

**DRAFT**



**CITY OF PHILADELPHIA  
DEPARTMENT OF HUMAN SERVICES**

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

**FAMILY DIVISION/JUVENILE BRANCH**

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**CHILDREN AND YOUTH**

**NEEDS-BASED PLAN & BUDGET**

**For**

**FISCAL YEAR 2010-2011**

**&**

**IMPLEMENTATION PLAN & BUDGET**

**For**

**FISCAL YEAR 2009-2010**

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**JULY 10, 2009**

# **TABLE OF CONTENTS**

# TABLE OF CONTENTS

	Pages
<b>NBPB Development</b>	
<b>Executive Summary</b> .....	1
<b>Determining Needs</b>	
Collaboration.....	4
Data Collection.....	15
<b>Meeting Mandates</b>	
PA Rules of Juvenile Court Procedure.....	15
Truancy (dependency programs).....	15
Fostering Connections to Success and Increasing Adoptions Act of 2008.....	16
Safety Assessment.....	16
Children and Family Services Improvement Act of 2006.....	17
Developmental Evaluation and Early Intervention Referral.....	17
CFSR Outcomes and Continuous Quality Improvement.....	17
 <b>General Indicators</b>	
<b>County Information/Background</b>	
Population Trends.....	21
Age Distribution.....	21
Poverty Trends.....	22
Issues in Quality Services Review.....	23
<b>General Indicators</b>	
Service Trends	
Intake Investigations .....	25
Ongoing Services .....	25
JPO Services .....	26
Adoption Assistance.....	26
Subsidized Permanent Legal Custody (SPLC).....	27
Out-of-Home Placements.....	27
Aging Out.....	30
 <b>County Programs &amp; Services</b>	
<b>New/Enhanced County Programs</b> .....	32
 <b>Outcome Indicators</b>	
<b>Reunification &amp; Permanency</b>	
Foster Care Population Flow.....	34
Reunification Survival Analysis.....	36
Adoption Rate, 17 Months.....	37
Permanency, 24 Months.....	38

	<b>Pages</b>
<b>Placement Stability</b>	
Placement Stability, Less than 12 months (CFSR Measure 4.1).....	39
Placement Stability, 12 to 24 months (CFSR Measure 4.2).....	40
Placement Stability, More than 24 months (CFSR Measure 4.3).....	41
<b>Other</b>	
Prevention Services.....	42
Outcomes Previously Introduced.....	47
Outcome 1: Improving Services for Adolescents who come to the Attention of DHS.....	47
Outcome 2: Reduce the Accept-for-Service Rate for All Referrals.....	50
Outcome 3: Restructure/Refocus In-Home Services (SCOH).....	52
Outcome 4: BARJ.....	53
Outcome: Improving Child Safety.....	53
<b>Case Management</b>	
Family Engagement in Case Planning.....	58

# **PLANNING NARRATIVE**

## NBPB DEVELOPMENT

### EXECUTIVE SUMMARY

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

#### Introduction

The Department of Human Services' mission is to provide and promote safety, permanency and well-being for children at-risk of abuse, neglect and delinquency. We are committed to carrying out our mission by empowering families and their communities, improving our performance management and accountability processes, and collaborating with system partners to improve outcomes for the children and families we serve. Below please find some of our major priorities, challenges, and successes.

#### Major Priorities

- **Reduce Out of Home Placement by 10% Annually** – DHS intends to continue its efforts to reduce out of home placement by 10% annually through collaborating with system partners to manage the of admissions to placement and shortening the length of stay in placement
  - DHS implemented Time-Limited Family Reunification (TLFR) in December 2008. The goal of the program is to reduce length of stay and to prevent returns to placement by providing aftercare for dependent children
- **Decrease Out of State Placements** --DHS continues to strive to decrease out of state placements for children. Levels of care for children out of state tend to be more intensive and expensive. Additional costs include travel for social workers, the children themselves and families who want to visit. DHS is working in collaboration with other system partners, e.g. Family Court and Community Behavioral Health (CBH), to decrease the number of children placed out of state and to develop appropriate resources closer to home.
  - Out of state dependent placements have decreased 34% from 282 in May 2008 to 181 in May 2009.
- **Continue Utilization of the Safety Model of Practice and DHS' In-Home Services Continuum of Care** – Preliminary data indicates a decrease in the number of children removed from their homes. There has been a decrease in all admissions to dependent placement, as well as a decrease in children entering dependent placement for the first time.
- **Expand the Use of Family Group Decision Making (FGDM)** – In May 2008, DHS began the implementation of FGDM as a core practice to improve the safety, permanency and well-being of the children and families we serve. FGDM's practice and philosophy embodies a strength-based, family-centered, child-focused, culturally sensitive approach to working with families and children in the child welfare system. It establishes a process for families to join with relatives, friends, community partners and child welfare agency representatives to make better decisions and develop specific, individualized intervention plans to ensure that children are cared for and protected from future harm.

- **Carry out the Major Initiatives of the Division of Performance Management and Accountability**, which include the:
  - Development of a performance management system
  - Development of random case file review process
  - Streamlining and integration of agency databases
  - Development of electronic case management system
  - Review and reform of provider evaluation instruments and standards
  - On-going development and refinement of ChildStat program
  - Collaboration with Family Court and the City's Department of Technology with data integration
  
- **Education Support Center**

The Education Support Center will assist with the educational planning, tracking, and support of children in DHS care and enhance the educational outcomes of these youth. DHS and the School District of Philadelphia (SDP) together have developed a working framework for an Education Support Center. Under this framework, the Education Support Center will perform the following functions:

  - Track educational indicators for children in DHS care in order to identify early warning signals of educational challenges or failure and plan appropriate interventions in collaboration with SDP.
  - Provide individual and group consultation and capacity-building to DHS and provider agency case workers, SDP staff, and resource families,
  - Coordinate and evaluate DHS education support resources
  
- **Continue the Alignment of Prevention Services** in an effort to integrate and better coordinate the Department's wide array of services to prevent abuse, neglect and delinquency of children in Philadelphia. Some of the key objectives of the prevention alignment initiative include:
  - Reshaping and enhancing Community Based Prevention Services;
  - Improving DHS' service delivery infrastructure; and
  - Invigorating internal and external communications and collaborations

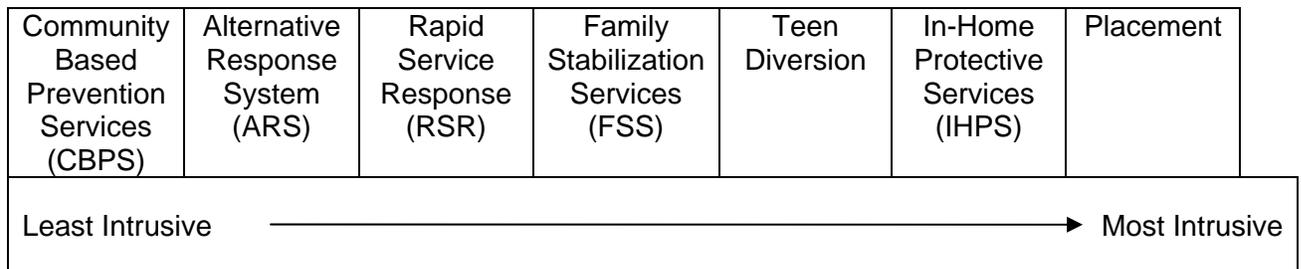
### **Challenges**

The current financial crisis and resulting economic climate of financial unpredictability and instability, has placed enormous stress on Philadelphia's children and families, the private provider community and on all levels of government. Therefore, DHS recognizes more than ever the need to target available resources to those most in need of services to ensure their safety, permanency and well-being.

### **Successes**

- **Employed Strategic Planning and Enhanced Cross System Collaboration to Improve Outcomes for Children and Families**
  - DHS' leadership has developed a five year strategic plan to improve our operations
  - We formulated a reform team in response to the National Governor's Association Center for Best Practices' push to reduce out of home placements by 10% annually.
  - DHS has made great advances in developing a partnership with the School District of Philadelphia. As a result, DHS is working to establish an Educational Support Center at DHS to assist with educational planning, tracking and supporting the needs of children in foster care.

- **Improved Permanency Outcomes**
  - In partnership with Family Court, DHS has increased adoptions by 12% in 2008, the first increase since 2004. We have also increased the number of permanent legal custodianships by 11.9% in 2008, the first increase since 2005.
  
- **Implemented a Safety Model of Practice**
  - DHS has made significant progress in putting in place safeguards to ensure child safety by implementing a comprehensive approach to incorporating safety assessment into all aspects of DHS’ decision making. In the past year, DHS has trained its workers in the new safety assessment process and has become the leader in the Commonwealth in this area.
  - As of April 2008, DHS has implemented Hotline Guided Decision Making which allows DHS/CYD to focus its efforts on those cases where there are present or impending dangers to children’s safety and to divert others types of cases to more appropriate services. DHS has also developed a continuum of services that correlates to the degree of safety threats and imminence of placement. The continuum is noted below:



- Implemented In-Home Protective Services for families with safety threats in January 2009. Since then, the number of families referred for in home services through CYD has decreased by 48%. Families are now receiving a more appropriate level of service to meet their needs.
  
- **Developed a Division of Performance Management and Accountability (PMA)**
  - PMA consists of four units (Performance Management, Quality Improvement, Provider Relations and Evaluation of Programs, and Data, Information and Management.
  - The Division’s Mission is to:
    - Track the efficiency and effectiveness of our services (internal and external)
    - Ensure the alignment of all agency initiatives, mandates and programs with the core values and goals: safety, permanency and well-being
    - Utilize a data driven and evidence-based approach in guiding a best practice model of service delivery; and
    - Ensure data collection and dissemination is streamlined to support strategic development of the agency.

## DETERMINING NEEDS

### Collaboration

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

Entity	County Engagement
County Children and Youth Agency Staff	<p><b>Achieving Reunification Center (ARC)</b> – CYD is a primary referral source, collaborative partner regarding formulating/monitoring the goals/objectives for the family.</p> <p><b>Achieving Independence Center (AIC)</b> – CYD functions as a primary referral stream for youth to populate the AIC, provides oversight and monitors compliance with the Child Permanency Plan as youth transition to independence.</p> <p><b>DHS Community Based Prevention Services (CBPS)</b> – The Deputy Commissioner of CBPS has met frequently with Deputies from Children and Youth, Juvenile Justice, and Program Management and Accountability. These discussions have ensured that all relevant information is shared amongst Divisions. In addition, CBPS leadership provides frequent input through biweekly meetings with the Deputy Commissioner of CBPS around Prevention Alignment planning. CBPS also surveyed DHS staff to gain a better understanding of the internal needs of alignment. A total of 190 staff completed the survey in December 2008.</p> <p><b>Juvenile Justice Services (JJS)</b> – DHS/DJJS operates a “Dependent/Delinquent” unit which supports CYD social work staff in the management of cases where the Court has ordered both Probation and CYD social workers to plan. Service needs are frequently identified between these teams, and resources, particularly for placements, are developed.</p>
Juvenile Probation Staff	<p><b>JJS</b> – One of Juvenile Probation’s Deputy Directors co-chairs the monthly Court and Community Services Planning Group with the DHS’ Director of Court and Community Services. These meetings represent an opportunity to collaborate with other JJS stakeholders around identification of service gaps and development of programs to address them.</p>

Entity	County Engagement
<p>Juvenile Court and Family Court Judges and legal Counsel for Parties</p>	<p><b>ARC</b> – The court is a primary decision maker/partner in monitoring/reporting progress on the family meeting the goal of reunification. The Judge and legal counsel are recipients of ARC Court Status reports and referral sources to the onsite Satellite Office located at Family Court.</p> <p><b>AIC</b> – DHS Liaisons attend ‘O’ Court, which is focused on older youth, to perform outreach.</p> <p><b>CBPS</b> – CBPS’ Office of Truancy and Delinquency Prevention facilitates Truancy Courts and provides case management, service linkages and home visiting to address truancy and other pre-delinquency issues. Regional Truancy Courts represent a multifaceted collaboration between the Department of Human Services, the School District of Philadelphia, Family Court, the Provider network and the community.</p> <p>CBPS leadership has been meeting with representatives of Family Court in an effort to better coordinate CBPS services with the judicial process and ultimately better serve DHS families.</p> <p>The Prevention Services Unit, formerly known as Reasonable Efforts In Assessment, Access &amp; Prevention (REAAP), is funded by DHS and offers, through the Family Court, a variety of individual and family supports that include after-school programs, mentoring and case management. The program serves youth who come to Family Court’s attention for truancy, curfew, incorrigibility or pre-delinquent issues.</p> <p><b>JJS</b> – DHS/DJJS attends and actively participates in the weekly Youth Review Meeting, chaired by the Administrative Judge and attended by various other JJS stakeholders. Discussions center on population control at the Youth Study Center, as well as on the identification and resolution of systemic barriers that prevent youth from moving on to court-ordered placements in a timely manner. Identification of service needs for delinquent youth is also a topic that is frequently discussed.</p> <p><b>The Family Court Children’s Roundtable</b> initiative creates an opportunity for close, constructive relationships between the courts and the CYD. The focus is critical to child safety, permanence and well-being. This joint venture focuses upon developing a</p>

Entity	County Engagement
	<p>collaboration to address issues within the foster care system.</p> <p>The initiative includes involvement from a multitude of individuals and groups including Commissioners, Family Court, Private Providers, Families, Youth, Community members and others. The Roundtable identifies the elements of this initiative and key components for Pennsylvania's Court Improvement Project.</p> <p>This initiative's focus is:</p> <ul style="list-style-type: none"> <li>○ Reduce number of children/youth adjudicated dependent and in court-ordered placement</li> <li>○ Reduce time children/youth spend in the foster care system.</li> <li>○ Reduce number of children/youth who re-enter care.</li> <li>○ Reduce the Dependency Court Caseload.</li> <li>○ Reduce the cost of children in care (Reduction of placement costs means that funds could be redirected to other services including Phase One supports, prevention, aftercare, adoption, services, etc.).</li> <li>○ Reduce the level of care (i.e. – reduced number/percent of restrictive placements and increase in kinship care, when placement is needed).</li> <li>○ Increase Placement Stability (less moves for children).</li> </ul>
<p>Family Members and Youth, especially those who are or who have received services</p>	<p><b>ARC</b> – Utilize County CYD goals/objectives to provide identified services to ARC parents/caretakers, ongoing collaboration through telephone contact, interviews, Court Status reports, referrals, etc.</p> <p><b>AIC</b> – The Commissioner meets with the Youth Advisory Board of AIC. In addition, DHS has developed a Youth Leadership Team which informs older youth policy and practice.</p> <p><b>CBPS</b> – CBPS has helped to support the establishment of the Philadelphia Coalition of Resource Families, a local resource and support group for foster, kinship, and adoptive parents. CBPS attended the initial meeting of this group, structured as a focus group to garner input from resource parents about their challenges and ideas for what additional supports DHS can provide. Feedback focused on their need for ongoing access to information, respite care, and other practical guidance and support. In addition, resource parents express the need for imposing more consistent expectations on</p>

Entity	County Engagement
	<p>foster care provider agencies regarding provision of resources and supports.</p> <p><b>CBPS</b> – In FY09, Truancy Reduction Services continued to expand the community engagement component through utilization of the community-based EPIC (Equal Partners in Change) Stakeholder groups. The primary goal of the EPIC stakeholder groups is to improve quality of living through community development. DHS currently sponsors 10 EPIC Stakeholder groups in Philadelphia. These groups are comprised of individuals who live and/or work in a community and are committed to addressing the challenges in their community that diminish the quality of life and lead to negative outcomes for children, youth and families. In FY07 and FY08, the EPIC groups developed and implemented strategic community-based plans consistent with the city’s overall agenda. A core component of the EPIC stakeholders group is the Family Leadership Institute (FLI). The FLI is a community-focused process designed to eliminate barriers to education, reduce neighborhood violence, and improve family functioning.</p> <p><b>JJS</b> – One of the DJJS contracted programs, “CommuniPower II”, facilitates a “family day” event which takes place at 6 week intervals at the Youth Study Center. These events are heavily attended by families of currently detained youth and serve not only as an opportunity for family engagement around their childrens’ strengths, but as an opportunity for the department to hear directly from them how our services can be improved.</p> <p><b>Town Hall Meetings</b> In 2009, general Town Hall meetings were held throughout the County on October 1<sup>st</sup>, October 16<sup>th</sup>, October 30<sup>th</sup> and November 12<sup>th</sup>.</p> <p>On May 28, 2009, a Town Hall meeting directed at LGBTQ youth was held at the AIC and on July 16, 2009 a meeting will be held for parents working toward reunification.</p>
Child, Parent and Family Advocates	<p><b>ARC</b> – Parent and Family Advocates are direct referral resources; referrals can walk-in at (2) locations to expedite the referral/reunification process.</p> <p><b>AIC</b> – Accents the primary referral stream for youth to populate the AIC. While a youth can self refer, many are</p>

