

Initial Design and Implementation Report County Information Template

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

Name of County: Philadelphia

Introduction/Overview:

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

Expected Short and Long-Term Outcomes:

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

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

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

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

1. More children and youth maintained safely in their own homes and communities
 - a. Fewer children and youth experiencing repeat maltreatment in 1 year
 - b. Fewer children and youth entering out of home care inappropriately
 - c. Fewer reentries within 1 year following exit to permanency
2. More children and youth achieving timely reunification or other permanence
 - a. More children and youth achieving permanency (reunification) with 1 year
 - b. More children and youth achieving permanency (adoption, PLC) within 2 years
 - c. Reduction in non-permanency outcomes for youth
 - d. Reduction in length of stay
3. A reduction in the use of congregate care
4. Improved child, youth and family functioning
 - a. Increase placement stability
 - b. More children and youth placed in their own community
 - c. More siblings kept together while in placement
 - d. Increased child and family functioning (as measured by FAST and CANS tools)

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

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

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

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

In addition to the quantitative scores, the qualitative case stories revealed a limited assessment of family functioning when family members and cross-systems professionals were not effectively engaged in a working team. Often, these limited assessments focused on behavioral symptoms, rather than

underlying issues, which were most often related to unaddressed past trauma. Bai, Wells, & Hillemeier (2009)³ found that stronger relationships between child welfare agencies and behavioral health professionals were associated with increased service use as well as improved behavioral health outcomes. Therefore, as part of the demonstration project, behavioral health partners will be invited to all FTCs. Additionally, DHS is partnering with Philadelphia's Department of Behavioral Health and their managed care organization, Community Behavioral Health, to modify and use a version of the CANS that includes a domain to assess trauma. This improved cross-systems teaming is expected to positively impact which interventions are chosen to accurately target underlying trauma-related issues contributing to presenting behavioral concerns.

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

Section I: Target Population

Family Engagement

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

Other Engagement Strategies (if applicable):

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

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

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

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

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

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

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

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

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

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

Population of Clients/Families using FGDM/FTC

Throughout the five-year demonstration project, Philadelphia DHS will use both FGDM and FTC as strategies to engage families as it phases in the implementation of Improving Outcomes for Children (IOC) (see Appendix A for an overview of IOC). Therefore, during this time period, DHS will service families through its existing dual-case management structure, and it will also service families through its new single-case management system via a group of Community Umbrella Agencies (CUAs).

The FTC model will be used for all cases accepted for service and assigned to a CUA, and FGDM will continue to be used for all other existing cases not yet assigned to a CUA. For existing non-CUA cases, DHS workers will be required to make an FGDM referral for all cases accepted for service (e.g. at the point of referral for in-home services or at the point of initial placement), and referrals for FGDM will also be made at the point of any initial placement (e.g. when a child/youth with in-home services initially enters placement). DHS workers will continue to have the option of referring families for an FGDM any time there are active safety threats. Additionally, FGDM will be utilized in the later years of the demonstration project for children/youth who have received CUA services and FTC but have not

successfully achieved positive outcomes consistent with IOC in a timely manner. All families assigned to a CUA will participate in the FTC process, and four types of teaming conferences have been designed for specific purposes and at key intervals (see Appendix B):

- A Child Safety Conference will occur at the onset of each case to ensure that identified safety threats are mitigated in a way that best maintains family and community connections for children/youth. For placement cases, this Conference will occur within 72 hours and previous to the detention hearing.
- Family Support Conferences (for in-home cases) and Permanency Conferences (for placement cases) will occur within 20 days of the Child Safety Conference and every 3 months thereafter. These conferences are designed to develop and monitor family goals, objectives, and action steps necessary for safe, sustained case closure.
- Placement Stability Conferences are designed to promote placement stability and will occur when a child/youth experiences or anticipates a change in placement.

Rationale for the Population Involved

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

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

Table 1

Philadelphia Community Umbrella Agencies (CUA) by overall population, numbers of individuals below poverty, and numbers of youth⁴						
CUA	Total Population	% of Population	Poverty Determined	% Below Poverty	Total Population < 18 years	% of Population < 18 years
Unable to determine	50,254	3.3%	65,162	4.3%	10,636	3.1%
1	67,222	4.4%	77,765	48.3%	21,456	6.2%
2	115,655	7.6%	104,549	37.2%	32,053	9.3%
3	129,092	8.5%	125,366	20.4%	36,309	10.6%
4	284,781	18.7%	286,868	13.3%	63,156	18.4%
5	156,517	10.3%	161,503	27.1%	38,586	11.2%
6	142,104	9.3%	141,829	14.3%	27,470	8.0%
7	66,689	4.4%	64,944	48.3%	15,481	4.5%
8	251,348	16.5%	232,037	21.9%	38,970	11.3%
9	147,549	9.7%	139,142	29.3%	33,539	9.8%
10	114,795	7.5%	126,841	31.0%	26,181	7.6%
Total	1,526,006	100.0%	1,460,844	25.1%	343,837	100.0%

