

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

February 2010

Presented to
Mayor Michael Nutter
and the Philadelphia Community

Submitted by The Philadelphia Community Oversight Board:

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CITY OF PHILADELPHIA
COMMUNITY OVERSIGHT BOARD
For the
DEPARTMENT OF HUMAN SERVICES

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The Philadelphia Community Oversight Board (COB) is deeply indebted to many groups and individuals for their insight, support, and guidance over the last 6 months. Without this assistance, neither this report nor the COB's ongoing work would be possible.

The COB wishes to commend Mayor Michael Nutter for his continued commitment to the implementation of the recommendations of the Child Welfare Review Panel (CWRP) and his active pursuit of services that ensure the highest level of child safety from the Department of Human Services (DHS). The COB continues to rely heavily on his ongoing involvement with, and commitment to, the work of the Board. This commitment has reinforced for both DHS and the public at large that reform efforts will continue. We also wish to thank the Mayor's staff for its ongoing support.

The Department of Human Services (DHS) staff members have continued to provide the important information required by the COB to understand the nature, scope, status, and time frames of the many reform efforts and activities currently underway. During this period, DHS staff members have been particularly responsive to the COB's requests for updates and new data to support its work. The leadership provided by Anne Marie Ambrose, DHS Commissioner, has led to substantial progress on the CWRP recommendations during this period. Her commitment to the effort has given the COB confidence that the Department will maintain and continue to enhance the many reforms already implemented by DHS.

We wish to extend our sincere gratitude to the Pew Charitable Trusts, the William Penn Foundation, the Annie E. Casey Foundation, and Casey Family Programs for their continued support of the COB and DHS reform efforts. The work of the COB could not be sustained without the support provided by these organizations.

The COB relies heavily on the assistance of our consultants from Walter R. McDonald & Associates, Inc. and MFR Consultants, Inc., and we acknowledge their efforts to support and inform the COB.

Finally, we wish to express our sincere thanks to the many stakeholders representing the Philadelphia community who have taken time out of their schedules to attend meetings, provide input, and offer suggestions for moving forward. Their participation has provided important perspective on the complex issues the COB and DHS are addressing and has helped us understand how the reform efforts are recognized and viewed by the community.

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EXECUTIVE SUMMARY

During the last 6 months, the Community Oversight Board (COB) has continued to monitor and assess the performance of the Philadelphia Department of Human Services (DHS), focusing on areas deemed highly important to assuring the safety of children served by the Department. The COB has continued to see progress in a number of areas and a commitment to continued improvement by DHS leadership. Equally important, DHS is implementing these reforms in a manner that should lead to long-term sustainability.

This report covers four areas that have been a major focus of the COB during the last 6 months:

1. Ongoing implementation of the Child Welfare Review Panel (CWRP) recommendations;
2. Establishment and monitoring of key outcome measures that the COB considers critical to assessing the impact of the reforms on child safety;
3. Continued monitoring of the status of child visitation—a practice deemed critical to assuring child safety; and
4. Continued monitoring of the child fatality review process, with a focus on the implementation of the recommendations that are derived from these reviews.

Overall, the COB is pleased with the progress made during this period. However, not all CWRP recommendations have been fully implemented. In addition, some of the original time frames specified in the CWRP's recommendations have been renegotiated. Section 1 of this report details the status of the 37 original recommendations. The COB is carefully monitoring the progress and implementation of all recommendations, with a special focus on the following recommendations that significantly impact child safety:

- Development and implementation of safety assessments for children in placement;
- Development of the comprehensive model of social work practice;
- Use of an evidence-based model of practice to determine the effectiveness of services;
- Implementation of background checks for individuals residing in the households of children in DHS's care;
- Increased frequency of face-to-face contacts with children;
- Enhanced fatality reviews and implementation of the recommendations from these reviews; and
- Expanded use of family conferences for case planning.

In addition, the COB is paying particular attention to three critical recommendations that DHS is still in the process of implementing:

- Establishing a local office in at least one high risk area;
- Establishing a co-located site with DHS staff, police, medical, and forensic interview personnel; and
- Clarifying the roles of DHS workers relative to workers in contract agencies.

This report will detail the status and progress made in a number of the above areas.

Another important focus area for the COB has been the implementation of the key outcome measures. These outcome measures were first introduced in the August 2009 Progress Report as a quantitative approach to assessing DHS progress. DHS has worked diligently to provide data that allow the COB to assess agency performance through the key outcome measures. Although this effort is ongoing, we recognize that DHS staff has expended great effort identifying the information needed and producing reports for the COB's review. Once all reporting methodologies are finalized, the COB and DHS will have a tool for monitoring progress on an ongoing basis.

The COB continues to monitor the Department's progress related to child visitation by DHS social workers. The Department has made progress, but face-to-face visits by DHS social workers are still less frequent than was recommended by the CWRP. The CWRP recommended monthly visits from a DHS social worker for all children in DHS's care. DHS recently introduced a new plan for expanded visitation. In addition to addressing the frequency of visits, the plan includes regular family team meetings, and a visitation tracking plan. This is an ambitious effort on DHS's part and is slated for implementation in January 2011. The COB will receive updates from DHS as these plans move forward.

The review of child fatalities and near fatalities, and implementation of the recommendations from these reviews, have remained a major focus of the COB. DHS has implemented a comprehensive set of procedures and guidelines that include reviews for both child fatalities and near fatalities, has involved key community members such as the Chief Medical Examiner in the process, and has put in place a tracking mechanism for monitoring the follow-up to the fatality review recommendations. The COB believes that DHS is now a model for implementing the state requirements for fatality and near fatality reviews as required by Pennsylvania Act 33.

Ensuring child safety is not solely the purview of one agency, nor can the leadership of DHS alone implement all of the recommendations that were established by the CWRP. To address the full range of the CWRP reforms, DHS has required the assistance and intervention of the Mayor's Office to address specific recommendations and to maintain support and momentum for the overall reform effort. During this recent period, Mayor Nutter has been instrumental in encouraging interagency involvement across human service providers under the city's control and has assisted DHS in overcoming obstacles that stand in the way of implementing certain reform recommendations. The COB commends the Mayor on his very active involvement in

supporting the effort to implement an effective child fatality/near fatality review process, in addressing obstacles to the creation of a co-location facility for child abuse experts and the establishment of a local office, and on his continued support to the COB in its overall oversight efforts.

As context to this progress report, it should be noted that DHS's overall caseload has been decreasing over the past 2 years. Based on information provided to the COB in December 2009, Hotline calls have decreased by 26 percent between 2007 and 2009; there were approximately 30 percent fewer validated maltreatment reports (CPS and GPS); and caseloads have been reduced to 15 families (from an average of 18). The number of children in placement, and the number of children in out-of-state placements, has also decreased. Such reductions in agency workload should make progress on a number of the reform efforts (e.g. child visitation, family conferences, and progress on many of the outcome measures) even more feasible in the future for DHS.¹

¹ Philadelphia Department of Human Services, December COB meeting handouts, December 4, 2009.

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

This section provides an update of the Philadelphia Department of Human Services' (DHS) progress toward implementing the original recommendations of the Child Welfare Review Panel (CWRP).

BACKGROUND

In its May 2007 report, the CWRP made a total of 37 recommendations, grouped into four areas—Mission and Values, Child Safety and a New Social Work Practice Model, Accountability, and Leadership and Infrastructure. Recommendations in these areas originally were divided into two implementation phases. As a means of monitoring DHS's progress toward planning and implementing the recommendations, the Community Oversight Board (COB) uses the following classification system:

- *Completed*—DHS fully implemented a plan to address the recommendation to the satisfaction of the COB.
- *Ongoing*—DHS has fully implemented a plan to address the recommendation with activities ongoing.
- *In progress*—DHS has a plan to address the recommendation in place with partial implementation.
- *In planning*—DHS has not yet developed a plan for implementation that is acceptable to the COB.

These classifications were used by the COB in its January 2009 and August 2009 progress reports. At the COB's request, DHS has used the same classification system to track its progress in implementing the recommendations.

DHS'S RESPONSE

Since the CWRP issued its recommendations in May 2007, DHS has made steady and considerable progress implementing them. This progress has been reported in the COB's prior reports. In January 2010, DHS provided the COB with a detailed summary of its progress toward meeting the CWRP recommendations, highlighting activity that has occurred since the COB's August 2009 report. Based on that information, it is clear that DHS continues to make substantial progress toward implementing the CWRP's recommendations, particularly in the areas of child safety and the new social work practice model. Table 1.1 summarizes the information provided by DHS.

Table 1.1 DHS Implementation of CWRP Recommendations

Recommendations	Completed	Ongoing	In Progress	In Planning	Total
Phase 1					
Mission and Values	2	0	0	0	2
Child Safety Practices	1	3	3	1	8
Outcomes/Accountability	2	2	2	0	6
Leadership/Infrastructure	1	1	0	0	2
Phase 2					
Mission and Values	1	0	1	0	2
Child Safety Practices	0	6	5	1	12
Outcomes/Accountability	1	0	1	0	2
Leadership/Infrastructure	0	1	2	0	3
Total	8	13	14	2	37

A detailed table that lists the implementation status of each recommendation, along with DHS’s reported level of priority and implementation update, is presented in Appendix A.

Areas of Concern

In the August 2009 report, the COB listed seven areas in which there was concern regarding DHS’s implementation of the CWRP recommendations. Since that time, the COB has been working closely with DHS to move forward with the full implementation of these recommendations. Table 1.2 presents the recommendations previously identified as areas of concern and provides a summary of DHS’s updates regarding implementation efforts.

Table 1.2 DHS Status Update on COB’s Areas of Concern

Recommendation of Concern (Recommendation Number)	DHS Reported Status, January 2010	Report on Progress (Summary of DHS Report)
DHS must implement an adequate evidence-based safety assessment tool. (2.a.i)	In-home tool: Completed Placement tool: In progress	<ul style="list-style-type: none"> The use of a new in-home safety assessment was completed in 2008; an extensive quality assurance and training program is ongoing. The placement safety assessment tool is scheduled to be piloted in the spring of 2010 with a group of OJT staff. DPW has required the Department to pilot the placement safety assessment in this manner. Statewide implementation is expected by July 1, 2010.

Recommendation of Concern (Recommendation Number)	DHS Reported Status, January 2010	Report on Progress (Summary of DHS Report)
<p>DHS must conduct a safety assessment for every child within its care—both children at home and children in out-of-home placements. The safety assessment must be updated at each contact with the child.</p> <p>(2.a.ii)</p>	<p>In home safety visits: Completed & On-Going</p> <p>Placement safety visits: Completed & On-Going</p>	<ul style="list-style-type: none"> • DHS policy is that every youth receiving in-home services must have a safety assessment completed. • DHS maintains an extensive QA process, reviewing more than 100 cases monthly. DHS has a unit dedicated to reviewing, analyzing, and reporting on the data. Data from the reviews are reported quarterly, and used to assess quality of the safety assessments and help staff members improve their use of the tool. These reports are also submitted to the state as part of the agency's licensure process. More information on how DHS uses these data to monitor and improve performance can be viewed in the August, 2009 COB report, beginning on page 30. • The Department will pilot the placement safety assessment when DPW provides a final safety assessment for children in placement. We anticipate that the placement safety assessment pilot will begin in the spring of 2010 and finalization of the in-home safety assessment tool in July 2010.
<p>DHS must develop a comprehensive model for social work practice that is based on DHS's core mission and values; includes a stronger focus on child safety, permanency and well-being; is family-focused and community-based; and allows for individualized services. (2.a)</p>	<p>In progress</p>	<ul style="list-style-type: none"> • The Philadelphia Model of Practice is in final review within the Department and is being aligned with our vision and mission statements, targeted outcomes, and core values.
<p>DHS must move toward an evidence-based practice model and take active steps to determine the effectiveness of its practice with an evaluation process that is open and informs good practice.</p> <p>(2.a.i)</p>	<p>In progress</p>	<ul style="list-style-type: none"> • DHS continues to rely on research and evaluation in child welfare to inform the development of programs and practices. Examples include Hotline Guided Decision Making (HGDM), Safety Model of Practice/IHPS, ARS, FGDM, and ChildStat. • DHS has identified outcome measures for COB consideration and will begin to program for these and generate reports. DHS invites the COB to provide further clarity and direction regarding this recommendation. • DHS will continue to provide updates regarding the refinement of these measures. • PMA is consulting with Marc Cherna from the COB and Fred Wulczyn (Chapin Hall) around issues of state data reporting and the refinement of the outcome measures.

