

FY 2011-12 NBPB

Commonwealth of
Pennsylvania

Office of Children,
Youth and Families



**NEEDS BASED PLAN AND BUDGET
NARRATIVE TEMPLATE**

PHILADELPHIA COUNTY

Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative piece of the 2011-2012 Needs Based Plan and Budget. All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the Needs Based Plan and Budget Bulletin, Instructions & Appendices.

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

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

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Needs Based Plan and Budget FYs 2009/10, 2010/11, and 2011/12

Version Control	
Original Submission Date:	08/13/10
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

Section 2: NBPB Development

2-1: Executive Summary

- **Submit an executive summary highlighting the major priorities, challenges, and successes identified by the county since its most recent NBPB submission. The summary should include any widespread trends or staffing challenges which affect the county, particularly those which impact all outcome indicators.**

Introduction

DHS aspires to become the nation's leading child welfare agency consisting of caring, committed professionals who use innovative and collaborative practices to strengthen families and communities. In an effort to realize this vision, DHS laid the foundation for organizational alignment, continuous improvement, and performance management by finalizing a strategic plan and setting organizational.

The organizational goals for the current fiscal year are:

- To improve outcomes for children and youth.
- To improve the perception of DHS.
- To increase community presence.
- To improve operational efficiency.

These goals set the framework for operational planning and organizational priorities.

Major Priorities

DHS' major priorities are aligned with its organizational goals stated above.

- **Improving outcomes for children and youth**
DHS is working diligently to continue to improve outcomes for Philadelphia's most vulnerable children and youth by enhancing internal and external accountability and strengthening programs and services. Efforts for FY-11 include:
 - Continuing to reduce reliance on out-of-home placement and decreasing the use of out-of-state placement.
 - Continuing the integration of the Division of Performance Management and Accountability (PMA) in DHS' practice by advancing evaluation and management of internal and external performance through continued development of Provider evaluation tools, Provider Report Cards, continued implementation of ChildStat, monthly quality improvement case reviews, and Quality Service Reviews (QSR).
 - Improving medical care and coordination for children and youth.
 - Focusing on the needs of older youth by creating an Older Youth Specialty Section and utilizing Family Finding and Permanency Roundtable techniques.
 - Improving permanency outcomes by examining ways to expedite adoptions and permanent legal custodianships, and increasing reunifications.
 - Continuing the development of a continuum of in-home services to increase reunification.
 - Enhancing educational outcomes for children and youth through the Education Support Center.
 - Developing a Dependent/Delinquent Practice Model.
 - Improving programming and services for youth at the Department's detention center.

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- **Improving perception of DHS and Increasing community presence**

DHS is committed to enhancing its community connections. The leadership of DHS values and appreciates the hard work and understands stress that staff endures. By standardizing case assignments, aligning Providers geographically, and collaborating with system partners the system can better communicate, deliver services, and change community perceptions of DHS while improving outcomes for children, youth, and families. These efforts for FY-11 include:

- Continuing to build upon existing relationships with Providers, the Police Department, and School District representatives to improve coordination, communication, and outcomes for children, youth, and families within particular geographic areas.
- Expanding community relationships. See Collaboration Section.

- **Improving operational efficiency**

DHS will continue to look for ways to be cost effective and maximize operating efficiency. These efforts for FY-11 include:

- Enhancing knowledge of and access to community based services by transferring and integrating the Community Based Prevention Services (CBPS) referral system into DHS' Central Referral Unit.
- Utilizing technology, including implementing an Electronic Case Management system (ECMS), instituting an oracle-based Provider reporting system to document visitation, and centralizing the multiple databases throughout the agency to improve data management.

Challenges

The current economic climate of financial unpredictability and instability has placed enormous stress on Philadelphia's children, youth and families, the Provider community, other system partners, and all levels of government.

Successes

The Department's mission is to provide and promote safety, permanency, and well-being for children and youth at risk of abuse, neglect, and delinquency. Over the last fiscal year, the Department has focused its efforts on reducing placements, improving permanency outcomes for children and youth, diversifying services and supports, enhancing partnerships and community presence, and building the Division of Performance Management and Accountability (PMA).

- **Reducing Placements**

DHS firmly believes in preserving the family unit as long as safety is not compromised. DHS has joined both the National Governor's Association Policy Academy for Safe Placement Reduction Project and Casey Family Programs efforts to reduce reliance on placement without compromising the safety of children and youth. DHS has implemented the Safety Model of Practice to ensure that only children and youth that cannot be safely maintained in their home are placed and has developed a continuum of in-home services and supports to preserve family unity.

- DHS reduced delinquent placements by 12% (point in time comparison 6/30/09 to 6/30/10). This is the first decrease since June 30, 2007. The Department continued a downward trend in placements for dependent children and youth with a 12% reduction (point in time comparison 6/30/09 to 6/30/10).

- **Improving Permanency Outcomes for Children and Youth**

In an effort to provide stability and lifelong connections outside of the child welfare system, DHS, in collaboration with Family Court, implemented strategies to increase permanency outcomes.

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- DHS increased adoptions by 25.8% and permanent legal custodianships by 24.2% (comparing FY08 to FY09). The Department saw an increase in adoption by 30.1% and an increase of permanent legal custodianships by 9.6% for FY 2010 (FY09 to FY10 comparison).
- **Diversifying our Services and Supports**

DHS enhanced services and supports both internally and externally in an effort to improve outcomes for children and youth.

 - DHS retained a part-time Medical Director to ensure effective management of the medical needs of children and youth and addressing systemic issues that impact medical service delivery.
 - A Truancy Fellow from the Stoneleigh Center has been secured to provide cross systems support to DHS, the School District, and Family Court in developing a city-wide truancy reduction plan.
 - DHS launched the Educational Support Center to improve educational outcomes for children and youth in the child welfare system and to facilitate a collaborative approach between DHS and SDP in addressing the educational and social needs of children and youth impacted by both systems.
 - DHS focused its efforts on improving outcomes for older youth in the child welfare system by introducing Family Finding to staff (a systemic process developed by national expert, Kevin Campbell for identifying and locating life-long supports for youth in the foster care system) and partnering with Casey Family Programs to explore the Georgia Department of Human Services' Permanency Roundtable Project to enhance permanency outcomes for older youth.
- **Enhancing our Partnerships and Community Presence**

Collaborations with stakeholders, city agencies, and the Provider community strengthen the Department's ability to effectively and efficiently meet the diverse needs of children, youth and families, foster innovative approaches to solving systemic issues, and promote transparency.

 - DHS has improved its partnerships and community presence by collaborating and aligning service regions with the Philadelphia Police Department (PPD) and the School District. This has improved communication and service coordination between DHS Ongoing Service Regions, Police Districts, and SDP's Regional Superintendents. DHS is also an active participant in the Police Districts' Public Service Area Initiative, which is an interagency approach to partnering in order to improve neighbor conditions and functioning.
 - DHS also met with the District Attorney's leadership team to improve collaboration around issues that impact both systems.
 - Significant progress has been made with securing an office in the community to co-locate with the PPD's Special Victims Unit and Philadelphia Children's Alliance to more sensitively, effectively, and efficiently investigate allegations of sexual abuse perpetrated on children and youth.
- **Building the Division of Performance Management and Accountability (PMA)**

PMA, formally established in January 2009, supports system improvement by monitoring, evaluating, and reporting on the efficiency, effectiveness, and availability of internal and external services. The Department implemented:

 - The State's first Act 33 Child Fatality/Near Fatality Review Team process and procedures. It serves as a state model for effective interdisciplinary and interagency coordination in examining child fatalities and near fatalities and for identifying and monitoring the implementation of recommendations to improve the safety of children and youth.

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- The first Provider Report Card for general foster care among Performance Based Contracting Providers, which ranks them according to their overall performance across four domains:
 - Three-year permanency outcome record.
 - Current annual evaluation score.
 - Referral acceptance rate.
 - Success in maintaining least restrictive level of care. DHS intends to continue to develop Provider Report Cards for each level of care. The Report Card for Treatment Foster Care is in the development stage.
- A Quality Service Review schedule and thus far has completed three separate reviews of 12 cases each.
- Outcome measures for use by the Community Oversight Board to examine the progress made with improving the safety of children and youth.

DHS continues to build the infrastructure necessary to hold itself accountable for improving outcomes for children, youth, and families.

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2-2a. Collaboration

Entity	County Engagement
<p>County Children and Youth Agency Staff</p>	<p>Whenever possible, staff at all levels participate in workgroups to develop policy and protocols. There is an overarching Law and Policy Workgroup that meets regularly to review the status of policy and practice development. There has been significant staff participation at the twice weekly meetings focused on developing the Department’s Electronic Case Management System (ECMS) and its forms.</p> <p>The CYD Operations Director meets monthly with supervisors from across the Divisions to share information about planning, introduce new initiatives and policies, and to discuss and get feedback on issues impacting practice.</p> <p>This past year cross-Divisional collaboration occurred in several arenas. CBPS, CYD, Policy and Planning, Provider Relations and Evaluation of Programs (PREP), and Contacts worked together in the development of a Child Care Service Policy to conform to the OCYF Bulletin. CYD, JJS, CBPS, Policy and Planning, and PREP are presently collaborating on case management and policy development with respect to implementation of the Shared Case Responsibility Bulletin. PMA, CYD staff from the Ongoing Service Regions and Adoptions, and Policy and Planning recently worked together on a Process Improvement Project and are compiling the results of their work and recommendations for improvement and refinement to lessen the time between choosing the adoption goal and finalization.</p> <p>Additionally, all Deputy Commissioners meet regularly to ensure that information is shared among Divisions.</p> <p>A group of administrators and supervisors oversaw the development of the Supervision for Excellence curriculum for DHS supervisors. They also participated in the pilot of the training to ensure that the system and individual training needs were met.</p>
<p>Juvenile Probation Staff</p>	<p>One of Juvenile Probation’s Deputy Directors co-chairs the monthly Court and Community Services Planning Group with the DHS’ Director of Court and Community Services. These meetings represent an opportunity to collaborate with other JJS stakeholders around identification of service gaps and development of programs to address them.</p> <p>There is significant collaboration occurring with the Cross-</p>

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Entity	County Engagement
	<p>over Youth Initiative in conjunction with Casey Family Programs and the Center for Juvenile Justice Reform. There is representation not only from Juvenile Probation, but Family Court and both the JJS and CYD Divisions. The group began its work in January and has a work plan that continues through December. This work folds in to the work described earlier regarding the implementation of Shared Case Responsibility.</p>
<p>Juvenile Court and Family Court Judges and Legal Counsel for Parties</p>	<p>The Family Court Children’s Roundtable initiative creates an opportunity for close, constructive relationships between the court and the CYD. This joint venture focuses upon developing a collaboration to address issues within the foster care system and support safety, permanence, and well-being.</p> <p>The initiative includes involvement from an individuals and groups including Philadelphia Family Court, Commissioners, Providers, families, youth, community members, and others. The Roundtable identifies the elements of this initiative and its key components for Pennsylvania’s Court Improvement Project.</p> <p>This initiative’s focus is to:</p> <ul style="list-style-type: none"> • Reduce the number of children and youth adjudicated dependent and in court-ordered placement. • Enhance Permanency. • Reduce the time children and youth spend in the foster care system. • Reduce the number of children and youth who re-enter care. • Reduce the Dependency Court caseload. • Reduce the cost of children and youth in care. The reduction in placement costs could then be redirected to other services including prevention, aftercare, adoption, etc. • Step-down from higher levels of care (i.e. reducing the number and percentage of restrictive placements and increasing kinship care, when placement is needed). • Increase placement stability. <p>The Court is a primary partner of CYD. For families whose goal is reunification and who receive ARC services, the Judge and legal counsel are recipients of ARC Court status reports and are sources for referrals to the onsite Satellite Office located at Family Court. DHS liaisons attend “O” Court, which is focused on older youth, to perform outreach.</p>

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Entity	County Engagement
	<p>Regional Truancy Courts represent a multifaceted collaboration between the Department, the School District of Philadelphia, Family Court, Provider, and the community. CBPS' Office of Truancy and Delinquency Prevention and Family Court work collaboratively to operate and facilitate Truancy courts. Through these efforts, families are provided case management, service linkages, and home visiting to address truancy and other pre-delinquency issues.</p> <p>CBPS leadership has been meeting with representatives of Family Court in an effort to better coordinate its services with the judicial process and ultimately better serve families.</p> <p>The Court's Prevention Services Unit, formerly known as Reasonable Efforts In Assessment, Access & Prevention (REAAP), in partnership with DHS, offers a variety of individual and family supports that include after-school programs, mentoring, Family Group Decision Making, and case management. The program serves youth who come to Family Court's attention for truancy, curfew violations, incorrigibility, pre-delinquent issues, and a wide variety of behavioral issues.</p> <p>JJS attends and actively participates in the weekly Youth Review Meeting, chaired by the Administrative Judge and attended by various other JJS stakeholders. Discussions center on population control at the Youth Study Center, as well as on the identification and resolution of systemic barriers that prevent youth from moving on to court-ordered placements in a timely manner. Identification of service needs for delinquent youth is also a topic that is frequently discussed.</p> <p>JJS Quarterly utilization review meetings, chaired by the Commissioner, serve to inform placement decisions and to keep both teams abreast of trends related to Provider utilization, lengths of stay, and other data related to expenditures.</p>
<p>Family Members and Youth, especially those who are or who have received services</p>	<p>The Department held a Town Hall meeting on July 16, 2009 for parents working toward reunification. About 50 parents attended the meeting to ask questions and learn more about programs and services offered by the Department. Members of the Commissioners Action Response Office (CARO) were also present to answer case specific questions from the attendees.</p>

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	<p>The Commissioner began a series of Stakeholder meetings this past year bringing together the DHS Executive Team with Stakeholder groups in order to share information, improve collaboration, and discuss areas of mutual concern. The first of these meetings, held on December 7th at the Police Academy, was with the Philadelphia Police Commissioner and his top management team. The second stakeholder meeting, held on March 19th at the School District Administration building, was with the management team of the School District. At this meeting smaller groups were convened based on geographic location of both the District's and Department's Regions. These groups have had on going collaboration since this Stakeholder meeting. The most recent Stakeholder meeting was with the Faith-based Community. It was held July 22nd at Palmer Theological Seminary with more than 50 Inter-Faith Clergy members. At this meeting the Commissioner asked the Inter-faith groups to partner with DHS by helping to recruit foster parents, adoptive parents, and mentors. The group committed to assisting the Department around this effort and agreed to another meeting with DHS staff.</p> <p>The DHS Commissioner meets quarterly with the Youth Advisory Board of AIC. In addition, DHS has developed a Youth Leadership Team which meets monthly and informs older youth policy and practice. The purpose of this team is two-fold:</p> <p>To build relationships which incorporate the perspectives and ideas of young people in decision-making. The Youth Leadership Team interacts with senior leaders in presenting policy and practice recommendations which will assist youth in strengthening leadership, employment, and planning skills that will help them through their transition to adulthood.</p> <p>The establishment of the Philadelphia Coalition of Resource Families, a local resource and support group for foster, kinship, and adoptive parents was supported, in part, by CBPS. CBPS staff attended the initial meeting of this group to garner input from resource parents about their challenges and ideas for what additional supports DHS can provide. Needs include ongoing access to information, respite care, and other practical guidance and support, and imposing more consistent expectations on foster care provider agencies regarding provision of resources and supports.</p>

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	<p>The DHS Communications Office and Adoption Section collaborated with Family Court staff to celebrate the adoption finalizations that occur on National Adoptions Day. All individuals who have adopted children and youth throughout the year are also invited to attend and are recognized. DHS and Court staff hold a celebration for all these new families which includes games, arts and crafts, food, and refreshments.</p> <p>One of the DHS/JJS contracted programs, Communipower II, facilitates a “family day” event which takes place at 6 week intervals at the Youth Study Center. These events are attended by families of currently detained youth and serve both as an opportunity for family engagement around their children or youth’s strengths, and as an opportunity for the Department to receive feedback about how our services can be improved. These events are very well attended.</p> <p>JJS proudly hosted the Pennsylvania Commission on Crime and Delinquency’s (PCCD’s) Philadelphia workgroup on Disproportionate Minority Contact (DMC) the first ever youth forum within a secure detention facility. There were law enforcement officers from the PPD, PHA, and SEPTA who interacted with the detained youth and discussed issues around improving relations between the groups in an effort to reduce the number of arrests that become necessary. Important JJS stakeholders also in attendance included representation from the Defender Association, the District Attorney’s Office, and the School District.</p> <p>Youth, law enforcement officers and other participants reported that the experience was a rewarding one and that each came away with greater understanding of and sensitivity to the unique biases, stereotypes, and challenges each face as they encounter one another out in the community.</p> <p>The Teen Summit was an event hosted by one of our own Youth Detention Counselors, whose idea it was to bring together our youth and various community leaders to talk candidly about a wide range of issues including career options and community violence among others. Those in attendance included State Representative Kenyatta Johnson, Dr. Carter Cloyd, a local psychologist, a Philadelphia police officer, a SEPTA bus driver, and other community members committed to making a difference in the lives of youth. This too proved to be a very positive</p>

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	<p>experience for all involved particularly since it afforded opportunity to see each other from a strengths-based perspective.</p> <p>Finally, the Charlie Mack Celebrities for Peace Tour has, for the past six years, made the YSC one of its stops. Over the years, well-known celebrities including Will Smith, Jada Pinkett, Tisha Campbell, Gabrielle Union, and many others have spent hours at the YSC sharing with our youth their personal testimonies about making positive life choices and inspiring them to choose non-violent ways of addressing conflict. This annual event is the highlight of the year for those youth who happen to be detained us when the event takes place. It serves to inspire the youth, provide an avenue to affirm their worth, and to communicate that despite the poor choices that led them to being arrested, it is never too late to change.</p> <p>Youth who had been in care at DHS participated in the creation and development of a training video about engaging youth and families. Youth also prepared and presented a plenary session at a system wide conference on disproportionality in the child serving system in Philadelphia.</p>
<p>Child, Parent, and Family Advocates</p>	<p>Advocate Roundtable – The goal of the Advocate Roundtable is to improve relations by sharing information of each others’ initiatives and areas of concern, and working to avoid confrontation on potentially contentious issues through dialog. This Roundtable provides a forum for maintaining ongoing working relationship between the Advocates and DHS. Topics and format are selected by the Planning Committee, with consultation from the entire group.</p> <p>The Department has initiated a Quality Service Review (QSR) process in addition to the QSR process begun by OCYF. Members of the Advocate Community were invited to participate, and several advocates completed the training and participated in the first review. The Department intends to continue to offer the invitation for participation to advocates.</p>
<p>Mental Health and Mental Retardation service system</p>	<p>DHS engages the MH/MR system on several fronts:</p> <p>Child Clinical Cross-System Meetings – representatives from DHS meet bi-weekly with executive leadership from all MH/MR agencies. The current focus of the meetings includes aging-out MH/MR youth, problems with hospital</p>

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	<p>discharges to DHS placement and ending the use of out-of-state RTF placements. Representatives from Philadelphia’s Department of Behavioral Health (DBH)-MR and Community Behavioral Health (CBH) are in regular attendance at the monthly DHS hosted Court and Community Services Planning group. DBH is the entity which addresses the mental retardation service needs of Philadelphia County children and youth. CBH is the managed care organization with responsibility for mental health services. Participants are actively engaged in identifying and responding to the service needs of delinquent youth in partnership with DHS/DJJS.</p> <p>Training about DHS, its mission, mandate, organizational structure, and services is regularly provided to contracted DBH case managers through the Community Behavioral Health Training and Education Network. Partnerships also include training in the field of trauma informed practice to line staff.</p>
<p>Drug and Alcohol Service System</p>	<p>DHS partners with the DBH to ensure consistency and a uniform approach to planning, implementation and monitoring of Philadelphia’s residential drug and alcohol treatment services for pregnant women and women with young children.</p> <p>Drug and alcohol service issues are also addressed in the monthly Court and Community Services Planning Group meetings.</p> <p>The Department also partners with DBH at its Leadership Council Meetings. This bi-monthly meeting is a collective endeavor to establish a framework for addressing the behavioral health needs of the city’s children and youth.</p>
<p>Early Intervention System</p>	<p>DHS consulted its Early Intervention Providers in the development of its Early Intervention policy.</p> <p>With the assistance of the Regional Office, we were able to offer additional training slots and days for Provider staff to learn how to use the Ages and Stages questionnaire earlier this year.</p>
<p>Local Education System</p>	<p>DHS’ major engagement with the Philadelphia School District is through the Division of Community-Based Prevention Services. DHS and the School District of Philadelphia have formalized their inter-agency collaboration in a number of significant ways.</p>

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	<p>After a year of research and collaborative planning, we established the DHS Education Support Center. The goal of this Center is to improve the educational stability, continuity, and outcomes for children and youth served by DHS. One of the key strategies to accomplish this goal is to institutionalize communication and collaboration with the School District of Philadelphia and other public and non-public schools in order to pro-actively address educational barriers for children and youth.</p> <p>DHS, the School District of Philadelphia, and Family Court signed a data-sharing Memorandum of Understanding on December 22, 2010. This agreement will significantly improve service coordination for children and youth involved with the child welfare and juvenile justice systems.</p> <p>The Department and the School District implemented a <i>“Joint Operations Protocol to Coordinate the Educational Stability and Continuity of Children and Youth in Out of Home Placement.”</i> This Protocol enables children and youth in out of home care to receive transportation assistance from the School District of Philadelphia so that they can remain in their school of origin when they enter care or require a change in placement.</p> <p>DHS trained 710 DHS Social Work Services Staff, 85 Provider staff, and over 300 School District Counselors on educational stability needs of children and youth in placement, including the educational provisions in the Fostering Connections Act, McKinney Vento Act, and the DHS Educational Stability and Continuity Policy.</p> <p>Senior leaders of DHS, School District of Philadelphia, Department of Behavioral Health (DBH), and Mayor’s Office of Education have established a quarterly schedule of cross-systems meetings to identify and resolve systemic barriers to collaboration.</p> <p>The Department continues to collaborate with the School District and DBH at the School District’s Re-Engagement Center. This Center provides young people (16-21) and their families with “one-stop” access to information and placement services leading to re-enrollment in a high school diploma or GED program. Services include: referrals for an educational setting that best fits their needs, connection to comprehensive resources which support successful educational outcomes, such as childcare and employment, and transition support for a successful re-entry into school.</p>

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	<p>The DHS Education Support Center has two DHS Workers at the Re-Engagement Center and its Director and Supervisor participate regularly in the Re-Engagement Center Advisory Group.</p> <p>The Achieving Independence Center (AIC) collaborates with the Re-Engagement Center to reconnect out-of-school youth to school. In addition, AIC provides supportive resources to assist youth in high school and college retention, tutoring & remediation, ABE/GED instruction, pre-college instruction, secondary education exploration, including options for vocational technical training and assistance with entry and financial aid applications.</p> <p>The DHS Education Support Center also assists with the referral, enrollment, and student tracking processes at Arise Academy, the Department sponsored charter school with the mission of providing a seamless high school experience for youth in foster care or who have recently exited foster care.</p> <p>CBPS Parenting Collaborative staff members meet regularly with school district staff to discuss issues of mutual concern, promote collaboration and information sharing between Philadelphia schools and parenting education Providers, and help meet the needs of pregnant and parenting students.</p> <p>The Stoneleigh Foundation is supporting a Senior Policy Fellow who is conducting best practices research and an assessment of existing cross-systems truancy prevention and service coordination between the School District, Family Court, and DHS. The goal of this project is to identify strategies and practice changes that will improve school level interventions at the front end, clarify which children, youth, and families should be referred to Regional Truancy Courts, and determine how Community Based Prevention resources can be optimally utilized to serve families with the most intense and complex social service needs.</p>
<p>Community Organizations which provide support and services to children and families</p>	<p>Community organizations are engaged to provide support to, among other things, parents seeking reunification, youth transitioning to independence, realignment of prevention services, out-of-school time activities, and delinquent youth.</p>

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	<p>DHS participates in collaborative partnerships onsite at the ARC with community organizations who provide supportive services to parents and caregivers in areas such as financial planning, budgeting, job training, tenant rights information, and outreach groups for fathers, etc. Partnerships have been formulated at ARC with the Department of Behavioral Health and Community Council via an onsite Satellite Outpatient Clinic, Community Legal Services and Family Court. The Department’s Parenting Collaborative also provides support for Focus on Fathers, a weekly support group. Philadelphia Workforce Development Corporation provides supports via the Community Women’s Education Program which includes TANF Advocacy.</p> <p>ARC is also a Career Link registration site, which allows parents and caregivers access to job searches, eligible trainings, and the ability to post their profile for potential employers to review.</p> <p>Varied community organizations engage in the collaborative efforts around the successful transitioning of youth. These include Greater Philadelphia Urban Affairs Coalition,, Philadelphia Youth Network, Juvenile Law Center, Philabundance, Project USE, Break Free Youth Designs, the Mural Arts Program, The Midatlantic Youth Network, Men’s Wear House, Macys, and Ross Department Stores, Sweet Delights by Roz, Trader Joe’s, Paganos Markets, Liberty Property Trust, CTE Healthcare Communications, Chaddsford Winery, Camden River Sharks Baseball Club, Wilmington Blue Rocks Baseball Club , the Greater Philadelphia Chamber of Commerce and the Henry George School for the Study of Economics and Senior Law Center.</p> <p>The Division of Community Based Prevention Services (CBPS) focus is to ensure that at-risk children and youth receive the social and structural supports that will strengthen their families. CBPS aims to achieve permanency and stability for children within the system and prevent their re-entry into child protection services. This is accomplished through collaboration with community partners including the School District, Philadelphia Family Court, the Mayor’s Office of Education, and through contracted services provided by approximately 200 community-based Providers. The service areas funded through CBPS include: truancy, out of school time, positive youth development, parenting, in home case management, housing support, child care, and domestic violence.</p>

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	<p>The Prevention Alignment Advisory Group met ten times over the past eighteen months. The function of this group has been and will continue to be to provide feedback, insights, recommendations, and ideas for the Prevention Alignment process and ongoing service enhancements. The group has played a critical role regarding the direction and communication of new RFP's and the enhancement of services during budget reductions. The group is comprised of over 25 members that represent other City Departments, providers, and advocates, School District, Family Court and the Foundation Community.</p> <p>Collaborative partners in enhancing DHS' out-of-school time program include the Philadelphia Youth Development Network, United Way of Southeastern Pennsylvania, the School District, and University of Pennsylvania's Out-of-School Network. The goal of collaboration is to ensure that all programs are operating with similar levels of information and support.</p> <p>DHS currently sponsors ten Equal Partners in Change (EPIC) Stakeholder groups, comprised of individuals who live and/or work in a community, and who are committed to addressing the challenges in their community that diminish the quality of life and lead to negative outcomes for children, youth, and families.</p> <p>The JJS Court and Community Services Planning Group has been happy to welcome participation from the West Philadelphia Coalition of Neighborhood Businesses. Given that this is the community where the new youth detention facility is being built, we are working diligently to build partnerships there in advance of our relocation. See also "Current Service Providers" below.</p>
<p>Current Service Providers</p>	<p>The Commissioner has convened a Provider Leadership Group whose membership includes the Executive Directors of several Provider agencies representative of Providers across the Department's service array, the Children Youth and Family Counsel and all of the Department's Deputy Commissioners and Directors. This group meets bi-monthly with agenda topics submitted by members. Topics include performance management and accountability, fiscal issues, collaboration, etc.</p> <p>There are several joint DHS/Provider workgroups that meet regularly throughout the year to continue to refine and enhance services; these include, among others, an In Home Protective Services workgroup, a Family</p>

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	<p>Stabilization Services workgroup and a Performance-based Contracting workgroup.</p> <p>Providers are located onsite at the Achieving Reunification Center and meet as a group on a regular basis and individually as needed.</p> <p>Onsite AIC collaborative partnerships exist with several community organizations that provide supportive services to assist youth in transitioning to independence. The areas addressed include: educational support, job hunting and obtainment, housing, life skills training, etc.</p> <p>The CBPS Deputy Commissioner meets regularly with numerous groups of providers. One group in particular is the PCCYFS Prevention Workgroup. The meetings have included presentations, discussions, updates and opportunities for questions and feedback. The meetings have taken place in various formats: focus groups, roundtables with smaller groups, large auditorium meetings, and individual site visits.</p> <p>The Court and Community Services Planning Group serves as a forum where Providers present information to JJS stakeholders about programs designed to meet the unique needs of delinquent youth. A healthy partnership with these Providers serves to enhance our ability to work collaboratively. The JJS Human Services Administrator chairs monthly meetings with Providers of Community Based Detention Services (CBDS), In Home Detention (IHD), and Pre-Hearing Intensive Supervision (PHIS) as a means of providing support and soliciting feedback on the successes and challenges in working with the youth in these programs.</p>
<p>Other</p>	<p>Community Oversight Board (COB) – The charge of the COB is to monitor the Department of Human Services’ implementation of the recommendations of the Child Welfare Review Panel. The recommendations were designed to improve the ability of the organization to respond to child maltreatment and to increase the safety of children by:</p> <ul style="list-style-type: none"> • Clarifying the mission and values of the organization, with safety as the core function, and aligning resources with the new mission. • Improving the consistency and quality of practice. • Increasing accountability of DHS for its performance and enhancing its oversight of Providers. • Strengthening leadership by improving morale of staff, increasing transparency and communicating with the

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Entity	County Engagement
	<p>multiple stakeholders in the child protection system.</p> <p>NGA –The National Governor’s Association (NGA) in partnership with Casey Family Programs formed an initiative to safely decrease the number of children in foster care. States are to identify strategies which will safely decrease the number of children in foster care by 10 percent, in each of the next five years using the appropriate level of supports and services needed to achieve permanency.</p> <p>Philadelphia has been working in close collaboration with DPW-OCYF and other selected counties to address this goal for Pennsylvania. In Philadelphia, the NGA members meet on a monthly basis to review a sample of cases to ensure that they are moving toward permanency. The group is multi-disciplinary and provides expertise in behavioral health, the law, and education.</p>

The Public Hearing was held on Monday, August 2, 2010 at Temple University – Center City (TUCC) in room 320 from 5:00 PM to 7:00 PM.

2-2b. Data Collection Details

Resource	Data Collected	Date of Data
US Census Bureau	Population; poverty statistics	2007
FACTS	Service Utilization and Trends	2009
US Census Bureau. American Community Survey	Child Demographics	2000-2007
US Census Bureau. American Community Survey	Poverty Status	2000-2007
Hornby Zeller Data Package	Population Flow	Sept., 2009
Hornby Zeller Data Package	Reunification Survival Analysis	Sept., 2009
Hornby Zeller Data Package	Adoption, 17 Months	Sept., 2009
Hornby Zeller Data Package	Permanency, 24 Months	Sept., 2009
Hornby Zeller Data Package	Placement Stability, Less than 23 months (CFSR Measure 4.1)	Sept., 2009
Hornby Zeller Data Package	Placement Stability, 12 to 24 months (CFSR Measure 4.2)	Sept., 2009
Hornby Zeller Data Package	Placement Stability, Longer than 24 months (CFSR Measure 4.3)	Sept., 2009

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2-3: Meeting Mandates

2-3a. PA Rules of Juvenile Court Procedure

□ **What steps are the county taking to address this mandate?**

Dependent: The City of Philadelphia Law Department, as counsel to DHS, has worked with DHS and the Family Court to ensure that all pleadings and procedures are compliant with the Pennsylvania Rules of Juvenile Court Procedure. Our dependency petitions include all of the required elements as outlined in Rule 1330. Petitions are now served in accordance with Rule 1331. Dependency petitions that are filed pursuant to a shelter care hearing are filed within twenty-four hours in accordance with Rule 1330. DHS' dependency petitions have been changed to include a pre-dispositional statement pursuant to Rule 1511. DHS works with the Court to ensure that permanency hearings are held timely in accordance with the law.

Delinquent: Philadelphia County fully complies with the Delinquent Court Rules and all subsequent amendments.

2-3b. Truancy

□ **What steps are the county taking to address this mandate?**

The Department, Family Court, and other partners employ multiple strategies to improve school attendance, reduce truancy, and prevent the placement of children and youth solely for truancy. Families with children and youth in 4th – 10th grade who are listed as truant by the School District of Philadelphia are referred to the Stop Truancy and Recommend Treatment (START) program, which operates Regional Truancy Courts in eight regions of the city. Community-based agencies funded by DHS through CBPS, provide family support and case management to resolve the underlying issues contributing to truant behavior. Services are provided for 60 days and include comprehensive assessments, a family development plan, home visits, and strength-based case management (including referral and linkage to appropriate services). Service plans and recommendations are presented for review and approval by the court-appointed Masters who preside over these hearings. There are 20 START providers and the Regional Truancy Courts have 20 hearing days per month.

Families with truant children in grades K-3 are referred directly to CBPS. A significant number of these referrals are families already involved with CYD and there is collaboration between the Divisions.

See also Prevention and Education Support Center.

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2-3c. Quality Assurance Process

□ **What steps are the county taking to address this mandate?**

DHS has matched all service codes in use that are reimbursable through Title IV-E foster care maintenance and adoption assistance claims. It has also developed rules for capturing the days of service from the Family and Child Tracking system (FACTS) based on the service codes.

Based on the rules, FACTS programming has been updated to produce the days of service for each quarter whenever an initial or supplemental invoice is run. The numbers of days are transferred to the master invoice where formulas calculate the counts and penetration rates. Adoption Assistance is calculated based on the days in the approved adoption assistance master invoice. There is a complete list of codes with regard to this process.

The Department's Random Moment Time Study (RMTS) coordinator continues to review all RMTS forms to ensure they are complete. For every form coded "06" for pre-placement, the coordinator contacts the DHS Worker to verify that the children or youth are at imminent risk at home and informs the worker that the FSP, progress notes, and Risk Assessment must substantiate this coding. The "06" form is forwarded with the FSP, progress notes, and Risk Assessment to Performance Management and Accountability for review. The packet is then forwarded to the Public Consulting Group for final review.

2-3d. Fostering Connections

□ **What steps are the county taking to address this mandate?**

DHS has implemented all of the major components of the Fostering Connections legislation. The policies implemented reflect the following:

- Identification and notification of adult relatives.
- Promotion of educational stability.
- Placing siblings together and facilitating visits between siblings in placement.
- Successful transition from foster care.
- Notification to youth and prospective adoptive parents and custodians of possible eligibility for Chafee Educational Training Grant.

