

# FY 2014-15 NBPB

Commonwealth of  
Pennsylvania

Office of Children,  
Youth and Families



**NEEDS BASED PLAN AND BUDGET  
NARRATIVE TEMPLATE**

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# **PHILADELPHIA COUNTY**

## **Needs Based Plan and Budget** **FYs 2012-2013, 2013-2014, and 2014-2015**

<b>Version Control</b>	
<b>Original Submission Date:</b>	
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

# PHILADELPHIA COUNTY

## Section 2: NBPB Development

### 2-1: Executive Summary

- ❑ Submit an executive summary highlighting the major priorities, challenges, and successes identified by the county since its most recent NBPB submission. The summary should include any widespread trends or staffing challenges which affect the county child welfare and juvenile justice service delivery, particularly those which impact all outcome indicators. Juvenile Justice summary should provide an overview of Juvenile Justice System Enhancement Strategy (JJES) efforts, including any general data or trends related to Youth Level of Service (YLS) domains and risk levels.
  - County may attach any County Improvement Plan (CIP) for detail and reference attachment.
  - JPO Executive Summary components can be discussed under separate heading at the discretion of the county.
  - CWDP counties need only provide responses not captured in their Initial Design and Implementation Report (IDIR).
  - Counties interested in becoming Child Welfare Demonstration Project (CWDP) counties should express their interest in this section and should identify the Fiscal Year (2014-15 or 2015-16) of their intent. NOTE- Prospective counties will need to complete the questions in the CWDP Prospective County Information Appendix at the end of the Narrative Template.

See Initial Design and Implementation Report (IDIR) Attachment A.

See County Improvement Plan (CIP) Attachment B.

An important priority for DHS this fiscal year is to coordinate with School District of Philadelphia to ensure that children and youth involved with the child welfare system are receiving the necessary services to ensure the mandate of educational stability under the Federal Fostering Connections legislation. The coordination of these services will assist children and youth by preventing placement, maintaining them in their school when they need to be placed outside of the home, and ensuring the social services necessary to keep continuity in their education.

#### **Juvenile Justice Services**

Philadelphia is in the process of completing Phase One of its implementation of the Juvenile Justice Systems Enhancement Strategy (JJSES) having developed a JJSES committee, trained supervisors and stakeholders in evidence based practices, and contracted with consults to assist with organizational readiness. In an effort to begin the transition to Phase Two the entire probation staff was trained in the Youth Level of Service/Case Management Inventory (YLS/CMI). Three additional staff members were trained as certified YLS Master Trainers giving the Department a total of six master trainers. Following orientation of Family Court Judges to the tool, and information sharing as to its value in helping to inform dispositional planning, the Department expects to begin its implementation sometime in September 2013.

To ensure there is the appropriate infrastructure to support the levels of service which will be recommended by the tool, the Department is in the process of enhancing the array of community based programs, some of which will serve as alternatives to both detention and residential placements. The domains focused on by the YLS are family circumstances and parenting, education and employment, peer relations, substance abuse, leisure/recreations,

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personality and behavior, and attitudes and orientations. In an effort to obtain the ultimate goal of reducing the chances of recidivism it will require utilizing a service matrix to match the appropriate services to meet the needs of the youth in any of these domains.

The Department has concluded the request for proposals for two Evening Reporting Centers and is preparing to announce the awards so that the providers may ramp up by September, 2013, concurrent with the start up of our use of the YLS.

The Department is continuing the implementation of the Juvenile Detention Alternatives Initiative (JDAI) and expects to have a Detention Risk Assessment Instrument (DRAI) ready for use by September 2013. Though the secure detention census remains well below the legal capacity of 184 at the newly opened Philadelphia Juvenile Justice Services Center (PJJSC), the Department anticipates that use of the DRAI will even further reduce the numbers, given its capacity for better influencing detention decisions and ensuring that only those youth who pose threats to public safety are held.

As an active member of the Juvenile Detention Centers Association of Pennsylvania (JDCAP) Philadelphia is aware that detention numbers across the state are on a steady decline. The Department has been participating in discussions with other counties about potential repurposing of our secure detention centers in light of these sharp declines. Because the facility is new, having opened April 29, 2013, the Department is hesitant to develop any concrete plans at this time for repurposing any portion of the facility. The Department recognizes the limitations that would come, however with repurposing, given its secure status.

### 2-2. Collaboration Efforts and Data Collection Details

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

#### **CWDP Implementation Team List**

##### **Family Court**

Kathy Grasela  
Faustino Castro-Jiminez

##### **Community Behavioral Health**

Donna Bailey

##### **School District of Philadelphia**

Karen Lynch  
Ericka L. Jackson

##### **DBH**

Arthur C. Evans  
Chandra Brown

##### **Support Center for Child Advocates**

Frank Cervone

## PHILADELPHIA COUNTY

### **Community Legal Services**

Kathy Gomez

### **Temple University School of Social Work**

Linda Mauro

### **Community Representative & DHS Alumni**

Pamela Mayo

### **OCYF SERO**

Raheemah Shamsid-Deen Hampton

### **Deputy Mayor's Office**

Susan Kretsge

### **District Council 47**

Alfreda Y. Jones

### **Casey Family Programs**

Fran Gutterman

### **Strategic Communication and Planning**

John Beilenson

### **Department of Human Services**

Commissioner Ambrose

Vanessa Garrett Harley

Barbara Ash

Kimberly Ali

Gary Williams

Paul M. Bottalla

Brian Clapier

Alicia Taylor

Aubrey C. Powers

David M. Edmonds

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### PUBLIC HEARING

The Public Hearing was held on Thursday, August 1, 2013 at Temple University Center City (TUCC), 1515 Market Street, Room 222 at 5:00 p.m.

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

Resource	Data Collected	Date of Data
US Census Bureau, American Community Survey	Population, Poverty statistics, Age Distributions	2011
FACTS Data Warehouse	General Indicators: Ongoing Services, JPO Services, Placement Data, Aging Out	June, 2013
FACTS Data Warehouse	Investigations, Days of Care, Placement Data	June, 2013
Court Unit Database	Fostering Connections questions (Aging Out)	June, 2013
Horby Zeller Data Package	Population Flow	June, 2013
Horby Zeller Data Package	Reunification Survival Analysis	June, 2013
Horby Zeller Data Package	Adoption, 17 Months	June, 2013
Horby Zeller Data Package	Permanency, 24 Months	June, 2013
Horby Zeller Data Package	Placement Stability, Less than 23 Months	June, 2013
Horby Zeller Data Package	Placement Stability, 12 to 24 Months	June, 2013
Horby Zeller Data Package	Placement Stability, Longer than 24 Months	June, 2013
Horby Zeller Data Package	Comparison Philadelphia to Remaining Counties	June, 2013
Horby Zeller Data Package	Children still in Care, Permanency Discharges	June, 2013

## PHILADELPHIA COUNTY

### Section 3: General Indicators

#### 3-1: County Information/Background

- **Describe the population and poverty population trends for the county, noting any increases or decreases, and the impacts the county expects these changes to have on needs and services. Include the data source.**

#### **County Data**

##### **- Population Trends**

Philadelphia's population, after almost a decade of relative stability, increased by approximately 6% in 2009 and appears to have stabilized at this slightly higher population. 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, declined again by 5% between 2009 and 2010. Because of this decrease, the percentage of the population under 17 decreased 1%, bringing it lower than it has been since 2000. The percentage of the population under 17 remains the same in 2011 as in 2010.

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

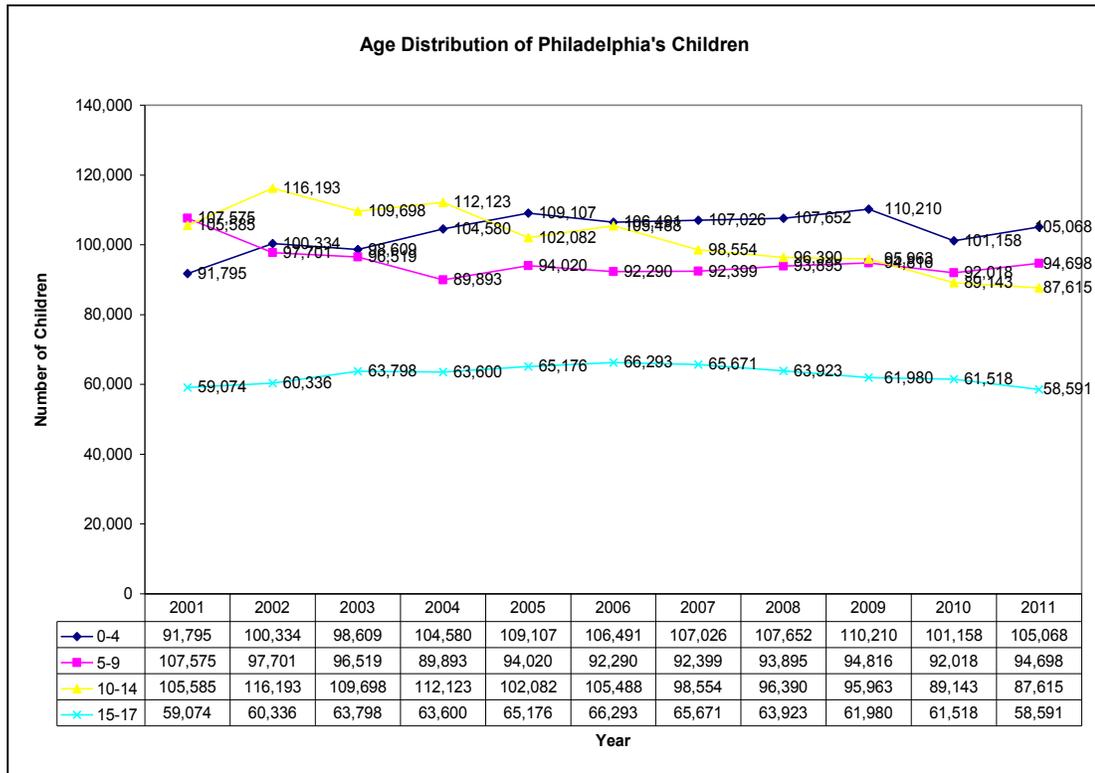
Year	Total Population	Population 17 and under	Percentage of population 17 and under
<b>2001</b>	1,437,080	364,030	25.3%
<b>2002</b>	1,436,694	374,564	26.1%
<b>2003</b>	1,423,538	368,624	25.9%
<b>2004</b>	1,414,245	370,196	26.2%
<b>2005</b>	1,406,415	370,385	26.3%
<b>2006</b>	1,448,394	370,562	25.6%
<b>2007</b>	1,449,634	363,650	25.1%
<b>2008</b>	1,447,395	361,860	25.0%
<b>2009</b>	1,547,297	362,879	23.5%
<b>2010</b>	1,526,006	343,837	22.5%
<b>2011</b>	1,536,471	345,972	22.5%

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

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## - Age Distribution

Dividing Philadelphia's children and youth into four age cohorts, the 0-4 age group and the 5-9 age group, after a decrease last year, have begun to increase again. The 10-14 age group and the 15-17 age group have continued decreasing, with the 15-17 age group falling below its 2001 population, which had previously been the lowest population for this group in the last 10 years.



## - 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 \$14,710 for two people, \$18,530 for three people, \$22,350 for four people and \$26,170 for five people. The poverty line is used to determine eligibility for a number of federal programs (See the 2011 HHS Poverty Guidelines).

National trends show an increase in poverty among children and youth (PCCY, 2008). The same is true in Philadelphia where 28.4% of the population fell below the federal poverty line in 2011, an increase of almost 2% from 2010. Of this group, 31.2% were children and youth. While this represents a small increase of 0.5% from 2010 in the proportion of Philadelphians living in poverty who are children and youth, the previous year there had been a decrease. In 2011, almost 40% of the children and youth in Philadelphia were living in poverty. Of the total population of Philadelphia, 8.8% are children and youth, an increase from 8.2% in 2010.

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**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
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	30.7%	36.4%
2011	436,358	28.4%	135,967	31.2%	39.3%

Data Source: Census Bureau, ACS 2000-2010

- **Identify issues that surfaced through the annual licensing inspection and/or the Quality Service Review (QSR). Discuss any necessary changes to county services. Discuss progress on any action items that resulted from the most recent QSR.**

See CIP Attachment B

**Juvenile Justice Services**

The Youth Study Center moved into its new home – now named the Philadelphia Juvenile Justice Services Center (PJJSC) in late April, 2013. Located at 91 N. 48<sup>th</sup> Street, in West Philadelphia, the new facility is 166,000 square feet in size and has been licensed for a capacity of 184 youth. Since its opening, the census has been well below this number, with an average daily census since our relocation of about 110. Just prior to the relocation, the Center received a provisional license, having exceeded its prescribed census of 103 which had been set for the former location at 3232 Henry Avenue.

In as much as the Department is continuing the implementation of the Juvenile Detention Alternatives Initiative (JDAI), it anticipates that a further reduction in the use of the detention beds will occur. To this end, the Department is exploring an array of possibilities for repurposing a portion of the new center and ideas such as establishing an on-site evening reporting center or developing a weekend accountability program are under consideration. Vetting and approval by the Commissioner and the Family Court’s Administrative Judge as well as OCYF, for such propositions will be required prior to pursuing any such endeavors.

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- ❑ **Phase One and Two counties of the Continuous Quality Improvement (CQI) efforts should identify areas of focus as a result of the QSR that are identified as an area needing improvement in the County Implementation Plan (CIP). The plan can be referenced in detail where appropriate in the outcome sections of the NBPB submission.**

See CIP Attachment B.

- ❑ **Address any projected changes in service delivery from the previous FY to the Implementation Plan, including changes to the Needs Based Plan proposal from last year. Identify the basis for change in service delivery and projected impact.**

See CIP Attachment B.

- ❑ **Address any service needs projected for juvenile justice. If Youth Level of Service (YLS) domains/risk levels link to specific service needs, describe the services in context of the YLS domains.**

See Executive Summary.

- ❑ **Address whether CCYA has a written protocol or memorandum of understanding with Juvenile Probation concerning Shared Case Responsibility (SCR) cases (including dual adjudication cases). If yes, attach a copy and refer to attachment for detail. If no, please describe how and when SCR is established by the court.**

A work group was formed involving DHS and JPO staff to develop a policy on SCR resulting in DHS issuing a joint policy and procedure guide to all DHS and JPO staff on 6/20/11. A revised policy was issued on 12/12/11 following further input from the workgroup and is attached for more details regarding this process. In addition mandatory joint trainings were provided to DHS and JPO staff. See SCR Attachment C.

- ❑ **In addition, please provide caseload data related to SCR cases.**

<b>Shared-Case Responsibility Fiscal Year 2012-13</b>			
	<b>Business Practice Shared Case</b>	<b>Court Shared Case</b>	<b>Total Cases</b>
Initiated	7	528	535 <sup>1</sup>
Ended	3	66	69

\*To date. <sup>1</sup>Not an unique count. One youth was referred twice during the fiscal year (12/10/12 - 1/7/13 and 5/6/13 - still active).  
Data Source: Data Warehouse, run date 07/18/13.

- ❑ **Which agency performs case management responsibilities when handling SCR cases?**

Please refer to SCR policy Attachment C for this process.

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- ❑ **To comply with the Child and Family Services Improvement and Innovation Act of 2011, counties should review their data about the length of time children (under age five) being served spend without a permanent family. If warranted, the county should develop a county-specific plan to reduce the time to permanency for children in this age group. The county-specific plan should include distinct strategies to reduce time to permanency, such as strategic decision-making, family engagement practices, family finding, quality visitation practices, concurrent planning and prompt use of SWAN direct services, including child profile, family profile, child specific recruitment, child preparation, placement, finalization and post-permanency services. All counties should request sufficient funds to implement their county-specific plan to move children under age five more quickly to a permanent home.**

The data regarding length of time children under five spend without a permanent family was reviewed. It was determined that current programs and strategies related to IOC will adequately address need for permanency in this age group.

- ❑ **Address any other changes or important trends.**

Reviewing the census data there is a slight increase in the proportion of children and youth living in poverty in the total population of Philadelphia. However given the unemployment rate in Philadelphia, and the drastic cut in funding to the School District the Child Welfare System will need to be observant of what effect this may have on the ability of a family to appropriately meet the well being and Federal educational stability needs of their children and youth.

With the projected cuts to the School District of Philadelphia resulting in high numbers of layoffs to support staff, discontinuation of the arts, music and extracurricular programs, it is anticipated that this will have a major impact on the well being and Federal educational stability needs of children and youth in the city and the Child Welfare System now more than ever will have to be creative in establishing new and innovative ways to deliver services to those families and their children and youth who are in need.

Unemployment results in a lack of earnings, assets, and possibly the social supports necessary for families to maintain a stable and safe environment for their children and youth, and the Child Welfare System will need to be diligent in preparing an effective plan to help those in need of services.

As a result, in 2012, DHS implemented Improving Outcomes for Children (IOC). This new approach to service delivery focuses on the neighborhoods where the children, youth, and families live. Case management service for children and youth involved with the Child Welfare System are delivered by community-base providers called Community Umbrella Agencies (CUAs) while DHS is responsible for monitoring, oversight, and quality assurance. Two CUAs are up and running in the North Philadelphia area covering the 24<sup>th</sup>, 25<sup>th</sup> and 26<sup>th</sup> police districts. Full implementation is anticipated by 2016.

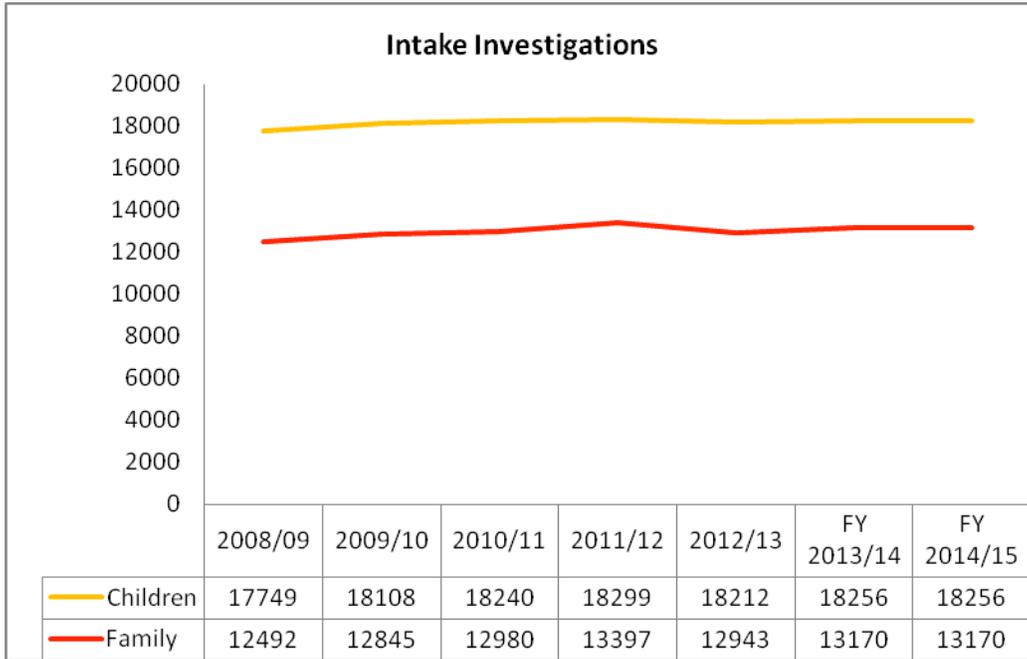
The IOC service delivery model is designed to increase system performance to achieve positive results for children, youth, and families including the following primary outcomes:

- More children and youth maintained safely in their own homes and communities.
- More children and youth achieving timely reunification or other permanency.
- A reduction in the use of congregate care.
- Improved child, youth, and family functioning.

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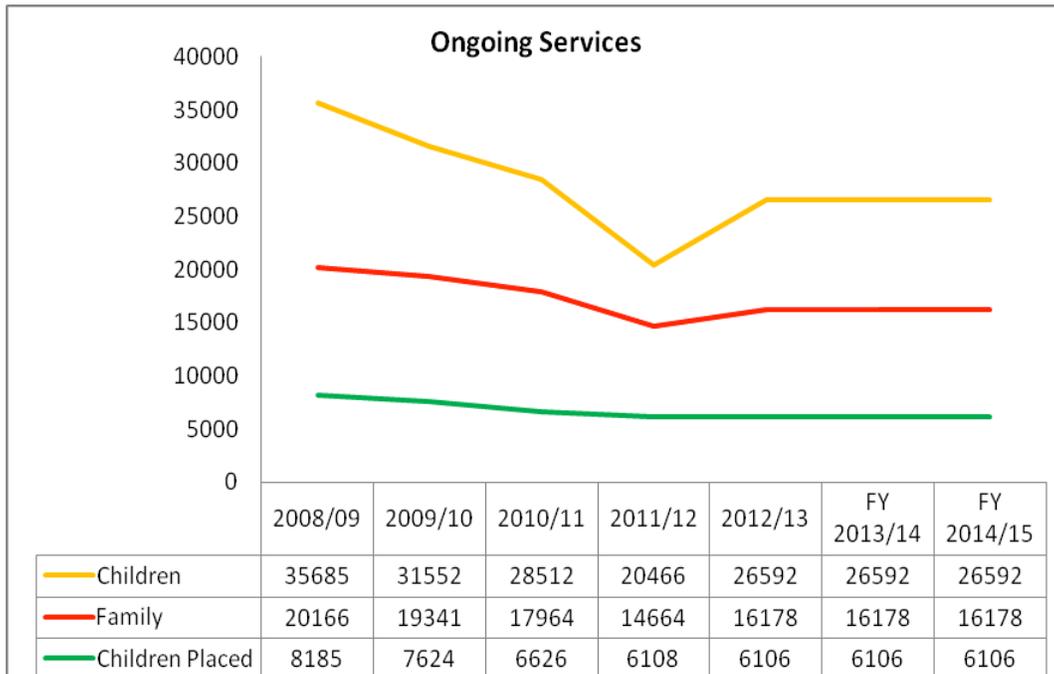
**3-2a. Intake Investigations**

Insert the Intake Investigations Chart (Chart 1).



**3-2a. Ongoing Services**

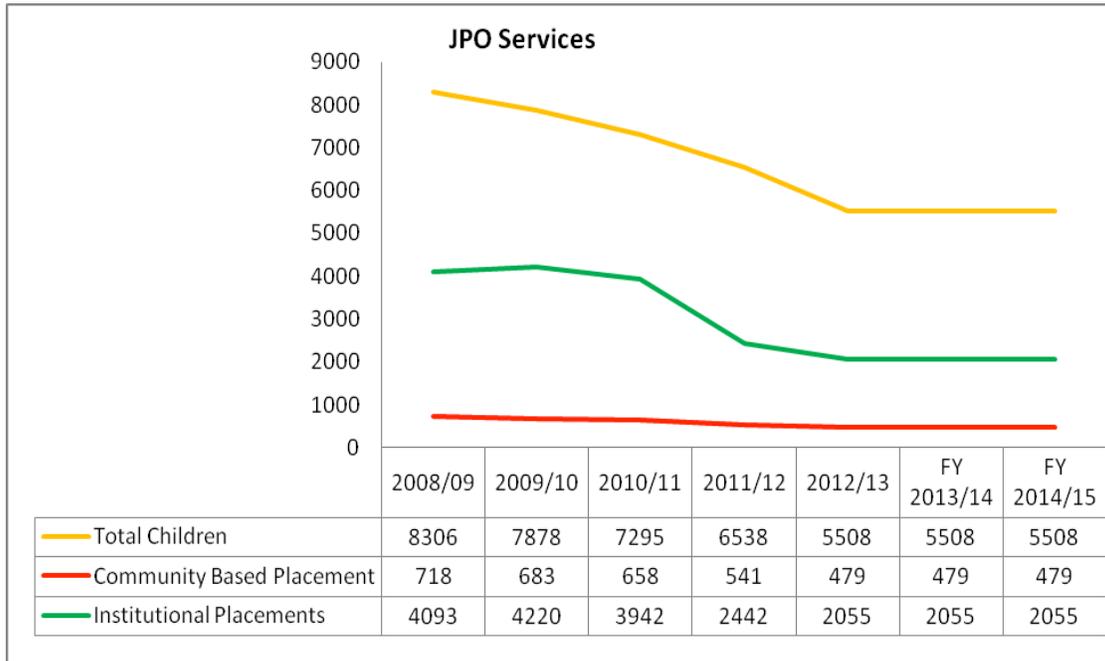
Insert the Ongoing Services Chart (Chart 2).



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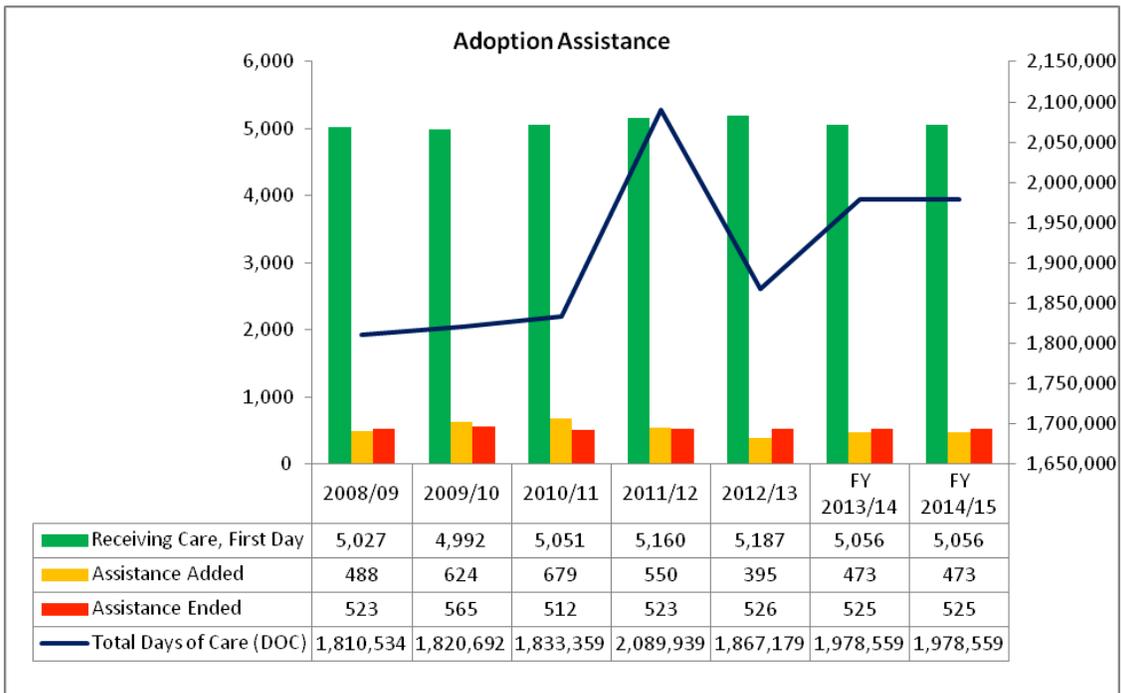
### 3-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



### 3-2b. Adoption Assistance

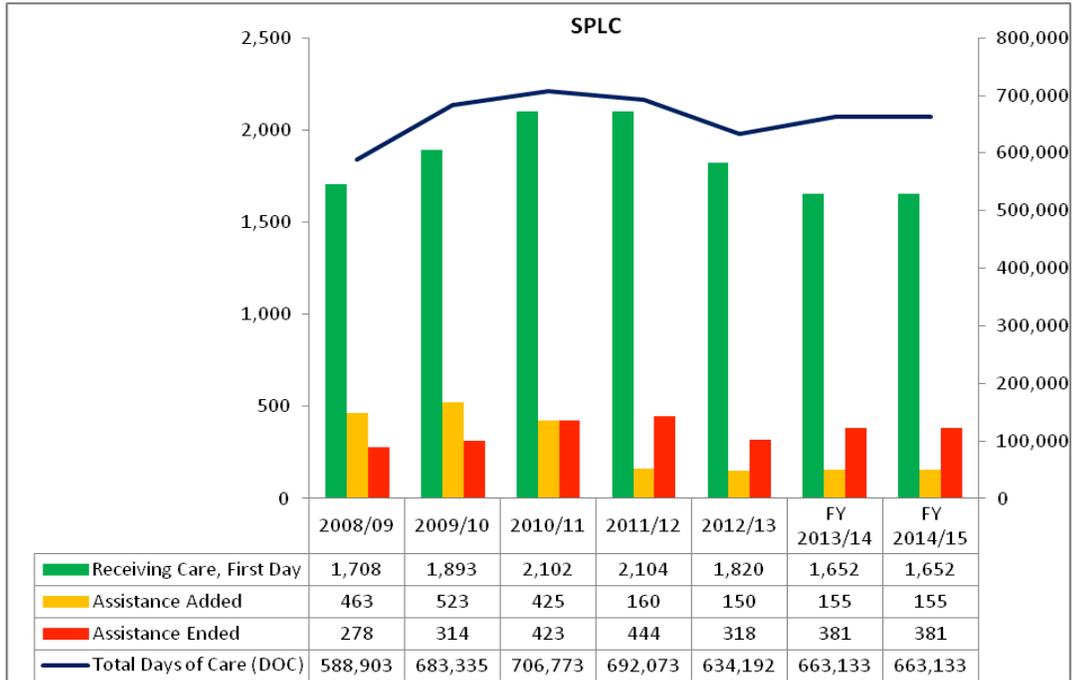
Insert the Adoption Assistance Chart (Chart 4).



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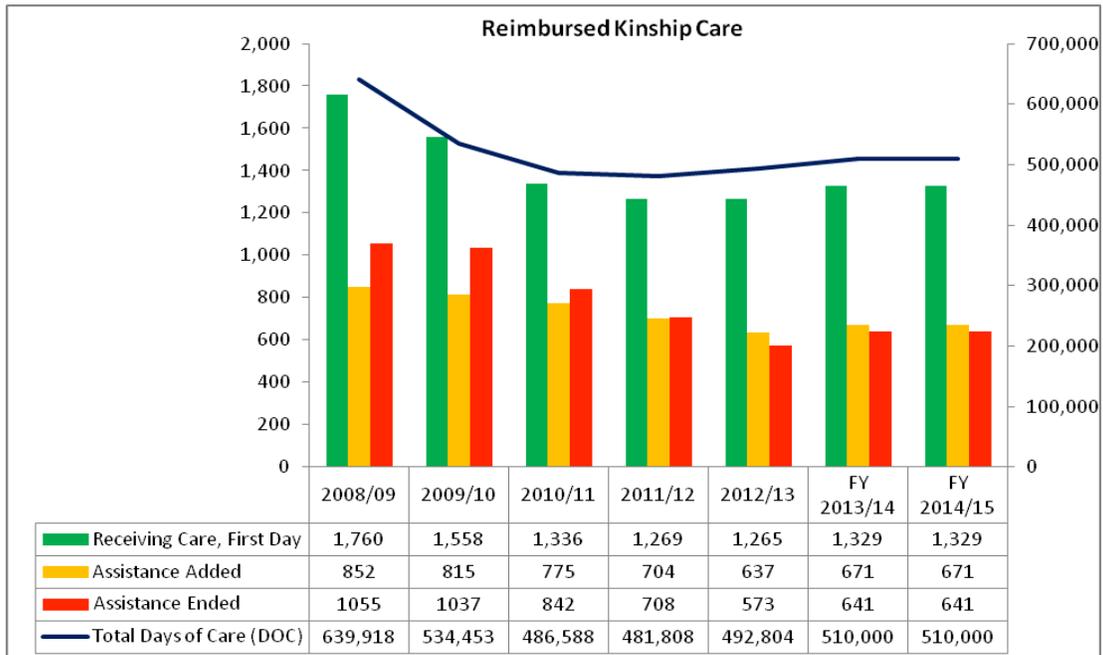
### 3-2c. Subsidized Permanent Legal Custody (SPLC)

Insert the SPLC Chart (Chart 5).



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

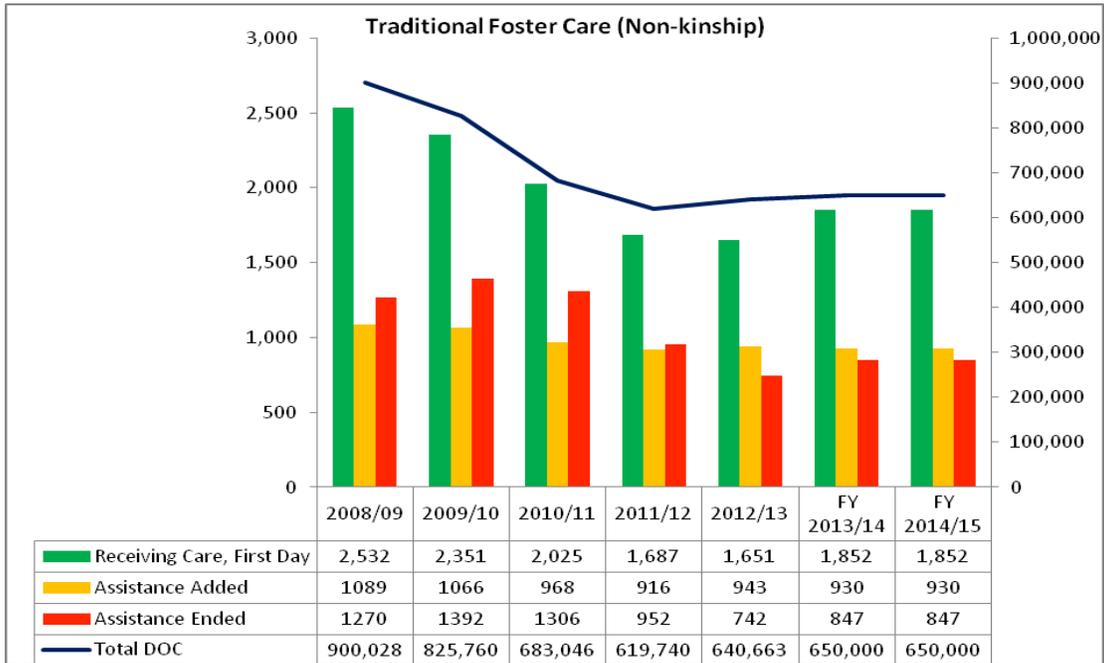
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



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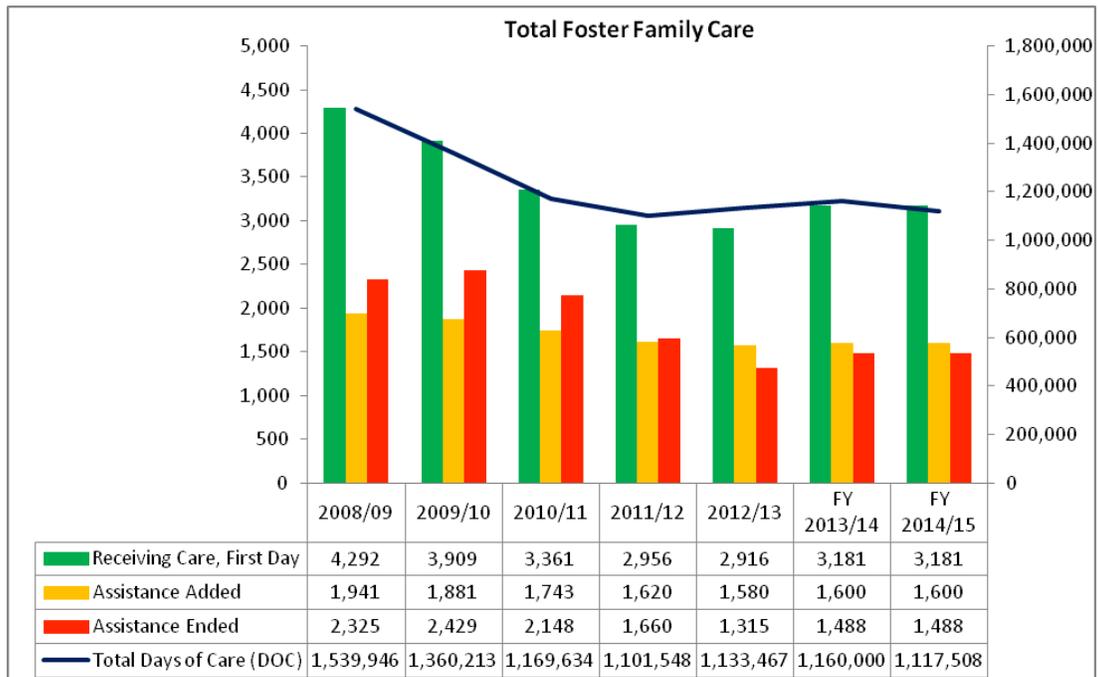
### 3-2d. Out-of-Home Placements: County Selected Indicator

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



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

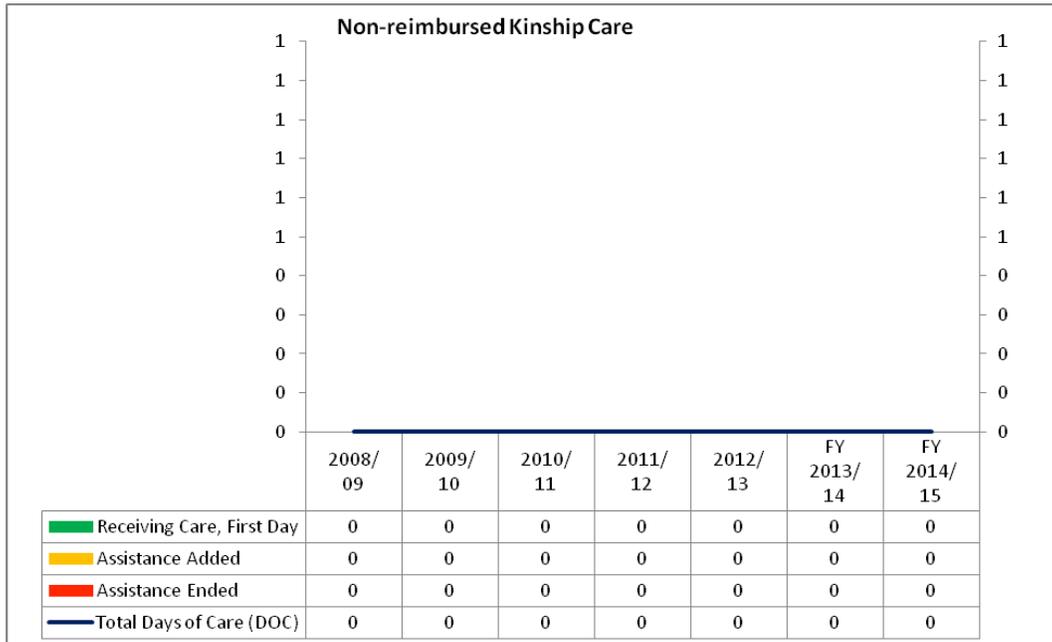
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



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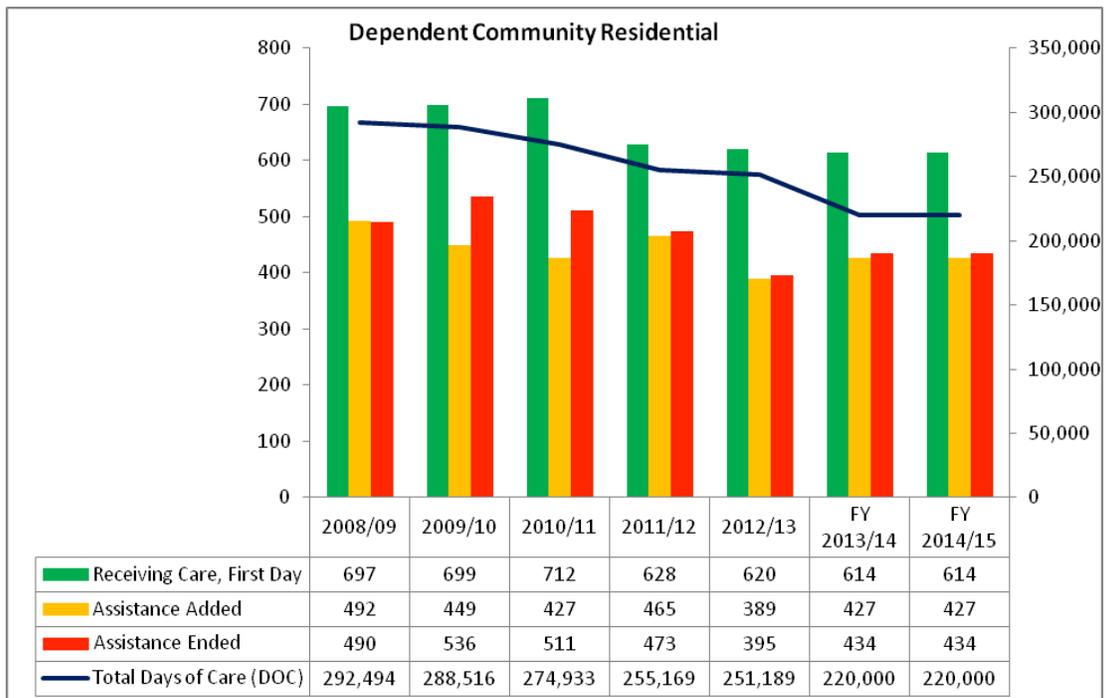
### 3-2d. Out-of-Home Placements: County Selected Indicator

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



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

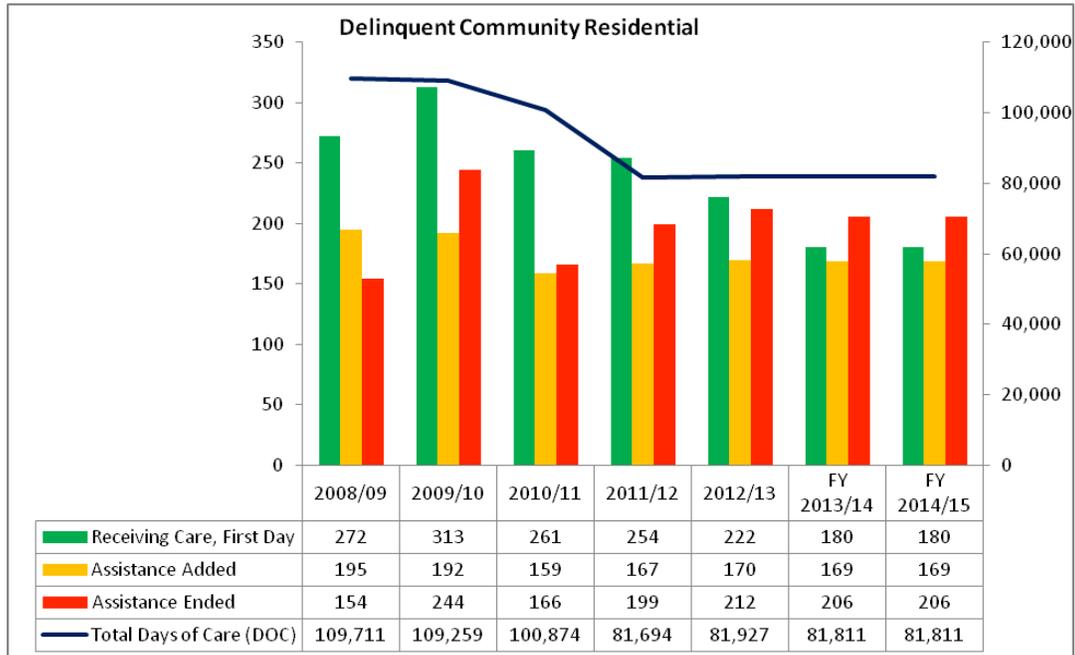
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



## PHILADELPHIA COUNTY

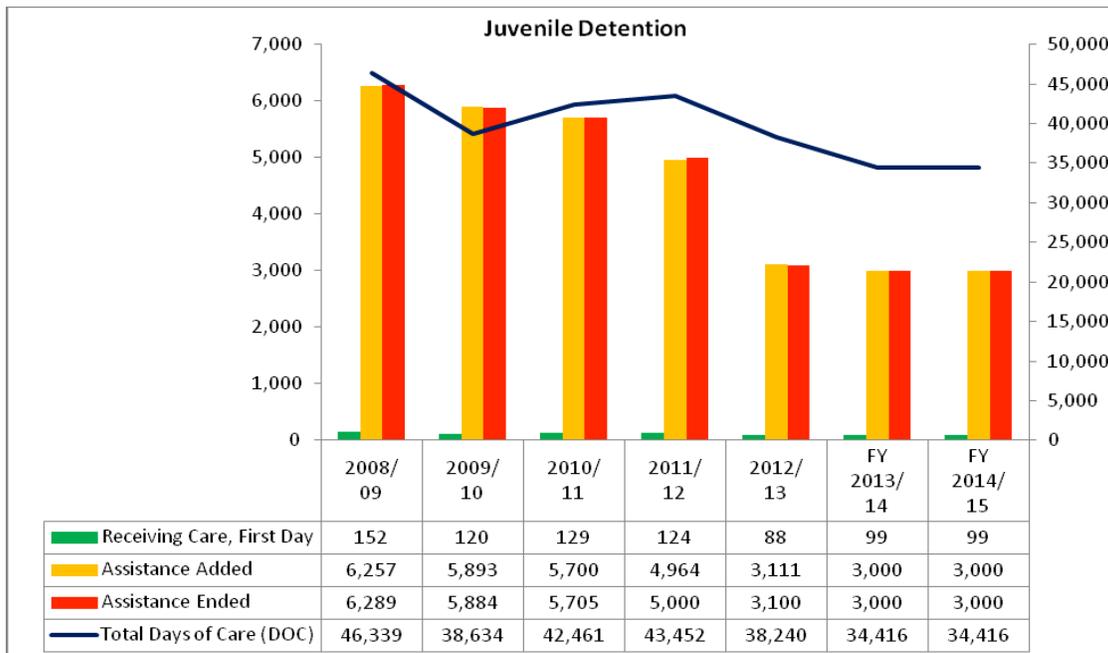
### 3-2d. Out-of-Home Placements: County Selected Indicator

