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**CITY OF PHILADELPHIA
DEPARTMENT OF HUMAN SERVICES**

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

FAMILY DIVISION/JUVENILE BRANCH
.....

CHILDREN AND YOUTH

**NEEDS-BASED PLAN AND BUDGET
For
FISCAL YEAR 2013-2014**

**IMPLEMENTATION PLAN AND BUDGET
For
FISCAL YEAR 2012-2013**

July 23, 2012

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PLANNING NARRATIVE

SECTION 2: NBPB DEVELOPMENT

2:1 EXECUTIVE SUMMARY

- * *Submit an executive summary highlighting the major priorities, challenges and successes identified by the county since the county's 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 that employs caring, committed professionals who use innovative and collaborative practices to strengthen families and communities. The Philadelphia Department of Human Services' (DHS) mission is to provide and promote safety, permanency, and well-being for children and youth at risk of abuse, neglect, and delinquency.

DHS Targeted Outcomes – What We Strive For:

- **Safety:** We respond urgently and appropriately to protect children and youth from abuse and neglect.
- **Permanency:** We foster and cultivate lifelong connections to family and community, which are crucial for childhood development and transition to adulthood.
- **Well Being:** We provide services that promote healthy physical, social, educational, and emotional development.

Organizational goals for the current fiscal year are to:

- Improve outcomes for children and youth.
- Increase community presence and neighborhood delivery of services.
- Improve operational efficiency.
- Improve the public's perception of DHS.

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

DHS also embraces the following broad goals for the 2012-2013 budget year:

- Increasing the safety of children and youth in their homes and community.
- Safely reducing out of home placements.
- Reduction in the use of Congregate Care.
- Accelerate reunification and other permanency outcomes.
- Reducing re-entries to out of home placement.
- Improve child, youth, and family functioning.
- Reduce the reliance and use of secure detention while improving public safety and reducing disproportionate minority contact.

Improving Outcomes for Children and Youth, Increasing Community Presence, and Neighborhood Delivery of Services:

We believe that a community-neighborhood approach with clearly defined roles between County and Provider staff will positively impact the safety, permanency, and wellbeing of the children, youth, and families we serve. For this reason DHS has embarked on a comprehensive, citywide initiative aimed at improving the outcomes for those involved with the child welfare system in Philadelphia.

To accomplish this goal, the Improving Outcomes for Children (IOC) initiative aims to create a single case management system for the provision of direct case management

services through a network of Community Umbrella Agencies (CUAs) that can demonstrate the capacity and ability to provide child protection and child welfare services that are based within the community. It is anticipated that this initiative will take four years to be fully operational throughout the city. Corresponding to the decentralization of direct case management services, the Department intends to strengthen its Hotline and Investigation Services, develop capacity to integrate a family teaming process to support CUA direct case management, and increase and enhance its performance management and accountability structures.

CUAs will be encouraged to be creative and innovative in the use of evidence based programming practices in child welfare that acknowledge the need for a trauma informed approach to working with children and families. It is anticipated that implementation of practices such as strengthening families, Parent and Child Interaction Therapy (PCIT), visitation coaching and family team decision making will continue to advance Philadelphia's success in reducing the number of children and youth in out of home care. DHS will use the cost savings to reinvest in community services that support children and youth in their homes and families in their neighborhoods.

Fiscal year 2012-2013 will be a major year for implementation of the IOC initiative. DHS has selected two providers to serve as Community Umbrella Agencies for the 25th Police District (NET) and the 24th and 26th Police Districts (APM). During the first half of FY 2013, DHS will work with these providers to plan a successful implementation strategy. The roll out of in home services is expected to begin in the 25th Police District in January of 2013.

While the Department moves forward with this initiative, related areas of practice and organizational structure must be addressed simultaneously. These include:

- Continuing the substantial success of safely reducing placement of Philadelphia children and youth.
- Continued refinement of our Community Based Prevention service array to address the changing needs of the county and alignment with system goals.
- Improving medical care and coordination for children and youth accepted for service.
- Improving educational outcomes for children and youth accepted for service through our Educational Support Center.
- Continued development of the Division of Performance Management and Accountability (PMA) around practice evaluation and management of internal and external performance through the use of Provider evaluation tools, Provider Report Cards, ChildStat, monthly Quality Improvement case reviews, and Quality Service Reviews (QSR).
- Continuing our efforts to reduce reliance on out-of-home placement and eliminate the use of out-of-state placements whenever possible.
- Continued focus on promoting permanency and a stable transition to adulthood for older youth through the new Older Youth Permanency Units, Permanency Action Teamings (PAT), and by utilizing Family Finding, Family Group Decision-Making and the Permanency Practice Initiative.
- Improving permanency outcomes by developing strategies to increase and expedite reunifications, adoptions, and permanent legal custodianships.
- Continuing to improve and enhance programming and services for youth at the newly constructed detention center.

Improving operational efficiency by:

- Continued development of the Electronic Case Management System and the integration of the PWEB system with ECMS.
- Working with CUA Providers to ensure integrated accessible information exchange between the CUAs and DHS.
- Develop the electronic capability for the Single Case Plan
- Continue the development of smart forms that allow pre-populated demographic information and ensures the input of specific information while simultaneously reduces errors.
- Continue centralizing the multiple databases throughout the agency to improve data management and quality.
- Implementation of a registration and transportation tracking system which will monitor the efficiency of vehicle usage.

Improving the Public's Perception of the Department by:

- 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.
- Expanding our community relationships through the CUAs.
- Participation by staff members at all levels in various Town Hall and Community meetings and disseminating information about programs and supports available for families.
- Orientations for Hospital, School, and other child serving organizations around mandatory reporting of child abuse.

Challenges:

Given the current economic climate, DHS recognizes the need more than ever to target available resources to those most in need of services to ensure their safety, permanency and well-being. It cannot be overstated that these financial stressors can negatively impact the lives of Philadelphia's children, youth, and families and affect government agencies and private providers who serve them.

In addition, we recognize that transitioning to a single case management system under IOC will be an enormous challenge. We are working very hard to ensure minimal disruption for the children, youth, families and staff involved.

Successes:

- The Department continues its significant progress in reducing the number of children and youth in dependent and delinquent placement.
 - On March 31, 2010, 4936 children were in dependent placement.
 - On March 31, 2012, 4086 children were in dependent placement.
 - On March 31, 2011, 1670 children were in delinquent placement.
 - On March 31, 2012, 1328 children were in delinquent placement.
- The Department continues to focus on reducing the number of children in out of state placement.
 - In January 2010, 42 youth were placed in out of state delinquent placement. In December 2011, only 8 children were placed out of state delinquent placement. This represents an 81% decrease. On March 31, 2012 only 6 children were placed in out of state delinquent placements.

- On March 31, 2012, 46 children were in out of state dependent placement out of a total of 4086 children in placement. Of the 46 children, 42 were in kinship care.
- For Juvenile Justice Services, there have been 167 less community-based placements representing a 25% decrease from the prior fiscal year and 1,618 less institutional placements representing a 41% decrease from the prior fiscal year.
- With Family Court and the Juvenile Probation Office leading, DHS' JJS Division supported the implementation of the Juvenile Detention Initiative (JDAI), an initiative launched by the Annie E. Casey Foundation with support from the Pennsylvania Commission on Crime and Delinquency (PCCD). This program has proven results from across the country for promoting changes to policies, practices, and programs to reduce reliance on secure detention, improve public safety, reduce disparities and bias, save taxpayers' dollars and stimulate overall juvenile justice reforms.

Advancements:

DHS has enhanced services and supports both internally and externally in an effort to improve outcomes for children and youth. Collaborations with stakeholders, city agencies, and 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.

- Juvenile Justice Services Division is partnering in the Crossover Youth Practice Model with Georgetown University and Casey Programs to build stronger collaboration with Family Court, Juvenile probation, and other child welfare stakeholders to improve outcomes for dependent and delinquent youth.
- Commissioner Ambrose signed the Interagency Protocol which allows for coordination between DHS, the District Attorney's Office and the Philadelphia Police Department in child abuse investigations. The document outlines the manner in which the agencies should refer cases, share information and coordinate investigations.
- During this past fiscal year, the City signed a lease for a building at 3rd and Hunting Park Avenue that will allow for the collocation of the DHS Sex Abuse Investigation Division, the Police and the Philadelphia Children's Alliance.
- As a follow up to the Capstone Project through Georgetown University, delinquent placements were reduced allowing for the development of supervised structured community based programs as alternatives to placement.
- DHS/DBHIDS cross systems collaboration has resulted in the continual shrinkage of out of state RTF placements. The collaboration has also resulted in better discharge planning for children and youth ready to leave inpatient hospitalization.
- The new, state-of-the art secure juvenile detention facility remains under construction and is nearing completion. We anticipate the opening to be sometime in late October or November of 2012. Given the implementation of JDAI and its objective of reducing reliance on secure detention, we anticipate that the facility at some point will prove far larger than what will be needed to house the reduced number of juveniles held by the Courts. We will give thoughtful consideration to how portions of the facility might be re-purposed for uses other than detention. Discussions with and approval by OCFY around this issue are necessary and planned.

Performance Management and Accountability:

- DHS' Act 33 Child Fatality/Near Fatality Review Team, which 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 child safety. Since the inception of the team, eighty-four Act 33 review meetings have been held, with sixty-five recommendations from the near fatality reviews and thirty-eight recommendations from the child fatality reviews. Of these 103 recommendations, to date, 83 recommendations have been completed. The remaining recommendations have been assigned and are currently in progress. DHS tracks the recommendations and integrates them into practice and overall DHS operations.

- We continue to perform 100 to 200 Quality Improvement reviews on DHS cases. Quality Visitation Reviews are conducted by an outside vendor to assess the quality of the visits made by Providers and DHS staff. These reviews occur on randomly selected cases each month.

Conclusion:

Philadelphia DHS remains excited about continuing to improve outcomes for our most vulnerable children, youth, and families through full implementation of IOC. It is only through clear lines of accountability and the involvement of the community that we can keep children and youth safe and strengthen families and neighborhoods.

We appreciate OCYF's partnership in implementing the goals in this plan. Their commitment to reinvestment based on our performance is critical to our success.

DETERMINING NEEDS**Collaboration**

- * Describe how the county actively engages with the following entities to identify needs and services:

Entity	County Engagement
<p>County Children and Youth Agency Staff</p>	<p>The Department regularly seeks the expertise and input of staff at all levels regarding the issues affecting child welfare, child protection, and juvenile justice, and the services engaged or needed to best respond to identified issues and areas of concern. Whenever possible, staff participates on workgroups and in the development of policy and protocols.</p> <p>The Commissioner meets weekly with her Executive Cabinet which includes all Division Deputies, the Chief of Staff, the Chief Implementation Officer for the Improving Outcomes for Children (IOC) initiative, the Commissioner's Senior Advisor, the Director of Communications, and the Director of Policy and Planning. This meeting helps to ensure that the Department's leaders are working together as a team and that the Department's Vision and Mission are foremost in planning. There is the opportunity to discuss issues, seek advice and share critical information, and ensure that important information is being communicated effectively throughout the Divisions to all levels of staff as appropriate.</p> <p>The Children and Youth (CYD) Deputy Commissioner and the CYD Operations Director meet 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. Additionally they meet once a month with Social Work Administrators and twice monthly with all Directors.</p> <p>The CYD Deputy Commissioner and Operations Director also participate in various staff meetings held at the Region and Section level.</p> <p>The Children and Youth Division (CYD) Deputy Commissioner and Operations Director convened teamings for investigations with unexplained injuries and unidentified perpetrators. These occur twice a month with attendees including the DHS psychologists and the DHS Medical Director. The purpose of the teaming is to review complex investigations from a</p>

Entity	County Engagement
	<p>multi-disciplinary perspective in order to assist staff in the decision making and the investigation process. Staff from any level can also request a teaming for any case.</p> <p>IOC focus groups were held with all levels of staff to share information and gain insight and suggestions about practice improvement.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes. QSR Findings Present Meetings allow time and space for this group to hear the findings and recommendations coming from each QSR contribute to the strategic direction for the agency.</p> <p>ChildStat offers a forum for staff at all levels to answer the question, “what supports can be put in place to make you more effective in your work” Many of these suggestions translate into recommendations for system change.</p> <p>This past year cross-Divisional collaboration among CBPS, CYD, JJS, Policy and Planning, Performance Management and Accountability, Finance and Contacts, and A and M occurred in several arenas which included: Shared Case Responsibility, Educational Stability, RMTS, Basic Health Information, Act 101, Safety Assessment within the Electronic Case Management System, etc.</p>
Juvenile Probation Staff	<p>Juvenile Probation is routinely represented at the monthly Court and Community Services Planning Group chaired by the DHS Director of Court and Community Services. These meetings represent an opportunity to communicate across systems important information and resources related to serving Philadelphia’s juvenile justice population. As well, the meeting allows for the collaboration with other JJS stakeholders around identification of service gaps and development of programs to address them.</p> <p>There has been significant collaboration with the Cross-over Youth Practice Model in conjunction with Casey Family Programs and Georgetown University’s Center for Juvenile Justice Reform. There is representation not only from Juvenile Probation, but Family Court and</p>

Entity	County Engagement
	<p>both the JJS and CYD Divisions. This model brings together practitioners involved with identified youth who have both dependent and delinquent needs. The Court and Community Services Director and Administrator meet with the youth, parent, Provider agency, probation, and child advocates to access current services and work toward a plan that best serves the youth and family.</p> <p>JPOs were trained by DHS University staff in an Overview of the Safety Model of Practice. In addition, they received training in Mandated Reporter from OCYF to prepare for Shared Case Responsibility implementation.</p> <p>DHS University created a curriculum and along with Juvenile Probation staff co-trained on the implementation and practice of Shared Case Responsibility. These trainings included staff from both the JPO Office and the Children and Youth Division. Additionally, monthly meetings occur between DHS and the Court to discuss implementation issues and resolve problems.</p> <p>Community Based Prevention Services (CBPS) partnered with JJS and JPO to provide service and support for youth diverted from traditional JJS case processing. CBPS intends to further develop this relationship and collaborate on appropriate resources to assistance this population.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p>
<p>Juvenile Court and Family Court Judges and Legal Counsel for Parties</p>	<p>The following are regular meetings the Department holds with these stakeholders:</p> <ul style="list-style-type: none"> • Children's Roundtable: monthly meetings to discuss how to resolve systemic barriers to permanency on a statewide basis. • Dependent Court Leadership Team: meetings of all system stakeholders with the Administrative Judge to discuss and resolve systemic barriers to permanency, court and stakeholder operations as well as planning for new initiatives being implemented. • Administrative Office of Pennsylvania Courts (AOPC) Fatherhood Committee: meets to discuss

Entity	County Engagement
	<p>systemic ways to make successful outreach to include fathers in the dependency process.</p> <ul style="list-style-type: none"> • Accelerated Adoption Review Court (AARC): meets to discuss adoption cases and resolve systemic barriers to finalization. • AOPC Transitional Youth Committee: reviews older youth systemic issues and make recommendations regarding discharge from placement as well as reviewing implementation of Philadelphia's compliance with Fostering Connections. • Truancy Collaboration: this includes the Court truancy unit, School District of Philadelphia, and DHS Prevention meet to discuss and develop protocols and procedures for truancy hearings held in regional truancy court. • In addition to the above, 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 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. JJS Utilization Review meetings are held and chaired by the Commissioner and 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. • The Juvenile Justice Services Division has joined with Family Court and Juvenile Probation in the implementation of the Casey Foundation launched Juvenile Detention Alternatives Initiative (JDAI), an initiative designed to reduce our jurisdiction's unnecessary reliance on secure detention, address disproportionate minority contact, improve public safety, and save taxpayer dollars. • The Juvenile Justice Services Division is also partnering with Family Court and Juvenile Probation in participation in the Juvenile Justice Services Enhancement Strategy (JJSES), endorsed and led by the Pennsylvania Juvenile Court Judges Commission (JCJC). The strategy has three main principles: to employ evidence-based practices at every stage of the juvenile justice process; to collect and analyze the data to measure results; and to improve the quality of our decisions, services and programs.

