

Report on Progress from the City of Philadelphia Community Oversight Board for the Department of Human Services

July 2015

Presented to
Mayor Michael Nutter
and the Philadelphia Community

Submitted by The Philadelphia Community Oversight Board:

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**REPORT ON PROGRESS
FROM THE
CITY OF PHILADELPHIA
COMMUNITY OVERSIGHT BOARD
FOR THE
DEPARTMENT OF HUMAN SERVICES**

**Presented to:
Mayor Michael Nutter and
The City of Philadelphia Community**

**Submitted by:
The City of Philadelphia Community Oversight Board**

August 2015

ACKNOWLEDGEMENTS

The City of Philadelphia Community Oversight Board (COB) is grateful for the many groups and individuals who have continued to provide insight, support, and guidance to us. Without this assistance, neither this report nor the COB's ongoing work would be possible.

The COB wishes to thank Mayor Michael Nutter for his support of the Philadelphia Department of Human Services' (DHS') efforts to build new child welfare practices in Philadelphia. His commitment has allowed DHS to continue its progress in addressing the recommendations of the Child Welfare Review Panel (CWRP). DHS is implementing the Improving Outcomes for Children (IOC) initiative under his guidance.

The COB would like to thank DHS staff who have provided assistance in support of the COB's efforts to monitor DHS' progress in implementing the recommendations of the CWRP and the IOC initiative. We would especially like to thank both Anne Marie Ambrose and Vanessa Garrett-Harley, former and current DHS Commissioners, their leadership teams, and the Division of Performance Management and Accountability, for their commitment to continuous improvement.

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EXECUTIVE SUMMARY

The Mayor of Philadelphia issued Executive Order No. 5-06 in November of 2006. This Executive order created a Child Welfare Review Panel (CWRP) as an advisory body to assist the City in achieving its mission of guarding the safety of its children and providing direction to the Philadelphia Department of Human Services (DHS) in the performance of its efforts to protect children.¹ The CWRP was charged with the following tasks:

- Audit Safety Assessments of all children with active cases under DHS to determine accuracy and timeliness of investigations, appropriateness and adoption of service plans, gaps in documentation and service planning, and to propose necessary corrective actions.
- Conduct a systemic case record review of all abuse and neglect fatalities in Philadelphia for a specified period (beginning 2002) to identify areas of corrective action to help avoid recurrence of such situations.
- Assist with the development of reforms to DHS policies and practice.

Mayor John F. Street established the Community Oversight Board (COB) June 14, 2007 by Executive Order. In a successive Executive Order, Mayor Michael Nutter re-established and continued the COB.² The creation of the COB was one in a series of recommendations made by the CWRP. Those recommendations are included within the report, *Protecting Philadelphia's Children: The Call to Action*, issued on May 31, 2007. Appendix A lists the annotated recommendations.

The COB monitors the implementation of the recommendations of the CWRP; assesses whether additional reforms are necessary to increase DHS' ability to improve the safety, permanency, and well-being of children and families; advises DHS on the development of the Children and Youth Division (CYD) Services Plan and Budget Estimate; and makes recommendations regarding operations, programs, and policies of the CYD.

During 2014, a critical transition year, the COB focused on monitoring CWRP recommendations being addressed through implementation of the Improving Outcomes for Children (IOC) initiative. During this implementation year, DHS, along with the provider community of Philadelphia, are dealing with additional challenges resulting from new state child welfare laws that have created increases in caseloads and other responsibilities that impact implementation efforts. These changes have financial implications for all agencies, and have created funding shortfalls that impact the transfer of cases and workers.

¹ Executive Order No. 5-06 Child Welfare Review Panel and The Department of Human Services

² Executive Order No. 7-10. Consolidating the Functions of the Child Welfare Advisory Board (CWAB) into the Community Oversight Board (COB).

IMPLEMENTATION OF RECOMMENDATIONS FROM THE CHILD WELFARE REVIEW PANEL

Completed Recommendations

As of November 2014, all 10 Community Umbrella Agencies (CUAs) have offices in Philadelphia communities servicing children and families in their geographic regions. Another notable achievement is the enhancements made to the DHS co-location site opened in August of 2013. The site staff includes DHS sex abuse investigators, police staff, staff from the district attorney's office, and the Philadelphia Children's Alliance. During calendar year 2014, the Philadelphia Safety Collaborative served 3,056 children.³

DHS has worked diligently to address the remaining CWRP recommendations. These include the development of a comprehensive social work practice model, establishment of a local office presence in at-risk geographic locations, continued work regarding clarification of roles and responsibilities for DHS staff relative to private agency supervisors and workers, proactive transparency of the agency, enhanced provider contract management processes, and overall engagement of the community in the safety and protection of children.

DHS has also continued efforts to support continuous quality improvement (CQI) of services provided by addressing challenges related to collecting, reviewing, and using data to monitor and support decisions, as well as identify practice or policy gaps or pressure points. CQI establishes a solid foundation to enrich improvements in service delivery and outcomes.

Implemented and Sustained Recommendations

The Board commends DHS on its continued efforts to monitor and sustain those CWRP recommendations that have been implemented. Since 2009, the COB has continued to monitor those recommendations from the CWRP that were determined to be of special significance, and require enhanced oversight and monitoring. Of these recommendations, child visitation deserves particular mention.

Visitation

The COB believes that visits are a critical component of practice to ensure the safety of children and the well-being of families, and to achieve permanency. The COB notes that DHS and the CUAs continue to struggle with compliance in this area. Numerous factors have had a negative impact causing percentages to fluctuate. As a result, this has been noted as an area of concern.

DHS provides visitation data by DHS and private providers to the COB for all children, children 5 years of age and younger, and by placement type. DHS has reported an increase in new cases resulting from recent new legislation in Pennsylvania, including the expansion of the definition of child abuse and expansion of the professions identified as mandated reporters. The agency experienced a 68 percent increase in hotline calls, 13 percent increase in investigations, and 46 percent increase in the total number of active cases when comparing data from February 2014 to February 2015.⁴ Low exit and case closure rates are also negatively impacting the agency's ability

³ City of Philadelphia Five Year Financial and Strategic Plan for Fiscal Years 2016-2020.

⁴ DHS Fiscal Year 2016 Budget Testimony, April 29, 2015

to reflect positive movement in this area. The agency continues to monitor caseload growth, as well as review and modify short- and long-term plans as needed to support agency efforts to ensure that all children in the care and custody of DHS are seen within the required timeframe. This includes those most vulnerable, children 5 years of age and younger, receiving in-home services. This intensified focus seems to be paying off, as the data for 2015 is reflective of an increase in the percent of children visited each month. The COB will monitor the ongoing efforts of the agency, and provide support deemed necessary to ensure the safety of children in the care and custody of DHS.

DHS continues to use the Quality Visitation Review (QVR) process to ensure that the quality of visits performed by DHS and private provider workers are comprehensive and address all existing safety issues. Quality caseworker visits are associated with a range of child welfare outcomes. In 2014, DHS released the contractor handling QVR data collection and reporting, and implemented an in-house data collection and reporting process, which began in March of 2015. As the IOC initiative continues, it is critical that the private providers follow the lead of DHS by conducting quality visits. QVRs will continue to be an important tool for DHS to use as its oversight and monitoring role is enhanced. Data gathered from these visits are used to both verify and measure the effectiveness of visits and to inform program improvement efforts.

Older Youth Work Group Update

In 2011, at the request of Mayor Nutter, the scope of the COB was expanded to include issues related to well-being. The COB looked closely at issues concerning older youth in care and created an ad hoc committee, the Older Youth Work Group (OYWG), to gain an understanding of issues that impact this population in DHS care. A report on the findings of the OYWG was provided to the Mayor in August of 2014.⁵ Key findings included the need for: (a) improved cross-systems collaboration and coordination; (b) routine engagement of youth input; and (c) improved data systems and coding. Several of these needs are currently being addressed through the co-location effort, as well as efforts by DHS to improve their reporting system. The agency is also working to support the engagement of youth through Family Team Conferencing, and the Teen Café initiatives.

THE IMPROVING OUTCOMES FOR CHILDREN INITIATIVE

After rigorous planning and implementation of the IOC initiative, by late 2014 all 10 CUAs were operational and receiving cases. The COB commends DHS and the CUAs on this enormous implementation effort that began in January of 2013. DHS made informed decisions about what cases to transfer to the appropriate CUA; cases nearest to closure were kept at DHS to avoid delays due to caseworker transition. New cases were assigned to CUAs as they are able to handle the increase, and CUAs were monitored closely to track worker caseload. The COB has been impressed with DHS' continued focus on the vision of transforming the system so that better outcomes for the children and families can be achieved in their own communities. DHS has expressed a commitment to ongoing communication, support and training of the CUAs, and their efforts to continue to work to stabilize the IOC system transformation. At the same time, the initiative has not been without its problems, and the COB has continued to express concern regarding the issues that challenge the stabilization of the transformation. The COB continues to work with and support DHS with

⁵ Older Youth Work Group Report. Addendum to the Annual Report on Progress April 2014.

strategies and plans that will promote further stabilization of these community-based resources in meeting the needs of children and families within their community.

Family Conferencing

DHS and the CUAs have continued their efforts conducting Family Team Conferences (FTCs) with families engaged in services. FTCs are conducted throughout the life of a case at key decision points to strengthen relationships and build supports to ensure safety, permanency and well-being of children and youth. DHS is also in the process of completing the development of the FTC Database. The FTC Database will provide critical information regarding the timeliness of the conferences and the level of participation in the conferences by parents, caregivers, the CUA worker, and other key professionals, informal family supports, and children and youth as appropriate. As part of the Child Welfare Demonstration Project, the state of Pennsylvania has contracted with the University of Pittsburgh Child Welfare Resource Center (CWRC) to conduct research to measure the fidelity of the FTC model. As a result, DHS is working closely with the CWRC to measure the degree to which the individuals delivering FTC effectively and faithfully implement the elements that are thought to be the most essential to successful implementation.

OUTCOME MEASURES

DHS continues to take steps to improve its reporting on key outcome measures, specifically as they relate to IOC. With the help of a COB subcommittee, DHS' Division of Performance Management and Accountability (PMA) put together a draft Outcomes Measures report. PMA has begun reporting on those items to the COB (see appendix B). The outcome measures are a means to examine DHS' progress using quantitative measures of key areas. A review of the data currently does not provide a clear picture of the impact of the many practice and policy changes implemented by DHS to date. There is particular concern about a dramatic decrease in the permanency rates over the last 2 years.

NEXT STEPS

The COB commends DHS for its thoughtful implementation of the IOC initiative and its recognition of the challenges in transforming a child welfare system to improve services and supports to children and families. At the same time, we must acknowledge the challenges and related concerns that do exist. The board is particularly concerned with visitation, staff turnover, caseload size, and stabilization of the transformation effort, and will continue to monitor these critical issues. Although systemic challenges related to the effects of recently enacted state laws and related to the complexities of the implementation of IOC are appreciated, it is nevertheless imperative that improvements in these critical areas are realized to ensure the safety of Philadelphia's children.

The COB is committed to supporting and working collaboratively with DHS and the CUAs as they work to address those issues identified. Ultimately, IOC was designed to address a fundamental concern articulated by the CWRP that there was a lack of clarity and accountability about the responsibility for safety of children that was inherent in the dual case-management system in place at that time. The COB believes that IOC can and will address this concern. The COB understands

the impact of such overarching system changes may not be realized for some time after full implementation of the IOC initiatives.

Literature on child welfare initiatives such as the effort implemented in Philadelphia can provide a framework for some of the issues associated with the implementation of this type of service model. The experiences of states such as Kansas and Florida revealed that system stabilization and improvement in outcomes can take time.⁶

This is a critical time for DHS, and for the implementation of the reform efforts begun in the wake of Danieal Kelly's death nearly 9 years ago. Despite focused efforts by DHS leadership and staff, along with the CUAs and service providers, the child welfare system in Philadelphia is experiencing significant stress. This is due, in part, to the increasing number of children entering and remaining in the system, by changes in state reporting laws, and by potential funding issues. The COB will continue to monitor progress on the implementation of reforms and safety outcomes for children in Philadelphia.

⁶ An Analysis of the Kansas and Florida Privatization Initiatives; Casey Family Programs, April 2010.

SECTION 1. IMPLEMENTATION OF RECOMMENDATIONS FROM THE CHILD WELFARE REVIEW PANEL

This section provides a discussion of the implemented and sustained Child Welfare Review Panel (CWRP) recommendations. These recommendations fall into two areas of focus: (1) child visitation and visitation review, and (2) criminal background checks. During 2014, the Community Oversight Board (COB) focused on monitoring the ongoing operational changes that resulted from the completed recommendations and the implementation of the remaining recommendations. The remaining recommendations fall into two categories:

- *Implemented and Sustained*—These recommendations were implemented by the Philadelphia Department of Human Services (DHS). The COB determined that they have been sustained since implementation. However, the COB continues to monitor these recommendations annually, due to their importance for ensuring the continuing safety of children served by DHS.
- *Recommendations being addressed through the Improving Outcomes for Children (IOC) Initiative*—These recommendations were integrated into the IOC initiative. The past year, discussed in section 2, has been a significant transition year for the IOC initiative.

COMPLETED RECOMMENDATIONS

What stands out in the transformation of DHS is the transparency of the agency, and oversight through the COB. DHS has continued to follow through with CWRP recommendations, and has demonstrated systematic responses to challenges faced during this transition period. DHS has worked diligently to implement the recommendations of the CWRP in support of improving the safety, permanency, and well-being of children and families through improvements in DHS performance. In addition, the COB continues to monitor all reform efforts as well as provide insight and guidance to the agency. Summaries of accomplishments to date include the following:

- *Mission and Values*—DHS has implemented a mission statement and values centered on child safety and permanency with principles that create a culture of respect, professionalism, responsiveness, collaboration, competency, and transparency. The agency has adopted and successfully implemented a Safety Assessment Model and created a Family and Community Support Center to strengthen and stabilize families.
- *Practice*—DHS has fully implemented evidence-based safety and practice tools to guide decision-making, improve practice, and monitor outcomes. DHS also continues to provide training to reinforce the importance of individualized plans and referrals that reflect the needs of families and work with child welfare practice resources to enhance practice expectations.