DHS also informs prospective adoptive parents of potential eligibility for an adoption tax credit, and requires adoptive parents to inform DHS of school attendance status. The Child Permanency Plan was updated to require documentation of sibling visitation, educational stability, and transition planning. A separate transition plan was created for use by the Providers as youth are aging out of foster care. The newly created Education Support Center facilitates and tracks educational stability and continuity.

DHS partnered with the Philadelphia School District and the City of Philadelphia Law Department to implement this legislation.

See also Education Support Center.

2-3e. Safety Assessment

□ What steps are the county taking to address this mandate?

The Department understands that safety is the primary and essential focus informing and guiding decisions from initial intake through case closure. In order to support parents and caregivers in providing protection to the children and youth for whom they are responsible, DHS believes that the safety assessment and management system is the underpinning of good social work practice and is aligned with a family-centered and strength-based practice.

The Department adopted the Safety Model of Practice in 2007 and has since engaged in a full process of implementation which includes Policy and Procedure development, the incorporation DPW approved safety assessment documents and tools, Quality Improvement reviews, and the ongoing training of staff and transfer of learning support.

We have also established an internal Safety Assessment Committee whose purpose is to build internal expertise and ensure consistency in implementation of best practices. The role of the committee is to develop and execute a comprehensive implementation plan for the improvement and sustainability of the Safety Model of Practice.

The Department has aligned recent initiatives including Hotline Guided Decision Making, the Alternative Response System, In-Home Protective Services, Family Stabilization Services, and Rapid Case Assignment to further support this practice model.

2-3f. Children & Family Services Act of 2006

□ What steps are the county taking to address this mandate?

The Department has ensured visitation mandates through policy, contract requirements, and practice initiatives. All children and youth are visited at least monthly by a DHS or Provider Worker.

Quality visitation during investigation and assessment allows the investigator to thoroughly evaluate child abuse or neglect allegations and support judgments around report determinations and accept for service decisions. During service provision, quality visitation provides the ability to assess safety, permanency and well-being, judge progress and address concerns.

The Department recently trained providers on the new Provider Visitation Tracking System, implemented July 1. Together with our internal tracking system for DHS Worker visits, this new system affords the ability to track visits by Providers.

In addition PMA has implemented a Visitation Verification initiative. An independent vendor will conduct 30-60 family visits bi-monthly to verify that the visitation documentation in the DHS record is accurate and that families understand the issues requiring child welfare and protection services. This will allow DHS to assess issues where the three stakeholders – DHS, Provider, and family are not in agreement with respect to safety assessments, case plans, and outcomes.

Additionally, PMA began facilitating Quality Service Reviews (QSR) six times a year congruent with state efforts regarding those reviews. The QSR process consists of two-person teams spending two days interviewing all stakeholders on a particular case. The

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reviews are substantive and afford the opportunity to confirm that visits are as comprehensive and productive as necessary. We have recently completed a review of congregate care cases and plan to review all levels of placement care through the year.

2-3g. Development Evaluation & Early Intervention Referral

□ What steps are the county taking to address this mandate?

Philadelphia has continued to facilitate Early Intervention (EI) screenings for children under the age of 5. A policy guide was issued on September 1, 2009. Providers of Rapid Service Response Initiative (RSRI) services have been contracted to perform Ages and Stages evaluations for children with indicated reports of child abuse that are not accepted for CYD services.

2-3h. CFSR Outcomes and Continuous Quality Improvement

□ What steps will the county take to develop or enhance a continuous quality improvement process related to the CFSR outcomes and themes?

Through PMA, the Department began facilitating Quality Service Reviews (QSR) as described earlier.

The purpose of each QSR is to inform planning for improvements in system performance through the engagement of stakeholders in a process of case review and organizational learning clarifying expectations, providing feedback, and affirming quality practice. Information is primarily gathered through interviews with all parties connected to the randomly selected cases. Results of each QSR are communicated to the staff responsible for providing case management to the families, children, and youth requiring services in a way of commending and acknowledging what is working and offering suggestions to improve what is falling short in practice. The QSR is focused on system reform and is purposely designed to stimulate action to improve practice and outcomes at all levels.

QSR's focus on specific service areas including children and youth in congregate care, Medical and Treatment Foster Care, general foster care, older youth, our in-home services array, cognitively impaired children and youth, and adoption.

Each QSR looks at twelve cases over two day periods. Different than a quantitative research study which draws a much larger sample but only at a limited depth, the QSR is interested in looking deeply at a few cases. This allows the reviews to make a more substantive assessment of services, family dynamics, and outcomes. This process builds an understanding that "every case is a valid test of the system" and has something to reveal about the Department and its work with children, youth, and families.

2-3i. Shared Case Responsibility

□ What steps are the county taking to address this mandate?

Prior to the issuance of the Shared Case Responsibility Bulletin, and in preparation for its implementation, the Department and the Family Court of Philadelphia jointly applied to participate in the Crossover Youth Practice Model Initiative, sponsored by Casey Family Programs and the Center for Juvenile Justice Reform at the Georgetown University Public Policy Institute. In February 2010, Philadelphia was among eleven jurisdictions selected to

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participate. The Model seeks to implement and improve practices that strengthen positive outcomes for youth that are known or have been known to both the dependent and the delinquent systems. It emphasizes cross-system collaboration and works with jurisdictions to provide a framework to support the concurrent work of the child welfare and juvenile justice systems for cases with dual system involvement. DHS intends to use this Practice Model as a support for effectively developing and implementing the Bulletin in order to enhance our efforts to serve this population and conform to the regulatory requirements.

In addition to the ongoing work with the Crossover Youth Practice Model, two additional workgroups have been established. The first is the Assessment workgroup charged with addressing case flow design, an assessment process that distinguishes between dependency issues with arrested youth and GPS issues with their families, development of an MOU with Court and JPO for a joint assessment process, recommendations for an assessment tool, and training and staffing needs. The second is the SCR workgroup charged with exploring caseload configurations and case management, staffing and training needs.

Additionally, the Staff Development Support Center has been charged with analyzing training needs not only for DHS staff but Provider and JPO staff, as well, by August 1. In coordination with the Regional Training Center, they are to develop, implement and coordinate training to begin September 1. The Policy and Planning Center has been charged with drafting a Departmental Policy that reflects the work and recommendations of the above workgroups. Finally the JJS and Performance Management Divisions are charged with engaging Providers and developing Performance Standards that address the requirements of the Bulletin.

2-3j. The Child Abuse Prevention and Treatment Act (CAPTA) – Guardian Ad Litem training

What steps are the county taking to address this mandate?

DHS plans to work closely with the Philadelphia Family Court Dependency Division to ensure compliance with the CAPTA requirement that in every case involving an abused or neglected child which results in a judicial proceeding that a Guardian Ad Litem (GAL) appointed to represent the child has received pre-service training appropriate to their role prior to appointment. DHS will work with the Family Court on implementation of the training plan, as developed by the Office of Children, Youth and Families (OCYF) and the Administrative Office of Pennsylvania Courts (AOPC) to enhance legal representation for children and youth. This collaboration will ensure that newly appointed Guardian Ad Litem (GALs) receive pre-service training prior to representing children and that appropriate documentation of the GALs completion of the pre-service training and to submit this documentation to OCYF annually, utilizing the Guardians Ad Litem Worksheet, at the same time the fourth quarter invoice is submitted.

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2-3k. Chafee Foster Care Independence Program (CFCIP) - National Youth in Transition Database (NYTD) – Baseline Survey

❑ What steps are the county taking to prepare to address this mandate?

The Department understands that the National Youth in Transition Database (NYTD) information is divided into three reporting populations (Served population, Baseline population, and Follow-up populations) each with its own reporting requirements. Pennsylvania has planned a phased-in approach to the implementation of the federal NYTD requirements. Additionally we understand that the Office of Children, Youth and Families (OCYF) plans to begin collecting outcomes information on October 1, 2010 to establish a baseline of this population. This will be done via a web based survey tool.

We are awaiting access to the web based tool and the specific guidelines that include instructions regarding the following collection and reporting responsibilities:

- Identification of youth expected to turn age 17.
- Enrollment of youth via an internet-based process.
- Providing youth with their login information and instructions.
- Monitoring youth participation through online submissions.

Costs associated with this reporting are an administrative cost of the federal Chafee Foster Care Independence Program (CFCIP) funding.

2-3l. Emergency and Disaster Planning

❑ What steps are the county taking to address this mandate?

DHS developed a comprehensive Continuity of Operations Plan (COOP). Key elements of the plan include: notification plans, orders of succession, delegation of authority, maintenance of essential functions, use of alternate facilities, protection of vital files, employee and family preparedness, and recovery after the emergency. Implementation strategies include: mitigation of the effects of the emergency on essential DHS functions, protecting essential systems and vital records, maintaining the ability to communicate within and outside the Department, and preparing employees to cope with unexpected emergency situations.

Recently, a workgroup convened by the Deputy Commissioner for Administration and Management and comprised of staff from the Law Department, Policy and Planning, and the DHS Safety Officer met to begin the development of the Department's emergency and disaster plan. The group's initial work focused on reviewing existing protocols for relevance and inclusion into a comprehensive and coordinated plan. The group is developing a work plan to outline emergency and disaster plan activities within this Fiscal Year. The overall focus of this effort is to create a plan that ensures continuity of essential functions related to our mission in the event of a disaster. The plan will ensure compliance with the five federal requirements mandated by the Child and Family Services Improvement Act of 2006, and be consistent with the roles and responsibilities detailed in DPW's Disaster Plan requirements.

Critical to this planning is inclusion of key stakeholders from both inside and outside the child welfare system, including Family Court, the Juvenile Probation Department, the Southeast Regional Office, and the City's Office of Emergency Management (OEM). The City's OEM, through its Human Services Planning Coordinator, has begun providing

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guidance to DHS regarding this planning. The Department will begin development of this plan by September 1, 2010 and amend it when additional guidance from OCYF is issued.

2-3m. Time Limited Family Reunification (TLFR)

□ What steps are the county taking to address this mandate?

If your county is currently receiving Federal IV-B TLFR grant funds and you are requesting a continuation of TLFR program with state funds please answer the following questions:

- 1) The desired outcomes for the TLFR program may include a combination of the following:**
 - a. Reduce the length of time that children spend in foster care.**
 - b. Reduce the re-entry rates for children returning to county custody.**
 - c. Reduce the number of placement moves for children in foster care.**
 - d. Increase the stabilization of families who have a child in foster care in order to facilitate reunification with the family within 15 months.**
 - e. Increase the rates and timeliness of reunification of children with their families.**
 - f. Increase the success in locating absent parents as permanent resources for their children.**
 - g. Enhance the working relationships between the CCYA and other agencies and service providers at the county and community levels to support families.**
 - h. Enhance the CCYA's use of child profiles and child preparation for children in placement with a goal of reunification.**

Each CCYA must select a minimum of three outcomes. Identify and describe the outcome goals for your grant program from SFY 2008-2009 to SFY 2010-2011. Identify and describe if you plan to make any changes to your goals for SFY 2011-2012.

The SFY 2010-11 Logic Model developed by the TLFR unit is a description of the population served, their needs, and outcome indicators. The SFY 2010-11 model outlines the following: the reduction of length of time that children and youth spend in placement, the reduction of re-entry rates, and the increased of rates of reunification. The goal of TLFR services is to facilitate and achieve reunification within a 15 month timeframe by providing services to the family. By providing TLFR services, families served were able to prepare for the return home of their children and youth within a 9 month timeframe. TLFR has reduced re-entry rates for children and youth in group home placement to within a year by enhancing protective capacities.

The number of substantiated or indicated CPS and GPS reports received within six months of reunification has decreased. The success of the interventions provided by TLFR relies on the collaborative efforts made among the Department, Providers, school districts, community behavioral and mental health facilities, local after-school programs, and recreation resources.

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- 2) Identify and describe the results of the program during the grant funding period. i.e. How many children were reunified within 15 months? How many placements did the children experience?**

Intensive services were provided to the families participating for 6-9 months to facilitate reunification. The families participating had their children and youth returned home within the 15 month timeframe. In SFY 2008-09, there were two reunifications, in SFY 2009-10, 11 reunifications were achieved with an additional six reunifications achieved by the end of the June 2010 school year. Once TLFR services were engaged, children and youth remained in the same placement and did not need to be re-placed prior to reunification.

- 3) What services and activities do you plan for SFY 2011-2012?**

We will continue to engage families and their support networks through the facilitation of Family Group Decision Making (FGDM), increase our efforts to locate absent parents and family members through Family Finding, review cases as a team at three-month periods aligned with court reviews, track progress, and make adjustments to facilitate permanency. The Achieving Reunification Center will be used to support, develop, and enhance the skills of parents and caregivers to reunify with their children and youth in care. It will provide self-sufficiency instruction around education, finances, budgeting, health, nutrition, and consumer life skills. Through the use of evidence-based therapeutic treatment including Family Functional Therapy and comparable treatments, services will be engaged to address issues leading to placement and stabilize family functioning. Family Reunification will provide intensive in-home supportive services to increase understanding of child development, enhance protective capacities, and keep children and youth safe as they transition from care.

- 4) What changes, if any, will you be making to the program at the conclusion of the grant funding?**

The Department intends to add funding for concrete services to assist the family when faced with challenges that affect sustaining the reunification.

- 5) Did you realize any under spending of TLFR funds during any SFY?**
a. If yes, please explain what changes, both programmatic and administrative, that you have made to ensure that you do not have under spending for SFY 2011-2012.

Yes, in SFY 2008-09 we were not able to begin the program as expected in July 2008 and did not begin services until January '09 which caused a shortfall in our projected budget for the year and led to the underutilization of grant funding. In SFY 2009-10, one Provider was unable to manage billing in accordance with established guidelines and a decision was made to make this service available through agency funding as opposed to grant funding. The funds were utilized to serve additional families during that fiscal year. This programmatic change has been incorporated in the projected budget for SFY 2010-11.

Section 3: General Indicators

3-1: County Information/Background

□ **Population and poverty trends**

County Data

- **Population Trends**

Philadelphia’s population appears to be fairly stable. The 2008 Census Bureau survey estimated that there were approximately 1,447,395 individuals living in Philadelphia, a change of less than 0.2% from 2007. The total number of children and youth (aged 17 and under) remained relatively constant between 2004 and 2006, but declined by 1.8% between 2006 and 2007, and remained relatively stable into 2008. In 2008, it was estimated that 25% of the total population of Philadelphia was aged 17 and under. The proportion of Philadelphia’s population that are children and youth has remained approximately one of every four people since 2000.

Table 1: Estimated Total Philadelphia population and estimated total population 17 and under

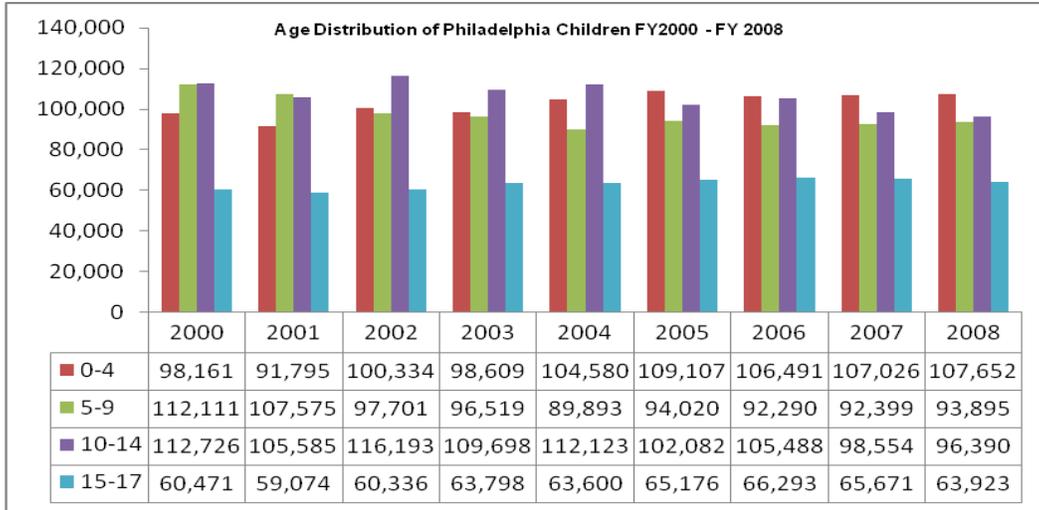
Year	Total Population	Population 17 and under	Percentage of population 17 and under
2000	1,517,550	383,469	25.3%
2001	1,437,080	364,030	25.3%
2002	1,436,694	374,564	26.1%
2003	1,423,538	368,624	25.9%
2004	1,414,245	370,196	26.2%
2005	1,406,415	370,385	26.3%
2006	1,448,394	370,562	25.6%
2007	1,449,634	363,650	25.1%
2008	1,447,395	361,860	25.0%

Source: U.S. Census Bureau. American Community Survey, 2008

- **Age Distribution**

Dividing Philadelphia’s children and youth into four age cohorts: 0-4, 5-9, 10-14, and 15-17, two of these cohorts had had a slight upward trend over the past several years: those aged 0-4 and those aged 15-17. This seems to have stabilized, with the children aged 0-4 increasing by 0.6% and the youth aged 15-17 declining by just over 2.5%. The 5-9 age groups have gone from an average annual decline through 2007 of almost 3% to an increase of 1.6%. The 10-14 age groups continue to decline at an average of approximately 2%.

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- Poverty Trends

A nationally recognized method of measuring poverty is use of the federal poverty line calculation. This is defined as a yearly income of \$14,570 for two people, \$18,310 for 3 people \$22,050 for 4 people and \$25,790 for 5 people. The poverty line is used to determine eligibility for a number of federal programs (See the 2009 HHS Poverty Guidelines).

National trends show an increase in poverty among children and youth (PCCY, 2008). The same is true in Philadelphia where 23.2% of the population fell below the federal poverty line in 2008. Of this group, 33.4% were children and youth. Almost one third of children and youth in Philadelphia are living in poverty.

Table 2: Number and Percentage of Total Population and Children 17 and under with Poverty Status

Year	Number of Population with Poverty Status	Percentage of Total Population	Population 17 and under in Poverty Status	Children in Poverty as a Percent of Total Population with Poverty Status	Children in Poverty as a Percentage of Total Child population ⁽¹⁾
2000	327,364	21.6%	125,092	38.2%	32.6%
2001	332,026	23.1%	117,074	35.3%	32.2%
2002	302,560	21.1%	110,948	36.7%	29.6%
2003	315,042	22.1%	102,981	32.7%	27.9%
2004	351,305	24.8%	130,240	37.1%	35.2%
2005	343,547	24.4%	129,639	37.7%	35.0%
2006	363,547	25.1%	128,332	35.3%	34.6%
2007	333,142	23.0%	124,149	37.3%	34.1%
2008	336,272	23.2%	112,331	33.4%	31.0%

Legend: (1) = (children in poverty)/(total child population)

Source: U.S. Census Bureau. American Community Survey, 2008

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- **Impact of Population Trends**

The current turbulence in the economic climate and increasing poverty puts tremendous stress on families and may lead to an increase in service demand, particularly in the areas of child abuse, domestic violence, and issues related to dependency and delinquency.

□ **Issues in annual licensing review and/or the Quality Services Review**

Children and Youth Division (CYD)

As a result of the December 2009 Annual State Evaluation (ASE) conducted in Philadelphia, the Department received full licensure. There were, however, five areas identified for practice improvement on which the Department is focusing its efforts. The areas for practice improvement are:

- **Safety Assessment Tool:** The Department received citations related to missing information, timeliness, and documentation regarding thresholds, protective capacity assessment, and safety planning.
- **Supervisory Oversight:** Citations related to the oversight during investigations for timeliness of supervisory reviews, for timeliness of review and signature on safety assessments and safety plans, and reviews related to missing documentation on service plans (FSP/PPP) were received.
- **Family Service Plan:** DHS received citations related to missing information, timeliness, client notification, and participation.
- **Monthly Contacts:** On this issue citations for the lack of documentation of monthly visitation by qualifying caseworkers for children and youth in placement were received. In a percentage of these cases, the quality visit had occurred but the documentation was absent from the case narrative.
- **Sibling Visitation:** DHS received citations for the lack of documentation of a plan for siblings in different placements to visit with one another.

OCYF conducted the first of two monitoring visits to specifically look at these identified areas in July, with the second scheduled for November 2010.

Juvenile Justice Services (JJS)

DPW's most recent ASE was conducted 7/20/09 to 8/21/09 citing areas for improvement. The Youth Study Center's (YSC) plan of corrective action was approved and a full certificate of compliance was issued valid through August 2010.

The Center has been working diligently on citations issued in this and previous evaluations to assure continued full compliance. The challenges presented by the interim site at the former Eastern Pennsylvania Psychiatric Institute (EPPI) at 3232 Henry Avenue have been identified and are addressed daily.

The Corrective Action Plan identified responsible personnel to assure that issues cited are dealt with on a routine and systematic basis with the appropriate documentation. The following examples address citations from the audit:

- The Building Superintendent provides weekly inspections of ventilation systems, air filters, and potential safety hazards on residential units with preventive as well as immediate corrective action.

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- The Prison Health Services Administrator audits medical folders monthly to assure that each youth receives the required health, dental, and vision care.
- The Training Officer assures that staff receive the mandated training and that this is documented for immediate review.

The Youth Study Center is dedicated to assuring that all youth receive necessary services in a safe and healthy environment.

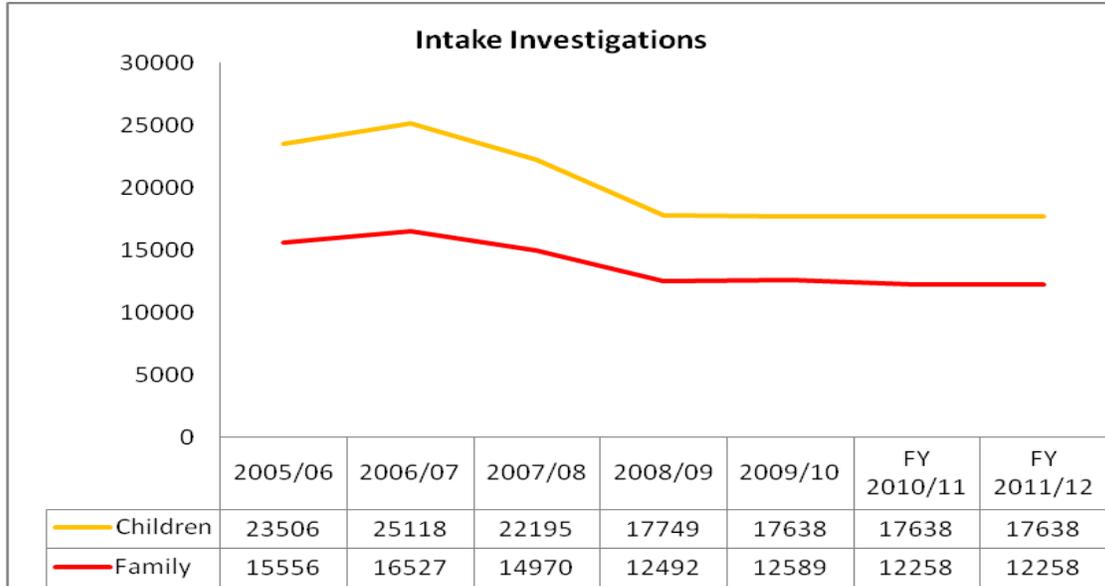
❑ **Other Changes or Important Trends**

After reviewing available data both internal and external, the Department has been unable to identify any major changes in population or poverty in the county since the last NBPB, except that the continued economic decline makes a significant impact on families. This has historically led to increased demand for child welfare and protection services. This will have to be validated as data is established and analyzed over the fiscal year.

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3-2a. Intake Investigations

- **Insert the Intake Investigations Chart (Chart 1) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**

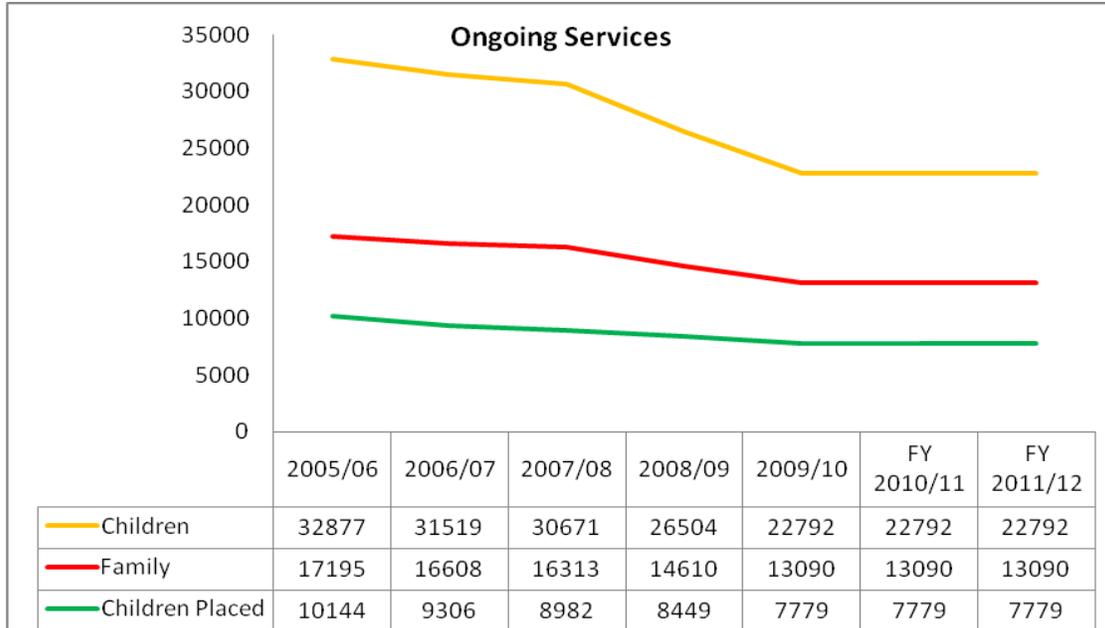


The decrease of 24.49% of children and youth, and of 19.07% of families between FY06 and FY10 reported for Intake investigations is most likely a result of the continued impact of the Safety Assessment Policy issued in the first quarter of 2008 and the Hotline Guided Decision-Making Policy of March 2008. The impact on these numbers is expected to continue for FY11 and 12.

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3-2a. Ongoing Services

- **Insert the Ongoing Services Chart (Chart 2) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**



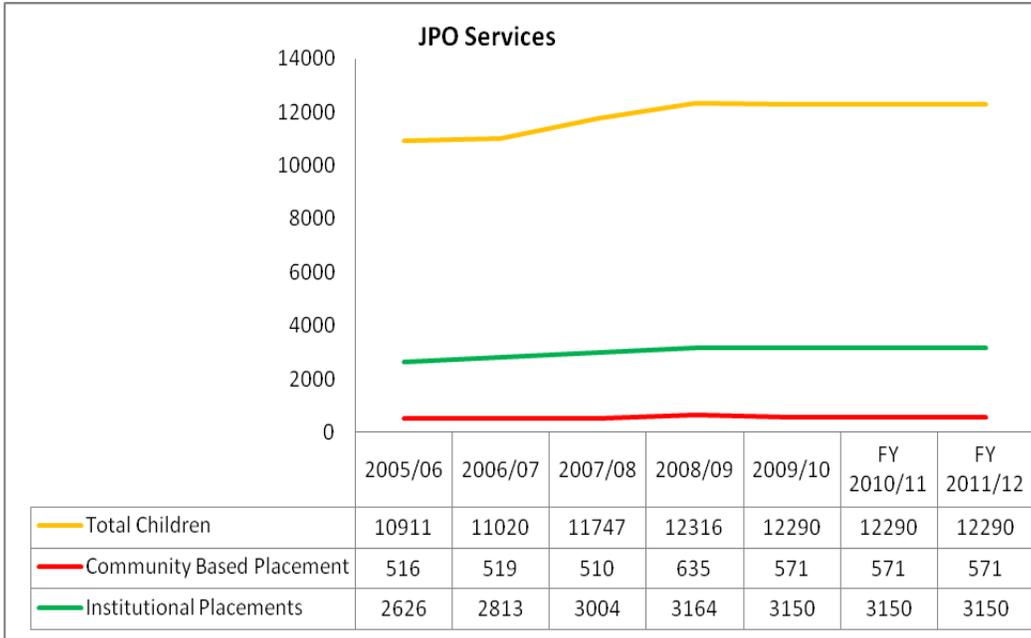
The number of families and the number of children and youth receiving ongoing services in FY 2010 declined by 30.67% and 23.87%, respectively, when compared to the numbers in FY 2005, and there was a 23.31% decrease in children and youth placed. This significant decline coincides with the Department’s continued focus on implementing, refining and incorporating the Safety Model of Practice into service delivery. Safety is the criteria for determining if children, youth, and families require child welfare or child protection services and are accepted for service.

See also Outcome 3, Restructure/Refocus In-Home Services.

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3-2a. JPO Services

- **Insert the JPO Services Chart (Chart 3) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**



In FY10, Juvenile Probation and JJS stemmed the tide of increased delinquent placements that has been the trend since FY08. The strategies and programming that contributed to the reductions included closer communication with Judges, Probation Officers, and Providers as well as program and operational changes. There will be a continued emphasis placed on reviewing and further developing both community based options that address probation youth who violate their condition placed them upon by the court, including the piloting of Evening Reporting Centers.

There have been several factors that have contributed to the reductions in services. The decrease in petitions of 18% percent resulted in reduced numbers for both detention and community based care. That, combined with the increased use of the Global Positioning System (GPS) as a detention alternative, contributed to significant savings for both levels of custody care. These outcomes were achieved while there are also increased efforts by the Probation Department to remove violent offenders from the streets. Through a joint law enforcement venture, Operation Pressure Point and probation executed over 600 Bench Warrants and Probationer Compliance checks this past year. These efforts brought in nearly 150 of the most violent offenders under Court Supervision, in addition to taking guns, drugs, and contraband out of the hands of these youth and off the streets of Philadelphia. This anti violence initiative has become a part of daily operations. This, along with probation's JET (Juvenile Enforcement Team and YVRP (Youth Violence Reduction Partnership) continues to focus on community safety and restorative justice.

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A targeted goal is to control and decrease the length of stay for youth in residential placements. Leaders from the Court and the Department of Human Services met with the Providers who serve the majority of youth and outlined strategies to reduce time in care. The Juvenile Probation Department reorganized and restructured the Probation Officer's supervision of youth in placement, including monthly visitation for 90% of youth in care and a renewed protocol that monitors the progress of youth in care. From FY09 to FY10 Probation Officers increased their face to face contacts with youth in residential care by more than 30%, with over 13,000 contacts this past year. Additionally, the implementation of the "Single Probation Plan" provided more detailed information to Judges and Masters for review hearings so that decisions about early discharge would be better informed. These efforts reduced length of stays by nearly 17,000 less days in care for youth in FY10.

The reduction in residential placement resulted in 150 less youth placed for a total of 17,000 less days in care. Corresponding to this was the reduction of youth sent to out of state placement. The Court and DHS continued this trend by decreasing this compliment to less than 40 youth placed in out of state facilities. In spite of the reduction of youth in residential care, placement costs increased for FY10. Much of this is attributed to the greater use of private secure care. Many of the youth who in previous years would have been covered under the Medical Assistance realignment model, were denied medical eligibility for RTF placement. There has been much discussion with the Court and DHS with Community Behavioral Health over their review of cases. A revised Mental Health evaluation process has been underway for nearly a year. The goal of this process is to provide greater efficiency and efficacy in dealing with youth who are in need of both residential and community mental health services.

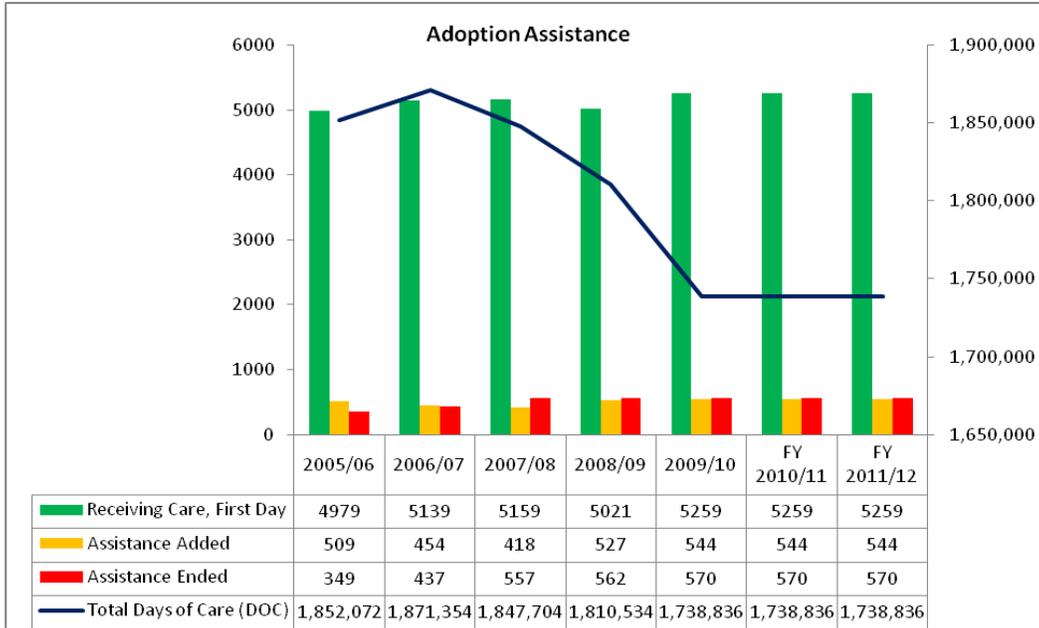
The GPS is a valuable asset in reducing both the detention population and youth in long term placement for violation of probation. The program increased from 25 units in operation to over 250 in the current year. The GPS also became a valuable continuum option for the Graduated Sanction Court which also saw significant expansion. The GPS continues to provide Judges and Masters with dispositional options for youth struggling with probation non compliance.

