

FY 2013-14 NBPB

Commonwealth of
Pennsylvania

Office of Children,
Youth and Families



**NEEDS BASED PLAN AND BUDGET
NARRATIVE TEMPLATE**

PHILADELPHIA COUNTY

Needs Based Plan and Budget **FYs 2011-2012, 2012-2013, and 2013-2014**

| Version Control | |
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| Original Submission Date: | 9-14-2012 |
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Section 2: NBPB Development

2-1: Executive Summary

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

Introduction:

The Philadelphia Department of Human Services (DHS) aspires to become the nation's leading child welfare agency that employs caring, committed professionals who use innovative and collaborative practices to strengthen families and communities. DHS' mission is to provide and promote safety, permanency, and well-being for children and youth at risk of abuse, neglect, and delinquency.

DHS Targeted Outcomes:

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

Organizational goals for the current fiscal year are to:

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

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

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

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

Improving outcomes for children and youth, increasing community presence, and neighborhood delivery of services:

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

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

CUAs must be creative and innovative in the use of evidence based programming practices in child welfare that acknowledge the need for a trauma informed approach to working with children, youth, and families. It is anticipated that implementation of practices such as Strengthening Families, Parent and Child Interaction Therapy (PCIT), Visitation Coaching, and Family Team Decision Making will continue to advance Philadelphia's success in reducing the number of children and youth in out-of-home care. DHS will use the cost savings to reinvest in community services that support children and youth in their homes and families in their neighborhoods.

Fiscal year 2012-2013 will be a major year for implementation of the IOC initiative. DHS has selected two Providers to serve as Community Umbrella Agencies. Northeast Treatment Center (NET) has been selected for the 25th Police District and for the 24th and 26th Police Districts, Asociacion De Puertorriquenos En Marcha (APM). During the first half of FY13, DHS will work with these Providers to plan a successful implementation strategy. The roll out of in home services is expected to begin in the 25th Police District in January of 2013.

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

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

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Improving operational efficiency by:

- Continuing the development of the Electronic Case Management System (ECMS) and the integration of the P-Web system with ECMS.
- Working with CUA Providers to ensure integrated accessible information exchange between the CUAs and DHS.
- Developing the electronic capability for the Single Case Plan (SCP).
- Continuing the development of smart forms that allow pre-populated demographic information and ensure the input of specific information while simultaneously reducing errors.
- Continuing the centralization of the multiple databases throughout the agency to improve data management and quality.
- Implementation of a registration and transportation tracking system which will monitor the efficiency of vehicle usage.

Improving the public's perception of the Department by:

- Building upon existing relationships with Provider, the Police Department, and School District representatives to improve coordination, communication, and outcomes for children, youth, and families.
- Expanding community relationships through the CUAs.
- Participation by staff members at all levels in various Town Hall and Community meetings and disseminating information about programs and supports available for families.
- Orientations for hospital, school, and other child serving organizations around mandatory reporting of child abuse.

Challenges:

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

In addition, the Department recognizes that transitioning to a single case management system under IOC is an enormous challenge and is committed to ensure minimal disruption for the children, youth, families, and staff involved.

Successes:

- The Department continues its significant progress in reducing the number of children and youth in dependent and delinquent placement.
 - On March 31, 2010, 4936 children and youth were in dependent placement.
 - On March 31, 2012, 4086 children and youth were in dependent placement.
 - On March 31, 2011, 1670 children and youth were in delinquent placement.
 - On March 31, 2012, 1328 children and youth were in delinquent placement.
- The Department continues to focus on reducing the number of children and youth in out of state placement.
 - In January 2010, 42 youth were placed in out of state delinquent placement. In December 2011, the number was reduced to 8, and by March 31, 2012, reduced to 6. This represents an 81% decrease.
 - On March 31, 2012, 46 out of a total of 4,086 children and youth were in out of state dependent placement, of these 46, 42 were in kinship care.

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

Advancements:

DHS has enhanced services and supports both internally and externally in an effort to improve outcomes for children and youth. Collaborations with stakeholders, city agencies, and the Provider community strengthen the Department's ability to effectively and efficiently meet the diverse needs of children, youth, and families; foster innovative approaches to solving systemic issues; and promote transparency.

- Juvenile Justice Services Division is partnering in the Crossover Youth Practice Model with Georgetown University and Casey Programs to build stronger collaboration with Family Court, Juvenile probation, and other child welfare stakeholders to improve outcomes for dependent and delinquent youth.
- Commissioner signed the Interagency Protocol which allows for coordination with DHS, the District Attorney's Office, and the Philadelphia Police Department in child abuse investigations. The document outlines the manner in which each agency refers cases, shares information, and coordinates investigations.
- During this past fiscal year, the City signed a lease for a building at 3rd and Hunting Park Avenue that will allow for the collocation of the DHS Sex Abuse Investigation Section, the Police, and the Philadelphia Children's Alliance.
- Delinquent placements were reduced allowing for the development of supervised structured community based programs as alternatives to placement.
- DHS and Department of Behavioral Health and Intellectual disAbility Services (DBH/IDS) cross systems collaboration has resulted in the continual decline of out of state RTF placements. The collaboration has also resulted in better discharge planning for children and youth ready to leave inpatient hospitalization.
- The new state-of-the-art secure juvenile detention facility remains under construction and is nearing completion. DHS anticipates the opening to be late October or November of 2012. Given the implementation of Juvenile Detention Alternative Initiative (JDAI) and its objective of reducing reliance on secure detention, DHS anticipates that the facility will prove far larger than what will be needed to house the number of juveniles held by the Courts. Thoughtful consideration will be given regarding how portions of the facility might be re-purposed for uses other than detention. Discussions with and approval by OCFY around this issue are necessary and planned.

DHS remains focused on continuing to improve outcomes for vulnerable children, youth, and families through full implementation of IOC. It is only through clear lines of accountability and the involvement of the community that children and youth can be kept safe and families, communities, and neighborhoods strengthened.

OCYF's partnership in implementing the goals in this plan and their commitment to reinvestment based on the Department's performance is critical to success.

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2-2a. Collaboration

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| <p>County Children and Youth Agency Staff</p> | <p>The Department regularly seeks the expertise and input of staff at all levels regarding the issues affecting child welfare, child protection, and juvenile justice, and the services engaged or needed to best respond to identified issues and areas of concern. Whenever possible, staff participates on workgroups and in the development of policy and protocols.</p> <p>The Commissioner meets weekly with her Executive Cabinet which includes all Division Deputies, the Chief of Staff, the Chief Implementation Officer for the Improving Outcomes for Children (IOC) initiative, the Commissioner’s Senior Advisor, the Director of Communications, and the Director of Policy and Planning. This meeting helps to ensure that the Department’s leaders are working together as a team and that the Department’s Vision and Mission are foremost in planning. There is the opportunity to discuss issues, seek advice, and share critical information, and ensure that important information is being communicated effectively throughout the Divisions to all levels of staff as appropriate.</p> <p>The Children and Youth (CYD) Deputy Commissioner and the CYD Operations Director meet monthly with Supervisors from across the Divisions to share information about planning, introduce new initiatives and policies, and to discuss and get feedback on issues impacting practice. Additionally they meet once a month with Social Work Administrators and twice monthly with all Directors.</p> <p>The CYD Deputy Commissioner and Operations Director also participate in various staff meetings held at the Region and Section level.</p> <p>The CYD Deputy Commissioner and Operations Director convene teamings for investigations with unexplained injuries and unidentified perpetrators. These occur twice a month with attendees including the DHS psychologists and the DHS Medical Director. The purpose of the teaming is to review complex investigations from a multi-disciplinary perspective in order to assist staff in the decision making and the investigation process. Staff from any level can also request a teaming for any case.</p> <p>IOC focus groups were held with all levels of staff to share information and gain insight and suggestions about practice improvement.</p> |

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| | <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes. QSR Findings Present Meetings allow time and space for this group to hear the findings and recommendations coming from each QSR and contribute to the strategic direction for the agency.</p> <p>ChildStat offers a forum for staff at all levels to answer the question, “what supports can be put in place to make you more effective in your work?” Many of these suggestions translate into recommendations for system change.</p> <p>This past year cross-Divisional collaboration among Community Based Prevention Services (CBPS), CYD, JJS, Policy and Planning, Performance Management and Accountability, Finance and Contacts, and Administration and Management (A and M) occurred in several arenas which included: Shared Case Responsibility, Educational Stability, Random Moment Time Study (RMTS), Basic Health Information, Act 101, Safety Assessment within the Electronic Case Management System, etc.</p> |
| <p>Juvenile Probation Staff</p> | <p>Juvenile Probation is routinely represented at the monthly Court and Community Services Planning Group chaired by the DHS Director of Court and Community Services. These meetings represent an opportunity to communicate across systems important information and resources related to serving Philadelphia’s juvenile justice population. As well, the meeting allows for the collaboration with other JJS stakeholders around identification of service gaps and development of programs to address them.</p> <p>There has been significant collaboration with the Cross-over Youth Practice Model in conjunction with Casey Family Programs and Georgetown University’s Center for Juvenile Justice Reform. There is representation not only from Juvenile Probation, but Family Court and both the JJS and CYD Divisions. This model brings together practitioners involved with identified youth who have both dependent and delinquent needs. The Court and Community Services Director and Administrator meet with the youth, parent, Provider agency, probation, and child advocates to access current services and work toward a plan that best serves the youth and family.</p> <p>JPOs were trained by DHS University staff in an Overview of the Safety Model of Practice. In addition, they received training in Mandated Reporter from OCYF to prepare for</p> |

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| | <p>Shared Case Responsibility implementation.</p> <p>DHS University created a curriculum, and along with Juvenile Probation staff, co-trained on the implementation and practice of Shared Case Responsibility. These trainings included staff from both the JPO Office and the Children and Youth Division. Additionally, monthly meetings occur between DHS and the Court to discuss implementation issues and resolve problems.</p> <p>Community Based Prevention Services (CBPS) partnered with JJS and JPO to provide service and support for youth diverted from traditional JJS case processing. CBPS intends to further develop this relationship and collaborate on appropriate resources to assist this population.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> |
| <p>Juvenile Court and Family Court Judges and Legal Counsel for Parties</p> | <p>The following are regular meetings the Department holds with these stakeholders:</p> <ul style="list-style-type: none"> - Children's Roundtable: monthly meetings to discuss how to resolve systemic barriers to permanency on a statewide basis. - Dependent Court Leadership Team: meetings of all system stakeholders with the Administrative Judge to discuss and resolve systemic barriers to permanency, court, and stakeholder operations as well as planning for new initiatives being implemented. - Administrative Office of Pennsylvania Courts (AOPC) Fatherhood Committee: meets to discuss systemic ways to make successful outreach to include fathers in the dependency process. - Accelerated Adoption Review Court (AARC): meets to discuss adoption cases and resolve systemic barriers to finalization. - AOPC Transitional Youth Committee: reviews older youth systemic issues and makes recommendations regarding discharge from placement as well as reviews implementation of Philadelphia's compliance with Fostering Connections. - Truancy Collaboration (this includes the Court truancy unit, School District of Philadelphia, and DHS Prevention) meets to discuss and develop protocols and procedures for truancy hearings held in regional truancy court. - In addition to the above, JJS attends and actively participates in the weekly Youth Review Meeting, chaired by the Administrative Judge and attended by various other |

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| | <p>JJS stakeholders. Discussions center on population control at the Youth Study Center, as well as the identification and resolution of systemic barriers that prevent youth from moving on to court-ordered placements in a timely manner. Identification of service needs for delinquent youth is also a topic that is frequently discussed. JJS Utilization Review meetings are held and chaired by the Commissioner and serve to inform placement decisions and to keep both teams abreast of trends related to Provider utilization, lengths of stay, and other data related to expenditures.</p> <ul style="list-style-type: none"> - The Juvenile Justice Services Division has joined with Family Court and Juvenile Probation in the implementation of the Casey Foundation launched Juvenile Detention Alternatives Initiative (JDAI), an initiative designed to reduce unnecessary reliance on secure detention, address disproportionate minority contact, improve public safety, and save taxpayer dollars. - The Juvenile Justice Services Division is also partnering with Family Court and Juvenile Probation in participation in the Juvenile Justice Services Enhancement Strategy (JSES), endorsed and led by the Pennsylvania Juvenile Court Judges Commission (JCJC). The strategy has three main principles: to employ evidence-based practices at every stage of the juvenile justice process; to collect and analyze the data to measure results; and to improve the quality of decisions, services, and programs. - Truancy and Education Support Center have aligned through collaborative meetings with outside partners and trainings to address educational barriers with court involved truant youth. - During the second quarter of FY11, DHS implemented Intensive Prevention Services (IPS) to address the needs of youth formerly served through Family Court’s Reasonable Efforts in Assessment, Access and Prevention (REAAP) program, now called the Prevention Service Unit (PSU). IPS combines the components of a site-based program and case management services to deliver a comprehensive, intensive intervention for youth to build resiliency and self worth. <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> |

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| <p>Family Members and Youth, especially those who are or who have received services</p> | <p>Former clients of the child welfare, child protection, and juvenile justice system are members of the Department's Community Oversight Board/Child Welfare Advisory Board (COB), and Court and Community Services Planning Committee.</p> <p>Youth have been identified to participate on the Improving Outcomes for Children Community and Systems Engagement Work Group. One of the main objectives of the work group is to build community trust. DHS intends to use the insights and experiences offered by the work group members for developing strategies that will bridge the gap between DHS and the community.</p> <p>The Department's Parent Action Network (PAN) works in the community with parents to prevent placement and preserve or stabilize the family unit. PAN works with the youth through group mentoring, including Boys Track and Breaking the Cycle. Additionally, PAN works with several Providers in-house to offer services such as Drug and Alcohol (residential) treatment to facilitate reunification and with incarcerated fathers in both county prisons to support the transition process and reunification.</p> <p>The Executive Director of the Youth Study Center meets regularly with a group of youth detained at the Center. This Youth Advisory Board provides valuable feedback on the effectiveness of the Center's programming and services as well as isolating the specific needs of residents to ensure a safe and comfortable stay at the Center for all youth.</p> <p>"Disproportionate Minority Contact Forums" are held at the Youth Study Center to help foster communication and understanding between minority youth and law enforcement. The Forum uses interactive programming and role-playing, plays, and speakers to break down barriers. It sensitizes minority youth and law enforcement to each other's point of view. Participants include residents of the Youth Study Center, Police Officers, Sheriffs, District Attorneys, Youth Study Center staff, and Public Defenders. The County Commissioner's Association of Pennsylvania (CCAP) has recognized the "Disproportional Minority Contact Forum" with their Best Practice Award.</p> <p>One of the JJS' contracted programs, "CommuniPower II," facilitates a "family day" event which takes place at 6 week intervals at the Youth Study Center. These events are attended by families of currently detained youth and serve both as an opportunity for family engagement around their</p> |

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| | <p>children or youth’s strengths and as an opportunity for the Department to receive feedback about how services can be improved. These events are very well attended.</p> <p>Teen Summits, the creation of one of the JJS Youth Detention Counselors, are now regular events held at the Youth Study Center twice annually. They provide opportunities for Center residents to explore career opportunities and necessary educational requirements. Guest Speakers have included community business owners, City Council members, and motivational speakers.</p> <p>The Charlie Mack Celebrities for Peace Tour has, for the past seven years, made the YSC one of its stops. Over the years, well-known celebrities have spent hours at the YSC sharing with youth their personal testimonies about making positive life choices and inspiring them to choose non-violent ways of addressing conflict. This annual event is the highlight of the year for those youth who happen to be detained with YSC when the event takes place. It serves to inspire the youth, provide an avenue to affirm their worth, and to communicate that despite the poor choices that led them to being arrested, it is never too late to change.</p> <p>A Foster Parent focus group was held to elicit feedback on the current foster care system, personal experiences, and system strengths and weaknesses as a way to inform planning for the Improving Outcomes for Children (IOC) initiative.</p> |
| <p>Child, Parent, and Family Advocates</p> | <p>The RUMP Meeting is a group of stakeholders that discusses and addresses shared issues and makes recommendations to the Administrative Judge regarding court operations and procedures.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> <p>(See also “Juvenile Court and Family Court Judges and Legal Counsel for Parties.”)</p> |
| <p>Mental Health and Mental Retardation service system</p> | <p>The City of Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services (DBH/IDS) joined together four components that existed separately within the Department of Public Health. These include Community Behavioral Health (CBH), Department of Intellectual disAbility Services, the Office of Addiction Services, and the Office of Mental Health.</p> |

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| | <p>Weekly cross-systems meetings between DHS and CBH Clinical Management staff review dependent and delinquent youth currently receiving psychiatric inpatient and residential treatment services. The goal is to identify appropriate behavioral health and placement services for these children and youth. Training and staff development has occurred in a number of areas including: accessing behavioral health services, trauma-informed treatment approaches, evaluations, and cross-systems planning.</p> <p>CBH staff is co-located in 11 court rooms and assist judges in dispositional planning as it relates to evaluations and treatment services for dependent and delinquent youth. Planned placement meetings are also conducted with families, advocates, Provider Agencies, and child welfare or probation staff to review recommendations for treatment and other services. CBH staff is also on site at DHS and assists DHS Social Work Services Managers in accessing evaluations and treatment services for children and youth being placed in treatment foster care, foster care, group homes, or institutions. They also assist families currently receiving or in the process of receiving prevention or in-home protective services and in need of mental health or substance treatment services.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> <p>DHS University provides mandated reporter training to all stakeholders and partners.</p> <p>(See also “Current Service Providers.”)</p> |
| <p>Drug and Alcohol Service System</p> | <p>The City of Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services (DBH/IDS) joined together four components that existed separately within the Department of Public Health, these include Community Behavioral Health, Department of Intellectual disAbility Services, the Office of Addiction Services, and the Office of Mental Health. Representatives from the Office of Addiction Services are included in the Cross-Systems Planning Group and participate in the development or enhancement of substance abuse services.</p> <p>The Office of Addiction Services is represented in the monthly Court and Community Services Planning Group meetings, described earlier. Additionally, the Department partners with the Office of Addiction Services at its Leadership Council</p> |

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| | <p>meetings. This bi-monthly meeting is a collective endeavor to establish a framework for addressing the behavioral health needs of the city’s children and youth.</p> <p>Additionally, DHS partners with the DBH/IDS, Office of Addiction Services to ensure consistency and a uniform approach to planning, implementation, and monitoring of Philadelphia’s residential drug and alcohol treatment services for pregnant women and women with young children. The CYD and JJS Deputies meet regularly with the Coordinator of Drug and Alcohol Services around programming needs.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> <p>DHS University provides mandated reporter training to all stakeholders and partners.</p> |
| Early Intervention System | <p>The Department continues to meet with the designated umbrella organizations for Early Intervention services (ChildLink, for ages 0 to 3 and Elwyn SEEDS for ages 3 to 5). These Providers are part of the bi-monthly cross systems meeting.</p> <p>The training subcommittee created ASQ/Early Intervention overviews for CYD staff in which both Elwyn and ChildLink were present. Additionally there have been “train the trainer” classes for Providers and DHS University who will now be able to provide the ASQ/Early Intervention training.</p> <p>DHS University provides mandated reporter training to all stakeholders and partners.</p> |
| Local Education System | <p>Both the DHS Commissioner and Director of CBPS serve on the Philadelphia Council for College and Career Success. The mission of the Philadelphia Council for College and Career Success is to provide leadership and advocacy in support of the Mayor’s education goals to:</p> <ul style="list-style-type: none"> - Increase the graduation rate to 80% (cut the dropout rate in half) by 2014. - Double the baccalaureate attainment rate of Philadelphians by 2017. <p>DHS’ major engagement with the Philadelphia School District is through the Division of Community-Based Prevention Services. DHS and the School District of Philadelphia (SDP) have formalized their inter-agency collaboration in a number of significant ways. After a year of research and collaborative</p> |

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| | <p>planning, DHS launched the Education Support Center (ESC) in November 2009. The goal of the Center is to improve the educational stability, continuity, and well-being for children and youth served by DHS. One of the key strategies to accomplish this goal is to institutionalize communication and collaboration with the SDP, Mastery Charter Schools and other public and non-public schools to pro-actively address educational barriers. The development and operation of the ESC has been supported by the William Penn Foundation. As of July 1, 2012, the ESC operation will be fully supported by DHS.</p> <p>DHS, the School District of Philadelphia, and Family Court signed a data-sharing Memorandum of Understanding (MOU) on December 22, 2010. This agreement significantly improves service coordination for children and youth involved with the child welfare and juvenile justice systems</p> <p>DHS and Mastery Charter Schools signed a data-sharing Memorandum of Understanding on June 1, 2012. Similar to the MOU with the SDP and Family Court, this MOU focuses on improving service coordination, cross systems training to ensure education stability, well-being and continuity of youth involved in child welfare and juvenile justice systems.</p> <p>Regional Truancy Courts represent a multifaceted collaboration between the Department, the SDP, Family Court, Providers, and the community. CBPS, SDP, and Family Court work collaboratively to operate and facilitate Truancy Courts. Through these efforts, families are provided case management, service linkages, and home and school visits to address truancy, education barriers, and other pre-delinquency issues.</p> <p>CBPS leadership meets regularly with SDP and Family Court leaders in an effort to better coordinate its services with the judicial process and ultimately better serve families.</p> <p>Truancy and Education Support Center have aligned through collaborative meetings with outside partners and trainings to address educational barriers with court involved truant youth.</p> <p>Other examples of collaboration include:</p> <ul style="list-style-type: none"> - The Department and the SDP implemented a <i>“Joint Operations Protocol to Coordinate the Educational Stability and Continuity of Children and Youth in Out-of-Home Placement.”</i> This Protocol enables children and youth in out-of-home care to receive transportation assistance from the SDP so that they can remain in their school of origin |

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| | <p>when they enter care or require a change in placement.</p> <ul style="list-style-type: none"> - Regular Cross Agency Leadership Team Meetings (DHS, School District, Juvenile Court, and Department of Behavioral Health) are held. - For FY12, the ESC participated in state conferences, workgroups, panel discussions, and community outreach events to promote Center initiatives. The ESC has trained over 668 internal and external stakeholders to include DHS and Provider staff, School District of Philadelphia Counselors, Mastery Charter School Social Workers and foster/kinship parents on educational stability needs of children and youth in placement, including the Fostering Connections and McKinney Vento Acts, DHS Policy and best practice. - Senior leaders of DHS, School District of Philadelphia, Department of Behavioral Health, and Intellectual disAbility Services (DBH/IDS), and Mayor’s Office of Education have established a quarterly schedule of cross-systems meetings to identify and resolve systemic barriers to collaboration. - The Department continues to collaborate with the School District and DBH/IDS at the School District’s Re-Engagement Center. This Center provides youth (16-21) and their families with “one-stop” access to information and placement services leading to re-enrollment in a high school diploma or GED program. Services include: referrals for an educational setting that best meets their needs, connection to comprehensive resources which support successful educational outcomes, such as childcare and employment, and transition support for a successful re-entry into school. The DHS ESC has two DHS Workers at the Re-Engagement Center and its Administrator and Supervisor participate in quarterly meetings with the Re-Engagement Center Advisory Group. - The Achieving Independence Center (AIC) collaborates with the Re-Engagement Center to reconnect out-of-school youth to school. In addition, AIC provides supportive resources to assist youth in high school and college retention, tutoring and remediation, ABE/GED instruction, pre-college instruction, secondary education exploration including options for vocational technical training and assistance with financial aid applications. <p>The Education Support Center assists and supports students attending Arise Academy Charter High School which proposes a mission of providing youth in foster care or who have recently exited foster care, with a more student-centered curriculum. Education Support Center dedicates one Education Liaison to provide on-site supports by participating</p> |

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| | <p>in teamings to troubleshoot for youth with educational instability in academics and behavior on a case by case basis. ESC also liaises between Arise and DHS and Provider social work teams to ensure clear and concise communication and planning.</p> <p>The ESC convenes cross-system bi-monthly collaboration meetings with other community stakeholders such as the Education Law Center, Juvenile Law Center, Project U-Turn, Mayor’s Office of Education, School District of Philadelphia, and Mastery Charter Schools.</p> <p>The ESC is an ongoing participant in internal teamings and work-groups within DHS to assess and support educational well-being and continuity for DHS involved youth, which includes:</p> <ul style="list-style-type: none"> - Shared Case Responsibility Work Group supporting the educational needs of youth involved in both dependent and delinquent systems. - Provider Stat and Child Stat. - Quality Service Review. - Out of School Time: after school programming for youth to provide Homework assistance, Academic enrichment and Physical activity. - Intellectual Disability Services Teaming to assess/ensure youth diagnosed with ID and aging out for DHS care have reached educational goals, transition to appropriate educational and/or life skill programs. - Intake and Multiple Disciplinary Teamings assess educational needs of youth in an active investigation. <p>The Department recently issued an RFP for Truancy Prevention and is in the process of finalizing contracts. This program will be available as a resource to support Truancy Court.</p> <p>Finally, the Commissioner has already met with the new Superintendent of the School District of Philadelphia. The Department is anxiously anticipating a renewed collaboration with this new administration that has already shown a keen interest in improving the educational outcomes of the children and youth served by the Department.</p> |
| <p>Community Organizations which provide support and services to children and families</p> | <p>Community organizations are engaged to provide support to, among other things, parents seeking reunification, youth transitioning to independence, realignment of prevention services, out-of-school time activities, and delinquent youth.</p> <p>DHS participates in collaborative partnerships onsite at the</p> |