Entity	County Engagement
	<ul style="list-style-type: none"> • Truancy and Education Support Center have aligned thru collaborative meetings with outside partners and trainings to address educational barriers with court involved truant youth. • During the second quarter of FY11, DHS implemented Intensive Prevention Services (IPS) to address the needs of youth formerly served through Family Court's Reasonable Efforts in Assessment, Access and Prevention (REAAP) program, now called the Prevention Service Unit (PSU). IPS combines the components of a site-based program and case management services to deliver a comprehensive, intensive intervention for youth to build resiliency and self worth. <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p>
<p>Family Members and Youth, especially those who are or who have received services</p>	<p>Former clients of the child welfare, child protection, and juvenile justice system are members of the Department's Community Oversight Board/Child Welfare Advisory Board (COB), and Court and Community Services Planning Committee.</p> <p>Youth have been identified to participate on the Improving Outcomes for Children Community and Systems Engagement Work Group. One of the main objectives of the work group is to build community trust. DHS intends to use the insights and experiences offered by the work group members for developing strategies that will bridge the gap between DHS and the community.</p> <p>The Department's Parent Action Network (PAN) works in the community with parents to prevent placement and preserve or stabilize the family unit. PAN works with the youth through group mentoring including Boys Track and Breaking the Cycle. Additionally, PAN works with several Providers in-house to offer services such as Drug and Alcohol (residential) treatment to facilitate reunification and with incarcerated fathers in both prisons to support the transition process and or reunification.</p> <p>The Executive Director of the Youth Study Center meets regularly with a group of youth detained at the Center. This Youth Advisory Board provides valuable</p>

Entity	County Engagement
	<p>feedback on the effectiveness of the Center's programming and services as well as isolating the specific needs of residents to insure a safe and comfortable stay at the Center for all youth.</p> <p>"Disproportionate Minority Contact Forums" are held at the Youth Study Center to help foster communication and understanding between minority youth and law enforcement. The Forum uses interactive programming and role-playing, plays, and speakers to break down barriers. It sensitizes minority youth and law enforcement to each other's point of view. Participants include: residents of the Youth Study Center, Police Officers, Sheriffs, District Attorneys, Youth Study Center staff, and Public Defenders. The County Commissioner's Association of Pennsylvania (CCAP) has recognized the "Disproportional Minority Contact Forum" with their Best Practice Award.</p> <p>One of the 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>Teen Summits, the creation of one of the JJS Youth Detention Counselors, are now regular events held at the Youth Study Center twice annually. They provide opportunities for Center residents to explore career opportunities and necessary educational requirements. Guest Speakers have included Community business owners, City Council members, and motivational speakers.</p> <p>The Charlie Mack Celebrities for Peace Tour has, for the past seven years, made the YSC one of its stops. Over the years, well-known celebrities have spent hours at the YSC sharing with 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</p>

Entity	County Engagement
	<p>never too late to change.</p> <p>A Foster Parent focus group was held to elicit feedback on the current foster care system, personal experiences, and system strengths and weaknesses as a way to inform planning for the Improving Outcomes for Children (IOC) initiative.</p>
Child, Parent, and Family Advocates	<p>The RUMP Meeting is a group of stakeholders that discusses and addresses shared issues and makes recommendations to the Administrative Judge regarding court operations and procedures.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> <p>(See also “Juvenile Court and Family Court Judges and Legal Counsel for Parties.”)</p>
Mental Health and Mental Retardation service system	<p>The City of Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services (DBH/IDS) joined together four components that existed separately within the Department of Public Health these include Community Behavioral Health (CBH), Department of Intellectual disAbility Services, the Office of Addiction Services, and the Office of Mental Health.</p> <p>Weekly cross-systems meetings between DHS and CBH Clinical Management staff review dependent and delinquent youth currently receiving psychiatric inpatient and residential treatment services. The goal is to identify appropriate behavioral health and placement services for these children and youth. Training and staff development has occurred in a number of areas including: accessing behavioral health services, trauma-informed treatment approaches, evaluations, and cross-systems planning.</p> <p>CBH staff is co-located in 11 court rooms and assist judges in dispositional planning as it relates to evaluations and treatment services for dependent and delinquent youth. Planned placement meetings are also conducted with families, advocates, Provider Agencies, and child welfare or probation staff to review recommendations for treatment and other services. CBH staff is also on site at DHS and assists DHS Social Worker Services Managers in accessing evaluations</p>

Entity	County Engagement
	<p>and treatment services for children and youth being placed in treatment foster care, foster care, group home, or institutions. They also assist families currently receiving or in the process of receiving prevention or in-home protective services and need of mental health or substance treatment services.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> <p>DHS University provides mandated reporter training to all stakeholders and partners.</p> <p>(See also "Current Service Providers.")</p>
<p>Drug and Alcohol Service System</p>	<p>The City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBH/IDS) joined together four components that existed separately within the Department of Public Health these include Community Behavioral Health, Department of Intellectual disAbility Services, the Office of Addiction Services, and the Office of Mental Health. Representatives from the Office of Addiction Services are included in the Cross-Systems Planning Group and participate in the development or enhancement of substance abuse services.</p> <p>The Office of Addiction Services is represented in the monthly Court and Community Services Planning Group meetings, described earlier. Additionally, the Department partners with the Office of Addiction Services 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>Additionally, DHS partners with the DBH/IDS, Office of Addition Services 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. The CYD and JJS Deputies meet regularly with the Coordinator of Drug and Alcohol Services around programming needs.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the</p>

Entity	County Engagement
	<p>quality of services and making individual case and recommendations for larger systems changes.</p> <p>DHS University provides mandated reporter training to all stakeholders and partners.</p>
Early Intervention System	<p>The Department continues to meet with the designated umbrella organizations for Early Intervention services (Childlink, for ages 0 to 3 and Elwyn SEEDS for ages 3 to 5). These Providers are part of the bi-monthly cross systems meeting.</p> <p>The training subcommittee created ASQ/Early Intervention overviews for CYD staff in which both Elwyn and Childlink were present. Additionally there have been “train the trainer” classes for Providers and DHS University who will now be able to provide the ASQ/Early Intervention training.</p> <p>DHS University provides mandated reporter training to all stakeholders and partners.</p>
Local Education System	<p>Both the DHS Commissioner and Director of CBPS serve on the Philadelphia Council for College and Career Success. The mission of the Philadelphia Council for College and Career Success is to provide leadership and advocacy in support of the Mayor's education goals to:</p> <ul style="list-style-type: none"> • Increase the graduation rate to 80% (cut the dropout rate in half) by 2014. • Double the baccalaureate attainment rate of Philadelphians by 2017. <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 (SDP) have formalized their inter-agency collaboration in a number of significant ways. After a year of research and collaborative planning, DHS launched the Education Support Center (ESC) in November 2009. The goal of the Center is to improve the educational stability, continuity, and well-being for children and youth served by DHS. One of the key strategies to accomplish this goal is to institutionalize communication and collaboration with the SDP, Mastery Charter Schools and other public and non-public schools to pro-actively address educational barriers. The development and operation of the ESC has been supported by the William Penn Foundation. As of</p>

Entity	County Engagement
	<p>July 1, 2012, the ESC operation will be fully supported by DHS'.</p> <p>DHS, the School District of Philadelphia, and Family Court signed a data-sharing Memorandum of Understanding (MOU) on December 22, 2010. This agreement significantly improves service coordination for children and youth involved with the child welfare and juvenile justice systems</p> <p>DHS and Mastery Charter Schools signed a data-sharing Memorandum of Understanding on June 1, 2012. Similar to the MOU with the SDP and Family Court, this MOU focuses on improving service coordination, cross systems training to ensure education stability, well-being and continuity of youth involved in child welfare and juvenile justice systems,</p> <p>Regional Truancy Courts represent a multifaceted collaboration between the Department, the School District of Philadelphia (SDP), Family Court, Providers, and the community. CBPS, SDP, and Family Court work collaboratively to operate and facilitate Truancy Courts. Through these efforts, families are provided case management, service linkages, and home and school visits to address truancy, education barriers, and other pre-delinquency issues.</p> <p>CBPS leadership meets regularly with SDP and Family Court leaders in an effort to better coordinate its services with the judicial process and ultimately better serve families.</p> <p>Truancy and Education Support Center have aligned thru collaborative meetings with outside partners and trainings to address educational barriers with court involved truant youth.</p> <p>Other examples of collaboration include:</p> <ul style="list-style-type: none"> • 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 SDP so that they can remain in their school of origin when they enter care or require a change in placement. • Regular Cross Agency Leadership Team Meetings

Entity	County Engagement
	<p>(DHS, School District, Juvenile Court, and Dept. of Behavioral Health) are held.</p> <ul style="list-style-type: none"> • For FY12, the ESC participated in state conferences, workgroups, panel discussions, and community outreach events to promote Center initiatives. The ESC has trained over 668 internal and external stakeholders to include DHS and Provider staff, School District of Philadelphia Counselors, Mastery Charter School Social Workers and foster/kinship parents on educational stability needs of children and youth in placement, including the Fostering Connections and McKinney Vento Acts, DHS Policy and best practice. • Senior leaders of DHS, School District of Philadelphia, Department of Behavioral Health, and Intellectual disAbility Services (DBHIDS), and Mayor's Office of Education have established a quarterly schedule of cross-systems meetings to identify and resolve systemic barriers to collaboration. • The Department continues to collaborate with the School District and DBHIDS at the School District's Re-Engagement Center. This Center provides youth (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 meets 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. The DHS ESC has two DHS Workers at the Re-Engagement Center and its Administrator and Supervisor participate in quarterly meetings with the Re-Engagement Center Advisory Group. • 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 and remediation, ABE/GED instruction, pre-college instruction, secondary education exploration including options for vocational technical training and assistance with financial aid applications. <p>The Education Support Center assists and supports students attending Arise Academy Charter High School</p>

Entity	County Engagement
	<p>which proposes a mission of providing youth in foster care or who have recently exited foster care, with a more student-centered curriculum. Education Support Center dedicates one Education Liaison to provide on-site supports by participating in teamings to troubleshoot for youth with educational instability in academics and behavior on a case by case basis. ESC also liaises between Arise and DHS & Provider social work teams to ensure clear and concise communication and planning.</p> <p>The ESC convenes cross-system bi-monthly collaboration meetings with other community stakeholders such as the Education Law Center, Juvenile Law Center, Project U-Turn, Mayor's Office of Education, School District of Philadelphia, and Mastery Charter Schools.</p> <p>The Education Support Center is an ongoing participant in internal teamings and work-groups within DHS to assess and support educational well-being and continuity for DHS involved youth these include:</p> <ul style="list-style-type: none"> • Shared Case Responsibility Work Group supporting the educational needs of youth involved in both Dependent and delinquent systems • Provider Stat and Child Stat • Quality Service Review • Out of School Time: after school programming for youth to provide Homework assistance, Academic enrichment and Physical activity • Intellectual Disability Services Teaming to assess/ensure youth diagnosed with ID and aging out for DHS care have reached educational goals, transition to appropriate educational and/or life skill programs. • Intake & Multiple Disciplinary Teamings assess educational needs of youth in an active investigation
<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> <p>DHS participates in collaborative partnerships onsite at the ARC with community organizations which provide supportive services to parents and caregivers in areas such as financial planning, budgeting, job training,</p>

Entity	County Engagement
	<p>tenant rights information, and outreach groups for fathers, etc. Partnerships have been formulated at ARC with the DBHIDS 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. 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 collaborative efforts around 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>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 and youth within the system and prevent their re-entry. 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. Service areas funded through CBPS include: community engagement, truancy, out of school time, positive youth development, delinquency prevention and intervention, parenting, in home case management, housing support services, child care, CAPTA, and domestic violence, and sexual assault services.</p> <p>Collaborative partners in enhancing DHS' out-of-school time program include the Philadelphia Youth Development Network, United Way of Southeastern</p>

Entity	County Engagement
	<p>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>CBPS provides small grants to over 200 small community organizations that serve youth within the communities. Examples include community organized sports teams, religious youth-based activities, youth development programs, etc.</p> <p>CBPS staff represents the Department as a system partner in the City's Managing Director's Office initiative, Philly Rising. This collaborative brings together 28 different city services and agencies together with police districts, neighborhood leaders and other stakeholders in a coordinated fashion to improve the quality of a community.</p> <p>The JJS Court and Community Services Planning Group continues its partnership with the West Philadelphia Coalition of Neighborhood Businesses. This is the community where the new youth detention facility is being built so it is therefore imperative that partnerships are established and strengthened there in advance of the relocation.</p> <p>The JJS Court and Community Services Planning Group continues its partnership with the West Philadelphia Coalition of Neighborhood Businesses. This organization represents the community where the new youth detention facility is being built so it is therefore imperative that partnerships are established and strengthened there in advance of the relocation.</p> <p>The Juvenile Justice Services Division also partners with St. Joseph's University by participating regularly in their Area Task Force Meetings, held at quarterly intervals. In that the Department contracts with a provider of group home services for delinquents in the immediate area of the University, our participation and contributions around the issue of campus safety have been useful.</p>

Entity	County Engagement
	<p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p>
<p>Current Service Providers</p>	<p>The Commissioner's Provider Leadership Group 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>The Division of Performance Management and Accountability, Provider Relations and Evaluation of Programs (PREP) hosts the following regular meetings:</p> <ul style="list-style-type: none"> • Foster Care Performance Based Contract Provider Quarterly Meeting. • Treatment Foster Care Providers Quarterly Meeting. • General and medical Foster Care (Quarterly). • Group Home and Institution Providers (Quarterly). • Supervised Independent Living Providers (Quarterly). • Mother Baby Providers (Quarterly). <p>The Provider Accountability Forum (PAF), whose participants include representatives from DHS, Community Behavioral Health, and the Office of Children Youth and Families, is chaired by the Director of PREP. This group 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 or the termination of a contract.</p> <p>Provider ChildStat offers a forum for Providers to answer the question, "what supports can be put in place to make you more effective in your work" Many of these suggestions translate into recommendations for system change.</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</p>

Entity	County Engagement
	<p>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>The JJS Deputy Commissioner also convenes meetings with Providers, throughout the calendar year, along with Family Court and JPO leadership staff, to share important policy and practice changes, allow for sharing across Provider programs about new and innovative programming, and to afford Providers opportunities to ask questions, voice concerns, and make recommendations.</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 Director meets regularly with numerous groups of Providers. One group in particular is the PCCYFS Prevention Workgroup. The meetings include 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>CBPS program managers convene regularly scheduled Providers meeting by service area.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p>
Other	<p>Community Oversight Board (COB): The COB is made up of local and national child welfare experts to support and ensure system change at DHS. Its charge is to monitor the Department's implementation of the recommendations from the 2006 Child Welfare Review Panel. The recommendations</p>

Entity	County Engagement
	<p>were designed to improve the ability of the Department to respond to child and youth maltreatment and to increase their safety of children by:</p> <ul style="list-style-type: none"> • Clarifying the mission and values of the Department, with safety as the core function. • Aligning resources to advance the 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 multiple stakeholders in the child protection system. <p>The Child Welfare Advisory Board (CWAB), mandated by OCYF regulation, was merged with the COB last year. Meetings are held quarterly and various Department leaders attend to address ongoing issues and concerns and report on progress made. A portion of these meetings are open to the public.</p> <p>Improving Outcomes for Children Steering Committee: IOC Steering Committee and workgroups are made up from community stakeholders and inform decision making for the IOC planning and implementation process.</p> <p>DHS, Philadelphia Police Department, and the Philadelphia District Attorney’s Office Joint Protocol: In November 2011, the Commissioner of DHS, the Commissioner of the Philadelphia Police Department and the District Attorney of Philadelphia signed an interagency protocol that details how the agencies coordinate investigations, share information and refer cases to each other. The document allows for a joint investigative team to be convened to collaborate on complex cases. In addition, the document provides a detailed procedure for staff of all the agencies to coordinate the sharing of information.</p> <p>Youth Homicide Review Team: The Deputy Commissioner in the Department’s JJS Division is a member and regular participant on the review team and contributes by way of providing information about youth who may have had involvement win the juvenile justice system prior to their death.</p>

Entity	County Engagement
	<p>Given that the Juvenile Probation Office also has a wealth of information about such youth, their office is also in attendance at this meeting. It is chaired by the Medical Examiner's Office.</p> <p>Act 33 Fatality and Near Fatality Reviews: This act requires that the Department establish an interdisciplinary team to review child fatalities and near fatalities (defined as an act that places a child in serious or critical condition as certified by a physician) that are allegedly caused by abuse and/or neglect. The chair of the team cannot be a DHS employee. DHS' review team began in 2009 and has served as a model for other counties in Commonwealth.</p> <p>The team is chaired by the city's Chief Medical Examiner, Dr. Sam Gulino, and consists of representatives from the Medical Examiner's office, the Law Department, Department of Public Welfare, Temple University School of Social Work, DHS, St. Christopher's Hospital, Children's Hospital of Philadelphia, District Attorney's Office, Special Victims Unit, and the Department of Behavioral Health. The entire DHS chain of responsibility for the case being reviewed is required to attend. Recommendations from this review are collected, presented to the Commissioner and her Executive Cabinet, and if approved assigned to senior staff for follow through. These recommendations are tracked by the DHS Quality Improvement team.</p> <p>To date 103 recommendations have been accepted and assigned. Eighty-three have been implemented and 20 are in progress,</p>

PUBLIC HEARING

The Public Hearing is scheduled to be held on Wednesday, August 1, 2012 at Temple University Center City (TUCC), 1515 Market Street, Room 222 from 5:00 p.m. to 7:00 p.m.