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



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

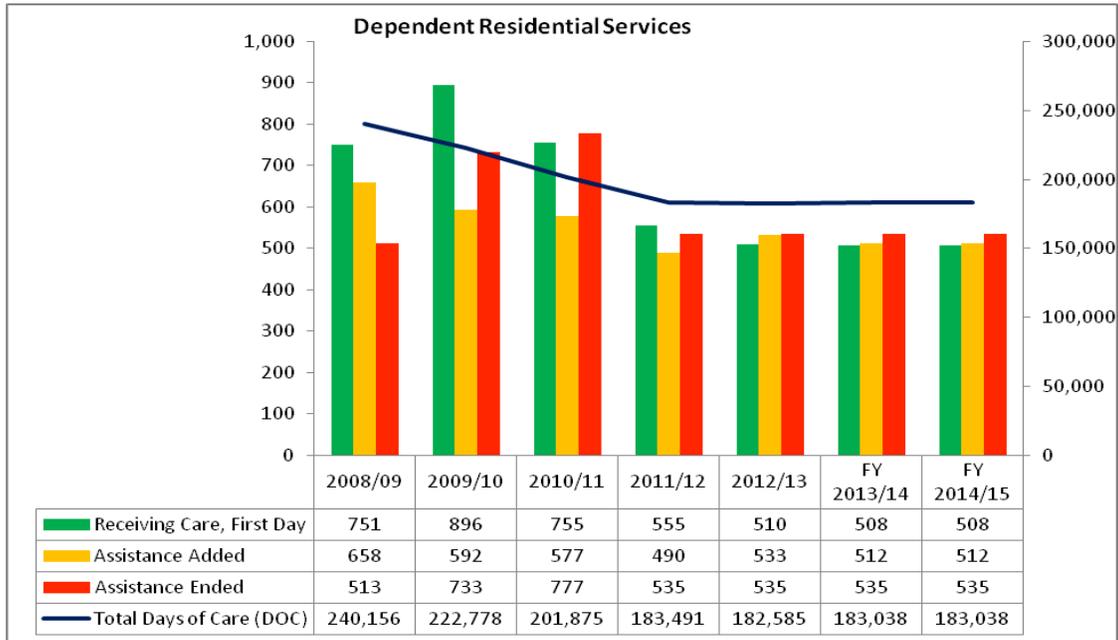
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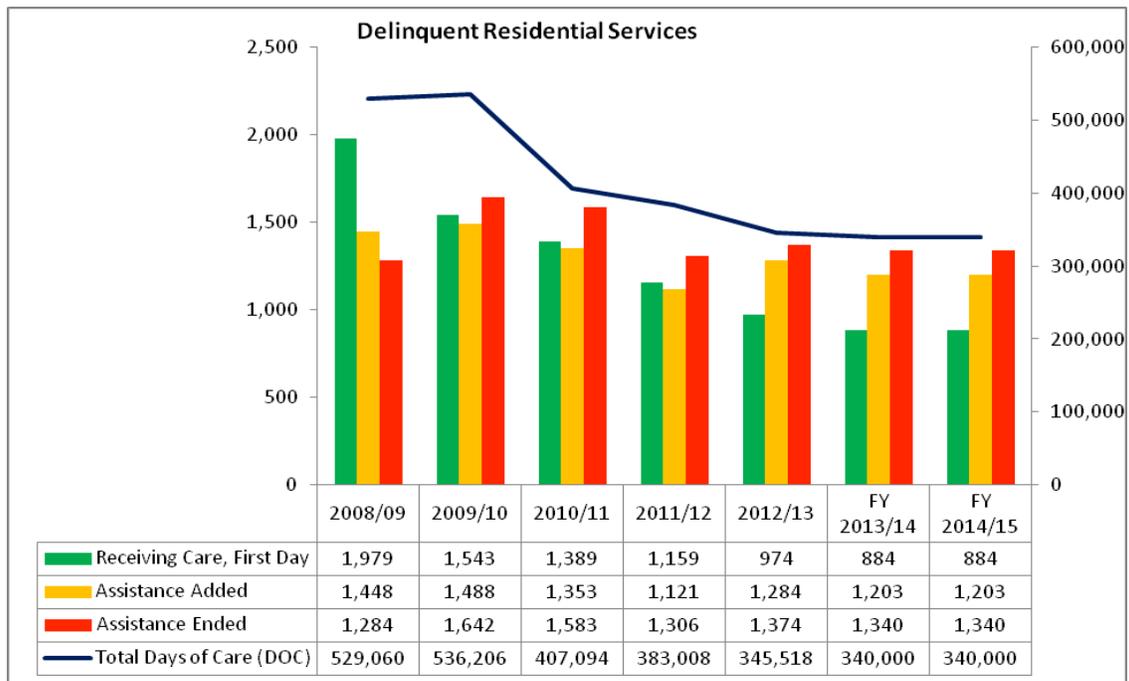
### 3-2d. Out-of-Home Placements: County Selected Indicator

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



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

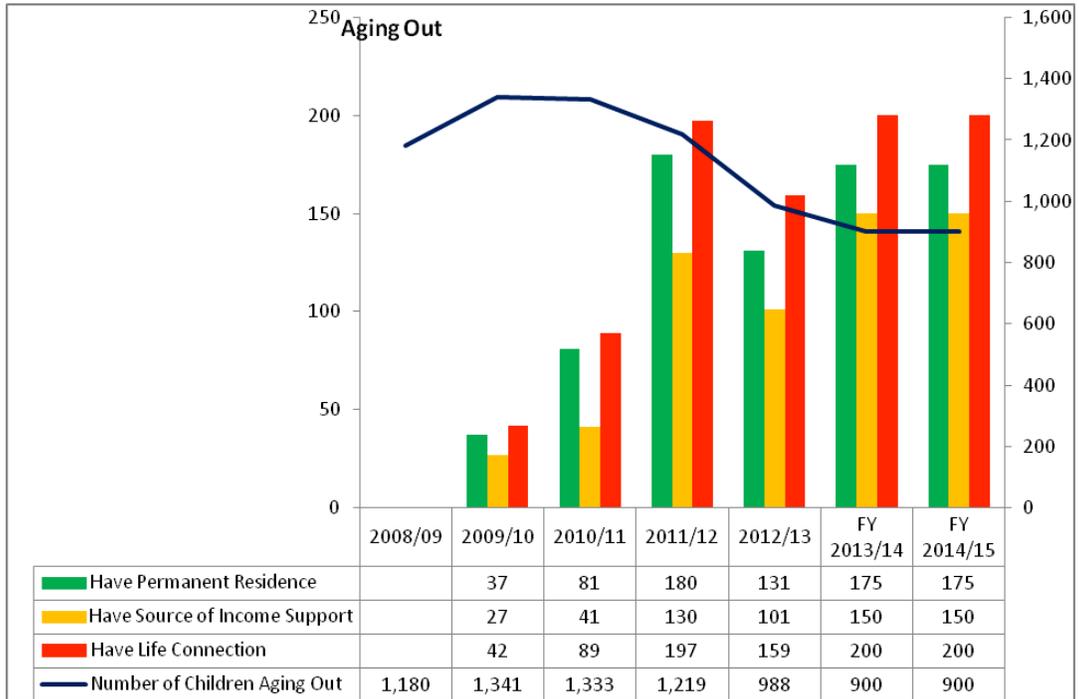
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



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### 3-2e. Aging Out

Insert the Aging Out Chart (Chart 15).



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### 3-2a. through 3-2e. Charts

- **Discuss any highlighted child welfare and juvenile justice service trends and describe factors contributing to the trends in the previous charts.**

#### **Projections and Unduplicated Counts**

Over the last several years DHS has worked to project trends using two very different techniques, using the exact number from the previous year and using a strict scientific logarithm. The first method essentially communicated that service usage was anticipated to plateau and the second did not take into account the dynamic nature of the work of child welfare. In order to refine the precision of the projections, this year DHS took both numeric trends as well as internal and external factors into account.

#### **Service Trends**

After a steep downturn of investigations in 08/09, the Department has seen slight increases in 09/10, 10/11, and 11/12. Although a slight decrease was again experienced in 12/13, an increase was experienced during the second portion of the year. Due to this increase as well as anticipated challenges for Philadelphia families due to poverty issues and a decrease of available supports from other system partners (e.g. school district), DHS is projecting a slight increase in the number of reports for 13/14.

Regarding ongoing dependent services, DHS is in the process of implementing an array of initiatives that DHS believes will have a direct effect on service utilization. Work with the Child Welfare Demonstration Project, Congregate Care Rightsizing, and Family Team Conferencing will have a direct impact on decreasing the number of bed days used for dependent congregate care placements. Since many youth who leave congregate care will step down to lower level placements, the Department has projected a slight increase for lower levels of family foster care. DHS believes that continued implementation of Act 80, extending the subsidy for youth over 18, will have the effect of increasing the total number of days for both Adoption Assistance and subsidized Permanent Legal Custodianship. An increase has been projected for each of these areas.

The Department anticipates the number of youth who age out of the system to continue to decrease. Work towards the identified IOC outcomes of “more children and youth maintained safely in their own homes and communities” and “more children and youth achieving timely reunification or other permanence” is directly aimed at this population. For youth who do age out of the system, increases in having a permanent residence, having a source of income, and having a life connection are also projected. The Department believes that the incorporation of these items into the work of Family Team Conferencing and the Single Case Plan will support this system improvement.

#### **Delinquent Services**

Given that there has been a steady decline in juvenile crime in Philadelphia, resulting in decreases in the numbers of youth arrested and detained, it serves to reason that the utilization of the array of juvenile justice services – from secure detention to community and institutional placements – have also shown marked decreases. As arrests and detentions are the gateways to placements, the fact that the volume of youth penetrating the system has lessened, has meant that far fewer were consequently subject to being placed.

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Continued collaboration between the Philadelphia Family Court's Juvenile Probation Department and DHS to provide preventive services have improved the number of youth who are diverted from the formal Juvenile Justice System. DHS has added a Social Work Services Manager who engages with the families and is able to direct them to appropriate services. With access to over 100 various family services and through the Youth Aid Panels, the Intake Division of Juvenile Probation is able to informally adjust youth.

It is important to note that as a result of a significant protocol and practice change relative to how Juvenile Justice system now processes all detained youth, Philadelphia anticipates further marked reductions in the utilization of secure detention. The former process inappropriately allowed for all youth - whether ordered to secure detention or to community based detention - to be medically assessed and subjected to other routine admission processes at the Department's secure detention center prior to movement onto the indicated level of confinement. Processes are now in place to effect a single movement directly to the level of detention as court ordered. The previous process resulted in a false inflation in the numbers of youth held in secure detention, given that many of them were moved to less secure detention within hours of their documented "admission" to secure detention. The new process, which is well aligned with JDAI philosophy, results in a more accurate accounting of the youth in secure detention and greater compliance with quarterly detention monitoring by the Juvenile Court Judges Commission (JCJC).

Philadelphia Family Court's Juvenile Probation Department and DHS anticipates that continued implementation of the Juvenile Detention Alternatives Initiative will result in sustained or increased reduction of these numbers as Philadelphia begins to make use of tools such as the Detention Risk Assessment Instrument (DRAI) and the Youth Level of Service (YLS) to better inform decisions about which youth should be detained and when they are, how best to address their indicated risks and service level needs.

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3-2f. General Indicators

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

3-2: General Indicators								
3-2a. Service Trends								
	FY	FY	FY	FY	FY	Projected		2008-13
Indicator	2008/09	2009/10	2010/11	2011/12	2012/13	FY	FY	%
						2013/14	2014/15	Change
<b>Intake Investigations</b>								
Children	17749	18108	18240	18299	18212	18256	18256	2.6%
Family	12492	12845	12980	13397	12943	13170	13170	3.6%
<b>Ongoing Services</b>								
Children	35685	31552	28512	20466	26592	26592	26592	-25.5%
Family	20166	19341	17964	14664	16178	16178	16178	-19.8%
Children Placed	8185	7624	6626	6108	6106	6106	6106	-25.4%
<b>JPO Services</b>								
Total Children	8306	7878	7295	6538	5508	5508	5508	-33.7%
Community Based								
Placement	718	683	658	541	479	479	479	-33.3%
Institutional								
Placements	4093	4220	3942	2442	2055	2055	2055	-49.8%
<b>3-2b. Adoption Assistance</b>								
	FY	FY	FY	FY	FY	Projected		2008-13
Indicator	2008/09	2009/10	2010/11	2011/12	2012/13	FY	FY	%
						2013/14	2014/15	Change
<b>Adoption Assistance</b>								
Receiving Care,								
First Day	5,027	4,992	5,051	5,160	5,187	5,056	5,056	3.2%
Assistance Added	488	624	679	550	395	473	473	-19.1%
Assistance Ended	523	565	512	523	526	525	525	0.6%
Total Days of Care								
(DOC)	1,810,534	1,820,692	1,833,359	2,089,939	1,867,179	1,978,559	1,978,559	3.1%
<b>3-2c. SPLC</b>								
	FY	FY	FY	FY	FY	Projected		2008-13
Indicator	2008/09	2009/10	2010/11	2011/12	2012/13	FY	FY	%
						2013/14	2014/15	Change
<b>Subsidized Permanent Legal Custodianship</b>								
Receiving Care,								
First Day	1,708	1,893	2,102	2,104	1,820	1,652	1,652	6.6%
Assistance Added	463	523	425	160	150	155	155	-67.6%
Assistance Ended	278	314	423	444	318	381	381	14.4%
Total Days of Care								
(DOC)	588,903	683,335	706,773	692,073	634,192	663,133	663,133	7.7%

PHILADELPHIA COUNTY

3-2d. Placement Data								
Indicator	FY	FY	FY	FY	FY	Projected		2008-13 % Change
	2008/09	2009/10	2010/11	2011/12	2012/13	FY 2013/14	FY 2014/15	
<b>Traditional Foster Care (non-kinship)</b>								
Receiving Care, First Day	2,532	2,351	2,025	1,687	1,651	1,852	1,852	-34.8%
Assistance Added	1089	1066	968	916	943	930	930	-13.4%
Assistance Ended	1270	1392	1306	952	742	847	847	-41.6%
Total DOC	900,028	825,760	683,046	619,740	640,663	650,000	650,000	-28.8%
<b>Reimbursed Kinship Care</b>								
Receiving Care, First Day	1,760	1,558	1,336	1,269	1,265	1,329	1,329	-28.1%
Assistance Added	852	815	775	704	637	671	671	-25.2%
Assistance Ended	1055	1037	842	708	573	641	641	-45.7%
Total Days of Care (DOC)	639,918	534,453	486,588	481,808	492,804	510,000	510,000	-23.0%
<b>Foster Family Care (Total of 2 above)</b>								
Receiving Care, First Day	4,292	3,909	3,361	2,956	2,916	3,181	3,181	-32.1%
Assistance Added	1,941	1,881	1,743	1,620	1,580	1,600	1,600	-18.6%
Assistance Ended	2,325	2,429	2,148	1,660	1,315	1,488	1,488	-43.4%
Total Days of Care (DOC)	1,539,946	1,360,213	1,169,634	1,101,548	1,133,467	1,160,000	1,117,508	-26.4%
<b>Non-reimbursed Kinship Care</b>								
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%
<b>Dependent Community Residential</b>								
Receiving Care, First Day	697	699	712	628	620	614	614	-11.0%
Assistance Added	492	449	427	465	389	427	427	-20.9%
Assistance Ended	490	536	511	473	395	434	434	-19.4%
Total Days of Care (DOC)	292,494	288,516	274,933	255,169	251,189	220,000	220,000	-14.1%

PHILADELPHIA COUNTY

	FY	FY	FY	FY	FY	Projected		2008-13
	2008/09	2009/10	2010/11	2011/12	2012/13	FY 2013/14	FY 2014/15	% Change
<b>Delinquent Residential</b>								
Receiving Care, First Day	272	313	261	254	222	180	180	-18.4%
Assistance Added	195	192	159	167	170	169	169	-12.8%
Assistance Ended	154	244	166	199	212	206	206	37.7%
Total Days of Care (DOC)	109,711	109,259	100,874	81,694	81,927	81,811	81,811	-25.3%
<b>Juvenile Detention</b>								
Receiving Care, First Day	152	120	129	124	88	99	99	-42.1%
Assistance Added	6,257	5,893	5,700	4,964	3,111	3,000	3,000	-50.3%
Assistance Ended	6,289	5,884	5,705	5,000	3,100	3,000	3,000	-50.7%
Total Days of Care (DOC)	46,339	38,634	42,461	43,452	38,240	34,416	34,416	-17.5%
<b>Dependent Residential Services</b>								
Receiving Care, First Day	751	896	755	555	510	508	508	-32.1%
Assistance Added	658	592	577	490	533	512	512	-19.0%
Assistance Ended	513	733	777	535	535	535	535	4.3%
Total Days of Care (DOC)	240,156	222,778	201,875	183,491	182,585	183,038	183,038	-24.0%
<b>Delinquent Residential Services</b>								
Receiving Care, First Day	1,979	1,543	1,389	1,159	974	884	884	-50.8%
Assistance Added	1,448	1,488	1,353	1,121	1,284	1,203	1,203	-11.3%
Assistance Ended	1,284	1,642	1,583	1,306	1,374	1,340	1,340	7.0%
Total Days of Care (DOC)	529,060	536,206	407,094	383,008	345,518	340,000	340,000	-34.7%
<b>3-2e. Aging Out Data</b>								
	FY	FY	FY	FY	FY	Projected		'2008-13
Indicator	2008/09	2009/10	2010/11	2011/12	2012/13	FY 2013/14	FY 2014/15	% Change
<b>Aging Out</b>								
Number of Children Aging Out	1,180	1,341	1,333	1,219	988	900	900	-16.3%
Have Permanent Residence		37	81	180	131	175	175	0.0%
Have Source of Income Support		27	41	130	101	150	150	0.0%
Have Life Connection		42	89	197	159	200	200	0.0%

## PHILADELPHIA COUNTY

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

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

#### **Family and Community Support Center**

The Family and Community Support Center (formerly, Prevention Services Division) offers services to children, youth, and families in need of support, but not in imminent risk of danger or exhibiting safety threats.

Services are developed and maintained to divert families from mandated services in the CYD and JJS divisions or to insure that families remain stable after receiving mandated services.

Services seek to maintain family stability and well-being, reduce risks factors for families, increase community support networks and linkages, and increase a family's ability to address its own needs.

Programs keep at-risk youth engaged in meaningful pursuits that encourage team building, self respect and esteem, educational success, anger management, and diverse social and recreational activities.

Community building of cohesiveness, mutual support, pride, and a sense of belonging are at the forefront of programs that encourage families and individuals to actively participate in the vitality, growth, and the sustainability of their communities.

Children, youth, and families served are reflected in the charts below:

PHILADELPHIA COUNTY

PHILADELPHIA DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN & YOUTH  
 FAMILY & COMMUNITY SUPPORT CENTER (formerly the Community Based Prevention Services Division)

FY 2013 - REFERRALS RECEIVED													
Service Category	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Total
Basic Needs (food, clothing, daycare, welfare, etc.)	146	143	170	184	148	204	143	141	115	130	195	220	1,939
Behavioral Health (Substance abuse MH/MR)	81	94	103	111	104	150	101	126	102	132	122	126	1,352
CAPTA	33	54	36	34	37	36	39	28	46	31	45	24	443
Community Support & Outreach	204	201	144	187	159	219	186	210	178	253	238	222	2,401
Delinquency & Violence	14	16	15	19	12	21	22	18	18	16	22	12	205
Diversion Case Management/PreARS	170	250	195	242	203	246	228	161	0	0	0	0	1,695
Domestic Violence	13	19	14	17	13	26	14	12	14	15	17	14	188
Educational - Reengagement Center (age 16-21)	10	19	17	17	7	10	7	9	9	20	20	27	172
Family Empowerment Services	0	0	0	0	0	0	0	15	297	394	316	431	1,453
Housing Services	113	95	58	55	67	58	64	52	0	0	0	0	562
Intensive Prevention Services	0	0	0	0	0	0	0	6	92	79	88	56	321
Out of School Time Programs/Camps	108	115	100	74	93	111	96	102	115	178	217	219	1,528
Parent Education & Support	149	163	128	159	132	160	148	117	134	183	222	230	1,925
Specialized Supportive Services (Kinship	14	11	13	24	15	12	23	11	8	8	12	6	157
Truancy Intervention	35	46	47	47	38	56	50	46	0	0	0	0	365
Youth Aid Panel	0	0	0	0	0	0	0	0	19	16	25	11	71
Youth Development Programs/Recreation	139	133	90	113	90	161	110	118	100	151	157	154	1,516
<b>Total</b>	<b>1,229</b>	<b>1,359</b>	<b>1,130</b>	<b>1,283</b>	<b>1,118</b>	<b>1,470</b>	<b>1,231</b>	<b>1,172</b>	<b>1,247</b>	<b>1,606</b>	<b>1,696</b>	<b>1,752</b>	<b>16,293</b>

PHILADELPHIA COUNTY

DEPARTMENT OF HUMAN SERVICES

REFERRALS BY REGION MONTHLY

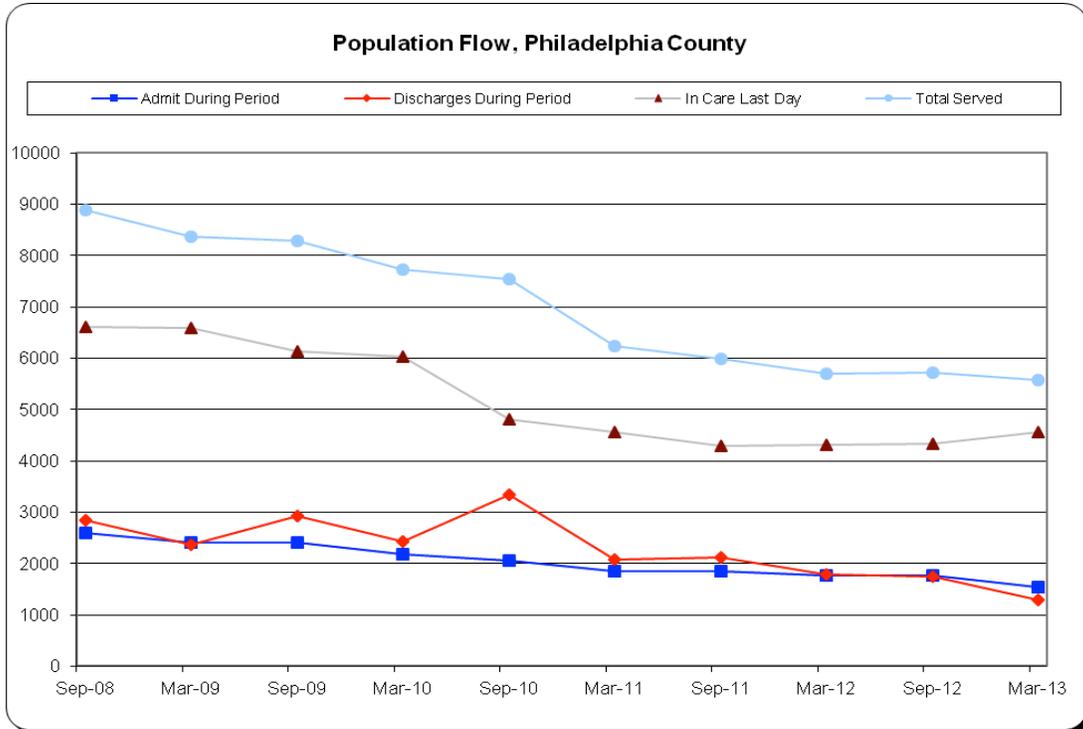
FY 2013													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Total
Adoptions	0	0	0	0	0	0	0	0	0	1	0	0	1
CAPTA	24	22	22	15	19	17	19	12	18	9	24	13	214
CBPS	10	13	7	12	14	5	10	15	5	9	24	2	126
Expedited Response	0	0	1	0	0	0	0	0	0	0	0	0	1
Focused Services	1	0	2	1	1	1	3	1	0	1	3	2	16
IARS	47	47	33	76	40	77	78	68	60	57	54	43	680
Intake	161	200	156	165	181	196	192	141	148	172	128	175	2,015
JJS	3	5	6	19	14	24	29	28	18	32	1	12	191
OS1	5	1	3	1	2	3	2	6	0	6	2	5	36
OS2	4	3	3	3	3	2	2	1	5	3	3	7	39
OS3	6	7	4	3	5	10	3	5	3	4	3	2	55
Other	8	15	6	8	4	8	4	15	3	9	2	3	85
Prevention Service Un	0	0	0	0	0	0	8	20	0	1	1	0	30
Sex Abuse Specialty	11	7	12	16	11	13	8	13	7	15	8	13	134
Youth Aid Panel	0	0	0	0	0	0	14	3	18	10	21	9	75
<b>Total</b>	<b>280</b>	<b>320</b>	<b>255</b>	<b>319</b>	<b>294</b>	<b>356</b>	<b>372</b>	<b>328</b>	<b>285</b>	<b>329</b>	<b>274</b>	<b>286</b>	<b>3,698</b>

# PHILADELPHIA COUNTY

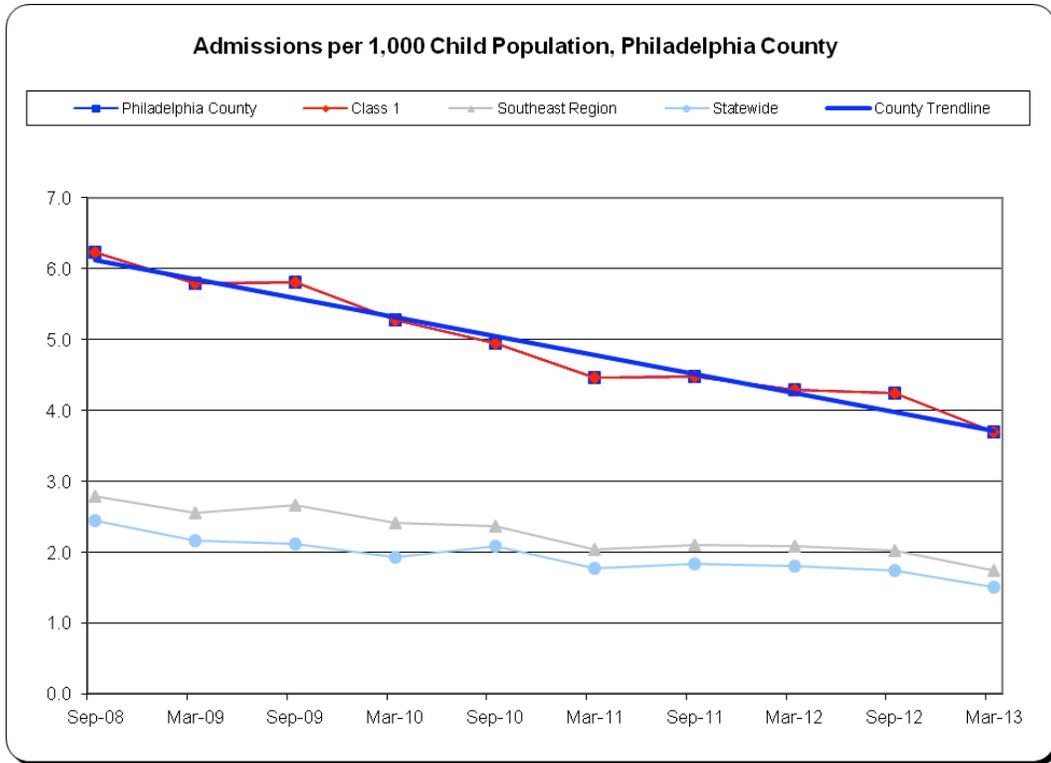
## 3-3a. Foster Care Population Flow

(See HZA Data Package)

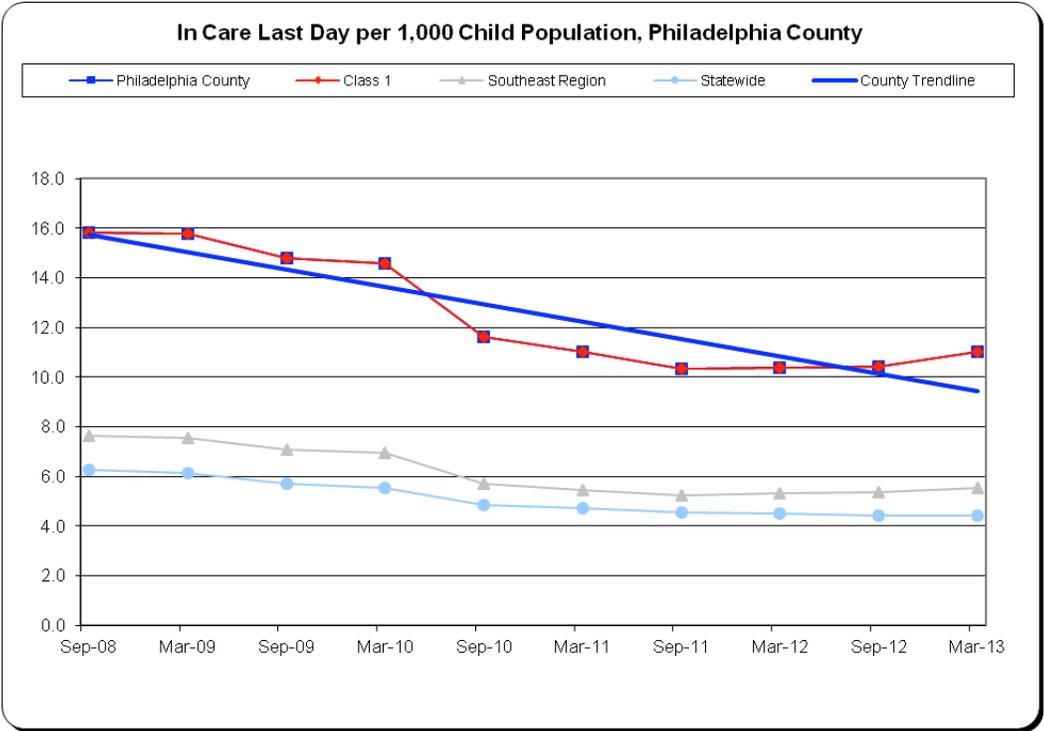
On the following pages, paste up to three charts from the HZA data. Each chart should be pasted on a separate page



# PHILADELPHIA COUNTY



# PHILADELPHIA COUNTY



## PHILADELPHIA COUNTY

- ❑ **Is the overall trend in the number of dependent and Shared Case Responsibility (SCR) children being served or in care in the county different than that in the state as a whole? In counties of the same class?**

Philadelphia's decreasing population trend from Federal Fiscal Year (FFY) 2008 to 2013 was consistent with the surrounding counties and the state. In January 2013, Philadelphia experienced an increase in its placement population. The proportion of youth in the 13-to-15 age group and the 16-to-17 age group each comprised 20% of the served placement population. By percentage, these are the two highest age groups represented in our served population. Moreover, the percentage of youth served who were as least 18 years old increased by 50% from FFY 2008 to 2013.

Currently, Philadelphia has the highest rate of deep poverty of the most populous cities in the country. As a result 39% of the children in Philadelphia are residing in poverty. This factor may also contribute to an increase in our service needs."

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

As reported in the Philadelphia Inquirer, March 0, 2013, from an examination of the 2009 through 2011 three-year estimate of the U.S. Census American Community Survey by the Inquirer and Temple University sociologist David Elesh, Philadelphia has the highest deep poverty rate of any of the nation's 10 most populous cities, at 28.4%. Surrounding counties have a rate of 3.6 percent. People in deep poverty have incomes below half of the poverty line and are more likely to stay in poverty, never finding a way out. At highest risk within this group are children and youth. Children and youth in poverty and deep poverty do poorly in school, have poor living conditions, and have possible higher risk of abuse and neglect. As reported in the Philadelphia, July 13, 2013, Philadelphia has a reported rate of 39% of children and youth in poverty. DHS believes that these factors contribute to an increase of dependent children and SCR children being served and in care.

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

### **Improving Outcomes for Children**

Continued implementation of Improving Outcomes for Children (IOC), with its community-neighborhood approach with clearly defined roles between county and Provider staff will positively impact safety, permanency, and well-being outcomes. This is expected to result, over the long run in more children and youth maintained safely in their own homes and communities; more children and youth achieving timely reunification or other permanence; a reduction in the use of congregate care; and improved child, youth and family functioning.

### **Rightsizing Congregate Care**

Reducing overreliance on group homes and institutions is key to Improving Outcomes for Children. Congregate Care Rightsizing (CCR) ensures that congregate care placements are appropriate, identifies youth who could be better served in a family setting, and is an opportunity to serve children and youth in their own homes and communities when possible.

## PHILADELPHIA COUNTY

Philadelphia has a higher rate of children in Congregate Care than surrounding jurisdictions. Children and youth in Congregate Care have been found to have a higher prevalence of sexual abuse while in residential care. Group care increases the likelihood of delinquency, lifelong educational, occupational and interpersonal challenges, and certain types of residential placements have the potential to substantially hinder development. To improve outcomes for children and youth who have been placed in group homes, institutions, SILs and shelters, DHS has implemented Congregate Care Rightsizing (CCR).

There are four processes under CCR to improve these outcomes and reduce its use: the Commissioner's Approval Sign-off Process and the Expedited Permanency Meetings, Emergency Shelter Rightsizing, and clear CUA Guidelines for the use of this level of care.

The Commissioner's Sign-Off brings the decision for or against the placement of a youth in congregate care directly to the Commissioner. As of November 12, 2012, in order to reduce the number of youth in Congregate Care the DHS Commissioner has personally reviewed each referral submitted to the CRU when a youth is to enter into care and the recommendation is placement in Congregate Care.

The Expedited Permanency Meetings (EPMs) address those youth who have been in care for over four months and less than two years. The EPMs primary purposes are to identify options for children and youth in congregate care that already exist or need to be developed, and to strategically reduce the number of children and youth currently placed in congregate settings by safely stepping them down to a family setting or permanence. They are designed to develop an active and viable plan for identifying and transitioning youth safely out of congregate care to relative or non-relative permanency resources. The EPM process is a time-limited, intensive and a directive process to shift from over reliance on congregate care, and brings forth, and values, the voices of children, youth, parents and kin.

During the month of June 2013, DHS hired and trained DHS staff in Expedited Permanency Meetings. The EPM process commenced with youth identified in Cohort 1 and the first EPM's were held in July, 2013. Children and youth will continue to be moved to family care/permanency placement through August and ongoing.

In addition to the Commissioner Approval Process and the EPMs, the Department is taking steps to reduce its use of Emergency Shelter services and reduce the length of time youth remain in Emergency Shelter when kin or resource homes are not immediately available. To that end, the Department has discontinued contracts with three shelters and the CRU will be carefully monitoring the use and length of stay for those contracts that remain.

Finally, in terms of the IOC rollout, the CUA Guidelines require all congregate care placements to be approved by the CUA Director. The CUA Case Manager and Supervisor must specifically document progress being made to move the youth to a lower level of care or adjustments to the plan if the reason for the youth's placement in congregate care are not being ameliorated. Continued placement in the congregate care setting must be reauthorized by the CUA Director every three months. Specific guidelines around the use of Emergency Shelter and limitations on length of stay are currently in development.

## PHILADELPHIA COUNTY

### **Shared Case Responsibility (SCR)**

Shared Case Responsibility provides an opportunity to provide a wider array of services to youth who are under probation supervision and have child welfare, or dependency issues. SCR ensures that appropriate services are provided to address all identified needs. All staff trainings for SCR within DHS have been completed and the numbers of SCR or dependent cases received in DHS are expected to increase while the numbers of delinquent cases are expected to decrease due to SCR and reintegration services on the juvenile side.

### **Hotline Guided Decision Making**

In the Department's effort to strengthen practice on the Hotline, a reorientation of Hotline Guided Decision Making (HGDM) was provided to the Hotline staff. The purpose of this training was to review criteria for accepting and rejecting reports on the Hotline as well as collecting pertinent information to initiate child abuse or neglect investigations. This training took place during the month of June 2013 and staff received an updated HGDM desk reference. Additionally, all rejected reports that involve an infant 1yr old and under receives a secondary review by the Human Service Director prior to final disposition. As the Department moves forward to ensure effective decision making, an additional Social Work Administrator will be added to the staff and all reports that are rejected involving a child 5 yrs and under will be reviewed by management; the current mandatory supervisory review will remain. The Department will also include Hotline Quality Assurance (QA) reviews in DHS' Child Stat review process, under the Department's Performance Management and Accountability division in the fall of this year.

### **Family Empowerment Services**

This in-home service combines the services formerly known as Alternative Response Service (ARS) and Pre-Alternative Response Service (Pre-ARS) into one service. Family Empowerment Services is a program for families with no identified safety threats, and while they are in need of services, do not warrant formal Child Protection Services. This program allows families to benefit from services within their own community.

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

The proportions of younger children in care are decreasing while the numbers of older youth are increasing.

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

With the implementation of IOC, staff in case carrying positions are transferring to the new IOC related positions. Because of the need to train staff in the new IOC positions and other areas, additional case carrying staff have been transferred to DHS University to fill their need for trainers. These redeployments, in addition to loss of staff through retirement, promotions, and other lateral moves has resulted in significant CYD staff attrition. To offset this loss, the Department has hired a new class of 30 who started OJT training on August 5, 2013, with another class of 20 possibly to begin by the end of the year.

## PHILADELPHIA COUNTY

To utilize current staff as successfully as possible, current units have been reviewed and restructured, phasing out some non-case carrying units and redirecting staff into case carrying positions, as determined by need.

### **IOC Initiative Reinvestment Strategies:**

As DHS implements IOC, there are key services that are necessary components for supporting families, children, and youth served to achieve permanency, enhance parenting capacities, empower families, and facilitate stabilization of the family unit.

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

With the roll out of the first two CUAs in 2013, each CUA will have approximately 200 children and youth in foster care. Currently DHS is using Parent Child Interaction Therapy with a small cohort of children ages two to eight, from two foster care agencies. The goal of this intervention has been to stabilize foster and kinship care placements.

DHS seeks to expand the use of PCIT to include parents and other caregivers whose children are living at home or have a goal of reunification. The goal of using PCIT with biological parents would be for them to learn skills that would enhance parenting capacity and therefore stabilize family functioning to maintain children and youth at home or to facilitate a timelier reunification for those in placement.

DHS is collaborating with DBH/IDS, Behavioral Health Providers, and Children's Hospital Policy Lab to monitor and evaluate this service.

Beginning in January 2013, the first two Community Umbrella Agencies (CUAs) had identified staff for the purpose of operationalizing this intervention. Regular meetings with DHS, DBH/IDS, the Children's Hospital Policy Lab, CCTC (the PCIT provider), and the CUAs have been occurring since this time. The first components of this intervention, the CARE trainings, have begun at the CUAs. Space is currently being identified and prepared for the PCIT.

#### **Visitation Coaching:**

Visitation Coaching (VC) is another service DHS is utilizing under IOC. VC is an exciting innovation in family visits with children and youth in care, helping parents to take charge of their family's visits and plan specifically how they will meet their child or youth's needs. This service will support the goal of achieving reunification and permanency by using kin or resource parents as mentors for parents to coach them during visits by offering encouragement, building on the strengths they have, and to making visits a celebration of family. Activities including making a family scrapbook, taking pictures, telling family stories, etc. may also be used as part of VC.

DHS requires each CUA to have Visitation Coaches. Each coach will actively help parents prepare for visits by understanding the feelings around separation and loss prior to the visits and being available afterwards to assist the parent in coping with their own feelings of possible guilt and sadness with the goal of helping parents to maintain consistent visits and keep their feelings from potentially undermining the outcome to achieve reunification. The coach will also be the one to facilitate constructive communication between the parent and kin or resource parent around the needs of the child or youth, in addition to supporting the parents around involvement with their child's educational, medical, and emotional needs. Two Visitation Coach positions are being funded at each of the CUAs.

## PHILADELPHIA COUNTY

DHS also proposes the following services to reinvest in the development of the CUAs:

### **Strengthening Families Model Training:**

This research-based, evidence-informed approach to practice is central to the community-based emphasis of IOC and uses community programs to enhance protective factors for children and families. The Department intends to contract with Be Strong Families which will provide training and technical assistance to support the implementation of “Strengthening Families Protective Factors Framework” and integration of Strengthening Families Protective Factors into appropriate DHS and IOC training and assessment tools. This training will be for both CUA and appropriate DHS staff.

Two positions are being funded at each of the current CUAs. These staff are actively implementing both SFF information sessions as well as working with DHS staff on the implementation of the Parent Café’s.

### **Parent Advocate and Youth Advocates:**

These positions serve on an as needed basis to support the overall operations of the CUA. Parent and Youth Advocates can be used to support the engagement of family members, as mentors for parents and youth working towards safe case closure, as a support to the training and development of the CUA staff and to participate in teamings as requested by parents or youth. Four part time positions have been identified for each CUA and the CUAs are in the process of hiring for these positions.

### **CANS Revision:**

In light of the Pennsylvania Child Welfare Demonstration Project (CWDP), DHS has worked with Dr. John Lyons to review the existing DHS CANS assessment tool and determine the possibility of improving the tool to include well being. The FAST and CANS assessments have been approved as our primary assessment strategies for the CWDP. DHS is on track with the outline in the CWDP Implementation Plan.

### **In-Home Services Enhancements:**

Concrete goods and Aftercare funding:

Concrete goods funding will be available to be used for in-home families to support keeping children and youth safely in their homes and in working towards safe case closure. Aftercare funding will be available to support the continued safe case closure for families no longer in need of in-home safety or non-safety child welfare and protection services. (See also Aftercare Workers in the Placement Enhancement section below.)

Resources for concrete goods and aftercare funding have been included in the CUA budgets.

### **Placement Service Enhancements:**

Resource Home Recruiters:

This recruitment is specific to the CUA being able to build a pool of resource parents who live in the CUA area, who view reunification as the preferred permanency option, and who view themselves as mentors for the reunification resource both during and following placement services.

## PHILADELPHIA COUNTY

In addition, these recruitment efforts focus on developing creative strategies to outreach and identify resource parents willing to open their homes to the more challenging population of older youth, minor mothers and their babies, and youth with delinquent behaviors who may also be appropriate candidates for foster care. Resource home recruiters have been included in the CUA staffing.

### Life Skills Coaching:

This position provides life skills coaching, supports, instruction, and modeling for youth and caregivers who are accepted for services with a CUA. Two Life Skills Coaches have been funded for each of the selected CUAs.

### Well-being Specialists:

This position is meant to provide structure to ensure that children and youth have their medical and behavioral health visits completed and whenever possible that a Medical Home is established for each child or youth to ensure consistent and comprehensive care and follow up. Two of these positions have been incorporated into each CUA.

### Aftercare Worker:

As a part of the CUA Support Team, Aftercare Workers provide supportive services to families who have recently had a child or youth achieve permanency from any level of placement through reunification or PLC. Aftercare workers also provide supportive services for children, youth, and families who have achieved safe case closure following in-home services. Support can be in the form of concrete goods, emotional support, linking with services and are consistent with supporting the five characteristics of a safe household as described in the safety model of practice. The provision of Aftercare services is directly aimed at reducing the number of children and youth re-entering care following stabilization, reunification, or other permanency. One aftercare worker is funded at each CUA for each 50 families.

### Parent Cafes:

Strengthening families within their communities is the core of what IOC strives to accomplish. By establishing Parent Cafes, each CUA will be able to provide an opportunity for caregivers of all types - parents, grandparents, aunts, uncles and neighbors with a location to which they can come to find a support network that increases their resilience to stress, connects them with resources, and builds relationships that keep families from isolation, which can be a significant factor contributing to abuse and neglect. Parent Cafes allow parents and other support members to gather in a comfortable, culturally embracing location to form partnerships and allow for discussions on what families in their communities need to support children and youth from entering out-of-home care and what is needed to reach timely permanency plan if out-of-home care is necessary.

While the Parent Cafes share some concepts with the Family Centers (which were established in the past but no longer exist in Philadelphia county), the Parent Cafes will be more focused on achieving concrete solutions and planning to help parents and other caregivers enhance their parenting capacities by providing a forum for conversations around topics that will provide the tools to strengthening their parenting capacities and understanding the warning signs that could lead to abuse and neglect. Parent Cafes focus on five core goals:

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- Helping parents and other caregivers to grow strong and more flexible as they share challenging personal events and reflect on the actions they took in response, what happened as a result, and what they learned.
- Building friendships and relationships of mutual support in the process of having conversations with other parents and family-serving staff.
- Learning about resources and getting support by reflecting on their barriers to receiving help.
- Adding to their parenting knowledge by listening to other parents and sharing ideas and approaches to their issues.
- Building their appreciation for the essential role they play with each of their children in helping them to reach their potential.

Parent Cafes allow for longevity by providing ongoing training and support for “Parent Hosts” so they continue to grow as leaders of their own families and community. Outreach will be done with community groups and systems serving children, youth and families to maintain a consistent and strong support base.

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

### Ancillary Services:

Providing support when needed is essential to caregivers and can be the deciding factor in whether or not a caregiver makes a decision to care for children in need while a parent works towards reunification. Understanding how important it is to identify kin to care for children and youth DHS would like the CUA to be able to secure services such as homemaker care to help clean a home and services to help make minor repairs which can help an identified kin bring their home into compliance and open their home to a child or youth who already has an established relationship with the identified kin. Funds could also be used for informal respite such as using a babysitter to allow a parent to attend educational workshops, training programs or even just take a couple of hours as a break when they feel it's needed. By providing these kinds of creative resources to kin, DHS recognizes that many families will be able to benefit from having peace of mind knowing their children are being cared for by someone they are familiar with which will hopefully allow the parent to concentrate more on achieving reunification. DHS expects to fund these positions at the CUA.