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

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| | <p>programs are operating with similar levels of information and support.</p> <p>DHS currently sponsors ten Equal Partners in Change (EPIC) Stakeholder groups, comprised of individuals who live and/or work in a community, and who are committed to addressing the challenges in their community that diminish the quality of life and lead to negative outcomes for children, youth, and families.</p> <p>CBPS provides small grants to over 200 small community organizations that serve youth within the communities. Examples include community organized sports teams, religious youth-based activities, youth development programs, etc.</p> <p>CBPS staff represents the Department as a system partner in the City’s Managing Director’s Office initiative, Philly Rising. This collaborative brings together 28 different city services and agencies together with police districts, neighborhood leaders and other stakeholders in a coordinated fashion to improve the quality of a community.</p> <p>The JJS Court and Community Services Planning Group continues its partnership with the West Philadelphia Coalition of Neighborhood Businesses. This organization represents the community where the new youth detention facility is being built so it is therefore imperative that partnerships are established and strengthened there in advance of the relocation.</p> <p>The Juvenile Justice Services Division also partners with St. Joseph’s University by participating regularly in their Area Task Force Meetings, held at quarterly intervals. In that the Department contracts with a provider of group home services for delinquents in the immediate area of the University, the Department’s participation and contributions around the issue of campus safety have been useful.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> |
| Current Service Providers | <p>The Commissioner’s Provider Leadership Group includes the Executive Directors of several Provider agencies representative of Providers across the Department’s service array, the Children Youth and Family Counsel, and all of the Department’s Deputy Commissioners and Directors. This group meets bi-monthly with agenda topics submitted by</p> |

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| | <p>members. Topics include performance management and accountability, fiscal issues, collaboration, etc.</p> <p>The Division of Performance Management and Accountability, Provider Relations and Evaluation of Programs (PREP) hosts the following regular meetings:</p> <ul style="list-style-type: none"> - Foster Care Performance Based Contract Provider Quarterly Meeting. - Treatment Foster Care Providers Quarterly Meeting. - General and Medical Foster Care (Quarterly). - Group Home and Institution Providers (Quarterly). - Supervised Independent Living Providers (Quarterly). - Mother Baby Providers (Quarterly). <p>The Provider Accountability Forum (PAF), whose participants include representatives from DHS, Community Behavioral Health, and the Office of Children Youth and Families, is chaired by the Director of PREP. This group reviews program evaluations and service concerns, and makes recommendations to the Commissioner based on the findings. These recommendations may include providing additional technical assistance and training to the Provider to the closing of intake or the termination of a contract.</p> <p>Provider ChildStat offers a forum for Providers to answer the question, “what supports can be put in place to make you more effective in your work?” Many of these suggestions translate into recommendations for system change.</p> <p>The Court and Community Services Planning Group serves as a forum where Providers present information to JJS stakeholders about programs designed to meet the unique needs of delinquent youth. A healthy partnership with these Providers serves to enhance the Department’s ability to work collaboratively. The JJS Human Services Administrator chairs monthly meetings with Providers of Community Based Detention Services (CBDS), In Home Detention (IHD), and Pre-Hearing Intensive Supervision (PHIS) as a means of providing support and soliciting feedback on the successes and challenges in working with the youth in these programs.</p> <p>The JJS Deputy Commissioner also convenes meetings with Providers, throughout the calendar year, along with Family Court and JPO leadership staff, to share important policy and practice changes, allow for sharing across Provider programs about new and innovative programming, and to afford Providers opportunities to ask questions, voice concerns, and make recommendations.</p> |

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| | <p>Onsite AIC collaborative partnerships exist with several community organizations that provide supportive services to assist youth in transitioning to independence. The areas addressed include: educational support, job hunting and obtainment, housing, life skills training, etc.</p> <p>The CBPS Director meets regularly with numerous groups of Providers. One group in particular is the PCCYFS Prevention Workgroup. The meetings include presentations, discussions, updates, and opportunities for questions and feedback. The meetings have taken place in various formats: focus groups, roundtables with smaller groups, large auditorium meetings, and individual site visits.</p> <p>CBPS program managers convene regularly scheduled Provider meetings by service area.</p> <p>QSR Reviewers are recruited from this area so that they can have an active role and voice in reviewing the quality of services and making individual case and recommendations for larger systems changes.</p> |
| <p>Other</p> | <p>Community Oversight Board (COB): The COB is made up of local and national child welfare experts to support and ensure system change at DHS. Its charge is to monitor the Department's implementation of the recommendations from the 2006 Child Welfare Review Panel. The recommendations were designed to improve the ability of the Department to respond to child and youth maltreatment and to increase their safety of children by:</p> <ul style="list-style-type: none"> - Clarifying the mission and values of the Department, with safety as the core function. - Aligning resources to advance the mission. - Improving the consistency and quality of practice. - Increasing accountability of DHS for its performance and enhancing its oversight of Providers. - Strengthening leadership by improving morale of staff, increasing transparency, and communicating with the multiple stakeholders in the child protection system. <p>The Child Welfare Advisory Board (CWAB), mandated by OCYF regulation, was merged with the COB last year. Meetings are held quarterly and various Department leaders attend to address ongoing issues and concerns and report on progress made. A portion of these meetings are open to the public.</p> |

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| | <p>Improving Outcomes for Children Steering Committee: IOC Steering Committee and workgroups are made up from community stakeholders and inform decision making for the IOC planning and implementation process.</p> <p>DHS, Philadelphia Police Department, and the Philadelphia District Attorney’s Office Joint Protocol: In November 2011, the Commissioner of DHS, the Commissioner of the Philadelphia Police Department and the District Attorney of Philadelphia signed an interagency protocol that details how the agencies coordinate investigations, share information and refer cases to each other. The document allows for a joint investigative team to be convened to collaborate on complex cases. In addition, the document provides a detailed procedure for staff of all the agencies to coordinate the sharing of information.</p> <p>Youth Homicide Review Team: The Deputy Commissioner in the Department’s JJS Division is a member and regular participant on the review team and contributes by way of providing information about youth who may have had involvement with the juvenile justice system prior to their death. Given that the Juvenile Probation Office also has a wealth of information about such youth, their office is also in attendance at this meeting. It is chaired by the Medical Examiner’s Office.</p> <p>Act 33 Fatality and Near Fatality Reviews: This Act requires that the Department establish an interdisciplinary team to review child fatalities and near fatalities (defined as an act that places a child in serious or critical condition as certified by a physician) that are allegedly caused by abuse and/or neglect. The chair of the team cannot be a DHS employee. DHS’ review team began in 2009 and has served as a model for other counties in the Commonwealth.</p> <p>The team is chaired by the city’s Chief Medical Examiner, Dr. Sam Gulino, and consists of representatives from the Medical Examiner’s office, the Law Department, Department of Public Welfare, Temple University School of Social Work, DHS, St. Christopher’s Hospital, Children’s Hospital of Philadelphia, District Attorney’s Office, Special Victims Unit, and the Department of Behavioral Health. The entire DHS chain of responsibility for the case being reviewed is required to attend. Recommendations from this review are collected, presented to the Commissioner and her Executive Cabinet, and if approved, assigned to senior staff for follow through. These recommendations are tracked by the DHS Quality Improvement team.</p> |

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| | To date 103 recommendations have been accepted and assigned. Eighty-three have been implemented and 20 are in progress. |

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PUBLIC HEARING

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

2-2b. Data Collection Details

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

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2-3a. through 2-3j. Meeting Mandates

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

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

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

The Child and Family Services Improvement and Innovation Act of 2011

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

Monitoring use of psychotropic medications for children and youth in out-of-home care:

DHS has been laying the ground work for monitoring the use of psychotropic medications in children and youth in out-of-home care through a series of ongoing meetings with the Department of Behavioral Health and Community Behavioral Health (CBH). These meetings have served to address issues of confidentiality and information sharing.

A strategy that is being considered is to begin with an initial surveillance. Claims data would be used to identify children and youth who have been prescribed psychotropic medication. A child psychiatrist would review the information and reach out to the prescribing physician to obtain additional information about why psychotropic medications were prescribed and

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what alternative or additional interventions had been considered. After a period of surveillance, DHS would implement a larger system intervention. This would include Continuous Quality Improvement, periodic review, and system partner outreach to educate the system about competent, targeted, evidence-based treatment, and behavioral intervention alternatives.

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

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

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

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

Concurrent Planning

Concurrent Planning (CP) is being trained in OJT and for case carrying staff. DHS is currently developing a Concurrent Planning policy. A bulletin explaining the necessity of Concurrent Planning and the Department's expectations of staff has been distributed. City solicitors and the Court have had concurrent planning training and Judges are requesting CP goals recorded on court orders.

Full disclosure is currently addressed in writing on FSP invitations, in person at FSP meetings, and in writing again on the Plan. Court orders also note concurrent goals when children and youth are removed from their home. Family search and engagement is

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currently addressed in several standing policies that mandate the use of tools such as Accurint, Family Finding, and internal databases (FACTS and FACTS²) to search for family with standardized letters intended for outreach to family. Staff are trained to search in the internal databases, Supervisors have been trained to use Accurint, and a contracted agency provides the Family Finding service. Additionally, DHS and contracted Providers are trained in and mandated to continue seeking family information in an ongoing basis. Family Group Decision Making, Family Group Conferencing, and similar teaming models are already in use at DHS and have proven helpful in bringing family and other informal supports together to benefit children and youth in placement. DHS continues to provide for family visitation among sibling groups and parents, and Child Permanency Plans include specific instructions regarding visitation. When safe and possible, siblings are always placed together. Timelines for permanency are a routine part of practice, most clearly demonstrated by the cycles for court hearings and FSPs. Transparent written agreements and documentation exist most directly in the forms of standardized letters, FSPs, CPPs, and court orders. DHS emphasizes collaboration among agencies, courts, resource families, Providers, and other stakeholders through the inclusive planning efforts. This is most evident in practice. DHS staff maintain consistent communication with families, community supports, CBH, and other providers including the School District, the Court, Providers, therapists, and other specialists. DHS has nurses, an Educational Support Center, the Achieving Independence Center, the Achieving Reunification Center, a Shared Case Responsibility unit, and an Older Youth unit. Additionally, concrete plans exist for the Sex Abuse unit, SVU, and Philadelphia Children's Alliance to move into one facility.

Post Reunification Services

These are currently offered through Performance Based Contracting Providers and the Department's ARC. Placement decision making and engaging the family before and during reunification are essential parts of ongoing casework. For children and youth in out-of-home care, visitation is planned and monitored carefully so that there are opportunities to maintain relationships and develop bonds. Visitation plans are developed with the family so that there are minimal barriers to participating in visits and they are meaningful.

The Department intends to extend Aftercare services for all reunifications and permanencies from placement.

Section 3: General Indicators

3-1: County Information/Background

□ **Address population and poverty trends.**

County Data

- **Population Trends**

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

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

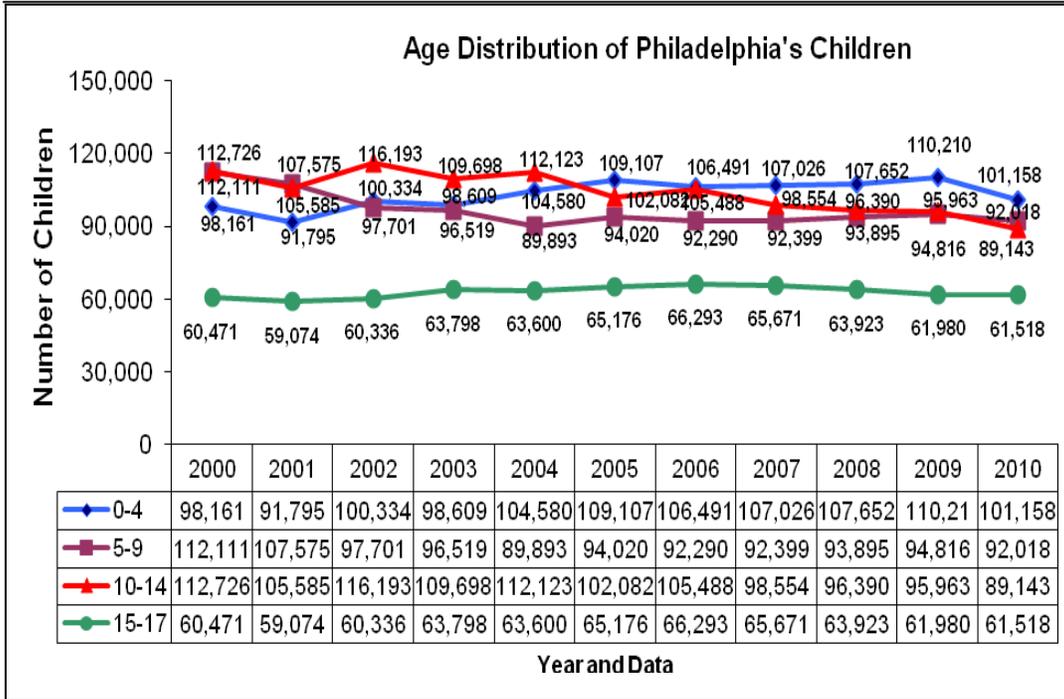
| Year | Total Population | Population 17 and under | Percentage of population 17 and under |
|-------------|-------------------------|--------------------------------|--|
| 2000 | 1,517,550 | 383,469 | 25.3% |
| 2001 | 1,437,080 | 364,030 | 25.3% |
| 2002 | 1,436,694 | 374,564 | 26.1% |
| 2003 | 1,423,538 | 368,624 | 25.9% |
| 2004 | 1,414,245 | 370,196 | 26.2% |
| 2005 | 1,406,415 | 370,385 | 26.3% |
| 2006 | 1,448,394 | 370,562 | 25.6% |
| 2007 | 1,449,634 | 363,650 | 25.1% |
| 2008 | 1,447,395 | 361,860 | 25.0% |
| 2009 | 1,547,297 | 362,879 | 23.5% |
| 2010 | 1,526,006 | 343,837 | 22.5% |

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

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-Age Distribution

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



- Poverty Trends

A nationally recognized method of measuring poverty is use of the federal poverty line calculation. This is defined as a yearly income of \$14,570 for two people, \$18,310 for three people, \$22,050 for four people and \$25,790 for five people. The poverty line is used to determine eligibility for a number of federal programs (See the 2010 HHS Poverty Guidelines).

National trends show an increase in poverty among children and youth (PCCY, 2008). The same is true in Philadelphia where 26.7% of the population fell below the federal poverty line in 2010, an increase of 2.5% from 2009. Of this group, 30.7% were children and youth. While this represents a decrease of 3.8% from 2009 in the proportion of poor Philadelphians who are children and youth, it still represents a slight increase in the proportion of poor children and youth in the total population of Philadelphians, from a flat 8% to 8.2%. In 2010, more than one third of children and youth in Philadelphia were living in poverty, representing a 1.8% increase over 2009.

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

| Year | Number of Population with Poverty Status | Percentage of Total Population | Population 17 and under in Poverty Status | Children in Poverty as a Total Population with Poverty Status | Children in Poverty as a Percentage of Total Child population |
|------|--|--------------------------------|---|---|---|
| 2000 | 327,364 | 21.6% | 125,092 | 38.2% | 32.6% |
| 2001 | 332,026 | 23.1% | 117,047 | 35.3% | 32.2% |
| 2002 | 302,560 | 21.1% | 110,948 | 36.7% | 29.6% |
| 2003 | 315,042 | 22.1% | 102,981 | 32.7% | 27.9% |
| 2004 | 351,305 | 24.8% | 130,240 | 37.1% | 35.2% |
| 2005 | 343,547 | 24.4% | 129,639 | 37.7% | 35.0% |
| 2006 | 363,547 | 25.1% | 128,332 | 35.3% | 34.6% |
| 2007 | 333,142 | 23.0% | 124,149 | 37.3% | 34.1% |
| 2008 | 336,272 | 23.2% | 112,331 | 33.4% | 31.0% |
| 2009 | 359,141 | 24.2% | 123,784 | 34.5% | 34.2% |
| 2010 | 407,444 | 26.7% | 125,157 | 30.7% | 36.4% |

Data Source: Census Bureau, ACS 2000-2010

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

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

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

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

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

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The third identified outcome focused on improvements to general permanency, including work aimed at incorporating concurrent planning into casework. Ensuring that with IOC all approved foster homes can meet SWAN benchmarks, developing a teaming process that includes reviewing placement resources as permanency options, and ensuring that concurrent planning is emphasized in the new single case plan are strategize aimed at this outcome.

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

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

Improving Outcomes for Children (IOC) is a comprehensive, citywide initiative aimed at improving the outcomes for children, youth, and families involved with the child protection and child welfare system in Philadelphia. This initiative builds on the belief that a community-neighborhood approach with clearly defined roles between county and Provider staff will most positively impact safety, permanency, and well-being. IOC is aimed at the outcomes of being able to safely maintain more children and youth in their own homes and communities, having more children and youth achieve timely permanence, having a significant reduction in the use of congregate care, and overall improved child and family functioning for the children, youth, and families who come to the attention of the Department.

At the core of IOC, a family Team Decision-Making process (TDM) supports family engagement and participation in the case planning process. Built into the model are DHS Teaming Coordinators, whose role it is to expand presence of the families informal supports and kinship resources through extensive search activities. The Teaming Coordinator also serves as the person who is responsible to schedule the family team conference at a time and place in the community that is most convenient for all stakeholders, especially the family. DHS Practice Specialists are also built into the model for the purpose of facilitating the teaming meeting in a way that ensures that all participants are provided with an active role and voice in the process. These staff also serve in a monitoring function to ensure that any plans developed during the TDM are consistent with law, regulation, and policy.

The Philadelphia TDM contains four types of teaming conferences each of which serve a specific purpose. The Child Safety conference occurs at the point that safety threats are identified and a Safety Plan is required. This conference has the purpose of ensuring child safety in all decision making and continuity of case decision making. Once a family is accepted for child protection and child welfare services, Family Support conferences, for families receiving in-home services, and Family Permanency conferences, for families receiving placement services, exist for the purpose of developing family goals, objectives, and action steps necessary for safe case closure. Placement Move conferences are the

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fourth type of TDM conference and serve to ensure placement stability and to ensure that planning decisions are made to support current placement resources and to prevent future moves.

The development and use of the Single Case Plan (SCP) is also a primary component of the IOC and serves as one unifying plan for families receiving services through the Department. To ensure that service planning is individualized, build on specific family strengths and to address identified family needs, the SCP is linked back to the protective capacities identified through the Safety Assessment as well as to any moderate or high risk factors identified through the Risk Assessment. The SCP is developed as part of the TDM process and as such is family driven in collaboration with all stakeholders. There is an emphasis on concurrent planning within the SCP. Documentation in the plan supports achievement of permanency, for cases involving a child or youth placement, and safe case closure for all cases.

The IOC initiative aims to decentralize the provision of direct case management services through a network of Community Umbrella Agencies that demonstrate the capacity and ability to provide child protection and child welfare services that are based within the community. Philadelphia's Performance Based Contracting (PBC) foster care model will inform the development of CUA contracts under IOC. Incentivizing permanency, safety, positive outcomes (well-being), and successful compliance evaluations, CUAs will ensure that local solutions and resources are more accessible to children, youth, and families, (including connections to formal and informal neighborhood networks to strengthen and stabilize families), and positively impact the ability to successfully recruit and retain foster and adoptive parents in neighborhoods. The CUAs in defined geographic areas will serve as the primary contact and service coordination for families.

Within IOC, a clear delineation of case management services provided by CUAs is contrasted with DHS staff who serve in roles to implement the TDM process as well as in roles that serve to enhance monitoring, accountability, and technical assistance. Responsible for all case management, the CUA Case Manager has full responsibility for the risk and safety assessment processes, the development and review of the SCP, and for all safety and quality visits for children and youth receiving services. CUAs are required to provide the full array of the child welfare service continuum from the least restrictive non-safety, and safety preventative services as well as the ability to provide placement services for each level of care including aftercare services for all reunifications or other permanencies. All services provided by any CUA are required to be community based and designed with the intention for them to become the "go-to-agency" for the community. Community Advisory Boards comprised of a diversity of community representation are responsible to ensure that services are culturally appropriate and responsive.

Building on the previous work in developing structured decision making for the front end of the agency, including Hotline Guided Decision Making (HGDM) and the Safety Model of Practice which drives accept for service decision making at the intake level, IOC continues to support the strengthening of the Hotline and Investigation areas. With IOC, the Investigation Sections are assigned to geographic regions. This process is aimed at strengthening the awareness and relationships with community supports in specific areas of the city, supporting the development of relationships with the identified CUA for the geographic area, and serving to increase the time that staff are able to spend with children, youth, and families by decreasing the time spent on travelling to various parts of the city.

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In addition to maintaining all front end services as well as staff with responsibilities to coordinate and facilitate the teaming process, the Department also maintains responsibility for Financing and Contract Management, Data, Performance Management and Accountability, Professional Development, Training and System Capacity, and Supportive Services, etc.

Within the Division of Performance Management and Accountability (PMA), the already rigorous monitoring, evaluation, and quality improvement process will continue to be enhanced. DHS Practice Monitors will examine the quality and consistency of safety assessments, safety plans, single case plans and family teamings across the system. DHS Quality Visitation Reviewers will visit homes to ensure what is documented matches the family's experience of services. DHS Quality Service Reviews will continue to be used as a process of case review aimed at supporting system performance and organizational learning. The findings of each of these processes will be reported out on a consistent basis and discussed during CUA performance reviews and during ongoing ChildStat meetings.

Supporting the work of PMA, the following outcome measures have been attached to the identified IOC outcomes:

- More children and youth maintained safely in their own homes and communities.
 - Fewer children and youth experiencing repeat maltreatment in one year.
 - Fewer children and youth entering out-of-home care inappropriately.
 - Fewer reentries within one year following exit to permanency.
- More children and youth achieving timely permanence.
 - More children and youth achieving reunification within one year.
 - More children and youth achieving other permanencies (adoption, PLC) within two years.
 - Reduction in non-permanency outcomes for youth.
 - Reduction in length of stay.
- A reduction in the use of congregate care.
 - Reduction in the use of congregate care.
- Improved child, youth, and family functioning.
 - Increase placement stability.
 - More children and youth placed in their own community.
 - More siblings kept together while in placement.
- Increased child, youth, and family functioning (as measured by identified assessment processes).

The phased implementation of the IOC initiative is currently underway with the restructuring of the DHS Investigation section by geography and the identification of the first two CUAs. It is anticipated that the two selected agencies will begin receiving cases from the 24th, 25th, and 26th Police Districts in 2013. This region represents the Department's highest accept-for-service area within the city and aligns with Ongoing Service Region II. Over the following years communities representing Ongoing Services Regions I and III will be phased in. By 2015, it is anticipated that Providers will be fully responsible for the delivery of direct case management services.

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

Reviewing the census data there is a slight increase in the proportion of poor children and youth in the total population of Philadelphia. Given the unemployment rate in Philadelphia, the Child Welfare System will need to be observant of what effect this may have on the ability of a family to appropriately meet the well being needs of their children and youth.

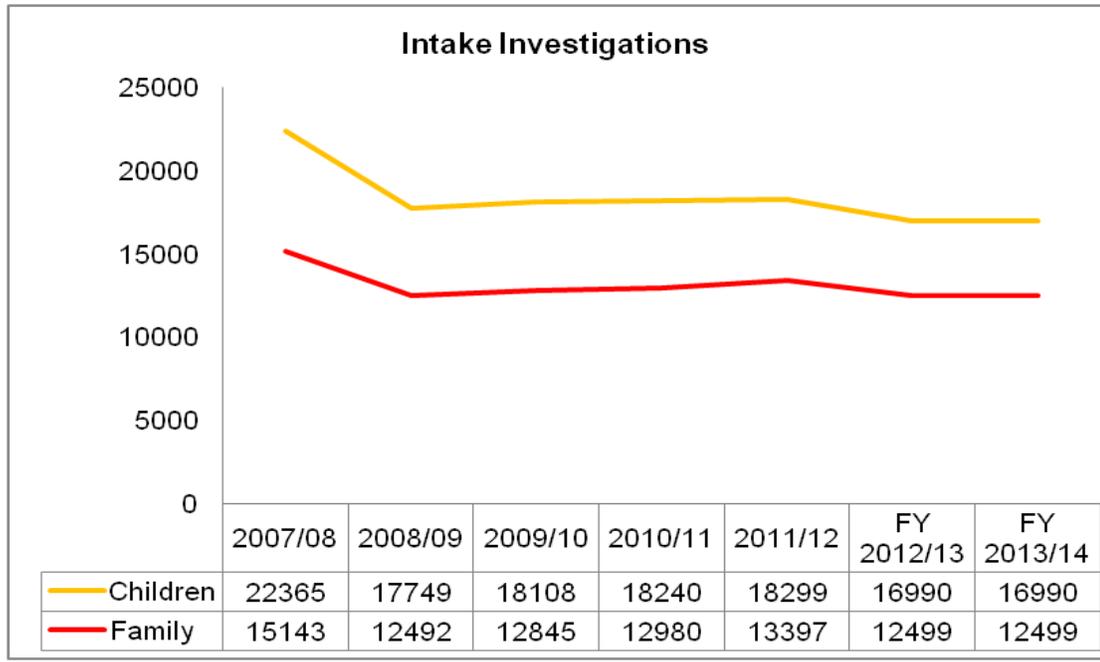
Unemployment can result in a lack of earnings, assets or social supports necessary for families to maintain a stable and safe environment for their children and youth, and the Child Welfare System will need to be diligent in preparing an effective plan to help those in need of services.

With DHS's move towards Improving Outcomes for Children the belief is that a community-neighborhood approach to helping those families in need of child protection and child welfare services will lay the foundation for efficiently combining resources and supports in the community to facilitate maintaining children and youth safely in their own homes and improving child and family functioning.