As in the past, the community based services for youth after school hours continues to be an issue that needs to be addressed. In FY11 the Juvenile Court and DHS will issue an RFP for Community Based Evening Reporting Centers. These centers are designed to work with those youth targeted for placement based upon non compliance in the geographic areas where there are high placement rates for probation violators. These centers will operate from 4pm to 9pm five days a week including Saturdays and will focus on accountability, treatment, education, and community engagement.

PHILADELPHIA COUNTY

3-2b. Adoption Assistance

- ❑ **Insert the Adoption Assistance Chart (Chart 4) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**

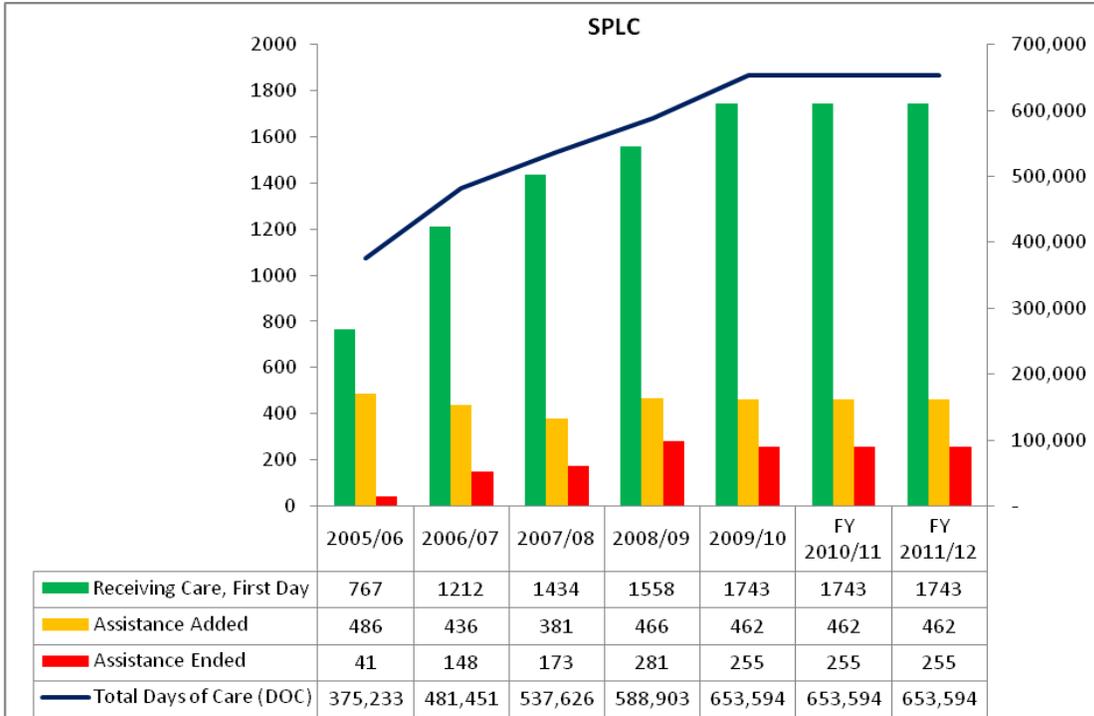


Continued efforts to finalize adoptions for children and youth affect both the number receiving adoption assistance and the number whose adoption assistance have ended. As noted in last year’s plan, many of those whose adoptions were delayed were older. As a result, they aged out of eligibility for adoption assistance within a few years. This number will stabilize as this pool of youth decreases, and in fact there is a very slight increase in the number of children and youth whose adoption assistance has ended between FY08 and FY10. Successful efforts to finalize adoptions logically increase the number receiving adoption assistance, effectively increasing those numbers receiving adoption assistance.

PHILADELPHIA COUNTY

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

- **Insert the SPLC Chart (Chart 5) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**

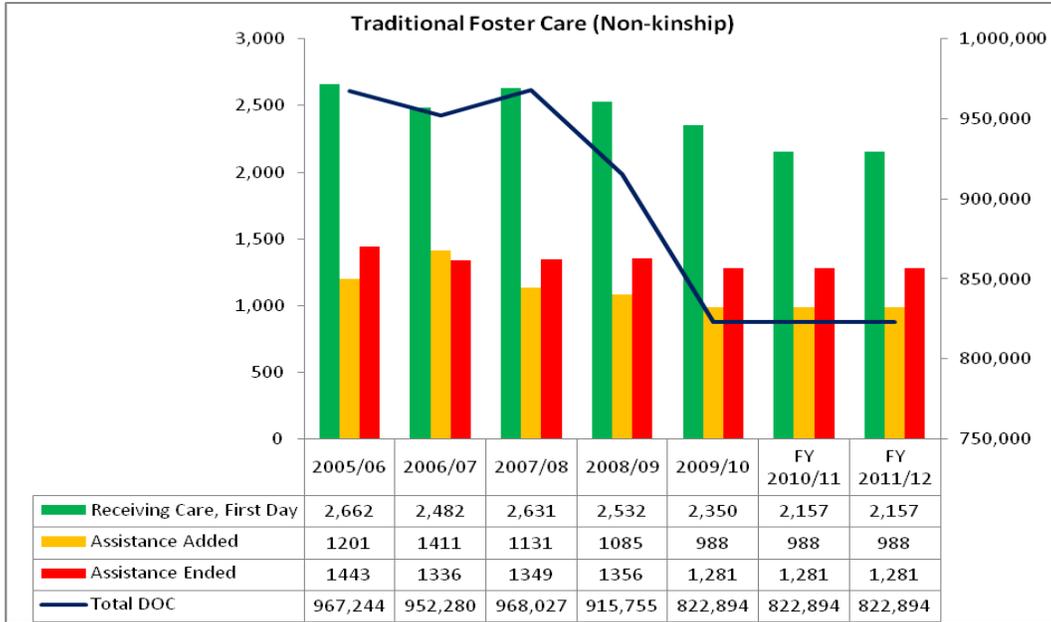


When PLC became a permanency option in FY04, the numbers of subsidies increased steadily. Expectedly, there was a leveling off in FY09 and FY10 to approximately 400 new PLCs. It is expected to remain the same in FY11 as well.

PHILADELPHIA COUNTY

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

- ❑ **Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**



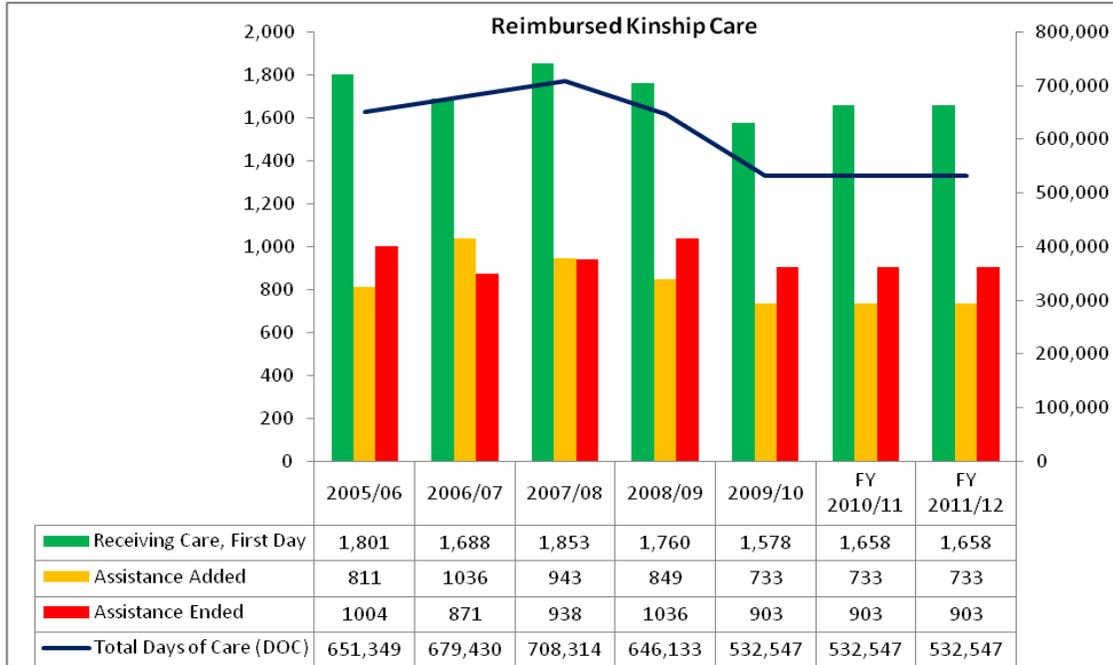
The Department has reviewed and recalculated all of the data above based on improved data systems now available. Applying it retroactively allows for consistency in all the report years. It now accurately reflects unduplicated counts and these tables now more adequately represent change over time for the Department.

The data above provides an opportunity to view the continued decreases in the number of children and youth that are in foster care. For those discharged (Assistance Ended), there has been an 11.2% decrease from 2006 to 2010. For new children and youth entering care (Assistance Added), there has been a 17.7% decrease from 2006 to 2010. During this period, there was also a significant decrease in the total number of dependent children and youth receiving care on the first day of the fiscal year, from 2,662 in FY06 to 2,350 in FY10, which represents an 11.7% change. Overall, the total days of care decreased by 14.9%. Again, this can be attributed to the Safety Model of Practice and Hotline Guided Decision Making.

PHILADELPHIA COUNTY

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

- ❑ **Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**

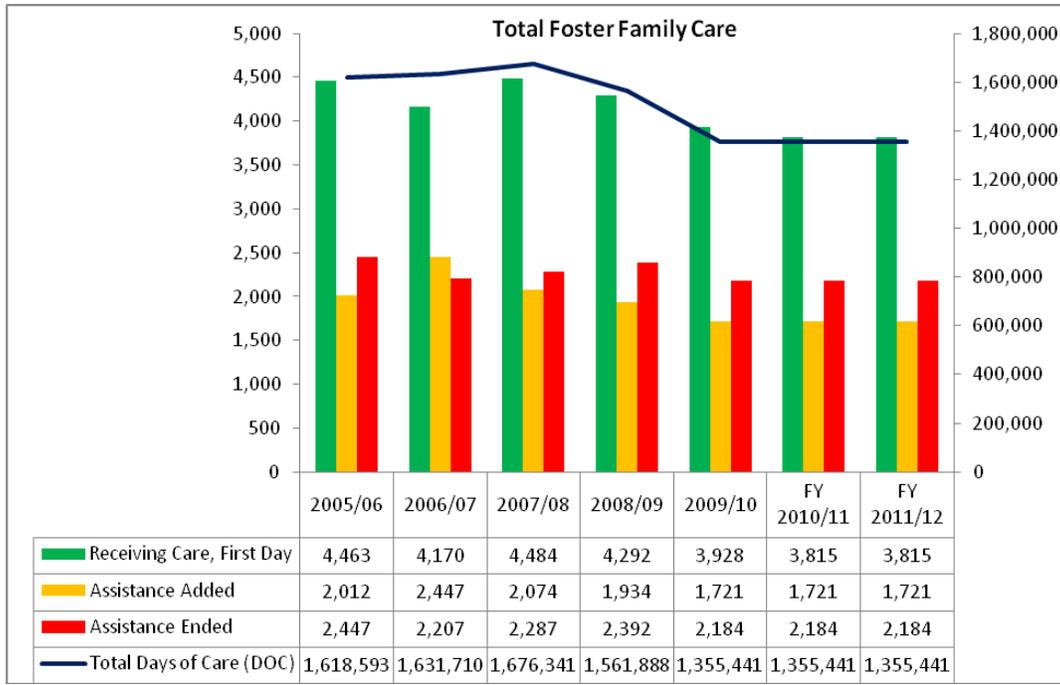


There has been a decrease of 12.4% of children and youth in placement on the first day of the fiscal year between FY06 and FY10. Across the board, there is general consistency with the exception of FY06 when compared with decreases in foster care. As the placement population has decreased over time, the Department’s emphasis to place children and youth requiring placement with kin bears out the lesser reduction.

PHILADELPHIA COUNTY

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

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

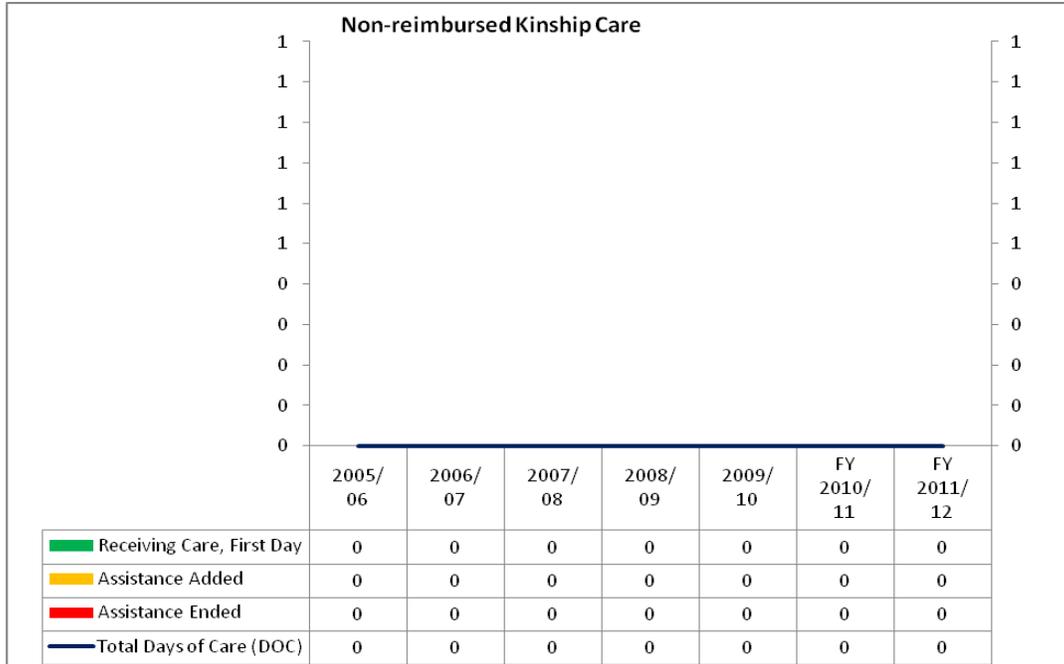


The trend downward for children and youth in out of home placements is reflected in this category of care as well. This again can be attributed to the Safety Model of Practice and Hotline Guided Decision Making.

PHILADELPHIA COUNTY

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

- **Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**

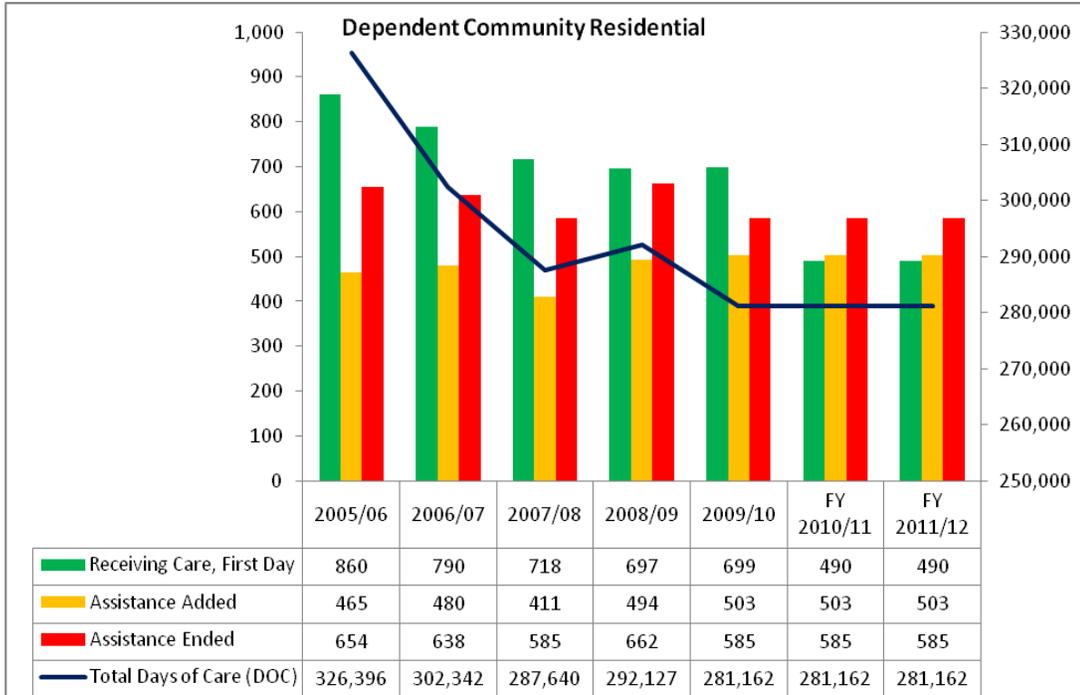


All of the Department's Kinship Care families are receiving reimbursement.

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

- ❑ **Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.**

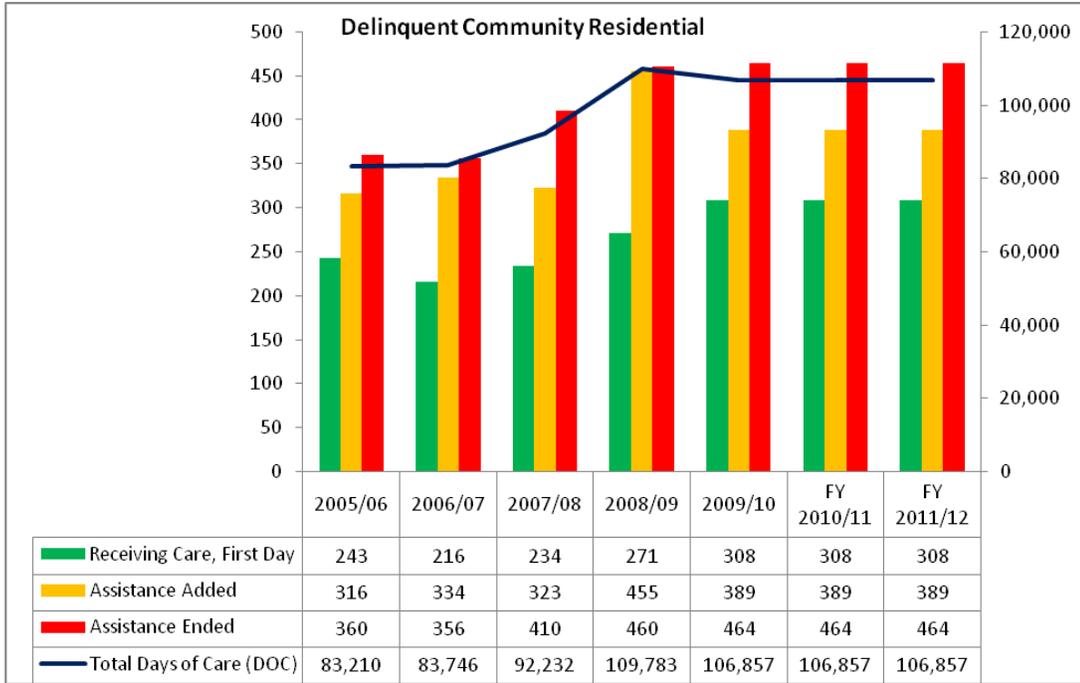


The number of dependent children and youth in community residential placement the first day of the reporting period decreased from 860 in FY06 to 490 in FY10. During each of the fiscal years from FY06 through FY09, those exiting Dependent Community Residential Care (Assistance Ended) exceeded the number entering (Assistance Added). This significant reduction of almost 50% points to the Department’s goal of reducing placements, particularly those which are not family-like settings.

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

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

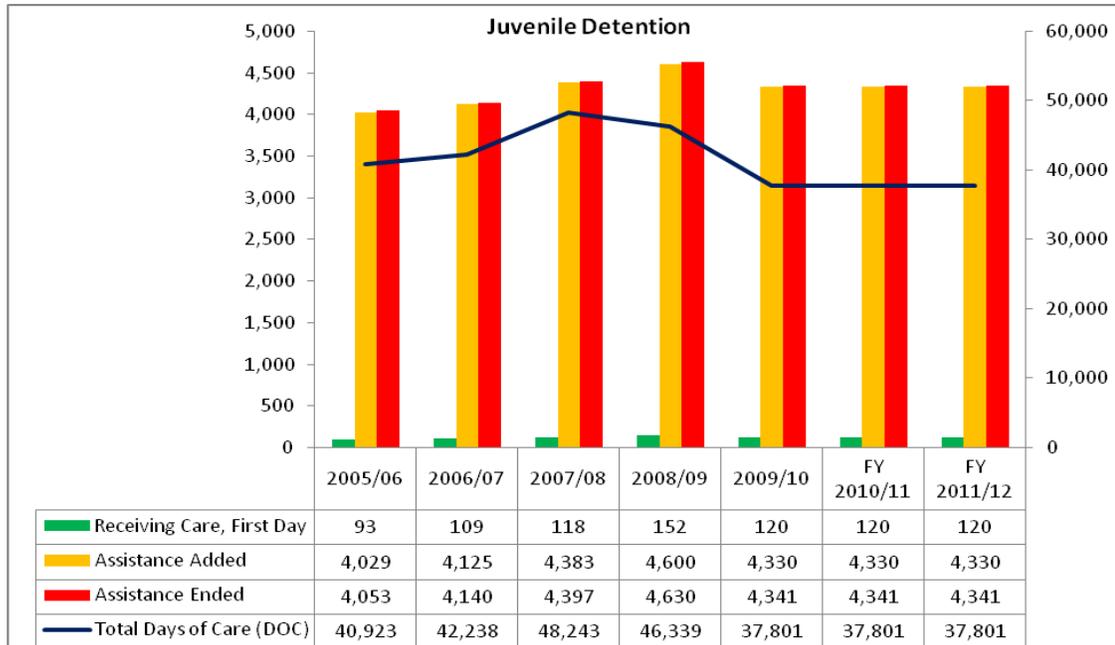


The Court and DHS' efforts to place youth in the least restrictive appropriate setting in proximity to their communities has resulted in a 2.66% decline in Delinquent Community Residential placements. The use of Group Homes has declined by 13.4% from the previous year with increased usage of SIL (8.75%) and foster care (22.45%) in a continuing effort to assist youth in remaining connected to family, school, and community.

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

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

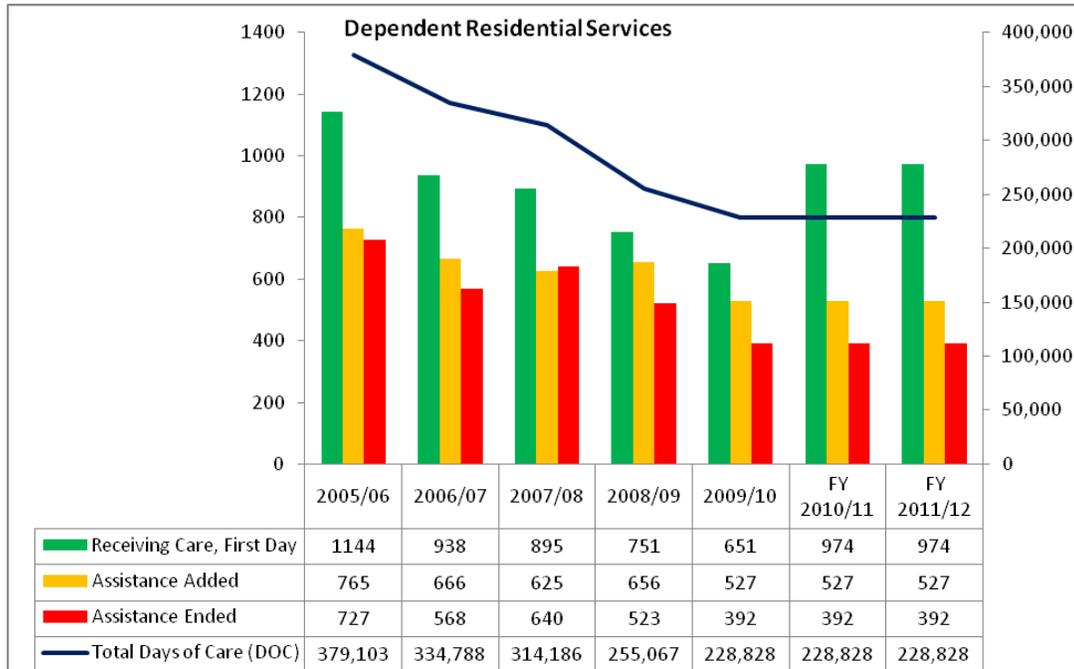


The detention population at the Youth Study Center saw a decrease in services in FY10 as the juvenile arrest petitions decreased by 18% and the exponentially increased utilization of the GPS system. However, swings in the Centers' population remain a consistent problem.

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

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

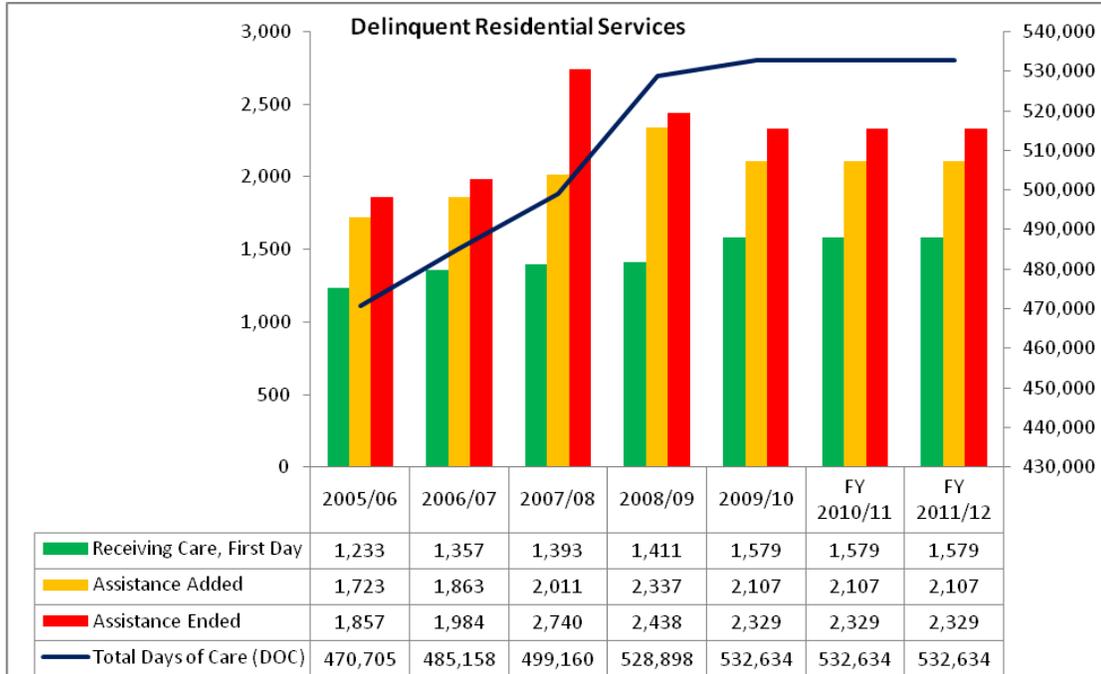


The total number of dependent children and youth in care the first day of each fiscal year has decreased from 1144 in FY06 to 974 in FY10. However, with the exception of FY06, entries have exceeded exits, which need to be closely examined. Overall the number of days children and youth spend in residential care decreased by 39.6%.

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

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

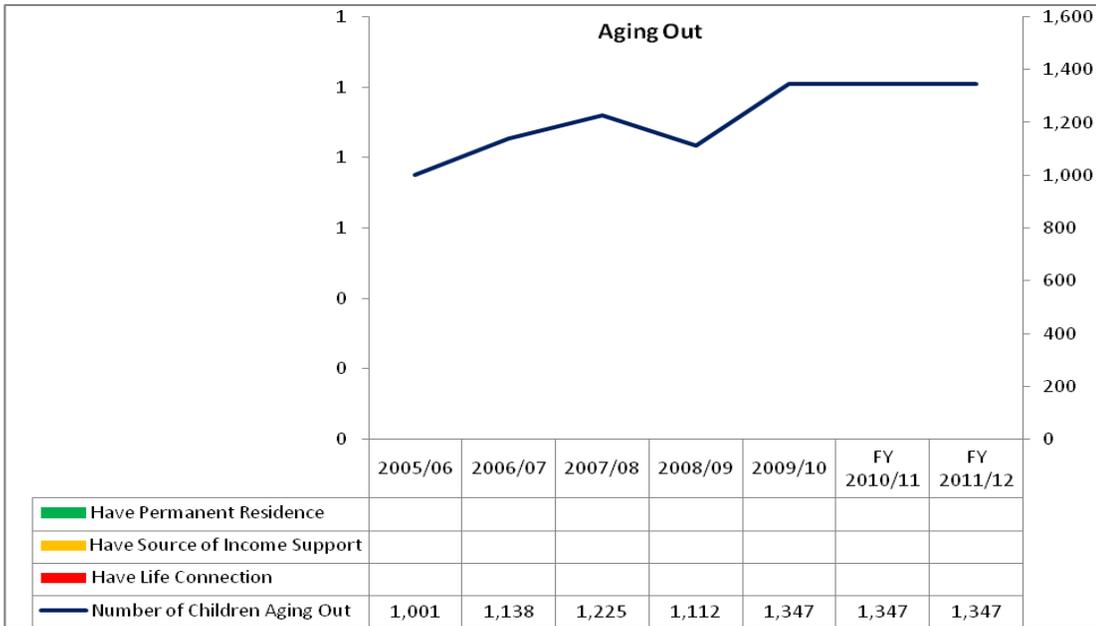


There was less than a 1% increase in overall days of care in Delinquent Residential Services from 2008/2009 (528,898) to 2009/2010 (532,634). The Non-RTF number of youth and days of care decreased 3.5% during this period. However, RTF youth which are our most vulnerable population, both medically and psychologically, saw an increase in days of care by 29%, while the number of youth remained the same.

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3-2e. Aging Out

- Insert the Aging Out Chart (Chart 15). If the county does not have sufficient data to analyze trends, describe how the county plans to track this data in the future.



	Dependent	Delinquent	Total
FY2006	409	592	1001
FY2007	436	702	1138
FY2008	461	764	1225
FY2009	379	733	1112
FY2010	363	984	1347
2005 - 2009 % of change	-11%	66%	35%

During this fiscal year, DHS will begin documenting exit outcomes for dependent and delinquent youth age 18 and older who leave placement based on the following:

- Do the youth have a permanent residence?
- Do the youth have a source of income to support themselves?
- Do the youth have a life connection?

The proposed method for centralized documentation in addressing the three questions should be finalized during the first quarter of FY 2011 with start up and implementation expected to begin in the second quarter.

With regard to dependent youth who are aging out of care, the Department has created additional opportunities for permanency. Seven units were created and staff are being trained in our Older Youth Strategy and provided additional permanency tools such as Family Finding. We anticipate that these resources will improve outcomes for older youth exiting the system.

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3-2f. General Indicators

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

3-2a. Service Trends								
	FY	FY	FY	FY	FY	Projected		2005-09
Indicator	2005/06	2006/07	2007/08	2008/09	2009/10	FY	FY	%
						2010/11	2011/12	Change
Intake Investigations								
Children	23506	25118	22195	17749	17638	17638	17638	-25.0%
Family	15556	16527	14970	12492	12589	12258	12258	-19.1%
Ongoing Services								
Children	32877	31519	30671	26504	22792	22792	22792	-30.7%
Family	17195	16608	16313	14610	13090	13090	13090	-23.9%
Children Placed	10144	9306	8982	8449	7779	7779	7779	-23.3%
JPO Services								
Total Children	10911	11020	11747	12316	12290	12290	12290	12.6%
Community Based								
Placement	516	519	510	635	571	571	571	10.7%
Institutional								
Placements	2626	2813	3004	3164	3150	3150	3150	20.0%
3-2b. Adoption Assistance								
	FY	FY	FY	FY	FY	Projected		2005-09
Indicator	2005/06	2006/07	2007/08	2008/09	2009/10	FY	FY	%
						2010/11	2011/12	Change
Adoption Assistance								
Receiving Care,	4979	5139	5159	5021	5259	5259	5259	5.6%
First Day								
Assistance Added	509	454	418	527	544	544	544	6.9%
Assistance Ended	349	437	557	562	570	570	570	63.3%
Total Days of	1,852,072	1,871,354	1,847,704	1,810,534	1,738,836	1,738,836	1,738,836	-6.1%
Care (DOC)								
3-2c. SPLC								
	FY	FY	FY	FY	FY	Projected		2005-09
Indicator	2005/06	2006/07	2007/08	2008/09	2009/10	FY	FY	%
						2010/11	2011/12	Change
Subsidized Permanent Legal Custodianship								
Receiving Care,	767	1212	1434	1558	1743	1743	1743	127.2%
First Day								
Assistance Added	486	436	381	466	462	462	462	-4.9%
Assistance Ended	41	148	173	281	255	255	255	522.0%
Total Days of	375,233	481,451	537,626	588,903	653,594	653,594	653,594	74.2%
Care (DOC)								

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3-2d. Placement Data								
Indicator	FY	FY	FY	FY	FY	Projected		2005-09 % Change
	2005/06	2006/07	2007/08	2008/09	2009/10	FY 2010/11	FY 2011/12	
Traditional Foster Care (non-kinship)								
Receiving Care, First Day	2,662	2,482	2,631	2,532	2,350	2,157	2,157	-11.7%
Assistance Added	1201	1411	1131	1085	988	988	988	-17.7%
Assistance Ended	1443	1336	1349	1356	1,281	1,281	1,281	-11.2%
Total DOC	967,244	952,280	968,027	915,755	822,894	822,894	822,894	-14.9%
Reimbursed Kinship Care								
Receiving Care, First Day	1,801	1,688	1,853	1,760	1,578	1,658	1,658	-12.4%
Assistance Added	811	1036	943	849	733	733	733	-9.6%
Assistance Ended	1004	871	938	1036	903	903	903	-10.1%
Total Days of Care (DOC)	651,349	679,430	708,314	646,133	532,547	532,547	532,547	-18.2%
Foster Family Care (Total of 2 above)								
Receiving Care, First Day	4,463	4,170	4,484	4,292	3,928	3,815	3,815	-12.0%
Assistance Added	2,012	2,447	2,074	1,934	1,721	1,721	1,721	-14.5%
Assistance Ended	2,447	2,207	2,287	2,392	2,184	2,184	2,184	-10.7%
Total Days of Care (DOC)	1,618,593	1,631,710	1,676,341	1,561,888	1,355,441	1,355,441	1,355,441	-16.3%
Non-reimbursed Kinship Care								
Receiving Care, First Day	0	0	0	0	0	0	0	#DIV/0!
Assistance Added	0	0	0	0	0	0	0	#DIV/0!
Assistance Ended	0	0	0	0	0	0	0	#DIV/0!
Total Days of Care (DOC)	0	0	0	0	0	0	0	#DIV/0!
Dependent Community Residential								
Receiving Care, First Day	860	790	718	697	699	490	490	-18.7%
Assistance Added	465	480	411	494	503	503	503	8.2%
Assistance Ended	654	638	585	662	585	585	585	-10.6%
Total Days of Care (DOC)	326,396	302,342	287,640	292,127	281,162	281,162	281,162	-13.9%
Delinquent Community Residential								
Receiving Care, First Day	243	216	234	271	308	308	308	26.7%
Assistance Added	316	334	323	455	389	389	389	23.1%
Assistance Ended	360	356	410	460	464	464	464	28.9%
Total Days of Care (DOC)	83,210	83,746	92,232	109,783	106,857	106,857	106,857	28.4%

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Indicator	FY	FY	FY	FY	FY	Projected		2005-09 % Change
	2005/06	2006/07	2007/08	2008/09	2009/10	FY 2010/11	FY 2011/12	
Juvenile Detention								
Receiving Care, First Day	93	109	118	152	120	120	120	29.0%
Assistance Added	4,029	4,125	4,383	4,600	4,330	4,330	4,330	7.5%
Assistance Ended	4,053	4,140	4,397	4,630	4,341	4,341	4,341	7.1%
Total Days of Care (DOC)	40,923	42,238	48,243	46,339	37,801	37,801	37,801	-7.6%
Dependent Residential Services								
Receiving Care, First Day	1144	938	895	751	651	974	974	-43.1%
Assistance Added	765	666	625	656	527	527	527	-31.1%
Assistance Ended	727	568	640	523	392	392	392	-46.1%
Total Days of Care (DOC)	379,103	334,788	314,186	255,067	228,828	228,828	228,828	-39.6%
Delinquent Residential Services								
Receiving Care, First Day	1,233	1,357	1,393	1,411	1,579	1,579	1,579	28.1%
Assistance Added	1,723	1,863	2,011	2,337	2,107	2,107	2,107	22.3%
Assistance Ended	1,857	1,984	2,740	2,438	2,329	2,329	2,329	25.4%
Total Days of Care (DOC)	470,705	485,158	499,160	528,898	532,634	532,634	532,634	13.2%
3-2e. Aging Out Data								
Indicator	FY	FY	FY	FY	FY	Projected		2005-09 % Change
	2005/06	2006/07	2007/08	2008/09	2009/10	FY 2010/11	FY 2011/12	
Aging Out								
Number of Children Aging Out	1,001	1,138	1,225	1,112	1,347	1,347	1,347	34.6%
Have Permanent Residence								#DIV/0!
Have Source of Income Support								#DIV/0!
Have Life Connection								#DIV/0!