Data Collection

- * *Identify the resources used for data collection and analysis, e.g. Adoption and Foster Care Analysis and Reporting (AFCARS).*

Resource	Data Collected	Date of Data
US Census Bureau, American Community Survey	Population, Poverty statistics, Age Distributions	2000-2010
FACTS Data Warehouse	General Indicators: Ongoing Services, JPO Services, Placement Data, Aging Out	June, 2012
Cognos Data Warehouse	Investigations, Days of Care, Placement Data	June, 2012
Court Unit Database	Fostering Connections questions (Aging Out)	2010-2012
Hornby Zeller Data Package	Population Flow	June, 2012
Hornby Zeller Data Package	Reunification Survival Analysis	June, 2012
Hornby Zeller Data Package	Adoption, 17 Months	June, 2012
Hornby Zeller Data Package	Permanency, 24 Months	June, 2012
Hornby Zeller Data Package	Placement Stability, Less than 23 Months	June, 2012
Hornby Zeller Data Package	Placement Stability, 12 to 24 Months	June, 2012
Hornby Zeller Data Package	Placement Stability, Longer than 24 Months	June, 2012
Hornby Zeller Data Package	Comparison Philadelphia to Remaining Counties	June, 2012
Hornby Zeller Data Package	Children still in Care, Permanency Discharges	June, 2012
Hornby Zeller Data Package	Re-entry	June, 2012

MEETING MANDATES

* *From the list below, please indicate those mandates that will result in a need for additional resources:*

- a. Quality Assurance QA) Process for Title IV-E Claiming
- b. Fostering Connections to Success and Increasing Adoptions Act
- c. Safety Assessment
- d. Act 115 of 2010
- e. The Children in Foster Care Act (Act 119)
- f. The Child Abuse Prevention and Treatment Act (CAPTA) – Guardian Ad Litem training.
- g. Chafee Foster Care Independence Program (CFCIP) - National Youth in Transition Database (NYTD)
- h. CFSR Outcomes and Continuous Quality Improvement
- i. The Child and Family Services Improvement and Innovation Act of 2011 (112-34)
- j. Concurrent Planning
- k. Post Reunification

* *Provide a narrative that addresses what resources are needed for the county to meet the mandates selected above.*

The Child and Family Services Improvement and Innovation Act of 2011

Developmental delays: The Philadelphia Department of Human Services currently has a policy and procedure to screen children using the ASQ and ASQ-SE to determine if they are at risk for developmental delays, and if so, to refer them for an Early Intervention evaluation. DHS screens all children age 5 and under who are accepted for service and all children age 3 and under who are the victims of substantiated abuse reports and who are not accepted for service. To comply with this legislation, DHS will revise the policy to include all children under the age 4 and under who are victims of substantiated abuse and not accepted for service. It is not anticipated that this will require additional resources.

Monitoring use of psychotropic medications for children and youth in out of home care: DHS has been laying the ground work for monitoring the use of psychotropic medications in children and youth in out of home care through a series of ongoing meetings with the Philadelphia Department of Behavioral Health and Community Behavioral Health (CBH). These meetings have served to address issues of confidentiality and information sharing. The next meeting is scheduled for 8/1/12.

A strategy that is being considered is to begin with an initial surveillance. Claims data would be used to identify children and youth who have been prescribed psychotropic medication, and a child psychiatrist would review the information and reach out to the prescribing physician to obtain additional information about why psychotropic medications were prescribed and what alternative or additional interventions had been considered. After the period of surveillance, DHS would implement a larger system intervention. This would include a Continuous Quality Improvement, periodic review, and system partners outreach to educate the system about competent, targeted, evidence-based treatment, and behavioral intervention alternatives.

DHS anticipates a need for the services of a child psychiatrist consultant who will initially review a sample of cases and then act as a subject matter expert. It is anticipated that such service will cost approximately \$100,000 dollars per year (\$200/hr x 10hr/week).

Monitoring and treating child and youth emotional trauma: DHS addresses child emotional trauma on a number of fronts and is working to improve monitoring and treatment services. DHS currently employs psychologists who are available for consultations related to behavioral health; work closely with trauma treatment providers, and who are active participants in agency and cross-systems teamings, such as Act 33, Sexual Abuse and Multi-Disciplinary Team (MDT) meetings. DHS has a policy requiring mandatory consultation with the psychologists during both investigation and ongoing services, and prior to reunification under certain circumstances (e.g., child has experienced sexual abuse within the family, physical abuse resulting in injury, etc.), where it may be expected that reunification could present potential trauma triggers. CBH care managers are co-located in the DHS Support Center for Child and Family Well-being to facilitate engagement of behavioral health services and to provide additional history. Additionally, when a referral for out-of-home care is made to the Central Referral Unit, the referral is opened by a CBH care manager who enters the child or youth's CBH history and Provider information directly into the referral.

To improve outcomes for children and youth, DHS would extend CBH consultation to all children accepted for service to determine whether they have a history in the mental health system. Prompts could be built into the Central Referral Unit system to identify children and youth with acute behavioral health needs who may need more thorough assessment. Valid screening tools need to be selected that can identify children or youth who may require further psychological or psychiatric assessment and treatment for trauma. One possible tool that was originally reviewed as a measurement of well-being is CAFAS (Child and Adolescent Functional Assessment Scale). In measuring child well-being, CAFAS includes assessment of behavioral and emotional health. Incidents of trauma experienced by the child or adolescent are assessed as well as behavior that may be associated with the trauma either directly or indirectly. Treatment for trauma needs to be expanded to include non-traditional evidence-based forms of treatment such as art, music or play therapy.

Additional resources may be required for screening tools which carry a licensing/use cost, and non-traditional therapeutic treatment which may not be funded through CBH.

GENERAL INDICATORS

COUNTY INFORMATION/BACKGROUND

Population and Poverty Trends

- * Describe the population and poverty trends for the county, noting any increase or decreases. Please include the data source.

County Data

- Population Trends

Philadelphia's population, after almost a decade of relative stability appears to be decreasing slightly. The 2010 Census Bureau survey estimated that there were approximately 20,000 fewer residents than in 2009. The total number of children and youth (aged 17 and under) remained relatively constant between 2004 and 2006, declined by 1.8% between 2006 and 2007, and remained relatively stable into 2008 and 2009. In 2010, this population also decreased by approximately 20,000, bringing the total to the lowest it has been since 2000. Because of this decrease, the percentage of the population under 17 decreased 1%, bringing it to lower than it has been since 2000.

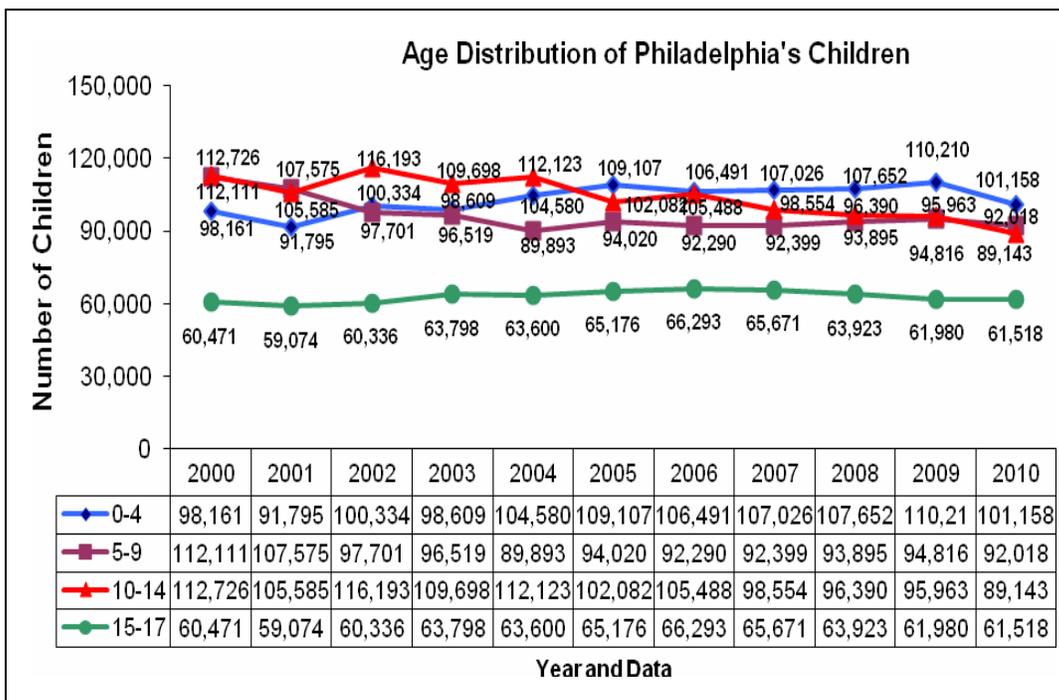
Table 1: Estimated Total Philadelphia Population and Estimated Total Population 17 and under

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%
2009	1,547,297	362,879	23.5%
2010	1,526,006	343,837	22.5%

Data Source: U.S. Census Bureau, American Community Survey 2000-2010

- Age Distribution

Dividing Philadelphia’s children and youth into four age cohorts, all exhibit a decrease, with the largest decrease (8.4%) in the 0-4 group and the smallest decrease (.75%) in the 15-17 group. Overall, however, the 0-4 and 15-17 groups have increased since 2000 while the 5-9 and 10-14 groups have decreased.



- 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 three people \$22,050 for four people and \$25,790 for five people. The poverty line is used to determine eligibility for a number of federal programs (See the 2010 HHS Poverty Guidelines).

National trends show an increase in poverty among children and youth (PCCY, 2008). The same is true in Philadelphia where 26.7% of the population fell below the federal poverty line in 2010, an increase of 2.5% from 2009. Of this group, 36.4% were children and youth, an increase of 1.9% from 2009. In 2010, more than one third of children and youth in Philadelphia were living in poverty, representing a 1.8% increase over 2009.

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 Total Population with Poverty Status	Children in Poverty as a Percentage of Total Child population
2000	327,364	21.6%	125,092	38.2%	32.6%
2001	332,026	23.1%	117,047	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%
2009	359,141	24.2%	123,784	34.5%	34.2%
2010	407,444	26.7%	125,157	36.4%	36.4%

Data Source: Census Bureau, ACS 2000-2010

Address issues in annual licensing review and/or the Quality Services Review

In reviewing the results of both the lead Quality Service Review (QSR) as well as the results from our local QSR reviews, the DHS Sponsor team found consistencies in both areas of strength (e.g. safety of children, physical health, culturally appropriate services) and areas for continued improvement (e.g. fatherhood engagement, permanency).

In selecting items for our County Improvement Plan, the team decided to prioritize outcomes and strategies based on the key areas that would have the greatest immediate positive impact on one or more indicators. For example, we expect that better engagement of fathers will lead to higher ratings in other indicators concerning fathers (i.e. role & voice, assessment, planning). Also regarding permanency, we expect that improving our ability to connect youth with family members will lead to a decrease in the number of children aging out from our system.

The first selected outcome includes work surrounding engaging fathers. Strategies in this area include the establishment of the fatherhood engagement committee, the creation of a desktop guide for use at the hotline level, the creation of a brochure aimed at increased awareness of the importance of engaging fathers, and a thorough review and subsequent revisions of our policy manual ensuring that the engagement of fathers is emphasized.

The second identified outcome includes work to improve permanency specific to older youth. Strategies surrounding the marketing of the Family Finding process, the creation of a process for teaming congregate care cases, and working to increase the number of FGDM conferences aimed at permanency for this population were included for this outcome.

The third identified outcome focused on improvements to general permanency, including work aimed at incorporating concurrent planning into casework. Ensuring that with IOC all approved foster home can meet SWAN benchmarks, developing a teaming process that includes

reviewing placements resources as permanency options, and ensuring that concurrent planning is emphasized in the new single case plan are strategize aimed at this outcome.

The Youth Study Center received full licensure from DPW during its Annual State Evaluation (ASE) of 2011 with just two (2) citations. One for having failed to acquire a second dental examination for a youth who'd been detained longer than six (6) months, and the other for the issue of overcrowding. This latter issue is one that the Department's JJS Division continues to work collaboratively with the Courts to address and weekly youth review meetings continue to be held to discuss how to effectively sustain reductions in our census. We anticipate that our undertaking of the Juvenile Detention Alternatives Initiative (JDAI) will result in practices and policies that not only help with reducing our jurisdiction's over-reliance on secure detention, but also aid stimulating overall reforms within our System.

Address any projected changes in service delivery from the previous FY to the Implementation Plan, including changes to the needs based plan proposal of last year. Identify the basis for the change in service delivery and projected impact.

In an effort to further improve the safety, permanence, and well being of the children, youth, and families receiving services, the Department of Human Services, has begun a four year initiative called "Improving Outcomes for Children: A Community Partnership Approach to Child Welfare" (IOC). This initiative presents a change in the service delivery paradigm. It is a new and innovative approach that will impact the Needs Based Budget for this upcoming fiscal year. The core components of the initiative include: strengthening partnerships for service delivery at the neighborhood level; modifying current case management practices and accountability systems; clearly defining DHS and Provider staff roles in case management services; and creating stronger quality assurance functions within DHS.

The IOC initiative intends to create a neighborhood-based service delivery system that focuses on ensuring positive outcomes. IOC involves creating an infrastructure to stabilize families within their own communities and engage the community through facilitated discussions to identify local strengths and needs. The construct supports the understanding that by engaging residents and other community stakeholders a greater sense of ownership in protecting its children and youth and keeping them safe within their homes is embraced by the community and supported by the Department's programming.

The other key feature of the IOC initiative is the shift to a single case management model of service delivery. The current case management approach requires both DHS and Provider staff to share responsibility for each child or youth on their caseload. Both conduct visits, attend court hearings, convene planning meetings, create service plans, make referrals for service, etc. Under a single case management system model, duplication is eliminated; roles and responsibilities are clearly delineated with DHS staff providing planning and monitoring support, guidance, and technical assistance to Provider staff. Providers are then accountable for ongoing case management and the delivery of services. The Department's role focuses on enhancing Provider capacity to improve outcomes, facilitating planning and monitoring practice.

Phased implementation of the IOC initiative is anticipated to begin in early 2012 in the 24th, 25th, and 26th Police Districts. This region represents the Department's highest accept-for-service area within the city and aligns with our Ongoing Service Region II. Over the next four years communities representing Ongoing Services Regions I and III will be phased in. By 2016, it is anticipated that Providers will be fully responsible for the delivery of direct case management services. As part of IOC, the Department maintains all front-end services such

as the Hotline, Intake Investigations, and repeat reports of abuse or neglect. In addition to the front-end services, the Department also maintains responsibility for Financing and Contract Management, Data, Performance Management and Accountability, Professional Development, Training and System Capacity, and Supportive Services.

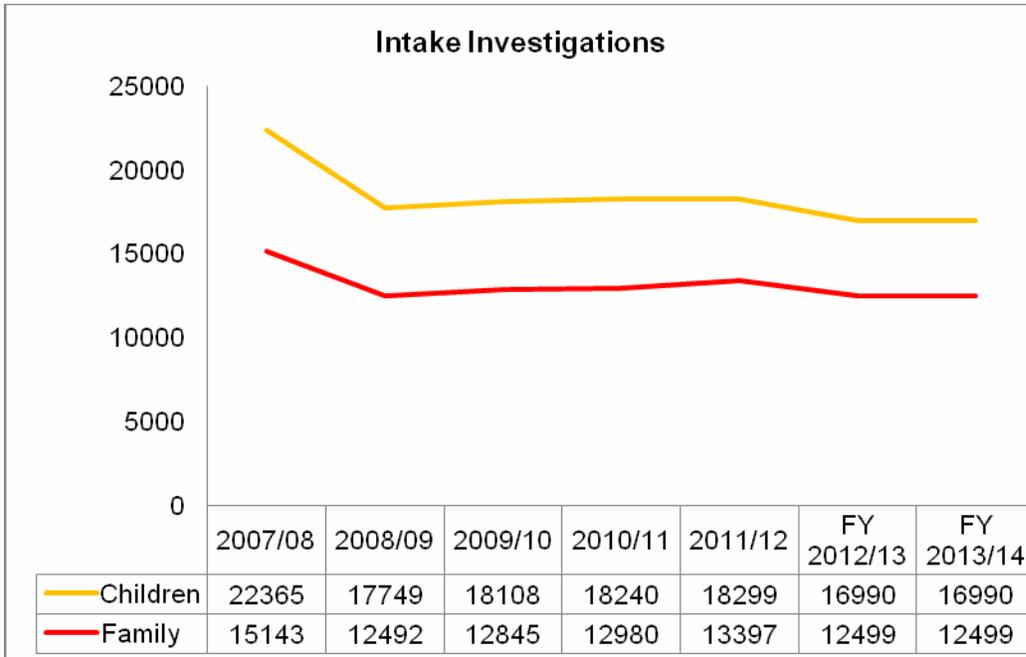
GENERAL INDICATORS

Service Trends: Intake Investigations, Ongoing Services and JPO Services

Intake Investigations

* The number of families/children that have been or are being investigated or assessed (beyond initial intake/screening activity) by CCYA staff in FYs 2007-08, 2008-09, 2009-10, 2010-11, 2011-11 and the projected numbers for FYs 2012-13 and 2013-14.