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

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

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

⁴ Census data retrieved from American Community Survey—Poverty Past 12 months, S10701_ACS, using American Fact Finder 2. Population Totals by CUA Zones were created using ARCMAP 10 by joining Philadelphia Police District shapfile centerline files with Census Tracts. Not all Census Tracts fit within Police District

Assessment

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

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

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

FAST

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

CANS

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

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

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

1. The assigned county worker submits an electronic referral to the screening unit within DHS' Central Referral Unit (CRU) in order to identify an appropriate placement. The CRU also receives any relevant information from Philadelphia's managed care organization, Community Behavioral Health.
2. The CRU screening unit determines if general level foster care is appropriate for the child/youth or if a higher level of care may be needed.
3. If a higher level of care may be needed, the CRU screener refers the child/youth for a CANS assessment.

4. The CANS assessment is usually completed based on a case file review by an outside contracted provider who then makes a recommendation for a level of care. The provider administering the CANS interviews children/youth residing in short-term facilities (e.g. shelters, detention centers, hospital settings).

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

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

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

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

Population of clients/families using the FAST/CANS:

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

Rationale for the Population Involved:

Nearly a decade ago, Philadelphia was one of the first jurisdictions to implement the CANS assessment in an effort to standardize the decision-making process for levels of care and to increase the number of children/youth placed in family based settings. At that time, Philadelphia chose to invest in a third-party provider to administer the CANS in order to increase the consistency by which the assessments were completed. The CANS has proven to be a useful and informative assessment tool, and Philadelphia plans to use the demonstration project as a means to expand its utility and redefine its purpose.

As part of the demonstration project, Philadelphia plans to use the FAST and CANS tools as a means to triage cases for further assessment, measure well-being for all families accepted for service, inform case planning, and determine the level of service intensity necessary to meet identified needs. In order to expand the usage of the CANS to accomplish these goals, significant changes to the FAST and CANS tools and processes are necessary. Although there have been benefits to having a third-party administer the CANS prior to the demonstration project, it is cost-prohibitive to expand these assessments to a wide range of children/youth and families unless the assessments are completed by the provider agencies and CUAs. This movement away from third-party specialists is consistent with the direction the CANS process has gone over the last ten years, and it is increasingly more common, and even preferred, for those closest to the work to administer the tool. Therefore, as part of the demonstration project, CUA case managers will administer the FAST and CANS assessments (as needed) to all of the families they are servicing. Likewise, DHS foster care and in-home service providers will administer the FAST and CANS assessments (as needed) to all of the families they are servicing in the existing dual case management structure.

As mentioned above, there are many benefits to the proposed use of the FAST and CANS tools after the demonstration project. Direct providers, who will be administering the assessments, have a wealth of knowledge related to the functioning of the family, and this knowledge may yield richer assessments. Additionally, as the direct providers complete the tools, they will be able to better tie the identified needs and strengths directly to the development of the family's single case plan. By completing a standardized assessment for all families, Philadelphia will also be able to obtain baseline well-being data related to all children/youth and caregivers accepted for service. Finally, Philadelphia plans to use the CANS to inform the level of service intensity necessary to address the needs identified on the assessment, and a domain to assess trauma has been added. Thresholds will be developed to inform which sorts of interventions and how much intervention is necessary for a family to be successful. DHS is partnering with DBH and CBH in this CANS revision process, and the revised tool will be used to assess youth in higher levels of care to determine if appropriate levels of service intensity can be provided in more family based settings. This cohesive process of engaging families in order to better assess their strengths and needs, which then informs the types of interventions utilized, is consistent with Pennsylvania's theory of change.

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

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

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

ten CUAs will be fully implemented. In other words, by year five of the demonstration project, all families receiving child welfare services in Philadelphia will receive the FAST and CANS assessments (as appropriate) administered by a CUA case manager.