Entity	County Engagement
	<p>advised of center offerings by family members, peers and advocates.</p> <p><b>JJS</b> – Child advocates from the Public Defender Association are regular participants in an array of groups, among them, the weekly Youth Review Meeting, the Court and Community Services Planning Group, and the Juvenile Justice Alliance meetings. Their input with regard to the service needs of delinquent youth is encouraged and acted upon.</p> <p><b>Advocate Roundtable</b> – The goal of the Advocate Roundtable is to improve relations by informing the Advocates and DHS of each others initiatives; mutual sharing of advice and concerns; and working to avoid confrontation in favor of resolution of potentially contentious issues. The Advocate Roundtable seeks to structure an ongoing, working relationship between the Advocates and DHS through more interactive study and discussion. Topics and format are selected by the Planning Committee, with consultation from the entire group.</p>
Mental Health and Mental Retardation Service System	<p><b>ARC</b> – Onsite Behavioral Health Satellite Clinic provides mental health services to ARC parents/caregivers and children.</p> <p><b>AIC</b> – CBH functions as a resource for youth who present mental health challenges that need to be addressed.</p> <p><b>JJS</b> – Representatives from DBH-MR and CBH are in regular attendance at the monthly DHS hosted Court and Community Services Planning group. The Department of Behavioral Health is the entity which addresses the mental retardation service needs of Philadelphia County children and youth. Community Behavioral Health is the managed care organization with responsibility for mental health services. Participants are actively engaged in identifying and responding to the service needs of delinquent youth in partnership with DHS/DJJS.</p>
Drug and Alcohol Service System	<p><b>ARC</b> – There are onsite Drug &amp; Alcohol resource and relapse prevention support services.</p> <p><b>AIC</b> – Community Behavioral Health functions as a resource for youth who present challenges with substance usage/abuse.</p>

Entity	County Engagement
	<p><b>CBPS</b> – DHS partners with the Department of Behavioral Health to ensure consistency and a uniform approach to planning, implementation and monitoring of Philadelphia’s residential drug and alcohol treatment services for pregnant women and women with young children. Collaboration enables a full range of education and training activities designed to impact the effects of substance abuse, promotes an environment that allows sustained recovery, and ensures attention to child wellbeing at the initial point of intervention as well as throughout treatment.</p> <p><b>JJS</b> – In addition to the monthly Court and Community Services Planning Group meetings, DHS/DJJS also partners with DBH at their Leadership Council Meetings, a creation of the former Mayor’s “Blue Ribbon” Commission on Children’s Behavioral Health. At this meeting, held bi-monthly, there is a collective endeavor to establish a framework for addressing the behavioral health needs of the city’s children and youth.</p>
Early Intervention System	<p><b>ARC</b> – The onsite Child Learning Center provides child care to parents/caregivers and serves as a visitation site resource.</p>
Local Education System	<p><b>ARC</b> – Onsite Adult Basic Education and educational assessment services provided to ARC parents/caregivers. Onsite collaborations with the Mayor’s Commission on Literacy.</p> <p><b>AIC</b> – THE AI Center collaborates with the Reintegration Center to reconnect out-of-school youth to school. DHS has also assisted in the development of Arise Charter School, a new high school for foster care youth operated by GPUAC. In addition, AIC provides supportive resources to assist youth in high school and college retention, tutoring &amp; remediation, ABE/GED instruction, pre-college instruction, secondary education exploration, including options for vocational technical training and assistance with entry and financial aid applications. Temple University, Community College of Philadelphia.</p> <p><b>CBPS</b> – CBPS convenes the cross-systems Education Work Group that is examining all the points in DHS (both Dependent/Delinquent) continuum of practice (investigations, safety assessments, family service plans, child permanency plans, referrals, adjudications, etc.) to identify areas educational tracking and service</p>

Entity	County Engagement
	<p>linkages could be integrated more thoughtfully and consistently. School District and Behavioral Health partners are part of this work group as are representatives from JJS and CYD.</p> <p>CBPS Parenting Collaborative staff meets regularly with school district staff to discuss issues of mutual concern, promote collaboration between Philadelphia schools and parenting education providers, and help meet the needs of pregnant and parenting students.</p> <p><b>CBPS</b> – The Re-Engagement Center provides young people and their families with “one-stop” access to information and placement services leading to re-enrollment in a high school diploma or GED program. Young people between the ages of 16 and 21 who have dropped out of school can receive referral for an educational setting that best fits their needs. The Center also connects youth to comprehensive resources, such as childcare and employment, which support successful educational outcomes. Youth will receive transition support to help make a successful re-entry into school with the ultimate goal of earning a high school diploma/GED. This effort is a collaboration of the Department of Human Services, Department of Behavioral Health, and the School District of Philadelphia.</p>
Community Organizations which provide support and services to children and families	<p><b>ARC</b> – Onsite collaborative partnership with several Community Organizations who provide supportive services to parents/caregivers in the following areas: financial planning, budgeting, credit counseling, job training, home inspections, “tenant rights” information, housing resources (where applicable), parenting Classes (specific to parents whose children are in placement) and outreach groups for Fathers.</p> <p><b>AIC</b> – Functions as a resource in such areas as mentoring, resources allocation (backpacks, clothes closet, breakfast club, etc.). Members from varied community organizations serve on the AIC Advisory Board to assist the AIC in its goal of aiding the youth transition effort. Organizations represented include: United Way, William Penn Foundation, Philadelphia Workforce Development Corporation (PWDC), First Baptist Church of Pascal, Pa., and the Child Welfare Training Program.</p>

Entity	County Engagement
	<p><b>CBPS</b> – The Advisory Group is a key point for external feedback and collaboration in the Prevention Alignment process. The Advisory Group is comprised of approximately 25 local leaders representing a range of perspectives on and experiences in Philadelphia’s child welfare system. The Advisory Group includes program development and evaluation, service provision, policy analysis, and child advocacy. The group has lent valuable input on the Out-of-School Time initiative, the fee-for-service changes mandated by the state, communications strategies, and appropriate points of access for CBPS. This group meets monthly.</p> <p><b>CBPS</b> – The City of Philadelphia remains committed to a system of quality out-of-school time programs. As charged by the Mayor, DHS enhanced its out-of-school time system to improve its effectiveness in meeting the overall goals of the City and the Commonwealth. Additionally, efforts continue to be coordinated around providing technical assistance and access to out-of-school time programs. DHS Prevention Services staff attended regular meetings with the following: Philadelphia Youth Development Network, United Way of Southeastern Pennsylvania, School District of Philadelphia and University of Pennsylvania’s Out-of-School Network. The goal is to ensure all programs are operating with similar levels of information and support. In FY09, direct oversight of all of the after-school and positive youth-development programs under the Department was taken over by Philadelphia Health Management Corporation.</p> <p><b>JJS</b> – DHS/DJJS is frequently in discussions with organizations such as Philadelphia Citizens for Children and Youth about the service needs of delinquent children. Advocacy for female gender responsive programming, for example, is one of the issues currently being worked on. As well, DHS/DJJS has participated in roundtable discussions hosted by the Center for Support of Child Advocates on the topic of reduction of out-of-state placements for delinquent youth.</p>

Entity	County Engagement
Current Service Providers	<p><b>ARC</b> – The following providers are located onsite and meet as a group on a regular basis and individually as needed: Greater Philadelphia Urban Affairs Coalition (GPUAC), Community Council, Opportunities Industrialization Center (OIC), Community Women’s Education Project (CWEP) through collaboration with Philadelphia Workforce Development Corporation, Tenant Union Representative Network (TURN), PathWays PA, National Comprehensive Center for Fathers (NCCF), Indo-Chinese Council, Parent Action Network, , Health Federation of Philadelphia, Resources for Children’s Health.</p> <p><b>AIC</b> – Onsite collaborative partnerships with several community organizations that provide supportive services to assist youth in their transitioning. The areas addressed include: educational support, job hunting/obtainment, housing, life skills training etc. Partners include: Temple University, Valley Youth House, Planned Parenthood, Office of Vocational Rehabilitation (OVR), Pathways Pa. Job Corps, Philadelphia Youth Network (PYN), Greater Philadelphia Urban Affairs Coalition (GPUAC).</p> <p><b>CBPS</b> – More than 100 CBPS providers participated in focus groups to share input on needs related to CBPS and specifically Prevention Alignment goals. In addition, an online survey was completed by 40 providers. An analysis of the data obtained from the provider survey/focus groups was prepared and presented to CBPS leadership to begin to address barriers. The Deputy Commissioner also presented this analysis to the Executive Cabinet and Deputy Mayor for Health and Opportunities to discuss larger systemic concerns and barriers reflected in the provider feedback. The CBPS Deputy Commissioner meets regularly with provider groups and individual agencies and maintains active email contact with all agency executive directors.</p> <p><b>JJS</b> – The Court and Community Services Planning Group has served as a forum at which current and potential service providers have presented information to JJS stakeholders about various programs designed to meet the unique needs of delinquent youth. A healthy partnership with these providers serves to enhance our ability to work collaboratively on behalf of children. The DHS/DJJS Human Services Administrator chairs monthly meetings with providers of Community Based Detention Services (CBDS), In Home Detention (IHD),</p>

Entity	County Engagement
	<p>and Pre-Hearing Intensive Supervision (PHIS) as a means of supporting them and soliciting feedback as to the successes and challenges they experience working with the youth assigned to their respective programs.</p>
Other	<p><b>COB</b> – The charge of the <b>Community Oversight Board (COB)</b> is to monitor the Department of Human Services' implementation of the recommendations of the Child Welfare Review Panel. The recommendations were designed to improve the ability of the organization to respond to child maltreatment and to increase the safety of children by:</p> <ul style="list-style-type: none"> <li>▪ Clarifying the mission and values of the organization with safety as the core function and aligning resources with the new mission.</li> <li>▪ Improving the consistency and quality of practice by adopting new safety assessment protocols, increasing face-to-face contact with children, conducting family team conferences and clarifying roles and responsibilities of public and contract staff.</li> <li>▪ Increasing accountability of DHS for its performance and enhancing its oversight of providers.</li> <li>▪ Strengthening leadership by improving morale of staff, increasing transparency and communicating with the multiple stakeholders in the child protection system.</li> </ul> <p><b>NGA</b> – The National Governor's Association (NGA) in partnership with Casey Family Programs formed an initiative to safely decrease the number of children in foster care. States are to identify strategies which will safely decrease the number of children in foster care by 10 percent, in each of the next five years using the appropriate level of supports and services needed to achieve permanency.</p> <p>Recognizing that there are too many children in foster care and that their safety and well-being may be improved by other means, the National Governors Association Center for Best Practices (NGA Center) has selected six states—Arkansas, Florida, Ohio, Oregon, Pennsylvania and South Carolina—to participate in a policy academy.</p>

Entity	County Engagement
	<p>Participating states are expected to:</p> <ul style="list-style-type: none"><li>• Improve their understanding of the state's child welfare data trends and what drives those trends;</li><li>• Improve collaboration among mental health, substance abuse, child welfare and other systems;</li><li>• Develop a plan that identifies outcomes the state wants to achieve and strategies for achieving them, specific action steps with timelines for moving forward and a plan for tracking progress and measuring success; and</li><li>• Identify new, increased or redirected funding to support and sustain the state's work.</li></ul> <p>Philadelphia has been working in close collaboration with DPW-OCYF and other selected counties to address this goal for Pennsylvania.</p>

## PUBLIC HEARING

The Public Hearing is scheduled to be held on Thursday, July 23, 2009 at Temple University – Center City (TUCC) in Room 222 from 6:00 PM to 8:00 PM.

### Data Collection

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

Resource	Data Collected	Date of Data
US Census Bureau	Population; poverty statistics	2007
AFCARS	Outcomes	2009
FACTS	Service Utilization and Trends	2009

## MEETING MANDATES

### PA Rules of Juvenile Court Procedure

- \* *What steps is the county taking to address this mandate?*

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

### Truancy (dependency programs)

- \* *What steps is the county taking to address this mandate?*

DHS works in collaboration with the School District of Philadelphia (SDP), Family Court, and other partners to employ multiple strategies to improve school attendance, reduce truancy, and prevent placement of youth solely for truancy. Families with youth in 4th-10<sup>th</sup> grades who are listed as truant by the School District of Philadelphia are referred to the Stop Truancy and Recommend Treatment (START) program, which operates Regional Truancy Courts in eight regions of the city. Approximately 20 community-based agencies receive funding from DHS' Community Based Prevention Services (CBPS) Division to provide family support/case management for these families to resolve the underlying issues contributing to the truant behavior. Services are provided for 60 days and include comprehensive assessments, a family development plan, home visits, strength-based case management (including referral and linkage to appropriate services). Service plans and recommendations are presented for review and approval by court-appointed Masters who preside over these hearings. The number of START providers increased from 16 in FY08 to 20 in FY09, and Regional Truancy Court services expanded from five hearing days per month to ten days. From FY07 to FY08, the number of families served increased by approximately 200 percent.

Families with truant children in grades K-3 are referred directly to CBPS and connected with School-Based Case Management and/or Diversionary Case Management services. A significant number of referrals for children in grades K-3 are families already in the CYD system; in these cases the truancy issue is communicated to the CYD worker.

### **Fostering Connections to Success and Increasing Adoptions Act of 2008**

\* *What steps is the county taking to address this mandate?*

DHS has drafted policies around implementation of the Fostering Connections legislation.

The policies reflect these areas:

- Identification/Notification of Adult Relatives
- Promotion of Educational Stability
- Placing Siblings Together and Facilitating Visits between Siblings in Placement
- Successful Transition from Foster Care

DHS has also revised several forms to include language which informs youth of possible eligibility for Chafee funds and Educational Training Grants; informs prospective adoptive parents of potential eligibility for an adoption tax credit; requires adoptive parents to inform DHS of the child's school attendance status. The Child Permanency Plan has been updated to include the requirements of the policy. A transition plan has been created for use by the Department as youth are aging out of foster care.

Partners in implementation include the Philadelphia School District and the Law Department. Meetings have occurred within the Department to create an implementation plan for DHS staff and the provider community. DHS Staff Development is preparing a plan to implement the policy with staff through OJT, as well as integrating the material into the trainings that staff routinely receive. DHS will be scheduling a series of special meetings with social workers and providers to discuss the impact of the policies on them, and to answer any questions.

### **Safety Assessment**

\* *What steps is the county taking to address this mandate?*

Philadelphia implemented use of the Investigation/Assessment and In-Home Services Safety Assessment in February 2008. As of June 2009, the Safety Assessment is in use by staff throughout the agency. In addition, the Department has implemented a Hotline Guided Decision Making (HGDM) process at the point of initial CYD client contact in order to focus services on children who have an immediate or impending safety threat as determined by the Safety Assessment.

**QI of Safety Assessments:** The QI review process currently in place for safety assessments/plans is conducted by the QI Unit in the newly formed Division of Performance Management and Accountability (PM&A). The QI Unit reviews 150 case records per month to evaluate the quality of the safety assessments and safety plans. The review tool for the safety assessments and safety plan includes 23 questions organized into six areas.

**Safety Training/TOL:** The training was completed in August 2008. Transfer of Learning was initiated in 2008, with the first session occurring prior to the training. Currently staff are participating in TOL IV and V.

“Safety Over the Life of the Case” will be a 2½ day training for all DHS staff and identified providers starting in September 2009. The training will cover protective capacity assessment as well as safety assessment after the case has been opened.

### **Children and Family Services Improvement Act of 2006**

- \* *What steps is the county taking to address this mandate (i.e., # of caseworker visits with children in care)?*

The Department has, over time, created a number of visitation mandates through policy, contract and practice. Currently the Department has a range of visitation requirements depending on the age of the child(ren) and other factors.

Quality visitation during investigation and assessment allows the investigator to thoroughly evaluate child abuse or neglect referrals and to support sound judgment based upon the nature of the allegations and initial findings. During the service provision, visitation provides the ability to assess safety, permanency, well-being, judge progress and address the concerns of youth over time.

The following actions have occurred regarding visitation practice:

1. Three specialty units have been created which require monthly visitation
  - Medical needy – in home service
  - Family Reunification--as youth are returning home from congregate care
  - Sex abuse–in home service
2. A finalized web-based format for providers (and eventually DHS) to enter visits has been developed. The tool has been shared with a small group of providers for their feedback.
3. A draft visitation tool (structured case notes) that documents quality visitation reflecting safety and well-being for youth in placement was created.

### **Developmental Evaluation and Early Intervention Referral**

- \* *What steps is the county taking to address this mandate?*

Philadelphia has been facilitating Early Intervention (E.I.) screenings for children under the age of 5 since December 2004. An updated Policy Guide was finalized in June 2009 and will be issued in July.

### **CFSR Outcomes and Continuous Quality Improvement**

- \* *Counties must assess their performance in these areas, identified in the 2008 CF SR, to determine if these areas need improvement within their county:*

- **Youth and family engagement throughout the life of the case (including engagement of non-custodial parent):**

Results from the 2008 CF SR confirmed that Philadelphia County must improve in this area. Well-being 1 Outcome-37% rating for Substantially Achieved (Families have enhanced capacities to provide for their children’s needs) was ranked the 6<sup>th</sup> out of 7 (lowest) Outcomes from the case reviews. Item 18 (child and family

involvement in case planning) was rated as a strength in only 38% of the cases. This low score is especially true for older youth and non-custodial parents, often the father and paternal relatives.