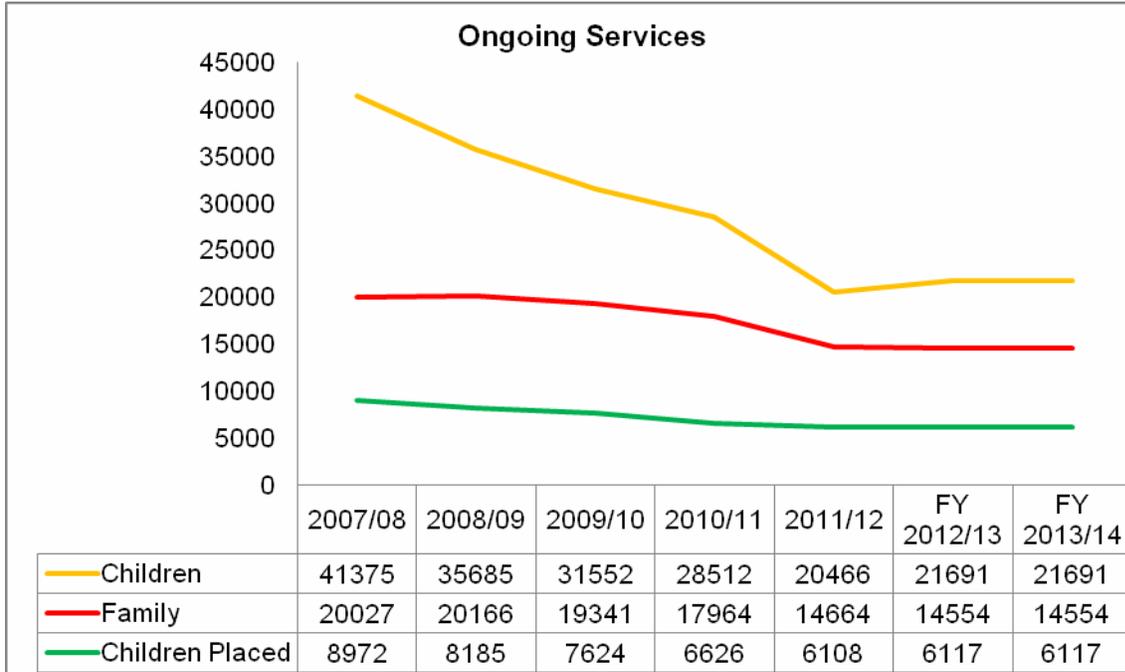
Chart 1



Ongoing Services

* The number of families/children with an open case (i.e., Family Service Plan developed or being developed) in the CCYA for FYs 2007-08, 2008-09, 2009-10, 2010-11, 2011-11 and the projected numbers for FYs 2012-13 and 2013-14.

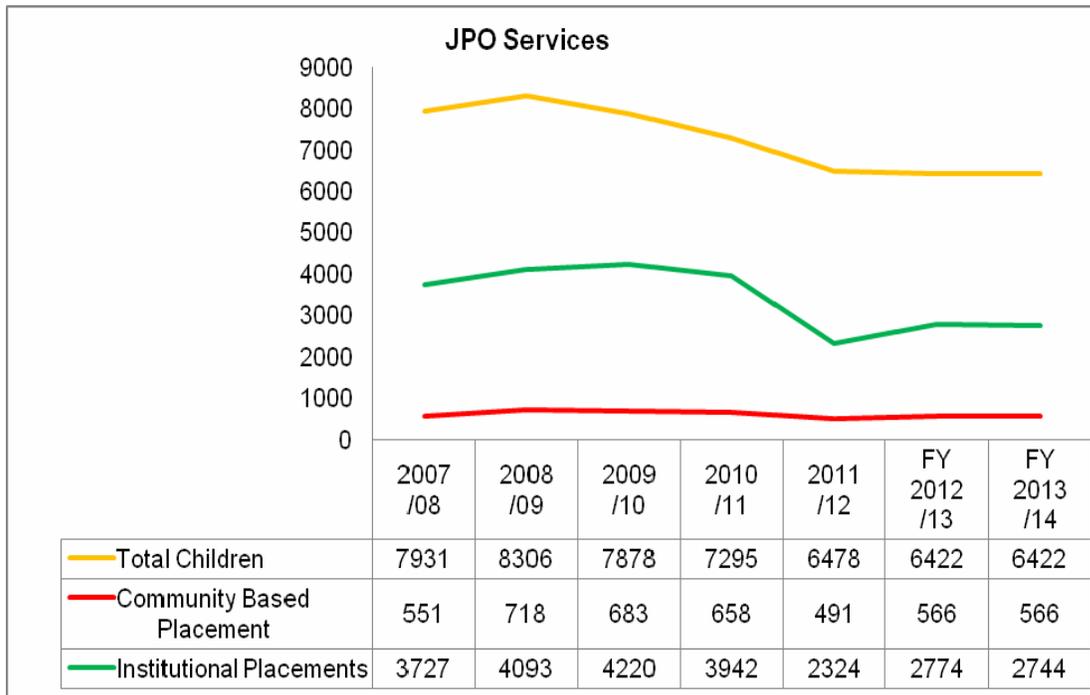
Chart 2



JPO Services

* The number of children (non-duplicated) under the supervision of the County’s Juvenile Probation Office (JPO) receiving services funded through the NBPB process, separated by the in-home services category, community-based placement, and institutional placement categories in FYs 2007-08, 2008-09, 2009-10, 2010-11, 2011-11 and the projected numbers for FYs 2012-13 and 2013-14.

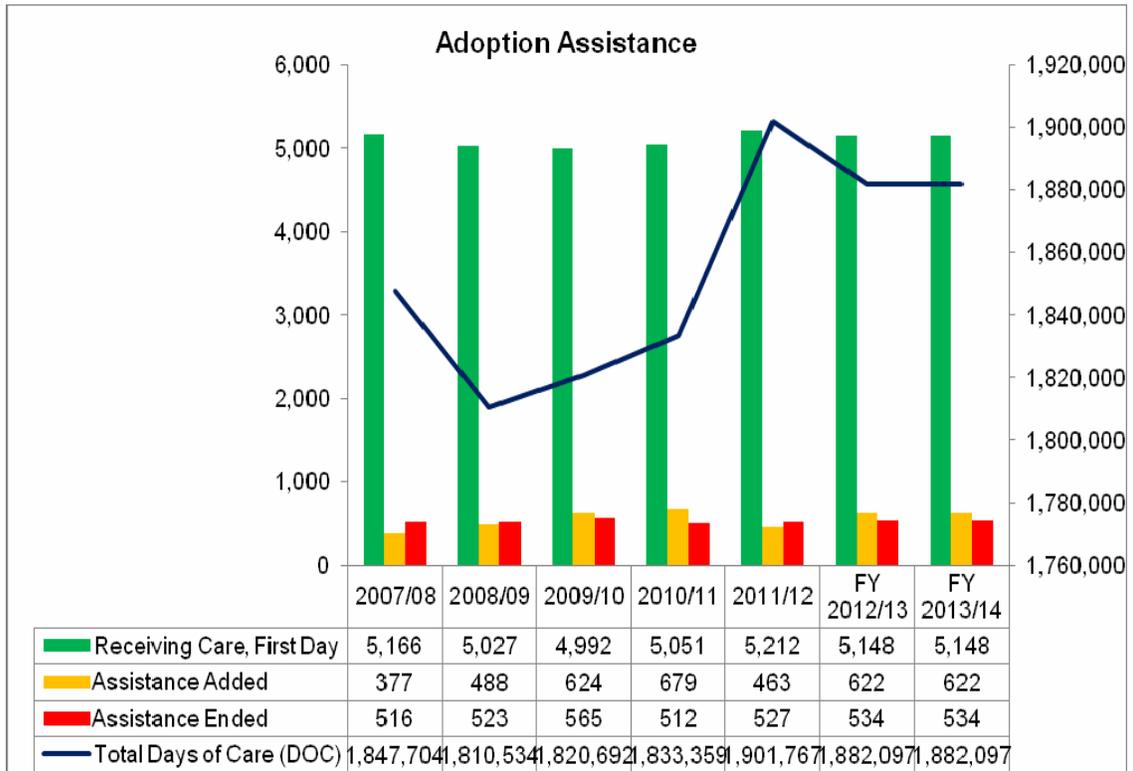
Chart 3



Adoption Assistance

* The number of children (non-duplicated) who were receiving adoption assistance on the first day of each fiscal year, added during the fiscal year, and ending adoption assistance during the fiscal year for FYs 2007-08, 2008-09, 2009-10, 2010-11, 2011-11 and the projected numbers for FYs 2012-13 and 2013-14.

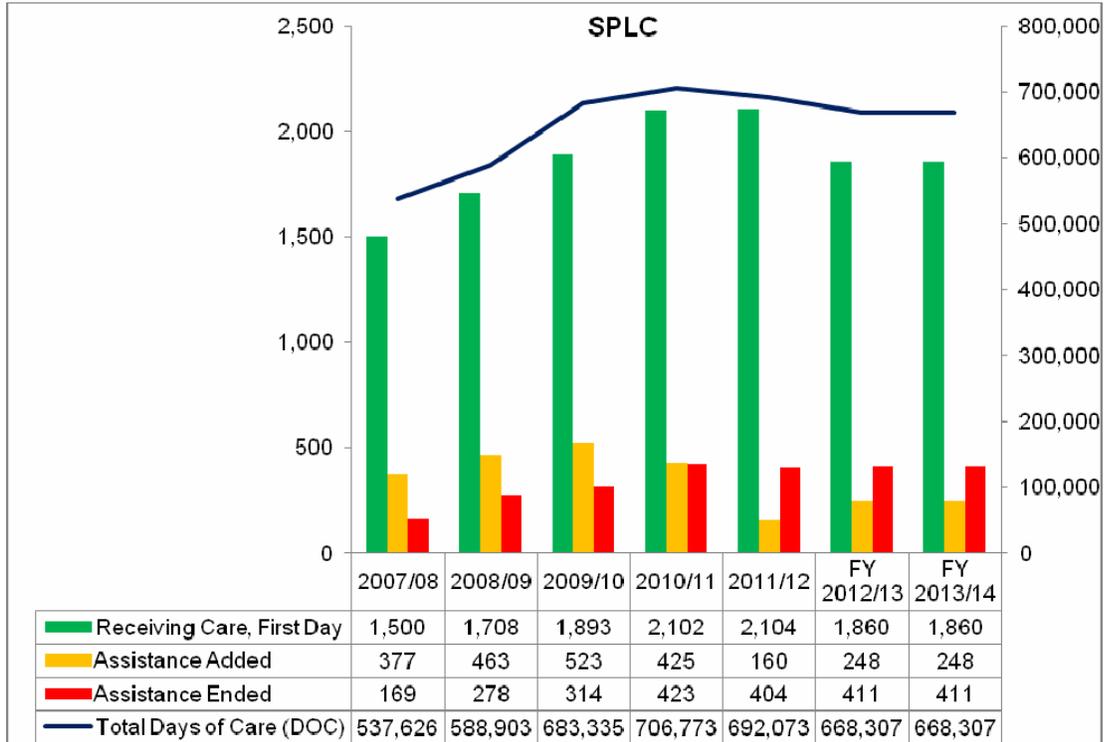
Chart 4



Subsidized Permanent Legal Custody (SPLC)

* The number of children (non-duplicated) who were in placement on the first day of each fiscal year, entering during the fiscal year, and leaving placement during the fiscal year FYs 2007-08, 2008-09, 2009-10, 20010-11, 2011-11 and the projected numbers for FYs 2012-13 and 2013-14.

Chart 5



Out-of-Home Placements

- * *The number of children (non-duplicated) in placement on the first day of each fiscal year, the number of children (non-duplicated) entering, and the number of children (non-duplicated) leaving **dependent** Foster Family Care during FYs 2007-08, 2008-09, 2009-10, 2010-11, 2011-11 and the projected numbers for FYs 2012-13 and 2013-14.*
- * *Also enter the total days of care for each fiscal year. Separate the above numbers by the following types of **dependent** Foster Family Care:*
 - *Traditional Foster Care (Non-kinship)*
 - *Reimbursed Kinship Care*
 - *Non-reimbursed Formal Kinship Care (county agency has legal custody of the child)*
- * *The number of children (non-duplicated) who were in placement on the first day of each fiscal year, the number of children (non-duplicated) entering, and the number of children (non-duplicated) leaving the following placement settings during FYs 2007-08, 2008-09, 2009-10, 2010-11, 2011-11 and the projected numbers for FYs 2012-13 and 2013-14.*
- * *Also, enter the total days of care for each fiscal year.*
 - *Dependent Community Residential*
 - *Delinquent Community Residential*
 - *Juvenile Detention*
 - *Dependent Institutional Residential Services*
 - *Delinquent Institutional Residential Services*