One “Outcomes Specialist” worker is funded at each CUA for each 50 families.

### Legal Support:

In an effort to increase permanency and ensure safety and well-being for children involved with the Philadelphia Department of Human Services, the Law Department's Child Welfare Unit (CWU) proposes the following:

- The creation of a CWU team dedicated to the implementation of DHS' Improving Outcomes for Children (IOC). As DHS rolls out IOC, strong and especially dedicated legal representation will be necessary to ensure the success of the initiative given its unique and, to some extent, yet unknown challenges. Hence, the CWU proposes the formation of an IOC legal team. The basic concept is that the team will provide legal support to the DHS Court Representatives stationed in the Law Department who will address questions from CUA Case Managers and CUA Support Team Members (as described earlier). The IOC legal team will also directly communicate with the CUAs in determining whether court action is warranted and, if so, what type of action (e.g.

## PHILADELPHIA COUNTY

Orders of Protective Custody, Urgent Petitions, etc.). The IOC legal team will be available to work on any CUA case up and until the case reaches Court, at which point the existing team for the Courtroom to which the case is assigned will take over. The IOC legal team will be present at the initial teaming as this will occur most likely before the case reaches Court. Other functions of the IOC legal team are described below in reference to specific team members:

- Divisional Deputy City Solicitor (DDCS): The DDCS will be responsible managing the work of the IOC legal team and supervising its members.
- Deputy City Solicitors (DCS) (two): The DCS will be responsible for fielding questions via DHS' Court Unit from CUAs' in-home services that arise prior to Court Involvement. The DCS would also directly confer with CUAs regarding the possibility and need for OPCs, Urgent Petitions, etc. Furthermore, the DCS will be responsible for providing trainings to the CUA as well as DHS staff regarding Dependency Law, the Child Protective Services Law, the Adoption Act and Regulations contained in 55 Pa. Code. Such trainings will be critical to ensure CUAs' understanding of and compliance with Child Welfare Law. In addition to trainings, the DCS would attend meetings scheduled by DHS' IOC Implementation Office for the purpose of answering legal questions that may arise at these meetings and, if necessary, consult with the DCS in particular practice areas (e.g. the DDCS in charge of policy for a policy issue; the DDCS for delinquent matters for a delinquency related matter, etc.). It is expected that research questions of a legal nature will arise as DHS implements IOC. The DCS would conduct this research or in consultation with a DDCS with expertise in the relevant area. The DCS would also work directly with the DHS Practice Specialist to ensure compliance by the CUA with Law, Regulation, and Policy.
- Assistant City Solicitors (ACS) (two): The ACSs would attend meetings at the CUA regarding specific cases. The ACS would not attend every meeting that the CUA holds regarding an individual case but would be available for meetings where special issues (particularly of a legal nature) exist. Where CUA cases require Court activity, the ACS would work directly with a legal assistant on the IOC team to ensure proper composition and filing of the dependency petition. Once the petition is filed, the case is relinquished to the assigned Court team in which the petition is heard. The IOC ACS, however, will assist in transitioning the case to the assigned ACS Court team member.
- Legal Assistants (LA): The LA will be responsible for composing dependency petitions that arise from CUA cases. The LA will work with an ACS on the IOC legal team in this regard. Having distinct Legal Assistants to handle the CUA cases will enhance the consistency, accuracy, and reliability of dependency petitions. The LA will also be assigned to work on redaction requests in IOC cases and any other issues appropriate for paralegal work.

### **Non-IOC Reinvestment Strategies:**

#### **ACT 80**

DHS formed a workgroup to review the impact of ACT 80 which extends PLC and adoption subsidies to age 21 for youth who enter those arrangements at age 13 or older. As a result new letters were developed to send out to identified youth eligible for the extension and a protocol is being developed to ensure the process for extension subsidies is followed by staff.

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Additional staff will be needed to oversee the ACT 80 subsidy database, compiling and evaluating information and data received from PLC or Adoptive families for the purposes of maintaining subsidies, preparing reports of findings and recommendations, and following up with families regarding documentation.

### **Act 91**

Since the passing of ACT 91, the Department has handled 62 official requests for reentry, with 29 motions filed (24 by DHS and five by Child Advocates). To date, Family Court has resumed jurisdiction of 16 young adults, with 11 currently placed and five awaiting placement. Currently there are ten young adults still awaiting court hearings. It is predicted that these numbers will increase as information about youth reentry not only becomes more well known throughout highly represented communities but as more legal professionals utilize the opportunity to have their clients reentered based on need.

Based on initial tracking, data suggest that within a relatively short time after discharge, these youth become homeless or face imminent homelessness often accompanied by the lack the social capital and skills to find employment to remedy their circumstances. The needs of these youth span the spectrum from a simple acquisition of necessary life documents (birth certificate, SSI and insurance card etc.) to incorporation within required systems based on identified needs (OVR, DPA, OMR, CBH, etc.). It has become increasingly apparent that part of their adjustment difficulties stem from varying degrees of interpersonal and affective challenges that have either been exacerbated, or gone unrecognized and under-addressed during their tenure in out of home care.

The legislation has created the need within the Department for additional housing and placement resource for returning youth, increased access to Independent Living (IL), Supervised Independent Living (SIL), and Supervised Supported Independent Living (SSIL). SSIL is of particular importance to provide additional case management support to those vulnerable individuals who lack basic independent living skills due to lack of prior skill training or emotional or physical disability. To address the social, emotional, and interpersonal challenges exhibited in returning youth, the Department will utilize therapeutic and substance abuse intervention services and psycho-educational support and mentoring groups. Transition and discharge planning will also be provided to ensure a successful transition for all youth. Additional training around Act 91 will be provided to DHS, CUA, and AIC staff to ensure consistent adherence to and implementation of Departmental policies.

Additional funding may be needed for housing resources, expenses related to psycho-educational support, mentoring groups, and a project manager/coordinator for transition and discharge planning oversight, and training.

### **Education Support Center**

Since the fall of 2009, the Department of Human Services' Education Support Center (ESC) has been working to improve the educational stability, continuity, and well-being of children and youth involved with DHS who are generally in out of home placement, or receiving intensive, safety-focused, in-home services. The ESC is staffed with Education Stability Liaisons at the main headquarters of DHS located at 1515 Arch Street. Each Education Stability Liaison helps to identify and remove educational barriers for children and youth involved with DHS to include: dependent, delinquent, and those receiving prevention services. They work closely with DHS Social Work Services teams, Provider Workers, the CUAs, school counselors, and school social work staff to ensure a successful academic

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experience for children and youth who present early warning indicators in the areas of poor academic performance, chronic absenteeism, and delinquent behavior.

In light of the School District of Philadelphia's downsizing that has resulted in the closure of 23 schools, the ESC sees great opportunity in sharing costs and resources with the District in order to grant tangible onsite education stability support for DHS involved children and youth. Cost sharing would allow for projected hiring of one School District of Philadelphia Clinical School Psychologist and one School District of Philadelphia Special Education Coordinator/Director to work within DHS headquarters at 1515 Arch Street for the sole purpose of providing educational stability services for DHS children and youth living out of county in the areas of Intellectual Disability Services (IDS) planning and teaming, 504 planning, gifted and special education support, behavioral assessments, evaluations; as well as IEP teaming. Development and support would streamline existing education stability services, support School District of Philadelphia resource needs and act as a viable means of advocacy and support to in and out of county DHS involved students who may need additional support and advocacy in special education and appropriate identification of a least restrictive educational environment.

In order to concurrently build capacity and ensure school stability through multiple strategies, ESC proposes several recommendations including, but not limited to, the following:

- Increased support for families prior to removal of children and youth from the home; as well as hands-on assistance to those who are transitioning in and out of Philadelphia county from other traditional and non-traditional education settings that often require more comprehensive planning to keep students on track for grade level advancement and ultimately, graduation.
- Stepped-up recruitment of resource families within school district areas with high truancy rates.
- ESC Team expansion to include additional Educational Stability Liaison staff, a Special Education Coordinator, and Clinical School Psychologist to specifically handle IEP evaluations and reviews for DHS involved youth.
- Co-location of Education Stability Liaisons in schools to better address educational problems of children and youth active with DHS as well as a preventative measure to system involvement.
- Co-location of aforementioned School District of Philadelphia Clinical School Psychologist and Special Education Coordinator within DHS Headquarters to specifically and effectively address DHS involved children and youth education stability issues as they relate to special education, 504 planning and behavioral support.
- Increased training, support, and incentives to caregivers to identify resource parents who support education stability for children and youth in the foster care system;
- Provide initial and ongoing assessment of academic, language, social, and emotional functioning of foster children and youth with which classroom and school district personnel can base the design and implementation of effective instruction.
- Increase technological capacity with the purchase of additional iPads for a more strategic and cross-collaborative "Mobile Remedial Support" delivery.
- Consider the use of a tracking system to monitor youth who enter in and out of care with the focal point of early warning indicators (EWIs) as a means for drop-out, truancy prevention, remedial intervention, and teaming and transition planning.
- Propose means to build a more robust Education Support Center database.

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- Plan to encourage data system integration within DHS that are more compatible to encourage better agency practice and enhanced outcome measures in abuse and neglect reporting, education, and overall well-being for families we service.
- Ensure that foster children and youth whose assessments reveal inadequate skills in reading, writing, and/or math receive in-school and out-of-school-time evidence-based interventions with ongoing assessments to improve their knowledge and skills.

### **JJS Evening Reporting Centers (ERC):**

JJS Evening Reporting Centers have proven to be a cost effective means of diverting youth from secure detention and subsequent residential placements through constructive engagement, high quality supervision, and educational supports in the evenings, a time when delinquent activities are more likely to occur. ERCs allow the youth to stay in their home environment, remain in their communities, and continue their education at their own school while receiving services that promote positive youth development and community safety. ERC programs incorporate the BARJ principles and are consistent with the JDAI. The Centers will address Disproportionate Minority Contact (DMC) reductions. Additionally ERCs create and enhance the potential for collaborative relationships among youth, families, community partners, and probation officers.

The targeted population for the Centers is male youth between the ages of 13 and 21. The Detention Risk Assessment Instrument (DRAI), through the JDAI initiative, will be the initial mechanism that will drive referrals to the ERCs. As a result, although the program design of other counties limits the population to pre-adjudicated youth, in Philadelphia there is a likelihood that youth who are arrested and had a previous adjudication with supervision may be part of the group referred. The Evening Reporting Centers are expected to provide measureable objectives and outcomes.

The Centers will operate six days each week from 3:30 PM to 8 PM and from 10 AM to 2 PM on Saturdays, providing trauma-informed and evidence-based interventions, substantive academic assistance, life skills training, enrichment activities, and opportunities for community service. A meal and transportation to and from the Centers is provided. Commitment to an Evening Reporting Center will mean that these youth will avoid the experience of being physically detained in a facility, altogether or in some cases avoid it while awaiting trial.

DHS has announced its awards to two Evening Reporting Center providers. The Department is working with these providers now for an expected ramp up of their programs by the end of September, 2013, concurrent with the startup of use of the Youth Level of Service (YLS) and the Detention Risk Assessment Instrument (DRAI).

### **JJS Supervised Independent Living and Congregate Care:**

As with dependent youth, many youth in the delinquent system are aging out of care with inadequate housing, life skills, and family supports. Without these, successful reintegration back into communities is severely compromised. Last year, DHS had planned to expand its delinquent Supervised Independent Living slots. However, because there was no increase in SIL referrals in FY 2012-13, the existing SIL units were not utilized to capacity and some youth referred were not appropriate for SIL, DHS has decided not to contract for additional SIL units at this time, but to monitor their use to assess whether adding such slots in the future would be useful.

## PHILADELPHIA COUNTY

Last year, DHS sought to expand the number of group home slots open to delinquent youth, both those aging out of care without adequate housing or family resources and those able to exit higher levels of care but not yet ready for independent living. A Request for Proposals for Gender Responsive Group Homes was issued and awards for this RFP have recently been made to two local vendors for mother/baby group home services.

### **Prison Rape Elimination Act (PREA)**

With the passing of the PREA which was enacted by congress to address the problem of sexual abuse of individuals in the custody of all public and private institutions that house adults or juvenile offenders, there will be cost associated with its implementation at the Philadelphia Juvenile Justice Services Center (PJJSC). To ensure that standards and the mandated audit process are put in place to meet the requirements of the PREA at PJJSC, DHS will be requesting funding to hire a PREA Coordinator at the PJJSC. Funding will also be needed to ensure contracted providers receive the technical and staffing supports needed to comply with PREA.

### **MOM Program:**

This prevention program is a cost-effective model that addresses issues of access to primary care, participation in early childhood education, and access to early intervention services. This modest investment in parentally appropriate supports has been shown to improve children's health, behavior, and participation in supportive programs to improve life outcomes. This program is effective for children of mothers with low incomes and few other supports. Access to existing programs, which would benefit these children, depends on mothers' (or other caregivers') participation in available programs and mothers' participation appears to be associated with poverty, cognitive challenges, and poor social supports. The MOM program, then, is a way to engender participation not always afforded to children whose mothers have substantial social and economic hardships and challenges.

The program, located in North Philadelphia, began in two zip codes. Now, with expanded staff, it operates in five zip codes, with over 900 children enrolled. A key focus of the program is insuring that eligible children receive Early Intervention services. All children are screened for developmental delay at 18 months, using the Ages & Stages Questionnaire. To date, one third of those screened tested outside normal limits and have been referred to the Early Intervention system for follow-up. These families receive enhanced outreach to assist in navigating the Early Intervention system.

### **Co-location:**

There has been good progress with the construction of the co-location facility since breaking ground in August 2012. DHS has worked closely with the Department of Public Property and Office of Information and Technology to identify and plan for the installation of furniture, communication, and technological equipment. There are regular updates to ensure work continues to progress and targeted dates are met.

While progress has been made, the Department has run into a few challenges with the construction resulting in a change of the moving date several times. The original moving date for DHS was scheduled for April 2013. Construction was delayed due to the collapse of the roof in January 2013. Another set-back was caused by water infiltration from a heavy rain storm in June 2013 which damaged the majority of the Police side of the building. All work at the site came to a halt pending the outcome of an assessment by Risk Management to ensure a safe working environment. As of June 28, 2013, there continues to be

## PHILADELPHIA COUNTY

unfinished work that was required as part of the lease, and water infiltration remedies that the building owner is currently performing.

The Department is happy to announce that all its Sex Abuse Investigation staff were moved into the shared facility on August 5, 2013.

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### 3-4 Benchmark and Strategies

**Counties must select a minimum of three Outcome Indicator charts that are relevant to their identified Benchmarks and Strategies as submitted in their FY 2013-2014 Needs Based Plan and Submission.**

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

**For each benchmark chosen the county must answer the following questions:**

- CWDP counties, current and prospective, are exempt from this section as the information is captured in IDIR. Completion of this section is optional and should cover only areas that the county believes are not adequately addressed in their IDIR.
- Counties should attach any current CIP and refer to attachment for detail.

Philadelphia was accepted to participate in the Child Welfare Demonstration Project in October 2012. The Project itself began in Philadelphia in July 2013, so all data below is baseline data.

Throughout the five-year demonstration project, Philadelphia's Department of Human Services is implementing the Improving Outcomes for Children (IOC), in order to better engage and assess families so that the correct interventions are put into place to effect meaningful and enduring change leading to safe, sustained case closure. IOC uses a community-neighborhood approach with clearly defined roles between county and provider staff that will positively impact safety, permanency, and well-being outcomes.

Despite work on correcting coding errors in AFCARS data, the rates provided in the Hornby Zeller data package continue to differ from data produced by the DHS Data Warehouse. To maintain consistency in reporting out progress on the Benchmarks, the Department will use only the data obtained from the DHS Data Warehouse.

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### **BENCHMARK # 1: Re-entry into Care**

- ❑ **What is the current level of performance for this indicator? Provide analysis of historical trends of the current and past five fiscal years. Identify data sources used.**

Re-entry rate for Children Discharged during Fiscal Year					
FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
16%	16%	18%	17%	19%	20%

Data source: DHS data warehouse.

The re-entry rates have been relatively steady in the past five fiscal years with an average re-entry rate of 18%.

- ❑ **Identify a measurable target for improvement and timeframes for evidence.**

DHS would like to decrease the re-entry rate by 5% by 2014.

- ❑ **Address the following county practices that contribute to the current level of functioning and/or would need to be enhanced toward improved outcomes.**
  - **Family Engagement Efforts**
  - **Use of SAMP in Critical Decision Making**
  - **Process for Placement Decisions, including Placement Settings**
    - **Use of Kin, Least Restrictive Setting, Sibling Placements**
  - **Quality Assessments**
  - **Individualized Services**
  - **Continuous Case Status Review**
  - **Case Planning for Successful Transition/Closure**
  - **Teaming**
  - **Shared Case Responsibility**

See IDIR, Attachment A, for details as to how IOC and the key practices of family engagement, trauma-informed assessment, and intervention will be employed to improve the chosen Benchmark Outcomes.

- ❑ **Briefly identify a plan by which strategies towards improvement that were identified and/or implemented in FY 12-13 and projected resources needed for implementation of strategies for FY 13-14 and FY 14-15.**

See IDIR, Attachment A, for details of implementation work plan.

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

- ❑ **What is the current level of performance for this indicator? Provide analysis of historical trends of the current and past five fiscal years. Identify data sources used.**

Entries into Care and Exits to Permanency by Fiscal Year						
	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013*
Entries	3125	3088	3020	2814	2599	2563
Exits	2175	2261	2331	2195	1667	1255

\*Estimate on 6/27/2013

Data source: DHS data warehouse.

Entries and exits are counted more than once. Exits only include permanency discharges. Re-entries could be from other non-permanency discharge reasons. This data is not a direct correlation with the placement population.

Entries into care have declined steadily over the past five fiscal years. Exits have also declined over the past five fiscal years. With continued implementation of IOC, and use of the practices identified under the Child Welfare Demonstration Project, the Department's goal will be to improve timely, safe reunification or other permanency.

- ❑ **Identify a measurable target for improvement and timeframes for evidence.**

DHS would like to decrease entries into out-of-home care and increase exits from care by 5% in 2014.

- ❑ **Address the following county practices that contribute to the current level of functioning and/or would need to be enhanced toward improved outcomes.**

- **Family Engagement Efforts**
- **Use of SAMP in Critical Decision Making**
- **Process for Placement Decisions, including Placement Settings**
  - **Use of Kin, Least Restrictive Setting, Sibling Placements**
- **Quality Assessments**
- **Individualized Services**
- **Continuous Case Status Review**
- **Case Planning for Successful Transition/Closure**
- **Teaming**
- **Shared Case Responsibility**

See IDIR, Attachment A, for details as to how IOC and the key practices of family engagement, trauma-informed assessment, and intervention will be employed to improve the chosen Benchmark Outcomes.

- ❑ **Briefly identify a plan by which strategies towards improvement that were identified and/or implemented in FY 12-13 and projected resources needed for implementation of strategies for FY 13-14 and FY 14-15.**

See IDIR, Attachment A, for details of implementation work plan.

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**BENCHMARK # 3: Least Restrictive Placement Setting**

- ❑ **What is the current level of performance for this indicator? Provide analysis of historical trends of the current and past five fiscal years. Identify data sources used.**

Children in Congregate Care on the Last Day of the Fiscal Year by Percent of Total Placement Population												
	6/20/2008		6/30/2009		6/30/2010		6/30/2011		6/30/2012		6/27/2013*	
GH	523	9%	530	10%	514	11%	461	11%	458	11%	429	10%
IN	772	13%	658	12%	606	13%	556	13%	518	13%	507	12%
Congregate Care	1295	22%	1188	22%	1120	24%	1017	24%	976	24%	936	22%

\*Estimate on 6/27/2013

Data source: DHS data warehouse.

The numbers of children and youth in congregate care settings has decreased steadily over the past five fiscal years. Because total numbers of children and youth in care are decreasing, the percentage who are in congregate care has remained fairly stable over that time period. Of the 4,332 children and youth currently in DHS' care, 10% (429) are in group home care and 12% (507) are in institutional care (DHS FACTS Warehouse, July 27, 2013).

- ❑ **Identify a measurable target for improvement and timeframes for evidence.**

DHS plans to reduce the total number of youth placed in congregate care by 15% by July 1, 2014.

- ❑ **Address the following county practices that contribute to the current level of functioning and/or would need to be enhanced toward improved outcomes.**

- Family Engagement Efforts
- Use of SAMP in Critical Decision Making
- Process for Placement Decisions, including Placement Settings
  - Use of Kin, Least Restrictive Setting, Sibling Placements
- Quality Assessments
- Individualized Services
- Continuous Case Status Review
- Case Planning for Successful Transition/Closure
- Teaming
- Shared Case Responsibility

See IDIR, Attachment A, for details as to how IOC and the key practices of family engagement, trauma-informed assessment, and intervention will be employed to improve the chosen Benchmark Outcomes.

- ❑ **Briefly identify a plan by which strategies towards improvement that were identified and/or implemented in FY 12-13 and projected resources needed for implementation of strategies for FY 13-14 and FY 14-15.**

See IDIR, Attachment A, for details of implementation work plan.

## PHILADELPHIA COUNTY

### Section 4: Administration

#### 4-1a. Employee Benefit Detail

- Submit a detailed description of the county's employee benefit package for FY 2013-14. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

See the following two pages.

PHILADELPHIA COUNTY

**OFFICE OF THE DIRECTOR OF FINANCE – ACCOUNTING BUREAU  
Fringe Benefits Memo – FY 2013**

To: All Departments, Boards, Agencies and Commissions  
 From: Joseph Oswald, Director of Accounting {signed}  
 Subject: Fringe Benefit Costs – Fiscal Year Ending June 30, 2013  
 Date: Feb. 8, 2013

**Non-Uniformed Employees**

The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2012 and should be added to all Fiscal Year, 2013 costs which are chargeable to other city agencies, other governmental agencies and outside organizations:

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

<u>Plan</u>	<u>Employee Classification</u>	<u>Normal Cost</u>	<u>Unfunded Liability</u>	<u>Total</u>
L	Elected Officials elected on or after 1/8/1987	4.899%	44.665 %	49.564%
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	4.861%	2.636%	7.497%
Y	D.C. 47 Local 810 members hired on or after 1/8/1987; All non-uniformed employees hired after 10/1/1992	4.861%	2.636%	7.497%
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	7.497%	211.502%	218.999%

**Employee Disability**

	<u>Cost Per Employee Per Month</u>
Worker’s compensation	\$112.64
Regulation 32 Disability	\$ 4.15

**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	07/01/12 – 12/31/12	6.20%
	Gross Earnings not to exceed \$113,700	01/01/13 – 06/30/13	6.20%
Medicare	Unlimited Gross Earnings	07/01/12 – 12/31/12	1.45%
	Gross Earnings (less than \$200,000 annually)	1/01/13 -6/30/13	1.45%

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

PHILADELPHIA COUNTY

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	\$3.04
D.C. 33 Correctional Officer Classes of Local 159B	25,000	3.81
D.C. 47 (including Local 810 – Courts)	20,000	3.04
Exempt & Non-Rep employees & Common Pleas Court – Municipal (excluding Local 810, see above)	15,000	2.29
School Crossing Guards	12,000	1.83

**Employee Health Plans**

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

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>		
D.C. 33 (except Crossing Guards) and D.C. 47	\$975.76		
D.C. 33 School Crossing Guards <sup>1</sup>			
	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 HMO <sup>2</sup>	\$ 434.70	\$ 804.20	\$1,260.64
Keystone POS <sup>2</sup>	N/A	N/A	N/A
Personal Choice PPO <sup>2</sup>	644.78	1,192.84	1,869.86
Dental PPO <sup>3</sup>	29.86	59.38	92.32
Dental HMO <sup>3</sup>	18.06	35.67	64.86
Optical <sup>3</sup>	2.61	4.72	6.65
Prescription Plan <sup>3</sup>	132.37	244.88	383.87

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

<sup>2</sup>Based on self-insured convention all rates for calendar year 2012

<sup>3</sup>Based on fully insured premium rates for calendar year 2012

**Unemployment Compensation**

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
All non-uniformed employees	\$17.41

**Group Legal Services**

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

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### 4-1b. Organizational Changes

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

#### **Operations Directors:**

In an effort to strengthen Hotline and Investigations, the Children and Youth Division (CYD) of DHS added another Director of Operations to focus on the enhancement of front end services. This Operations Director is responsible for the functions of the Hotline, all of Investigations, including General Intake, Sex Abuse Investigations, and Multidisciplinary Team (MDT) Investigations, Truancy and Child Abuse and Prevention Treatment Act (CAPTA) assessments. In addition, the Operations Director is responsible for the Family and Community Support Center and the Court Unit.

The second Operations Director is responsible for cases that are in need of ongoing child welfare services, including in home and placement services. In addition this Operations Director is also responsible for the development and implementation of the Family Team Conferencing (FTC) model and the transitioning of cases to the Community Umbrella Agencies (CUAs).

#### **Expedited Permanency Meetings (EPMs):**

One of the Department's IOC goals is to reduce congregate care by reunifying children and youth with their families and ensuring that youth achieve permanency. With the support of the Annie E. Casey Foundation, DHS will begin facilitating Expedited Permanency Meetings (EPMs). The EPMs are a team based, onetime facilitate meeting for the sole purpose of identifying and transitioning youth out of congregate care. The team is made up of the Congregate Care Integrity Officer and 3 Facilitators who will travel to congregate care facilities to listen to the voices of the youth about their transition out of congregate care. After the interview, the facilitators will schedule and conduct the EPMs with the youth, the family and their support, DHS staff and other professionals with the goal of transitioning the youth out of their congregate care setting to relative or non relative permanency recourses.

#### **Project Management Office (PMO)**

The Department is undergoing tremendous changes. As a result, there are many initiatives and projects that require dedicated management oversight. To meet this challenge, a Project Management Office (PMO) was created within the Administration & Management Division. The purpose of the PMO is to manage projects that have department wide impact. The PMO will be staffed with a Project Director, two Project Managers, and two Project Specialists.

### 4-1c. Staff Evaluations

- Describe the method for measuring and evaluating the effectiveness of staff provided services.

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.

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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 the Fall of 2013, DHSU will begin to incrementally roll out the Learning Management System to all divisions. The process will begin with PMA in September and will be finalized in January 2014 with CYD. Staff will access available on-line content through the system. Additional content will continue to be created throughout the fiscal year. The two major strategies for creating online content are: building the content and the creation of learning partnerships with other entities. Some of these partnerships will not involve a cost while others may require a subscription fee.

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 that 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.

In an effort to retain high performing employees, The Department of Human Services has engaged in a number of relief strategies to support employee in their efforts to serve children, youth, and families. Some of the strategies include the implementation of mobile workforce, providing staff with the equipment they need to work away from the office, and providing support for managing cases. Targeted outcomes for mobile workforce include, increased morale, reduced commute time to work, increased productivity, reduced use of sick leave, and reduced job related stress.

#### **4-1d. Contract Monitoring & Evaluation**

- ❑ Note the employee/unit which oversees county contracts. Describe the evaluation process to determine the effectiveness of provider services.

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.

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- Audits of Provider case files at least once a year and, depending on results, more frequently.

PREP conducts quarterly Provider Meetings chaired by the Director for the purpose of facilitating continued collaboration and communication with contracted agencies. In addition, the Director of PREP chairs the Provider Accountability Forum (PAF), which brings together representatives from DHS, DBHIDS, and the Regional Office of Children, Youth, and Families to review certain program evaluations and service concerns. The PAF may make recommendations to the Commissioner based on the findings from the meeting. These recommendations may include providing additional technical assistance and training to the Provider, to the closing of intake.

The Performance Based Contracts (PBC) Unit uses data to enhance accountability and improve outcomes for children, youth, and families. It uses performance data to drive contract decisions, support the Department and external partners with technical assistance, and tie financial incentives and disincentives to performance.

The PBC unit monitors and manages the contractual expectations of 30 agencies that provide either General Foster Care (GFC) or Treatment Foster Care services, or both. 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 acceptance of referrals, permanency outcomes, and the stability of placements.

A major function of the unit continues to be the reconciliation of Provider data, which occurs on a monthly basis for referral data, and on a semi-annual basis for outcome data. In addition, the PBC Unit develops and publishes rankings on selected performance indicators for general foster care (PBC), Treatment Foster Care, and In-Home Protective Services Providers. The unit's data and outcome measurement methods and products help guide contract decision-making and have played a significant role in shaping the financial and contractual performance aspects of IOC.

In FY 2014, the PREP/PBC unit expects to play a major role in the Department's Congregate Care rightsizing initiative. In particular, the facilitation and coordination of Provider efforts to increase the availability of foster homes for older youth, and for conducting Congregate Care ChildStat sessions. These sessions bring together DHS leadership, Provider agency leadership, and other child welfare stakeholders to review data and performance measures relevant to congregate care. ChildStat meetings help break down silos and increase communication and accountability across the agency and with our Provider partners. Congregate Care ChildStat will also serve as a way to monitor and evaluate the effectiveness of the various strategies employed in the Department's rightsizing initiative. The first session is slated for October 2013 and meetings will be held on a quarterly basis.

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### 4-2a. Human Services Block Grant

- Participating counties should describe what services and activities will be funded through the block grant and how this may change from the previous year. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county and the NBPB. Describe any plans for increased coordination with other human service agencies and how flexibility from the block grant is being used to enhance services in the community.

### 4-2b through 4-2e. Special Grants Initiatives

Per OCYF conference call, Special Grants Initiatives will be submitted with the Budget on September 15, 2013.

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4-2f. Independent Living Service Grant

- In the table below, place an “X” for the services that will be provided by CCYA during FY 2014-15 (regardless of funding source.) Check as many boxes as apply. Enter the projected total amount of youth that will receive these services (regardless of age, placement status, or disposition.)

Mark “X” in this column	Total Youth	IL Services
x	1375	A. Needs Assessment/Case Planning
x	1375	B. Life Skills Training
		C. Prevention Services
x	375	Dental/Health
x	225	Drug Abuse Prevention
x	225	Alcohol/Tobacco/Substance
x	600	Safe Sex/Pregnancy
		D. Education
x	75	Vocational Training
x	525	High School Support and Retention
x	125	Preparation for GED
x	775	Assistance in Obtaining Higher Education
		E. Support
x	1375	Individual and Group Counseling
x	625	Stipends
x	100	Services for Teen Parents
x	239	Mentoring
		F. Employment
x	200	Job Placement
x	75	Subsidized Employment
x	400	G. Location of Housing
x	25	H. Room and Board
x	60	I. Retreats/Camps
x		J. Indirect Services
x		K. Program Administration

- Enter the county’s total approved budget for FY 2013-14 and budget request for FY 2014-15 IL Services below. Include federal, state and local funds in the total amount. Note: Fiscal information entered in the Narrative Template serves only as an estimate of projected program cost for FY 2014-15. If information entered into the Narrative Template and the Budget Excel File do not match, the Budget Excel File will be deferred to and considered as a final budget.

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

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Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change to SGI + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2012-13	\$2,997,323		\$2,997,323
FY 2013-14			\$2,997,323

- Describe the county’s expenditures history for IL Services for FY 2009-10, 2010-11, 2011-12 and 2012-13. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

Philadelphia County has successfully used these grant funds since 2006. Careful fiscal and proactive programmatic management and success in meeting service objectives are critical contributors to this outcome.

- If there were instances of under spending of prior years grant funds, describe what changes have occurred to ensure that grant funds for this program/service are maximized and effectively managed.

N/A

- Provide a brief explanation if the county elects to submit an implementation budget for FY 2013-14 that is less than the certified allocation.

N/A

**IL Outcomes**

Identify and describe three program, or youth, IL outcomes the county plans to address and improve for FY 2014-15 (or earlier, if applicable). Also provide an overall summary of how the delivery of IL Services will ultimately impact these outcomes for youth.

The IL outcomes description must include:

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

**Outcome 1**

To have 150 youth between the ages of 14 and 15 years old to attend The Young AIC.

**How and why this outcome was selected:** This outcome was selected to guide the youth 14 to 15 years old to achieve permanency and self sufficiency; to assure their well being; and to assist the youth in transitioning into adulthood. This outcome will also reduce homelessness, poverty, teen pregnancy, and criminal behavior through comprehensive services.

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**Baseline data information:** As of June, 2013 there were 1291 dependent youth age 16 to 21 and 226 dependent youth between the ages of 14 and 15 years old. In addition, there were 1031 delinquent youth between the ages of 14-21 in placement.

**The source of the data and the collection process or method:** Data collection processes will be established through the use of referral forms, monthly COGNOS runs, exit surveys when the youth complete workshops, focus groups throughout the fiscal year, and the AIC database.

**An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA:** Implemented at the beginning of FY13, service delivery has been and will continue to be through DHS staff as well as contracted employees at the AIC. Contracted employees are staff members from Temple University (educational services), Planned Parenthood (sexual and health education), Shalom, Inc (ATOD counseling and workshops), Pathways, PA (mentoring), Valley Youth House (program operations, housing, employment, coaching). Services will be delivered through workshops as well as one on one counseling/intervention through a revised method where youth will navigate through a three tiered process. Youth will engage in hands-on instruction such as the Consumer Science Culinary Program, Field Trips, and experiential exercises to reinforce independent living.

As of June 30, 2013, 52 youth have attended the Young AIC where services were provided by DHS staff.

### **Outcome 2**

Improve effectiveness of IL Services, develop youth centered plans to transition them into independence, increase permanency outcomes for older youth, and improve the stability of transitions to independence for both dependent and delinquent older youth.

**How and why the outcome was selected:** This outcome was chosen because youth who age out of the child welfare system have very poor outcomes as adults. It is expected that by refocusing the Achieving Independence Center (AIC) and Older Youth services efforts on re-engaging parents and kin, and reconnecting youth with parents and kin, older youth who would have aged out could be safely reunited with parents or achieve permanency through adoption or PLC. For older youth who transition to independence both from out-of-home care and from a permanent home, there is evidence that providing IL Services to youth at a younger age will improve outcomes. DHS had not previously extended AIC services to delinquent youth, and doing so will help to improve their transition to independence as well.

**Baseline data information:** As of July 2013, there were 1384 youth between the ages of 16 and 21 who are being served by the AIC. Of those being served by AIC, 859 were in care; 443 were out of care and the status of 82 were undetermined. The populations that will be the focus of this expansion of services are youth in dependent and crossover placement cases from the age of 14 up to 21. As of July 2013, there were 226 dependent youth between the ages of 14 and 15 years old. In addition, there were 1031 delinquent youth between the ages of 14 and 21 in placement. With the implementation of Act 91, 19 youth were granted resumption of jurisdiction and 8 youth are awaiting court dates in FY13. Also during FY13, 103 youth received housing through the Supportive Housing Program.

**The source of the data and the collection process or method:** In this fiscal year, DHS intends to collect the outcomes of Time Limited Reunification and Reunification Services through monthly COGNOS runs, observing number of youth obtaining SHP housing. Baseline

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data will be collected by monitoring the status and outcomes of youth under Act 91. The objective is to have less youth re-entering the child welfare system via Act 91 by providing more effective permanency, IL and transition services.

**An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA:** To address the outcome, AIC and Older Youth services have been refocused on re-engaging parents and kin through Family Finding, teamings, supportive services, and revisiting permanency goals for these youth. The age of youth to be provided IL Services has been reduced to age 14. In FY 15, the intent is also to begin to introduce crossover youth ages 14 to 21 within and outside of Philadelphia County to the AIC. By offering support groups and using the Strengthening Families Model, Time Limited Reunification, Reunification, and parenting groups, youth and their families will be able to address issues that led to dependency and long-term care. These services support empowerment, resilience, self-sufficiency and help improve transition to independence outcomes. Services will be provided through a combination of efforts both on-site at the AIC and in the community. DHS staff work in collaboration with AIC staff. Time Limited Reunification and Reunification programs will be provided through Lutheran Children and Family Services, Tabor Services, and Jewish Children and Family Services.

### Outcome 3

Reduce trauma-based social behaviors that act as barriers to successful transition to independence for dependent and delinquent youth.

**Why the outcome was selected:** This outcome was selected to promote successful transition out of care.

**Baseline data information:** In FY13, 91 youth between the ages of 14 to 21 years old and their families received Time Limited Family Reunification and Reunification services. During FY13, 6 youth were reunified with their families and 29 youth and their families who were receiving in-home reunification services were stabilized and their cases were closed.

**The source of the data and the collection process or method:** Data will be collected from monthly COGNOS runs identifying youth 14-21 years of age in placement and who are receiving reunification services.

**An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA:** A program redesign of the AIC will promote engaging youth over a longer period of time. The redesign of the overall independent living program will consist of a gradual progression of service delivery to promote membership retention. Bio psycho-social groups will be implemented to address the issues that dependent and crossover youth experience related to placement. The use of intensive group services allows youth to engage in dialogue with other youth with similar experiences and develop social relationships and social connectedness in a safe environment. This will be an effort of the DHS and non-DHS AIC Staff, Time Limited Reunification and Reunification programs through Lutheran Children and Family Services, Tabor Services, and Jewish Children and Family Services, and through strategically planned outreach utilizing direct contact with Social Work Services Managers, data bases, and teaming. Services will be provided on-site at the AIC and throughout the community.

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### IL Services Narrative

- If the agency is requesting an increase of funds for FY 2014-15, clearly explain and justify the increased costs.**

N/A

- Explain how the county plans to meet the needs of youth who are transitioning from foster care, while in the agency's care, as well as those who have discharged up to age 21.**

As of June, 2013 there were 1291 dependent youth age 16 to 21 and 226 dependent youth between the ages of 14 and 15 years old. In addition, there were 1031 delinquent youth between the ages of 14-21 in placement.

The AIC serves both current and former foster youth until the age of 21. At the end of FY13, 1384 youth received case management and counseling services at the AIC (approximately 1102 of those youth are currently in care and 282 of youth were discharged or out of care).

The youth's plan for services is created and documented in the Member Development Plan (MDP). The MDP is an individualized plan outlining the needs and goals for each youth in the core areas of housing, education, life skill, and employment, and is based on the results of the Casey Life Skills Assessment which is completed every six months.

On-going services are provided on-site either by the AIC staff or partner agencies (Temple, Pathways PA, and Planned Parenthood) or by referral to other community-based organizations according to the goals and objectives identified in the MDP. The MDP is updated, at minimum, on a semi-annual basis, to ensure each youth is moving forward in achieving individual goals. These assessments and services support empowerment, resilience, self-sufficiency, and help improve transition to independence outcomes.

Services for youth in care are coordinated with the AIC and Provider staff to ensure coordination of services. The Child Permanency Plan (CPP) is included in the referral to the AIC and drives and informs the creation of the MDP. Services for former foster youth are coordinated in a self-directed manner with the AIC coaches through the MDP. All members, both in care and out of care, meet regularly with their Coaches to discuss progress toward individual goals.

Life Skills instruction is a vital component of services at the AIC and required of all Providers serving the county's older youth population. At the end of FY13, 962 youth received life skills training through the AIC, 104 % of the FY13 goal of 925. Life skills are a set of competencies that youth leaving foster care need in order to make a successful transition to independence and the foundation for all the services and activities provided by the Independent Living Services Unit at the Department and the AIC.

At the AIC, the primary life skills training component, "LSH Journals and Fundamentals," is provided by AIC staff via a 24 hour curriculum. It includes group-based workshops, individual lessons and a final assessment to measure the transfer of learning. AIC staff will monitor member participation in and completion of the series. Workshop topics include money management, financial decision-making skills, savings, taxes, banking and credit,

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budgeting and spending plans, consumer skills, building a positive self-image, conflict resolution, goal setting, and stress management.

Members also learn life skills in other workshops and activities offered at the AIC by its staff and affiliated programs. The subject areas include, but are not limited to:

- Locating and using community resources: police, clergy, lawyers, dentists, and bankers.
- Utilizing community socialization activities: churches, recreational centers, parks, and concerts.
- Healthy hobbies: fitness, arts, photography, and music.
- Obtaining personal identification documents.
- Human sexuality.
- Employability factors including responsibilities and professional attire.
- Resume development.
- Consumer and shopping skills.
- Physical and behavioral health care.
- Locating housing.
- Nutrition.
- Insurance.
- Home management skills: food preparation, laundry, cleaning, roommates, and basic maintenance etc).
- Negotiating a lease.

The life skills workshops and activities also focus on the development of “soft skills” that are key to independent living which include, but are not limited to:

- Decision making.
- Self-esteem.
- Communication and negotiation skills.
- Conflict resolution.
- Managing stress and coping strategies.
- Problem solving.
- Anger management and impulse control.
- Assertiveness.
- Peer Interactions.

- Describe how the agency will meet the educational needs of current and former foster youth to include post-secondary education. Identify supports available to assist youth meet their post-secondary education goals and improve retention rates and program completion.**

Education is critical to a youth’s success and ability to live independently. The AIC provides programs to assist youth in remaining and succeeding in high school, attaining a GED, and enrolling in post-secondary institutions. At the close of FY 13, the education status of active AIC members was as follows:

- 338 High School Attendees.
- 47 2-Year College Attendees.
- 26 4-Year College Attendees.
- 15 Post Secondary Technical/Trade School Attendees.
- 1 Career Training Program Attendees.
- 8 GED Program Attendees.
- 1 Twilight School Attendee.
- 66 Not in school (no diploma or GED).

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- 129 Not in school (high school graduates).
- 0 Graduates from Technical School during FY13.
- 51 High School Graduates.
- 4 GED Recipients.
- 0 2-Year College Graduates.
- 0 4-Year College Graduates.
- 6 Post-Secondary Training Programs, Trade, and Technical School Graduates.

The AIC Coaches develop educational plans that are included in the MDP with youth. Coaches also track members' progression through their academic careers.

The educational support staff specifically focuses on the supports and services high school students need to complete high school successfully, including identifying tutoring needs, coordinating homework help, tracking attendance, coordinating with AIC and Provider Staff, and the School District of Philadelphia to address challenges and recovery plans. Out of school youth are connected with the School District's Re-engagement Center. The support staff will provide guidance and support to the youth based on mandates established by the McKinney-Vento legislation.

High school graduates and graduation candidates receive guidance and assistance enrolling in post-secondary education, including individual and group counseling, completion of admission applications, financial aid applications, scholarship assistance, admission essay support, college prep workshops, and campus tours. College students received support including test preparation, continued financial assistance, and help navigating the different systems within post-secondary institutions.

AIC will provide educational and career resources stemming from the United States Military through job fairs and seminars. The U.S. Military offers educational opportunities (ROTC as well as free college education), career training and opportunities, stability, housing, benefits, and discipline as a foundation to their mission.

The AIC further supports its student membership, both high school and college, by providing filled backpacks, college care packages, and other items at an annual education recognition program at the beginning of each school year. DHS Communications Office and AIC have secured sponsorships from local businesses and organizations which have grown this effort substantially over the last three years.

- Describe how support services will be delivered and who will deliver the activities (provider or agency). Include the use of stipends and the total amount planned. Estimate the number of youth who will be referred to the SWAN prime contractor for Child Profile, Child Preparation and Child Specific Recruitment services.**

All active AIC members receive individual counseling from the AIC staff. Further, an on-site licensed therapist and specialized practitioners provide short-term therapy and crisis intervention together with linkages and referrals to community-based behavioral health programs. They also run groups on adventure-based counseling, trauma, anger management, and anger reduction. These services are all provided collaboratively by the contracted programs at the AIC and DHS Staff.

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Volunteer mentors are available through the Mentoring Program at the AIC. Mentees meet monthly with mentors both at the Center and in outside activities. Additionally AIC partners with community agencies to maximize the number of mentors for AIC members.

AIC staff and the Parent Action Network (PAN) provide support and education to the LGBTQ youth community at the AIC. The objectives of these ventures are to meet the unique needs of this community and connect them with supportive resources specific to their needs.

The total amount planned for stipends is \$150,000.00. The amount includes incentives for completion of workshops and programs as well as needs-based funds to eliminate barriers to independent living, such as, school fees, tools and uniforms for work, and security deposits.

DHS estimates 150 IL youth will be referred to the SWAN prime contractor for Child Profile, Child Preparation Services.

**☐ What housing related services, supports (including financial), and planning will be provided to prepare youth for living after foster care discharge and to reduce instances of homelessness.**

Housing related services, supports, and planning include assistance obtaining affordable housing, education regarding safe and affordable housing options for youth, negotiating a lease, tenants' rights and responsibilities, and the link between credit and housing and permanency planning. The AIC and DHS Staff provides the on-site services related to housing referrals and education.

Additionally, on a bi-monthly basis, the Center holds "Real Talk Housing Family Dinners." The dinners are designed to allow youth to discuss adult housing resources, as well as their housing and permanency plans as they prepare to transition from both DHS and the AIC. The dinners also serve as the forum for the "Real Talk" panels. Through collaboration between the AIC and Covenant House PA, the "Real Talk" panels are comprised of youth willing to discuss the challenges of homelessness and other pitfalls of leaving care unprepared with other members and youth still making their transition decisions. It has been demonstrated, through these dinners, that peers are effective in conveying the need for planning and preparation as youth transition from care. Attendance at the two dinners averages 40 youth per month.

The AIC housing staff also coordinates quarterly informational sessions related to both Supervised Independent Living and Transitional Housing programs. These sessions bring together Providers to explain the details of their programs. The housing staff also target youth preparing for transition for special advanced housing workshops that incorporate experiential activities to reinforce skills learned in other life skills workshops.

