIBIT 2: COMPLETE TABLE OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

TABLE 4: COMPLETE SET OF PROGRAM EVALUATION FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

FINDING	CONCLUSION	RECOMMENDATION	EFFORT TO IMPLEMENT	MAP TO STANDARDS ¹
The total number of unknown and unmet healthcare needs of children and youth recorded by CASA volunteers decreased by 68% and 48% respectively after completing the Healthcare Advocacy Training Program.	Volunteers that complete the Healthcare Advocacy Training Program are better able to assess and support the fulfillment of children’s unmet healthcare needs.	Expand volunteer access to the Healthcare Advocacy Training Program to extend the positive effects of training to as many CASA volunteers as possible.	LOW	• 10.A.1
Local CASA program staff participating in monthly program meetings have shared that they have noticed an increase in medical record request and review activities by CASA volunteers that have completed the Healthcare Advocacy Training Program.	Volunteers that complete the Healthcare Advocacy Training Program feel empowered to request and review health records as part of advocating for the health and well-being of children and youth	Expand volunteer access to the Healthcare Advocacy Training Program to extend the positive effects of training to as many CASA volunteers as possible.	LOW	• 8.F.5.b • 8.F.5.o • 10.B.2.a • 10.B.2.b
Entry of health and well-being recommendations during court hearings by CASA volunteers has increased after completing the Healthcare Advocacy Training Program.	Volunteers that complete the Healthcare Advocacy Training Program feel empowered to provide unique health and well-being recommendations in their court report as a result of communicating with healthcare professionals and reviewing medical records.	Expand volunteer access to the Healthcare Advocacy Training Program to extend the positive effects of training to as many CASA volunteers as possible; Continue to establish communication and standardized practices with the recently created Data Committee.	LOW	• 8.F.5.e • 8.F.5.h • 10.B.1.i
CASA volunteers are typically responsible for conducting assessments and recording contact logs, but may have varying levels of experience, competency, and availability to complete these activities in timely manner.	Relying on volunteers with a range of experience, abilities, and availability can pose challenges to data entry.	Implement a system of regular supervision and quality assurance checks to monitor the accuracy and timeliness of data entry. This oversight will help identify areas for improvement and provide feedback to volunteers.	MODERATE	• 8.F.5.o • 10.A.1
Many local programs do not capture whether recommendations entered by CASA volunteers during court hearings are accepted, rejected, negotiated, or not acknowledged within court hearing records in the case management software.	Capturing this data would enable PA CASA to analyze trends and develop programming to further support CASA volunteers with advocating on behalf of child health and well-being.	Establish and implement a policy for local programs to capture whether CASA recommendations are accepted, rejected, negotiated, or not acknowledged within court hearing records in the case management software.	MODERATE	• 8.F.5.e • 8.F.5.f • 10.A.1 • 10.B.1.i
The number of children assessed can fluctuate significantly from one quarter to another based on case closures. This variability can make it difficult to run reports and assess collectively over a period of time.	The significant fluctuations in the number of children assessed from one quarter to another, driven by case closures, present a notable challenge in maintaining data consistency and conducting assessments over time.	Establish standardized protocols for case closures, ensuring that they are consistent and well-documented. These protocols should include comprehensive guidelines for final assessments, data recording, and the transfer of relevant information to maintain data continuity.	MODERATE	• 10.B.4

¹ Each Recommendation is mapped to applicable standards published in the *National CASA/GAL Association 2020 Standards for Local CASA/GAL Programs Structured as Nonprofits*.



CASA

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