Chart 6

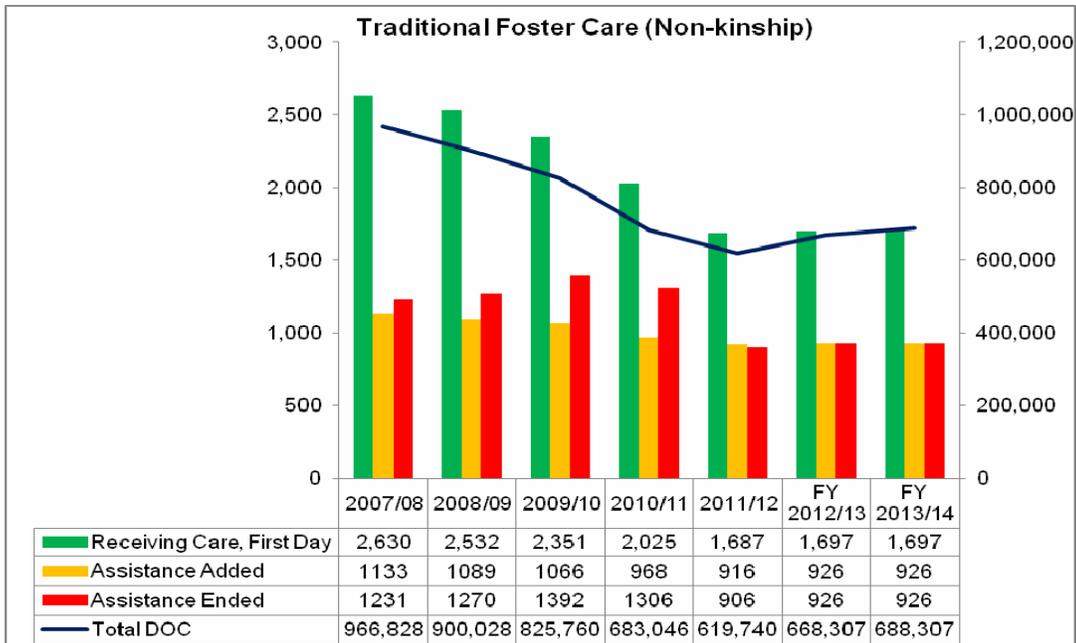


Chart 7

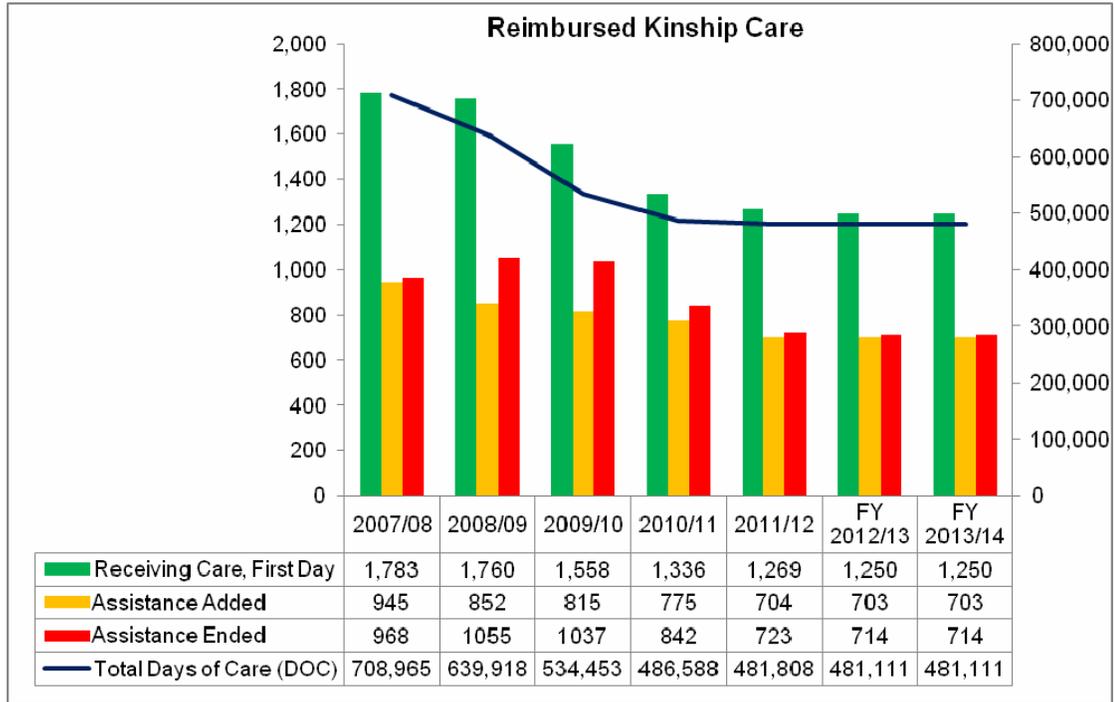


Chart 8

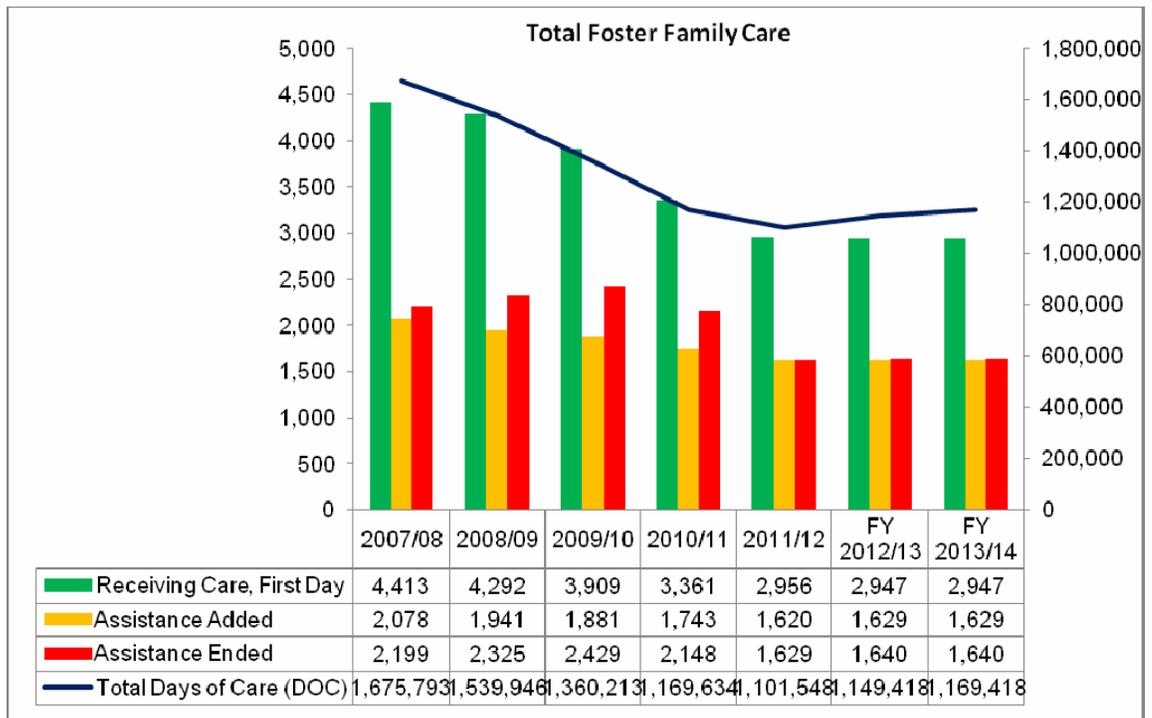


Chart 9

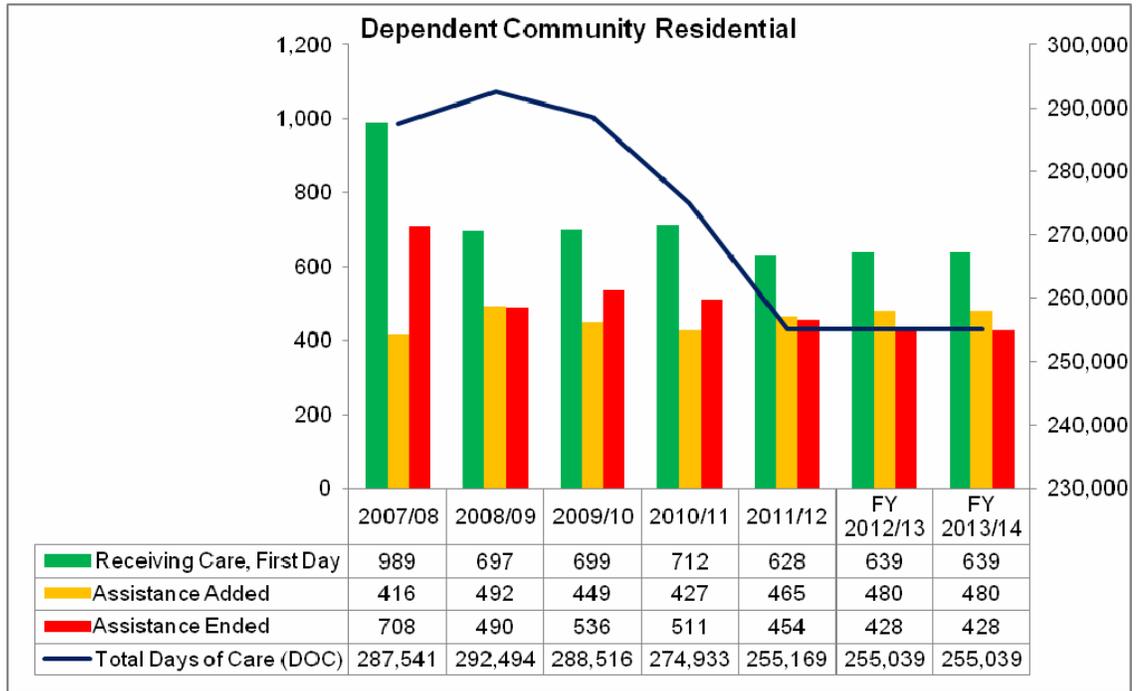


Chart 10

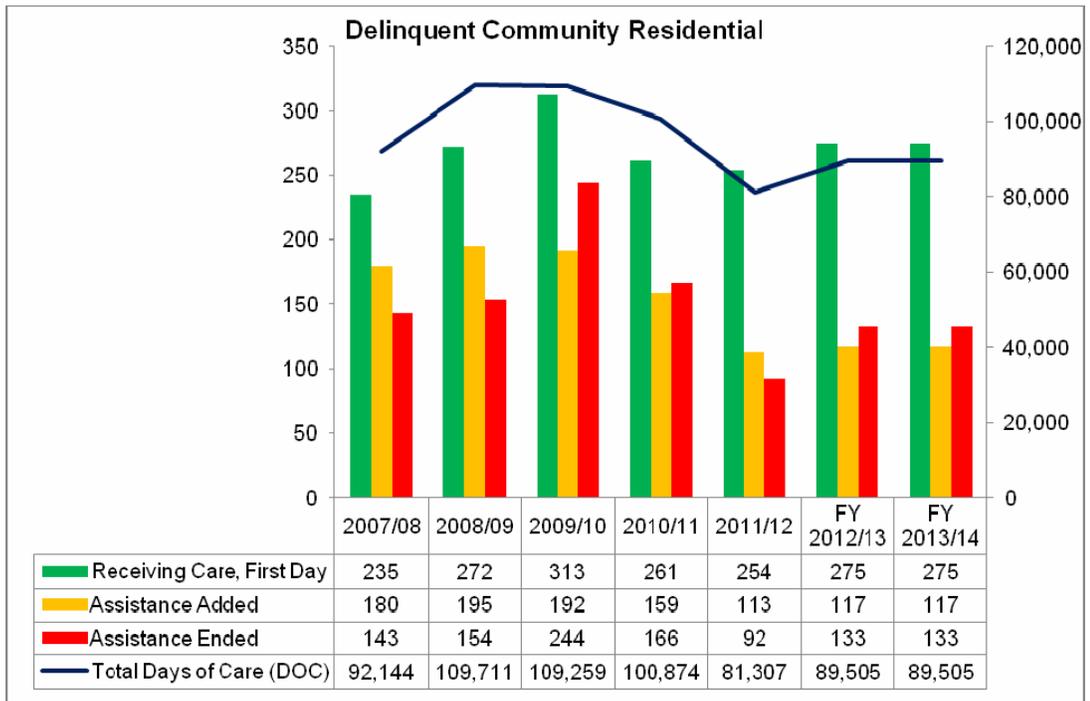


Chart 11

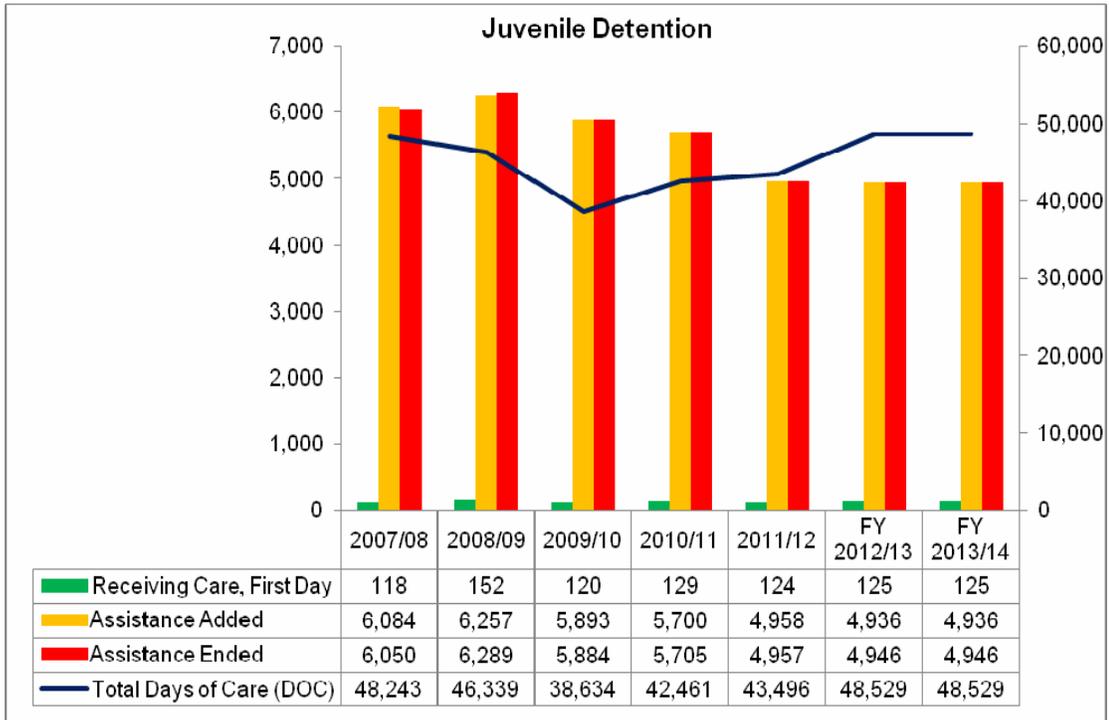


Chart 12

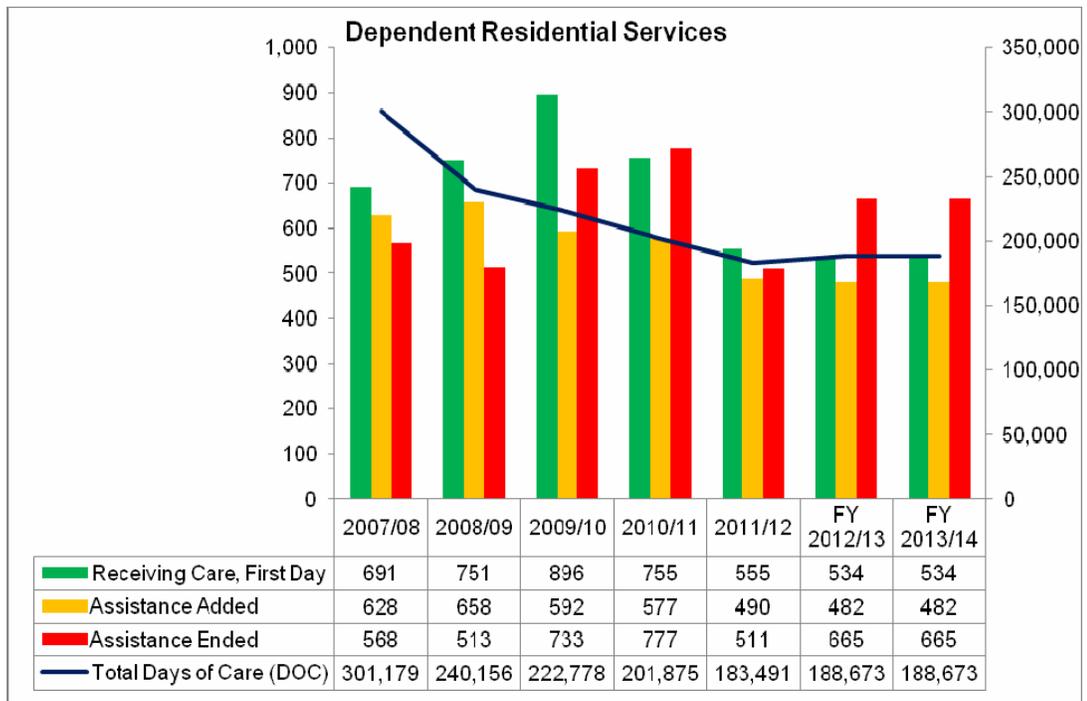
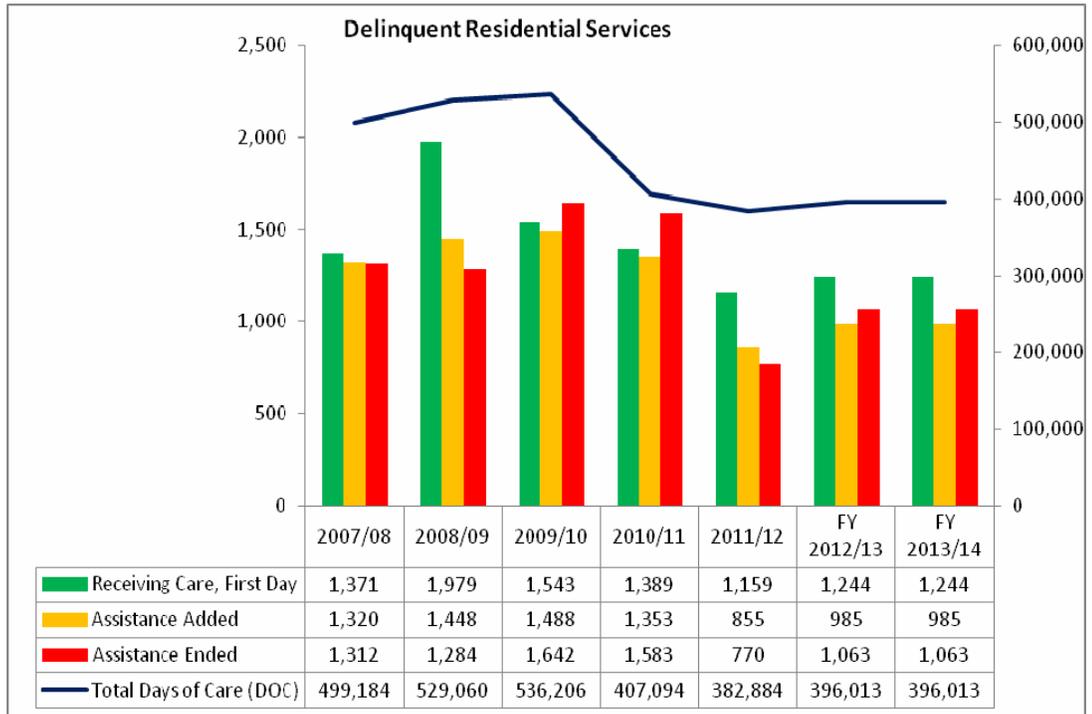