- *Outcomes and Accountability*—DHS has established the Division of Performance Management and Accountability (PMA) to develop a system to monitor service delivery to children and families served by DHS. PMA will assess the performance of providers and DHS in achieving service goal. It will also review issues received by the Commissioner’s Action Response Office (CARO) regarding programs and service delivery.
- *Leadership and Infrastructure*—DHS has continued to make strides in this area. Agency practice, service delivery, and crises are being managed consistently and proactively with a high degree of transparency. The agency continues to explore and implement procedures to increase staff morale and improve internal as well as external communication.

IMPLEMENTED AND SUSTAINED RECOMMENDATIONS

DHS has implemented and sustained 16 recommendations. See appendix A for a complete list. The COB focused recommendations in two areas: (1) child visitation, and (2) criminal background checks. This section provides a discussion of DHS’ progress in sustaining the Child Welfare Review Panel (CWRP) recommendations regarding child visitation and the conducting of criminal background checks.

Child Visitation

The COB believes that visits by DHS social work services managers and contracted agency staff are a critical component of practice. These visits are a key strategy for ensuring the safety of children and the well-being of families while pledging that children receive timely permanency. The CWRP made three recommendations regarding the need for DHS to enhance both the frequency and quality of caseworker visits:

After consultation with the COB, DHS issued policies for DHS social work services managers visiting children and youth who are receiving services from the Children and Youth Division (CYD).⁷ These requirements are provided in exhibit 1.1. With the implementation of the IOC initiative and DHS transitioning direct case management for families to Community Umbrella Agencies (CUAs), it was determined that reducing the monthly visitation requirements for DHS social work services managers was a practical change as this responsibility devolved to the CUAs.

⁷ Philadelphia Department of Human Services, Children and Youth Division (March 1, 2013). Frequency of Ongoing Contact with Children and Youth Accepted for Services, *Policy and Procedure Guide*.

Exhibit 1.1 Visitation Requirements for DHS Social Work Services Managers

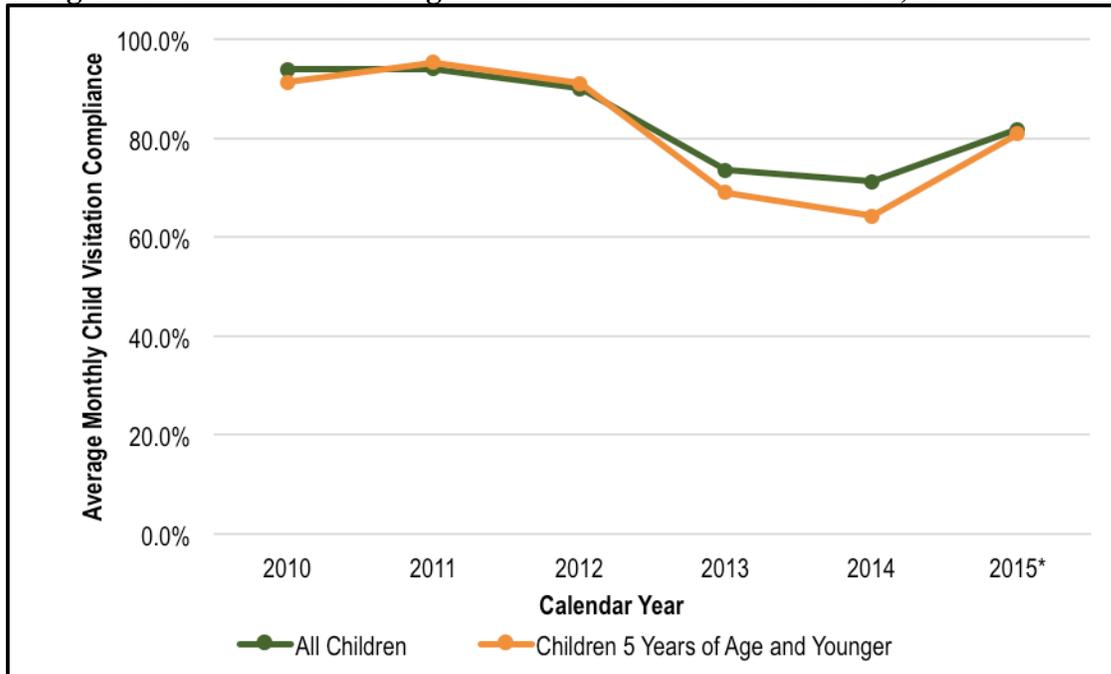
Type of Service and Age of Child	Frequency of Contact Required
In-Home Service Cases with Household Children Under 6	One face-to-face contact with the child under 6 and their caregiver monthly in the home of origin.
In-Home Service Cases with No Children Under 6	One face-to-face contact with all household children and youth and their caregiver at a minimum of every 3 months in the home of origin.
	If there is no contracted service in the home and the at-risk level is high, weekly face-to-face contacts are required until a service is in place. If the risk level is moderate or low, monthly contacts are required until a service is in place.
Children Under 6 in Placement	One face-to-face contact with children under 6 and their caregiver monthly and not less than every other month in the location where the children reside.
Children and Youth 6 and Over in Placement	One face-to-face contact with the children and youth 6 and over and their caregiver every 6 months in the location where the children and youth reside.
Children and Youth at Home and Closed with Siblings in Placement	One face-to-face contact every 6 months in the family home with all household children and youth and their caregivers is the minimum in conjunction with the required Safety and Risk Assessments.
Youth on Runaway Status	Continuing and appropriate efforts to locate must be made at least monthly.
Youth on Board Extensions and in College	One face-to-face contact with the youth every 6 months at a mutually agreed upon location.

For CUA Case Managers, minimum visitation requirements include weekly in-home safety visits (based on the existence of safety threats), monthly in-home non-safety visits (when no safety threats are present), and monthly visits for children in placement (under any setting). Private provider staff are still required to visit all children on a monthly basis.

Exhibit 1.2 presents data for 5 years on the percent of child visitations performed by DHS social work service managers. Compliance by DHS staff with visitation requirements for all children decreased from an average monthly compliance rate of 93.7 percent in calendar year (CY) 2010 to 71.1 percent in CY 2014. Most concerning, however, is the decrease for children 5 years of age and younger; the visitation compliance for this population decreased from an average monthly compliance rate of 91.3 percent in CY 2010 to 64.3 percent in CY 2014. Supporting data tables are located in appendix C.

DHS provided to the COB preliminary visitation data for CY 2015, for the period January to June, included in exhibit 1.2. Compliance by DHS staff with visitation requirements for all children increased from an average monthly compliance rate of 70 percent in January 2015 to 87 percent in May 2015. Visitation compliance for children 5 years of age increased from an average monthly compliance rate of 64 percent in January 2015 to 86 percent in June 2015. Supporting data tables are located in appendix C.

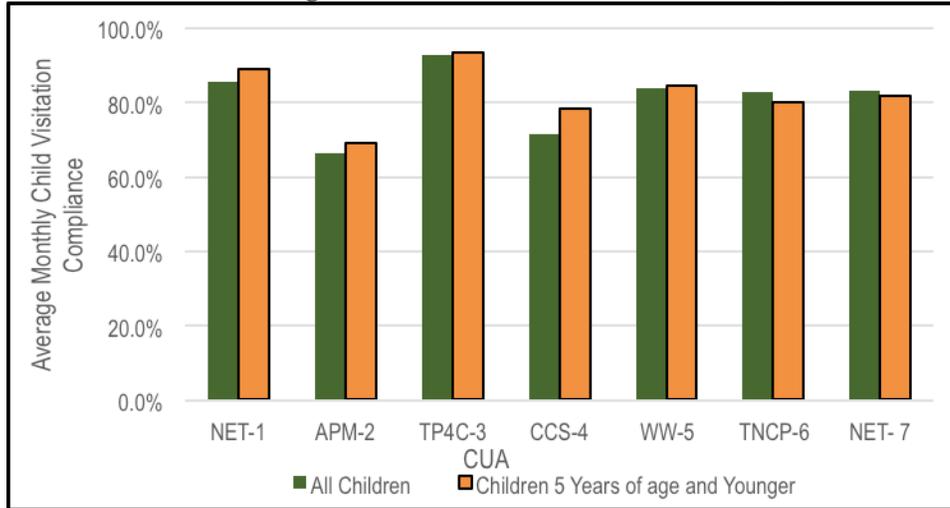
Exhibit 1.2 Average Monthly Child Visitation Compliance by DHS Social Work Service Managers for Children Receiving In-Home and Placement Services, CYs 2010–2015*



*Note: CY 2015 only includes data January-June.

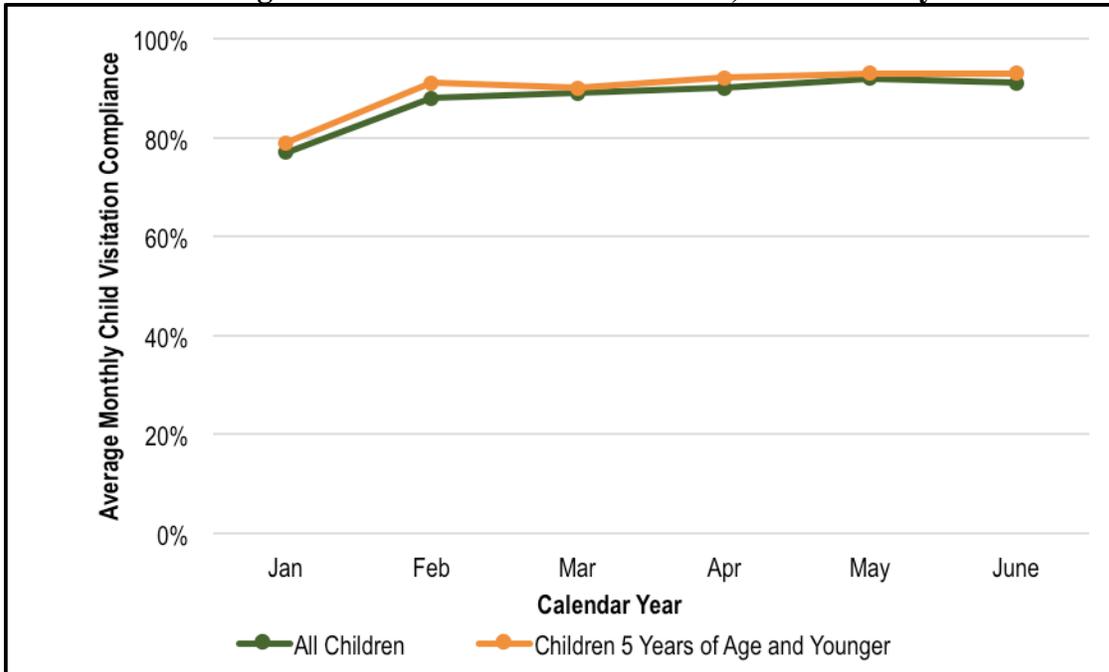
CUA case managers are expected to conduct monthly face-to-face visits with all children. Exhibit 1.3 shows the visitation compliance for the first seven CUAs to begin receiving cases (CUAs 8, 9, and 10 only received cases beginning in November of 2014). Data are only available for CY 2014 as the CUAs began receiving cases. Compliance for all children ranged by CUA from a high of 92.8 percent to a low of 66.3 percent. Compliance for children younger than 5 years of age ranged by CUA from a high of 93.4 percent to a low of 69.1 percent. Supporting data tables are located in appendix C.

Exhibit 1.3 Average Monthly Child Visitation Compliance by CUA Case Managers for Children Receiving In-Home and Placement Services, CY 2014



Preliminary CY 2015 was also provided for the CUAs. Exhibit 1.4 shows the visitation compliance for all 10 CUAs combined. Compliance for all children increased from 77 percent in January 2015 to 91 percent in June 2015. Compliance for children younger than 5 years of age increased from 79 percent to 93 percent. Supporting data tables are located in appendix C.