Recommendation of Concern (Recommendation Number)	DHS Reported Status, January 2010	Report on Progress (Summary of DHS Report)
<p>DHS must conduct a background check on each member in the child's household. If an adult household member has prior involvement with DHS or a criminal record that includes convictions for a felony that suggests danger for a child, then</p> <p>DHS must conduct an assessment to determine whether the household is safe and appropriate for the child. (2.a.ii.2)</p>	<p>In progress</p>	<ul style="list-style-type: none"> • DHS plans to respond to this recommendation by starting with requiring criminal clearances for all reunification cases and then gradually phasing in certain kinds of investigations, including cases with sexual abuse and domestic violence. • JNET installation and training of designated DHS staff has been completed and these staff members are in the final stage of the certification process (completing of FBI fingerprinting, which should be completed no later than mid-March). • DHS has met with the supervisory judges of both the Domestic Relations and Dependency branches of Family Court and have received access to the court's database—BANNER—to allow and expand DHS access to Protection from Abuse orders and possibly custody orders. DHS is currently negotiating with the court on the maximum number of DHS staff that will be allowed access to the BANNER system. • The policy and procedure guide is in draft form and is being revised by Law and Policy and Planning. • The District Attorney's Office has been contacted and has agreed to provide training for DHS staff regarding understanding and interpreting criminal history clearance results.
<p>DHS must enhance the frequency of face-to-face contacts with children of all ages.</p> <p>1. Since face-to-face contacts are the most important actions to ensure child safety, DHS staff must conduct a minimum of one face-to-face contact per month with each child in its care. More frequent contact may be warranted depending on the specific safety and risk factors in each case. (2.a.iii)</p>	<p>Completed & Ongoing</p>	<ul style="list-style-type: none"> • CYD developed and presented an enhanced visitation plan to the COB at the 12/4/09 COB meeting. The plan creates a protective atmosphere by increasing visitation frequency gradually and using teaming as a strategy to build and maintain relationships. The enhanced visitation plan is a phased-in approach to increasing the frequency of visitation to youth in the care of the Department. • More information on DHS's plan to increase visitation is presented in Section 3.
<p>DHS must enhance the child fatality review process. DHS must ensure that the child fatality review is multidisciplinary and that there is a mechanism for implementing its recommendations (2.a.vi)</p>	<p>Completed and Ongoing</p>	<ul style="list-style-type: none"> • DHS has fully developed and implemented a child fatality and near fatality process, and has hired staff members dedicated to managing the process. • DHS has established a protocol to track the progress and implementation of all recommendations. More information on this protocol in presented in Section 4.

Recommendation of Concern (Recommendation Number)	DHS Reported Status, January 2010	Report on Progress (Summary of DHS Report)
<p>DHS must ensure that ongoing team case conferencing occurs routinely every three months, for cases involving children age 5 years or younger, after the initial pre-placement conference, and the child's family, the DHS worker, the provider agency worker, and other interdisciplinary resources must be included, as appropriate. Monitoring of service provided, progress, and revisions to the FSP must be made as part of this process.</p> <p>(As reported in the August 2009 report, the COB's primary concern was that the use of FGDM be expanded to all children and utilize specialized resources in the case-planning process.)</p> <p>(2.e)</p>	<p>Completed and Ongoing</p>	<ul style="list-style-type: none"> • DHS continues to emphasize the use of family group decision making as a family- focused and strengths-based model. It is implementing strategies to ensure the practice continues and is integrated into daily practice. • DHS currently has an RFP for an additional provider of FGDM services. • DHS is beginning the use of Family Finding as an opportunity to increase the use of family-focused strategies. • DHS is bringing in national experts in this area to provide training to DHS and provider agency staff, to ensure that all staff have an aligned understanding of the teaming process and work collaboratively to use the team case conferencing to advance the goals of the child and family.

Since the August report, the COB also has identified three additional recommendations as areas of concern. These areas, and DHS's progress, include the following:

- *DHS must establish a local office presence in at least one geographic location deemed highly at-risk (2.c).* The CWRP established May 31, 2008 as the original deadline for implementing this recommendation. While DHS has actively researched locations, the creation of the local office was initially stalled by budgetary constraints and difficulties in securing agreements to co-locate services with other city agencies. However, Mayor Nutter has recently emphasized his strong support for a local office, and has directed DHS to move forward with securing a location and establishing the office, allowing other agencies to add services as feasible.
- *DHS must complete the long-planned co-location of DHS, police, medical and forensic interview personnel at a community site to facilitate collaborative decision making in the investigative phase of casework (2.a.ii.6).* While still in planning, DHS is actively engaged in securing a site and moving forward with the co-located office. As with the previously-discussed recommendation regarding the DHS local office, Mayor Nutter has expressed strong support for the co-location of services, and has directed Commissioner Ambrose to work with the Commissioner of the Department of Public Health to develop a plan for implementing a co-located facility as soon as possible. DHS will serve as the lead agency, with other agencies adding staff as feasible.

- *DHS must clarify the roles and responsibilities of DHS workers relative to private agency workers, at both the supervisory and worker level (2.f).* The CWRP originally established August 31, 2007 as the time frame for implementing this recommendation. DHS has categorized this as a high-level priority and has made progress on this recommendation in the last 6 months. DHS continues to consult with Casey Family Programs on strategic ways to improve outcomes for children and families by examining the Department and provider worker roles and responsibilities. In addition, the Provider Relations and Evaluation of Programs (PREP) group convenes regular meetings to discuss this issue. In the coming months, DHS intends to finalize its revisions to its Supervised Independent Living (SIL) standards and Performance Based Contracting (PBC) Roles and Responsibilities.

COB'S ASSESSMENT AND NEXT STEPS

The COB is generally pleased and encouraged with the progress made by DHS. Twenty-one (21) of the CWRP's recommendations—more than half—have been completed and/or are ongoing. In addition, 14 of the remaining 16 recommendations are listed as in progress, meaning that DHS is moving toward full implementation of the recommendations with a plan that is approved by the COB.

The COB is particularly encouraged by the progress DHS has made in the area of improving overall child safety. In the last 6 months, the Department has presented plans for, and begun implementation of, an enhanced monthly child visitation strategy aimed at gradually increasing the frequency of visits by DHS workers over the next year. DHS also has made strides in developing guidelines for implementing and evaluating the recommendations made by the child fatalities review team, and has developed a plan for defining and using key outcome measures to improve practice and accountability.

Only two of the CWRP's original recommendations remain in the planning stage. These are the establishment of a local DHS office in a geographic area with high need, and the co-location of DHS services with police, medical, and forensic interview personnel. While progress on these recommendations was initially slower than desired, Mayor Nutter's recent intervention regarding these initiatives has removed some of the obstacles to DHS efforts toward fully implementing these two recommendations. Over the coming months, the COB will work closely with DHS to develop more extensive plans for implementing these recommendations.

SECTION 2. KEY OUTCOME MEASURES

This section examines the status and progress related to the key outcome measures. The Community Oversight Board (COB) identified these measures as a means to assess, in quantitative terms, the Department of Human Services' (DHS) progress related to child safety and well-being.

BACKGROUND

In the August 2009 report, the key outcome measures were identified and some actual data were provided as an example of how DHS can begin to establish baselines for monitoring trends over time. The key outcome measures at that time were:

- Repeat child maltreatment;
- Severity of repeat child maltreatment and length of time between incidents of child maltreatment;
- Incidence of child maltreatment in placement;
- Re-entry into foster care and other placement types;
- Length of stay in foster care and other placement types; and
- Changes in the level of care in placements.

Since the formulation of the six outcome measures, the COB has determined that the last two measures—length of stay in foster care and changes in level of placement—are somewhat tangential to the core mission of the COB (i.e. overseeing the implementation of the CWRP recommendations, which focus primarily on the DHS child protection program). Therefore, these two measures have been removed from the core set of key outcome measures that will be monitored directly by the COB. However, both measures do reflect on the effectiveness of the DHS program in general. For this reason, data related to these measures are included in Appendix B.

Over the last several months, DHS and the COB have worked toward further refining the final measures and identifying the necessary reports to support the analysis of DHS performance on each measure. DHS has provided several presentations of data related to the outcome measures for COB review and comment. In some instances, the definition and method of analysis of the measures continue as works in progress.

DHS continues to refine the collection of the data and the formulation of the reports necessary for a comprehensive view of performance relative to each outcome measure. The COB and DHS continue to work on resolving the data limitations and definitional issues raised by the distinction between Child Protective Services (CPS) and General Protective Services (GPS) as defined in Pennsylvania law. DHS is developing a severity rating scale to better define the true severity of harm and risk involved in the Department's child maltreatment reports and ongoing cases. Information related to this effort is included later in this section of the report.

A major component of the DHS practice reform effort is the implementation of structured decision making. DHS has developed a decision making model that is based on Safety Factor ratings. The Safety Factor ratings are used by Hotline workers and by intake and ongoing workers when making safety decisions related to cases of child maltreatment. DHS is exploring how to relate certain key outcome measures to the assignment of Safety Factor ratings, in order to assess the impact of the Safety Factor model. The COB will continue to work with DHS in this effort. To a large extent, the ability to relate the Safety Factors to the outcome measures will rely on new data that will be provided by the implementation of the LIBERA-based information system.

Once refined and fully implemented, the outcome measures will provide an ongoing, quantitative mechanism for evaluating how children and families are doing as a whole in their experience in the child welfare system and the progress of DHS in addressing key issues related to child safety. The outcome measures are most informative when collected over a period of time so that measures of achievement, as well as measures requiring targeted improvement, can be monitored.

DHS'S RESPONSE

This section presents the most current data provided by DHS to the COB on the key outcome measures.² COB analysis and commentary related to DHS data are included at the end of each outcome measure subsection.

The DHS Outcome Measures Report included the following highlights of its findings.

- **Repeat Maltreatment and Length of Time between Incidents of Maltreatment**
 - Tracking two separate 18-month cohorts of children (FY2005 and FY2008), the percentage of cases with indicated repeat maltreatment incidents within 18 months of discharge **decreased** to under 1 percent.
- **Re-Entry**
 - Comparing FY2005 with FY2008, the percentage of discharged children who re-entered one or more times within 18 months **decreased**; the percentage of children who did not re-enter at all within 18 months **increased**.
- **The Draft Severity Index**
 - DHS developed a coding scheme to test methods for determining the level of severity of dependency cases. The maximum possible score is 20.
 - Preliminary results from this effort indicated that the range for DHS caseload, as of January 21, 2010, was between 0 and 16, with 71.4 percent of DHS cases scoring between 4 and 8. The largest percentage of cases (17.4%) scored a 6.

Note: This measure will continue to be refined as more data become available electronically.

² Philadelphia Department of Human Services "Update on Outcome Measures." January 31, 2010. Additional updates, following the COB review of the draft report, were provided by DHS on February 16, 2010.

Outcome Measure 1: Repeat Child Maltreatment and Outcome Measure 2: Severity of Repeat Child Maltreatment, and Length of Time Between Incidents of Child Maltreatment

DHS reported on two outcome measures—repeat maltreatment and length of time between incidents of maltreatment—within one table. These measures will be discussed together in this section. In addition, the status of the development of a Severity Index with individual case severity scores will be discussed.

DHS Outcome Measure Report

DHS refined this measure in order to better assess improvements on the measure. DHS compared indicated CPS reports of maltreatment for two 18-month cohorts³ and tracked those cases for a period of 18 months. The time was measured between the determination date and the following incident date.

Overall, the percentage of cases with repeat maltreatment reports decreased from slightly over 1 percent to less than 0.6 percent.

Table 2.1 Repeat Maltreatment and Time Between Initial and Repeat Incidents (July 2004–December 2005 and July 2007–December 2008)

	Initial CPS		0-6 months	7-12 months	13-18 months	Total
7/1/04 -12/31/05	1692	Repeat CPS	10	8	0	18 (1.06%)
7/1/07 -12/31/08	1183	Repeat CPS	5	2	0	7 (0.59%)

COB Analysis and Comments

Reducing the recurrence of abuse or neglect is an important measure of DHS’s effectiveness in keeping children safe. DHS’s current statistics, as presented above, examine child maltreatment that occurs within 18 months of a previous report. The data examine only those reports which are classified as CPS (Child Protective Services) according to the Pennsylvania definition for child maltreatment. This definition is relatively narrow when compared to the definitions of child maltreatment used by most other states. The Pennsylvania CPS definition focuses on instances of substantial harm to the child and is generally considered to under count certain types of physical abuse and a significant portion of neglect reports.

Pennsylvania child welfare agencies, including the Philadelphia DHS, do receive, evaluate, and provide services for reports of less serious harm and general neglect referrals. However, as in other Pennsylvania child welfare agencies, these reports are classified as GPS (General Protective Services). In fact, GPS reports are typically far more common than CPS reports. Although it is assumed that CPS reports entail higher risk to the child, GPS reports frequently involve significant risk to the safety and well-being of the children involved. Because of the prevalence of GPS reports, and the fact that they involve concerns significant enough for agency

³ Based on a request by the COB, DHS will be modifying future reports to use a 12-month cohort period.

intervention, DHS is exploring new methods for reporting on these reports and the services provided when these referrals are accepted for service. Future statistics will focus on the numbers of GPS reports received, the number accepted for service, and the number of children placed subsequent to these referrals. In addition, the Severity Index currently being developed will be used to assess the severity rating for these reports and cases. The COB will use the expanded data to monitor the more comprehensive picture of DHS's handling of child maltreatment referrals and ongoing cases.