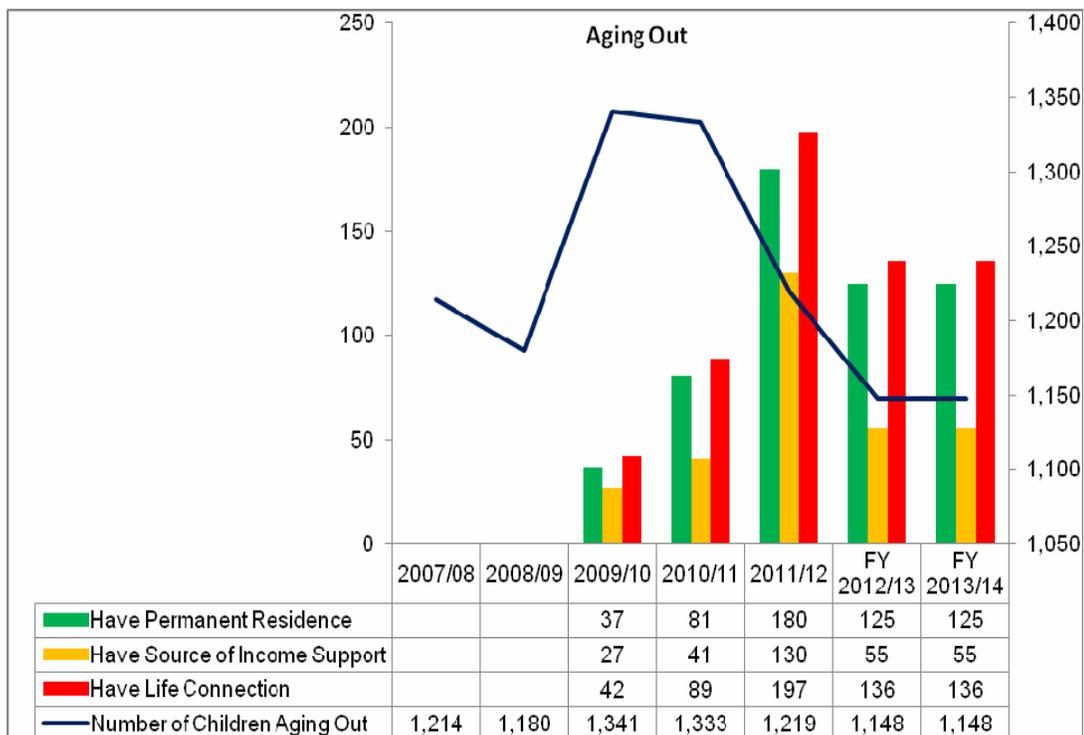
Chart 13



Aging Out

- * Track the number of any dependent/delinquent youth (non-duplicated) leaving custody/responsibility of the Agency at age eighteen or older, and the number who have, at the time of leaving care:
 - permanent residence;
 - source of income to support him/herself (either employment or public benefits); and
 - life connection (defined as the love and emotional support of at least one adult who is committed to their development and individual success).

Chart 14



- * Discuss any highlighted trends and describe factors contributing to the trends in the previous charts. Discuss any important trends that may not be highlighted.

Service Trends

After a steep downturn for investigations in 08/09, the Department has seen slight increases in 09/10, 10/11 and 11/12, but never again approached the highs reported in 07/08, primarily because DHS remains committed to using Hotline Guided Decision Making (HGDM).

With regard to ongoing services, the Department continued its downward trend in both families and children and youth accepted for service, and children and youth placed, because the DHS remains committed to the Safety Model of Practice and maintaining them safely in their home.

There has been a steep decrease in both the total number of youth requiring JJS services in 2011/12, primarily due to the decrease in institutional placements as well as a decrease in the use of community-based placements.

DHS is working with Family Court on a Juvenile Justice Reform Initiative designed to reverse the trend for JJS services overall. Although projections indicate an increase in both types of placements over the following two years, this is probably due to the algorithm used for the projects, which incorporates all data over time, including the points in time when placements were much higher overall. In reality, if DHS continues on its downward trend, both types of placements should decrease.

Adoption Assistance and SPLC

Adoptions and PLCs increased overall again in FY12, adoptions slightly more than PLCs. DHS expects this to be maintained over the next two years.

Placement Data

Foster care, kinship placements, and length of stay continued a downward trend. These reductions are a result of the continued use of the Safety Model of Practice as well as the implementation of in home services to safely support children and youth in their own home. Other factors that may contribute to this decrease include Family Group Decision Making (FGDM) and Family Finding. Once again, the projections seem to indicate increases overall in the next two years, but this is based on the algorithm used which calculates trends over the last five years.

The number of children and youth entering Dependent Community Residential care is trending downward, as is length of stay. Implementation of the Safety Model of Practice, in home services, FGDM, Family Finding, and placement diversion services have also contributed to the decreases seen.

Projections and Unduplicated Counts

With regard to our projections, the Department continued using the methods it introduced last year. In the past, the two out years were simply projected by using the exact number from the last real data year. The projections with this method were not true projections and therefore difficult to use in understanding what might happen if current trends continue. The following real projection methods are being used:

- Logarithmic trend lines: A logarithmic trend line is a best-fit curved line that is used when the rate of change in the data increases or decreases quickly and then levels out. A logarithmic trend line uses both negative and positive values.
- Polynomial trend lines: A polynomial trend line is a curved line that is used when data fluctuates. It is useful, for example, for analyzing gains and losses over a large data set.

Using these methods, the annual projection was calculated by allocating values for the next two years based on the trend found in the previous five years and assumes that the pattern of the past five years will continue for the next two. These methods were used for all items, with the exception of any item marked "receiving care, first day." These data are actual counts rather than projections.

We also recalculated the numbers to reflect unduplicated counts as we realized that we had inadvertently duplicated counts in several years past.

Juvenile Probation - Intake Diversion

Philadelphia Family Court's Juvenile Probation Department and DHS believe that if we are able to engage youth early in their involvement with the Juvenile Justice System, we have the greatest chance to positively impact their lives. To this end, Juvenile Probation has worked with the Department this year to provide preventative services to our youth through the Community Based Prevention Services. With access to over 100 various family services and through the Youth Aid Panels, the Intake Division of Juvenile Probation was able to informally adjust 991 youth.

For the fiscal year 2012 there were 5,343 arrests. Of those arrests, 1,878 youth were detained at time of arrest. Unfortunately 211 youth arrests involved the use of a gun and 1,206 youth arrests resulted from school based arrests. With juvenile arrests totaling 5,343 this year, we were able to divert 18.5% of all youth arrested.

There have been significant strides in reducing the reliance on placement during this year while still providing appropriate services to youth and families. There were 167 less community-based placements or a 25% decrease from the prior fiscal year and 1,618 less institutional placements or a 41% decrease from the prior fiscal year.

The secure detention numbers have continued a slight downward trend, since 2009. In FY12, the secure detention number dropped by 5.

Delinquent Community Residential

The use of foster home and group home services have declined over the last two years in the number of youth receiving care and the total days of care. In recognition of the fact that there are increasing numbers of youth who age out of our system with scant family resources, we look to increase our use of both these services during this upcoming fiscal year. As well, given our philosophical embracement of the Shared Case Responsibility bulletin, we anticipate that an increased number of youth will benefit from these two lesser restrictive placement options.

Both of these services continue to support delinquent youth in acquiring the necessary housing and life skills they need before aging out of our system.

Juvenile Detention

The number of youth detained at the Youth Study Center declined by 3.8% from the previous year with a slight increase of 2.3% in the days of care. Currently, youth committed to Community- Based Detention Shelters (CBDS) are processed at the Youth Study Center (YSC) prior to such. This past practice has resulted in a false inflation of our overall census and number of days of care as these youth, many of whom stay only hours at the Youth Study Center for processing and immediately thereafter leave for community-based detention, are included in the count. JJS is working to develop new practices and policies which facilitate the separation of the two distinct populations:

those ordered held at YSC and those ordered to CBDS preventing them from being counted in any way as a YSC admission.

Delinquent Residential

The use of Delinquent residential services has steadily declined over the last three years. A three year decline in the number of youth entering the system and our commitment to utilizing alternatives to residential placements has contributed to this decline.

Aging out Youth

The Department continues to be committed to improving outcomes for older youth exiting care. The implementation of Shared Case Responsibility (SCR) in FY11 requires collaboration and joint planning between the Divisions of Children and Youth and Juvenile Justice as well as Family Court. The SCR process will ensure that all youth exiting care benefit from the services and resources needed as they transition into adulthood.

In FY11, the Department began a method for centralized documentation (reflected in the chart in 3-2e) to address the following questions:

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

These data will help to identify areas of strength and where improvement is needed to facilitate youth exiting care and becoming healthy, productive, and well-adjusted members of the community. Although we have made progress on collecting the data and FY12 shows a vast improvement, we still have work to do to ensure that all youth have these resources upon discharge.

3-2f: General Indicators Data Table

3-2a. Service Trends								
	FY	FY	FY	FY	FY	Projected		2007-12
Indicator	2007/08	2008/09	2009/10	2010/11	2011/12	FY	FY	%
						2012/13	2013/14	Change
Intake Investigations								
Children	22365	17749	18108	18240	18299	16990	16990	-18.2%
Family	15143	12492	12845	12980	13397	12499	12499	-11.5%
Ongoing Services								
Children	41375	35685	31552	28512	20466	21691	21691	-50.5%
Family	20027	20166	19341	17964	14664	14554	14554	-26.8%
Children Placed	8972	8185	7624	6626	6108	6117	6117	-31.9%
JPO Services								
Total Children	7931	8306	7878	7295	6478	6422	6422	-18.3%
Community Based								
Placement	551	718	683	658	491	566	566	-10.9%
Institutional								
Placements	3727	4093	4220	3942	2324	2774	2744	-37.6%
3-2b. Adoption Assistance								
	FY	FY	FY	FY	FY	Projected		2007-12
Indicator	2007/08	2008/09	2009/10	2010/11	2011/12	FY	FY	%
						2012/13	2013/14	Change
Adoption Assistance								
Receiving Care,								
First Day	5,166	5,027	4,992	5,051	5,212	5,148	5,148	0.9%
Assistance Added	377	488	624	679	463	622	622	22.8%
Assistance Ended	516	523	565	512	527	534	534	2.1%
Total Days of Care (DOC)	1,847,704	1,810,534	1,820,692	1,833,359	1,901,767	1,882,097	1,882,097	2.9%
3-2c. SPLC								
	FY	FY	FY	FY	FY	Projected		2007-12
Indicator	2007/08	2008/09	2009/10	2010/11	2011/12	FY	FY	%
						2012/13	2013/14	Change
Subsidized Permanent Legal Custodianship								
Receiving Care,								
First Day	1,500	1,708	1,893	2,102	2,104	1,860	1,860	40.3%
Assistance Added	377	463	523	425	160	248	248	-57.6%
Assistance Ended	169	278	314	423	404	411	411	139.1%
Total Days of Care (DOC)	537,626	588,903	683,335	706,773	692,073	668,307	668,307	28.7%

3-2d. Placement Data								
Indicator	FY	FY	FY	FY	FY	Projected		2007-12 % Change
	2007/08	2008/09	2009/10	2010/11	2011/12	FY 2012/13	FY 2013/14	
Traditional Foster Care (non-kinship)								
Receiving Care, First Day	2,630	2,532	2,351	2,025	1,687	1,697	1,697	-35.9%
Assistance Added	1133	1089	1066	968	916	926	926	-19.2%
Assistance Ended	1231	1270	1392	1306	906	926	926	-26.4%
Total DOC	966,828	900,028	825,760	683,046	619,740	668,307	688,307	-35.9%
Reimbursed Kinship Care								
Receiving Care, First Day	1,783	1,760	1,558	1,336	1,269	1,250	1,250	-28.8%
Assistance Added	945	852	815	775	704	703	703	-25.5%
Assistance Ended	968	1055	1037	842	723	714	714	-25.3%
Total Days of Care (DOC)	708,965	639,918	534,453	486,588	481,808	481,111	481,111	-32.0%
Foster Family Care (Total of 2 above)								
Receiving Care, First Day	4,413	4,292	3,909	3,361	2,956	2,947	2,947	-33.0%
Assistance Added	2,078	1,941	1,881	1,743	1,620	1,629	1,629	-22.0%
Assistance Ended	2,199	2,325	2,429	2,148	1,629	1,640	1,640	-25.9%
Total Days of Care (DOC)	1,675,793	1,539,946	1,360,213	1,169,634	1,101,548	1,149,418	1,169,418	-34.3%
Non-reimbursed Kinship Care								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Dependent Community Residential								
Receiving Care, First Day	989	697	699	712	628	639	639	-36.5%
Assistance Added	416	492	449	427	465	480	480	11.8%
Assistance Ended	708	490	536	511	454	428	428	-35.9%
Total Days of Care (DOC)	287,541	292,494	288,516	274,933	255,169	255,039	255,039	-11.3%

Indicator	FY	FY	FY	FY	FY	Projected		2007-12 % Change
	2007/08	2008/09	2009/10	2010/11	2011/12	FY 2012/13	FY 2013/14	
Delinquent Community Residential								
Receiving Care, First Day	235	272	313	261	254	275	275	8.1%
Assistance Added	180	195	192	159	113	117	117	-37.2%
Assistance Ended	143	154	244	166	92	133	133	-35.7%
Total Days of Care (DOC)	92,144	109,711	109,259	100,874	81,307	89,505	89,505	-11.8%
Juvenile Detention								
Receiving Care, First Day	118	152	120	129	124	125	125	5.1%
Assistance Added	6,084	6,257	5,893	5,700	4,958	4,936	4,936	-18.5%
Assistance Ended	6,050	6,289	5,884	5,705	4,957	4,946	4,946	-18.1%
Total Days of Care (DOC)	48,243	46,339	38,634	42,461	43,496	48,529	48,529	-9.8%
Dependent Residential Services								
Receiving Care, First Day	691	751	896	755	555	534	534	-19.7%
Assistance Added	628	658	592	577	490	482	482	-22.0%
Assistance Ended	568	513	733	777	511	665	665	-10.0%
Total Days of Care (DOC)	301,179	240,156	222,778	201,875	183,491	188,673	188,673	-39.1%
Delinquent Residential Services								
Receiving Care, First Day	1,371	1,979	1,543	1,389	1,159	1,244	1,244	-15.5%
Assistance Added	1,320	1,448	1,488	1,353	855	985	985	-35.2%
Assistance Ended	1,312	1,284	1,642	1,583	770	1,063	1,063	-41.3%
Total Days of Care (DOC)	499,184	529,060	536,206	407,094	382,884	396,013	396,013	-23.3%
3-2e. Aging Out Data								
Indicator	FY	FY	FY	FY	FY	Projected FY	Projected FY	2007-12 % Change
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	
Aging Out								
Number of Children Aging Out	1,214	1,180	1,341	1,333	1,219	1,148	1,148	0.4%
Have Permanent Residence			37	81	180	125	125	0.0%
Have Source of Income Support			27	41	130	55	55	0.0%
Have Life Connection			42	89	197	136	136	0.0%

OUTCOME INDICATORS

REUNIFICATION & PERMANENCY

Foster Care Population Flow

* This indicator tracks the numbers of children entering and exiting care during each six-month period, the number in care at the beginning and end of each period, and the total number served during each period. Breakdowns include each data point by age group.