Youth with more stable housing options have increased success at independence than those in unstable or overcrowded living situations including living with strangers, family and friends suffering from addiction, abandoned properties, and the streets. Members who are out of care and homeless or near homelessness are assessed for supportive needs and referred to a Transitional Housing Program (THP) that houses eligible AIC members in apartments or group living situations throughout the City. The goals of the THP are to help young adults obtain and remain in permanent housing; increase their skills, education, and

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income; and achieve self-determination. Youth must meet HUD threshold requirements to participate in THPs. THPs provide financial support in the form of rent subsidies for 3 to 24 months. The following THP programs are utilized:

- Valley Youth House Supportive Housing Program, a scattered-site program with administrative offices located in downtown Philadelphia. Life Skills Counselors meet with youth on a weekly basis at the office, in the community, and at the participants' apartments to provide guidance, support, and individual instruction. Staff also make unscheduled visits at various hours a minimum of two times per month, usually in the night or early morning hours to ensure program compliance.
- The Carson Valley HUD Program, a clustered site (most youth are located in the same geographical region or location) program. The program is comprised of phases. In the first phase, youth reside in one of three houses with daily staff contact. This phase is consistent with a Transitional Living Program (TLP) step-down model with case management contact one to two times per week. Youth are transitioned to Phase II after meeting program requirements. During this phase, participants are housed in their own apartments, and staff contact is bi-weekly.
- Northern Homes Generations II Program serves parenting females and houses them in apartments on a campus-based setting. Staff support is available daily, and youth are required to participate in weekly group counseling sessions.
- Methodist Family Services' Fresh Start Program serves single females and females parenting one child in apartments in a campus-based setting. Staff monitoring and support are available daily. Participants must have a qualifying mental health diagnosis. The program provides individuals with housing vouchers that can be used anywhere in Philadelphia after the first two years of the program. Participants' rent is based on income.

Youth placed in THPs are encouraged to continue participation in the AIC for other support services. Tracking and evaluation is provided by both internal processes established by the individual Providers and DHS. DHS tracks youth placed (utilization rates) and their continued stability for up to one year after discharge. The Department maintains quality assurance protocols, inclusive of process and outcome evaluation in an effort to ensure programmatic integrity.

Referrals are also made to local emergency shelters, including the Covenant House PA youth shelter, for temporary and emergency housing.

### **Describe the agencies projected use of Chafee Room and Board funds for youth who exit foster care after age 18.**

The AIC uses Chafee Room and Board funds for youth ages 18-21 that are discharged from care and need support identifying and maintaining stable housing. The program serves at least 15 youth annually. Participants must be employed and enrolled in high school, GED programs, vocational training programs, or post-secondary high school educational programs to qualify. Each youth receives \$1,000 to purchase furnishings upon move-in, up to 12 months of rental assistance, and a monthly trans pass. Participants meet weekly with a case manager at the AIC, in the community, and in participants' apartments.

A portion of funds are also used for temporary or short-term housing to help decrease incidents of homelessness and "house hopping" among youth, as well as, to provide housing to youth who attend post-secondary institutions outside of Philadelphia and return to the city during holiday and summer breaks.

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- Identify and justify all planned purchases for equipment or assets for use by the agency during FY 2013-14 and FY 2014-15. Prepare this information separately for each year. Include a statement whether the purchase costs are included in the appropriate budget.**

The AIC lease expires in August 2013 and will require that the Center move to another location. (This is stemming from an extension agreed upon by the landlord. Relocation, furnishings, equipment, supplies, and moving costs are included in the budget. The new location is at the Leon Sullivan Building; 1415 N. Broad St. Suite 100, Philadelphia, PA 19121. Funding has been allocated to cover the moving and relocation expenditures.

- Identify the county's primary contact or coordinator for the following initiatives (do not include the county administrator unless no other staff is available).**

	<b>IL Services</b>	<b>NYTD</b>	<b>Credit Reporting</b>
Name:	Brenda Kinsler, Administrator (all services listed above)		
Email:	<a href="mailto:Brenda.d.kinsler@phila.gov">Brenda.d.kinsler@phila.gov</a>		
Telephone:	215-683-3555		

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### 4-2g. Information Technology

#### □ Provide the Case Management System your county is using:

##### Overview

Currently DHS Users work within multiple systems to perform various business functions; however, all automated case management functions are performed in the web-based FACTS<sup>2</sup> and legacy mainframe FACTS systems. External Providers utilize a web-based Provider Portal, DHSCoconnect formerly (P-Web), to perform various case related functions.

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

- Internal DHS Users
  - FACTS – Legacy Mainframe System - used for Case Assignment, Placements, JJS, and Fiscal related functions
    - Connected Interfaces – Visitation Tracking System, Intake Statistical System, Auto-FSP, Adoption System
  - FACTS<sup>2</sup> – Web Based System – used for Hotline, Investigation, and Intake related functions
    - Electronic Case Management System (ECMS) (within FACTS<sup>2</sup>) – used for Case Management functions
- External Provider Users
  - DHSCoconnect – Web Based Provider Portal – used to access the following Web Based Applications:
    - FACTS<sup>2</sup>/ECM.
    - Visitation Tracking.
    - IHPS Case Management.
    - Ages and Stages.
    - Family Group Decision Making.
    - RSRI.
    - P-DRIVE.
    - NYTD.

##### Case Management Systems

FACTS<sup>2</sup> is the system primarily used for case management by DHS Workers and now CUA Case Managers (CM) as part of the Improving Outcomes for Children (IOC) initiative. The Department is continuing with the development of FACTS<sup>2</sup> which is meant to replace the mainframe Legacy FACTS system. FACTS<sup>2</sup> currently encompasses all case activity at the Hotline level, with automated assignment to Supervisors including email notification of reports accepted for investigation and assessment. FACTS<sup>2</sup> also now supports automatic filing of Police Reports directly to the Special Victims unit for those cases requiring them. This system is an interoperable, real-time, standardized case management system which has been complimented with the continued development of the ECMS within its current application and database structure. Thus far, FACTS<sup>2</sup> has been further developed to include the following case management components:

## PHILADELPHIA COUNTY

### FACTS<sup>2</sup> Overview of Business Area

DHS Business Area	Project Solutions
Multiple Areas, non-web Applications	<ul style="list-style-type: none"> <li>• Notification system to be used in various areas.</li> <li>• Notification content and destinations to be determined by the system, not available for free form "chats."                             <ul style="list-style-type: none"> <li>◦ Search tools available to all users.                                     <ul style="list-style-type: none"> <li>▪ Generic Case Search.</li> <li>▪ Party Search.</li> <li>▪ Work Product Search.</li> </ul> </li> <li>◦ User interaction available from search screens, based upon the user's system privilege.</li> </ul> </li> </ul>
Social Work Services Managers	<ul style="list-style-type: none"> <li>• Email Notification for work product status changes and assignments.</li> </ul>
Client Reception Area	<ul style="list-style-type: none"> <li>• Managing visitors.</li> <li>• Search for existing parties.</li> <li>• Link visit purpose and visitor with case.</li> <li>• Notifying proper Social Work Services Manager</li> </ul>
Screening (part of Front End Hotline group)	<ul style="list-style-type: none"> <li>• Reviewing information about visitor.</li> <li>• Update visitor meeting status.</li> <li>• Research visitor and related parties against existing data.</li> <li>• Track and document phone calls.</li> <li>• Update Case Progress Notes.</li> </ul>
Hotline Call Management	<ul style="list-style-type: none"> <li>• Track calls by category, date, and time.</li> <li>• Update Case Progress Notes.</li> </ul>
ICPC (Special Services/ Interstate Compact)	<ul style="list-style-type: none"> <li>• Define a Contact Event as Interstate Compact</li> <li>• Assign Report and Investigation to ICPC Worker or OSR Worker.</li> </ul>
Liaison/I and R (Special Services)	<ul style="list-style-type: none"> <li>• Track calls by category, date and time.</li> <li>• Ability to track and manage HIP referrals.</li> <li>• Update Case.</li> </ul>
Printed Report Generation	<ul style="list-style-type: none"> <li>• Printer friendly Front End Report Summary (Face Sheet).</li> </ul>
Printed Police Report	<ul style="list-style-type: none"> <li>• Police report (by victim) which can be faxed or emailed (generated PDF or html) to police.</li> <li>• Not emailed directly from FACTS<sup>2</sup>.</li> </ul>
CAPTA (Hotline)	<ul style="list-style-type: none"> <li>• Special Reports and family tracking dealing with infants born to addicted mothers.</li> </ul>
Hotline (all report areas)	<ul style="list-style-type: none"> <li>• Hotline Guided Decision Making.</li> <li>• Accurately assigns report response priority.</li> <li>• Police District listing- Identifies the police district in which a family resides.</li> </ul>
Queues and Work-on list	<ul style="list-style-type: none"> <li>• Define shared work on areas.</li> <li>• Hotline Supervisor review for approval.</li> <li>• CYD Intake assignment.</li> <li>• Investigations assigned to Intake Supervisor based upon rotation schedule.</li> <li>• Each Case-Carrying user has his or her own "work on" list.</li> </ul>

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DHS Business Area	Project Solutions
	<ul style="list-style-type: none"> <li>• Users can view work product assigned to their peers, their subordinates, and their peers' subordinates.</li> <li>• Visual indicator for cases that have recent activity (new report or progress notes).</li> <li>• Specialty Queues for DHS Business Areas, including Sex Abuse, Daycare, and Court.</li> <li>• Supervisors (and above) can transfer work products to their peers, subordinates, and their peers' subordinates.</li> <li>• Assignment history is retained in the database.</li> </ul>
Intake Assignment	<ul style="list-style-type: none"> <li>• Assignment of reports to Intake Social Work Services Managers by Intake Supervisors.</li> </ul>
Investigation	<ul style="list-style-type: none"> <li>• Update Family Demographics.</li> <li>• Merge updated demographic information with current information.</li> <li>• Determine if the allegations made in the report are founded or not.</li> <li>• Record any new findings discovered during investigation.</li> <li>• Ability to read important information from ISS (Intake Statistics System).</li> <li>• Accept for Service Decisions (synchronized to legacy service for completion).</li> <li>• Add Image attachments to Investigation and Investigation Parties (in process).</li> </ul>
Court Reports	<ul style="list-style-type: none"> <li>• Special designation for reports with Court as origin.</li> <li>• Priority Status access- privileged users can modify priority status for court reports.</li> </ul>
Hotline Reports and Screens	<ul style="list-style-type: none"> <li>• Be able to link any report to an initiating event (phone call, visit, etc).</li> <li>• Automatic Report Type allegation based upon allegations.</li> <li>• Improved clearance for report person linkage.</li> <li>• Referral Management for all key areas.</li> <li>• CBH.</li> <li>• Intake (CYD Investigation).</li> </ul>
Organizational Management	<ul style="list-style-type: none"> <li>• All aspects of organizational management will be handled in the new FE Project system. This includes:               <ul style="list-style-type: none"> <li>◦ Adding DHS Workers.</li> <li>◦ Managing and assigning DHS Worker positions.</li> <li>◦ Reporting Structure.</li> <li>◦ Assigning DHS Worker position.</li> </ul> </li> </ul>
All DHS Workers -- Searching for DHS Worker Info	<ul style="list-style-type: none"> <li>• DHS Worker Search added.</li> </ul>

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DHS Business Area	Project Solutions
All Social Work Services Managers and Clearance Users (and all other users with proper privilege)	<ul style="list-style-type: none"> <li>• Clearance will be covered as part of each section to which it pertains.</li> <li>• Easy to use case search added for users with proper privilege.</li> <li>• Locate cases by parties, case name, or assignments.</li> <li>• Party Search—Easily locate parties by demographic information.</li> <li>• Work Product Search- Locate work products (cases, investigations, reports) based on demographic information, assignment, or status.</li> </ul>
Case Management	<ul style="list-style-type: none"> <li>• Update most party demographics in FACTS<sup>2</sup>.</li> <li>• Add attachments (photographs) to cases and case parties.</li> <li>• Structured Progress Notes for In Home Safety.</li> <li>• Safety Assessment.</li> <li>• Referrals.</li> <li>• Universal Demographic Form.</li> <li>• Form Letters and Notifications.</li> <li>• Visitation Tracking.</li> <li>• Single Case Plan.</li> <li>• Risk Assessment.</li> </ul>
Auditing	<ul style="list-style-type: none"> <li>• Auditing tables track user activity.</li> <li>• Minimal administrative interface for reading data.</li> </ul>
Synchronization	<ul style="list-style-type: none"> <li>• System will synchronize data between FACTS<sup>2</sup> and Legacy FACTS.</li> </ul>
Help Screens	<ul style="list-style-type: none"> <li>• On-line Help</li> </ul>
Security	<ul style="list-style-type: none"> <li>• Robust security model of roles and permissions for management review.</li> <li>• Details of privileges not administrated by DHS user, will be managed by developers (database and application) for Initial release.</li> </ul>

The Provider community uses DHSConnect as its mechanism for reporting case related information to DHS. The Department continues to expand DHSConnect by developing additional applications to support Provider case management and communication with DHS. As of January 2013, DHSConnect was upgraded and security was integrated to allow DHS Workers and CUA Case Managers the ability to access FACTS<sup>2</sup> remotely via Single-Sign On. Currently, the following components have been developed and are available via P-Web:

### DHSConnect Overview of Business Areas

DHS Service	DHSConnect Solution
Single Sign-On Access to FACTS <sup>2</sup>	<ul style="list-style-type: none"> <li>• Staff connects to FACTS<sup>2</sup>/ECMS via a URL.</li> <li>• Able to access all FACTS<sup>2</sup>/ECMS functionality according to the users role and permission settings.</li> </ul>
Placement Services	<ul style="list-style-type: none"> <li>• Provider Visitation:</li> </ul>

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DHS Service	DHSCoconnect Solution
	<ul style="list-style-type: none"> <li>◦ Monthly structured case note for active clients.</li> <li>◦ E-mail direct through system to Chain of Command.</li> <li>◦ Historical collection of notes.</li> <li>◦ Provider Supervisor approval required.</li> <li>• Provider Licensure:               <ul style="list-style-type: none"> <li>◦ Holds Certificates of Approval.</li> <li>◦ Prompts for homes out of compliance or soon to be out of compliance.</li> </ul> </li> <li>• National Youth in Transition Database:               <ul style="list-style-type: none"> <li>◦ MCI# and pass codes for clients 17 years and older.</li> <li>◦ Child specific education, independence, and life skills questions for clients 14-17.</li> </ul> </li> </ul>
In-Home Services	<ul style="list-style-type: none"> <li>• IHPS/FSS (In-Home Protective Services/Family Stabilization Services).               <ul style="list-style-type: none"> <li>◦ Case Management including:                   <ul style="list-style-type: none"> <li>▪ Case assignment.</li> <li>▪ Household.</li> <li>▪ Case planning.</li> <li>▪ Weekly progress notes.</li> <li>▪ Collateral contacts.</li> <li>▪ Case summary (midpoint/closing).</li> <li>▪ Court Sheets.</li> <li>▪ Service Plans (FSS).</li> <li>▪ Act 33 review questionnaire.</li> <li>▪ Safety alerts.</li> <li>▪ Case Supervisory Notes.</li> </ul> </li> <li>◦ E-mail direct through system to chain of command.</li> <li>◦ Standardized forms.</li> <li>◦ Historical collection of notes.</li> <li>◦ Provider Supervisor approval required.</li> </ul> </li> </ul>
All Services	<ul style="list-style-type: none"> <li>• Ages and Stages Questionnaire (ASQ).               <ul style="list-style-type: none"> <li>◦ Records developmental milestones based on age specific assessments.</li> <li>◦ Self Calculating.</li> <li>◦ E-mail direct through system to chain of command.</li> <li>◦ Historical collection of assessments.</li> </ul> </li> <li>• Basic Health Information form.               <ul style="list-style-type: none"> <li>◦ Records Health Care Provider, diagnosis, and medication information.</li> <li>◦ Historical collection of information.</li> <li>◦ E-mail direct through system to chain of command.</li> </ul> </li> <li>• Family Group Decision Making/Family Finding.               <ul style="list-style-type: none"> <li>◦ Case Management including:                   <ul style="list-style-type: none"> <li>▪ Referral.</li> <li>▪ Processing Provider information.</li> <li>▪ Contacts.</li> <li>▪ Participating Family Member/Significant Others.</li> <li>▪ Weekly Progress Notes.</li> </ul> </li> </ul> </li> </ul>

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DHS Service	DHSCONNECT Solution
	<ul style="list-style-type: none"> <li>▪ Service Summaries.</li> <li>▪ Family Plans.</li> <li>▪ DHS chain of command Information.</li> <li>◦ Historical collection of information.</li> <li>◦ E-mail direct through system to chain of command.</li> </ul>
Investigations	<ul style="list-style-type: none"> <li>• Rapid Service Response (RSRI)               <ul style="list-style-type: none"> <li>◦ Case Management including:                   <ul style="list-style-type: none"> <li>▪ Case Assignment.</li> <li>▪ Demographics.</li> <li>▪ FAST assessment.</li> <li>▪ Service Planning.</li> <li>▪ Weekly Progress Notes.</li> <li>▪ Case Summaries.</li> </ul> </li> <li>◦ Historical collection of information.</li> <li>◦ E-mail direct through system to chain of command.</li> </ul> </li> </ul>
PREP  (Provider Relations and Evaluation of Programs)	<ul style="list-style-type: none"> <li>• Evaluation Tools for services including:               <ul style="list-style-type: none"> <li>◦ In Home Services.</li> <li>◦ Out-of-home Services.</li> <li>◦ Day Care Services.</li> <li>◦ Reintegration Services.</li> </ul> </li> <li>• Self Calculating.</li> <li>• Historical collection of information.</li> <li>• Review of questions failed by agency.</li> <li>• Grades based on Threshold scored in Safety and Non-Safety categories.</li> </ul>

### **Financial Management and Administration**

Financial Management and Administration functions are supported by FACTS and P-drive. The Payment Subsystem in FACTS is designed with the capability to track payments to anyone that provides services to DHS. This includes services paid on a per-diem basis (placement and non-placement) and services that are paid on a fee-for-service or expense basis (i.e., psychological evaluations, clothing allowance, and funeral expenses). All Providers have a contract record in FACTS whether or not they have an actual contract with DHS so that all placement and non-placement services can be adequately tracked. Recently, DHS took P-DRIVE in-house from an outside vendor. The Provider community continues to use P-DRIVE to report the location and services received by children youth, and families. DHS, in-turn, consumes the information from P-drive and reconciles it with the information in FACTS. This reconciliation process supports the monthly billing and invoicing process.

The monthly billing process is one of the most critical components of the Placement Subsystem. Monthly billing is used to generate invoices for Providers, apply charges to accounts, and accumulate statistics. State and federal reimbursement is completed within this process.

Invoices are printed, payment records are generated, and the necessary updates are applied to the database. The State is responsible to reimburse DHS for foster care expenses for those children and youth whose families are determined to be eligible for Medical Assistance

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under “Title IV-E.” Two invoices are generated for Title IV-E: Foster Care Reimbursement (PC-31) and Adoption Assistance (PC-32). The Federal government is responsible for TANF reimbursement. Determination of TANF eligibility is tracked for all children and youth for whom the Department is providing services. For those eligible, billing not covered by Title IV-E may be reimbursed through TANF, hence the blended process.

At this time the billing process is not supported by an integrated Accounting System. We are initiating the evaluation of our needs related to an integrated Accounting System that will interface to the appropriate DHS sub-systems to provide improved fiscal reporting and billing reliability. It is anticipated the evaluation process will be completed by March 2014.

### **Reporting and Data Management**

The Department utilizes its robust Data Warehouse (DW) to support the evaluation of child welfare outcomes in the areas of safety, permanency, and well-being. The DW optimizes database query and reporting tools with its ability to analyze data disparate from databases. The DW affords managers the ability to extract information quickly and easily to answer questions and review performance. The DW is an analytical tool structured to aggregate transactions as a snapshot in time.

The DW is refreshed nightly. It offers the ability to develop specialized and sophisticated reports using the software-reporting tool known as COGNOS (as described later).

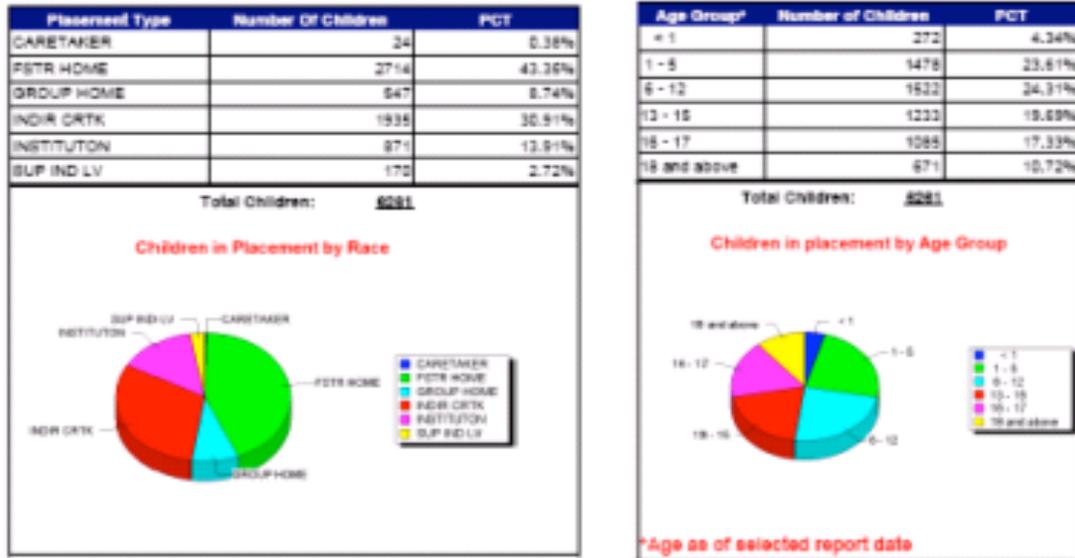
The purpose of the DW is to gather, reconcile, and allow for a single source for data, analysis, and dumps.

Through DHS' PMA division and Provider subsystem, DHSConnect, DHS continuously collects and analyzes data to review the performance of Providers, to assess and improve outcomes based on reports, and further analyze data based on various reports obtained from the DW and other subsystems.

The DW contains information from the FACTS and FACTS<sup>2</sup> systems. Its development is essential in delivering and improving access to relevant and accurate information. Its goal is to:

- Allow users who have little or no technical knowledge about the databases to access information.
- Turn diverse data elements into useful information.
- Add data analytical functions to assist users in making decisions.
- Allow data sharing among DHS, other city Departments, and Providers.
- Provide the summary level information to support DHS Divisional Executive Dashboards and the DHS Outcomes Dashboard.

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COGNOS: This web-based tool is used for the creation of reports for supplying administrative data to managers. The goal is to utilize the administrative data contained in the reports to analyze performance and assist the Department with measuring outcomes related to safety, permanency, and well-being. Administrative data in the reports come from the Data Warehouse.

Most reports are PDF read-only documents but some can be converted into Excel files for expanded use. Reports may be aggregate or agency-wide. A significant feature is the drill down capacity for selected reports that allows for unit and DHS Worker level analysis.

### Security

To ensure the security of the Department's electronic data, the use of encrypted secure servers, city owned and managed firewalls, and designated FTP servers for secure data transmissions, among other tools, are used and implemented by DHS IT. User access to DHS systems, applications, and data is controlled by authentication methods which confirm and validate the users' privileges and permissions. Any data being transmitted outside the Department's network uses the TLS protocol over HTTP to protect the confidentiality and integrity of the data. The security infrastructure which supports both the business applications and operational data is in compliance with and meets the approval of both the Commonwealth of Pennsylvania and Federal Guidelines.

- Answer the following two questions related to participation in the Child Welfare Demonstration Project.**
- Indicate if your county is participating in the Child Welfare Demonstration Project (CWDP) in FY 2013-2014.**

Yes

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- Indicate if your county has plans on participating in the Child Welfare Demonstration Project (CWDP) in FY 2014-2015.**

Yes

- Indicate if your county is submitting a revised FY 2013-2014 IT budget along with your FY 2014-2015 IT grant request.**

Yes

- Does your county have the necessary contract language in all IT contracts to ensure compliance with federal and state regulations?  
(See appendix 4: Information Technology, section IV)**

Yes

- Is your county requesting funding for ongoing or new development in FY 2014-2015 that is not related to the statewide Child Welfare Information solution?**

Yes

- If yes, provide the following details:**

- Business Need - describe the business need for the ongoing or new development
- High Level Requirements – provide a description of the high level business and technical requirements
- Project Cost Proposal – provide the total costs for the development as well as the total estimated project costs if the development is part of a larger project
- Contracts associated with the development project

### **Strategic Plans for DHS IT Application Development and Infrastructure**

#### **Business Need/Initiative: Improving Outcomes for Children (IOC)**

In order to achieve the positive outcomes delineated in the IOC initiative, particularly safety, permanency, and well-being for children and youth, the system must promote new practices, service innovations, and true collaborative partnerships between public and private agencies, the Department, CUA agencies, their subcontractors, and all and stakeholders in the communities served.

Currently, Providers are using DHSConnect to interface with DHS regarding children and youth assigned to their agencies. DHSConnect currently uses the Data Warehouse Schema within Oracle as its data source; FACTS<sup>2</sup> also uses Oracle. Beginning early 2013, select CUA's will assume case management responsibilities for the children and youth in their care and DHS Workers will begin to take on monitoring and oversight roles for cases while continuing to perform all hotline, intake, and investigations responsibilities. DHS currently uses FACTS, FACTS<sup>2</sup>, and P-drive for all investigation, placement, and financial processing. DHS Workers are currently using ECMS components that have been released (i.e. Structured Progress Notes, Safety Assessment, Universal Form, Risk Assessment, and form letters).

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The goal of DHS IT under IOC is to establish a single case management, child and youth tracking, and fiscal management system that appropriately interfaces with all Provider and Prevention service applications. The system would be accessible by internal DHS users and external Providers and allow both to perform and complete all case related work while providing management and monitoring staff with the appropriate tools to ensure compliance with State and Federal regulations and report complete and accurate data.

### **Future Projects in Support of IOC**

#### **- Continue FACTS<sup>2</sup> and ECMS Development**

- Completed August and September 2012:
  - Intake Statistical System (ISS) – move from FACTS to ECMS.
  - Visitation Tracking System (VTS) – move from FACTS to ECMS.
  - Supervisory Log – move from Lotus Notes to ECMS.
- Complete December 2012:
  - Single Case Plan – replacing Auto-FSP and other plans for IOC.
  - Risk Assessment.
- For Completion by August 2013, In Testing Phase now:
  - Move remaining case management functionality from FACTS to FACTS<sup>2</sup> as part of **Legacy FACTS Elimination Project including:**
    - Case Assignment.
    - Case Transfer.
    - Determination.
- For Completion by October 2013 – June 2014
  - MyFACTS2 – Tickler and Alert System
  - Teaming Management System (Integrated within FACTS2)
  - Adoptions Functionality moved from Legacy FACTS to FACTS2
  - Shared Case Responsibility Management moved from Legacy FACTS to FACTS2
  - Court Data Views and Logs moved from Legacy FACTS to FACTS2

#### **- Continue DHSConnect Development**

- Completed October 2012:
  - FGDM.
  - RSRI.
  - Provider Visitation Tracking Enhancements (including Sibling Visitation).
- Completed December 2012:
  - Provider Hierarchy.
  - Single Sign-On for Providers to Access FACTS<sup>2</sup>/ECMS.
- Completed June 2013
  - FGDM.
  - RMTS.
- For Completion July 2013 – June 2014
  - FAST/CANS.
  - Level of Care Tool.
  - Achieving Reunification Rebuild.

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- **Move towards Single Case Management System**
  - Expand Security and Permissions based on Provider/DHS Users and Roles – January 2013 – October 2013. - **Completed**
  - Centralize Case Management Data – March 2013. - **Completed**
  - Connect and Fully Integrate P-Web and FACTS<sup>2</sup>/ECMS – December 2013. - **Completed**
  - Redesign look and feel to be consistent – December 2014.
  - Develop a Single Case View Portal Page for all users where view and accessible functionality are controlled by permissions at log-in – December 2014.
  -
- **Sub-Systems and Lotus Notes Application Conversions - March 2014**
  - Convert from existing application platform (e.g. ADABAS, VB6, Lotus Notes, MS Access) to NET platform.
  - Where appropriate integrate data with FACTS<sup>2</sup> or develop stand alone applications using back-end Oracle Database.
- **Complete CBPS System Reengineering - July 2014**
  - Convert data from SQL Server database to FACTS<sup>2</sup> Oracle Database or Perform web services to send data back and forth.
  - Provide seamless Provider single login.
  - Review, develop, and enhance user security module.
  - Mechanism for assigning case numbers during reports and investigation for prevention services.
- **LAN (Networking, Servers, Security) Projects**
  - Mobile Workforce Solutions (Laptops, Blackberry, Mobile Hotspot). – **In progress**
  - Centralized Database. - **Completed**
  - For Completion by June 2014.
    - Web Farming.
    - Redesign and Architect Data Warehouse.
    - Redesign, Architect, and Diagram Network.
    - Replace Lotus Email with New Email System.

### **Business Need/Initiative: Statewide Child Tracking System**

DHS will need to ensure that all data elements are being collected and reported accurately. To support the real-time reporting of data to the State, web-services or some other technology may need to be deployed to allow the connection to the State system.

### **Business Need/Initiative: AFCARS Reporting and Re-Entry Project**

Currently, AFCARS reporting is being performed via mainframe programming and reporting. The goal of this project is to ensure that all AFCARS reportable data is being collected in the Data Warehouse (DW) and that accurate data can be pulled directly from the DW and reported with each submission. This would involve adding additional data transfer and validation programming to the DW nightly scripts and completely reprogramming the current AFCARS reporting program.

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**Project Costs\***

The below vendors have been contracted to provide resources to work on the projects listed above. Below is the breakdown of costs, between development and maintenance:

<b>FY14 Proposed Contract Award Amounts**</b>	<b>Δ From FY13 to FY14</b>
Cyber Total	\$ 771,200.00
ESSI Total	\$ 2,256,700.00
FNET Total	\$ 1,231,700.00
MFR Total	\$ 706,230.00
Modis Total	\$ 1,065,300.00
Precept Total	\$ 607,100.00
<b>Grand Total for FY14</b>	<b>\$ 6,638,230.00</b>

<b>Vendor</b>	<b>Total Contract Amount</b>	<b>Development Costs</b>	<b>Maintenance Costs</b>
Cyber Total	\$771,200.00	\$578,400.00	\$192,800.00
ESSI Total	\$2,256,700.00	\$1,692,525.00	\$564,175.00
FNET Total	\$1,231,700.00	\$184,755.00	\$1,046,945.00
MFR Total	\$706,230.00	\$564,984.00	\$141,246.00
Modis Total	\$1,065,300.00	\$958,770.00	\$106,530.00
Precept Total	\$607,100.00	\$455,325.00	\$151,775.00
<b>Mobile Workforce (Exchange and BES servers, software, and licenses)**</b>	<b>\$775,000.00</b>	<b>\$620,000.00</b>	<b>\$155,000.00</b>
<b>Total</b>	<b>\$7,413,230.00</b>	<b>\$5,054,759.00</b>	<b>\$2,358,471.00</b>

*\*Note: Last year, the Department reported an anticipated decrease in costs; however, with the new initiatives for FY14-15 there is the need for more project resources and development work.*

**\*\*There are the new costs included in the new contract amounts for FY14-15 related to the following initiatives:**

**Finance and Billing:**

At this time the billing process is not supported by an integrated Accounting System. The Department is initiating the evaluation of needs related to an integrated Accounting System that will interface to the appropriate DHS sub-systems to provide improved fiscal reporting and billing reliability. The Department anticipates completing the evaluation process in the

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March 2014 timeframe. The additional project costs are for the anticipation of having a full-time designated team working on the development or installation, data migration, and implementation of the new Finance System. Total Cost Estimated at \$945,900.00.

### **Data Warehouse Redesign and Architecture:**

The anticipated costs for this project include the addition of a Sr. DBA and Reports Developer. Estimated costs total \$255,480

### **New Email System and Blackberry Support for Mobile Workforce:**

Also, the mobile workforce project may require DHS to assume responsibility for owning, implementing, and managing its own Exchange and BES servers. Based on the hardware, software, and licenses needed to support users, the anticipated cost would be \$775,000.

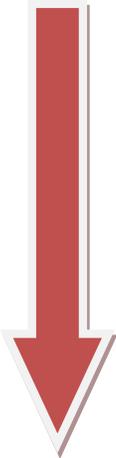
- **Provide any additional information that will assist in the review of your FY 2014-2015 IT request.**

A new -wide initiative related to the Child Welfare Demonstration Project is expected later in the fiscal year. This will require additional IT development and infrastructure projects that could necessitate revisions to the NBB.

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4-2j. Legal Representation Costs for Juveniles in Delinquent Proceedings and Parents in Dependency Proceedings

☐ Submit any amounts expended in FY 2012-13 for these two legal representation categories.

	<u>FY11</u>	<u>FY12</u>	<u>FY13</u>	<u>TOTAL</u>	<u>Funding Source</u>
Defender Association of Philadelphia					
Juvenile Special Defense Unit	\$1,067,451	\$1,099,744	\$1,063,377	\$ 3,230,572	State Act 148 & Local Share
Juvenile Unit	\$3,100,067	\$3,105,411	\$3,110,052	\$ 9,315,530	
<b>TOTAL</b>	<b>\$4,167,518</b>	<b>\$4,205,155</b>	<b>\$4,173,429</b>	<b>\$12,546,102</b>	
First Judicial District of Pennsylvania					
Dependency Parent/Guardian	\$ 663,656	0	0	\$ 663,656	
Delinquency	\$ 826,934	\$681,006	\$ 758,063	\$ 2,266,003	
<b>TOTAL</b>	<b>\$1,490,590</b>	<b>\$681,006</b>	<b>\$ 758,063</b>	<b>\$ 2,929,659</b>	
<b>GRAND TOTAL</b>	<b>\$ 5,658,108</b>	<b>\$4,886,161</b>	<b>\$4,931,492</b>	<b>\$15,475,761</b>	

PHILADELPHIA COUNTY

**ATTACHMENTS**

## ATTACHMENT A

### Initial Design and Implementation Report County Information Template

The Pennsylvania Child Welfare Demonstration Project is unique in our Year 1 requirements in that we are taking our first year to identify the actual interventions that will be part of our project for the remainder of the demonstration period. It is also understood that our county based system will actually produce county specific implementation projects that follow Pennsylvania overarching strategy of Family Engagement, Assessment, and Interventions. The interventions selected for Years 2-5 will be identified Evidence Based/Evidence Informed Practices and/or system changes that are identified during Year 1 of the demonstration project. Our Initial Design and Implementation Report will focus on the Family Engagement and Assessment strategies that are being implemented in each demonstration project county.

**Name of County:** Philadelphia

#### **Introduction/Overview:**

(The State will develop an overarching view of the project and our “theory of change” linking engagement, assessment and interventions with the goals of our demonstration project.) The overview should also contain an overview for each county’s specific project plans. Please provide a concise answer to the following sections to assist in the development of our introduction/overview:

#### **Expected Short and Long-Term Outcomes:**

Throughout the five-year demonstration project, Philadelphia’s Department of Human Services (DHS) will be implementing a cutting-edge child welfare approach, Improving Outcomes for Children (IOC), in order to better engage and assess families so that the correct interventions are put into place to effect meaningful and enduring change leading to safe, sustained case closure. The goal of IOC is to develop a community-neighborhood approach with clearly defined roles between county and provider staff that will positively impact safety, permanency, and well-being outcomes.

In order to promote family engagement, DHS will continue the use of Family Group Decision Making (FGDM) and will implement Family Team Conferencing (FTC). The usage of the FAST and CANS tools will be expanded in order to standardize and advance assessment practice. DHS plans to use these interventions to safely reduce the number of children receiving placement services, as well as decrease the percentage of children residing in more restrictive placements. The positive relationship between family engagement/assessment and improved outcomes is supported in the literature. Dawson & Berry (2002)<sup>1</sup> provide strategies for engaging birth parents in child welfare systems, suggesting that quality engagement may be associated with stronger assessment and better case outcomes. A further study conducted by Pennell, Edwards, and Burford (2010)<sup>2</sup> found that permanency outcomes significantly improved for children when families were engaged through a team meeting at the onset of their involvement with child protective services. Consistent with this literature, DHS’ short and long-term outcomes connect the practice of family engagement and assessment strategies with the improved safety, permanency, and well-being outcomes listed below:

1. More children and youth maintained safely in their own homes and communities
  - a. Fewer children and youth experiencing repeat maltreatment in 1 year
  - b. Fewer children and youth entering out of home care inappropriately
  - c. Fewer reentries within 1 year following exit to permanency
2. More children and youth achieving timely reunification or other permanence
  - a. More children and youth achieving permanency (reunification) with 1 year
  - b. More children and youth achieving permanency (adoption, PLC) within 2 years

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<sup>1</sup> Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare*, 81(2), 293-317.

<sup>2</sup> Pennell, J., Edwards, M., & Burford, G. (2010). Expedited family group engagement and child permanency. *Children and Youth Services Review*, 32(7), 1012-1019.

- c. Reduction in non-permanency outcomes for youth
- d. Reduction in length of stay
- 3. A reduction in the use of congregate care
- 4. Improved child, youth and family functioning
  - a. Increase placement stability
  - b. More children and youth placed in their own community
  - c. More siblings kept together while in placement
  - d. Increased child and family functioning (as measured by FAST and CANS tools)

**How the demonstration project components and interventions are linked to the population and intended outcomes (theory of change):**

Philadelphia’s target population for the five-year demonstration project includes all children/youth and families serviced by DHS. Therefore, a systemic analysis is necessary to understand the link between the project’s components (engagement and assessment), the population serviced, and the intended outcomes.

As part of a larger Continuous Quality Improvement framework, Philadelphia DHS conducts local, bi-monthly Quality Service Reviews (QSR) to assess practice and current outcomes for a small group of randomly selected cases across all service areas. Two reviewers interview all parties connected to a case in order to gather information across systems. Cases are scored using a standardized protocol that assesses child/family indicators and system performance centered on the five practice principles of teaming, engagement, assessment, planning, and intervention. A case story is written to provide a narrative justification for the scores as well as qualitative feedback to the assigned worker. The scores are aggregated and the case stories analyzed in order to identify system-level recommendations, which are then tracked through their implementation.

From June 2010 through June 2012, Philadelphia DHS reviewed 176 cases using the QSR process. Although DHS scored well across all service areas for child safety and physical health, there were poorer scores related to the practices of teaming, family engagement, and assessment. A further analysis of the quantitative scores and qualitative case stories revealed a relationship between these areas of practice. For example, when the system of professionals did not adequately engage the mothers participating in this review, they were unsuccessful in providing an adequate assessment 79% of the time. Likewise, of the fathers who received unacceptable engagement scores, 89% also received unacceptable assessment scores. Furthermore, when mothers and fathers were not adequately engaged or assessed, sufficient interventions were not implemented the majority of the time, even though they may have been available within the city.

In addition to the quantitative scores, the qualitative case stories revealed a limited assessment of family functioning when family members and cross-systems professionals were not effectively engaged in a working team. Often, these limited assessments focused on behavioral symptoms, rather than underlying issues, which were most often related to unaddressed past trauma. Bai, Wells, & Hillemeier (2009)<sup>3</sup> found that stronger relationships between child welfare agencies and behavioral health professionals were associated with increased service use as well as improved behavioral health outcomes. Therefore, as part of the demonstration project, behavioral health partners will be invited to all FTCs. Additionally, DHS is partnering with Philadelphia’s Department of Behavioral Health and their managed care organization, Community Behavioral Health, to modify and use a version of the CANS that includes a domain to assess trauma. This improved cross-systems teaming is expected to positively impact which interventions are chosen to accurately target underlying trauma-related issues contributing to presenting behavioral concerns.

In order to address the key practices of family engagement, trauma-informed assessment, and intervention, DHS is currently implementing a comprehensive, citywide initiative called Improving Outcomes for Children (IOC). IOC builds on the belief that a community-neighborhood approach, with

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<sup>3</sup> Bai, Y., Wells, R., & Hillemeier, M.M. (2009). Coordination between child welfare agencies and mental health service providers, children’s service, use, and outcomes. *Child Abuse & Neglect*, 33, 372-381.

clearly defined roles between county and provider staff, best impacts safety, permanency, and well-being outcomes. IOC aims to decentralize the provision of direct case management services through a network of Community Umbrella Agencies (CUAs) that demonstrate the capacity to provide community-based child protective services. CUAs are charged with making local solutions and resources readily accessible to families, including formal and informal neighborhood networks as well as foster and adoptive homes. Within IOC, a clear delineation of case management services provided by the CUAs is contrasted with DHS staff who facilitate regular Family Team Conferences to support family engagement, assessment, and intervention so that “youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience improved functioning” (Pennsylvania’s Theory of Change).

## **Section I: Target Population**

### **Family Engagement**

**The agreed upon Issue Paper identified Family Group Decision Making and Family Team Conferencing (Allegheny specifically) as the methods of Family Engagement being utilized for the demonstration project. Please note if there are other family engagement strategies that you intend on specifying as part of our implementation plan.**

### **Other Engagement Strategies (if applicable):**

Although Philadelphia DHS employs a wide variety of family engagement strategies, (e.g. Strengthening Families, Kin and Foster Home Recruitment, Achieving Reunification Center, Youth Transition Conferences, Permanency Roundtables, Family Finding, etc.) the demonstration project will focus solely on the use of Family Group Decision Making (FGDM) and Family Team Conferencing (FTC) as two of Philadelphia’s primary engagement tools.

**Describe the population of clients/families participating in FGDM/FTC prior to the waiver:**

Family Group Decision Making (FGDM) has been used in Philadelphia since 2009. Presently all families with active safety threats involved with Philadelphia's Department of Human Services are eligible to participate in an FGDM meeting, and workers may refer families for such meetings in conjunction with the development of a safety plan. As per DHS policy, county child welfare workers may also offer an FGDM meeting to parents, caregivers, and older youth (14 years and older) when children and youth:

- Are at risk of placement
- Have a change in placement level
- Are at risk of placement disruption
- Are being discharged from placement
- Participate in older youth permanency meetings
- Have other critical issues, e.g. permanency decisions

During FY '12, 520 FGDM conferences were completed. The following list provides a breakdown of the total referrals by reason:

- Planning for placement discharge (27%)
- Planning after an emergency placement (19%)
- Planning for older youth permanency (16%)
- Planning after a planned placement (15%)
- Planning to prevent placement (14%)
- Planning regarding a placement disruption (9%)

Family Team Conferencing (FTC) is a new strategy that will be implemented as part of the demonstration project. It has not been utilized prior to the demonstration project in Philadelphia.

**Describe the population of clients/families subject to FGDM/FTC that you intend to provide as part of the demonstration project. Include a rationale for the population involved:**

**(Note: The rationale must describe the characteristics (demographics; placement history; other) and needs (circumstances or conditions amendable to change).)**

**Population of Clients/Families using FGDM/FTC**

Throughout the five-year demonstration project, Philadelphia DHS will use both FGDM and FTC as strategies to engage families as it phases in the implementation of Improving Outcomes for Children (IOC) (see Appendix A for an overview of IOC). Therefore, during this time period, DHS will service families through its existing dual-case management structure, and it will also service families through its new single-case management system via a group of Community Umbrella Agencies (CUAs). The FTC model will be used for all cases accepted for service and assigned to a CUA, and FGDM will continue to be used for all other existing cases not yet assigned to a CUA. For existing non-CUA cases, DHS workers will be required to make an FGDM referral for all cases accepted for service (e.g. at the point of referral for in-home services or at the point of initial placement), and referrals for FGDM will also be made at the point of any initial placement (e.g. when a child/youth with in-home services initially enters placement). DHS workers will continue to have the option of referring families for an FGDM any time there are active safety threats. Additionally, FGDM will be utilized in the later years of the demonstration project for children/youth who have received CUA services and FTC but have not successfully achieved positive outcomes consistent with IOC in a timely manner. All families assigned to a CUA will participate in the FTC process, and four types of teaming conferences have been designed for specific purposes and at key intervals (see Appendix B):

- A Child Safety Conference will occur at the onset of each case to ensure that identified safety threats are mitigated in a way that best maintains family and community connections for children/youth. For placement cases, this Conference will occur within 72 hours and previous to the detention hearing.
- Family Support Conferences (for in-home cases) and Permanency Conferences (for placement cases) will occur within 20 days of the Child Safety Conference and every 3 months thereafter.

These conferences are designed to develop and monitor family goals, objectives, and action steps necessary for safe, sustained case closure.

- Placement Stability Conferences are designed to promote placement stability and will occur when a child/youth experiences or anticipates a change in placement.

### **Rationale for the Population Involved**

DHS will continue the use of FGDM for all families that are not receiving CUA services, and it will continue to make FGDM available for CUA cases that do not achieve positive outcomes consistent with IOC through the use of the FTC process. DHS is building an infrastructure to support the FTC model for all families accepted for on-going child protective services in Philadelphia. This roll-out process coincides with the launching of the ten CUAs over the next several years, and so the rationale for who receives FTC will be geographically based until the end of 2015, when it is anticipated that IOC will be fully implemented and all DHS-involved families will receive FTC. Each of the ten CUAs is connected to one or more Philadelphia police districts, and information related to the number of indicated/substantiated reports as well as poverty is provided in Appendix C.