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3-2a. Intake Investigations

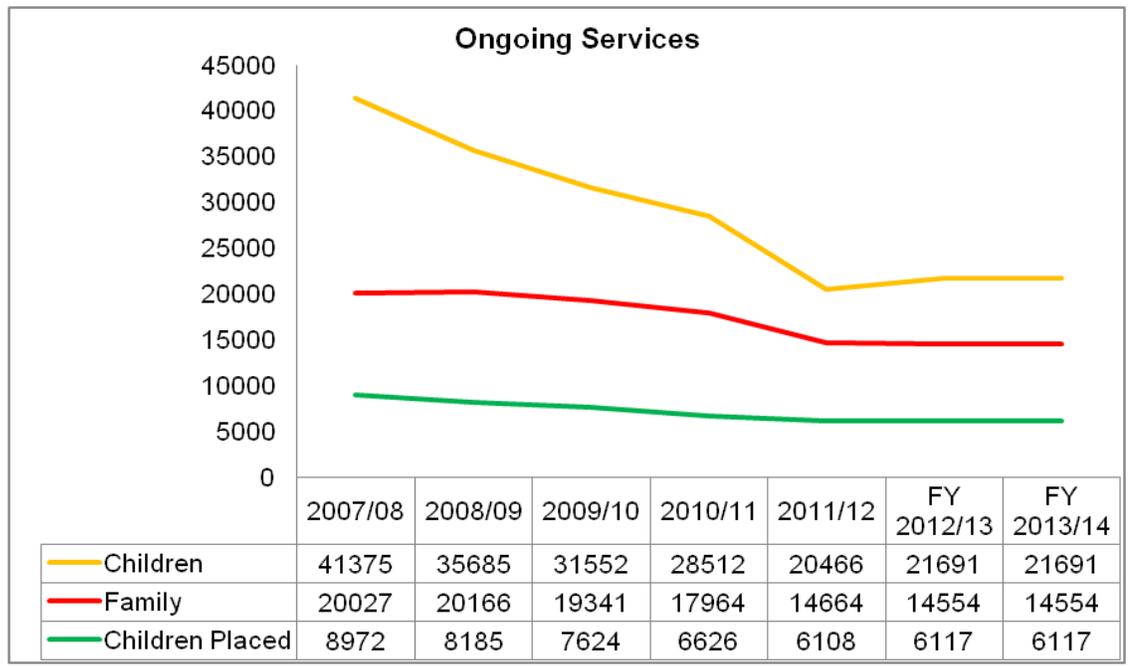
□ Insert the Intake Investigations Chart (Chart 1).



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3-2a. Ongoing Services

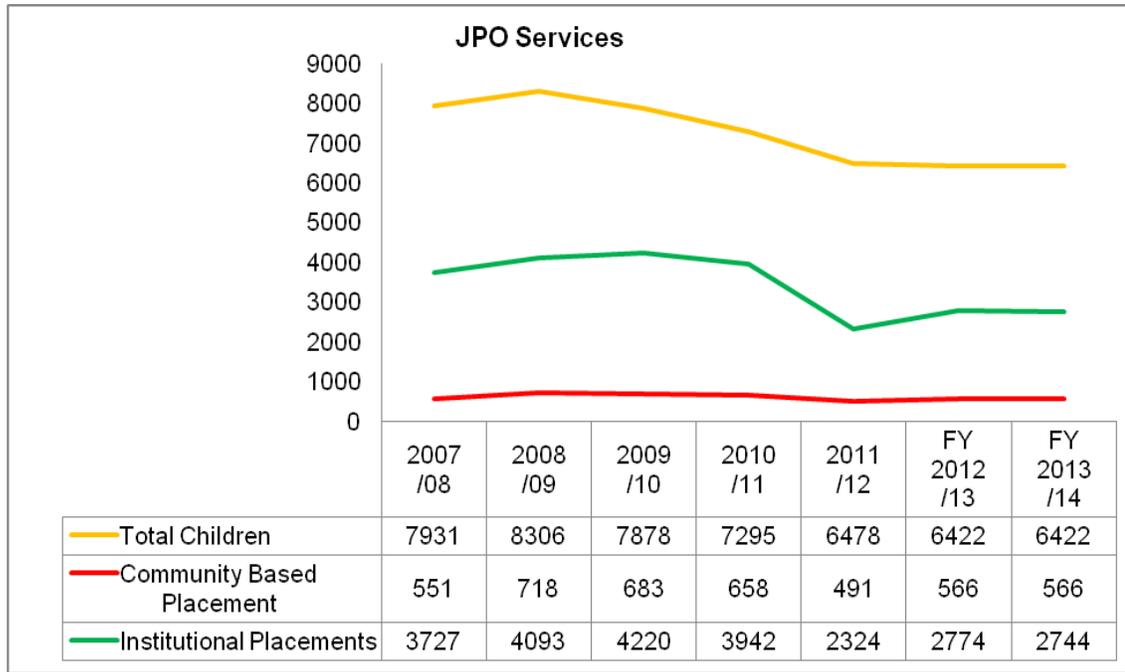
□ Insert the Ongoing Services Chart (Chart 2).



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3-2a. JPO Services

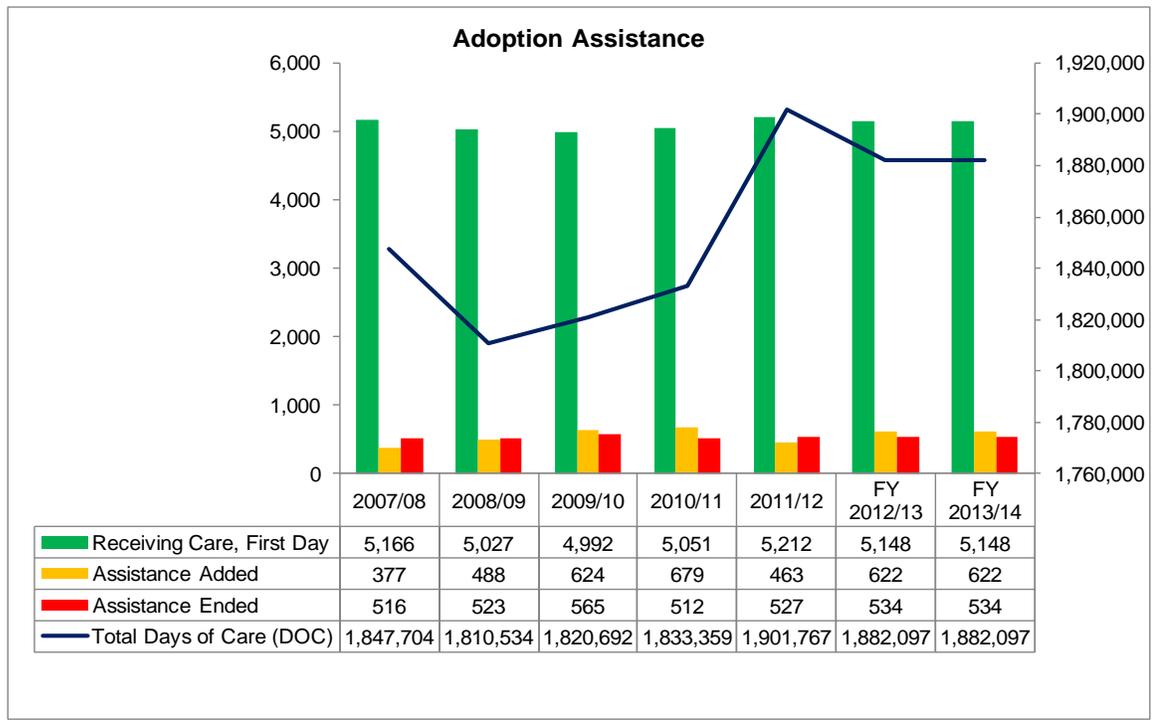
□ **Insert the JPO Services Chart (Chart 3).**



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3-2b. Adoption Assistance

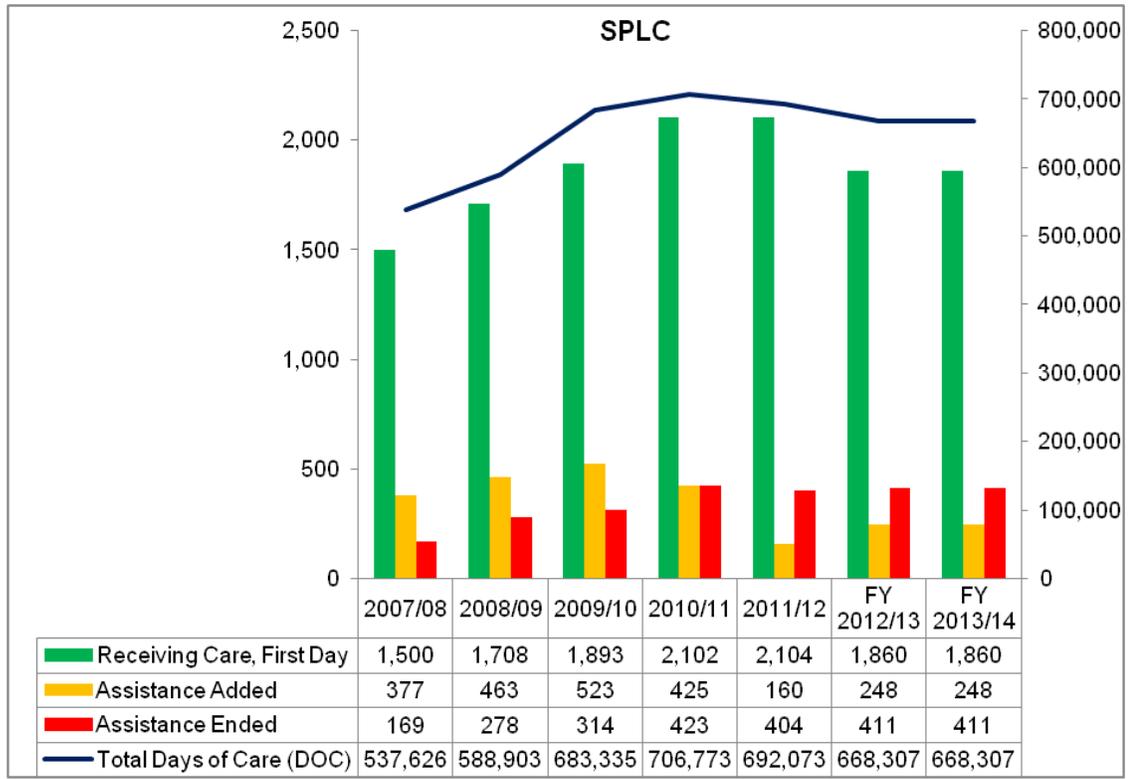
□ Insert the Adoption Assistance Chart (Chart 4).



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

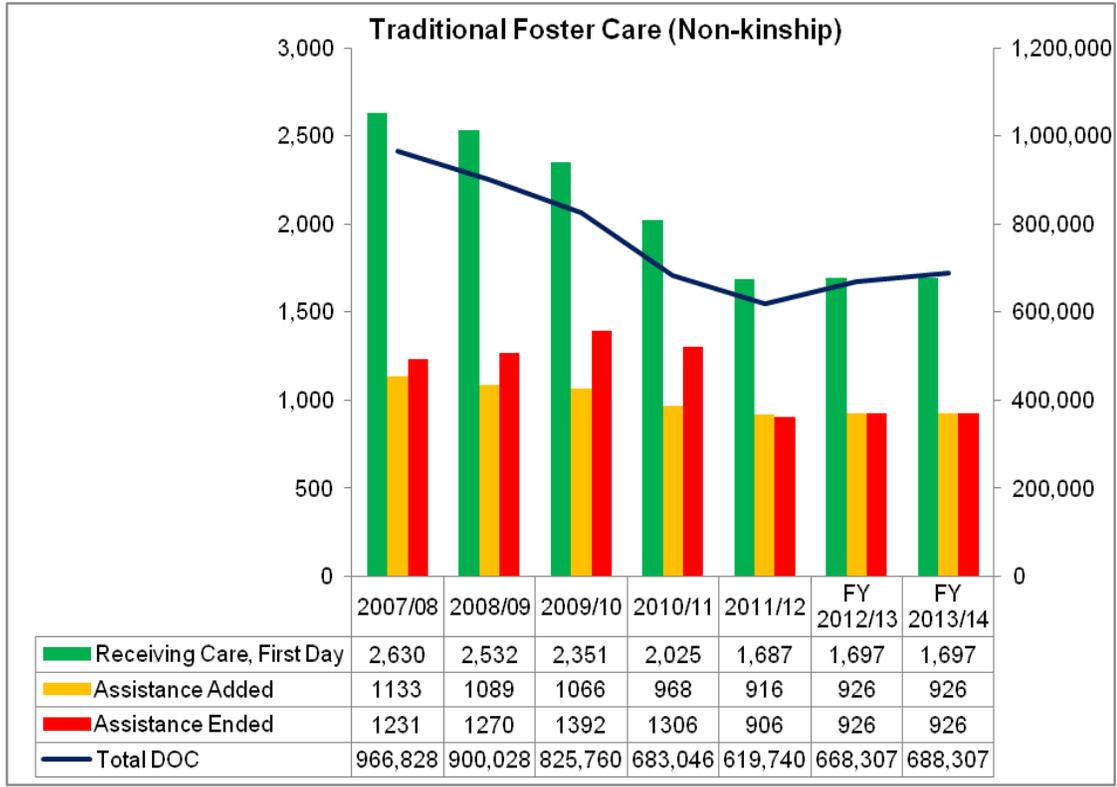
□ Insert the SPLC Chart (Chart 5).



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

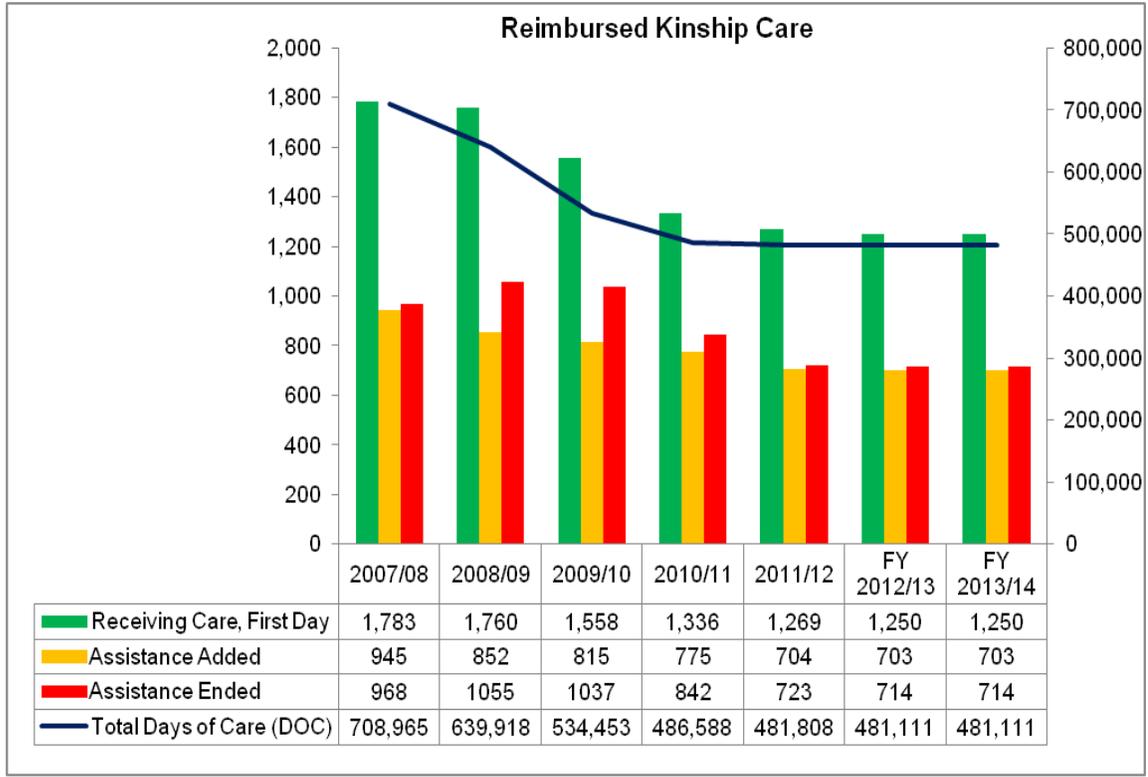
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



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

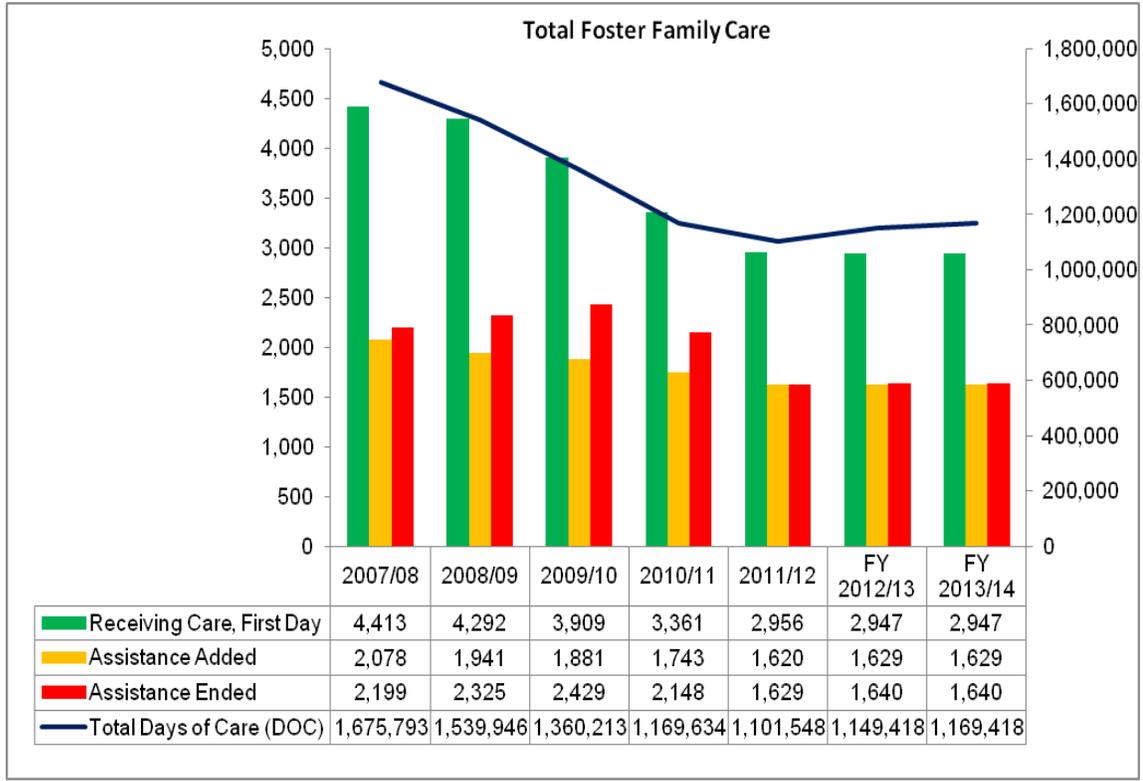
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



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

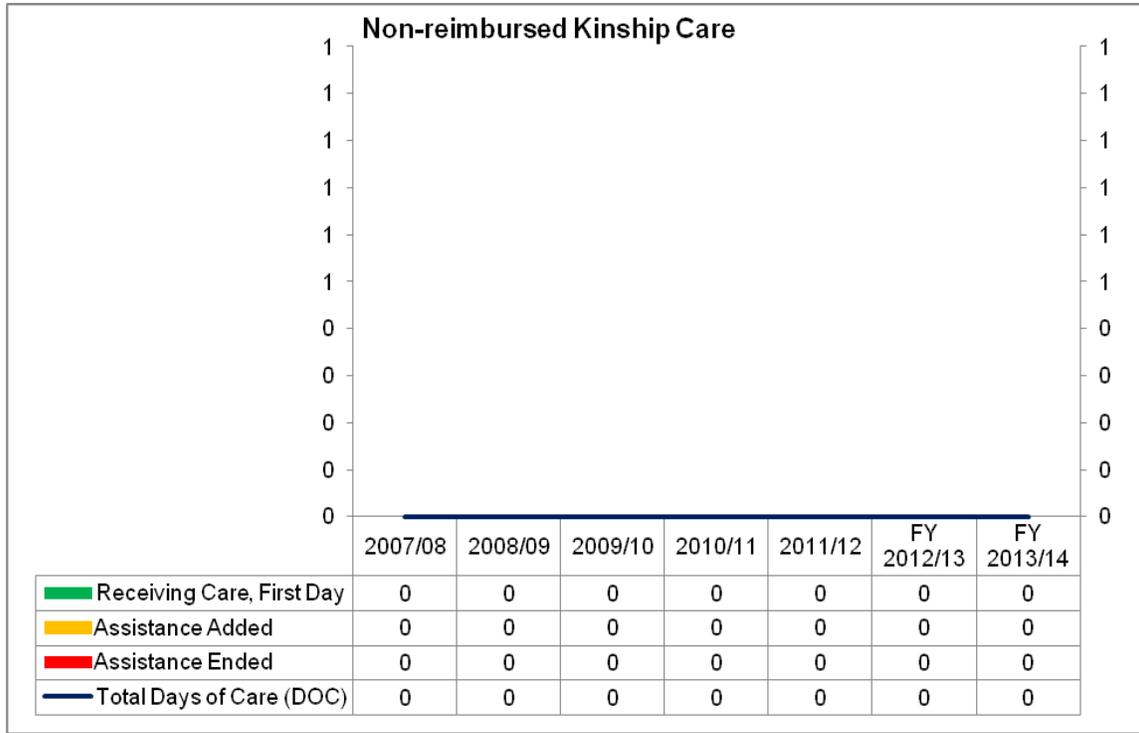
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



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

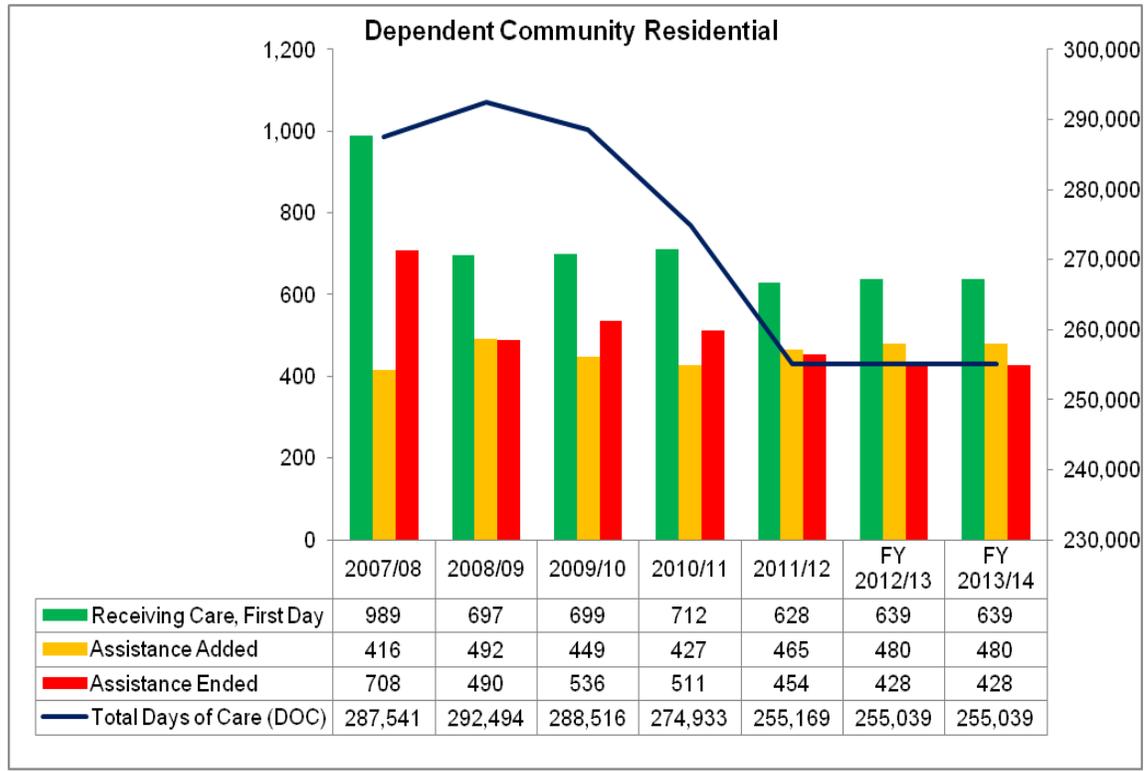
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



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

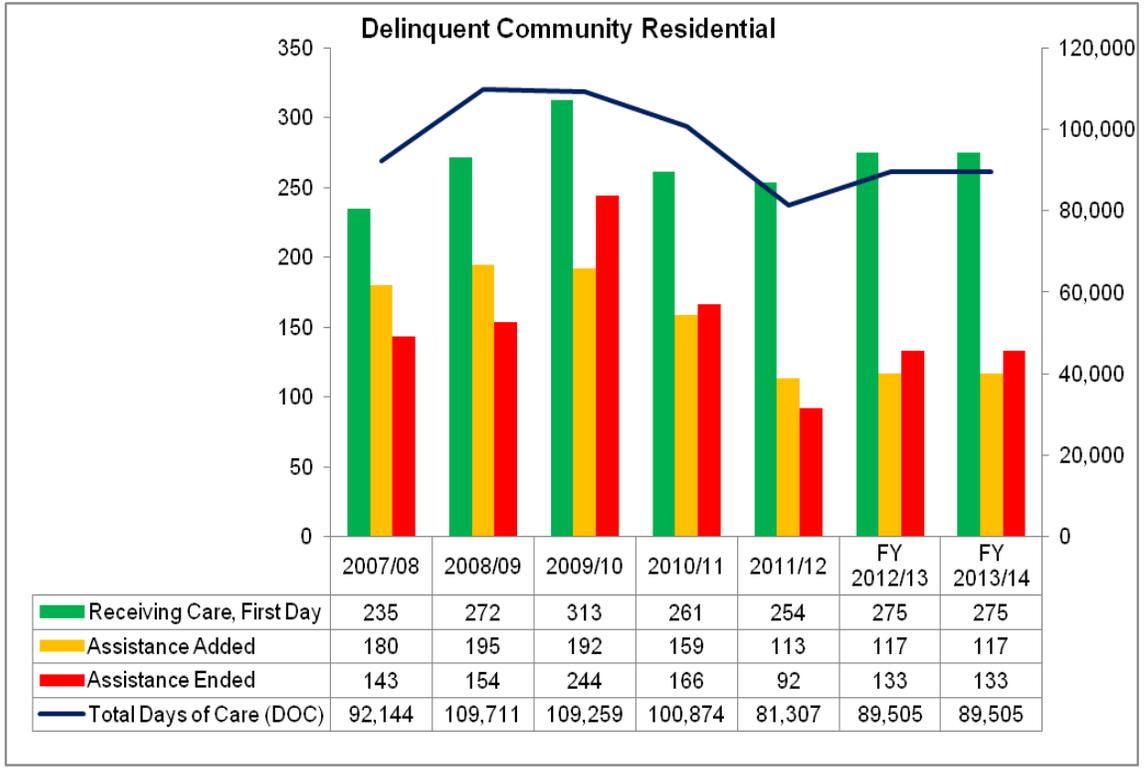
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



