

DRAFT



CITY OF PHILADELPHIA

DEPARTMENT OF HUMAN SERVICES

.....
**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
COURT OF COMMON PLEAS**

FAMILY DIVISION/JUVENILE BRANCH
.....

**CHILDREN AND YOUTH
NEEDS-BASED PLAN AND BUDGET**

**For
FISCAL YEAR 2016 - 2017**

**IMPLEMENTATION PLAN AND BUDGET
For
FISCAL YEAR 2015 - 2016**

.....
JULY 23, 2015

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Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative piece of the Fiscal Year (FY) 2016-17 Needs-Based Plan and Budget. All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the Needs Based Plan and Budget Bulletin, Instructions & Appendices.

The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts, Special Grants Request Forms, and IL Documentation. All text must be in either 11-point Arial or 12-point Times New Roman font, and all margins (bottom, top, left, and right) must be 1 inch.

Note: On the following page, once the county inserts its name in the gray shaded text, headers throughout the document will automatically populate with the county name. Enter the county name by clicking on the gray shaded area and typing in the name.

Planning Narrative

Philadelphia

NBPB
FYs 2014-15, 2015-16, and 2016-17

Version Control	
Original Submission Date:	
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

Section 2: NBPB Development

2-1: Executive Summary

- Submit an executive summary highlighting the major priorities, challenges, and successes identified by the county since its most recent NBPB submission. The summary should include any widespread trends or staffing challenges which affect the county child welfare and juvenile justice service delivery, particularly those which impact all outcome indicators. The Juvenile Justice summary should provide an overview of Juvenile Justice System Enhancement Strategy (JJES) efforts, including any general data or trends related to Youth Level of Service (YLS) domains and risk levels. Counties should highlight areas related to population changes, findings of Quality Service Reviews (QSRs) and annual licensure, and other critical events of the past year that will have impact in the county's planning for FY 2015-16 and in their planning for FY 2016-17.

Response will be submitted with final narrative.

REMINDER: This is intended to be a high level description of county strengths, challenges and forward direction. Specific details regarding practice and resource needs will be captured in other sections of the budget submission

- County may attach any County Improvement Plan (CIP) for detail and reference attachment
- JPO Executive Summary components can be discussed under separate heading at the discretion of the county
- Child Welfare Demonstration Project (CWDP) counties need only provide responses not captured in their Initial Design and Implementation Report Update (IDIR-U)

Please see the County Improvement Plan (CIP) and the Child Welfare Demonstration Project (CWDP) IDIR-U.

Juvenile Justice Services

Philadelphia County continues to make strides in its efforts to improve juvenile justice through the Juvenile Justice Enhancement Strategies (JJSES). During the year the Department focused on activities in stage II and III, mainly with the risk needs assessment, case plan, skill building, and graduated response. As part of the Department's JJSES implementation plan, a two day training on the Four Core Competencies of reward and sanctions, case planning, professional alliance, and skill practice was conducted for Administrators, Supervisors, and Probation Officers.

In July 2014, Philadelphia's Youth Level of Service (YLS) policy was restructured in line with recommendations of the Juvenile Court Judges Commission that the initial YLS assessment is best conducted prior to adjudicatory hearings. Identifying the risk and needs of youth in the early stages has allowed for structured decision making at critical junctures in the juvenile justice system.

The previously established Graduated Response Committee in conjunction with a consultant has continued its work toward developing a reward and sanction matrix. During the course of the year, a focus group of youth and another of Probation Officers were conducted to collect data on desired rewards and sanctions. A draft matrix was presented to the statewide Graduated Response workgroup and Philadelphia is currently making the recommended

improvements to the matrix. It is our belief that developing a structured response system will promote consistency among staff, provide structured decision making and improve desired outcomes.

The Juvenile Probation Department, by way of an expanded DHS contract with It Takes a Village, Inc., has embarked on the use of Family Group Decision Making (FGDM) for youth transitioning back to communities from JJS residential placement. Leadership from It Takes a Village presented the FGDM process to Probation leadership and DHS.

In September 2014, Residential Service Unit Probation Officers received a one day overview of FGDM followed by a two day skill builder. Given the flexibility in scheduling required for effective administration of FGDM, a decision was made to have Reintegration workers, rather than JPO's serve as the conveners for FGDM meetings. To that end, in April 2015 all of our Reintegration providers were trained in the model and now stand ready to convene these meetings 45 days prior to the discharge of youth from any of the three piloted (and nearest to Philadelphia) residential programs – namely, Vision Quest Lee Prep, Glen Mills, and St. Gabriel's Hall.

The FGDM process will be completed specifically for youth leaving residential placement. The focus is to provide assistance to youth and families in resolving familial and or other challenges by introducing them to the FGDM process. The FGDM conferences empower families and help build their own problem solving skills. With the anticipated increase in referrals, FGDM will continue to assist in building formal and informal support systems through family and community for high risk youth and bring together all agencies involved with one agreeable plan.

The Evening Reporting Centers (ERC) which opened in 2013 continue to produce successful outcomes for youth. To ensure optimal efficiency and effectiveness of the program, each of the two sites will concentrate on a specific area of service: one of the sites will exclusively provide services to youth who have not been adjudicated (pre adjudicatory ERC); and the other facility will service youth after adjudication has occurred (post adjudicatory ERC).

Collaboration with providers will serve as a means to constructively engage, provide support, and assist youth referred to the ERC program achieve positive outcomes. A capacity of 40 youth annually, with 20 youth per cohort, each for 6 month commitments is expected. The program enhancements will serve as an alternative to residential placements throughout the year and at all stages of the delinquency process. We anticipate the new changes to start up in September, to coincide with the beginning of the school year.

The use of the Global Positioning System (GPS) monitoring allows the Court to remain consistent with the Balanced and Restorative Justice (BARJ) principles of youth accountability and community protection. Currently, approximately 200 youth are monitored with GPS products and services. Using key product features and staff dedicated to respond to alarms and violations 24/7, Philadelphia Juvenile Probation is recognized as having one of the best GPS programs nationwide.

In our continued efforts to develop and maintain effective quality programs geared toward female youth involved in the delinquency system, we have collaborated with the Girl's Programming Group and established a committee to focus on reviewing and recommending effective measures for facilities and campuses. The recommendations produced by the committee were extensive and are in the process of being considered as service requirements for applicants in the Request for Proposal (RFP) that will be issued to solicit a girls' program.

Through participation in the Juvenile Detention Alternatives Initiative (JDAI), Philadelphia has served as a pilot JDAI site for the Commonwealth of Pennsylvania since 2011. To implement the core strategy of objective decision-making processes, local and statewide stakeholders began meeting regularly in December 2012 to construct a Pennsylvania Detention Risk Assessment Instrument (PaDRAI).

This PaDRAI instrument is designed to standardize the detention decision-making process across jurisdictions in Pennsylvania. The instrument was constructed using a collaborative and consensus-based process incorporating feedback from representatives from nine counties throughout Pennsylvania. Philadelphia adopted the PaDRAI in August, 2013 and has been using it to guide detention decisions since that date. Results from local data analysis support the utilization of the Pennsylvania Detention Risk Assessment Instrument (PaDRAI) as an effective tool to help standardize and guide detention decisions in Philadelphia.

The PaDRAI was selected as an approach to address inconsistent detention decision practices through the Detention Utilization Study and System Assessment undertaken as part of Philadelphia's participation in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative. The design and implementation of the PaDRAI provides an objective admissions tool, and has resulted in a more fair and consistent admission policy. The PaDRAI is aligned with the Balanced and Restorative Justice principles as well as the Juvenile Justice System Enhancement Strategy for Pennsylvania by providing a fair and objective detention admissions policy.

Consistent with the requirements of the Prison Rape Elimination Act (PREA), the Philadelphia Juvenile Justice Services Center (PJJSC) completed its first audit. All of the requirements established by the legislation and the Bureau of Human Services Licensing have been satisfied, including the contracting of a certified auditor.

And finally, with regards to the Department's progress with the School Police Diversion program, we are delighted to report that in one year, the new program already has shown promising results.

2.2a&b: Collaboration Efforts and Data Collection Details

- Counties may attach Implementation Team membership, CWDP Advisory Team, or similarly named stakeholder group list to meet a part of this section requirement. With these attachments, counties will not need to identify each stakeholder group who collaborated with the plan development, unless not specifically identified in the attachment
- **All** counties need to respond to the following questions

Child Welfare Demonstration Project (CWDP) Implementation Team members will be attached in final narrative as well as the Philadelphia Community Oversight Board (COB) members.

- ❑ Summarize activities related to active engagement of staff, consumers, communities and stakeholders. Identify any challenges to collaboration and efforts toward improvement.

Response will be submitted with final narrative.

- ❑ Describe the process utilized in gathering input from contracted service providers in determining service level needs, provider capacity and resource identification for inclusion in the budget.

Response will be submitted with final narrative.

- ❑ Identify data sources used in service level, needs assessment and plan development.

Response will be submitted with final narrative.

- ❑ Describe the process utilized within the county to select the data sources identified.

Response will be submitted with final narrative.

- ❑ Describe how the data used was analyzed, including who was involved in the process. Include any challenges identified through the process specific to data quality, availability and/or capacity toward analysis.

Response will be submitted with final narrative.

2.3 Program and Resource Implications

- ⇒ **NOTE: Do not address the initiatives in Section 2.3 unless requested below; address any resource needs related to all initiatives by identifying and addressing within the ADJUSTMENT TO EXPENDITURE request**

2-3f. The Child and Family Services Improvement and Innovation Act of 2011

- ❑ Does your agency or any contracted provider conduct any trauma-based assessments for children being served by your agency? If so, please identify the specific trauma based assessment tool(s) that are being used, the population of children/youth to whom these assessments are being applied and at what point assessments are administered (i.e. at intake, within first 30 days of placement, etc.).

Yes. The Department, with the support by and partnership with the Department of Behavioral Health/Intellectual disAbilities' Services (DBHIDS), has access to the behavioral health provider network to obtain trauma assessments and trauma-informed care. Evidence-based trauma treatment has been developed and is being delivered through the Community Umbrella Agencies (CUAs) and through the provider network of Community Behavioral Health (CBH), the City of Philadelphia's Medicaid Managed Care Organization which is a component of DBHIDS.

Behavioral health providers utilize a number of specific trauma assessment tools including but not limited to:

- Dimensions of Stressful Events (DOSE).
- Traumatic Events Screening Inventory (TESI).
- Childhood PTSD Interview.
- Children's Posttraumatic Stress Disorder Inventory (CPTSDI).
- Clinician-Administered PTSD Scale for Children & Adolescents (CAPS-CA).
- My Worst Experiences Survey.
- UCLA PTSD Index for DSM-IV.

- When Bad Things Happen Scale (WBTH).
- Child PTSD Reaction Index (CPTS-RI).
- Child PTSD Symptom Scale.
- Children's Impact of Traumatic Events Scale-Revised (CITES-2).
- CPTS-RI Revision 2 (aka PTSD Index for DSM-IV).
- Parent Report of Child's Reaction to Stress.
- Trauma Symptom Checklist for Children (TSCC).
- Trauma Symptom Checklist for Young Children (TSCYC).

Screening instruments used to screen for trauma exposure and traumatic stress among youth in the juvenile justice or child welfare system:

- MAYSI-2 – This is a mental health-screening instrument frequently used in juvenile justice programs. It is a 52-item self-report instrument that includes a Traumatic Experiences Scale.
- Traumatic Events Screening Inventory (TESI): This is a structured clinical interview that briefly assesses a youth, parent, or guardian's report of the youth's past or current exposure to a range of traumatic events.
- PTSD Reaction Index (PTSD-RI): This is a self-report symptom inventory based closely on the DSM-IV criteria for post-traumatic stress disorder. Twenty of the items assess PTSD symptoms and two items assess the associated features of fear of re-occurrence and guilt.
- Trauma Symptom Checklist for Children (TSCC): This is a 54-item, self-report symptom inventory made up of six scales and four subscales designed to evaluate acute and chronic traumatic stress symptoms.
- PTSD Checklist for Children/Parent Report (PCL-C/PR): This is a brief measure of PTSD symptom severity completed by parent or other adults who have daily contact with the youth (probation staff, social workers, treatment foster or general foster care parents, etc.).

- Please briefly describe how any findings from these trauma-based assessments may have changed or impacted your practice.

The result of the trauma assessments has increased identifying children and youth in need of trauma services and has provided access to a number of evidence-based trauma treatment programs. DBHIDS has expanded capacity to provide the Department and the Community Umbrella Agencies access to evidence-based treatment services within their network. The types of interventions are embedded in both mental health and substance use disorder treatment programs, and within the different levels of care, ranging from outpatient to residential treatment. They include:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) implemented by 16 agencies within the DBHIDS provider network.
- Prolonged Exposure Therapy (PE) – 10 agencies (mental health and substance use treatment programs have been trained in this trauma-informed treatment).
- Child and Family Traumatic Stress Intervention (CFTSI) - four agencies are contracted to provide this evidence-based service.
- Dialectical Behavioral Therapy (DBT) – 8 agencies including outpatient, residential treatment, and substance use disorder treatment programs offer this service.

The Department and DBHIDS participated in the National Child Traumatic Stress Initiative – Category III grant, called PACTS, since 2012. Through this funding, DBHIDS has conducted wide-scale trauma related training of its provider agencies including child

welfare agencies. Therapists have been trained to provide trauma-focused cognitive behavioral therapy (TF-CBT) and Child and Family Traumatic Stress Intervention (CFTSI) across Philadelphia. PACTS will continue training mental health service providers. Trauma training has been offered to Philadelphia's juvenile justice staff through Pennsylvania's System of Care grant funding. The "Think Trauma" training recommended by the National Child Traumatic Stress Network (NCTSN) was provided to almost 60 staff including the Training Unit of Philadelphia's Juvenile Detention Center, the Training unit of the Juvenile Detention Center, Juvenile Probation Intake staff, DBHIDS, the Public Defender's Office, and the Philadelphia Department of Human Services. Further, through the PACTS grant, intensive trauma training, including TF-CBT for therapists, has been offered to four residential facilities which serve young people in the juvenile justice system. Trauma training has been provided in partnership with the Philadelphia Department of Human Services and the respective CUAs for treatment foster families dealing with children with SED and trauma histories. Trauma can interfere with all aspects of a child's or youth's functioning, especially when he or she experiences repeated or multiple losses, maltreatment, exposure to frightening situations, or other trauma. This training will be important as we transition children and youth to treatment foster care settings. Training on attachment will also be provided including how treatment foster parents can support the child's or youth's transition from PRTF, attachment to his or her parent, and help the child or youth have multiple attachments.

- ❑ Please briefly describe your activities around psychotropic medication utilization monitoring for children in out-of-home placement.

Psychotropic drugs meant to treat mental and behavior disorders are used for school-aged, foster care children and youth at nearly three times the overall rate for youth in the state's Medicaid system, according to a study by the state Department of Human Services and the Children's Hospital of Philadelphia. The study, which used Medicaid data from 2007-2012, found 43 percent of foster children ages 6-18 being given the medications, compared with 16 percent of the overall youth population.

CBH in partnership with the Philadelphia Department of Human Services is reviewing all prescribing practices for children in foster care. Having access to and agreement from the respective HMOs, medication data is available to assess the number of children on psychotropic medications in foster care and to review medical necessity for such medications. The Philadelphia Department of Human Services/DBHIDS leadership group which includes the Deputy Medical Office for Children's Services within CBH is developing strategies to review the psychotropic medication utilization and identify strategies to train families and foster families on the use of psychotropic medications. Children and youth residing in foster care treatment foster care and in group home settings who are also receiving behavioral health care services are reviewed by a CBH physician when the use of medications becomes an issue. Strategies identified in this area include:

- Comprehensive and coordinated screening, assessment and treatment planning mechanisms to identify children and youth affected by trauma, who have serious behavioral health needs, and require an integrated treatment approach including assessment for appropriate medications.
- Information and shared decision-making (consent) and methods for ongoing communication between CBH, the Philadelphia Department of Human Services, the prescriber, the children and youth caregivers, and other stakeholders.

- Effective medication monitoring at both the child and youth level, and at an agency level.
- Availability of mental health expertise through CBH Department of Medical Affairs to assist in agency review of prescribing practices.
- Please briefly describe any specific consultation practices used by your agency that involve physicians or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment. Some examples of consultation practices might include policies requiring engagement of child's health care provider in case planning, contracting with psychiatrists to consult on difficult cases, working with Medicaid managed care special needs units, or having nurses on staff.

DBHIDS, through CBH, provides clinical consultation to the Philadelphia Department of Human Services and the CUAs. CBH is responsible for all clinical services including assessments and placement into treatment levels of care. The consultation includes having Care Managers in the respective court rooms in Family Court help with case planning, assist in accessing behavioral health services, and providing clinical consultation related to case formulation. Care managers are also assigned to the respective Community Umbrella agencies to coordinate behavioral health services directly and are on-site weekly.

Identifying medically fragile children and youth and planning for their needs is critical to ensuring child safety. Over half of those children and youth in the child welfare system have at least one medical concern; many have two or more chronic health conditions. The Philadelphia Department of Human Services has hired nurses to help Social Worker staff ensure the health and safety of children and youth accepted for services in their caseload. The Philadelphia Department of Human Services is working to ensure the safety of medically vulnerable children and youth in our care by ensuring that their needs are met. The Department has added a nursing unit that provides consultation to Philadelphia DHS Workers and CUA Case Managers so they can better plan for the needs of children, youth, and families with medical issues.

The Nursing Unit:

- Helps to identify children and youth with chronic and acute health needs.
- Helps Workers better understand medical issues related to a child in their case loads.
- Makes home visits to help Workers better assess the medical needs of children, youth, and families in their care.
- Helps staff incorporate medical information into Family and Individual Service Plans or CUA Single Case Plans.
- Provides care coordination and advocacy by following-up with primary care providers, specialists or other members of the health care team or attending hospital discharge planning meetings.
- Coordinates information sharing with provider staff.
- Appears in court as needed.
- Obtains collateral information during investigation.
- Has developed a protocol to assess the capacity of caregivers for children and youth with chronic and/or acute health needs who are either returning home from placement or returning to placement from a hospital stay.
- Develops screening criteria and protocols.
- Provides staff training.

In 2011, Dr. Cindy Christian was hired as Medical Director to assist the Philadelphia Department of Human Services in identifying strategies to ensure the physical health and well-being of children and adolescents in foster care. An internal review of those with special health care needs is done to ensure that adequate medical care is provided. Consultation is also provided to the Philadelphia Department of Human Services nursing staff. Dr. Christian has recently resigned and the Department is in the process of identifying a new Medical Director.

The Director of Integrated Clinical Consultation for CBH and the Philadelphia Department of Human Services provide consultation to the Department, the Community Umbrella Agencies, and other child welfare providers. In that role, home visits are conducted with the respective child welfare team to assess the needs of those in foster care or children, youth, and families receiving in-home services. Clinical consultation is provided to the Philadelphia Department of Human Services Hotline, Intake, the Department's Psychology Unit, the Department's Nursing Unit, and Family Court for children, youth, and families on cases that have:

- Mental health concerns.
- Cognitive challenges or intellectual disabilities.
- Co-occurring disorders.
- Complex cases involving multiple systems of care.
- High profile cases.
- Multiple provider involvement, but there is a lack of progress.
- Developmental disabilities.

2-3x. Unallowable Costs – Legal Representation Costs for Juveniles in Delinquent Proceedings and Parents in Dependency Proceedings

- Submit any amount expended by the county government in FY 2014-15 for Legal Representation Costs for Juveniles in Delinquent Proceedings

Response will be submitted with final narrative.

- Submit any amounts expended by the county government in FY 2014-15 for Legal Representation Costs for Parents in Dependency Proceedings.

Response will be submitted with final narrative

Section 3: General Indicators

3-1: County Fiscal Background

- Counties who exceeded their Act 148 allocation, resulting in an overmatch situation, in FY 2014-15 should describe the practice and fiscal drivers that impacted the county's level of resource need and any programmatic changes that were necessary in FY 2014-15 due to budget constraints. Also address the impact of the FY 2014-15 program and spending history has on the projected utilization of the allocation and additional resource needs for FY 2015-16.

Response will be submitted with the final narrative.

- Counties who did not spend all of their Act 148 allocation in FY 2014-15 should describe the practice and fiscal drivers that impacted the county’s level of resource need and address any projections as to continued under-spending in FY 2015-16.

Response will be submitted with the final narrative.

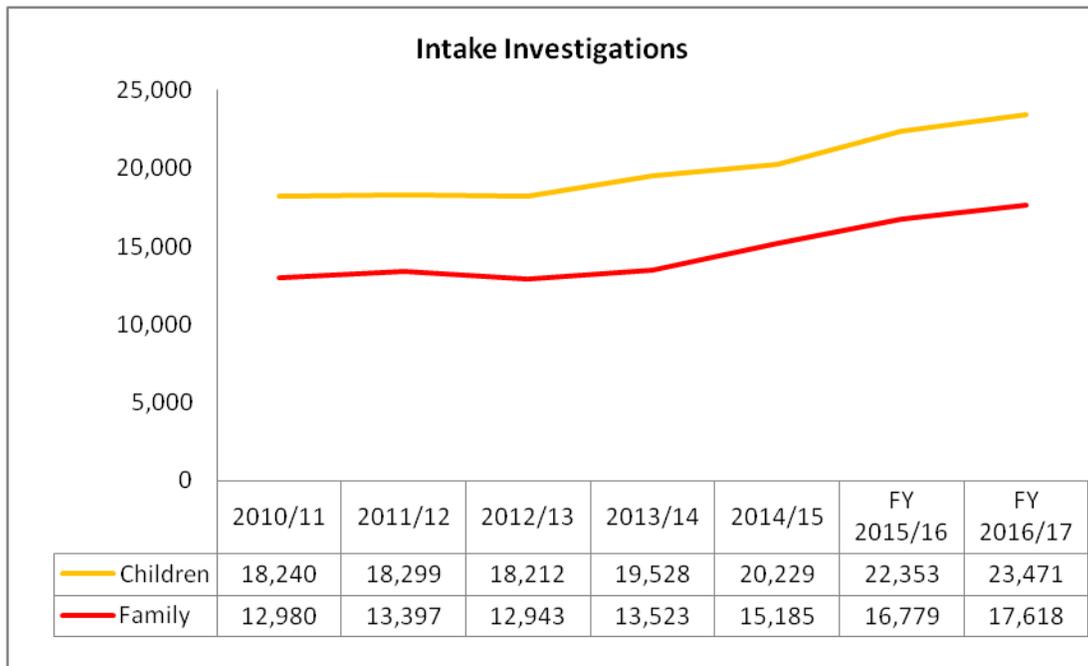
- Address any other changes or important trends that will be highlighted as a resource need through an ADJUSTMENT TO EXPENDITURE submission.

Response will be submitted with the final narrative.

PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 3-4)

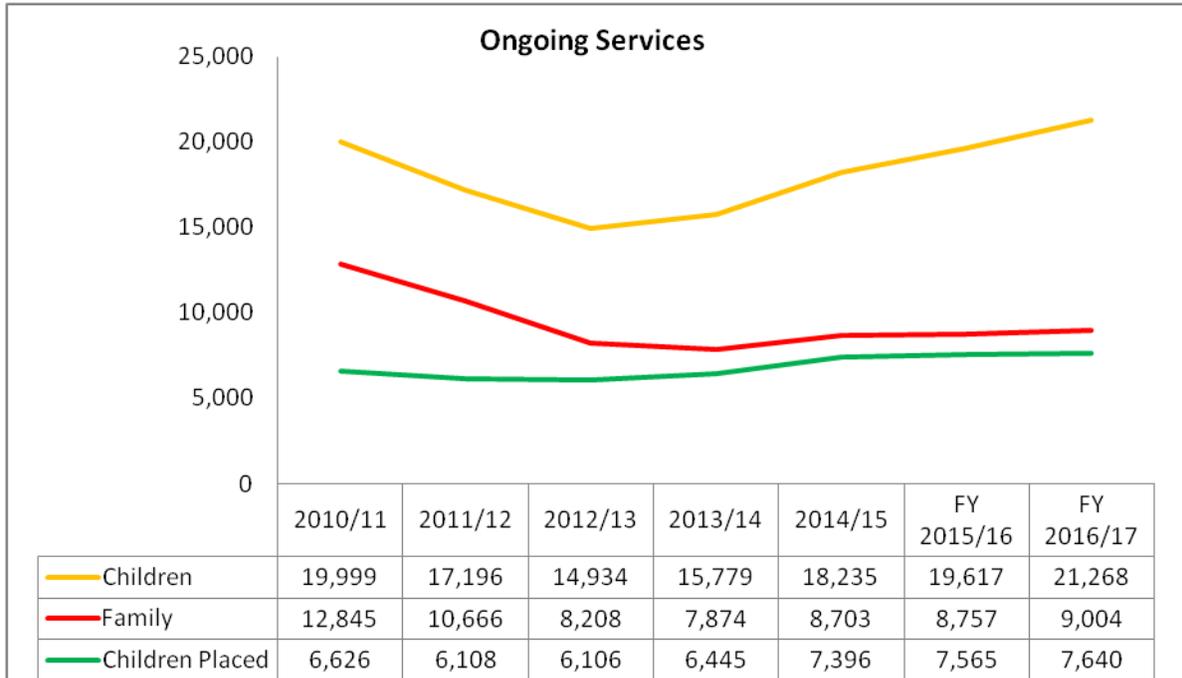
3-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).