- **Timely permanence (including implementation of concurrent planning):**  
Results from the 2008 CFSR confirmed that Philadelphia County needs to improve in this area as well. Permanency Outcome 1- 21% rating for Substantially Achieved (Children have permanency and stability in their living arrangements) was ranked 7th out of 7 from the case reviews. Regarding concurrent planning, it was clearly stated that this has not been formally operationalized and the practice needs to be implemented.
- **Assessments should identify underlying issues:**  
Results from the 2008 CFSR indicated that this is one of the stronger areas of practice in Philadelphia. Well-being 3 had a score of 79% rating for Substantially Achieved and was the 2<sup>nd</sup> highest rating (children receive adequate services to meet their physical and behavioral health needs). Both Safety 1 (first and foremost, children are protected from abuse and neglect) and Safety 2 (children safely maintained in own home whenever possible and appropriate) had scores of 77% rating for Substantially Achieved and were ranked 3<sup>rd</sup> out of 7 from the case reviews. Item 1 (timeliness of initiating investigations of reports from child maltreatment) was rated as a strength in 77% of the cases; item 2 (repeat maltreatment) was rated as a strength in 83% of the cases; item 4 (risk assessment and safety management) was rated as a strength in 73% of the cases; item 22 (physical health of the child) with a strength rating in 81% of the cases and; item 23 (mental/behavioral health of the child) with a strength rating in 82% of the cases received high scores during the review.
- **Transition planning and preparing youth for adulthood:**  
Results from the 2008 CFSR are mixed for this item. The statewide assessment documents the use of "O Court" and how judges are familiar with the issues confronting older youth in foster care and work with the county on preparing youth for transition from the child welfare system. Permanency Outcome 1-item 10 (Another Planned Permanent Living Arrangement) received a low score in the rating with a 50% strength rating, but the sample size of 3 limits the value. Preparing youth who age out of the system is an area that has shown steady improvement but still requires a more comprehensive plan to support older youth achieving independence. The fostering connections legislation mandates will further strengthen the necessary support for preparing youth for adulthood.
- **Enhancing the quality of practice:**  
Results from the 2008 CFSR are mixed. While none of the 7 Outcomes were rated as substantially achieved, selected areas as identified above were rated as strengths. In addition, staff training for new staff, more mandatory training for Treatment Foster Care foster parents, targeted services for families, cross-system collaboration were identified as systemic strengths in the Philadelphia child welfare system.

- \* *Counties must describe efforts that have previously been initiated which they believe have had a positive impact on these areas, as well as any new initiatives to improve in these areas.*

Given the limited case management responsibility DHS/DJJS currently has for straight delinquency cases, and the fact that engagement with the youth and family of such youth most often takes place only during the youth's detention at the Youth Study Center, plans are in place to ensure that engagement there is substantive and has as much impact as possible. Engagement with families will begin upon the youth's admission to the Center and continue throughout the youth's stay. It will include interactions by YSC social workers, the on-site mental health provider, contracted chaplain, and multiple others working directly with the youth throughout the detention period.

The goal of permanence for delinquent youth is distinctly different from that of dependent youth. A delinquent youth's removal from home is not usually based on the youth's safety; return home is usually contingent upon successful completion of the treatment program and having a home to which they may return. We view permanence as relating to their ability to remain stabilized in the original program through and until its successful completion. This would mean that in cases where youth experience what are commonly referred to as "failures to adjust" (FTA's), resulting in their premature ejections from the program, the goal of permanency would not be considered as having been achieved.

One of the challenges the Department currently faces has to do with an inability to track FTA's given that communication about such disruptions does not occur between the provider and DHS/DJJS, but between the provider and Probation. Protocols are being developed to contractually require providers to include an alert to DHS/DJJS of all such disruptions so that proper tracking may be done. To supplement this effort, admissions staff at the Youth Study Center, the central processing station through which all adjudicated youth pass, will begin the practice of bringing to the attention of our data specialist those youth noted to be returning to detention from a placement. We expect that this process and information gathering will allow us to become better informed as to the ejection trends of specific providers and serve then, to guide us in efforts to support them in retaining youth successfully in their programs or to hold them accountable for failing to do so once technical assistance has been provided.

Transition planning and preparing youth for adulthood is a critical phase of work with delinquent youth. Currently, by way of the Reintegration Initiative, every delinquent youth exiting residential placement has the benefit of reintegration services for ninety (90) days following their release. Given the lack of demonstrated success with this short-term model, in FY10 the duration of such services will be doubled to six (6) months of supportive services while back in the community. Specific focus of these services will be around preparing youth for adulthood by addressing educational, vocational, employment, and housing issues.

DHS/DJJS recognizes the need to enhance the quality of practice with the delinquent youth under our care and to this end is ensuring that all social workers benefit from high quality training that supports the delivery of sound, "best practice" social services.

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

The county, through the newly created Division of Performance Management and Accountability, will develop a random case file review process to promote performance and accountability. The parameters of the process:

- Adapted from Utah's quality service reviews which double score the cases; one score for the system and one for the child/family.
- Uses a team approach: 1 administrator from CYD, 1 supervisor from Provider Relations and Program Evaluation, 1 supervisor from Quality Improvement, and 1 representative from the provider community.
- Will combine in the review instruments, elements of our current internal case file reviews on the safety model with CFSR measures and some of the measures used in Utah.
- Verification with the family: conducted by part-time social work staff working for a contracted staffing agency.
- Pilot project being developed for implementation in the Fall – will use IHPS cases because provider base is small.
- Will learn through the pilot how long the process takes, how many cases we can reasonably expect to complete each month, whether the process should be quarterly, etc.

## GENERAL INDICATORS

### COUNTY INFORMATION/BACKGROUND

#### Population and Poverty Trends

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

#### County Data

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

The 2007 Census Bureau survey estimated that there were approximately 1,449,634 individuals living in Philadelphia. This number represents a slight increase from the previous year. The total number of children (aged 17 and under) remained relatively constant between 2004 and 2006, but declined by 1.8% between 2006 and 2007. In 2007, it was estimated that 25.1% of the total population of Philadelphia was aged 17 and under. This proportion represents a consistent pattern since 2000 of about one of every four Philadelphians being a child. The report issued by Public Citizens for Children and Youth (PCCY)(2008), The Bottom Line is Children<sup>1</sup>, states that “the proportion of the population in each of the five counties that consists of children...is between 23% and 26% percent of the population”.

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

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

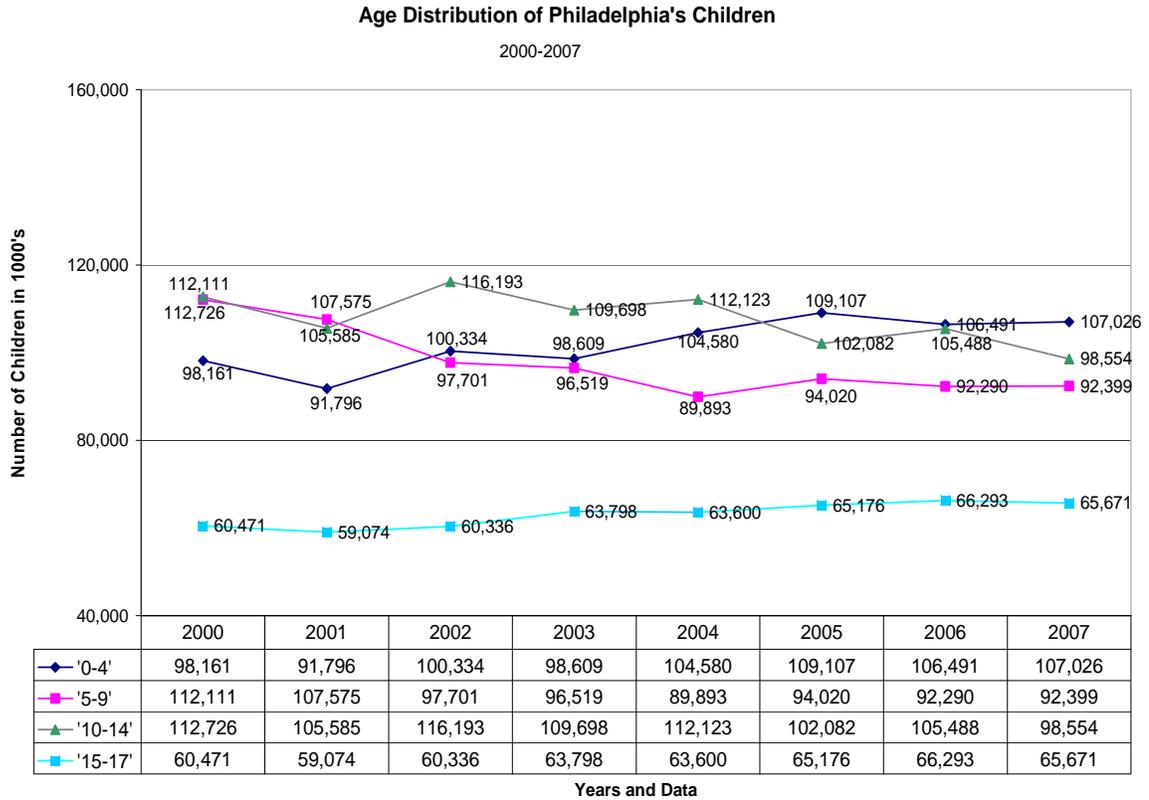
Source: U.S. Census Bureau. American Community Survey, 2007

##### - **Age Distribution**

Dividing Philadelphia’s children into four age cohorts: 0-4, 5-9, 10-14, and 15-17, two of these cohorts have had a slight upward trend over the past several years: the cohort of children aged 0-4 and the cohort of children aged 15-17. The greatest change among the age cohorts has been the 5-9 age group, which has experienced an average annual decline of almost 3%, followed by the 10-14 age group with an average decline of about 2%.

<sup>1</sup> PCCY. The Bottom Line is Children. 2008 <www.pccy.org>

**Chart 1**



**- Poverty Trends**

A nationally recognized method of measuring poverty is by using the federal poverty line calculation. The poverty line is defined as a yearly income of \$14,000 for two people; \$17,600 for 3 people; \$21,200 for 4 people; and \$24,800 for 5 people. The poverty line is used to determine eligibility for a number of federal programs. (The 2008 HHS Poverty Guidelines)

National trends of child poverty show an increasing trend toward poverty among children. (PCCY, 2008) The same is true in Philadelphia where twenty-three percent (23.0%) of Philadelphia's population fell below the federal poverty line in 2007. Of this group, 37.3% were children: more than one out of every three people who are poor in Philadelphia is a child and more than one out of three children in Philadelphia is poor.

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

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

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

Source: U.S. Census Bureau. American Community Survey, 2007

### Issues in Annual Licensing Review and/or Quality Services Review

- \* Identify issues that surfaced through the annual licensing review and/or the Quality Services Review.

#### Children and Youth Division (CYD)

During the May/June 2009 Annual State Evaluation (ASE) conducted in Philadelphia County for Children and Youth Services, several areas were identified that will require Agency attention. They include the following:

- Supervisory Oversight
- Quality Safety Assessments & Safety Plans
- Family Service Plan/ Child Permanency Plan Compliance Requirements
- Documentation of Monthly Visitation by Qualifying Caseworkers for Children in Placement
- Methodology for Tracking and Monitoring Improvements in the Above Areas

#### Supervisory Oversight

During the most recent ASE, Philadelphia received citations related to supervisory oversight during investigations for timeliness of supervisory reviews, for timeliness of supervisory review/signature on safety assessments and safety plans and supervisory review related to missing documentation on service plans (FSP/ CPP).

#### Quality Safety Assessments & Safety Plans

Philadelphia is the only county in Pennsylvania that has fully implemented use of the State-mandated Safety Assessment. As such, DHS received a number of citations which are related to compliance with policies and supervision.

#### Family Service Plan/Child Permanency Plan Compliance Requirements

During the most recent ASE, DHS received citations related to missing information, timeliness, client notification and participation.

### Documentation of Monthly Visitation by Qualifying Caseworkers for Children in Placement

During the most recent ASE, DHS received citations for the lack of documentation of monthly visitation by qualifying caseworkers for children in placement. The visits did in fact take place, but visits by provider staff, including date and location, were not specifically identified in the county record. Upon follow-up with providers, the information was subsequently provided to DHS. Change in the documentation of visits by qualifying caseworkers will be incorporated into the existing reports and initiatives currently underway.

### **Juvenile Justice Services (JJS)**

As a result of DPW's most recent Annual Evaluation, conducted 3/17/08 – 4/4/08, though several deficiencies were cited, the Youth Study Center's (YSC) plan of correction was approved, resulting in the issuance of a full certificate of compliance, valid through 8/09.

Despite this, numerous citations issued during the evaluations just prior to this will need to receive increased and ongoing attention if the YSC is to optimize its likelihood to continue in full compliance. The YSC has, since its last evaluation, relocated to its current temporary home at the former Eastern State Psychiatric Institute (EPPI), at 3232 Henry Avenue, where a number of unique operational challenges - related to both the severe limitations of the physical plant and the impact of these limitations on the YSC staff's ability to then deliver appropriate programming to the youth detained there - have surfaced.

Specifically, the following represents one of the areas of non-compliance cited during the evaluation just prior to the one referenced above:

- 3800.13 The YSC continues to consistently and repeatedly exceed its maximum capacity of 105 children as specified on the certificate of compliance....
- The YSC Co-Director of Residential Services attends weekly meetings chaired by the Administrative Judge and attended by multiple individuals at the leadership level of other JJS stakeholder groups (e.g. District Attorney's Office, Public Defender Association, Community Behavioral Health, etc.) to discuss the status of youth in a variety of special sub-populations at the YSC and in our Community-Based Detention Centers (CBDS). Beyond mere discussion of these cases, there is identification of and resolution of systemic barriers which prevent youth from moving in a timely manner from detention and into their prescribed placements. During this past year, for example, an outcome of this group's work was the development of a process which expedites prerequisite behavioral health evaluation (BHE) which has so often served as a barrier to a youth's timely movement. The agreement between these stakeholders to increase reliance upon CBH care managers, trained clinicians who have the ability to support the Court with accurate and timely information about the youth's behavioral health treatment histories, has served to ensure that dispositional planning is better informed. This, in turn, helps to ensure that, where appropriate, community based resources can be used instead of residential placement.

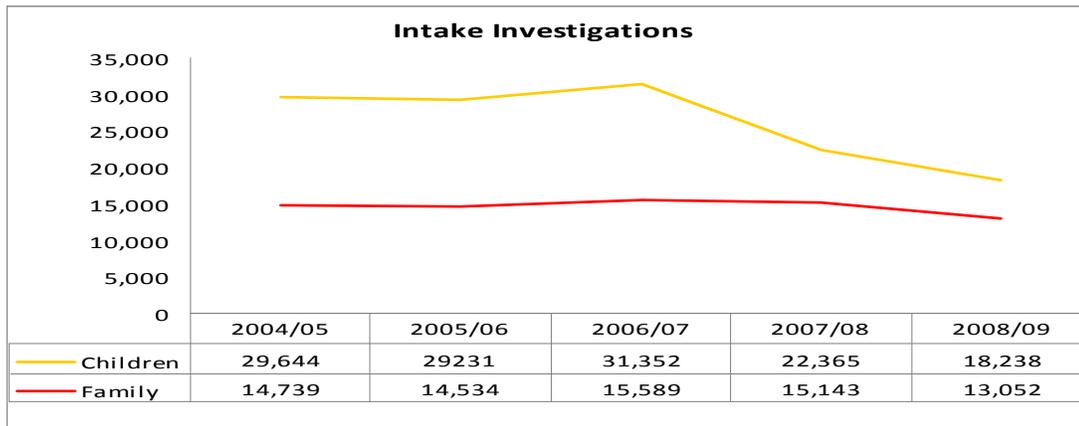
- DHS/DJJS continues to participate weekly in a cross systems meeting with leadership from the behavioral health community – Community Behavioral Health (CBH), Department of Behavioral Health (DBH), and Mental Retardation Services (MRS), to discuss and problem solve those cases that we are mutually serving. In several cases, we have been able to successfully resolve funding responsibility issues which would otherwise have been barriers to moving youth expeditiously through the detention center or CBDS on to the court-ordered placement.

**GENERAL INDICATORS**

**Service Trends: Intake Investigations, Ongoing Services, and JPO Services**

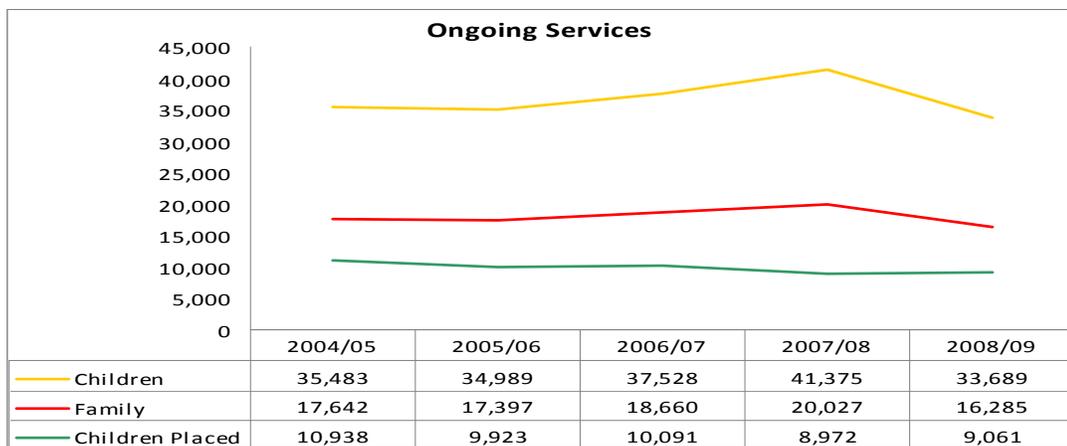
**Intake Investigation**

\* The number of families/children that have been or are being investigated or assessed (beyond initial intake/screening activity) by CCYA staff in FYs 2005, 2006, 2007, 2008, 2009.