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

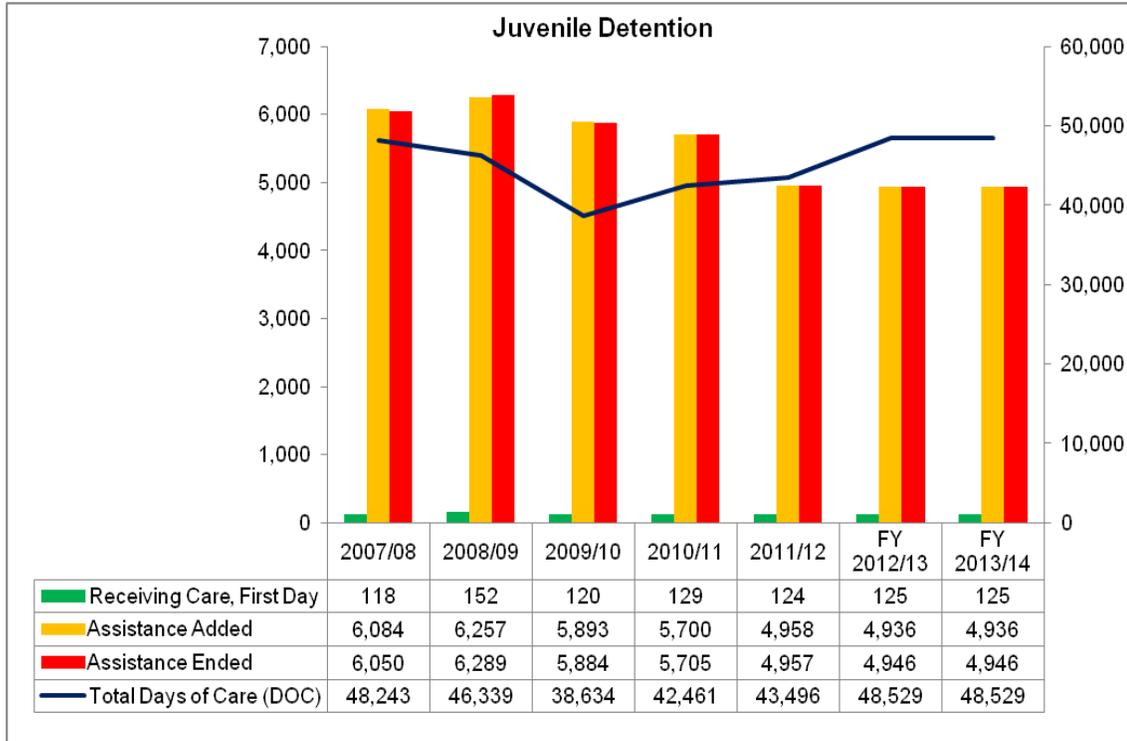
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



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

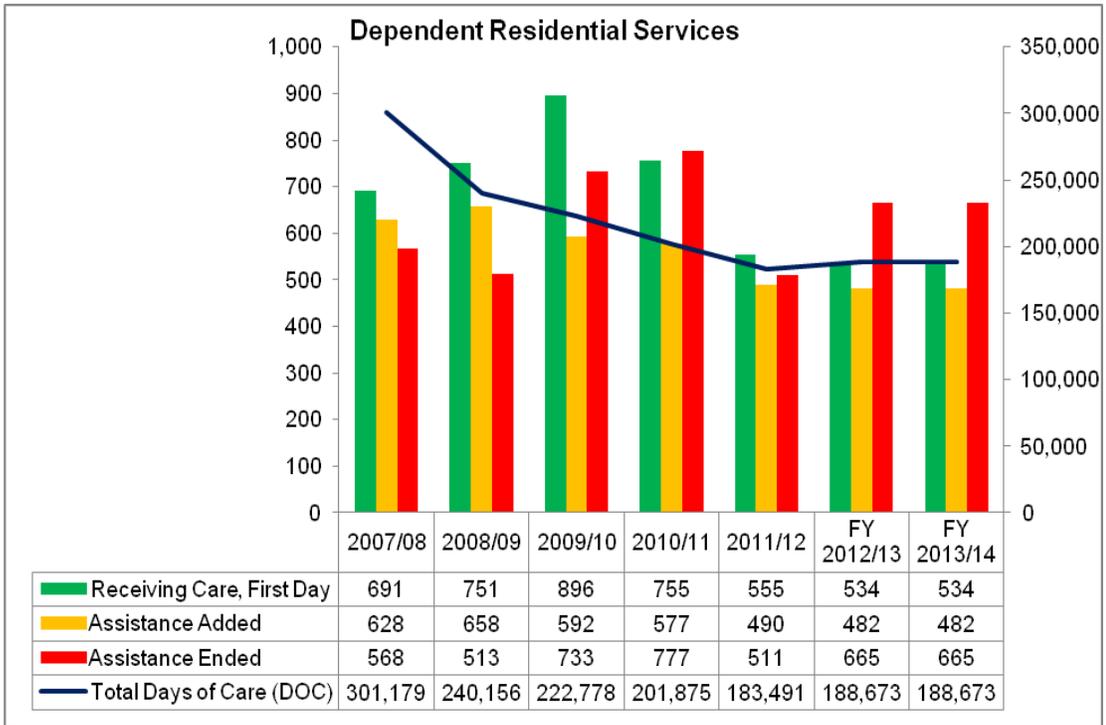
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



PHILADELPHIA COUNTY

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

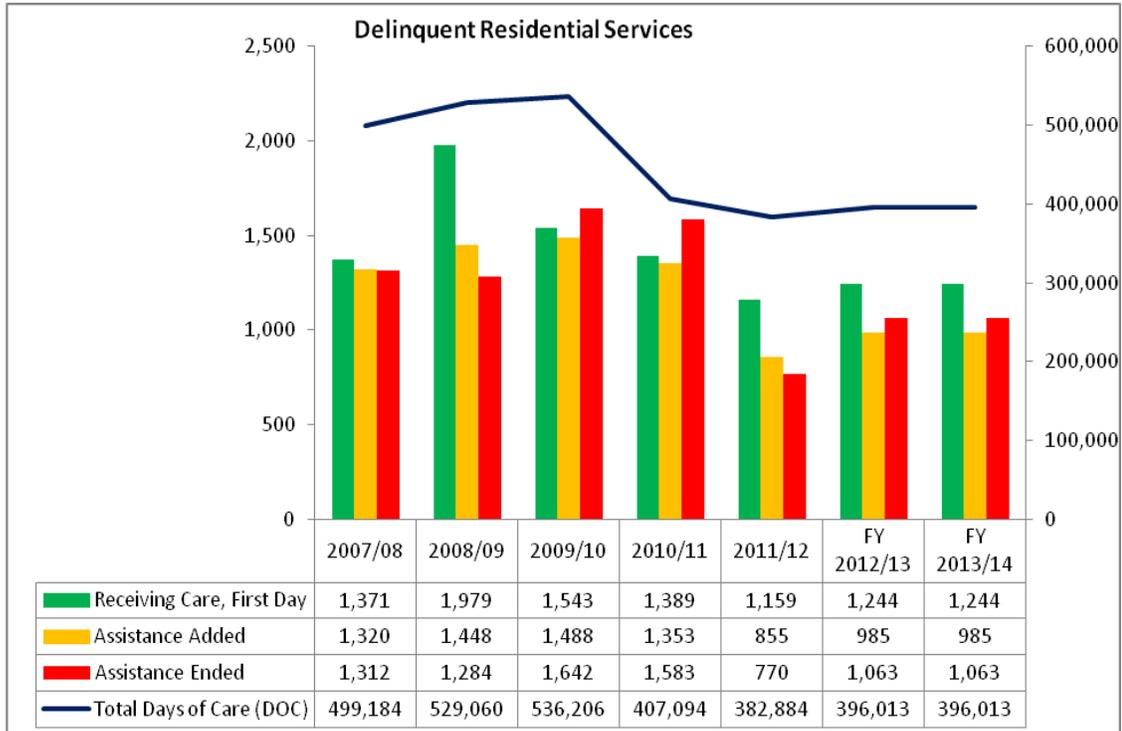
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



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

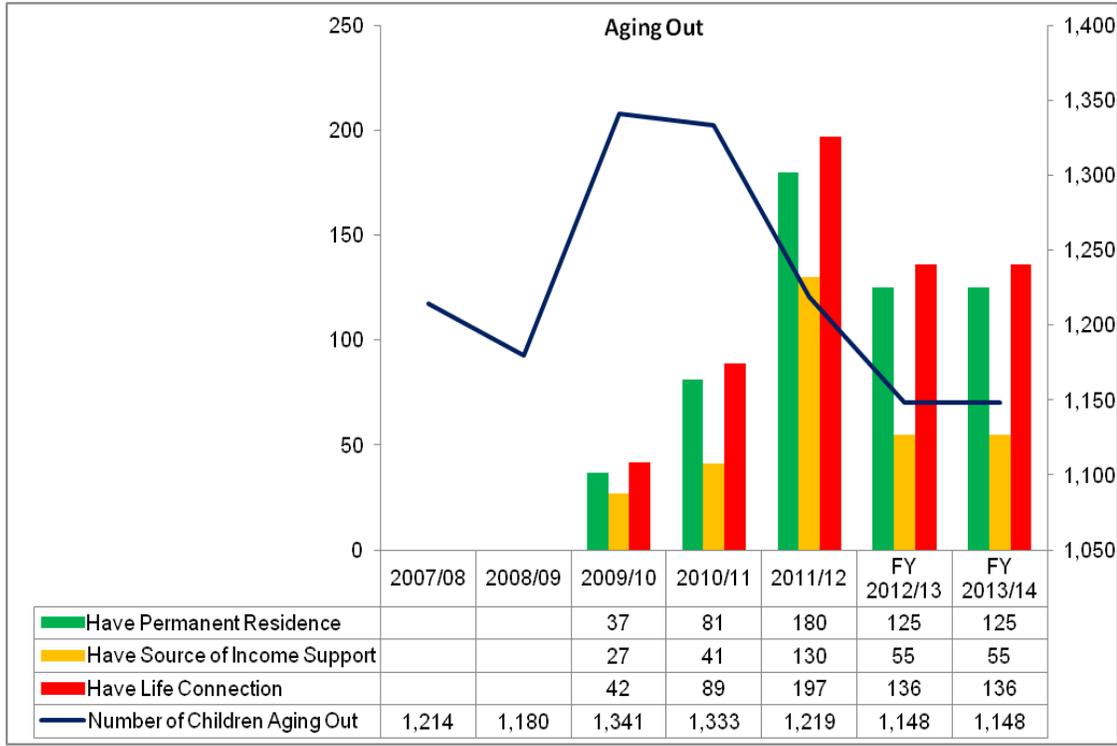
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-14).



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3-2e. Aging Out

□ Insert the Aging Out Chart (Chart 15).



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

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

Projections and Unduplicated Counts

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

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

Using these methods, the annual projections were calculated by allocating values for the next two years based on the trends found in the previous five years and assume that the pattern of the past five years will continue for the next two. For this reason, some of the projections seem counter to the most recent trends. For example, the data regarding investigations projects approximately 1600 fewer reports but reports received over the last two fiscal years have actually increased. Also, the data regarding aging out youth projects a decrease while there was actually over a 100% increase in the last two fiscal years. These methods were used for all items, with the exception of any item marked “receiving care, first day.” These data are actual counts rather than projections.

The numbers were recalculated to reflect unduplicated counts as there had inadvertently been duplicated counts in several years past.

Service Trends

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

With regard to ongoing services, the Department continued its downward trend in both families and children and youth accepted for service, and children and youth placed, because the DHS remains committed to the Safety Model of Practice and maintaining children and youth safely in their homes. Effective use of Family Finding methods, FGDM, and IHPS may also contribute to the decline.

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

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

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placements were much higher overall. In reality, if DHS continues on its downward trend, both types of placements should decrease.

Adoption Assistance and SPLC

Adoptions and PLCs increased overall again in FY12, adoptions slightly more than PLCs. DHS expects this to be maintained over the next two years. Again, the projections show otherwise, but this is due to the algorithm used based on the 5 year trend.

Placement Data

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

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

Juvenile Probation - Intake Diversion

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

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

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

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

Delinquent Community Residential

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

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

Juvenile Detention

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

Delinquent Residential

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

Aging out Youth

There has been a drop in the number of youth aging out of the system from 2009/2010 to 2011/2012. Contributing factors to this include the restructuring of the AIC, the establishment of a specialized older youth unit at DHS, the implementation of an Older Youth Transitional Plan to accompany the Child Permanency Plan, Youth Teaming Conferences, and congregate care teamings. The Department continues to be committed to improving outcomes for older youth exiting care. The implementation of Shared Case Responsibility (SCR) in FY11 requires collaboration and joint planning between the Divisions of Children and Youth and Juvenile Justice as well as Family Court. The SCR process will ensure that all youth exiting care benefit from the services and resources needed as they transition into adulthood.

In FY11, the Department began a method for centralized documentation to address the following questions:

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

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

It is important to note again that the trend for FY13 and FY14 on the aging out chart shows decreases from our current fiscal year numbers. This is because of the algorithm that is used to project trends is based on the three prior years and therefore shows a decrease while an increase is clearly anticipated and sought. To remain true to accurate reporting this algorithm is maintained consistently throughout the charts but requires as in examples like this further discussion and detail. The aging out indicators in fact increased over 100% between FY11 and FY12 and that trend is expected to continue.

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3-2f. General Indicators

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

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

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

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

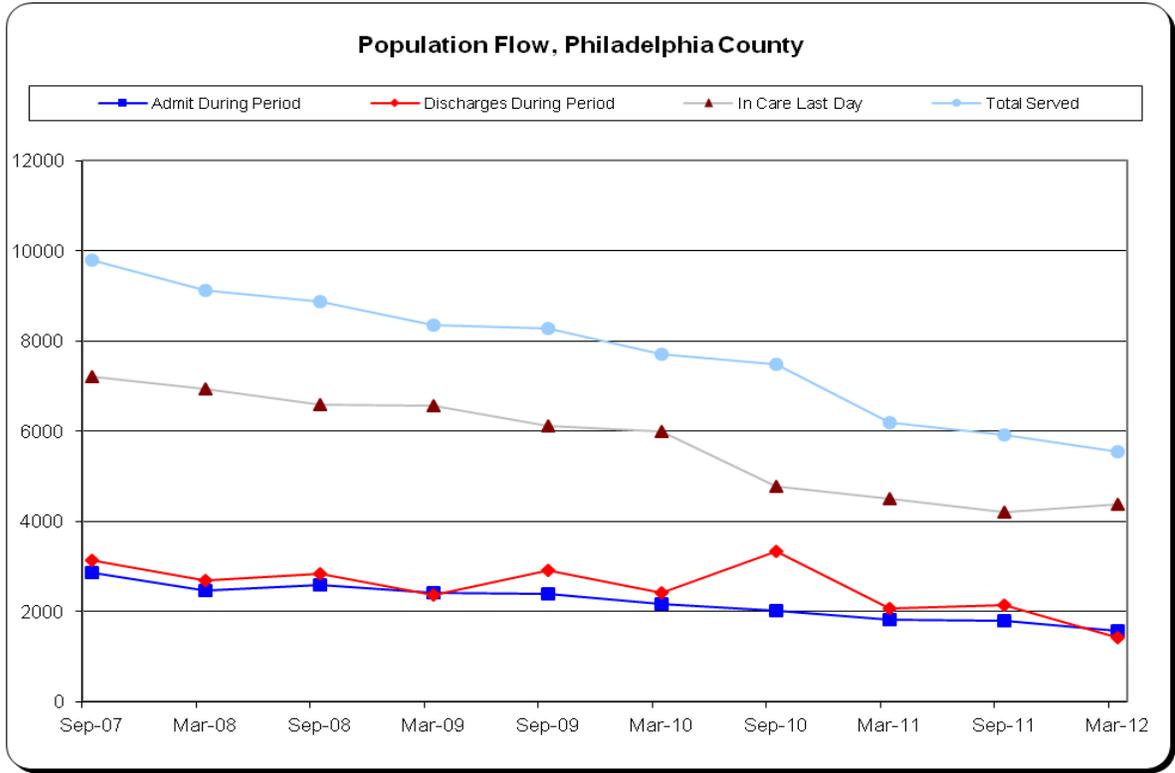
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3-3 Outcome Indicators for Reunification and Permanency

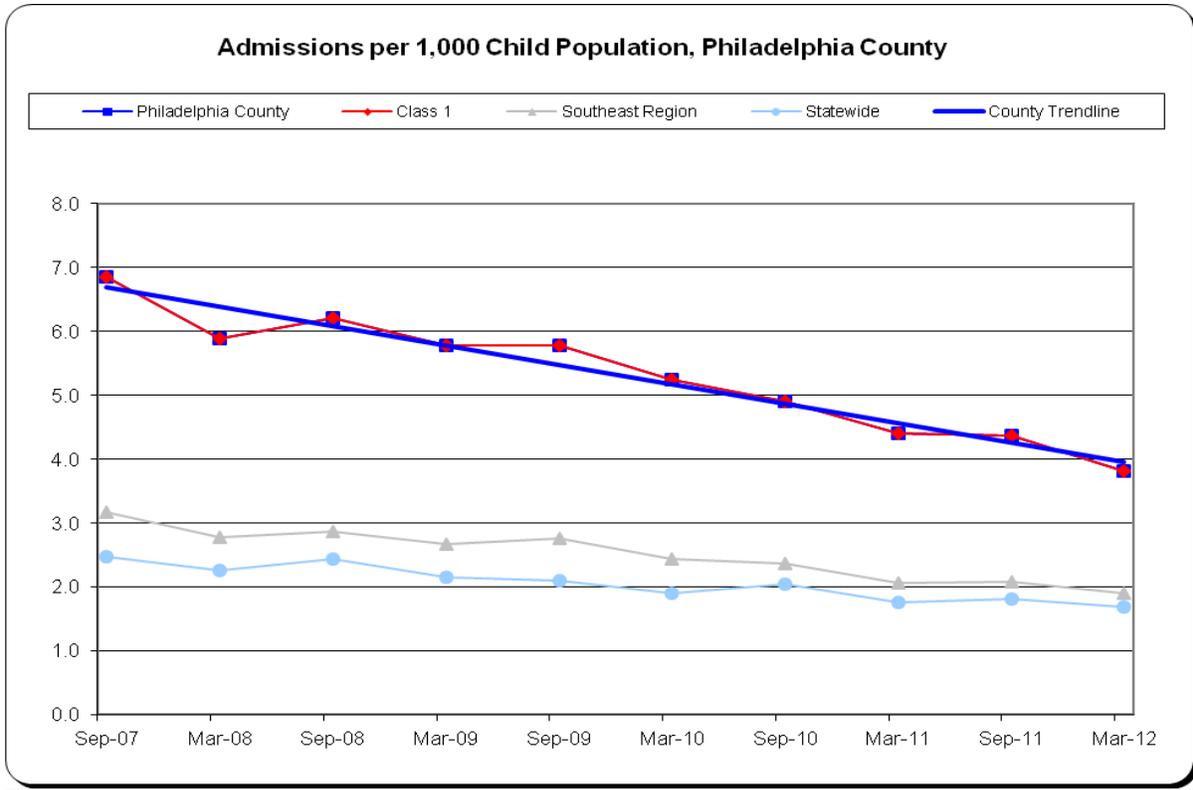
3-3a. Foster Care Population Flow

(See HZA Data Package)

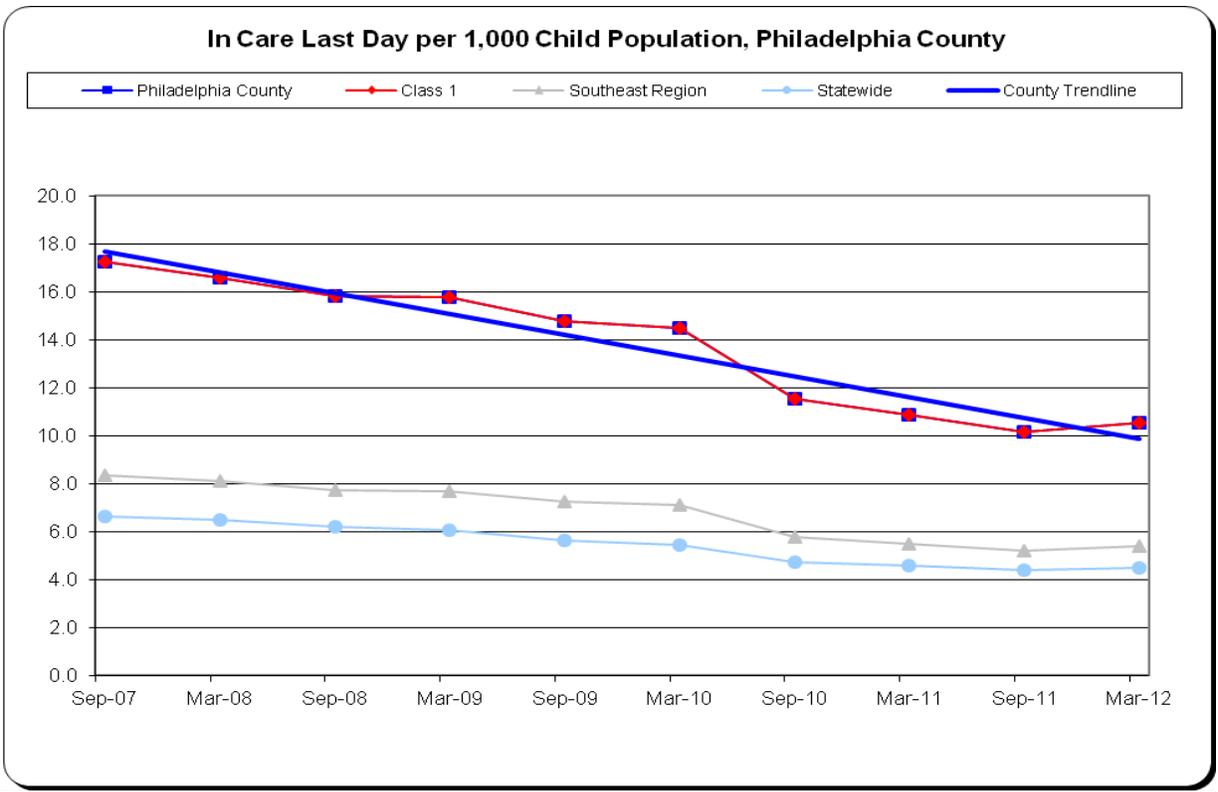
- On the following pages, paste up to three charts from the HZA data. Each chart should be pasted on a separate page.



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

Although Philadelphia has experienced the same downward trend in children and youth being served and in care as the rest of the Southeast Region and the State as a whole, the trend is more pronounced in Philadelphia, which is the only Class 1 County in Pennsylvania. Between 2007 and 2012, Philadelphia decreased by approximately 40% on these measures, as compared with mid-30% in the region and across the state. The placement rate in Philadelphia continues to decrease, but is still twice as high as the rate in the Southeast Region and the overall rate for the State. The percentage change in foster care admissions has declined by 12.5% as of 3/12 compared with 8.3% in the Southeast Region and 6.6% for the State overall. These decreases were accompanied by decreases in foster care discharges, with the percent change being 33.7% in Philadelphia. The percent change in children in foster care at the end of the quarter (3/12) has been upward throughout the State, with Philadelphia and the Southeast Region experiencing 4% change.

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

The changes in Philadelphia do not seem to be demographic, but more likely attributable to changes in policy and practice, notably the use of Hotline Guided Decision Making and the Safety Model of Practice.

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

Hotline Guided Decision Making (HGDM) and the Safety Model of Practice are the main practices that have contributed to changes in children served, in care or the rate of discharge from care.

HGDM

State authorized intervention into the lives of children and families is directed first by statute, and then is clarified by policy, training, and administrative rule. Making decisions about when intervention is required and how quickly intervention must occur is within the scope and function of the Hotline at the Philadelphia Department of Human Services (DHS).

In the past, DHS has used a variety of criteria and processes to assist staff in making these decisions. Subsequently, DHS developed and implemented the Hotline Guided Decision-Making process (HGDM) to improve the quality of information gathered, establish greater clarity regarding accepting child abuse and neglect reports, and increase precision in the Department's response to ensure child safety.

The Hotline Guided Decision-Making process is intended to accomplish the following goals:

- To ensure that children who need to be protected from abuse and neglect receive the appropriate response within the correct time frame, and
- To assure that families and children who have service needs but who do not require the intervention of child protection have those needs met in the least intrusive and most responsive ways.

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HGDM provides greater consistency in determining when state sanctioned intervention is required, resulting in greater equity in intervention decisions. This process guides social work services staff in collecting and analyzing significant information that provides key facts and circumstances to inform the decision on the Hotline.

The HGDM process was implemented in 2007. Upon the completion of a full year (2008) of utilization, DHS experienced a significant reduction in reports accepted for investigations, particularly with General Protective Service reports. There was approximately a 28% (equivalent to over 3000 reports) reduction in GPS reports which subsequently led to fewer families being accepted for service. The volume trend for GPS reports has been consistent from 2008 to present. The incorporation of a standardized process of collecting and screening information, on the Hotline, is one of several systemic changes that significantly reduced staff's case load size, allowed for a concerted focus on safety, and provided clear criteria for accepting families for service.

As the DHS moves forward, the HGDM process and staff's utilization are being re-evaluated to ensure optimal effectiveness. Recommendations specific to supplemental staff training, quality assurance and process adaptations will be made accordingly.