Section II: Demonstration Project Components

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

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

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

- **The demonstration project component(s) and associated interventions planned for each target population:**
For the purpose of Pennsylvania's demonstration project, and to be consistent with the other four counties, Philadelphia has chosen to focus on the following components/interventions:
 - Engagement
 - Family Group Decision Making (FGDM) consistent with the training provided by the Pennsylvania Child Welfare Resource Center
 - Family Team Conferencing (FTC) supported by the Annie E Casey Foundation
 - Assessment
 - Family Advocacy & Support Tool (FAST)
 - Child and Adolescent Needs and Strengths (CANS)
- **Who will receive demonstration programs and services**
 - FGDM: All families not receiving CUA services (and some of the families receiving CUA services for whom FTC did not achieve positive outcomes consistent with IOC)
 - FTC: All families receiving CUA services
 - FAST: All children/youth (ages 5-18) and families receiving foster care, in-home, and CUA services in Philadelphia
 - CANS: All children/youth (ages 5-18) and families receiving foster care, in-home, and CUA services in Philadelphia who have received a FAST indicating a need for further assessment
- **How the demonstration's components and associated interventions will address the various needs of the target population(s):**
In summary, Philadelphia will use Improving Outcomes for Children (IOC) to strengthen family engagement strategies (i.e. FGDM and FTC), which will lead to fuller and more accurate assessments (via the FAST and CANS tools) of families' underlying needs. These strategies will

inform the interventions, and their levels of intensity, provided to families in order to improve family functioning leading to sustained, safe case closure. Please see the introductory paragraphs as well as the previous section's rationale for a full description of how Philadelphia's proposed interventions are anticipated to address the needs of the target population.

- **Existing research and/or data linking this program component and associated intervention(s) to child welfare outcomes:**

The positive relationship between family engagement/assessment and improved outcomes is supported in the literature. Dawson & Berry (2002)⁵ provide strategies for engaging birth parents in child welfare systems, suggesting that quality engagement may be associated with stronger assessment and better case outcomes. A further study conducted by Pennell, Edwards, and Burford (2010)⁶ found that permanency outcomes significantly improved for children when families were engaged through a team meeting at the onset of their involvement with child protective services. Consistent with this literature, DHS' short and long-term outcomes connect the practice of family engagement and assessment strategies with the improved safety, permanency, and well-being outcomes. A more complete description of DHS' outcomes is located in the introductory portion of this template.

- **The role this component and associated intervention(s) will play in selecting specific interventions/program changes that will make up the Intervention component of the demonstration project (starting year 2):**

By strengthening the family engagement component of child welfare practice in Philadelphia, DHS hopes to obtain stronger assessments that contain more accurate and thorough information. By using the FAST to assess all families and the CANS to assess children/youth with greater needs, DHS will collect base-line data during year one of the demonstration project to better understand which interventions are needed for which groups of people. A database will capture information from all completed FAST and CANS assessments so that DHS can aggregately understand what needs are greatest among the children/youth and families it serves and how these needs may differ based on communities within the city. Once the needs are better understood, a gap analysis will be conducted to identify what interventions currently exist in the city and what interventions must be developed. Throughout this data collection process, DHS will also develop thresholds on the CANS tool that will inform which target population is most appropriate for which intervention.

- **Describe any program adaptations or development necessary to implement each program component for your county:**

There is development work underway to implement the strategies connected with Philadelphia's program components of engagement (FGDM/FTC) and assessment (FAST/CANS). FGDM has been in place in Philadelphia for over three years, and all current DHS workers are trained in this model. Philadelphia has a contract with a provider who facilitates all FGDM meetings, and the new interval policy for FGDM will be released shortly. FTC is a new practice that Philadelphia is implementing, and a new infrastructure is being created to support this

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

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

practice. This includes the posting, hiring, and training of internal DHS civil service staff to prepare and facilitate the actual conferences, and it also requires the CUAs to be operational. Philadelphia is on track with both of these tasks. Expanding the use of the FAST and CANS tools requires capacity building for foster care and in-home providers as well as training for the CUA case managers to administer the assessments. A database to track these assessments is in the process of being developed (see Philadelphia's Work Plan in Appendix F for further information).

Section III: Assessing Readiness

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

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

The mission of Philadelphia's Department of Human Services is to provide and promote safety, permanency and well-being for children and youth at risk of abuse, neglect, and delinquency. The vision of DHS is to become the nation's leading child welfare agency that employs caring, committed professionals who use innovative and collaborative practices to strengthen families and communities. At the core of the mission and vision statements is a belief that strengthening families and communities is key to the achievement of positive outcomes, and DHS' commitment to carrying out this mission and vision is evidenced by its current implementation of Improving Outcomes for Children (IOC).