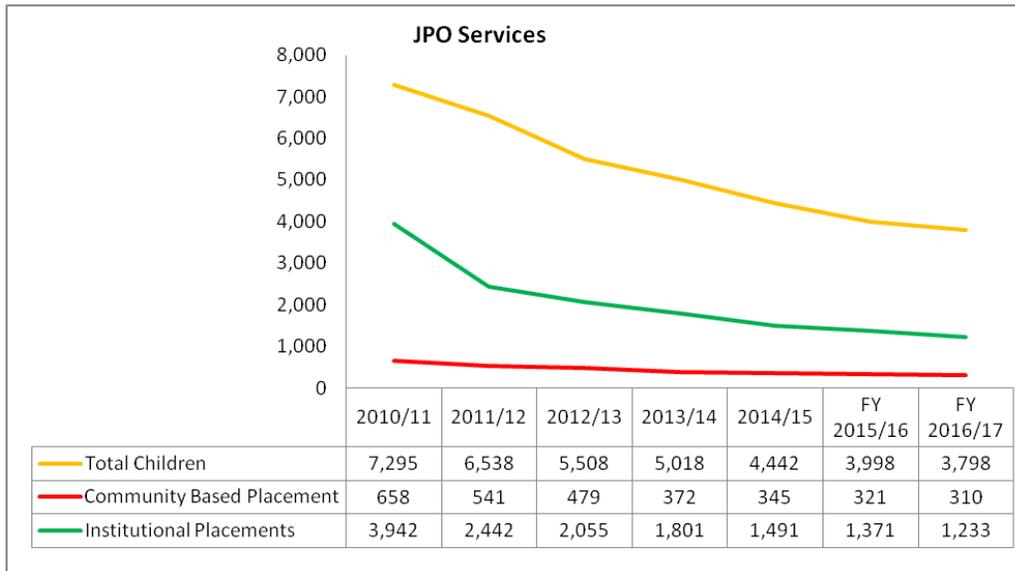
3-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).



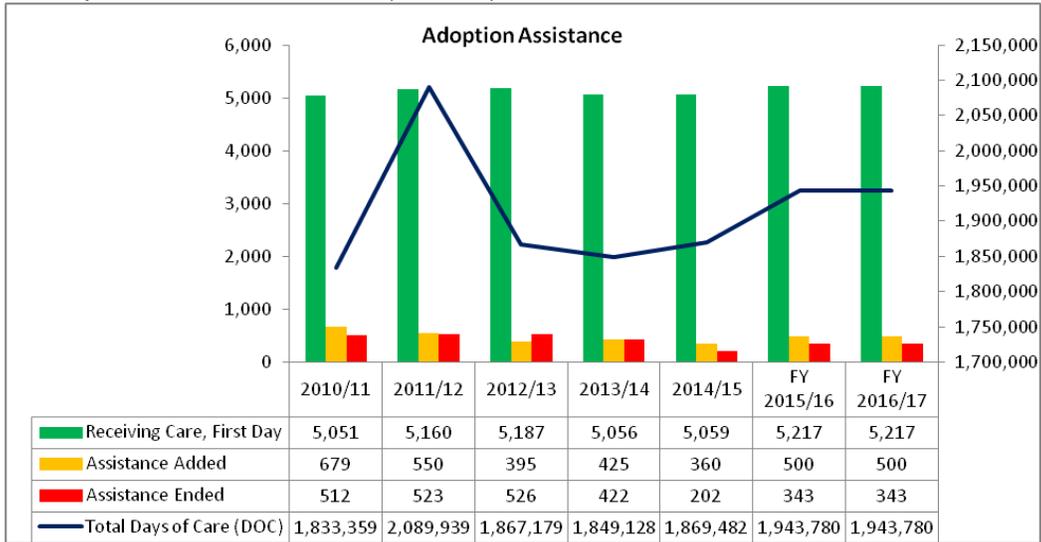
3-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



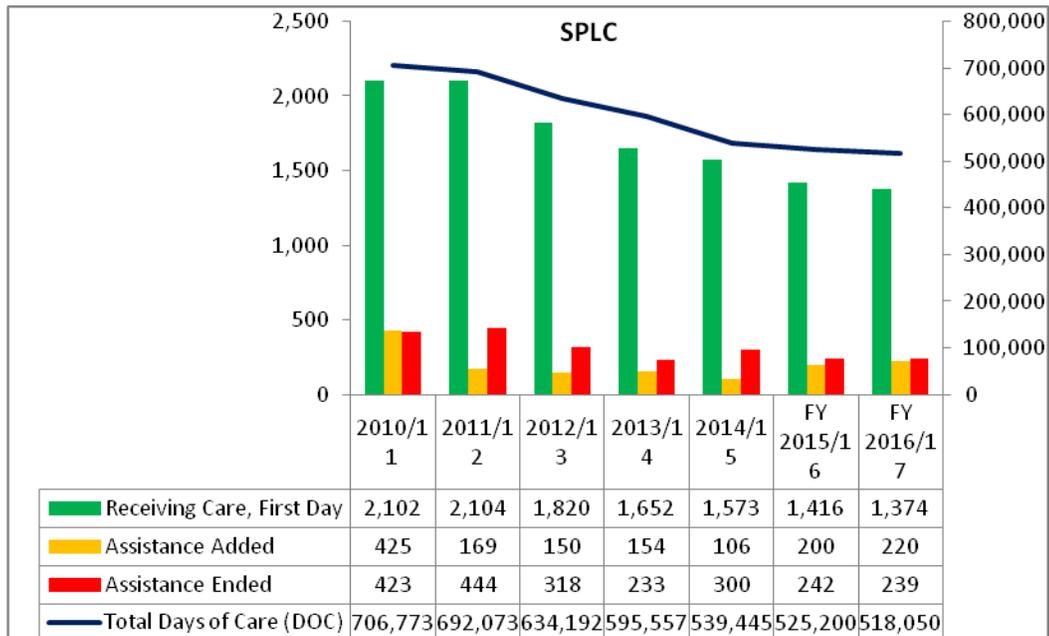
3-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).



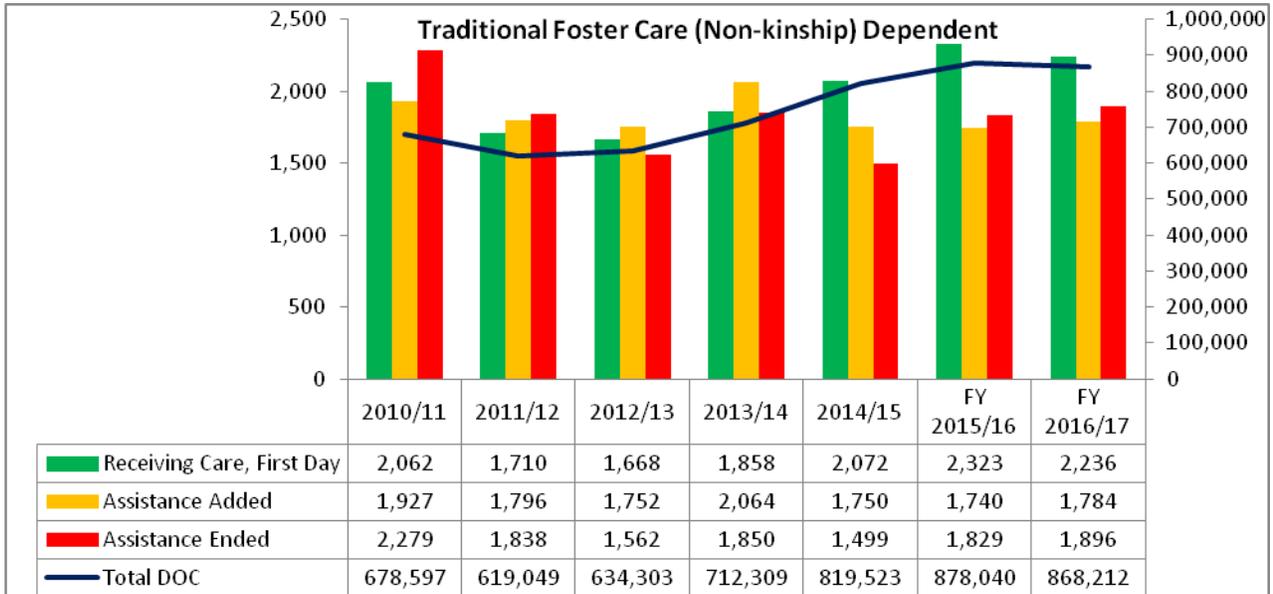
3-2c. Subsidized Permanent Legal Custody (SPLC)

Insert the SPLC Chart (Chart 5).



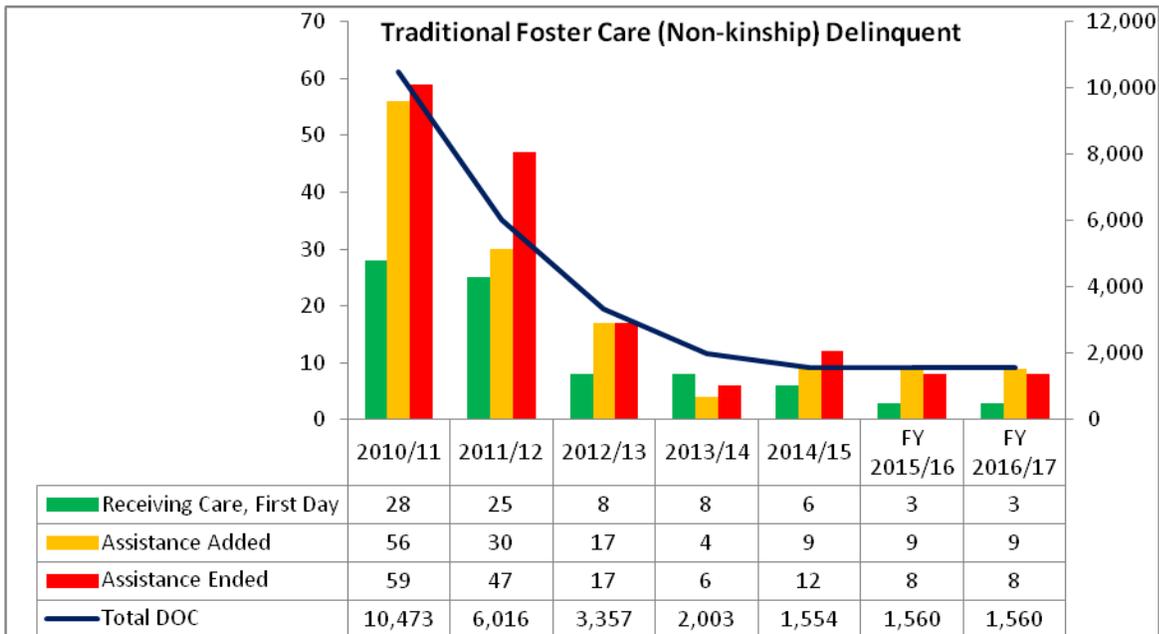
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 6



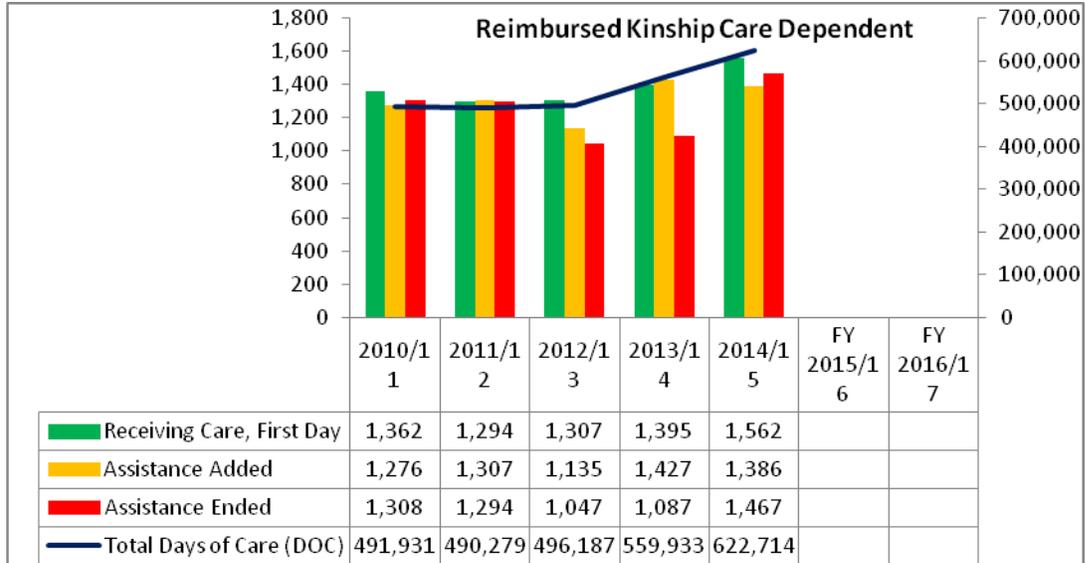
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 7



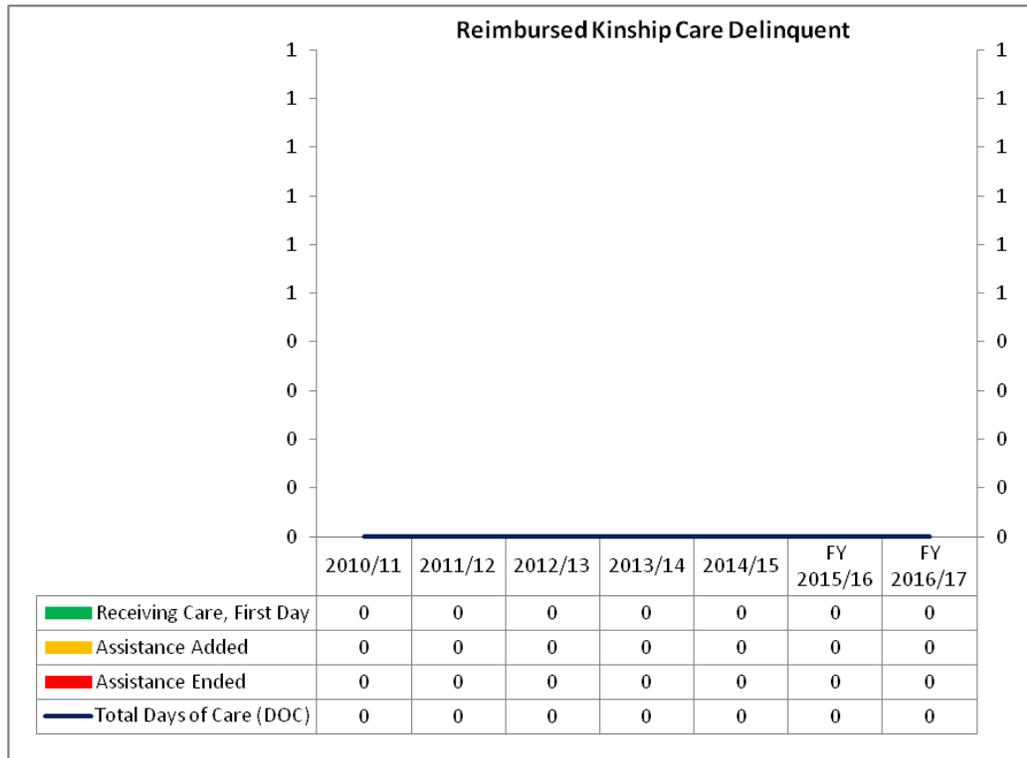
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 8



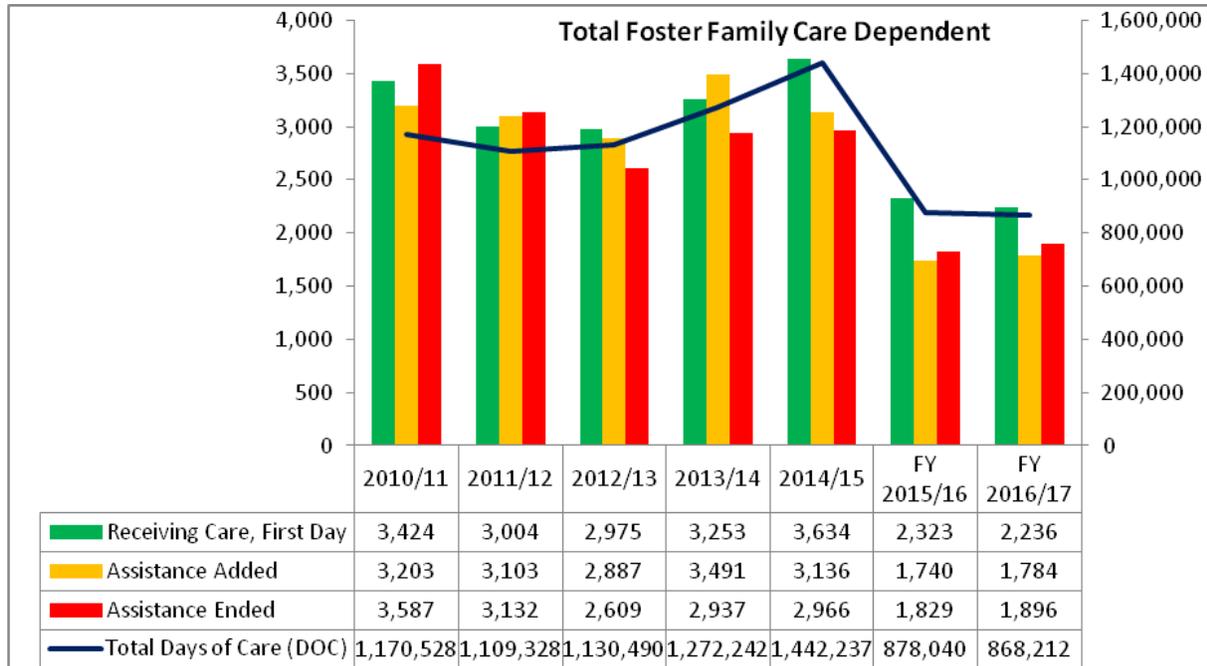
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 9



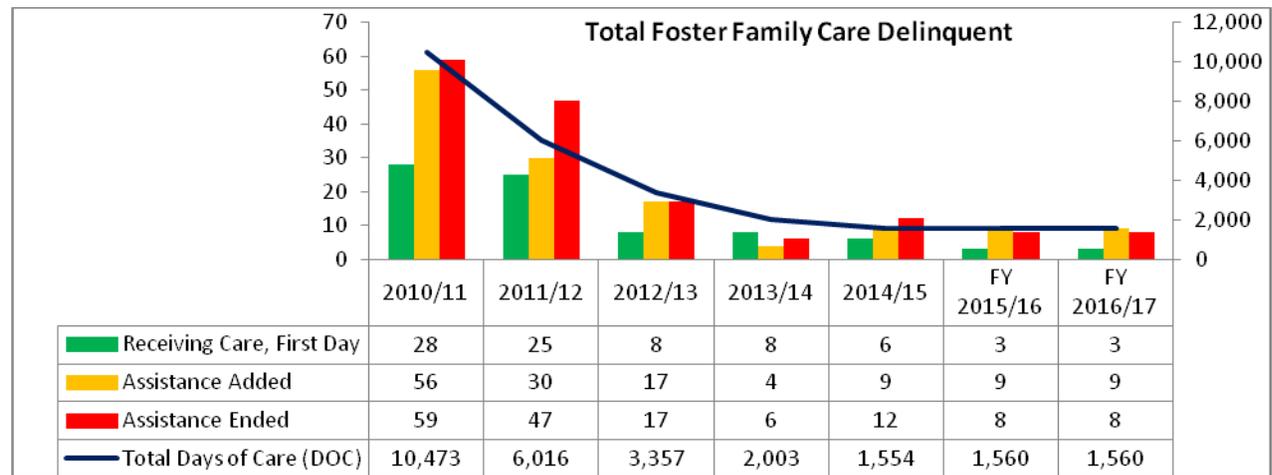
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 10



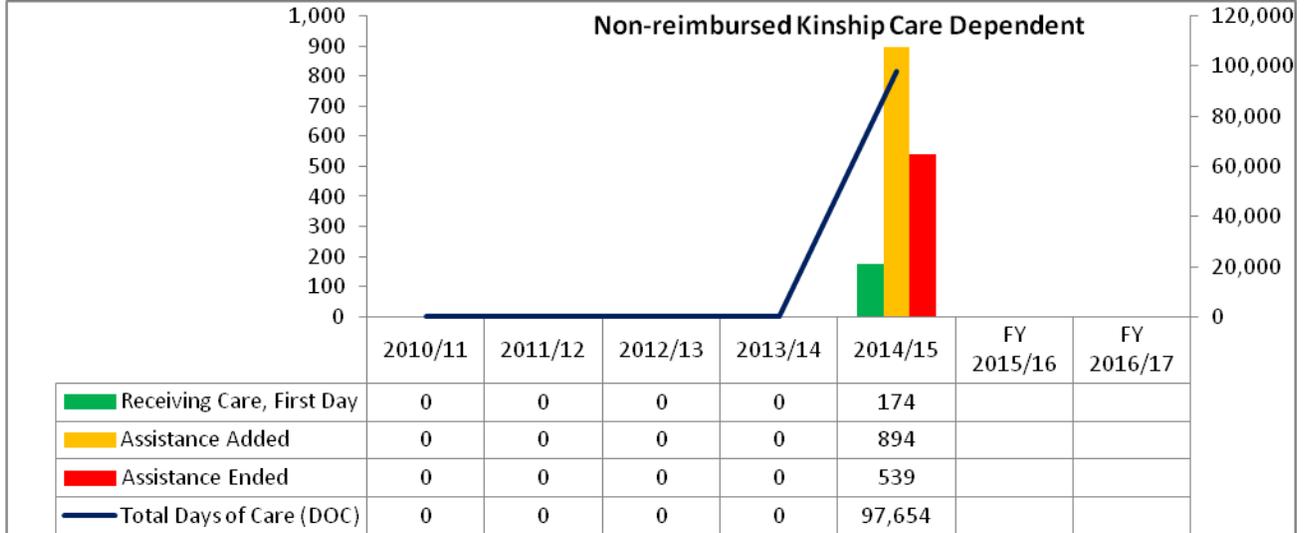
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 11



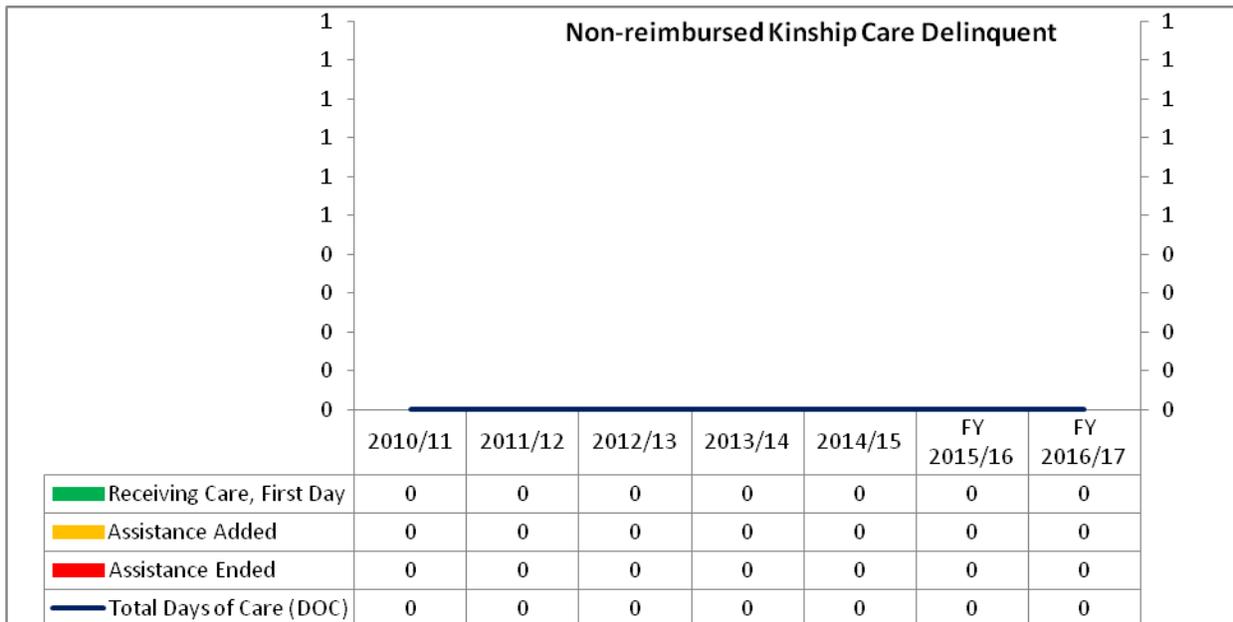
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 12



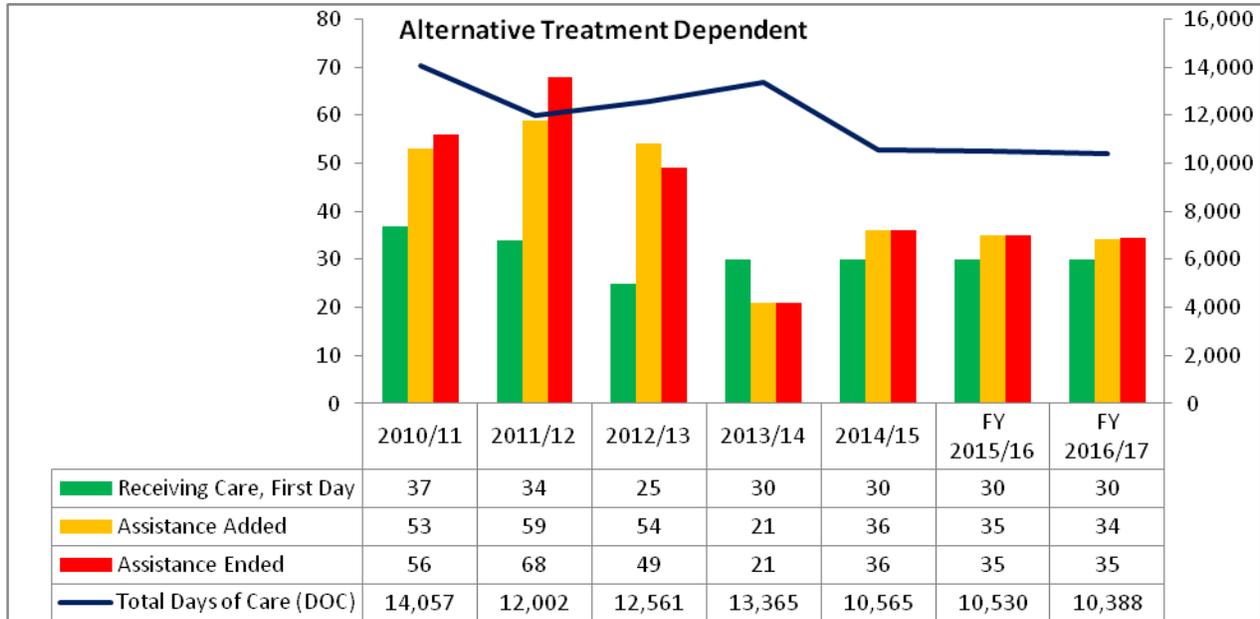
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 13