The first two CUA areas were selected based upon their great need, and the attached maps in Appendix C show that these two areas have high rates of poverty as well as substantiated/indicated reports of abuse and neglect. Additionally, Table 1 on the following page provides the breakdown of each CUA area by Philadelphia's population, the percentage of the population living below the poverty line, and the percentage of the population under 18 years of age. CUA areas one, two, and seven have the highest percentage of their population living in poverty, even though they each comprise a smaller percentage of Philadelphia's overall population as compared to the other CUA areas. DHS has strategically identified families receiving child protective services in CUA areas one and two to begin the implementation of IOC.

Table 1

Philadelphia Community Umbrella Agencies (CUA) by overall population, numbers of individuals below poverty, and numbers of youth <sup>4</sup>						
CUA	Total Population	% of Population	Poverty Determined	% Below Poverty	Total Population < 18 years	% of Population < 18 years
Unable to determine	50,254	3.3%	65,162	4.3%	10,636	3.1%
1	67,222	4.4%	77,765	48.3%	21,456	6.2%
2	115,655	7.6%	104,549	37.2%	32,053	9.3%
3	129,092	8.5%	125,366	20.4%	36,309	10.6%
4	284,781	18.7%	286,868	13.3%	63,156	18.4%
5	156,517	10.3%	161,503	27.1%	38,586	11.2%
6	142,104	9.3%	141,829	14.3%	27,470	8.0%
7	66,689	4.4%	64,944	48.3%	15,481	4.5%
8	251,348	16.5%	232,037	21.9%	38,970	11.3%
9	147,549	9.7%	139,142	29.3%	33,539	9.8%
10	114,795	7.5%	126,841	31.0%	26,181	7.6%
<b>Total</b>	<b>1,526,006</b>	<b>100.0%</b>	<b>1,460,844</b>	<b>25.1%</b>	<b>343,837</b>	<b>100.0%</b>

**Provide an estimate of clients/families for each strategy above for Year 1 of the waiver and estimate forward through the course of the waiver:**

Beginning in year one and continuing throughout the course of the demonstration project, families will be phased into CUA services and out of the existing DHS dual case management structure. There are ten CUAs, each which serve approximately 10% of the city’s child welfare population, and Appendix D provides the timeline for the roll-out of the ten CUAs. Each CUA is organized geographically by police district, and the network of CUAs encompasses the entire city of Philadelphia. As CUAs are selected, they will begin to receive all referrals for children/youth in need of child protective services whose homes of origin are within their geographical perimeter. In addition to receiving new referrals, each CUA will also receive a portion of existing cases (10-20%) from their geographical area. All other existing cases will remain in DHS’ dual case management system until they naturally close.

During year 1 of the demonstration project (7/1/13 – 6/30/14), both CUA one and CUA two will be rolled-out to full implementation, and by the end of this period, new families receiving child welfare services from Philadelphia police districts 24, 25, and 26 will be serviced by a CUA. Additionally, within the 2014 fiscal year, CUAs three, four, and five will also begin receiving cases, and by the end of 2015, all ten CUAs will be fully implemented. In other words, by year five of the demonstration project, all families receiving child welfare services in Philadelphia will be serviced by the CUAs and will receive FTCs, and a portion of these families will also receive FGDM as needed.

**Assessment**

**The agreed upon Issue Paper identified the CANS as the method of Assessment being utilized for the demonstration project. Please note if there are other assessment strategies that you intend on specifying as part of our implementation plan.**

<sup>4</sup> Census data retrieved from American Community Survey—Poverty Past 12 months, S10701\_ACS, using American Fact Finder 2. Population Totals by CUA Zones were created using ARCMAP 10 by joining Philadelphia Police District shapfile centerline files with Census Tracts. Not all Census Tracts fit within Police District

**Other Assessment Strategies (if applicable):** Although Philadelphia DHS uses a variety of assessment tools and strategies, the Child and Adolescent Needs and Strengths (CANS) tool and the Family Advocacy and Supports Tool (FAST) will be the primary assessment tools used in Philadelphia's demonstration project for children/youth ages 5-18. Additionally, the Ages and Stages Questionnaire (ASQ) will continue to be used for children under five years old, but the ASQ will not be part of Philadelphia's demonstration project.

**Describe the population of clients/families that utilize the CANS/other strategies *prior* to the waiver:**

**FAST**

Presently and prior to the demonstration project, the FAST is used to assess the strengths and needs of families, children/youth, and caregivers who are not accepted for service in Philadelphia. This tool is used for families receiving a service designed to divert them from formal child welfare services, either Family Empowerment Services (FES) or Rapid Service Response Initiative (RSRI). The tool is completed at the beginning and end of service for all families receiving FES or RSRI.

**CANS**

Philadelphia DHS has been using the CANS tool for the past ten years, during which time it has primarily been used to determine the appropriate level of care for children/youth in placement settings. In Philadelphia and prior to the demonstration project, children/youth may receive a CANS assessment at the following case intervals:

- When a child/youth initially enters placement if general level foster care may not be appropriate
- Annually for children/youth who are in a non-general level foster care placement
- When a provider requests a step-up from a level of care
- When there is a recommendation for a step-down to a level of care that requires a change in provider agency (i.e. a congregate care facility that does not provide foster care services)

Unless court-ordered, CANS assessments are only completed for children/youth who are 12-17 years of age and do not have a diagnosis of MR, PDD, or Autism. Presently (and prior to the demonstration project), the following process has been in place to determine which children/youth receive a CANS assessment:

1. The assigned county worker submits an electronic referral to the screening unit within DHS' Central Referral Unit (CRU) in order to identify an appropriate placement. The CRU also receives any relevant information from Philadelphia's managed care organization, Community Behavioral Health.
2. The CRU screening unit determines if general level foster care is appropriate for the child/youth or if a higher level of care may be needed.
3. If a higher level of care may be needed, the CRU screener refers the child/youth for a CANS assessment.
4. The CANS assessment is usually completed based on a case file review by an outside contracted provider who then makes a recommendation for a level of care. The provider administering the CANS interviews children/youth residing in short-term facilities (e.g. shelters, detention centers, hospital settings).

In 2012, 1,335 CANS assessments were completed in Philadelphia, and the following list provides the breakdown of CANS referrals by reason for the year:

- Request for a step-up in placement (34%)
- Annual review (22%)
- New placement and possible need for a level of care higher than general foster care (18%)
- Request for a step-down to a less restrictive setting (17%)
- Court-ordered referral (9%)

**Describe the population of clients/families subject to CANS/other strategies that you intend to provide this instrument to as part of the demonstration project. Include a rationale for the population involved:**

**(Note: The rationale must describe the characteristics (demographics; placement history; other) and needs (circumstances or conditions amendable to change).)**

**Population of clients/families using the FAST/CANS:**

As part of the demonstration project, Philadelphia DHS will utilize the FAST for all families receiving CUA services and for all families receiving foster care and in-home services in the existing dual case management system. Additionally, a CANS assessment will be completed for this population when certain key items are identified in need of action on the FAST, indicating a need for further assessment. Both the FAST and the CANS contain similar categories of items, and therefore the CANS functions as a more in-depth version of the FAST. In partnership with Pennsylvania and Philadelphia's Department of Behavioral Health (DBH) and their managed care corporation, Community Behavioral Health (CBH), DHS revised both assessments so that the FAST contains more general, overarching items that are applicable to most families, and the CANS contains more nuanced items and a trauma component intended to provide more detailed information related children/youth and caregivers with greater need. The FAST will be completed for all families at the time the case is accepted for service and at the point of case closure. Once it is determined that a child is in need of a CANS assessment, the initial CANS will be completed within 20 days following the first Family Team Conference (i.e. between the Child Safety Conference and the first Family Support/Permanency Conference). Additional CANS assessments will occur every six months thereafter, and a concluding CANS assessment will occur at the time of case closure. Unlike the eligibility criteria prior to the demonstration project, all children/youth ages 5-18 receiving foster care, in-home, or CUA services will be eligible to receive a CANS.

**Rationale for the Population Involved:**

Nearly a decade ago, Philadelphia was one of the first jurisdictions to implement the CANS assessment in an effort to standardize the decision-making process for levels of care and to increase the number of children/youth placed in family based settings. At that time, Philadelphia chose to invest in a third-party provider to administer the CANS in order to increase the consistency by which the assessments were completed. The CANS has proven to be a useful and informative assessment tool, and Philadelphia plans to use the demonstration project as a means to expand its utility and redefine its purpose. As part of the demonstration project, Philadelphia plans to use the FAST and CANS tools as a means to triage cases for further assessment, measure well-being for all families accepted for service, inform case planning, and determine the level of service intensity necessary to meet identified needs. In order to expand the usage of the CANS to accomplish these goals, significant changes to the FAST and CANS tools and processes are necessary. Although there have been benefits to having a third-party administer the CANS prior to the demonstration project, it is cost-prohibitive to expand these assessments to a wide range of children/youth and families unless the assessments are completed by the provider agencies and CUAs. This movement away from third-party specialists is consistent with the direction the CANS process has gone over the last ten years, and it is increasingly more common, and even preferred, for those closest to the work to administer the tool. Therefore, as part of the demonstration project, CUA case managers will administer the FAST and CANS assessments (as needed) to all of the families they are servicing. Likewise, DHS foster care and in-home service providers will administer the FAST and CANS assessments (as needed) to all of the families they are servicing in the existing dual case management structure.

As mentioned above, there are many benefits to the proposed use of the FAST and CANS tools after the demonstration project. Direct providers, who will be administering the assessments, have a wealth of knowledge related to the functioning of the family, and this knowledge may yield richer assessments. Additionally, as the direct providers complete the tools, they will be able to better tie the identified needs and strengths directly to the development of the family's single case plan. By completing a standardized assessment for all families, Philadelphia will also be able to obtain baseline well-being data related to all children/youth and caregivers accepted for service. Finally, Philadelphia plans to use the CANS to inform the level of service intensity necessary to address the needs identified on the assessment, and a domain to assess trauma has been added. Thresholds will be developed to inform which sorts of interventions and how much intervention is necessary for a family to be successful. DHS is partnering with DBH and

CBH in this CANS revision process, and the revised tool will be used to assess youth in higher levels of care to determine if appropriate levels of service intensity can be provided in more family based settings. This cohesive process of engaging families in order to better assess their strengths and needs, which then informs the types of interventions utilized, is consistent with Pennsylvania's theory of change.

**Provide an estimate of clients/families for each strategy above for Year 1 of the waiver and estimate forward through the course of the waiver:**

Beginning in year one and continuing throughout the course of the demonstration project, families will be phased into CUA services and out of the existing DHS dual case management structure. There are ten CUAs, each which serve approximately 10% of the city's child welfare population, and Appendix D provides the timeline for the roll-out of the ten CUAs. Each CUA is organized geographically by police district, and the network of CUAs encompasses the entire city of Philadelphia. As CUAs are selected, they will begin to receive all referrals for children/youth in need of child protective services whose homes of origin are within their geographical perimeter. In addition to receiving new referrals, each CUA will also receive a portion of existing cases (10-20%) from their geographical area. All other existing cases will remain in DHS' dual case management system until they naturally close.

During year 1 of the demonstration project (7/1/13 – 6/30/14), both CUA one and CUA two will be rolled-out to full implementation, and by the end of this period, new families receiving child welfare services from Philadelphia police districts 24, 25, and 26 will be serviced by a CUA. Additionally, within the 2014 fiscal year, CUAs three, four, and five will also begin receiving cases, and by the end of 2015, all ten CUAs will be fully implemented. In other words, by year five of the demonstration project, all families receiving child welfare services in Philadelphia will receive the FAST and CANS assessments (as appropriate) administered by a CUA case manager.

**Section II: Demonstration Project Components**

**The following section may involve collaboration between your county and other counties involved in the demonstration project that are utilizing the same project component. Based on our Issue Paper response, the following demonstration project components are being utilized during waiver year 1:**

- **Engagement (interventions: FGDM, Family Team Conferencing)**
- **Assessment (interventions: CANS)**

**In the Target Population section above, individual counties may have identified other Family Engagement and/or Assessment program strategies that will be utilized as part of the demonstration project for waiver year 1 under the Engagement and Assessment components. For each program component, please provide the following detailed information to assist in the writing of our Initial Design and Implementation Report:**

- **The demonstration project component(s) and associated interventions planned for each target population:**

For the purpose of Pennsylvania's demonstration project, and to be consistent with the other four counties, Philadelphia has chosen to focus on the following components/interventions:

  - Engagement
    - Family Group Decision Making (FGDM) consistent with the training provided by the Pennsylvania Child Welfare Resource Center
    - Family Team Conferencing (FTC) supported by the Annie E Casey Foundation
  - Assessment
    - Family Advocacy & Support Tool (FAST)
    - Child and Adolescent Needs and Strengths (CANS)
- **Who will receive demonstration programs and services**
  - FGDM: All families not receiving CUA services (and some of the families receiving CUA services for whom FTC did not achieve positive outcomes consistent with IOC)

- FTC: All families receiving CUA services
  - FAST: All children/youth (ages 5-18) and families receiving foster care, in-home, and CUA services in Philadelphia
  - CANS: All children/youth (ages 5-18) and families receiving foster care, in-home, and CUA services in Philadelphia who have received a FAST indicating a need for further assessment
- **How the demonstration’s components and associated interventions will address the various needs of the target population(s):**  
 In summary, Philadelphia will use Improving Outcomes for Children (IOC) to strengthen family engagement strategies (i.e. FGDM and FTC), which will lead to fuller and more accurate assessments (via the FAST and CANS tools) of families’ underlying needs. These strategies will inform the interventions, and their levels of intensity, provided to families in order to improve family functioning leading to sustained, safe case closure. Please see the introductory paragraphs as well as the previous section’s rationale for a full description of how Philadelphia’s proposed interventions are anticipated to address the needs of the target population.
  - **Existing research and/or data linking this program component and associated intervention(s) to child welfare outcomes:**  
 The positive relationship between family engagement/assessment and improved outcomes is supported in the literature. Dawson & Berry (2002)<sup>5</sup> provide strategies for engaging birth parents in child welfare systems, suggesting that quality engagement may be associated with stronger assessment and better case outcomes. A further study conducted by Pennell, Edwards, and Burford (2010)<sup>6</sup> found that permanency outcomes significantly improved for children when families were engaged through a team meeting at the onset of their involvement with child protective services. Consistent with this literature, DHS’ short and long-term outcomes connect the practice of family engagement and assessment strategies with the improved safety, permanency, and well-being outcomes. A more complete description of DHS’ outcomes is located in the introductory portion of this template.
  - **The role this component and associated intervention(s) will play in selecting specific interventions/program changes that will make up the Intervention component of the demonstration project (starting year 2):**  
 By strengthening the family engagement component of child welfare practice in Philadelphia, DHS hopes to obtain stronger assessments that contain more accurate and thorough information. By using the FAST to assess all families and the CANS to assess children/youth with greater needs, DHS will collect base-line data during year one of the demonstration project to better understand which interventions are needed for which groups of people. A database will capture information from all completed FAST and CANS assessments so that DHS can aggregately understand what needs are greatest among the children/youth and families it serves and how these needs may differ based on communities within the city. Once the needs are better understood, a gap analysis will be conducted to identify what interventions currently exist in the city and what interventions must be developed. Throughout this data collection process, DHS will also develop thresholds on the CANS tool that will inform which target population is most appropriate for which intervention.
  - **Describe any program adaptations or development necessary to implement each program component for your county:**  
 There is development work underway to implement the strategies connected with Philadelphia’s program components of engagement (FGDM/FTC) and assessment (FAST/CANS). FGDM has

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<sup>5</sup> Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare*, 81(2), 293-317.

<sup>6</sup> Pennell, J., Edwards, M., & Burford, G. (2010). Expedited family group engagement and child permanency. *Children and Youth Services Review*, 32(7), 1012-1019.

been in place in Philadelphia for over three years, and all current DHS workers are trained in this model. Philadelphia has a contract with a provider who facilitates all FGDM meetings, and the new interval policy for FGDM will be released shortly. FTC is a new practice that Philadelphia is implementing, and a new infrastructure is being created to support this practice. This includes the posting, hiring, and training of internal DHS civil service staff to prepare and facilitate the actual conferences, and it also requires the CUAs to be operational. Philadelphia is on track with both of these tasks. Expanding the use of the FAST and CANS tools requires capacity building for foster care and in-home providers as well as training for the CUA case managers to administer the assessments. A database to track these assessments is in the process of being developed (see Philadelphia's Work Plan in Appendix F for further information).

### **Section III: Assessing Readiness**

**For each program component identified above, please provide a narrative response to the following items specific to your county:**

- **Assess the fit of each demonstration component within your agency's values, culture, and mission.**

The mission of Philadelphia's Department of Human Services is to provide and promote safety, permanency and well-being for children and youth at risk of abuse, neglect, and delinquency. The vision of DHS is 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. At the core of the mission and vision statements is a belief that strengthening families and communities is key to the achievement of positive outcomes, and DHS' commitment to carrying out this mission and vision is evidenced by its current implementation of Improving Outcomes for Children (IOC).

The culture of DHS is best summarized by our five interrelated core practice principles: engagement, teaming, assessment, planning, and intervention. This group of core principles is connected, and practice in one area affects each of the other areas. For example, quality engagement of family and professional stakeholders is necessary to ensure that the right players are part of a functional team. A standard teaming practice produces a culture of regular communication and shared vision among the family and professionals so that there is a correct assessment and understanding of underlying issues contributing to the need for child protective services. An accurate and adequate understanding of the child/youth and family leads to appropriate planning with individualized and relevant goals and objectives to assure timely, sustained safe case closure. When the team contains family and cross-systems partners who communicate well, the correct interventions are put into place with enough frequency and power to effect meaningful and enduring change. In short, Philadelphia's practice model is seen in Pennsylvania's theory of change: If families are engaged as part of a team, and they receive comprehensive screening and assessment used to develop an individualized service plan, and the right evidence-based interventions are subsequently put into place, families experience improved functioning leading to safe, sustained case closure.

- **Comment on the demonstration components fit with community values, culture, and context.**

One of the great strengths of Philadelphia's Improving Outcomes for Children (IOC) is its connection with community values, culture, and context. Under the IOC model, all direct case management services will be provided by a network of Community Umbrella Agencies (CUAs), which are agencies, collaborations, or affiliations of agencies that provide a continuum of services to children and youth at risk of abuse, neglect and delinquency. Services and agencies are located in a defined geographic area designed to meet that area's unique needs, and they are accountable to the city and local community stakeholders. The CUA must provide services to people of various cultures, races, ethnic backgrounds, and spiritual beliefs in a manner that recognizes, values, affirms, and respects individuals and protects and preserves their dignity.

CUAs are further committed to DHS' mission and practice principles of family engagement, assessment, teaming, planning, and intervention.

The IOC model is designed to provide each geographically designated CUA the opportunity to tailor the service delivery continuum and associated policies and procedures to the area's specific needs. The CUA is responsible for assuring that children, youth, and families receiving services are able to receive them in their local communities. To that end, the CUA must develop and implement a community engagement plan that demonstrates that the CUA understands the role of the community in meeting the needs of children, youth, and families in the designated geographic area. The CUA is also required to have at least one service office located in the designated geographic area. The CUA is further expected to establish a Community Advisory Board, which will provide information, input, advice, and counsel to the CUA with the aim of promoting the well-being of children, youth, and families in the designated geographic area. Finally, the CUA is to have one or more staff assigned as a Community Liaison to act as a point person between the community and the CUA. This emphasis of cultural humility within the CUA area is crucial to the successful implementation of the project demonstration components and interventions.

- **Organizational and system capacity for implementation, at a minimum:**

- **Leadership support**

- Philadelphia DHS is well-positioned to implement the components of Pennsylvania's demonstration project. As discussed throughout Philadelphia's IDIR, DHS will be using IOC to fully implement the family engagement strategies of FGDM and FTC as well as expand the usage of the FAST and CANS assessment tools. DHS has leadership and expert support for the demonstration project from several key groups of people including the internal IOC Executive Team, the IOC Steering Committee, the Community Oversight Board, Casey Family Programs, and the Annie E. Casey Foundation. The IOC Executive Team is overseeing this implementation and is comprised of the Commissioner and Deputy Commissioners, Chiefs of Staff, and Directors from the Children and Youth Division, Juvenile Justice Services, the Division of Performance Management and Accountability, the Division of Finance, Administration and Management (including training and human resources), Policy and Planning, the Communications Office, the Law Department, and the IOC Implementation Team. Additionally, the IOC Steering Committee is comprised of internal upper management and external stakeholders, including representatives from behavioral health, the courts, the school district, state partners, advocates, the provider council, and community partners. There is clear leadership support in place for the demonstration project.

- **Staff characteristics (e.g., number of staff, roles in the component, qualifications)**

- The expansion of FGDM for existing cases in Philadelphia's dual case management system will not require additional staff. The implementation of FTC will require the following staffed positions: DHS Conference Coordinators (10/CUA), DHS Practice Specialists (7/CUA), and CUA Case Managers (30/CUA). The DHS Conference Coordinators and CUA Case Managers are bachelor-level social work related positions, and the DHS Practice Specialists are MSW-level positions. The newly created DHS positions were posted in the fall of 2012, and staff have been hired and trained to begin filling these positions. CUA one has trained their case managers to begin receiving in-home services in early 2013. Appendix E provides detailed information about the roles and responsibilities for each of these positions in the FTC process, and Appendix F contains Philadelphia's Work Plan with the timelines for training. The expansion of the FAST and CANS tools may require additional provider staff in the existing dual case management system, and provider contracts are in the process of being adjusted for FY '14 to fulfill this need. The usage of these tools for the CUA cases will require the hiring of CUA case managers, which is already in process.

- **Availability of technical and financial resources to implement the component**

There is \$964,400 allocated for the Child Welfare Demonstration Information Technology development for all required assessment, family engagement, evidence-based practices, and fiscal enhancements. Due to Philadelphia's Improving Outcomes for Children (IOC) Initiative, consultants must be hired to build and implement all necessary Information Technology applications and enhancements related to the demonstration project.

- **Availability and quality of linkages to and support from community organizations (if any)**

As DHS began to prepare for the implementation of IOC, which provides a framework for the demonstration project in Philadelphia, the IOC Steering Committee formed six workgroups which existed from April 2011 through June 2012. The six IOC Steering Committee workgroups were comprised of more than 150 representatives from all key stakeholders and community organizations (e.g. provider agencies, child and parent advocates, union leadership, etc.). DHS' Community Oversight Board has also provided invaluable input and is comprised of key child welfare experts and community representatives from varying disciplines. Members of the community have also been involved in the QSR process and have had the opportunity to share recommendations for overall system improvement. Additionally, DHS has held town hall meetings, submitted press releases, provided publically-broadcasted informational interviews, and engaged a wide variety of community stakeholders and organizations to build a model that supports family engagement and assessment practices.

- **Available training and technical assistance resource capacity**

Casey Family Programs secured the support of CANS expert John Lyons to aid Philadelphia and other counties in the expansion and redesign work of the FAST and CANS tools in order to improve the assessment process. Casey Family Programs also continues to provide on-going support for Philadelphia to improve family engagement strategies through the use of Strengthening Families (SF), which is a research-based, evidence-informed approach to practice central to the community based emphasis of IOC. SF uses community programs and parent cafes to enhance protective factors for children and families. Additionally, DHS signed an agreement with the Annie E. Casey Foundation to provide assessment and on-going support for the IOC implementation work, which includes technical assistance for the FTC model designed to promote family engagement practice. Finally, DHS has a strong and well-developed training department called DHS University, which will provide (and has already provided) curriculum development and training necessary for the implementation of the demonstration project's components and interventions.

- **Comment on any current processes or elements of county functioning that require attention in order to align with the demonstration components to ensure success.**

Philadelphia is well-positioned to implement the demonstration components of engagement and assessment. The roll-out of IOC will be necessary to implement the FTC process, and CUA case managers and DHS staff will need to be trained to carry out their roles in this new family teaming model. This is already in process. Additionally, in-home service providers, foster care providers, and CUAs will need to build capacity and receive training to administer the CANS assessment to the children/youth and families they serve. This too is in process.

- **Comment on any implementation supports (e.g. infrastructure enhancements, policy changes) that need to be developed to execute this program component as intended.**

DHS presently uses FGDM and the CANS assessment process. However, changes in these policies will be needed regarding the target population and frequency of use, and capacity building will need to continue as the FAST and CANS tools are expanded to assess a wider range of children/youth and families in Philadelphia. New infrastructure enhancements, which are presently being implemented through the roll-out of IOC, will also be needed to implement FTC. Additionally, CUA case managers and DHS staff will need to be established, trained, and supported to implement this teaming model.

**Section IV: Work Plan (See the attached Work Plan template)**

**While elements of this work plan need to be developed by each county as part of their implementation, there are identified tasks that will be jointly discussed and developed as part of the larger group. The Work Plan template has 4 components requiring county feedback:**

- 1. Developmental Activities**
- 2. Teaming and Building an Accountable, Collaborative Governance Structure**
- 3. Communication Plan and Strategies**
- 4. Quality Assurance**

**The Commonwealth will also have additional tasks that fall in these categories as well and will be discussed as part of the Executive Committee. Complete the Work Plan template as thoroughly as possible and include a narrative of key plan elements if it would be helpful in explaining any elements of the plan.**

Please see Appendix F for Philadelphia's Work Plan.

## **Section V: Training and Technical Assistance Assessment**

**Describe any training and technical assistance resources anticipated as a need in order to implement the demonstration project. Note any strengths or gaps in those resources.**

There are no training resources needed to expand the use of FGDM for all families receiving existing service in DHS' dual case management system. There will be an ongoing need to train CUA case managers and DHS staff in the FTC model as the ten CUAs roll-out over the next three years. Sufficient supports are currently in place within DHS' infrastructure to support this training. In order to expand the use of the FAST and CANS tools, the existing agencies providing foster care and in-home services and the new CUA case managers will need training to administer the tool and record the information in a database. The city's IT Department will develop the CANS database. The necessary CANS training will be included in the CUA case managers' training curriculum, and a plan to provide CANS training is being developed for the foster care and in-home service providers.

## **Section VI: Anticipated Barriers/Risk Management Strategies**

**Identify any anticipated barriers to executing any of the program components and any potential strategies for addressing those barriers.**

The execution of Philadelphia's program components requires the implementation of the city-wide initiative IOC, which will replace the existing dual case management structure with a single case management system operated by a network of CUA providers. This is an exciting initiative aimed at improving safety, permanency, and well-being outcomes while safely maintaining children/youth in their own communities in the least restrictive settings possible. Nonetheless, with the enormity of implementing such an extensive initiative, Philadelphia will face challenges. Current DHS staff will need to be retrained to take on new roles, and the ten CUAs will need to build infrastructures to absorb all of Philadelphia's children/youth and families in need of child protective services over the next three years. Internal staff and external stakeholders will need to adjust to new ways of providing child welfare services within the city, and the community will need to commit to partnering with DHS and the CUAs to successfully support its families. DHS and its partners have invested years of preparation to implement this initiative, and the infrastructure and supports necessary to be successful are in place. Philadelphia is well-positioned to execute the program components of Pennsylvania's demonstration project.

## **Appendix A: Description of Improving Outcomes for Children (IOC)**

The Improving Outcomes for Children (IOC) initiative aims to decentralize the provision of direct case management services through a network of Community Umbrella Agencies (CUA or CUAs) that can demonstrate the capacity and ability to provide child protection and child welfare services that are based within the community. The implementation of this initiative began with the selection of the first two CUAs in July 2012 and full implementation of IOC is anticipated to last approximately four years. Corresponding to the decentralization of direct case management services, the Department is in the process of strengthening its Hotline and Investigation Services, developing capacity to integrate a family teaming process to support CUA direct case management, and enhancing its performance management and accountability structures.

Some of the additional key components of IOC include:

- A single case plan that is developed in partnership with the family and community stakeholders during family conferences for the purpose of working as a team towards safe case closure.
- Redefining the role of the foster parent as one that serves in a mentoring relationship with the family and views it as their role to support the parent in being successful in achieving reunification.
- A family teaming model that ensures family and community inclusion in decision making and allows for a higher level of DHS oversight for contracted services.
- “Parent Cafés” that are hosted by parents and other trained community members and serve as an informal support to any parent in the community.
- Ability to re-invest money into local community supports that previous was spent on children in out-of-home placements.
- A fully electronic case management system

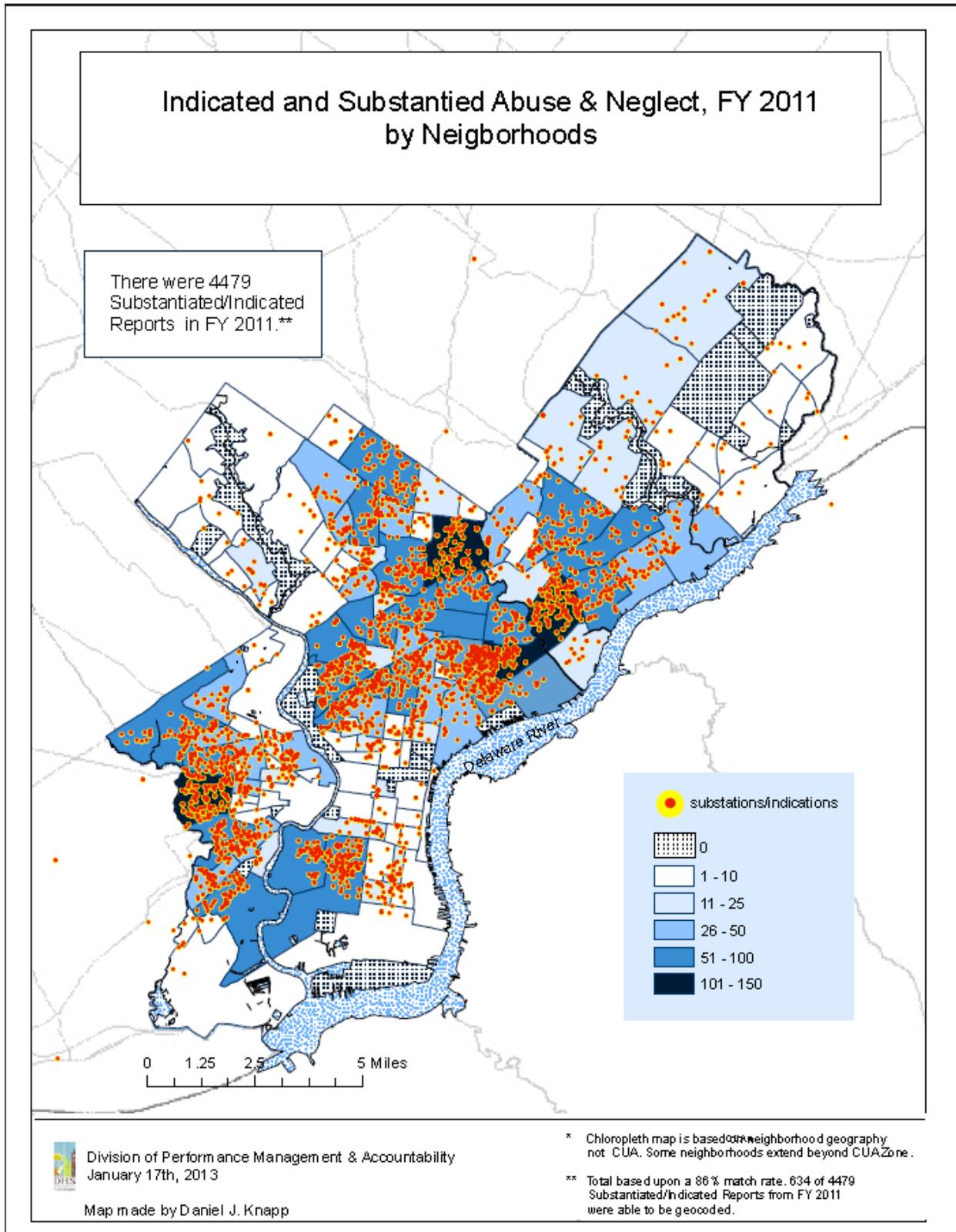
IOC builds on the belief that a community-neighborhood approach with clearly defined roles between county and provider staff will positively impact safety, permanency and well-being. Four primary outcomes for IOC include:

1. More children and youth maintained safely in their own homes and communities
2. More children and youth achieving timely reunification or other permanence
3. A reduction in the use of congregate care
4. Improved child and family functioning

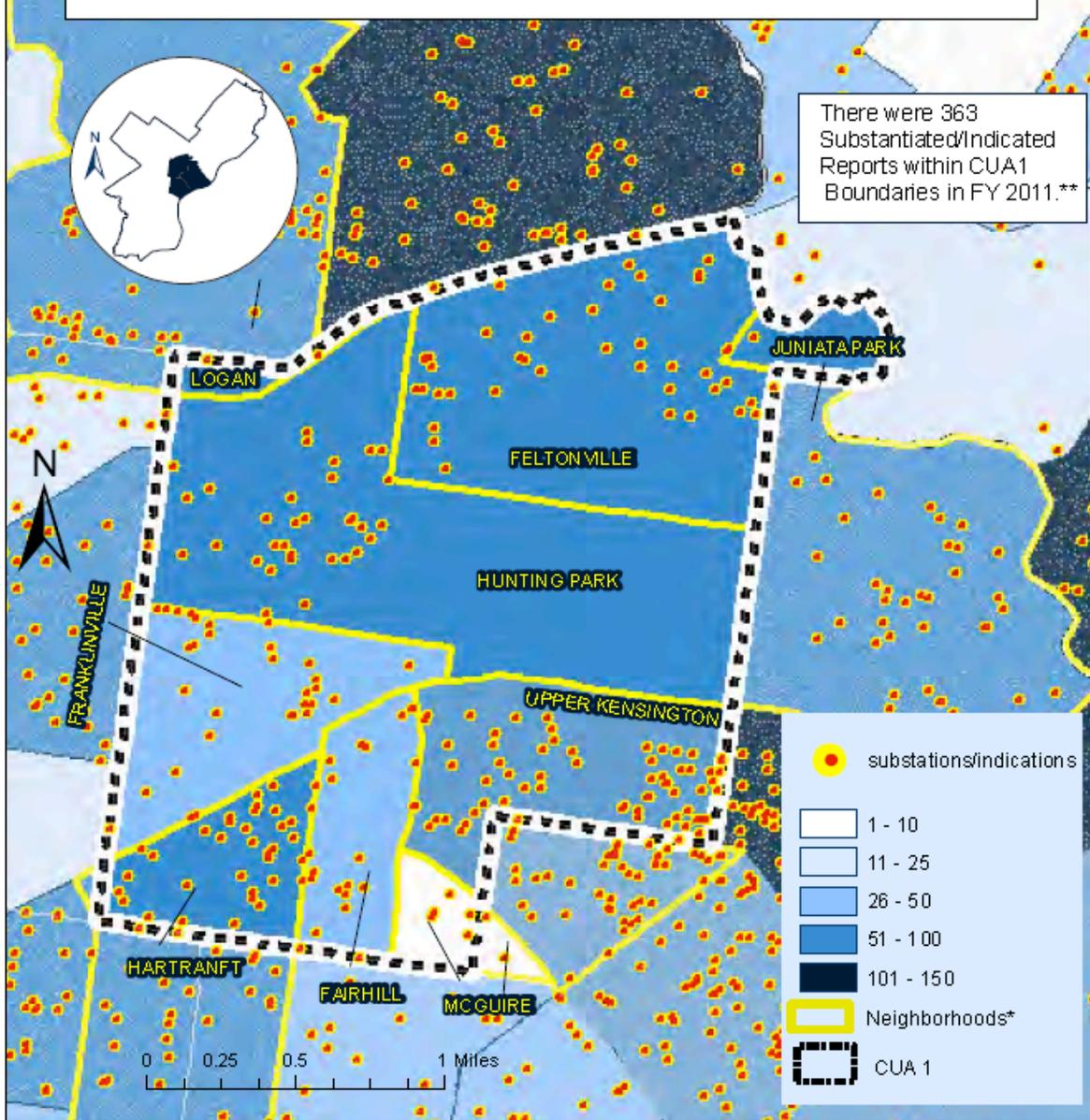
## Appendix B: Population and Frequency of Project Components

<p><b>Theory of Change</b>          If <i>families are engaged</i> as part of a team, and children and families receive comprehensive <i>screening and assessment</i> to identify underlying causes and needs and assessment information is used to develop a service plan, and various supports, including <i>appropriate placement decisions</i> and connects them to <i>evidence-based services</i> to address their specific needs, then children, youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience <i>improved functioning</i>.          “If <i>families are engaged</i> as part of a team,”</p>	
<p><b>Family Team Conferencing (population)</b></p> <ul style="list-style-type: none"> <li>• Will begin in January with new cases, and 10% of existing cases, coming into Community Umbrella Agency (CUA) area one.</li> <li>• Will expand in April with new cases, and 10% of existing cases from CUA area two.</li> <li>• Will expand in October 2013 with new cases, and 10% of existing cases from CUA area three.</li> </ul> <p>* Each CUA area is comprised of approximately 10% of the child welfare population</p>	<p><b>Family Team Conferencing (frequency)</b></p> <ul style="list-style-type: none"> <li>• Child Safety Conferences will occur for each child who is newly accepted for service from each identified Community Umbrella Agency.</li> <li>• The Family will then receive a Family Support Conference (in-home services) or Permanency Conferences within 20 days of the Child Safety Conference.</li> <li>• Family Support Conference (in-home services) or Permanency Conferences will then follow on a frequency of every 3 months until safe case closure.</li> <li>• A Placement Stability Conference will occur when a child experiences, or it is anticipated that she/he will experience, a placement move.</li> </ul>
<p><b>Family Group Decision Making (population)</b></p> <ul style="list-style-type: none"> <li>• Is currently available across the system for families with a child or youth at risk of placement, experiencing the placement of a child or youth, and for families working towards achieving a successful permanency for a child or youth currently in placement.</li> <li>• Is also currently available for any family with active safety threats.</li> </ul>	<p><b>Family Group Decision Making (frequency)</b></p> <ul style="list-style-type: none"> <li>• FGDM will continue to be available for families not involved in the Family Team Conferencing (above) at the point the case is accepted for service (for both in-home and placement cases) and at the point of initial placement (as applicable). It will also be available as needed for families with active safety threats.</li> <li>• FGDM will be utilized in the later years of the demonstration project for children or youth who have been involved with Family Team Conferencing but who have not successfully achieved positive outcomes consistent with IOC in a timely manner.</li> </ul>
<p>“and children and families receive comprehensive <i>screening and assessment</i> to identify underlying causes and needs”</p>	
<p><b>CANS/FAST Assessments (population)</b></p> <ul style="list-style-type: none"> <li>• Will be rolled out with the same cases identified for Family Team Conferences (above)</li> <li>• Will be used for all cases receiving foster care, in-home, and CUA services</li> </ul>	<p><b>CANS/FAST Assessments (frequency)</b></p> <ul style="list-style-type: none"> <li>• Will occur between the Child Safety Conference and the first Family Support or Permanency Conference (above)</li> <li>• Will occur on a frequency of every six months thereafter</li> <li>• Will occur at case closure</li> </ul>

**Appendix C: Demographic CUA maps**



# CUA Geographic Zone 1 Indicated and Substantiated Abuse & Neglect, FY 2011 by Neighborhoods



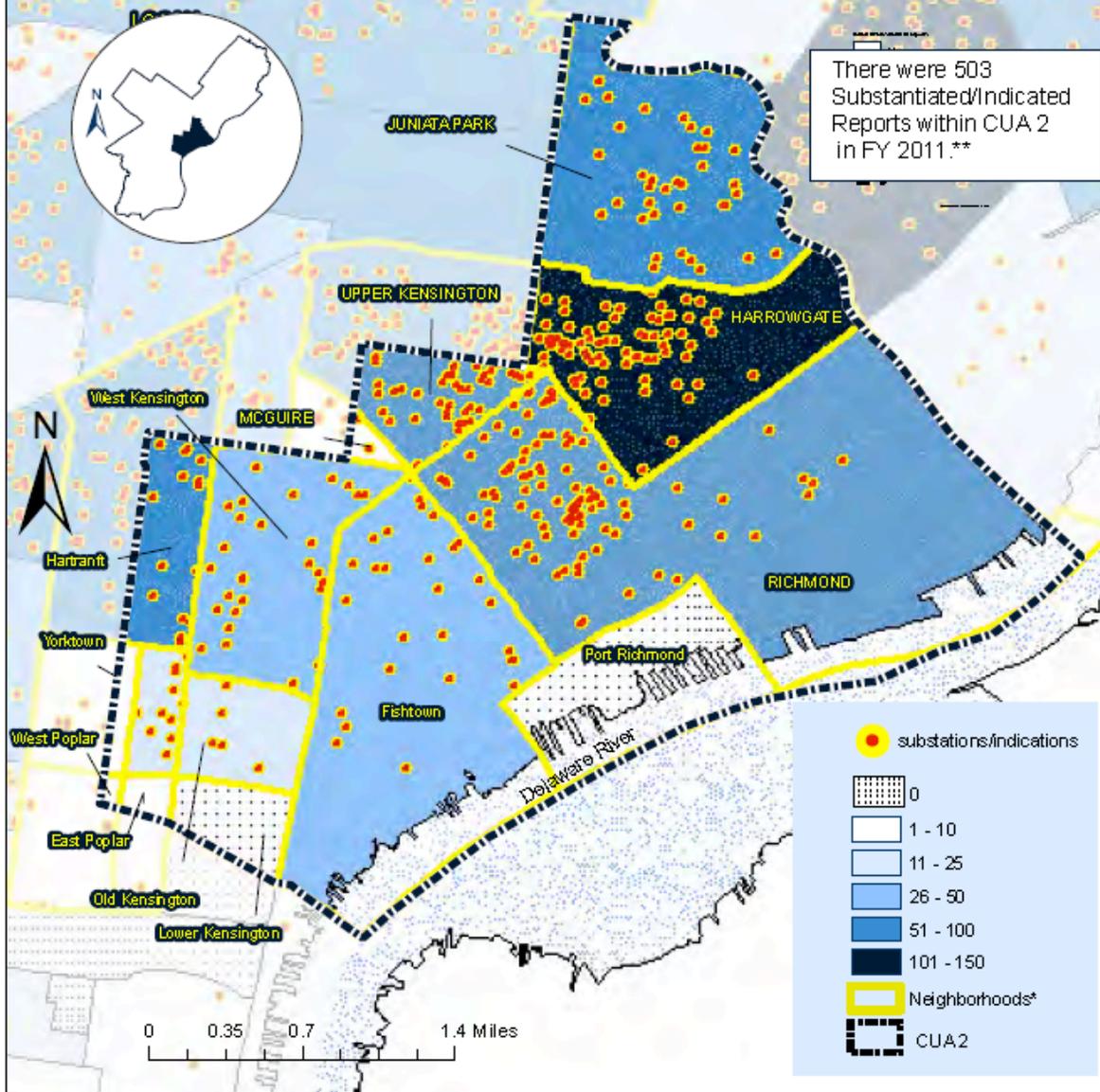
Division of Performance Management & Accountability  
January 17th, 2013

Map made by Daniel J. Knapp

\* Choropleth map is based on neighborhood geography not CUA. Some neighborhoods extend beyond CUA Zone.

\*\* Total based upon a 86% match rate. 634 of 4479 Substantiated/Indicated Reports from FY 2011 were able to be geocoded.