Section 4: County Programs & Services

4-1: Children/Families not Accepted for Service

□ How does the county determine a child/family is not accepted for service?

The Department's decision whether to provide services to children, youth, and families is based on a number of factors relating to dependency, delinquency, or the risk thereof.

Children and Youth Division

The Children and Youth Division uses the Safety Model of Practice to determine what families are accepted for services. If, after determining during the Hotline Guided Decision Making process or at the completion of an investigation or assessment that children and youth have no safety threats or the safety threats can be managed by existing parental capacities, the family is not accepted for services by CYD. The one exception is when the Court orders in-home services, even though there are no documented safety threats. In such cases, the family is accepted by CYD for time-limited Family Stabilization Services. All other families where there are no safety threats may be referred to the, Community-Based Prevention Services or closed.

Community Based Prevention Services

Children, youth, and families are accepted for prevention services when they are necessary to reduce the risk of future abuse, neglect, truancy or other dependency or delinquency issues. CBPS serves children, youth, and families active in other Divisions as well as families at risk of CYD or JJS involvement. Specifically, families are accepted for CBPS services when they meet one of the following criteria:

- Families currently involved with CYD (in-home or out-of-home services) and in need of CBPS services in order to reduce the risk of repeated abuse, neglect, other dependency issues or delinquency.
- Families transitioning out of CYD and vulnerable to re-entry without supports.
- Families reported to the Hotline, but not accepted for service by CYD following an investigation or assessment, but who may have identified risk factors and specific family needs but no immediate threats to child safety.
- Families, who are reported to the Hotline but, based on the Hotline Guided Decision-Making, can be diverted from a formal protective service investigation or assessment.
- Families who are court-ordered to receive truancy services, or where children and youth have been absent from school at high rates.

Juvenile Justice Services

All JJS cases are accepted for services by virtue of a court order to detain or provide other services for youth charged with or adjudicated for delinquent offenses. This court decision determines that a youth is appropriate for services.

4-2: New/Enhanced Programs

- ❑ **Briefly explain requests for funding of new programs or enhancements to existing programs. The explanation must include why the county is seeking funding for the new/enhanced program and how it relates to needs identified in the county.**
- ❑ **In the specific budget adjustment forms for new initiatives or services, identify cost savings and reduced rates, and provide evidence that the new program is less expensive or more effective than the current service.**
- ❑ **For enhanced programs, describe how the program is effective.**
- ❑ **For enhanced programs, discuss the expected level of program improvement, and describe how the program will reduce costs or the rate of future cost increases.**

Evening Reporting Center

In the fiscal years leading up to and including FY2010, the Juvenile Probation Office (JPO) experienced double-digit increases in non-compliant youth probationers resulting in an increase of arrest and detain orders, and revocation proceedings which are extremely costly. An alternative is Evening Reporting Centers (ERC). The Division of Juvenile Justice Services is requesting funding in the amount of \$600,000 to support this cost effective concept. The Center will be rooted in an evidence based model already in use in Berks County and in various other jurisdictions across the country. ERC's have proven to be an effective means of diverting youth from detention and subsequent residential placements, preventing recidivism, and enhancing the protection of public safety through constructive engagement in the evenings, a time when criminal activities are more likely to occur. In keeping with the National Governor's Association's (NGA) goal for counties to reduce placements by 10%, establishing this program will be another tool to assist Philadelphia in achieving that goal. Additionally through ERC's there is the potential for enhancing collaborative relationships among youth, community partners, and probation officers.

The targeted population for this initiative is post-adjudicated male youth between the ages of 13 through 18 who have scored in the "moderate-high" to "high" range of the Youth Level of Service Inventory (YLSI) and live in Philadelphia county. In the initial start up phase ERC's will serve 25 youth with a gradual projected goal of serving between 240 and 300 youth per fiscal year. The ERC's time of engagement will be twelve weeks in three phases operating Monday through Friday from 3pm to 9pm and Saturday, 1pm to 9pm, depending on 5 or 6 day operation.

The primary goal of the ERC'S service is to be consistent with the Balanced and Restorative Justice (BARJ) principles. Services are tailored to that end, including:

- Alcohol and drug abuse.
- Anger management and conflict resolution.
- Cognitive behavioral based programming.
- Compliance with court orders.
- Computer literacy.
- Employment and job skills.
- Health and hygiene education.

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- Homework assistance and tutoring.
- Life skills development.
- Nutrition.
- Parenting skills.
- Family involvement.
- Recreation.
- Prevention services around pregnancy and STD education.
- Victim impact panels.

The ERC will be managed by JJS in collaboration with Family Court and the JPO. The operation and delivery of services of the ERC will be by private provider contract overseeing day to day operations.

At a projected annual cost of \$600,000, ERC's could potentially serve to prevent over 150 youth annually from moving to more formal juvenile justice services. These services include placement in secure detention, which costs \$500 per day and upward and residential placements which cost more than \$250 per day. Significant literature and empirical documentation exists from across the nation about youth served by ERC's and its best practice design. The predictors of crime and recidivism are targeted and the principal prescriptive treatment intervention of these centers is behavioral in nature. This is critical in employing the (BARJ) principles, the foundation of the Evening Reporting Center Initiative.

DHS University

The Department of Human Services employs approximately 1,800 employees who play a variety of roles in ensuring safety, permanency, and well-being for children and youth. Comprised of six Divisions, DHS has diverse technical learning, cross functional management, and leadership development needs.

In Fiscal Year 2011, DHS will explore a "corporate university" model for staff development within the Department. Best practices within the corporate university model include centralized core programs and decentralized Division specific training. This will consist of a partnership between the Department and its Divisions. The Corporate University (DHS) will be responsible for housing knowledge that influences the culture of the organization, leadership, and management competencies, while the Colleges (DHS Divisions) are responsible for Division and job specific competencies. This program is an extension of the Leadership Development program within DHS. Performance Plus International, Inc. will facilitate DHS' development of this model of staff development and training.

GPS

GPS, currently with a total program cost of \$500,000 was in full scale operation in FY10, with 250 units in operation. This has served to reduce populations of both the Youth Study Center and Community Based Shelters by more than 30%. Exceeding population specifications of the detention center has been an area of concern in Annual State Evaluations for many years and use of this system has helped to ameliorate this problem.

The Department is requesting an additional \$325,000 to expand the use of GPS.

The expanded use of GPS as a sanction to prevent long term placement for over 100 youth will result in a reduction in the number of youth in out of home placement. Beyond some

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potential cost savings, the advantages of the program are significant in that youth are maintained in their community when complaint with no school or other educational disruption and able to continue with other social service, medical, and behavioral supports already in place in their home.

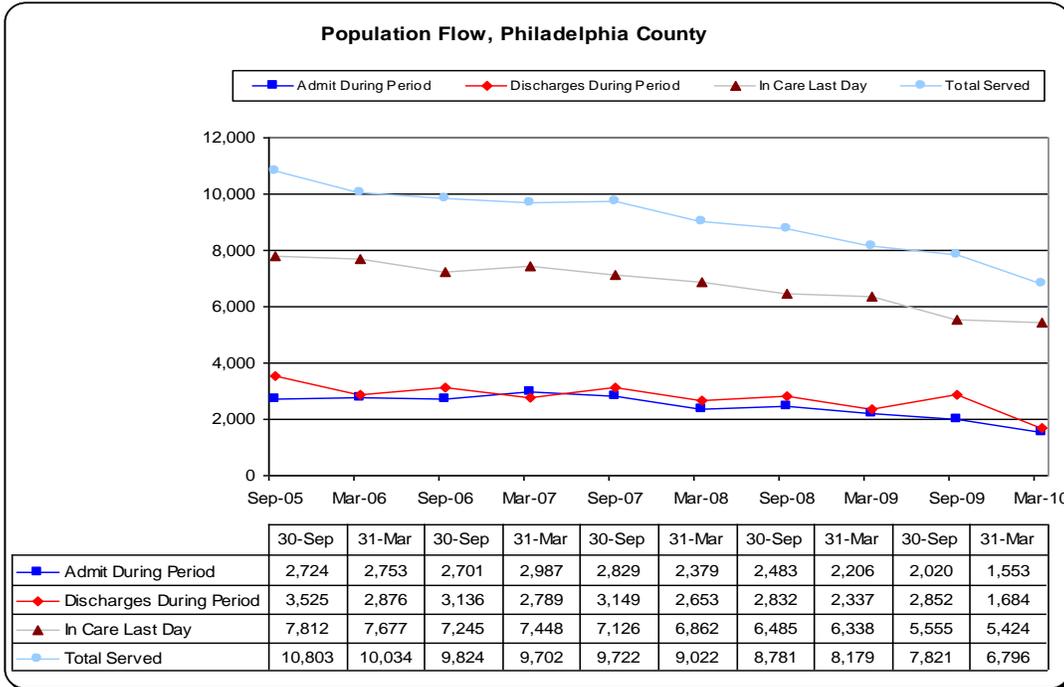
The outcomes for GPS exceeded anticipated goals set in the NBB last year. GPS aided in the reduction of detention services and care by nearly 8% or 8,538 days of care. For FY 11-12 the goal is to expand the use of GPS to include the probation violator population. Work has started with the Provider to develop a new tracking system to capture the outcomes for youth placed on GPS as a detention diversion and as an alternative to placement for youth on probation. Outcome measurements are currently captured on a quarterly basis by Secure Alert. The new tracking system will allow for more concise information to be captured on diversion.

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Section 5: Outcome Indicators

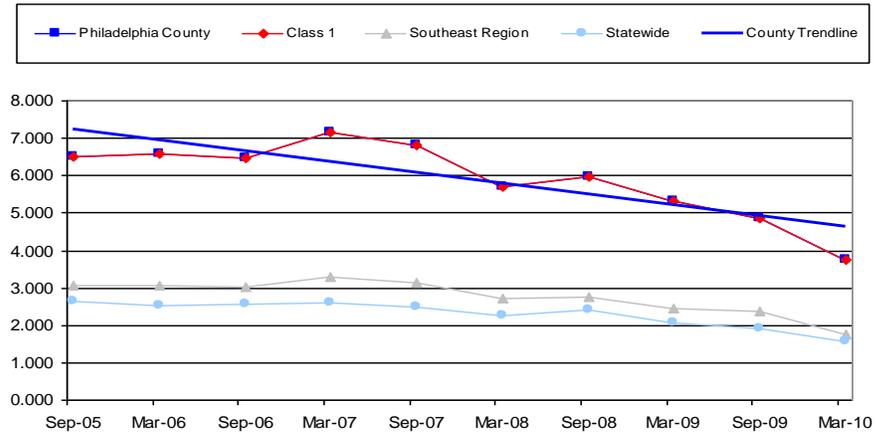
5-1a. Foster Care Population Flow (See HZA Data Package)

On the following pages, paste up to three charts from the HZA data. Each chart should be pasted on a separate page.



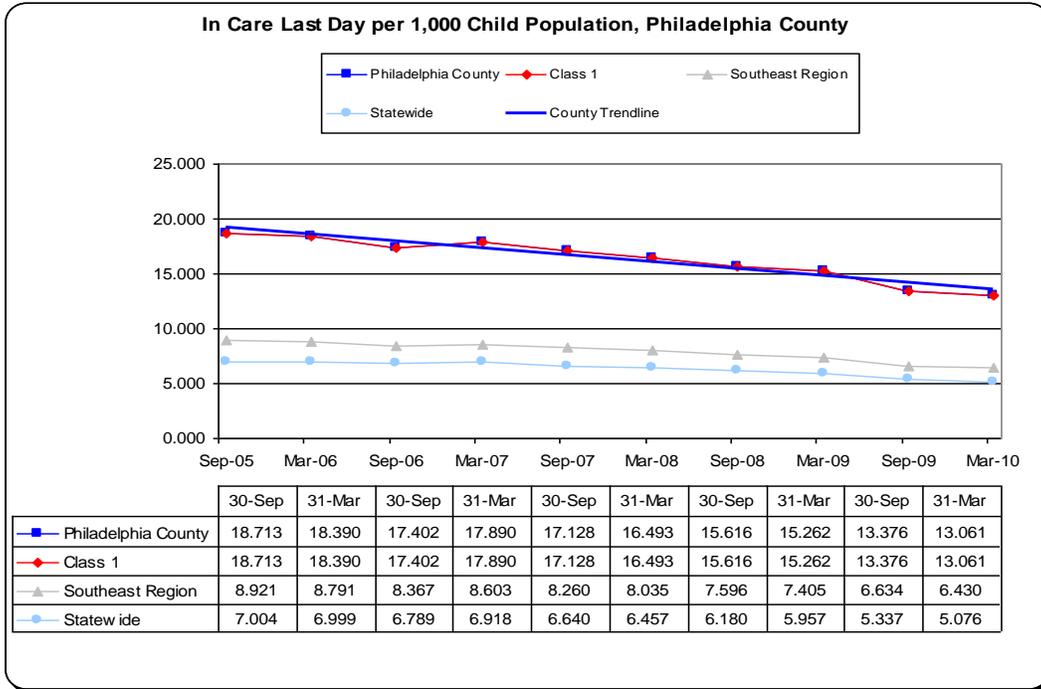
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Admissions per 1,000 Child Population, Philadelphia County



	30-Sep	31-Mar								
Philadelphia County	6.525	6.595	6.488	7.175	6.800	5.718	5.979	5.312	4.864	3.740
Class 1	6.525	6.595	6.488	7.175	6.800	5.718	5.979	5.312	4.864	3.740
Southeast Region	3.065	3.049	3.013	3.280	3.132	2.710	2.764	2.461	2.367	1.766
Statewide	2.659	2.535	2.572	2.613	2.471	2.254	2.414	2.080	1.927	1.563

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- ❑ **Is the overall trend in the number of children being served or in care in the county different than that in the state as a whole? In counties of the same class?**

Although the admission rate in Philadelphia County has decreased considerably between September 05 and March 10, it is still significantly higher than the state and region. There are no counties in the same class.

- ❑ **Please describe what demographic factors, if any, have contributed to changes in the number of children being served or in care.**

As described earlier, Philadelphia’s demographic factors have remained relatively constant but there is concern about the effect of the current economic climate.

- ❑ **Please describe what changes in agency priorities or programs, if any, have contributed to changes in the number of children served or in care and/or the rate at which children are discharged from care.**

This has been discussed earlier. See HGDM, Safety Practice, and Older Youth Initiative.

- ❑ **Are there any demographic shifts which impact the proportions of children in care (for example, are younger children making up a larger proportion of admissions than in years past)?**

This has been described earlier. See Out- of- Home Placements data and information.

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

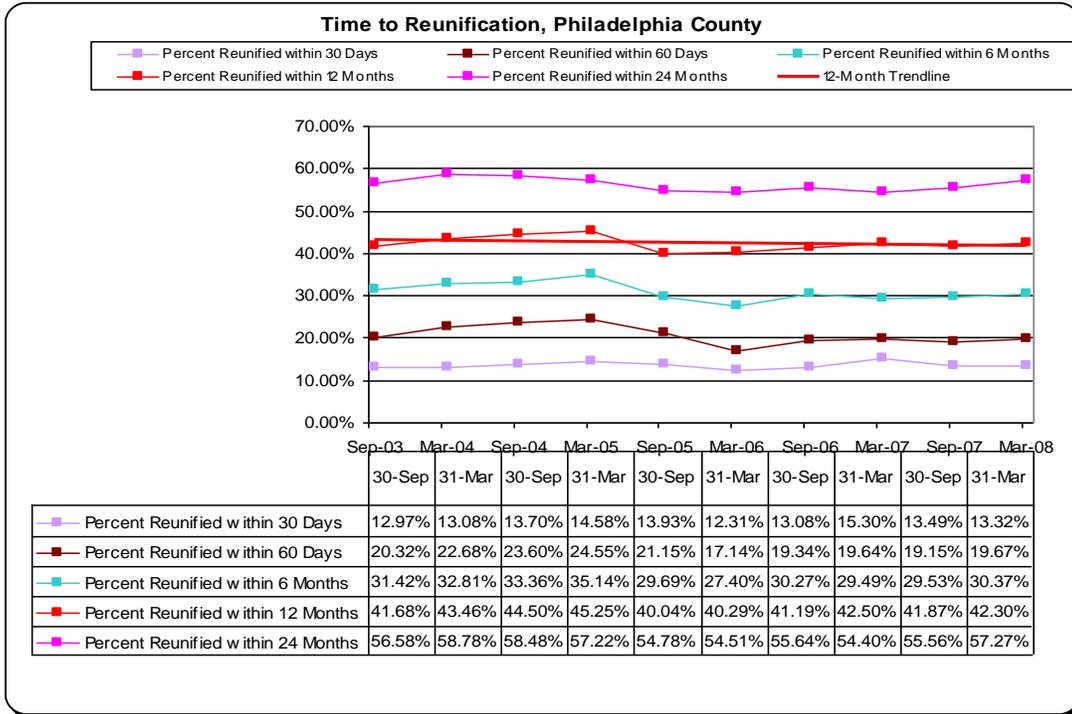
DHS is in the process of developing a staffing plan based on current data. Despite decreased caseloads, the demand for quality service delivery for staff has increased. The Safety Model of Practice including detailed Safety Assessments and the goal of monthly visitation for all children and youth in care, require staff to dedicate more time to serve the

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children, youth, and families for whom they have responsibility. To implement the Shared Case Responsibility bulletin, additional alternatives must be explored including the creation of an assessment unit for crossover cases. At this time, there is no request for additional staffing resources until further analysis is completed.

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5-1b. Reunification Survival Analysis
(See HZA Data Package)



- Is the county’s performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

For children and youth who entered care from the report period ending Sept. 30, 2003 through the report period ending March 31, 2008, Philadelphia slightly increased the percentage of children and youth reunified within 30 days, within 12 months, and within 24 months, while the percent reunified within 60 days and 6 months decreased slightly. Overall, reunification rates are fairly consistent across years.

- If there are fewer reunifications within 12 months of the child’s removal, what is happening to those children? Are they returning home later or eventually being discharged in some other way?

The county is experiencing more reunifications than previously in that time frame.

- Are children being reunified more quickly, or more slowly, than in past years? Does the timeliness of the reunifications reflect the changing needs of families in the county? Among children reunified in less than 30 days, were the services provided sufficiently to alleviate the concerns that led to the child’s removal? What services could have prevented removal of children who were reunified within 30 days?

Reunification rates have remained basically the same, with the majority of children and youth taking more than 24 months to reunify. The timeliness of reunification within the first few months of placement has not changed significantly over the period reviewed. However, the continued implementation of the Safety Model of Practice and Family Group Decision Making are expected to have a significant, positive impact on the data. Both result in better decision-making as to what children and youth require placement and support their

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immediate return when there are no longer safety threats. Family Finding, which seeks to find additional supports at the time of reunification, will be used within 30 days of a placement.

- ❑ **How does the county's data compare to other counties of the same county class size? To the statewide data?**

Philadelphia is reunifying at the same rate as the region and faster than the State.

- ❑ **If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?**

N/A

Or

If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

In collaboration with other stakeholders, such as the Department of Behavioral Health, SDP, and Family Court, DHS is implementing Permanency Roundtables with the support of Casey Family Programs. This process will begin in February 2011. Cases will be selected based on length of stay. As stated earlier, continued use of the Safety Model of Practice, FGDM, and implementation of Family Finding are expected to help in maintaining and improving the timeliness of reunification.

- ❑ **Are there certain populations which are disproportionately represented in this measure?**

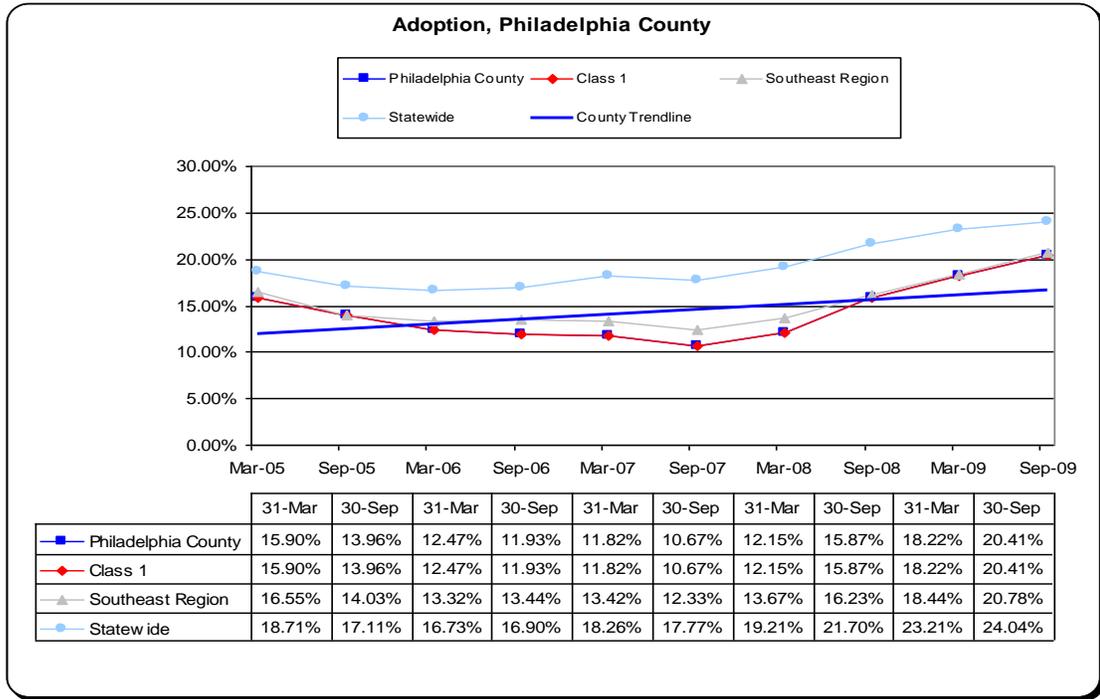
Older youth constitute an increasing proportion of the population of children and youth in placement, and a significant number of them, 45%, have a goal of reunification. This will require a closer look at practice around reunification and permanency strategies which both the Permanency Roundtables and Older Youth Units are intended to address.

- ❑ **What actions is the county taking to address that population's needs?**

See above, as well as FGDM, Family Finding, and FSP integration.

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5-1c. Adoption Rate, 17 Months (See HZA Data Package)



- ❑ **Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?**

The number of children and youth in care 17 months or longer declined significantly between the period ending March 31, 2005 and the period ending Sept. 30, 2009, from 2,484 to 1,744. Children and youth who are adopted within 12 months of being in care 17 or more months before finalization has improved steadily from 10% in the period ending September 30, 2007 to 20% in the period ending September 30, 2009. Most of the improvement has been with younger children and was achieved by an increased focus on early permanency decision making and efforts by Family Court to expedite adoption.

- ❑ **Do current policies of the agency or courts serve affect the timeliness of adoptions?**

DHS and Family Court are working closely together. The Court's adoption process is currently being reviewed and revised. Cases are being identified by DHS in a more timely way for child and family profiles now being completed to move forward with concurrent planning and to expedite permanency to a permanent home.

See also PMA work with the Adoptions Division around outcome development.

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- ❑ **Do the delays tend to occur between removal and TPR, between TPR and pre-adoptive placement, or between pre-adoptive placement and finalization?**
 - The average time between removal date and TPR is 38 months.
 - The average time after the 17th month in care and TPR is 26 months.
 - The average time between TPR and finalization date is 36 months.
 - The average time between the Free for Adoption date and finalization date is 16 months.
- Data Source: City Council Budget Testimony Preparation, NBB June, 2010 June Data Package and Esperant Query run date 7/30/10.*

- ❑ **Which group of children represent the largest proportion/share of children for whom performance is below the national standard?**

The largest proportion/share of children for whom performance is below the national standard are the 16-17 age group.

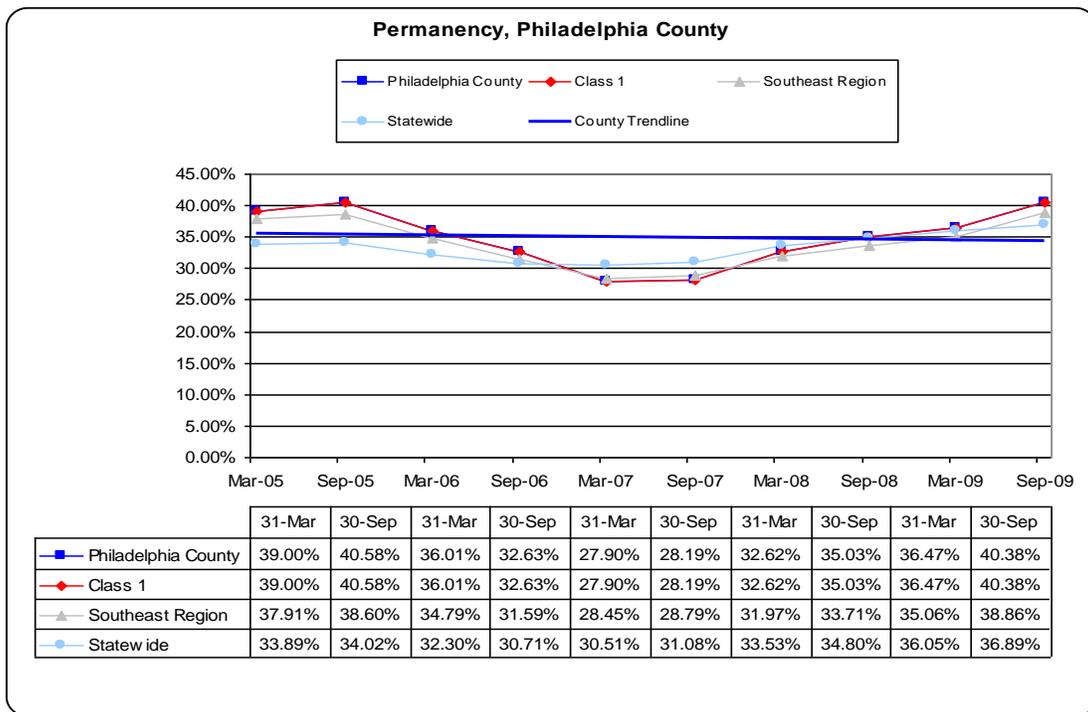
	2005	2006	2006	2007	2007	2008	2008	2009	2009	2010
By Age (16 to 17)	30-Sep	31-Mar								
Total in Care 17+ months	529	512	458	452	417	412	405	422	375	330
Adopted by end of year	12	10	7	7	6	4	1	2	3	4
Percent	2.27%	1.95%	1.53%	1.55%	1.44%	0.97%	0.25%	0.47%	0.80%	1.21%

- ❑ **What actions is the county taking to address that population's needs?**

DHS uses two strategies to address the need to improve adoption rates and increase permanency options for youth age 16 and older who have been in care over 17 months. The Department uses the SWAN Child Profile as a tool to help older youth identify supportive people in their lives who may serve as permanency resources. We have also worked with Casey Family Programs to develop the Older Youth units as described earlier. The first of these specialty units was created in the Adoptions Section for youth whose parents' rights have been terminated whose goal is APPLA.

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**5-1d. Permanency, 24 Months
(See HZA Data Package)**



- **Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?**

The number children and youth in care for 24 months or longer decreased from 3,469 in the March 31, 2005 reporting period to 2,038 in the September 30, 2009 reporting period. The percentage of those who were discharged to permanency also increased very slightly over the same time period, from 39% to 40.38%, resulting in a flat trendline. However, when the intervening report periods are examined, after a decline between the March 31, 2005 period and the March 31, 2007 period, there has been a very significant increase from the March 2007 period to the September 2009 period, 27.9% to 40.38%.

This increase reflects the Department's improved decision-making about when children and youth are safe at home, based on the Safety Model of Practice, and efforts to achieve earlier permanency as mentioned in 5-1b, above. To further reduce the population of children and youth who remain in care longer than 24 months, DHS is developing a protocol to review this population through teaming. Teaming is an opportunity to review the specific circumstances and develop a plan to address individual permanency needs and barriers.

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- Which group of children represent the largest proportion/share of children in care more than 24 months? What are the most frequent permanency goals for these children? What are the most frequent actual discharge destinations for these children?

Data as of the beginning of Fiscal Year 2010 - July 1, 2009

The number of children and youth who were in dependent placement for more than 24 months is 1872.

By race, African-American children and youth comprised 80.5% of the children in dependent placement more than 24 months. This compared to the next highest group, Caucasian, at 10.47%.

By age, the largest proportion of children in care more than 24 months were in the 6-12 age cohort, at 25.5%, followed by those 18+ at 23.5%. Age 18 had the highest percent at 10.2%.

For children and youth in care more than 24 months on July 1, 2009, the number discharged to permanency is 629 (65.8%)

Permanency Discharges for Fiscal Year 2010: N= 2252

During Fiscal year 2010, 40% (893/2252) of the permanency discharges were for children and youth who had been in dependent placement for more than 24 months.

By Type: Permanency Goals*	Number	%	By Type: Discharge Reasons	Number	%
Adoption	352	36.8%	Adopted	475	53.2%
Reunification/Placed with Relative	172	18.0%	Placed with Permanent Legal Custodian	250	28.0%
Permanency Legal Custody	105	11.0%	Return to Parents/ Placed with Relative	168	18.8%

*Non-permanency goals (3.2%, 327/956) appeared in the data set.

Data Source: DHS Data Warehouse on August 2, 2010.

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The Department does not yet capture discharge destinations.

Dependent Children in Care over 24 months on April 1, 2009

Current Setting (Still in Care)	Dependent	Delinquent	Total
Foster Home (Non-Relative)	432	0	432
Foster Home (Relative)	146	1	147
Institution	119	3	122
Pre-Adoptive Home	113	0	113
Group Home	93	6	99
Supervised IL	72	0	72
Runaway	4	0	4
Total	979	10	989
Current Goal (Still in Care)	Dependent	Delinquent	Total
Emancipation	441	0	441
Reunification	260	9	269
Adoption	204	1	205
Guardianship	69	0	69
Live with Relatives	5	0	5
Total	979	10	989

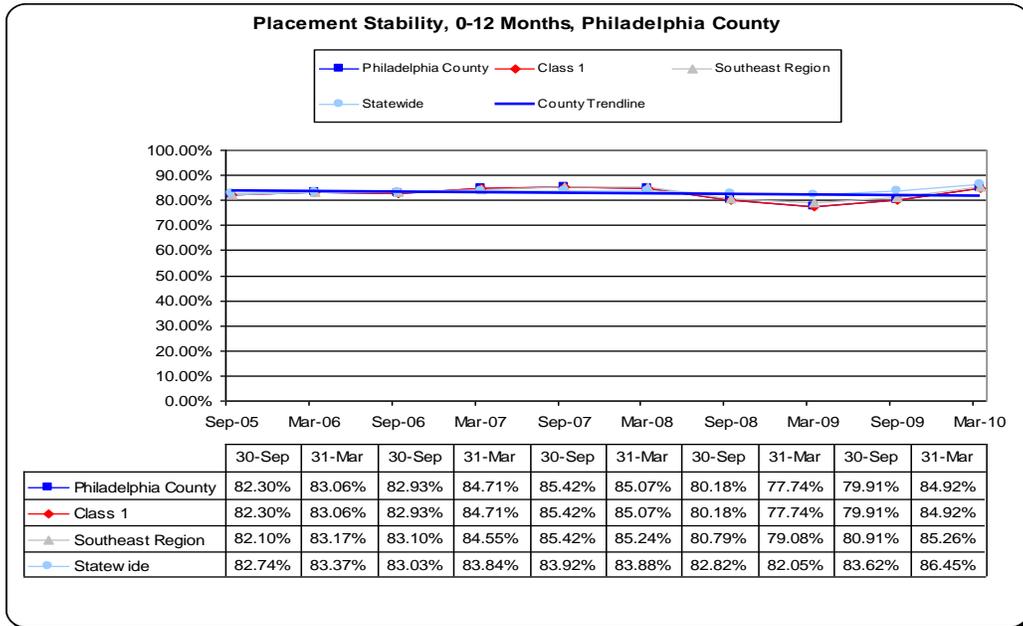
□ **What steps is the county taking to achieve permanency for these children? What are the barriers to achieving permanency?**

Recognizing certain trends, the Department sponsored a national conference on disproportionality in the Child Welfare System. This conference laid out goals and strategies for reducing by 50% the number of children and youth in care. The Department has embraced this goal and will continue to address this critical issue.