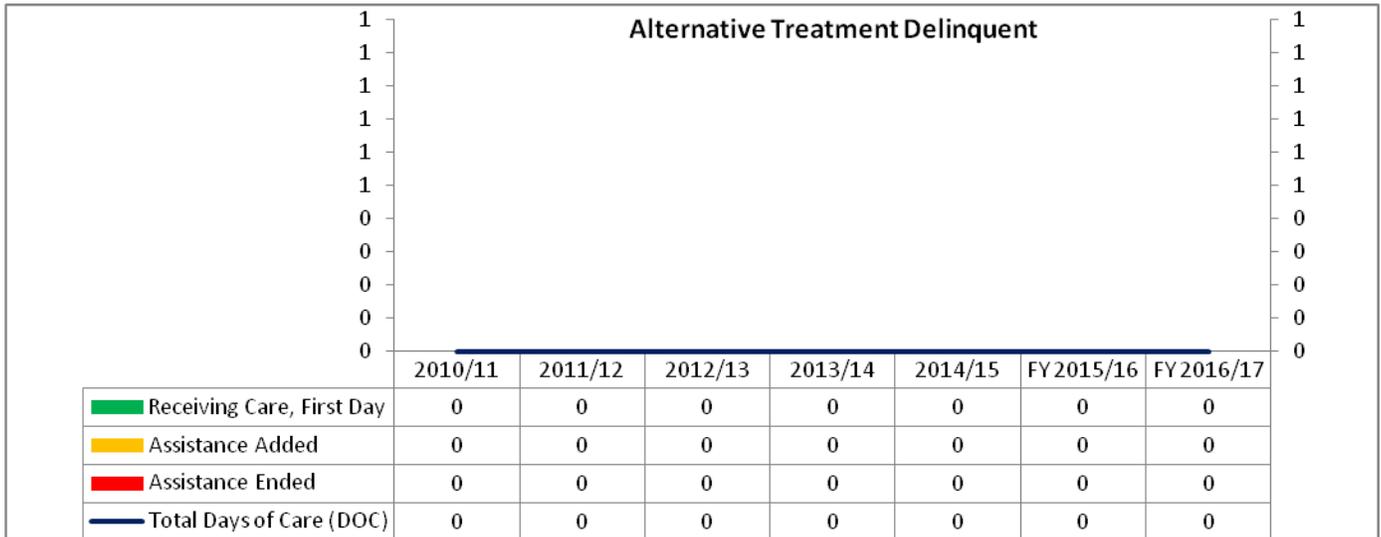
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 14



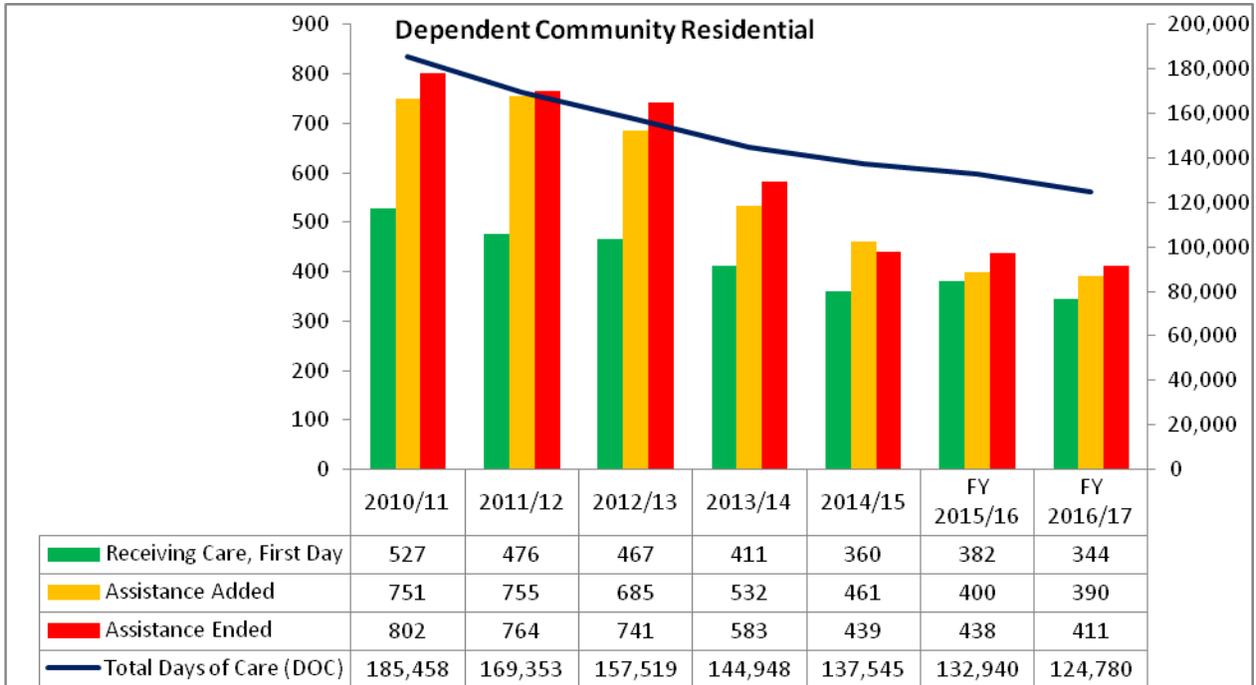
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 15



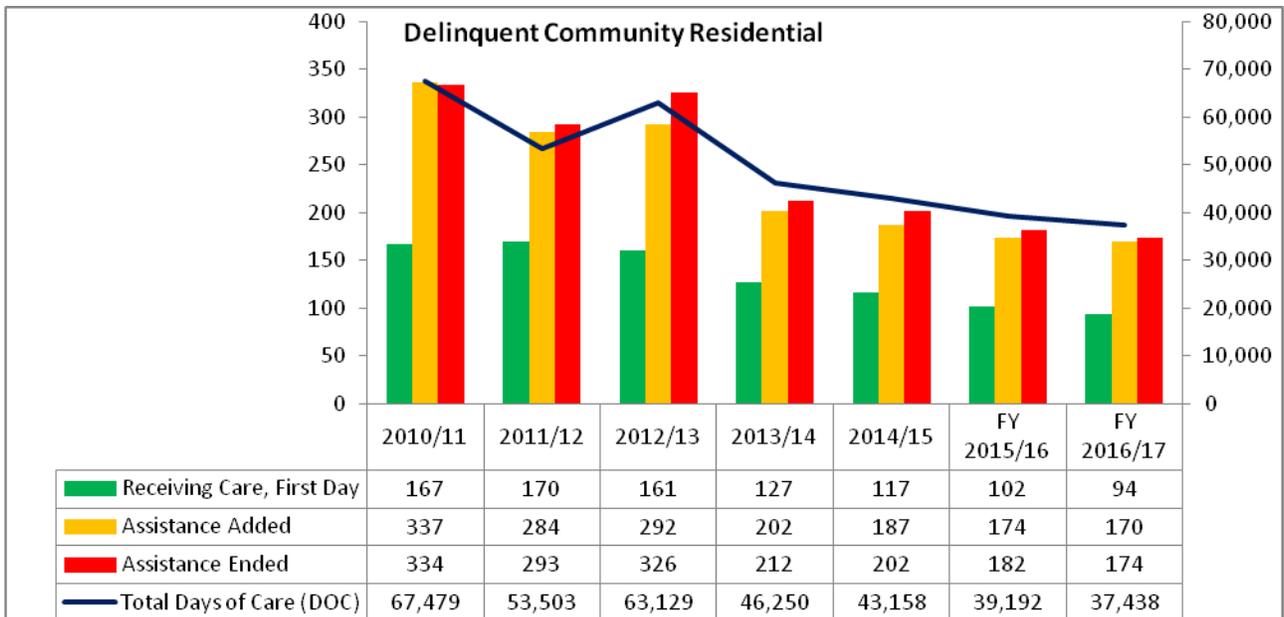
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 16



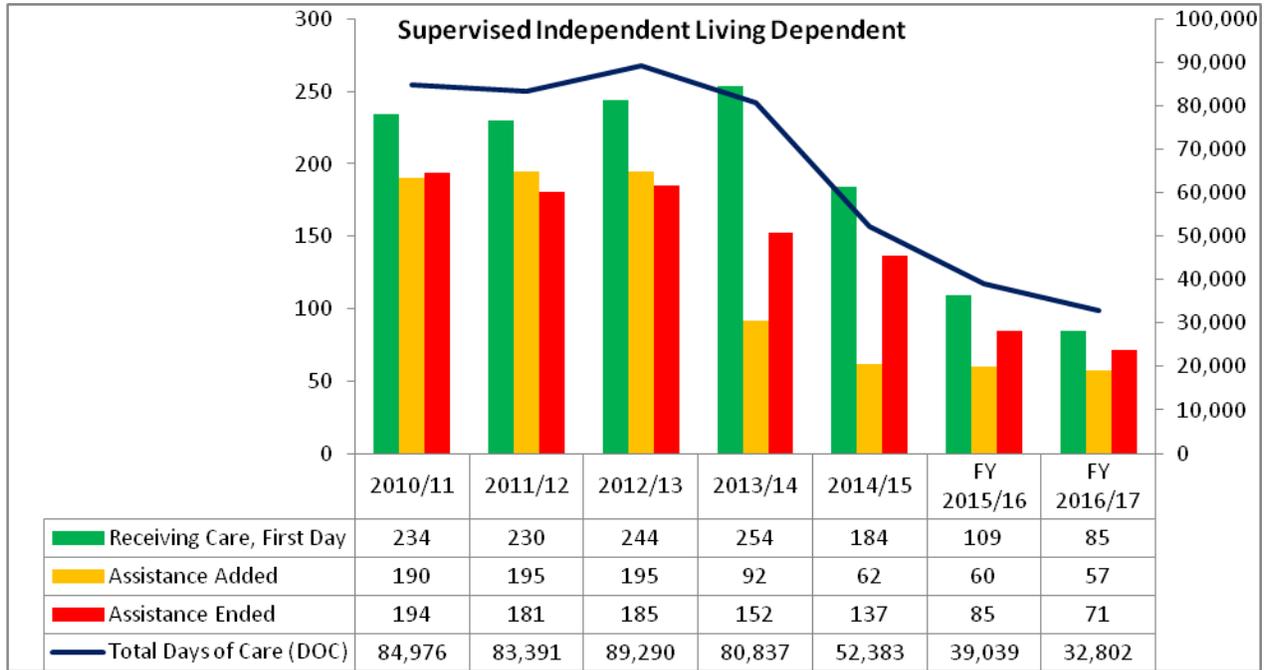
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 17



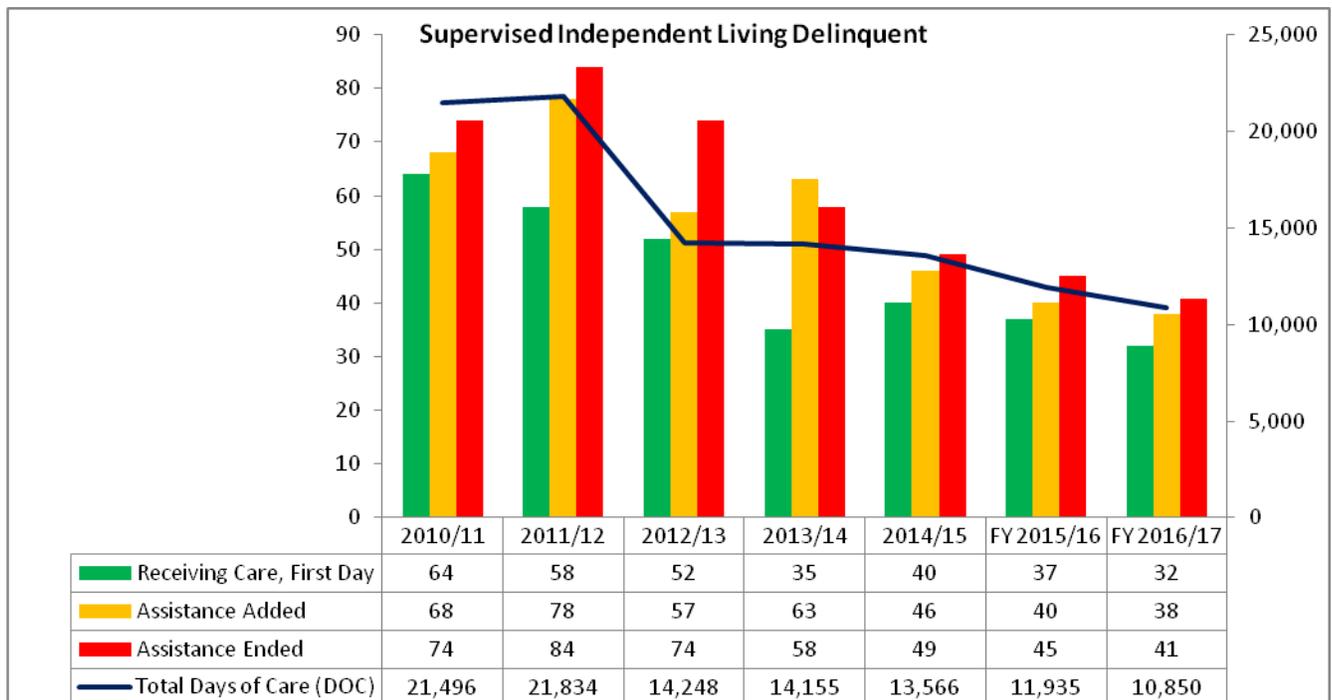
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 18



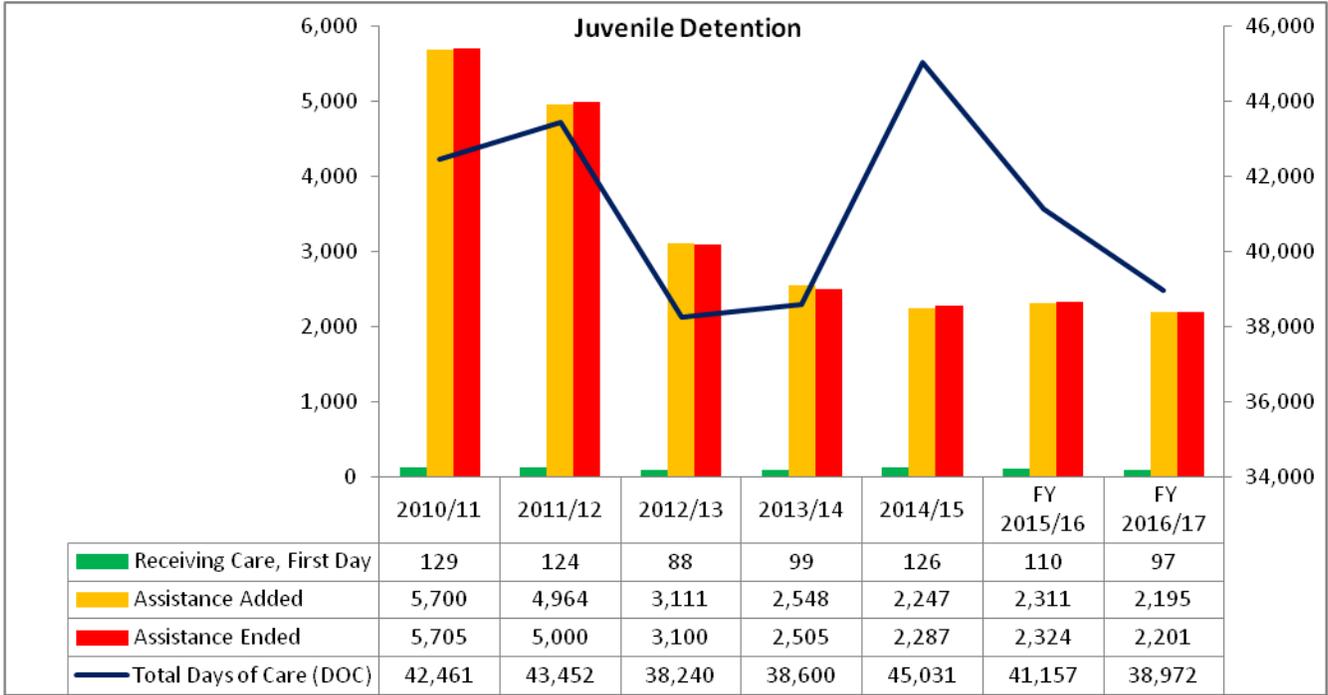
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 19



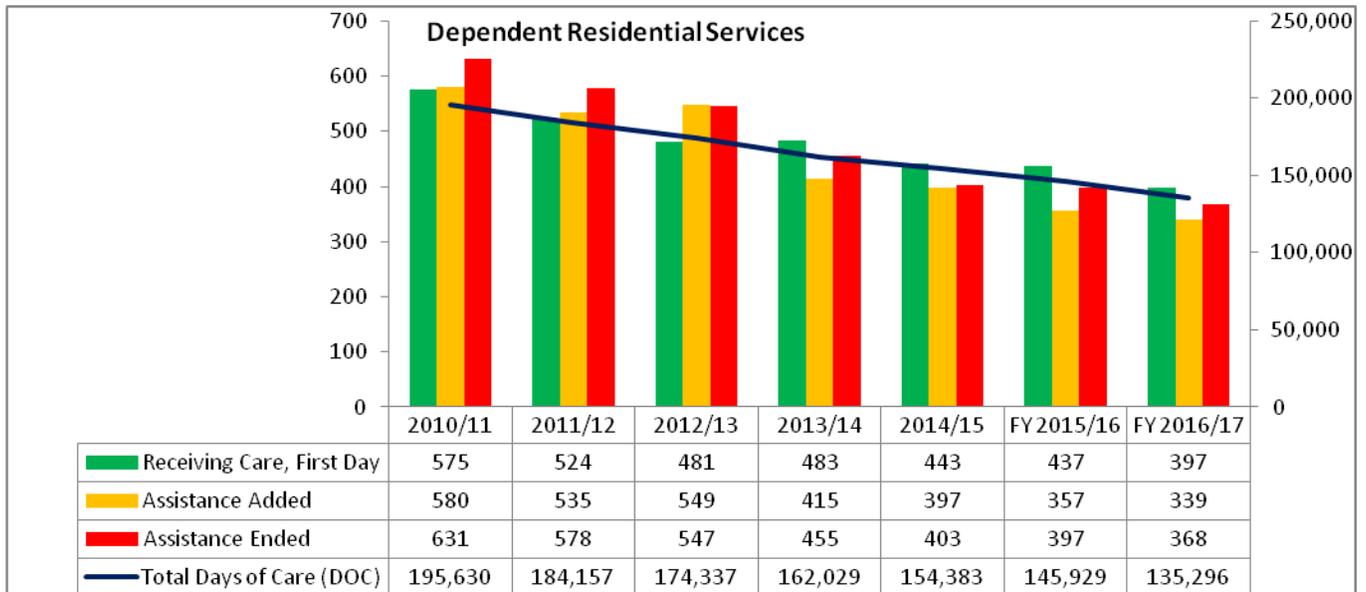
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 20



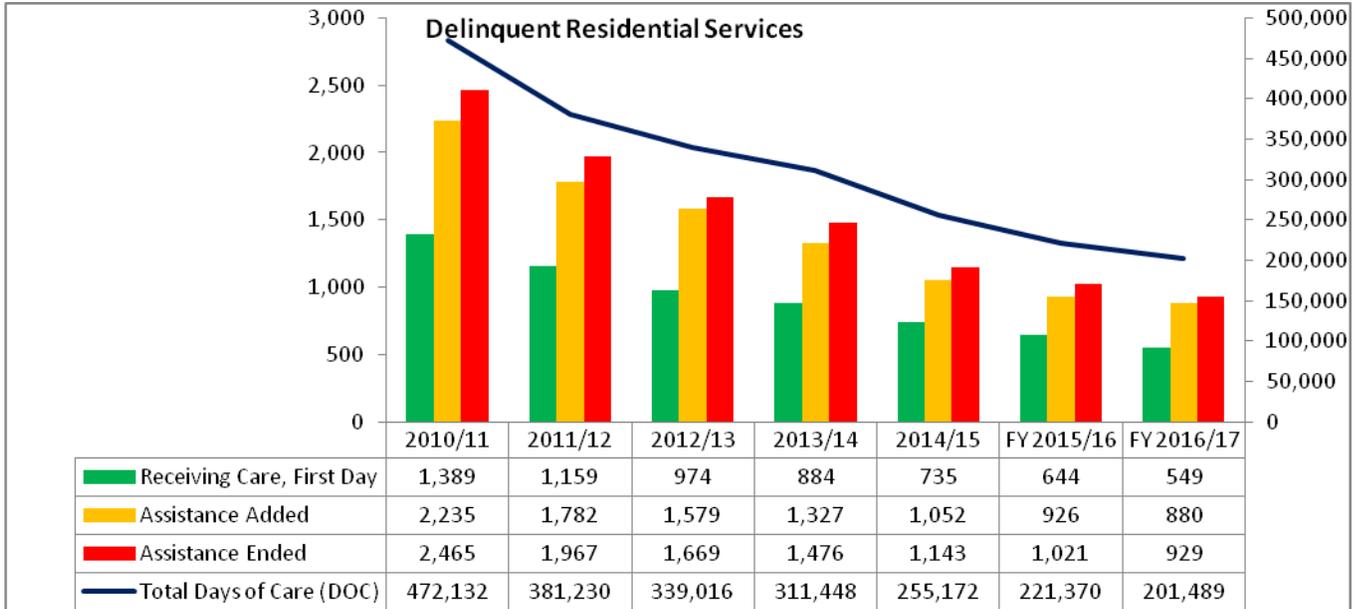
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 21



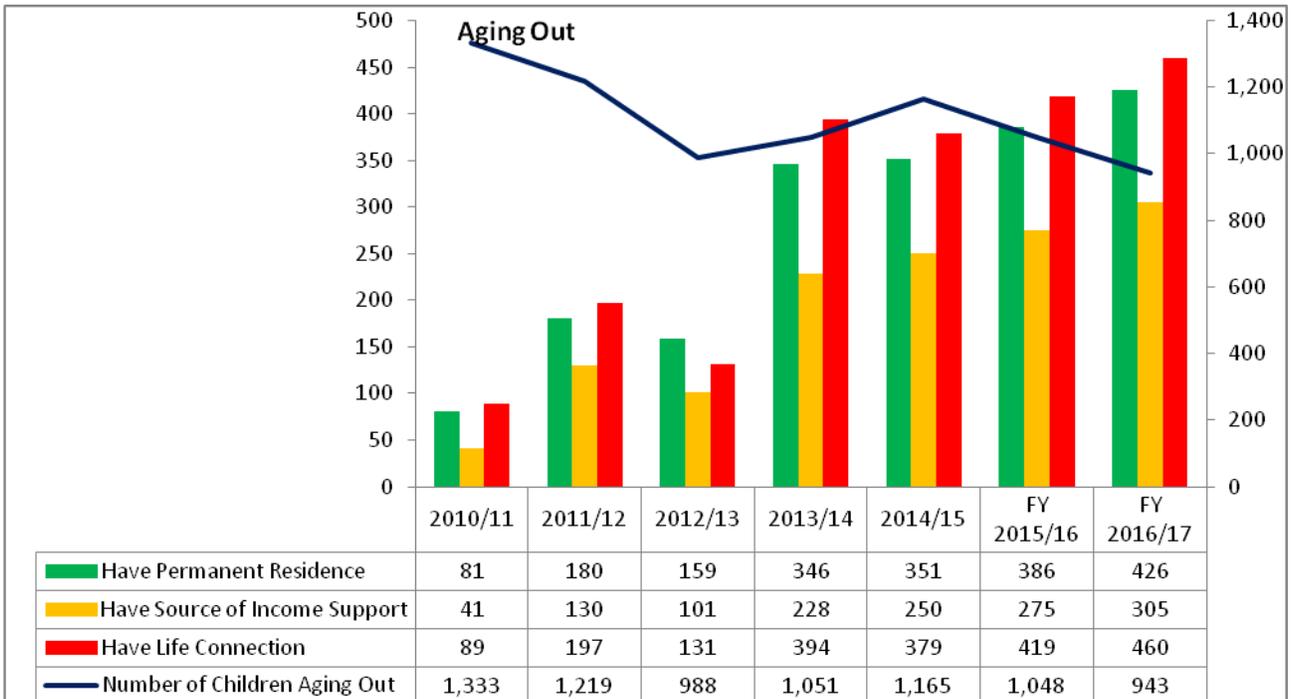
3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).
Chart 22



3-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



3-2f. General Indicators

Insert the complete table from the *General Indicators* tab. **No narrative** is required in this section.