## CUA Geographic Zone 2 Indicated and Substantiated Abuse & Neglect, FY 2011 by Neighborhoods

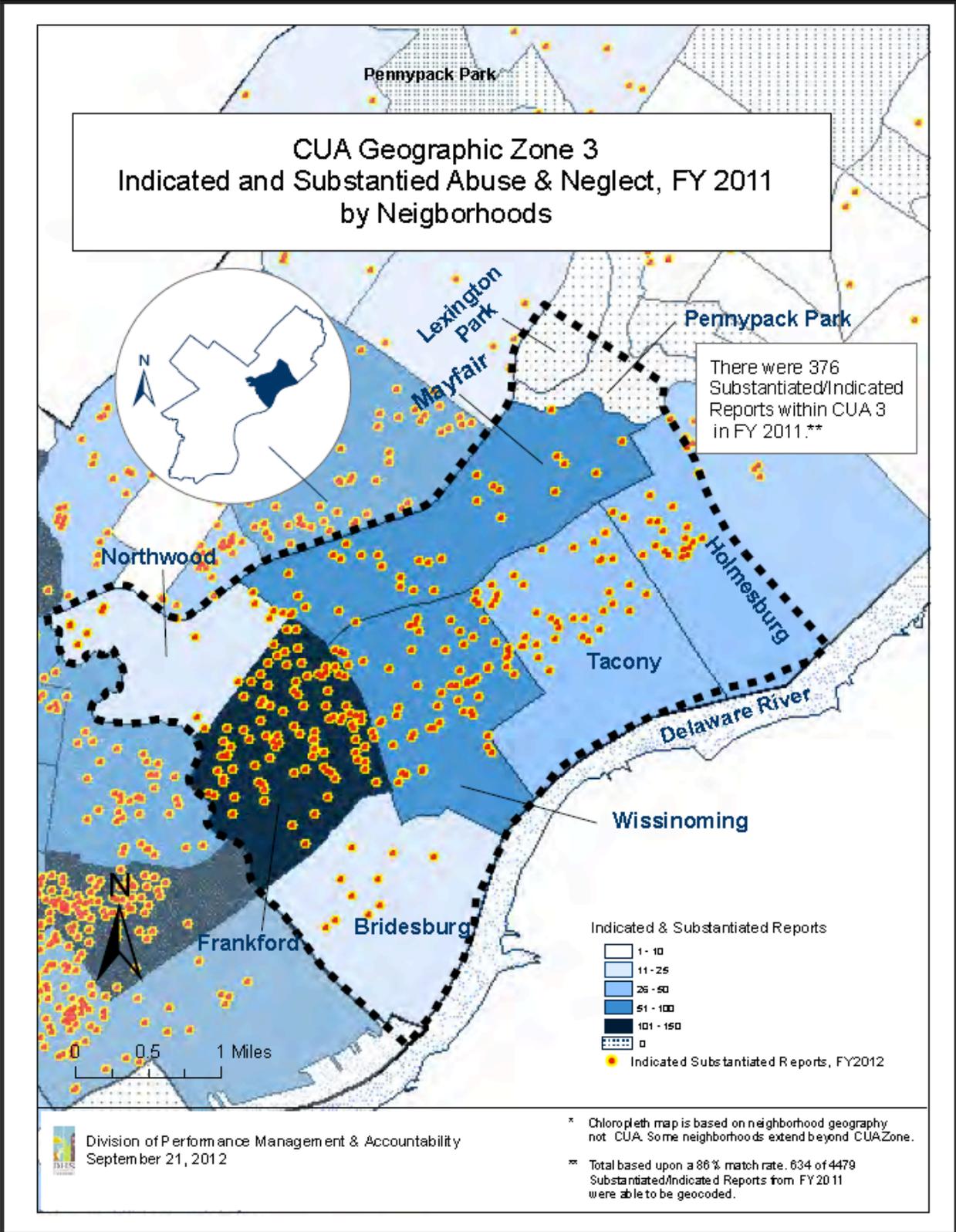


Division of Performance Management & Accountability  
January 17th, 2013

Map made by Daniel J. Knapp

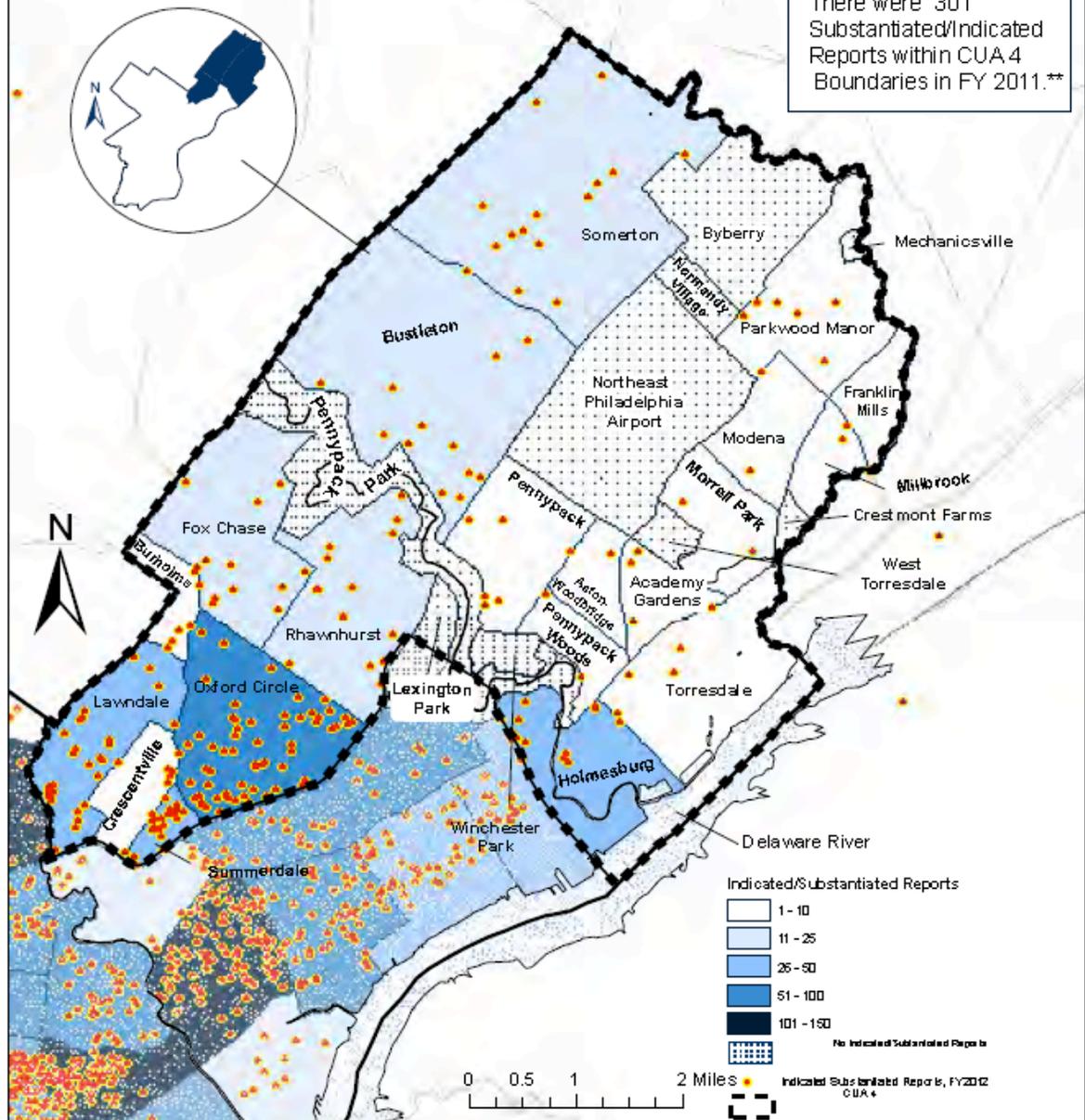
\* Chloropleth map is based on neighborhood geography, not CUA. Some neighborhoods extend beyond CUA Zone.

\*\* Total based upon a 86% match rate. 634 of 4479 Substantiated/Indicated Reports from FY 2011 were able to be geocoded.

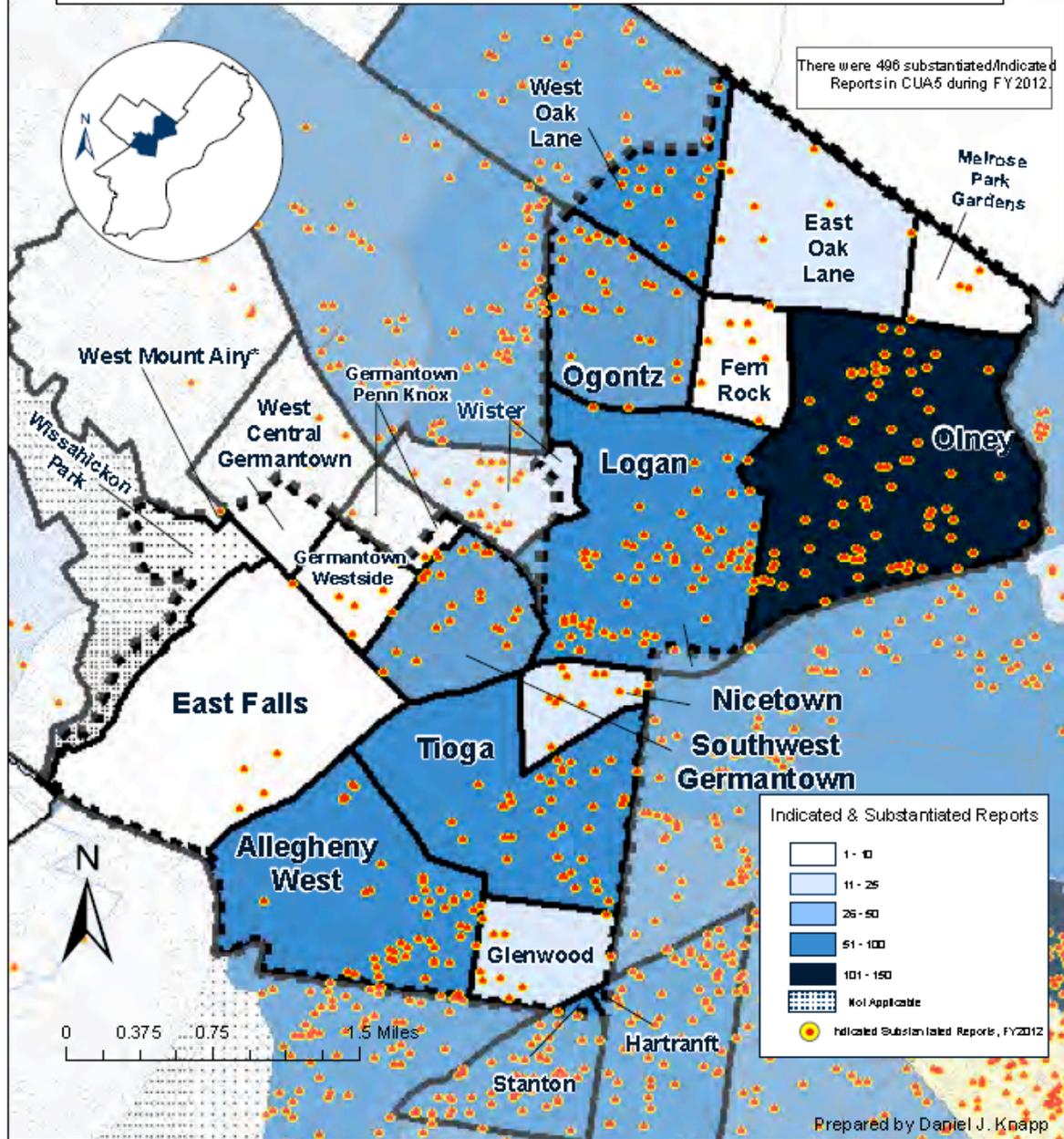


# CUA Geographic Zone 4 Indicated and Substantiated Abuse & Neglect, FY 2011 by Neighborhoods

There were 301 Substantiated/Indicated Reports within CUA 4 Boundaries in FY 2011.\*\*



# CUA Geographic Zone 5 Indicated and Substantiated Abuse & Neglect, FY 2011 by Neighborhoods

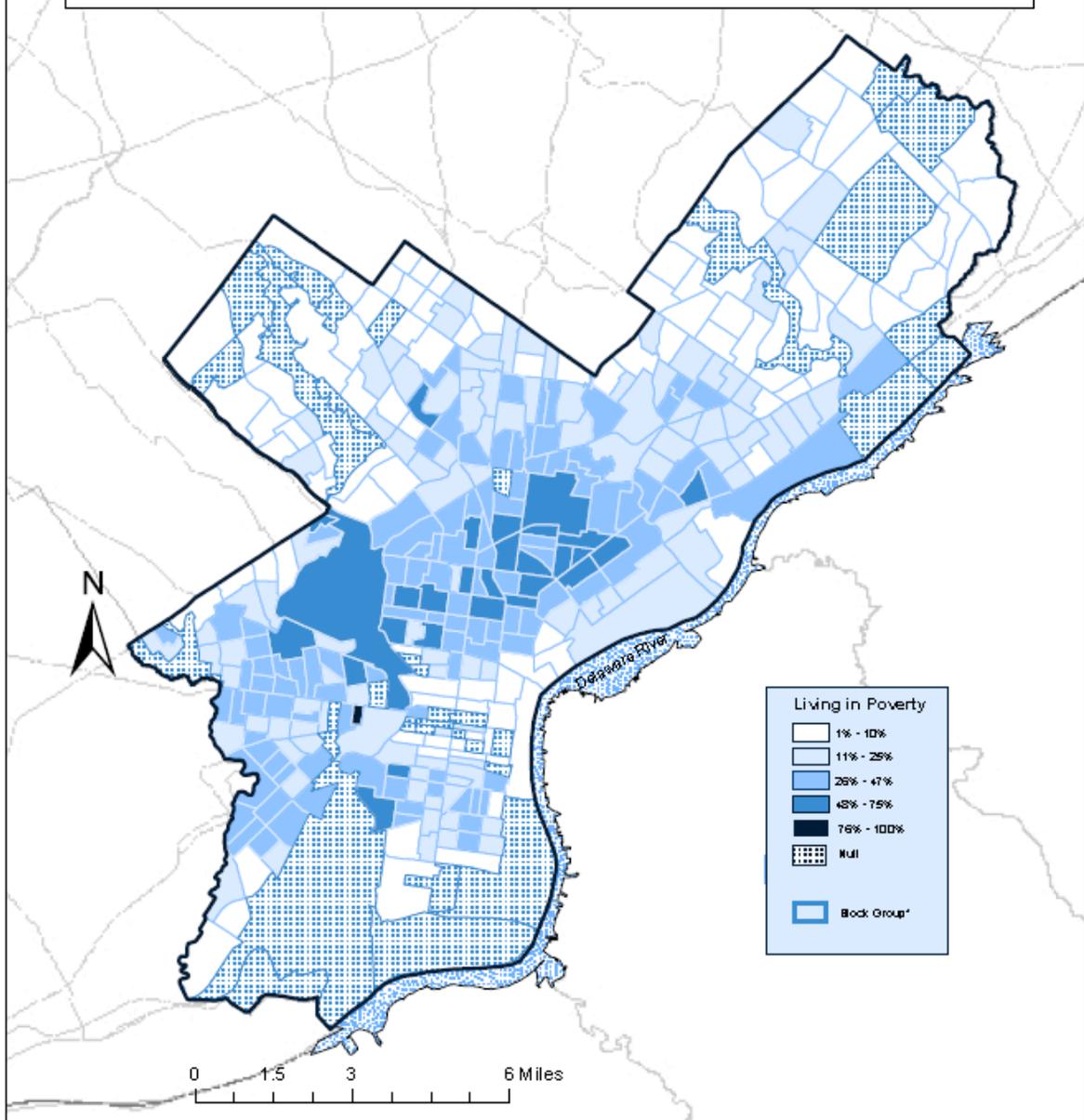


Division of Performance Management & Accountability  
January 7, 2013

Substantiated/Indicated reports are calculated for entire neighborhood district. Some neighborhood districts extend beyond police district boundary.

Prepared by Daniel J. Knapp

# Share of Population Living in Poverty in Philadelphia by Block Group

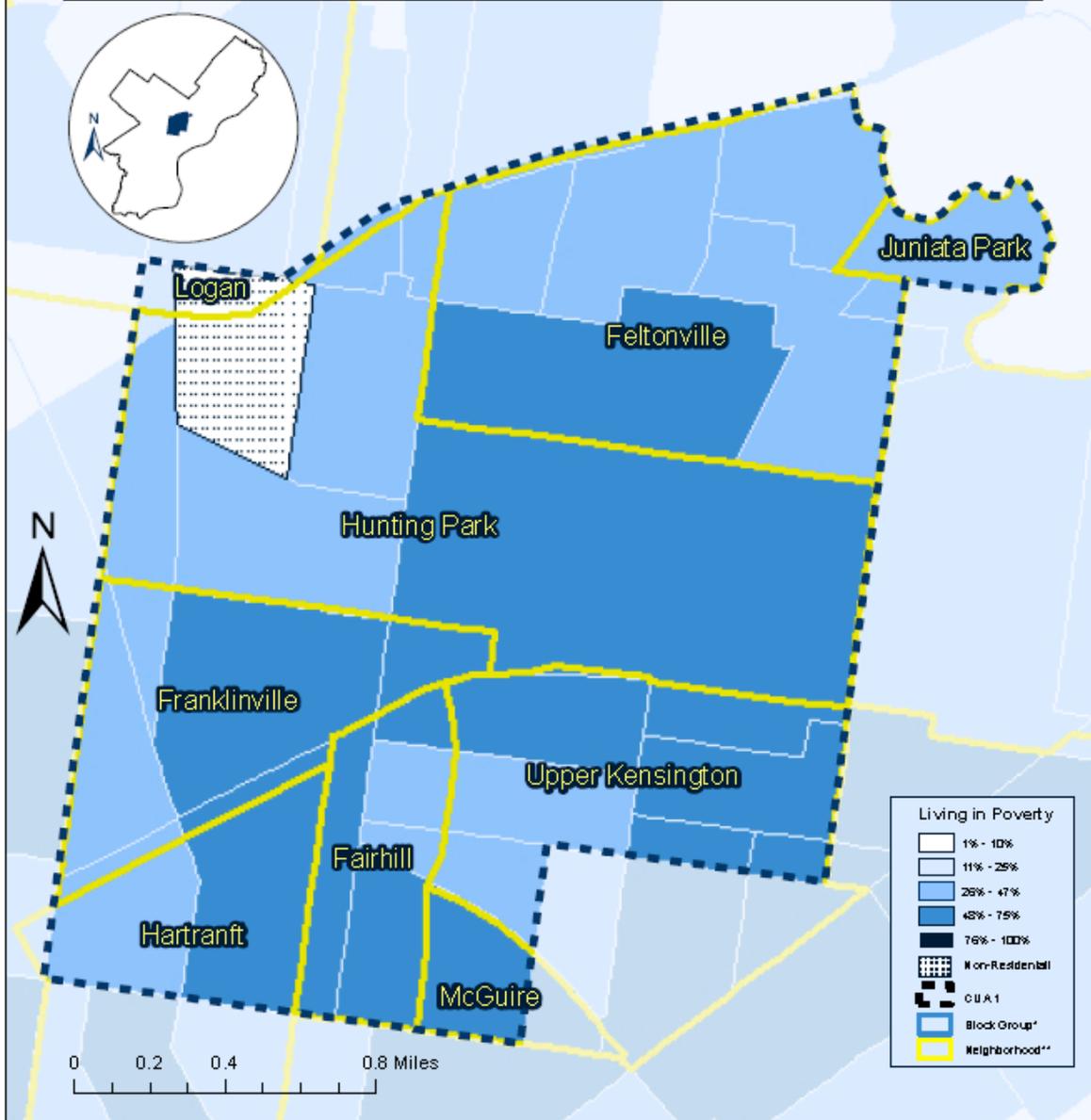


Division of Performance Management & Accountability  
January 17, 2013

Map prepared by Daniel J. Knapp

Census Data retrieved from ACS\_10\_5YR\_DP03  
\* Acensus block group is a geographical unit used  
by the United States Census Bureau.

# Share of Population living in Poverty: CUA Geographic Zone 1 by Census Blocks



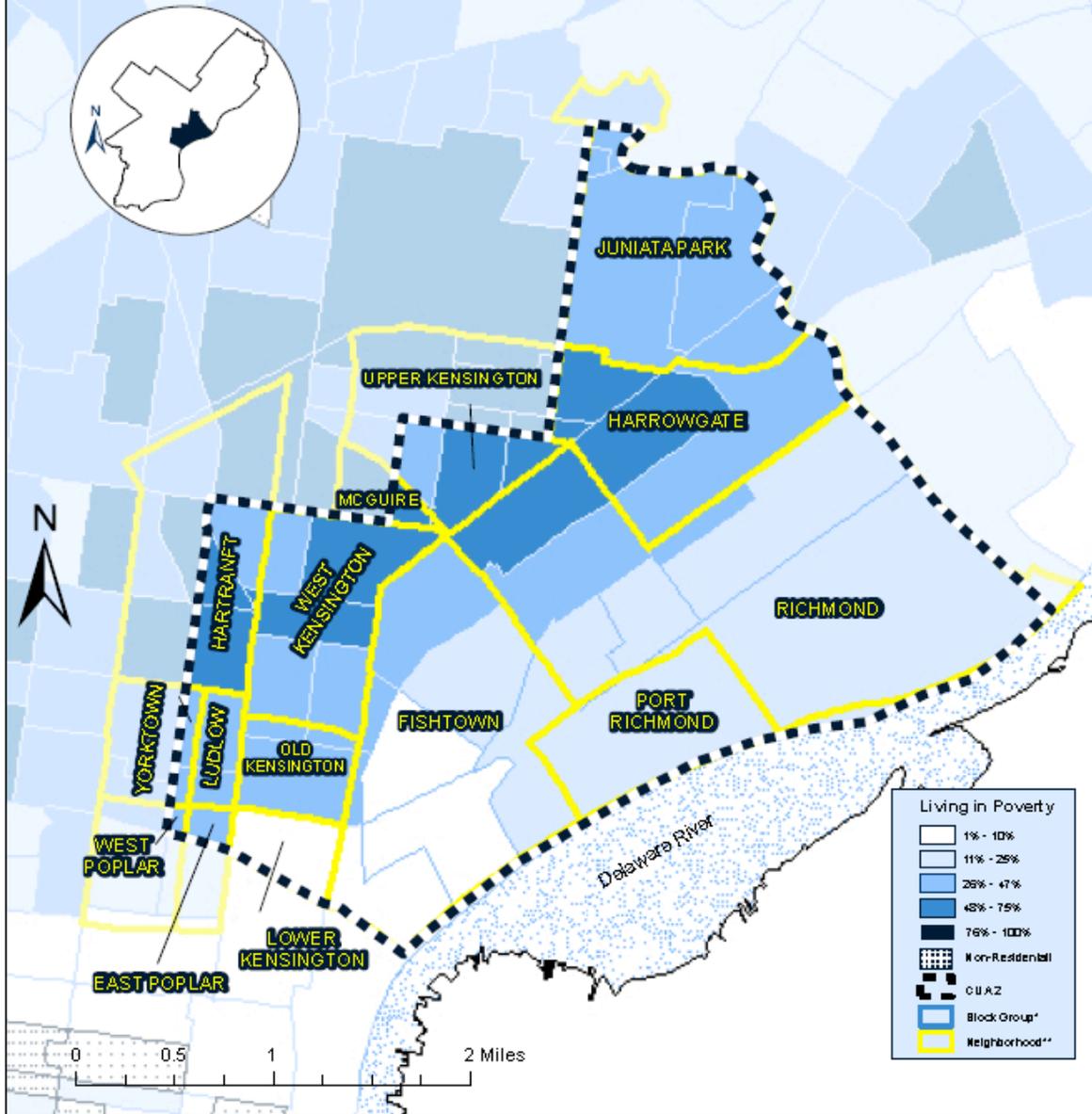
Division of Performance Management & Accountability  
January 17, 2013

Map prepared by Daniel J. Knapp

Census Data retrieved from ACS\_10\_5YR\_DP03  
\* A census block group is a geographical unit used by the United States Census Bureau.

\*\* Some neighborhoods extend beyond CUA Geographic Boundary

# Share of Population living in Poverty: CUA Geographic Zone 2 by Census Blocks



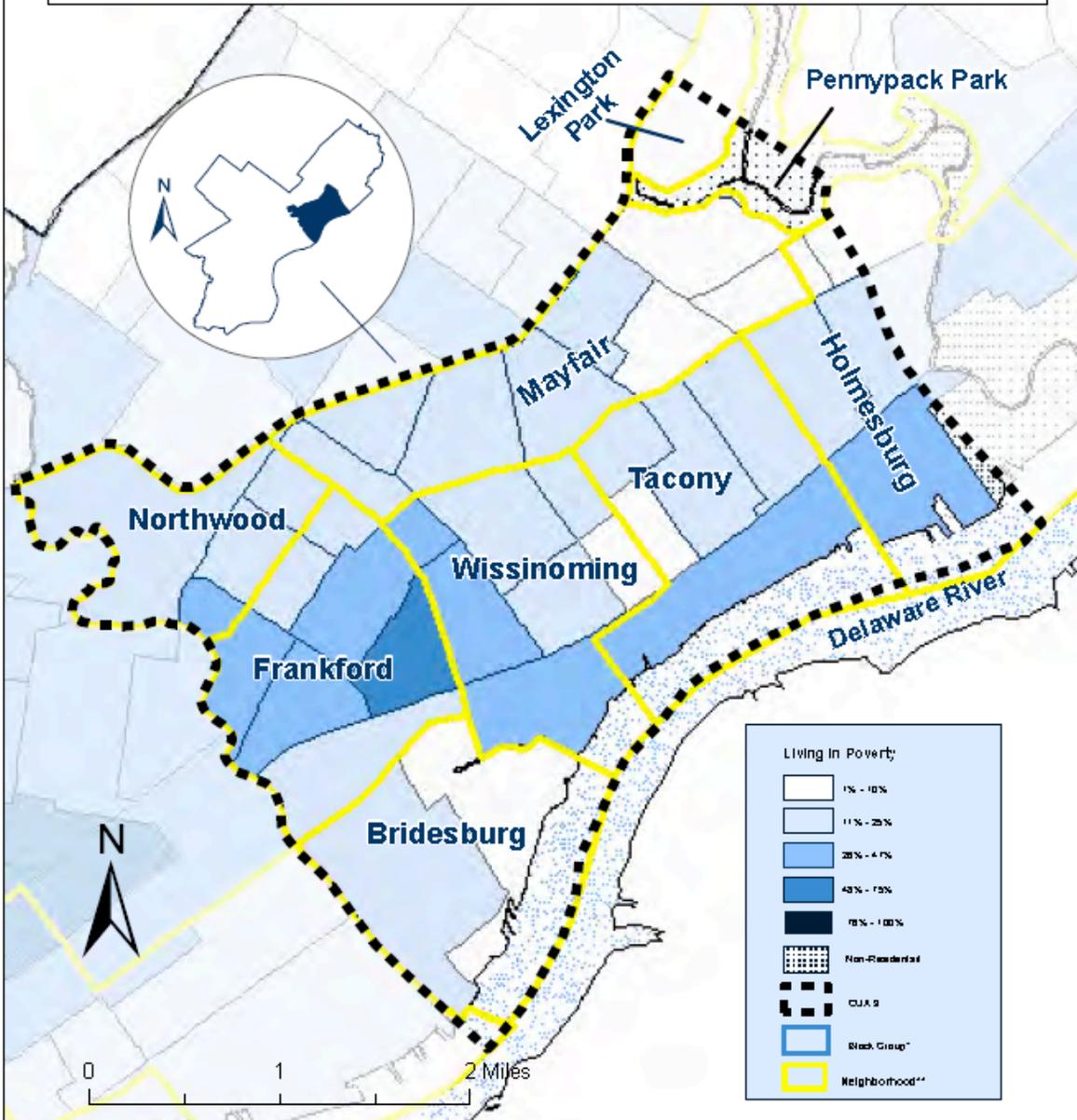
Division of Performance Management & Accountability  
January 17, 2013

Map prepared by Daniel J. Knapp

Census Data retrieved from ACS\_10\_5YR\_DP03  
\* A census block group is a geographical unit used by the United States Census Bureau.

\*\* Some neighborhoods extend beyond CUA Geographic Boundary

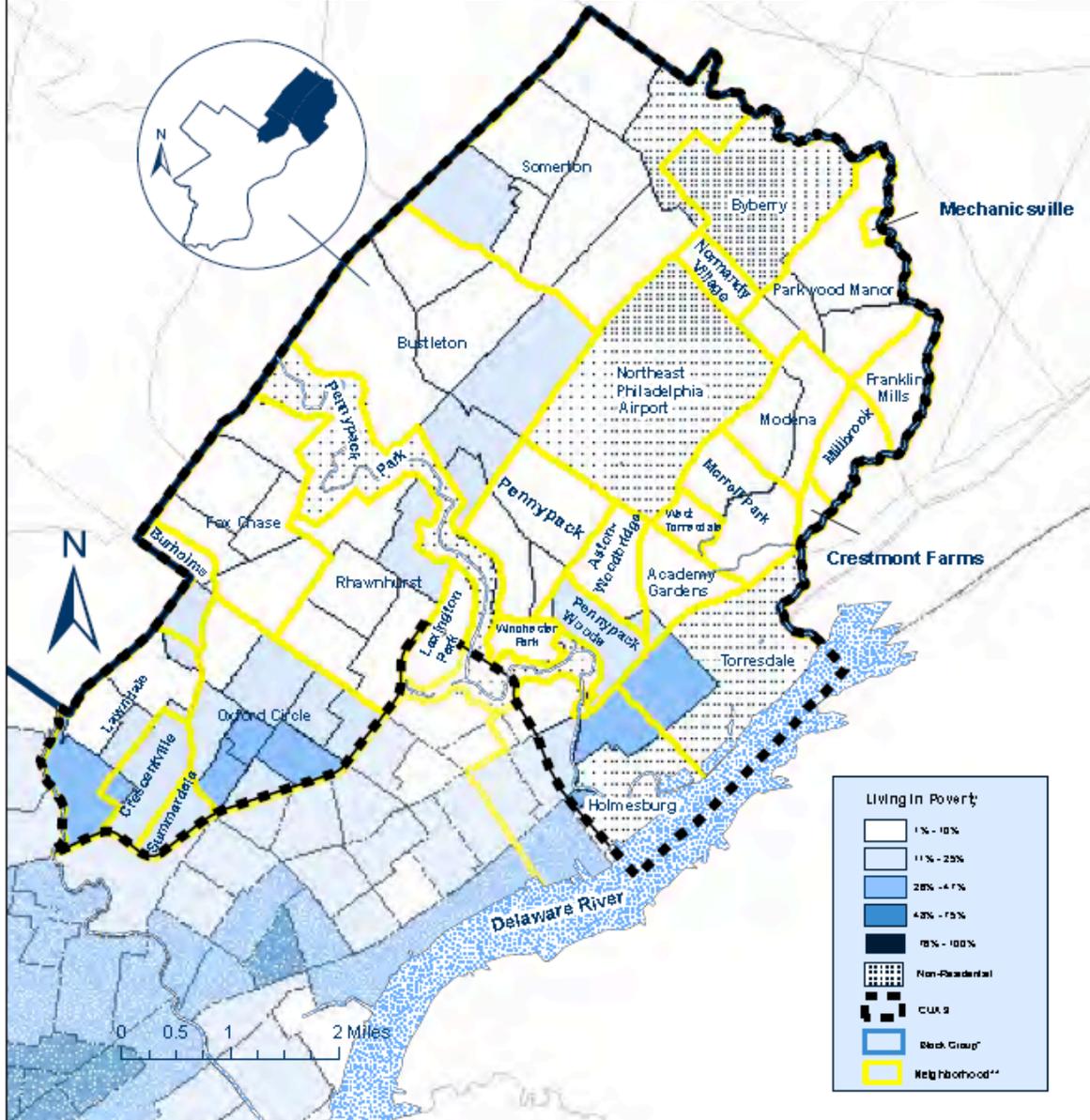
# Share of Population living in Poverty: CUA Geographic Zone 3 by Census Blocks



Division of Performance Management & Accountability  
September 21, 2012

Census Data retrieved from ACS\_10\_5YR\_DP03  
 \* Census block group is a geographical unit used by the United States Census Bureau.  
 \*\* Some neighborhoods extend beyond CUA Geographic Boundary

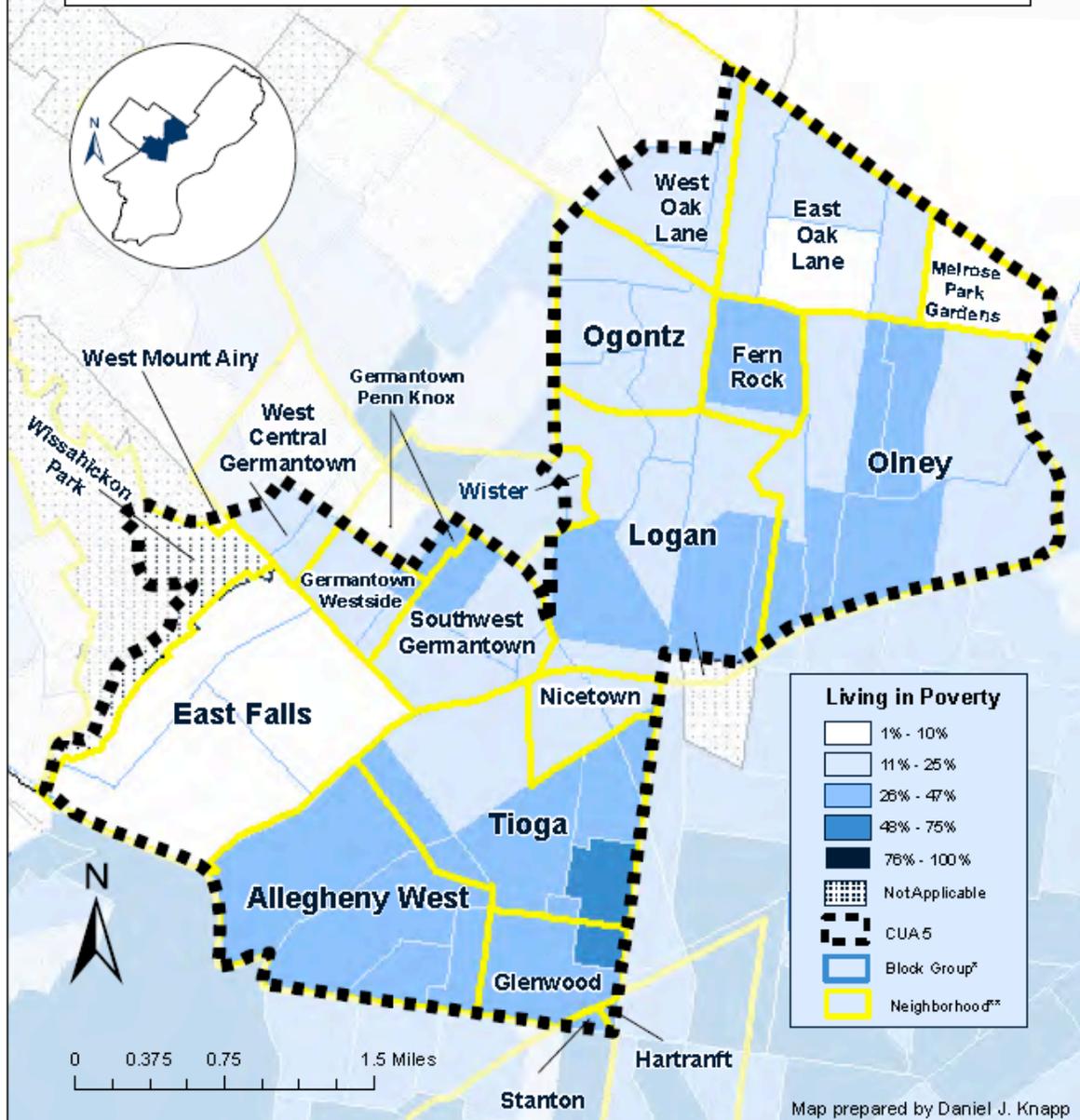
# Share of Population living in Poverty: CUA Geographic Zone 4 by Census Blocks



Division of Performance Management & Accountability  
September 21, 2012

Census Data retrieved from ACS\_10\_5YR\_DP03  
\* Census block group is a geographical unit used by the United States Census Bureau.  
\*\* Some neighborhoods extend beyond CUA Geographic Boundary

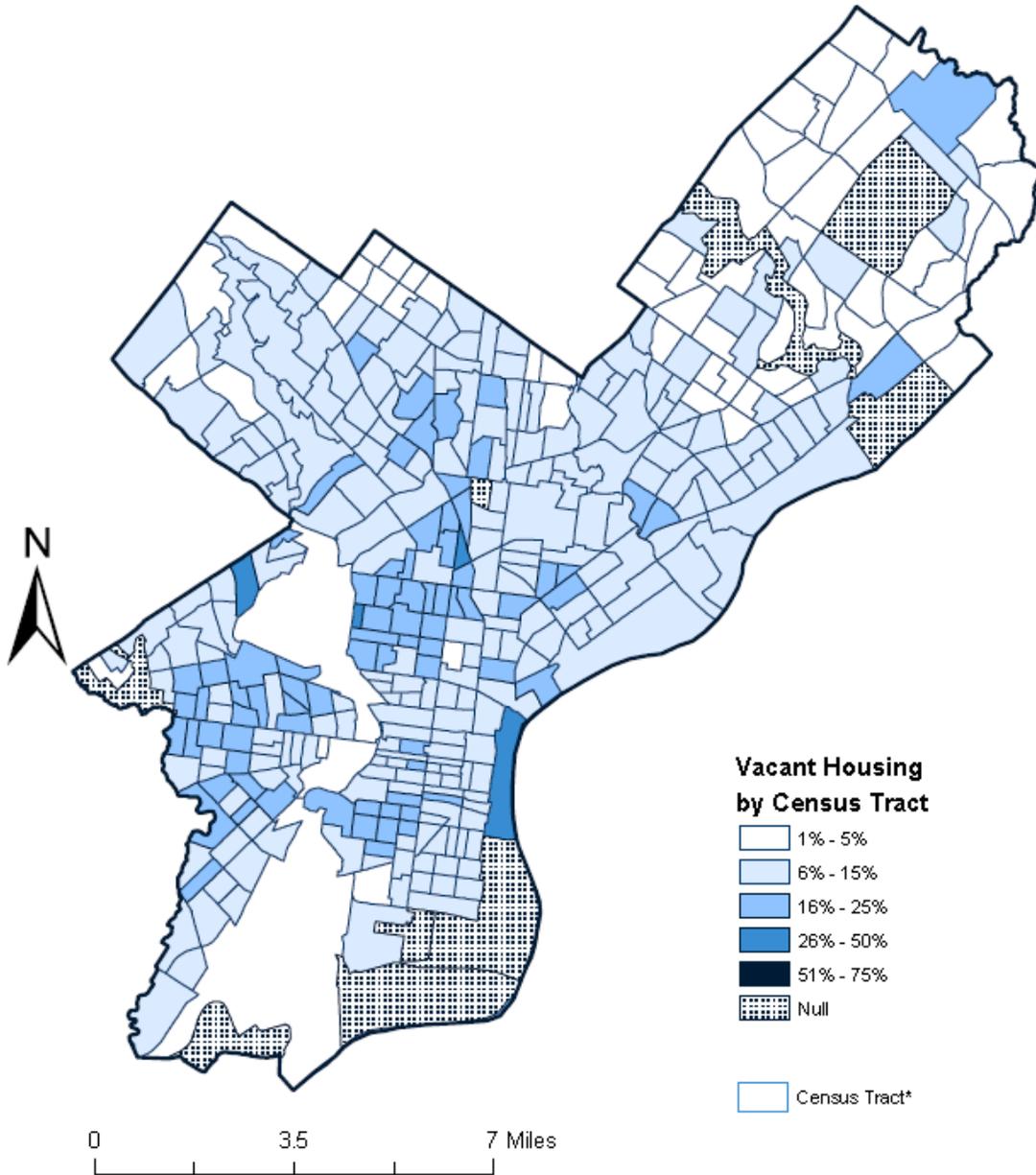
# Share of Population living in Poverty: CUA Geographic Zone 5 by Census Blocks



Division of Performance Management & Accountability  
January 7, 2013

Census Data retrieved from ACS\_10\_5\_YR\_DP03  
\* A census block group is a geographical unit used by the United States Census Bureau.  
\*\* Some neighborhoods extend beyond CUA Geographic Boundary

# Vacant Housing in Philadelphia by Census Tract

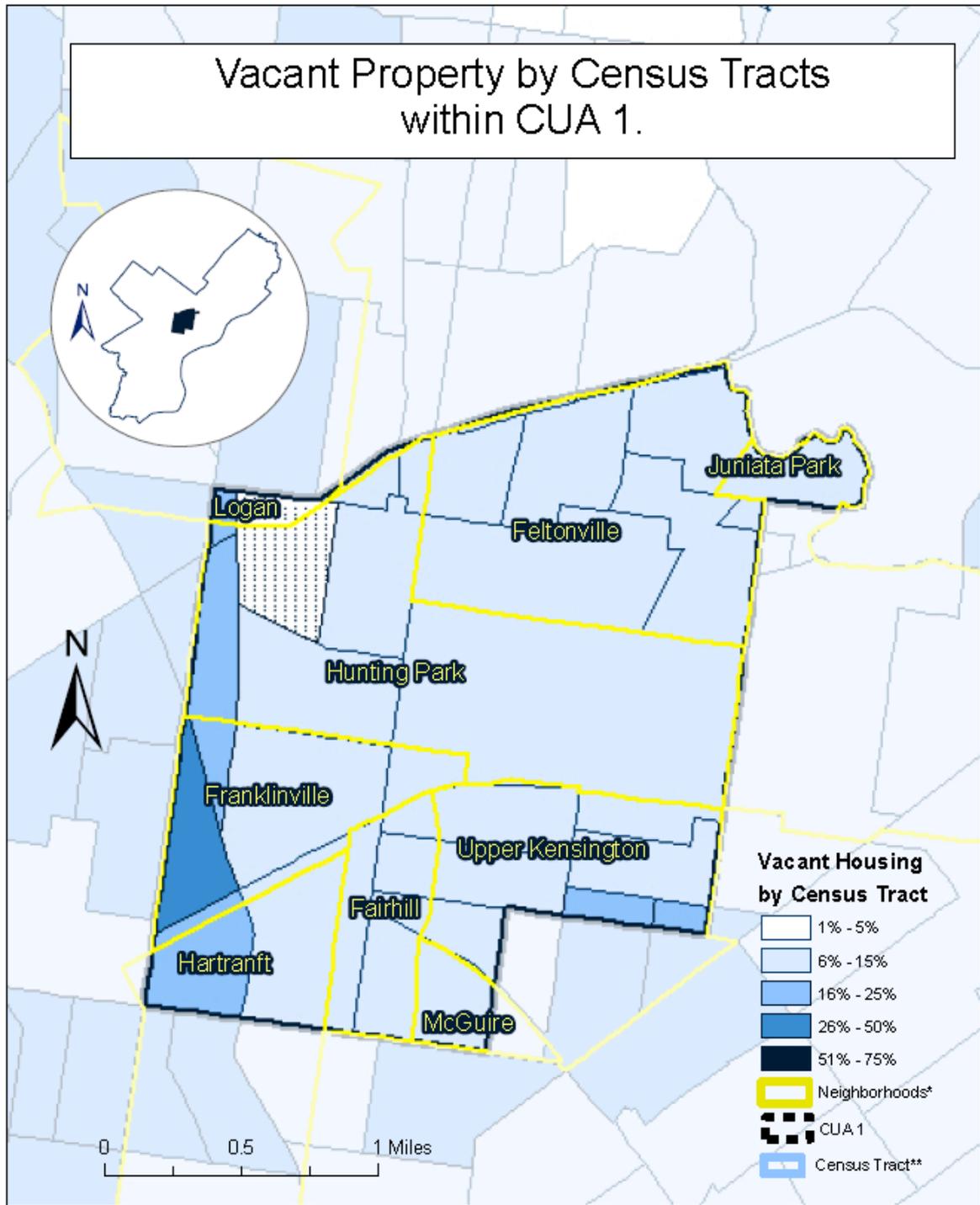


Division of Performance Management & Accountability  
January 17, 2013  
Map made by Daniel J. Knapp

Census Data retrieved from DEC\_10\_DP\_DPDP1

\* A census tract is a geographical unit used by the United States Census Bureau.

# Vacant Property by Census Tracts within CUA 1.



Division of Performance Management & Accountability  
 January 17, 2013

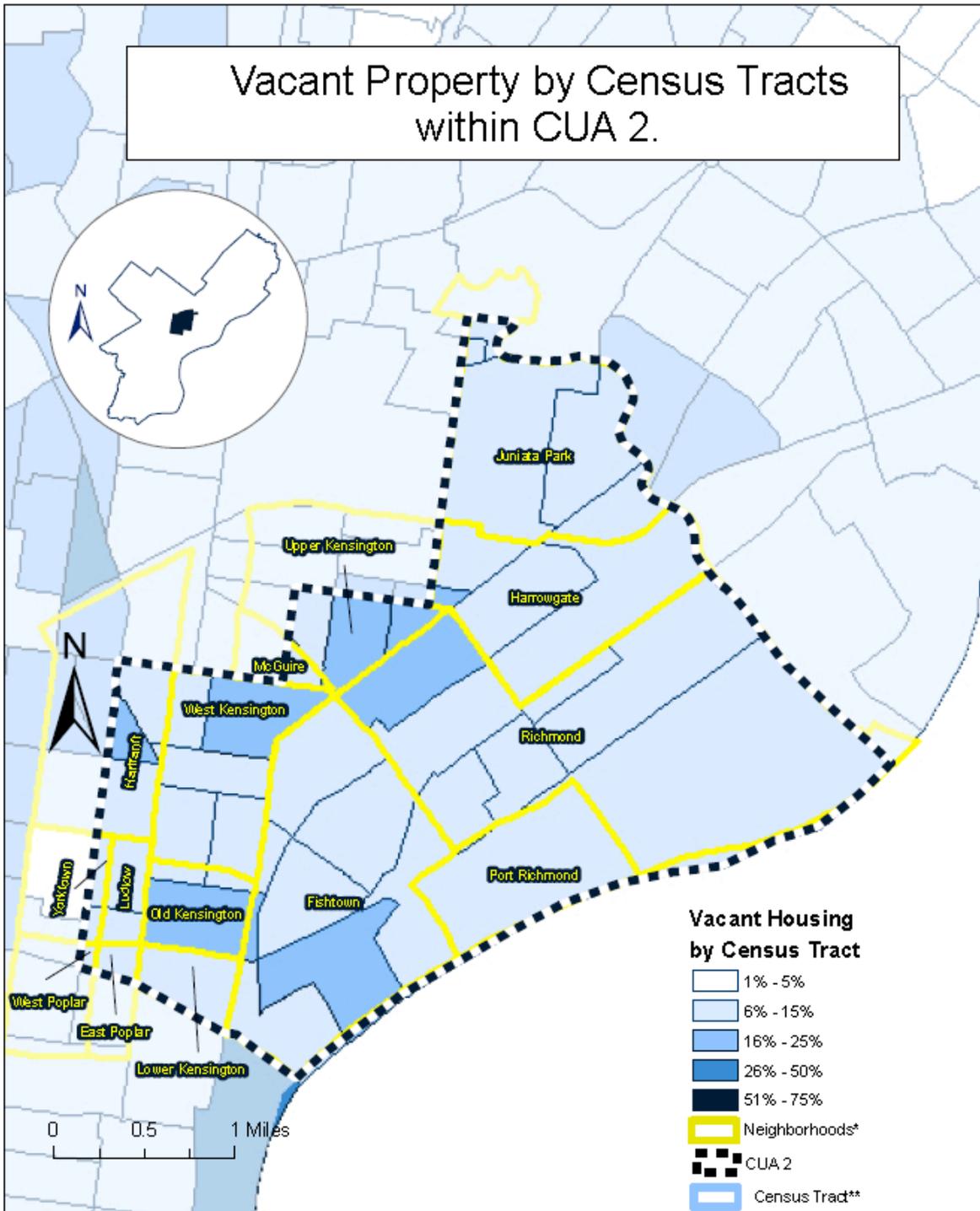
Map made by Daniel J. Knapp

Census Data retrieved from DEC\_10\_DP\_DPDP1

\*\* A census tract is a geographical unit used by the United States Census Bureau.