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

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

One of the great strengths of Philadelphia's Improving Outcomes for Children (IOC) is its connection with community values, culture, and context. Under the IOC model, all direct case management services will be provided by a network of Community Umbrella Agencies (CUAs), which are agencies, collaborations, or affiliations of agencies that provide a continuum of services to children and youth at risk of abuse, neglect and delinquency. Services and agencies are located in a defined geographic area designed to meet that area's unique needs, and they

are accountable to the city and local community stakeholders. The CUA must provide services to people of various cultures, races, ethnic backgrounds, and spiritual beliefs in a manner that recognizes, values, affirms, and respects individuals and protects and preserves their dignity. CUAs are further committed to DHS' mission and practice principles of family engagement, assessment, teaming, planning, and intervention.

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

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

- **Leadership support**

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

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

- The expansion of FGDM for existing cases in Philadelphia's dual case management system will not require additional staff. The implementation of FTC will require the following staffed positions: DHS Conference Coordinators (10/CUA), DHS Practice Specialists (7/CUA), and CUA Case Managers (30/CUA). The DHS Conference Coordinators and CUA Case Managers are bachelor-level social work related positions,

and the DHS Practice Specialists are MSW-level positions. The newly created DHS positions were posted in the fall of 2012, and staff have been hired and trained to begin filling these positions. CUA one has trained their case managers to begin receiving in-home services in early 2013. Appendix E provides detailed information about the roles and responsibilities for each of these positions in the FTC process, and Appendix F contains Philadelphia's Work Plan with the timelines for training. The expansion of the FAST and CANS tools may require additional provider staff in the existing dual case management system, and provider contracts are in the process of being adjusted for FY '14 to fulfill this need. The usage of these tools for the CUA cases will require the hiring of CUA case managers, which is already in process.

- **Availability of technical and financial resources to implement the component**
There is \$964,400 allocated for the Child Welfare Demonstration Information Technology development for all required assessment, family engagement, evidence-based practices, and fiscal enhancements. Due to Philadelphia's Improving Outcomes for Children (IOC) Initiative, consultants must be hired to build and implement all necessary Information Technology applications and enhancements related to the demonstration project.
- **Availability and quality of linkages to and support from community organizations (if any)**
As DHS began to prepare for the implementation of IOC, which provides a framework for the demonstration project in Philadelphia, the IOC Steering Committee formed six workgroups which existed from April 2011 through June 2012. The six IOC Steering Committee workgroups were comprised of more than 150 representatives from all key stakeholders and community organizations (e.g. provider agencies, child and parent advocates, union leadership, etc.). DHS' Community Oversight Board has also provided invaluable input and is comprised of key child welfare experts and community representatives from varying disciplines. Members of the community have also been involved in the QSR process and have had the opportunity to share recommendations for overall system improvement. Additionally, DHS has held town hall meetings, submitted press releases, provided publically-broadcasted informational interviews, and engaged a wide variety of community stakeholders and organizations to build a model that supports family engagement and assessment practices.
- **Available training and technical assistance resource capacity**
Casey Family Programs secured the support of CANS expert John Lyons to aid Philadelphia and other counties in the expansion and redesign work of the FAST and CANS tools in order to improve the assessment process. Casey Family Programs also continues to provide on-going support for Philadelphia to improve family engagement strategies through the use of Strengthening Families (SF), which is a research-based, evidence-informed approach to practice central to the community based emphasis of IOC. SF uses community programs and parent cafes to enhance protective factors for children and families. Additionally, DHS signed an agreement with the Annie E. Casey Foundation to provide assessment and on-going support for the IOC implementation work, which includes technical assistance for the FTC model designed to promote family engagement practice. Finally, DHS has a strong and well-developed training department

called DHS University, which will provide (and has already provided) curriculum development and training necessary for the implementation of the demonstration project's components and interventions.

- **Comment on any current processes or elements of county functioning that require attention in order to align with the demonstration components to ensure success.**
Philadelphia is well-positioned to implement the demonstration components of engagement and assessment. The roll-out of IOC will be necessary to implement the FTC process, and CUA case managers and DHS staff will need to be trained to carry out their roles in this new family teaming model. This is already in process. Additionally, in-home service providers, foster care providers, and CUAs will need to build capacity and receive training to administer the CANS assessment to the children/youth and families they serve. This too is in process.
- **Comment on any implementation supports (e.g. infrastructure enhancements, policy changes) that need to be developed to execute this program component as intended.**
DHS presently uses FGDM and the CANS assessment process. However, changes in these policies will be needed regarding the target population and frequency of use, and capacity building will need to continue as the FAST and CANS tools are expanded to assess a wider range of children/youth and families in Philadelphia. New infrastructure enhancements, which are presently being implemented through the roll-out of IOC, will also be needed to implement FTC. Additionally, CUA case managers and DHS staff will need to be established, trained, and supported to implement this teaming model.