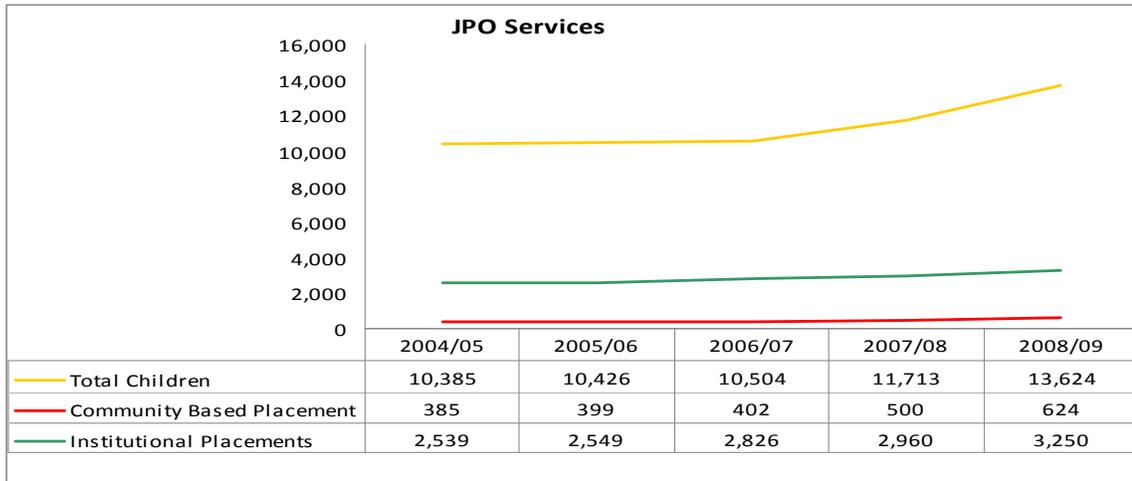
**Ongoing Services**

\* The number of families/children with an open case (i.e., Family Service Plan developed or being developed) in the CCYA in FYs 2005, 2006, 2007, 2008, 2009.



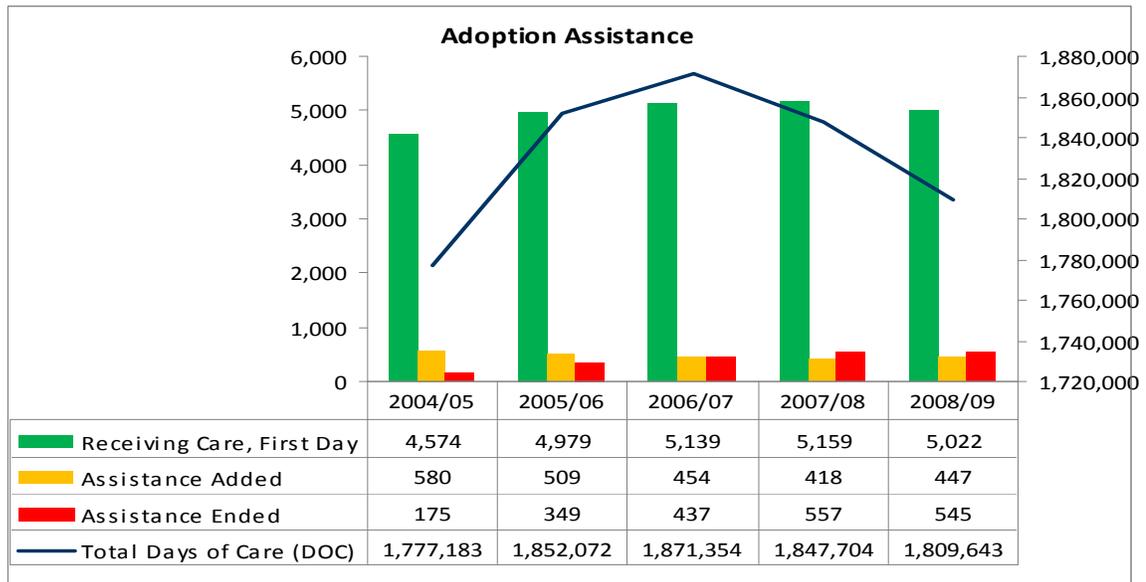
**JPO Services**

\* The number of children (non-duplicated) under the supervision of the County’s Juvenile Probation Office receiving services funded through the NBPB process, separated by the in-home services category, community-based placement, and institutional placement categories in FYs 2005, 2006, 2007, 2008, 2009.



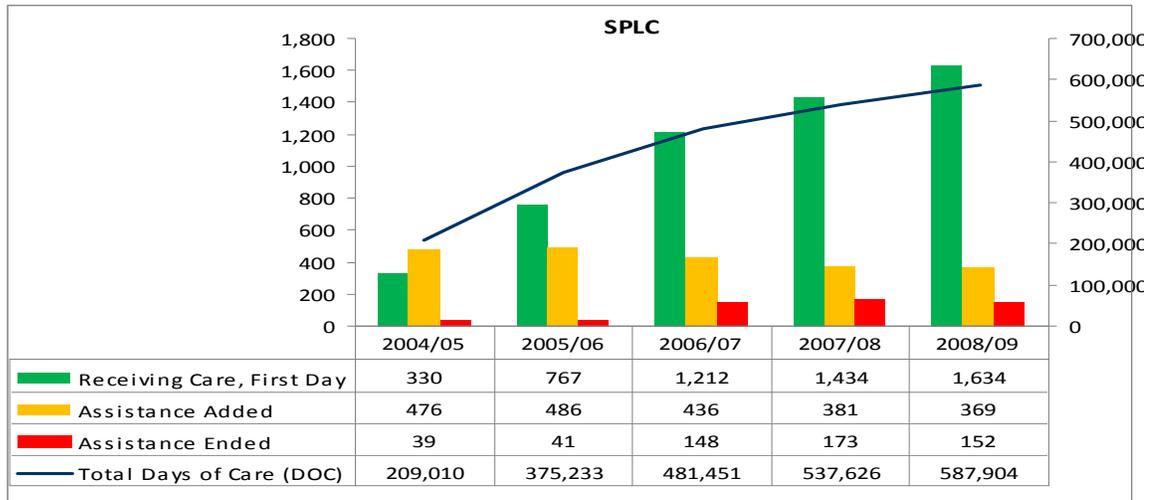
**Adoption Assistance**

\* The number of children (non-duplicated) who were receiving adoption assistance on the first day of each fiscal year, added during the fiscal year, and ending adoption assistance during the fiscal year for FYs 2005, 2006, 2007, 2008, 2009. Also enter the total days of care for each fiscal year.



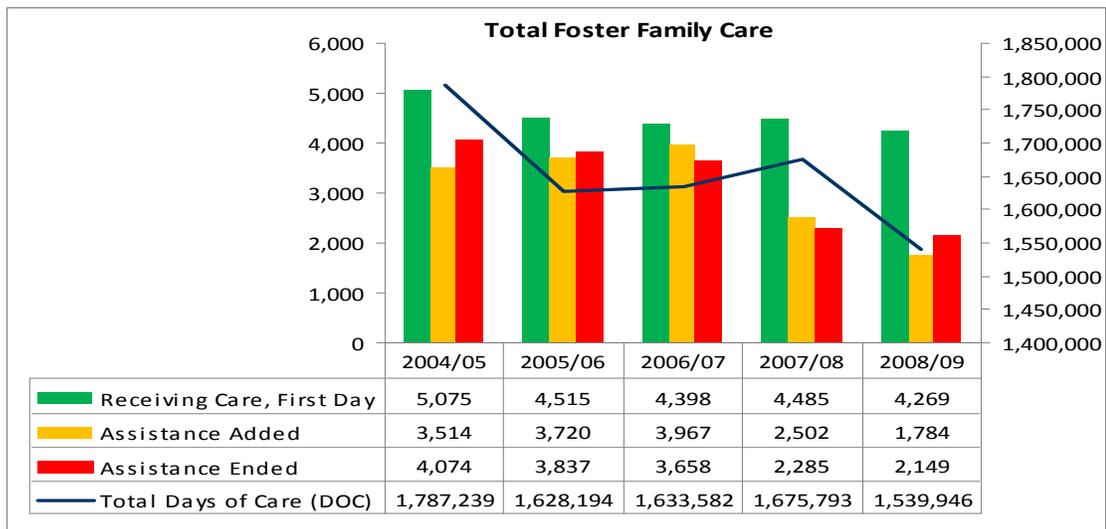
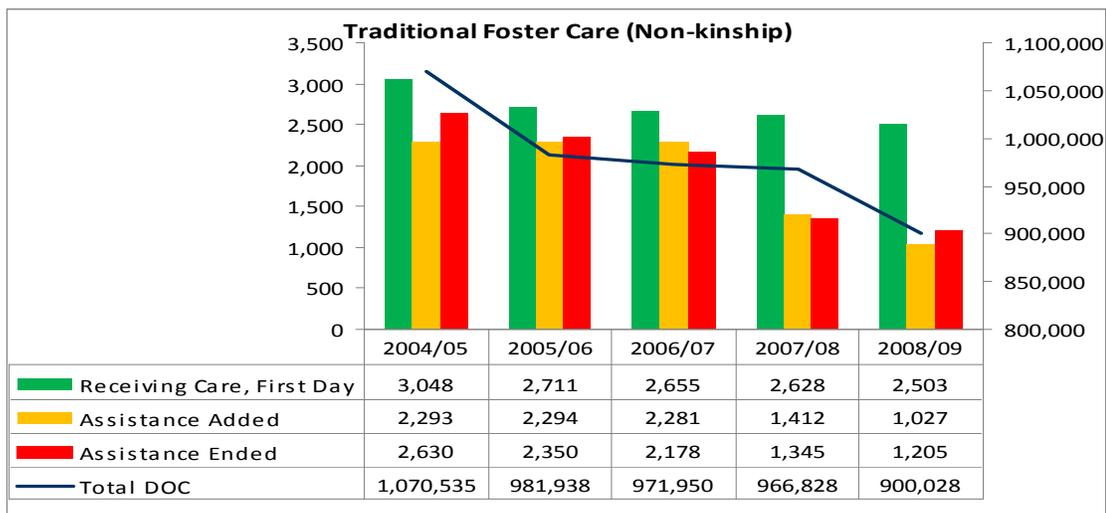
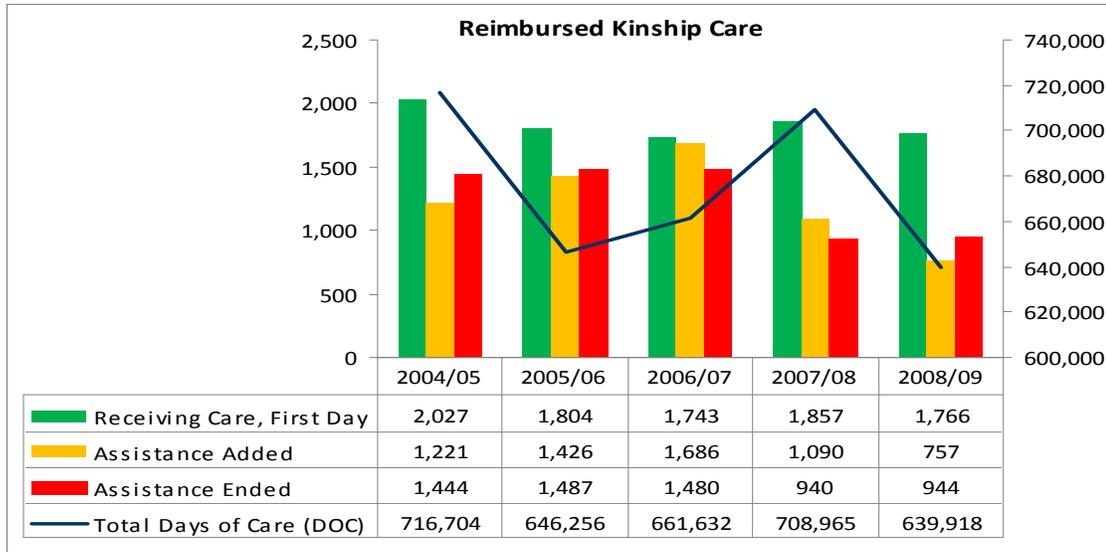
### Subsidized Permanent Legal Custody (SPLC)

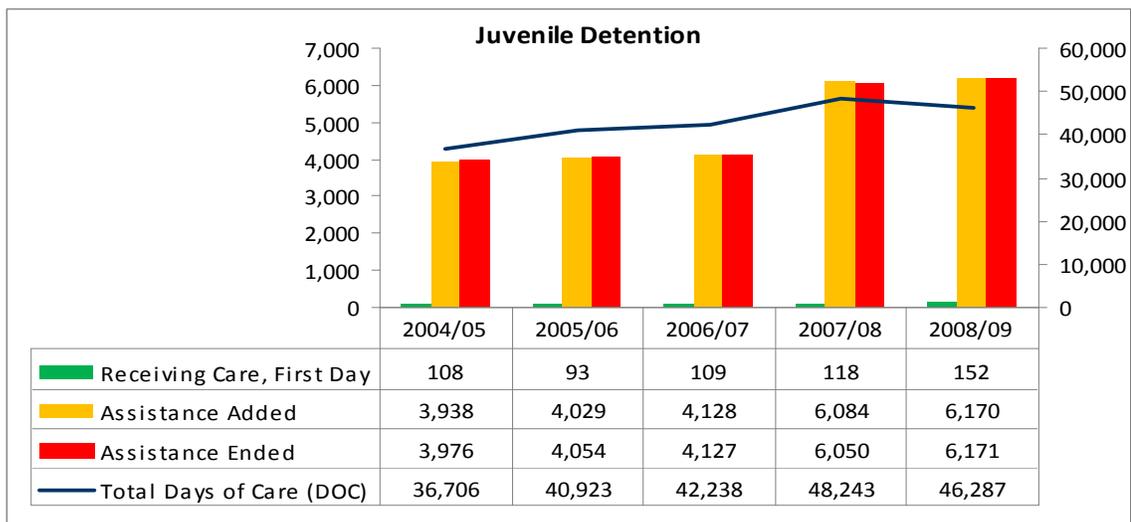
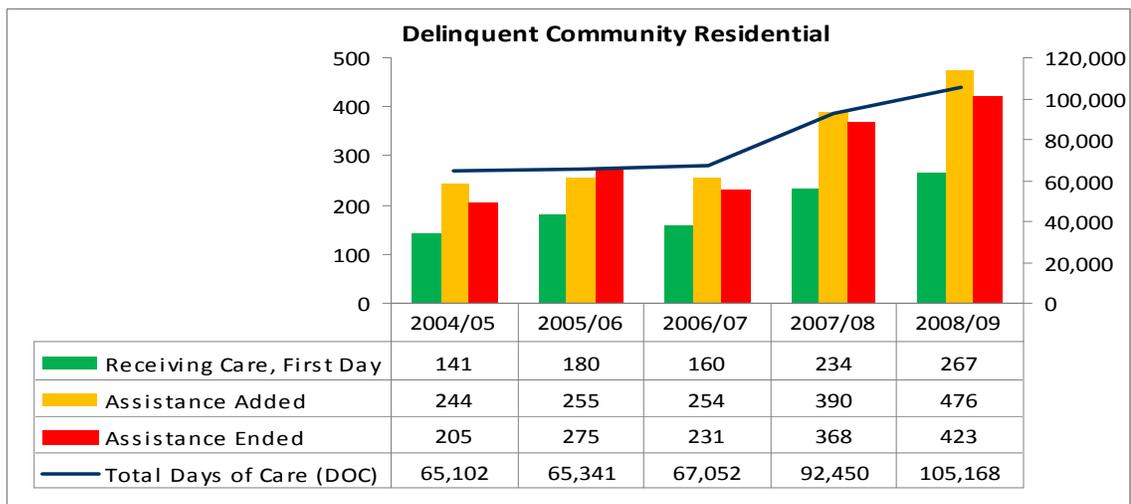
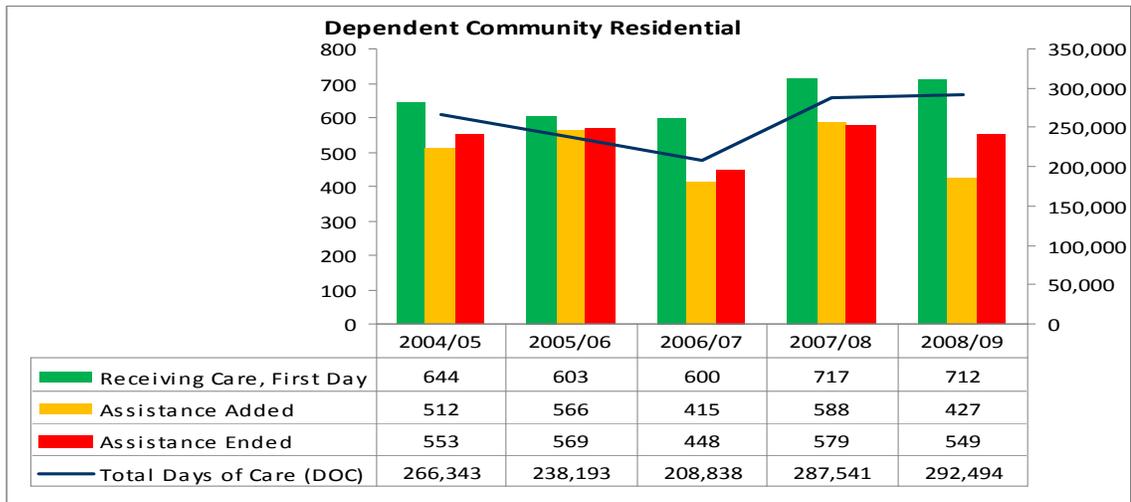
- \* The number of children (non-duplicated) who were in placement on the first day of each fiscal year, entering during the fiscal year, and leaving placement during the fiscal year for FYs 2005, 2006, 2007, 2008, 2009. Also enter the total days of care for each fiscal year.