\*Some census tracts extend beyond CUA Boundary.

# Vacant Property by Census Tracts within CUA 2.



### Vacant Housing by Census Tract

- 1% - 5%
- 6% - 15%
- 16% - 25%
- 26% - 50%
- 51% - 75%
- Neighborhoods\*
- CUA 2
- Census Tract\*\*



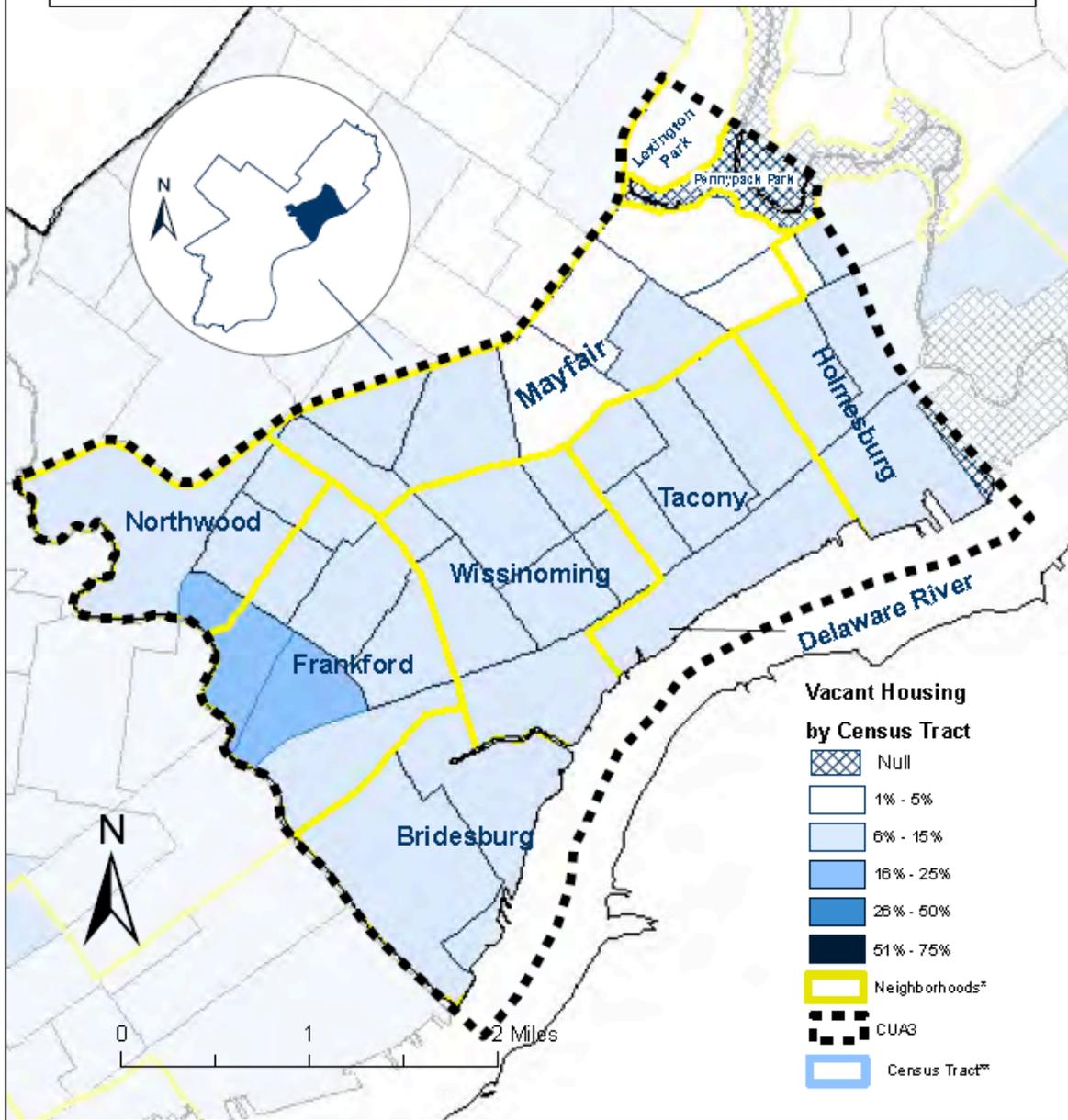
Division of Performance Management & Accountability  
January 17, 2013

Map made by Daniel J. Knapp

Census Data retrieved from DEC\_10\_DP\_DPDP1  
\*\* A census tract is a geographical unit used by the United States Census Bureau.

\*Some census tracts extend beyond CUA Boundary.

# Vacant Property by Census Tracts within CUA 3.

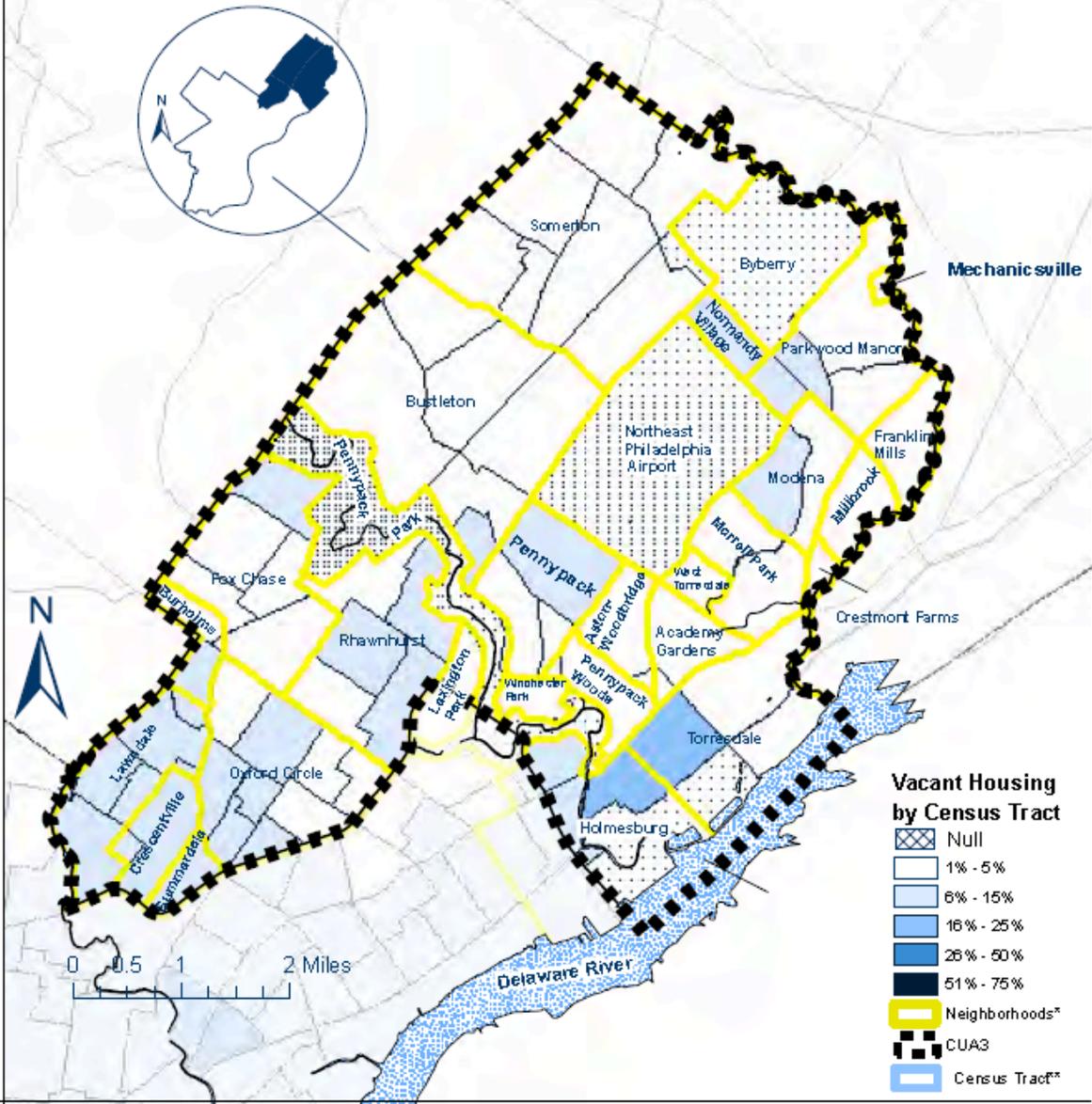


Division of Performance Management & Accountability  
September 21, 2012

Census Data retrieved from DEC\_10\_DP\_DPDP1  
\*\* A census tract is a geographical unit used by the United States Census Bureau.

\*Some census tracts extend beyond CUA Boundary.

# Vacant Property by Census Tracts within CUA 4.

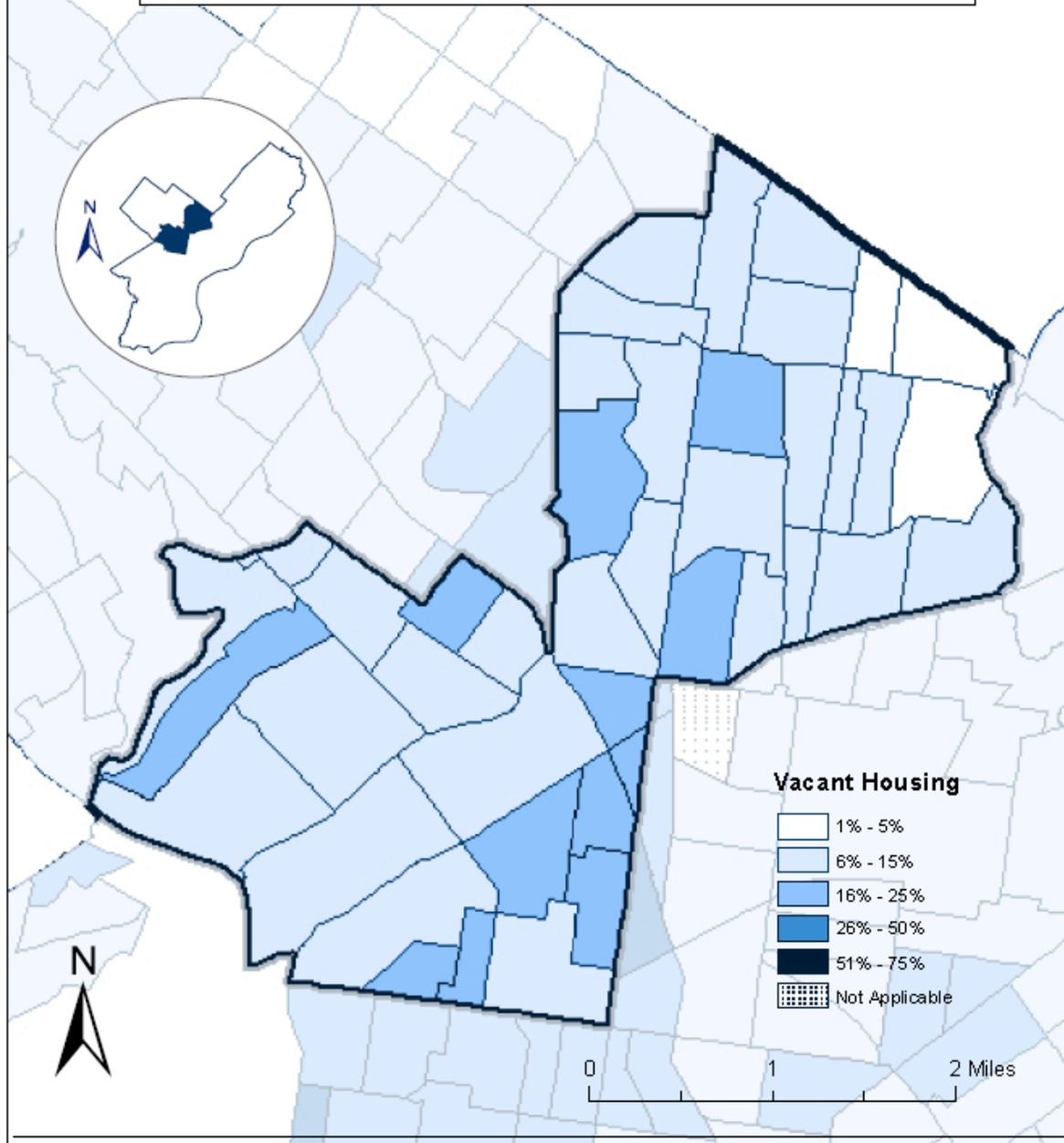


Division of Performance Management & Accountability  
September 21, 2012

Census Data retrieved from DEC\_10\_DP\_DPDP1  
\*\* A census tract is a geographical unit used by the United States Census Bureau.

\*Some census tracts extend beyond CUA boundary.

# Vacant Property by Census Tracts within CUA 5.



Division of Performance Management & Accountability  
January 7, 2013

Census Data retrieved from DEC\_10\_DP\_DPDP1  
A census tract is a geographical unit used  
by the United States Census Bureau.

\*Some census tracts extend beyond CUA Boundary.

**Appendix D: Timeline for IOC Implementation**

	<b>Police District</b>	<b>Planned date for RFP Process</b>	<b>Planned date for receiving in-home services referrals</b>	<b>Planned date for receiving placement referrals for general foster care</b>	<b>Planned date for receiving placement referrals for higher levels of foster care</b>	<b>Planned date for beginning ancillary and all other services</b>	<b>Planned full implementation</b>
CUA 1	25 <sup>th</sup>	April 2012	Jan 2013	April 2013	July 2013	Oct 2013	Dec 2013
CUA 2	24 <sup>th</sup> , 26 <sup>th</sup>	April 2012	April 2013	July 2013	Oct 2013	Dec 2013	March 2014
CUA 3	15 <sup>th</sup>	Jan 2013	Oct 2013	Jan 2014	April 2014	July 2014	Sept 2014
CUA 4	2 <sup>nd</sup> , 7 <sup>th</sup> , 8 <sup>th</sup>	Jan 2013	Jan 2014	April 2014	July 2014	Oct 2014	Dec 2015
CUA 5	35 <sup>th</sup> , 39 <sup>th</sup>	Jan 2013	April 2014	July 2014	Oct 2014	Dec 2014	March 2015
CUA 6	5 <sup>th</sup> , 14 <sup>th</sup>	July 2013	July 2014	Oct 2014	Jan 2015	April 2014	June 2015
CUA 7	22 <sup>nd</sup>	July 2013	July 2014	Oct 2014	Jan 2015	April 2014	June 2015
CUA 8	1 <sup>st</sup> , 3 <sup>rd</sup> , 6 <sup>th</sup> , 9 <sup>th</sup> , 17 <sup>th</sup>	July 2013	Jan 2015	April 2015	July 2015	Oct 2015	Dec 2015
CUA 9	12 <sup>th</sup> , 18 <sup>th</sup> , 77 <sup>th</sup>	July 2013	Jan 2015	April 2015	July 2015	Oct 2015	Dec 2015
CUA 10	16 <sup>th</sup> , 19 <sup>th</sup>	July 2013	Jan 2015	April 2015	July 2015	Oct 2014	Dec 2015

**\*Subject to Change**

**Appendix E: Teaming Tables**

<b>Type of Family Conferences</b>	<b>Purpose</b>	<b>What are the triggers and timeframes for this type of Conference?</b>	<b>Roles and Responsibilities</b>	<b>Potential Outcomes</b>
<p><b>Child Safety Conferences</b></p>	<p>Standardized process to make quality, safety decisions with the family</p>	<p>Triggers</p> <ol style="list-style-type: none"> <li>1. Safety assessment completed by DHS Investigation Staff that indicates a child or youth is “safe with a plan” and in need of in-home safety services</li> <li>2. Safety assessment completed by DHS Investigation Staff that indicates that a child or youth is “unsafe” and in need of placement services</li> <li>3. Court ordered dependency petition</li> </ol> <p>Timeframes Within 72 hours and previous to the detention hearing (for placement cases)</p>	<p>DHS Conference Coordinator: Completes all appropriate searches and clearances for family team members. Schedules and coordinates logistics for the Conference to be held at a community location that is convenient for all stakeholders especially the family.</p> <p>DHS Practice Specialists: Supervises the Conference Coordinator. Facilitates the Conference meeting in a manner that ensures that everyone has a role and voice in the process.</p> <p>DHS Investigation Worker: Participate in Conference to provide information about the safety decision</p> <p>CUA Case Manager: Participate in the Conference to provide linkage to community supports and to prepare for potential accept for service.</p> <p>Dispute Resolution Process: If there is a difference of opinion regarding the safety finding or the content of the safety plan the dispute resolution process goes to the DHS Director level or above.</p>	<p>No court involvement</p> <ul style="list-style-type: none"> <li>• Child is “safe” at home with no need for ongoing services</li> </ul> <p>No court involvement</p> <ul style="list-style-type: none"> <li>• Child is “safe-with-a-plan” at home with services and a comprehensive safety plan</li> </ul> <p>Court involvement/placement</p> <ul style="list-style-type: none"> <li>• Court ordered supervision indicates that the child is in need of non safety in-home services</li> <li>• Court ordered supervision indicates that the child is in need of safety in-home services</li> <li>• Child is “unsafe” at home and placed in out of home care</li> </ul>

Type of Family Conferences	Purpose	What are the triggers and timeframes for this type of Conference?	Roles and Responsibilities	Potential Outcomes
<b>Family Support Conference (Initial)</b>	<p>Develop the goal, objectives, and action steps for the initial single case plan for families receiving in-home services</p> <p>Case handoff from DHS to the CUA for families receiving in-home services</p>	<p>Within 20 calendar days (3 weeks) of the accept for service decision</p>	<p>DHS Conference Coordinator: Completes all appropriate searches and clearances for family team members. Schedules and coordinates logistics for the Conference to be held at a community location that is convenient for all stakeholders especially the family.</p> <p>DHS Practice Specialists: Supervises the Conference Coordinator. Facilitates the Conference meeting in a manner that ensures that everyone has a role and voice in the process.</p> <p>DHS Investigation Worker: Participate in Conference to provide information about the safety decision</p> <p>CUA Case Manager: Participate in the Conference to provide linkage to community supports and to provide services needed to begin the work towards safe case closure.</p> <p>Dispute Resolution Process: If there is a difference of opinion regarding the safety finding or the content of the safety plan the dispute resolution process goes to the DHS Director level or above. If there is a difference of opinion regarding the goal, objectives, or action steps for service delivery then the dispute resolution process goes to the program director at the CUA.</p>	<p>Goal, objectives, and actions steps to support enhancing parental protective capacity towards safe case closure are developed and assigned to responsible parties</p>

Type of Family Conferences	Purpose	What are the triggers and timeframes for this type of Conference?	Roles and Responsibilities	Potential Outcomes
<p><b>Family Support Conferences (Ongoing)</b></p> <ul style="list-style-type: none"> <li>• Stabilization</li> <li>• Safety</li> </ul>	<p>Review and modify the contents of the single case plan as required</p> <p>Determine the potential for permanency and safe case closure</p> <p>Prepare for court hearing</p> <p>Monitor and ensure the CUAs ability to provide the correct level of services and the effectiveness those services</p> <p>Identify additional resources</p>	<p>Within 3 months of the initial Family Support Conference and within every 3 months thereafter</p>	<p>DHS Conference Coordinator: Completes all appropriate searches and clearances for family team members. Schedules and coordinates logistics for the Conference to be held at a community location that is convenient for all stakeholders especially the family.</p> <p>DHS Practice Specialists: Supervises the Conference Coordinator. Facilitates the Conference meeting in a manner that ensures that everyone has a role and voice in the process.</p> <p>CUA Case Manager: Participate in the Conference to provide linkage to community supports and to provide services needed to begin the work towards safe case closure.</p> <p>Dispute Resolution Process: If there is a difference of opinion regarding the safety finding, the content of the safety plan, the goal, objectives, or action steps for service delivery then the dispute resolution process goes to the program director at the CUA.</p>	<p>Goal, objectives, and actions steps to support enhancing parental protective capacity towards safe case closure are reviewed and revised as necessary</p> <p>Safe case closure</p> <p>Continued services</p>

Type of Family Conference	Purpose	What are the triggers and timeframes for this type of Conference?	Roles and Responsibilities	Potential Outcomes
<b>Permanency Conferences (Initial)</b>	<p>Develop the goal, objectives, and action steps for the initial single case plan for families receiving placement services</p> <p>Case handoff from DHS to the CUA for families receiving placement services</p>	Within 20 calendar days (3 weeks) of accept for service	<p>DHS Conference Coordinator: Completes all appropriate searches and clearances for family team members. Schedules and coordinates logistics for the Conference to be held at a community location that is convenient for all stakeholders especially the family.</p> <p>DHS Practice Specialists: Supervises the Conference Coordinator. Facilitates the Conference meeting in a manner that ensures that everyone has a role and voice in the process.</p> <p>DHS Investigation Worker: Participate in Conference to provide information about the safety decision</p> <p>CUA Case Manager: Participate in the Conference to provide linkage to community supports and to provide services needed to begin the work towards safe case closure.</p> <p>Dispute Resolution Process: If there is a difference of opinion regarding the safety finding or the content of the safety plan the dispute resolution process goes to the DHS Investigation Administrator. If there is a difference of opinion regarding the goal, objectives, or action steps for service delivery then the dispute resolution process goes to the program director at the CUA.</p>	Goal, objectives, and actions steps to support enhancing parental protective capacity towards safe case closure are developed and assigned to responsible parties

<b>Type of Family Conference</b>	<b>Purpose</b>	<b>What are the triggers and timeframes for this type of Conference?</b>	<b>Roles and Responsibilities</b>	<b>Potential Outcomes</b>
<b>Permanency Conference (Ongoing)</b>	<p>Develop the goal, objectives, and action steps for the initial single case plan for families receiving in-home services</p> <p>Determine the potential for permanency and safe case closure</p> <p>Prepare for court hearing</p> <p>Monitor and ensure the CUAs ability to provide the correct level of services and the effectiveness those services</p> <p>Identify additional resources</p>	<p>Prior to court and within 3 months of the initial Permanency Conference and within every 3 months thereafter</p> <p>Decision to change a goal on a single case plan</p>	<p>DHS Conference Coordinator: Completes all appropriate searches and clearances for family team members. Schedules and coordinates logistics for the Conference to be held a community location that is convenient for all stakeholders especially the family.</p> <p>DHS Practice Specialists: Supervises the Conference Coordinator. Facilitates the Conference meeting in a manner that ensures that everyone has a role and voice in the process.</p> <p>CUA Case Manager: Participate in the Conference to provide linkage to community supports and to provide services needed to begin the work towards safe case closure.</p> <p>Dispute Resolution Process: If there is a difference of opinion regarding the safety finding, the content of the safety plan, the goal, objectives, or action steps for service delivery then the dispute resolution process goes to the program director at the CUA.</p>	<p>Goal, objectives, and actions steps to support enhancing parental protective capacity towards safe case closure are reviewed and revised as necessary</p> <p>Permanency achieved (reunification, adoption, PLC)</p> <p>Continuation of placement services</p>

Type of Family Conference	Purpose	What are the triggers and timeframes for this type of Conference?	Roles and Responsibilities	Potential Outcomes
<b>Placement Stability Conference</b>	Increase placement stability and planning to prevent moves	<ul style="list-style-type: none"> <li>• Within 3 business days of an emergency move</li> <li>• Within 10 business days of a CUA decision to consider moving a child or youth to another placement location</li> </ul>	<p>DHS Conference Coordinator: Completes all appropriate searches and clearances for family team members. Schedules and coordinates logistics for the Conference to be held a community location that is convenient for all stakeholders especially the family.</p> <p>DHS Practice Specialists: Supervises the Conference Coordinator. Facilitates the Conference meeting in a manner that ensures that everyone has a role and voice in the process.</p> <p>CUA Case Manager: Participate in the Conference to provide linkage to community supports and to provide services needed to begin the work towards safe case closure.</p> <p>Dispute Resolution Process: If there is a difference of opinion regarding the safety finding, the content of the safety plan, the goal, objectives, or action steps for service delivery then the dispute resolution process goes to the program director at the CUA.</p>	<p>Supports are put into place to stabilize placement and avoid a placement move</p> <p>Child is placed in the appropriate level of care</p>

**Appendix F: Philadelphia’s Work Plan**

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.1</b>	<b>Cost Estimates and Fiscal Decision Making</b>				

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.2</b>	<b>Selection and Contracting with Partners</b>				
	Request for Proposal and selection CUA 1,2	IOC Executive Leadership Team	March 2012	July 2012	Documentation of RFP and selected CUA
	Phased implementation for CUA 1	CUA Implementation Team	Jan 2013	Dec 2013	Report on number of referral to CUA
	Phased implementation for CUA 2	CUA Implementation Team	April 2013	March 2013	Report on number of referral to CUA
	Request for Proposal and selection CUA3,4,5	IOC Executive Leadership Team	Jan 2013	May 2013	Documentation of RFP and selected CUA
	Phased implementation for CUA 3	CUA Implementation Team	Oct 2013	Sept 2014	Report on number of referral to CUA

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.3</b>	<b>Staff Hiring and Training for CANS</b>				
	Hiring Teaming CUA Case Managers for CUA 1	CUA	Dec 2012	Dec 2012	List of transitioned staff
	Training for CUA 1: CANS training for CUA Case Managers Database training for CUA Case Managers	DHS University	Jan 2013	Jan 2013	Curriculum and documentation of training participants.
	Hiring Teaming CUA Case Managers for CUA 2	CUA	May 2013	May 2013	List of transitioned staff
	Training for CUA 2: CANS training for CUA Case Managers Database training for CUA Case Managers	DHS University	June 2013	June 2013	Curriculum and documentation of training participants.
	Hiring CANS staff for existing in-home and foster care provider agencies	In-Home and Foster Care Service Providers	July 2013	August 2013	List of hired staff
	Training for existing in-home and foster care provider staff administering the CANS	DHS University	Sept 2013	Sept 2013	Curriculum and documentation of training participants.
	Hiring Teaming CUA Case Managers for CUA 3	CUA	August 2013	August 2013	List of transitioned staff
	Training for CUA 3: CANS training for CUA Case Managers Database training for CUA Case Managers	DHS University	Sept 2013	Sept 2013	Curriculum and documentation of training participants.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.3</b>	<b>Staff Hiring and Training for Family Team Conferencing</b>				
	Hiring Teaming Coordinators and Practice Specialists for CUA 1	Children & Youth Division	Dec 2012	Dec 2012	List of transitioning staff
	Training for CUA 1: Training for DHS Investigation Staff Training for CUA Staff Training for Practice Specialists Training for Teaming Coordinators	DHS University	Jan 2013	Jan 2013	Curriculum and documentation of training participants.
	Hiring Teaming Coordinators and Practice Specialists for CUA 2	Children & Youth Division	May 2013	May 2013	List of transitioning staff
	Training for CUA 2: Training for DHS Investigation Staff Training for CUA Staff Training for Practice Specialists Training for Teaming Coordinators	DHS University	June 2013	June 2013	Curriculum and documentation of training participants.
	Hiring Teaming Coordinators and Practice Specialists for CUA 3	Children & Youth Division	August 2013	August 2013	List of transitioning staff
	Training for CUA 3: Training for DHS Investigation Staff Training for CUA Staff Training for Practice Specialists Training for Teaming Coordinators	DHS University	Sept 2013	Sept 2013	Curriculum and documentation of training participants.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.4</b>	<b>Developing Supervisory Coaching Plans</b>				

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.5</b>	<b>Data System Initiation / Modification</b>				
	IT Systems Development: Development of the Family Team Conferencing Database	Administration & Management	Jan 2013	July 2013	Overview of operational database will be available.
	IT Systems Development: FAST/CANS Database	Administration & Management	Jan 2013	Sept 2013	Overview of operational database will be available.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.6</b>	<b>FAST/CANS for Community Umbrella Agencies</b>				
	CUA Practice Guidelines are amended to include FAST/CANS	Policy & Planning	June 2013	June 2013	CUA Practice Guidelines will be available.
	Implementation for CUA 1: FAST assessment for any family in CUA who is accepted for in-home or placement services	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred.
	Implementation for CUA 1: CANS assessment for any child or youth in CUA who is experiencing a placement	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for CANS and how many CANS occurred.
	Implementation for CUA 2: FAST assessment for any family in CUA who is accepted for in-home or placement services	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred.
	Implementation for CUA 2: CANS assessment for any child or youth in CUA who is experiencing a placement	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for CANS and how many CANS occurred.
	Implementation for CUA 3: FAST assessment for any family in CUA who is accepted for in-home or placement services	Children & Youth Division	Oct 2013	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred.
	Implementation for CUA 3: CANS assessment for any child or youth in CUA who is experiencing a placement	Children & Youth Division	Oct 2013	Ongoing	Report documenting how many families eligible for CANS and how many CANS occurred.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.6</b>	<b>FAST/CANS for Existing In-Home and Foster Care Provider Agencies</b>				
	Modification of FY '14 contracts for existing in-home and foster care service providers to administer CANS	Finance	Feb 2013	July 2013	Contracts contain necessary funding and requirements to administer CANS
	Implementation for FAST assessment for any family receiving existing in-home or foster care services at the time of accept for service	Existing In-Home and Foster Care Service Providers	Oct 2013	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred.
	Implementation for CANS assessment for any family receiving existing in-home or foster care services at the time of accept for service	Existing In-Home and Foster Care Service Providers	Oct 2013	Ongoing	Report documenting how many families eligible for CANS and how many CANS occurred.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.6</b>	<b>Plans for Initiating Service Delivery for Family Team Conferencing</b>				
	CUA Practice Guidelines	Policy & Planning	July 2012	Jan 2013	CUA Practice Guidelines will be available
	Family Team Conferencing Protocol	Policy & Planning	July 2012	Jan 2013	Teaming Protocol will be available
	Implementation for CUA area 1: Child Safety Conferences Family Support Conferences	Children & Youth Division	Jan 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 1: Permanency Conferences Placement Stability Conferences	Children & Youth Division	April 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 2: Child Safety Conferences Family Support Conferences	Children & Youth Division	April 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 2: Permanency Conferences Placement Stability Conferences	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 3: Child Safety Conferences Family Support Conferences	Children & Youth Division	Oct 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 3: Permanency Conferences Placement Stability Conferences	Children & Youth Division	Jan 2014	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.6</b>	<b>Family Group Decision Making</b>				
	Protocol for FGDM Conferences	Paul Bottalla	June 2013	June 2013	FGDM protocol is available
	FGDM Conferences for families accepted for in-home service	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	FGDM for families experiencing a child or youth with an initial placement	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.7</b>	<b>Problem Solving Protocols</b>				

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.1</b>	<b>Development of Roles &amp; Responsibilities</b>				

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.2</b>	<b>Development of Quality &amp; Safety Standards</b>				

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.3</b>	<b>Development of Implementation Team</b>				
	IOC Steering Committee is transitioned to serve as the CWDP Implementation Team	Performance Management & Accountability	Jan 2013	Jan 2013	
	Additional members added to the IOC Steering Committee in new role as the CWDP Implementation Team	Performance Management & Accountability	July 2013	July 2013	

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.4</b>	<b>Development of Management Procedures/Positions/Functions</b>				
	Family Team Conferencing is incorporated into the CUA Guidelines	Policy & Planning	Jan 2013	Jan 2013	
	Family Team Conferencing Policy	Policy & Planning	Jan 2013	Jan 2013	
	FAST and CANS are incorporated into the CUA Guidelines	Policy & Planning	June 2013	June 2013	

	Updated expectations surrounding FGDM are documented in DHS Policy	Policy & Planning	June 2013	June 2013	
	Updated expectation surrounding FAST & CANS for existing in-home and foster care cases are documented in provider contract standards	Performance Management & Accountability	July 2013	July 2013	
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.5</b>	<b>Development of Monitoring Plan</b>				
	IOC Executive Leadership Team charged with monitoring the CWDP Implementation plan	Performance Management & Accountability	July 2013	On-going	
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>3.0</b>	<b>Communication Plan &amp; Strategies</b>				
	Monthly IOC newsletter provides updates on progress with the CWDP Implementation.	DHS Communications Office	July 2013	On-going	Monthly newsletters
	IOC Website provides ongoing information regarding the CWDP Implementation	DHS Communications Office	July 2013	On-going	Website information
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>4.0</b>	<b>Quality Assurance</b>				
	PMA provides monthly reports regarding quantity and quality of Family Team Conferencing	Performance Management & Accountability	Aug 2013	On-going	Monthly Reports
	PMA provides monthly reports regarding quantity and quality of FGDM	Performance Management & Accountability	Aug 2013	On-going	Monthly Reports
	PMA provides monthly reports regarding quantity and quality of CANS	Performance Management & Accountability	Oct 2013	On-going	Monthly Reports
	PMA provides monthly reports regarding quantity and quality of FAST	Performance Management & Accountability	Oct 2013	On-going	Monthly Reports

## ATTACHMENT B



Philadelphia Department of Human Services  
County Improvement Plan  
April 2013

### **Section I. Sponsor Team Members:**

The Executive Cabinet at DHS serves as the county improvement sponsor team. Cabinet members include:

Anne Marie Ambrose, Commissioner  
Chanell Hanns, Finance  
Timene Farlow, Juvenile Justice Services  
Vanessa Garrett Harley, Children and Youth Division  
Brian Clapier, Performance Management and Accountability  
Paul Bottalla, Policy and Planning  
Alicia Taylor, Communication  
Barbara Ash, Law Department  
Khalid Asad, Administration and Management  
Jessica Shapiro, Chief of Staff  
Aubrey C. Powers, Quality Improvement

### **Section II. Background:**

In developing the County Improvement Plan, the sponsor team reviewed the results from the state lead Quality Service Review (QSR) as well as the results from our local QSR reviews. Through this process the 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. teaming, planning and assessment).

The team decided to prioritize our outcomes based on the key areas that need improvement and are consistent with Philadelphia's planning for the Pennsylvania Child Welfare Demonstration Project. Throughout the five-year project, Philadelphia's Department of Human Services (DHS) will be implementing a cutting-edge child welfare approach, Improving Outcomes for Children (IOC). This is an exciting initiative aimed at improving safety permanency and well-being outcomes while safely maintaining children/youth in their own communities in the least restrictive settings possible.

Key to the CWDP theory of change is that families are engaged as part of a team. Children and families receive comprehensive screening and assessment to identify underlying causes and needs and assessment information is used to develop a service plan, and various supports, including appropriate placement decisions and connects them to evidence-based services to address their specific needs, then children, youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience improved functioning.

### **Section III. Priority Outcomes:**

#### **Outcome # 1: Teaming**

This overarching outcome supports the family team's ability to achieve unity of effort and commonality of purpose.

#### **Outcome # 2: Assessment**

This overarching outcome supports understanding the core story, underlying issues, needs and strengths of the child/youth family

#### **Outcome # 3: Planning**

This overarching outcome supports a planning process that is fully individualized and relevant to child/youth and family needs.

### **Section IV. Findings**

#### **Findings related to Outcome # 1: Teaming**

Findings from the state lead QSR in December found that 50% of the cases reviewed were found to be in the acceptable range in the Teaming practice performance indicator. This outcomes looks to ensure teams work effectively together to share information, plan and provide effective services.

#### **Findings related to Outcome # 2: Assessment and Understanding**

Findings in the state lead QSR in December found that 58% of the cases reviewed received acceptable ratings in the Assessment practice performance permanency indicator.

Proper assessment sets the stage for unified change efforts so that the team can plan and modify joint strategies, share resources and find what works.

#### **Findings related to Outcome # 3: Planning**

Findings in the state lead QSR in December found that 44% of the cases reviewed received acceptable rating in the Planning practice performance indicator. Building on the paragraph above, we have developed Outcome #3 to address planning. This outcome looks to support the use of ongoing assessment and understanding of the child and family situation to modify planning and intervention strategies in order for the child/youth/ and family to live safely together, achieve timely permanence and improve well being and functioning.

## Philadelphia's Work Plan

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
<b>1.1</b>	<b>Cost Estimates and Fiscal Decision Making</b>				

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
<b>1.2</b>	<b>Selection and Contracting with Partners</b>				
	Request for Proposal and selection CUA 1,2	IOC Executive Leadership Team	March 2012	July 2012	Documentation of RFP and selected CUA
	Phased implementation for CUA 1	CUA Implementation Team	Jan 2013	Dec 2013	Report on number of referral to CUA
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	Action Step	Responsible Party	Began	Complete	Evidence of Completion
<b>1.3</b>	<b>Staff Hiring and Training for CANS</b>				
	Hiring Teaming CUA Case Managers for CUA 1	CUA	Dec 2012	Dec 2012	List of transitioned staff
	Training for CUA 1: CANS training for CUA Case Managers Database training for CUA Case Managers	DHS University	Jan 2013	Jan 2013	Curriculum and documentation of training participants.
	Hiring Teaming CUA Case Managers for CUA 2	CUA	May 2013	May 2013	List of transitioned staff
	Training for CUA 2: CANS training for CUA Case Managers Database training for CUA Case Managers	DHS University	June 2013	June 2013	Curriculum and documentation of training participants.
	Hiring CANS staff for existing in-home and foster care provider agencies	In-Home and Foster Care Service Providers	July 2013	August 2013	List of hired staff
	Training for existing in-home and foster care provider staff administering the CANS	DHS University	Sept 2013	Sept 2013	Curriculum and documentation of training participants.
	Hiring Teaming CUA Case Managers for CUA 3	CUA	August 2013	August 2013	List of transitioned staff
	Training for CUA 3: CANS training for CUA Case Managers Database training for CUA Case Managers	DHS University	Sept 2013	Sept 2013	Curriculum and documentation of training participants.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.3</b>	<b>Staff Hiring and Training for Family Team Conferencing</b>				
	Hiring Teaming Coordinators and Practice Specialists for CUA 1	Children & Youth Division	Dec 2012	Dec 2012	List of transitioning staff
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	Hiring Teaming Coordinators and Practice Specialists for CUA 2	Children & Youth Division	May 2013	May 2013	List of transitioning staff
	Training for CUA 2: Training for DHS Investigation Staff Training for CUA Staff Training for Practice Specialists Training for Teaming Coordinators	DHS University	June 2013	June 2013	Curriculum and documentation of training participants.
	Hiring Teaming Coordinators and Practice Specialists for CUA 3	Children & Youth Division	August 2013	August 2013	List of transitioning staff
	Training for CUA 3: Training for DHS Investigation Staff Training for CUA Staff Training for Practice Specialists Training for Teaming Coordinators	DHS University	Sept 2013	Sept 2013	Curriculum and documentation of training participants.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.4</b>	<b>Developing Supervisory Coaching Plans</b>				

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.5</b>	<b>Data System Initiation / Modification</b>				
	IT Systems Development: Development of the Family Team Conferencing Database	Administration & Management	Jan 2013	July 2013	Overview of operational database will be available.
	IT Systems Development: FAST/CANS Database	Administration & Management	Jan 2013	Sept 2013	Overview of operational database will be available.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.6</b>	<b>FAST/CANS for Community Umbrella Agencies</b>				
	CUA Practice Guidelines are amended to include FAST/CANS	Policy & Planning	June 2013	June 2013	CUA Practice Guidelines will be available.
	Implementation for CUA 1: FAST assessment for any family in CUA who is accepted for in-home or placement services	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred.
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	Implementation for CUA 2: FAST assessment for any family in CUA who is accepted for in-home or placement services	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred.
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	Implementation for CUA 3: FAST assessment for any family in CUA who is accepted for in-home or placement services	Children & Youth Division	Oct 2013	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred.
	Implementation for CUA 3: CANS assessment for any child or youth in CUA who is experiencing a placement	Children & Youth Division	Oct 2013	Ongoing	Report documenting how many families eligible for CANS and how many CANS occurred.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.6</b>	<b>FAST/CANS for Existing In-Home and Foster Care Provider Agencies</b>				
	Modification of FY '14 contracts for existing in-home and foster care service providers to administer CANS	Finance	Feb 2013	July 2013	Contracts contain necessary funding and requirements to administer CANS
	Implementation for FAST assessment for any family receiving existing in-home or foster care services at the time of accept for service	Existing In-Home and Foster Care Service Providers	Oct 2013	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred.
	Implementation for CANS assessment for any family receiving existing in-home or foster care services at the time of accept for service	Existing In-Home and Foster Care Service Providers	Oct 2013	Ongoing	Report documenting how many families eligible for CANS and how many CANS occurred.

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
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<b>1.6</b>	<b>Plans for Initiating Service Delivery for Family Team Conferencing</b>				
	CUA Practice Guidelines	Policy & Planning	July 2012	Jan 2013	CUA Practice Guidelines will be available
	Family Team Conferencing Protocol	Policy & Planning	July 2012	Jan 2013	Teaming Protocol will be available
	Implementation for CUA area 1: Child Safety Conferences Family Support Conferences	Children & Youth Division	Jan 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 1: Permanency Conferences Placement Stability Conferences	Children & Youth Division	April 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 2: Child Safety Conferences Family Support Conferences	Children & Youth Division	April 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 2: Permanency Conferences Placement Stability Conferences	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 3: Child Safety Conferences Family Support Conferences	Children & Youth Division	Oct 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	Implementation for CUA area 3: Permanency Conferences Placement Stability Conferences	Children & Youth Division	Jan 2014	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.6</b>	<b>Family Group Decision Making</b>				
	Protocol for FGDM Conferences	Paul Bottalla	June 2013	June 2013	FGDM protocol is available
	FGDM Conferences for families accepted for in-home service	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	FGDM for families experiencing a child or youth with an initial placement	Children & Youth Division	July 2013	Ongoing	Report documenting how many families eligible for conferences and how many conferences occurred.
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>1.7</b>	<b>Problem Solving Protocols</b>				
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.1</b>	<b>Development of Roles &amp; Responsibilities</b>				
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.2</b>	<b>Development of Quality &amp; Safety Standards</b>				
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.3</b>	<b>Development of Implementation Team</b>				

	IOC Steering Committee is transitioned to serve as the CWDP Implementation Team	Performance Management & Accountability	Jan 2013	Jan 2013	
	Additional members added to the IOC Steering Committee in new role as the CWDP Implementation Team	Performance Management & Accountability	July 2013	July 2013	

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.4</b>	<b>Development of Management Procedures/Positions/Functions</b>				
	Family Team Conferencing is incorporated into the CUA Guidelines	Policy & Planning	Jan 2013	Jan 2013	
	Family Team Conferencing Policy	Policy & Planning	Jan 2013	Jan 2013	
	FAST and CANS are incorporated into the CUA Guidelines	Policy & Planning	June 2013	June 2013	
	Updated expectations surrounding FGDM are documented in DHS Policy	Policy & Planning	June 2013	June 2013	
	Updated expectation surrounding FAST & CANS for existing in-home and foster care cases are documented in provider contract standards	Performance Management & Accountability	July 2013	July 2013	

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>2.5</b>	<b>Development of Monitoring Plan</b>				
	IOC Executive Leadership Team charged with monitoring the CWDP Implementation plan	Performance Management & Accountability	July 2013	On-going	

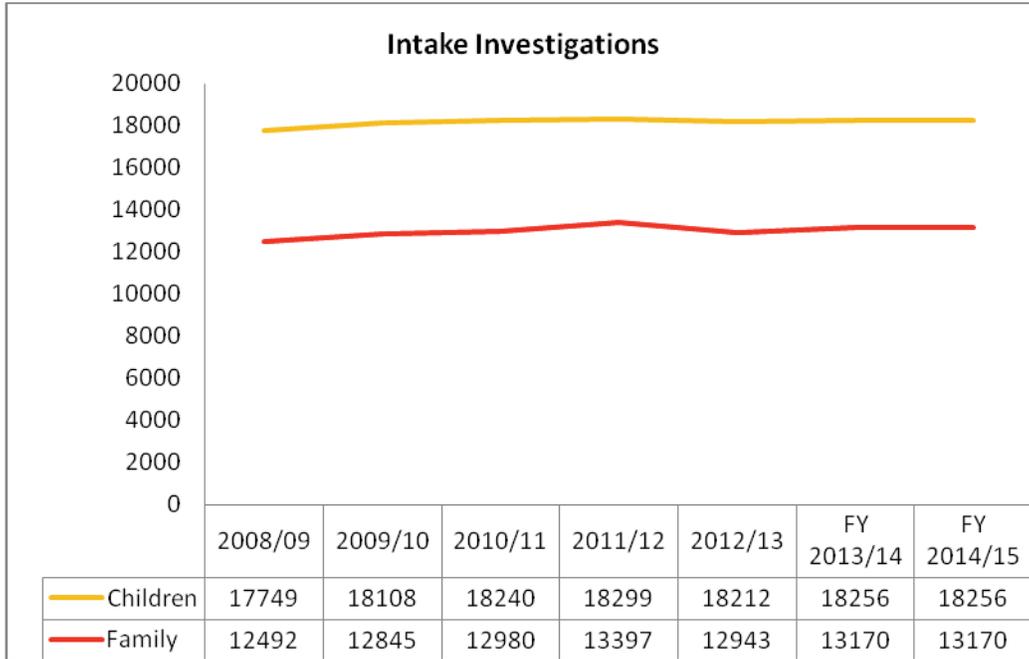
	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>3.0</b>	<b>Communication Plan &amp; Strategies</b>				
	Monthly IOC newsletter provides updates on progress with the CWDP Implementation.	DHS Communications Office	July 2013	On-going	Monthly newsletters
	IOC Website provides ongoing information regarding the CWDP Implementation	DHS Communications Office	July 2013	On-going	Website information

	<b>Action Step</b>	Responsible Party	Began	Complete	Evidence of Completion
<b>4.0</b>	<b>Quality Assurance</b>				
	PMA provides monthly reports regarding quantity and quality of Family Team Conferencing	Performance Management & Accountability	Aug 2013	On-going	Monthly Reports
	PMA provides monthly reports regarding quantity and quality of FGDM	Performance Management & Accountability	Aug 2013	On-going	Monthly Reports
	PMA provides monthly reports regarding quantity and quality of CANS	Performance Management & Accountability	Oct 2013	On-going	Monthly Reports
	PMA provides monthly reports regarding quantity and quality of FAST	Performance Management & Accountability	Oct 2013	On-going	Monthly Reports

PHILADELPHIA COUNTY

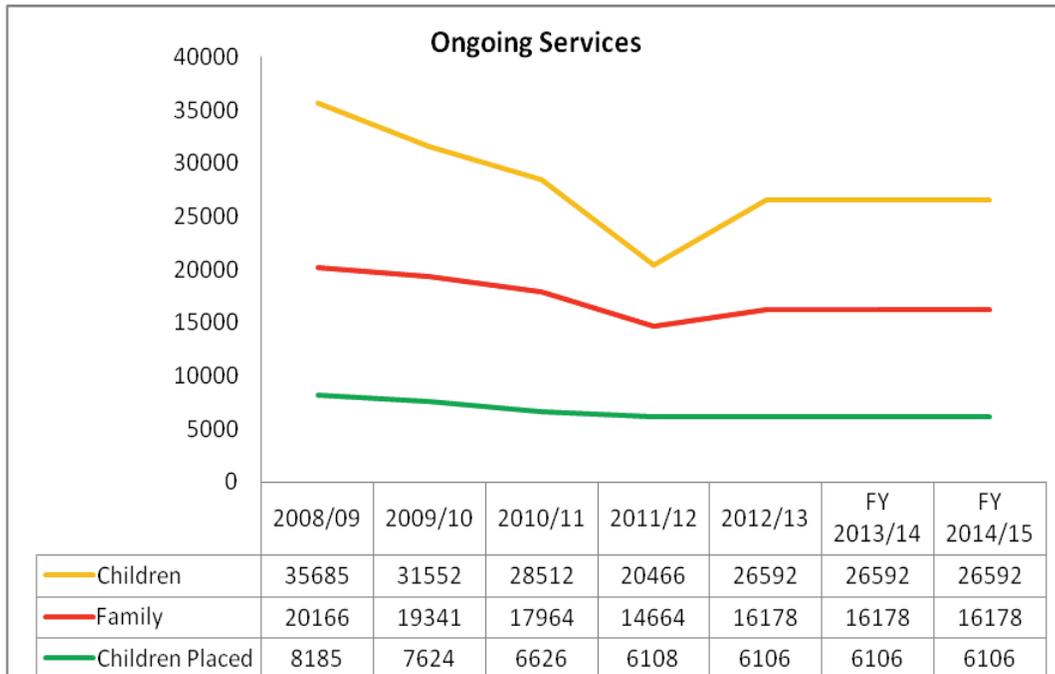
**3-2a. Intake Investigations**

Insert the Intake Investigations Chart (Chart 1).