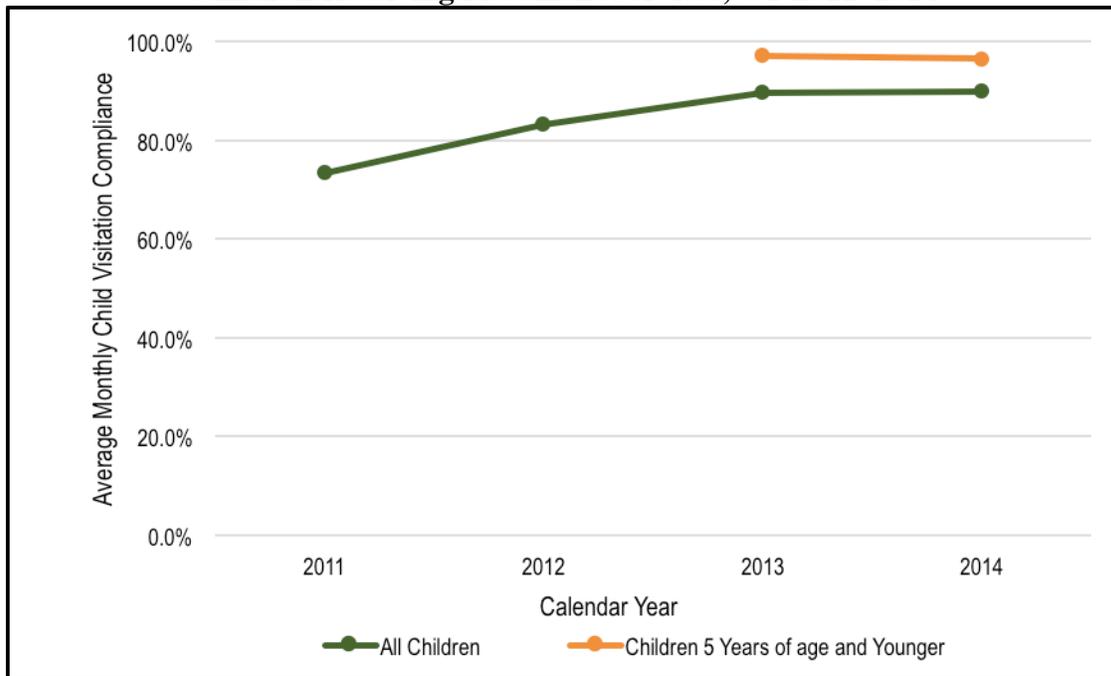
Exhibit 1.4 Average Monthly Child Visitation Compliance by CUA Case Managers for Children Receiving In-Home and Placement Services, from January to June 2015



Private providers are still required to conduct monthly face-to-face visits with all children and youth receiving services regardless of age or program. The data are provided for children receiving placement services only. Compliance with visitation by private agencies continues to improve (see

exhibit 1.5). By the end of 2014, on average, 90.1 percent of all children in dependent placement received a monthly visit. For children 5 years of age and younger, compliance is high at 96.4 percent for CY 2014 (data prior to 2013 are not available for this population).

Exhibit 1.5 Average Monthly Child Visitation Compliance by Non-CUA Private Providers for Children Receiving Placement Services, CY 2011–2014



The COB continues to monitor visitation compliance very closely. DHS, as well as the COB, have expressed concern with the percentage of children not seen by DHS and CUA staff. This is especially troubling for children 5 years and younger. Caseloads for the CUAs have increased largely because of a decrease in children exiting care. The increase in caseload size impacts service quality due to increases in time-consuming tasks (e.g., transportation and number of required visits, etc.). During the same period, compliance rates for face-to-face visitation for all dependent children by private providers continued to increase.

For CY 2014, the range in visitation percentages for CUAs is very large. DHS is working through issues related to specific CUAs and the COB has encouraged leadership in developing and implementing protocols, trainings, and contingency planning, both for CUAs with immediate concerns and for possible future issues.

After consultation with the COB, DHS identified and is implementing strategies to address the issues regarding visitation by both DHS social work services managers and CUA case managers. The COB continues to monitor closely visitation by DHS social work services managers, CUA case managers, and related caseload issues.

Quality Visitation Review

The Quality Visitation Review (QVR) was developed to increase accountability as part of a larger continuous quality improvement (CQI) process surrounding practice at the DHS. The QVR process was implemented in July 2011. During this process, children and caregivers are interviewed to ensure that visitation documented by both county, private provider staff is occurring, and that the case file documentation accurately reflects the services being provided to the family. In 2014, the contract awarded to an outside firm was terminated by DHS in favor of bringing this activity in-house. DHS implemented an in-house data collection and reporting process beginning in March of 2015. In the future, DHS expects to provide these data to the COB, as requested.

Criminal Background Checks

The CWRP recommended that DHS conduct a background check on each member in the child's household. The COB reviewed the policy that DHS distributed on criminal clearances and found that it satisfied their concerns and recommendations. As part of the rollout of IOC, DHS added additional staff to ensure that the background checks continue to be conducted in a timely manner.

SECTION 2. THE IMPROVING OUTCOMES FOR CHILDREN INITIATIVE

This section provides more detail on the COB's assessment of the implementation of the IOC initiative. It also provides an update on key recommendations regarding co-location.

In 2014, the COB focused on monitoring recommendations of the CWRP that are being addressed through the IOC initiative, during a critical implementation and transition year. For this reporting period, all CUAs are receiving cases from DHS. The mission of the IOC initiative is to have more children and youth maintained safely in their own homes and communities; timely reunification or permanence; reduction in use of congregate care; and overall enhanced child, youth, and family functioning.

The COB is impressed with DHS's continued efforts to work with community partners to achieve a successful transformation and support better outcomes for children and families. The IOC partnerships and expert consultation provided through the IOC Steering Committee provides guidance and advice to DHS in support of a stronger child welfare system in Philadelphia. The committee consists of representatives of key organizations with a shared duty and responsibility to children served by DHS, and a representation of families impacted by the transformation. The committee, chaired by the DHS Commissioner, is actively engaged in affecting the following areas:

- Practice
- Data Monitoring and Evaluation
- Community Engagement
- System Wide Learning and Capacity Building

Also significant is DHS efforts to establish and strengthen partnerships with other community organizations to support the stabilization of the Philadelphia Safety Collaborative (PSC). This co-location of DHS, law enforcement, medical, and forensic personnel in a community site provides collaborative decision-making during the investigation phase of casework to provide a more efficient investigative process for incidents of sexual abuse. Members of the Philadelphia Police Department (PPD), Special Victims Unit (SVU), DHS Sexual Abuse Investigation Unit, Philadelphia Children's Alliance, and staff from the District Attorney's office work in partnership to provide a more efficient investigative process for incidents of sexual abuse. The PSC will also collect and utilize data to track performance.

While there are notable achievements, the board is particularly concerned with visitation, staff turnover, caseload size, and stabilization of the transformation effort, and will continue to monitor these critical issues.

RECOMMENDATIONS BEING ADDRESSED THROUGH THE IMPROVING OUTCOMES FOR CHILDREN INITIATIVE

Several recommendations of the CWRP are being addressed through the implementation of the IOC initiative.

After almost 2 years of intensive and comprehensive planning, implementation of the IOC initiative officially began on January 28, 2013.⁸ The IOC initiative is a large-scale, multifaceted, integrated reform effort. The work includes the following four interrelated ongoing reform efforts:

1. Move responsibility for ongoing case management to private providers in the community.
2. Change practice by including parents and youth in decision making through Family Team Conferences (FTCs) throughout the life of the case.
3. Build protective capacities of families through implementation of the Strengthening Families framework in the community.
4. Change how child welfare is funded through the Title IV-E welfare waiver.⁹

By November 2014, all 10 CUAs were receiving cases. DHS has managed the transition of cases by first transitioning in-home cases then cases of families with children in foster care, then cases of families whose children are in treatment foster care or congregate care. The transition and referral of all appropriate cases to the CUAs is on target to be implemented by March 2016. DHS has made the decision that some cases will not be transferred to the CUAs, typically because they are close to case closure. Flipping those cases would likely result in a delay of case closure and unnecessary stress to the child and family. The COB supports this thoughtful implementation activity.

The DHS Commissioner and her management team meet regularly with CUA staff to support clarity regarding roles of DHS, and roles of the CUA in all aspects of service delivery. Community Umbrella Agency Practice Guidelines have been developed and shared with the CUAs. The guidelines address adherence to departmental policy and strengthening families; this guide is also available on the DHS website for review.¹⁰ Exhibit 2.1 shows the CUA Geographic Zones.

⁸ More information on the Improving Outcomes for Children (IOC) initiative can be found at <http://dynamicsights.com/dhs/ioc/index.php>.

⁹ Casey Family Programs (December 2012). *Improving Outcomes for Children in Philadelphia: one family, one plan, one case manager*. Available at <http://dynamicsights.com/dhs/ioc/media.php>

¹⁰ The City of Philadelphia Department of Human Services, The Improving Outcomes for Children Initiative Community Umbrella Agency Practice Guidelines, Effective October 31, 2014. http://dynamicsights.com/dhs/ioc/files/OCTOBER_CUA_Practice_Guidelines_October_2014_FINAL.pdf

Exhibit 2.1 CUA Geographic Zones

CUA	Neighborhood	Police District Served	Agency
1	Eastern North Philadelphia	25	NorthEast Treatment Centers (NET)
2	Eastern North Philadelphia	24, 26	Asociación Puertorriqueños en Marcha (APM)
3	Lower Northeast	15	Turning Points for Children (TPFC)
4	Far Northeast	2, 7, 8	Catholic Community Services (CCS)
5	Logan/Olney	35, 39	Wordsworth
6	Northwest Philadelphia	5, 14	Tabor Northern Community Partners (TNCP)
7	North Central Philadelphia	22	NorthEast Treatment Centers (NET)
8	South Philadelphia	1, 3, 6, 9, 17	Bethanna
9	Southwest Philadelphia	12, 18	Turning Points for Children (TPFC)
10	Mantua, Overbrook, Wynnefield	16, 19	Wordsworth

Numerous other IOC initiative efforts are underway to support and strengthen families. Community-based Parent Cafés and Teen Cafés are being held. At these events, parents come together to participate in guided conversations that support discoveries that can lead to personal growth and enhanced parenting. Parent Cafés are in collaboration with the DHS Parent Action Network and are open to all Philadelphia parents. Information about this program and meeting dates are advertised on the DHS website. Community Advisory Boards composed of neighborhood stakeholders are in place within the geographical areas where CUAs are located. These boards partner with the child welfare system to provide the strongest, most accountable services to children, youth, and families. Community Behavioral Health liaisons are also designated for each CUA by the Department of Behavioral Health and Intellectual disability (DBHIDS), and FTCs are being conducted.^{11,12}

The COB is impressed with DHS’ IOC initiatives efforts, and ongoing monitoring and assessment to identify and address any issues or problems that arise. In spite of data warehouse challenges, DHS has increased its ability to use data to drive decision making during the last few years. This improvement has been demonstrated during this critical transition period, both in efforts to provide new information and the presentation of data reports by the DHS PMA unit. This foundation of data-driven decision-making that DHS continues to build will be important as their major responsibility transfers to monitoring the outcomes achieved by the CUAs.

Caseload

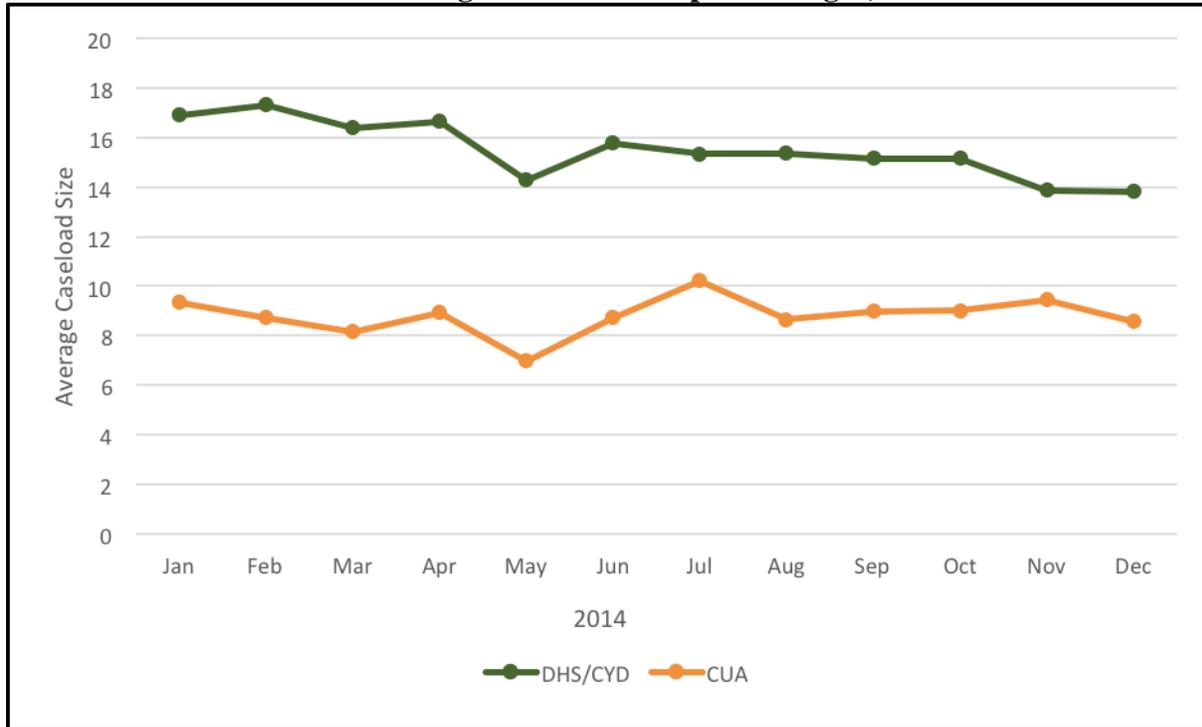
For CY 2014, average caseloads per month decreased overall for both DHS social work service managers and CUA case managers (see exhibit 2.2). However, in CY 2015 caseloads are expected to rise due to staff retention issues, CUA management issues, and mostly importantly, new laws resulting in an increase in reports and investigations. The laws took effect January 1, 2015, and preliminary monthly data indicate increases in caseloads for both DHS and CUAs. DHS PMA staff will report median caseload size data (rather than average) in the future.

¹¹ Parent and Teen Cafés are structured support and community building sessions offered to parents and teens involved with DHS.

¹² More information on the IOC initiative can be found at <http://dynamicsights.com/dhs/ioc/index.php>. See also, Casey Family Programs (December 2012). Improving Outcomes for Children in Philadelphia” one family, one plan, one case manager. Available at <http://dynamicsights.com/dhs/ioc/media.php>

Other concerns related to caseload data include the way in which DHS counts cases and caseload size distribution. The average caseload size data are not a count of children, but rather families, which typically involves multiple children.