3-2a. Service Trends								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15 % Change
						FY 2015/16	FY 2016/17	
Intake Investigations								
Children	18,240	18,299	18,212	19,528	20,229	22,353	23,471	10.9%
Family	12,980	13,397	12,943	13,523	15,185	16,779	17,618	17.0%
Ongoing Services								
Children	19,999	17,196	14,934	15,779	18,235	19,617	21,268	-8.8%
Family	12,845	10,666	8,208	7,874	8,703	8,757	9,004	-32.2%
Children Placed	6,626	6,108	6,106	6,445	7,396	7,565	7,640	11.6%
JPO Services								
Total Children	7,295	6,538	5,508	5,018	4,442	3,998	3,798	-39.1%
Community Based Placement	658	541	479	372	345	321	310	-47.6%
Institutional Placements	3,942	2,442	2,055	1,801	1,491	1,371	1,233	-62.2%
3-2b. Adoption Assistance								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15 % Change
						FY 2015/16	FY 2016/17	
Adoption Assistance								
Receiving Care, First Day	5,051	5,160	5,187	5,056	5,059	5,217	5,217	0.2%
Assistance Added	679	550	395	425	360	500	500	-47.0%
Assistance Ended	512	523	526	422	202	343	343	-60.5%
Total Days of Care (DOC)	1,833,359	2,089,939	1,867,179	1,849,128	1,869,482	1,943,780	1,943,780	2.0%
3-2c. SPLC								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15 % Change
						FY 2015/16	FY 2016/17	
Subsidized Permanent Legal Custodianship								
Receiving Care, First Day	2,102	2,104	1,820	1,652	1,573	1,416	1,374	-25.2%
Assistance Added	425	169	150	154	106	200	220	-75.1%
Assistance Ended	423	444	318	233	300	242	239	-29.1%
Total Days of Care (DOC)	706,773	692,073	634,192	595,557	539,445	525,200	518,050	-23.7%

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3-2d. Placement Data								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15
						FY 2015/16	FY 2016/17	% Change
Traditional Foster Care (non-kinship) - Dependent								
Receiving Care, First Day	2,062	1,710	1,668	1,858	2,072	2,323	2,236	0.5%
Assistance Added	1,927	1,796	1,752	2,064	1,750	1,740	1,784	-9.2%
Assistance Ended	2,279	1,838	1,562	1,850	1,499	1,829	1,896	-34.2%
Total DOC	678,597	619,049	634,303	712,309	819,523	878,040	868,212	20.8%
Traditional Foster Care (non-kinship) - Delinquent								
Receiving Care, First Day	28	25	8	8	6	3	3	-78.6%
Assistance Added	56	30	17	4	9	9	9	-83.9%
Assistance Ended	59	47	17	6	12	8	8	-79.7%
Total DOC	10,473	6,016	3,357	2,003	1,554	1,560	1,560	-85.2%
Reimbursed Kinship Care - Dependent								
Receiving Care, First Day	1,362	1,294	1,307	1,395	1,562			14.7%
Assistance Added	1,276	1,307	1,135	1,427	1,386			8.6%
Assistance Ended	1,308	1,294	1,047	1,087	1,467			12.2%
Total Days of Care (DOC)	491,931	490,279	496,187	559,933	622,714			26.6%
Reimbursed Kinship Care - Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Foster Family Care - Dependent								
Receiving Care, First Day	3,424	3,004	2,975	3,253	3,634	2,323	2,236	6.1%
Assistance Added	3,203	3,103	2,887	3,491	3,136	1,740	1,784	-2.1%
Assistance Ended	3,587	3,132	2,609	2,937	2,966	1,829	1,896	-17.3%
Total Days of Care (DOC)	1,170,528	1,109,328	1,130,490	1,272,242	1,442,237	878,040	868,212	23.2%
Foster Family Care - Delinquent (Total of 2 above)								
Receiving Care, First Day	28	25	8	8	6	3	3	-78.6%
Assistance Added	56	30	17	4	9	9	9	-83.9%
Assistance Ended	59	47	17	6	12	8	8	-79.7%
Total Days of Care (DOC)	10,473	6,016	3,357	2,003	1,554	1,560	1,560	-85.2%
Non-reimbursed Kinship Care - Dependent								
Receiving Care, First Day	0	0	0	0	174			0.0%
Assistance Added	0	0	0	0	894			0.0%
Assistance Ended	0	0	0	0	539			0.0%
Total Days of Care (DOC)	0	0	0	0	97,654			0.0%
Non-reimbursed Kinship Care - Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Alternative Treatment Dependent								
Receiving Care, First Day	37	34	25	30	30	30	30	-18.9%
Assistance Added	53	59	54	21	36	35	34	-32.1%
Assistance Ended	56	68	49	21	36	35	35	-35.7%
Total Days of Care (DOC)	14,057	12,002	12,561	13,365	10,565	10,530	10,388	-24.8%
Alternative Treatment Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%

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Dependent Community Residential								
Receiving Care, First Day	527	476	467	411	360	382	344	-31.7%
Assistance Added	751	755	685	532	461	400	390	-38.6%
Assistance Ended	802	764	741	583	439	438	411	-45.3%
Total Days of Care (DOC)	185,458	169,353	157,519	144,948	137,545	132,940	124,780	-25.8%
Delinquent Community Residential								
Receiving Care, First Day	167	170	161	127	117	102	94	-29.9%
Assistance Added	337	284	292	202	187	174	170	-44.5%
Assistance Ended	334	293	326	212	202	182	174	-39.5%
Total Days of Care (DOC)	67,479	53,503	63,129	46,250	43,158	39,192	37,438	-36.0%
Supervised Independent Living Dependent								
Receiving Care, First Day	234	230	244	254	184	109	85	-21.4%
Assistance Added	190	195	195	92	62	60	57	-67.4%
Assistance Ended	194	181	185	152	137	85	71	-29.4%
Total Days of Care (DOC)	84,976	83,391	89,290	80,837	52,383	39,039	32,802	-38.4%
Supervised Independent Living Delinquent								
Receiving Care, First Day	64	58	52	35	40	37	32	-37.5%
Assistance Added	68	78	57	63	46	40	38	-32.4%
Assistance Ended	74	84	74	58	49	45	41	-33.8%
Total Days of Care (DOC)	21,496	21,834	14,248	14,155	13,566	11,935	10,850	-36.9%
Juvenile Detention								
Receiving Care, First Day	129	124	88	99	126	110	97	-2.3%
Assistance Added	5,700	4,964	3,111	2,548	2,247	2,311	2,195	-60.6%
Assistance Ended	5,705	5,000	3,100	2,505	2,287	2,324	2,201	-59.9%
Total Days of Care (DOC)	42,461	43,452	38,240	38,600	45,031	41,157	38,972	6.1%
Dependent Residential Services								
Receiving Care, First Day	575	524	481	483	443	437	397	-23.0%
Assistance Added	580	535	549	415	397	357	339	-31.6%
Assistance Ended	631	578	547	455	403	397	368	-36.1%
Total Days of Care (DOC)	195,630	184,157	174,337	162,029	154,383	145,929	135,296	-21.1%
Delinquent Residential Services								
Receiving Care, First Day	1,389	1,159	974	884	735	644	549	-47.1%
Assistance Added	2,235	1,782	1,579	1,327	1,052	926	880	-52.9%
Assistance Ended	2,465	1,967	1,669	1,476	1,143	1,021	929	-53.6%
Total Days of Care (DOC)	472,132	381,230	339,016	311,448	255,172	221,370	201,489	-46.0%
3-2e. Aging Out Data								
Indicator	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Projected		2010-15
						FY 2015/16	FY 2016/17	% Change
Aging Out								
Number of Children Aging Out	1,333	1,219	988	1,051	1,165	1,048	943	-12.6%
Have Permanent Residence	81	180	159	346	351	386	426	333.3%
Have Source of Income Support	41	130	101	228	250	275	305	509.8%
Have Life Connection	89	197	131	394	379	419	460	325.8%

3-2g. through 3-2i. Charts

Insert up to three additional charts that capture the usage and impact of prevention, diversion and/or differential response activities. Each chart should be pasted on a separate page.

Family and Community Support Center

The Family and Community Support Center provides case management and a variety of youth development programs. These programs are designed to assist families in becoming self-sufficient and to reduce the risk of abuse, neglect, and juvenile delinquency.

The Family and Community Support Center aims to help families and communities at large with resources that ensure they receive social and structural supports that strengthen their families and allow them to thrive.

Youth programs keep at-risk youth engaged in meaningful pursuits that encourage team building, improve life skills, and offer exposure to diverse social and recreational activities. Family and Community programs foster cooperation and collaboration within families and communities to develop strong foundations of unity, networking, encouragement, and continued stability and growth.

The Community Umbrella Agencies are able to access all Family and Community Support services through the Department's Central Referral Unit.

The Family and Community Support Center has added an Education Stability Coordinator who works at Family Court in the Family Academic Help Center. This service assists families, individuals, court personnel, the Philadelphia Department of Human Services, and CUA workers providing education reports, Individual Education Plans, and educational consults.

Children, youth, and families served are reflected in the charts following.

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DEPARTMENT OF HUMAN SERVICES													
CHILDREN & YOUTH DIVISION - FAMILY & COMMUNITY SUPPORT CENTER (FCSC)													
REFERRALS BY REGION - MONTHLY													
FISCAL YEAR 2015													
	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Total
Adoptions	0	0	0	0	0	0	0	0	1	0	1	0	2
CAPTA	12	5	7	10	9	1	0	0	0	0	0	0	44
FCSC (formerly CBPS)	1	1	1	2	11	5	8	5	6	9	4	6	59
Expedited Response	0	0	0	0	1	0	0	0	0	0	0	0	1
Focused Services	0	0	0	1	0	0	0	0	1	0	0	0	2
IARS	42	47	45	43	32	22	12	19	52	60	63	44	481
Intake	156	158	150	142	103	132	112	94	122	116	133	122	1,540
JJS	9	14	12	16	28	43	23	51	41	38	36	24	335
OS1	1	3	2	1	2	5	1	0	11	10	5	5	46
OS3	3	1	2	4	1	2	0	0	0	0	1	3	17
Other	8	3	31	17	22	10	20	9	11	10	11	12	164
Prevention Service Unit	0	2	2	0	0	4	1	4	4	4	5	4	30
Sex Abuse Specialty	13	10	4	15	9	5	15	7	8	5	3	6	100
Youth Aid Panel	0	1	1	0	0	2	0	0	0	0	0	0	4
Total	245	245	257	251	218	231	192	189	257	252	262	226	2,825

DEPARTMENT OF HUMAN SERVICES													
CHILDREN & YOUTH DIVISION - FAMILY & COMMUNITY SUPPORT CENTER (FCSC)													
REASON FOR REFERRAL													
FISCAL YEAR 2015													
	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Total
After-School Programs/ Camps (OST)	90	66	73	62	60	48	46	38	59	71	97	86	796
Basic Needs (food, clothing, daycare, welfare, etc)	207	170	128	113	98	88	118	109	88	114	161	92	1,486
Behavioral Health (Substance abuse MH/MR referral to DBH)	117	71	55	63	43	70	87	61	63	93	73	84	880
CAPTA	28	12	16	13	11	4	6	11	21	6	7	6	141
Community Support & Outreach	175	144	135	92	91	70	96	80	96	84	107	88	1,258
Delinquency & Violence	3	3	26	10	12	8	5	2	3	2	5	3	82
Domestic Violence	14	17	5	13	8	10	16	7	14	14	15	4	137
Educational Reengagement Center (age 16-21)	19	13	14	9	4	4	5	4	7	2	9	3	93
Family Empowerment Services (FES)	454	421	403	381	300	258	338	376	447	409	557	423	4,767
Intensive Prevention Services	64	64	95	114	100	100	120	120	129	149	156	110	1,321
Parent Education & Support	114	111	82	90	52	42	82	62	61	71	68	60	895
Specialized Supportive Services (Kinship caregivers,	7	6	6	3	5	1	0	1	0	4	1	0	34
Youth Aid Panel	3	1	5	3	0	2	0	1	3	0	4	4	26
Youth Development programs/ Recreation	106	40	78	81	42	47	69	54	46	58	61	60	742
Total	1,401	1,139	1,121	1,047	826	752	988	926	1,037	1,077	1,321	1,023	12,658

Chart Analysis for 3-2a. through 3-2i.

- **NOTE:** These questions apply to both the child welfare and the juvenile justice agencies Response will be submitted with final narrative.
- ❑ Discuss any highlighted child welfare and juvenile justice service trends and describe factors contributing to the trends in the previous charts.
- ❑ Discuss any important trends that may not be highlighted.
- ❑ Identify the impact of established Shared Case Responsibility (SCR) practices within the county.
- ❑ Please describe what changes in agency priorities or programs, if any, have contributed to changes in the number of children and youth served or in care and/or the rate at which children are discharged from care.

Child Welfare Demonstration Project (CWDP or Demonstration Project)

The Philadelphia Department of Human Services is one of six counties in Pennsylvania participating in the Child Welfare Demonstration Project, which commenced in July 2013. The approach used in the Improving Outcomes for Children (IOC) system transformation is critical to the design and ongoing implementation of the Child Welfare Demonstration Project. Given the magnitude of the system change involved in the implementation of IOC, the Department is working on aligning the implementation of the Evidence-Based Practices (EBPs), a key component of the Demonstration Project, with IOC goals and objectives. Consequently, EBPs will be developed and delivered through the CUAs and the provider network contracted by Community Behavioral Health (CBH) to deliver behavioral health services and ensure comprehensive coverage for families involved with the Department. CBH is the managed care organization for the City of Philadelphia and part of the Department of Behavioral Health and Intellectual disAbilities' Services (DBHIDS). Two EBPs have been provided in Philadelphia for several years via CBH (Parent Child Interaction Therapy and Functional Family Therapy) and one EBP is new to Philadelphia (Positive Parenting Program, also referred to as "PPP").

Consistent with the CWDP theory of change, the Department and the CUAs continue to engage thousands of families in Family Team Conferencing (FTC) and Family Group Decision Making (FGDM) meetings to support safety, permanency, and well-being. At the same time, the Philadelphia Department of Human Services continues to use the FAST and CANS assessment tools as a means to assess the needs and strengths of children, youth, and families involved with the Department, and inform the selection of EBPs to address identified needs. In May of 2015, a group of 13 people from Philadelphia (nine CUA staff and four Department staff) participated in a two-day "Train the Trainer" training in Mechanicsburg with three other CWDP counties. This group, self-identified as the "Philadelphia CANS/FAST champions," is committed to ensuring that CANS and FAST assessments are administered timely and regularly to ensure that assessment supports IOC goals.

The Department and the CUAs, along with CBH, selected three evidence-based programs (EBPs) as part of the Demonstration Project.

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- Parent-Child Interaction Therapy (PCIT) is a treatment program for young children with behavioral challenges that emphasizes improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT integrates concepts from social learning theory, traditional play therapy, and attachment theory. Dyadic therapy, a method of coaching, is used to enhance the parent-child relationship, increase children's pro-social behaviors, and increase parents' behavior management skills. The additional skills developed through this intervention can help to prevent additional or more intensive penetration into the behavioral health, child welfare, and other child-serving systems. PCIT is appropriate for children ages two through eight years with externalizing behavior disorders or an exposure to trauma and is a clinic-based service. The following organizations are providing PCIT as of July 2015: Asociación Puertorriqueños en Marcha, Bethanna, Juvenile Justice Center, NorthEast Treatment Center, Northern Children's Services, Philadelphia Mental Health Center, Silver Springs, The Village, and Children's Crisis Treatment Center/Children's Trauma Assistance Program and Sexual Trauma Treatment Program.
- Functional Family Therapy (FFT) is a short-term, intensive, family treatment program. FFT is grounded in a strength-based philosophy that aims to address risk and protective factors. The model is based on the theory that there are relational "functions" that promote and maintain problem behaviors. Treatment involves changing the patterns of how family members communicate, problem solve, and meet their relational needs. FFT is appropriate for youth 11-18 years old and is a mobile service that works with youth and families in their homes, communities, and schools. As one tactic to reduce the numbers of youth entering care, FFT-referral will be available to the Philadelphia Department of Human Services Investigation staff to divert appropriate families from being accepted for service. There are two FFT providers in Philadelphia as of July 2015; Consortium and Intercultural.
- Positive Parenting Program (PPP) is a multi-tiered system of evidence-based education and support for parents and caregivers of children and adolescents. The system works as both an early intervention and a prevention model. PPP may be offered in clinical and non-clinical settings by a multidisciplinary workforce of social service, mental health, healthcare, and education providers. There are three CUAs which recently received Pennsylvania Commission on Crime and Delinquency grants (PCCD grants) to build PPP programs in Fiscal Year 2015-2016: Turning Points for Children (CUAs 3 and 9) and Wordsworth (CUA 10). The Philadelphia Department of Human Services will build additional capacity through community-based providers via a Request for Proposal process in the fall of 2015.

Rightsizing Congregate Care

Reducing reliance on group homes and institutions is a goal of Improving Outcomes for Children and a key to its success. Congregate Care Rightsizing (CCR) ensures that congregate care placements are appropriate and treatment-focused. The goal is to identify youth who could be better served in a family setting, and provide an opportunity to serve children and youth in their own homes and communities when possible.

Research suggests that youth in congregate care are at greater risk of having physical, emotional, behavioral, and social issues. These youth will lack emotional attachments with adults that they need in order to be successful. To improve outcomes for youth who have been placed in group homes, institutions, and shelters, the Philadelphia Department of Human Services has implemented CCR. There are four processes under CCR intended to reduce use of congregate care and improve outcomes for youth:

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the Commissioner's Approval Process, Expedited Permanency Meetings, Emergency Shelter Rightsizing, and clear CUA Guidelines for the use of this level of care.

- **Commissioner's Approval Process**

As of July 1, 2012, 24% of the dependent placement population in Philadelphia was placed in congregate care settings. On October 31, 2012, former Commissioner Ambrose instituted the Commissioner's Approval Process (CAP) which requires the Commissioner's office to approve all congregate care placements. The process begins with the Central Referral Unit (CRU) screening the placement referrals. If the CRU screening indicates that congregate care is appropriate, a referral is sent to the Commissioner for approval. Since the inception of the process, the Commissioner's office has reviewed 2,533 referrals. As of June 2015, the number of children and youth in congregate care has decreased to 15.3%. The Philadelphia Department of Human Services, along with the CUAs, is actively working towards a goal lower than the current national average of 14%.

With the transition of case management services under IOC to Community Umbrella Agencies (CUAs), the CUAs are now responsible for implementing a similar CAP model when deciding whether congregate care is the most appropriate setting for a youth. All congregate care placements must be approved by the CUA Case Manager Director and the CUA Director. The CUA Case Manager and Supervisor must specifically document progress towards moving the youth to a lower level of care, or revisions to the Single Case Plan if the reason for the youth's placement in congregate care has not changed to allow the lower level of care.

- **Expedited Permanency Meetings**

Expedited Permanency Meetings (EPMs) are a one-time, structured and facilitated meeting to identify and safely transition youth from congregate care to a family-like setting or achieve permanence. An EPM is appropriate for those youth who have been in care for over four months and less than two years. As of June 2015, there have been 446 youth selected to take part in the EPM process. Of those, 160 youth transitioned from congregate care placement to a family-like setting with additional supportive in-home services to ensure stability.

- **Emergency Shelter Rightsizing**

In addition to the CAP and the EPMs, the Department is taking steps to reduce the use of Emergency Shelter services and the length of time youth remain in Emergency Shelters when kin or other resource homes are not immediately available. The Department had nine Emergency Shelters in May 2013. The Department has discontinued contracts with four of these Shelters. The Department is currently utilizing the services of four Shelters for youth between the ages of 14-18, and one that is only used for youth 18 years of age or older. The CUAs have subcontracted with two separate dependent Shelters. A new CRU afterhours emergency placement protocol streamlines the placement process to ensure that afterhours' emergency placements are monitored. The Department's Performance Management and Accountability (PMA) Division produces monthly data to track all Shelter utilization.

- **Level of Care (LOC) Tool**

Finally, the Department and the CUAs work together to ensure that the level of care for a child is thoroughly reviewed prior to placement of a youth in congregate care. In June 2015, the Department implemented the use of the Level of Care (LOC) tool when children and youth are placed in out-of-home care for the first time or are

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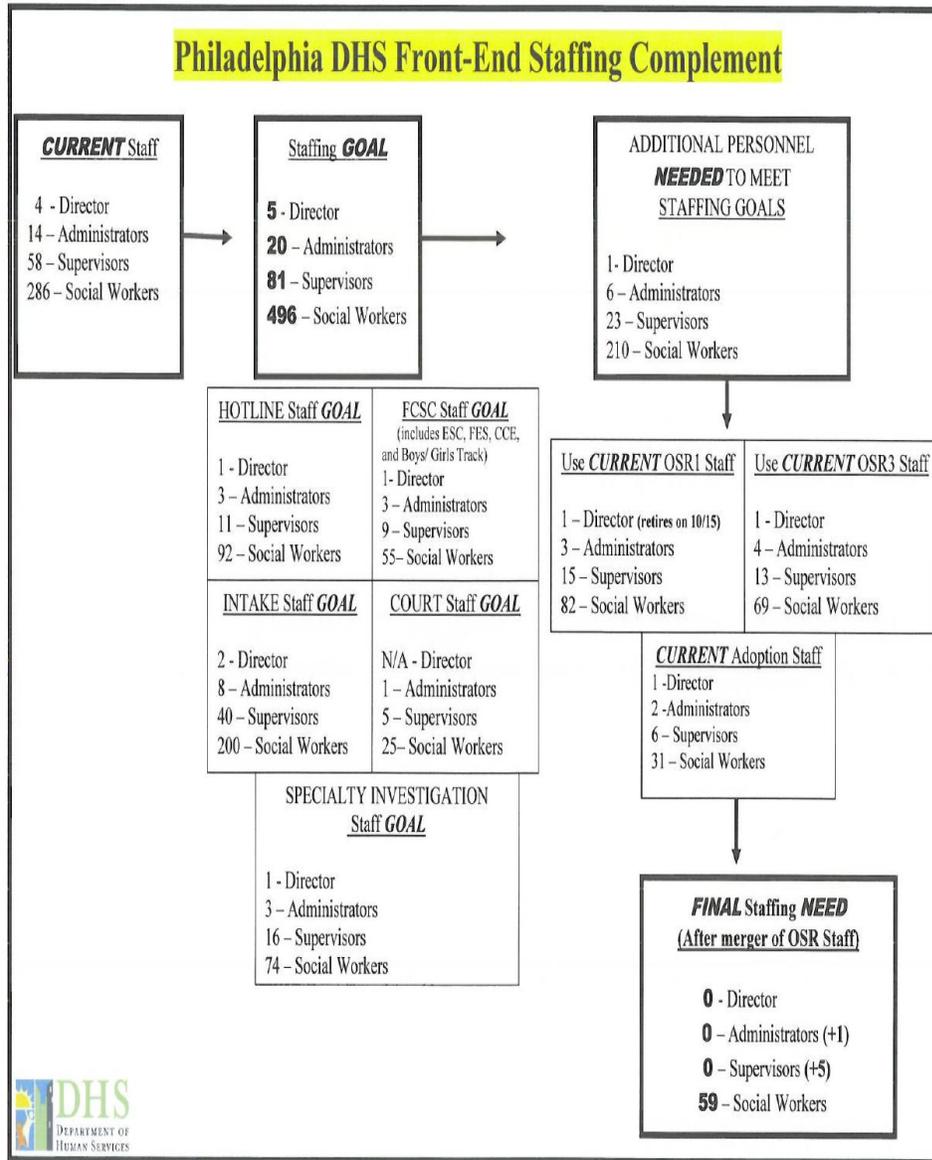
placed after being re-committed to the Department. The tool is used to recommend the least restrictive setting that will be able to keep children and youth safe and meet their needs for stability, health, developmental growth, and emotional well-being. The Department's policy requires that the CAP or the CUA's equivalent process be utilized even when the tool recommends a congregate care setting.

Front-End Workflow Streamlining

Although a lot has changed under the Philadelphia DHS Improving Outcomes for Children (IOC) System Transformation, the Department's Front-End Services (Hotline and Investigation) Component was always meant to remain intact. In an effort to better define the responsibilities of the Front-End staff as well as to increase overall efficiency, the Department, with the support of the Annie E. Casey Foundation, initiated a workgroup to examine Front-End workflow practices. The goal of the workgroup was to determine where practice could be streamlined and make recommendations.

Over the course of the process, the workgroup discovered that Front-End roles and responsibilities were clearly defined and there was very little duplication in the overall business practice. The workgroup concluded with the recommendation that the Department staff the Front-End to its optimal capacity in part to respond to the increased volume of reports received at the Hotline level, increased number of investigations, and increased demands of CWIS, implementation as detailed in the Investigation data. Most importantly doing so, there will be better quality assessment and decision-making, enabling families to quickly receive the services needed to enhance their protective capacities so that children and youth can better achieve safety, permanence, and well-being.

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Juvenile Justice Services

The decreased reliance on community-based and institutional placements continues for the sixth consecutive year. Placement in secure detention has historically been a strong predictor of placement in community-based and institutional placements. As detention numbers have decreased, so too have placement numbers.

The Juvenile Justice System Enhancement Strategy (JJSES), the Juvenile Detention Alternatives Initiative (JDAI) as well as other strategies have had an extraordinary impact on addressing risk, responsivity and overall recidivism. Many reforms in Restorative Juvenile Justice are directly geared towards employing evidence-based practices and a refocus towards development of youth competencies. The commitment to fundamentally address criminogenic factors are evident in diversionary programs at the front end, as well as the use of assessments

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at critical junctures, and the focus of developing a graduated approach as part of Stage 3 of the JJSES model. The use of graduated responses has contributed to fewer youth being placed and more being referred to community-based programming.

In July 2014, Philadelphia's Youth Level of Service policy was restructured in line with recommendations of the Juvenile Court Judges Commission that the initial YLS assessment is best conducted prior to adjudicatory hearings. Identifying the risk and needs of youth in the early stages has allowed for structured decision making at critical junctures in the juvenile justice system. During the fiscal year 2014-2015, the Department conducted 2,802 YLS assessments, with risk levels of 35% low, 58% moderate, and 7% high.

The Graduated Response committee in conjunction with a consultant has continued its work toward developing a reward and sanction matrix. During the course of the year, a focus group of youth and another of probation officers were conducted to collect data on desired rewards and sanctions. A draft matrix was presented to the statewide Graduated Response workgroup and Philadelphia is currently making the recommended improvements to the matrix.

Through participation in the Juvenile Detention Alternatives Initiative (JDAI), Philadelphia has served as a pilot JDAI site for the Commonwealth of Pennsylvania since 2011. To implement the core strategy of objective decision-making processes, local and statewide stakeholders began meeting regularly in December, 2012 to construct a Pennsylvania Detention Risk Assessment Instrument (PaDRAI). This instrument was designed to standardize the detention decision-making process within and across jurisdictions in Pennsylvania. The instrument was constructed using a collaborative and consensus-based process incorporating feedback from representatives from nine counties throughout Pennsylvania. Philadelphia adopted the PaDRAI in August, 2013 and has been using it to guide detention decisions since that date.

Results from local data analysis support the utilization of the Pennsylvania Detention Risk Assessment Instrument (PaDRAI) as an effective tool to help standardize and guide detention decisions in Philadelphia. Through the sample of 345 cases review in 2014, the Philadelphia Court Intake Unit effectively piloted the revised instrument and demonstrated that the detention decisions indicated by the PaDRAI were followed in the majority of cases. The low discretionary override rate of 14.23% was supported by supervisory review of every PaDRAI completed.