The length of time between repeat incidents of maltreatment is considered an important measure of Department performance in ensuring child safety. Although the number of instances of repeat maltreatment, as shown above, are low (especially when GPS reports are taken out of the equation), the majority of repeat maltreatment reports were received within 6 months of the initial report. The reason that the repeat maltreatment occurs so soon after the initial incident is not known and merits further investigation. It is possible that the family is under greater scrutiny during the first 6 months. DHS and other involved agencies are more likely to identify new incidents of maltreatment while still engaged in actively monitoring the children in the family. The COB and DHS will continue to monitor this measure.

The severity of the repeat maltreatment is another factor that must be considered when looking at repeat maltreatment and it is a component of the key outcome measures. Currently, the only statistical measure of severity is the distinction between CPS and GPS reports, which both the COB and DHS question as a true measure of severity. DHS is developing a Severity Index that can be used to better evaluate the seriousness of repeat maltreatments. DHS is formulating a rating system that assigns numerical values to various factors that are considered relevant to severity and risk. These include:

- Type of reported allegation(s);
- Whether or not DHS accepted the report for service;
- Report category and finding;
- Response time rating (assigned upon receipt of the report); and
- Victim age.

Information related to the proposed Severity Index is included in Appendix C of this report.

Another important measurement related to recurrence of maltreatment is how many times the same child experiences an incident of maltreatment. Based on data presented at the December 2009 COB meeting, a little more than 25 percent of the CPS victims in FY2009 had prior indicated CPS reports (with approximately 2% having multiple prior indicated reports).⁴ The COB will continue to monitor the frequency of prior reports, as well as the other factors related to repeat maltreatment.

The number of calls screened out by the Hotline can affect the identification of repeat child abuse and neglect reports. Decisions at the Hotline determine whether a call is investigated or the report is screened out. There are times when the information in a single call does not portray an

⁴ Philadelphia Department of Human Services, December COB meeting handouts, December 4, 2009.

accurate picture of the true safety concerns within the family. DHS plans to implement a “red flag” indicator (within the FACTS2 information system) so that whenever three or more calls are received about the same family (within a 6-month period) and none of these calls reaches the threshold for acceptance, additional review of the situation can take place. The review can then determine if the totality of information from the multiple calls warrants intervention by DHS. The COB supports this effort to review situations where multiple calls are received about the same family.

Outcome Measure 3: Incidence of Child Maltreatment in Placement

The responsibility for assuring the safety of children in the care of DHS is one of the highest priorities of DHS. To avoid instances of child maltreatment while children are in DHS care requires great diligence in screening and overseeing the caregivers who are charged with responsibility for the children and regular monitoring of the children in placement. This outcome measure is designed to monitor DHS’s performance in maintaining children in safe placement settings.

Specific data on reports of child maltreatment in foster care were not available for this progress report. Since the state is responsible for receiving and investigating the reports of maltreatment of children in care, DHS has limited information to address this outcome measure. During the next reporting period, the COB and DHS will work with the Pennsylvania Department of Public Welfare (DPW) to acquire the necessary information to assess this outcome measure.

Outcome Measure 4: Re-Entry into Foster Care and Other Types of Placement

Re-entry into care after discharge is another of the COB-identified key outcome measures. The most current re-entry data are presented below.

DHS Outcome Measure Report

DHS compared entry cohorts, initial placements only, for FY2005 and FY2008 and tracked re-entry within 18 months for children discharged to permanency as of January 2010. There were 2,146 dependent children initially placed in FY2005 (July 1, 2004 to June 30, 2005). Of these, 49 percent were discharged within 18 months. A total of 1,915 children were initially placed in 2008 and 34 percent were discharged within 18 months.

DHS considers only the following permanency discharges in the tables related to re-entry:

- Return to parents;
- Placed with relative;
- Adopted; and
- Placed w/permanent legal custodian (PLC).

Table 2.2 demonstrates that the percentage of children who re-entered care decreased between FY2005 and FY2008.

Table 2.2 Re-Entry of Children Within 18 Months of Discharge to Permanency

		Number of 1st Placements	Children Discharged to Permanency	Children Re-entered Dependent	Children Re-entered Delinquent	Total Children Re-entered	Percent Re-entered
FY2005	Dependent	2146	1028	154	27	181	17.6%
FY2008	Dependent	1915	642	79	18	97	15.1%

But the percentage re-entered does not tell the whole story because it includes those children who re-entered more than once. Table 2.3 below breaks down the number of re-entries to demonstrate that the percentage of children with no re-entries increased between FY2005 and FY2008.

Table 2.3 Number of Re-Entries Within 18 Months for Children Discharged to Permanency

		Children Discharged to Permanency	Children Re-Entered	0 Re-entries		1 Re-entry		More than 1 Re-entry	
FY2005	Dependent	1028	181	847	82.4%	90	49.7%	91	50.3%
FY2008	Dependent	642	97	545	84.9%	51	52.6%	46	47.4%

Overall, it appears that DHS is keeping children in care for a slightly longer period of time, but decreasing the frequency with which they re-enter care.

COB Analysis and Comments

As noted above, between FY2005 and FY2008, there was a relatively significant decrease in the percentage of children who were discharged within 18 months. Re-entry into care for the discharged children did not change greatly, although children who were discharged and later re-entered did drop by 2.5 percentage points. Recent data presented by DHS in December 2009 showed that for 217 re-entries occurring before November 2009, the major cause of re-entry into care was child behavior (40%) rather than child maltreatment (26%).⁵ This is a positive finding, as it points out that re-entries are more likely to have occurred due to behavioral issues, rather than repeat maltreatment. It will be important for the COB to continue to monitor both the re-entry rates, as well as reasons for re-entry. The reasons for re-entry may point to practice issues in DHS or other community service systems that must support children and families.

⁵ Philadelphia Department of Human Services, December COB meeting handouts, December 4, 2009.

COB'S ASSESSMENT AND NEXT STEPS

The COB appreciates the diligence with which DHS has worked to provide data and analysis related to the key outcome measures. The COB will continue to support DHS's efforts to refine these reports. Once a core set of reports is finalized for all measures, the data can be consistently monitored over time. DHS and the COB will be able to evaluate trends that relate to either progress achievements or outcomes that require targeted improvement.

At this time, baseline data for a few of the key outcome measures are not available. They are:

- **Incidence of child maltreatment in placement**—As mentioned above, the state receives and investigates reports of maltreatment for children in out-of-home care. DHS has limited information about these reports. The COB and DHS will work with the Pennsylvania DPW to acquire the necessary information to assess the performance on this outcome measure.
- **Severity of repeat child maltreatment**—DHS's plan for addressing the assessment of the severity of repeat maltreatment is discussed above. The COB and DHS will work together to adopt a methodology that allows analysis of the severity of initial and subsequent reports, as well as ongoing cases.

Currently available data suggest some specific areas on which the COB will focus in the coming months.

1. The COB will work with DHS to complete the data collection and reporting methodologies for the remaining key outcome measures.
2. The COB will continue to monitor the progress related to repeat maltreatment and the factors that affect the severity and length of time between incidents. This is considered one of the most direct measures of DHS's success in ensuring child safety.
3. The implementation of the Severity Index, as well as DHS's effort to relate the Safety Factors used for intake and safety assessment decisions, are two efforts that will enhance the ability to assess performance related to the outcome measures.

SECTION 3. CHILD VISITATION

In this section, the Community Oversight Board (COB) will describe progress made by the Department of Human Services (DHS) in the implementation of monthly child visitation from January 2009 through December 2009. The numbers will show that, despite a dramatic reduction in DHS caseloads, the percentage of children visited per month remained fairly constant. An important exception was the steady increase in the percentage of children 5 years of age or younger who were visited monthly.

BACKGROUND

In May 2007, the Child Welfare Review Panel (CWRP) recommended that DHS alter its visitation policies whereby all children in active cases must be visited by a DHS social worker at least monthly. DHS initiated this policy in July 2008 for all children 5 years of age or younger in the five-county service area. In December 2008, the COB mandated the implementation of the same policy for all children 5 years of age or younger living outside the five-county area, and for all children, regardless of age, beginning in January 2009.

Given the challenge to DHS for meeting the new COB requirements, the COB and DHS agreed to a set of next steps late in 2008:

1. DHS will develop a revised plan for implementation of monthly visits by DHS social workers for all children in service;
2. DHS will work towards documenting face-to-face visitation by all contract providers;
3. DHS will investigate compliance with face-to-face visitation in cases under investigation or assessment; and
4. DHS will use the Visitation Tracking System, which tracks all children whose cases originated in the five-county DHS service area, to generate reports on visitation compliance according to where children are actually living.

DHS'S RESPONSE

The COB obtained data from DHS for the numbers and percentages of children in service who were visited by DHS social workers in 2009. We present those statistics in three tables as follows:

1. Visitation statistics for all children in service, regardless of DHS policies;
2. Children visited per Department policy; and
3. Visitation statistics for children 5 years of age or younger.

The Visitation Tracking System

DHS documents child visitation by DHS social workers using the Visitation Tracking System (VTS). Once the data are entered by DHS supervisors, the VTS checks the date of the last required face-to-face visit for each child in the system, noting compliance or non-compliance for the month. The VTS then divides the number of children visited by the number of required visits for the month for percentage compliance. By the seventh business day of each month, DHS calculates percentage compliance for each worker, supervisor, administrator, director, and deputy commissioner for the prior month.

It is important to note that DHS contracts with private providers who also visit children in care. The statistics presented in this section do not mean children were not visited in any given month; only that a DHS worker did not perform a visit.

Visitation Statistics

The COB began reporting on child visitation statistics in May 2008.⁶ From May to October 2008, the compliance rate was approximately 90 percent per DHS policy, 80 percent for all children in service 5 years of age or younger, and 60 percent for all children in service regardless of the visitation policy. In this report, the COB will focus on visitation for the 12 months in 2009.

Table 3.1 shows the DHS caseload of children in service, the number of children not visited, and the percentage of children visited. The numbers and percentages are not adjusted for DHS policies and reflect the actual number of children who received a face-to-face visit from a DHS social worker. (Children may have been visited more than once per month.)

There was a dramatic reduction in DHS caseloads during the year: from 10,610 in January 2009 to 7,669 in December 2009. Although there was a significant reduction in caseload, the percentages of children visited remained fairly constant with a low of 54.4 percent in May and a high of 62.8 percent in June.

**Table 3.1 Actual Visitation of All Children in Service
(January–December 2009)**

Actual Monthly Visitation of All Children in Service						
	January	February	March	April	May	June
Children in Service	10,610	10,018	9,948	9,386	9,044	8,350
Not Visited	4,528	4,323	4,095	4,108	4,123	3,104
% Visited	57.3	56.8	58.8	56.2	54.4	62.8
	July	August	September	October	November	December
Children in Service	8,497	8,232	8,093	8,039	7,797	7,669
Not Visited	3,547	3,527	3,448	3,293	3,447	3,104
% Visited	58.2	57.1	57.4	59.0	55.8	59.5

⁶ Philadelphia Community Oversight Board (January 2009). *Report on Progress from the City of Philadelphia Community Oversight Board for the Department of Human Services.*

Table 3.2 shows visitation statistics for the same 12-month period as seen above. The numbers represent required visits based on DHS policies in place during the year.⁷ Note the differences in the number of children requiring visits as shown in Table 3.1 compared to Table 3.2. For example, the number of children in service in January was 10,610, but according to DHS policies, 6,680 children were required to be visited that month. For the calendar year 2009, compliance with DHS visitation policies ranged from 90.8 percent in February to 94.3 percent in October. In general, compliance with visitation, per DHS policy, trended upward during the course of the year. However, the change was not substantial.

**Table 3.2 Visitation of All Children in Service per DHS Policy
(January–December 2009)**

Visitation of All Children in Service per DHS Policy						
	January	February	March	April	May	June
Required Visits	6,680	6,270	6,343	5,798	5,500	5,740
Not Visited	598	575	490	428	469	389
% Visited	91.0	90.8	92.3	92.6	91.4	93.2
	July	August	September	October	November	December
Required Visits	5,400	5,206	5,012	5,118	4,843	4,993
Not Visited	371	395	293	291	397	314
% Visited	93.1	92.4	94.2	94.3	91.8	93.7

As stated above, in July 2008, DHS formulated a new policy that required all children 5 years of age or younger in the DHS five-county area to have a monthly face-to-face visit from a DHS social worker.⁸ In line with the prior tables, Table 3.3 reflects the dramatic reduction in DHS caseload, in this case for children age 5 years or younger. The DHS caseload of children 5 years and younger dropped from 3,848 children in January to 2,689 in December. Visitation compliance for children 5 years and younger ranged from 80.2 percent in February to 85.7 percent in December. The numbers demonstrate a steady increase in percentage compliance over the year, but below the 100 percent required by DHS policy.