Exhibit 2.2 Average Caseload Size per Manager, CY 2014

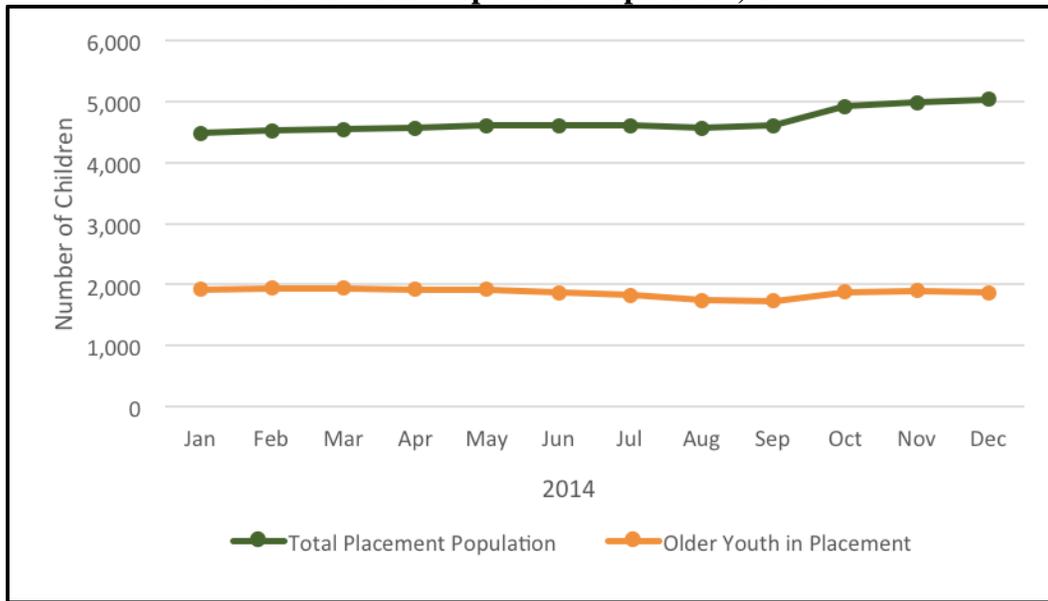


DHS continues to review and determine if additional DHS staff is needed during the transition to ensure that the safety and well-being of children and families is not compromised during the transitions to IOC. The COB will continue to monitor and assess the impact of the implementation of the IOC initiative on caseloads and work with DHS to identify any issues that need to be addressed.

Dependent Placement

The total number of children in all dependent care placements has increased during CY 2014 (see exhibit 2.3), while the subtotal of older youth in placement decreased slightly. Increase in dependent care places significant burdens, both on child well-being and on DHS’ budget. It is possible that this increase is a result of a delayed effect from the economic downturn, publicity from high profile cases and anticipation of new laws coming into effect. DHS believes that family team conferencing is meant to ensure that placement is the last resort, not the first; however, FTC has not been implemented long enough to see an effect on the data.

Exhibit 2.3 Total Dependent Population, CY 2014



For CY 2015, the COB has asked DHS to provide data on the dependent population, broken out by who is ordering placement, age of child, and reason for placement. This information will be helpful with regards to planning how to reduce the number of kids in care.

Co-Location

The CWRP recommendation that DHS complete the long-planned co-location of DHS, police, and medical and forensic interview personnel at a community site was completed in 2013 with the opening of the PSC. The PSC accommodates staff from social services, the PPD, SVU, the District Attorney's office, and the Philadelphia Children's Alliance. DHS is in the process of opening a medical facility at the site once final negotiations with the hospitals are completed.

Family Team Conferencing

DHS has fully implemented team decision-making process for all cases going to the CUAs. There are currently 38 practice specialists (at the masters of social work degree level) facilitating the conferences and 39 team coordinators who organize the conferences. Additionally, DHS has held over 6,000 teaming conferences since this process started. Family team conferences occur throughout the life of a case at key decision-making points, including safety and permanency decisions, child or youth placement moves, changes in service, routine review intervals, and case closings. Conferences are child-centered, family-focused, structured meetings. Attendees include: parents; youth 12 years of age or older; any supports identified by the parents or youth including family members and friends; community resources; CUA and DHS staff; other child, youth, and family serving agencies; and other professionals involved including counsel for parents, children, and youth, if they have been identified.

The following are definitions of the four types of conferences in the FTC model:

1. **Child Safety Conference**—The purpose of this conference is to create a viable safety plan to ensure children and youth are protected from identified safety threats.
2. **Family Support Conference**—The purpose of this conference is to assist with the development, review, and modification of goals, objectives, and action steps for the Single Case Plan (SCP) for families receiving in-home services.
3. **Permanency Conference**—The purpose of this conference is to develop, review, and modify the goals, objectives, and action steps for the SCP for families receiving out-of-home services.
4. **Placement and Stability Conference**—This conference is designed to increase placement stability and prevent moves. This conference will be held prior to the child being moved; however, if the child needs to be moved due to a safety reason, the conference will be held within 3 business days after the move.

In February 2014, DHS developed a family team conference project management database and is currently working on ways to develop reports. The Teaming and Management Interface or TAMI database is expected to provide information regarding the timeliness of conferences and the level of participation in the conferences by parents, caregivers, the CUA worker and other key professionals, informal family supports, and children and youth as appropriate. DHS began providing preliminary data in routine data reports generated during quarterly COB meetings in 2014; however, data warehouse challenges prevent annual data reporting at this time. DHS is working to fix this during 2015.

As part of the Child Welfare Demonstration Project, the state of Pennsylvania has contracted with the Child Welfare Resource Center (CWRC) to conduct research to measure the fidelity of the FTC model. As a result, DHS has been working closely with the CWRC to measure the degree to which the individuals delivering FTC effectively and faithfully implement the elements that are thought to be the most essential to successful implementation. Administrators and the Teaming Director at DHS regularly observe the conferences to make sure the model is followed and that parents are included in the process. The COB will continue to monitor and evaluate the implementation of FTCs.

SECTION 3. OLDER YOUTH WORK GROUP UPDATE

In 2011, at the request of Mayor Nutter, the scope of the COB was expanded to include issues related to well-being. The COB looked closely at issues concerning older youth in care, and created an ad hoc committee, the Older Youth Work Group (OYWG). This committee worked to gain an understanding of issues that impact the older youth population in DHS care. Among the most important recommendations were improvements to cross-systems collaboration and coordination, including transition planning and education.

TRANSITION PLANNING

Transition planning for older youth with behavioral health and developmental disabilities who will require ongoing public supports and services after adulthood is critical. Currently, the small, non-profit organization, the Juvenile Law Center (JLC), conducts Transition Planning Reviews for young adults with significant intellectual and behavioral health disabilities who are involved in the child welfare system and face transition to adult services rather than independence. These cross-system planning meetings include participation from DHS, Department of Behavioral Health Disability Services (DBHDS), representatives from the CUAs, DHS Education Support Center (ESC), the School District of Philadelphia (SDP), Community Behavioral Health (CBH), child advocates, youth and their families, treatment providers, and foster care parents when applicable. The purpose of these meetings is to develop transition plans that are concrete with specific timeframes and action steps. The plans address issues such as housing, education, behavioral health, family supports, and other supportive services.

Only a limited number of eligible youth approaching discharge from DHS are identified for these transition planning meetings by their case managers. In March 2016, the grant funding will end and JLC will no longer coordinate the meetings and monitor outcomes. The OYWG recommended that DHS and DBHIDS should develop, and jointly conduct, a sustainable transition planning review program for older youth who have significant behavioral health and complex developmental needs modeled on the Transitional Planning Reviews conducted by JLC.

In 2014, a positive development included training for CUA staff to register young adults with Intellectual Disabilities Services. As these young adults age out of the child welfare system they will be identified for the Consolidated Waiver for residential treatment. If they are returning home, they will be directed to the Person/Family Directed Support Waiver which provides supports to young adults (21+), including habilitation coaches and day programs.

DHS reports that the partnerships that developed among the different organizations involved in the JLC Transition Planning Reviews have facilitated the development of housing and independent living supports for youth aging out of foster care through the various systems of care including, but not limited to, DHS and DBHIDS. An important partnership that exists is with SSI Outreach Access and Recovery (SOAR) which provides assistance in accessing SSI benefits for young adults eligible as a result of their mental health disorders.

EDUCATION

The remedial education needs of DHS-involved youth are profound and warrant interventions more intensive than tutoring by volunteers. The OYWG recommended that ESC, SDP, Achieving

Independence Center (AIC), and others should develop programming more responsive to the pressing needs of these youth.

DHS reports that ESC, in collaboration across multiple systems, has developed interventions that expedite older youths' enrollment in school and facilitate their completion of graduation requirements. These interventions include the: (1) *School District of Philadelphia Student Transition Center Partnership*; (2) *School District of Philadelphia Re-Engagement Center Collaboration*; and (3) *Achieving Independence Center (AIC) Collaboration*.

- The *Student Transition Center* was developed in conjunction with SDP and is staffed by a multidisciplinary team comprised of SDP transition liaisons, a juvenile probation officer, a full-time DHS social worker, and a CBH mental and behavioral health liaison. ESC and SDP work collectively to enroll DHS-involved students that are entering, returning, or transitioning to District schools within 24–72 hours of school assignment. Returning students are often older youth returning from delinquent and out-of-county residential placements.
- In January 2015, the ESC re-introduced a DHS Education Liaison fulltime to the *Re-Engagement Center* to assist DHS older youth with identifying an alternative and often accelerated pathway towards graduation. The Philadelphia Youth Network (PYN) is in partnership with ESC and SDP to further enhance programming.
- In 2015, ESC and *Achieving Independence Center* began developing more efficient means to support the educational needs of DHS youth who are involved with AIC. An ESC Education Liaison is now placed at AIC for weekly, face-to-face student support meetings for the summer of 2015. AIC is in the process of reorganizing its method of referral to ESC when staff identify that youth have in-depth educational needs that cannot be adequately addressed by AIC programs.

Key OYWG findings also included the need for routine engagement of youth input and improved data systems and coding. Several of the needs identified are currently being addressed through the co-location effort, as well as efforts by DHS to improve its reporting system. The agency is also working to support the engagement of youth through Family Team Conferencing and the Teen Café initiatives. The full report on the findings of the OYWG was provided to the Mayor in August of 2014.¹³

¹³ Older Youth Work Group Report. Addendum to the Annual Report on Progress April 2014.

SECTION 4. OUTCOME MEASURES

This section presents the status of the key outcome measures identified by the COB as indicators of the DHS' performance related to child safety and well-being. The outcome measurement data were supplied by DHS' PMA at the request of the COB. The COB uses the outcome measures, as well as DHS' routine data reports and various specialized studies, to report on DHS' overall progress related to child safety and well-being.

For the 2014 *Report on Progress*, the measures reported are:

- Occurrence of repeat maltreatment and length of time between incidents of child maltreatment
- Incidence of child maltreatment in placement
- Reentry into foster care and other types of placement
- Sibling group placement
- Distance from home
- Months to permanency
- Congregate care

The COB is confident that DHS and the CUAs will use and share data to make informed decisions and for CQI.

OUTCOME MEASURE: OCCURRENCE OF REPEAT MALTREATMENT AND LENGTH OF TIME BETWEEN INCIDENTS OF CHILD MALTREATMENT

This measure examines whether or not children experience subsequent maltreatment after having been substantiated for maltreatment by DHS. It recognizes that the goal for protective services is to ensure the child's safety and to resolve the conditions that led to child maltreatment. A successful outcome is the absence of subsequent child maltreatment following the initial incident. An 18-month follow up period is used for assessing repeat maltreatment. This report examines trends in repeat maltreatment from state fiscal year (SFY) 2006 through SFY 2013.¹⁴

Pennsylvania law and regulations divide reports alleging maltreatment into two major types: (1) Child Protective Services (CPS), and (2) General Protective Services (GPS). The distinction is generally one of severity. Both CPS and GPS reports can result in the provision of protective services for the child. Both types of reports represent some level of risk to the child. This report examines the occurrence of repeat maltreatment for both CPS and GPS maltreatment reports. The data identify the number of children reported during each SFY who were involved in another substantiated incident of maltreatment within 18 months of the initial substantiated report.

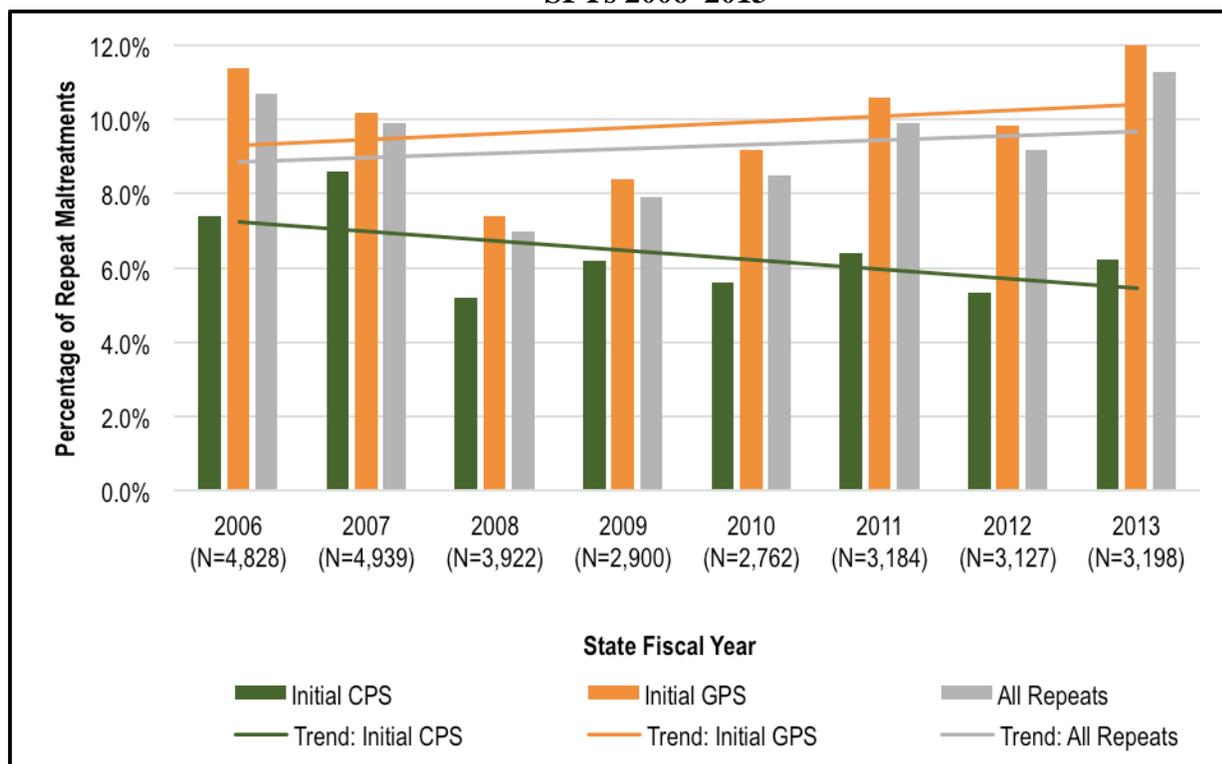
¹⁴ SFY 2014 data are not examined in this report because data through the 18-month follow-up period were not available at the time of the analysis.