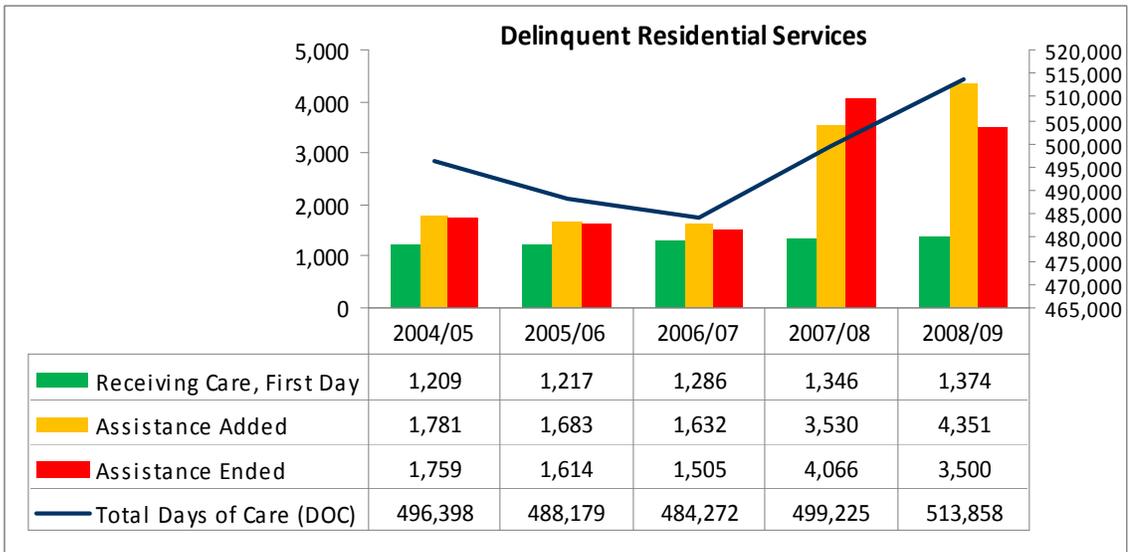
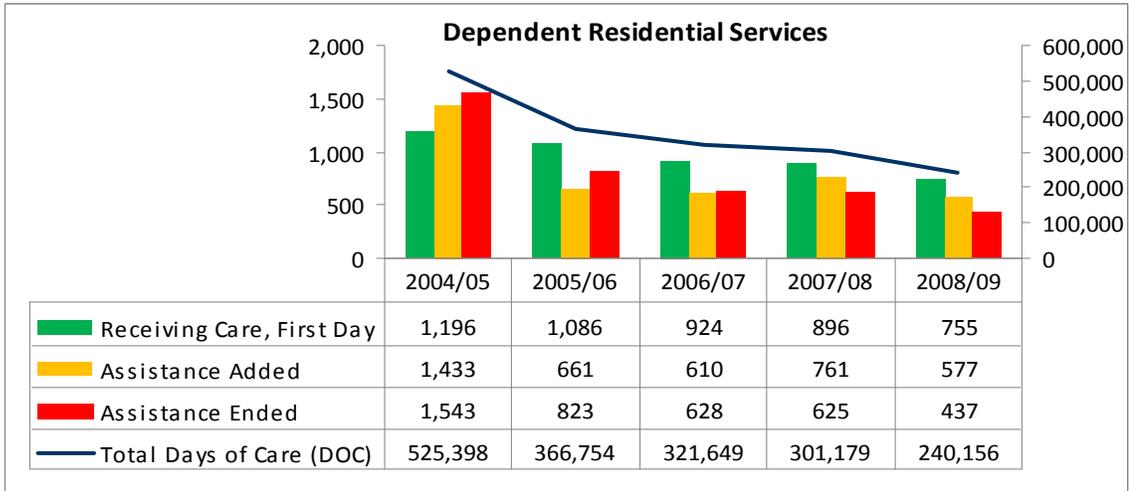


### Out-of-Home Placements

- \* The number of children (non-duplicated) in **placement** on the first day of each fiscal year, the number of children (non-duplicated) entering, and the number of children (non-duplicated) leaving **dependent** Foster Family Care (reported in cost center 2-G) during FYs 2005, 2006, 2007, 2008, 2009. Also, enter the total days of care for each fiscal year. Separate the above numbers by the following types of **dependent** Foster Family Care:
- Traditional Foster Care (Non-kinship)
  - Reimbursed Kinship Care
  - Non-reimbursed Formal Kinship Care (county agency has legal custody of the child)
- \* The number of children (non-duplicated) who were in **placement** on the first day of each fiscal year, the number of children (non-duplicated) entering, and the number of children (non-duplicated) leaving the following placement settings during FYs 2005, 2006, 2007, 2008, 2009. Also, enter the total days of care for each fiscal year.
- Dependent Community Residential
  - Delinquent Community Residential
  - Juvenile Detention
  - Dependent Institutional Residential Services
  - Delinquent Institutional Residential Services



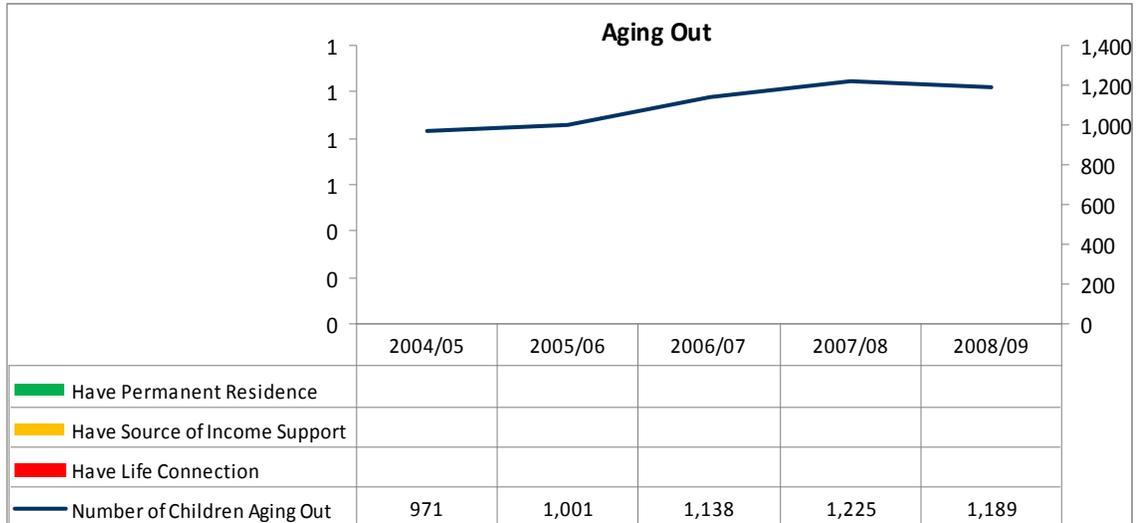




**Aging Out**

\* Track the number of any dependent/delinquent youth (non-duplicated) leaving custody/responsibility of the agency at age eighteen or older, and the number who have, at the time of leaving care:

- permanent residence;
- source of income to support him/herself (either employment or public benefits); and
- life connection (defined as the love and emotional support of at least one adult who is committed to their development and individual success).



	Dependent	Delinquent	Total
FY 2005	385	586	971
FY 2006	409	592	1,001
FY 2007	436	702	1,138
FY 2008	461	764	1,225
FY 2009	381	808	1,189
Total	2,072	3,452	5,524

*If the county does not have sufficient data to analyze trends, describe how the county plans to track this data in the future.*

During FY 2010, DHS will begin tracking dependent and delinquent youth age 18 and older who leave custody. The three questions (does the youth have a permanent residence; does the youth have a source of income to support him/herself (either employment or public benefits); and does the youth have a life connection (defined as the love and emotional support of at least one adult who is committed to their development and individual success) will require different strategies to obtain the information for dependent and delinquent youth due to the distinct differences in the child welfare and juvenile justice systems.

The proposed methods for centralized documentation in addressing the three questions should be finalized during the first quarter of FY 2010 with start up and implementation expected to begin in the second quarter (October-December, 2009).

## COUNTY PROGRAMS & SERVICES

### NEW/ENHANCED COUNTY PROGRAMS

- \* *Briefly explain requests for funding of new programs or enhancements to existing programs. The explanation must include why the county is seeking funding for the new/enhanced program and how it relates to needs identified in the county.*

#### **Out-of-School Time**

Working closely with the Philadelphia School District, DHS in March 2009 issued an RFP for Out-of-School Time (OST) programming. Enhancements were made to incorporate a number of best practices elements, including a literacy component and regular leadership team meetings to identify and overcome cross-system barriers. The new OST standards specifically target children in DHS care or at risk of becoming involved with DHS as a result of dependency or delinquency issues and prioritize specific neighborhoods and schools in the city, ensuring that more OST programs will be available to children from the highest-need schools. In addition, higher consideration was given to agencies with experience working with children who are in the DHS system or at risk of DHS involvement.

#### **Education Support Center**

DHS is developing an Education Support Center to assist with the educational planning, tracking, and support of children in DHS care. Existing resources will support this initiative.

According to Project U-Turn, a third of the young people who drop out of school in Philadelphia are or have been in DHS care (in foster or delinquent placement). Approximately 70 percent of the students who had a substantiated case of abuse or neglect during the high school years or had a foster care placement never finished high school. Moreover, 90 percent of the students who had a juvenile justice placement during their high school years ultimately dropped out.

In December 2008, CBPS initiated the planning process for the Education Support Center. CBPS and the Mayor's Office of Education jointly applied for a Stoneleigh Center senior policy fellow to support the planning process and the fellow started working on this effort in December 2008. The planning phase of the DHS Education Support Center has three overarching goals: to establish a formal cross-system partnership with the School District of Philadelphia for the purpose of improving the quality of educational support services offered to children in out of home placement (CYD and JJS); assess how DHS is currently utilizing its school-based resources in order to better align these services to support the educational engagement and performance of children in care; and identifying the multiple leverage points in the DHS continuum of services and care (from the first safety or in-home assessment to case closings or permanent placements) where educational assessments, linkages, and supports can be integrated into the day-to-day practice of DHS workers.

DHS and the School District of Philadelphia (SDP) together have developed a working framework for an Education Support Center. Under this framework, the Education Support Center will perform the following functions:

1. Track educational indicators for children in DHS care in order to identify early warning signals of educational challenges or failure and plan appropriate interventions in collaboration with SDP.

2. Provide individual and group consultation and capacity-building to DHS and provider agency case workers, SDP staff, and resource families, including:
  - Individual case assistance for social work staff in order to plan for all children and youth who are identified as having unmet education-related needs.
  - Capacity-building and training for DHS, SDP, and provider staff to enable them to identify and solve educational issues.
  - Individual and group capacity-building for resource families (foster, kin, permanent guardians, adoptive parents, other) to navigate the SDP and other agencies providing educational services.
3. Coordinate and evaluate DHS-funded education support resources, including:
  - Coordination of DHS-funded school-based services to more effectively support the school stability and performance of children and youth in DHS care.
  - Promoting the use of school district resources to support the school stability, engagement, and performance of children in out of home placement.
  - Identifying resources for private providers to strengthen academic support and enrichment programs for children in DHS care, involved with DHS, or “at risk of becoming involved with DHS.”

#### **Domestic Violence Services**

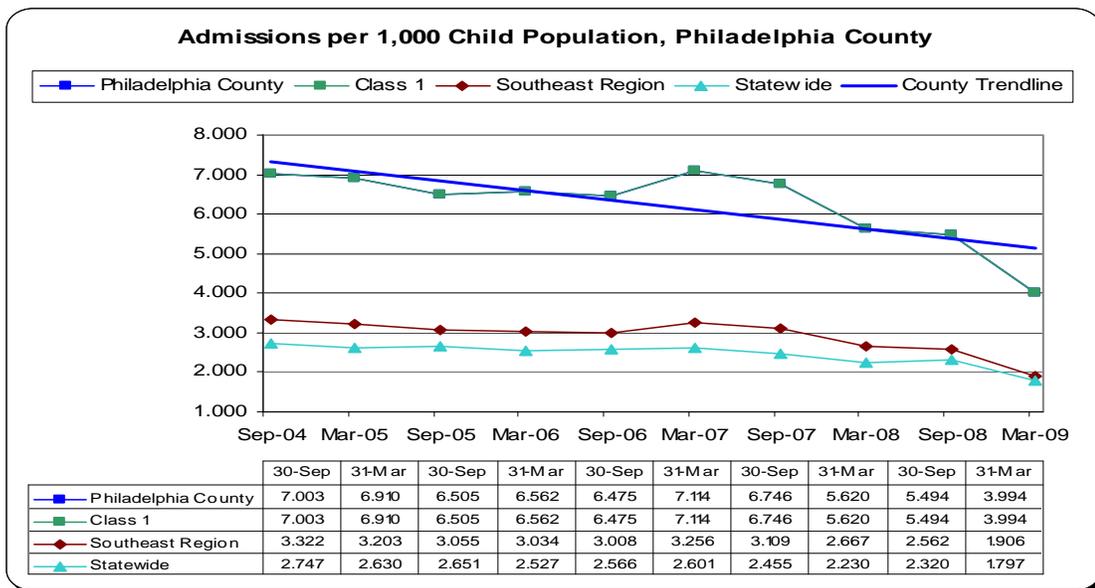
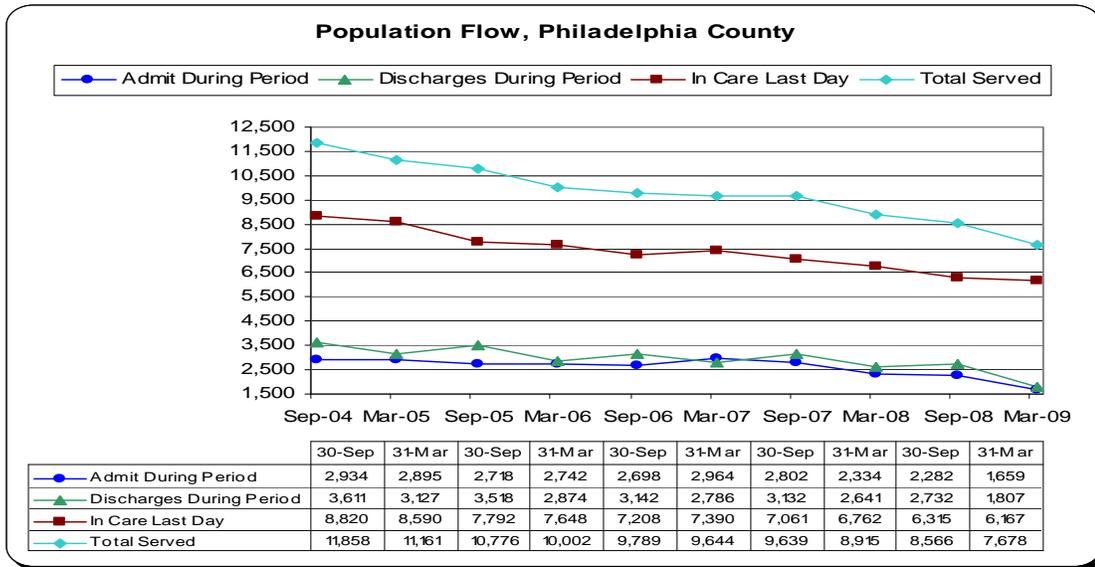
DHS implemented a new domestic violence program beginning on July 1, 2009. The program, managed by CBPS, includes the provision of domestic violence education, counseling, and aftercare support services for families already active with DHS as well as families at risk for DHS involvement. DHS has contracted with six service providers for this program, which is being funded with existing DHS resources.

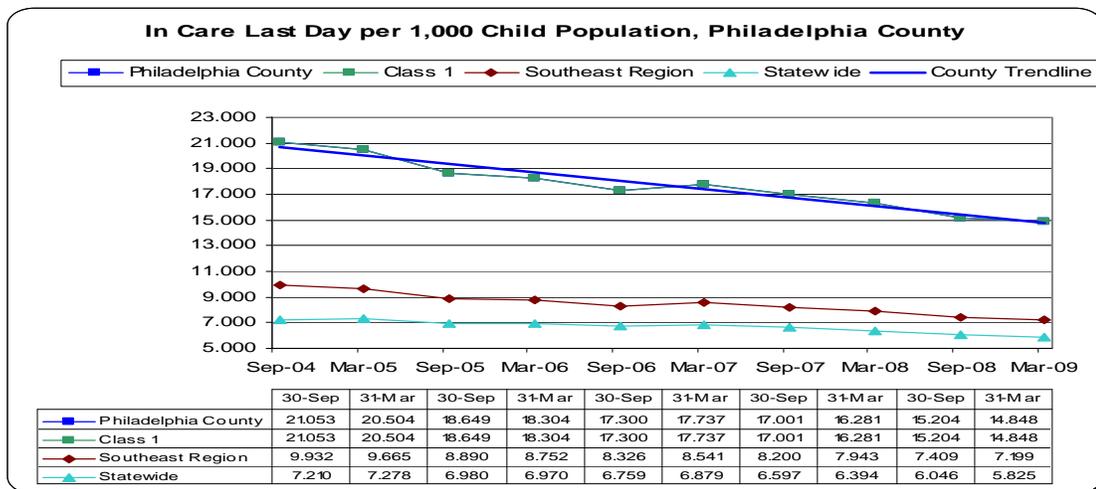
## OUTCOME INDICATORS

### REUNIFICATION & PERMANENCY

#### Foster Care Population Flow

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





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

The admission rate in Philadelphia County has decreased by 43 percent from the period ending Sept. 30, 2004 to the period ending March 31, 2009 but it is still significantly higher than the state and region. For the period ending March 31, 2009, the rate of admission per 1,000 in Philadelphia County was 3.99 while the state was 1.8 and region was 1.9. The overall level of activity for Philadelphia (as measured by the rate of children in care each period per 1,000) is higher (at 14.8 per 1,000) than the Southeast Region as a whole or the overall Statewide average which were 7.2 and 5.8 respectively for the period ending March 31, 2009. However, the rate of children in care in Philadelphia has dropped by 29.5% since the period ending Sept. 30, 2004.