The PaDRAI was selected as an approach to address inconsistent detention decision practices through the Detention Utilization Study and System Assessment undertaken as part of Philadelphia's participation in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative. The design and implementation of the PaDRAI provided an objective admissions tool, and has resulted in a more fair and consistent admission policy. The PaDRAI is aligned with the Balanced and Restorative Justice principles as well as the Juvenile Justice System Enhancement Strategy for Pennsylvania by providing a fair and objective detention admissions policy. The PaDRAI is conducted at time of arrest on all new arrests in Philadelphia, and has been built into the Juvenile Case Management System (JCMS) so that it is used consistently and data analysis capability is being developed at the state level.

The decrease in the number of arrests, as well as the successful implementation of Juvenile Detention Alternative Initiative (JDAI) strategies to reduce unnecessary reliance on secure detention is also believed to have contributed to the reduced number of delinquent community residential placements.

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The use of the Global Positioning System (GPS) monitoring allows the Court to remain consistent with the Balanced and Restorative Justice (BARJ) principles of youth accountability and community protection.

Currently, approximately 200 youth are GPS monitored by TrackGroups products and services. With the opening of the Philadelphia Juvenile Justice Services Center and the model for active intervention monitoring using the TrackGroups products, Philadelphia Juvenile probation is recognized as having one of the best GPS programs nationwide. Using key product features and staff dedicated to respond to alarms and violations 24/7, Philadelphia Juvenile Probation has set the benchmark for live, preventive, and interactive monitoring. The early trends have also continued to demonstrate that the program contributes remarkable savings as it provides efficient alternatives to detention and alternatives to placement within the juvenile justice system.

In 2014, the GPS monitoring program at Family Court allowed the Juvenile Probation Department to provide a high level of supervision to 1,427 youth in the community in lieu of placement or detention. Further, aligned with alternative to detention strategies, youth committed to Philadelphia's Evening Reporting Center (ERC) were also placed on GPS monitoring as part of our ongoing JDAI commitment. With youth being placed on GPS to attend ERC, the combination of both comprehensive programs has evolved to be the Court's most intensively supervised ATD.

A total of 1,427 youth were monitored by the GPS program for an average of 51 days. Also, 819 of the 1,427 youth monitored were placed on GPS as an Alternative to Detention. Furthermore, as an alternative to secure detention, GPS monitoring facilitates the Court supervision of 200 – 225 youth daily. 1291 youth were successfully discharged from GPS monitoring.

As part of JDA strategies, Evening Reporting Centers (ERC's) were opened in November, 2013 as the most intensive alternative to detention program for high risk youth who would otherwise be detained in the Philadelphia Juvenile Justice Services Center secure detention facility. Youth report directly to the ERC after school at 4:00 PM, engage in education, recreational, and life skills programming, and are transported home by 9:00 PM. As a requirement of participation, all youth who participate in the ERC are also on GPS monitoring.

The ERC was selected as an approach to address high detention population through the Detention Utilization Study and System Assessment undertaken as part of Philadelphia's participation in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative. After identifying the need for more intensive alternatives to secure detention, Philadelphia juvenile justice stakeholders visited other jurisdictions around the country (including in Baltimore, Chicago, and Berks County, PA) to observe other successful Evening Reporting Centers and help craft the Philadelphia program. The ERC serves as the most intensive alternative to detention program, and is directly aligned with Balanced and Restorative Justice Principles of community safety through GPS monitoring and prevention of re-arrest, accountability through required attendance, and competency development through extensive programming.

Youth report directly to the ERC after school, engage in educational, recreational, and life skills programming, and are transported home by 9:00 PM. All youth who participate in the ERC are also on GPS monitoring. Quarterly meetings between juvenile justice stakeholders and providers have been implemented to ensure the appropriate revision of policies and ongoing monitoring of data.

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For calendar year 2014, a total of 201 youth participated in the ERC program. 165 youth successfully completed the program (82.09%). 29 youth were unsuccessful due to failing to appear at court hearing, GPS violation or program failure, and 7 youth were unsuccessful due to re-arrests.

- ❑ Are there any demographic shifts which impact the proportions of children and youth in care (for example, are younger children making up a larger proportion of admissions than in years past)?
- ❑ Describe the county's use of congregate care – provide an overview description of children/youth placed in congregate care settings and describe the county's process related to placement decisions.

See Congregate Care Rightsizing and following described earlier.

- ❑ How has the county adjusted staff ratios and/or resource allocations (both financial and staffing, including vacancies, hiring, turnover, etc.) in response to a change in the population of children and youth needing out-of-home care? Is the county's current resource allocation appropriate to address projected needs?

IOC System Transformation Reinvestment Strategies

As the Department implements IOC, there are key services that are necessary components for supporting children, youth, and families served to achieve permanency, enhance parenting capacities, empower families, and facilitate stabilization of the family unit. Some of the evidenced-based programs that have been, or will be implemented in IOC, are also components of the Child Welfare Demonstration Project (CWDP).

- **Parent Child Interaction Therapy (PCIT)**

This is an evidence-based practice that is also a component of the CWDP. Please see response under the question regarding changes in agency programs and priorities for more detail.

- **Positive Parenting Program (PPP)**

This is an evidence-based practice that is also a component of the CWDP. Please see response under the question regarding changes in agency programs and priorities for more detail.

- **Functional Family Therapy (FFT)**

This is an evidence-based practice that is also a component of the CWDP. Please see response under the question regarding changes in agency programs and priorities for more detail.

- **Visitation Coaching**

Visitation Coaching (VC) helps parents to take charge of their family's visits and plan specifically how they will meet their child or youth's needs.

- **Strengthening Families Model Training**

This research-based, evidence-informed approach to practice is central to the community-based emphasis of IOC and uses community programs to enhance protective factors for children and families. This training is for both CUA and appropriate Philadelphia Department of Human Services staff.

- **Parent Mentors**

Parent Mentors allow CUAs to take a global or systemic approach to advocacy by ensuring that the voices of parents known to the Child Welfare System are included in practice and policy development. Although the Parent Mentor functions are part of the

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larger CUA team, they can accompany parents, particularly those who are isolated with little or no family support system, to team conferences. Parent Mentors offer support to parents because they share similar experiences. Parent Mentors also direct parents on navigating the multiple systems.

- **Youth Mentors**

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

In-Home Services Enhancements

- Concrete goods and aftercare funding:
Resources for concrete goods and aftercare funding have been included in the CUA budgets or through the use of the Department's Emergency Fund.

Placement Service Enhancements

- Resource Home Coordinators
This role is specifically focused on the CUA's ability to build a pool of resource parents within their subcontractors array specifically targeting residents who live in or near the CUA region. The Quality Parenting Initiative (QPI) seeks to foster resource parents who view reunification as the preferred permanency option, who view themselves as mentors for the reunification resource both during and following placement services. In addition, resource home coordination includes developing creative strategies to make outreach and identify resource parents willing to open their homes to the more challenging population of children and youth requiring specialized behavioral health or specialized medical resource home placement, older youth, minor mothers and their babies, and youth with delinquent behaviors who may also be appropriate candidates for foster care. Resource Home Coordinators develop and implement strategies with the subcontractors to increase the capacity of available resource homes in the CUA area. They are also responsible for ensuring that resource homes are certified in a timely way by subcontractors. This is certainly a challenge given our placement population increase. Resource Home Coordinators also maintain an electronic system for tracking status and utilization of subcontractors' certified and prospective resource homes.
- Life Skills Coordinator
This position takes a global approach to the coordination, implementation, and monitoring of life skills to our youth and parents and provides life skills coaching, supports, instruction, and modeling for youth and caregivers who are accepted for services with a CUA.
- Well-being Specialist
This position is meant to provide structure to ensure that children and youth have their medical and behavioral health visits completed and, whenever possible, that a Medical Home is established for each child or youth to ensure consistent and comprehensive care and follow up.
- Aftercare Worker
As a part of the CUA Support Team, Aftercare Workers provide supportive services to families who have recently had a child or youth achieve permanency from any level of placement through reunification, family stabilization, or PLC. Aftercare

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workers also provide supportive services for children, youth, and families who have achieved safe case closure following in-home services.

- **Outcomes Specialist**
The Outcomes Specialist is a member of the CUA Support Team who works toward achieving the objectives of the Single Case Plan. The Outcomes Specialist facilitates safe case closure for in-home service cases, and reunification or other permanency for children and youth in placement by providing support to the CUA CM, focusing on permanency opportunities, tracking cases through the permanency process, and assisting in preparing children, youth, and families for permanency. One Outcomes Specialist is funded at each CUA for every 50 families.
- **Parent Cafes**
Strengthening families within their communities is the core of what IOC strives to accomplish. Parent Cafes allow parents and other support members to gather in a comfortable, culturally embracing location to form partnerships and allow for discussions on what families in their communities need to support children and youth from entering out-of-home care and what is needed to achieve timely permanency, if out-of-home care is necessary. Parent Cafes provide a forum for conversations around topics that give caregivers the tools to strengthen their parenting capacities and understand the warning signs that could lead to abuse and neglect.

Parent Cafes provide ongoing training and support for “Parent Hosts” so they continue to grow as leaders of their own families and community. Outreach with community groups and systems that serve children, youth, and families helps to maintain a consistent and strong support base.

This work is being managed by the Strengthening Families staff at each CUA and lead by staff at the Achieving Reunification Center.

- **Ancillary Services**
Providing support when needed is essential to caregivers and can be the deciding factor in whether or not a caregiver chooses to care for children in need while a parent works towards reunification. Understanding how important it is to identify kin to care for children and youth, the Department would like the CUA to be able to secure services such as homemaker care to help clean a home and services to help make minor repairs which can help an identified kin bring their home into compliance and open their home to a child or youth who already has an established relationship with the identified kin. Funds could also be used for informal respite such as using a babysitter to allow a parent to attend educational workshops, training programs or even just take a couple of hours as a break when they feel it is needed. By providing these kinds of creative resources to kin, the Department recognizes that many families will benefit from a sense of security knowing their children are being cared for by someone with whom they are familiar, allowing the parent to concentrate more on achieving reunification.
- **Legal Support:**
In an effort to increase permanency and ensure safety and well-being for children involved with the Philadelphia Department of Human Services, the Law Department's Child Welfare Unit (CWU) supports the transition to and implementation of IOC. See response below regarding Legal Support Requirements.

Non-IOC System Transformation or Combined Reinvestment Strategies Legal Support Requirements

New Child Welfare legislation, a clarification of parents' and guardians' due process rights with respect to Safety Plans, managing the transition to Improving Outcomes for Children, and an increased emphasis on permanency has led to a need for additional legal staff.

- Changes in Child Welfare Law
 - Solicitor Review of Indicated CPS reports

As a result of changes in the Child Protective Services Law, effective December 31, 2014, Solicitors have been required to perform a substantive review of CPS reports that the Philadelphia Department of Human Services intends to indicate, including an assessment of legal sufficiency, before the report can be submitted to ChildLine. Last year, in anticipation of the work effort involved, the Department requested a special unit with five additional attorneys and a Legal Assistant to be dedicated to Solicitor Reviews, PaDHS Bureau of Hearings and Appeals (BHA) cases, and redaction/case file request assignments. The request was denied. The Solicitor Review work, in addition to the BHA appeals, and redaction assignments, has turned out to be greater than anticipated when last year's request was made. As a result, the City of Philadelphia, Law Department, Child Welfare Unit has had to assign all of its Deputy City Solicitors and Divisional Deputy City Solicitors to completing Solicitor Reviews.

Currently, the Solicitor Reviews are being completed by 14 attorneys who also have other responsibilities. Nine of these attorneys are Deputy City Solicitors and have to represent the Department in Dependency Court. Five of the attorneys are Divisional Deputy City Solicitors; they supervise the Deputies as well as twice as many Assistant City Solicitors in their work in Dependency Court. Solicitor Reviews take approximately one hour each. In May 2015, there were 80 Solicitor Reviews plus an additional 37 general consultations by the attorneys assigned to review CPS reports.

In June, there were 98 Solicitor Reviews plus an additional 46 general consultations by the attorneys assigned to review CPS reports. Because these staff represent the Department in Dependency and Permanency Review Hearings, the time they have to spend on other functions is time away from working with the Department towards timely permanencies for children and youth.

The Philadelphia Department of Human Services is re-requesting funding to create a special unit within the Child Welfare Unit to perform the Solicitor Reviews, handle hearings before the BHA, and complete redaction/case file request assignments. The Divisional Deputies and Deputies will then be able to re-focus their time and energy on permanency and, along with other permanency efforts by the Department, the Philadelphia Department of Human Services expects to see an improvement in timely permanency for children. The new unit will:

- Perform the review of indicated CPS reports. The current staff of attorneys spends the majority of their time in Dependent Court and cannot take on this additional responsibility created by the changes in the law without compromising some of their other functions, particularly timely reunification or other permanence.
- Handle fair hearings before the Pennsylvania Department of Human Services Bureau of Hearings and Appeals (BHA) when indicated perpetrators of child abuse appeal the finding by Philadelphia Department of Human Services. Creating a special unit for review of indicated CPS reports allows the same attorney who reviewed the Department's indication of a report to defend the

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decision before BHA. It improves efficiency and increases the probability of success to have an attorney who is already knowledgeable of the facts and legal issues represent the Department rather than have another attorney have to become knowledgeable of the details of the investigation. A Legal Assistant will also be needed to work with the special unit to help prepare documents for the hearing, subpoena witnesses, etc. Please note that changes in the Law also shorten the timeframe between the date of the appeal request and the actual appeal.

- Complete all redaction/case file request assignments presented to the Child Welfare Unit (CWU). The attorneys in the new unit will spend less time in court than other attorneys and are better able to focus their time on these redaction of case file requests. The volume of redaction and case file requests is great and has inadvertently caused a barrier to permanency because it detracts from the amount of time that the CWU attorneys assigned to Dependency Court have to work on achieving reunification or other permanency for these cases. By centering this responsibility in a special unit, the CWU attorneys assigned to represent DHS in Dependency Court will be better able to concentrate on achieving permanency. It should be noted that the size of many DHS files, particularly those of children, youth, and families receiving child welfare or protection services over a period of time can be quite large. Redactions can take as little as an hour but even as long as a full day or more.

Furthermore, many of the requests for the Department's files are related to BHA appeals of indicated reports and it is most efficient for the same attorney who reviewed the indicated report, and who may be litigating an appeal, to complete the work related to a request for the file.

In order to meet this new requirement of the Law, the CWU requires **three additional Attorneys** and **one Legal Assistant**.

- Exchange of Philadelphia Department of Human Services information with Domestic Relations (DR) Court.
The changes in the Child Welfare Law also include a new requirement that DR Court Judges must request any CPS, GPS, or both CPS and GPS information the Department has regarding the family in cases involving children (e.g., custody cases, divorce cases involving children, etc.). Although DR Court Judges have not begun to make these requests yet, based on the significant number of requests currently handled by our Chief Deputy Solicitor before passage of the new law and logistical discussions with DR Court, it is anticipated that the numbers of such requests will be in the thousands. It is also anticipated that the DR Court Judges will request information in addition to the minimum required by the new CPSL. The Department's case file will have to be retrieved and relevant information extracted for the DR Court Judge. A Legal Assistant will be required to perform this assignment. A Divisional Deputy will be supervising this work and that will affect that attorney's ability to complete the other work required of Divisional Deputies. A Senior City Solicitor who has experience dealing with many Judges is necessary to ensure that the Department is properly represented in what will likely be voluminous interactions with DR Court. A Senior City Solicitor will act, in effect, as a liaison with DR Court Judges.

In order to meet this requirement of the Law, the CWU requires **one Senior City Solicitor**, and **one additional Legal Assistant**.

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- Expanded Definition of Child Abuse and Mandated Reporters.
The changes in the Child Welfare Law, as stated above, include an expansion of the definition of abuse and who must report it. This change has resulted in more Dependency petitions filed by the CWU which significantly increases workload. Data from the Law Department shows that the CWU has processed 20% more Dependency petitions than at this time last year.

Delays in the filing of petitions can cause safety issues for children and youth and ultimately delay permanency because permanency timeframes do not begin until a formal petition is filed with the Court. A Divisional Deputy is needed to supervise and manage the increased workload based on changes in the Child Welfare Law. The Divisional Deputy will also serve as an Officer Manager who will focus on staffing Dependency Court to most effectively meet the requirements of the changes in the Law. The Law Department CWU currently has 16 Legal Assistants. Assuming that the workload does not increase further, this staff needs to be increased by 20% at a minimum, i.e., by three additional Legal Assistants to be able to file petitions in a timely manner.

To meet the expanded work flow, **one Divisional Deputy City Solicitor, one Legal Assistant Supervisor, one Legal Assistant, and one Support Staff** are required.

- Safety Plan Hearings
Recent Federal case law holds that parents and guardians have a due process right to have Philadelphia Department of Human Services Safety Plans requiring that a child be separated from a parent or guardian reviewed. A dedicated Deputy City Solicitor who is skilled at Court representation with very little preparation is needed to adequately represent the Department at the review hearings as there will be little time to prepare these cases for Court. Furthermore, a Legal Assistant will be needed to prepare for these hearings. The Department has been working with the Honorable Margaret T. Murphy to develop a process to hold these Safety Plan Review hearings. Recently, Judge Murphy, the Administrative Judge of the Family Division of the Court of Common Pleas, declined to host the Safety Plan Review Hearings at Family Court. As a result, in addition to Law Department CWU staff, the Safety Plan Review Hearings will require that the Department hire two Safety Plan Review Officers to hear these cases in the building of the Philadelphia Department of Human Services.

One Deputy City Solicitor and one Legal Assistant are required for the CWU to prepare for and staff these forthcoming Safety Plan Review hearings. Two Safety Plan Review Officers are required to hear the cases.

- Permanency/Improving Outcomes for Children
The Department is in the midst of transitioning to its Improving Outcomes for Children (IOC) System Transformation in which Community Umbrella Agencies perform all case management services for Philadelphia Department of Human Services involved children and youth. When the transition is complete, it is anticipated that all CWU Dependency attorneys will handle CUA cases. However, during the period that the Department continues to run a dual system, additional staff are needed for purposes of Court preparation. In particular, the LSI Legal Assistants will work with the CUAs and CWU staff to make sure that all documentation (birth certificates, death certificates, searches for parents, etc.) is generated

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in a timely fashion so that permanencies such as Adoption and Permanent Legal Custodianship are not delayed. A Senior Solicitor will work with the current Divisional Deputy City Solicitor who is managing the transition to IOC to handle the increasing workload as the roll-out of the CUAs continues to occur.

One Senior Attorney, two LSI Legal Assistants, and one Support Staff are required to ensure timely permanency during the transitional period.

Education Support Center

Since the Fall of 2009, the Philadelphia Department of Human Services' Education Support Center (ESC) has successfully maintained its principle goal of improving the educational stability, continuity, and well-being of children and youth involved with the Department along its entire continuum of services.

The ESC is staffed with Education Stability Liaisons who identify and remove educational barriers for system-involved children and youth. They work closely with Department, CUA, non-CUA Provider, and school staff to address challenges for children and youth around academic performance, attendance, and behavior, and support a successful academic experience for children and youth.

Full implementation of the Education Support Center has had a positive effect on the educational success of Philadelphia DHS-involved youth. In 2014, The Children's Hospital of Philadelphia's PolicyLab began conducting a follow-up study to its 2006 *Unfulfilled Promise* report entitled, [*A Promise Worth Keeping: Advancing the High School Graduation Rate in Philadelphia*](#), which presents research findings around graduation, dropout, re-engagement, and post-secondary enrollment data for Philadelphia youth, including those involved in the child welfare and juvenile justice systems between 2002 and 2012. SDP schools that had [high concentrations of students involved with DHS](#) were highlighted in the study alongside schools with students experiencing elevated risk of abuse, neglect, and truancy.

Over the study period, DHS-involved youth showed improvement in graduation rates across all levels of participation with the child welfare system. Researchers were also able to identify a notable gap between child welfare involved students and non-involved students in terms of academic achievement gains. For example, graduation rates for youth with:

- Foster Care involvement increased from 28 percent to 44 percent.
- Juvenile Justice System involvement increased from 16 percent to 36 percent.
- "Other" types of DHS involvement increased from 32 percent to 47 percent.

Outcomes

In support of the ESC's principle goal, during FY 2015, the ESC has continued pursuing the following outcomes:

- Advance successful educational outcomes for Philadelphia DHS older youth through exposure to and coordination of afterschool and summer learning experiences.
- Increase successful post-secondary transitions and enrichment opportunities for Philadelphia DHS older youth by 10%.
- Ensure successful educational outcomes for Philadelphia DHS children, ages three to five years, by increasing enrollment and/or attendance in quality Early Childhood Education programs by 10% through tactical cross-system coordination, and alleviation of barriers to program access.

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- Support successful educational outcomes for Philadelphia DHS children, birth to five years, who qualify for Early Intervention services by increasing DHS referrals to Early Intervention by 10% through tactical cross-system collaboration, and alleviation of barriers to service coordination.

Due to Philadelphia DHS Data Warehouse restructuring, the ESC has not been able to develop a clean baseline that would allow the Department to measure these outcomes. The ESC will develop baseline measures to actively monitor progress once the system build has concluded and complete data integration has taken place.

Support Enhancements and Accomplishments

As part of capacity building, in last year's Needs-based Plan and Budget, ESC reported that it would expand staffing by 35 staff members: 20 DHS Education Liaisons, two assigned per CUA area, co-locating within SDP schools; ten DHS Early Childhood/Early Intervention Education Liaisons, one assigned per CUA catchment; five DHS Education Liaisons dedicated to older youth for Post Secondary Transitions and Academic Enrichment, one assigned per two CUA areas. ESC expansion intended for FY2015 was more modest than anticipated due in part to a staff transfer freeze related to continued implementation of IOC and staffing needs resulting from changes to the Child Protective Services Law. Despite the transfer freeze, ESC was able to hire three Social Work Supervisors, nine Co-location Education Stability Social Service Managers, and one ECE/EI Education Stability Social Service Manager to its existing service team. The staff additions have increased support at the school level for families who are at risk of initial or further system involvement with DHS, as well as those who are currently system involved.

In response to the CHOP PolicyLab study highlighting Philadelphia public schools that had high concentrations of DHS involved students, DHS co-located Social Work Services Managers to high-risk SDP schools that lie within neighborhood CUAs and their overlapping SDP Learning Network, as outlined by ZIP code. By strategically co-locating in specified schools within CUA/School District catchments, ESC has increased support for families who are at risk of initial or further system involvement, as well as those who are currently system involved. The ESC successfully co-located ten Education Liaisons within schools located in CUA/School District catchment areas across the City of Philadelphia.

As stated in last year's NBPB, ESC expanded its collaborative efforts to include focus on Early Childhood Education and Early Intervention. In the first half of 2015, 1,118 ASQs were completed for children who met the criteria, and 619 ASQ-SEs were completed. In the last quarter of FY2015 alone, 597 ASQs were completed and 329 ASQ-SEs were completed. Qualifying scores on the ASQ and ASQ-SE is one of the primary criteria for referring children to Early Intervention/ Early Childhood Education services. During FY2015, while working with staff deficits, the Center successfully implemented an inclusive Early Childhood Education and Early Intervention model to further the goal to improve ECE/EI program access and the increase DHS referrals for Early Intervention services by 10%.

In doing so, the ESC has:

- Built a strong cross-system collaboration team with members from Elwyn, ChildLink, Department of Behavioral Health & Intellectual Disability Services and the School District of Philadelphia to increase access and streamline coordination of services for DHS children to ECE and EI programs.
- Drafted a Protocol that has been submitted to DHS leadership for final review and approval. Upon approval, DHS Policy will be updated to reflect the use of the Protocol.

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- Drafted a Universal Referral mechanism for DHS involved children 0-6 years of age to streamline ECE/EI access. The Referral Form has been adopted by the cross-systems team and submitted to DHS leadership for final review and approval. Once approved, DHS Policy will be updated to reflect the use of the Referral form.

In FY2015, ESC collaborated with CCIS, Childspace Cooperative Development, Inc. (CDI), Delaware Valley Association for the Education of Young Children (DVAEYC), the Mayor's Office of Education, MetroKids and Opportunities Exchange to develop a plan to increase access to quality childcare and early learning programs throughout the City of Philadelphia. As a result, Great Philly Schools created a web-based mechanism that highlights quality childcare centers and early childhood programming across the City; while giving caregivers a means to query programs that meet their child's academic, cultural and emotional needs within their respective neighborhoods.

Despite a staff deficit in its Post-secondary Unit, the ESC continues to build upon its collaboration with the School District of Philadelphia by providing comprehensive hands-on support at the District's Re-Engagement and Student Transition Centers.

- One ESC Post-Secondary Unit Education Stability Social Work Services Manager is located in the School District of Philadelphia's Re-Engagement Center to serve Philadelphia DHS youth who have either dropped out of high school or currently find themselves behind in grade level and credit accumulation.
- One ESC Post-Secondary Unit Education Stability Social Work Services Manager is assigned to the School District's Student Transition Center to assist with student academic assessments that drive the identification of appropriate school assignments and expedited school enrollments for Delinquent and Dependent youth who returning to Philadelphia after 90 or more days of placement out of county.

The ESC is also actively involved in building relationships with the University of Pennsylvania, Community College of Philadelphia and other post-secondary institutions to create more intentional gateways into colleges, universities and Vocational schools for youth involved with Philadelphia DHS. The Post-Secondary Unit is also furthering its internal collaboration efforts with the DHS Achieving Independent Center to identify gaps in service for older youth and to remedy any duplication of efforts to better complement services.

DHS continues to build infrastructure for better coordination of educational experiences for DHS-involved youth. ESC continues to actively work with Philadelphia DHS' Performance Management and Accountability Division to plan data system integration within DHS to encourage improved agency practice and more reliable data reporting on education, and overall well-being outcomes for children and youth ages 0 to 21 years. SDP and DHS recently extended its five year data sharing agreement (MOU). A cross-system Qualitative Service Review (QSR) between DHS and the SDP has also been developed with the goal of building on quality improvement practice in child welfare systems across the country. The QSR identifies system-related barriers and solutions based on in-depth interviews of a small selection of SDP youth with on-going DHS involvement.