Occurrence of Repeat Maltreatment

As shown in exhibit 3.1, the occurrence of all repeat maltreatment was 10.7 percent in SFY 2006 and increased to 11.3 percent in SFY 2013. There was fluctuation in the intervening years, with a low of 7.0 percent in SFY 2008. The likelihood of repeat maltreatment is different depending on whether the initial report was CPS or GPS. GPS reports were substantially more likely than CPS reports to have a repeat incident (either GPS or CPS) within 18 months, in every year. This influences the trend of all repeat maltreatment reports because there are many more GPS reports than CPS reports.

Among initial CPS reports, the occurrence of repeat maltreatment decreased from SFY 2006 to SFY 2013 overall. Among initial GPS reports, the occurrence of repeat maltreatment decreased from 11.4 percent in SFY 2006 to a low of 7.4 percent in SFY 2008 before increasing to 12.0 percent in SFY 2013. Supporting data is located in appendix C.

Exhibit 3.1 Repeat Maltreatment within 18 Months by Type of Initial Report, SFYs 2006–2013

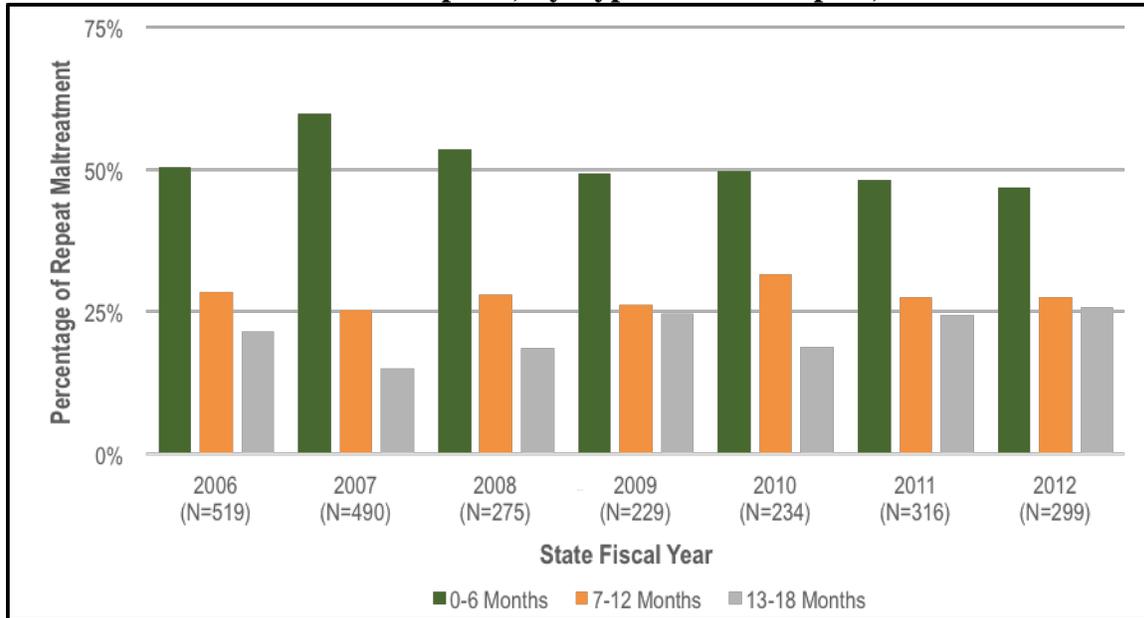


Notes: N=The total number of initial reports in each SFY. The Initial Report is the first ever indicated/substantiated report on a victim child
 Source: DHS Data Warehouse

Time Between Reports

This outcome measure examines the time between recurrent incidents (6 months or less, 7–12 months, or 13–18 months). Approximately half of subsequent incidents of maltreatment occurred within the first 6 months following the initial report (see exhibit 3.2). The percentage of repeat maltreatment that occurred within 6 months of the initial report was approximately the same from SFY 2006 to SFY 2012. The percentage of repeat maltreatment that occurred 7–12 months or 13–18 months after the initial report also remained approximately the same. Supporting data is located in appendix C.

Exhibit 3.2 Time between Reports, By Type of Initial Report, SFYs 2006–2012



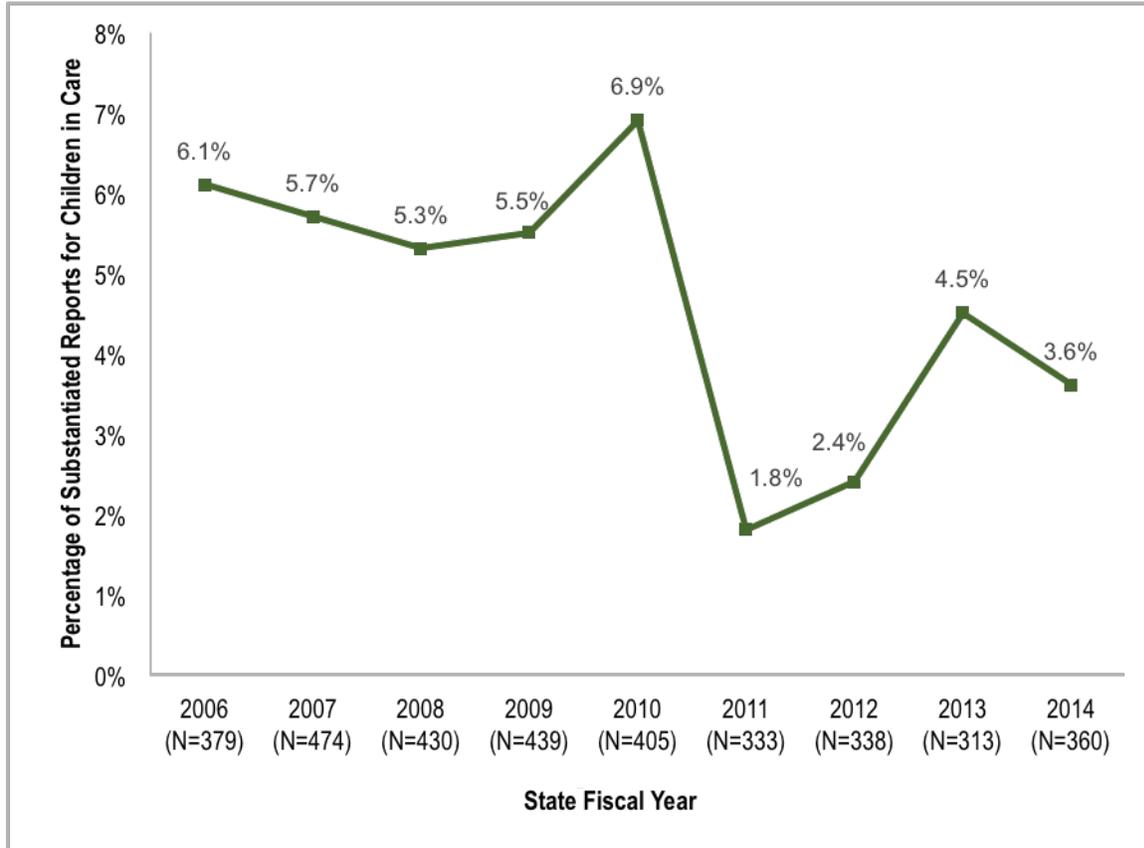
Note: N = The total number of occurrences of repeat maltreatment in each SFY

OUTCOME MEASURE: INCIDENCE OF CHILD MALTREATMENT IN PLACEMENT

Pennsylvania’s Office of Children, Youth, and Families (OCYF) is responsible for receiving and investigating reports of maltreatment of children in placement. The following annual data on the incidence of child maltreatment in placement in Philadelphia was provided to DHS by OCYF.

Exhibit 3.3 presents these data for SFY 2006 through SFY 2014. The data provided include the total number of reports of maltreatment in care, and the number of those reports that are substantiated. The total number of reports of maltreatment of children in DHS care decreased from SFY 2006 (379) to SFY 2014 (360). The percentage of substantiated reports of maltreatment of children in care remained approximately the same from SFY 2006 to SFY 2009 (ranging between 5.5 percent and 6.1 percent). There was an increase in SFY 2010 to 6.9 percent, followed by a substantial decrease to 1.8 percent in SFY 2011. In SFY 2012, the percent of children found to have been maltreated in care increased to 4.5 percent. In SFY 2013, the percent decreased again, to 3.6 percent, indicating some volatility in the data on this measure. DHS is encouraged to continue reviewing measures to prevent maltreatment in care, including how the data are collected, validated, and analyzed. Supporting data are located in appendix C.

Exhibit 3.3 Substantiated Reports of Maltreatment for Children in Care of DHS, SFYs 2006–2014



Notes: N = Total number of reports of maltreatment for children in DHS care in each SFY
 These data were corrected in 2014 to reflect SFY reporting for all reporting years, rather than by calendar year (CY) as in previous reports.

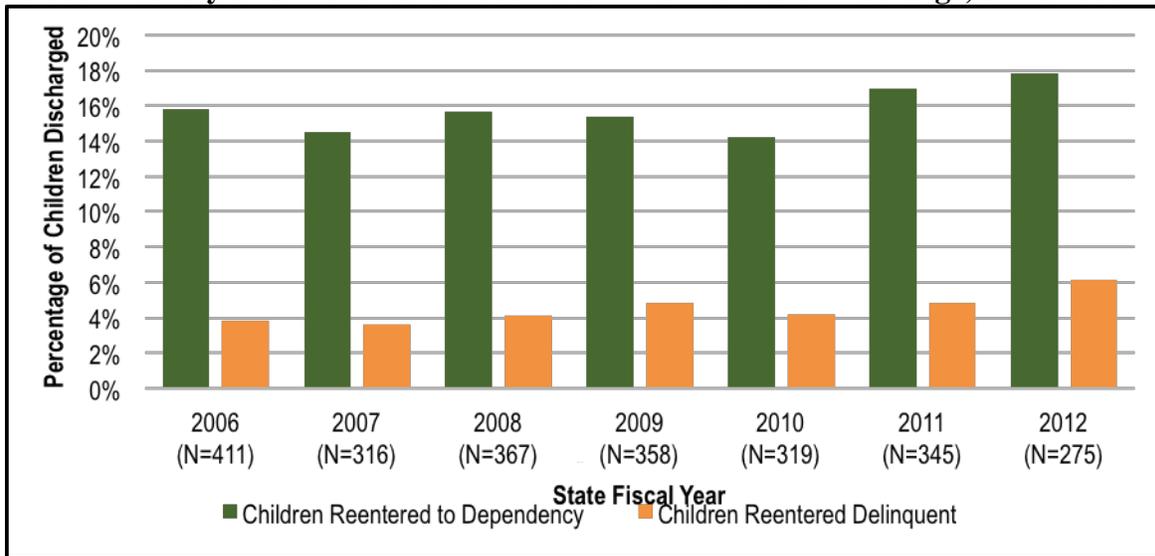
OUTCOME MEASURE: REENTRY INTO FOSTER CARE AND OTHER PLACEMENT TYPES

When a temporary placement is required to ensure the safety and well-being of a child, DHS seeks to return the child home as soon as the conditions that led to maltreatment or dependency have been remedied. If the issues cannot be resolved, the department seeks to place the child in an alternate permanent setting (i.e., adoption, permanent legal guardian, or a suitable relative). The outcome measure examining reentry into foster care and other placement types examines the instances in which reunification has failed. The measure is a gauge of the DHS’ success in executing appropriate reunification placements.

Some children discharged to reunification during SFYs 2006–2012 reentered placement within 18 months. The total number of reentries fell from 411 in SFY 2006 to 275 in SFY 2012. Some of these children reentered to dependency placements and some reentered to delinquency placements. The percentage reentering to dependency placements in each SFY was approximately three times greater than the percentage reentering to delinquency placements (see exhibit 3.4).

The sum of the two percentages displayed in exhibit 3.4 for each SFY equals the total percentage of all children discharged in that SFY who reentered within the following 18 months. Between 2006 and 2010, approximately 19 percent of all children discharged reentered within 18 months. The proportions of children discharged who reentered remained about the same during those same years, with approximately 15 percent reentering to dependency placements and approximately 4 percent reentering to delinquency placements. For SFY 2011 and 2012, the total number of children declined. While the number of children who reentered also declined, there is a troubling increase in the percentage of children reentering both to dependency and to delinquency. Supporting tables are located in appendix C.