Safety Model of Practice

DHS began its adoption of the Safety Model of Practice in 2007 and has continued to make strides in this critical area. In the Safety Model of Practice, safety becomes the primary and essential focus that informs and guides all decisions from intake through case closure.

Federal outcomes along with Pennsylvania's statutory requirements provide the framework for safety assessment. The purpose of safety assessment and management is to ensure that each child in a family is protected.

The Safety Assessment tool and process highlights that the essential skills of research, methodological investigation to uncover data, develop case theory and applications (interventions) are also part of professional practice. This systematic and methodological approach to decision making throughout the life of a case is designed to produce better assessments and targeted interventions. The reduction in findings of children being determined to be unsafe when they are in fact safe impacts accept for service, placement and discharge decision making.

DHS is moving to match this same systematic and methodological approach of the in-home safety assessment to the substitute care setting. The combination of in-home and out of home safety decision-making process will serve to buttress child safety while moving towards permanency and improved child well being.

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

The changes in Philadelphia do not seem to be demographic in terms of admissions to care.

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

Through normal attrition, staffing levels have decreased in the Children and Youth Division to numbers appropriate to the indicated trends. It must be repeated that the algorithm used to project the trends is based on the five past years and, at times, is counter intuitive to what is actually occurring in the more recent past (see the Investigations and Aging Out Youth data in particular). While some new staff have been hired, they have not been hired in sufficient numbers to replace staff that are retiring or leaving for other reasons. Additionally, CYD relinquished approximately fifty Social Work Services Manager staffing positions. There has been no change in the staffing resource allocation with the institution of IOC. Current DHS Social Work Services Managers will transition into Hotline and Intake Services and into supportive, monitoring, training, and oversight roles.

IOC Initiative Reinvestment Strategies:

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

Parent Child Interaction Therapy (PCIT)

With the roll out of the two CUAs in 2013, each CUA will have approximately 200 youth in foster care. Currently DHS is using Parent Child Interaction Therapy with a small cohort of children ages two to eight, from two foster care agencies. The goal of this intervention has been to stabilize foster and kinship care placements. DHS would like to expand the use of PCIT to include parents and other caregivers whose children are living at home or have a goal of reunification.

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

The goal of using PCIT with biological parents would be for them to learn skills that would enhance parenting capacity and therefore stabilize family functioning to maintain children and youth at home or to facilitate a more timely reunification for those in placement. DHS estimates that \$150,000 will be needed for each of the first two CUAs to provide this service to both in-home and out-of-home cases. This does not include training costs.

Visitation Coaching

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

In addition to utilizing the foster parent as a mentor during visitation, DHS would like each CUA to have five Visitation Specialists. Each specialist will actively help parents

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prepare for visits by understanding the feelings around separation and loss prior to the visits and being available afterwards to assist the parent in coping with their own feelings of possible guilt and sadness with the goal of helping parents to maintain consistent visits and keep their feelings from potentially undermining the outcome to achieve reunification. The specialist will also be the one to facilitate constructive communication between the parent and foster parent around the needs of the child or youth, in addition to supporting the parents around involvement with their child's educational, medical, and emotional needs. DHS expects to fund these positions at the CUA.

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

Strengthening Families Model Training:

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

Parent Advocate and Youth Advocates (four part-time positions per CUA):

These positions would serve on an as needed basis to support the overall operations of the CUA. Parent and Youth Advocates can be used to support the engagement of family members, as mentors for parents and youth working towards safe case closure, as well as a support to the training and development of the CUA staff and to participate in teamings as requested by parents or youth. DHS expects to fund these positions at the CUA.

Family Development Credentialing:

Family Development Credentialing (FDC) is a training that supports frontline workers in gaining the skills to coach families to set and reach their service plan objectives and goals. To earn the FDC, front-line workers take 90 hours of classes based on *Empowerment Skills for Family Workers* (Forest 2003), complete a portfolio documenting their ability to apply these concepts and skills, and pass a standardized exam. Since the first FDC credentials were issued by Cornell's School of Continuing Education in 1997, more than 7,000 front-line workers in New York State have earned the FDC and thousands more have earned it through affiliated systems in other states. Appropriate staff at the Department and within the CUAs will be identified to complete this process, particularly staff at Parent Cafes and Parent Coaches.

CANS Revision:

In light of the upcoming Pennsylvania Title IV-E Waiver, DHS intends to work with Dr. John Lyons to review the existing DHS CANS assessment tool and determine the possibility of improving the tool to include well being. The counties involved in the Title IV-E demonstration project have agreed to be consistent in their use of the CANS as an assessment tool for children and youth.

In-Home Services Enhancements:

Concrete goods funding:

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This fund would be available to be used for in-home families to support keeping children safely in their homes and in working towards safe case closure.

Aftercare Funding:

This fund would be available to support the continued safe case closure for families no longer in need of in-home services. (See also Aftercare Workers in the Placement Enhancement section below.)

Placement Service Enhancements:

Foster Care and Kinship Home Recruiter:

This recruitment is specific to the CUA being able to build a pool of resource parents who live in the CUA area, who view reunification as the preferred permanency option, and who view themselves as mentors for the reunification resource both during and following placement services. In addition, these recruitment efforts will focus on developing creative strategies to outreach and identify resource parents willing to open their homes to the more challenging population of older youth, minor mothers and their babies, and youth with delinquent behaviors who may also be appropriate candidates for foster care. DHS expects to fund these positions at the CUA.

Parenting Coaching:

This position is meant to provide parenting education, instruction, and modeling to parents who are accepted for service with a CUA. DHS expects to fund these positions at the CUA.

Life Skills Coaching:

This position will provide life skills coaching, supports, instruction, and modeling for youth who are accepted for services with a CUA. DHS expects to fund these positions at the CUA.

Medical and Dental Specialist:

This position is meant to provide structure to ensure that children are having their medical visits completed and whenever possible that a Medical Home is established for each child or youth to ensure consistent and comprehensive medical care and follow up. DHS expects to fund this position at the CUA.

Aftercare Worker:

As a part of the CUA Support Team, Aftercare Workers provide supportive services to families who have recently had a child or youth achieve permanency from any level of placement through reunification or PLC. Aftercare workers also provide supportive services for children, youth, and families who have achieved safe case closure following in-home services. Support can be in the form of concrete goods, emotional support, linking with services and are consistent with supporting the 5 characteristics of a safe household as described in the safety model of practice. The provision of Aftercare services is directly aimed at reducing the number of children and youth re-entering care following a permanency and/or safe case closure. DHS expects to fund these positions at the CUA.

Parent Cafes:

Strengthening families within their communities is the core of what IOC strives to accomplish. By establishing Parent Cafes, each CUA will be able to provide an opportunity for caregivers of all types - parents, grandparents, aunts, uncles and

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neighbors with a location to which they can come to find a support network that increases their resilience to stress, connects them with resources, and builds relationships that keep families from isolation, which can be a significant factor contributing to abuse and neglect. Parent Cafes allow parents and other support members to gather in a comfortable, culturally embracing location to form partnerships and allow for discussions on what families in their communities need to support children and youth from entering out-of-home care and what is needed to reach a timely permanency plan if out-of-home care is necessary. DHS estimates \$250,000 will be needed for four positions (two for each CUA) to provide the leadership needed to successfully run the Parent Cafes.

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

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

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

Ancillary Services:

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

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Legal Support:

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

- The creation of a CWU team dedicated to the implementation of DHS' Improving Outcomes for Children (IOC). As DHS rolls out IOC, strong and especially dedicated legal representation will be necessary to ensure the success of the initiative given its unique and, to some extent, yet unknown challenges. Hence, the CWU proposes the formation of an IOC legal team. Our basic concept is that the team will provide legal support to the DHS Court Representatives stationed in the Law Department who will be fielding questions from CUA Case Managers and CUA Support Team Members (as described earlier). The IOC legal team will also directly communicate with the CUAs in determining whether Court Action is warranted and, if so, what type of action (e.g. Orders of Protective Custody, Urgent Petitions, etc.). The IOC legal team will be available to work on any CUA case up and until the case reaches Court, at which point the existing team for the Courtroom to which the case is assigned will take over. The IOC legal team will be present at the initial teaming as this will occur most likely before the case reaches Court. Other functions of the IOC legal team are described below in reference to specific team members:
 - Divisional Deputy City Solicitor: The DDCS will be responsible managing the work of the IOC legal team and supervising its members.
 - Deputy City Solicitors (two): The DCS will be responsible for fielding questions via DHS' Court Unit from CUAs that arise prior to Court Involvement. For instance, if a CUA is providing IHPS and has a question about transporting a child, the DCS would inform the Court Representative to instruct the CUA that as a matter of Law, Regulation, and Policy, the CUA may not transport the child on behalf of DHS. The DCS would also directly confer with CUAs regarding the possibility and need for OPCs, Urgent Petitions, etc. Furthermore, the DCS will be responsible for providing trainings to the CUA as well as DHS staff regarding Dependency Law, the Child Protective Services Law, the Adoption Act and Regulations contained in 55 Pa. Code. Such trainings will be critical to ensure CUAs understanding of and compliance with Child Welfare Law. In addition to trainings, the DCS would attend meetings scheduled by DHS' IOC Implementation Office for the purpose of answering legal questions that may arise at these meetings and, if necessary, consult with the DDCS in particular practice areas (e.g. the DDCS in charge of policy for a policy issue; the DDCS for delinquent matters for a delinquency related matter, etc.). It is expected that research questions of a legal nature will arise as DHS implements IOC. The DCS would conduct this research themselves or in consultation with a DDCS with expertise in the relevant area. The DCS would also work directly with the DHS Practice Specialist to ensure compliance by the CUA with Law, Regulation, and Policy.
 - Assistant City Solicitors (two): The ACSs would attend meetings at the CUA regarding specific cases. The ACS would not attend every meeting that the CUA holds regarding an individual case but would be available for meetings where special issues (particularly of a legal nature) exist. Where CUA cases require Court activity, the ACS would work directly with a legal assistant on the IOC team to ensure proper composition and filing of the dependency petition. Once the petition is filed, the case is relinquished to the assigned Court team in which the petition is heard. The IOC ACS, however, will assist in transitioning

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the case to the assigned ACS Court team member, i.e. transfer their knowledge of the case to the Court team Solicitor.

- Legal Assistant (LA): The LA will be responsible for composing dependency petitions that arise from CUA cases. The LA will work with an ACS on the IOC legal team in this regard. Having distinct Legal Assistants to handle the CUA cases will enhance the consistency, accuracy, and reliability of dependency petitions. The LA will also be assigned to work on redaction requests in IOC cases and any other issues appropriate for paralegal work.

Non-IOC Reinvestment Strategies:

Enhanced services for older youth to avert congregate care placement and comply with new legislation:

Recruitment for resources parents specifically for older youth and minor mothers and with their babies. It is essential that specific supports be provided to these resource parents and the youth they care for including a much needed increase of the per diem. Both the supports and the increase per diem would not only provide an incentive for this more difficult population of youth but it cannot be overlooked that the expenses associated with caring for a child increase with the age of the child. Older youth have social outlet and extracurricular activity needs, require more nutrition and have higher clothing costs. Besides the dearth of resource parents willing to take older youth, the Department consistently has a waiting list for homes willing to care for minor mothers with their babies in part because the current per diem is only slightly higher than that of general foster care. These resource parents are expected to model good parenting practices for the minor mother even accompanying them of on well-baby visits, and often are caring for the baby while the mother is in school.

Act 80:

With the recent passing of Act 80 which extends PLC and adoption subsidies to age 21 for youth who enter those arrangements at age 13 or older, DHS anticipates that additional staff will be needed to complete regular reviews and monitoring of these cases to determine if the required criteria to extend the subsidies outlined in the law is followed.

Act 91:

This legislation will cause the Department to have additional resources including an increase in transitional living and SIL services. There is also the possibility that case load sizes could increase requiring additional SWSM for case management of those youth that reenter. The Department is in the process of determining how to operationalize this re-entry program but at a minimum at least two Social Work Services Staff will need to be added to the Achieving Independence Center where the initial intake point for re-entry will most likely be.

Aftercare Services for all Reunifications and other Permanencies:

Currently the Department provides Aftercare services for Reunifications and other permanencies which include the provision of any necessary case management follow up, transition needs (school enrollment, change in medical providers, etc.), community referrals, and concrete goods for up to a year after the permanency is achieved.

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Concrete Supports Funding:

Prevention services will continue to be crucial to the success of supporting families in their community. DHS is requesting monies to fund a Family and Community Support Center (FCSC) Fund for children, youth and families not accepted into the formal child protection and child welfare system through CYD accept for service. It will be used to support families that have come to the attention of DHS Prevention Services and the JJS Division of DHS.

It is intended to provide concrete supports to families exhibiting emergency or temporary hardships. The families would be required to complete an assessment of need to insure validity of their claim. The assessment process would also include counseling to insure future stability and sustainability of the family through referrals or linkages to appropriate community agencies.

The initial request for the fund is sent to the Central Referral Unit (CRU) at DHS. If appropriate and consistent with the goals of the fund, it will be processed by Prevention staff. A fiduciary for the disbursement of the fund will be identified. Training will be incorporated into the Strengthening Families training dollar request listed under IOC Reinvestment Strategies above. The Department is requesting \$550,000 for this fund, including costs for the fiduciary.

Co-location:

DHS will embark on a new and exciting collaboration for which a co-location site has been identified in the community and will house the Philadelphia Police Department Special Victims Unit, the DHS Sexual Abuse Investigations unit, the Philadelphia Children's Alliance, and staff from the District Attorney's office. Having a co-location site will enable DHS and partner agencies to provide better care and services to children who have been sexually abused, lessening the trauma of the investigative process so victims will no longer have to repeatedly relive the events of their assault.

Currently DHS contracts with The Philadelphia Children's Alliance to provide forensic interviews to children who have been sexually abused. In addition to the interviews, the process also includes writing reports, collaborating with all partner agencies on results of the interview and recommendations, providing crisis intervention and support for non-offending caregivers, as well as assisting families to access medical and mental health services.

DHS is requesting \$681,778 for FY 2013-2014 in order to build and maintain capacity and serve 100% of child sexual abuse cases with the services provided by The Philadelphia Children's Alliance.

JJS Evening Reporting Centers:

As DHS continues to improve services to all children and implement the goals of the Shared Case Responsibility model of practice, the Division of Juvenile Justice Services is requesting funding in the amount of \$2,000,000 to support creation of two Evening Reporting Centers (ERC), to be located in designated geographic regions of the city designated by the Juvenile Probation Office and Courts. A concept based on research and best practices recognized by the Annie E. Casey Foundation, such Centers are already in use in Berks County and in various other jurisdictions. They have proven to be a cost effective means of diverting youth from secure detention and subsequent residential placements, preventing recidivism, and enhancing the protection of public safety, through constructive engagement, high quality supervision, and educational supports in the evenings, a time when delinquent activities are more likely to occur. These centers serve as safe havens for troubled youth who often have

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numerous social problems. Additionally ERCs create and enhance the potential for collaborative relationships among youth, families, community partners, and probation officers.

The targeted population for this initiative is pre-adjudicated male youth between the ages of 18 and 21 who have been charged with non-violent offenses. These youth will avoid detention time altogether or in some cases avoid it while awaiting trial. We anticipate that the Centers will serve up to 25 at a time, that youth will participate for periods from 30 days up to six weeks and that the census youth will be approximately 300 youth annually per center.

The centers will operate six days each week from 3:30 PM to 8 PM on weekdays and from 10 AM to 2 PM on Saturdays, providing substantive academic assistance, life skills training, enrichment activities, and opportunities for community service. As well, a dinner meal and transportation both to the Centers from school and then back home in the evenings is provided.

JJS Supervised Independent Living and Congregate Care:

JJS would also like to expand by 40 the number of Supervised Independent Living (SIL) slots available to delinquent youth, many of whom would otherwise be at risk of homelessness and other poor outcomes. Like their counterparts in the foster care system, many youth in the delinquent system are aging out of care with inadequate housing, life skills, and family supports. Without these, successful reintegration back into communities is severely compromised. The expansion costs are projected to be at about \$1,300,000.

JJS also seeks to expand by 50 the number of group home slots open to delinquent youth who are aging out of care without adequate housing or family resources or both. As well, group homes also serve as an appropriate step down for some youth able to exit higher levels of care but not yet ready for independent living. Such youth are otherwise at great risk of recidivism, homelessness, and other poor outcomes and can benefit from the community of support available at such group homes. The expansion costs are projected to be at about \$2,600,000.

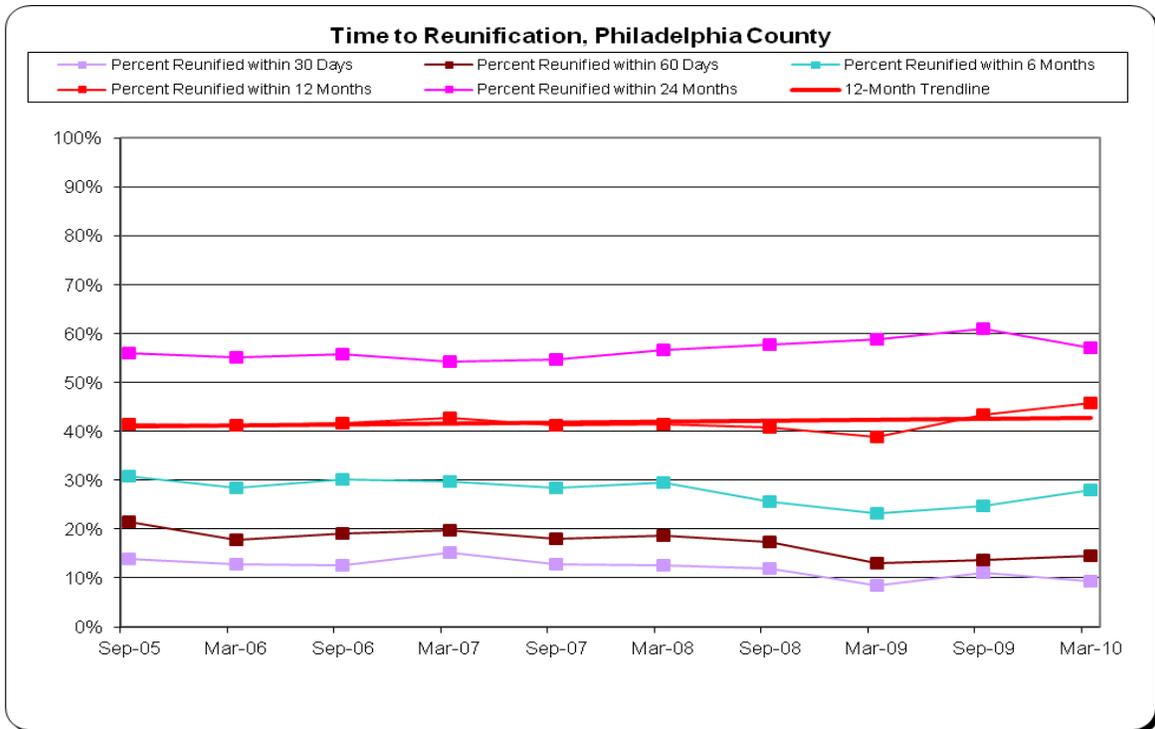
MOM Program

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

The Department intends to continue the current program location in North Philadelphia, and add a location in West Philadelphia, where the program again will target low-income mothers with few other supports.

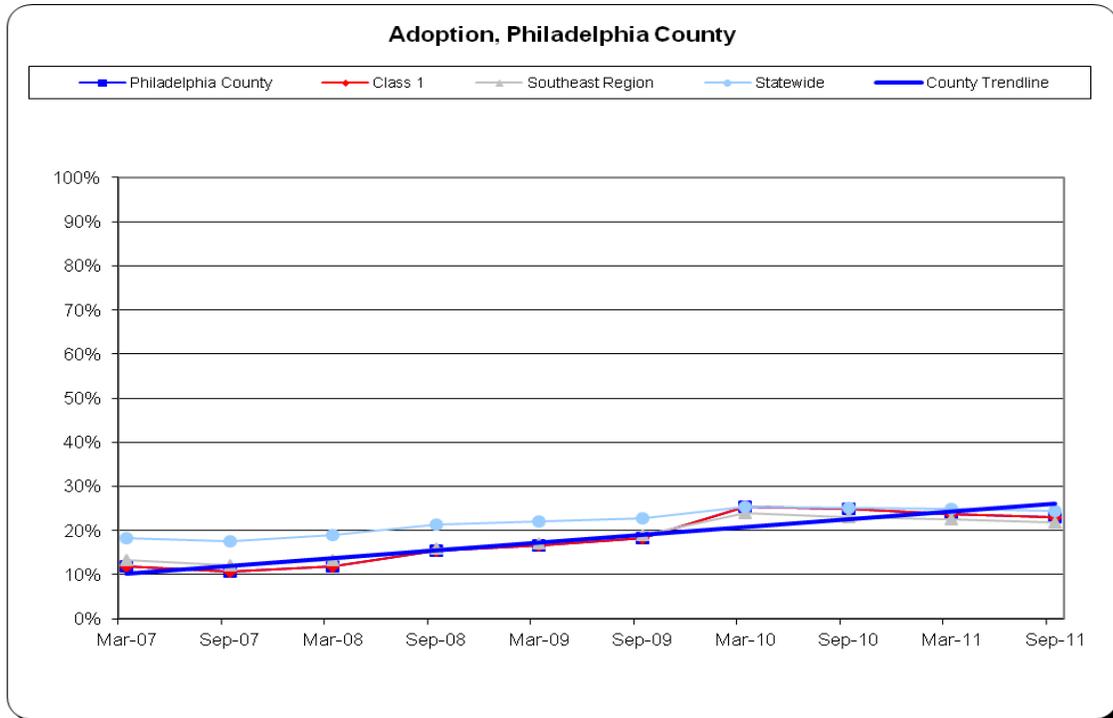
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3-3b. Reunification Survival Analysis (See HZA Data Package)



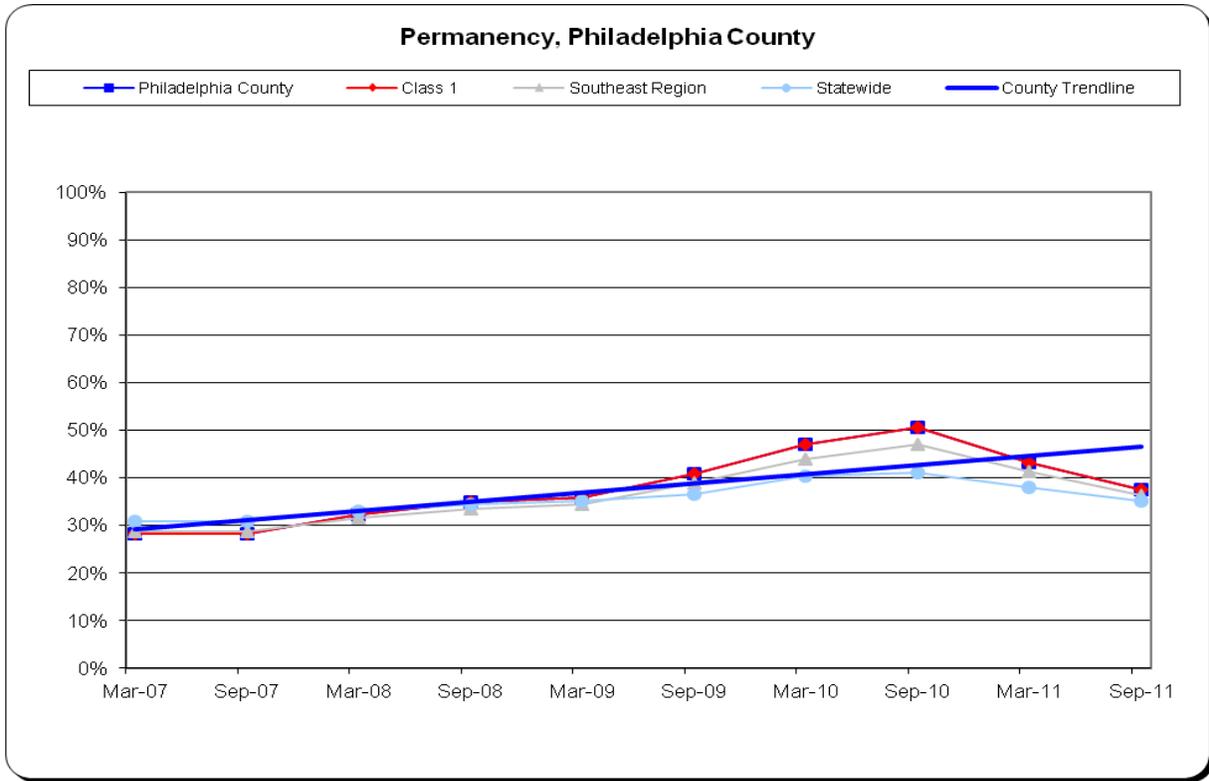
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3-3c. Adoption Rate, 17 Months (See HZA Data Package)