ESC continues to manage the Emergency Education Fund to alleviate financial barriers to education. The funding source covers costs associated with senior dues, school uniforms, college tuition balances, academic credit recovery, book fees, testing fees, etc. for DHS involved youth after all other financial resources have been exhausted.

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The majority of ESC staff have completed *Being Trauma Informed* training to encourage more comprehensive consultation and student support measures for children and youth who have experienced direct or vicarious trauma.

ESC has increased collaborative efforts and relationship building through participation in several campaigns and initiatives.

- ESC has continued its partnerships with the Franklin Institute and Settlement Music School. In FY 2015, the ESC identified the Philadelphia Zoo, Community College of Philadelphia and the Senator Hughes Summer Reading Program as potential strategic partners for ongoing summer enrichment opportunities. The purpose of these partnerships is to ensure that children and youth in out-of-home care who have inadequate skills in reading, writing, and/or math receive in-school and out-of-school-time supports.
- Ongoing Project U-Turn Committee Membership & Participation. The Committee facilitates the activities around Philadelphia's campaign to resolve the dropout crisis through a collective impact approach.
- The ESC also supports the federal My Brother's Keeper initiative (MBK) initiative and School District of Philadelphia's Action 3.0 plan to turn around failing public schools across the City.

Plans

While DHS-involved youth made significant progress in graduation after the Education Support Center was fully implemented in 2010, and we have seen an increase in students re-engaging in their education, the reduction in funding and staffing across the SDP is an ongoing threat that has the potential to reverse those gains. There is still a need to increase staff who work with Early Childhood Education and Post-Secondary Transitions and Enrichment Opportunities. In keeping with the ESC's FY 2015 expansion plan, the Center foresees an increase in staff capacity during FY 2016 by an additional 10 staff in Co-location, 6 staff in Early Childhood Education and 3 staff in Post-Secondary Education & Enrichment once the Department's transfer freeze is lifted.

The ESC will continue to participate in cross-system Qualitative Service Review (QSR) between DHS and the SDP. By continuing these assessments, it is believed that a higher level of response will be generated around the educational barriers and overall well-being challenges of at-risk youth in Philadelphia.

The ESC will also continue to collaborate on finding ways to use data to increase academic success and to provide annual disaggregated data for parenting teens and high school students with child welfare and/or juvenile justice involvement.

National Youth Transition Database Unit and Credit Checks for Youth

The National Youth Transition Database (NYTD) is the system that tracks the Department's provision of Independent Living skills to youth who are either currently in care or have been discharged. There are two parts to NYTD.

- Survey A, completed by the youth: The served population refers to those youth who are currently in care and receiving IL skills. This includes congregate care, institutional/RTF, kinship and foster care, TFC, and SIL. For youth 16 and older these services can be obtained at AIC.
- Survey B, completed by the provider: The Follow-up population refers to youth who are 17-21 and may still be in care. This survey also tracks these same youth again at ages 19 and 21 to assess how they are using the skills they learned while in care. Many of these youth may be out of care and difficult to locate.

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Both of these reports must be completed in specific periods identified by the state. The baseline/follow-up is downloaded by PMA and forwarded to the Department NYTD staff each week. There are **45 days** in this period in which the eligible youth has to complete the survey. The Served population has a **six month** reporting period. The provider has to access the NYTD website to complete the survey.

Because the follow-up surveys are expected to be labor-intensive, the implementation of NYTD requirements is being expanded to a full unit consisting of one Supervisor, four Social Workers, and three Administrative Technicians.

The NYTD Unit will also be requesting credit reports, and assisting credit recovery for all dependent youth age 14 years and older. Beginning in January 2015, the credit check process was initiated for youth who are active at the Achieving Independence Center (AIC). The AIC initiated a credit check process for AIC youth beginning in January 2015. To date they have interviewed 60 youth, two of which have had further investigations. These checks are now initiated at the orientation for all new youth at AIC. However, not all youth are active with the AIC, and the NYTD Unit will be able to provide the same services for these youth.

Roles and Responsibilities

Supervisor:

- Provide oversight of all NYTD reports including 17-21 follow-up populations, served populations, and PILOT.
- Establish relationships with provider agencies to ensure that assigned NYTD staff complete the surveys in a timely fashion.
- Establish relationships with provider agencies who serve the 17-21 follow-up group to ensure that youth are completing surveys.
- Attend all provider quarterly meetings to ensure accuracy of reporting by providers.
- Communicate with state on as-needed basis for technical assistance regarding NYTD report status.
- Work with provider agencies to develop a consistent IL curriculum. Provide assistance as needed.
- Work with providers to ensure that youth are receiving IL services as indicated in the Philadelphia Department of Human Services' policy.
- Coordinate with providers and develop a process to facilitate youth ability to access AIC center to receive IL services.
- Work with AIC center staff to coordinate and capture all eligible youth for served population and follow-up.
- Provide on-going presentations to providers and CUA on NYTD policies and mandates to ensure compliance.
- Supervise staff who provide the credit check process.
- Communicate with state on changes and provisions to existing policy.
- Conduct on-going trainings for staff, CUA, and provider agencies who work with dependent youth who are not enrolled at AIC.
- Work with CUA and provider to develop protocol for identifying youth who meet criteria for credit check.

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- Oversee the management and confidentiality of the process.
- Other duties that may impact the successful implementation of the federal policy.

Social Work Services Staff:

- Access the NYTD web-site on daily basis to ensure consistent follow-up with eligible youth for baseline survey and served population.
- Establish on-going relationships with providers and CUA to ensure completion of surveys by eligible youth.
- Facilitate on-going communication with providers and CUA to ensure promptness of reporting and completion of surveys.
- Conduct field visits to CUA placements and providers to establish relationships with youth who will become part of the follow-up survey upon transition from placement.
- Conduct on-going communication with youth to ensure that they are receiving, utilizing and accessing IL services.
- Document all efforts to locate youth including use of Accurate system, Facebook, LNA, adult systems (prisons and shelters).
- Conduct home-visits and/site visits to capture youth in the follow-up survey.
- Coordinate with AIC to access any eligible youth in the follow-up survey.
- Conduct on-site open groups to access youth who have transitioned from placement/care to conduct follow-up surveys.

Administrative Technicians:

- Communicate with PMA to obtain and review the list of eligible youth.
- Work with the Case Manager to review accuracy of initial application which should be completed at opening of the case.
- Work with the three reporting agencies to complete application and obtain results. (The Administrative Technician should establish an ongoing relationship with identified person at reporting source in case of discrepancies.)
- Follow through with case to resolve youth of any discrepancies on the report. The Administrative Technician also needs to work very closely with the State office (Dave Derbis) who has developed a protocol for the process based on federal law.

To support this request, please note that during FY15, there were 2,882 youth 14 years of age or older. See the chart below for youth aging out after age 18 years of age.

Youth Aged 18-21 Discharges in FY15					
Age	ADOPTION	NON-PERMANENCY	PLC	REUNIFICATION	TOTAL
18	2	55	8	43	108
19	0	39	6	7	52
20	0	43	2	7	52
21	0	84	2	0	86
TOTAL	2	221	18	57	298

Juvenile Justice Services

The Juvenile Probation Department, by way of an expanded DHS contract with It Takes a Village, Inc., has embarked on the use of Family Group Decision Making (FGDM) for youth transitioning back to communities from JJS residential placement. FGDM will assist in building natural support systems through family and community for high risk youth and bring together all agencies involved with a family to follow one plan.

In September 2014, leadership from It Takes a Village presented the FGDM process to Probation leadership and DHS. A decision was made to institute the FGDM process specifically for youth leaving residential placement. The focus was to provide assistance to youth and families in resolving familial and or other challenges by introducing them to the FGDM process. The FGDM conference empowers families and helps build their own problem solving skills.

Three local pilot residential agencies were selected to provide the initial referral source for FGDM. The selected agencies namely, Glen Mills, St. Gabriel's and Vision Quest Lee Prep-Philadelphia were to work collaboratively with JPO and the reintegration workers to assist in case planning and positive transition of our youth to community settings. In September 2014, a three day FGDM training was held for JPO. Subsequently in April 2015, It Takes a Village held a two day skill building presentation for reintegration workers and their supervisors. Reintegration workers will be key in assuring referrals are generated for the FGDM process. In June of 2015, the referral process for FGDM officially began for services.

In an effort to further improve outcomes for youth returning to their home communities from placement, the Department is looking to modify the reintegration program by initiating services with youth 90 days prior to discharge, and delivering those services for six months post-discharge. A youth's YLS score will be used to help determine the level of intensity needed to mitigate any residual criminogenic needs. DHS anticipates that compensating providers accordingly, with regard to the length of the service as well as the requirement for evidence based interventions, will require significant added expenditures.

Allowing Reintegration services to occur 90 days prior youth's anticipated discharge, affords reintegration workers the opportunity to engage the family, search for anticipated resources needed in the community, and develop a rapport with youth prior to their discharge from residential placements.

In the realm of prevention, the Police Diversion, in collaboration with DHS and the School District of Philadelphia, has decreased the number of youth serviced entering the system and as a consequence, serviced by JPO. The program has shown great success in its first year. School arrests are down 54 percent, and hundreds of young people and their families have been afforded an opportunity to turn their lives around. There have been 1,051 fewer incidents than in the previous school year

Further, the decriminalization of small amounts of marijuana, has also contributed to less arrests of youth by Police. While youth under supervision continues to be the main focus for JPO, we cannot underscore the benefits diversion provides to youth and families.

In our continued efforts to develop and maintain effective quality programs geared toward female youth involved in the delinquency system, the Department and JPO have collaborated with the Girl's Programming Group and established a committee to focus on reviewing and recommending effective measures for facilities and campuses. The recommendations produced by the committee were extensive and are in the process of being considered as

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service requirements for applicants in the Request for Proposal (RFP) that will be issued to solicit a girls' program.

3-4 Program Improvement Strategies

Counties may opt out of completing all or parts of this section if one or more of the following apply:

- Participating CWDP counties if the information is captured in their IDIR-U and the plan is submitted as an attachment
- Phase I – IV Continuous Quality Improvement (CQI) counties whose County Improvement Plan (CIP) captures the required information and the plan is submitted as an attachment
- Counties have a formalized strategic plan (child welfare and/or juvenile justice) that captures the required information and the plan is submitted as an attachment

Counties must identify the areas for improvement that are the focus of CIPs, IDIR-U or other strategic plans that are in planning stages or under implementation in FY 2015-16 and FY 2016-17 that address both child welfare and juvenile justice populations.

Counties must select a minimum of three Outcome Indicator charts that are relevant to their identified Program Improvement Strategies. County juvenile justice agencies should also include charts relevant to their program improvement strategies.

- CWDP counties and prospective CWDP counties must select Outcome Indicators that are reflective of targeted outcomes of their Demonstration Project design.

IOC Rollout Dates

CUA	Start Date (Month-Yr.)	Type of Service
Net #1	Jan-13/Apr to Jul-13/Oct-13	In Home/Foster Care/Congregate
APM#2	Apr-13/Jul to Oct-13/Jan-14	In Home/Foster Care/Congregate
TPFC#3	Jan-14/Apr-14	In Home, Foster Care/ Congregate
CCS#4	Jan-14/Apr-14	In Home, Foster Care/ Congregate
WW#5	Apr-14/Jul-14	in Home, Foster Care/ Congregate
TNCP#6	Jul-14/Oct-14	In Home, Foster Care/ Congregate
NET#7	Juy-14/Oct-14	In Home, Foster Care/ Congregate
BETH#8	Nov-14/Feb-15	In Home, Foster Care/ Congregate
TPFC#9	Nov-14/Feb-15	In Home, Foster Care/ Congregate
WW#10	Nov-14/Feb-15	In Home, Foster Care/ Congregate

Foster care population flow for children, including admissions and discharges each six-month period, the number of children in care at the end of each six-month period, the number of (unduplicated) children served during each six-month period, and the rates per 1,000 child population in the county.

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Population Flow Data:

	Sep-30 2010	Mar-31 2011	Sep-30 2011	Mar-31 2012	Sep-30 2012	Mar-31 2013	Sep-30 2013	Mar-31 2014	Sep-30 2014	Mar-31 2015
<i>Philadelphia County</i>										
Admit During Period	2,065	1,863	1,876	1,802	1,816	1,734	1,946	1,995	2,271	1,879
Discharges During Period	3,339	2,076	2,118	1,808	1,752	1,683	1,769	1,779	2,468	1,223
In Care Last Day	4,841	4,594	4,341	4,363	4,422	4,473	4,631	4,832	4,723	5,379
Total Served	7,561	6,276	6,041	5,772	5,803	5,764	5,996	6,174	6,539	6,393
Total Child Population	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567
Admissions per 1,000 Population	4.981	4.494	4.525	4.347	4.380	4.183	4.694	4.812	5.478	4.532
Discharges per 1,000 Population	8.054	5.008	5.109	4.361	4.226	4.060	4.267	4.291	5.953	2.950
In Care per 1,000 Population	11.677	11.081	10.471	10.524	10.667	10.790	11.171	11.656	11.393	12.975
Served per 1,000 Population	18.238	15.139	14.572	13.923	13.998	13.904	14.463	14.893	15.773	15.421
<i>Class 1</i>										
Admit During Period	2,065	1,863	1,876	1,802	1,816	1,734	1,946	1,995	2,271	1,879
Discharges During Period	3,339	2,076	2,118	1,808	1,752	1,683	1,769	1,779	2,468	1,223
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Population Flow Graphs:

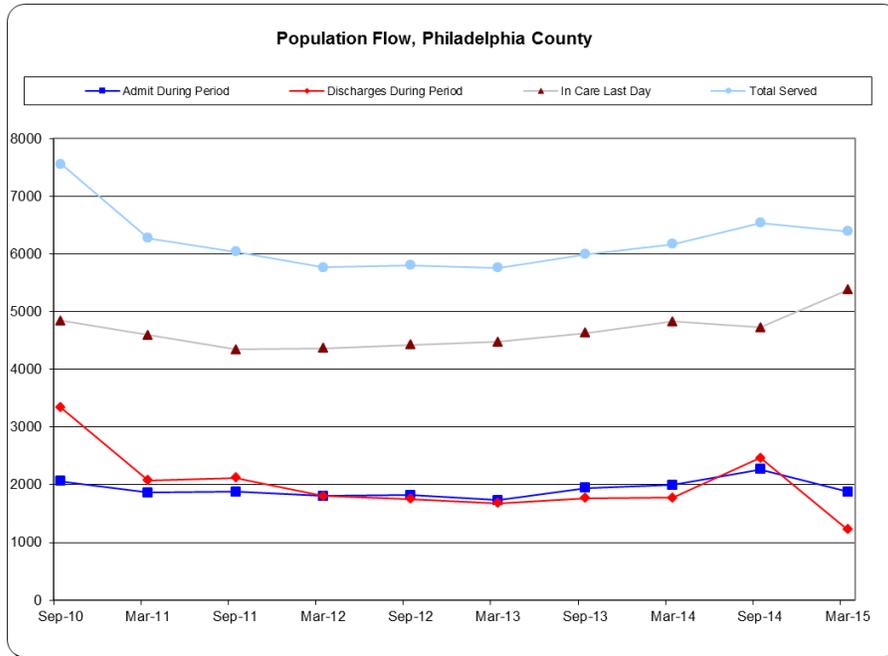


Figure 1a: Population Flow, Philadelphia County

Measure 4: Prospective Permanency

Of all children who were in foster care for 24 months or longer on the first day of the target year, what percent were discharged to reunification, relative care, guardianship or adoption, prior to their eighteenth birthday, by the end of the target year?

Prospective Permanency Data:

	Mar-31 2010	Sep-30 2010	Mar-31 2011	Sep-30 2011	Mar-31 2012	Sep-30 2012	Mar-31 2013	Sep-30 2013	Mar-31 2014	Sep-30 2014
Philadelphia County										
Total in Care 24+ Months	1,962	1,835	1,429	1,224	1,098	1,104	1,100	1,179	1,288	1,350
Discharges to Permanent Home	921	917	602	452	381	368	364	370	509	507
Percent	46.94%	49.97%	42.13%	36.93%	34.70%	33.33%	33.09%	31.38%	39.52%	37.56%
Class 1										
Total in Care 24+ Months	1,962	1,835	1,429	1,224	1,098	1,104	1,100	1,179	1,288	1,350
Discharges to Permanent Home	921	917	602	452	381	368	364	370	509	507
Percent	46.94%	49.97%	42.13%	36.93%	34.70%	33.33%	33.09%	31.38%	39.52%	37.56%
Southeast Region										
Total in Care 24+ Months	2,775	2,667	2,148	1,893	1,693	1,688	1,672	1,714	1,848	1,941
Discharges to Permanent Home	1,211	1,224	859	666	551	563	580	560	707	692
Percent	43.64%	45.89%	39.99%	35.18%	32.55%	33.35%	34.69%	32.67%	38.26%	35.65%
Statewide										
Total in Care 24+ Months	6,098	5,792	5,023	4,558	4,195	3,914	3,874	3,753	3,693	3,708
Discharges to Permanent Home	2,435	2,334	1,850	1,632	1,483	1,349	1,451	1,376	1,450	1,382
Percent	39.93%	40.30%	36.83%	35.81%	35.35%	34.47%	37.45%	36.66%	39.26%	37.27%

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Prospective Permanency Graph:

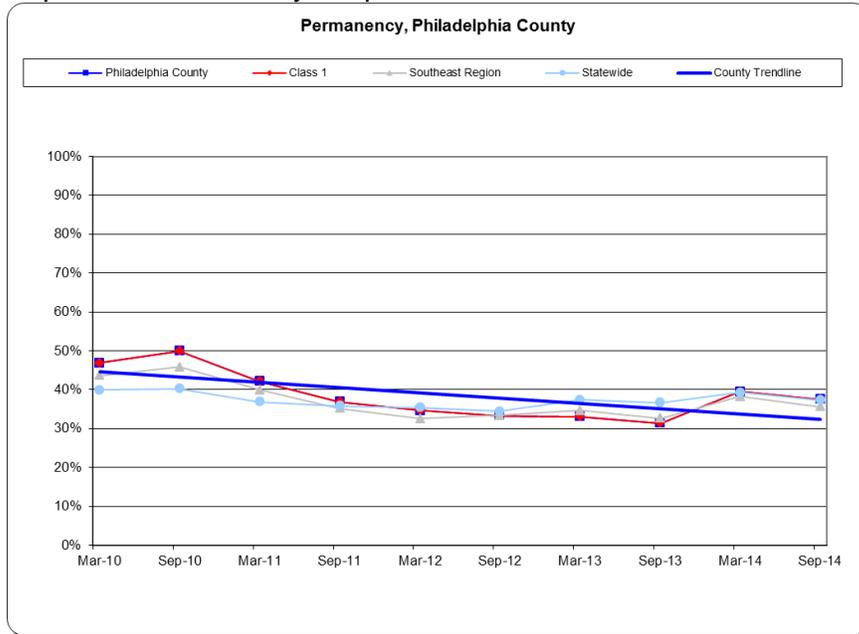


Figure 2: Prospective Permanency

Children in Foster Care at End of Period by Placement Type

Placement Types	9/10	3/11	9/11	3/12	9/12	3/13	9/13	3/14	9/14	3/15
Pre-Adoptive Homes	4.09%	7.73%	8.27%	6.07%	6.63%	6.26%	7.26%	7.51%	7.77%	6.80%
Foster Family1 (relative)	26.36%	24.38%	25.55%	26.31%	26.21%	26.09%	26.73%	27.88%	31.34%	31.25%
Foster Family 2 (non-relative)	37.20%	34.76%	33.84%	35.27%	35.46%	37.00%	36.95%	36.86%	37.54%	35.84%
Group Homes	11.26%	11.58%	11.17%	10.75%	10.20%	9.30%	9.05%	8.28%	6.61%	6.64%
Institutions	15.74%	16.04%	16.06%	16.18%	15.76%	15.40%	14.36%	14.34%	10.95%	12.83%
Supervised Ind. Living	4.05%	4.03%	3.96%	4.19%	4.21%	4.34%	3.91%	3.23%	2.50%	1.56%
Runaway	1.30%	1.48%	1.15%	1.19%	1.52%	1.61%	1.75%	1.86%	1.33%	2.38%
Trial Home Visit	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Dependent Services

Children Receiving Placement Services			
	May 31, 2014	May 31, 2015	Percent Change
CYD	3,871	2,131	
CUA	839	3,365	
Total	4,710	5,496	16.1%

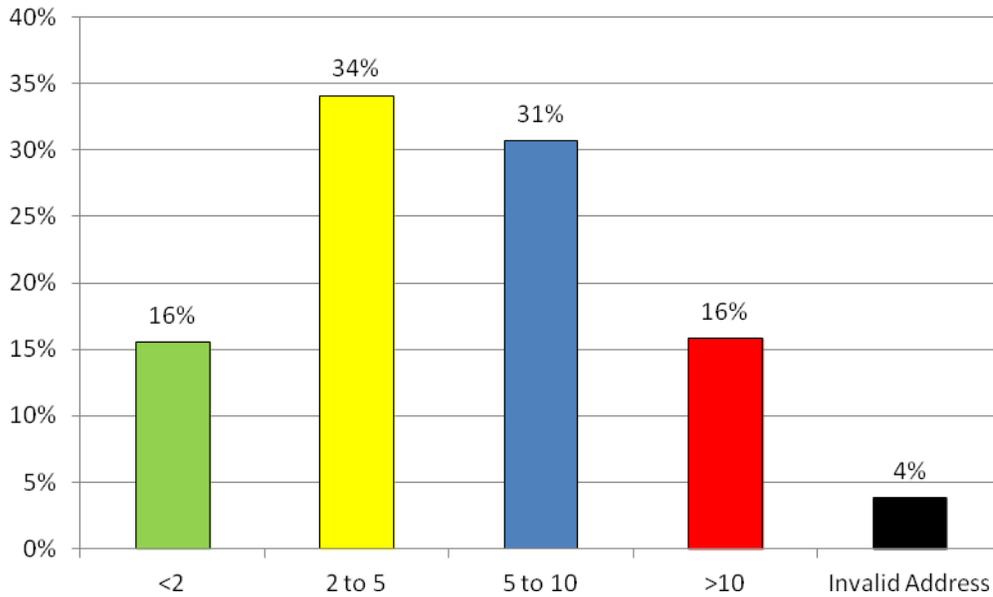
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Total Dependent Placement Service Types 5/31/15 (CYD and CUA)		
Foster Care	2,324	42%
Kinship Care	2,055	37%
Group Home	371	7%
Institution	432	8%
SIL	83	2%
Shelter	49	1%
Pending*	182	3%
TOTAL	5,496	

Goal: The current goal is for children to be within 5 miles of their home of origin.

**CUA Children Placed in Non-Kinship Foster Care on
3/31/15**

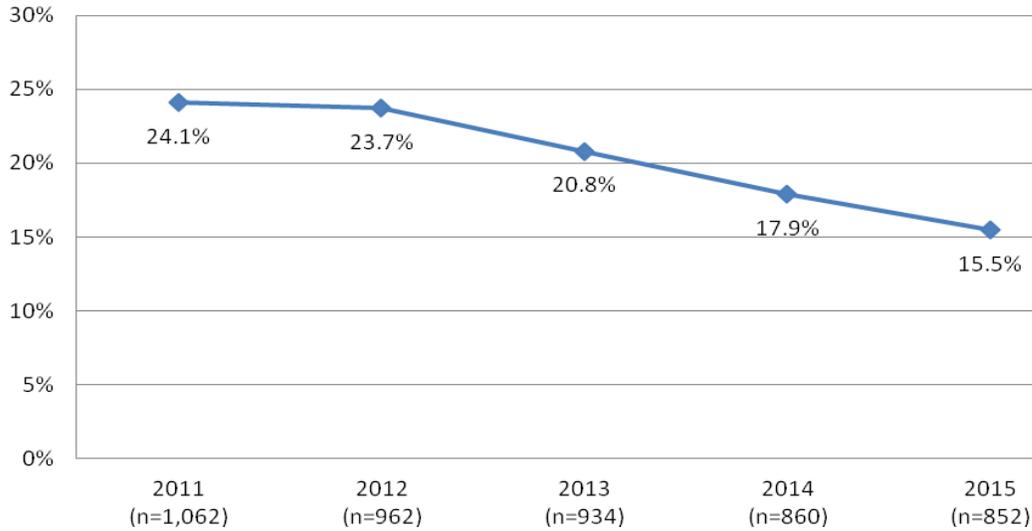
Total Children: 1,150



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Congregate Care

**Percentage of Placement Population* in Congregate Care
Point-in-Time: 5/31**



Does not include PIGN children who have yet to be assigned a service type

Goal: The current goal is for Congregate Care to be 13 % or less of the total placement population.

Placement Permanency Outcomes

System Level Permanency Outcomes

	Reunification	Adoption	Permanent Legal Custodian	Total Permanencies	Children in Care during the Year	% to Permanency
FY2012	1,205	480	191	1,876	6,292	30%
FY2013	1,022	370	142	1,534	6,199	25%
FY2014	945	393	119	1,457	6,605	22%
FY2015*	585	335	75	995	7,050	14%

*Year-to-date totals through 5/31/15

Counties do not need to provide a separate response for each area of Program Improvement Strategy but rather discuss the county’s identification, planning and implementation efforts as a whole.

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- ❑ If you have not submitted a formalized plan as an attachment, please describe the priority areas of program improvement that are underway within your county.

The priority areas for improvement, which are the short and long term goals of the Improving Outcomes for Children System Transformation, are stated in the CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015. They are:

- More children and youth maintained safely in their own homes and communities
 - Fewer children and youth experiencing repeat maltreatment in 1 year
 - Fewer children and youth entering out of home care inappropriately
 - Fewer reentries within 1 year following exit to permanency
- More children and youth achieving timely reunification or other permanence
 - More children and youth achieving permanency (reunification) within 1 year
 - More children and youth achieving permanency (adoption, PLC) within 2 years
 - Reduction in non-permanency outcomes for youth
 - Reduction in length of stay
- A reduction in the use of congregate care
- Improved child, youth, and family functioning
 - Long-Term: Increase placement stability
 - Short-Term: More children and youth placed in their own community
 - Short-Term: More siblings kept together while in placement
 - Long-Term: Increased child and family functioning (as measured by FAST and CANS tools)

Counties do not need to provide a separate response for each area of Program Improvement Strategy but rather discuss the county's identification, planning and implementation efforts as a whole.