Exhibit 3.4 Reentry of Children and Youth within 18 Months of Discharge, SFYs 2006–2012



Note: N = Total number of children and youth reentering placement during each SFY. This are children discharged to Permanency, Reunification Only.

When reunification discharges fail, it is hoped that a future discharges will be successful after a period of additional services provided by DHS. Fortunately, this is the case for most children served (see exhibit 3.5). A very small proportion of children who reentered placement after being discharged experienced more than one failed reunification. The percentage of children who reentered multiple times within 18 months increased from 0.5 percent of all reentries in SFY 2006 to 3.8 percent of all reentries in SFY 2010 and then decreased to 1.8 percent in 2012.

Exhibit 3.5 Single or Multiple Reentries within 18 Months of Discharge, SFYs 2006–2012

Fiscal Year	Total Number of Children with Reentries	Single Reentry		Multiple Reentries	
		N	%	N	%
2006	411	409	99.5%	2	0.5%
2007	316	313	99.1%	3	0.9%
2008	367	362	98.6%	5	1.4%
2009	358	348	97.2%	10	2.8%
2010	319	307	96.2%	12	3.8%
2011	345	333	98.2%	6	1.8%
2012	275	270	98.0%	5	1.8%

Note: These are children discharged to Permanency, Reunification Only

OUTCOME MEASURE: SIBLING GROUP PLACEMENT

One goal for improved child, youth, and family functioning is keeping sibling groups in foster care intact. Across the dual system, the majority of all sibling groups (60 percent) were placed together and remained intact for 2014 (see exhibit 3.6). For 2014, DHS was responsible for 467 sibling groups and kept 264 (57 percent) intact. CUAs were responsible for 390 sibling groups and kept 250 (64 percent) intact. Individual CUAs ranged from keeping 60 percent of sibling groups intact to keeping 100 percent of sibling groups intact. A sibling group is considered intact only if the entire group remains together in placement. When a large sibling group must be split into two smaller groups that group would be recorded as split.

Exhibit 3.6 Sibling Group Placement

Primary Responsibility	Sibling Groups	# Intact	% Intact
DHS	467	264	57%
CUA	390	250	64%
System Totals	857	514	60%
CUA	Sibling Groups	# Intact	% Intact
NET-1	77	49	64%
APM-2	81	49	60%
TPFC-3	70	42	60%
CCS-4	33	27	82%
WW-5	66	41	62%
TNCP-6	15	9	60%
NET-7	33	23	70%
BETH-8	5	3	60%
TP4C-9	1	1	100%
WW-10	9	6	67%
CUA Total	390	250	64%

Note: as of 12/24/2014.

OUTCOME MEASURE: DISTANCE FROM HOME

Another outcome goal is to keep children and youth maintained in their own homes or communities. CUAs reported on the percentage of children in non-kinship care by distance from their home of origin (see exhibit 3.7). Across all CUAs, 15.1 percent of children entering non-kinship care by CUAs were placed less than two miles from their home of origin. An additional 37.0 percent of children were placed between two and five miles from their home of origin. Children placed between five and ten miles from their home of origin made up 26.5 percent of total child in non-

kinship care, and children placed greater than ten miles from home made up 21.4 percent of children. The majority of children (52.1 percent) who were placed in non-kinship care by CUAs were placed within 5 miles of their home of origin.

For children who were already in non-kinship care and assigned to CUAs, 12.6 percent were kept within two miles of their home of origin (see exhibit 3.8). An additional 29.1 percent were between two and five miles from their home of origin, while 14.0 percent were placed between five and ten miles from their home of origin. The remaining 44.3 percent of children already in non-kinship care were placed more than ten miles away from their home of origin.

Exhibit 3.7 Distance from Home of Origin for Non-Kinship Care Placement Services for New Cases Assigned to Community Umbrella Agencies

Community Umbrella Agency	Distance from Home of Origin in Miles				Total
	<2	2-5	5-10	>10	
NET-1	17.9%	38.1%	21.4%	22.6%	100.0%
APM-2	11.5%	55.2%	11.5%	21.8%	100.0%
TPFC-3	9.1%	30.9%	34.5%	25.5%	100.0%
CCS-4	4.5%	40.9%	22.7%	31.8%	100.0%
WW-5	19.7%	31.0%	28.2%	21.1%	100.0%
TNCP-6	43.8%	18.8%	25.0%	12.5%	100.0%
NET-7	14.3%	25.7%	60.0%	0.0%	100.0%
BETH-8	0.0%	0.0%	80.0%	20.0%	100.0%
TPFC-9	N/A	N/A	N/A	N/A	0.0%
WW-10	0.0%	0.0%	100.0%	0.0%	100.0%
Grand Total	15.1%	37.0%	26.5%	21.4%	100.0%

Note: as of 12/24/2014.

Exhibit 3.8 Distance from Home of Origin for Non-Kinship Care Placement Services for Previously Open Cases Assigned to Community Umbrella Agencies

Community Umbrella Agency	Distance from Home of Origin in Miles				Total
	<2	2-5	5-10	>10	
NET-1	16.1%	29.9%	26.4%	27.6%	100.0%
APM-2	4.8%	28.6%	34.5%	32.1%	100.0%
TPFC-3	9.2%	29.4%	23.9%	37.6%	100.0%
CCS-4	18.8%	21.9%	28.1%	31.3%	100.0%
WW-5	13.9%	39.1%	27.0%	20.0%	100.0%
TNCP-6	20.0%	16.0%	28.0%	36.0%	100.0%
NET-7	14.8%	14.8%	35.2%	35.2%	100.0%
BETH-8	0.0%	0.0%	50.0%	50.0%	100.0%
TPFC-9	100.0%	0.0%	0.0%	0.0%	100.0%
WW-10	8.3%	50.0%	25.0%	16.7%	100.0%
Grand Total	12.6%	29.1%	14.0%	44.3%	100.0%

Note: as of 12/24/2014.

OUTCOME MEASURE: MONTHS TO PERMANENCY

Children discharged from placement have different discharge settings and timeframes to permanency (see exhibit 3.9). Compared to 2013, a lower percentage of children discharged (42.7 percent compared to 39.4 percent) were discharged to reunification with their parents, but a higher

percentage of children (16.6 percent compared to 19.3 percent) were discharged to an adoption setting.

In 2014, it took longer for children to be discharged to a permanency setting when compared to 2013. In 2014, across all discharge settings, 38.2 percent of children were discharged to permanency within 24 months compared to the 43.7 percent of children who were discharged to permanency in that time frame in 2013. In 2014, 14.8 percent of children were discharged between 25 and 36 months compared to 13.0 percent in 2013. Finally, 11.5 percent of children were discharged to permanency greater than 36 months after entry in 2014 compared to 8.2 percent of children who were discharged to permanency greater than 36 months after entry in 2013.

Exhibit 3.9 Months to Permanency for Children Discharged from Placement

	Discharged in CY 2013		Discharged in CY 2014	
Total Discharges	2269		1823	
Reunification	969	42.7%	718	39.4%
Within 12 months	556	24.5%	388	21.3%
13-24 months	275	12.1%	208	11.4%
25-36 months	84	3.7%	70	3.8%
>36 months	54	2.4%	52	2.9%
Adoption Permanency	376	16.6%	352	19.3%
Within 24 months	100	4.4%	58	3.2%
24 - 36 months	176	7.8%	154	8.4%
> 36 months	100	4.4%	140	7.7%
PLC Permanency	129	5.7%	106	5.8%
Within 24 months	60	2.6%	42	2.3%
24 - 36 months	36	1.6%	46	2.5%
> 36 months	33	1.5%	18	1.0%
Non-Permanency Discharge	795	35.0%	647	35.5%

OUTCOME MEASURE: CONGREGATE CARE

Another outcome goal is to decrease the number of children in congregate care. In 2014, the percentage of children in congregate care decreased when compared to 2013 (see exhibit 3.10). The percentage of children in group homes dropped from 8.75 percent to 6.78 percent. The percentage of children in institutions increased from 5.83 percent to 7.24 percent. Overall, the number and percentage of children in congregate care decreased from 880 children in 2013 (19.74 percent of all children in placement) to 734 children (14.59 percent of all children in placement) in 2014. Children in foster care and kinship care also increased from 2013 to 2014. Overall, the percentage of children in non-congregate care increased from 80.26 percent in 2013 to 83.86 percent in 2014.

Exhibit 3.10 Congregate Care and non-Congregate Care Services, at Year End 2013 & 2014

Service Level	As of 12/31/2013		As of 12/31/2014	
	Placements	%	Placements	%
Group Home	390	8.75%	341	6.78%
Emergency Shelter	27	0.61%	29	0.58%
Institution	260	5.83%	364	7.24%
Congregate Care Total	880	19.74%	734	14.59%
Foster Care	1902	42.67%	2243	44.58%
Kinship Care	1479	33.18%	1879	37.35%
Family Foster Shelter	22	0.49%	1	0.02%
SIL	174	3.90%	96	1.91%
Placement Service Pending	0	0.00%	78	1.55%
Non- Congregate Care Total	3577	80.26%	4219	83.86%
All Placement Total	4457	100.00%	5031	100.00%

SECTION 5. CONCLUSION

DHS continues to monitor and evaluate IOC. Compliance matters are monitored weekly and monthly through case file reviews that evaluate primarily visitation, safety assessments, and safety planning. Quality Service Reviews are conducted three times per year internally, and annually through the state; this review concentrates on practice indicators. CUA ChildStat is conducted eight times per year, concentrating on outcomes and practice indicators. In 2015, a QVR process was instituted to monitor and evaluate the CUAs handling of cases regarding engagement, planning, teaming, intervention, and overall assessment of the issues.

In-depth data reviews take place monthly to analyze point-in-time data for trends, and outcome reviews will begin in June of 2015. The outcome report will focus on child safety, permanency, use of congregate care, and well-being indicators. The outcome measures are a means to examine DHS' progress using quantitative measures of key areas. A review of the current data does not provide a clear picture of the impact of the many practice and policy changes that have been implemented by DHS. The COB will continue to monitor these outcome measures. It is imperative that DHS continue to improve its data collection and use for CQI to support measurable improvements in service delivery and outcomes. The COB will continue to monitor these outcome measures and provide insight and guidance to DHS in support of improved outcomes.

NEXT STEPS

The implementation of the IOC initiative, recognition of the challenges in transforming its' child welfare system to improve services to children and families, and the transparency of the DHS Commissioner with the COB and the community are commendable. At the same time, we must acknowledge the challenges and attendant concerns that continue to exist. Of particular concern are the outcomes related to timely achievement of permanency for children. Collaboratively with DHS, the COB will continue to monitor closely outcome measures and additional data that support alignment of DHS practice and service delivery with the CWRP recommendations.

Appendixes

APPENDIX A. CHILD WELFARE REVIEW PANEL RECOMMENDATIONS

Exhibit A.1 Completed Recommendations

RECOMMENDATION	NOTES
MISSION AND VALUES	
1. DHS must develop a mission statement and core values that are centered on child safety (Phase 1, Recommendation 1.a).	In December 2007, DHS adopted a set of core values that included safety, permanency, well-being, respect, competence, teamwork, accountability, transparency, communication, and trust. DHS developed these values by (1) examining the mission and values that were in place in other comparable municipalities, (2) extracting the core principles that were consistent within DHS' principles, and (3) drafting a new mission statement and set of values.
2. DHS' core values must embody, at a minimum, the following principles: creating a culture of respect, compassion and professionalism; enhancing communication with, and responsiveness to, stakeholders; instilling a greater sense of urgency among DHS staff and providers; providing services that are readily accessible; fostering a culture of collaboration; providing culturally competent services; and creating a transparent agency (Phase 1, Recommendation 1.b).	See recommendation 1 above.
3. DHS must align prevention programs and resources with mission and values developed in Phase One, and with the core principle of ensuring child safety (Phase 2, Recommendation 1.a).	The Division of Community Based Prevention has been officially phased out. The majority of the programs have been moved under the Children and Youth Division (CYD) under a newly established support center, The Family and Community Support Center (FCSC). FCSC was established to provide support to children/youth and families to strengthen and/or stabilize the family unit. FCSC strives to address the underlying problems that lead to abuse, neglect, and delinquency and to support at -risk children and youth before their situation leads to involvement or more intensive involvement in the formal Child Welfare System. In addition, with this change, the Family Empowerment Services (FES) under the Family and Community Support Center can be offered to families active and closed with CYD. FES is an in-home case management service. These services can be used to assist and supplement support for families. Of course, if the family has safety threats, IHPS would be used. Finally, families involved with CYD can also access Positive Youth Development and Domestic Violence services.
4. DHS must align more effectively in-home service programs and their utilization with the mission and values of DHS and with child safety (Phase 2, Recommendation 1.b).	The Safety Model of Practice provides the framework for In-home service programs and their utilization. DHS has developed a continuum of in-home services: IHPS is the in-home service available to families with active safety threats. There are also four specialty IHPS programs (Sex Abuse, Cognitively Impaired Caregivers, Medically Fragile Children, and Families in Shelters).