⁷ Children 6 years of age and older do not require a monthly visit if they are in IHPS, receive family preservation services, are assessed as low or moderate risk in non-IHPS services, or are in out-of-home placement.

⁸ The policy also included children in the process of family reunification, medically fragile children, and youth receiving services from DHS sex abuse units.

**Table 3.3 Visitation of All Children in Service, 5 Years of Age or Younger
(January–December 2009)**

Visitation of All Children in Service, 5 Years of Age or Younger						
	January	February	March	April	May	June
Required Visits	3,848	3,644	3,534	3,458	3,371	3,011
Not Visited	738	722	575	630	635	512
% Visited	80.8	80.2	83.7	81.8	81.2	83.0
	July	August	September	October	November	December
Required Visits	2,915	2,845	2,830	2,721	2,735	2,689
Not Visited	512	496	463	407	491	385
% Visited	82.4	82.6	83.6	85.0	82.0	85.7

COB ASSESSMENT AND NEXT STEPS

To date, DHS has maintained that monthly visitation requirements can be enhanced by counting visits by qualified contract providers. However, DHS is not yet able to document the number and frequency of child visits by its providers. DHS is in the process of developing a new system called the Visitation Tracking Log (VTL).⁹ The plan is for the VTL to reside on an Extranet so that providers can input worker activities directly into the system. DHS will include quality control through the use of structured case notes, which would be monitored by DHS staff as additional verification of the visits.

Federal and State Law

The Pennsylvania Office of Children, Youth and Families (OCYF) requires monthly caseworker visits to dependent and shared case management children under the care and responsibility of the county children and youth agency and the juvenile probation office. Caseworkers must make at least one visit with a child each calendar month the child is in care, preferably at the child’s residence. A child’s residence is considered to be the home or facility where the child is living, whether in-state or out-of-state. The residence also may be the home from which the child was removed, if the child is on a trial home visit, but still considered to be in foster care. Visits must be planned and must focus on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of children.

Current DHS policy requires that the DHS worker be the person making the child visit. OCYF defines monthly visits as face-to-face contacts by a qualifying caseworker. Under state and federal laws and regulations, the use of contract providers to comply with visitation requirements is acceptable. Qualifying caseworkers include:

⁹ DHS is also considering the possibility that private provider reporting of child visits could be collected through the new LIBERA system. If this is determined to be a feasible and efficient method of data collection, the VTL may not be required.

- The county children and youth worker;
- The juvenile probation officer;
- The private provider agency with which the county has an agreement to provide services, including visitation management;
- The foster care facility case manager with global case management responsibilities, including family visitation and service coordination; and/or
- In out-of-state cases, a counterpart of these same legal entities.

New Practice Model

At the December 2009 meeting of the COB, DHS presented a proposed practice model for child visitation. The plan is to implement a model whereby every child in service will receive a visit from a DHS social worker every other month. During the alternating months, there will be Family Teaming Meetings. The meetings provide an opportunity for staff to meet with family members and support persons every other month (e.g., child, parent, teacher, behavioral health, and physical health). The purpose is to review planning, implementation of services, and services monitoring. At least once per year, DHS will update the family’s Family Service Plan (FSP). The model applies to children served in their homes, as well as children in placement. The schedule of visits, family team meetings, and FSP updates is shown below:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Child visit	Team /FSP	Child visit	Team	Child visit	Team						

DHS wishes to fully implement the model by January 2011. Although the COB is highly supportive of this plan, some members are concerned about the availability of resources to fully implement this plan and about the length of the implementation timeline.

Next Steps

The COB will request regular updates of child visitation statistics for inclusion in the next progress report to the Mayor. The COB will request updates pertaining to the new DHS practice model for child visitation. The COB will also request updates regarding:

- DHS challenges in compliance with visitation requirements in light of DHS organizational resources;
- The development of FACTS2, LIBERA, and the Visitation Tracking Log (VTL) for documenting child visits by contract providers;
- The development and implementation of quality assurance mechanisms pertaining to child visitation, including the input of children and families;
- DHS’s planned visit to Florida to confer about the practice model, including working with providers related to visitation. The state of Florida has a highly privatized system and considerable experience working with contracted agencies; and
- Key informant interviewing and group meetings with the DHS Division of Performance Management and Accountability as well as contract providers pertaining to the challenges and quality of child visitation.

SECTION 4. FATALITY REVIEWS

This section of the report provides an update regarding the Department of Human Services' (DHS) processes for reviewing child fatalities and near fatalities and for implementing the Act 33 Team recommendations from these reviews.

BACKGROUND

DHS was required by Act 33 to develop and implement a new process for reviewing both fatalities and near fatalities by January 2009.¹⁰ Since the August 2009 report, DHS has implemented the following:

- Established the Policy and Procedure Guide on the legal requirements for interdisciplinary reviews of child fatalities and near fatalities;
- Defined the responsibilities for social work staff regarding preparation for, and participation in, these reviews; and
- Developed a protocol for the newly established child fatality/near fatality review team, known as the Act 33 Review Team.¹¹

As reported in the August 2009 report, the process that DHS has developed is clear, the leadership and membership of the Act 33 Review Team is exemplary, and the new Policy and Procedure Guide makes the obligations of the Act 33 Review Team very apparent. DHS's ability to develop and implement the necessary policies and procedures to conduct fatality and near fatality reviews as required by Act 33 in a timely manner is a major accomplishment. Not all counties within the state have implemented the provisions of Act 33. The quality of DHS's policy and procedures can serve as a model for other counties in Pennsylvania.

In the August 2009 report to the Mayor, the Community Oversight Board (COB) recommended that all fatalities that were active or known by DHS within the 16 months prior to the child's death, and had generated a GPS report, be reviewed by the Chief Medical Examiner (in addition to the Commissioner). The purpose of this was to determine if a review by the Act 33 Review Team was warranted. In response to the COB's recommendation, DHS has developed a protocol for conducting internal child fatality reviews for these cases. This protocol includes the COB recommendations and provides that the Chief Medical Examiner will be a standing member of the review team. In this role, the Chief Medical Examiner will make recommendations to the Commissioner regarding review of the case by the Act 33 Review Team.¹²

In the August 2009 report, the COB raised a concern about the follow-up to the recommendations coming from prior child fatality reviews. The COB desired more information about what DHS has learned from these reviews and any practice and policy changes that have

¹⁰ 23 Pa.C.S. §6365.

¹¹ The Philadelphia Department of Human Services, Policy and Procedure Guide, *Act 33 Review Team Protocol for Fatalities and Near Fatalities* (September 19, 2009).

¹² The Philadelphia Department of Human Services, Internal Child Fatality Review Team Protocol (September 11, 2009).

been implemented based on the recommendations. Since that report, DHS has provided the COB with a quarterly report on the implementation of recommendations from the internal Child Fatality Review Team (ICFRT—the predecessor to the Act 33 Team) and has worked with the COB to help them gain a better understanding of the implementation status of previous recommendations. It is clear to the Act 33 Review Team that the most endemic issues in the reviews often cut across many departments and require DHS and the other departments to work together.

DHS’s efforts to establish a comprehensive process for the review of child fatalities and near fatalities have had the strong support of Mayor Nutter. He is clearly committed to ensuring that the review process and the Act 33 Review Team reports are used to identify areas for improvement in DHS social work practice. He has worked to ensure that other City of Philadelphia agencies, as well as DHS, learn from the reviews and recommendations so that the delivery of services can be improved by all agencies that serve children and families at risk.

DHS’S RESPONSE

Since the last report, DHS has participated in two meetings with the COB during which the current process for integrating recommendations into practice has been discussed. DHS developed and issued the Recommendation Tracking Process, which provides an overview of the implementation actions that are to be taken in response to the fatality reviews. DHS staff provided additional details of the process and additional changes they are implementing to monitor the process. These are briefly described in the following sections.

Implementation Process

The COB met with DHS to address questions related to the process of determining which recommendations from child fatality/near fatality reviews will be implemented. As indicated in the Recommendation Tracking Process,¹³ all recommendations made by the Act 33 Review Team are sent directly to the Commissioner, who then determines whether they should be approved. To date, the Commissioner has approved all recommendations. Once the Commissioner approves the recommendations, they are sent to the Act 33 Administrator, Division of Performance Management and Accountability. The Act 33 Administrator:

1. Reviews the recommendations and determines whether DHS policy already addresses the recommendation. If current policy or practice addresses the recommendation, then CYD will determine if additional actions are needed to more effectively enforce the policy/practice. For example, communications with staff and/or training may be indicated in some instances or, in other cases, disciplinary action may be warranted.
2. Determines the feasibility, time frames, and staffing considerations for implementing new recommendations for which there are no existing practices or policies.

¹³ Philadelphia Department of Human Services (N.D.) *Recommendation Tracking Process*.

The Act 33 Administrator identifies the requirements for implementing the recommendations and then distributes these to the appropriate parties within DHS. Typically, a lead individual is identified to spearhead the implementation of the recommendation. This individual is required to provide an update on the implementation status to the Act 33 Administrator within 30 days of being assigned.

Every 30 days, the Act 33 Administrator requests updates on the progress of implementing the assigned recommendations. The information provided is entered into a tracking spreadsheet that provides a consolidated view of all activities. DHS is currently investigating a number of software packages that would enhance DHS's ability to report on implementation status across all recommendations. Currently, reports are generated from the tracking spreadsheet and are used to update the Commissioner.

DHS is currently refining the process for monitoring implementation of child fatality recommendations. A report of child fatality recommendations will become a standing agenda item for Executive Cabinet and Executive Team meetings. The Executive Cabinet meets, at a minimum, three times per month and includes the Deputy Commissioners, the City of Philadelphia Law Department's Social Services Chair, and a representative from the DHS Communications group. The Executive Team meets once a month. Approximately 50 individuals representing all components of DHS attend, including CYD, Juvenile Justice (JJ), Community-Based Prevention Services, and the City of Philadelphia Law Department. In addition, the Executive Team develops Act 33 Alerts that are sent out to staff. The alerts provide information about what was learned from each Act 33 review and discuss how those lessons learned can be used to improve social work practice. Finally, DHS also plans to provide the Act 33 Review Team with a summary of the implementation status of their recommendations once every 6 months during one of the ongoing, regularly-scheduled Act 33 Team meetings.

Prior Child Fatality Recommendations

Recommendations made by the ICFRT, based on their reviews of 52 child deaths that occurred between 2001 and 2006, were analyzed and discussed with DHS. The purpose of the review was to determine if key recommendations have been addressed, recognizing that many of the recommendations may have been "overtaken by events," in that DHS may have implemented, through their reform efforts, similar or more encompassing practices and policies that subsumed the ICFRT recommendations.¹⁴ It is clear that DHS has undertaken significant efforts to satisfy the intent of the ICFRT recommendations in the major areas identified in the recommendations. Major areas included safe sleeping, safety assessments, support for medically-needy cases, collaboration with housing services, supervisory support, child fatality investigation and review protocols, and improved service provision. DHS has implemented all of the recommendations made by the ICFRT in the areas of safety assessment, safe sleeping, consultation for cases requiring medical expertise, and improving the child fatality review process.

The ICFRT made a number of recommendations about social work practice including improving supervisory support, improving case documentation, and more careful review and use of case histories in the development of service plans. DHS has instituted a number of practices to

¹⁴ These are the cases that the CWRP reviewed and summarized in the 2007 report.

improve supervisory support to workers, including conducting supervisor training, and institution of a supervisory conference log that enables supervisors to enter information about case conferences with workers, track required actions, and provide alerts to supervisors. These conferences are required twice per month and are monitored and reported on by CYD. In addition, a new supervisor manual is being prepared that provides detail on all policies and procedures.

In order to improve case documentation and the use of available data to make casework-related decisions, DHS is implementing the use of structured case notes, whereby every worker must manually document the case information across all six safety domains specified in the DHS safety assessment. In addition, a new information packet for investigations has been piloted in the investigations unit and will be finalized. This packet standardizes the amount and type of information that must be collected during investigations. DHS is also working to improve the availability of information through the development of several information systems to provide enhanced electronic access to existing data.

There were two recommendations of note in the area of service provision. The first was related to ensuring that visits are being conducted and developing a protocol for dealing with missed visits. There were also several recommendations related to cases involving newborns. These included the recommendation to develop protocols for assessing infants born to drug-addicted mothers; accessing Health Department records to identify when children are born in active cases, or where the parents' whereabouts are unknown; and ensuring that the birth of a new infant is considered a "critical" event in a case.