Chart 15

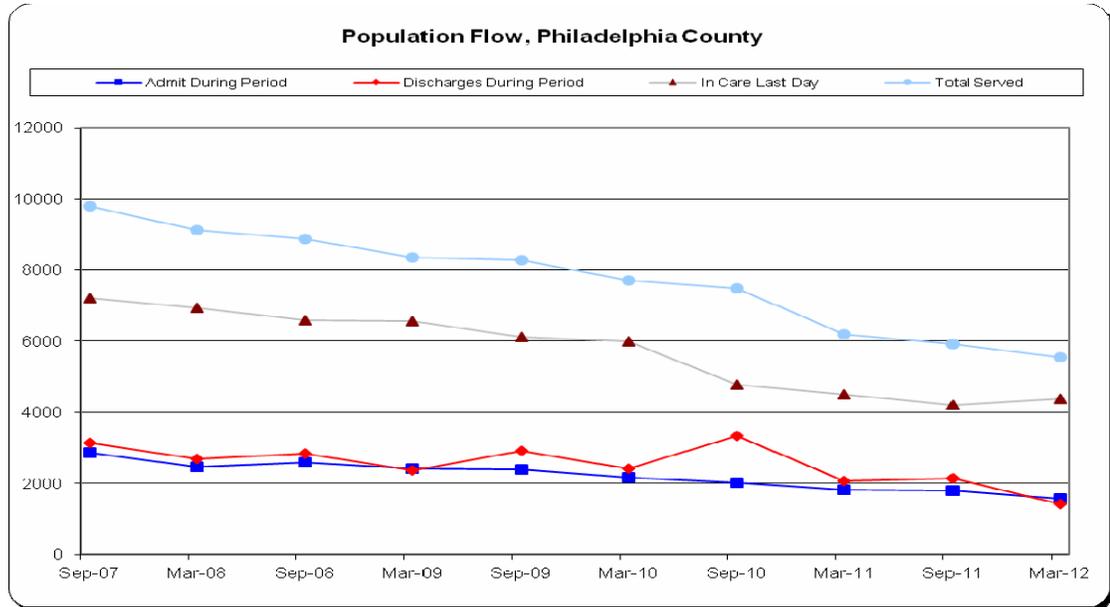


Chart 16

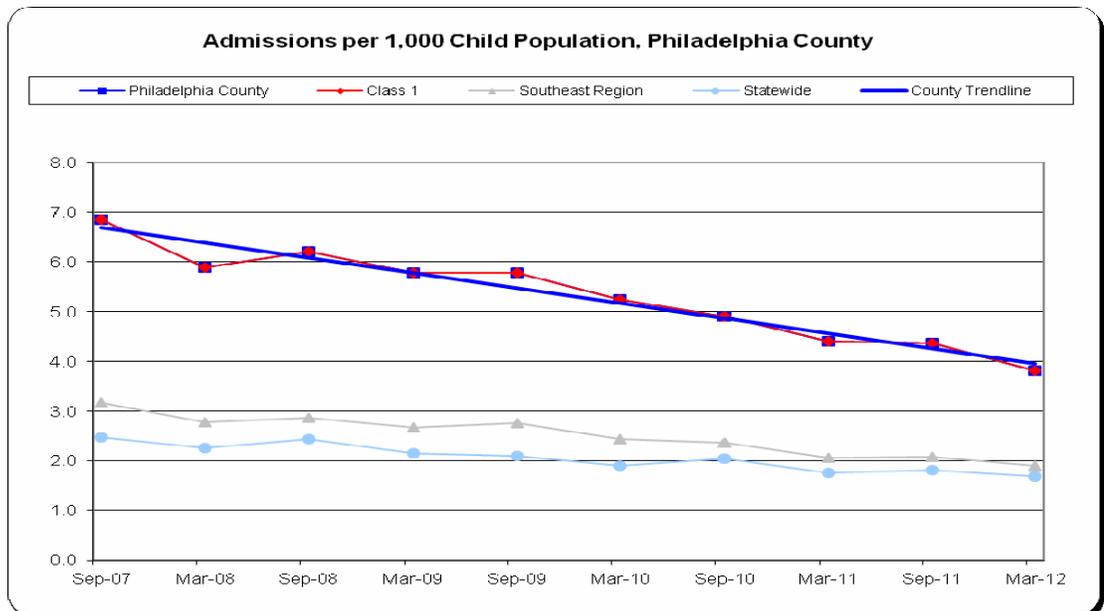
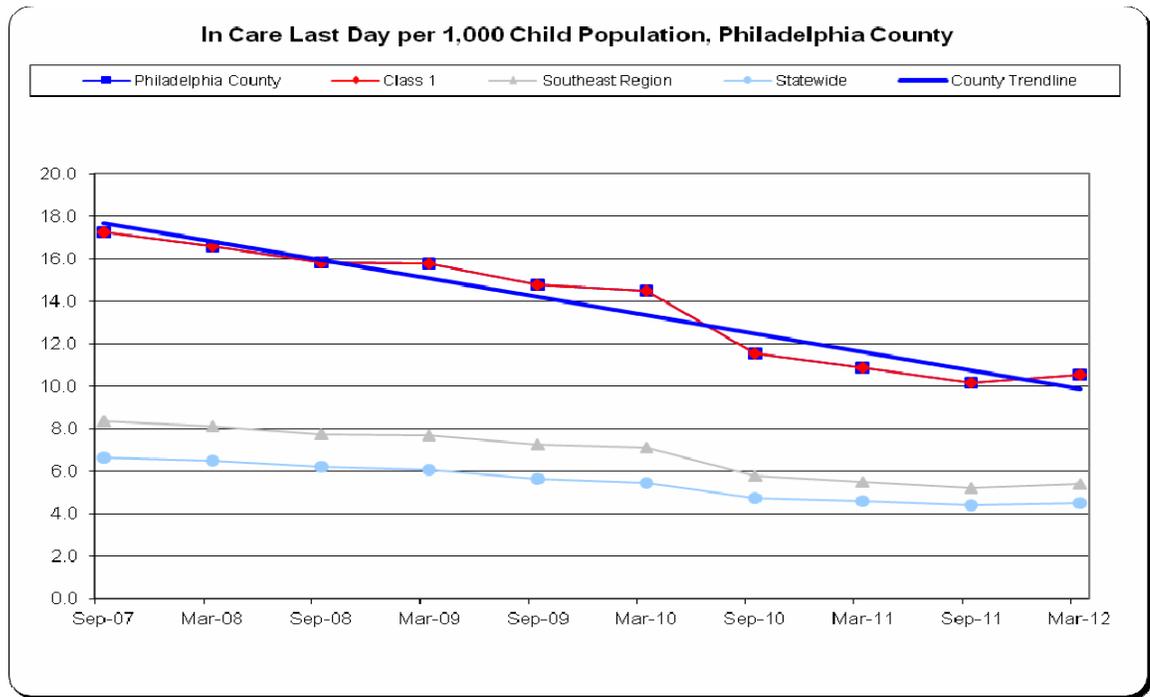


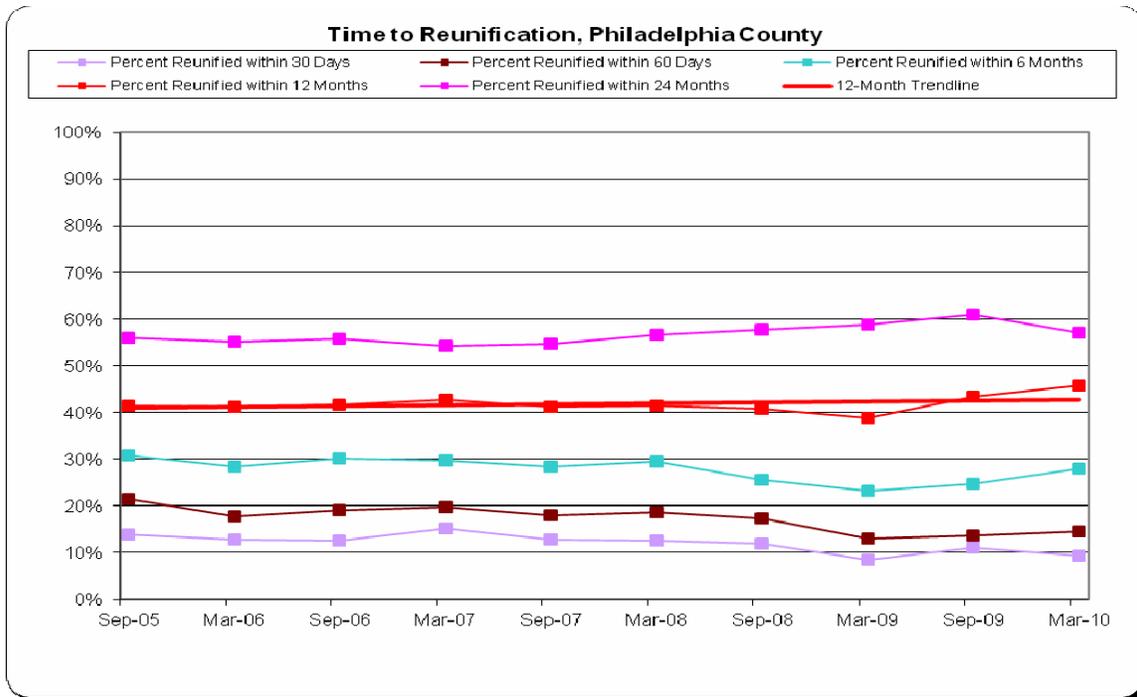
Chart 17



Reunification Survival Analysis

- * This indicator reports on the percentage of children entering care for the first-time during each year and are ultimately reunified within twelve months of the removal. This measure includes breakdowns of 30 days, 60 days, 6 months, 12 months, and 24 months from the initial removal.

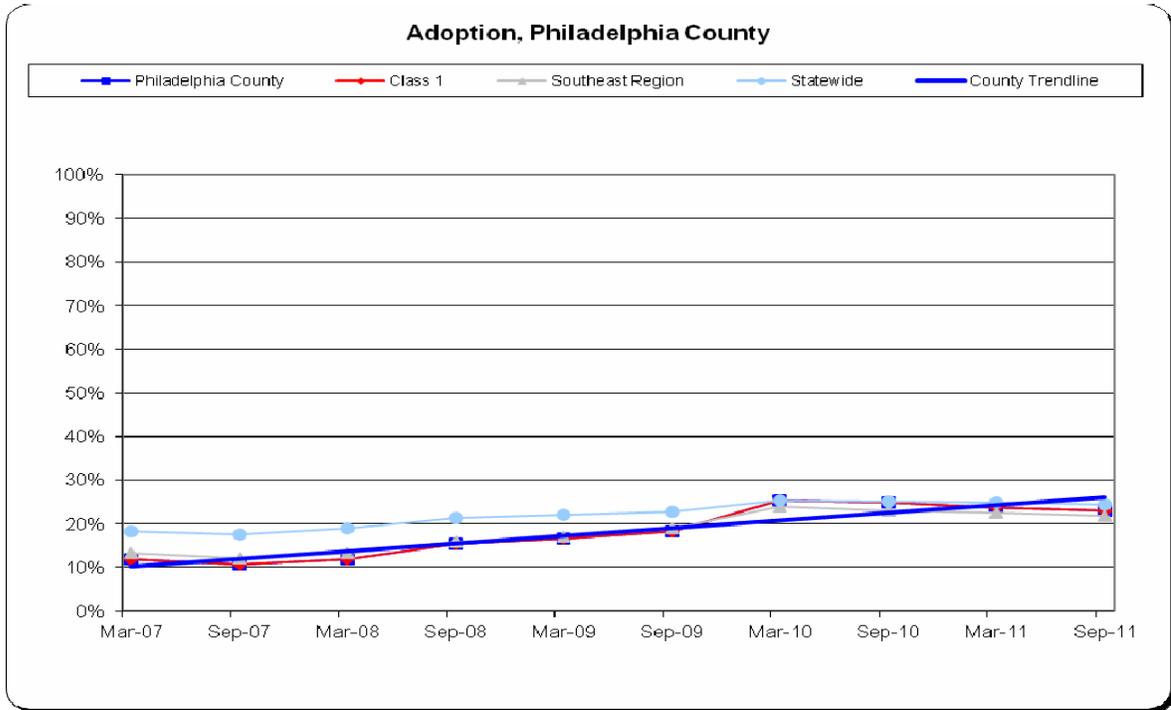
Chart 18



Adoption Rate, 17 Months

* This indicator tracks the number of children in care for 17 months or longer, as of the beginning of each year, who is ultimately adopted within the following twelve months. Children in kinship care are excluded from the analysis, since placement in kinship care is an exception to the Adoption & Safe Families Act (ASFA) requirement that a Termination of Parental Rights (TPR) be pursued after a child has been in care 15 of the most recent 22 months.

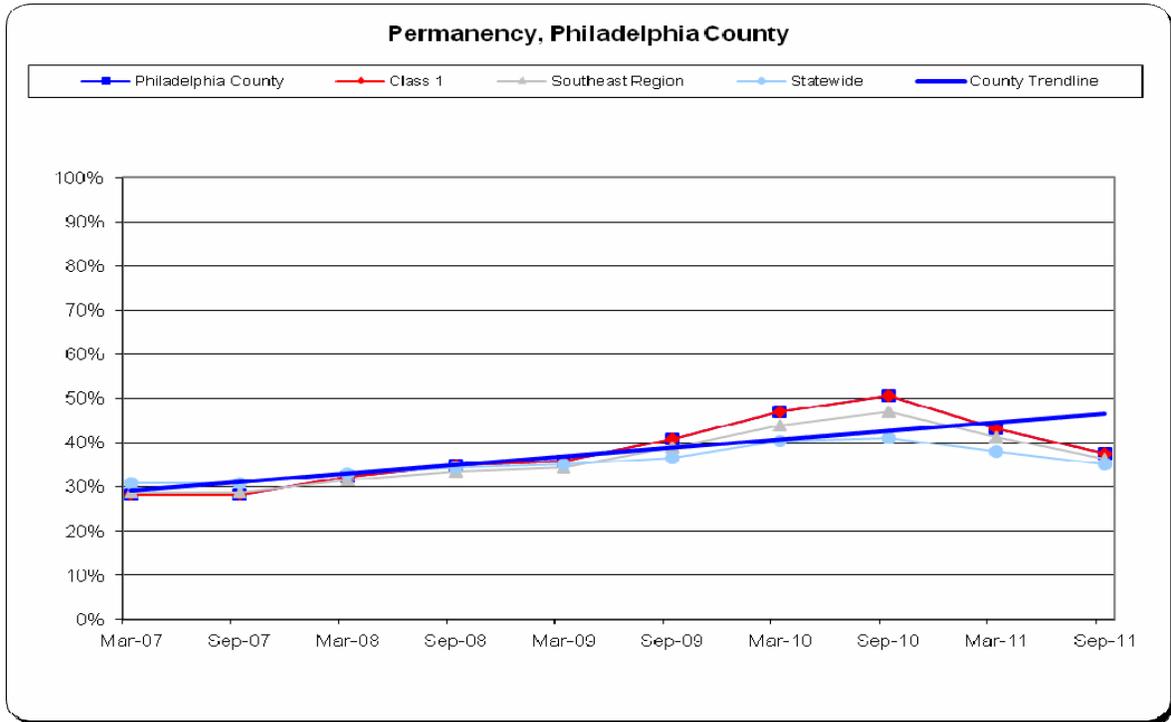
Chart 19



Permanency, 24 Months

* This indicator tracks the number of children in care for 24 months or longer, as of the beginning of each year, who achieves permanency (defined as a discharge to parents or relatives, adoption or guardianship), within the following twelve months.