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

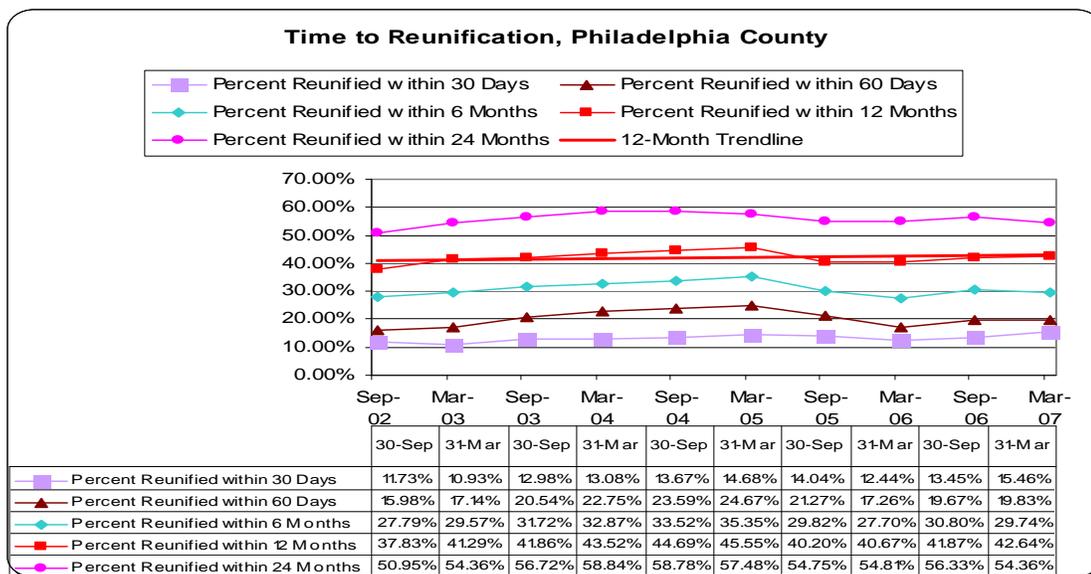
The Census Data reveals that the population of children under 17 in Philadelphia has remained stable at 25-26% since 2000. Overall demographics for Philadelphia County do not appear to have any impact on the number of children served or in care.

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

An internal review of data on children in placement revealed that the age distribution has remained stable over the last three years.

### Reunification Survival Analysis

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



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

For children who entered care between the report period ending Sept. 30, 2002 through the report period ending March 31, 2007, Philadelphia County experienced an increase in the percentage of children reunified across all timeframes, with the biggest increase in the “30 day” timeframe (a 32 percent increase) followed by the “60 day” timeframe (with a 24 percent increase).

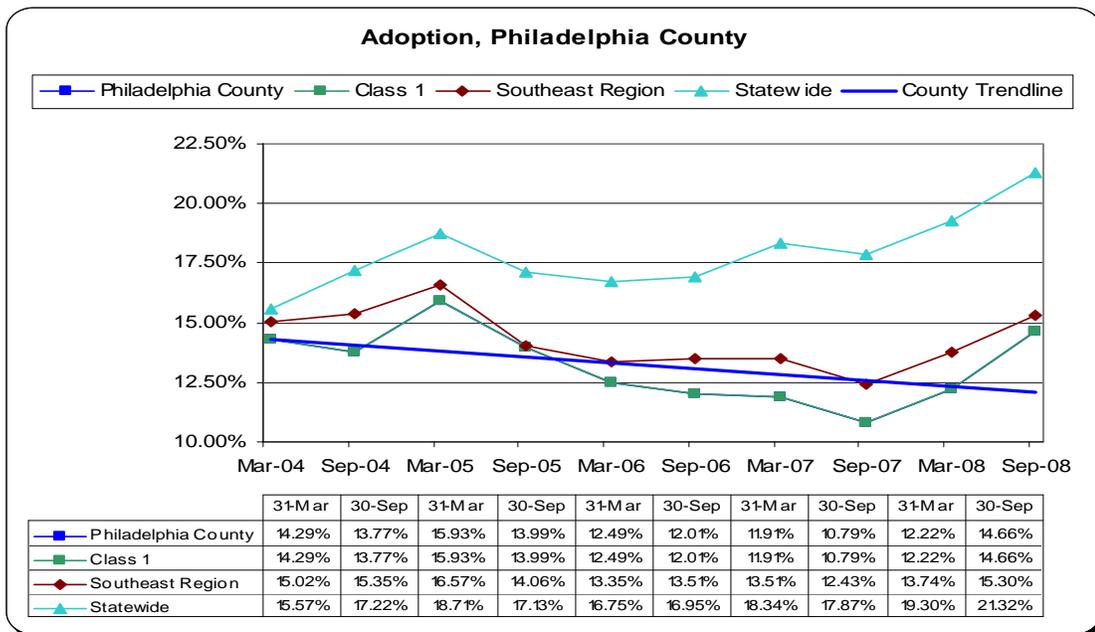
\* How does the county’s data compare to other counties of the same county class size? To the statewide data?

At the same time the county experienced an increase in the percentage of children reunified (between the period ending Sept. 30, 2002 and the period ending March 31, 2007), the state experienced a decrease in the percentage of children reunified across all timeframes (30 days to 24 months).

On a performance level, Philadelphia County exceeded statewide performance.

### Adoption Rate, 17 Months

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

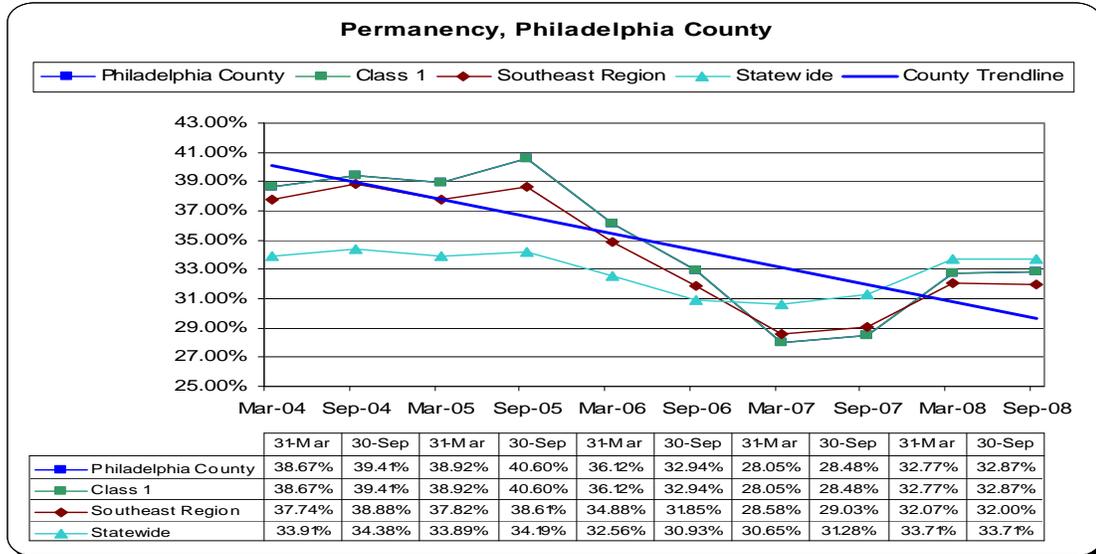


\* Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data.

From the period ending March 31, 2004 to the period ending Sept. 30, 2008, the number of children in care 17+ months declined significantly from 2,905 to 1,890. Regarding children adopted within 12 months of the start of each report period, the percentage declined from the period ending March 31, 2005 (15.93%) through the period ending Sept. 30, 2007 (10.79%) before increasing to 14.66% for the period ending Sept. 30, 2008 to a percentage which is about equal to the initial report period of March 31, 2004 which was 14.29%. During the same period of time, the state experienced a 37 percent increase in the success rate on this measure from 15.57% for the period ending March 31, 2004 to 21.32% for the period ending Sept. 30, 2008.

**Permanency, 24 Months**

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



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

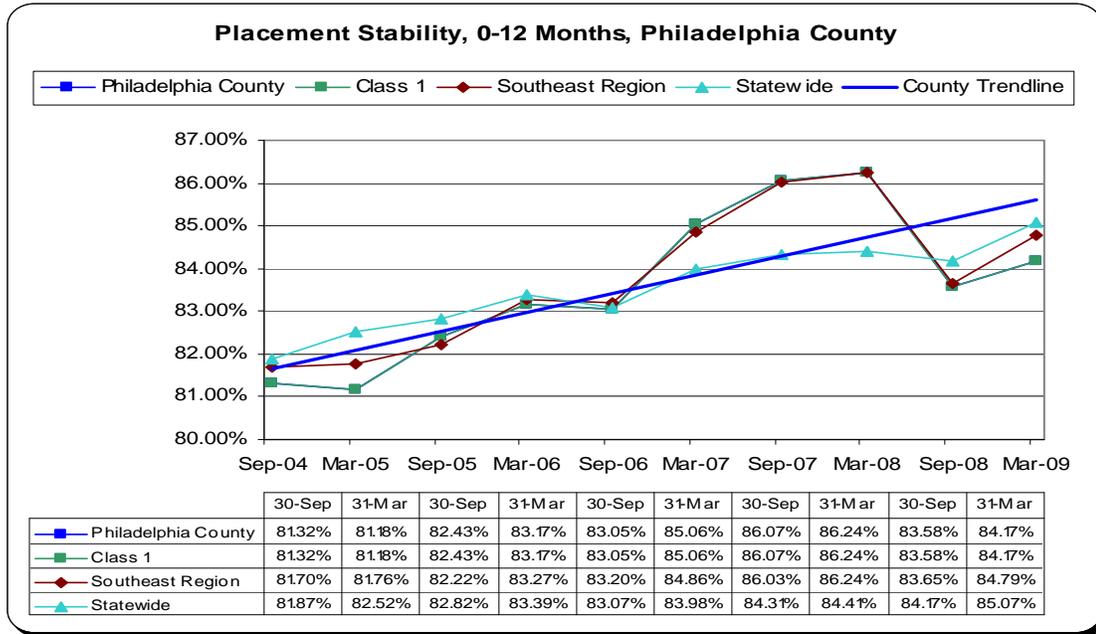
The total number of children in care 24+ months declined 49.6% from 4,241 for the period ending March 31, 2004 to 2,136 for the period ending Sept. 30, 2008. However, the percent of children in care 24+ months discharged to permanent homes declined from 38.7% for the period ending March 31, 2004 to 32.9% for the period ending Sept. 30, 2008 which is comparable to the Southeast Region and Statewide percentages.

Philadelphia's proportion of children in care 24 months or longer has also declined as a percentage of the Southeast Region and Statewide totals. For the Southeast Region, Philadelphia represented 88% (4241/4822) of the children in care 24+ months for the period ending March 31, 2004 and 78.8% (2136/2709) for the period ending Sept. 30, 2008. For the Statewide total, Philadelphia represented 47.7% (4241/8899) of the children for the period ending March 31, 2004 and 32.3% (2136/6616) of the total children for the period ending Sept. 30, 2008.

**PLACEMENT STABILITY**

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

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



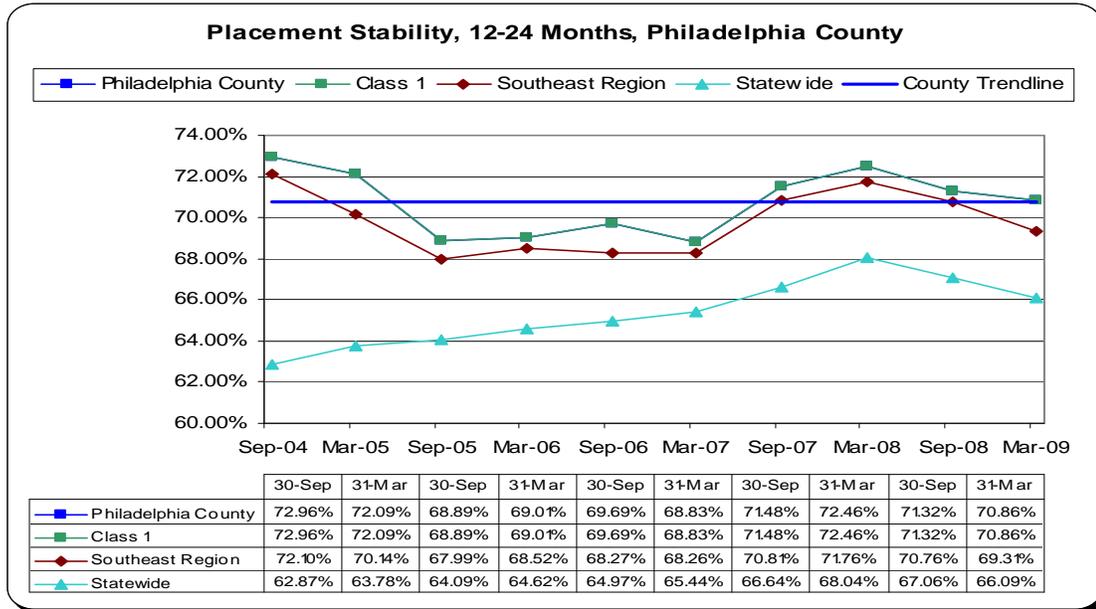
\* *Is the county’s performance in each measure improving or declining over time? Please describe briefly any significant trends in the data.*

The county’s performance on this measure increased from a percentage of 81.32% for the period ending September 2004 to 84.17% for the period ending March 31, 2009. In general, Philadelphia’s performance improved steadily from the period ending March 31, 2005 through the period ending March 31, 2008 before declining slightly in the most recent reporting periods. From the period ending March 31, 2007 through the period ending March 31, 2008, Philadelphia’s performance actually exceeded the statewide percentage for Placement Stability 0-12 months.

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

Philadelphia’s performance on this measure approximates the statewide performance. It has remained within .5 – 1.5% above or below the statewide percentage for all reporting periods from Sept. 30, 2004 through March 31, 2009.

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



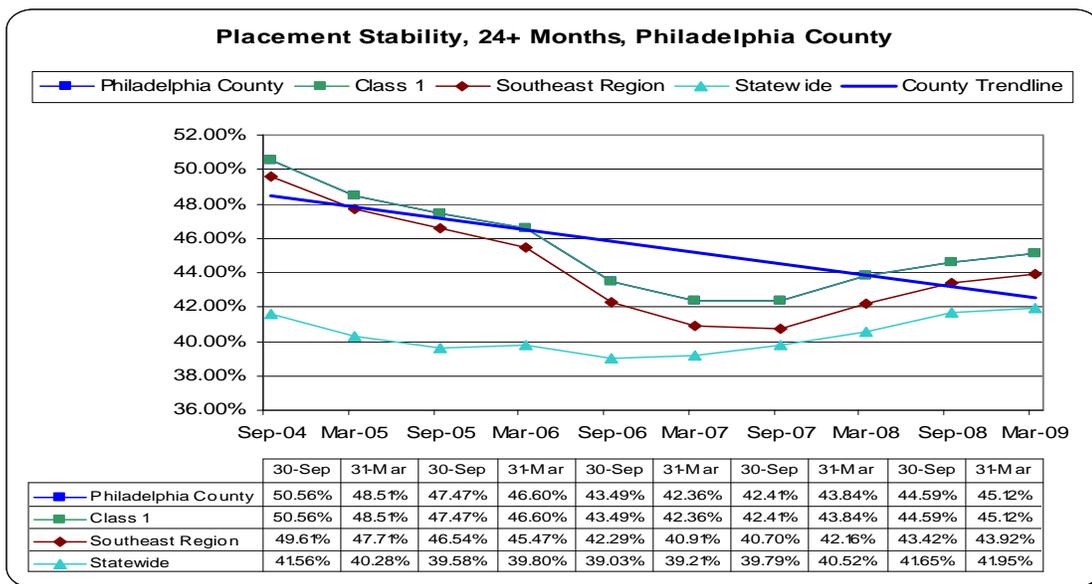
- \* *Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data.*

The percent of children with 2 or fewer placement settings declined from the period ending Sept. 30, 2004 through the period ending March 31, 2007 before increasing slightly during the next two report periods. The overall trend line is basically flat over the period being evaluated.

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

Philadelphia's performance on this measure has exceeded the Southeast Region and the statewide performance for every period from Sept. 30, 2004 through the period ending March 31, 2009.

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



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

The county's performance on this measure decreased from the period ending Sept. 30, 2004 through the period ending March 31, 2007. The percentage began increasing for the period ending Sept. 30, 2007 through the period ending March 31, 2009 but remains, at 45.12%, significantly below the Sept. 30, 2004 figure of 50.56%.

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

Philadelphia's performance on this measure has been consistently better than the statewide performance and that of the Southeast Region for the period ending Sept. 30, 2004 through the period ending March 31, 2009.