**3-2a. Ongoing Services**

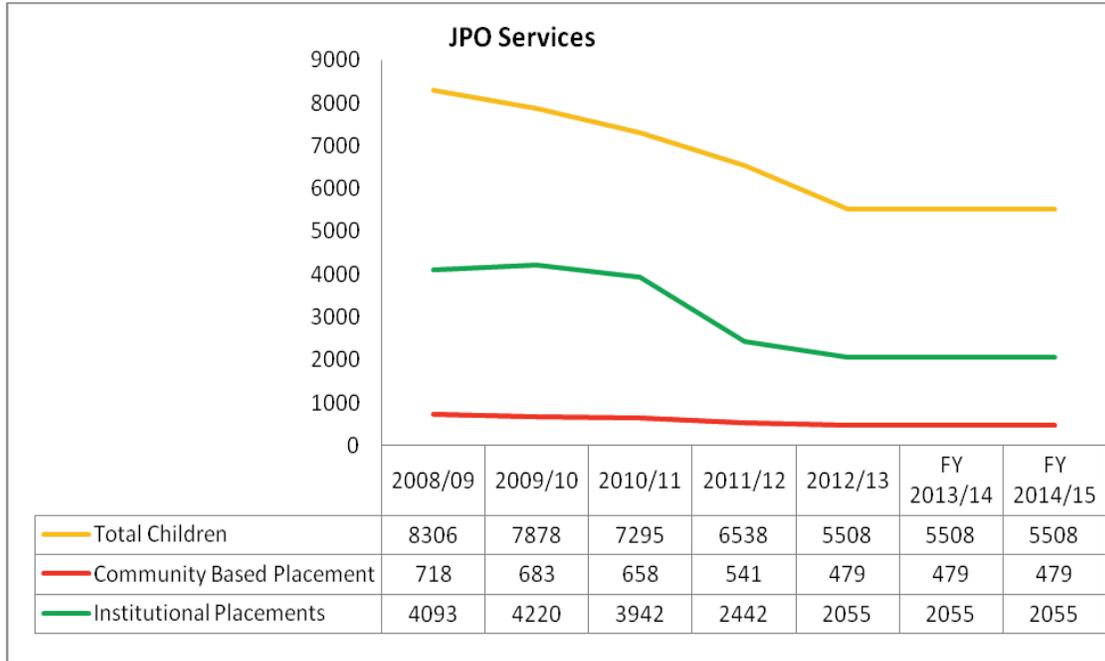
Insert the Ongoing Services Chart (Chart 2).



## PHILADELPHIA COUNTY

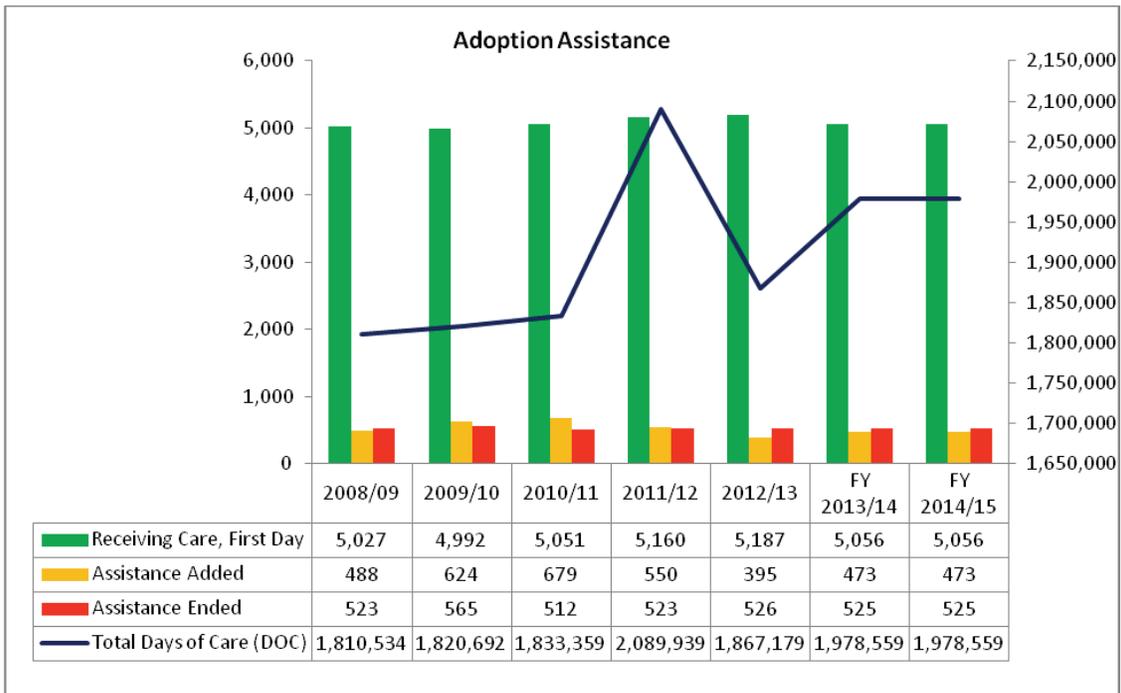
### 3-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



### 3-2b. Adoption Assistance

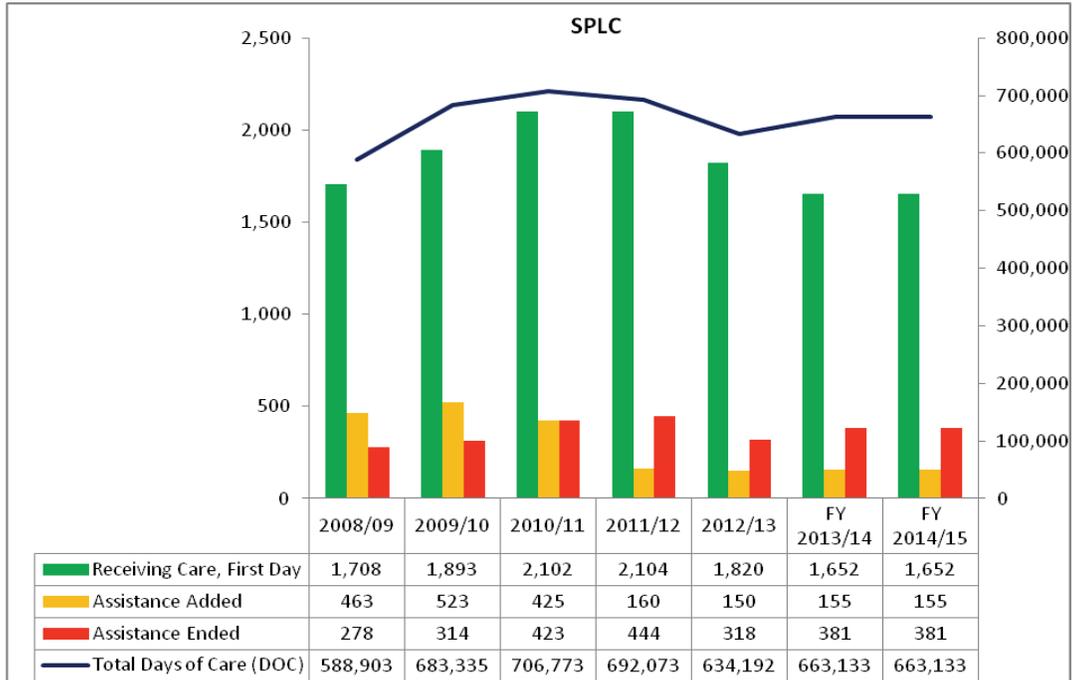
Insert the Adoption Assistance Chart (Chart 4).



## PHILADELPHIA COUNTY

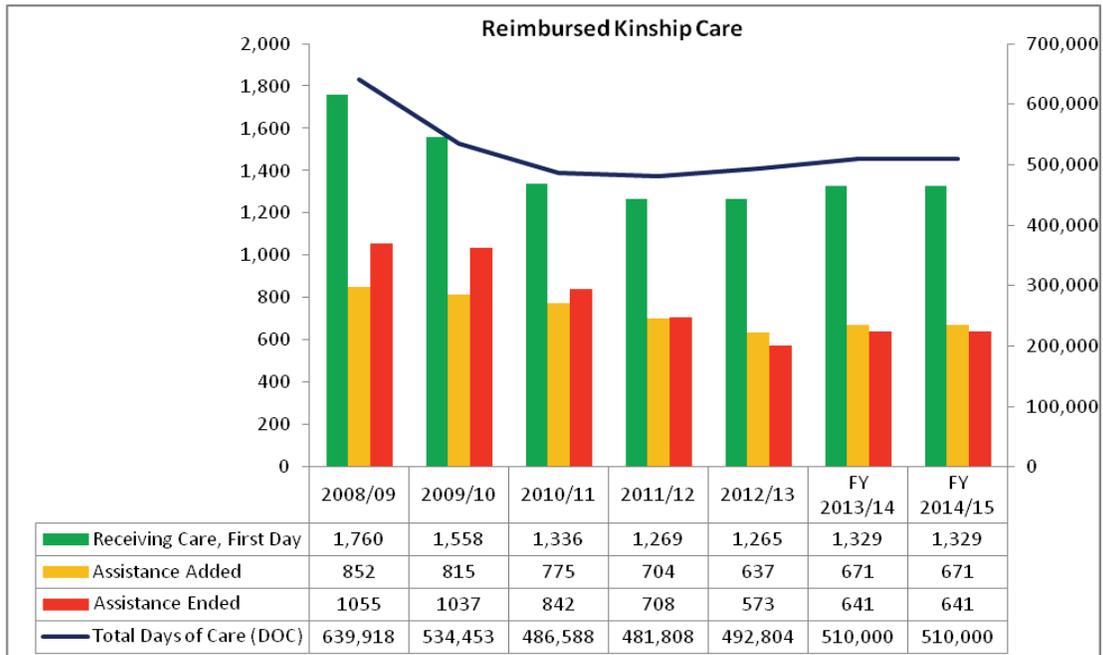
### 3-2c. Subsidized Permanent Legal Custody (SPLC)

Insert the SPLC Chart (Chart 5).



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

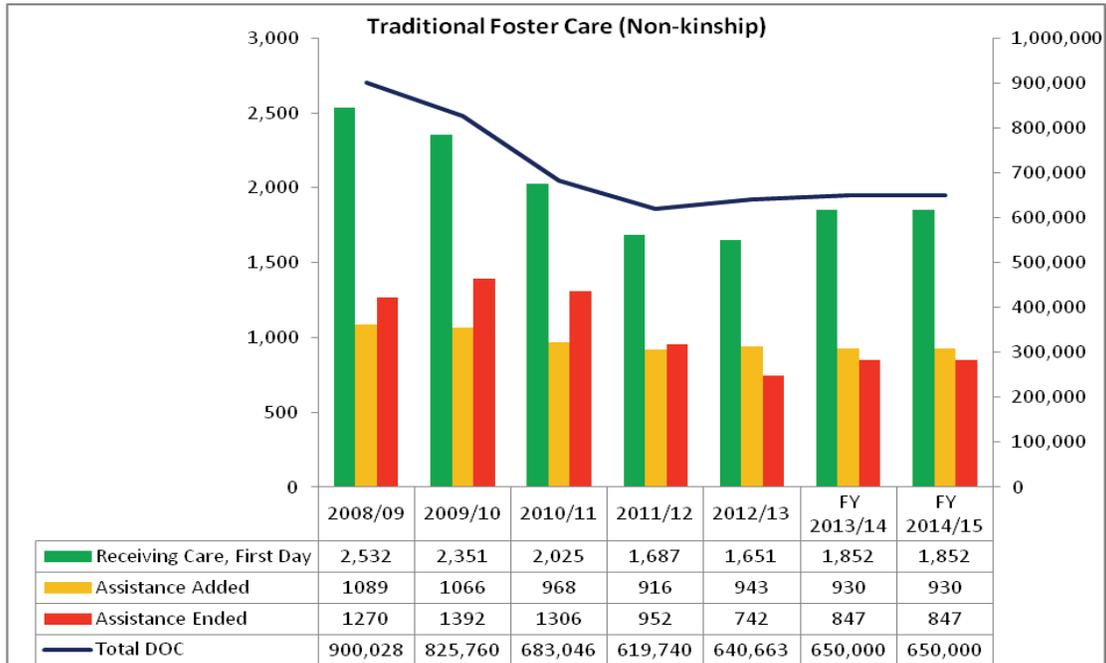
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



## PHILADELPHIA COUNTY

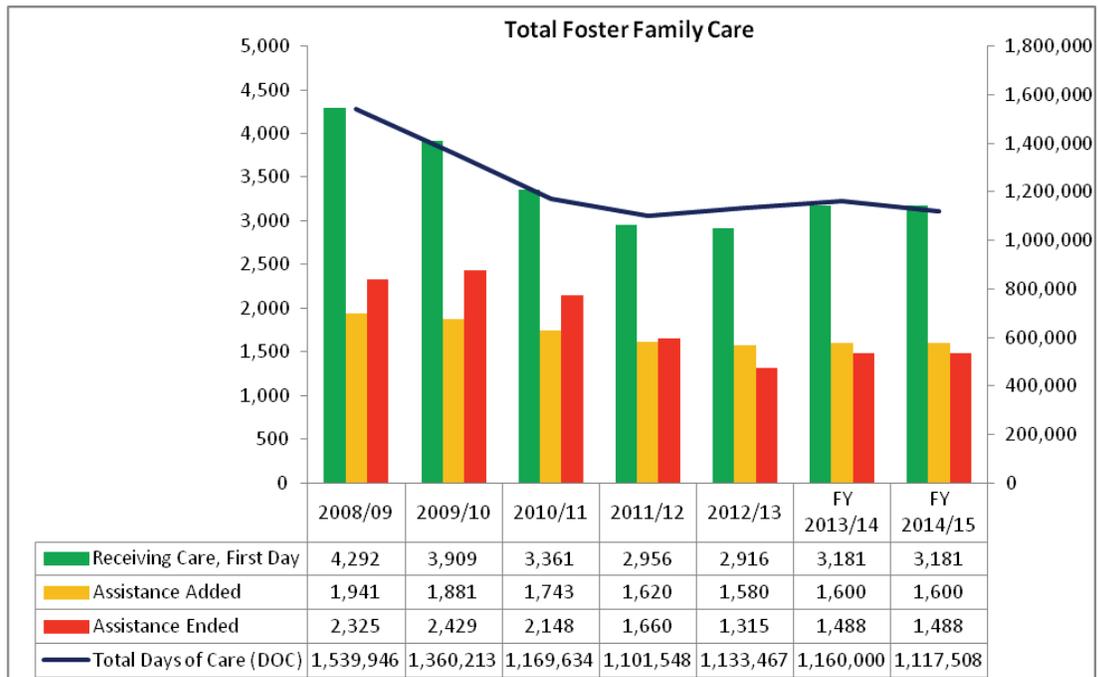
### 3-2d. Out-of-Home Placements: County Selected Indicator

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



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

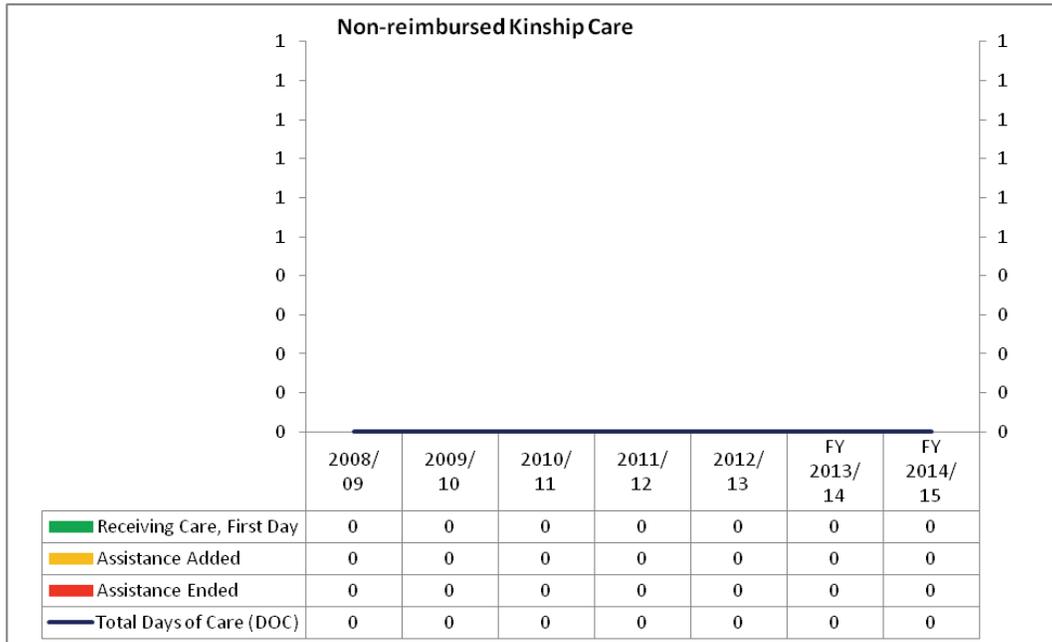
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



## PHILADELPHIA COUNTY

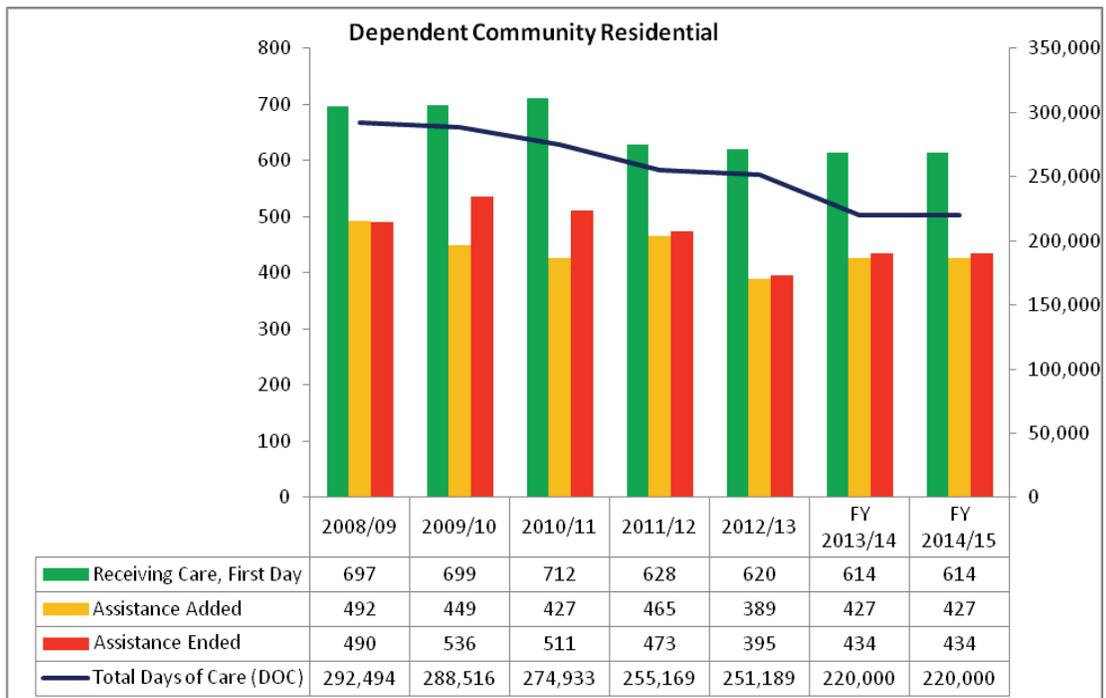
### 3-2d. Out-of-Home Placements: County Selected Indicator

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



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

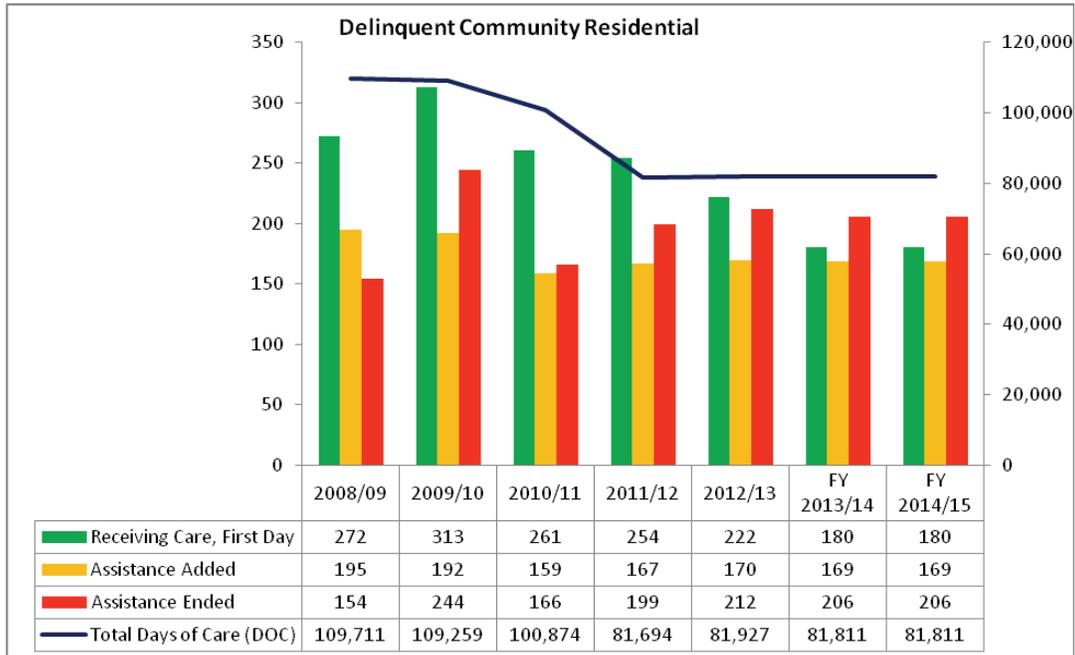
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



## PHILADELPHIA COUNTY

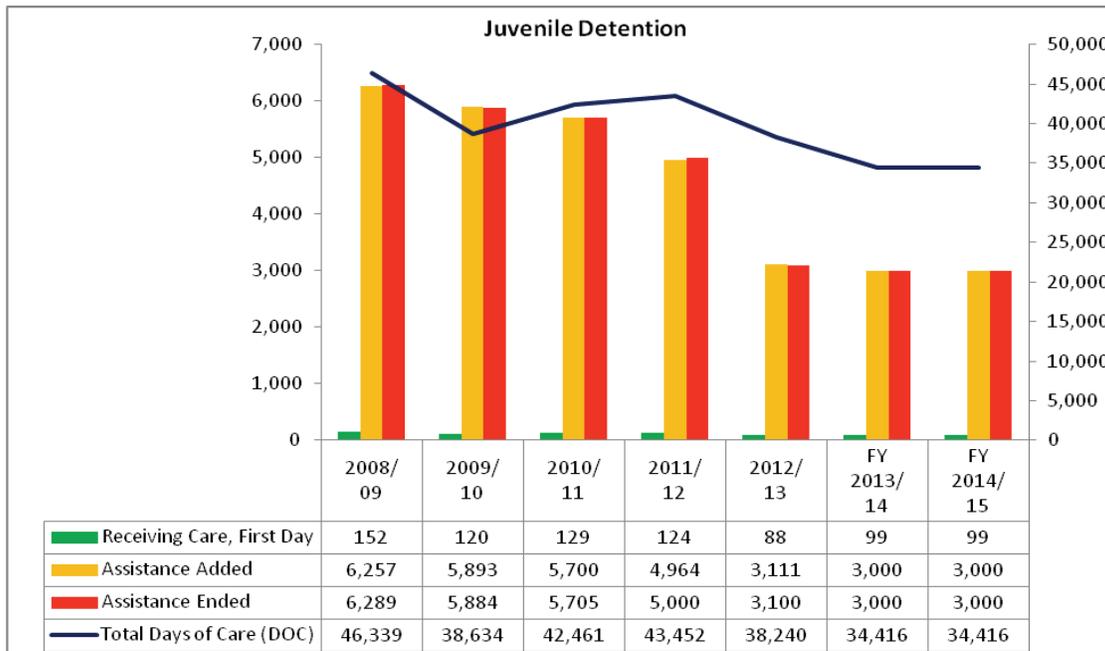
### 3-2d. Out-of-Home Placements: County Selected Indicator

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



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

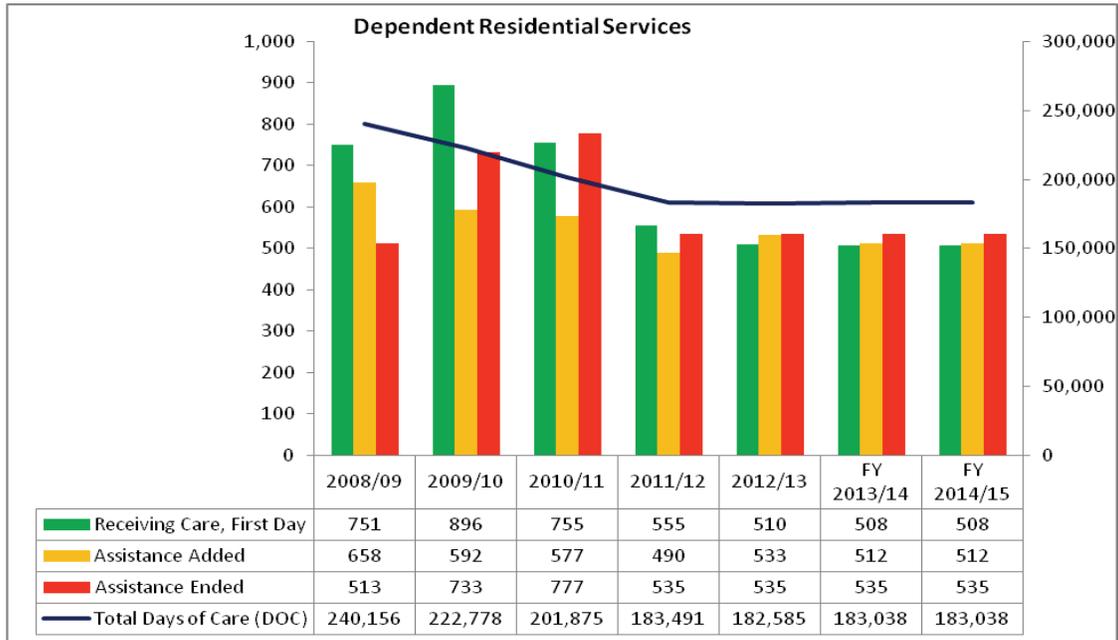
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



## PHILADELPHIA COUNTY

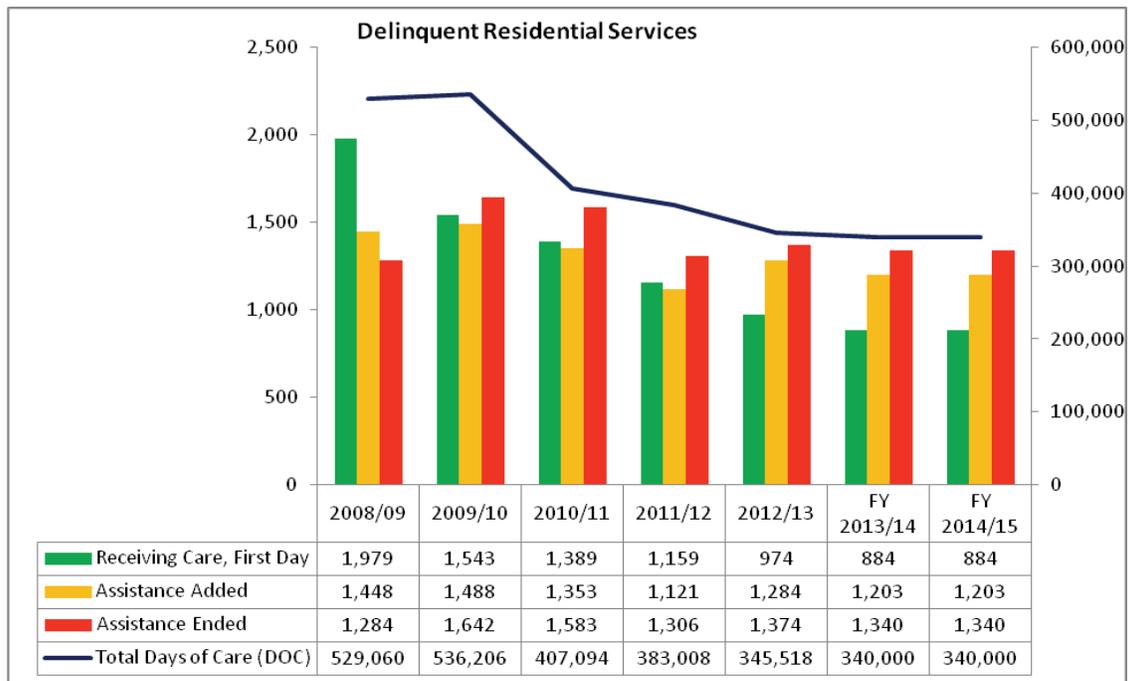
### 3-2d. Out-of-Home Placements: County Selected Indicator

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



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

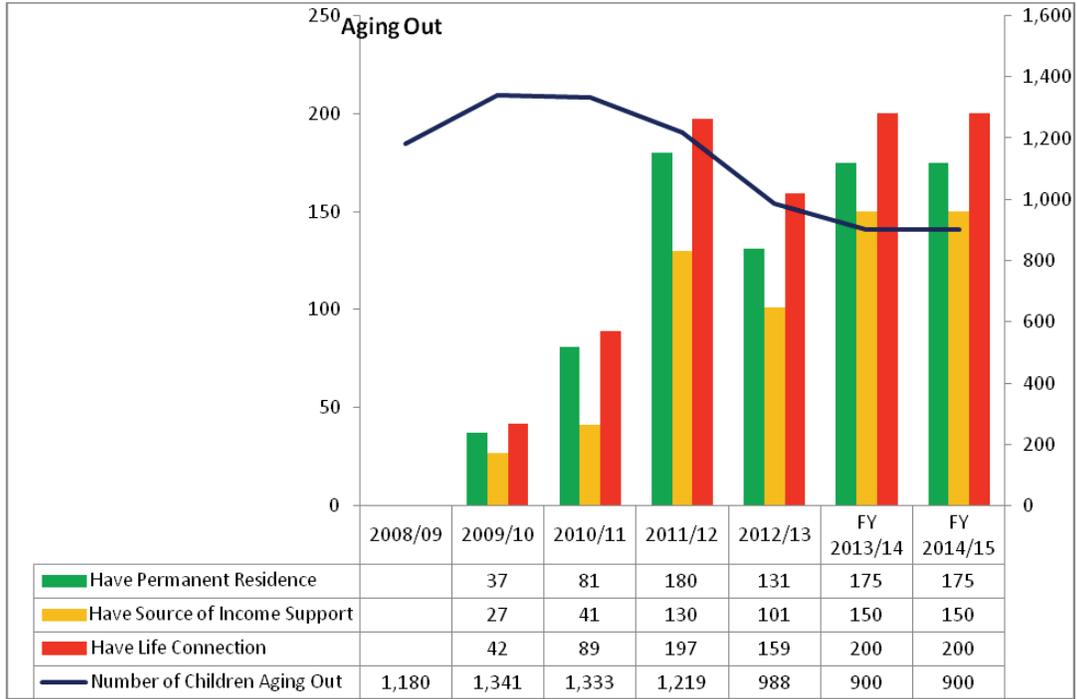
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-15).



PHILADELPHIA COUNTY

3-2e. Aging Out

Insert the Aging Out Chart (Chart 15).

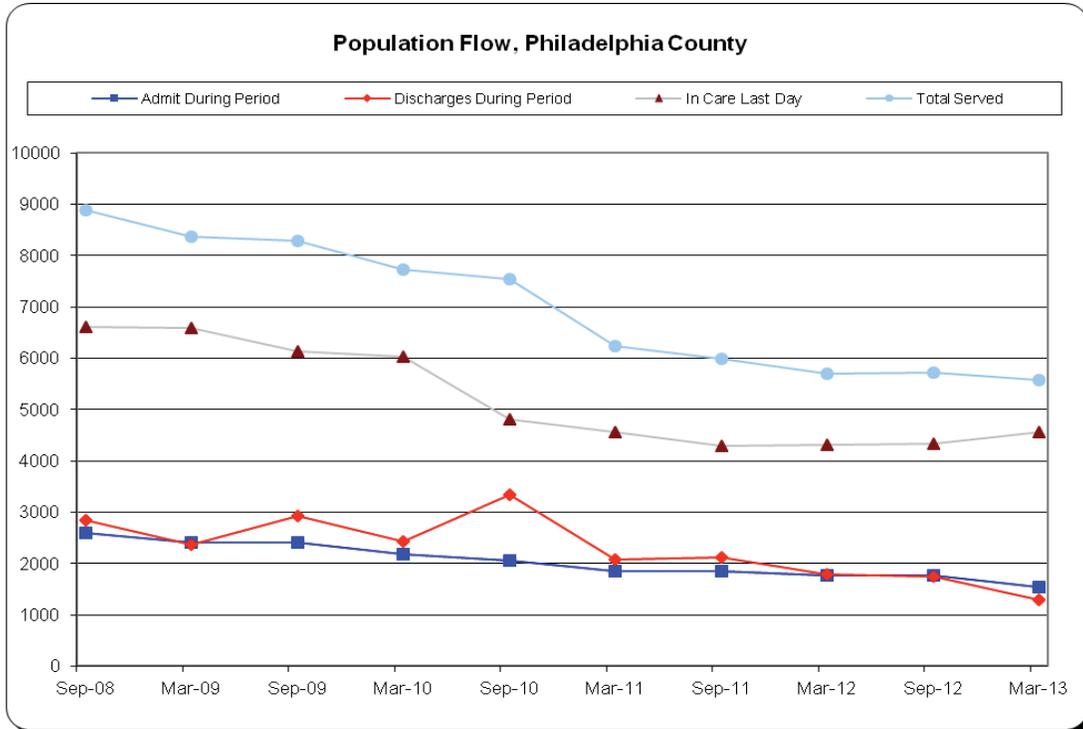


# PHILADELPHIA COUNTY

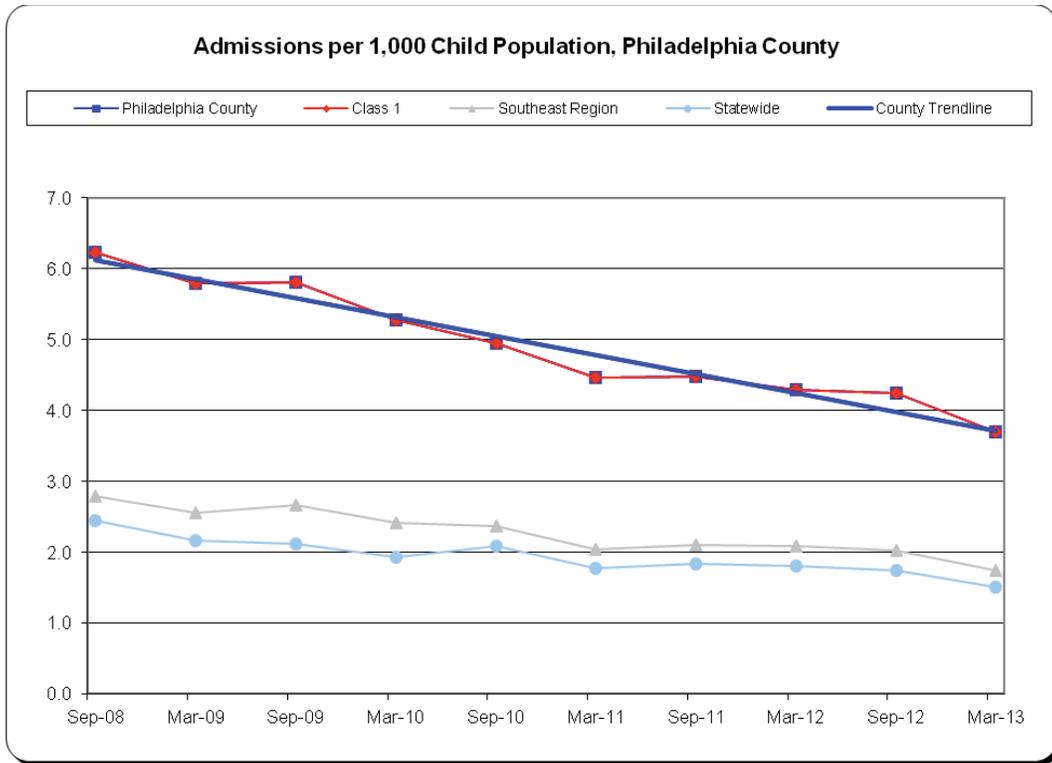
## 3-3a. Foster Care Population Flow

(See HZA Data Package)

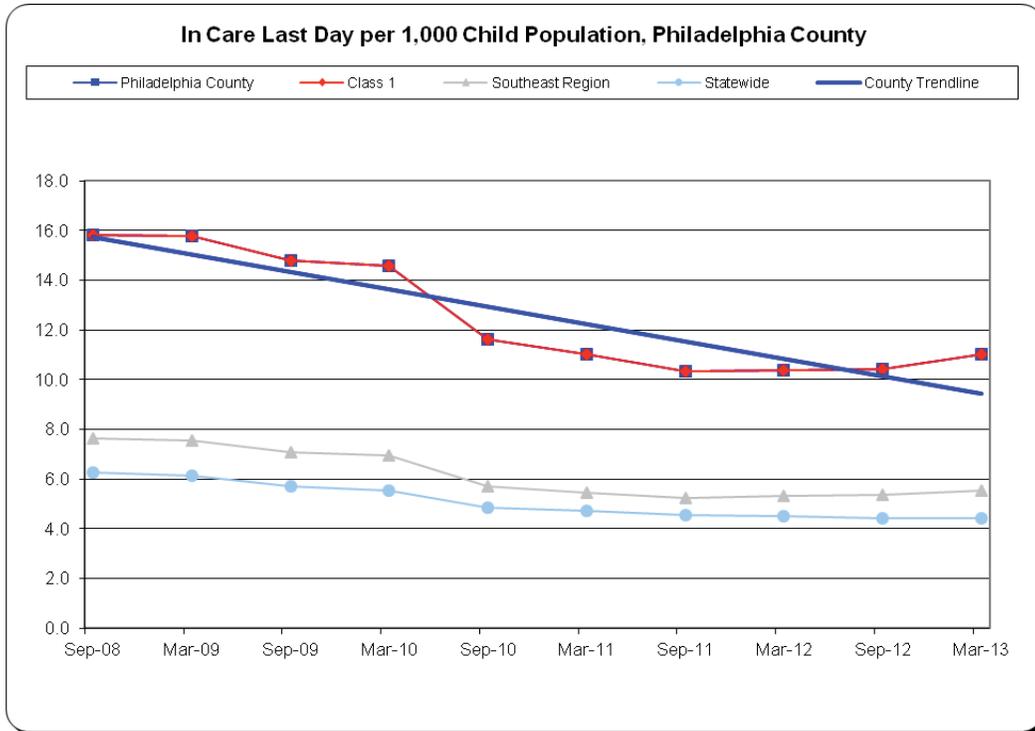
On the following pages, paste up to three charts from the HZA data. Each chart should be pasted on a separate page



# PHILADELPHIA COUNTY



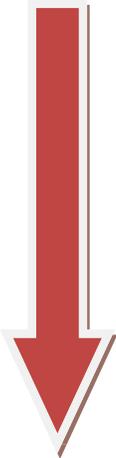
# PHILADELPHIA COUNTY



PHILADELPHIA COUNTY

4-2j. Legal Representation Costs for Juveniles in Delinquent Proceedings and Parents in Dependency Proceedings

☐ Submit any amounts expended in FY 2012-13 for these two legal representation categories.

	<u>FY11</u>	<u>FY12</u>	<u>FY13</u>	<u>TOTAL</u>	<u>Funding Source</u>
Defender Association of Philadelphia					
Juvenile Special Defense Unit	\$1,067,451	\$1,099,744	\$1,063,377	\$ 3,230,572	State Act 148 & Local Share
Juvenile Unit	\$3,100,067	\$3,105,411	\$3,110,052	\$ 9,315,530	
<b>TOTAL</b>	<b>\$4,167,518</b>	<b>\$4,205,155</b>	<b>\$4,173,429</b>	<b>\$12,546,102</b>	
First Judicial District of Pennsylvania					
Dependency Parent/Guardian	\$ 663,656	0	0	\$ 663,656	
Delinquency	\$ 826,934	\$681,006	\$ 758,063	\$ 2,266,003	
<b>TOTAL</b>	<b>\$1,490,590</b>	<b>\$681,006</b>	<b>\$ 758,063</b>	<b>\$ 2,929,659</b>	
<b>GRAND TOTAL</b>	<b>\$ 5,658,108</b>	<b>\$4,886,161</b>	<b>\$4,931,492</b>	<b>\$15,475,761</b>	

## ATTACHMENT B



Philadelphia Department of Human Services  
County Improvement Plan  
April 2013

### **Section I. Sponsor Team Members:**

The Executive Cabinet at DHS serves as the county improvement sponsor team. Cabinet members include:

Anne Marie Ambrose, Commissioner  
Chanell Hanns, Finance  
Timene Farlow, Juvenile Justice Services  
Vanessa Garrett Harley, Children and Youth Division  
Brian Clapier, Performance Management and Accountability  
Paul Bottalla, Policy and Planning  
Alicia Taylor, Communication  
Barbara Ash, Law Department  
Khalid Asad, Administration and Management  
Jessica Shapiro, Chief of Staff  
Aubrey C. Powers, Quality Improvement

### **Section II. Background:**

In developing the County Improvement Plan, the sponsor team reviewed the results from the state lead Quality Service Review (QSR) as well as the results from our local QSR reviews. Through this process the 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. teaming, planning and assessment).

The team decided to prioritize our outcomes based on the key areas that need improvement and are consistent with Philadelphia's planning for the Pennsylvania Child Welfare Demonstration Project. Throughout the five-year project, Philadelphia's Department of Human Services (DHS) will be implementing a cutting-edge child welfare approach, Improving Outcomes for Children (IOC). This is an exciting initiative aimed at improving safety permanency and well-being outcomes while safely maintaining children/youth in their own communities in the least restrictive settings possible.