To address these recommendations, DHS has implemented protocols and monitoring standards that help ensure that social workers working for contracted private agencies are fulfilling their obligations for meeting with families. Private agency workers are required to submit weekly summaries of their meetings with families and children, and their case notes, to the assigned DHS caseworker. Alerts are sent that notify the DHS worker when a family does not comply with visitation requirements. DHS also has implemented the Visitation Tracking System (VTS), which tracks visits made with families by DHS social workers so they can be monitored by supervisors. (Further information regarding child visitation is presented in Section 3 of this report.)

DHS reported that they currently are revising a program that addresses issues related to infants born to drug-addicted mothers. This effort is being conducted as a result of changes to the Child Abuse Prevention and Treatment Act (CAPTA) requirements. DHS also reported that, as part of the safety assessment policy, workers are required to complete an in-home safety assessment upon the birth of a new baby. The assessment must be completed within 24 hours of the child's birth.

Current Child Fatality/Near Fatality Recommendations

DHS also has been diligent in implementing the additional ICFRT recommendations and recommendations issued by the new Act 33 Review Team. DHS provided the COB with a list of recommendations resulting from the ICFRT reviews conducted from September 2007 through February 2009. Of the 28 recommendations, 18 were assigned to various Division/Department

Heads for implementation.¹⁵ The remaining recommendations were case-specific and did not require further policy or procedure action. DHS submitted a quarterly report providing the COB with an update on the status of the implementation of these 18 recommendations.¹⁶ A review of the quarterly report indicates that DHS is actively pursuing these recommendations and has instituted, or is in the process of instituting, required practice and policy changes.

DHS also provided the COB with an update of the recommendations from the Act 33 Review Team based on reviews conducted through October 20, 2009.¹⁷ All of the reviews were of cases involving near fatalities. It is clear to the COB that DHS is taking necessary steps to learn from these reviews and make any necessary changes to practice and policy. For example, one of the cases involved a child that was burned due to unsafe water temperatures in the bath tub. DHS developed a work plan for ensuring safe water temperatures in homes of families receiving services. The plan includes a number of action steps, including educating staff and providers, building a relationship with the Department of Health's Public Healthy Homes Program, and securing commitments from identified partners for water temperature safety ducks to be distributed. These toy ducks, when placed in water, alert the supervising adult, through a simple color change, that the water is too hot for a child.¹⁸

COB'S ASSESSMENT AND NEXT STEPS

The child fatality/near fatality review process has been implemented and is proceeding appropriately. The COB recommends, however, that DHS institutionalize the current process for assessing the issues identified by the child fatality/near fatality reviews and determining the strategy(ies) to address the issues. In addition, the COB recommends that DHS continue to monitor the implementation of the process and identify additional ways to enhance it.

The COB plans to gather additional information by conducting focus groups or group interviews with DHS staff. The purpose of the focus groups/interviews is to determine the extent to which child fatality and near fatality recommendations are communicated and implemented. The COB would like to expand the scope of the focus groups/interviews to include relevant collaborating agencies. It was clear that many of the issues identified in the child fatality and near fatality reviews cut across numerous departments, e.g. domestic violence, substance abuse, and mental health. Consideration is also being given to conducting focus groups/interviews with:

- Contracted private providers;
- Union representatives;
- Staff from the Department of Behavioral Health & Mental Retardation Services;
- Family court representatives;

¹⁵ Philadelphia Department of Human Services, Child Fatality Recommendations Prior to Act 33 (October 20, 2009).

¹⁶ Philadelphia Department of Human Services, Quarterly Report for the Child Fatality Review Team Recommendations for Implementation (Pre-Act 33 Process) (September 24, 2009).

¹⁷ Philadelphia Department of Human Services, Act 33 Child Fatality & Near Fatality Review Recommendation Summary (Updated as of October 20, 2009).

¹⁸ Philadelphia Department of Human Services, Act 33 Child Fatality Review Team Recommendations Work Plan, Ensuring Safe Water Temperatures in Homes of Families Receiving Services (N.D.).

- Educational representatives (e.g. Federation of Teachers);
- Children's hospitals, health centers, and primary care physicians;
- Community organizations and agencies; and
- DHS consumers.

The focus groups/interviews will be conducted prior to, and reported in, the next COB progress report.

APPENDIX A. DHS STATUS REPORT: IMPLEMENTATION OF CHILD WELFARE REVIEW PANEL RECOMMENDATIONS

Note: This appendix and the information presented within it was provided by DHS. Minor editorial changes and modifications have been made for consistency with the rest of this report. The information in the “Status, August 2009” column was obtained from the COB’s August 2009 report, Appendix A. Priority levels are defined as:

- High-Level—Safety related, targeted implementation is within 6 months; or Safety related and requesting COB support;
- Moderate-Level—Safety related or unrelated safety task and targeted implementation is within 6 months to 1 year; Implementation is underway, but DHS will monitor closely; and,
- Low-Level—Unrelated safety task, targeted implementation is a year or more.

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PHASE ONE Mission and Values					
Recommendation 1.a. (Page iv) DHS must develop a mission statement and core values that are centered on child safety	Recommended by panel: December 31, 2007	Completed	Completed	Completed	<ul style="list-style-type: none"> • DHS Executive Leadership Team reevaluated and revised DHS’s mission statement and core values.
Recommendation 1.b. (Page iv) DHS core values must embody, at a minimum, the following principles: <ul style="list-style-type: none"> i. Creating a culture of respect, compassion and professionalism; ii. Enhancing communication with, and responsiveness to, stakeholders; 	Recommended by panel: December 31, 2007	Completed	Completed	Completed	

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iii. Instilling a greater sense of urgency among DHS staff and providers; iv. Providing services that are readily accessible; v. Fostering a culture of collaboration; vi. Providing culturally competent services; and vii. Creating a transparent agency.					
Practice					
**Recommendation 2.a.i. (Page iv) DHS must implement an adequate evidence-based safety assessment tool	Recommended by panel: June 30, 2007	In-home tool: Completed Placement tool: In progress	In-home tool: Completed Placement tool: In progress	In-home tool: Completed Placement tool: High-Level	<ul style="list-style-type: none"> The placement safety assessment tool is scheduled to be piloted in the spring of 2010 with a group of OJT staff. The state has required the Department to pilot the placement safety assessment in this manner. Statewide implementation is expected by July 1, 2010
**Recommendation 2.a.ii. (Page iv) DHS must conduct a safety assessment for every child within its care—both children at home and children in out-of-home placements. The safety assessment must be updated at each contact with the child.	Recommended by Panel: September 30, 2007	In home safety visits: Completed & On-Going Placement safety visits: Completed & On-Going	In home safety visits: Completed & On-Going Placement safety visits: Completed & On-Going	Moderate-Level (DHS Division of Performance Management & Accountability will monitor)	<ul style="list-style-type: none"> The Department has an expectation, supported by policy, that youth receiving in-home services will have a safety assessment completed. Quality Improvement reviews over 100 cases monthly to validate that safety assessments are completed and that there is corresponding information in the case record that validates the findings of the assessment. The Department will pilot the placement safety assessment which is part of the overall safety model. At the point that the state provides a final written assessment for placement we will be able to cross-walk the safety assessment (placement/in-home) and risk assessment. Without a final placement assessment tool it is not a useful process.

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					<p>We anticipate the safety assessment pilot to begin in spring 2010 and finalization of the in home safety assessment tool in July 2010.</p> <ul style="list-style-type: none"> • The union will receive an overview of the safety assessment roll out Jan. 28 2010. Some of the timeline is: <ul style="list-style-type: none"> ○ Jan 2010: Providers identified; ○ February 2010: Pilot overview for staff; ○ March–April 2010: Train pilot staff; ○ May–June 2010: Testing pilot; ○ July 2010: Committee to revise tool; ○ Aug 2010: Identify implementation team; ○ Sept 2010: Training for additional trainers; ○ Oct–Nov 2010: Provider training; ○ Dec 2010: Implementation Plan; ○ February 2011: Train staff; and ○ June 2011: Complete all staff training. Dates are likely to change
<p>**Recommendation 2.b.i. (Page iv)</p> <p>DHS must conduct immediate (within 2 hours) face-to-face visits for every child 5 years of age or younger for whom a report of suspected abuse or neglect is received by the Hotline. This face-to-face contact must be made regardless of whether the Hotline classifies the case as General Protective Services (GPS) or Child Protective Services (CPS).</p>	<p>Recommended by Panel: June 30, 2007</p>	<p>Completed</p>	<p>Completed</p>	<p>Completed</p>	<ul style="list-style-type: none"> • On July 1, 2009, during the roll out of FACTS2 assignment of reports, from the Hotline through to the receiving and investigating social worker, became electronic. This significantly reduces the time lapse from when DHS initially receives the report and from when it is actually assigned.
<p>Recommendation 2.b.ii. (Page v)</p>	<p>Recommended by Panel: June 30, 2007</p>	<p>Completed and on-going</p>	<p>Completed and on-going</p>	<p>High-Level</p>	<ul style="list-style-type: none"> • Episcopal Community Services is a pilot partner in populating the Extranet which will track visitation both for DHS social workers and provider social workers. The

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<p>DHS staff must—on at least a monthly basis—conduct face-to-face contacts with all families receiving any service supported through the Children and Youth Division (CYD) that have a child 5 years of age or younger, and physically observe the condition, safety and behavior of any such child, as well as parental capacity.</p> <p>Please note: DHS presented an alternative plan it implemented re frequency of visits based on age of child and service category provided. The alternative has been adopted by DHS.</p>					<p>documentation of visitation by the providers is now done monthly by a manual process. Providers send the current documentation to the DHS social workers. By automating this process the Department will have the ability to view visitation for each child and assure that each child has been visited monthly.</p> <ul style="list-style-type: none"> DHS has distributed the visitation recommendations to labor in preparation for a full discussion January 25, 2010. The visitation and teaming strategy and timeline was distributed to the COB previously. The current visitation rate for this population is 86% for October through December 2009.
<p>Recommendation 2.c. (Page v)</p> <p>DHS must establish a local office presence in a least one geographic location deemed highly at-risk.</p>	<p>Recommended by Panel: May 31, 2008</p>	<p>In planning</p>	<p>In planning</p>	<p>High-Level</p>	<ul style="list-style-type: none"> Despite budgetary constraints, DHS and Public Property continue to look for sites for a local office. In addition, DHS is exploring the feasibility of a local office in the same facility as the co-location site, or opening a local office in conjunction with the City's Gold Card Project.
<p>**Recommendation 2.d. (Page v)</p> <p>DHS must implement a team decision making process to determine service plans for all children 5 years of age or younger. A pre-placement conference must be held for all non-emergency cases where a child 5 years of age or younger may need to be placed into a substitute care setting. The pre-placement conference must include the child's family, including potential kinship placement resources; the DHS worker; the provider agency worker (where applicable); a physician or nurse; and individuals representing mental health,</p>	<p>Recommended by Panel: August 31, 2007</p>	<p>In progress</p>	<p>In progress</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> The Department continues to emphasize the use of family group decision making as a family-focused and strengths-based model. We are now implementing strategies that will ensure that the practice continues and is integrated into our day-to-day practice. The Department currently has an RFP for an additional provider of FGDM services. Additionally, the Department is beginning the use of Family Finding as an opportunity to increase our usage of the family-focused strategies. Kevin Campbell was brought to Philadelphia for a 2-day (1/13-14/10) training to orient staff to the family finding process. With collaboration of the Family

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<p>substance abuse, and domestic violence services, as needed, who have the authority to commit resources of their respective agencies; and individuals requested by the family representing their social support network. When feasible, the supervisors of both the DHS and provider agency workers should participate in the team decision making conference. The initial Family Service Plan (FSP) must be developed during this process.</p>					<p>Court we will bring Mr. Campbell back to provide additional training opportunities.</p>
<p>Recommendation 2.e. (Page v)</p> <p>DHS must ensure that ongoing team case conferencing occurs routinely every three months for cases involving children age 5 years or younger, after the initial pre-placement conference, and the child's family, the DHS worker, the provider agency worker, and other interdisciplinary resources must be included as appropriate. Monitoring of service provided, progress, and revisions to the FSP must be made as part of this process.</p> <p>Please note that the FGDM Model does not include case conferencing every three months for children age 5 years or younger. The case progress is reviewed within 90 days, but does not necessarily result in a group meeting.</p>	<p>Recommended by Panel: November 30, 2007</p>	<p>Completed and on-going</p>	<p>FGDM Implementation —Completed & On-Going</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> • Currently cases that result in placement are reviewed by the social work and law team at the 9th month in anticipation of the court's 12th month permanency hearing. • FGDM meetings are reviewed 30 and 90 days after placement. • The Family Service Planning meeting (FSP) occurs at 6-month intervals, but, once again, does not typically qualify as a team meeting. • FSP development is in the planning process with policy, however this cannot be fully completed until the placement safety assessment tool is final. • Training for staff on the linkages between the FSP and the safety assessment tool will begin after the safety assessment pilot is completed and the documents are formalized. • The Department has brought Kevin Campbell as a consultant on Family Finding and older youth, and we are working with Paul Vincent through Casey Family Programs. Both of these people have curriculum and staff development experience in teaming.