*When compared to class and state performance on each of the measures, at what point does placement stability tend to break down – the first, second, or third year?*

For Philadelphia's data, the breakdown begins to appear after the first year of placement, with placement stability declining by 10-15% during the second year. During the third year, the placement instability accelerates by an additional 20-25%. This is relatively comparable to the statewide data trend. However, Philadelphia continues to have a higher percentage of placement stability at 24+ months than the state as a whole.

## OTHER

### Prevention Services

*Prevention Services are defined as those programs and services which are intended to prevent out-of-home placements.*

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

The Division of Community-Based Prevention Services (CBPS) was established at the end of 2000 to integrate and better coordinate the Department's wide array of services to prevent the abuse, neglect and delinquency of children in Philadelphia. The role of CBPS is to administer a community-based network of child and family supports aimed at:

- Preventing the occurrence of child maltreatment;
- Diverting families reported for child maltreatment from unnecessary involvement in the child protection system;
- Diverting at-risk youth from entry into the juvenile justice systems;
- Expediting discharge from child protection and juvenile justice systems;
- Preventing re-entry into those systems; and
- Improving the safety, permanency and wellbeing of children and youth.

Prevention services are provided in collaboration with a host of community partners, including the School District of Philadelphia, the Mayor's Office of Education, and Philadelphia Family Court. Services are offered by a network of approximately 300 community-based private provider agencies that either contract directly with CBPS or have sub-contracts with agencies that provide case management services to CBPS. Services are concentrated in the following program areas:

- Community Family Support Services
- Delinquency and Violence Prevention
- Truancy Services
- Out-of-School Time Programs/Youth Development

CBPS receives the majority of its referrals via the Internal Referral and Support System (IRSS). IRSS is a child welfare triage service to community-based supports for families in need of supportive services. IRSS Enhances the child welfare system's access & use of community-based family supports by:

- Working hand-in-hand with staff from Intake & Family Service Regions.
- Collocation of IRSS staff with the screening/hotline staff of CYD has helped the Hotline staff to make better decisions about referrals to CBPS.
- Increased collaboration among city agencies has resulted through presentations on the services available through the Prevention Division.
- Collaboration with the Multi-Disciplinary Team (MDT) and the Law Enforcement Child Abuse Project (LECAP) have been instrumental to the provision of services to MDT's and LECAP's high risk populations.
- IRSS also facilitates connections and services to families where there is an issue of truancy.

In FY09, CBPS/IRSS received referrals for 5,534 families and 10,241 children. These referrals resulted in 15,574 requests for services. Of these referrals, approximately 65

percent were referrals of CYD families. IRSS referrals in FY09 increased significantly from FY08, when there were referrals for 5,200 families and 8,700 children.

#### Prevention Alignment Initiative

DHS has been engaged in a process of reshaping and reinvigorating the services and resources of the Division of Community-Based Prevention Services (CBPS) to better meet the needs of families receiving or being discharged from child protective and juvenile justice services, as well as families at risk for entering those systems. CBPS is working closely with the Children and Youth Division (CYD) and Juvenile Justice Services (JJS) Division to ensure policies, procedures, programs and overall practices are aligned with, and capable of supporting, the Department's mission, goals, and reform agenda. The primary focus will be on the following key activities:

- Program Development and Restructuring
  1. CBPS providers will be expected to prioritize families in the DHS system and certain at-risk populations.
  2. Most family- and youth-strengthening resources will be brought together under management of CBPS.
    - a. CBPS will manage the provision of services under the Alternative Response System (ARS) for families who are assessed to have moderate risk and no active safety threats.
    - b. All housing services will be located under CBPS.
    - c. New domestic violence programming is being developed and brought under the management of CBPS.
    - d. An Education Support Center is being developed to serve as a resource and practice bridge between DHS and the School District of Philadelphia
    - e. Enhanced support will be available for foster, kinship, and adoptive families.
- Service Delivery Infrastructure
  1. The Internal Referral and Support System (IRSS) is being improved through staff training and enhanced protocols, to ensure the system's ability to provide consistent and comprehensive information to all consumers, providers, and others seeking resource information and referrals.
  2. CBPS services will continue to have multiple points of access but a central phone number will be included on all communications materials.
  3. Work is progressing to ensure follow-up communication from CBPS and/or its providers when families are referred from CYD or Family Court.
- Outreach and Communications
  1. CBPS Resource Guide (Hard copy and electronic)
  2. Bi-monthly Prevention e-newsletter for staff, Providers and Stakeholders
  3. Reinstating Provider Roundtables
  4. Ongoing staff presentations on CBPS services at a range of venues throughout Philadelphia

The following are expected benefits to children and families as a result of Alignment of CPBS:

- More CYD- and JJS-involved families will be referred to research-based CBPS services to address safety threats and delinquency behavior.
- More families with service needs but no safety threats will be referred to research-based CBPS services to strengthen family functioning.

- Increased number of youth will experience no disruption in education when transitioning to and from out-of-home placement.
- Increased number of youth will receive special education services as needed.
- Reduced number of DHS-involved families will experience domestic violence.
- Reduced number of families will enter into the system due to domestic violence.

The overall CBPS service array will be assessed to ensure funded programs have the most significant outcomes for the funding dollar. The Alignment Initiative is likely to be cost-neutral in the short-term and yield significant cost-savings in the long-term as a result of reduced out-of-home placement rates and reduced rates of abuse, neglect, truancy, and delinquency.

### **Program Categories and Descriptions**

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

#### **1. Community Family Support Services**

These services divert families from the child protection system when they display risk factors that do not involve immediate safety concerns. The programs provide services that seek to avoid a family's unnecessary, inappropriate, or ongoing enrollment in more expensive services in the formal child welfare or juvenile justice systems. These services include Diversion Case Management, Parenting Skills Training, and Specialized Services for Targeted Populations.

##### *Diversion Case Management*

Diversion case management services are offered to families who have been referred to DHS where no active safety issues exist, and families in at-risk categories for child abuse, neglect, and/or delinquency. These services are designed to address the identified concerns and thereby prevent a subsequent or initial report to the Department. Diversion programs use a professional social worker to establish helping relationships, assess complex problems, select problem-solving interventions, and help families function effectively. The social worker also arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the family's specific needs.

##### *Parenting Collaborative*

The Parenting Collaborative consists of approximately 60 community based agencies offering about 200 parenting groups throughout Philadelphia. Most classes are open to all parents but some are targeted to special populations (e.g. teen parents, parents with mental health/substance use issues, fathers/male caregivers, grandparents). Programs aim to help families understand abuse and neglect, child development, alternatives to corporal punishment, how to effectively manage anger, and how to access community resources. Parent educators are trained on the latest research and best practices to support parents and caregivers.

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

The Enhanced Services for Children (ESC) program provides services to women in residential and outpatient substance abuse treatment programs and their children. The goal of ESC is to divert families with young children from entry into the formal child welfare system while ensuring safety and well-being and enhancing protective factors. The program utilizes a case management/home visiting continuity of care

model at its 13 treatment sites and two aftercare programs. Mothers are linked to a Family Services Coordinator who develops a plan for her and her children while her chemical dependency is being addressed. The program also provides an aftercare advocate who provides intensive ongoing services to help the client sustain recovery. The aftercare advocate begins working with the client one to two months prior to discharge and follows the client until she is stabilized. Service plans focus on a wide range of supports including coordination with other child-serving systems, advocacy for children's needs, parent coaching and supportive counseling, and maintaining treatment goals and objectives. The overall goal is stabilization of mothers in treatment while ensuring attention to the needs of their children. Housing is available for some families through a partnership among DHS, the Department of Behavioral Health, the Office of Supportive Housing, and the Philadelphia Housing Authority.

ESC also provides comprehensive services to all mothers and/or infants born affected by illegal substance abuse, or who suffer from withdrawal symptoms as a result of prenatal drug exposure. Referrals are received through the Child Abuse and Prevention Treatment Act (CAPTA) unit of CYD. Families are provided case management by one of the two aftercare programs which are extended to all children up to age 17 years old in mother's care.

## **2. Truancy Intervention**

Through the Stop Truancy and Recommend Treatment (START) program, DHS works in collaboration with the School District of Philadelphia (SDP), Family Court, and other partners to improve school attendance and reduce truancy through multiple strategies. Currently eight Regional Truancy Courts operate in eight regions of the city to hear cases involving truancy of youth in 4<sup>th</sup> -10<sup>th</sup> grades. Approximately 20 community-based agencies provide family support/case management for these families, to resolve the underlying issues contributing to the truant behavior. Services are provided for 60 days and include comprehensive assessments, a family development plan, home visits, strength-based case management (including referral and linkage to appropriate services) and follow-up. Truant children in grades K-3 are referred directly to CBPS and connected with School-Based Case Management and/or Diversionary Case Management services.

## **3. Delinquency and Violence Prevention**

Delinquency and violence prevention programs seek to address the service needs of chronically truant youth, first-time offending youth with minor charges, and other youth identified by DHS to be at highest risk for delinquency. Delinquency prevention programs offer a mix of services designed to address interpersonal and social skills, behavior modification, family intervention, and educational support. Core components of all programs include academic assistance, counseling, community service, physical and behavioral health supports, life skills, and job readiness/employment training. Most delinquency prevention providers also provide cultural enrichment activities, law related education, victim and community awareness education, and physical activities.

**4. Out-of-School Time Programs**

Out-of-School Time programs provide children and adolescents adequate and appropriate out-of-school time opportunities. The programs can occur daily, on weekends, during the summer, or on certain days of the week. These services include after-school programs, Beacon Schools, and Positive Youth Development programs which are focused on special interests or events.

**5. Community Development Programs**

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

*Equal Partners in Change (EPIC)*

EPIC groups are comprised of citizens who live and/or work in the community and are actively involved in the continued development of the community and eradicating the barriers to healthy and thriving families. EPIC has played a critical role in the truancy prevention efforts, curfew center development and the mayor's overall efforts for violence prevention.

The Equal Partnership in Change Stakeholders groups are charged with facilitating community development, advocacy, and organizing informal and formal support at the grassroots level. They do not per se deliver a typical unit of service. They make thousands of contacts with families and youth via door to door canvassing, voter registration, monthly community meetings and workshops in collaboration with other city agencies. They also provide information, referrals to supports for children and families in the community, and support various city initiatives via their organizing networks. A core component of the EPIC stakeholders group is the Family Leadership Institute (FLI). The FLI is a community-focused process designed to eliminate barriers to education, reduce neighborhood violence, and improve family functioning. Additional responsibilities include the development and implementation of strategic action plans in collaboration with other community residents, representatives from city government, SDP and the Faith Based Community.

*Faith-Based Connection (FBC)*

By connecting faith-based organizations with DHS Community-Based Prevention Services, the FBC builds their capacity to provide supportive services to strengthen families so children may live in safe homes and communities.

**6. Consultation, Evaluation and Training Programs**

This represents those activities which enable the Department to assess programs, determine service gaps and provide staff training.

## Outcomes Previously Introduced

- \* *For each outcome introduced by the county in past budgets, describe the activities, programs, or services implemented in order to achieve the outcome and results. (See programs listed under each Outcome)*
- \* *Describe whether the county will continue its efforts to improve outcomes, or if the county has analyzed needs and chosen to address different outcomes.*

**The County has chosen to continue to address the following Outcomes that were included in the previous Needs Based Plan and Budget:**

### **OUTCOME 1: Improving Services for Adolescents Who Come to the Attention of DHS in order to:**

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

#### **Specific program responses include:**

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

- **Youth Curfew Centers**

The curfew centers were eliminated in October 2008 due to cost and utilization concerns.

- **Truancy/Curfew Regional Courts**

Truancy Courts continue to operate as a key city strategy for reducing school truancy and drop-out rates in Philadelphia. In FY09, eight Regional Truancy Courts operated in different regions of the city, staffed by representatives from DHS, the School District of Philadelphia, and Philadelphia Family Court. Approximately 20 community-based agencies, an increase of 4 compared with FY08, provide family support/case management to resolve the underlying issues contributing to the truant behavior.

- **Respite Program**

Due to budgetary constraints, this initiative has not been implemented.

- **In-Home Support Services Improvements**

- **Teen Placement Diversion Program (TPDP)**  
**TPD outcomes for '07 and '08**

In 2007, there were 240 referrals to the Teen Placement Diversion Program. Of these families, 73 completed the full 60 day program. Of those children who completed the full program, only 25% (n=58 children) were subsequently placed. Families can leave the TPD program successfully with in-home-services, CBPS or without services.

In 2008, there were 188 referrals to the Teen Placement Diversion Program. Of those families, 62 completed the full 60 day program. Of

those children who completed the full program, 20% (n=49 children) were subsequently placed in care.

Families may not complete the full program because of many factors, such as parental refusal to cooperate, or a significant safety issue involving the youth which require placement.

In summary, 75% of youth that complete TPD do not enter placement. Those families that do not complete TPD have a significantly higher rate of placement.

- **Placement Services Improvements**

- ***Establish an Education Support Center***

In December 2008, CBPS initiated the planning process for a DHS Education Support Center (ESC). CBPS and the Mayor's Office of Education jointly applied for a Stoneleigh Center senior policy fellow to support the planning process and the fellow started working on this effort on December 2<sup>nd</sup>. The planning phase of the DHS Education Support Center has three overarching goals: to establish a formal cross-system partnership with the School District of Philadelphia (SDP) for the purpose of improving the quality of educational support services offered to children in out of home placement (CYD and JJS); assess how DHS is currently utilizing its school-based resources in order to better align these services to support the educational engagement and performance of children in care; and identify the multiple leverage points in the DHS continuum of services and care (from first safety or in-home assessment to case closings or permanent placements) where educational assessments, linkages, and supports can be integrated into the day-to-day practice of DHS workers.

DHS and SDP are close to finishing best practices research on program models that can help the systems achieve better educational outcomes for children in foster care or delinquent placements. As a result of this research, DHS and SDP recently developed a "working framework" for an Education Support Center. Under this framework, the Education Support Center will perform the following functions:

1. Track educational indicators for children in DHS care in order to identify early warning signals of educational challenges or failure and plan appropriate interventions in collaboration with SDP.
2. Provide individual and group consultation and capacity-building to DHS and provider agency case workers, SDP staff, and resource families
  - Individual case assistance for social work staff in order to plan for all children and youth who are identified as having unmet education-related needs
  - Capacity-building and training for DHS, SDP, and provider staff to enable them to identify and solve educational issues
  - Individual and group capacity-building for resource families (foster, kin, permanent guardians, adoptive parents, other) to

navigate the SDP and other agencies providing educational services

3. Coordinate and evaluate DHS-funded education support resources
  - Coordinate DHS-funded school-based services to more effectively support the school stability and performance of children and youth in DHS care
  - Promote the use of school district resources to support the school stability, engagement, and performance of children in out of home placement
  - Identify resources for private providers to strengthen academic support and enrichment programs for children in DHS care, involved with DHS, or “at risk of becoming involved with DHS”

Research on other jurisdictions around the country that have worked on child welfare & school district collaboration indicates that this type of complex cross-system reform requires careful, collaborative, and strategic planning. Cross-system reform efforts in other jurisdictions have taken two to four years to fully operationalize. Philadelphia has made great progress in establishing the framework for child welfare & education cross systems reform. DHS and SDP are at the beginning stages of a multi-year effort to institutionalize major improvements.

- ***Charter School for Foster Care Children***

Arise Academy Charter High School is a new public charter school opening in Center City Philadelphia. It is specifically designed to meet the needs of students who are currently in out-of-home care (including family foster care, group home care, and Supervised Independent Living). It is scheduled to open in September 2009 with 200 students in 9<sup>th</sup> -12<sup>th</sup> grades. Arise Academy, managed by GPUAC, is the first public charter high school in our region solely dedicated to supporting and guiding our youth towards educational success. Due to the many challenges placement presents, 75% of Philadelphia youth in foster care drop out of high school, twice the rate of those who are not in foster care. Enrollment is strictly by student choice and should not be considered a DHS placement.
- ***Social Services for Older Youth in Transitional Housing***

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

Social Services for Older Youth in Transitional Housing are provided by six agencies under contract to CBPS (an increase from four providers in FY09). HUD funding has been and will continue to be utilized for housing development. In FY09, the SHP program served 95 youth and their children for an overall 118% (95/80) average occupancy rate among the four (4) providers. Of the 16 youth exiting the program in FY09, 15 transitioned into stable housing making it more likely these youth will have successful outcomes in their transition to adulthood.

CBPS has taken on the fiscal responsibility for case management and all other social service supports for the youth while they are residents in the various participating housing programs. These supports, designed to assist youth in reaching acceptable levels of self-sufficiency and independence, include case management, parenting and child care programs (for teen parents), educational and vocational training programs, and assistance transitioning to permanent housing. All youth are linked to the Achieving Independence Center.

## **OUTCOME 2: Reduce the Accept-for-Service Rate for All Referrals**

### **Specific program responses include:**

- ***Hotline Process Enhancements***

The purpose of Hotline Guided Decision Making is to revise policies, procedures and tools to ensure decisions made by the Hotline staff are consistent with the safety model of practice. These changes are the result of the implementation of FACTS2 for Hotline processes and the Alternative Response System, and will incorporate their use in the decision-making process. The Hotline will use FACTS2 to complete the Hotline Guided Decision-making (HGDM) process which continues to require collecting and analyzing significant information in order to determine what reports are accepted for investigation/assessment, how quickly face-to-face contact must be made, and who will complete the assessment.