See also Safety Model of Practice, HGDM, FGDM, Family Finding, and Permanency Roundtables

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5-2a. Placement Stability, Less than 12 Months (CFPSR Measure 4.1)
 (See HZA Data Package)



- Is the county’s performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?**

There is very little fluctuation in the data over time, therefore no significant trends

- How does the county’s data compare to other counties of the same size? To the statewide data?**

We are the only county of our size. We are virtually on the same line as the State.

- If the county’s performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?**

N/A

Or

- If the county’s performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?**

N/A

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- ❑ **When compared to class and state performance on each of the measures, at what point does placement stability tend to break down– the first, second, or third year? What is the county doing differently than the class, region, or rest of the state?**
There is no significant breakdown during the first year of placement.

- ❑ **Describe the relationship between actions taken in the first 24-72 hours of a child’s removal and the on placement stability? How often does the child’s first placement become the placement in which the child remains while in care? What steps is the county taking to increase that proportion?**

Approximately 40% of Philadelphia’s children and youth in substitute care between October 1, 2009 and March 31, 2010 have had only one placement setting. Efforts to place them initially with kin have led to the greatest placement stability because of the significant connections that exist making it less likely to request that children and youth be moved and more likely for kin to continue providing care. Implementation of Family Finding and expansion of Family Group Decision Making, as described earlier, are among practices expected to further improve placement stability.

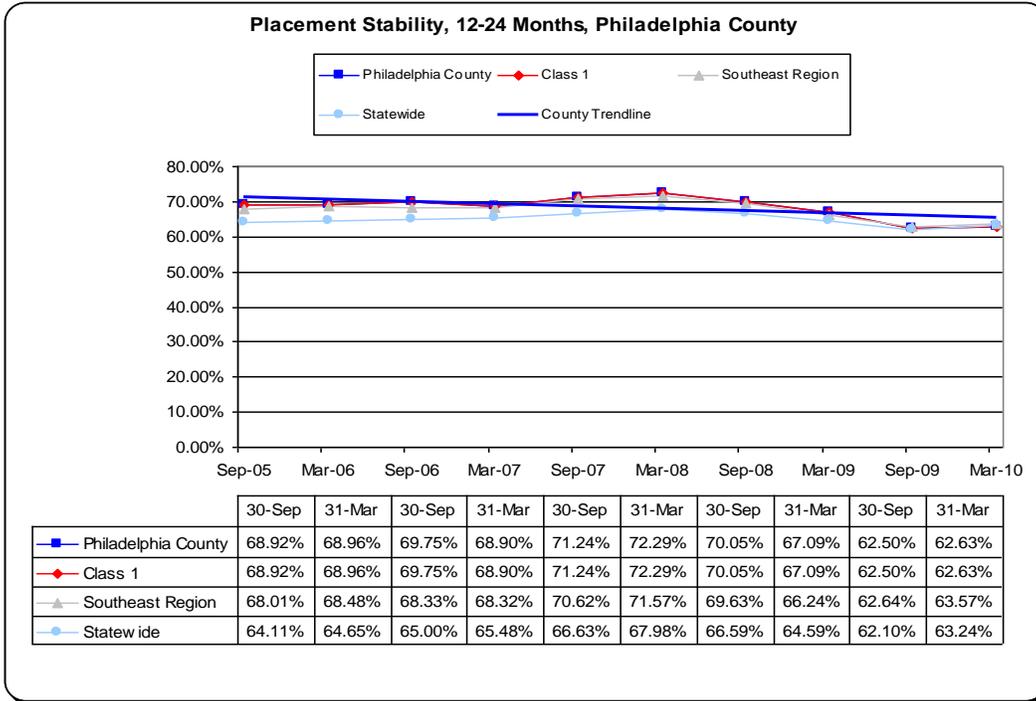
Of all children served between October 1, 2009 and March 31, 2010, percentage that experienced one placement setting

Placement Type	Total Children Served	1 Placement in Care	Percentage
Dependent	6343	2574	41%
Delinquent	676	195	29%

Data Source: Hornzby Zeller Data Package

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5-2b. Placement Stability, 12 to 24 Months (CF SR Measure 4.2)
 (See HZA Data Package)



- ❑ **Is the county’s performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?**

There is very little change in this measure except for slight declines, but hardly significant. The Department continues to improve its performance with the continued use of FGDM and increased use of kinship care.

- ❑ **How does the county’s data compare to other counties of the same size? To the statewide data?**

We are the only county of our size and we are on the same line as the State.

- ❑ **If the county’s performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?**

N/A

Or

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- ❑ **If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?**

N/A

- ❑ **When compared to class and state performance on each of the measures, at what point does placement stability tend to break down– the first, second, or third year? What is the county doing differently than the class, region, or rest of the state?**

Refer to the answer above under Placement Stability, Less than 12 Months. The county is performing at a slightly higher rate than the State.

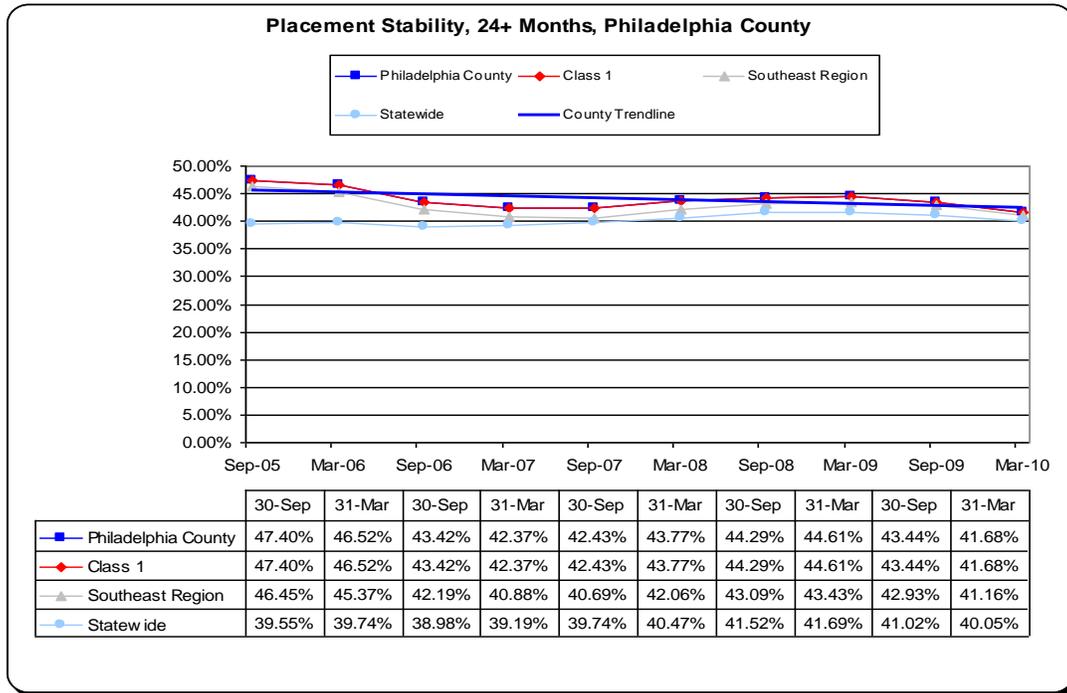
- ❑ **Describe the relationship between actions taken in the first 24-72 hours of a child's removal and the on placement stability? How often does the child's first placement become the placement in which the child remains while in care? What steps is the county taking to increase that proportion?**

Refer to the answer under Placement Stability, less than 12 months. In addition a FGDM meeting is to be scheduled when a placement is contemplated, when there has been an emergency placement, or when a placement level has changed. A pre-hearing conference is also scheduled in court when children and youth are placed. These efforts help to facilitate identifying family supports to determine placement resources and work toward the goal of reunification or other permanency goal.

Although there is very little significant breakdown, it appears that after the first year of placement stability there is a 22% decline and by the third year only a 10% decline in placement stability. Therefore, improvements in placement stability between the second and third years of placements are shown and slightly exceed the State's performance during that third year on placement stability. The programs that account for this are described earlier.

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5-2c. Placement Stability, More than 24 Months (CF SR Measure 4.3) (See HZA Data Package)



- ❑ **Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?**

Philadelphia performed somewhat better in 2006 and 2007 on this measure. The trend is downward and relatively consistent with the region and the state.

The Department is declining overtime since September 2005 in a comparable fashion as the State and Southeast Region. The Department continues to exceed both the State and Southeast Region. The implementation of FGDM and Family Finding will likely improve placement stability overtime.

- ❑ **How does the county's data compare to other counties of the same size? To the statewide data?**
There are no other counties the same size as Philadelphia. The Department is slightly higher than the State in overall performance.
- ❑ **If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?**

The Department's performance is slightly higher than the State's. The focus on programs described earlier are the likely contributors.

Or

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- ❑ **If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?**

N/A

- ❑ **When compared to class and state performance on each of the measures, at what point does placement stability tend to break down– the first, second, or third year? What is the county doing differently than the class, region, or rest of the state?**

Although there is some break down in the stability of placement during the third year of placement, the Department is exceeding the State's performance in this area.

- ❑ **Describe the relationship between actions taken in the first 24-72 hours of a child's removal and the on placement stability? How often does the child's first placement become the placement in which the child remains while in care? What steps is the county taking to increase that proportion?**

As all child welfare agencies around the country, DHS is caring for youth who are aging out of the system with few, if any, connections to family. They are considered high-risk and may also struggle with mental health and behavioral problems. DHS is involved with the Permanency for Youth Project, aimed at finding permanency for these youth. The Department has established Youth Permanency Units. These units will focus on finding family and extended connections for youth reducing the number who age out of care. Additionally, the units will collaborate with congregate care Providers to ensure that youth transition to lower levels of care, have meaningful adult connections, and whenever possible are reunified to their home of origin or exit care through another permanency option. In addition, through the Department's collaboration with Family Court, 90 day court reviews have begun. The purpose is to regularly review progress toward achieving goals and ensure that services and interventions are secured in a timely way.

See also Placement Stability, less than 12 months.

5-3a. Prevention Services

- **Briefly describe prevention programs, including services to be provided and what will be prevented (i.e., child abuse, child neglect, truancy, delinquency).**

The Division of Community-Based Prevention Services (CBPS) was established in 2000 to create a network of community-based, voluntary services for children, youth, and families at risk of abuse, neglect, or delinquency. CBPS also provides additional supports and resources to family’s active with or transitioning from DHS placement or in-home services. The Division has eighty-two employees who provide some direct services to children, youth, and families, but who are primarily responsible for managing and monitoring Providers as “project managers.” Through this network of Providers, CBPS serves more than 98,900 families every year.

CBPS receives the majority of its referrals via the Internal Referral and Support System (IRSS). IRSS, staffed by a CBPS worker, is a child welfare triage service to community-based resources for families in need of supportive services. In FY10, CBPS via IRSS received referrals for 4,264 families and 7,853 children and youth resulting in 14,154 requests for services. Of these referrals, approximately 72% were for families currently involved in other DHS Divisions.

Prevention services are provided in collaboration with a host of community partners, including the School District, the Mayor’s Office of Education, and Family Court.

Prevention Alignment Progress

Over the past two years, CBPS has made progress in implementing alignment goals and reorganizing to more effectively serve the children, youth, and families most at risk, particularly those active with or transitioning from DHS mandated services. The following changes have been made or are planned for the coming fiscal year:

- Develop consistency in the service delivery models conducted by Providers.
- Develop consistency in payment for Providers delivering the same services.
- Develop or enhance services to address identified gaps.
- Ensure that services are accessible and outcome driven.
- Ensure services reach children and youth who are most at risk of abuse, neglect, or delinquency.
- Enhance further internal and external stakeholder engagement strategies to build trust and ensure transparency.

Over the past two years, service categories across CBPS have been consolidated. From 126 distinct service types, 8 service categories were developed. While the economic crisis and subsequent budget cuts were extremely challenging for both CPBS and its Providers, they also provided the opportunity to eliminate programs not meeting the alignment mandate.

The alignment process resulted in the following refinement of service categories:

- Out of School Time and Positive Youth Development.
- Truancy.
- Delinquency Prevention.
- Parenting Education.
- Domestic Violence and Sexual Assault.

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- Community Engagement.
- Community and Family Support.
 - Pre-Alternative Response.
 - Alternative Response System.
 - Enhanced Services and CAPTA Case Management.
 - Housing.
- Education Support Center.

Next Phase of Prevention Alignment – FY2011

Building on the current alignment progress, CBPS has identified the following concrete objectives and tasks for the coming Fiscal Year:

- Continue leading the strengthening and streamlining of the DHS continuum of In- Home Services.
- Formalize community engagement services.
- Develop a city-wide plan to improve access to and effectiveness of truancy services in collaboration with the School District and Family Court.
- Continue stakeholder engagement strategies.
- Continue implementation of the Education Support Center.

Program Categories and Descriptions

The following represent the major programs within DHS that are intended to prevent out-of-home placement:

- **Out-of-School Time Programs**
Out-of-School Time Programs provide children and youth with adequate and appropriate out-of-school time opportunities. Various programs operate daily, on weekends, during the summer, or on certain days of the week. The services include after-school programs, Beacon Schools, and Positive Youth Development programs which focus on special interests and events.
- **Truancy Intervention**
The CBPS Truancy Program works in collaboration with the School District, Family Court, and other partners to improve school attendance and reduce truancy through multiple strategies. Currently, Regional Truancy Courts operate in eight regions of the city to hear cases involving truancy of youth in 4th through 10th grades. Approximately twenty community-based agencies work with families and youth to resolve the underlying issues contributing to truant behavior. Services are provided for 60 days and include comprehensive assessment, a family development plan, home visits, strength-based case management (including referral and linkage to appropriate services) and follow-up. Truant children in grades kindergarten through 3rd are referred directly to CBPS and connected with School-Based Case Management or Pre-ARS services.
- **Delinquency and Violence Prevention**
Delinquency and violence prevention programs address the service needs of youth who are chronically truant, first-time offenders with minor charges, or identified to be at highest risk for future delinquency. Delinquency prevention programs offer a mix of services designed to address interpersonal and social skills, behavior modification, family intervention, and educational support. Core components of all programs include academic assistance, counseling, community service, physical and behavioral health supports, life skills, job readiness, and employment training. Most delinquency

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prevention providers also provide cultural enrichment activities, law-related education, victim and community awareness education, and physical activities.

- **Community Engagement**

These capacity-building or administrative services, focused at the community level, support the operation of direct service Providers. These include Equal Partners in Change (EPIC) Stakeholders Groups and the Faith Based Connection (FBC).

- **Equal Partners in Change (EPIC)**

EPIC groups are comprised of citizens who live or work in the community and are actively involved in the continued development of the community by working toward eradicating barriers to healthy and thriving families. EPIC has played a critical role in truancy prevention efforts, curfew center development, and the City's overall efforts for violence prevention. The EPIC Stakeholders groups are charged with facilitating community development, advocacy, and organizing informal and formal supports at grassroots level. They make thousands of contacts with families via door-to-door canvassing, voter registration, monthly community meetings, and workshops in collaboration with other city agencies. They also provide information, referrals to support children, youth, and families in the community, and support various city initiatives via their organizing networks. A core component of the EPIC stakeholders group is the Family Leadership Institute (FLI). This is a community-focused process designed to eliminate barriers to education, reduce neighborhood violence, and improve family functioning. Additional responsibilities include the development and implementation of strategic action plans in collaboration with other community residents, representatives from City Departments, the SDP, and the Faith-Based Community.

- **Community Family Support Services**

These services divert families from the child welfare and child protection system when their risk factors do not involve immediate safety concerns. They include Pre-Alternative Response Services, Parenting Skills Training, and Specialized Services for Targeted Populations. The programs provide services that seek to avoid a family's unnecessary, inappropriate, or ongoing involvement in the formal child welfare, protection, or juvenile justice systems.

- **Pre-Alternative Response Services**

Pre-Alternative Response Services are offered to families who have been referred to DHS where no active safety threats exist and to families in at-risk categories for child abuse, neglect, and delinquency. These services are designed to address identified concerns and prevent an initial or subsequent report to the Department. Diversion programs use professional social services staff to establish helping relationships, assess complex problems, select problem-solving interventions, and help families function effectively. Staff also arrange, coordinate, monitor, evaluate, and advocate for a "package" of multiple services designed to meet a family's specific needs.

- **Parenting Collaborative**

The Parenting Collaborative consists of approximately 60 community-based agencies offering about 200 parenting groups throughout the city. Most groups are open to all parents and caregivers, but some are targeted to special populations including teen parents, parents and caregivers with mental health and substance use issues, fathers and male caregivers, and grandparents. Programs aim to help families understand abuse and neglect, child development, alternatives to corporal punishment, effective anger management, and how to access community

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resources. Parent educators are trained on the latest research and best practices to support parents and caregivers.

- **Enhanced Services for Children (ESC)**

The ESC program provides services to women in residential and outpatient substance abuse treatment programs and their children. ESC helps divert families with young children from entry into the formal child welfare system by enhancing protective capacities while ensuring safety and well-being. The program utilizes a case management and home visiting continuity-of-care model. The overall goal is stabilization of mothers in treatment while ensuring attention to the needs of their children. Mothers are linked to case managers who develop a plan for them and their children while chemical dependency is addressed. Case managers also provide intensive ongoing services to help clients sustain recovery. In addition, ESC provides comprehensive services to mothers and infants born affected by illegal substance abuse or who suffer from withdrawal symptoms as a result of prenatal drug exposure. Referrals are received through the Child Abuse and Prevention Treatment Act (CAPTA) unit. Families are provided case management by one of the two programs which serve all children and youth up to age 17 years old in mother's care.

➤ 5-3b. Previously Introduced Outcomes

- ❑ For each outcome introduced by the county in past budgets, describe the activities, programs, or services implemented in order to achieve the outcome and results.
- ❑ Describe whether the county will continue its efforts to improve outcomes, or if the county has analyzed needs and chosen to address different outcomes.
- ❑ Discuss whether the outcome has been achieved, and reasons for that status. Provide specifics on the activities, programs, or services that affect the targeted outcome (county provided and/or purchased).
- ❑ For continuing or newly targeted outcomes for FY 2009-10:
 - ❑ Identify specific activities [planned] and services to improve the outcomes.
 - ❑ Provide timeframes for measured improvement.
 - ❑ Describe the process for data collection/measurement.

As a means to move the Department's outcomes forward, a new Division for Performance Management and Accountability (PMA) was created to develop an agency-wide system of accountability and quality assurance for all operating Divisions and Provider programs. PMA was fully organized as of June 2009.

The Deputy Commissioner of PMA is responsible for overseeing all functions of the Division, as well as taking the lead in developing outcome measures and data reports, and reviewing Department and Provider performance. Under the Deputy Commissioner PMA has four units each overseen by a director.

Performance Management is responsible for the creation of a Department-wide performance management system, continuous improvement of the Department's overall processes, the child near fatality and fatality review, and, assisting in revising tools and standards for evaluating Providers.

To date, this unit has implemented the first phase of a process improvement project with our Adoptions Section, designed to find and work to eliminate roadblocks to permanency. The unit has also successfully completed work with PREP on streamlining the tool used to evaluate Providers. The fatality and near fatality review process has been refined and now includes tracking mechanisms to follow-up on recommendations from the interdisciplinary team.

Provider Relations and Evaluation of Programs (PREP) is responsible for oversight of the Central Referral Unit and CANS process, monitoring compliance and quality of Providers, and investigating complaints about performance. Additionally PREP is charged with developing, reviewing and revising contract standards, and Provider accountability forums.

This section has successfully revised its evaluation tools and processes to better respond to the needs of the Department and Provider community. The evaluation tool aligns with standards that have been revised and a new scoring mechanism has been implemented. Items are now scored separately. Those contractual obligations related specifically to safety

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issues are rated more heavily. The revised tool yields a “safety score” and a “compliance score.”

The section has also produced its first Provider Ranking Report Card for PBC Providers and will do the same for TFC Providers in the near future. Over the next year, these will be produced for every level of care.

Quality Improvement (QI) is responsible for monitoring the incorporation of the Safety Model into practice, conducting targeted case reviews, providing feedback to operating Divisions, leading the random case view process, and participating in the development of an Electronic Case Management System.

This section reviews 200 cases a month to evaluate compliance with the safety assessment and safety plan policy. In addition, it facilitated Philadelphia’s participation in a state led pilot on Quality Service Reviews (QSR). PMA is now institutionalizing the QSR process (described earlier) and will conduct 6 reviews yearly, each dealing with different levels of care.

This section is also responsible for the Visitation Verification Initiative whereby an independent vendor conducts 30-60 family visits every two months to ensure that the family’s understanding of their issues which require child welfare and protection services is the same as what is documented by either DHS or the Provider, particularly as it applies to information reported about comprehensive visits to the family.

Data Information and Management is responsible to develop and maintain databases in collaboration with Systems and integrate information from Departmental independent databases and external sources. It works with the City’s Management Information System staff to improve data quality and encourage use of data to improve performance. On an ongoing basis it analyzes performance and outcome measures, and creates ongoing data reports.

This section has been instrumental in preparing data for internal and external stakeholders, including the Court system, Providers, and the Deputy Mayor’s CARES initiative. It produces a “FAST FACTS” publication monthly which provides updates on key indicators of DHS performance. The section also prepares data for the Community Oversight Board on outcomes including repeat maltreatment, length of time in care, maltreatment in foster care, family visitation, Hotline performance, and re-entry into care.

The section recently created and implemented training for Providers on the Department’s new Provider Visitation Tracking system which will allow regular reporting on visitation with children and youth in placement by Providers.

The Deputy Commissioner is also assisted by a Special Advisor who facilitates work with outside stakeholders and cross-divisional projects, and also who leads State and Federal monitoring, evaluation and program improvement activities, including the LIS and PIP.

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OUTCOME 1: Improving Services for Youth Who Come to the Attention of DHS in order to:

- Reduce the rates of youth violence and youth victimization.
- Reduce the rates of accept-for-service in the formal system.
- Reduce the rate of placement.

Specific program responses include:

- **Philadelphia's Specific Approaches to Reduce Delinquency and Youth Violence**

- **Truancy and Curfew Regional Courts**

Truancy Courts continue to operate as a key strategy for reducing truancy and drop-out rates in Philadelphia. In FY10, eight Regional Truancy Courts operated in different regions of the city, staffed by representatives from DHS, the School District of Philadelphia, and Philadelphia Family Court. Seventeen community-based agencies provide family support and case management to resolve the underlying issues contributing to truant behavior.

- The number of families listed in Truancy Court, beginning in Regional Courts and progressing to Family Court as appropriate: 12,383.
- The number of families progressing from Regional Courts to Family Court at 1801 Vine Street due to continued truancy: 1, 277.
- The percent of families receiving DHS-contracted case management services: 95%
- The percent of families becoming active with CYD following Truancy Court involvement: 1.5%

- **In-Home Support Services Improvements**

- **Teen Placement Diversion Program (TPDP)**

TPDP has operated since August 2006 to prevent placement of youth ages 12-18. These youth were at high risk for placement. Most families are referred from CYD Intake. Typically, DHS investigated a GPS or CPS report, found no abuse but assessed a need for assistance to the youth and family to reduce conflict and prevent placement. Referrals are also made from Ongoing Service Regions usually the result of a decision that the current service is not addressing issues related to adolescence.

- Between 4-1-09 to 3-22-10 a total of 120 teens were served. Of those, 74% served were female; 26% were male. Twelve families (10%) were Limited English Proficient (LEP).

One hundred and nine families (91%) completed the sixty-day TPDP program, 9% were terminated early for the following reasons:

- Three youth ran away from caregiver and could not be located or refused to return.
- One youth was arrested for assault and entered the delinquent system.
- In four court-active cases, youth were placed by court order.
- One family relocated out of state.
- In two cases, the family refused to continue services.

TPDP collected data on specific outcomes. The following data is based on the 109 families served over the period 4/1/09 through 3/22/10.

- 96.6% of these families, the youth was not placed outside of the home.
- 73% had Incident Reports provided to DHS. Many of these related to run away and curfew behavior.

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- 92% had mental health services in place at TPDP discharge.
- In 87% TPDP provided financial assistance directly via Catholic Charities funding, food bank, clothing closet, or networked for financial assistance from agencies such as FEMA or the Emergency Fund.
- TPDP was able to engage 24.5% of the families in parenting groups provided through the CBPS Parent Action Network.
- 71% of the youth improved school adjustment, as measured in 2 of the following 3 categories: less truancy, improved school plan, fewer detentions and suspensions.
- In 84% the family perceived progress in the youth's behavior.
- In 82%, the family perceived progress in household conflict or relationships.
- **Family Finding Training**
Social work services managers will be trained to enable youth to make connections with family members. This is geared towards older youth as this is a critical to their transition to adulthood. The goal is for youth to establish connections with at least 40 family members and other important people in their lives. The expectation is that these connections will help achieve permanency add to their overall well being, and provide support at discharge.
- **Specialized Youth Permanency Units**
To improve efforts to obtain permanency for older youth, DHS has established special units dedicated for them. The specific goals are to:
 - Find and establish family connections.
Reduce youth who age-out with a goal of APPLA.
 - Reduce the number of youth in group home care by supporting reunification to parents or caregivers whenever possible.
 - Involve youth in their permanency planning.
- **Placement Services Improvements**
 - **Education Support Center**
In November 2009, DHS established an Education Support Center (ESC) in collaboration with the School District of Philadelphia (SDP), the Mayor's Office of Education, and Family Court. The goal of the Center is to improve the educational stability and outcomes of children and youth involved with DHS.

According to the *Project U-turn Report* on drop-outs in Philadelphia, one third of the young people who drop out of school in Philadelphia are or have been in DHS dependent or delinquent substitute care. The same study found that 75% of those who had any foster care placement never finished high school, and 90% of the youth who had a juvenile justice placement during their high school years ultimately dropped out. Approximately 70% of the students who had a substantiated case of abuse or neglect during high school dropped out.

DHS and SDP are at the beginning of what we envision as a 3-5 year effort to institutionalize major improvements in how both systems coordinate their efforts to improve educational outcomes for children and youth involved in the child welfare system. Philadelphia has made progress in establishing the framework and beginning implementation. Research in other jurisdictions around the country that has worked on child welfare and school district collaboration indicates that this type of complex cross-system reform requires careful, collaborative, and strategic planning. Efforts elsewhere have taken 2-4 years to fully operationalize.

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The five primary functions of the DHS Education Support Center are:

- Provide individual consultation and group training to DHS and Provider workers, school district staff, and resource families on key educational topics relevant to the educational stability and continuity of children and youth in DHS care.
- Track educational indicators for children and youth in DHS care and coordinate communication and educational support planning among service providers and schools.
- Develop interagency communication and practice protocols between DHS, SDP, and other public and non-public schools to effectively coordinate educational support services for children and youth in DHS care.
- Facilitate the integration of educational monitoring in DHS-funded community-based resources.
- Lead and facilitate the integration of educational well-being into child welfare practice and performance management.

The ESC has been fully staffed as of late April 2010 consisting of a Director, a supervisor and the Education Liaison team. The Liaison team consists of a Senior Liaison and three additional liaisons, funded by a two-year grant from the William Penn Foundation. The three liaisons carry out the regular consultation and coordination needed to remove educational barriers for children and youth involved with DHS while the Senior Liaison focuses on data tracking and analysis, policy and program planning, training and communications, and resource development. A policy and procedure guide on educational stability and continuity for children and youth in substitute care was distributed to DHS staff and Providers in February 2010. A memorandum of understanding which allows data-sharing between DHS, the SDP, and Family Court was signed by all participants. To support efforts to share information, a new parental consent form was developed specifically allowing the release of educational records.

Since implementation, DHS staff and providers have been trained on educational stability needs of children and youth in placement, Fostering Connections, the McKinney Vento Act, and the DHS Educational Stability and Continuity policy. Over 300 SDP school counselors attended a presentation on DHS's educational stability efforts. The ESC has performed over 150 educational consultations.

- **Charter School for Foster Care Children**
Arise Academy Charter High School is a Department sponsored public charter school located in central Philadelphia which is specifically designed to meet the needs of students who are currently in out-of-home care. It opened in September 2009 and has an average of 160 students in 9th -12th grades. The first class graduated 10 students in June 2010. Enrollment is strictly by student choice and is not considered a DHS placement.
- **Improve Program Quality and Standards for Older Youth**
In the FY10 NBPB, the Department embraced a focus on establishing better outcomes for youth transitioning to independence from placement.

The Transitional Living Program (TLP) serves youth aged 16-20 who can manage some independent living skills, but still require daily support before transitioning to independence. The TLP homes and apartments are staffed like group homes but focus on developing self-sufficiency skills including banking, shopping, and housekeeping.

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Casey Family Services is collaborating with the Department on developing our staff skills in working with older youth. SWAN supports will also be engaged to assist these youth in looking at resources and permanency in a different way. The youth will be provided with the opportunity to participate and own the planning for them.

- **Social Services for Older Youth in Transitional Housing**

Each year, approximately 1,500 youth, aged 17 and older, exit foster care in Philadelphia. National statistics show that youth leaving care face an increased risk for future homelessness, often due to a lack of independent living or supportive services to help them maintain stable housing. In FY08, DHS expanded its continuum of services by adding transitional housing support for youth ages 16-21 that are aging out. Through a partnership between DHS and the Office of Supportive Housing (OSH), and with funding through the U.S. Department of Housing and Urban Development (HUD) transitional and permanent housing units have been established. The housing units consist of a combination of scattered site and clustered leasing, rehabilitation of existing housing stock, and the development of bricks & mortar projects (ground-up construction). HUD funding has been, and will continue to be, utilized for housing stock development opportunities.

- Social services for older youth in transitional housing are provided by four contracted agencies. In FY10, the SHP program served 96 youth and their children among the four (4) providers. Of the 48 youth exiting the program in FY10, 31 transitioned into stable housing, improving their chances of successful outcomes in their transition to adulthood.
- CBPS has the responsibility for case management and all other social service supports for the youth while they are residents in these programs. Supports, designed to assist youth in reaching acceptable levels of self-sufficiency and independence include: case management, parenting and child care programs, educational and vocational training programs, and assistance with transitioning to permanent housing. All youth are linked to the Achieving Independence Center.

OUTCOME 2: Increasing Reunification Rates

Through multiple services and programs the Department expects to increase reunification rates, decrease the time for reunification to occur, and establish permanency sooner. The Department also expects through the utilization of these programs to strengthen communities through empowering one family at a time.

Concurrent Planning

The Department's goal is to reunify children and youth more quickly or develop an alternative permanent plan in a more timely manner. While reunification is always considered the permanent goal for families, permanency is for children and youth in care. As such, the development of an alternative plan goal must be established in the event the primary plan is unable to be met. Concurrent planning will be centered on the children and youth, the family, and culturally competent practice philosophies.

Aftercare for Treatment Foster Care

The goal for Aftercare Services for Treatment Foster Care children and youth will be to prevent future replacements. Aftercare services for treatment foster care services will be provided in the reunification home. These services will focus on safety, subsistence, finances, emotional or psychological issues, medical care, education and vocational services, and social development. A plan will be created to utilize family strengths and

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provide supports for weaknesses including finding resources in the community to supplement each.

Family Group Decision Making

Family Group Decision Making (FGDM), implemented for two years in Philadelphia, is beginning to reveal positive outcomes as a practice improvement. In conjunction with other programmatic changes, the Department has decreased the number of children and youth in out of home care significantly. It has also increased adoptions by 27%, and increased by 25% the number of Permanent Legal Custodies. The Department has had over 300 FGDM meetings over the past two years.

The FGDM program focuses on family strengths. Families are able to identify alternative resources to prevent placement and are able to examine themselves from within and join together, family and community, to meet the needs of the children and youth. Families strengthen their bonds and discover and develop resources to prevent placement or move children and youth more quickly to permanency. All of these efforts strengthen the ability of the family to safely maintain children and youth in their own home, or when they return to their home of origin, other kin, or find other appropriate permanency resources.

OUTCOME 3: Restructure/Refocus In-Home Services to reduce the rate of subsequent substantiated abuse/neglect and/or placement following the provision of services

The Department has focused on this outcome for the last several years. During that time enhanced SCOH standards were initially issued while we were in the process of formulating more intensive safety protocols for families requiring child welfare or protection services. The Department developed a Request for Proposal (RFP) for the newly developed program called In-Home Protective Services (IHPS). The RFP was issued, reviewed and Providers were selected for general and specialty IHPS services. To further strengthen this focus the Department redesigned service delivery by organizing the distribution of cases based on Police Districts in an effort to coordinate collaboration between the Department and Providers. This increased coordination between DHS and Provider staff has expanded to individual Police Districts, area school and community resources to the benefit of families being served.

Additionally, the Department developed an RFP for Family Stabilization Services (FSS). This service focuses on families who do not have safety threats but the court has ordered the Department to provide services.

As a result this focus on safety, the Department has gone from serving 2300 families with SCOH services in 2007, to providing IHPS services to approximately 700 families and 300 families with FSS. Reforms with Hotline Guided Decision Making along with strengthening and refocusing the In-Home Services array, substantial progress has been made with this outcome. While the Department will continue to monitor performance internally, it believes this outcome has been substantially achieved.