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					<ul style="list-style-type: none"> • DHS included a teaming strategy in the proposed enhanced visitation plan that was distributed to the COB at the last meeting. • Additionally, we are implementing a Quality Service Review (QSR) process which holds the Department accountable for teaming as a system-wide assessment review area. Our first QSR review (in pilot) occurred January 11–12th and the next series was held on January 25–26th.
<p>Recommendation 2.f. (Page v)</p> <p>DHS must clarify the roles and responsibilities for DHS workers relative to private agency workers, at both the supervisory and worker level.</p>	<p>Recommended by Panel: August 31, 2007</p>	<p>In planning</p>	<p>In progress</p>	<p>High-Level</p>	<ul style="list-style-type: none"> • DHS continues to consult with Casey Family Programs on strategic ways to improve outcomes for children and families by examining Department and provider worker roles and responsibilities. • DHS is currently in the process of planning a technical assistance visit to Florida to look at their lead agency model. • The Provider Relations and Evaluation of Programs (PREP) Division convenes regular meetings with providers by service level to discuss roles, responsibilities and program expectations. • PREP is reviewing contractual standards for each level of care to delete those that no longer apply, to clarify those that do apply, and to bring the standards into alignment with the evaluation tool. To date, PREP has reviewed standards for Mother/Baby, Supervised Independent Living, and In-Home Protective Services (IHPS). They will examine Medical Services standards next. The target date for completion is May 31, 2010.

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Outcomes and Accountability					
<p>Recommendation 3.a.i. (Page vi)</p> <p>DHS must develop an annual report card that measures and communicates its performance on outcomes of interest, including, at a minimum, those outcomes specified in Chapter 4 of the Report.</p>	<p>Recommended by Panel: Strategy developed by November 30, 2007 and report card delivered by May 31, 2008</p>	<p>In progress</p>	<p>In progress</p>	<p>High-Level</p>	<ul style="list-style-type: none"> • DHS has presented and received feedback on outcome measures it intends to track and report out on to the COB. • DHS completed a Performance Based Contract (PBC) Provider Report Card. It will be presented to the Administrative Judge Kevin Dougherty at a meeting with the providers on February 8, 2010 and published on DHS's website. • The Division of Performance Management & Accountability (PMA) is moving forward with creating a similar report card for Treatment Foster Care providers.
<p>Recommendation 3.a.ii. (Page vi)</p> <p>DHS must develop a comprehensive strategy for internal monitoring of its performance. DHS must be able to monitor the performance of regions, units and workers, and must use performance information to identify weaknesses and areas for improvement.</p>	<p>Recommended by Panel: Strategy developed by November 30, 2007 and Tracking to begin May 31, 2008</p>	<p>Completed</p>	<p>Completed</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> • ChildStat is celebrating its 1-year anniversary in February. Presentations on Ongoing Service Regions occur once a month and quarterly for Intake. We have completed 13 presentations to date. • ChildStat data provides a basis for ongoing discussions with various units in terms of recommendations for change. • LIBERA is due to begin its rollout in March, starting with getting case progress notes online, then moving to scanned documents, then on to safety assessments and safety plans. • PMA continues to meet with various units to develop performance measures on the unit level. Completed: IHPS, Alternative Response System (ARS), and Adoption for the CYD side, as well as Re-Integration Outcomes on the JJS side. Upcoming: Prevention Performance Measures.

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					<ul style="list-style-type: none"> • PMA will begin meeting with Deputy Commissioners and their Directors to identify performance measures on the Division Level to align unit measures with division measures with global measures for DHS as a whole. • PMA continues to review approximately 200 case files per month to evaluate documentation of safety assessments and safety plans. • PMA facilitated our first set of Quality Service Reviews in collaboration with the statewide effort. Over the course of the year, PMA will work to incorporate this type of review in our overall performance management and accountability processes.
<p>Recommendations 3.b. (Page vi)</p> <p>DHS must enhance oversight of contracted agencies</p>	<p>Recommended by Panel: No overall time frame given</p>	<p>Completed & On-going</p>	<p>Completed & On-Going</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> • DHS continues to convene: <ul style="list-style-type: none"> ○ PREP Provider Meetings ○ IHPS monthly provider meetings ○ FSS biweekly provider meetings • PREP is revising the program evaluation tool to align with the targeted outcomes of safety, permanency and well-being. Sections completed to date include safety, first permanency section, and second permanency section (being edited). • PREP continues to update/revise program standards to improve service delivery (see Recommendation 2.f.). • DHS has improved its internal review process that results in provider intake closures and contract terminations. • PREP convenes meetings to ensure that providers are aware of relevant Act 33 recommendations. To date, PREP has

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					convened meetings with Group Home, Institutional, Supervised Independent Living, and General Foster Care providers.
<p>Recommendation 3.b.i. (Page vi)</p> <p>DHS must create an annual outcome report card for contracted agencies. At a minimum, the report card will focus on measures of child safety, which are detailed in Chapter 4 of the Report.</p>	<p>Recommended by Panel: May 31, 2008</p>	In planning	In progress (draft completed)	High-Level	<ul style="list-style-type: none"> The Division of Performance Management & Accountability developed a PBC Provider Report Card. See Recommendation 3.a.i
<p>Recommendation 3.b.ii (Page vi)</p> <p>DHS must validate that contracted agencies are making face-to-face contact with children, that they are performing safety assessments at each contact, and that the contacts are sufficiently frequent and adequate to determine the safety of the child.</p>	<p>Recommended by Panel: June 30, 2007</p>	Completed & On-Going	Completed & On-Going	Moderate-level	<ul style="list-style-type: none"> Both IHPS and Family Stabilization Services (FSS) provider social workers must provide weekly structured case note summaries of their activities and contacts. These notes are also sent by IHPS providers to an agency email address which PREP monitors. In an effort to track compliance with visitation requirements, DHS will be implementing a web-based case management system, LIBERA, which will track both DHS and provider. PMA is developing a verification process regarding visitation. DHS will contract with independent, objective, part-time social workers to verify with families the status of visitation by both DHS and provider agencies. Once the scope of work is defined internally, an RFP will be issued.
<p>Recommendation 3.c. (Page vi)</p> <p>DHS must establish Commissioner's Action Line (CAL).</p>	<p>Recommended by Panel: August 31, 2007</p>	Completed	Completed Note: DHS established the Commissioner's	Completed	<ul style="list-style-type: none"> Complaints received for the last quarter of 2009 (October 2009–December 2009) totaled 159. Average time to manage complaint: 4 days.

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			Action Response Office (CARO)		
Leadership					
<p>Recommendation 4.a. (Page vi)</p> <p>DHS must establish a mechanism and process to establish ongoing community oversight. At a minimum, the City must establish a Community Oversight Board.</p>	<p>Recommended by Panel: The Board must be appointed no later than June 30, 2007</p>	Completed	Completed	Completed	<ul style="list-style-type: none"> DHS has established its own Child Welfare Advisory Board (CWAB) First meeting was held October 15, 2009 from 6-7:30. Meetings are held bimonthly from 6:30-8. Next date of meeting is February 3, 2010 6:30 – 8:00 Attached is list of members and meeting dates through December 2010
<p>Recommendation 4.b. (Page vii)</p> <p>DHS must ensure ongoing community participation and input into the improvements undertaken by DHS. This participation shall include, at a minimum, a series of ongoing town hall meetings, focus groups, and other events that facilitate the input of community members, private provider agencies, parents, clients, and other stakeholders.</p>	<p>Recommended by Panel: Plan of action must be in place by July 31, 2007</p>	Completed & On-Going	Completed & On-Going	Moderate-Level	<ul style="list-style-type: none"> Commissioner Ambrose continues to hold bimonthly Provider Leadership Meetings. The next one is scheduled for 2/11/10. Community Based Prevention Services (CBPS) continues to use focus groups to inform practice, to meet provider groups, such as Latino-serving providers, and to discuss community engagement strategies in Equal Partners in Change (EPIC) Stakeholder groups. PREP and various program managers, e.g. IHPS, hold meetings with providers. CBPS hosts the Prevention Alignment Advisory Group and Provider Roundtables. DHS has collaborated with the Police Department and School District of Philadelphia to convene interagency meetings to improve service coordination and practice. DHS is involved with the City's Public Service Area (PSA) initiative intended to improve incidence of crime and overall

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					neighborhood functioning by taking a cross-systems approach to meeting the individual needs of the community. Currently, the PSA target area is the 26 th Police District. DHS's CYD administrators and in-home providers and CBPS Equal Partners in Change (EPIC) stakeholders are geographically aligned to serve the 26 th District.
PHASE TWO Mission and Values					
<p>**Recommendation 1.a. (Page vii)</p> <p>DHS must align prevention programs and resources with mission and values developed in Phase One, and also with the core principle of ensuring child safety.</p>	<p>Recommended by Panel: Analysis to begin by November 30, 2007 and alignment to begin by November 30, 2008</p>	<p>In progress</p>	<p>In progress</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> • Progress has been made in streamlining the processing of all referrals through the CBPS Internal Referral and Support Services (IRSS) system to ensure appropriate management of cases referred from Children & Youth Division (CYD). • The referral process has also been refined for external stakeholders. A new comprehensive resources directory was developed and has been distributed to key stakeholders and the community at large. • DHS has a Truancy Policy Fellow working with the School District of Philadelphia (SDP), DHS and Family Court to enhance and align Truancy Intervention programs. • CBPS is in the process of aligning parenting programs with the safety model of practice and other services for at-risk families. A master list of parenting classes by zip code and target population has been developed. • CBPS is in the process of finalizing RFPs for Parenting, Violence and Delinquency Prevention and Diversion Case Management. • DHS's Education Support Center has been established, a director hired and a MOU with

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					<p>the SDP, Family Court and DHS has been signed to allow necessary data sharing to support Fostering Connections as well as enhance the educational outcomes of kids in care.</p> <ul style="list-style-type: none"> • In collaboration with CYD there has been a clear development of the continuum of services available for children at risk of abuse, neglect, and delinquency. • Based on aligning resources to support CYD and JJS, the ARS Providers are under the management of CBPS and the Shelter Plus Care Housing programs have been transferred to CBPS. • CBPS is in the process of transitioning the oversight of the childcare resource and referral process from CYD to CBPS.
<p>**Recommendation 1.b. (Page vii)</p> <p>DHS must align more effectively in-home service programs and their utilization with the mission and values of DHS and with child safety.</p>	<p>Recommended by Panel: Analysis to begin by July 31, 2007 and alignment and revisions to SCOH by March 31, 2008</p>	<p>Completed</p>	<p>Completed.</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> • Safety Model of Practice provides a framework. DHS has developed a continuum of in-home services: CBPS, ARS, Rapid Service Response, Family Stabilization Services, Teen Diversion, and In-Home Protective Services. These services range from least intrusive to most. IHPS is the in-home service available to families with active safety threats. There are also four specialty IHPS programs (Sex Abuse, Cognitively Impaired Caregivers, Medically Fragile Children, Families in Shelter). • CBPS continues to work on aligning services with CYD (See Recommendation 1.a).
<p>Practice</p>					
<p>**Recommendation 2.a. (Page vii)</p>	<p>Recommended by Panel:</p>	<p>In progress</p>	<p>In progress</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> • The Philadelphia Model of Practice is in final review within the Department and is being

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DHS must develop a comprehensive model for social work practice that is based on DHS's core mission and values; includes a stronger focus on child safety, permanency and well-being; is family-focused and community-based; and allows for individualized services.	May 31, 2008				aligned with our vision and mission statements, targeted outcomes, and core values.
<p>Recommendation 2.a.i</p> <p>DHS must move toward an evidence-based practice model and take active steps to determine the effectiveness of its practice with an evaluation process that it open and informs good practice.</p>	<p>Recommended by Panel: May 31, 2008</p>	In progress	In progress	Moderate-Level	<ul style="list-style-type: none"> • DHS continues to rely on research and evaluation in child welfare to inform the development of programs and practices. Examples include Hotline Guided Decision Making (HGDM), Safety Model of Practice/IHPS, ARS, FGDM, and ChildStat • DHS has identified outcome measures for COB consideration and will begin to program for these and generate reports. DHS invites the COB to provide further clarity and direction regarding this recommendation. • DHS will continue to provide updates regarding the refinement of these measures. • PMA will consult with Mark Cherna from the COB around issues of state data reporting and the refinement of the outcome measures.
<p>Recommendation 2.a.ii.1</p> <p>DHS must revise polices for case openings and closures—DHS must enhance the focus on team decision making to include team decision making for reviewing case closures. DHS must develop guidance for staff, and train them to work with cases where parents are uncooperative.</p>	<p>Recommended by Panel: December 31, 2008</p>	Completed & Ongoing	Completed & Ongoing	High-Level	<ul style="list-style-type: none"> • The Department policies regarding case opening and closure continue to need revision to reflect the safety assessment model and reflect what is taught in staff development. • The Department continues to reinforce the requirement that staff utilize FGDM and family engagement strategies in staff development. • The Department will continue to train staff in family engagement strategies and will