  - When certain HGDM safety decisions are made in FACTS2, the system will automatically select response priorities.
  - For calls alleging a substance-exposed newborn, the Hotline will complete the HGDM process to determine whether there is present or impending danger or the report meets the safety threshold criteria, and therefore should be referred to CYD for assessment/investigation, before sending the report to the DHS-CAPTA unit.
  - Family Assessment - ARS referral will accept reports that meet the criteria for that assessment process.
  - There is a new process when the Hotline receives a report that a child was injured and is in serious or critical condition (determination of “near fatality”).

○ **Alternative Response System (ARS)**

The mission of the Alternative Response System (ARS) is to ensure child safety, and engage and support families in enhancing their abilities to meet the basic and well-being needs of their children in the least intrusive, time limited manner through the use of community resources. The ARS practice has been in existence elsewhere for well over a decade and can be found in over twenty states in the country. The Alternative Response System (ARS) is designed to promote partnerships with families and encourage family driven service delivery while keeping families out of the formal child welfare system.

The target population for ARS includes families with children ages 0 to 17 who are brought to the attention of the Department by way of an allegation of abuse and/or neglect, and when: 1) no safety concerns are indicated and 2) family may benefit from community based supportive services.

Families will be offered an array of supportive community services and will be able to identify and prioritize interventions they prefer. Some of the services to choose from are as follows:

- Referral service and linkage
- Medical service coordination and monitoring
- School coordination and monitoring
- Parent Aide
- Homemaker Services
- Housing Resources and Advocacy
- After School Programs

○ **Rapid Service Response (RSR)**

The Rapid Service Response Initiative (RSRI) was designed to assist families that have been reported to the Department of Human Services (DHS) for General Protective Services (GPS) concerns and intervention. The initiative was implemented in December 2005. The main focus of this initiative was to improve the assistance that DHS was offering to some of its most vulnerable families. RSR is a “pre-accept for service initiative” during the course of an Intake investigation. This direct operational response allowed CYD Intake social workers the opportunity to provide early supportive services during the investigative and assessment phase of the reported allegations.

RSRI is targeted to families that have children age thirteen (13) and younger in the home. Families that receive Rapid Service Response (RSR) retain all legal and physical custody of their children and cannot be active with the Family Court (Dependency). Referrals are only received from CYD Intake social workers who have determined that the risk to these children is moderate to high.

**Conclusions**

The majority (68%) of the cases serviced through the Rapid Service Response program during FY 2008 were closed after their involvement with the program. One hundred and fifty-three (153) cases received services from the RSR program and were closed. Of those 153 closed cases, only 27 or 17% received additional reports and only four or 14% of those reports were substantiated.

**Future Role of RSRI**

The role of RSR is expanding. Recently, the RSR service has become available to Intake social work staff during the Child Protective Service (CPS) investigation. Additionally, CYD Operations is in the process of arranging for the RSR provider agencies to complete the Ages and Stages Questionnaires (ASQ) on CPS cases that have been "Indicated or Founded" but not accepted for services, and where the subject child is younger than three years old. The ASQ requirement will ensure that the State's mandate from the Early Intervention Bulletin issued last March (2008) is met.

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

Specific program response is:

**In-Home Protective Services (IHPS)**

As the department refocused our practice from an allegation driven system to a safety driven system, it became clear that the services we provide must also be clearly aligned to remediate identified safety threats and enhance protective capacities so that children are not only safe but families are given the tools to maintain that safety outside of the formal child welfare system. To that end, the Department issued an RFP for In Home Protective Services to replace SCOH services.

The RFP identified 5 protective in-home service categories for which the Department was seeking proposals: General In-Home Protective Services and 4 specialties:

- IHPS Sexual Abuse,
- IHPS for Cognitively Impaired Caregivers,
- IHPS for Families in Shelter; and
- IHPS for Medically Fragile Children.

IHPS agencies selected to provide general services are assigned to Police Districts in the same way our on-going service regions are assigned. This helps to further enhance our geographic assignment so that whenever possible sections are aligned to one or more Police Districts and are also aligned to one IHPS provider which is assigned to the same district or districts. As such, IHPS providers and DHS sections will work in partnership with one another within Police Districts. IHPS specialty providers will provide services cases city wide. All IHPS providers have a contractual no reject requirement.

**OUTCOME 4: BARJ – Reduction in Out-of-Home Placement and Institutional Length of Stay for Delinquent Youth**

Specific program responses are:

- ***Graduated Sanctions***  
***TBD***
- ***Global Positioning Technology***  
***TBD***
- ***Enhanced Probation Officer Travel***  
***TBD***
- ***Expansion of Alternative Treatment Services for JJS Youth***  
***TBD***

**OUTCOME: Improving Child Safety**

Specific program responses are:

- **Safety Tools**  
Philadelphia implemented use of the Investigation/Assessment and In-Home Services Safety Assessment in February 2008. As of June 2009, the Safety Assessment is in use by staff throughout the agency. In addition, the Department has implemented a Hotline Guided Decision Making (HGDM) process at the point of initial client contact in order to focus services on children who have an immediate or impending safety threat as determined by the Safety Assessment.
- **CAPTA – (Child Abuse Prevention and Treatment Act)**  
The Child Abuse Prevention and Treatment Act (CAPTA) provides federal funding to states to prevent, identify and treat child abuse. The Commonwealth of Pennsylvania has enacted laws that mandated counties to provide or arrange for services for newborns that are identified as 'being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. The PA law requires all hospitals to report the birth of any such child who is drug exposed even if the child is healthy otherwise and there are no other causes for concern.

In order to comply with CAPTA and the conforming PA legislation, the Department of Human Services (DHS) established a CAPTA Unit. The purpose of this unit is to receive referrals of drug exposed newborns from hospitals and determine an appropriate course of action. Based on the information and findings, and the families willingness to accept voluntary services, a determination is made to: refer appropriate cases to the Maternal, Child and Family Health (MCFH) CAPTA team at the Health Department, accept the case for formal child protection assessment by CYD Intake, forward the information to the ongoing CYD social worker or refer to Community Based Prevention Services (CBPS) Enhanced Services for children. If the CAPTA Unit social worker and MCFH team determine that MCFH services are not appropriate, the team must make a recommendation as to other services that would be more appropriate for

the family.

### **Accountability and Infrastructure changes designed to support the Department's focus on child safety and protection**

- ***Re-evaluate/recraft role of supervisor***

Training has been developed based on an intensive needs assessment for supervisors at DHS. The first pilot will be completed July 31, 2009, with the second pilot beginning in August. Training for all supervisors will be completed by May 2010 and will be offered twice yearly thereafter. A Supervisory Procedure Manual will accompany the training.

- ***Fatality Review Process***

DHS has implemented a new Child Near Fatality and Fatality Review structure, per the recent Act 33 legislation. DHS has developed a process for the distribution and implementation of recommendations. The composition of the Act 33 Review Team includes members from the following areas: Medical Examiner Office (Chair), DHS Law, Operations, School District of Philadelphia, Temple University, Children's Hospital of Philadelphia, St. Christopher's Hospital, District Attorney's Office, OCYF, Women Against Abuse and the Department of Behavioral Health. Under the Division of Performance Management and Accountability the Act 33 Review process is managed by a full-time Program Administrator. The Program Administrator manages and coordinates a wide range of work activities related to facilitating the child near-fatality and fatality review process.

In accordance with Pennsylvania Act 33 Legislation, DHS convenes an interdisciplinary child fatality and near fatality review team (Act 33 Review Team) on any Child Protective Services (CPS) fatality or near fatality case in which there has been: 1) an indicated report; or 2) a determination has not been made within 30 days. Prior to the official review by the Act 33 Review Team, the Chief Medical Examiner convenes the Coordination and Immediate Review Team (CIRT). This team consists of representatives of the Medical Examiner's Office, the City of Philadelphia Law Department and the Program Administrator. The purpose of this team is to coordinate communication between City agencies. The Medical Examiner convenes a phone conference (within 72 hours of the notification) with the CIRT for the purpose of sharing information. The team gathers necessary information from various city agencies (including DHS, Health Department, Police Department and the Medical Examiner's Office) in preparation for the formal review by the Act 33 Review Team.

The Act 33 Review Team convenes no later than 31 days from the receipt of the report by DPW.

The Program Administrator and staff produce a written report for each Act 33 Review that is conducted, which includes a summary of the family's involvement with DHS, the circumstances of death, findings, and recommendations. Once the final report is produced and approved by the Team and the Commissioner, the recommendations are distributed to the appropriate department lead. The assigned department lead determines if and how that particular recommendation can be implemented, as well as takes the necessary steps to execute the

implementation when possible. A discussion of the recommendations is held with Division/Dept leads, as needed, at executive staff meetings. The Program Administrator provides assistance throughout this process.

In addition to our Act 33 Reviews, DHS participates with the Health Department's Philadelphia Interdisciplinary Mortality Reviews (PIMR) that are conducted for every child that dies in the City of Philadelphia of any cause, but with a special focus on homicides, suicides, accidents, and fatalities of unknown cause or that were unexpected. A representative from DHS attends each of their monthly homicide, non-homicide, and women's reviews and provides information about previous or current DHS involvement with the families.

DHS has also created and utilizes a child fatality database designed to produce reports consistent with the needs of the Department, the DPW/OCYF, and various oversight groups such as the Community Oversight Board (COB) and the Mayor's Office. The database will also be used to track the implementations of recommendations of the Act 33 Review Team. The Project Administrator and staff continuously maintain and update the database.

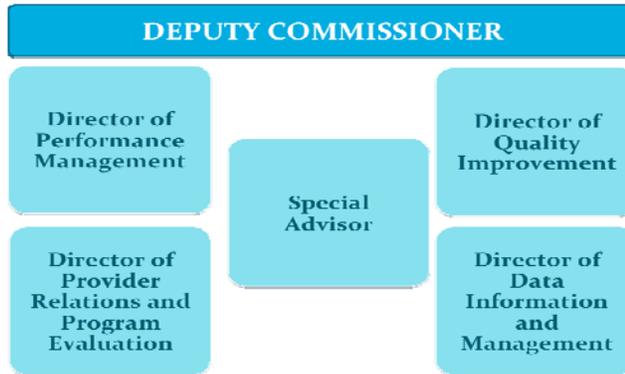
- ***Develop Annual Report Cards for Providers and DHS***

Philadelphia developed report cards for both providers and DHS. The DHS report card was disseminated to the Community Oversight Board (COB), who reconsidered the number of measures incorporated in the report card and established – in connection with DHS – that DHS would subsequently report out on 5 measures only: repeat maltreatment, severity of abuse, transfers in level of care, length of stay, and re-entry.

The COB and DHS also reconsidered the provider report card. The data provided by the outside consultant was not sufficient to rank all the providers or provide a comprehensive assessment of their performance. The way providers are evaluated and reported on is now under the care of the new Division of Performance Management and Accountability. The Division will review past and current evaluation practices to develop a more accessible, transparent and fair reporting system for providers.

▪ **Develop a Comprehensive Performance Measurement and Quality Assurance System**

The county created a new Division for Performance Management and Accountability, headed by a Deputy Commissioner, to develop an agency-wide system. As of June, the Division has been in place and started the work on performance management. The Division is organized as follows:



The responsibilities of the Division are as follows:

Director of Performance Management

- Develop, implement, and monitor agency-wide performance management system
- Identify and facilitate continuous improvement of the overall processes across the entire agency
- Manage and facilitate child near fatality and fatality review process
- Consult with Provider Relations and Program Evaluation Unit (PREP) on streamlining evaluation tools and revising standards

Director of Provider Relations and Program Evaluations (PREP)

- Provide oversight for Central Referral Unit (CRU) and CANS assessment process
- Monitor compliance and quality of our contracted provider community and support improvement effort
- Investigate complaints pertaining to provider performance and develop plans of correction
- Facilitate Provider Accountability Forums
- Review and update existing contract standards; develop standards for new contracted programs, e.g. expansion of PBC programs
- Conduct consumer satisfaction reviews

Director of Quality Improvement

- Monitor the agency's safety model of practice to ensure fidelity to the principles of the model
- Monitor internal staff's ability to interpret data collected through safety and risk assessments and use it to inform practice decisions
- Conduct case reviews around practice issues internal to the department and provide clear feedback to CYD, CBPS, and JJS staff
- Organize and facilitate workgroups in identified areas aimed at improving the quality of practice
- Assist in the development and implementation of our new electronic case management system

- Lead the upcoming random case file review process
- Ensure that results of case file reviews are shared appropriately

#### Director of Data Information and Management

- Collaborate with Systems to develop and maintain databases
- Data integration and data warehouse; Integrate data from independent agency databases and external sources
- Strengthen the capacity of the warehouse to provide systematic and timely reports for use inside and outside the Agency
- Support the work of the division and the agency as a whole
- Work closely with the MIS staff to improve data quality and to create a culture in which data is used to improve performance at all levels of the organization
- Ongoing analysis of performance and outcome measures agency-wide
- Creation, maintenance and dissemination of ongoing data reports

#### Special Advisor

- Work closely with Deputy Commissioner to facilitate relationships and interactions with outside stakeholder groups and cross-divisional collaborative projects
- Lead State and Federal monitoring, evaluation, and program improvement activities

#### Deputy Commissioner

- Oversee all functions of the Division of PM&A
- Strategic Planning for growth of the Division within the Agency
- Strategic Planning with the Department of Technology for enhancement of the Agency's technological profile
- Lead in the development of appropriate outcome measures related to safety, permanency and well-being
- Lead in the development of data reports appropriate for internal and external dissemination
- Ongoing review of Agency's data needs and upgrading of Agency's data proficiency
- Ongoing review of Agency performance
- Ongoing review of Provider performance
- Ongoing collaboration with OCYF
- Participation in state-wide activities through PIP

#### ▪ ***Establish a Local Presence in an At-Risk Location***

Due to budgetary constraints, this initiative has not been implemented.

#### ▪ ***Infrastructure/Morale – Expand Leadership Development***

The goal of the DHS Leadership Development program is to enhance the ability of staff at the supervisor, administrator, director and deputy levels to implement system-wide changes that lead to the organization achieving its desired service outcomes. Project activities include: (a) introducing DHS managers, administrators, supervisors and line workers to emerging best practices that are essential to system transformation; (b) clarifying management expectations, directives and accountability; (c) improving supervisory understanding and management expertise; (d) developing a multiyear, comprehensive culture and change management plan; (e) evaluating process and outcome efforts; and (f) providing external partners with knowledge to participate in and support

transformation of the systems. So far 116 staff have participated in the program, and it is expected that an additional 88 staff will have participated and completed the program by June 30, 2010.

## CASE MANAGEMENT

### Family Engagement in Case Planning

*(note use of Family Group Decision Making as an engagement process)*

- \* *Assess performance to determine if improvement in this area is needed in the county.*
- \* *Describe previous efforts which the county believes have had a positive impact.*

### FGDM

The Department has implemented Family Group Decision Making (FGDM) meetings as a core practice to improve the safety, permanency, and well-being of the children and families we serve.

FGDM is used when a youth is at risk of removal, has a change in placement level, at risk of placement disruption, discharged from placement, participate in an older youth permanency meeting, and other critical issues such as a permanency decision. FGDM practice and philosophy embodies a strength-based, family-centered, child-focused, and culturally sensitive approach to working with families in the child welfare system. Families are engaged and empowered by child welfare agencies to make decisions and develop plans that protect and nurture their children, preventing further abuse and neglect. FGDM establishes a process for families to join with relatives, friends, community partners, and child welfare agency representatives to make better decisions and develop specific, individualized intervention plans to ensure that children are cared for and protected from future harm. The term "family" is interpreted broadly to include extended family members, friends, neighbors, and others identified by the family as potential sources of support. Widening the family circle increases the opportunity to engage more resourceful and dedicated family members as partners in creating solutions and making decisions. Participation in the decision-making process and FGDM meetings will also help families develop essential skills to successfully resolve future problems.

### FGDM Outcome Information

Regarding Completed Conferences, the Department has successfully held sixty-one (61) FGDM Conferences since the inception of the program. Sixteen (16) Completed Conferences were held during June, 2009.

Of the 61 Completed conferences, twenty-six (26) listed 'Placement Prevention' as the main purpose for participation; twenty-two (22) succeeded in preventing placement. For two families, the FGDM conference failed to prevent placement. Additionally, three (3) of those twenty-two successful conferences noted above led to the families being discharged and their cases "closed" by the Department.

Twelve (12) of the Completed FGDM Conferences listed 'Planning for Placement Discharge' as the main purpose for the meeting, while one (1) listed 'Planning After Emergency Placement' as the main purpose of the meeting.

Eleven (11) of the Completed FGDM Conferences listed 'Reunification' as the main purpose for the meeting; and, although those eleven conferences accomplished important objectives for the family, they have not led to reunification, as of the writing of this report. This can probably be attributed to the various dynamics involved, as reported by the assigned CYD social workers.

Six (6) of the Completed FGDM conferences were held to 'Stabilize the Family' and it has been reported that the meetings succeeded in achieving this goal. Three (3) meetings were held to 'Widen the Circle' and gain additional familial resources for a child in care. Again, the conferences were viewed as being successful since they widened the circle. Lastly, two (2) FGDM conferences were held to 'Achieve Permanency', but the children involved remain in placement due to factors beyond the control of the FGDM conference.

For the 61 families that have successfully completed a FGDM Conference, only five (5) have had additional reports to DHS. Of those five reports, one case was determined 'Unfounded' and three were determined 'Not Substantiated'. The fifth case had two (2) new reports, an "Unfounded" report and a 'Not Substantiated' report.