- ❑ If you have not submitted a formalized plan as an attachment, please describe the priority areas of program improvement that are underway within your county.

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 - Fewer children and youth experiencing repeat maltreatment in one year.
 - Fewer children and youth entering out of home care inappropriately.
 - Fewer reentries within one year following exit to permanency.
- More children and youth achieving timely reunification or other permanence
 - More children and youth achieving permanency (reunification) within one year.
 - More children and youth achieving permanency (adoption, PLC) within two years.
 - Reduction in non-permanency outcomes for youth.
 - Reduction in length of stay.
- A reduction in the use of congregate care.

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- Improved child, youth, and family functioning
 - Long-Term: Increase placement stability.
 - Short-Term: More children and youth placed in their own community.
 - Short-Term: More siblings kept together while in placement.
 - Long-Term: Increased child and family functioning (as measured by FAST and CANS tools).

Although all of the long- and short- term goals are important and being pursued by the Department, for purposes of the Needs-Based Plan and Budget submission, Philadelphia DHS is focusing on timely permanency and reduction in congregate care settings. In addition to the strategies used in IOC and the CWDP, the Department is in the process of drafting an overall strategic plan for improving timely permanency, as well as a specific strategy to achieve permanency for 1100 children and youth in FY 2016. Additionally, to maintain a safety focus with regard “accept for service” decisions and appropriately serve children and families in the least restrictive setting, Philadelphia DHS formed an “Accept for Service” workgroup. The workgroup consists of members of the Department’s Executive leadership, Investigations leadership, IOC teaming, Performance Management and Accountability, IT, DHSU, and Law. The group is charged with evaluating the processes within investigations for completing case dispositions and initiating referrals and has made some initial observations and recommendations which could affect both the numbers of children and youth in care, and the use of least restrictive settings.

- Describe the process undertaken to identify the areas of improvement for prioritization, including identifying data analysis utilized in defining the program need. Describe any analysis related to the county’s outcome performance in comparison to comparable counties’ and/or statewide performance and how these findings may have contributed to the identification of practices contributing to strong or weak performance.

As projected in last year’s Needs Based Plan and Budget narrative, analysis of data, both internal and external has shown an increase in the number of children and youth in placement. Results from Quality Service Reviews found consistencies in both areas of strength (e.g. physical health, early learning and development, living arrangements and safety) and areas for continued improvement (e.g. engagement, teaming, assessment/planning/pathways to independence). The Department’s theory of change includes the propositions that if improvements are made in these areas, IOC goals will be met. The areas for improvement that the Department is focusing on are increasing timely permanencies and further reducing the number of children and youth placed in congregate care settings. The Department will be reviewing the following data to in relation to the success of the improvements:

- Entries into care vs. exits from care.
- Rates of permanency.
- Least Restrictive Placement Settings.

These Benchmarks were chosen because they relate to data the Department is currently collecting and reporting out on with respect to entries into care, timely permanency and use of least restrictive placement settings.

Data will be included in final submission.

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- For each strategy identified, please address the following questions. It is recognized that the same responses may apply for multiple strategies. In those circumstances, please note as such, otherwise provide separate responses for distinct strategies as warranted.
 - Describe how the selected strategies were selected as the approach that will successfully meet the challenge the agency is addressing.

See IOC goals and the Department's expanded theory of change presented in the CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015.

The overall Increasing timely permanency and safe case closure strategy includes five overall objectives:

- Conducting permanency reviews for all children and youth in care two years or longer, case managed by DHS, to identify system level barriers and implement case specific strategies to achieve legal permanency.
- Improving internal accountability to increase exits to legal permanency.
- Identifying target goals to increase exits to legal permanency.
- Collaboration with Community Umbrella Agencies (CUAs) to increase exits to legal permanency and safe case closure.
- DHS and CUAs collaborating with Family Court to increase exits to legal permanency.

The specific strategy to achieve permanency for 1100 children and youth in FY 2016 includes:

- Changes to Adoptions Staff infrastructure within the context of IOC.
- Utilization of data regarding children and youth who may achieve permanency through adoption at various stages in the process.
- Focused leadership, establishing benchmarks and practice strategies by Region for improving permanency among mainly three targeted groups:
 - Youth in Kinship care.
 - Children and youth in placement for more than 12 months with a goal of reunification.
 - Cases where the termination of parental rights has been completed.
- Revisions to policies and protocols to support and strengthen permanency practice.

These strategies were selected based on analysis of the challenges to timely permanency, and the participation of the major system partners who could have the most influence on achieving the goals.

The Accept for Service Workgroup preliminary strategies were identified by the workgroup as a way to address their observations and improve Accept for Service decisions. These strategies include:

- System modifications that will include administrator approval of accept for service decisions, prevent accept for service decisions without adequate documentation and allow case closure by investigation staff when safety threats have been mitigated but referral was made to CUA prior to completion of the investigation or assessment.

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- Development of reorientation or training for investigation supervisors related to safety analysis, decisions, and review of documentation.
 - Creation of reports and tracking mechanisms that track Accept for Service decision trends by administrative section and that track case diversion referrals and referral trends.
 - Provide a policy and practice clarification indicating “accept for service” decisions are to be made after completion of an investigation or assessment or identification of present danger and/or safety threat.
 - The justification for “accept for service” decision or rationale for maintaining services in a home will be reviewed with family and documented at every Family Team Conference.
- Describe how the selected strategies fit within your county’s current organizational structure, existing service provider community and align with agency mission and values.

See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015.

Additionally, all of the strategies are designed to specifically work within the structure and with the goals of IOC or include participation of the major system partners who could have the most influence on achieving the goals.

- Describe resources needed by the county agency and service providers to be able to successfully implement the strategy (including staffing, training needs, concrete needs etc.)

Additional information will be included with the final submission.

- How will the county and service provider determine program efficacy or effectiveness? If the strategy is an Evidence Based Program, how will fidelity to the model be assessed? Identify a measurable target for improvement and timeframes for evidence.

See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015.

Additional information will be included with the final submission.

- If the program improvement strategy is expansion of an existing service, describe the county and provider’s readiness to expand or duplicate the program.

See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015.

Most of the efforts involved in the two permanency strategies and the Accept for Service strategy involve infrastructure changes, practice changes and administrative changes by Philadelphia DHS and its system partners.

Additional information will be included with the final submission.

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- What efforts are underway by the county and/or provider to determine capacity to implement and sustain program enhancements.

See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015.

Additional information will be included with the final submission.

- Briefly describe the current activities for each strategy. Structural and functional changes made to accommodate the enhanced or new strategy

See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015. An Evidence-Based Practice (EBP) Workgroup is meeting regularly to further implementation of the EBPs associated with the CWDP. IOC implementation continues with all ten CUAs now accepting cases, and many working on adoptions and permanent legal custodianships in addition to reunifications.

Permanency reviews for all children age 11 and under in kinship care two years or longer to develop case specific strategies to achieve legal permanency have already begun.

Additional information will be included with the final submission.

- Status of engagement of staff who will be identifying children/youth/families for the practice

See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015. An Evidence-Based Practice (EBP) Workgroup is meeting regularly to further implementation of the EBPs associated with the CWDP. Additional information will be included with the final submission.

- Engagement of stakeholders who will be impacted by the enhanced programming

See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015.

Additional information will be included with the final submission.

- Status of program set up including hiring and training of staff delivering the service

See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015.

Additional information will be included with the final submission.

- Projected date of first referrals for new services/programs

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See CWDP IDIR-U submitted March 2015, and attached to this Narrative, and repeated in the County Improvement Plan completed in June 2015.

Permanency reviews for all children age 11 and under in kinship care two years or longer to develop case specific strategies to achieve legal permanency have already begun.

Additional information will be included with the final submission.

- Identification of data elements to be utilized for program delivery and outcome monitoring

Data elements to be included with the final submission.

Entries vs. Exits – number of children and youth who enter care each month; number of children and youth exit from care in each month (any exit including age out).

Permanency Rate – of children and youth in care for 24 months, how many achieve permanency within 12 months.

Least Restrictive Placement Setting – Congregate Care data reported out to the Community Oversight Board.

The permanency strategies and the Accept for Service strategy each have tracking and data requirements associated with them.

Section 4: Administration

4-1a. Employee Benefit Detail

- Submit a detailed description of the county's employee benefit package for FY 2014-15. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

**OFFICE OF THE DIRECTOR OF FINANCE - ACCOUNTING BUREAU
Fringe Benefits Memo - FY 2015**

To: All Departments, Boards, Agencies and Commissions
 From: Josefine Arevalo, Director of Accounting (signed)
 Subject: Fringe Benefit Costs - Fiscal Year Ending June 30, 2015
 Date: March 16, 2015

Non-Uniformed Employees

The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2014 and should be added to all Fiscal Year, 2015 costs which are chargeable to other city agencies, other governmental agencies and outside organizations:

**Municipal Pensions
(Percentage of Employee's Pension Wages)**

Plan	Employee Classification	Normal Cost	Unfunded Liability	Total
L	Elected Officials elected on or after 1/8/1987	5.575%	41.920%	47.495%
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	4.920%	4.665%	9.585%
Y	D.C. 47 Local 810 members hired on or after 1/8/1987; and all non-uniformed employees after 10/1/1992	4.920%	4.665%	9.585%
J	All D.C. 33 members & D.C. 47 Local 2187 members hired before 10/2/1992; and all other non-uniformed employees hired, or elected before 1/8/1987	7.826%	299.087%	306.913%

Employee Disability

	Cost Per Employee Per Month
Worker's Compensation	\$ 115.20
Regulation 32 Disability	\$ 4.88

Social Security / Medicare

	Calendar Year Earnings Covered	Effective Period	Percentage
Social Security	Gross Earnings not to exceed \$117,000	07/01/14 - 12/31/14	6.20%
	Gross Earnings not to exceed \$118,500	01/01/15 - 06/30/15	6.20%
Medicare	Unlimited Gross Earnings	07/01/14 - 12/31/14	1.45%
	Gross Earnings (less than \$200,000 annually)	01/01/15 - 06/30/15	1.45%

For more information or copies of this memo, please contact Girgis Shehata 686-6196

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**OFFICE OF THE DIRECTOR OF FINANCE - ACCOUNTING BUREAU
Fringe Benefits Memo - FY 2015**

Group Life Insurance

All full time employees except those hired as emergency, seasonal or temporary help.

<u>Employee Classification</u>	<u>Coverage</u>	<u>Cost per Employee Per Month</u>
D.C. 33 (except Local 159 B)	\$20,000	\$ 3.04
D.C. 33 Correctional Officer Classes of Local 159B	25,000	3.81
D.C. 47 (including Local 810 - Courts)	20,000	3.04
Exempt & Non-Rep employees & Common Pleas Court - Municipal (excluding Local 810, see above)	15,000	2.29
School Crossing Guards	12,000	1.83

Employee Health Plans

These plans are available to all non-uniformed employees except emergency, seasonal, temporary and part time employees.

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>		
D.C. 33 (except Crossing Guards) and D.C. 47			\$1,100.00
D.C. 33 School Crossing Guards ¹ Head of Household Single			\$ 550.00 \$ 1,100.00
Exempt & Non-Rep Personnel in City Administered Plans:	<u>Single</u>	<u>Single + one</u>	<u>Family</u>
Keystone HMO ²	\$ 474.04	\$ 876.98	\$1,374.72
Personal Choice PPO ²	581.40	1,075.58	1,686.05
Dental PPO ³	27.68	51.22	80.29
Dental HMO ³	18.06	35.67	64.86
Optical ³	2.67	4.83	6.81
Prescription Plan ³	128.60	237.90	372.93

¹ Health coverage is not provided for School Crossing Guards eligible for any other health plan from any employer.

² Based on self-insured conventional rates for calendar year 2015

³ Based on fully insured premium rates for calendar year 2015

For more information or copies of this memo, please contact Girgis Shehata 686-6196

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**OFFICE OF THE DIRECTOR OF FINANCE - ACCOUNTING BUREAU
Fringe Benefits Memo - FY 2015**

Unemployment Compensation

Employee Classification

All non-uniformed employees

Cost Per Employee Per Month

\$9.38

Group Legal Services

Employee Classification

D.C. 33 (except Crossing Guards & Local 1971) and D.C. 47

Cost Per Employee Per Month

\$ 12.00

D.C. 33 Local 1971

15.00

School Crossing Guards

3.50

Uniformed Employees

The following fringe benefit costs for all uniformed employees are effective as of July 1, 2014 and should be added to all Fiscal Year 2015 costs, which are chargeable to other city agencies, other governmental agencies and outside organizations:

**Municipal Pensions
(Percentage of Employee's Pension Wages)**

Plan	Employee Classification	Normal Cost	Unfunded Liability	Total
Police Plans:				
D	Police hired before 7/1/1988	13.822%	664.380%	678.202%
B	Police hired on or after 7/1/1988	8.380%	6.439%	14.819%
Fire Plans:				
X	Firefighters hired before 7/1/1988	14.381%	883.631%	898.012%
A	Firefighters hired after 7/1/1988	8.805%	4.446%	13.251%

Employee Disability

Worker's Compensation

Cost Per Employee Per Month

\$ 320.87

Regulation 32 Disability

\$ 13.58

Social Security / Medicare

Uniformed employees do not contribute to the Social Security program. However, those uniformed employees hired after April 1, 1986 must pay the Medicare portion of the Social Security Tax at the following rate.

Calendar Year Earnings Covered	Percentage	
Unlimited Gross Earnings	07/01/14 - 12/31/14	1.45%
Gross Earnings (less than \$200,000 annually)	01/01/15 - 06/30/15	1.45%

For more information or copies of this memo, please contact Girgis Shehata 686-6196

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**OFFICE OF THE DIRECTOR OF FINANCE - ACCOUNTING BUREAU
Fringe Benefits Memo - FY 2015**

Group Life Insurance

All full time employees except those hired as emergency, seasonal or temporary help.

<u>Employee Classification</u>	<u>Coverage</u>	<u>Cost per Employee Per Month</u>
Police Uniformed Employees	\$25,000	\$ 8.98
Fire Uniformed Employees ²	25,000	12.25
Deputy Sheriffs	25,000	2.50

² Includes a fee of \$5 per employee per month for administration of the Firefighters' Trust Fund.

Employee Health Plans

Uniformed personnel of the Police Department, Fire Department, Office of the District Attorney Investigatory Employees, and Regulation 32 (formerly Uniformed) Employees and Uniformed Deputy Sheriff classes are eligible for coverage in the uniformed health plans.

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
Uniformed Police Personnel, Office of the District Attorney Investigatory Employees & Regulation 32 (formerly uniformed) Employees	\$ 1,290.00
Uniformed Fire Personnel	1,619.64
Uniformed Deputy Sheriffs (Including D.O.P)	1,290.00

Unemployment Compensation

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
All uniformed employees	\$ 9.38

Group Legal Services

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
Police Uniformed Employees	\$28.00
Fire Uniformed Employees	21.00
Deputy Sheriffs	16.00

For more information or copies of this memo, please contact Girgis Shehata 686-6196

4-1b. Organizational Changes

- Note any changes to the county's organizational chart.

Children and Youth Division (CYD)

The CYD Ongoing Service Regions continue to transition staff to Front-End Services in response to an increase in reports and investigations due in part to the amended Child Protective Services Law, and to the Family Teaming Conference Section related to continued IOC implementation. The expansion is planned as follows from the current staffing request:

- Two units to be added to Information and Assessment Referral Services; one unit for the Liaison and one unit for the Hotline.
- One unit to be added to the Sex Abuse Investigation Section. (See Co-location narrative earlier.)
- Two units to be added to the MDT Section.
- General Intake to be divided between two Directors and will have a total of two hundred Social Work Services Managers.
- Two units to be added to the Adoptions section to focus on permanency work.
- The Family Teaming Conference Section is expected to be at full complement as follows:

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Staffing Needs	CUA1	CUA2	CUA3	CUA4	CUA5	CUA6	CUA7	CUA8	CUA9	CUA10	Total
Practice Specialists	7	10	7	7	11	7	7	7	7	7	77
Teaming Coordinators	7	10	7	7	11	7	7	7	7	7	77

Administration and Management (A&M)

The Philadelphia Department of Human Services' DHS University is being restructured to better define roles between Initial and Ongoing Development and Technical Support and Continuous Quality Improvement. This will allow for enhanced system-wide support for the continued implementation of IOC.

The Administrative Support Services Section has assumed the Records Management function formerly performed within the Children and Youth Division. Aligning this function with the already existing records maintenance function under Administrative Support Services provides improved maintenance and access to case records.

The Safety Unit was reassigned to report to the Human Resources Office. The reassignment improves communication and coordination on all matters related to occupational safety and health concerns.

4-1c. Staff Provided Service Evaluations

- ❑ Describe the method for measuring and evaluating the **effectiveness** of staff provided services. DO NOT describe the standard individual performance evaluations.

The CYD Investigation Administrators and Quality Improvement Team review approximately 100 to 200 safety assessments and investigation processes each month. The information collected in these reviews is presented to the chain of command and provides a data source regarding specific work products for decisions in evaluating performance. The findings from these reviews are also presented during bi-annual ChildStat meetings among other data, including timeliness of investigations, etc.

The Quality Service Review process occurs bi-monthly and uses extensive interviews with family members and stakeholders to measure if the child, family, and system are achieving the desired outcomes. Each QSR uses a stratified sample from across the CUAs and DHS cases that remain at the Department to focus on a specific population. QSR occur in Philadelphia six times a year and each QSR reviews 12 cases except the last which is part of the Department's Annual State Evaluation and uses 25 cases.

The DHS Outcomes report is published quarterly and focuses on the achievement of the four identified IOC Outcomes. Under each outcome are a handful of outcome measures. The four identified IOC Outcomes include: More children and youth maintained safely in their own homes and communities, more children and youth achieving timely reunification and other permanence, a reduction in the use of congregate care, and overall improved child, youth, and family functioning.

PMA Also produces a weekly Data Indicators Report which detail the numbers and types of reports received each week. Investigation pending assignment and in process; cases accepted for service; cases referred to the CUAs. Number of children and youth in placement in both the CUAs and the Department, the number of children and youth receiving in home services at both the CUA and the Department. Visitation completion

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as of the end of the seven day period and Philadelphia Juvenile Justice Services Center average population for the week and the number of youth in delinquent placement excluding CBDS.

4-1d. Contract Monitoring & Evaluation

- Note the employee/unit which oversees county contracts.

The Philadelphia Department of Human Services has a Contract and Audit Unit that operates within the Division of Finance; the Contract branch of the unit is involved with all contract activities within the County agency.

Performance Management and Accountability (PMA) and Provider Relations and Evaluation of Programs (PREP) perform qualitative reviews and compliance reviews of practice.

- Describe the evaluation process to determine the **effectiveness** of provider services. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding.

The Provider Relations and Evaluation of Programs section organizationally exists in the PMA Division. This section evaluates and monitors programs to ensure that providers are meeting their contractual obligations by adhering to program performance standards that are derived from law, regulation, and the Philadelphia of Human Services policy. The major focus of annual evaluations is the services provided by an agency. The service standards address case management, safety, and permanency and well-being, in addition to personnel and administrative requirements. In addition to the annual program evaluations, the PREP unit provides technical assistance regarding the implementation of standards, investigations of reported service concerns, and holds quarterly meetings with providers for the purpose of facilitating continued collaboration and communication with contracted agencies.

While PREP continues to perform the traditional functions and activities described above, the advent of IOC and the shift of case management responsibility to the CUAs has brought about new means of monitoring and evaluation by PREP. In March 2014, PREP began a Quality Case File Review of CUAs and is currently reviewing 10% of each CUA's cases over each three month period. Using a Safety Assessment and Single Case Plan scoring tool which are based on CUA guideline requirements, PREP analysts review case record notes to ensure appropriate child visitation, quality of safety assessment, quality of safety planning, and quality service planning. Findings from these reviews are electronically provided to the CUA managers on the 15th of each month and are reviewed during quarterly ChildStat meetings. In FY 2015, CUAs must develop plans of corrections when their score on any of the categories on either the Safety Assessment or Single Case Plan scoring tools fall below 75%. Plans of corrections are due by the 25th of each month and will be reviewed and approved at a joint meeting between PREP and CUA leadership team.

In addition to quarterly case file reviews, CUAs are being monitored and evaluated in several other major areas, such as achievement of the IOC Outcomes and community engagement. CUA specific data is being run on a daily and quarterly basis in order to measure CUAs performance around repeat maltreatment, achieving reunification and other permanency outcomes, length of stay, return to care, and the use of congregate care.

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Quality Visitation Review (QVR) occurs monthly and utilizes in person interviews with family members to ensure that what is documented in the case record is consistent with the family's experience. The focus of the case file reviews are for in-home services provided by the Community Umbrella Organizations (CUAs). For fiscal year 2015, the Department staff that provide the QVR reviews is made up of one Supervisor and two Social Work Service Managers. Currently, approximately 30 cases are reviewed each month.

PREP will monitor and evaluate CUA community engagement through an ongoing process of on-site visits to the CUAs and community events, stakeholder interviews and surveys, and other methods of data collection and analysis. Through these efforts, PREP will be able to monitor and evaluate the CUAs' efforts around some of the major components of community engagement such as: the certification and availability of Resource Homes in or near the CUA area, the functioning of Community Advisory Board, and the functioning of a network of Parent Cafes.

Finally, while not a part of PMA but rather under the Chief Implementation officer of IOC is the Family Team Conferencing staff. Family Team Conferencing staff provide a DHS point of entry into CUA cases and are expected to be gate keepers of both Intake staff here and CUA Case Management practice in terms compliance with all applicable law, policy, and regulation. Supervisory level staff, call Practice Specialists facilitate the conference and Social Work Services Staff, called Team Coordinators document the results as well as arrange the conferences. This staff is also in the process of receiving booster training with respect to permanency in order to help advance the importance of finding permanent options for children and youth in care and to ensure timely referrals for SWAN services.

The Family Team Conferencing report had been published on a monthly basis until warehouse issues occurred. This is being corrected. From January through June of this year there were 1,642 initial Family Team Conference (FTC) in which both Philadelphia DHS and the CUA participate and there have been 7,528 ongoing conference in the community.

See also QSR described above as this review process includes CUA cases.

- Describe the process by which the CCYA monitors its sub recipients or contractors throughout the fiscal year. Descriptions should include efforts the CCYA makes to monitor the sub recipients or contractors' use of federal and state dollars through reporting, site visits, regular contact or any other means to provide reasonable assurance that federal and state dollars are used in compliance with laws, regulations and the provisions of the contracts/agreements and that performance goals are achieved. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding. CCYAs may find it helpful to address this section by following these questions:
 - Is the CCYA receiving and reviewing all required A-133 sub recipient audits or other qualified independent audit report as part of the contracting process?
 - Is the CCYA assessing the risk of a sub recipient or contractor as a result of the findings in the audit report or history of non-performance?
 - What are the steps included in the invoice review and invoice processing which ensure terms and conditions in the contract/agreement are being met?
 - Does the CCYA ensure that invoices reflect actual, allowable, allocable and reasonable costs?

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- In circumstances where the sub recipient/contractor utilizes a subcontractor; (i.e. holds a contract or agreement with another party for services), does the CCYA ensure that costs billed to them for subcontractor services are supported with auditable documentation by the sub recipient/contractor?
- Does the CCYA maintain regular contact with the sub recipient or contractor to ensure that all deliverables are being completed and provided?
- How often is the monitoring process executed?

The Philadelphia Department of Human Services has taken initiatives to ensure appropriate contract monitoring and evaluation of agencies. In reviewing the response that follows, please note that an elevated level of collaboration has been established between several Divisions of the Department with the goal of accomplishing these important duties.

Under the Division of Finance, the Audit branch of the Contract and Audit Unit performs financial reviews, operational reviews, and audits of agencies contracted through Philadelphia DHS, receiving Federal, State, and City funds. The monitoring, reviewing and auditing of Philadelphia DHS provider agencies is aided by the City's General Contract Provisions which are attached to City contracts. The team also examines audit reports submitted annually from agencies that receive over \$500,000 in federal funding, or an aggregate amount of \$300,000 from Federal, State, and City funding streams.

Additionally, the Audit section of the unit is responsible for ensuring that independent auditors hired by agencies contracted with Philadelphia DHS conform to the regulations outlined in the City of Philadelphia Sub recipient Audit Guide. It ensures that any agency that receives over \$500,000 in federal funding perform specific audit procedures and include listed schedules (most notably the Schedule of Federal Awards) as required by Single Audit Act OMB Circular A-133.

As a requirement to payments, Philadelphia DHS requires that all Community Umbrella Agencies (CUA) and their Subcontractors have policies and procedures to monitor payments for services rendered. The Subcontractors are bound by the same terms as the CUAs under the contract between the CUA and DHS which includes:

- Confidentiality.
- Inspection of records.
- Reporting of programs and costs.
- Maintenance and preservation of records.
- Audit by government representatives.
- Insurance.

Assessments on the fiscal standing of an agency are also performed to identify any current or potential problems. Desk reviews are performed to ensure that certain federal and local audit requirements are met. Depending on the severity of a problem or if a specific concern is brought to the unit's attention, a field audit may be performed. This process involves a team of three to four auditors from the Audit branch of the unit to conduct an on-site visit to review accounting records and supporting documents. At the conclusion of the on-site assessment, the audit team completes a report detailing the findings and recommended actions.

The Contract branch is responsible for developing, implementing, and carrying out contractual agreements between County agency and its service providers in accordance

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with the Department's contract processing policies and procedures. Additionally, they review contract requests and proposals, serve in a liaison capacity between Department staff, providers and City agencies involved in the contract development and approval process.