Practice	
5. DHS must implement an adequate evidence-based safety assessment tool (Phase I, Recommendation 2.a.i).	DHS has fully implemented in-home and out-of-home safety assessment tools developed by the Department of Public Welfare (see below).
6. DHS must conduct a safety assessment for every child within its care—both children at home and children in out-of-home placements. The safety assessment must be updated at each contact with the child (Phase 1, Recommendation 2.a.ii).	DHS policy is to assess the safety of every child and youth at each contact. The safety information is recorded electronically in the Structured Progress Note for manager review. DHS uses an electronic version of the official Pennsylvania In-Home Safety Assessment Worksheet to record the safety of children and youth during investigations or when receiving in-home services. During these instances, the safety of the children and youth is recorded during the designated intervals as specified by the Pennsylvania Department of Human Services safety assessment manual. In regards to children and youth who are in out of home care, DHS records the safety information in the Structured Progress Note with a focus on the following five areas: Absence of perceived or actual threats; Presence of Caregiver Protective Capacities; Home is experienced as a refuge; Perceived and felt security; and Confidence in the consistency of the environment.
7. DHS must conduct immediate (within 2 hours) face-to-face visits for every child 5 years of age or younger for whom a report of suspected abuse or neglect is received by the Child Abuse or Neglect Hotline. This face-to-face contact must be made regardless of whether the Child Abuse or Neglect Hotline classifies the case as General Protective Services (GPS) or Child Protective Services (CPS) (Phase 1, Recommendation 2.b.i).	DHS abandoned the automatic 2-hour response time (regardless of allegation) for children 5 and under. The response time was abandoned because it soon became clear that more trauma could be caused if young children were aroused in the middle of the night for what really did not amount to an immediate safety concern. An example of such a safety concern was a doctor calling the Child Abuse or Neglect Hotline at 8 p.m. to report a parent not tending appropriately to their 4-year old's lice. In addition, sending social work services staff on immediate reports that were not immediate priority reports based on safety concerns, diverted resources from vulnerable children over age 5.
8. DHS must move toward an evidence-based practice model and take active steps to determine the effectiveness of its practice with an evaluation process that it open and informs good practice (Phase 2, Recommendation 2.a.i).	The CWRP recommended that DHS develop a more analytical process, both to evaluate the effectiveness of services and to identify additional changes and improvements that could be implemented. The CWRP recommendation referred to this as evidence-based practice. DHS implemented both case reviews and ongoing data analysis. The information from the case reviews and data analysis continue to be used to inform decision making, improve practice, and monitor outcomes. DHS utilizes four types of case reviews to assess service effectiveness—ChildStat, Quality Service Reviews (QSR), reviews of child fatalities/near fatalities, and Qualitative Visitation Reviews (QVR).
9. DHS must revise policies for case openings and closures—DHS must enhance the focus on team decision making to include team decision making for reviewing case closures. DHS must develop guidance for staff, and train them to work with cases where parents are uncooperative (Phase 2, Recommendation 2.a.ii.1).	DHS case opening and closure is driven by the in-home safety assessment process. DHS continues to reinforce the requirement that staff utilize FGDM and family engagement strategies. DHS also continues to train staff in family engagement strategies and will continue to provide staff with the tools for effective interviewing, engagement, and family participation. The use of teaming as a strategy is enhanced through the implementation of the Family Teaming Conference Model as part of the Improving Outcomes for Children (IOC) initiative.
10. DHS must reexamine the risk assessment in the	The concept of risk is embedded in the in-home safety

<p>context of the new safety assessment and integrate it into the new team decision-making model for placement and services (Phase 2, Recommendation 2.a.ii.4).</p>	<p>assessment process and is addressed by staff through the implementation of the in-home safety tool. The crosswalk between risk and safety is addressed by staff development in training curriculum on an ongoing basis. The team decision-making process is also guided by the safety assessment process.</p>
<p>11. DHS must eliminate “boilerplate” referrals and ensure that each child receives appropriate referrals that are specifically tailored for his or her unique needs. DHS will follow-up and act to ensure that the services are actually obtained (Phase 2, Recommendation 2.a.ii.5).</p>	<p>To reinforce this recommendation, DHS continues to provide training and reinforce the need to prepare individualized plans and make referrals that reflect the individual needs of families. DHS service planning is behaviorally focused and individualized to meet the specific needs of family members taking into consideration the safety, risks, and protective capacity of the family. ECMS assists staff in developing individualized plans. In addition, in the IOC model, DHS implemented a Single Case Plan (SCP) model that is tailored to the needs of the family.</p>
<p>12. DHS must clarify the role of supervisors to support the DHS practice model being implemented (Phase 2, Recommendation 2.a.iv).</p>	<p>The Deputy Commissioner and Operations Director of the Children Youth Division hold monthly meetings with DHS supervisors. During these meetings, various supervisory and practice issues are discussed and reiterated. In addition, presentations regarding new policies/procedures as well as new initiatives are shared. Finally, CYD management also used this time to reinforce practice expectations as well as supervisory responsibility. DHS also is currently working with the Child Welfare Resource Center to have the ability to certify supervisors in-house to avoid having new supervisors train in various locations all over State.</p>
<p>OUTCOMES AND ACCOUNTABILITY</p>	
<p>13. DHS must develop an annual report card that measures and communicates its performance on outcomes of interest, including, at a minimum, those outcomes specified in Chapter 4 of the Report (Phase 1, Recommendation 3.a.i).</p>	<p>DHS continues to provide the COB with updates on the ChildStat process. More importantly, the performance standards from the ChildStat process are reported and shared with DHS and provider staff. PMA can produce a review of the ChildStat process and present it to the COB upon request.</p>
<p>14. DHS must develop a comprehensive strategy for internal monitoring of its performance. DHS must be able to monitor the performance of regions, units and workers, and must use performance information to identify weaknesses and areas for improvement (Phase 1, Recommendation 3.a.ii).</p>	<p>DHS continues ChildStat, Quality Service Reviews, Fatality/Near Fatality Reviews, and Quality Visitation Reviews. DHS uses these ongoing reviews to evaluate the effectiveness of services and identify additional changes and improvements that could be implemented.</p>
<p>15. DHS must enhance oversight of contracted agencies (Phase 1, Recommendations 3.b).</p>	<p>DHS has improved its review tools that are used to evaluate provider performance. In addition, Provider Relation and Evaluation of Program (PREP) regularly perform on-site reviews of providers and works with providers to ensure improvements are made, when necessary. PREP convenes provider meetings to discuss performance issues and to make sure that they are aware of practice changes and recommendations from the Act 33 Review Team. DHS has improved its internal review process that results in provider intake closures and contract terminations.</p>

OUTCOMES AND ACCOUNTABILITY *continued*

<p>16. DHS must create an annual outcome report card for contracted agencies. At a minimum, the report card will focus on measures of child safety, which are detailed in Chapter 4 of the Report (Phase One, Recommendation 3.b.i).</p>	<p>In 2009, DHS established the Division of Performance Management and Accountability (PMA) PMA is charged with developing a system by which DHS can monitor service delivery to the children and families in DHS care. PMA provides rankings to providers according to their overall performance. The ranking attempts to assess providers' performance in achieving the goals of the services provided and by considering outcomes related specific outcome measure including benchmarks to measure provider performance around safety issues and to assess best practices. More information on provider rankings can be found at http://www.phila.gov/dhs/pma.html.</p>
<p>17. DHS must establish Commissioner's Action Response Office (CARO) (Phase 1, Recommendation 3.c).</p>	<p>The CAL has been established. In 2015, DHS provided the COB with an overview of the types of issues brought to the CAL.</p> <p><u>ISSUES WITH SOCIAL WORKER</u></p> <ul style="list-style-type: none"> • Client wants new social worker • Feels worker does not understand them • Feels worker is rude or mean or a "liar" • Worker does not return phone calls or respond as quickly as one would like • Worker does not explain procedures properly • Services promised are taking too long or denied <p><u>PAYMENTS/PAPERWORK ISSUES</u></p> <ul style="list-style-type: none"> • PLC/Kinship/Foster Care/Daycare/Child Care/Court Ordered Monies • When will payments start • What is taking so long • Where is paperwork • Payments have stopped or not being received • Wants to be Kinship but is being denied • Daycare issues for special needs child • Child care vs. daycare because of age and needs • Court orders for services or monies are in contradiction to state policy <p><u>HOT LINE/INTAKE/CPS AND GPS INVESTIGATIONS</u></p> <ul style="list-style-type: none"> • Clients upset that there is even a report • Feels social workers are rude, pushy, too invasive with their personal business • Clients very confused with process, law, and regulations <p><u>CUAs</u></p> <ul style="list-style-type: none"> • Clients still confusing CUAs with DHS • Making inquiries or complaints to DHS when it should be with the CUA • Don't like the turnover rate on their case with new workers • In general same social worker concerns / complaints as with DHS social worker (e.g., can't reach worker or supervisor; never see worker; promised services not delivered, especially in timely manner)

OUTCOMES AND ACCOUNTABILITY <i>continued</i>	
18. DHS must establish a mechanism and process to establish ongoing community oversight. At a minimum, the City must establish a Community Oversight Board. (Phase 1, Recommendation 4.a)	The Community Oversight Board was established in (COB). The COB continues to monitor the reform efforts of DHS.
LEADERSHIP AND INFRASTRUCTURE	
19. DHS must enhance its ability to manage proactively and transparently crisis, including strengthening process related to child death reviews and increasing public access to information (Phase 2, Recommendation 4.c).	The Act 33 Review Team significantly improved the child fatality review process and is a model for the rest of the state. DHS provides copies of fatality and near fatality reports upon request by members of the public, in compliance with state law and consistent with its emphasis on making DHS a more transparent agency.
20. DHS must take positive steps to enhance the healthiness of infrastructure and staff morale (Phase 2, Recommendation 4.b).	DHS continues to explore and implement a variety of approaches to increase staff morale with a focus on improved communication, the implementation of the Sanctuary Model, a trauma-informed approach to organizational change, and implementing steps for an employee recognition program.

Exhibit A.2 Implemented and Sustained CWRP Recommendations

CHILD VISITATION	
1.	DHS staff must—on at least a monthly basis—conduct face-to-face contacts with all families receiving any service supported through the Children and Youth Division (CYD) that have a child 5 years of age or younger and physically observe the condition, safety and behavior of any such child, as well as parental capacity (Phase I, Recommendation 2.b.ii).
2.	DHS must enhance the frequency of face-to face contacts with children of all ages. Since face-to face contacts are the most important actions to ensure child safety, DHS staff must conduct a minimum of one face-to-face contact per month with each child in its care. More frequent contact may be warranted depending on the specific safety and risk factors in each case (Phase II, Recommendation 2.a.iii).
3.	3. DHS must validate that contracted agencies are making face-to-face contact with children, that they are performing safety assessments at each contact, and that the contacts are sufficiently frequent and adequate to determine the safety of the child (Phase I, Recommendation 3.b.ii).
CRIMINAL BACKGROUND CHECKS	
4.	DHS must conduct a background check on each member in the child’s household. If an adult household member has prior involvement with DHS or a criminal record that includes convictions for a felony that suggests danger for a child, then DHS must conduct an assessment to determine whether the household is safe and appropriate for the child (Phase II, Recommendation 2.a.ii.2).
CHILD HEALTH AND WELL-BEING	
5.	5. DHS must improve integration with physicians, nurses, and behavioral health specialists to ensure that each child’s medical and behavioral health is appropriately assessed (Phase II, Recommendation 2.a.ii.3).
IMPLEMENTATION OF ELECTRONIC CASE MANAGEMENT SYSTEM	
6.	6. DHS must streamline its paperwork and records management practices (Phase II, Recommendation 2.a.v.).
LOCAL OFFICE PRESENCE and CO-LOCATION	
7.	DHS must establish a local office presence in a least one geographic location deemed highly at risk (Phase I, Recommendation 2.c).
8.	DHS must complete the long-planned co-location of DHS, police, medical and forensic interview personnel at a community site to facilitate collaborative decision making in the investigative phase of casework (Phase II, Recommendation 2.a.ii.6).
FGDM/TEAM CONFERENCING	
9.	DHS must implement a team decision-making process to determine service plans for all children 5 years of age or younger. A pre-placement conference must be held for all non-emergency cases where a child 5 years of age or younger may need to be placed into a substitute care setting. The pre-placement conference must include the child's family, including potential kinship placement resources; the DHS worker; the provider agency worker (where applicable); a physician or nurse; and individuals representing mental health, substance abuse, and domestic violence services, as needed, who have the authority to commit resources of their respective agencies; and individuals requested by the family representing their social support network. When feasible, the supervisors of both the DHS and provider agency workers should participate in the team decision-making conference. The initial Family Service Plan (FSP) must be developed during this process (Phase I, Recommendation 2.d).
10.	DHS must ensure that ongoing team case conferencing occurs routinely every three months, for cases involving children age 5 years or younger, after the initial pre-placement conference, and the child's family, the DHS worker, the provider agency worker, and other interdisciplinary resources must be included as appropriate. Monitoring of service provided, progress, and revisions to the FSP must be made as part of this process (Phase I, Recommendation 2.e).
CLARIFY ROLES AND RESPONSIBILITIES	
11.	DHS must clarify the roles and responsibilities for DHS workers relative to private agency workers, at both the supervisory and worker level (Phase I, Recommendation 2.f).
COMPREHENSIVE MODEL OF SOCIAL WORK PRACTICE	
12.	DHS must develop a comprehensive model for social work practice that is based on DHS’ core mission and values; includes a stronger focus on child safety, permanency and well-being; is family-focused and community-based; and allows for individualized services (Phase II, Recommendation 2.a).

Exhibit A.3 Implemented Through the Improving Outcomes for Children Initiative

PERFORMANCE AND ACCOUNTABILITY	
13.	DHS must link its performance and the performance of its contracted providers to outcomes of accountability, including financial incentives (Phase II, Recommendation 3.b).
14.	DHS must continue to expand its emphasis on making DHS a more transparent agency (Phase II, Recommendation 4.a).
15.	DHS must ensure ongoing community participation and input into the improvements undertaken by DHS. This participation shall include, at a minimum, a series of ongoing town hall meetings, focus groups, and other events that facilitate the input of community members, private provider agencies, parents, clients, and other stakeholders (Phase One, Recommendation 4.b).
16.	DHS must revisit and expand the list of outcomes to be measured—whereas Phase One was largely focus on child safety, Phase Two will expand the focus to include permanency and well-being measures.