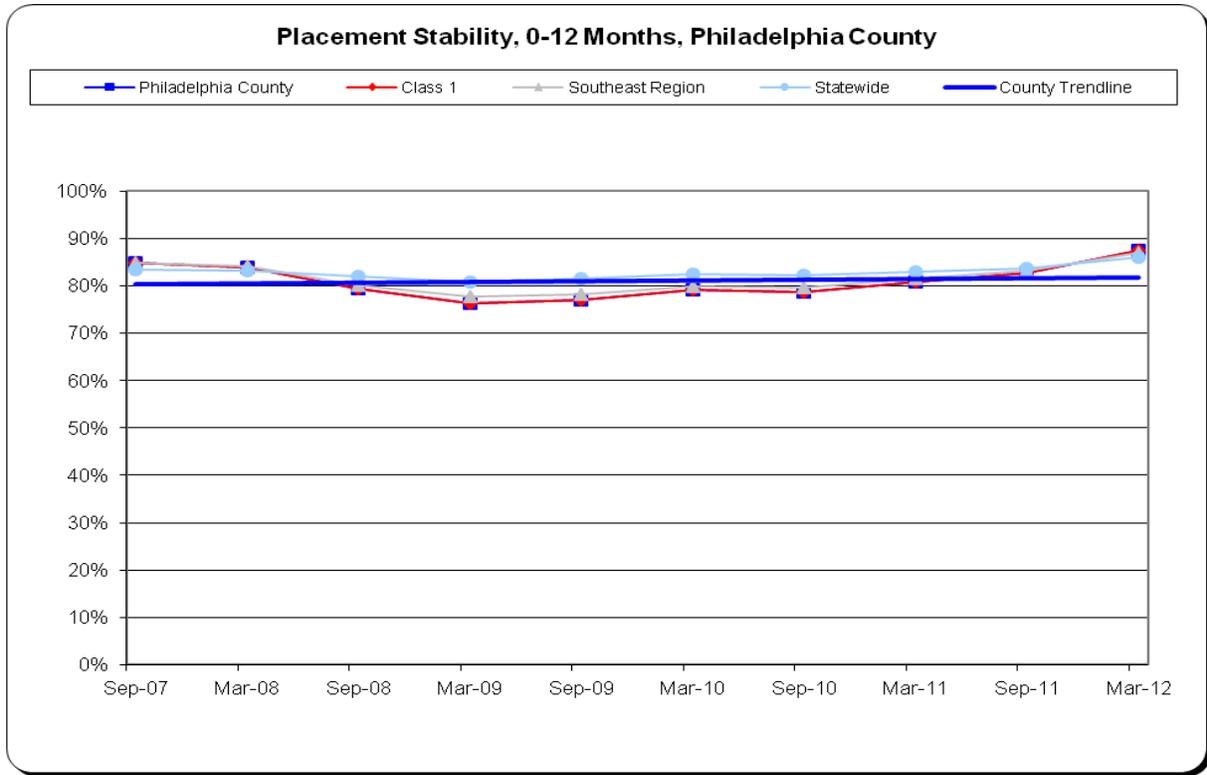
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3-3d. Permanency, 24 Months (See HZA Data Package)



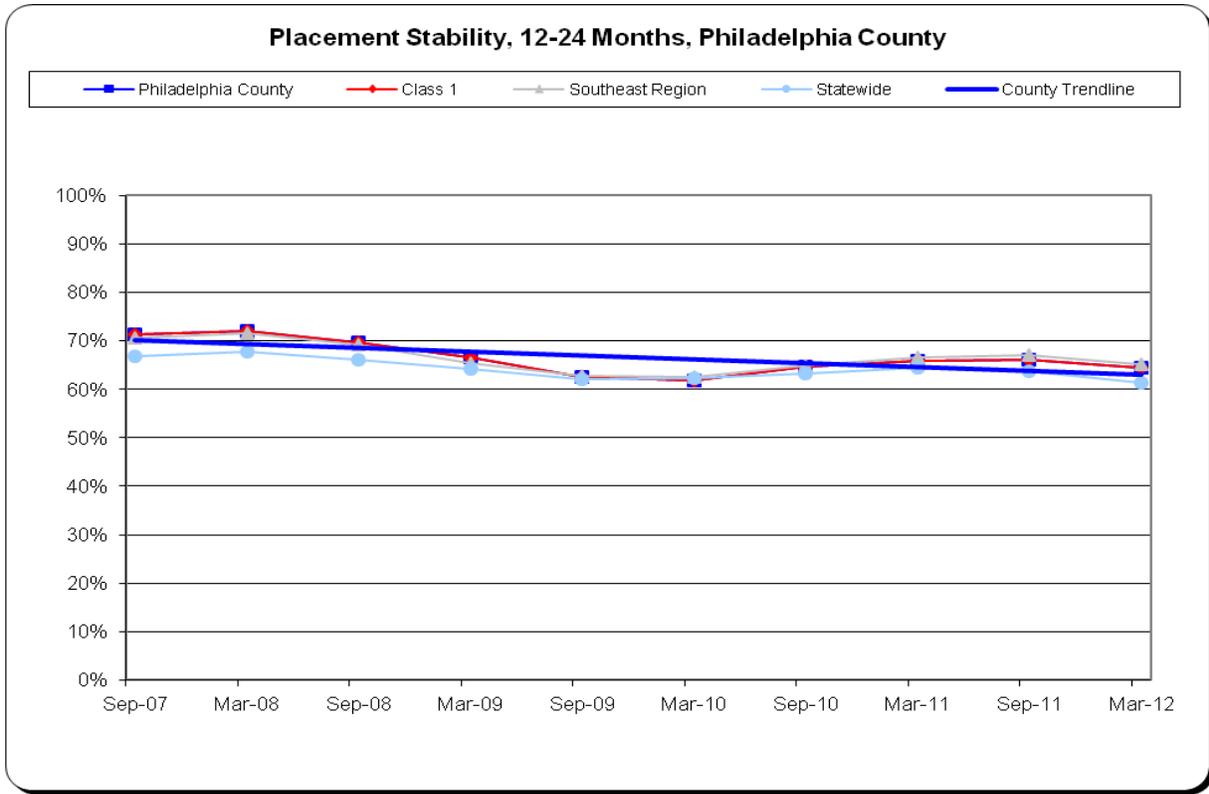
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3-4a. Placement Stability, Less than 12 Months (CFSR Measure 4.1) (See HZA Data Package)



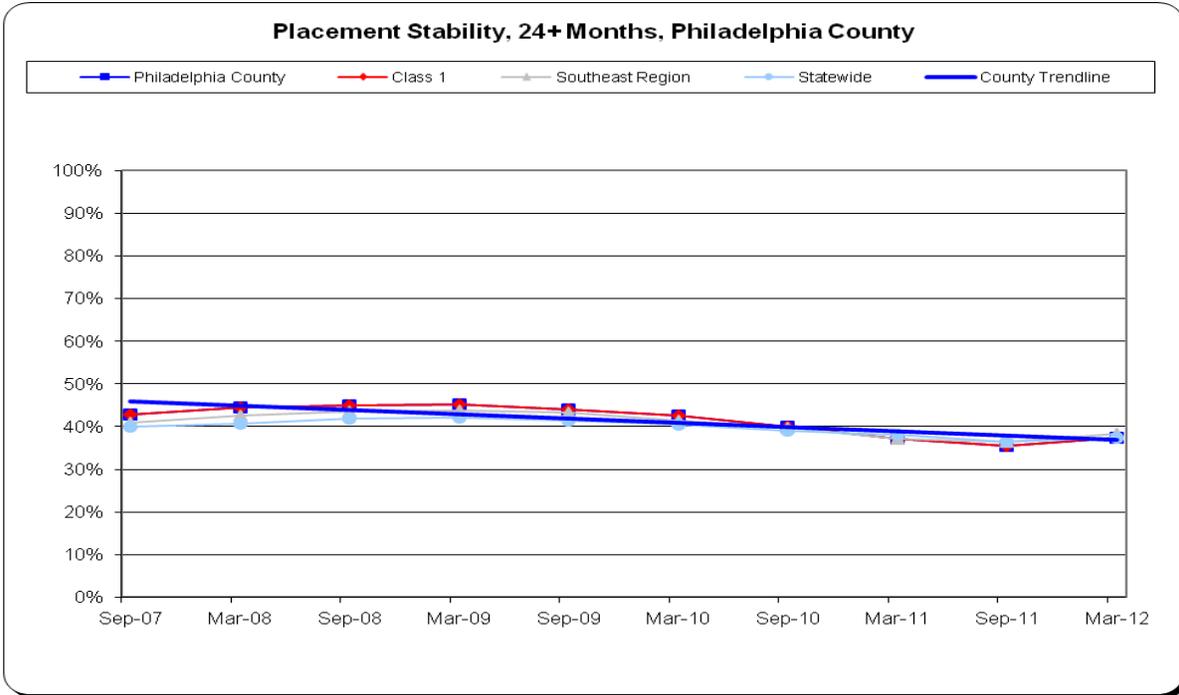
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3-4b. Placement Stability, 12 to 24 Months (CFSR Measure 4.2) (See HZA Data Package)

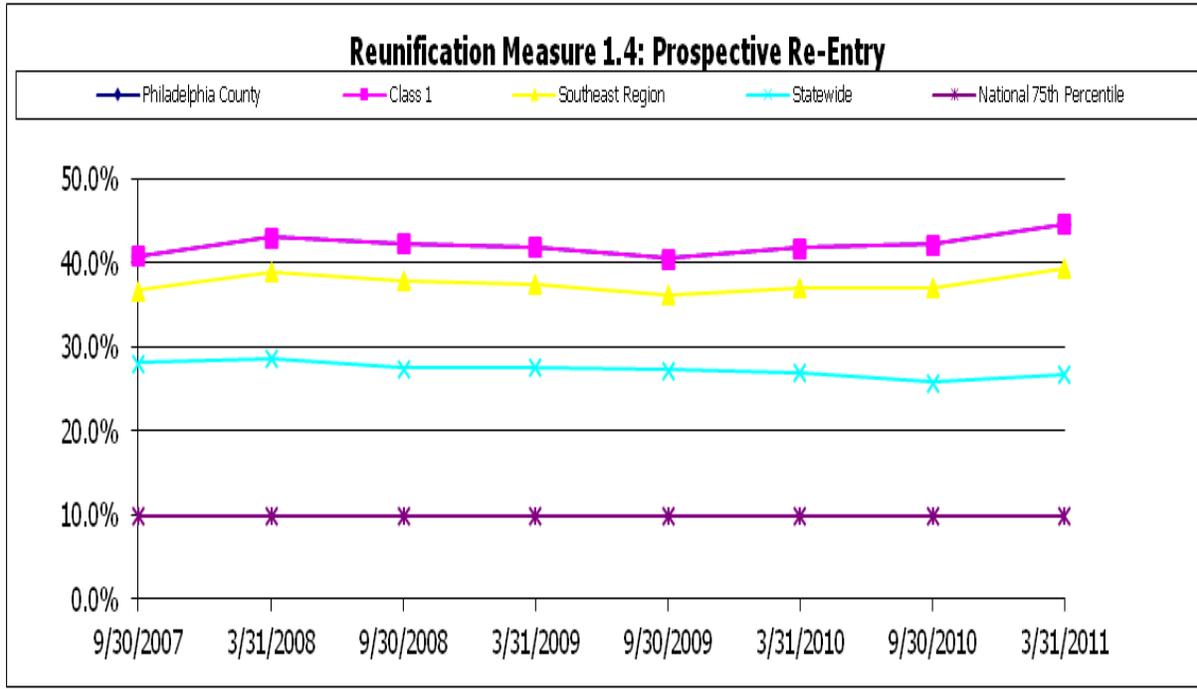


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3-4c. Placement Stability, More than 24 Months (CFSR Measure 4.3) (See HZA Data Package)



3-5 Outcome Indicator for Re-entry



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- ❑ **Please describe briefly any significant trends in the data presented in charts 3-3b through 3-5. What policies or practices explain the trends?**

The time to reunification seems to have remained fairly steady over the last five years, with minor fluctuations, although the overall trend is slightly upward, most likely due to upticks in the percent of children and youth reunified within 24 months. There is a steeper upward trend in adoptions and permanency, particularly permanency achieved within 24 months. The trend in placement stability under 12 months is flat, with a slight downward trend in children who are in placement 12-24 months, and an even steeper downward trend in children who are in placement 24 months and longer. Based on the AFCARS data, re-entry appears to be trending upward in Philadelphia. However, the Department believes that this is an artifact of the way the data is collected and integrated into a longitudinal file, and the federal presumption of reason for discharge. AFCARS data is reported out based on the payment system. Some of the discharges of payment are discharges according to the AFCARS definition, but some are not. When federal semesters are compiled to create a longitudinal file, the discharge reasons are lost. There is a federal presumption that if there is no discharge reason given, then the discharge reason is reunification with parents or permanent placement with a relative, the federal definition of discharge upon which re-entry rates are based. This means that there are "re-entries" which should not be counted, such as a return to a placement setting after a hospitalization, where custody was never discharged. This artificially inflates re-entry data. The Department's own data show re-entry rates to be lower than what is reported in the Hornsby Zeller data, holding steady in the upper teens for the last five fiscal years. The Department has been working to revise its AFCARS entries and to establish a system to collect Court commit and discharge dates to accurately reflect discharges so that re-entries will be accurately reflected.

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

Or

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

Efforts made to correct the data system to bring it in better alignment with AFCARS submission needs will be reflected over the next two submissions. When calculating re-entry rate internally, recoding the specific data elements results in inaccuracies in data reporting to AFCARS and subsequently impact reported re-entry rate here. Recoding and recalculating internally the re-entry rate more closely mirrors that of the Southeast Region, although not close enough to the statewide average.

- ❑ **Are there certain populations which are disproportionately represented in the measures? What actions is the county taking to address that population's needs?**

The percentage of White children and youth in foster care has increased slightly over time, as has the percentage of Hispanic children and youth in care. The percentage of Black children and youth has remained relatively stable at approximately 80% of the out-of-home care population. The percentage of children and youth in Group Homes has increased from

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2007 to 2012, although the percentage in institutions has decreased considerably. Percentages for foster care, both relative and non-relative, have remained fairly stable over time. The most common type of permanency goal remains reunification, with that goal increasing steadily over time.

Older youth are disproportionately represented. The actions being taken to address this population include use of specialized Older Youth units, a restructuring of the AIC, and use of Youth Teaming Conferences and congregate care teamings. Also, the current change in age requirements for the adoption and PLC subsidy agreements should be helpful.

With regard to adoption, Philadelphia is in line with both the Southeast Region and the State in the percent of children and youth with parental rights terminated. Philadelphia has a higher percentage of children and youth with a goal of adoption than either the Southeast Region or the State and relatively the same number of children and youth as either the Region or the State in pre-adoptive homes at the end of the reporting period. There have been shifts in the age of those children and youth waiting to be adopted, with a marked decrease in those age 0-1 year from 2007 to 2012, an overall increase in ages 2-12, a decrease in ages 13-15, and a large increase in ages 18-20. Percentage of children and youth ages 16-17 remained relatively stable.

The percentage of White children and youth waiting to be adopted increased dramatically from 2007 to 2012; the percentage of Black children and youth remained stable; and the percentage of Hispanic children and youth also increased dramatically. The percent change in the number of children and youth adopted decreased throughout the State, although more so in Philadelphia and the Southeast Region as a whole.

The percentage of children and youth actually adopted at ages 0-5 has increased over time, with percentages in the other age groups dropping. The percentage of White children and youth actually adopted has increased by 15% since 2007 and the percentage of Hispanic children and youth by 10%.

- **Toward meeting the mandates of the Child and Family Services Improvement and Innovation Act of 2011, provide analysis of your data regarding the length of time children under age five spend without a permanent family. If warranted, a county specific plan to reduce the time to permanency should be developed and addressed through Section 3-6 Benchmarks and Strategies.**

Children under five across all permanency goals spend an average of 17 months in care. However, those waiting for adoption and PLC spend between 22 and 29 months in care. Children and youth who are placed permanently with relatives or reunified with their biological parents spend much less time in care, on average 6-12 months. The average length of stay for those under five who were in care as of 7/5/12 is 10 months (see supplemental chart below).

- **What is the average length of stay for child/youth in out-of-home care?**

The average length of stay for children and youth of all ages across all permanency goals is 22 months, but again the average is dominated by lengths of stay between 26 and 32 months when adoption or PLC is the permanency outcome. For children and youth placed permanently with relatives or reunified with their parents, the average length of stay is

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between 14 and 16 months. The average length of stay for those still in care as of 7/5/12 is 22 months (see supplemental chart below).

❑ **Identify impact of established SCR practices within the county?**

Almost all DHS staff and all Juvenile Probation staff have completed SCR training. A joint policy has been developed with the Court and disseminated to DHS and JPO staff. An SCR Unit has been established which acts as a liaison between the Court and DHS staff and facilitate teamings. The Judges have begun to issue SCR orders. Better working relationships are being established between the DHS and Juvenile Probation Staff.

❑ **Provide an overview description of the type of child/youth placed in congregate care settings – age, difficulties, agency responsible, other agencies involved.**

Youth in congregate care are primarily Black (83% total, dependent and delinquent) and between 13 and 17 years old (63% total, dependent and delinquent). They are approximately even by gender in dependent care; those in delinquent care are overwhelmingly male (92%). Overall, there are 25% female and 75% male in the congregate care system.

SUPPLEMENTAL DATA

| Children in Care on the Last Day of FY 12 | | | | | | | |
|---|-----|--------|---------|----------|----------|-----|-------------|
| | <1 | 1 to 5 | 6 to 12 | 13 to 15 | 16 to 17 | 18+ | Grand Total |
| Dependent | 181 | 1082 | 879 | 702 | 694 | 596 | 4134 |
| BLACK | 128 | 797 | 705 | 570 | 583 | 535 | 3318 |
| WHITE | 50 | 258 | 163 | 121 | 90 | 43 | 725 |
| UNKNOWN | 2 | 19 | 8 | 4 | 5 | 11 | 49 |
| ASIAN | 1 | 3 | 1 | 5 | 13 | 7 | 30 |
| PACIFIC IS | | 3 | 1 | 1 | 3 | | 8 |
| UNBL DTRM | | 1 | 1 | 1 | | | 3 |
| INDIAN/ALA | | 1 | | | | | 1 |
| Delinquent | | | 2 | 195 | 597 | 395 | 1189 |
| BLACK | | | 2 | 156 | 479 | 324 | 961 |
| WHITE | | | | 28 | 58 | 45 | 131 |
| UNKNOWN | | | | 8 | 47 | 20 | 75 |
| ASIAN | | | | 1 | 9 | 4 | 14 |
| PACIFIC IS | | | | 1 | 3 | 2 | 6 |
| INDIAN/ALA | | | | 1 | 1 | | 2 |
| Total | 181 | 1082 | 881 | 897 | 1291 | 991 | 5323 |

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| Children in Congregate Care on the Last Day of FY 12 | | | | | | | | |
|--|----|--------|---------|----------|----------|-----|-------|------|
| | <1 | 1 to 5 | 6 to 12 | 13 to 15 | 16 to 17 | 18+ | Total | % |
| Dependent | 2 | | 49 | 357 | 430 | 175 | 1013 | 47% |
| BLACK | 1 | | 45 | 286 | 362 | 153 | 847 | 40% |
| WHITE | 1 | | 4 | 66 | 53 | 15 | 139 | 6% |
| ASIAN | | | | 3 | 11 | 4 | 18 | 1% |
| UNKNOWN | | | | 1 | 2 | 3 | 6 | 0% |
| PACIFIC IS | | | | 1 | 2 | | 3 | 0% |
| Delinquent | | | 2 | 193 | 590 | 343 | 1128 | 53% |
| BLACK | | | 2 | 156 | 472 | 280 | 910 | 43% |
| WHITE | | | | 26 | 58 | 39 | 123 | 6% |
| UNKNOWN | | | | 8 | 47 | 18 | 73 | 3% |
| ASIAN | | | | 1 | 9 | 4 | 14 | 1% |
| PACIFIC IS | | | | 1 | 3 | 2 | 6 | 0% |
| INDIAN/ALA | | | | 1 | 1 | | 2 | 0% |
| Total | 2 | | 51 | 550 | 1020 | 518 | 2141 | 100% |

| Children in Congregate Care on the Last Day of FY 12 by gender | | | | | | | | |
|--|----|--------|---------|----------|----------|-----|-------|------|
| | <1 | 1 to 5 | 6 to 12 | 13 to 15 | 16 to 17 | 18+ | Total | % |
| Dependent | 2 | | 49 | 357 | 430 | 175 | 1013 | |
| F | | | 18 | 178 | 202 | 54 | 452 | 21% |
| M | 2 | | 31 | 179 | 228 | 121 | 561 | 26% |
| Delinquent | | | 2 | 193 | 590 | 343 | 1128 | 53% |
| F | | | | 23 | 46 | 18 | 87 | 4% |
| M | | | 2 | 170 | 544 | 325 | 1041 | 49% |
| Total | 2 | | 51 | 550 | 1020 | 518 | 2141 | 100% |

| Average Length of Stay in Months FY 11 | | | |
|--|--------|------------|-------|
| Discharge Disposition | Age | | Total |
| | 0 to 5 | 6 and over | |
| STILL IN CARE | 10 | 27 | 22 |
| RETURN TO PARENTS | 12 | 14 | 14 |
| PLACED WITH RELATIVE | 6 | 18 | 16 |
| ADOPTED | 29 | 39 | 32 |
| PLACED W/PERM LEGAL CUSTODIAN | 22 | 27 | 26 |
| Total | 17 | 24 | 22 |

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□ **Why and how is congregate care used? Is the decision to use congregate care based upon safety, treatment needs, or other factors?**

Congregate care placements are usually used for youth 14 and older (although sometimes youth as young as 12) based on an assessed recommended level of care. After a placement decision is made by the social work services team or Court, the CANS is used to make a recommendation as to the level of care. CBH approves medical necessity.

- Safety is one reason for the use of congregate care settings. Emergency shelters in particular are used for reasons of immediate safety, but congregate care settings may be used for youth who are a danger to themselves or others or who are prone to running away.
- Institutional placement is based on treatment needs as determined by a CANS assessment or by a professional evaluation recommending institutional care.
- Mother/baby congregate care settings are used to keep babies together with their minor mothers.
- Congregate care is also used because there is a shortage of available foster parents who are willing to take in older youth.
- Youth are placed in group homes when there are truancy issues that are not being resolved through in-home services.

It is important to note that while placement in the least restrictive and most family-like setting possible is a preeminent value for the Department. But, the Department is bound to comply with orders of the court which sometimes is compelled to take a disciplinary approach to dealing with issues around truancy by placing children on congregate care. With the release of the new truancy prevention programs available to Regional Truancy Courts, it is expected that the congregate care population will continue to decrease.

Finally, the Department is exploring additional supports including increased per diems for families willing to care for older youth with at risk behaviors such as truancy, incorrigibility etc.

□ **Please rank, in order of priority, the main drivers of your County's use of congregate care (RTFs, group homes etc.)**

In responding to this question, the Department has included separate rankings for dependent and delinquent youth. *Because the placements for delinquent youth are court-ordered, drivers such as "exhausted less restrictive placement options" occur very rarely, and some drivers simply do not fit; they are not a reason delinquent youth would be placed in congregate care.

Children and Youth Division ranking

- 1 Diagnostic services.
- 2 Exhausted less restrictive placement options.
- 3 Controlled and supervised environment for children with aggressive behaviors.
- 4 Controlled and supervised environment for children with inappropriate sexual behaviors.
- 5 Lack of appropriate community based services.
- 6 Too few foster homes for higher risk youth.
- 7 Delinquency Prevention/Recidivism.
- 8 Other: Courts
- 9 Community Protection.

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Juvenile Justice Services ranking

- 1 Community Protection.
- 2 Lack of appropriate community based services.
- 3 Controlled and supervised environment for children with aggressive behaviors.
- 4 Too few foster homes for higher risk youth.
- 5 Controlled and supervised environment for children with inappropriate sexual behaviors.
6. Diagnostic services.

*N/A Exhausted less restrictive placement options.

*N/A Delinquency Prevention/Recidivism.

Other: _____

Who makes the initial recommendation/decisions to use congregate care?

- a. Caseworker/Juvenile Probation Office.
- b. Casework Supervisor/Juvenile Probation Supervisor.
- c. Director of CYS/Chief Juvenile Probation Officer.
- d. Guardian ad Litem/Legal Counsel.
- e. Judge
- f. Other:

Once a placement decision is made by the Social Work Service Manager Team (the equivalent of a caseworker team) or Court, a Child and Adolescent Needs and Strengths (CANS) assessment is used to make a recommendation as to level of care. The DHS Central Referral Unit makes a decision based on the recommended level of care. Input from the JPOs is also considered. At times, a Judge may order a particular level of care due to the circumstances of the case.

Within your jurisdiction, what services are presently unavailable that would be useful in preventing these children from being placed in congregate care?

- Additional kin and non-kin foster homes are needed who are willing to take in older youth, high risk youth, and minor mothers with their babies.
- Teen specific behavioral health services are needed, such as substance abuse services for teens.
- Services that are able to address truancy that do not require placement.

3-6 Benchmark and Strategies

Identify 3 Benchmarks toward improvement from the following:

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

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

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

BENCHMARK # 1: Re-entry into Care

□ Describe the basis for the decision to select this identified Benchmark.

As the Department moves forward with Improving Outcomes for Children (IOC), re-entry into care will continue to be an important area to work on by incorporating case practice interventions, strategies, and resources to decrease the number of reentries. DHS is committed to decreasing the number of re-entries into care by continuing the use of Family Finding, Family and Group Decision Making (FGDM), which has shown to be effective tools for identifying permanency resources and lifelong connections.

The IOC model will focus on strengthening community engagement with families and community resources to help parents and caregivers identify and build on their own strengths while also identifying the best strategies to help them enhance their parenting and caregiver capacities. With IOC the Community Umbrella Agency (CUA) will build a foundation for working in partnership with the parent and community to develop a plan of action to promote stability and permanence for children and youth as they discharge from care.

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DHS recognizes that a child or youth re-entering care is not achieving permanency and will continue with its efforts to decrease the number of re-entries by providing the necessary resources and supports to enable families to create and sustain safe homes for their children and youth.

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

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

The re-entry rates have been in the upper teens for the last five fiscal years. With the implementation of IOC and changes in the delivery of services the goal is to put in place a Family Team Decision-Making process (TDM) to maintain more children and youth safely in their own homes and communities (please refer to section 3-1 Projected Changes).

Data source: DHS data warehouse. The re-entry rates above are dramatically different than those provided in the Hornby Zeller Data Package. Coding errors were detected in the AFCARS Report and have been corrected. Because of the lag in the AFCARS Report these corrections will not appear until the next reporting period. They include things like hospitalizations with returns to care coded as re-entry and runaways with returns to care coded as re-entry etc.

- ❑ **Identify a measurable target for improvement**

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

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

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

DHS continues to utilize FGDM to empower families by providing supports and resources to move more quickly to facilitating permanency. By utilizing FGDM, DHS recognizes the role and the long tradition that families have in the understanding and the care taking of their members and will continue to use FGDM and Family Finding to increase reunification and permanency rates.