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OUTCOME 4: BARJ –Reduction in Out of Home Placement and Institutional Length of Stay for delinquent youth

Specific program responses are:

- **Graduated Sanction Court**

Youth referred to this program are in technical violation of their probation and typically are placed in long term out of home placement. The program has served more than 225 youth and only 16% (36 youth) have been placed in long term care greater than 120 days. Philadelphia Juvenile Probation will continue to expand the program in the next FY by increasing the range of community based services and piloting the Evening Reporting Centers. The graduated sanctions team has also made recommendations to create additional sanction related days on the court schedule in order to address probation violations with the targeted goal of increasing the number of youth in Graduated Sanction Court by 10% in the coming year. The goal is to further decrease the number of youth entering long term placement for probation violation.

The Graduated Sanction Court significantly reduced the number of youth entering long term placement with the expanded use of respite and short term care. In FY 10-11 the program graduated approximately 40 youth successfully without the use of long term care resulting in an estimated savings in placement cost of 1.6 million dollars (i.e. 9 months of placement @ 150.00 per day). The graduated sanctions team will continue working with community based Providers to realign services to meet the needs of youth for short term care to coincide with the reviews in sanctions court. Outcomes are currently being tracked on a quarterly basis regarding compliance with regard to the areas of respite care, short term placements, probation stipulation compliance, drug use, etc. The Juvenile Probation unit's the use of the statewide CPCMS system and eventual transition to the Juvenile Case Management System will provide greater ability to capture ongoing data for youth receiving services.

- **Global Positioning System (GPS)**

The GPS system with a total program cost of \$500,000 went full scale in FY10 reaching 250 units in operation. The implementation of GPS has reduced the Philadelphia detention center and Community Base Shelter (CBS) populations more than 30% with a projected combined cost savings in FY 10 of 3.2 million for detention and shelter services. The use of GPS as a sanction to prevent long term placement for over 100 youth results in a savings of 4 million dollars.

The second year of the GPS operations will not see an increase in the days of utilization as it is tied to the allocation of \$500,000 for FY10-11. A new tracking system will be created with the contract provider, Secure Alert, which will allow for the capping of days in the program for use in probation related cases. Expediting pre-trial hearings and evaluations should also decrease the days in this program so that more eligible youth can be placed on GPS.

The outcomes for GPS exceeded anticipated goals set in the NBB last year. GPS aided in the reduction of detention services and care by nearly 8% or 8,538 days of care. At the per diem rate of \$500.00 it amounts to a cost savings of 4 million dollars in detention services. The decrease in population at the Philadelphia detention center resulted in a reduction in staffing needs resulting in reduced overtime costs by 1.9 million. In addition, Community Based Detention services were also reduced by 1.3 million. For FY 11-12 the goal is to expand the use of GPS to include the probation violator population. Work

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has started with the Provider to develop a new tracking system to capture the outcomes for youth placed on GPS as a detention diversion and as an alternative to placement for youth on probation. Outcome measurements are currently captured on a quarterly basis by Secure Alert. The new tracking system will allow for more concise information to be captured on diversion efforts.

- **Probation Officer Visitation**

This project enjoyed a great deal of success last fiscal year in spite of operating only 9 months. Probation Officer face to face institutional contacts increased from 10,000 in FY09 to 13,000 in FY10, in a 30% increase. The increased visits were focused on the 10 major providers and all State DPW facilities. The length of stay in Group Home placements decreased by 23 youth and 4,597 days of care. Residential placements decreased by 149 youth and 16,637 days of care. With the reduction in overall placement, probation officers have more time to focus on program and, most importantly, the progress and reintegration of youth into the community. The Probation Department also implemented the Statewide Single Probation Plan that aided in the reintegration of youth from placement. All probation officer visitations are captured through the JACS system and cross checked with supervisory logs for Probation Officer Travel. These outcomes are captured on a monthly basis and reviewed by the Deputy Director. The goal is to increase the number of youth seen but the decrease in the number of youth in residential placements will impact on these numbers.

- **Evening Reporting Centers (See “New and Enhanced Programs”)**

OUTCOMES: Improving Child Safety

The State has taken responsibility to ensure that counties are doing what is necessary to keep children and youth safe, including development of training, a resource manual, and forms to document safety decision making both in a child's home of origin and in out-of-home placement. Philadelphia is following the State's lead in this.

See also the “Meeting Mandates” section, “QI Reviews,” and “County Programs and Services.”

5-4a. Family Engagement in Case Planning

- **Assess performance to determine if improvement in this area is needed in the county, describe previous efforts which the county believes have had a positive impact, and any new initiatives to improve this area.**

The Quality Improvement team reviews 25 Family Service Plans (FSP) each month. The review scores whether parents and caregivers for the children and youth were invited to participate in the development of the FSP, if they participated in its development and signed the plan. FSP QI reviews during this calendar year have scored above 50% in the areas of invitation to and participation in the FSP meeting and signatures on the completed FSP's. Reviews in the last 6 months have shown improvement to 70 – 80% compliance in each of these areas.

Beginning in June 2010, DHS implemented the use of a state-developed Quality Service Review tool (QSR), which includes family engagement as an area of review. This tool will be used to review cases every other month.

In March 2009, DHS and Family Court implemented Family Group Decision Making (FGDM) as a way to improve family engagement and participation. FGDM is now being utilized throughout the Department and its success rate in engaging families continues to rise.

FGDM Outcome Information:

There have been 340 conferences conducted to date. The purpose listed for the conferences are identified as:

- Placement Prevention, 73 meetings.
- Stabilize the Family, 57 meetings.
- Reunification, 25 meetings.
- Planning for Placement Discharge, 83 meetings.
- Planning after Emergency Placement, 32 meetings.
- Widen the Circle, 20 meetings.
- Achieve Permanency, 50 meetings.

While 25 FGDM meetings listed Reunification as the purpose for the meeting and important objectives for the family were met, they have not yet led to reunification.

The 57 meetings identified as Stabilize the Family have been successful in achieving this goal to date. Additionally, the 20 meetings held to “Widen the Circle” have succeeded in identifying additional familial resources that may become permanent resources for children and youth in care.

Family Finding was implemented in April 2009 as a support for Family Group Decision Making. This model is a set of strategies and methods used to locate and engage relatives of children and youth who are at risk of being placed or who are in placement. It uses social work, detective work, and technology to reach out, locate, and engage family members in the planning process. The goal of Family Finding is to create a sense of community, lifelong connections, and viable supports. The Department intends to contract this service with a provider.

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5-4b. Youth Involvement in Case Planning

- **Assess performance to determine if improvement in this area is needed in the county, describe previous efforts which the county believes have had a positive impact, and any new initiatives to improve this area.**

The QI reviews FSP's each month, scores whether or not age appropriate children and youth were invited to participate in the development of the FSP, whether they participated in its development, and whether they signed the plan. Reviews during this calendar year have scored above 50% in the areas of invitation, participation, and signatures on plans. Reviews in the last 6 months have shown improvement to 70 – 80% compliance in each of these areas.

Beginning in June 2010, DHS implemented the use of a state-developed Quality Service Review tool, which includes family engagement as an area of review. The tool will be used to review cases every other month.

“O” Court is Philadelphia's older youth courtroom. The Department, Family Court, Advocates, and other system partners have worked diligently to provide an opportunity for youth to participate in their court hearings. Youth are encouraged to participate in each of their hearings by their DHS and Provider workers, and their Child Advocate.

Family Finding is another opportunity to engage youth in the case planning process. Family Finding identifies family members and engages them in case planning with the youth. Youth have a strong voice in the process around identifying family members, establishing family connections, and providing critical information as to their needs and goals.

See also Outcome 1: Improving Services for Youth Who Come to the Attention of DHS.

5-4c. Transition Planning & Preparation

- **Assess performance to determine if improvement in this area is needed in the county, describe previous efforts which the county believes have had a positive impact, and any new initiatives to improve this area.**

The Quality Improvement team reviews ten Child Permanency Plans each month. The CPP case reviews score whether referrals were made to the Achieving Independence Center for youth 16 or older and whether there is documentation specific to life skill and transition needs. CPP reviews during this calendar year have consistently scored above 50%, and in the last 6 months between 70 and 80% on this item.

Beginning in June 2010, DHS implemented the use of a state-developed Quality Service Review tool, which includes several areas of review related to transition planning, such as “Planning for Transitions and Life Adjustments” and “Maintaining Life Connections.” The tool will be used to review cases every other month.

The Department has taken an assertive approach to address the needs of older youth, focusing on areas such as youth development, family finding, permanency, and dispute resolution. Older Youth Units have been established to provide intensive case management to this population. DHS Workers will collaborate with youth to determine specific needs, wants, and goals; and to provide a dedicated plan in which to obtain them.

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The Department and Family Court have collaborated over the past 6 years to focus services on older youth in care. “O” court, as described earlier is a result of this work. A multi-disciplinary group meets monthly to manage court issues and has worked on developing protocols that support older youth participation in court hearings and permanency planning.

The AIC continues to be a source of support for youth seeking independent living skills. As we move the Older Youth Initiative forward, we expect to increase the scope of the AIC so that more youth have an opportunity to access the services it provides.

Consistent with Fostering Connections legislation, the Department requires a transition plan that documents the actions, skills, and life connections that older youth need to achieve independence in a manner that facilitates maturity, lifelong connections, and positive outcomes. Transition plans include documentation of a strategy for housing, employment, education, and connections with family members and mentors among other areas.

See also Outcome 1: Improving Services for Youth Who Come to the Attention of DHS.

5-4d. Implementation of Concurrent Planning

- ❑ **Assess performance to determine if improvement in this area is needed in the county, describe previous efforts which the county believes have had a positive impact, and any new initiatives to improve this area.**

Quality Improvement case reviews do not currently measure the implementation of concurrent planning. However, moving forward, use of the state’s QSR tool will incorporate concurrent planning in the review. Concurrent planning is a factor used to measure areas such as permanency in the review.

The use of family-focused practices, including FGDM and Family Finding are ultimately focused on developing a concurrent plan. Discovering available relatives and kin provides opportunities to pursue alternative plans previously not available.

Concurrent Planning was added to the OJT curriculum in September 2008. It is a requirement for all OJT classes and it is offered through the Child Welfare Training Program to current staff.

The Family Service Plan is being revised to include explicit concurrent planning documentation.

Section 6: Administration

6-1b. Employee Benefit Detail

- Submit a detailed description of the county's employee benefit package for FY 2010-11. Include a description of each benefit included in the package and the methodology for calculating benefit costs.**

See the following 2 pages.

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**OFFICE OF THE DIRECTOR OF FINANCE – ACCOUNTING BUREAU
Fringe Benefits Memo – FY 2010**

To: All Departments, Boards, Agencies and Commissions
 From: Michael Kauffman, Director of Accounting {signed}
 Subject: Fringe Benefit Costs – Fiscal Year Ending June 30, 2010
 Date: March 1, 2010

Non-Uniformed Employees

The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2009 and should be added to all Fiscal Year, 2010 costs which are chargeable to other city agencies, other governmental agencies and outside organizations:

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

<u>Plan</u>	<u>Employee Classification</u>	<u>Normal Cost</u>	<u>Unfunded Liability</u>	<u>Total</u>
L	Elected Officials elected on or after 1/8/1987	4.454%	27.214%	31.668%
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	4.711%	1.298%	6.009%
Y	D.C. 47 Local 810 members hired on or after 1/8/1987; All non-uniformed employees hired after 10/1/1992	4.711%	1.298%	6.009%
J	All D.C. 33 members & D.C. 47 Local 2187 members hired before 10/2/1992; All other non-uniformed employees hired or elected before 1/8/1987	6.135%	110.026%	116.161%

Employee Disability

	<u>Cost Per Employee Per Month</u>
Worker's compensation	\$81.02
Regulation 32 Disability	8.51

Social Security / Medicare

	<u>Calendar Year Earnings Covered</u>	<u>Effective Period</u>	<u>Percentage</u>
Social Security	Gross Earnings not to exceed \$106,800	07/01/09 – 12/31/009	6.20%
	Gross Earnings not to exceed \$106,800	01/01/10 – 06/30/10	6.20%
Medicare	Unlimited Gross Earnings	07/01/09 – 06/30/10	1.45%

For more information or copies of this memo, please contact Nanette Curry at 686-2664

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OFFICE OF THE DIRECTOR OF FINANCE – ACCOUNTING BUREAU
Fringe Benefits Memo – FY 2010

Group Life Insurance

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

<u>Employee Classification</u>	<u>Coverage</u>	<u>Cost per Employee Per Month</u>
D.C. 33 (except Local 159 B)	\$20,000	\$4.52
D.C. 33 Correctional Officer Classes of Local 159B	25,000	5.66
D.C. 47 (including Local 810 – Courts)	20,000	4.52
Exempt & Non-Rep employees & Common Pleas Court – Municipal (excluding Local 810, see above)	15,000	3.40
School Crossing Guards	12,000	2.71

Employee Health Plans

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

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>		
D.C. 33 (except Crossing Guards) and D.C. 47	\$975.76		
D.C. 33 School Crossing Guards ¹			
Head of Household	975.76		
Single	487.88		
Exempt & Non-Rep Personnel in City Administered Plans	<u>Single</u>	<u>Single+one</u>	<u>Family</u>
Keystone Keycare		\$ 696.45	\$1,091.73
Keystone POS	379.39	701.87	1,100.24
Personal Choice	644.03	1,191.45	1,867.69
Dental	28.44	55.45	85.31
Dental (for HMO's)	17.20	33.30	59.80
Optical	2.46	4.55	7.13
Prescriptions	107.65	199.15	312.18

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

Unemployment Compensation

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
All non-uniformed employees	\$13.72

Group Legal Services

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
D.C. 33 (except Crossing Guards & Local 1971) and D.C. 47	\$12.00
D.C. 33 Local 1971	15.00
School Crossing Guards	3.50

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6-1c. Organizational Changes

❑ **Note any changes to the county's organizational chart.**

The County has created a Division of Finance to have oversight on all budgetary matters, contract administration and audit, and financial management with a focus on Title IV-E reimbursements. The Division also assumed the fiscal responsibilities for Community Based Prevention Services Division, which was being handled separately. The consolidation and concentration of all the above mentioned services allowed for greater coordination and accountability for the proper allocation of funds across the department.

6-1d. Staff Evaluations

❑ **Describe the method for evaluating staff effectiveness.**

Staff, their work habits, and work products are reviewed annually through the City's Performance Evaluation process. The evaluations are factor-based with ratings ranging from unacceptable to outstanding. Employees are rated each fiscal year with respect to the specific standards and requirements of the position they occupy. City-wide job specifications are issued for all Civil Service job titles. The factors listed on the evaluation form were determined to be key elements in the performance of duties for positions. Evaluations are filed with the Office of Human Resources.

As described earlier, the QI Section reviews approximately 150 safety assessments and plans, approximately 25 FSP's and CPP's, and approximately 50 investigations each month. The information collected in these reviews is presented as feedback to the chain of command and provides a data source regarding these specific work products that can be used during decision making in evaluating performance.

Training Issues and Staff Retention:

DHS University

In Fiscal Year 2011, DHS will explore a "corporate university" model for staff development within the Department.

Best practices within the corporate university model include:

- Centralized core programs and decentralized Division specific training. This consists of a partnership between the Department and its Divisions. The Corporate University (DHS) is responsible for housing knowledge that influences the culture of the organization, leadership, and management competencies, while the Colleges (DHS Divisions) are responsible for Division and job specific competencies.
- A Learning Management System (LMS). This software application provides for the administration, documentation, tracking, and reporting of training programs, classroom, online events, E-learning programs, and training content. Some LMS programs consist of "a performance management" piece which includes employee appraisals, competency management, skills-gap analysis, succession planning, and multi-rater assessments (i.e., 360 degree reviews).
- A learning dashboard as a process for measuring the effectiveness of learning solutions.

As an extension of its Leadership Development program within DHS, Performance Plus International, Inc. will facilitate DHS' development of this model of staff development and training.

In an effort to retain high performing employees, part of the Department's Human Resources Development Plan, is to collaborate with key personnel department-wide and with the City's

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Central Office of Human Resources to develop a comprehensive exit interview process, review job specs, requirements, and performance expectations; and identify career paths. The Department's turnover rate is currently only 7%.

6-1e. Contract Monitoring & Evaluation

□ **Note the employee/unit which oversees county contracts. Describe the evaluation process.**

The Provider and Evaluation of Programs (PREP) section is in the PMA Division. This section evaluates and monitors programs to ensure that Providers are adhering to performance standards and regulatory requirements. The evaluation process includes:

- Annual evaluation of compliance with established program standards and re-evaluation based on level of compliance.
- Technical assistance regarding the implementation of standards, investigations of reported service concerns, Performance Based Contracting (PBC), and Treatment Foster Care (TFC) reconciliation.
- Audits of Provider case files at least once a year. Depending on results, Providers may have their case records audited more frequently.

The Provider Accountability Forum (PAF), chaired by the Director of PREP, reviews program evaluations and service concerns, and makes recommendations to the Commissioner based on the findings. These recommendations may include providing additional technical assistance and training to the Provider to the closing of intake. The participants of PAF are representatives from DHS, Community Behavioral Health, and the Office of Children Youth and Families.

For FY11, PREP will be utilizing a streamlined evaluation tool that aligns with the outcomes of the Child and Family Services Review (CFSR) as well as revised standards. PREP will continue to revise and develop new standards in response to the evolving needs of children, youth, and families as well as regulatory or contractual changes.

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6-1f. Largest Providers Contract Review

Review the Schedule of Existing Purchased Services and identify the four largest providers (regardless of whether it is a CCYA or JPO provider) as follows:

- Two largest providers of In-Home Services. Include contact information.**

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
Public Health Management Corporation (PMHC)	260 S. Broad St. 18 th Floor Phila., PA 19102 215-790-7201	Andrena Bunch, Contract Administrator	Unknown	\$43,492,424
Greater Philadelphia Urban Affairs Coalition (GPUAC)	1207 Chestnut St. 7 th Floor Phila., PA 19107 215-851-1734	Sharmain Matlock Turner, Executive Director	Unknown	\$5,190,739

- Largest provider of Community Based Placement services. Include contact information.**

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
George Jr. Republic	PO Box 1058 Grove City, PA 16127 412-458-1559	Richard Losasso, CEO	552	\$8,659,977

- The largest provider of Institutional Placement services (excluding Youth Development Center and Juvenile Detention Center placements) . Include contact information.**

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
Cornell Abraxas	2840 Liberty Ave. Suite 300 Pittsburgh, PA 15222 800-227-2927	Jonathan Swatsburg, Vice President	608	\$15,578,635

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- **Briefly summarize the services provided by these entities, the expected outcomes of those services, and how provider performance is monitored.**

IN-HOME SERVICES

Public Health Management Corporation (PHMC) and Greater Philadelphia Urban Affairs Coalition (GPUAC)

These entities provide administrative support and oversight for a host of programs that divert families with risk factors for abuse, neglect or delinquency that do not involve imminent danger to the welfare of children and youth. The focus is to improve quality of living and avoid families' unnecessary, inappropriate or ongoing involvement in more intensive services through the formal child welfare protection or Juvenile Justice systems. The programs target both children, youth, and families.

Public Health Management Corporation

Community-Based Prevention Services

The Public Health Management Corporation (PHMC), formerly Philadelphia Health Management Corporation, serves as the DHS intermediary for two programs: Out-of-School Time and the Parenting Collaborative. PHMC serves in a full scope capacity with regard to these initiatives, including subcontracting, monitoring, and evaluating programs. PHMC is responsible for a full array of administrative and evaluative functions for the Out-of-School Time (OST) initiative. The Parenting Collaborative is a component of CBPS designed to coordinate a parenting education and support services. PHMC subcontracts with Parenting Collaborative providers and monitors and evaluates all contracts using standardized reporting formats, a database, and other management tools.

Greater Philadelphia Urban Affairs Coalition

Community-Based Prevention Services

DHS provides funds to the Greater Philadelphia Urban Affairs Coalition (GPUAC) to function as a fiscal sponsor to support and promote the effective use of smaller community-based nonprofits in prevention services. Organizations under subcontract with GPUAC provide a wide range of services, including positive youth development, delinquency prevention, and truancy services.

COMMUNITY-BASED PLACEMENT

George Junior Republic - Community-Based Placement Services

Placement Services Provided

George Junior provides community based residential group homes. Community based residential group homes serve both dependent and delinquent youth.

Expected Outcomes of Placement Services

DHS expects the agency to achieve safety, stability, and permanence for each youth, while also providing access to behavioral health intervention, as needed. DHS also expects the Provider to ensure ongoing development and age-appropriate preparation for youth, secure the appropriate educational placement, and assist youth in maintaining healthy and strong connections to family and community.

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Performance Monitoring of Community Based Group Homes

Agency performance is monitored through the Provider Relations and Evaluation of Programs (PREP) evaluation process which includes visits to the agency site and review of case records for regulatory and performance criteria.

INSTITUTIONAL PLACEMENT

Cornell Abraxas

Cornell Abraxas is the largest Institutional provider of services for JJS. In addition to Institutional services, Cornell Abraxas is involved in reintegration efforts and provides a broad array of other services. The services provided by Cornell Abraxas are monitored through the annual evaluation conducted by the PREP which tracks the agency's compliance with the agency's program description, the Department's performance standards, and the City contract. Additionally, the agency is routinely visited by Juvenile Probation officers assigned to youth there as delinquents.

The outcomes expected include: reintegration services successfully re-engaging youth leaving placement with their families and their communities, youth leaving placement successfully re-enrolling in school, E-3 Centers, job-training, or other pro-social options which will assist in their transition back to their home communities, that the recidivism rate for youth discharged from placement will be reviewed routinely with special emphasis at milestone periods including 3 months, 6 months, and one year after discharge.

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6-3a. Evidence Based Programs: Multi-Systemic Therapy

Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10	N			
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)	N	New	Continuing	Expanding

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			\$0
FY 2011-12			\$0

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.
- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?
- Complete the following table for each applicable year.

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

If this is a renewal of services delivered in FY 2009-10, answer the following:

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- ❑ **Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**
- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**
- ❑ **Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**
- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

- ❑ **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

- ❑ **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

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FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**
- ❑ **FY 2010-11** (for counties with approved allocations or transfer/shift requests)
- ❑ **FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.
- ❑ **For FY 2011-12** Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?
- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 (for counties requesting funds for the first time)

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6-3a. Evidence Based Programs: Functional Family Therapy

Please indicate which type of request this is:

Request Type	Enter Y or N		
Renewal from 2009-10	Y		
New implementation for 2010-11 (did not receive funds in 2009-10)	N		
Funded and delivered services in 2009-10 but not renewing in 2010-11	N		
Requesting funds for 2011-12 (new, continuing or expanding)		New	Continuing
			Expanding
		Y	

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11	\$26,573	+\$123,427	\$150,000
FY 2011-12			\$150,000

Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

N/A

Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

DHS is fully committed to the continued utilization of Family Functional Therapy. In FY09/10, DHS spent approximately \$150,000 to support the program for non-CBH eligible youth. DHS is requesting the same allocation for FY10/11 and FY11/12.

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- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population	N/A	N/A	N/A	Ages 11-18	Ages 11-18	Ages 11-18
# of Referrals				727	727	727
# Successfully completing program				436	436	436
Cost per year				\$1,733,82	\$150,000	\$150,000
Per Diem Cost/Program funded amount				\$237.75 per session	\$237.75 per session	\$237.75 per session
# of MA referrals				644	644	644
# of Non MA referrals				83	83	83
Name of provider				Consortium, InterCultural, Vision Quest	Consortium, InterCultural, Vision Quest	Consortium, InterCultural, Vision Quest

If this is a renewal of services delivered in FY 2009-10, answer the following:

- **Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**

Probation was able to utilize the FFT program to address the need of families and youth for those probationers who struggled with compliance in the home, school and community. FFT became a staple for the graduated sanction court as well as diversion from Probation Intake. What began as a pilot in West Philadelphia in 2007-2008 with a completion rate of 30% has developed into a significant intervention for delinquent youth and a completion rate of 60% nearly double from the pilot initiative. In FY09/10, the pilot implementation year, 727 youth were referred with 436 youth successfully completing the program.

- **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**

This was the first year under the Pennsylvania Promising Practice Grant and the first barrier was educating 200 probation staff and more than 100 other system partners including Reintegration and Provider Workers, Judges, and other stakeholders. Another barrier that became evident was that the program had limited success with youth older than 18 years of age in situations where histories revealed that parents experienced significant contacts with Family Court, Probation, and Child Welfare. The program duration created a timing barrier to data collection. It generally take 4 to 5 months to complete the program and the 6 month interval to gauge outcome measurements like recidivism, placement and programmatic satisfaction studies resulted in the collection of outcomes for the first population of youth 10 months into the program. As such, we are developing an outcome tracking process that will allow us to assess FY09/10 results. We do not anticipate data collection issues in FY10/11.

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- ❑ **Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**

The Department's significant under-utilization of the special grant funding for FFT may be explained by the fact that FFT is a behavioral health service and is thus covered by funding through Community Behavioral Health (CBH). Given that the majority of youth in our system are CBH-eligible, the Department only needed to use these funds to cover the costs of FFT for those youth who were not CBH or Medicaid-eligible. This amounted to a rather small number of youth, expending around \$150,000 of the \$630,000 allocated.

- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

Underspending in FY09/10, is attributed to a higher than anticipated number of clients being covered up by CBH. The FY10/11 allocation request is in line with FY09/10 expenditure projections.

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

The target population will include youth who are not insured or not CBH eligible. Additionally, youth in pre-trial diversion, prevention, consent decree and probation youth between ages of 11-17.

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

Same as above.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

- ❑ **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

Participant recidivism, and placement rates, as well as, programmatic satisfaction studies will be tracked at 6 month intervals.

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FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

- **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

Currently, DHS contracts with three Providers who offer direct FFT programming. Referrals are made by Probation Staff, Court personnel, and other systems’ Workers. All delinquent referrals are reviewed and screened for CBH eligibility through the court CBH unit for appropriate services and funding. Probation tracks client referral status.

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

Same as above.

- **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The cost for the program is based upon the rate provided and approved by CBH for FFT services. The FY09/10 service rate was \$237.75 per session. The program is generally 14 sessions and typically takes 120 days to complete.

DHS is invoiced for non-CBH eligible youth. Probation and DHS staff in collaboration review and approve invoices for payment. As the majority of youth receiving services from DHS are also CBH eligible, DHS reviews all cases for medical eligibility before paying Providers

FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

Same as above.

- **For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**

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- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

None identified.

FY 2011-12 (for counties requesting funds for the first time)

N/A

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6-3a. Evidence Based Programs: Multidimensional Treatment Foster Care

Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10	N			
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)	N	New	Continuing	Expanding

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			\$0
FY 2011-12			\$0

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.
- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?
- Complete the following table for each applicable year.

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

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If this is a renewal of services delivered in FY 2009-10, answer the following:

- ❑ **Clearly describe the program's accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**
- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**
- ❑ **Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**
- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

- ❑ **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

- ❑ **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency's experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

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FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

- ❑ **For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**
- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 (for counties requesting funds for the first time)

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6-3a. Evidence Based Programs: Family Group Decision Making

Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10	Y			
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)	Y	New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11	\$3,614,446	\$-1,262,130	\$2,352,316
FY 2011-12			\$2,352,316

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.
- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

While DHS is projecting a modest increase in FY11 program utilization, based on recent experience, DHS does not anticipate utilizing the agency's full \$3.6M FY11 FGDM allocation.

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- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals		4	261	758	1028	1028
# Successfully completing program		3	58	340	531	531
Cost per year			\$361,797	\$1,734,308	\$2,352,316	\$2,352,316
Successful Conference			\$1,832	\$1,832	\$1,832	\$1,832
Unsuccessful Conference			\$61.07/ day (\$1,832 max)			
# of MA referrals	N/A					
# of Non MA referrals	N/A					
Name of provider		A Second Chance (ASCI)	A Second Chance (ASCI)	ASCI, It Takes a Village	ASCI, It Takes a Village	ASCI, It Takes a Village

If this is a renewal of services delivered in FY 2009-10, answer the following:

- **Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**

Through May 2010, 340 FGDM conferences were conducted. The purpose listed for the conferences are identified as:

- Placement Prevention, 73 meetings.
- Stabilize the Family, 57 meetings.
- Reunification, 25 meetings.
- Planning for Placement Discharge, 83 meetings.
- Planning after Emergency Placement, 32 meetings.
- Widen the Circle, 20 meetings.
- Achieve Permanency, 50 meetings.

The 57 meetings identified as Stabilize the Family have been successful in achieving this goal to date. Additionally, the 20 meetings held to “Widen the Circle” have succeeded in identifying additional familial resources that may become permanent resources for children and youth in care.

Additionally there have been 40 FGDM referrals and 38 completed conferences as of June 2010 initiated through the Prevention Services Unit at Family Court.

In conjunction with other programmatic changes, the Department has decreased the number of children in out of home care significantly. It has also increased adoptions by 27% and Permanent Legal Custody orders by 25%.

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- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**

The Department has been utilizing FGDM for two years and is working diligently to identify challenges and remove barriers to full implementation. The program was introduced in the spring of 2009. The primary challenge in FY08/09 through part of FY09/10 was internal communication to staff surrounding the program's use and benefits. To help overcome this challenge, a FGDM Leadership Team has been convened and is charged with expanding this practice within the agency through communication and training; focusing on the core elements, values, and processes of FGDM.

In addition to DHS staff, Providers, and other system partners, FGDM requires a significant commitment from family participants. While DHS has been able to achieve initial agreement from families and high referral numbers, many conferences are not completed. In an effort to improve program efficiency, currently, and through FY10/11 DHS will be working to identify the factors that lead to successful and unsuccessful conferencing.

- ❑ **Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**

As described in the challenges section, FGDM was first introduced in FY08/09. DHS initially under spent its FGDM allocation as the agency rolled out the program out to staff, Providers, and clients. From FY08/09 to FY09/10, referrals and expenditures have increased significantly. In FY08/09, DHS spent \$361,797 and is projected to spend over \$1.7M in FY09/10.

If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

The Department is firmly committed to providing this service to appropriate families. However, in past years, the FGDM program allocation significantly exceeded utilization. As described above, in an effort to maximize FGDM's impact, DHS is working to overcome challenges related to program implementation.

Concurrently, DHS is working to right-size the FGDM program. Recognizing that the initial FY09/10 allocation request exceeded capacity, the allocation request for FY10/11 to \$2.4M has been reduced.

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

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FY 2010-11 (for counties with approved allocations)

The target populations are children and youth who:

- Are at risk of removal or who have been removed.
- Have a change in placement level.
- Are at risk of placement disruption.
- Are being discharged from placement.
- Have other critical issues, e.g. permanency decisions.

In addition, FGDM initiated specifically through Family Court activity will target pre-delinquent and dependent youth from Family Court's Prevention Services Unit, older dependent youth in group homes, and youth in foster care for longer than 24 months.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

Same as above.

- **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

- To prevent placement.
- To stabilize emergency placement.
- To stabilize planned placement.
- To decrease placement disruption.
- To provide stability in placement discharge.
- To improve identification and engagement of fathers and paternal family.
- To shorten placement stays and improve timeliness of reunification.
- To identify more family resources and supports for older youth.
- To prevent placement for youth in danger of entering the delinquent or dependent system.

Service outcomes are measured through a dual tracking system that includes the Department's database in conjunction with the Provider's. Outcomes are captured monthly and have been reported to the State since early 2009.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

Same as above.

- **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency's experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.**

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FY 2010-11 (for counties with approved allocations or transfer/shift requests)

Youth and families meeting the criteria for referral are offered the opportunity to participate in an FGDM conference. Referrals may be made by DHS Workers, Provider workers, and Family Court. Upon receiving the referral, the Provider begins the coordination process with all participants and schedules and facilitates the conference. Follow-up with the family is completed by the FGDM Provider, in conjunction with the assigned worker. Family Court will continue to make referrals through the Prevention Services Unit for all appropriate families.

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

Same as above.

- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

DHS pays its primary provider, A Second Chance, \$1,832 for successful and completed FGDM conferences. For unsuccessful conferences, a rate of \$61.07/day is paid for cases which are initiated, but not completed. The unsuccessful rate is paid per diem from service initiation to closure, at a maximum rate of \$61.07 for 30 days (or \$1,832).

Invoices are produced by Providers and submitted to DHS project managers. The invoices are then reviewed internally by the assigned project manager to confirm that the service has been provided.

FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

Same as above

- ❑ **For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**

N/A

- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

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FY 2010-11 (for counties with approved allocations or transfer/shift requests)

None at this time

FY 2011-12 (for counties requesting funds for the first time)

N/A

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6-3a. Evidence Based Programs: Family Development Credentialing

Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10	N			
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)	N	New	Continuing	Expanding

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			\$0
FY 2011-12			\$0

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.
- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?
- Complete the following table for each applicable year.

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

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If this is a renewal of services delivered in FY 2009-10, answer the following:

- ❑ **Clearly describe the program's accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**
- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**
- ❑ **Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**
- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

- ❑ **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

- ❑ **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency's experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification.

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- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county's successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

- ❑ **For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**
- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 (for counties requesting funds for the first time)

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6-3a. Evidence Based Programs: Family Finding

Please indicate which type of request this is:

Request Type	Enter Y or N			
	Renewal from 2009-10	Y		
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)	Y	New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11	\$0	\$438,703	\$438,703
FY 2011-12			\$438,703

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.
- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

DHS is implementing family focused and strengths based practice modalities that are evidence based. This includes Family Group Decision Making and FF. While DHS plans to continue and increase its FGDM utilization, we feel a commitment to FF will improve services to youth in our care, support the goal of family focused practices and complement the FGDM program. DHS is shifting funds from FGDM to FF to cover the costs of this program.

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- ❑ **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011
Target Population				See Below	
# of Referrals				TBD	TBD
# Successfully completing program				360	360
Cost per year				\$438,703	\$438,703
Successful Conference				\$1,219	\$1,219
Unsuccessful Conference				TBD	TBD
# of Non MA referrals					
# of Non MA referrals					
Name of provider				Turning Points	

If this is a renewal of services delivered in FY 2009-10, answer the following:

- ❑ **Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**

While DHS introduced FF in FY09/10, last year’s efforts were focused on introducing the model to staff. FY10/11 will be the Department’s first real program implementation year.

- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**
- ❑ **Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**
- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in FY 2010-11.**

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The potential population for FF is extremely broad and includes all children and youth at risk of or in placement. DHS will initially focus this program on older youth in placement.