Chart 20

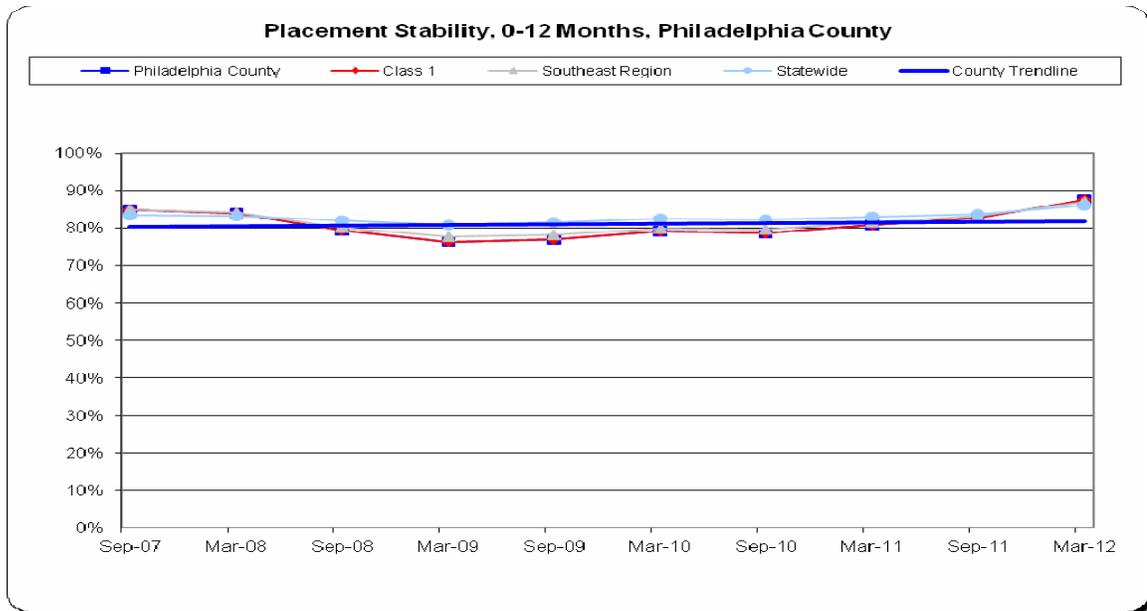


PLACEMENT STABILITY

Placement Stability, Less than 12 months (CFSR Measure 4.1)

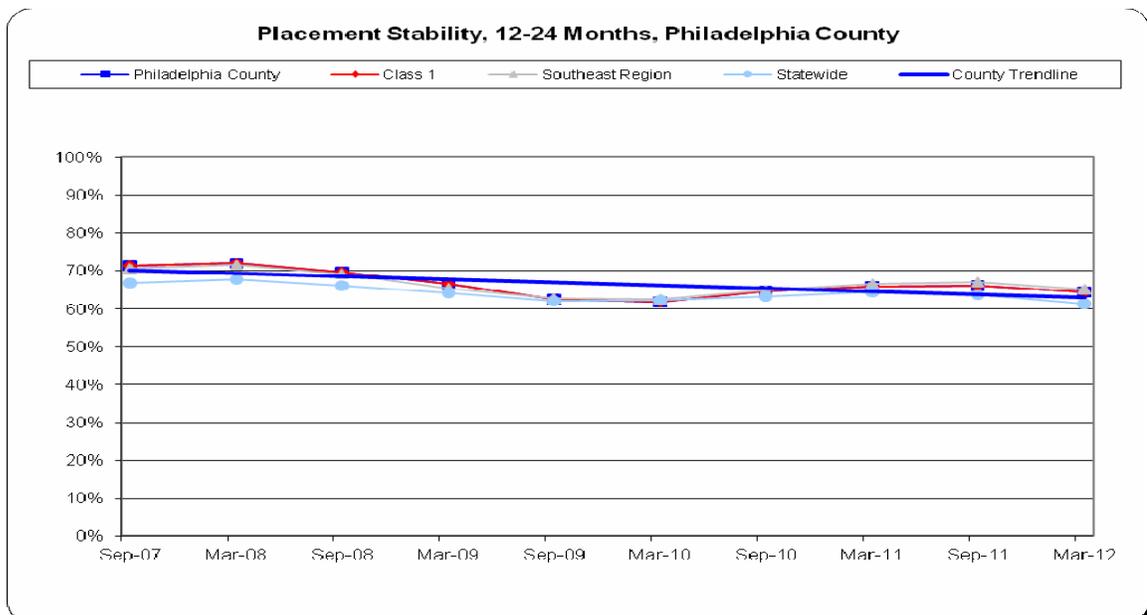
* *These three measures are currently provide as CFSR Measures 4.1, 4.2 and 4.3 and measure placement stability (two or fewer placement settings) for children in care fewer than 12 months, 12 to 24 months and 24 months or longer, respectively.*

Chart 21



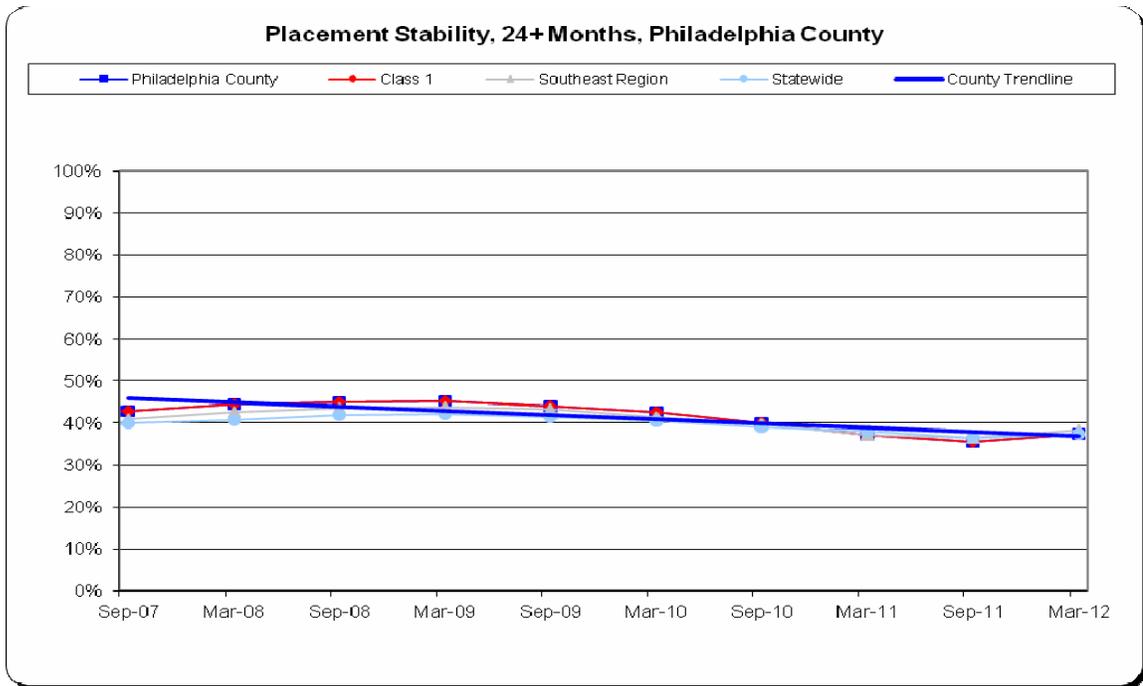
Placement Stability, 12 to 24 months (CFSR Measure 4.2)

Chart 22



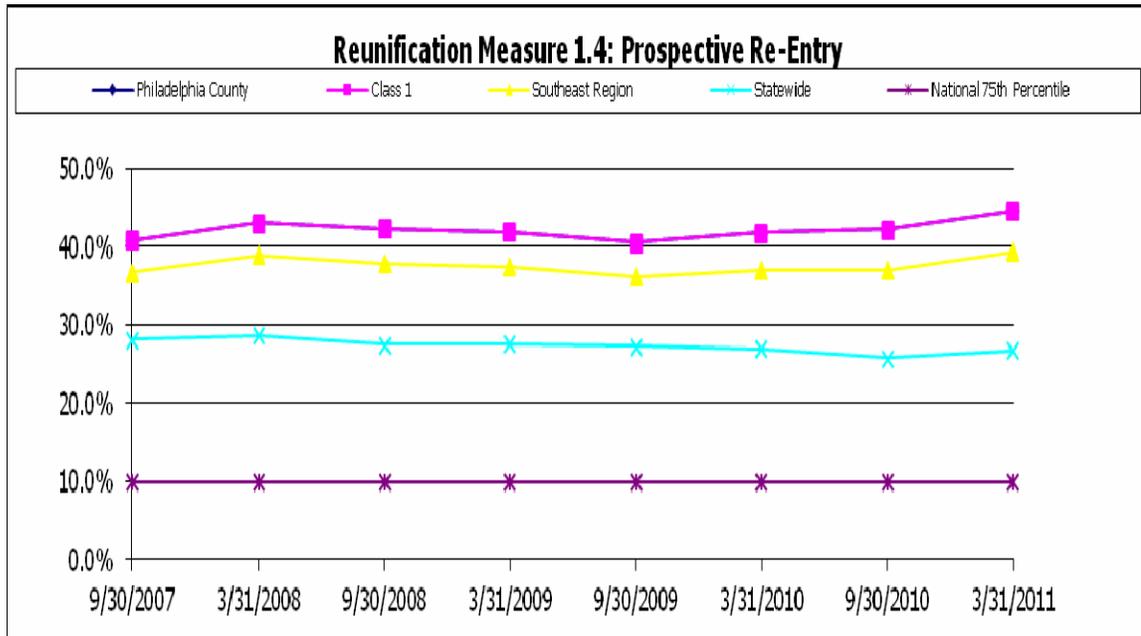
Placement Stability, Longer than 24 months (CFSR Measure 4.3)

Chart 23



Outcome Indicator for Re-entry

Chart 24



Benchmark and Strategies

* *Identify 3 Benchmarks toward improvement from the following:*

- Repeat maltreatment – The rate of confirmed reports of an incident of child maltreatment that occurs within six months of a previous confirmed report for the same child;
- Re-entry into care – The rate of re-entry of children who were discharged to reunification with parents or primary caretakers or the home of other relatives;
- Entries into Out of Home Care as compared to Exits from Care – An indicator of safe reduction of the use of placement is whether the number of children exiting care is exceeding the number of children entering;
- Rate of Permanency – The rate of children exiting foster care system who have achieved permanency through reunification, relative placement, adoption or guardianship;
- Least Restrictive Placement Settings – The use of familial type placement settings in comparison to the use of congregate care placement settings;
- Length of Stay – The average length of stay for a child in out of home placement by type of placement setting;
- Placement Stability – The number of placement settings incurred during a placement episode.
- County identified In-Home Services Benchmark
- Counties may also identify their own benchmarks using county data, including the results of a QSR

Note – Counties with high re-entry rates are encouraged to select this indicator. Also, counties whose data related to timely permanence for children under the age of five shows a need for improvement.

BENCHMARK # 1: Re-entry into care

To be detailed in final submission.

BENCHMARK # 2: Entries into Out of Home Care as Compared to Exits from Care

To be detailed in final submission.

BENCHMARK # 3: Least Restrictive Placement Settings

To be detailed in final submission.

ADMINISTRATION

Workforce

Employee Benefit Detail (*See the following two pages*)

**OFFICE OF THE DIRECTOR OF FINANCE – ACCOUNTING BUREAU
Fringe Benefits Memo – FY 2012**

To: All Departments, Boards, Agencies and Commissions
 From: Michael Kauffman, Director of Accounting {signed}
 Subject: Fringe Benefit Costs – Fiscal Year Ending June 30, 2012
 Date: Feb. 1, 2012

Non-Uniformed Employees

The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2011 and should be added to all Fiscal Year, 2012 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	04.93 %	47.24 %	52.17%
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	04.897%	2.919%	7.816%
Y	D.C. 47 Local 810 members hired on or after 1/8/1987; All non-uniformed employees hired after 10/1/1992	04.897%	2.919 %	7.816%
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	07.273%	169.114%	176.387%

Employee Disability

Cost Per Employee Per Month

Worker's compensation	\$101.79
Regulation 32 Disability	\$ 4.32

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	07/01/10 – 12/31/11	6.20%
	Gross Earnings not to exceed \$106,800	01/01/11 – 06/30/12	6.20%
Medicare	Unlimited Gross Earnings	07/01/10 – 06/30/12	1.45%

For more information or copies of this memo, please contact Girgis Shehata at 686-2664

OFFICE OF THE DIRECTOR OF FINANCE – ACCOUNTING BUREAU
Fringe Benefits Memo – FY 2012

Group Life Insurance

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

<u>Employee Classification</u>	<u>Coverage</u>	<u>Cost per Employee Per Month</u>
D.C. 33 (except Local 159 B)	\$20,000	\$3.78
D.C. 33 Correctional Officer Classes of Local 159B	25,000	4.74
D.C. 47 (including Local 810 – Courts)	20,000	3.78
Exempt & Non-Rep employees & Common Pleas Court – Municipal (excluding Local 810, see above)	15,000	2.84
School Crossing Guards	12,000	2.27

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	\$ 412.22	\$ 762.61	\$1,195.45
Keystone POS	470.36	870.16	1,364.04
Personal Choice	576.46	1,066.45	1,671.74
Dental	29.86	59.38	92.32
Dental (for HMO's)	18.06	35.67	64.86
Optical	2.61	4.72	6.65
Prescriptions	127.88	236.58	370.85

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	\$16.00

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

Organizational Changes

- * *Submit any changes to the county's organizational chart which occurred since the county's last submission.*

The Department underwent some major restructuring and staffing changes with a view toward the IOC structure, addressing staffing needs within the most critical parts of the agency, and realigning work focusing on improving accountability and efficiency.

- The Family Stabilization Services and Family Reunification sections were disbanded with the majority of the staff absorbed by the Intake Region.
- The Information Referral Support Services (IRSS) Section of Community Based Prevention Services (CBPS) was disbanded resulting in the majority of staff being absorbed by the Intake Region. The remainder were transferred to the CYD Central Referral Unit.
- The PAN Unit transferred from CBPS to CYD.
- The ARS and Pre-ARS unit was transferred to the Performance Management and Accountability Division.

The OEO function was transferred from the Administration and Management Division to the Finance Division.

Staff Evaluations

- * *Describe the county's method for evaluating the effectiveness of Children and Youth staff in providing required services. Address any staff retention or training issues.*

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.

The CYD Administrators and Quality Improvement Team review approximately 100 to 200 safety assessments and plans, approximately 125 FSP's and CPP's, and approximately 80 investigations each month. The information collected in these reviews is presented to the chain of command and provides a data source regarding specific work products for decisions in evaluating performance.

Training Issues and Staff Retention:

DHS University: In Fiscal Year 2013, DHS will continue to move forward with the implementation of a "corporate university" model for staff development within the Department. A survey was sent out to staff asking for their feedback and suggestions on trainings needs related to work performance, quality of the work environment, and developing and enhancing leadership skills.

Best practices within the corporate university model include:

- Centralized core programs and decentralized Division specific training consisting 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.
- 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. Additionally, it includes a learning dashboard as a process for measuring the effectiveness of learning solutions.

As an extension of the Leadership Development program within the Department, 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 Central Office of Human Resources to develop a comprehensive exit interview process, review job specs, requirements, performance expectations, and identify career paths. The Department's turnover rate within the last 12 months was 5%.

Contract Monitoring & Evaluation

- * *Identify the staff person or unit that oversees and monitors county contracts. Describe how the county evaluates the effectiveness of each Provider's service contract.*

The Provider Relations and Evaluation of Programs (PREP) section organizationally exists in the PMA Division. This section evaluates and monitors programs to ensure that Providers are adhering to performance standards, regulatory, and contractual 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.
- Audits of Provider case files at least once a year and, if indicated, 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, DBHIDS, and the Regional Office of Children, Youth, and Families.

PREP conducts quarterly Provider Meetings chaired by the Director for the purpose of facilitating continued collaboration and communication Providers.

During FY12, PREP began using a web-based, streamlined evaluation tool that aligns with the outcomes of the Federal Child and Family Services Review (CFSR) as well as the revised standards. The web-based tool provides a way of collecting and monitoring data that allows DHS to track trends in Provider performance and compliance over time. In addition, PREP successfully revised its evaluation schedule so that they are conducted and completed within a fiscal year. PREP will continue to revise and develop standards in response to the evolving needs of children, youth, and families, regulatory and contractual changes, and the IOC initiative.

The Performance Based Contracts (PBC) Unit works closely with PREP, using data to enhance accountability and improve outcomes for children, youth, and families. The PBC Unit uses performance data to drive contract decisions, support the Department and external partners with technical assistance, and tie financial incentives and disincentives to performance. In addition, the PBC Unit works with PREP to rank Providers on selected performance indicators that guide contract decision-making.

Currently, the PBC unit monitors and manages the contractual expectations of 19 agencies that provide General Foster Care (GFC) services, and 16 agencies that provide Treatment Foster Care (TFC) services. Although the financial aspects of the contracts for GFC and TFC are structured differently, both contracts contain performance-based provisions designed to meet specific positive outcomes and permanency benchmarks relative to the size of an agency's caseload. Expectations monitored and measured include:

- The agency's' acceptance of referrals.
- Permanency outcomes.
- The stability of placements.

A major function of the unit is the reconciliation of Provider data, which occurs on a monthly basis for referral data, and on a semi-annual basis for outcome data. It is this data coupled with the PREP annual evaluation score that form the basis of annual Provider ranking reports for General and Treatment Foster Care services, which have been published for FY 2009-2011. In March 2012, In-Home Protective Services (IHPS) became the most recent service for which DHS has published Provider rankings. DHS expects that in FY 2013 all Provider rankings will be published by fall 2012.

Since its creation in 2003 and since its first full year of implementation, the PBC model has helped to produce a dramatic decrease in the foster care population. In FY 2004, the combined contracted caseload for the PBC Providers was nearly 4,196 children. In FY 2013, the contracted caseload is 52% smaller, at 2,035. Given this dramatic reduction, DHS decided to close four PBC contracts to right-size the contract capacity in general foster care. The Provider rankings and its component data indicators formed the basis of whether to discontinue contract awards. In addition to the four contracts discontinued, another Provider voluntarily opted out of the PBC model, thereby ending its delivery of general foster care services. The PBC unit oversaw and coordinated the closing of the foster care contracts, which involved the foster care placements of 282 children. The unit was able to close out the Provider contracts on time, and more importantly, ensured that no child or youth was moved from one home to another.

In FY13, The PREP and PBC units will become one unit in advance of the implementation of IOC and startup of the first CUA. The PREP/PBC organizational structure will be realigned and its functions modified concurrent to the phased

implementation of IOC and in conjunction with the changing roles of staff in the Children and Youth Division. The details of these changes are now being developed. DHS is mindful the need to develop clear roles and responsibilities within its monitoring and quality improvement units to avoid duplicative and overlapping functions that are a concern regarding the ongoing rollout of IOC. DHS expects the PREP/PBC integration to be to be complete by mid-September 2013.