By utilizing the safety assessment and management process, safety is the primary and essential focus that informs and guides all decisions made from intake through case closure, including removal and reunification decisions. Staff has received safety assessment training

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which focuses on being able to identify safety threats, present and/or impending danger, protective capacities, and working with caregivers to supplement protective capacities through safety interventions. The process leads to making informed decisions about safety planning and implementation of safety interventions that will control identified threats.

DHS has begun conducting internal teamings for congregate care cases to determine what, if any, barriers exist which prevent reunification and then develop next steps for the social work service manager team to implement with the goal of achieving a successful permanency plan for youth discharging from care.

Re-entry from all levels of permanency is an outcome measure reviewed monthly during ChildStat. Through the QSR process DHS continues to measure permanency rates, barriers to achieving permanency, and areas that need improvement for all children and youth in out-of-home care. In addition, protocols and policies have been put in place for staff to facilitate the development of a transitional plan for older youth to ensure those discharging from care leave fully prepared for adulthood with the information and skills needed to help them with the life decisions they will be making.

DHS trained both CYD and JPO staff in the SCR model of practice which requires a collaborative partnership between CYD, Family Court, and the JPO to ensure that joint planning, shared information, and appropriate services are provided to youth involved with both systems. A joint assessment meeting is held between the CYD and JPO to work on a single plan of action to identify and plan out what is needed for the youth's successful transition back to the community.

□ **Briefly identify a plan by which strategies towards improvement will be identified in FY 12-13 and projected resources needed for implementation of strategies for FY 13-14. (Phase I and Phase II counties attach their County Improvement Plans in reference)**

As DHS moves forward with implementation of IOC the following will take place:

- With IOC a single case plan is being developed that will be the one plan driving service delivery. This plan will include an aftercare plan for cases discharging from placement and will work towards safe and sustainable case closure.
- With IOC each Community Umbrella Agency (CUA) contract will include provisions for aftercare services whenever reunification or other permanency is achieved.
- IOC teamings will occur to divert reentry into care by identifying resources and supports to safely maintain children and youth in their homes and communities (Please refer to Section 3-1 Projected Changes for more details).
- Through the continued use of Family Finding and FGDM DHS will consistently strive to locate those individuals who can be a permanency or lifetime support for children and youth in out-of-home care.

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

□ **Describe the basis for the decision to select this identified Benchmark.**

DHS is committed to decreasing the number of children and youth entering care and increasing the number of children and youth exiting care to permanency. By using the Safety Model of Practice and Hotline Guided Decision Making (HGDM), DHS strives to provide a safety net for those children and youth who cannot be maintained at home and

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must be removed. Families in need of supports and resources to maintain a safe environment for their children and youth, DHS has utilized In Home Protective Service (IHPS). For families with no safety threats present DHS refers to prevention services for community resources and supports.

DHS has chosen this benchmark because it recognizes the importance of providing supports and services that can be helpful to resolve problems before they escalate and require out-of-home care. By intervening at the earliest stage possible services can be geared towards placement prevention services such as IHPS and community based prevention services such as parenting classes, domestic violence prevention, substance abuse, etc. These interventions could possibly deter the unnecessary dissolution of families.

If out-of-home care is necessary DHS through Family Finding and FGDM is committed to enlisting the support of family members and others important to the child or youth to facilitate a successful permanency plan.

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

Over the past five fiscal years, reentries into care have declined. Through the continued use of HGDM a protocol has been put in place to identify when there is abuse and neglect present and the need to develop a plan to ensure children and youth are in an environment that is safe and meets their needs.

As DHS moves forward and IOC is implemented the HGDM process and its utilization will be re-evaluated to ensure it effectively identifies when out-of-home care interventions are needed and when supportive prevention resources should be offered to maintain the family unit in the communities where they reside.

Exits from care have declined over the past five fiscal years. With the implementation of IOC the goal of DHS will be to bring more children and youth to permanency and reduce their length of stay in care.

Data source: DHS data warehouse

| | FY 2008 | FY 2009 | FY 2010 | FY 2011 | FY 2012 |
|---------|---------|---------|---------|---------|---------|
| Entries | 3125 | 3088 | 3020 | 2814 | 2599 |
| Exits | 2175 | 2261 | 2331 | 2195 | 1667 |

- ❑ **Identify a measurable target for improvement.**

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

- ❑ **Address the following county practices that contribute to the current level of functioning and/or would need to be enhanced toward improved outcomes.**
 - ❑ **Family Engagement Efforts**
 - ❑ **Use of SAMP in Critical Decision Making**

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- ❑ **Process for Placement Decisions, including Placement Settings**
- ❑ **Use of Kin, Least Restrictive Setting, Sibling Placements**
- ❑ **Quality Assessments**
- ❑ **Individualized Services**
- ❑ **Continuous Case Status Review**
- ❑ **Case Planning for Successful Transition/Closure**
- ❑ **Teaming**
- ❑ **Shared Case Responsibility**

Through the use of HGDM and SAMP, DHS will continue to gather necessary information and conduct comprehensive investigative assessments to facilitate a decision that builds on the primary focus of keeping children and youth safe. Assessing and managing safety is part of the casework process throughout the life of a case.

A determination that children and youth can remain in their homes with the necessary supports such as IHPS or community prevention resources works towards DHS' goal to decrease the number of children and youth entering out-of-home care unnecessarily.

DHS will continue to use Family Finding and FGDM to increase the number of children and youth exiting care. By using these practice tools DHS enlists the support of as many family members and others important to the child, youth, and family to assist the Social Work Service Manager team with decision making and planning that will provide lifelong relationships and permanency.

With the roll out of IOC, each CUA will conduct a Child Safety Conference (at the point of potential placement) with a goal to safely decrease the number of initial placements.

Through the continued use of Permanency and Older Youth teamings DHS will improve outcomes for increasing the amount of children and youth exiting care by providing appropriate resources and supports to achieve and sustain permanency.

DHS issued a policy on SCR with established protocol to increase the collaboration efforts between CYD and JPO staff to identify a safe and permanent plan for all children and youth discharging from placement.

Through the QSR process DHS will continue to monitor and evaluate its performance level in this area to determine if identified outcomes are reached and what areas need improvement.

- ❑ **Briefly identify a plan by which strategies towards improvement will be identified in FY 12-13 and projected resources needed for implementation of strategies for FY 13-14. (Phase I and Phase II counties attach their County Improvement Plans in reference)**
 - With IOC, a strengthening of the Hotline and Investigations areas will include work to build a more manageable investigation caseload and process, a streamlined workflow, and the geographic assignment of new investigations.
 - With IOC, a teaming process will be in place to gather the family team and key stakeholders for the purpose of diverting children from entering placement and achieving permanency for those requiring placement services.

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- With the use of Permanency and Older Youth teamings, DHS will continue to work on decreasing the number of children and youth exiting care and improving outcomes for maintaining permanency.
- DHS will continue to track the number of children in placement and specific areas to improve around that through the monthly ChildStat process.

BENCHMARK # 3: Least Restrictive Placement Settings

❑ Describe the basis for the decision to select this identified Benchmark.

Research now shows evidence that youth placed in family foster homes have better outcomes than those placed in congregate care settings (Lee et al, 2011). Youth placed in family foster homes generally have a shorter stay in placement, experience less placement moves, remain in their home school, and are more likely to be placed with their siblings (Alpert and Meezan, 2012). The U.S. Department of Health and Human Services (2011) reports approximately 15% of the 408,425 youth in the United States, who are placed in out-of-home care, are placed in a group home (6%) or institutional setting (9%). Philadelphia has a slightly higher rate than the national average. Of the 4,166 youth currently in DHS' care, 11% (471) are in group home care and 12% (518) are in institutional care (DHS FACTS Warehouse, June 8, 2012).

Congregate care, by the very nature of the placement setting, offers limited opportunity for youth to understand the purpose of family, to explore their own roles within the family, and to develop values around responsibility regarding family life. This, coupled with extended periods of stay in care, often leaves youth disconnected from the very resource that may provide support, guidance, and a feeling of belonging that allow them to grow into stable, self-sufficient adults. DHS aggressively seeks prompt, safe, and permanent solutions for youth in care. If placement of older youth is necessary, the level of placement chosen must be the least restrictive, most family-like, and community-based as possible. Youth and their families must understand that placement will be time limited. For youth entering residential levels of care, i.e. Group Home Care and Institutions, the focus of DHS and its Providers is reunification within one year or a transition to foster care or alternate permanency option for the youth. This focus must be communicated effectively to youth and their families throughout their placement.

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

Of the 4,088 youth currently in DHS' care, 11% (463) are in group home care and 13% (541) are in institutional care (DHS FACTS Warehouse, August 10, 2012).

| | 6/30/2008 | | 6/30/2009 | | 6/30/2010 | | 6/30/2011 | | 6/30/2012 | |
|-----------------|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|
| GH | 523 | 9% | 530 | 10% | 514 | 11% | 461 | 11% | 458 | 11% |
| IN | 772 | 13% | 658 | 12% | 606 | 13% | 556 | 13% | 518 | 13% |
| Congregate Care | 1295 | 22% | 1188 | 22% | 1120 | 24% | 1017 | 24% | 976 | 24% |

In February 2012, DHS launched the Congregate Care Youth Review. The review of these cases has three distinct purposes:

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- To determine what the major barriers to reunification are and determine if there are common barriers which prevent reunification, what existing services are available, the utilization of those services, and any gaps in services.
- To develop or modify existing services to promote reunification.
- To examine the services provided by contracted congregate care Providers, specifically looking at their outcomes, which include their ability to promote reunification as well as provide quality services to the children and families. Based on those outcomes, contracts with poorest performing agencies will be terminated.

At that point in time, there were 970 youth placed in a congregate care setting. Each case is being examined individually. To begin the data collection information, every Social Work Services Manager with a youth in this population was asked to complete a "Reunification Form" to identify the following information about each youth:

- Current Placement Agency.
- Family Service Plan (FSP) Goal.
- Tentative Reunification date (if goal is Reunification).
- Barriers to Reunification.
- Safety Threats.
- Visiting Resources.
- Visiting Frequency.
- Next Court date and Court Room.

Of the 375 youth with an FSP goal of Reunification, 155 youth (approximately 41%) have been identified as having caretakers with whom they could potentially reunite in the near future. These cases were identified because the youth visit with a caregiver at least bi-weekly. Another 34 cases were identified for Family Finding services, because the DHS Worker indicated the youth does not have any visiting resources.

On May 16, 2012, DHS began conducting internal teamings for each of the 155 cases. The primary purpose of the teamings is to determine what, if any, barriers exist which prevent reunification and then develop next steps for the Social Work team to implement. In addition to the assigned Social Work Services Managers and their chains of command, the teaming panel consists of representatives from the following departments: Children and Youth Operations, Community Behavioral Health, Support Center for Child and Family Well-Being, Older Youth Unit, Achieving Independence Center, Achieving Reunification Center, the Law Department, and Performance Management and Accountability.

Teamings started with cases assigned to On-Going Service Region (OSR) II. Cases are prioritized based on the youth's age (youngest to oldest). Following OSR II, cases from OSR I then OSR III will be teamed. Teamings are held every Wednesday at one hour intervals.

Once the teamings for Reunification have been completed, Permanency Action Team (PAT) meetings for the 414 youth who have been identified as having an FSP goal of APPLA, beginning with the 146 (approximately 35%) that could potentially reunite with identified caretakers in the near future will be conducted. These cases were identified because they visit with an identified resource at least bi-weekly. Similar to the Reunification teamings, the PAT teamings were designed to identify and address system barriers for older youth with a goal of APPLA.

Data Source – DHS data warehouse

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Identify a measurable target for improvement.

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

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

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

In addition to the individual case teamings, DHS is working to implement systemic changes. Based on strategies developed by the Annie E. Casey Foundation, DHS is currently in the process of examining the feasibility of the strategies discussed below that would significantly reduce the population of youth that enter congregate care placements (Annie E. Casey Foundation, 2010).

DHS will increase the use of FGDM and Family Finding. Families of youth being placed on a non-emergency basis must first participate in FGDM. Family Finding will be conducted for all cases where family members are not cooperative, available, or viable placement resources. DHS has engaged Kevin Campbell, a consultant who specializes in tracking family resources for youth previously identified as having “no family connections” to help establish needed resources for DHS Workers to better assist youth in identifying caring adults.

DHS will increase the use of Family Finding and FGDM to locate placement resources for youth when necessary. Additionally, DHS will set up a protocol to ensure youth will not be placed in any Group Home or Institutional placement setting unless the case has been reviewed and approved by a Utilization Review team. Emergency shelter may be utilized only if all family foster care resources have been exhausted, but the case must be referred concurrently to the Utilization Review Team for immediate review. This team will include, but is not limited to, staff from Operations, Community Behavioral Health, Support Center for Child and Family Well-Being, Older Youth Unit, and the Child Welfare Law Department.

DHS will closely monitor the performance management of existing Providers by utilizing permanency and well-being outcomes. This will determine the areas needed for improvement and which congregate care settings will be phased out due to poor performance. Agencies with multiple sites will be ranked independently of one another so stronger sites can remain open. The purpose is to reduce the number of congregate care beds while increasing the number of foster families. DHS will work with the current foster care Providers to develop the current recruitment and support procedures.

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DHS will make outreach to community stakeholders to identify and utilize resources that will enhance the family's functioning within their own homes.

In order for service to reflect best practices so that older youth in DHS care may achieve permanence, DHS will adopt a new practice model designed to:

- Guide Social Work Services Staff to better facilitate collaborative team meetings.
- Engage a broader range of family and caring adults and plan for permanency in adulthood.
- Acknowledge the trauma and grief associated with placement to allow youth to plan toward their future.
- Help youth with behavior management and progressing towards self-determination.
- Empower youth to engage in the placement options by giving them communication tools and knowledge about child welfare laws so that they may identify solutions and permanency options that are reflective of their own goals and interests.

□ **Briefly identify a plan by which strategies towards improvement will be identified in FY 12-13 and projected resources needed for implementation of strategies for FY 13-14. (Phase I and Phase II counties attach their County Improvement Plans in reference)**

- With the roll out of IOC a unified assessment tool will be used to determine the appropriate level of placement.
- With IOC, a teaming process is being built around significant phases in the life of a case (please refer to section 3-1 Projected Changes for more details).
- The CUAs are being built with the structure for keeping children and youth in their own communities whenever possible. This structure includes contracting incentives for safely keeping children and youth in least restrictive settings.
- CUA agencies will be connected to community groups engaged through the community and systems engagement workgroup.
- The QSR living arrangement indicator will continue to be used to monitor the progress made in keeping children and youth safely in the least restrictive setting.

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Section 4: Administration

4-1a. Employee Benefit Detail

- Submit a detailed description of the county's employee benefit package for FY 2012-13. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

See the following 2 pages.

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

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

Non-Uniformed Employees

The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2011 and should be added to all Fiscal Year, 2012 costs which are chargeable to other city agencies, other governmental agencies and outside organizations:

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

| <u>Plan</u> | <u>Employee Classification</u> | <u>Normal Cost</u> | <u>Unfunded Liability</u> | <u>Total</u> |
|-------------|--|--------------------|---------------------------|--------------|
| L | Elected Officials elected on or after 1/8/1987 | 04.93 % | 47.24 % | 52.17% |
| M | Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992 | 04.897% | 2.919% | 7.816% |
| Y | D.C. 47 Local 810 members hired on or after 1/8/1987; All non-uniformed employees hired after 10/1/1992 | 04.897% | 2.919 % | 7.816% |
| J | All D.C. 33 members & D.C. 47 Local 2187 members hired before 10/2/1992; All other non-uniformed employees hired or elected before 1/8/1987 | 07.273% | 169.114% | 176.387% |

Employee Disability

| | <u>Cost Per Employee Per Month</u> |
|--------------------------|------------------------------------|
| Worker’s compensation | \$101.79 |
| Regulation 32 Disability | \$ 4.32 |

Social Security / Medicare

| | <u>Calendar Year Earnings Covered</u> | <u>Effective Period</u> | <u>Percentage</u> |
|-----------------|--|-------------------------|-------------------|
| Social Security | Gross Earnings not to exceed \$106,800 | 07/01/10 – 12/31/11 | 6.20% |
| | Gross Earnings not to exceed \$106,800 | 01/01/11 – 06/30/12 | 6.20% |
| Medicare | Unlimited Gross Earnings | 07/01/10 – 06/30/12 | 1.45% |

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

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

Group Life Insurance

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

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

Employee Health Plans

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

| <u>Employee Classification</u> | <u>Cost Per Employee Per Month</u> | | |
|---|------------------------------------|-------------------|---------------|
| D.C. 33 (except Crossing Guards) and D.C. 47 | \$975.76 | | |
| D.C. 33 School Crossing Guards ¹ | | | |
| Head of Household | 975.76 | | |
| Single | 487.88 | | |
| Exempt & Non-Rep Personnel in City Administered Plans | <u>Single</u> | <u>Single+one</u> | <u>Family</u> |
| Keystone Keycare | \$ 412.22 | \$ 762.61 | \$1,195.45 |
| Keystone POS | 470.36 | 870.16 | 1,364.04 |
| Personal Choice | 576.46 | 1,066.45 | 1,671.74 |
| Dental | 29.86 | 59.38 | 92.32 |
| Dental (for HMO's) | 18.06 | 35.67 | 64.86 |
| Optical | 2.61 | 4.72 | 6.65 |
| Prescriptions | 127.88 | 236.58 | 370.85 |

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

Unemployment Compensation

| <u>Employee Classification</u> | <u>Cost Per Employee Per Month</u> |
|--------------------------------|------------------------------------|
| All non-uniformed employees | \$16.00 |

Group Legal Services

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

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4-1b. Organizational Changes

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

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

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

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

4-1c. Staff Evaluations

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

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

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

Training Issues and Staff Retention

DHS University: In FY13, DHS will continue to move forward with the implementation of a "corporate university" model for staff development within the Department. A survey was sent out to staff asking for their feedback and suggestions on training needs related to work performance, quality of the work environment, and developing and enhancing leadership skills.

Best practices within the corporate university model include:

- Centralized core programs and decentralized Division specific training consisting of a partnership between the Department and its Divisions. The Corporate University (DHS) is responsible for housing knowledge that influences the culture of the organization, leadership, and management competencies, while the Colleges (DHS Divisions) are responsible for Division and job specific competencies.

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- Learning Management System (LMS): this software application provides for the administration, documentation, tracking, and reporting of training programs, classroom, online events, E-learning programs, and training content. Some LMS programs consist of “a performance management” piece that includes employee appraisals, competency management, skills-gap analysis, succession planning, and multi-rater assessments. Additionally, it includes a learning dashboard as a process for measuring the effectiveness of learning solutions.

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

In an effort to retain high performing employees, part of the Department's Human Resources Development Plan is to collaborate with key personnel Department-wide and with the City's Central Office of Human Resources to develop a comprehensive exit interview process, review job specs, requirements, performance expectations, and identify career paths. The Department’s turnover rate within the last 12 months was 5%.

4-1d. Contract Monitoring & Evaluation

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

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

- Annual evaluation of compliance with established program standards and re-evaluation based on level of compliance.
- Technical assistance regarding the implementation of standards.
- Investigations of reported service concerns.
- Audits of Provider case files at least once a year and, if indicated, more frequently.

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

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

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

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

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

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

A major function of the unit is the reconciliation of Provider data, which occurs on a monthly basis for referral data and on a semi-annual basis for outcome data. It is this data coupled with the PREP annual evaluation score that form the basis of annual Provider ranking reports for General and Treatment Foster Care services, which have been published for FY09-11. In March 2012, In-Home Protective Services (IHPS) became the most recent service for which DHS has published Provider rankings. DHS expects that in FY13 all Provider rankings will be published by fall 2012.

Since its creation in 2003 and since its first full year of implementation, the PBC model has helped to produce a dramatic decrease in the foster care population. In FY04, the combined contracted caseload for the PBC Providers was nearly 4,196 children. In FY13, the contracted caseload is 52% smaller, at 2,035. Given this dramatic reduction, DHS decided to close four PBC contracts to right-size the contract capacity in general foster care. The Provider rankings and its component data indicators formed the basis of whether to discontinue contract awards. In addition to the four contracts discontinued, another Provider voluntarily opted out of the PBC model, thereby ending its delivery of general foster care services. The PBC Unit oversaw and coordinated the closing of the foster care contracts, which involved the foster care placements of 282 children. The unit was able to close out the Provider contracts on time, and more importantly, ensured that no child or youth was moved from one home to another.

In FY13, the PREP and PBC Units will become one unit in advance of the implementation of IOC and startup of the first CUA. The PREP/PBC organizational structure will be realigned and its functions modified concurrent to the phased implementation of IOC and in conjunction with the changing roles of staff in the Children and Youth Division. The details of these changes are now being developed. DHS is mindful the need to develop clear roles and responsibilities within its monitoring and quality improvement units to avoid duplicative and overlapping functions. DHS expects the PREP/PBC integration to be complete by mid-September 2013.

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4-2 Grant Funded Programs

4.2a Human Services Block Grant

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

See "Addendum – Special Grant Initiative (SGI)"

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4-2b. Independent Living Service Grant

- In the table below, place an “X” for the services that will be provided by CCYA during FY 2013-14 (regardless of funding source.) Check as many boxes as apply. Enter the projected total amount of youth that will receive these services (regardless of age, placement status, or disposition.)

| Mark “X” in this column | Total Youth | IL Services |
|-------------------------|-------------|--|
| x | 1300 | A. Needs Assessment/Case Planning |
| x | 925 | B. Life Skills Training |
| | | C. Prevention Services |
| x | 375 | Dental/Health |
| x | 125 | Drug Abuse Prevention |
| x | 125 | Alcohol/Tobacco/Substance |
| x | 600 | Safe Sex/Pregnancy |
| | | D. Education |
| x | 75 | Vocational Training |
| x | 525 | High School Support and Retention |
| x | 125 | Preparation for GED |
| x | 775 | Assistance in Obtaining Higher Education |
| | | E. Support |
| x | 1300 | Individual and Group Counseling |
| x | 625 | Stipends |
| x | 100 | Services for Teen Parents |
| x | 175 | Mentoring |
| | | F. Employment |
| x | 150 | Job Placement |
| x | 75 | Subsidized Employment |
| x | 400 | G. Location of Housing |
| x | 25 | H. Room and Board |
| x | 60 | I. Retreats/Camps |
| x | | J. Indirect Services |
| x | | K. Program Administration |

- Enter the county’s total approved budget for FY 2012-13 and budget request for FY 2013-14 IL Services below. Include federal, state and local funds in the total amount. Note: Fiscal information entered in the Narrative Template serves only as an estimate of projected program cost for FY 2013-14. If information entered into the Narrative Template and the Budget Excel File do not match, the Budget Excel File will be deferred to and considered as a final budget.

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

| Total Budget Amount | Original/Approved Allocation (Amt requested and approved) | Revision Amount Change to SGI + or - | Requested Amount (enter this amount in fiscal worksheets) |
|---------------------|--|--|---|
| FY 2012-13 | \$2,214,636 | | \$2,214,636 |
| FY 2013-14 | | | \$2,214,636 |

- ❑ **Describe the county’s expenditures history for IL Services for FY 2008-09, 2009-10, 2010-11 and 2011-12. What factors contributed to the successful or unsuccessful spending of grant funds for each year?**

Philadelphia has successfully used these grant funds since 2006. Careful fiscal management and success in meeting service targets are the greatest contributors to this outcome.

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

n/a

- ❑ **If the county elects to submit an implementation budget for FY 2012-13 that is less than the certified allocation, please provide a brief explanation.**

n/a

IL Outcomes

Identify and describe three program, or youth, IL outcomes the county plans to address and improve for FY 2013-14 (or earlier, if applicable). Also provide an overall summary of how the delivery of IL Services will ultimately impact these outcomes for youth.

The IL outcomes description must include:

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

Outcome 1: Improve effectiveness of IL Services, increase permanency outcomes for older youth, and improve the stability of transitions to independence for both dependent and delinquent older youth.

- **How and why the outcome was selected:** This outcome was chosen because youth who age out of the child welfare system have very poor outcomes as adults. It is expected that by refocusing the Achieving Independence Center (AIC) and Older Youth

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services efforts on re-engaging parents and kin, and reconnecting youth with parents and kin, older youth who would have aged out could be safely reunited with parents or achieve permanency through adoption or PLC. For older youth who transition to independence both from out-of-home care and from a permanent home, there is evidence that providing IL Services to youth at a younger age will improve outcomes. DHS had not previously extended AIC services to delinquent youth, and doing so will help to improve their transition to independence as well.

- **Baseline data information:** As of July 2012, there were 1249 youth between the ages of 16 and 21 who are being served by the AIC. The populations that will be the focus of this expansion of services are youth in dependent and delinquent placements from the age of 14 up to 21. As of July 2012, there were 299 dependent youth between the ages of 14 and 15 years old. In addition, there were 1113 delinquent youth between the ages of 14 and 21 in placement.
- **The source of the data and the collection process or method:** See prior data. In this fiscal year DHS intends to collect the outcomes of Time Limited Reunification Services, Support Groups, and Boys Track to track their outcomes.
- **An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA:** To address the outcome, AIC and Older Youth services have been refocused on re-engaging parents and kin through Family Finding, teamings, supportive services, and revisiting permanency goals for these youth. The age of youth to be provided IL Services has been reduced to age 14. In FY 13, the intent is also to begin to introduce delinquent youth ages 16 to 21 within and outside of Philadelphia County to the AIC. By offering support groups and using the Strengthening Families Model, Time Limited Reunification, Reunification, and parenting groups, youth and their families will be able to address issues that led to dependency and long-term care. These services support empowerment, resilience, self-sufficiency and help improve transition to independence outcomes. Services will be provided through a combination of efforts both on-site at the AIC and in the community. DHS staff work in collaboration with AIC staff. Time Limited Reunification and Reunification programs will be provided through Lutheran Children and Family Services, Tabor Services, and Jewish Children and Family Services.