Most recently, the Division of Finance developed the Fiscal Monitoring Unit (FMU) with the purpose of providing fiscal monitoring and oversight of CUA contracts and related entities and to ensure that compliance with applicable Federal, State, and City laws, rules, and regulations, has been established. Several teams have been developed within the unit to:

- Review the day-to-day objectives of CUA financial monitoring.
- Provide fiscal review of invoices, budgets, Case Rate objectives, etc.
- Review CUA placement maintenance data, associated cost, and analyzing.
- Review and test CUA expenditures to ensure compliance with allowable, allocable, and reasonable costs according to appropriate funding source guidelines.

Unless otherwise determined necessary, the frequency of these reviews will be annual.

The FMU collaborates with the Provider Relations and Evaluations of Program (PREP) which operates under the Division of Performance Management and Accountability (PMA). The PREP team is responsible for the monitoring and improvement of both the compliance and quality of our Community Umbrella Agencies. Overall, the main objective of this unit is to measure and monitor comprehensive agency performance. The quality and compliance evaluations consist of reviewing the Safety Assessment, Single Case Plan, and visitation among other things. In addition to performing continuous Quality evaluations of all operating CUAs, PREP also evaluates community engagement on a consistent basis.

4-2a. Human Services Block Grant (HSBG)

- ❑ Participating counties whose HSBG report does not capture the following information should describe what services and activities will be funded through the block grant and how this may change from the previous year. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county and the NBPB. Describe any plans for increased coordination with other human service agencies and how flexibility from the block grant is being used to enhance services in the community.

4-2b through 4-2e. Special Grants Initiatives (SGIs)

Requests to Transfer/Shift Funds

The following subsections permit the transfer or shifting of funds within the SGI categories of Evidence Based Programs (EBP), EBP-Other, Pennsylvania Promising Practices (PaPPs), Housing and Alternatives to Truancy Prevention (ATP) for FY 2015-16 within the maximum allocation amount. Counties may not request additional funds above the certified allocation and must have sufficient local matching funds when requesting a transfer to those programs with a higher match requirement. After submission of this application and during FY 2015-16, the CCYA may transfer within EBP funds and EBP-Other without OCYF approval. However, approval is required if transferring to/from EBP and other SGI programs.

The requests must include detailed justification for the proposed changes. The PaPPs must relate to a specific outcome for a selected benchmark in the NBPB or the county's CQI plan.

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Counties that request to shift funds as outlined above must enter the revised amounts in the Budget Excel File in order for the revised amount to be considered final. **All transfer requests made should be considered approved unless the county is notified otherwise by the Department.**

Block Grant County SGI Requests

Complete a program specific narrative only when requesting existing, additional or new SGI funds. SGI funds can only be requested if the county has budgeted and is spending 100% of their child welfare funds to the child welfare program in the Human Services Block Grant. To complete the tables, insert ONLY SGI fund requests; DO NOT include block grant amounts in the tables.

Requests for Nurse-Family Partnership (NFP)

Complete a program specific narrative only when requesting additional or new SGI funds for this EBP-other. SGI funds can only be requested if the county has/will utilize all NFP grant funds available through the Office of Child Development and Early Learning (OCDEL) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. To complete the tables, insert ONLY SGI fund requests; DO NOT include NFP grant amounts from OCDEL of MIECHV in the tables.

- From the list below, please indicate those EBPs, PaPPs, Housing and ATP programs that the county will provide in FY 2015-16 and/or request funding for in FY 2016-17. **Please only identify those programs/practices that are being unded through the NBPB or Special Grant funding. Do NOT note any program area that is utilized but funded outside your child welfare allocations for NBPB and Special Grants.**

FY2015-16	FY 2016-17	Program Area
		a-1. Evidence Based Practices (Other) Name:
		a-2. Evidence Based Practices (Other) Name:
		a-3. Evidence Based Practices (Other) Name:
		a-4. Evidence Based Practices (Other) Name: Child and Adolescent Needs and Strengths Assessment (CANS)
		b. Multi-Systemic Therapy (MST)
		c. Functional Family Therapy (FFT)
		d. Treatment Foster Care Oregon (TFCO) *
		e. Family Group Decision Making (FGDM)
		f. Family Development Credentialing (FDC)
		g. High-Fidelity Wrap Around (HFWA)
		h. Pennsylvania Promising Practices Dependent (PaPP Dpnt) Name: Name (if different for FY 2016/17):
		i. Pennsylvania Promising Practices Delinquent (PaPP Dlqnt) Name: Name (if different for FY 2016/17):

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		j. Housing Initiative
		k. Alternatives to Truancy Prevention (ATP)

* Treatment Foster Care Oregon (TFCO) formerly known as Multidimensional Treatment Foster Care (MTFC.) The program model and developer are unchanged. Please discontinue use of MTFC name to avoid trademark infringement.

FOR EACH OF THE SELECTED PROGRAMS, ANSWER THE FOLLOWING QUESTIONS (COPY AND PASTE AS NECESSARY TO ACCOMMODATE RESPONSES FOR ALL SELECTED PROGRAMS):

-----BEGIN COPY-----

Program Name:	
---------------	--

Please indicate which type of request this is:

Request Type	Enter Y or N		
Renewal from 2014-15			
New implementation for 2015-16 (did not receive funds in 2013-14)			
Funded and delivered services in 2014-15 but not renewing in 2015-16			
Requesting funds for 2016-17 (new, continuing or expanding)	New	Continuing	Expanding

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16			
FY 2016-17			

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?
- If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

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Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population					
# of Referrals					
# Accepting Services					
# Successfully completing program					
Cost per year					
Program Funded Amount					
Per Diem Cost					
# of MA referrals					
# of Non MA referrals					
Name of provider					

- If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2015-16 and FY 2016-17.
- ⇒ NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specify to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
- Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.

Program Name:	CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT (CANS)
---------------	--

- Please indicate which type of request this is:

Request Type	Enter Y or N		
Shifting funds for 2015-16			
Requesting funds for 2016-17 (new, continuing or expanding)	New	Continuing	Expanding

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2015-16; and/or requesting funds for FY 2016-17. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

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Total Budget Amount	FY 2015/16 Special Grant Allocation	Revision Request • Additional funds requested for FY 2015/16 or reduction of spending planned for FY 2015/16	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2015-16			
FY 2016-17			

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?
- If your county currently utilizes CANS Assessments, please provide an overview of the use of the tool to include the following information:
 - a) How long as the county utilized CANS?
 - b) What population of youth is being assessed?
 - c) What is the timeframes/frequency of assessment?
 - d) Who administers the assessment?
 - e) Does the county have staff who have completed the Trainer of Trainer (TOT) sessions?
- Counties requesting to implement the use of CANS Assessments within FY 15/16 or FY 16/17 should provide a proposed plan for implementation including the following information:
 - o Proposed population and timeframes of use of the CANS Assessment tool
 - o Training timeline
 - o Identification of staff who will be utilizing the tool as well as any consideration for training/use by providers
 - o Explanation as to use of the information gathered from the CANS on a case specific basis, as well as agency-wide
- Please describe the basis for projection of funds requested

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617
Target Population					
# of Youth					
# of Assessments completed					
Cost per year					
Program Funded Amount					
Per Diem Cost					
Name of provider					

➤ NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specify to this Special Grant program/practice, the information does

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not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.

- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement.

-----**END COPY**-----

- ⇒ NOTE: For the following questions, if these were addressed in Section 3-4 Program Improvement Strategies, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - ❑ Please provide a concise summary of how the special grant programs selected under the SGI (including EBP, PaPP, Housing and ATP) will impact service delivery and child and family outcomes.
 - ❑ Please explain how the availability of the services under the special grants will assist in the county’s ability to achieve a specific outcome or a selected benchmark in the NBPB or the county’s Continuous Quality Improvement plan. Specifically identify how the service outcomes will be measured and the frequency of the measurement.

4-2f. Independent Living Service (ILS) Grant

- ❑ In the table below, place an “X” for the services that will be provided by CCYA during FY 2016-17 (regardless of funding source.) Check as many boxes as apply. Enter the projected total amount of youth that will receive these services (regardless of age, placement status, or disposition.)

Mark “X” in this column	Total Youth	IL Services
		A. Needs Assessment/Case Planning
		B. Life Skills Training
		Credit History Review
		C. Prevention Services
		Dental/Health
		Drug Abuse Prevention
		Alcohol/Tobacco/Substance
		Safe Sex/Pregnancy
		D. Education
		Vocational Training
		High School Support and Retention
		Preparation for GED
		Assistance in Obtaining Higher Education
		E. Support
		Individual and Group Counseling
		Stipends
		Services for Teen Parents

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Mark "X" in this column	Total Youth	IL Services
		Mentoring
		F. Employment
		Job Placement
		Subsidized Employment
		G. Location of Housing
		H. Room and Board
		I. Retreats/Camps
		J. Indirect Services
		K. Program Administration

- ❑ Enter the county's total approved budget for FY 2015-16 and budget request for FY 2016-17 IL Services below. Include federal, state and local funds in the total amount. Note: Fiscal information entered in the Narrative Template serves only as an estimate of projected program cost for FY 2016-17. If information entered into the Narrative Template and the Budget Excel File do not match, the Budget Excel File will be deferred to and considered as a final budget.

☞ NOTE: The transfer of IL federal, state or local funds to other Special Grant programs or services is not permitted.

	FY 2015-16 Actual	FY 2016-17 Request
Total Budget Amount		

- ❑ Describe the county's expenditures history for IL Services for FY 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15. What factors contributed to the successful or unsuccessful spending of grant funds for each year?
- ❑ If there were instances of under spending of prior years grant funds, describe what changes have occurred to ensure that grant funds for this program/service are maximized and effectively managed.
- ❑ Provide a brief explanation if the county elects to submit an implementation budget for FY 2015-16 that is less than the certified allocation.

IL Outcomes

- ❑ Identify and describe three program, or youth, IL outcomes the county plans to address and improve for FY 2016-17 (or earlier, if applicable). Also provide an overall summary of how the delivery of IL Services will ultimately impact these outcomes for youth.

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The IL outcomes description must include:

- How and why the outcome was selected and whether it is new or identified in a prior year;
- Baseline information or how baseline information will be established and when available;
- The source of the data and the collection process or method;
- An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA; and
- Any other information to support the outcome.

Outcome 1

Outcome 2

Outcome 3

IL Services Narrative (please read the following bullets before responding)

- If the agency is requesting an increase of funds for FY 2016-17, clearly explain and justify the increased costs.
- Explain how the county is meeting the annual Credit Reporting requirements for all youth in foster care age 14 and older. (Note this requirement is reduced to age 14 effective September 29, 2015.)
 - Has the county established contracts with all of the following Credit Reporting Agencies (CRAs)? (Yes or No)
 - TransUnion:
 - Equifax:
 - Experian:
 - For counties reporting “No” for any CRA above, what assistance, if any, is necessary to establish a contract with that CRA?
 - Identify the county’s progress in meeting the following credit reporting requirements for foster youth:

Requirement	Yes	In Planning	No
• Results of the credit review (none found or discrepancies found) are shared with the youth in a youth friendly manner.			
• Results of the credit review and efforts to resolve inaccuracies are placed in the child’s record.			
• Youth are provided assistance to resolve any inaccuracies found during the review.			

- Explain how the county plans to deliver IL services to meet the needs of youth who are transitioning from foster care, while in the agency’s care, as well as those who have discharged up to age 21. Identify other provider agencies and their role.

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- Describe how the agency will meet the educational needs of current and former foster youth to include post-secondary education. Identify agency and other agency supports available to assist youth meet their post-secondary education goals and improve retention rates and program completion.
 - Describe how IL Support services will be delivered and who will deliver the activities (provider or agency). Include the use of stipends and the total amount planned. Estimate the number of youth who will be referred to the Statewide Adoption and Permanency Network (SWAN) prime contractor for Child Profile, Child Preparation and Child Specific Recruitment services.
 - What housing related services, supports (including financial), and planning will be provided to prepare youth for living after foster care discharge and to reduce instances of homelessness.
 - Describe the agencies projected use of Chafee Room and Board funds for youth who exit foster care after age 18.
 - Identify and justify all planned purchases for equipment or assets for use by the agency during FY 2015-16 and FY 2016-17. Prepare this information separately for each year. Include a statement whether the purchase costs are included in the appropriate budget
- ⇒ NOTE: All agency or staff computer purchases and IT needs must be requested to be reimbursed through the county's IT grant application and funds. Computers purchased, in full or part, for youth, is not considered an asset and is reimbursable with IL grant funds.
- Identify the county's primary contact or coordinator for each of the following initiatives (do not include the county administrator unless no other staff is available).

IL Services

NYTD

Credit Reporting

Name:

Email:

Telephone:

4-2g. Information Technology

- Identify the Case Management System your county is using:

Currently the Department's Users work with multiple systems to perform various business functions, however, all automated case management functions are performed in the web-based FACTS² and Legacy Mainframe FACTS systems. External Providers, including CUA Case Managers, utilize the web-based Provider Portal, DHSCconnect, to perform various case-related functions.

The following is a listing of the applications utilized by both internal and external users:

Internal Philadelphia Department of Human Services Users

- FACTS – Legacy Mainframe System – used for Placements, JJS, and Fiscal related functions.

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- FACTS² – Web Based System – used for Hotline, Investigation, and Intake related functions.
- Electronic Case Management System (ECMS) (within FACTS²) – used for Case Management functions and Family Team Conferencing.

External Provider Users

- DHSConnect – Web Based Provider Portal – used to access the following Web Based Applications: FACTS²/ECMS, IHPS Case Management, Ages and Stages, Family Group Decision Making, RSRI, P-DRIVE, FAST and CANS, and NYTD.

Case Management Systems

FACTS² is the system primarily used for case management by the Department's Workers and now CUA Case Managers (CM) as part of the Improving Outcomes for Children (IOC) system transformation. FACTS² currently encompasses all case activity at the Hotline level, with automated assignment to Supervisors including email notification of reports accepted for investigation and assessment. FACTS² also now supports automatic filing of Police Reports directly to the Special Victims Unit for those investigations requiring them. This system is an interoperable, real-time, standardized case management system that has been complemented with the continued development of ECMS within its current application and database structure.

Starting in August 2015, the Department will begin the process of implementing a commercially available solution (Netsmart Evolv) that will replace our existing application portfolio (FACTS, FACTS², ECMS, DHS Connect applications).

Financial Management and Administration

Financial Management and Administration functions are supported by FACTS and P-drive. The Payment Subsystem in FACTS is designed with the capability to track payments to anyone that provides services to the Department. This includes services paid on a per diem basis (placement and non-placement) and services that are paid on a fee-for-service or expense basis, including but not limited to: psychological evaluations, clothing allowance, and funeral expenses.

The Provider community continues to use P-drive to report the location and services received by children youth, and families. FACTS and P-drive will be retired upon completion of the Netsmart Evolv application implementation project.

At this time, the billing process is not supported by an integrated Accounting System. The Department is beginning to evaluate needs related to an integrated Accounting System that will interface to the Netsmart Evolv application platform. The Department is considering utilizing a hosted instance of the Oracle financial applications (General Ledger, Accounts Payable, and Accounts Receivable) to meet our Financial Management needs. The Department is in the process of evaluating implementation scenarios and costs of implementation alternatives. The required investment levels would be based on implementation services. Based on our current understanding, the software service and hosted service fees are already provided by the City of Philadelphia.

Reporting and Data Management

The existing Philadelphia Department of Human Services Data Warehouse (DW) that supports reporting of child welfare outcomes in the areas of safety, permanency, and well-

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being will be re-designed based on the implementation of the Netsmart Evolv platform in FY 2016-2017. We will also implement a new reporting toolset and retire the use of Cognos.

Security

To ensure the security of the Department's electronic data, the use of encrypted secure servers, City owned and managed firewalls, and designated FTP servers for secure data transmissions, among other tools, are used and implemented by the Department's IT. User access to the Department's systems, applications, and data is controlled by authentication methods that confirm and validate the users' privileges and permissions. The security infrastructure that supports both the business applications and operational data is in compliance with and meets the approval of both the Commonwealth of Pennsylvania and Federal Guidelines.

- Provide the county's approved staffing complement:
 - Certified Staff: 1,439
 - Other staff not included in certified who receive IT equipment and services – please identify the positions and the number in the position:
 - Position: _____ Number: ___
 - Position: _____ Number: ___

- Answer the following questions related to participation in the Child Welfare Demonstration Project:
 - Indicate if your county participates in the Child Welfare Demonstration Project (CWDP) in FY 2015-16: **Yes** x **No** ___
 - Indicate if your county is submitting a revised FY 2015-16 IT budget along with your FY 2016-17 IT grant request: **Yes** x **No** ___
 - Indicate if your county has the necessary contract language in all IT contracts to ensure compliance with federal and state regulations. (See appendix 4: Information Technology, section IV): **Yes** x **No** ___ **Do not have any contracts** ___
 - Indicate if your county is requesting funding for ongoing or new development in FY 2016-17 that is not related to the statewide Child Welfare Information Solution (CWIS): **Yes** x **No** ___
 - If **Yes**, provide the following details:
 - Business Need - describe the business need for the ongoing or new development.
 - High Level Requirements – provide a description of the high level business and technical requirements.

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- Project Cost Proposal – provide the total costs for the development, as well as, the total estimated project costs if the development is part of a larger project.
- Identify contracts associated with the development project.

Strategic Plans for FY 2016-2017 Philadelphia Department of Human Services' IT Applications, Infrastructure, and Support

- On-going support for DPW CWIS Phase I Implementation.
- Netsmart Evolv application platform implementation.
- Redesign and deploy redesigned Data Warehouse (DW).
- Initiate implementation of Oracle Financial Applications (GL, AP, AR) on the existing City of Philadelphia hosted platform.
- Acquire/upgrade and deploy Desktop & Laptop upgrades to replace Win XP devices/units.
- Continue Mobile Workforce rollout and pilot mobility alternatives (tablets).
- Deploy shared/secured printer upgrades in all the Department's locations.
- Shift remaining Department's Server/Storage infrastructure to City of Philadelphia co-located Data Center.

- Indicate if your county is entering into or planning for an IT procurement in FY 2015-16 or FY 2016-17:

Yes No

If Yes, provide the following details:

- Estimated dollar amount of the procurement
- Type of procurement (RFP, RFQ, sole source, etc)
- If the county obtained the necessary state and federal approvals prior to initiating the procurement

See November 12, 2014 APD submission.

- Provide any additional information that will assist in the review of changes to your FY 2015-16 IT budget or 2016-17 IT request.

4-2h. SWAN

- Please explain any over or under utilization of SWAN services in the prior year; i.e. explain any differences when comparing the SWAN allocation to actual spending.

The difference between the SWAN allocation and actual spending is attributed to:

- Systematic changes regarding Improving Outcomes for Children implementation (i.e., the referral process and SWAN training for CUA agencies).
- Role changes for the Department and Community Umbrella Agencies (CUAs).
- Affiliate realignment to system and CUA changes.
- Limited SWAN support to Affiliate agency (training affiliates regarding quality, timeliness of work, and problem solving issues).
- Excessive Child Prep and Child Profile withdrawals.

- Please explain any projected change in focus of utilization of SWAN services in FY 16/17 compared to previous years as justification for the county's FY 16/17 allocation request.

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Continue to utilize Child Prep, Child Profile, and Child Specific Recruitment services for older youth. We also expect to increase Permanency Outcomes and utilization of services for goals of Adoption, PLC, and reunification.

- If requesting new or additional paralegal support, please explain why and what services/activities the requested paralegal(s) will perform as all requests for additional paralegals will be thoroughly examined.

See detailed response under title "Legal Support Requirements" in the section "Chart Analysis for 3-2a. through 3-2i."

Section 5: Required & Additional Language

➤ 5-1. Assurances

The following pages include assurance forms to be completed by counties. These forms are included:

Assurance of Compliance/Participation
Documentation of Participation by the Judiciary
Assurance of Financial Commitment and Participation

The following forms must be signed and submitted in hard copy to:

Division of County Support
Office of Children, Youth and Families
Health and Welfare Building Annex
625 Forster Street
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

And

Mr. Keith Snyder
Juvenile Court Judges' Commission
Pennsylvania Judicial Center
601 Commonwealth Avenue | Suite 9100
Harrisburg, Pennsylvania 17102-0018

**ASSURANCE OF COMPLIANCE/PARTICIPATION FORM
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

The Assurance of Compliance/Participation Form

The Assurance of Compliance/Review Form provided in this bulletin must be signed by the County Executive or a majority of the County Commissioners, the Juvenile Court Judge(s) or his/her designee, the County Human Services Director, the County Children and Youth Administrator, and the County Chief Juvenile Probation Officer and submitted with the FY 2016-17 Needs Based Plan and Budget submission.

The Assurance of Compliance/Review Form has two signatory pages. The first page is for the County Human Services Director, the County Children and Youth Administrator, the County Chief Juvenile Probation Officer and the Juvenile Court Judge(s) or his/her designee. This page must be submitted at the time of the county's implementation plan and needs based plan submissions. The second page is for the signatures of the County Executive or a majority of the County Commissioners. This page must be submitted at the time of the county's financial budget submission and must contain the financial commitment of the county.

COUNTY: _____

These assurances are applicable as indicated below.

_____ Fiscal Year 2016-17 Children and Youth Needs Based Plan and Budget Estimate and/or the

_____ Fiscal Year 2015-16 Children and Youth Implementation Plan

Note: A separate, signed Assurance of Compliance/Participation form must accompany the Children and Youth Implementation Plan and the Needs Based Plan and Budget when they are submitted separately. This Assurance of Compliance/Participation form cannot be modified or altered in any manner or the Children and Youth Implementation Plan and the Needs Based Plan and Budget will not be accepted.

COMMON ASSURANCES

I/We hereby expressly, and as a condition precedent to the receipt of state and federal funds, assure that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Americans with Disabilities Act of 1990; the Pennsylvania Human Relations Act of 1955, as amended, and 16 PA Code, Chapter 49 (Contract Compliance Regulations):

1. I/We do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation or disability:
 - a. in providing services or employment, or in our relationship with other providers;
 - b. in providing access to services and employment for handicapped individuals.
2. I/We will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/We assure that these documents shall constitute the agreement required by Title IV-E of the Social Security Act 42 U.S.C. § 672 (a)(2) for foster care maintenance and adoption assistance payments.

I/We assure:

- the County Children and Youth Agency and Juvenile Probation Office has the responsibility for placement and care of the children for whom Title IV-E foster care maintenance and adoption assistance payments are claimed;
- the County Children and Youth Agency/Juvenile Probation Office will provide each child all of the statutory and regulatory protections required under the Title IV-E agency, including permanency hearings, case plans etc.;
- the agreement between the Office of Children, Youth and Families and the County Children and Youth Agency/Juvenile Probation Office shall be binding on both parties; and
- the State Title IV-E agency shall have access to case records, reports or other informational materials that may be needed to monitor Title IV-E compliance.

I/We understand that any Administration for Children and Families (ACF) disallowance incurred as a result of county noncompliance with Title IV-E foster care maintenance, adoption assistance or Title IV-E administrative claim requirements will be the responsibility of the county.

I/We assure that all information herein is true to the best of my/our knowledge and belief, based on my/our thorough review of the information submitted.

EXECUTIVE ASSURANCES

In addition to the Common Assurances,

I/We assure that I/we have participated in the development of the Plan, are in agreement with the Plan as submitted and that all mandated services if funded by the Plan will be delivered.

I/We assure that these Plans comply with the "Planning and Financial Reimbursement Requirements for County Children and Youth Social Services Programs" as found in 55 PA Code Chapter 3140.

I/We assure that, when approved by the Department of Public Welfare, the attached Children and Youth Implementation Plan and Needs Based Plan and Budget, including any new initiatives, additional staff and/or increased services and special grants that are approved, shall be the basis for administration of public child welfare services for all children in need under Article VII of the Public Welfare Code, 62 P.S. § 701 et seq., as amended.

I/We assure that, where possible, the county will cooperate with state efforts to maximize the use of federal funds for the services in this Plan.

I/We assure that all contracts for the provision of services addressed herein will require the providers to comply with the Chapter 49 provisions (contract compliance regulations).

I/We assure that expenditure of funds shall be in accordance with these Plans and estimates and Department of Public Welfare regulations.

I/We assure that services required by 55 PA code 3130.34 through 3130.38 will be made available as required by 55 PA code 3140.17 (b)(2);

I/We assure that the capacity of both the county and the providers has been assessed and it is my/our judgment that it will be adequate to implement the Plan as presented;

I/We assure all Title IV-E foster care maintenance and adoption assistance payment eligibility requirements are met for the specified children, not merely addressed by the agreement;

I/We assure that the County Children and Youth Advisory Committee has participated in the development of this Plan and has reviewed the Plan as submitted; and

I/We assure that representatives of the community, providers and consumers have been given the opportunity to participate in the development of this Plan; and

I/We assure that the county programs that affect children (e.g., Mental Health, Mental Retardation, and Drug and Alcohol) have participated in the development and review of this Plan.

I/We understand that the accompanying budget projections are based on estimates and that the amounts may change when the state budget is adopted and final allocations are made.

I/We understand that substantial changes to the Plans subsequent to Departmental approval must be submitted to the Regional Office of Children, Youth and Families for approval.

I/We assure that all new Guardians Ad Litem (GAL) have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.

I/We assure that the County Children and Youth Agency is in compliance with all credit reporting agency requirements regarding the secure transmission and use of confidential credit information of children in foster care through electronic access for operation by counties where no agreement exists between the county and credit history agency. This also includes limiting online access to users approved by OCYF for the explicit use of obtaining credit history reports for children in agency foster care.

COUNTY ASSURANCE OF FINACIAL COMMITMENT AND PARTICIPATION

**THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN
ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND
EXECUTIVE ASSURANCES CONTAINED IN THE PRECEEDING PARAGRAPHS AS WELL
AS COUNTY COMMITMENT TO PROVIDE THE LOCAL FUNDS SPECIFIED IN THE PLAN AS
NECESSARY TO OBTAIN THE MATCHING STATE AND FEDERAL FUNDS BASED ON THE
COUNTY'S PROPOSAL. THE LOCAL FUND COMMITMENT AS PROVIDED IN THE
COUNTY'S PROPOSAL TOTAL \$ _____.**

Signature(s)

County Executive/Mayor

_____	_____	_____
Name	Signature	Date

County Commissioners

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date