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					continue to provide staff with the tools for effective interviewing, engagement, and family participation.
<p>Recommendation 2.a.ii.2. (Page viii)</p> <p>DHS must conduct a background check on each member in the child's household. If an adult household member has prior involvement with DHS or a criminal record that includes convictions for a felony that suggests danger for a child, then DHS must conduct an assessment to determine whether the household is safe and appropriate for the child.</p>	<p>Recommended by Panel: December 31, 2008</p>	In planning	In progress	High-Level	<ul style="list-style-type: none"> • DHS plans to respond to this recommendation by starting with requiring criminal clearances for all reunification cases and then gradually phasing in certain kinds of investigations, i.e. sex abuse. • JNET installation and training of approximately half of the designated DHS staff has been completed and that staff is in the final stage of the certification process (completing of FBI fingerprinting). • Negotiations have begun with the supervisory judges of both the Domestic Relations and Dependency branches of Family Court regarding access to the court's database, BANNER, to allow and expand DHS access to Protection from Abuse orders and possibly custody orders. • The policy and procedure guide is in draft form and is being revised by Law and Policy and Planning. • The District Attorney's Office has been contacted and has agreed to provide training for DHS staff regarding understanding and interpreting criminal history clearance results.
<p>Recommendation 2.a.ii.3 (Page viii)</p> <p>DHS must improve integration with physicians, nurses, and behavioral health specialists to ensure that each child's medical and behavioral health is</p>	<p>Recommended by Panel: December 31, 2008</p>	Completed and On-going	Completed and On-going	Moderate-Level	<ul style="list-style-type: none"> • DHS's Center for Child and Family Well Being continues to implement this recommendation through various initiatives <ul style="list-style-type: none"> ○ Contracting with the Child Health Consultants for medical/nursing support ○ Developing draft policies, e.g., Mandatory Consultations to DHS

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appropriately assessed.					Psychologists and Nurses <ul style="list-style-type: none"> ○ Collaborating with the Department of Health to improve infant, child and family programs ○ Developing and standardizing a process to secure health information and health histories from primary care physicians ○ Developing/coordinating training for staff and doctors ● DHS's QSR process will examine whether appropriate medical care was provided in cases reviewed. ● DHS will be hiring a part-time Medical Director who will help assess clients' medical needs and ensure that an appropriate plan is developed.
**Recommendation 2.a.ii.4 (Page viii) DHS must reexamine the risk assessment in the context of the new safety assessment and integrate it into the new team decision making model for placement and services.	Recommended by Panel: December 31, 2008	Completed and On-going	Completed and On-going	Moderate-Level	<ul style="list-style-type: none"> ● The cross walk between risk and safety is still being addressed by Staff Development in training curriculum and training workshop development.

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<p>**Recommendation 2.a.ii.5 (Page ix)</p> <p>DHS must eliminate “boilerplate” referrals and ensure that each child receives appropriate referrals that are specifically tailored for his or her unique needs. DHS will follow-up and act to ensure that the services are actually obtained.</p>	<p>Recommended by Panel: December 31, 2008</p>	<p>Completed and On-going</p>	<p>Completed and On-going</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> To reinforce this recommendation, DHS will continue to offer training where the focus is on preparing individualized plans and making referrals that reflect the individual needs of families. DHS expects service planning to be behaviorally-focused and individualized to meet the specific needs of family members taking into consideration the safety, risks, and protective capacity of the family. More individualized information will be available through the new case management system, LIBERA.
<p>Recommendation 2.a.ii.6 (Page ix)</p> <p>DHS must complete the long-planned co-location of DHS, police, and medical and forensic interview personnel at a community site to facilitate collaborative decision making in the investigative phase of casework.</p>	<p>Recommended by Panel: December 31, 2008</p>	<p>In planning</p>	<p>In planning</p>	<p>High-level</p>	<ul style="list-style-type: none"> A site for the co-location initiative was found at 1018 Sedgley Avenue. However, both the City and State budgets remain precarious which has led to additional delays in moving this initiative forward. While DHS has funding set aside in its FY2010 and FY2011 budgets for this initiative, it is still not certain that the amount is enough to adequately fund this project. DHS will convene a meeting with the City's Finance Director and Budget Director to get clarity as to whether the initiative can move forward in FY2010 at the Sedgley Avenue site. Architectural design work can begin shortly if City can commit to long-term financing for co-location at this time.
<p>Recommendation 2.a.iii. (Page ix)</p>	<p>Recommended by Panel: May 31, 2008</p>	<p>Completed and On-going</p>	<p>Completed and On-going</p>	<p>High-Level</p>	<ul style="list-style-type: none"> CYD developed and presented an enhanced visitation plan to the COB at the last meeting. The first step is meeting with the union. This will occur on 1/28/10.

Panel Recommendation	Time Frame	Status (August 2009)	Status (January 2010)	Priority Level	January 2010 Update
<p>DHS must enhance the frequency of face-to face contacts with children of all ages.</p> <p>2. Since face-to-face contacts are the most important actions to ensure child safety, DHS staff must conduct a minimum of one face-to-face contact per month with each child in its care. More frequent contact may be warranted depending on the specific safety and risk factors in each case.</p>					<ul style="list-style-type: none"> The plan creates a protective atmosphere by increasing visitation frequency gradually and using teaming as a strategy to build and maintain relationships. The enhanced visitation plan is a phased-in approach to increasing the frequency of visitation to youth in the care of the Department. Enhanced visitation will create increased opportunities to monitor safety while pursuing permanency for youth in placement. The plan includes opportunities for staff to develop skills in teaming. Paul Vincent will provide staff training in teaming strategies. Mr. Vincent is a national expert in skill building related to teaming. In combination with enhanced visitation, it is anticipated that teaming will increase the social worker's ability to assess safety and increase focus on achieving permanency.
<p>Recommendation 2.a.iv. (Page ix)</p> <p>DHS must clarify the role of supervisors to support the DHS practice model being implemented.</p>	<p>Recommended by Panel: March 31, 2008</p>	<p>In progress</p>	<p>In progress</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> DHS will continue to train supervisors on our Supervisor's Training Curriculum.
<p>Recommendation 2.a.v. (Page ix)</p> <p>DHS must streamline its paperwork and records management practices.</p>	<p>Recommended by Panel: August 31, 2008</p>	<p>In progress</p>	<p>In progress</p>	<p>Moderate-Level</p>	<ul style="list-style-type: none"> With LIBERA, DHS plans to transition all casework, eligibility, service referral, and provider management operations to an automated centralized case management system, replacing paper processes and isolated ad-hoc systems. The work to implement LIBERA officially began on 8/18/09. Originally, the project was scheduled to run for approximately one year, from 8/18/09 to 8/9/10, with phased

Panel Recommendation	Time Frame	Status (August 2009)	Status (January 2010)	Priority Level	January 2010 Update
					<p>rollout of eight different system modules beginning 3/2/10 and then averaging every 3 to 4 weeks for each additional module roll-out thereafter until project end. The project schedule is currently being reworked to be more realistic and comprehensive so that it allows some more time for design, testing and some slack time to account for likely delays.</p> <ul style="list-style-type: none"> A program committee made up of eight staff from Children and Youth meets weekly with LIBERA's design team to work on the configuration and integration of DHS forms. Case Notes Forms configuration is 90% complete and DHS Intake forms, family service plans, consent forms, placement letters and court forms have been provided to the LIBERA design team as the next step in configuration.
<p>Recommendation 2.a.vi. and 2.a.vi.1. (Page x)</p> <p>DHS must enhance the child fatality review process. DHS must ensure that the child fatality review is multidisciplinary and that there is a mechanism for implementing its recommendations.</p>	<p>Recommended by Panel: December 31, 2007</p>	<p>Completed and On-going</p>	<p>Completed and On-going</p>	<p>High-Level</p>	<ul style="list-style-type: none"> DHS has fully developed and implemented a child fatality and near fatality process. DHS has hired an Administrator, Benita Jones, to manage the child fatality process. A protocol has been established to track the progress and implementation of all recommendations. It includes: the assignment of approved recommendations within 10 days of an approved report. The Commissioner and Division Heads (the Executive Cabinet) will review the feasibility of the recommendations for final approval. The recommendations will then be assigned to Division /Department Heads for implementation. Monthly updates will be provided at Executive Team Meetings (re: implementation status, best practice

Panel Recommendation	Time Frame	Status (August 2009)	Status (January 2010)	Priority Level	January 2010 Update
					highlights, etc.). A progress report will be provided to the Act 33 Team every 6 months.
Outcomes and Accountability					
<p>Recommendation 3.a (Page x)</p> <p>DHS must revisit and expand the list of outcomes to be measured—whereas Phase One was largely focused on child safety, Phase Two will expand the focus to include permanency and well-being measures.</p> <p>DHS articulated five practice areas/measures (repeat maltreatment, severity of repeat maltreatment and time between incidents of maltreatment, length of stay, changes in levels of care, and reentry).</p>	<p>Recommended by Panel: Beginning June 1, 2008, following the development of the first DHS annual report card</p>	Completed	Completed	High-Level	<ul style="list-style-type: none"> • DHS articulated and presented six practice areas/measures (repeat maltreatment, severity of repeat maltreatment and time between incidents of maltreatment, length of stay, changes in levels of care, and reentry). • DHS will continue developing ways to capture and track the six measures in consultation with the COB. • Best practice utilization examples include RFPs. • See Recommendation 2.a.i.
<p>Recommendation 3.b (Page x)</p> <p>DHS must link its performance and the performance of its contracted providers to outcomes of accountability, including financial incentives.</p>	<p>Recommended by Panel: June 1, 2008</p>	In progress	In progress	Moderate-Level	<ul style="list-style-type: none"> • DHS continues to implement this recommendation by: <ul style="list-style-type: none"> ○ Expanding Performance Based Contracting to include Treatment Foster Care for FY2011. ○ Continuing intake closures, and contract reductions and eliminations, based on continued performance concerns. ○ Applying a zero rate to providers who place children in homes pending approval.

Panel Recommendation	Time Frame	Status (August 2009)	Status (January 2010)	Priority Level	January 2010 Update
Leadership					
<p>Recommendation 4.a. (Page x)</p> <p>DHS must continue to expand its emphasis on making DHS a more transparent agency.</p>	<p>Recommended by Panel: Develop plan by June 30, 2008 and implementation to begin by August 1, 2008</p>	<p>In progress</p>	<p>In progress</p>	<p>Low-level</p>	<ul style="list-style-type: none"> Continued stakeholder/system partner collaboration. Continued provider and community forums, e.g. Town Hall Meetings, Provider Leadership, etc. Utilized DHS Central to publish on-going reform work. Released copies of Child Fatality and Near Fatality reports upon request by members of the public, in compliance with state law and consistent with its emphasis on making DHS a more transparent agency.
<p>Recommendation 4.b. (Page x)</p> <p>DHS must take positive steps to enhance the healthiness of infrastructure and staff morale</p>	<p>Recommended by Panel: March 31, 2008</p>	<p>In progress</p>	<p>In progress</p>	<p>Moderate-level</p>	<ul style="list-style-type: none"> DHS Executive Team—expanded leadership team meetings held the first Thursday of every month from 9-11 a.m. Sanctuary Model Implementation. First Annual DHS Honors Social Services Awards Ceremony.
<p>Recommendation 4.c. (Page xi)</p> <p>DHS must enhance its ability to proactively and transparently manage crisis, including strengthening process related to child death reviews and increasing public access to information.</p>	<p>Recommended by Panel: March 31, 2008</p>	<p>Completed and On-going</p>	<p>Completed and On-going</p>	<p>Low-level</p>	<ul style="list-style-type: none"> DHS's Director of Communications serves as the Department's liaison to the media. The Act 33 Review Team significantly improves child death review process. DHS has released copies of its Fatality and Near Fatality reports upon request by members of the public, in compliance with state law and consistent with its emphasis on making DHS a more transparent agency.

APPENDIX B. ADDITIONAL OUTCOME MEASURES

Two outcome measures were recently removed from the core list of key outcome measures to be monitored by the COB. These measures do supply pertinent information about DHS performance. However they are not directly related to the primary mission of the COB, which focuses primarily on child safety. The most recent DHS data related to the two ancillary measures—Length of Stay in Foster Care and Changes in the Level of Care—are presented in this appendix to the COB progress report.

LENGTH OF STAY IN FOSTER CARE AND OTHER PLACEMENT TYPES

DHS also changed the parameters for this measure. DHS compared entry cohorts, initial placements only, for FY2005 and FY2008, and tracked length of stay for children discharged to permanency within 18 months.

Children initially placed FY2005—July 1, 2004 to June 30, 2005 (N=2146).