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FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

Same as above.

- **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

In addition to tracking the number of youth successfully engaged in the process, the success of this program can be measured through the percentage of youth placed with relatives in kinship, adoptive, and PLC placements. The tracking of youth accepted into the program will be conducted on bi-monthly basis. The link between FF participants and outcome goals will need to be developed with DHS’ Performance Management Division and tracked on a quarterly basis.

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

Same as above.

- **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The implementation of Family Finding is new to Philadelphia. During July the Department worked with Turning Points for Children, the Provider of the family finding service to design an implementation plan. Initial implementation will begin with older youth in placement. Older youth represent an increasing percentage of those in care and the longest staying population in foster care, often losing connectivity to relatives.

DHS staff are being trained as older youth experts and will also be trained in the family finding strategy. Older youth staff will be the initial users of the Family Finding service. They will make a referral to the Family Finding database. The Provider will contact the referring DHS Worker to obtain additional information on the parents and relatives that are known. The Provider will search databases, case records and contact others to identify absent relatives that might be part of the youth’s support system. The Provider will work with the newly identified relatives and connect them to the DHS Worker who will then make contact with the relatives and assess their ability to provide connections. Kevin Campbell will provide regular training to support staff in advanced family engagement strategies.

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FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

Same as above.

- **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The FY10/11 program implementation budget includes costs for a program director, a program manager, and 5 caseworkers. Staffing costs make up 80% of the Provider program budget. The remaining 20% is made up of administrative and operational costs which include travel, training, and program material costs. DHS and Turning Points are projecting to serve 360 youth at a total cost of \$438,703.

Invoices are produced by Providers and submitted to DHS project managers on a monthly basis. The invoices are then reviewed by the assigned project manager to confirm that the service has been provided.

FY 11-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

Same as above.

- **For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**

N/A

- Identify any technical assistance needs the county or provider agency has to provide effective services.

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

None at this time.

FY 2011-12 (for counties requesting funds for the first time)

N/A

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6-3a. Evidence Based Programs: High-Fidelity Wrap Around

Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10	N			
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)	N	New	Continuing	Expanding

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			\$0
FY 2011-12			\$0

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.
- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?
- Complete the following table for each applicable year.

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

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If this is a renewal of services delivered in FY 2009-10, answer the following:

- ❑ **Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**
- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**
- ❑ **Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**
- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

- ❑ **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

- ❑ **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

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- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county's successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

- ❑ **For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**
- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 (for counties requesting funds for the first time)

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6-3b. Pennsylvania Promising Practices

The following questions must be answered for the PaPP Initiative by counties with an approved allocation for the Implementation Year 2010-2011 and to request funds for FY 2011-2012. Refer to the Needs Based Plan and Budget Instructions, Appendix 9 for more information.

PaPP Dependent

Program Name: **Expanded Sexual Abuse Services**

Request Type	Enter Y or N			
	Renewal from 2009-10	Y		
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)	Y	New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within PaPP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

- Explain why the change is requested. What are the deciding factors to move from the originally requested program to another? Was this change discussed with the regional office?

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- ❑ **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population				See below		
# of Referrals				151*	485	485
# Successfully completing program				151	485	485
Cost per year				\$111,143	\$351,155	\$351,155
Per Diem Cost/Program funded amount				\$111,143	\$351,155	\$351,155
# of MA referrals						
# of Non MA referrals						
Name of provider				Philadelphia Children's Alliance (PCA)		

*Number of new children served using both special grant and non-special grant funding during the expansion period.

If this is a renewal of services delivered in FY 2009-10, answer the following:

- ❑ **Clearly describe the program's accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**

In FY09/10, DHS allocated \$111,143 to Philadelphia Children's Alliance (PCA) to increase services to identified victims of sexual abuse. Using these funds, the Provider was able to increase the number of children and youth served through the program and reduce the waiting time for new clients. Additionally, these funds have prepared PCA to increase capacity for FY10/11 service delivery. In FY10/11, using expanded program funding, the Provider is prepared to serve an additional 485 victims (this figure is in addition to the 324 DHS clients served with non-special grant funding).

- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**

In prior years, only 30% of CPS cases involving sexual abuse allegations were seen at PCA annually. The outcomes for this program are to increase the number of forensic interviews, the number of referrals for victim services, the number of referrals for medical services and the number of children and youth referred for counseling services.

- ❑ **Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**

Due to delayed start-up, DHS did not fully utilize its Expanded Sexual Abuse allocation in FY09/10.

- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

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DHS' Provider agency, PCA, in collaboration with DHS increased staff and program capacity in FY09/10 to meet full funding and program utilization levels in FY10/11. Supported through expansion funding, the agency has hired an additional forensic interviewer and a transcriptionist, and moved to a larger facility.

Complete the following for each applicable year.

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The target population is children and youth, 18 years and younger, who were referred to the Department of Human Services and are identified as sexual abuse victims. The target population includes those referred to the Philadelphia Police as victims of sex related crimes. The Provider conducts forensic interviews in which both DHS and the Police Department participate to minimize the trauma of number repeated interviews of sexual abuse victims.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

Same as above.

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

As mentioned above, the identified program service outcomes include the increasing the number of forensic interviews, the number of referrals for victim services, the number of referrals for medical services and the number of children and youth referred for counseling services. This information is captured on a monthly basis and presented bi-monthly by a program committee.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

Same as above.

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency's experience with the provider agency. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

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PCA has been a provider for DHS for 18 years. Families who are involved with the Special Victim Unit of the Philadelphia Police Department and have active sexual abuse investigations are eligible for PCA services. A forensic interview is schedule that includes staff from the Police Department and DHS. The interviews are taped and used by the District attorneys' office. Written reports are sent to the Department of Human Services. DHS uses the information to assist in the determination of sexual abuse CPS and GPS reports.

FY 2010-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification.

Same as above.

- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

Approximately 85% of this program's budget is devoted to personnel. The cost include a Director and four part-time interviewers. Additional costs include rent and computer maintenance. The majority of this program's operating costs are covered through the program's base budget.

Invoices are created by PCA and sent to the DHS program manager for review. Invoices are reviewed and approved by the program manager for accuracy, particularly in regards to open investigations before payment.

- ❑ **FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county's successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.**

N/A

- ❑ **For FY 2011-12, Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**

N/A

- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations)
None identified.

FY 2011-12 (for counties requesting funds for the first time)
N/A

PHILADELPHIA COUNTY

6-3b. Pennsylvania Promising Practices

The following questions must be answered for the PaPP Initiative by counties with an approved allocation for the Implementation Year 2010-2011 and to request funds for FY 2011-2012. Refer to the Needs Based Plan and Budget Instructions, Appendix 9 for more information.

PaPP Dependent

Program Name: **Expanded Social Services Housing**

Request Type	Enter Y or N		
Renewal from 2009-10	Y		
New implementation for 2010-11 (did not receive funds in 2009-10)	N		
Funded and delivered services in 2009-10 but not renewing in 2010-11	N		
Requesting funds for 2011-12 (new, continuing or expanding)	Y	New	Continuing
			Expanding

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within PaPP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

- Explain why the change is requested. What are the deciding factors to move from the originally requested program to another? Was this change discussed with the regional office?

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- ❑ **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population				See below		
# of Referrals				481	125	125
# Successfully completing program				321	97	97
Cost per year				\$340,000	\$103,543	\$103,543
Average cost per family				\$1059/ family	\$1059/ family	\$1059/ family
# of MA referrals						
# of Non MA referrals						
Name of provider						

If this is a renewal of services delivered in FY 2009-10, answer the following:

- ❑ **Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**

Nearly every referral received by the DHS Housing unit identified the applicants as either being prevented from reunifying with children and youth due to housing issues, or housing issues place them on the verge of entering the shelter system. In FY09/10, using Expanded Social Services special grant funding, DHS has been able to provide housing supports to 321 families.

- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**

The greatest barrier to program outcomes is a lack of timely financial support for families to move into units. By the time a family finally secures the finances to make the security deposit, landlords have usually rented the unit to another family.

- ❑ **Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**

In FY09/10, DHS underspent its Promising Practices grant allocation for expanded Shelter Plus Housing program. This underspending is attributed to delays in program implementation.

- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

Grants for this program will be maximized in FY10/11 as Providers are prepared for expanded service delivery. Additionally, the program allocation amount for FY10/11 and FY11/12 has been reduced significantly.

PHILADELPHIA COUNTY

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

This program is an expansion of an existing program. Criteria for participation in this program include the following: family has an open case with DHS, case goal is reunification or stabilization, housing is the final objective to be achieved on the Family Service Plan, and the family meets HUD's definition of homeless.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

Same as above.

- ❑ **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

A high number of children and youth entering the child welfare system have parents or caregivers that are homeless, in unsuitable living conditions, or in tentative housing. The goal of this program is to reunite or stabilize families more quickly when the primary issue is homelessness or substandard housing. A measurement of success is the number of families placed through this program. This measurement is tracked on a monthly basis. Additionally the number of families exiting formal child welfare services is another success indicator.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

Same as above.

- ❑ **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency's experience with the provider agency. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

DHS Workers identify families who meet the requirements for housing support services. Identified families are referred to the Housing Unit. The Housing Unit, housed in CBPS, is responsible for working with clients and managing housing services Providers. Families accepted for this program are referred to a Provider for social services support. Among other supports, they are required to provide families with classes on life skills and conduct at least bi-weekly home visits.

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FY 2010-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The primary cost driver for this program is salaried case work staff. Additional funding includes other administrative salary and operational costs such as: personnel, including fringe benefits, communication costs, transportation, office/program supplies, food/meeting provisions and occupancy costs.

At a \$103,543 funding level, the program can support 97 families at an average cost of \$1059 per year. Providers submit monthly invoices for costs incurred with required supporting documentation. Upon review and approval by the Housing Unit program manager invoiced expenditures are processed for payment.

- ❑ **FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.**

Same as above.

- ❑ **For FY 2011-12, Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**
- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations)

None at this time.

FY 2011-12 (for counties requesting funds for the first time)

N/A

PHILADELPHIA COUNTY

6-3b. Pennsylvania Promising Practices

The following questions must be answered for the PaPP Initiative by counties with an approved allocation for the Implementation Year 2010-2011 and to request funds for FY 2011-2012. Refer to the Needs Based Plan and Budget Instructions, Appendix 9 for more information.

PaPP Dependent

Program Name: **MOM Program**

Request Type	Enter Y or N		
Renewal from 2009-10	N		
New implementation for 2010-11 (did not receive funds in 2009-10)	Y		
Funded and delivered services in 2009-10 but not renewing in 2010-11	N		
Requesting funds for 2011-12 (new, continuing or expanding)	Y	New	Expanding
			Y

Complete the following table if providing this service or requesting a transfer, shift, or revision only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within PaPP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11	\$700,000		\$700,000
FY 2011-12			\$1,000,000

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.
- Explain why the change is requested. What are the deciding factors to move from the originally requested program to another? Was this change discussed with the regional office?

PHILADELPHIA COUNTY

- ❑ **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population					See Below	
# of Referrals					TBD	TBD
# Successfully completing program						
Cost per year					\$700,000	\$700,000
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

If this is a renewal of services delivered in FY 2009-10, answer the following:

- ❑ **Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**

N/A

- ❑ **What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**

N/A

- ❑ **Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**

N/A

- ❑ **If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

DHS was allocated funding for the MOM program in FY09/10. Due to several factors, the program was not implemented. A project plan has been developed and a project manager hired to begin the implementation of this program in FY10/11. Within that plan, the county has made preparations to further expand the program in FY11/12.

Complete the following for each applicable year.

- ❑ **Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.**

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FY 2010-11 (for counties with approved allocations or transfer/shift requests)

Target population is children, age 0 – 5, and their families; though enrollment will focus on infants. The program is being rolled out in a neighborhood with a high incidence of poverty, a high incidence of family involvement in juvenile justice or children and youth services, and poor resident health indicators.

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

In FY 2011 – 12, the program will expand to more families in the targeted area. The service model will remain the same, but additional funding will be used to expand capacity.

- **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The MOM Program is a cost-effective model which will be used to address issues of access to primary care, participation in early childhood education and access to early intervention services. With the goal of improving life outcomes, this modest investment in parentally appropriate supports has been shown to improve children’s health, behavior, and participation in supportive programs.

This program model is effective for children of low-income mothers with limited external support. These children are at risk of having lower cognitive ability, behavioral problems, and school failure. Access to existing programs which would benefit these children depends on mothers’ or other caregivers’ participation. A relationship appears to exist between a mothers’ level of participation and poverty, cognitive challenges, and poor social supports. The MOM program, then, is a way to engender participation not always seen in children whose mothers have substantial social and economic hardships and challenges.

Short-term outcomes will be measured on an annual basis. Measurements will include adherence to accepted pediatric visit schedules, rates of use of Early Intervention services, rates of Head Start enrollment at age 4 and Kindergarten enrollment at age 5, and rates of hospitalization for children receiving services. The county will also measure the number or expected program visits completed and the duration of family program participation.

Longer-term outcomes for the MOM program include increased school attendance and graduation rates, as well as improved health outcomes and behavior.

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

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- ❑ **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency's experience with the provider agency. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The City has developed a MOM program implementation plan and hired a program manager. Through a provider agency experienced in family support activities, an outreach team will be hired. That team will consist of nurse practitioners and lay workers. Once that team develops a certain level of training and experience, the lead team members will train new teams and additional staff. A program manual has been created and training modules are currently in development.

Clients will be enrolled through two hospitals providing maternity services to low-income residents in the identified target area (targeted via zip code). Participating families will receive home visits before regular pediatric health care visits to assure that mothers understand the developmental goals for their child at each age; reminder calls before each visit and follow-up calls after each visit (to assure that visits were completed); more intensive calling and discussion if children are identified as having developmental delays; developmental screening with a series of simple tools at 18 and 36 months of age to identify children with delays missed by their pediatric health care provider; and intercession with involved providers and systems as barriers to developmental screening or intervention are identified. For a modest investment, this program, a mixed model using professional and semi-professional support to mothers, can improve outcomes for young children.

FY 2010-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification.

Same as above.

- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

The budget for FY 2010-11 provides for the hiring of program management staff and personnel to staff two MOM teams (nurse practitioners and non-professional workers). Funding for consultant support to conduct staff training programs and design resource materials for use with families is also included, as well as funds to develop a database to capture program information. Funding will be used for the purchase of program supplies as well. Costs were calculated using average salaries for the positions to be hired with a 35% fringe benefit rate. Additional modest program support costs were calculated based on costs for the MOM program pilot.

The Provider contracted to implement the program will submit monthly invoices for costs incurred with required back-up detail. After county staff reviews and approves the invoiced expenditures, they will be processed for payment.

PHILADELPHIA COUNTY

- ❑ **FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county's successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.**

Additional funding in FY 2011-12 will be used to increase enrollment in the program. Costs were calculated using the same methodology.

- ❑ **For FY 2011-12, Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?**

N/A

- ❑ **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations)

Technical assistance needed for behavioral health will be provided by The Children's Hospital of Philadelphia. Technical assistance with Early Intervention programs will be provided by the City's Department of Behavioral Health and Mental Retardation Services.

FY 2011-12 (for counties requesting funds for the first time)

PHILADELPHIA COUNTY

6-3c. Housing Initiative

The following questions must be answered for the Housing Initiative by counties with an approved allocation for the Implementation Year 2010-2011 and to request funds for FY 2011-2012. Refer to the Needs Based Plan and Budget Instructions, Appendix 9 for more information.

Program Name: **Philadelphia Supportive Housing Program (PSHP)**

Request Type	Enter Y or N			
Renewal from 2009-10	Y			
New implementation for 2010-11 (did not receive funds in 2009-10)	N			
Funded and delivered services in 2009-10 but not renewing in 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)		New	Continuing	Expanding
			X	

Budget	\$ amount
FY 2010-11 Approved Budget	\$1,422,747
FY 2011-12 Budget Request	\$1,422,747

If this is a renewal of Housing services delivered in FY 2009-10, answer the following:

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.**

Increased number of youth served compared to previous fiscal year. Collected data and information to implement improved service delivery to youth for FY 2011

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.**

No known barriers.

- Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?**

Expenditures have been within reasonable range of FY allocation.

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.**

N/A

PHILADELPHIA COUNTY

- ❑ **Identify and describe the target population(s) for whom the county expects to provide these services.**

The youth served by the Philadelphia Supportive Housing Program (PSHP) will be homeless youth (who meet HUD definitions) between the ages of 16-21 who are aging out of Philadelphia's child welfare and foster care system. They will be actively enrolled in the Achieving Independence Center (AIC), will meet IV-E Independent Living eligibility requirements, and be residents of Philadelphia County.

- ❑ **Describe the programs for dependent and delinquent youth which:**
 - **Prevent children from being placed, or**
 - **Facilitate the reunification of children with their families, or**
 - **Facilitate the successful transition of youth aging out, or who have aged out of placement. As of FY 2010-11, this includes all aging out youth with the exception of those who emancipate care on or after age 18, who will be funded through Appendix 8: IL Services, Room and Board.**

PSHP is designed to facilitate a successful transition of youth who have aged out of placement with DHS but who require some support as they begin to live independently. Through a partnership between DHS and Office of Supportive Housing (OSH), and with funding through the U.S. Department of Housing and Urban Development (HUD), transitional and permanent housing units have been established specifically for this population. Housing has been developed through a combination of scattered site, clustered leasing, re-habilitation of existing housing stock, and the development of bricks and mortar projects (ground-up construction). DHS' Division of Community Based Prevention Services (CBPS) is responsible for funding case management and a range of social services for youth designed to assist them in avoiding a return to homelessness and in achieving successful overall outcomes. Social services include cash assistance, life skills counseling, housing counseling, education and job counseling, linkages to behavioral health care, and other services when appropriate. Youth who are parents will receive parenting education and help accessing child care. Youth are eligible for housing and supportive services for up to 24 months. Length of stay will be determined on an individual basis as per the individual service plan; participation ends when youth have the financial ability to assume a lease on their apartment or can arrange another permanent housing option. Program participation varies from three months to a maximum of two years. The average duration is approximately 12 months.

FY 2010-11 (for counties with approved allocations)

See above.

FY 2011-12 Renewing counties may reply with "same as above" unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

Same as above.

PHILADELPHIA COUNTY

- ❑ **Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.**

FY 2010-11 (for counties with approved allocations)

Outcomes will be measured via monthly reports submitted by provider agencies with breakdown of clients served, services provided, discharges, and exit interview data.

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

Same as above.

- ❑ **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations)

The Achieving Independence Center (AIC) will refer youth to the Provider and copy the referral to the Office of Supportive Housing. The Provider will screen for eligibility. In each case the Provider will notify AIC in writing as to whether the youth is accepted, conditionally accepted or rejected. The Provider will forward the application and homeless verification to OSH. If HUD conditions are met, the provider will begin services.

IV-E IL eligible youth not enrolled in AIC must enroll prior to the rendering of services. The youth will be directed to the AIC as part of the standard operating procedure within the application process.

Experiences with the four Providers have been universally positive. Within two days of entry to agency they are connected to the MA process.

In an effort to increase efficiency and accountability, a new and improved referral process was put into place 7/1/10. The referral process is now completed online through a secure web-site.

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

Same as above.

- ❑ **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

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FY 2010-11 (for counties with approved allocations)

The Department funds Methodist to provide social service supports to our families. The primary cost driver is salaried case work staff. Additional funding includes other administrative salary and operational costs such as: personnel including fringe benefits, communication costs (telephone, postage and shipping), transportation (per diem mileage, tokens), office/program supplies (paper, furniture and equipment, computers), food/meeting provisions, and occupancy costs.

Methodist submits monthly invoices for costs incurred with required supporting documentation. Upon review and approval by the Housing Unit program manager, invoiced expenditures are processed for payment.

- **FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county's successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.**

N/A

For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

N/A

- **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations)

None identified.

FY 2011-12 (for counties requesting funds for the first time)

N/A

PHILADELPHIA COUNTY

6-3d. Alternatives to Truancy Prevention

The following questions must be answered for the ATP Initiative by counties with an approved allocation for the Implementation Year 2010-2011 and to request funds for FY 2011-2012. Refer to the Needs Based Plan and Budget Instructions, Appendix 9 for more information.

Program Name:

Request Type	Enter Y or N			
New implementation for 2010-11	N			
Requesting funds for 2011-12 (new, continuing or expanding)	N	New	Continuing	Expanding

Budget	\$ amount
FY 2010-11 Approved Budget	
FY 2011-12 Budget Request	

- ❑ Complete the following table for each applicable year.

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

Complete the following for each applicable year.

- ❑ Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

FY 2010-11 (for counties with approved allocations)

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

- ❑ Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

FY 2010-11 (for counties with approved allocations)

PHILADELPHIA COUNTY

FY 2011-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

- **Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency’s experience with the provider agency. Provide a timeline for any changes or new program implementation.**

FY 2010-11 (for counties with approved allocations)

FY 2010-12 Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

- **Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.**

FY 2010-11 (for counties with approved allocations or transfer/shift requests)

FY 2011-12 For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

- **Identify any technical assistance needs the county or provider agency has to provide effective services.**

FY 2010-11 (for counties with approved allocations)

FY 2011-12 (for counties requesting funds for the first time)

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6-3e. State Reintegration Plan

The following questions must be answered for the SRP Initiative by counties requesting funds for FY 2011-2012. Once determined, enter the amount in the “10-11 SGI BDGT RQST” tab in the **Budget Excel file**.

Number of Youth	Cost per youth	\$ amount
351	\$3,665	\$1,287,750

□ Describe the how the number of youth was determined.

The determination for the utilization is based upon the probation institutional discharge reports from the State facilities from June 30, 2009 to June 12, 2010. As of June 12, 2010, there were 330 discharges. Based on past data, it is estimated that the total discharge for the SFY will be between 350 and 355.

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6-3f. Independent Living Service Grant

- In the table below, place an “X” for the services that will be provided by CCYA (regardless of funding source). Check as many boxes as apply.

Mark “X” in this column	Services
X	A. Needs Assessment/Case Planning
X	B. Life Skills Training
	C. Prevention Services
X	Dental/Health
X	Drug Abuse Prevention
X	Alcohol/Tobacco/Substance
X	Safe Sex/Pregnancy
	D. Education
X	Vocational Training
X	High School Support and Retention
X	Preparation for GED
X	Assistance in Obtaining Higher Education
	E. Support
X	Individual and Group Counseling
X	Stipends
X	Services for Teen Parents
X	Mentoring
	F. Employment
X	Job Placement
X	Subsidized Employment
X	G. Location of Housing
X	H. Room and Board
X	I. Retreats/Camps
X	J. Indirect Services
X	K. Program Administration

- In the following forms, complete the form **for services marked with an “X” in the above table only**. Provide the requested information pertaining to each specific IL service to be provided by the CCYA. Enter all county IL services information in this template. In each service area table, list the estimated requested grant amount to be used for IL services. Include the following in the estimate: staff costs to perform these services, the cost of materials and supplies and the cost to develop, implement and monitor implementation of these services unless adding in Indirect Services or Program Administration.
- For each IL service **marked with an “X” in the above table**, estimate the number of in care; delinquent, discharged and total youth (unduplicated counts) who will receive IL services.

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IL Services (federal, state, local)	\$ amount
FY 2010-11 Approved Budget *	\$1,940,140
FY 2011-12 Budget Request *	\$2,214,423

* These amounts must match the amounts on the county's budget worksheets.

- ❑ Describe the county's expenditures history for IL Services for FY 2006-07, 2007-08, 2008-09 and 2009-10. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

Philadelphia successfully spent down grant funds for FY 2006-07, 2007-08, 2008-09, and 2009-10.

- ❑ If there were instances of underspending of prior years grant funds, describe what changes have occurred to ensure that grant funds for this program/service are maximized and effectively managed.

A. Needs Assessment/Case Planning

- ❑ Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Needs Assessment/Case Planning	\$494,887	700	0	300	1000
Total	\$494,887	700	0	300	1,000

* Enter unduplicated youth count only.

- ❑ Describe how the needs assessment/case planning process will be delivered; who will deliver the activities (provider or agency staff); what tool(s) will be used; and the frequency of the activity for or with youth.

All youth referred to and attending an AI Center orientation complete an assessment using the web-based Ansell-Casey Life Skills Assessment instrument to determine what independent living services they need. This assessment measures competency in such areas as social development, work and study habits, self-care, money management and daily living tasks. The assessment is updated every six months for continuing AIC members. Based on this assessment, each youth works with a Coach to create a personalized Member Development Plan (MDP). This plan sets out individual goals for acquiring needed life skills and for obtaining education, employment, housing, or other skills including getting a driver's license or opening a savings account.

The MDP is available to the ongoing DHS Worker to address a youth's progress. Members meet with their Coaches regularly to discuss progress toward individual goals.

The Child Permanency Plan (CPP) is developed by the DHS Worker and it is included in the referral to the AI Center. The CPP "drives" the creation of the MDP. It is "member specific" and the result of individualized counseling sessions between Coach and youth. Youth are subsequently referred to the appropriate services to address the goals and objectives

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identified on the MDP which is updated at a minimum semiannually to ensure the goals identified are being achieved.

The AI Center serves both in-care and out of care youth. Services for “in-care” youth are coordinated with the DHS and Provider Workers. Services for the out-of-care youth are coordinated in a self-directed manner with the AI Center Coaches.

- ❑ **Describe how the costs to provide the activities are determined.**
In Philadelphia IL services are provided by the AIC. The needs assessment and case planning costs attached include salaries of coaches and materials related to orientations and membership.

B. Life Skills Training

- ❑ **Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.**

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Life Skills Training	\$217,918	560	0	240	800
Total	\$217,918	560	0	240	800

* Enter unduplicated youth count only.

- ❑ **Estimate the percentage of the delivery method for this service area.**

20%	80%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ **Describe how life skills training will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.**

Life Skills Instruction. “Life skills” are the set of competencies that youth leaving care need in order to make a successful transition to independence. It is the foundation of all activities at the AI Center.

“LSH Journal and Fundamentals” is the primary life skills training component and is based on a 20-hour curriculum. It is composed of group-based workshops, individual lessons and a final exam to assess the transfer of learning. Coaches will monitor member participation. The workshops taught on site cover topics including money management, savings, income tax, banking and credit, budgeting, and consumer skills. There are also exercises on building a positive self-image, conflict resolution, goal setting, and stress management. Instructors and Coaches also provide ongoing help and guidance to individual members in specific developmental areas as needed.

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Youth also learn life skills in the other workshops and activities offered at AIC. Subject areas include:

- Locating and using needed community resources.
- Utilizing community socialization activities (churches, recreational activities, parks, concerts, etc.).
- Obtaining personal identification.
- Obtaining a driver's license.
- Time management.
- Human sexuality.
- Money management.
- Work attitudes, including worker responsibilities and proper dress habits.
- Transportation.
- Consumer and shopping skills.
- Physical and behavioral health care.
- Housing.
- Insurance (auto, health, etc.).
- Nutrition.
- Obtaining and maintaining a residence, including locating residence, negotiating a lease, and home management skills.

Soft skills covered include:

- | | |
|----------------------|------------------------|
| • decision making | • conflict resolution |
| • self-esteem | • coping strategies |
| • negotiation skills | • managing stress |
| • impulse control | • anger management |
| • assertiveness | • problem solving |
| • peer interactions | • communication skills |

Describe how the costs to provide the activities are determined.

DHS works with the AI Center lead, VYH to develop the budget and determine expenses. Costs include salaries of life skills instructors, fees for community activities and materials.

C. Prevention

Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)		In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Dental/Health	0		0	0	0	0
Drug Abuse Prevention	0		75	0	25	100
Alcohol/Tobacco Substances	0		75	0	25	100
Safe Sex/Pregnancy	\$133,100		364	0	156	520
Total	\$133,100					

* Enter unduplicated youth count only.

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- Estimate the percentage of the delivery method for this service area.

Table with 2 columns: 30% Individualized Svcs., 70% Group or Classroom Svcs.

- Describe how prevention services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Healthy Relationships. The AI Center provides education and information about sexuality, health awareness, and avoidance of risky behaviors.

Planned Parenthood Southeastern Pennsylvania (PPSP) provides "Healthy Relationship" classes, distributes safer sex supplies, and makes referrals to the nearby Blackwell Health Center, the nearest PPSP clinic to the AIC. Additionally, PPSP provides peer education training to select members at the AIC. They provide one-to-one supportive counseling and monthly testing for chlamydia and gonorrhea. PPSP will work with Valley Youth House to develop a tracking mechanism to document the reduction in pregnancy, fathering, STDs, education participation, and employment retention among peer educators by January 2011. They will also create a pre and post test for the "Healthy Relationship" Workshop to assess transfer of knowledge among participants by January 2011.

Pathways, PA and Valley Youth House provide group based workshops that are topic specific and related to smoking cessation, tobacco avoidance, and substance prevention. The purpose of these workshops is to educate members on the effects of tobacco, substance abuse, and methods to reduce and stop usage.

- Describe any additional prevention services provided to the youth that are not listed above and who will provide those services.

Action AIDS works with AI Center currently to provide Risk 'n Choice group counseling sessions and individual case management to promote risk reduction and HIV prevention. A signed MOU exists for FY10-11. This service is provided in-kind at AIC.

- Describe how the costs to provide the activities are determined.

DHS works with the AI Center lead, VYH, to develop the budget and determine expenses. VYH subcontracts with Providers to offer onsite services. Costs include salary and materials, and are based on projected client programming needs.

D. Education

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

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Service	Budget Request (\$)		In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Vocational	\$4,000		2	0	18	20
High School Support and Retention	\$93,009		345	0	80	425
GED	\$7,887		40	0	20	60
Assistance in Obtaining Higher Education	\$80,445		525	0	225	750
Education and Training Grant (ETG) Provision and Retention	\$7,900		45	0	30	75
Total	\$193,241					

* Enter unduplicated youth count only.

- Estimate the percentage of the delivery method for this service area.**

65%	35%
Individualized Svcs.	Group or Classroom Svcs.

- Describe how education services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.**

Education is one of the most critical issues that affect a young person’s ability to live independently. That’s why the AI Center offers programs that help youth to succeed in high school, attain a GED, and enroll in post secondary education. Tutoring and homework help is available. High school students receive supports and services to complete high school and prepare for post-secondary education. Out of school youth are connected with the Philadelphia School Board’s Re-engagement Center.

High school graduates are given guidance and assistance in enrolling in post secondary education including individual and group counseling, completion of admission applications, financial aid applications, scholarship assistance admission essay college prep workshops, scholarships and financial assistance, college campus tours, and college and career fairs. College students receive support including tutoring, test preparation, continued financial assistance and navigations of these systems. First generation college students receive wrap around services. Both high school and college students receive filled backpacks in an annual education recognition program.

- Describe any additional services provided to the youth that are not listed above and who will provide those services.**

AI Center Coaches develop an educational plan with the youth as part of their MDP. They also help to track the progression of a student through their academic career.

The lead agency and education sub-contractor are planning tours to local and regional colleges and universities.

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The lead agency is also working with the Development Department to create an AIC Scholarship that will be supported by individual donors, and awarded to AIC Members advancing to 4-year colleges or universities.

- ❑ **Describe how the costs to provide the activities are determined.**
As the AI Center lead, VYH subcontracts with Provider to offer onsite services. Costs include salary and materials and are based on cost per member.

E. Support Services

- ❑ **Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.**

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Individual and/or Group Counseling	\$49,984	560	0	240	800
Stipends	\$75,000	280	0	120	400
Services for Teen Parents	\$17,000	25	0	30	55
Mentoring	\$125,000	78	0	33	111
Total	\$266,984				

* Enter unduplicated youth count only.

- ❑ **Estimate the number of youth who the county will refer to the SWAN prime contractor for the following services related to permanent connections.**

SWAN	
	No. of Youths
Child Profile:	150
Child Preparation:	150
Child Specific Recruitment:	0

- ❑ **Estimate the percentage of the delivery method for this service area.**

95%	5%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ **Describe how support services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.**

The Center’s leadership has implemented a strategic planning process to focus on the following:

- Collaborating with SWAN and DHS’ adoptions section to develop a plan for utilizing SWAN units of service with IL youth.
- Enhancing foster parents knowledge of and capacity to link youth to the center.
- Integrating the AI Center into the other systems of care.

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- Ensuring transition planning occurs for all youth exiting care.
- Providing mental health Services for AI Center members on-site.
- Providing parenting services for IL youth.
- Expanding and enhancing housing options.
- Ensuring and expanding mentoring opportunities for IL Youth.

Mentors. In addition to Coaches, who are professional staff members of AI Center, members meet monthly with volunteer mentors. Mentors, both male and female, work with youth both at the Center and privately.

All active members of the AI Center receive individual counseling from their Coaches. Additionally, a social worker is on-site to provide brief counseling, adventure-based counseling, trauma support, anger management, and reduction programming.

- Describe any additional services provided to the youth that are not listed above and who will provide those services.**
The AIC provides a support group called Pride and Joy for pregnant and parenting minor mothers. Additionally, Focus on Fathers works with the men’s group, “Man Up,” to address fatherhood issues.
- Describe how the costs to provide the activities are determined.**
SWAN unit of service costs are determined by DPW.

F. Employment

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.**

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Job Placement	\$140,942	25	0	25	50
Subsidized Employment	0	40	0		40
Total	\$140,942				

* Enter unduplicated youth count only.

- Mark with an “X” the types of subsidized employment services which will be offered, and whether the subsidy will be full or partial.**

Subsidy Type	Offered	Full	Partial
Summer Employment	40	X	
Agency Operated Only	0		
Tax Credits	0		
Other (describe:)			

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- ❑ **Estimate the percentage of the delivery method for this service area.**

40%	60%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ **Describe how employment services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.**

In addition to job placement and summer employment, the AI Center provides job readiness and employment to 600 youth. The AI Center provides on-site instruction on resume preparation, interviewing skills, and other job search techniques. Staff counsel youth in career planning, building successful on-the-job relationships, balancing work and family, and other survival strategies for work life. Staff refer members to full and part-time jobs with local employers, arrange interviews, and offer assistance with transportation, job applications, and appropriate clothing. Members are also referred to other workforce programs.

Coaches refer youth for employment services, job placement assistance, and subsidized employment opportunities. The Employment Instructor and Specialist provide group and individual support related to employment topics.