Outcome 2: 90% of new AIC enrollees will complete Life Skills Housing (LSH) workshops.

- **Why the outcome was selected:** Mastery of life skills form the foundation for a successful transition from care to independence. Completion of the AIC's full LSH series is critical to ensuring that youth attain the skills they will need to live independently.
- **Updated data information:** At the end of FY12, 258 youth completed the entire series of LSH workshops. This represents 86% of the goal, an improvement over last year's baseline data of 72%.
- **The source of the data and the collection process or method:** The AIC Report, May 2012 and using sources of data stemming from the DHS database for the AIC; workshop attendance reports; and the AIC database.

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- **An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA:** The plan to improve LSH workshop attendance includes:
 - Increased outreach efforts targeting youth who have begun but not yet finished workshop series.
 - Consistent updating of member contact information, which changes often, to support outreach efforts.
 - Communication between instructors, AIC Coaches, DHS Workers and Providers regarding missed workshops to improve team efforts to reschedule youth and increase attendance.
 - Increased focus on youth newly enrolled from age 14 at the Center to participate and complete core workshops, including LSH, within the first three months of membership.
 - Youth 14 and 15 years of age will be in a separate cohort from older AIC attendees.
 - Increased advertisement of incentives related to workshop completion.
 - Make LSH more youth-centered.
 - Use nationally researched curricula to provide life skill training for youth.

Outcome 3: Reduce trauma-based social behaviors that act as barriers to successful transition to independence for dependent and delinquent youth.

- **Why the outcome was selected:** This outcome was selected to promote successful transition out of care. This approach will reduce trauma based issues that jeopardize successful transition to independence.
- The populations to be served are the youth in dependent and delinquent placements from the age of 14 up to 21. As of the end of FY12, there were a total of 2661 youth in this population.
- **The source of the data and the collection process or method:** See prior data. In this fiscal year DHS intends to collect the outcomes of Time Limited Reunification Services, Support Groups, and Boys Track to support their outcomes.
- **An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA:** Bio psycho-social groups will be implemented to address the issues that dependent and delinquent youth experience related to placement. The use of intensive group services allows youth to engage in dialogue with other youth with similar experiences and develop social relationships and social connectedness in a safe environment. This will be an effort of the DHS and non-DHS AIC Staff, Time Limited Reunification and Reunification programs through Lutheran Children and Family Services, Tabor Services, and Jewish Children and Family Services, and through strategically planned outreach utilizing direct contact with Social Work Services Managers, data bases, and teaming. Services will be provided on-site at the AIC and throughout the community.

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IL Services Narrative

- **If the agency is requesting an increase of funds for FY 2013-14, clearly explain and justify the increased costs.**

n/a

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

As of July 2012, there were 1249 youth age 16 to age 21 and 299 dependent youth between the ages of 14 and 15 years old. In addition, there are 1113 delinquent youth between the ages of 14 to 21 in placement (Department of Human Services COGNOS, 2012).

The AIC serves both current and former foster youth until the age of 21. At the end of FY12, 1334 youth received case management and counseling services at the AIC (approximately 70% of those youth are currently in care and 30% of youth were discharged).

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

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

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

Life Skills instruction is a vital component of services at the AIC and required of all Providers serving the county's older youth population. At the end of FY12, 1009 youth received life skills training through the AIC, 112% of the FY12 goal of 900. (AIC Fourth Quarter Year End Report, 2012). Life skills are a set of competencies that youth leaving foster care need in order to make a successful transition to independence and the foundation for all the services and activities provided by the Independent Living Services Unit at the Department and the AIC.

At the AIC, the primary life skills training component, "LSH Journals and Fundamentals," is provided by AIC staff. This will be increased from a 20-hour curriculum to a 24-hour curriculum. It includes group-based workshops, individual lessons and a final assessment to measure the transfer of learning. AIC staff will monitor member participation in and completion of the series. Workshop topics include money management, financial decision-making skills, savings, taxes, banking and credit, budgeting and spending plans, consumer

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

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

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

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

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

Family Finding and Family Group Decision Making is provided to the youth at the AIC.

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

Education is critical to a youth’s success and ability to live independently. The AIC provides programs to assist youth in remaining and succeeding in high school, attaining a GED, and enrolling in post-secondary institutions. At the close of FY 12, the education status of active AIC members was as follows:

- 424 High School Attendees.
- 20 2-Year College Attendees.
- 40 4-Year College Attendees.
- 19 Post Secondary Technical/Trade School Attendees.
- Five members’ attendance not yet confirmed at Technical or Trade School Programs.
- Four Career Training Program Attendees.

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- One member's attendance not yet confirmed at Career Training Program.
- 13 GED Program Attendees.
- One Twilight School Attendee.
- 80 Not in school (no diploma or GED).
- 108 Not in school (high school graduates).
- Four graduates from Technical School during FY12.
- 35 Unknown education status.
- 126 High School Graduates.
- Six GED Recipients.
- Zero 2-Year College Graduates.
- Zero 4-Year College Graduates.
- Six Post-Secondary Training Programs, Trade, and Technical School Graduates.

Additionally, as of July 17, 2012, 150 of the 196 eligible seniors graduated high school or obtained a GED, a graduation rate of 77%, of which 100 were scheduled to attend a post-secondary education or training program in the fall of 2012 (51%).

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

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

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

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

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

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

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

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

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

The total amount planned for stipends is \$100,000.00. The amount includes incentives for completion of workshops and programs as well as needs-based funds to eliminate barriers to independent living, such as, school fees, tools and uniforms for work, and security deposits.

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

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

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

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

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

Youth with more stable housing options have increased success at independence than those in unstable or overcrowded living situations including living with strangers, family and friends suffering from addiction, abandoned properties, and the streets. Members who are out of care and homeless or near homelessness are assessed for supportive needs and referred to a Transitional Housing Program (THP) that houses eligible AIC members in apartments or group living situations throughout the City. The goals of the THP are to help young adults obtain and remain in permanent housing; increase their skills, education, and income; and achieve self-determination. Youth must meet HUD threshold requirements to participate in THPs. THPs provide financial support in the form of rent subsidies for 3 to 24 months. The following THP programs are utilized:

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

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

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

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

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

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

- ❑ **Identify and justify all planned purchases for equipment or assets for use by the agency during FY 2012-13 and FY 2013-14. Prepare this information separately for each year. Include a statement whether the purchase costs are included in the appropriate budget**

During FY13, the database at the AIC will be upgraded. Upgrades include the ability to incorporate youth centered planning, tracking activities, and monitoring progress of youth at the AIC from age 14 on up. The new database will provide the ability to generate essential and effective youth centered plans for youth in relation to IL Skills including meeting the targets established in the Ansell-Casey assessment tool and for NYTD reports. The database will also serve as a tool to assess outcomes, quality assurance of services provided, and assure accountability to the staff and the youth.

Additional computer equipment will also be purchased to replace existing outdated equipment.

The AIC lease expires in June 2013 and will require that the Center move to another location. (This is stemming from an extension agreed upon by the landlord. The landlord has indicated that he may want the existing space for other purposes.) Relocation and moving costs are included in the budget. The Department is working with public property to identify a new location.

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4-2c. Information Technology

- Submit a detailed description of the county's current Information Technology Plan. The description should provide answers to the following questions and should include what the county is doing in FY 2012-2013 and planning for FY 2013-2014.
 1. Does the county currently have an automated case management system that is sustainable?
 - a. If yes, describe the system and its functionality.
 - b. If no, describe how the county plans to transfer an already existing case management system from another county.
 2. How does the county's current system or transfer system align with the goals of the Statewide Child Welfare Information System Strategic Plan (Statewide Plan)?
 - a. Interoperability – The system uses technology that is web-based and allows the efficient and secure exchange of information with other systems or components.
 - b. Real-Time Information – The system is accessible to all Workers, allows the direct input of real time information and will be capable of exchanging real time information with a statewide database. Information is not first tracked on paper and then entered into the system by data entry staff.
 - c. Standardized Data – the system accurately collects and reports data associated with federal and state reporting, such as AFCARS; and can be enhanced to exchange data with a statewide database using a standard data schema.
 - d. Case Management System – the system is a true case management system that is used by all caseworkers and supervisors to manage day to day caseload activities. The system adequately supports the following functional areas: Case Management (Intake/Investigation, In-Home Services, Placement Services, Adoption, etc.); Eligibility; and Resource/Provider Management.
 - e. The system is compliant with DPW and/or Commonwealth Enterprise Standards and the system software code is public domain.
 3. How does the county's current system or transfer system support other critical business areas such as Financial Management and Administrative Functions?
 4. How does the county's current system or transfer system support the evaluation of child welfare outcomes in the areas of child safety, permanency and well-being?
 5. How does the county plan support the reuse of existing IT assets?
- If the county is requesting funding for ongoing or new development in their FY 2013-2014 ITG, the county must provide the following information:
 1. Business Need - describe the business need for the ongoing or new development;
 2. High Level Requirements – provide a description of the high level business and technical requirements;
 3. Project Cost Proposal – provide the total costs for the development as well as the total estimated project costs if the development is part of a larger project; and Cost/Benefit Analysis – provide a cost/benefit analysis that demonstrates the ongoing or new development provides a better return on investment than transfer of an already existing system or component.

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Overview

Currently DHS Users work within multiple systems to perform various business functions; however, all automated case management functions are performed in the web-based FACTS² and legacy mainframe FACTS systems. External Providers utilize a web-based Provider Portal, P-Web, to perform various case related functions.

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

- Internal DHS Users
 - FACTS – Legacy Mainframe System - used for Case Assignment, Placements, JJS, and Fiscal related functions
 - Connected Interfaces – Visitation Tracking System, Intake Statistical System, Auto-FSP, Adoption System
 - FACTS² – Web Based System – used for Hotline, Investigation, and Intake related functions
 - Electronic Case Management System (ECMS) (within FACTS²) – used for Case Management functions

- External Provider Users
 - P-Web – Web Based Provider Portal – used to access the following Web Based Applications:
 - Visitation Tracking
 - IHPS Case Management
 - Ages and Stages
 - Family Group Decision Making
 - RSRI
 - P-DRIVE
 - NYTD

Case Management Systems

FACTS² is the system primarily used for case management by DHS Workers. The Department is continuing with the development of FACTS² which is meant to replace the mainframe Legacy FACTS system. FACTS² currently encompasses all case activity at the Hotline level, with automated assignment to Supervisors including email notification of reports accepted for investigation and assessment. FACTS² also now supports automatic filing of Police Reports directly to the Special Victims unit for those cases requiring them. This system is an interoperable, real-time, standardized case management system which has been complimented with the continued development of the ECMS within its current application and database structure. Thus far, FACTS² has been further developed to include the following case management components:

FACTS² Overview of Business Area

| DHS Business Area | Project Solutions |
|--------------------------------------|---|
| Multiple Areas, non-web Applications | <ul style="list-style-type: none"> • Notification system to be used in various areas. • Notification content and destinations to be determined by the system, not available for free form "chats." <ul style="list-style-type: none"> ◦ Search tools available to all users. <ul style="list-style-type: none"> ▪ Generic Case Search. ▪ Party Search. |

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| DHS Business Area | Project Solutions |
|---|---|
| | <ul style="list-style-type: none"> ▪ Work Product Search. <ul style="list-style-type: none"> ◦ User interaction available from search screens, based upon the user's system privilege. |
| Social Work Services Managers | <ul style="list-style-type: none"> • Email Notification for work product status changes and assignments. |
| Client Reception Area | <ul style="list-style-type: none"> • Managing visitors (add, update). • Search For existing parties. • Link visit purpose and visitor with case. • Notifying proper Social Work Services Manager |
| Screening (part of Front End Hotline group) | <ul style="list-style-type: none"> • Reviewing information about visitor. • Update visitor meeting status. • Research visitor and related parties against existing data. • Track and document phone calls. • Update Case Progress Notes. |
| Hotline Call Management | <ul style="list-style-type: none"> • Track calls by category, date, and time. • Update Case Progress Notes. |
| ICPC (Special Services/ Interstate Compact) | <ul style="list-style-type: none"> • Define a Contact Event as Interstate Compact • Assign Report and Investigation to ICPC Worker or FSR Worker. |
| Liaison/I and R (Special Services) | <ul style="list-style-type: none"> • Track calls by category, date and time. • Ability to Track and Manage HIP Referrals. • Update Case. |
| Printed Report Generation | <ul style="list-style-type: none"> • Printer friendly Front End Report Summary (Face Sheet). |
| Printed Police Report | <ul style="list-style-type: none"> • Police report (by victim) which can be faxed or emailed (generated PDF or html) to police. • Not emailed directly from FACTS². |
| CAPTA (Hotline) | <ul style="list-style-type: none"> • Special Reports and family tracking dealing with infants born to addicted mothers. |
| Hotline (all report areas) | <ul style="list-style-type: none"> • Hotline Guided Decision Making. • Accurately assigns report response priority. • Police District listing- Identifies the police district in which a family resides. |
| Expedited Response (Hotline) | <ul style="list-style-type: none"> • Special reports and investigations focusing on vulnerable children 5 and under. |
| Queues and Work-on list | <ul style="list-style-type: none"> • Define shared work on areas. • Hotline Supervisor review for approval. • CYD Intake assignment. • Investigations assigned to Intake Supervisor based upon rotation schedule. • Each Case-Carrying user has his or her own "work on" list. • Users can view work product assigned to their peers, their subordinates, and their peers' subordinates. • Visual indicator for cases that have recent activity (new |

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

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| DHS Business Area | Project Solutions |
|---|---|
| All Social Work Services Managers and Clearance Users (and all other users with proper privilege) | <ul style="list-style-type: none"> • Clearance will be covered as part of each section to which it pertains. • Easy to use case search added for users with proper privilege. • Locate cases by parties, case name or assignments. • Party Search—Easily locate parties by demographic information. • Work Product Search- Locate work products (cases, investigations, reports) based on demographic information, assignment, or status. |
| Case Management | <ul style="list-style-type: none"> • Update most party demographics in FACTS². • Add attachments (photographs) to cases and case parties (in process). • Structured Progress Notes for In Home Safety. • Safety Assessment. • Referrals. • Universal Demographic Form. • Form Letters and Notifications. • Visitation Tracking. • Single Case Plan (in progress). • Risk Assessment (in progress). |
| Auditing | <ul style="list-style-type: none"> • Auditing tables track user activity. • Minimal administrative interface for reading data. |
| Synchronization | <ul style="list-style-type: none"> • System will synchronize data between FACTS² and Legacy FACTS. |
| Help Screens | <ul style="list-style-type: none"> • On-line Help |
| Security | <ul style="list-style-type: none"> • Robust security model of roles and permissions for management review. • Details of privileges not administrated by DHS user, will be managed by developers (database and application) for Initial release. |

The Provider community uses P-Web as its mechanism for reporting case related information to DHS. The Department continues to expand P-Web by developing additional applications to support Provider case management and communication with DHS. Currently, the following components have been developed and are available via P-Web:

P-Web Overview of Business Areas

| DHS Service | P-Web Solution |
|--------------------|--|
| Placement Services | <ul style="list-style-type: none"> • Provider Visitation <ul style="list-style-type: none"> ◦ Monthly structured case note for active clients. ◦ E-mail direct trough system to Chain of Command. ◦ Historical collection of notes. ◦ Provider Supervisor approval required. |

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| DHS Service | P-Web Solution |
|------------------|---|
| | <ul style="list-style-type: none"> • Provider Licensure <ul style="list-style-type: none"> ◦ Holds Certificates of Approval. ◦ Prompts for homes out of compliance or soon to be out of compliance. • National Youth in Transition Database <ul style="list-style-type: none"> ◦ MCI# and pass codes for clients 17 years and older. ◦ Child specific education, independence, and life skills questions for clients 14-17. |
| In-Home Services | <ul style="list-style-type: none"> • IHPS/FSS (In-Home Protective Services/Family Stabilization Services) <ul style="list-style-type: none"> ◦ Case Management including: <ul style="list-style-type: none"> ▪ Case assignment. ▪ Household. ▪ Case planning. ▪ Weekly progress notes. ▪ Collateral contacts. ▪ Case summary (midpoint/closing). ▪ Court Sheets. ▪ Service Plans (FSS). ▪ Act 33 review questionnaire. ▪ Safety alerts. ▪ Case Supervisory Notes. ◦ E-mail direct through system to chain of command. ◦ Standardized forms. ◦ Historical collection of notes. ◦ Provider Supervisor approval required. |
| All Services | <ul style="list-style-type: none"> • Ages and Stages Questionnaire (ASQ) <ul style="list-style-type: none"> ◦ Records developmental milestones based on age specific assessments. ◦ Self Calculating. ◦ E-mail direct through system to chain of command. ◦ Historical collection of assessments. ◦ For Clients ages 4 months to 60 months. • Basic Health Information Form <ul style="list-style-type: none"> ◦ Records Health Care Provider, diagnosis, and medication information. ◦ Historical collection of information. ◦ E-mail direct through system to chain of command. • Family Group Decision Making/Family Finding <ul style="list-style-type: none"> ◦ Case Management including: <ul style="list-style-type: none"> ▪ Referral. ▪ Processing Provider information. ▪ Contacts. ▪ Participating Family Member/Significant Others. ▪ Weekly Progress Notes. ▪ Service Summaries. ▪ Family Plans. ▪ DHS chain of command Information. |

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

Financial Management and Administration

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

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

Invoices are printed, payment records are generated, and the necessary updates are applied to the database. The State is responsible to reimburse DHS for foster care expenses for those children and youth whose families are determined to be eligible for Medical Assistance under "Title IV-E." Two invoices are generated for Title IV-E: Foster Care Reimbursement (PC-31) and Adoption Assistance (PC-32). The Federal

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government is responsible for TANF reimbursement. Determination of TANF eligibility is tracked for all children and youth for whom the Department is providing services. For those eligible, billing not covered by Title IV-E may be reimbursed through TANF, hence the blended process.

Reporting and Data Management

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

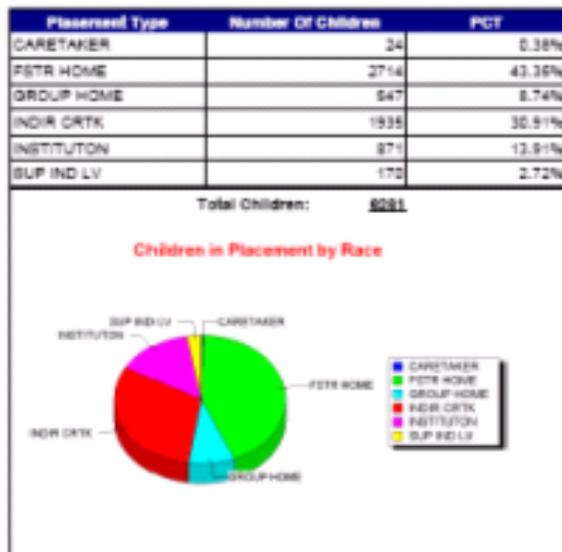
The DW is refreshed nightly. It offers the ability to develop specialized and sophisticated reports using the software-reporting tool known as COGNOS (as described later).

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

Through DHS' PMA division and Provider subsystem, P-Web, DHS is continuously working to collect and analyze data to review the performance of Providers, to assess and improve outcomes based on reports, and further analyze data based on various reports obtained from the DW and other subsystems.

The DW contains information from the FACTS and FACTS² systems. Its development is essential in delivering and improving access to relevant and accurate information. Its goal is to:

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



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

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

Security

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

Strategic Plans for DHS IT Application Development and Infrastructure

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

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

Currently, Providers are using P-Web to interface with DHS regarding children and youth assigned to their agencies. P-Web currently uses the Data Warehouse Schema within Oracle as its data source; FACTS² also uses Oracle. Beginning early 2013, select CUA's will assume case management responsibilities for the children in their care and DHS Workers will begin to take on monitoring and oversight roles for cases while continuing to perform all hotline, intake, and investigations responsibilities. DHS currently uses FACTS, FACTS², and P-drive for all investigation, placement, and financial processing. DHS Workers are currently using ECMS components that have been released (i.e. Structured Progress Notes, Safety Assessment, Universal Form, and referrals, and form letters).

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

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Future Projects in Support of IOC

- **Continue FACTS² and ECMS Development**
 - In Progress Components for August and September 2012:
 - Intake Statistical System (ISS) – move from FACTS to ECMS.
 - Visitation Tracking System (VTS) – move from FACTS to ECMS.
 - Supervisory Log – move from Lotus Notes to ECMS.
 - For Completion by December 2012:
 - Single Case Plan – replacing Auto-FSP and other plans for IOC.
 - Risk Assessment.
 - For Completion September 2012 thru July 2013:
 - Move remaining case management functionality from FACTS to FACTS² as part of **Legacy FACTS Elimination Project including:**
 - Case Assignment.
 - Case Transfer.
 - Determination.

- **Continue P-Web Development**
 - In Progress for July 2012:
 - FGDM.
 - RSRI.
 - Provider Visitation Tracking Enhancements (including Sibling Visitation).
 - For Completion by December 2012:
 - Provider Hierarchy.
 - Single Sign-On for Providers to Access FACTS²/ECMS.

- **Move towards Single Case Management System**
 - Expand Security and Permissions based on Provider/DHS Users and Roles – January 2013 – October 2013.
 - Centralize Case Management Data – March 2013.
 - Connect and Fully Integrate P-Web and FACTS²/ECMS – December 2013.
 - Redesign look and feel to be consistent – March 2014.
 - Develop a Single Case View Portal Page for all users where view and accessible functionality are controlled by permissions at log-in – March 2014.

- **Sub-Systems and Lotus Notes Application Conversions - March 2014**
 - Convert from existing application platform (e.g. ADABAS, VB6, Lotus Notes, MS Access) to .NET platform.
 - Where appropriate integrate data with FACTS² or develop stand alone applications using back-end Oracle Database.

- **Complete CBPS System Reengineering - July 2014**
 - Convert data from SQL Server database to FACTS² Oracle Database or Perform web services to send data back and forth.
 - Provide seamless Provider single login.
 - Review, develop, and enhance user security module.
 - Mechanism for assigning case numbers during reports and investigation for prevention services.

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- **LAN (Networking, Servers, Security) Projects**
 - Mobile Workforce Solutions (Laptops, Blackberry, Mobile Hotspot).
 - Centralized Database.
 - Web Farming.

Business Need/Initiative: Statewide Child Tracking System

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

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

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

Project Costs*

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

| Vendor | Total Contract Amount | Development Costs | Maintenance Costs |
|--|------------------------------|--------------------------|--------------------------|
| Cyber | \$515,000.00 | \$386,250.00 | \$128,750.00 |
| ESSI | \$2,100,000.00 | \$1,575,000.00 | \$525,000.00 |
| FNET | \$1,100,000.00 | \$660,000.00 | \$440,000.00 |
| MFR | \$360,000.00 | \$360,000.00 | \$0.00 |
| MODIS | \$620,000.00 | \$496,000.00 | \$124,000.00 |
| Precept | \$280,000.00 | \$224,000.00 | \$56,000.00 |
| Additional IOC Support** | \$564,000.00 | \$451,200.00 | \$112,800.00 |
| Mobile Workforce (Exchange and BES servers, software, and licenses)** | \$775,000.00 | \$620,000.00 | \$155,000.00 |
| Total | \$6,314,000.00 | \$4,772,450.00 | \$1,541,550.00 |

**Note: Last year, the Department reported an anticipated decrease in costs; however, with the new initiatives for FY13-14 there is the need for more project resources and development work.*

****Additional Project Costs**

The IOC initiative has further heightened the need for a single case management system which may result in needing to bring on additional project-based resources to work solely on the development of the Single Case Management system, to the exclusion of any other projects. The anticipated cost for this project would be \$564,000. This is based on full-time, dedicated resources, over a span of 40 weeks and would include all tasks related to the Solution/Software Development Life Cycle (SDLC) utilized by DHS IT.

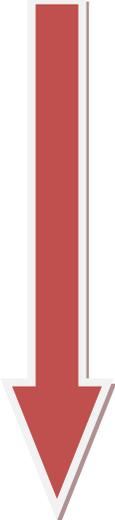
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Also, the mobile workforce project may require DHS to assume responsibility for owning, implementing, and managing its own Exchange and BES servers. Based on the hardware, software, and licenses needed to support users, the anticipated cost would be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

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4.2f Legal Representation Costs

- Please provide the costs, and current source of funding, to the county for the past three fiscal years related to the provision of Legal Representation Costs for Juveniles in Delinquent Proceedings. Please provide the costs, and current source of funding, to the county for the past three fiscal years related to the provision of Legal Representation Costs for Parents in Dependency Proceedings.

| | <u>FY10</u> | <u>FY11</u> | <u>FY12</u> | <u>TOTAL</u> | <u>Funding Source</u> |
|---|---------------------|---------------------|---------------------|---------------------|--|
| Defender Association of Philadelphia | | | | | |
| Child Advocacy Unit | \$4,700,591 | \$4,175,530 | \$4,344,241 | \$13,220,362 | State Act 148 and Local Share |
| Juvenile Special Defense Unit | \$1,039,417 | \$1,067,451 | \$1,099,744 | \$ 3,206,612 | |
| Juvenile Unit | \$3,030,607 | \$3,100,067 | \$3,105,411 | \$ 9,236,085 | |
| TOTAL | \$8,770,615 | \$8,343,048 | \$8,549,396 | \$25,663,059 | |
| First Judicial District of Pennsylvania | | | | | |
| Dependency Children | \$ 789,934 | \$1,894,029 | \$ 681,006 | \$ 3,364,969 |  |
| Dependency Parent/Guardian | \$2,335,409 | \$ 663,656 | 0 | \$ 2,999,065 | |
| Delinquency | \$1,029,396 | \$ 826,934 | \$2,651,843 | \$ 4,508,173 | |
| TOTAL | \$4,154,739 | \$3,384,619 | \$3,332,849 | \$10,872,207 | |
| GRAND TOTAL | \$12,925,354 | \$11,727,667 | \$11,882,245 | \$36,535,266 | |