Children initially placed FY2008—July 1, 2007 to June 30, 2008 (N=1916).

Note: These numbers include multiple placement episodes for the same child.

Of those placed in FY2005, 735 (40.7%) were discharged to permanency within 18 months.

Of those placed in FY2008, 1107 (36.2%) were discharged to permanency within 18 months.

DHS considers only the following permanency discharges:

- Return to parents;
- Placed with relative;
- Adopted; and
- Placed w/permanent legal custodian (PLC).

Although the percentage of children discharged within 18 months to one of the three permanency outcomes decreased, the table below demonstrates that the distribution by type of permanency changed slightly. Of all discharges to permanency, greater percentages were discharged to reunification and adoption rather than PLC in FY2008.

**Table B.1 Number of Children Discharged Within 18 Months by Permanency Type
(Dependent Children Only)**

FY	Reunification		PLC		Adoption		Total	
	#	%	#	%	#	%	#	%
FY2005	649	88.3%	68	9.3%	18	2.4%	735	34.3%
FY2008	469	89.5%	40	7.6%	15	2.9%	524	27.3%

The tables below indicate the average number of months for first placements and for all placements for children discharged to permanency within 18 months, as children can be discharged and re-enter more than once.

The average length of stay for children discharged to reunification and PLC has increased by 1.6 and 0.7 months respectively.

The average length of stay for children discharged to adoption has decreased by 0.6 months.

Table B.2 Average Months in Placement for Discharges Within 18 Months by Permanency Type (Dependent Children Only)

FY	Reunification		PLC		Adoption	
	<i>1st placement</i>	<i>all placements</i>	<i>1st placement</i>	<i>all placements</i>	<i>1st placement</i>	<i>all placements</i>
FY2005	4.6	5.6	13.9	13.9	14.6	14.6
FY2008	6.2	7.8	14.6	14.6	14.0	14.0

The table below correlates the number of children discharged with their length of stay. Overall, there was a decrease of 4.5 percent in the percentage of children discharged to permanency within 18 months. The greatest change is the decrease in the percentage of children discharged within 6 months. Between FY2005 and FY2008 there is a 13.9 percent decrease in children discharged within 6 months.

Table B.3 Number of Children Discharged Within 18 months by Length of Stay

		FY2005		FY2008	
		#	%	#	%
Dependent	0-6	450	61.2%	248	47.3%
	6-12	135	18.4%	160	30.5%
	12-18	150	20.4%	116	22.1%
Total		735	100.0%	524	100.0%

COB Analysis and Comments

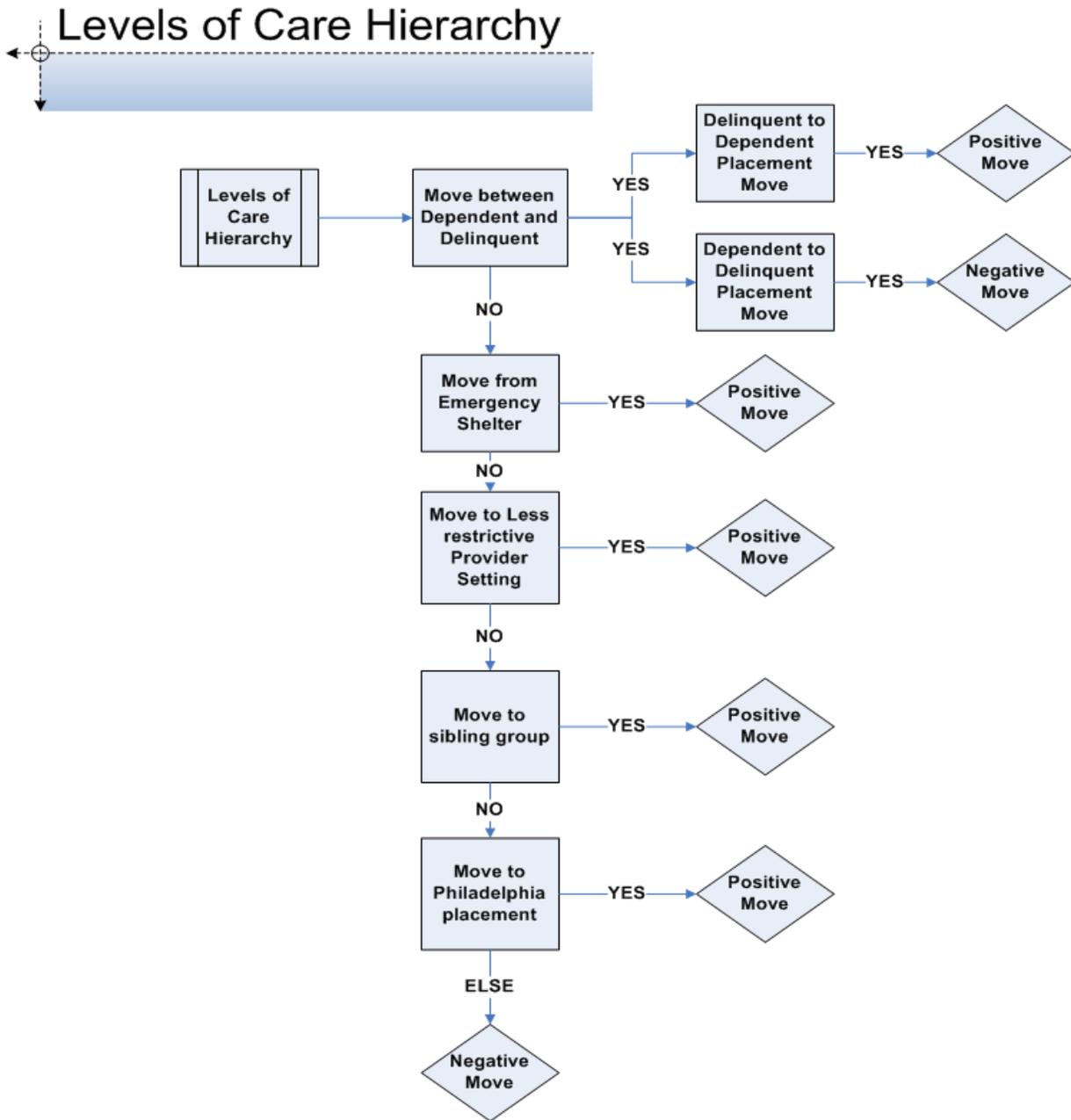
Although the differences are not dramatic, permanency within 18 months was attained less often in FY2008 than in FY2005. Similarly, as noted by DHS, the time to reach family reunification was longer in FY2008 than in FY2005 (by 1 month). The COB recognizes that several factors

may affect this outcome. For example, if the initial placements in FY2008 were due to more serious circumstances in the family, one would expect that reunification (or movement toward other permanency alternatives) could take longer. The implementation of the proposed Severity Index, to assess the family circumstances that lead to placement, will allow a more detailed analysis of the factors that impact length of time in temporary care.

CHANGES IN THE LEVEL OF CARE IN PLACEMENTS

The COB recognizes the importance of providing placement stability for children in out-of-home care. In general, the fewer placements a child has, the better the outcome for the child. However, there are reasons for changes in placement that are positive. These include moves to less restrictive settings and moves that bring siblings together. DHS has provided the following diagram (Figure B.1) that shows the placement moves that are considered to be positive relocations and those that are deemed negative placement changes.

Figure B.1 Levels of Care Hierarchy



DHS’s outcomes report data related to placement moves are presented below, followed by COB analysis and comments.

DHS Outcome Measure Report

When determining moves to a less restrictive setting, DHS used the following breakdown from least to most restrictive.

Placement Type: Least to Most Restrictive

- SIL (Supervised Independent Living)
- Kinship Care
- Foster Home
- Group Home
- Institution

The following tables compare the FY2005 and FY2008 cohorts using the levels of care hierarchy to explore positive and negative placements moves.

Table B.4 Number of Children With and Without Placement Moves

FY	Number of children	Number of children with no moves	Number of children with moves	Percent of children who moved
FY2005	3108	1437	1671	54%
FY2008	3053	1271	1782	58%

Table B.5 Count of Children by Number of Placements

Number of placements	FY2005		FY2008	
	count	%	count	%
1	1437	46%	1271	42%
2	867	28%	828	27%
3	403	13%	461	15%
4	197	6%	247	8%
5	94	3%	103	3%
6	50	2%	54	2%
7 +	60	2%	89	3%
Number of children	3108	100%	3053	100%

Table B.6 Total Number of Moves (changes in location)

FY2005	FY2008
Number of Children with Moves = 1671	Number of Children with Moves = 1782
Total Number of Moves = 3359	Total Number of Moves = 3842

The following table categorizes the total number of moves as either positive or negative according to the hierarchy of levels of care.

Dependent refers to moves from one dependent placement to another dependent placement.
 Delinquent refers to moves from one delinquent placement to another delinquent placement.
 Mixed refers to moves from a dependent to delinquent or delinquent to dependent placement.

Table B.7 Total Number of Negative and Positive Moves

	FY2005				FY2008			
	NEG	%	POS	%	NEG	%	POS	%
Dependent	799	53.8%	685	46.2%	1101	62.5%	662	37.5%
Delinquent	869	63.9%	490	36.1%	1269	72.1%	490	27.9%
Mixed	318	61.6%	198	38.4%	185	57.8%	135	42.2%
	Dependent to Delinquent		Delinquent to Dependent		Dependant to Delinquent		Delinquent to Dependent	
Subtotal	1986	59.1%	1373	40.9%	2555	66.5%	1287	33.5%
Total	3359				3842			

Overall DHS had fewer children in placement in FY2008, but they moved more frequently and more of the moves were negative for dependent and delinquent only moves.

On the other hand, DHS is improving the situation for those children who move from dependency to delinquency, with a decrease of 3.8 percent.

COB Analysis and Comments

The COB shares DHS's concern that the current data show that children are moving for reasons that do not enhance their experience in out-of-home care. Providing these children with a stable environment is critical. Now that DHS has the capability to present reports that examine placement stability in detail, DHS and the COB can more closely monitor the future trends related to placement moves and can discuss ways to address the factors that lead to negative placement moves.

APPENDIX C. SEVERITY INDEX

DHS is exploring the use of a severity rating to apply to child maltreatment reports received and cases accepted for service. The severity rating will be more informative than the current CPS/GPS distinction currently used to differentiate reports and cases based upon state definitions of child maltreatment. The Department is currently in the process of validating the factors and ratings to be used for the rating scale (Severity Index). The information below is labeled as “draft” and is included in this report to indicate the status of the Severity Index development and to provide an early view of the factors and weighting currently under consideration.

Severity index is assigned to children applying the following conditions:

1. The child’s status is open (status ‘O’) or active (status “A”) children.
2. All adoption children are excluded.
3. Child is currently in placement.

Currently, DHS is combining the following elements into an index that will assess severity across our caseload.

1. Allegations;
2. Provided services;
3. Investigation report category and investigation finding;
4. Investigation response time rating; and
5. Victim’s age.

In the future, DHS will be adding these elements.

6. Placement reasons;
7. Safety Assessment;
8. Parental Substance Abuse; and
9. Parental Mental Health.

Details

1. Allegation: Derived from current or last investigation allegation set. Allegations are coded on 1 through 5, with 1 being the least severe and 5 being the most severe.
2. Provided service: Derived from current or last child’s service code. Allegations are coded on 1 through 5, with 1 being the least severe and 5 being the most severe.

3. Investigation report category: The rating is derived from current or last investigation report and the rating is as follows:

Report Type	Report Determination	Rating
CPS	F (Founded)	3
CPS	I (Indicated—medical evidence)	2
CPS	A (Indicated—perp. admission)	2
CPS	V (Indicated—investigation)	2
GPS	S (Substantiated)	1

4. Investigation response time: The rating is derived from current or last investigation and the rating is as follow:

Response Time	Rating
Priority 1 (0 to 2 Hours)	3
Priority 2 (Priority 24 Hours)	2
Priority 3 (24 Hours)	1

5. Victim’s age: Derived from the current age of the child and the rating is as follow:

Age	Rating
Under 1	3
1 to 5	2
Above 5	1

The maximum severity score that a case can have with these components is 19.

Following is the distribution by severity of our current dependency caseload as of January 21, 2010. The range of scores is between 0 and 16; 71.4 percent of the cases scored between 4 and 8. The largest percentage (17.4%) scored a 6.

Count of Dependent Children by Severity Score

Severity Score	Count	%
0	131	2.5%
1	15	0.3%
2	33	0.6%
3	348	6.7%
4	677	13.1%
5	837	16.2%
6	901	17.4%
7	686	13.3%
8	590	11.4%
9	386	7.5%
10	208	4.0%
11	155	3.0%
12	92	1.8%
13	52	1.0%
14	41	0.8%
15	14	0.3%
16	3	0.1%
	5169	100.0%

This measure will continue to be refined as more data becomes electronically available.