Valley Youth House was awarded a Work Ready grant from Philadelphia Youth Network to fund summer employment 2010. The Employment Team works to assist AIC members to complete the online Work Ready application for job placement with organizations throughout Philadelphia.

- ❑ **Describe any additional services provided to the youth that are not listed above and who will provide those services.**

The new Board of Governors at the AIC is building linkages with the Mayor’s Office on Economic Development to produce more employment training and placement opportunities for AIC members.

- ❑ **Describe how the costs to provide the activities are determined.**

DHS works with the AI Center lead, VYH, to develop the budget and determine expenses based upon program needs. Primary cost drivers include staff salaries, materials, and equipment.

G. Location of Housing

- ❑ **Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file. Do not request placement costs in this service area or grant.**

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Location of Housing	\$92,631	200		160	360
Total	\$92,631	200		160	360

* Enter unduplicated youth count only.

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- ❑ **Mark with an “X” the types of assistance which will be offered.**

Assistance Type	Offered
Referral to public housing agency	X
Interview preparation	X
Application assistance	X
Accompany on inspection	X
Use local realtors as a housing resource	X
Other (describe:)	X

- ❑ **Estimate the percentage of the delivery method for this service area.**

30%	70%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ **Describe how location of housing services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.**

Housing. Youth reaching the age of independence have a critical need for safe, stable, affordable housing. The AI Center provides education and assistance regarding affordable housing, negotiating a lease, tenant’s rights, responsibilities, conducting a housing search, and the importance of good credit. Members, who are out-of care and homeless, are assessed for supportive needs and referred to the Supportive Housing Program (SHP).

The SHP houses eligible AI Center members in their own apartments or group living situations throughout Philadelphia. Its goals are to help youth obtain and remain in permanent housing, increase their skills, education, income, and self-determination. SHP pays up to 70% of a members rent for three to 24 months. Twenty percent of this programming is provided for pregnant and parenting minor mothers.

Although the Valley Youth House, Methodist, Northern Homes, and Carson Valley programs provide SHP primarily funded by the Department of Housing and Urban Development (HUD), their physical programmatic structure and staff contact with youth varies.

Valley Youth House (VYH-SHP) is a scattered site (housing which is located in various parts of the City) program with administrative offices located in Philadelphia. VYH staff have contact with youth on a weekly basis at their Center City offices, in the community and the participants’ own apartment.

Unscheduled visits occur at a minimum of two times a month at various hours, in the evening, night, and early morning hours. Carson Valley (SHP) is a clustered site (most- to-all youth located in the same geographical region or location) program. This is a phased program. During the first phase, youth reside in one of three houses with staff contact as frequent as everyday, consistent with a Transitional Living Program (TLP) step-down model.

Case management contact is one to two times a week. During Phase II, staff-to-youth contact increases to bi-weekly. Youth during this phase are generally in apartment dwellings.

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Youth identified as eligible and meeting the HUD threshold requirements are able to participate in transitional housing programs for a period of up to 24 months.

Youth placed in SHP are encouraged to participate in the AI Center for other support services. In addition to the programmatic evaluative processes internal to the respective SHP Providers, DHS tracks youth placed and their stability for up to one year after discharge. The Department maintains quality assurance protocols, inclusive of process and outcome evaluation to ensure programmatic integrity.

Methodist and Northern Homes serve parenting females, and both programs start these mothers in a campus-based setting. Methodist's program provides a housing voucher that can be used anywhere in Philadelphia after the first two years in the program.

- Describe any additional services provided to the youth that are not listed above and who will provide those services.**

The Housing Advocate coordinates informational sessions related to Supervised Independent Living (SIL), and brings area providers to meet the AI Center to meet with Members about SIL. Additionally, youth living in SILs are targeted for the "I am 20" series to prepare them in their last year of dependency and a successful transition out of care.

Relationships also exist with Covenant House connections with this emergency shelter to ensure that youth without a place to stay are able to access temporary shelter. The Center will pursue a POS in the coming year.

- Describe how the costs to provide the activities are determined.**

DHS works with the AI Center lead, VYH, to develop the budget and determine expenses. Expenses include subsidy of fair market value rents, onsite services related to housing referrals and education, salary, transportation for outreach and materials.

H. Room & Board

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.**

Service	Budget Request (\$)		In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Room and Board	\$271,786		0	0	15	15
Total	\$271,786					

* Enter unduplicated youth count only.

- If the agency does provide youth with room and board, describe the frequency of staff contact with youth accessing these services.**

IL Case Management staff meets with youth on a daily, weekly, or as needed basis. Actual service hours are determined based on client need and type of assistance.

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- ❑ **If the agency does provide youth with room and board, describe the period of time that youth can access the service, by type of assistance offered and whether a “step-down” approach will be used.**

Extended - The program component for 15 former dependent youth ages 18 to and over. Youth receive a \$1,000 stipend to purchase furnishings, up to 12 months of rental assistance, a monthly transpass, and assistance in transitioning to independence. Youth must be employed and enrolled in high school, a vocational training program, or a post secondary high school educational program. Youth receive ongoing support through case management and counseling services.

Success is evaluated by the IL Supervisor and varies on type of service provided as outlined above and determined by the number of youth able to sustain independent housing after participation in the program.

- ❑ **If the agency does not provide youth with room and board, describe what services are used to meet housing needs.**

N/A

- ❑ **Describe how the costs to provide the activities are determined.**

DHS works with the AI Center lead, VYH, to develop the program budget and determine expenses. Projected expenses include staff salaries, stipends, move-in costs, rental, and utility assistance.

I. Retreats/Camps

- ❑ **Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.**

Service	Budget Request (\$)		In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Retreats/Camps	\$17,123		25	0	25	50
Total	\$17,123		25	0	25	50

* Enter unduplicated youth count only.

- ❑ **Estimate the percentage of the delivery method for this service area.**

0%	100%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ **Describe how retreats/camps will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.**

Youth may participate in agency sponsored and statewide retreats. Minimally, youth attend the Statewide IL Youth Retreat.

Also, AIC members are able to participate in the “Men’s and Women’s Leadership Institute.” This includes adventure-based counseling and leadership development. Portions of the programming are conducted at the AI Center and day and overnight trips are taken to the Lead Agency’s camp, Camp Fowler, in the Lehigh Valley.

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The vision of this camp is based on the belief youth benefit from therapeutic, challenge-based recreation, and adventure in a camp setting. Through the use of challenge-based activities, therapeutic breakthroughs not possible in a conventional setting are the foundation for personal achievement. The potential for positive change and development that these strategies offer is immeasurable. They include:

- Increased self confidence and self esteem.
- More effective problem solving and communication skills.
- Mutual trust, respect, and support for group members.
- Enhance ability to work cooperatively to achieve goals.
- Greater appreciation of nature and the environment.
- Greater appreciation of the benefits of exercise and healthy living.
- New skills and insights transferable to home and classroom settings.

Camp Fowler includes seven cabins that can accommodate more than 150 young people overnight, with complete handicapped accessible bath and shower facilities for both male and female youth.

The camp also features miles of hiking trails, basketball courts, softball and soccer fields, playground, fire pit ring, amphitheatre, disc golf course and a handicapped accessible heated swimming pool.

Describe how the costs to provide the activities are determined.

DHS works with the AI Center lead, VYH, to develop the budget and determine expenses

J. Indirect Services

Complete the table and breakout the costs for these activities. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Indirect Service Type	Budget Request \$
Staff, Foster/Adoptive and other Residential Child Care Providers	0
Community Outreach and Educational Efforts	\$79,360
Interagency coordination to support IL activities and services at the local level	\$2,500
System change efforts	0
Other (describe:)	0
Total	\$81,860

Describe the indirect services provided by the county.

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- Describe any additional indirect services provided by the county and who will provide those services.

The Lead Agency dedicates resources for outreach, education, and community building among current community and dependent care Providers. There are also supports for youth advocacy efforts including sponsoring Youth Advisory Board events and the AIC Member Council. Youth also participate in speaking engagements to promote change to the dependent care system and promote the AI Center.

- Describe how the costs to provide the activities are determined.

DHS works with the AI Center lead, VYH, to develop the budget and determine expenses. Costs include salaries, materials and supplies.

K. Program Administration

- Complete the table and breakout the costs for these activities. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Table with 2 columns: Indirect Service Type, Budget Request \$. Rows include Staff providing direct services, Program reporting costs, Equipment, training materials, supplies, postage, facility expenses, IL and Youth Advisory Board related travel, Other (describe:), and Total.

- Explain the administrative costs of providing IL services and the drivers of these costs.

Preparing youth for a successful transition to self-sufficiency requires focused and extensive planning, preparation, and support. Older youth face great transitions. They move from adolescence to early adulthood, school to work, and eventually to the establishment of their own homes. Youth in care face an additional transition from the care of the child welfare system to adulthood. Many youth leaving care lack education, personal stability, and practical skills. Only half graduate from high school, less than 3 percent receive college degrees, and one in five become homeless. Others experience unemployment and dependency on various types of public assistance.

The AIC is a "one-stop" center designed to help youth transition from care to self-sufficiency. The AI Center provides a collaborative, comprehensive service delivery system that ensures transitioning youth have access to a range of services to meet their individual needs. Offering non-traditional hours, flexible scheduling, accommodating in and out of school youth, the AI Center is dedicated to providing support and "real life tools" for youth so they can invest in their future. The AI Center provides core services as described earlier.

Besides the Coaches, there are mentors who work with youth both at the Center and in outside venues.

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The Lead Agency's primary functions are to manage the AIC and provide and coordinate high quality services uniquely designed to support youth through a successful transition to independence. Valley Youth House (VYH) spearheads an effective continuous-improvement strategy, regularly reviews and analyzes data reports, identifies trends and patterns of client needs recommending changes or additions to services as appropriate. In coordination with DHS, VYH is responsible for the oversight of services provided by on-site sub contractors and makes referrals to services outside the AIC when necessary for members.

The Lead Agency is responsible for day-to-day management of Center operations. VYH sets hours to accommodate Center members who may be in school, working, or in training. Valley Youth House's responsibilities include:

- Staffing the AI Center and computer lab during all operating hours which include evening and weekend hours.
- Providing oversight and coordination of co-located services through a structured communication system that includes regular meetings, documentation of meetings and other collaborative processes, long-term planning, data sharing, and facilitation of multi-disciplinary initiatives aimed at leveraging resources among partner agencies.
- Maintaining the environment and culture of the AIC to ensure member satisfaction.
- Monitoring subcontracted providers.
- Approving payments for subcontracted providers.
- Reporting problems and progress to DHS.
- Updating data in the reporting system developed by DHS.
- Collaborating with DHS to ensure that members are tracked via the PILOTS system according to procedures developed by the PA Department of Public Welfare.

The Department of Human Services maintains complete oversight of the AIC including its sub-contracted providers operating at the center. The DHS-AIC Unit staff provides technical assistance to AIC provider staff regarding discharge planning, Board Extensions, and linkage to mental health services. They are also required to complete all pilot forms among other requirements.

- Describe any additional administrative costs of providing IL services that are not listed above and the drivers of these costs.**

N/A

- Describe how the costs to provide the activities are determined.**

N/A

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6-3g. Information Technology

Submit a detailed description of the county's current Information Technology Plan. The description should provide answers to the following questions and should include what the county is doing in FY 2010-2011 and planning for FY 2011-2012

1. Does the county currently have an automated case management system that is sustainable?
 - a. If yes, describe the system and its functionality.
 - b. If no, describe how the county plans to transfer an already existing case management system from another county.
2. How does the county's current system or transfer system align with the goals of the Statewide Child Welfare Information System Strategic Plan (Statewide Plan)?
 - a. Interoperability – The system uses technology that is web-based and allows the efficient and secure exchange of information with other systems or components.
 - b. Real-Time Information – The system is accessible to all workers, allows the direct input of real time information and will be capable of exchanging real time information with a statewide database. Information is not first tracked on paper and then entered into the system by data entry staff.
 - c. Standardized Data – the system accurately collects and reports data associated with federal and state reporting, such as AFCARS; and can be enhanced to exchange data with a statewide database using a standard data schema.
 - d. Case Management System – the system is a true case management system that is used by all caseworkers and supervisors to manage day to day caseload activities. The system adequately supports the following functional areas: Case Management (Intake/Investigation, In-Home Services, Placement Services, Adoption, etc.); Eligibility; and Resource/Provider Management.
 - e. The system is compliant with DPW and/or Commonwealth Enterprise Standards and the system software code is public domain.
3. How does the county's current system or transfer system support other critical business areas such as Financial Management and Administrative Functions?
4. How does the county's current system or transfer system support the evaluation of child welfare outcomes in the areas of child safety, permanency and well-being?
5. How does the county plan support the reuse of existing IT assets?

If the county is requesting funding for ongoing or new development in their FY 2011-2012 ITG, the county must provide the following information.

1. Business Need - describe the business need for the ongoing or new development;
2. High Level Requirements – provide a description of the high level business and technical requirements;
3. Project Cost Proposal – provide the total costs for the development as well as the total estimated project costs if the development is part of a larger project; and
4. Cost/Benefit Analysis – provide a cost/benefit analysis that demonstrates the ongoing or new development provides a better return on investment than transfer of an already existing system or component.

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The Department is continuing with the development of FACTS² which is meant to replace the mainframe Legacy FACTS system. FACTS² currently encompasses all case activity done at the Hotline level, with automated assignment to Supervisors including email notification of reports accepted for investigation and assessment. FACTS² also now supports automatic filing of Police Reports directly to the Special Victims unit for those cases requiring them. This system is an interoperable, real-time, standardized case management system which will be complimented with the continued development of the Electronic Case Management System via Libera, Inc. These two systems will be synchronized to support efficient case management and service delivery and maintain data integrity.

Development Effort	Details
Add photographs of children and youth, etc. to investigations and cases	Users with the proper privileges will be able to upload digital photographs to the FACTS ² system and associate the photos with parties in cases and investigations.
Case Maintenance Functions	<ul style="list-style-type: none"> • Maintenance of Case parties (adding and deleting case children, youth, and adults as well as maintaining the roles and relationships between them). • Critical case maintenance functions (Open, Close, Accept for Service, Assign and Transfer). • Enhancement of the existing split-case functionality to fully support services provided to the same case (not just individual children and youth) simultaneously by different DHS Divisions. • Separate subsystems to track youth at Youth Study Center (YSC), including Admission and Discharge as well as Case Clearance functions creating new DHS cases or re-opening existing ones. • Recently implemented (in Legacy FACTS) functionality that provides a streamlined way to create new cases that do not involve initial evaluations, as done by JJS, Adoption, and PLC Subsidies, etc. • Portion of the Provider subsystem that lets users to track or maintain information.
Manage User Shared Update Access	Improved mechanisms to prevent concurrent work on the same "work product" by multiple system users.
FACTS ² (Misc.)	<ul style="list-style-type: none"> • Updated FACTS² to address users' immediate concerns. Includes updates to Police Reports, Summary Print-outs, and Determination Date selection. • Added new maintenance method for closed investigations. • Bug Fixes.
Expand Allegation Maintenance during investigation	Allow users with special privileges greater control of modifications to allegations in ongoing investigations.
Streamline the creation and management of case progress notes and supplemental reports	Users have suggested an improved workflow for the creation and management of Case Progress Notes and Supplemental reports.
Hotline Guided Decision Making Questions	Addition of Report Narrative sections, questions, and other missing data elements.

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Development Effort	Details
Party Match and Merge	Match and Merge functionality (background and user-based) to link people in disparate cases and roles as one person based on identical or very similar demographics.
Super User Functionality	Provide FACTS ² Super-Users increased functionality including, but not limited to, greater access to data areas to aid in data cleansing
Migration to Internet Explorer 7	FACTS ² was designed and tested using IE6. DHS will be migrating to IE7, and FACTS ² may need modifications (and testing) to ensure compatibility.
Novell/LDAP to Active Directory Migration	FACTS ² authentication is based upon Novell LDAP. DHS is moving to Active Directory, this affords the opportunity to simplify and improve processes.
Address Data Scrubbing	A complex data cleansing algorithm to verify (validate) addresses in the FACTS and FACTS ² system.
FACTS ² Administration Management	Development of the functionality to provide user interface in support of various administrative aspects of the FACTS ² application.
User Notification for Work Product Assignment	FACTS ² provides email notification of case assignments. This is intended to be expanded to include “pop-up” notifications.
Expand Personnel Functions	Development of advanced functions for Personnel users related to maintaining case management hierarchies required for proper management of certain FACTS ² business functions not included in the initial release.
System integration of all business aspects at the front end (IARS) service area of DHS	<p>This entails development of additional functionality needed to automate business aspects that are related to components of FACTS² already in production. Scope of work includes:</p> <ul style="list-style-type: none"> • Introduce the capability multiple initial and subsequent referrals for a given family, allowing for working on more than one concurrently. • Enable creation of a single report on a foster parent households, daycares, or institutions where children and youth from multiple DHS cases are located. • Provide support, including the workflow and unique idiosyncrasies, for requests and referrals from the Courts that are based on judicial orders. • Develop more robust functionality to better handle less common business processes related IARS including ICPC, Student Abuse, etc. • Extend the functionality for reports not accepted for investigation for the eventual elimination of extraneous computer applications including Lotus Notes-based CBPS Referral System, the MS Access/Excel databases used by Family Reunification, etc. which currently result in confusion and duplicate data entry.
Support of the integration of Case Management functionality developed	<ul style="list-style-type: none"> • Building of the framework for full integration of software from third-party vendors under FACTS² (same database, different user interface). • Modifications related to the system’s architecture and design to

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Development Effort	Details
by an outside vendor (Libera Inc.)	<p>enable operation of independent components developed outside of FACTS² including data model and database changes, customized, built-in controls to switch between FACTS2 and another system, etc.</p> <ul style="list-style-type: none"> • Internal alterations in the FACTS and FACTS² synchronization process to accommodate changes and exceptions in support of the functionality performed by the third-party software.
Creation of required interfaces between FACTS2 and strategically related external DHS systems	<ul style="list-style-type: none"> • Extend data from the referrals made to DCBPS under FACTS² into a full-blown feed link to the existing CBPS MIS application, thus eliminating the archaic Lotus Notes-based IRIS computer system; • Develop the capability to extract, transform, and load (ETL) data from FACTS² directly into DHS Data Warehouse (DW) to enhance the quantity and quality of information available for queries and reports. • Develop the functionality to extend DHS case and party clearance in FACTS² to include search for potential matches in the city-wide DSS CARES database, and augment the available information.
Development and enhancement of various internal system functions that are critical for the entire FACTS2 system (Productivity, Data Quality Performance Enhancements, Auditing and Security, Conversion and Synchronization)	<ul style="list-style-type: none"> • Extensive augmentation and modification to the current conversion and Synchronization process to allow for addition and removal of ADABAS files and fields that need to be initially loaded from Legacy FACTS into FACTS² and then kept in synch between the two systems. More functionality is migrated from FACTS to FACTS² with each release. • More advanced auditing capabilities and user-friendly interface to view various audit logs. • Sophisticated “undo” functions and improved handling of error recovery, including notification and data protection during scheduled system outages.
Support for compliance to state and federal requirements	<p>Enhancements to FACTS will be performed independent of the ongoing FACTS² re-engineering project to maintain compliance with government mandates, regulations, and policies as well as with changes in DHS business requirements within DHS.</p>
Changes related to subsequent releases of FACTS ²	<p>The current conversion and synchronization process must undergo extensive augmentation and modification to allow for addition and removal of data elements that need to be initially loaded from Legacy FACTS into FACTS² and kept in synch between the two systems.</p>

In addition to this work, Eastern Software Strategies’ FACTS² development supports the integration of case management functionality being developed by Libera Inc. Libera develops software that can provide customizable IT solutions for a variety of different case management models. Their web-based, “forms-driven” applications expedite information gathering and administrative reporting by providing management with robust reporting tools and supporting staff with streamlined integrated paperwork and forms management aspects of their jobs. DHS has purchased Libera customized software to automate certain case management forms widely used by Social Services Staff. Consequently, the FACTS² system will be enhanced to incorporate this software into the application workflow. The scope of work will include:

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- Building of the framework for full integration of software from third-party vendors under FACTS² (same database, different user interface).
- Modifications related to system architecture and design to enable operation of independent components developed outside of FACTS². This includes data model and database changes, customized, built-in controls to switch between FACTS² and other systems.
- Internal alterations in the FACTS-FACTS² synchronization process to accommodate changes and exceptions in support of the functionality performed by the third-party software.

The scope of this collaboration includes:

- Provide and support a Client Centric System.
- Integrate programs and agency staff around use an Electronic Case Management System (ECMS).
- Paperwork Reduction.
- Document Repository.
- Model paper flow and business processes.
- Provide Departmental business management information and tools.
- Facilitate staff operating according to Policy.
- Integrate with FACTS².
- Provide a rapid development environment to DHS IT Staff.

FACTS² is in the process of being implemented as a web based tracking and system for managing information associated with calls and incident reporting. The integration of the System 7 Framework™ based Electronic Case Management System (ECMS) with the FACTS² database will result in a single system that improves service delivery to Philadelphia's children, youth, and families while providing staff with the supports to reduce paperwork, streamline work activities, and reduce error while ensuring accuracy and maintaining quality data.

The global objective in this decision is to provide a simple, effective means for the Department to electronically track and manage case work and improve data capacity and quality.

As both a development and runtime environment, this will incorporate ease of use, performance, scalability, reliability, ease of maintenance, and the modeling of existing paper-based systems. ECMS will be ADA compliant with a simple user interface, contain automatic field by field data saving and security, unlimited role and assignment based security, scanned and other document management, flexible database integration, and the like. It will easily and quickly adapt to rapidly changing needs.

At a high level, this work will encompass and maintain all of the DHS forms using a web-based .NET software infrastructure. The software functionality to be delivered includes:

- Electronic Case Management: This functionality involves virtual folders. A virtual folder can hold all electronically generated forms configured within the system for case management, as well as all received documents generated and sent from outside. These external documents include images, word-processing documents, spreadsheets, graphics, Portable Network Graphics (PNG), HTML, XML, PDF, etc. Images and text counterparts can be stored together in folders or converted to final form documents.
- Document Imaging: This functionality involves capturing paper documents in digital form. These documents are incorporated as part of the consumer's electronic case folder and are indexed, and annotated. They can be archived, searched, retrieved, and viewed.
- Document Management: This functionality includes, indexing, library services such as version control, search, retrieval, check-in, check-out, and document security.

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- True Thin Client Application: Provide a web-browser based access to the entire functionality of the system from anywhere that has a browser without installing any other components.
- ECMS will:
 - Eliminate the need for duplicate entry of information first on paper forms and then an electronic information management system
 - Process forms electronically.
 - Provide automation of work flow.
 - Provide tools including automated reminders, electronic approvals, ticklers, task lists, calendaring, automated letter generation, automated tracking, dashboards, etc.
 - Embed forms with business rules to help guide determinations and decision making, and prevent error.

The system will use forms driven technology and a developer runtime environment approach. ECMS will be configured in XML. The flexible forms configuration approach in XML allows the ability to model Departmental processes and bring them on-line one at a time with extremely low risk.

3. How does the county's current system or transfer system support other critical business areas such as Financial Management and Administrative Functions?

The system supports Financial Management and Administration functions. The Payment Subsystem in FACTS is designed with the capability to track payments to anyone that provides services to DHS. This includes services paid on a per-diem basis (placement and non-placement) and services that are paid on a fee-for-service or expense basis (i.e., psychological evaluations, clothing allowance, and funeral expenses).

All Providers have a contract record in FACTS whether or not they have an actual contract with DHS. This is so that all placement and non-placement services can be adequately tracked.

The monthly billing process is one of the most critical components of the Placement Subsystem. Monthly billing is used to generate invoices for Providers, apply charges to accounts, and accumulate statistics. State and federal reimbursement is completed within this process.

Invoices are printed, payment records generated, and the necessary updates are applied to the database. The State is responsible to reimburse DHS for foster care expenses for those children and youth whose families are determined to be eligible for Medical Assistance under "Title IV-E." Two invoices are generated for Title IV-E: Foster Care Reimbursement (PC-31) and Adoption Assistance (PC-32). The Federal government is responsible for TANF reimbursement. Determination of TANF eligibility is tracked for all children and youth for whom the Department is providing services. For those eligible, billing not covered by Title IV-E may be reimbursed through TANF, hence the blended process.

4. How does the county's current system or transfer system support the evaluation of child welfare outcomes in the areas of child safety, permanency and well-being?

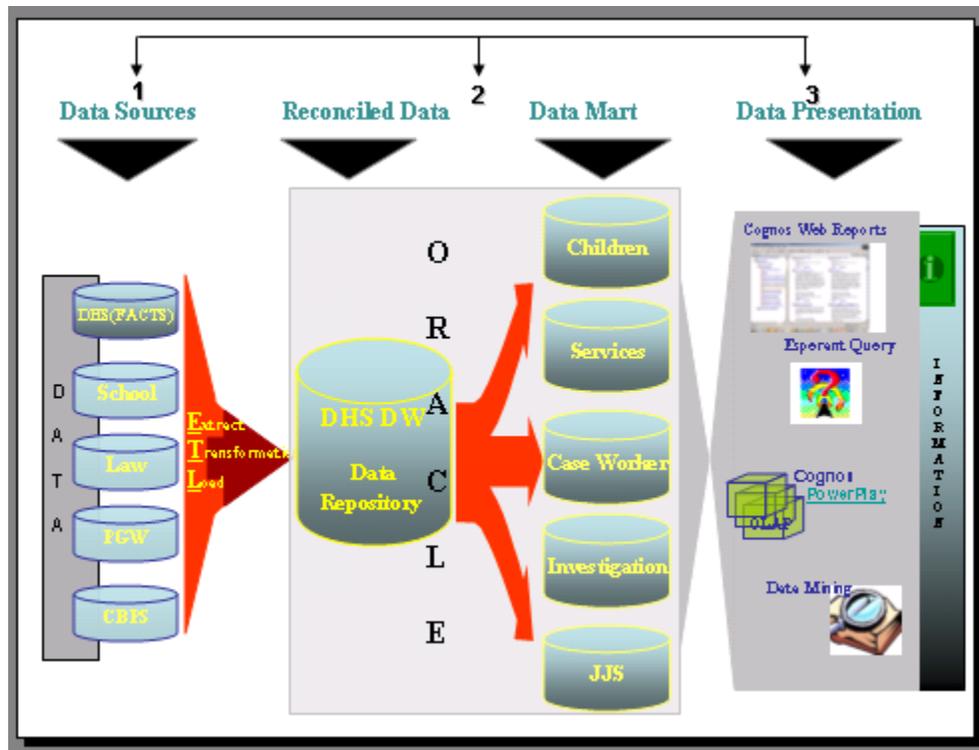
This system supports the evaluation of child welfare outcomes in the areas of safety, permanency and well-being. The Data Warehouse (DW) optimizes database query and reporting tools with its ability to analyze data disparate from databases. The DW affords managers the ability to extract information quickly and easily to answer questions and review

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performance. The DW is an analytical tool structured to aggregate transactions as a snapshot in time.

The DW is refreshed nightly. It offers the ability to develop specialized and sophisticated reports using the software-reporting tool known as Cognos (as described later).

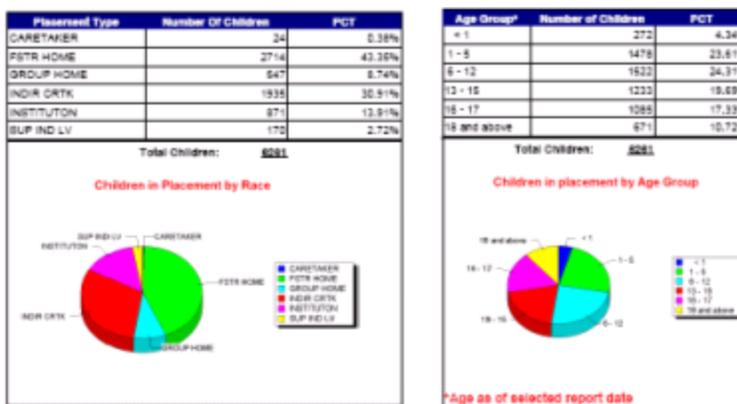
The purpose of the DW is to gather, reconcile and allow for a single source for data, analysis, and dumps.



The DW contains information from the FACTS system. Its development is essential in delivering and improving access to relevant and accurate information. Its goal is to:

- Allow users who have little or no technical knowledge about the FACTS Database to access information.
- Turn diverse data elements into useful information.
- Add data analytical functions to assist users in making decisions.
- Allow data sharing among DHS, other city Departments, and Providers.

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Cognos: This web-based tool is used for the creation of reports for supplying administrative data to managers. The goal is to utilize the administrative data contained in the reports to analyze performance and assist the Department with measuring outcomes related to safety, permanency and well-being.

Administrative data in the reports come from the Data Warehouse.

Most reports are PDF read-only documents but some can be converted into Excel files for expanded use. Reports may be aggregate or agency-wide. A significant feature is the drill down capacity for selected reports that that allows for unit and worker level analysis.

If the county is requesting funding for ongoing or new development in their FY 2011-2012 ITG, the county must provide the following information.

1. Business Need - describe the business need for the ongoing or new development;

As described earlier, the Department intends to implement a web-based Electronic Case Management System (ECMS) with full information management. This will provide a stable, upgradeable system protecting ongoing operations while complying with the requirements of law, policy, regulation, funding, reimbursement, and oversight.

This integrated software product suite will electronically capture, process, index, store, access, view, revise, reproduce, distribute, and dispose of information in a “document” in a true thin client web environment.

At a high level, the goal is to design, implement and maintain all of the DHS forms using a web-based .NET software infrastructure.

The Department intends to produce a product that will result in the minimum implementation time. The integration of the System 7 Framework™ with the FACTS² database will result in a single system that will improve service delivery, remove duplication, and reduce workload.

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2. High Level Requirements – provide a description of the high level business and technical requirements.

This integration will:

- Use DHS existing database tables thereby greatly lowering the need for a data conversion.
- Use an electronic case record and electronic file drawer approach which models the existing work flow of adding blank forms to records for families and individual clients.
- Use the same forms electronically that staff are accustomed to filling out on paper, reducing training time and staff anxiety around change.
- Use an approach which eliminates the need for dual data entry, first on paper and then transcribed into the computer.
- Will place data aware forms into a browser thin client based word processing approach which prints or e-mails what the user sees.
- Use existing XML word processing form templates and business rules which do not require .Net programming and are interpreted by a stable .Net based framework application. These XML forms must be self contained word processing like documents with fields that talk directly to many different database sources. Since the business rules associated with the form are programmed within the form, something that changes in that form must not affect the function of any other form in the system or the underlying Framework engine which interprets the form.
- Allow each form to be treated as its own project with discovery, development, testing, user acceptance, and deployment across the web. This allows managing this project with less risk because each component can be managed independently. This reduces project risk.

Overall, the objective is to provide a detailed approach that examines, documents, and matches existing forms and business rules currently being used with the existing form sets.

Specifically, objectives include:

- Compliance with local, state, and federal regulation and Departmental policy. The maintenance agreement includes whatever is required to modify the system to perform according any amendments made to these.
- Providing secure online access.
- Full search functionality for families, individual clients, Providers, and fiscal information.
- The capacity to interface with or replace other internal systems.
- Providing a means to track Providers, funding sources, community resources, schools and other services in a searchable database that allows for printed results.
- Tracking features including demographic information, progress notes, and predefined reports on items such as plans for child safety, case histories and goals, work flow modeling, automated notifications and task lists; tightly integrated e-mail messaging; role and case file assignment based security; electronic approvals and approval flow, data edit checks with notifications; dash boarding; case management professional tools; and other case management tools.
- Tracking and reporting on information in the system for internal operation and management activities, ranging from reports used by staff to manage caseloads to financial and administrative reports. All information that is needed for management reporting will be input into the system through data conversion. The system will be able to provide extract datasets, determined by user-defined parameters that can be imported into and linked to Microsoft Office products, including Word Excel and MS Access, and other common statistical software packages.

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3. *Project Cost Proposal – provide the total costs for the development as well as the total estimated project costs if the development is part of a larger project*

Estimated costs:

Eastern Software Strategies, Inc.

FACTS² Development Project - \$1,580,000. Further costs should extend for next two fiscal years. However, these costs should decrease over time as work with Libera compliments work in FACTS² and reduces the overall development work of the two.

FutureNet, Inc.

Support the FACTS development and maintenance - \$600,000. New development has been halted except when absolutely necessary. All new development is done in FACTS² or Libera. Maintenance is for legacy FACTS and its Graphical User Interface components. These costs will diminish within the next two to three years as legacy FACTS is retired.

Cost for Libera

\$403,061

Precept Technologies, Inc.

Libera Development Project - \$450,000. This cost is associated with new development in the System 7 Architecture.

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6-4. Accurint Search Tool

The following information must be provided for the Accurint Search Tool for the Implementation Year 2010-11 and to request and justify the number of users needed for FY 2011-12.

Column 1	Column 2	Column 3	Column 4
Number of users assigned by DPW for FY 2009-10	Number of users assigned by DPW for FY 2010-11	Number of additional users requested for FY 2011-12	Total number of users requested for FY 2011-12
77	77	77	154

Provide Justification for Column 2:

77 (Supervisors and Social Work Services Managers) have access to Accurint. The initial implementation plan for Accurint was to provide access to each Supervisor. Adequate licenses were not authorized therefore an attempt was made to have supervisors share access. As a result usage was not consistent, and it could not be determined who was doing a search nor could a consistent and enforceable policy as a result of limited access be implemented. Additionally, the utilization numbers have been negatively affected by maintaining supervisors who have left their positions in an “inactive status”. Based upon these experiences, the 77 Accurint licenses have been redistributed. Richard Franklin was at DHS in June to introduce the tool for the Department’s Older Youth Units. Additionally, the Department has completed an RFP for a Provider to conduct Family Finding services. The Provider will use Accurint, search the case record, and work closely with DHS staff to identify kin for children and youth entering care.

Provide Justification for Column 3:

The Department is seeking 77 additional licenses for Accurint for FY 2011-12 to provide access to the remaining Supervisors within the Department. It intends to prepare policy and procedures for accessing the search, but cannot do so without availability.

The Department was notified July 7th of the requirement for a quarterly report. We are currently contemplating developing a process to access data from Accurint to provide this type of report.