APPENDIX B. IOC OUTCOMES MEASURES

December COB Meeting, DHS Routine Data Report, Appendix C City of Philadelphia: Department of Human Services COB Draft Outcome Report

Goal: More children and youth maintained safely in their own home or community

- % safe in-home case closure
- % discharged to other permanency
- % of youth with new placement and no safety threat on safety assessment
- % of reentries within one year of exit or permanency
- % of children living within 2 miles of home of origin

Goal: More children and youth achieving timely reunification and other permanency

- % of youth reunified within 12 months
- % of youth reunified within 12-24 months
- % youth reunified within 24-36 months
- % of youth not reunified by 36 months
- % youth adopted or PLC within 24 months
- % of youth adopted or PLC within 24-36 months
- % of youth not adopted or PLC by 36 months
- % of exits as a result of emancipation, runaway, criminal or hospitalization
- % of youth in care less than 12 months
- % of youth in care 12-24 months
- % of youth in care 24-36 months
- % of youth in care >36 months

Goal: A reduction in congregate care

- % of youth in congregate care
- % of youth under age 5 in congregate care
- % of youth between 6-12 in congregate care
- % of youth over age 13 in congregate care

Goal: Improved child, youth, and family functioning

- % of youth living within 2 miles of home origin
- % of youth living within > 2 miles but less than 5 miles of home origin
- % of youth living > ? miles
- % of sibling groups placed together
- #of placement changes per cohort
- % improvement in overall CANS score

APPENDIX C. SUPPORTING DATA TABLES

Average Monthly Child Visitation Compliance by DHS Social Work Service Managers, CYs 2010–2014

Exhibit C.1 All Children Receiving In-Home and Placement Services

Year	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
2010	5,465	5,829	93.8%
2011	6,107	6,497	94.0%
2012	5,885	6,542	90.0%
2013	3,107	4,231	73.4%
2014	4,617	6,496	71.1%

Notes: CY 2014 data are through November 2014 only

Source: FACTS2/ECMS and Visitation Tracking System (VTS)

Exhibit C.2 Children 5 Years of Age and Younger Receiving In-Home and Placement Services

Year	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
2010	2,105	2,305	91.3%
2011	1,999	2,096	95.4%
2012	1,985	2,179	91.1%
2013	1,369	1,984	69.0%
2014	1,307	2,032	64.3%

Notes: CY 2014 data are through November 2014 only

Source: FACTS2/ECMS and Visitation Tracking System (VTS)

*Average Monthly Child Visitation Compliance by
CUA Case Managers, CY 2014*

Exhibit C.3 All Children Receiving In-Home and Placement Services

Community Umbrella Agency	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
NET-1	572	668	85.6%
APM-2	554	835	66.3%
TP4C-3	337	363	92.8%
CCS-4	201	281	71.5%
WW-5	382	455	84.0%
TNCP-6	53	64	82.8%
NET- 7	153	184	83.2%

Notes: CY 2014 data are through November 2014 only

Source: DHS Data Warehouse

Exhibit C.4 Children 5 Years of Age and Younger Receiving In-Home and Placement Services

Community Umbrella Agency	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
NET-1	221	248	89.1%
APM-2	226	327	69.1%
TP4C-3	127	136	93.4%
CCS-4	73	93	78.5%
WW-5	133	157	84.7%
TNCP-6	20	25	80.0%
NET- 7	58	71	81.7%

Notes: CY 2014 data are through November 2014 only

Source: DHS Data Warehouse

Average Monthly Child Visitation Compliance by Non-CTA Private Providers, CYs 2011–2014

Exhibit C.5 All Children Receiving Placement Services

Year	Average Monthly Number of Agencies Entering Visits	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
2011	59	3,277	4,462	73.4%
2012	56	3,618	4,345	83.3%
2013	57	3,978	4,434	89.7%
2014	52	3,539	3,928	90.1%

Notes: CY 2014 data are through November 2014 only

Source: DHS Data Warehouse

Exhibit C.6 Children Younger 5 Years of Age and Younger Receiving Placement Services

Year	Average Monthly Number of Agencies Entering Visits	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
2011				
2012				
2013	57	1,429	1,472	97.1%
2014	52	1,241	1,287	96.4%

Notes: CY 2014 data are through November 2014 only

Source: DHS Data Warehouse

Average Monthly Child Visitation Compliance by DHS Social Work Service Managers, January to June 2015

Exhibit C.7 All Children Receiving In-Home and Placement Services

	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
January	3,434	4,877	70%
February	3,380	4,242	80%
March	3,194	3,653	87%
April	2,893	3,356	86%
May	2,695	3,167	85%
June	2,591	2,977	87%

Exhibit C.8 Children 5 Years of Age and Younger Receiving In-Home and Placement Services

	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
January	934	1,470	64%
February	1,006	1,237	81%
March	965	1,048	92%
April	826	939	88%
May	754	900	84%
June	724	845	86%

Average Monthly Child Visitation Compliance by CUA Case Managers, January to June 2015

Exhibit C.9 All Children Receiving In-Home and Placement Services

	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
January	4,725	6,119	77%
February	6,099	6,926	88%
March	6,672	7,529	89%
April	7,110	7,864	90%
May	7,771	8,437	92%
June	8,284	9,075	91%

Exhibit C.10 Children 5 Years of Age and Younger Receiving In-Home and Placement Services

	Average Number of Children Visited	Average Number of Children Requiring Visits	Average Percent Visited
January	1,737	2,207	79%
February	2,244	2,470	91%
March	2,401	2,657	90%
April	2,548	2,777	92%
May	2,733	2,932	93%
June	2,887	3,102	93%

**Exhibit C.11 Repeat Maltreatment within 18 Months by Type of Initial Report, SFYs
2006–2012**

Type of Initial Report	# of Initial Reports	Type	Repeats	
			Number	Percent
2006				
Initial CPS	748	All Repeats	55	7.4%
		Repeat CPS	13	1.7%
		Repeat GPS	42	5.6%
Initial GPS	4,080	All Repeats	464	11.4%
		Repeat CPS	56	1.4%
		Repeat GPS	408	10.0%
All Reports	4,828		519	10.7%
2007				
Initial CPS	723	All Repeats	62	8.6%
		Repeat CPS	20	2.8%
		Repeat GPS	42	5.8%
Initial GPS	4,216	All Repeats	428	10.2%
		Repeat CPS	54	1.3%
		Repeat GPS	374	8.9%
All Reports	4,939		490	9.9%
2008				
Initial CPS	635	All Repeats	33	5.2%
		Repeat CPS	11	1.7%
		Repeat GPS	22	3.5%
Initial GPS	3,287	All Repeats	242	7.4%
		Repeat CPS	50	1.5%
		Repeat GPS	192	5.8%
All Reports	3,922		275	7.0%
2009				
Initial CPS	632	All Repeats	39	6.2%
		Repeat CPS	17	2.7%
		Repeat GPS	22	3.5%
Initial GPS	2,268	All Repeats	190	8.4%
		Repeat CPS	27	1.2%
		Repeat GPS	163	7.2%
All Reports	2,900		229	7.9%
2010				
Initial CPS	570	All Repeats	32	5.6%
		Repeat CPS	12	2.1%
		Repeat GPS	20	3.5%
Initial GPS	2,192	All Repeats	202	9.2%
		Repeat CPS	18	0.8%
		Repeat GPS	184	8.4%
All Reports	2,762		234	8.5%

Type of Initial Report	# of Initial Reports	Type	Repeats	
			Number	Percent
2011				
Initial CPS	531	All Repeats	34	6.4%
		Repeat CPS	17	3.2%
		Repeat GPS	17	3.2%
Initial GPS	2,653	All Repeats	282	10.6%
		Repeat CPS	33	1.2%
		Repeat GPS	249	9.4%
All Reports	3,184		316	9.9%
2012				
Initial CPS	483	All Repeats	27	5.6%
		Repeat CPS	7	1.4%
		Repeat GPS	20	4.1%
Initial GPS	2,726	All Repeats	272	10.0%
		Repeat CPS	31	1.1%
		Repeat GPS	241	8.8%
All Reports	3,209		299	9.3%
2013				
Initial CPS	417	All Repeats	26	6.2%
		Repeat CPS	9	2.2%
		Repeat GPS	17	4.1%
Initial GPS	2,781	All Repeats	335	12.0%
		Repeat CPS	41	1.5%
		Repeat GPS	294	10.6%
All Reports	3,198		361	11.3%

*Initial Report is the first ever indicated/substantiated report on a victim child. Data Source: DHS Data Warehouse

Exhibit C.12 Changes in Type of Report for Repeat Maltreatment, SFYs 2006–2012

Fiscal Year	Total # Repeats	Repeats with Change from CPS Report to GPS Report		Repeats with Change from GPS Report to CPS Report		Repeats with Same Type of Report	
		Number	Percent	Number	Percent	Number	Percent
2006	519	42	8.1%	56	10.8%	421	81.1%
2007	490	42	8.6%	54	11.0%	394	80.4%
2008	275	22	8.0%	50	18.2%	203	73.8%
2009	229	22	9.6%	27	11.8%	180	78.6%
2010	234	20	8.5%	18	7.7%	196	83.8%
2011	316	17	5.4%	33	10.4%	266	84.2%
2012	299	20	6.7%	31	10.4%	248	82.9%

Exhibit C.13 Time Between Reports, By Type of Initial Report, SFY 2006–2012

Type of Initial Report	Type of Repeat	0-6 Months	7-12 Months	13-18 Months	Total Number of Repeats
2006					
Initial CPS	All Repeats	31	12	12	55
	Repeat CPS	7	4	2	13
	Repeat GPS	24	8	10	42
Initial GPS	All Repeats	230	135	99	464
	Repeat CPS	34	11	11	56
	Repeat GPS	196	124	88	408
All Reports		261 (50.3%)	147 (28.3%)	111 (21.4%)	519
2007					
Initial CPS	All Repeats	29	19	14	62
	Repeat CPS	8	5	7	20
	Repeat GPS	21	14	7	42
Initial GPS	All Repeats	264	105	59	428
	Repeat CPS	28	11	15	54
	Repeat GPS	236	94	44	374
All Reports		293 (59.8%)	124 (25.3%)	73 (14.9%)	490
2008					
Initial CPS	All Repeats	16	13	4	33
	Repeat CPS	5	3	3	11
	Repeat GPS	11	10	1	22
Initial GPS	All Repeats	131	64	47	242
	Repeat CPS	27	8	15	50
	Repeat GPS	104	56	32	192
All Reports		147 (53.5%)	77 (28.0%)	51 (18.5%)	275
2009					
Initial CPS	All Repeats	17	9	13	39
	Repeat CPS	8	3	6	17
	Repeat GPS	9	6	7	22
Initial GPS	All Repeats	96	51	43	190
	Repeat CPS	22	3	2	27
	Repeat GPS	74	48	41	163
All Reports		113 (49.3%)	60 (26.2%)	56 (24.5%)	229
2010					
Initial CPS	All Repeats	13	10	9	32
	Repeat CPS	5	5	2	12
	Repeat GPS	8	5	7	20
Initial GPS	All Repeats	103	64	35	202
	Repeat CPS	15	1	2	18
	Repeat GPS	88	63	33	184
All Reports		116 (49.6%)	74 (31.6%)	44 (18.8%)	234

Type of Initial Report	Type of Repeat	0-6 Months	7-12 Months	13-18 Months	Total Number of Repeats
2011					
Initial CPS	All Repeats	18	10	6	34
	Repeat CPS	9	6	2	17
	Repeat GPS	9	4	4	17
Initial GPS	All Repeats	134	77	71	282
	Repeat CPS	17	8	8	33
	Repeat GPS	117	69	63	249
All Reports		152 (48.1%)	87 (27.5%)	77 (24.4%)	316
2012					
Initial CPS	All Repeats	18	5	4	27
	Repeat CPS	4		3	7
	Repeat GPS	14	5	1	20
Initial GPS	All Repeats	122	77	73	272
	Repeat CPS	20	7	4	31
	Repeat GPS	102	70	69	241
All Reports		140 (46.8%)	82 (27.4%)	77 (25.8%)	299

Exhibit C.14 Reports of Maltreatment for Children in Care of DHS, SFYs 2006–2014

Results	2006	2007	2008	2009	2010	2011	2012	2013	2014
Founded	0	1	1	1	1	0	1	0	1
Indicated	23	26	22	23	27	6	7	14	12
Substantiated	23	27	23	24	28	6	8	14	13
Subtotal	(6.1%)	(5.7%)	(5.3%)	(5.5%)	(6.9%)	(1.8%)	(2.4%)	(4.5%)	(3.6%)
Pending Juvenile Court	0	0	0	0	0	0	0	0	0
Pending Criminal Court	0	1	1	0	2	0	2	1	4
Pending Subtotal	0	1	1	0	2	0	2	1	4
Unfounded Subtotal	356	446	406	415	376	327	328	298	344
All Reports	379	474	430	439	405	333	338	313	360

Exhibit C.15 Reentry of Children and Youth within 18 Months of Discharge to Permanency, SFYs 2006–2012

Fiscal Year	Number Discharged to Permanency	Children and Youth Reentered		Children Reentered to Dependency		Children Reentered Delinquent	
		N	%	N	%	N	%
2006	2099	411	19.6%	331	15.8%	80	3.8%
2007	1748	316	18.1%	253	14.5%	63	3.6%
2008	1848	367	19.9%	291	15.7%	76	4.1%
2009	1775	358	20.2%	273	15.4%	85	4.8%
2010	1731	319	18.4%	246	14.2%	73	4.2%
2011	1579	345	21.8%	269	17.0%	76	4.8%
2012	1153	275	24.3%	205	17.8%	70	6.1%

Note: Children discharged to Permanency, Reunification Only