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

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

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

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

Please see Appendix F for Philadelphia's Work Plan.

Section V: Training and Technical Assistance Assessment

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

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

Section VI: Anticipated Barriers/Risk Management Strategies

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

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

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

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

Some of the additional key components of IOC include:

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

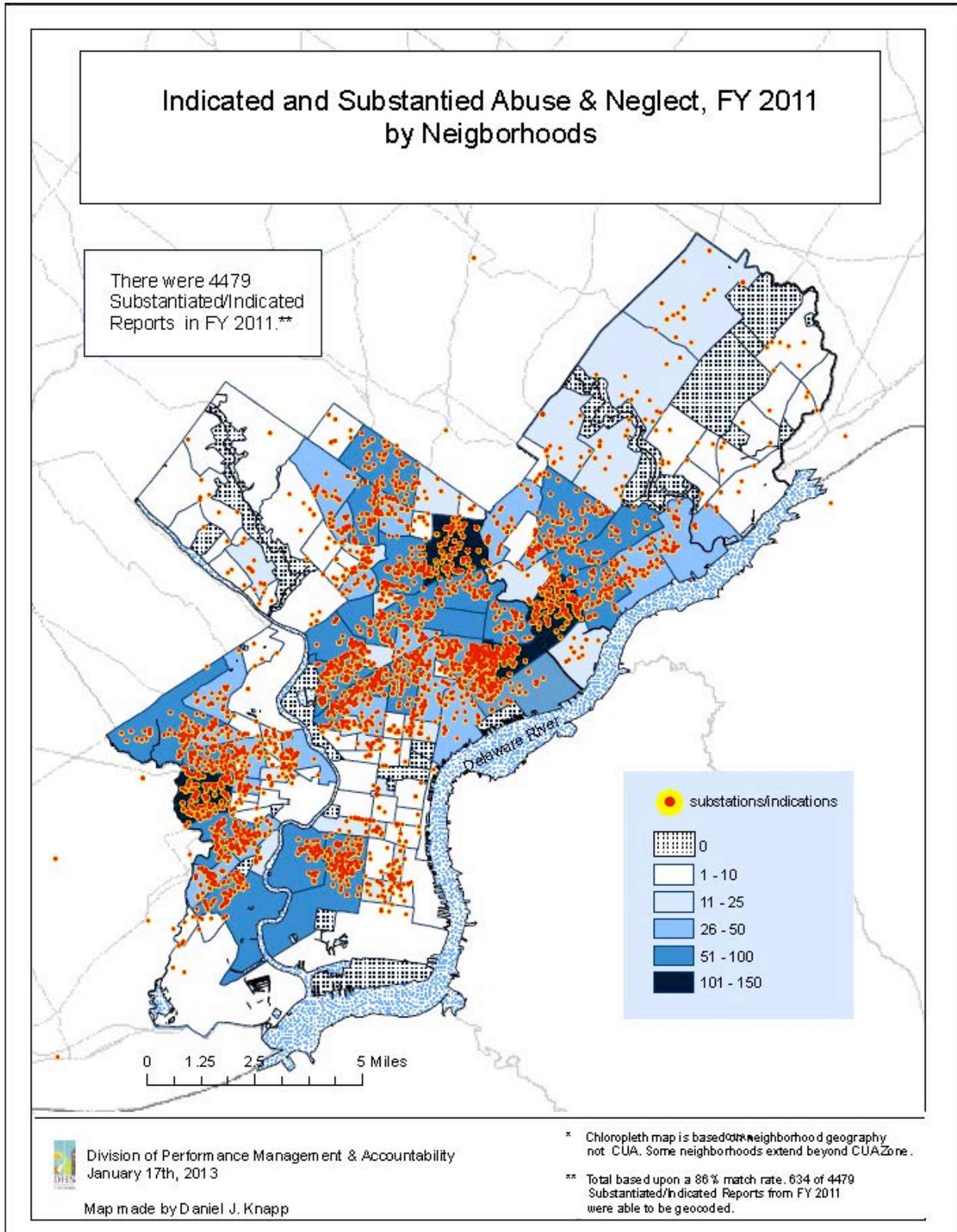
IOC builds on the belief that a community-neighborhood approach with clearly defined roles between county and provider staff will positively impact safety, permanency and well-being. Four primary outcomes for IOC include:

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

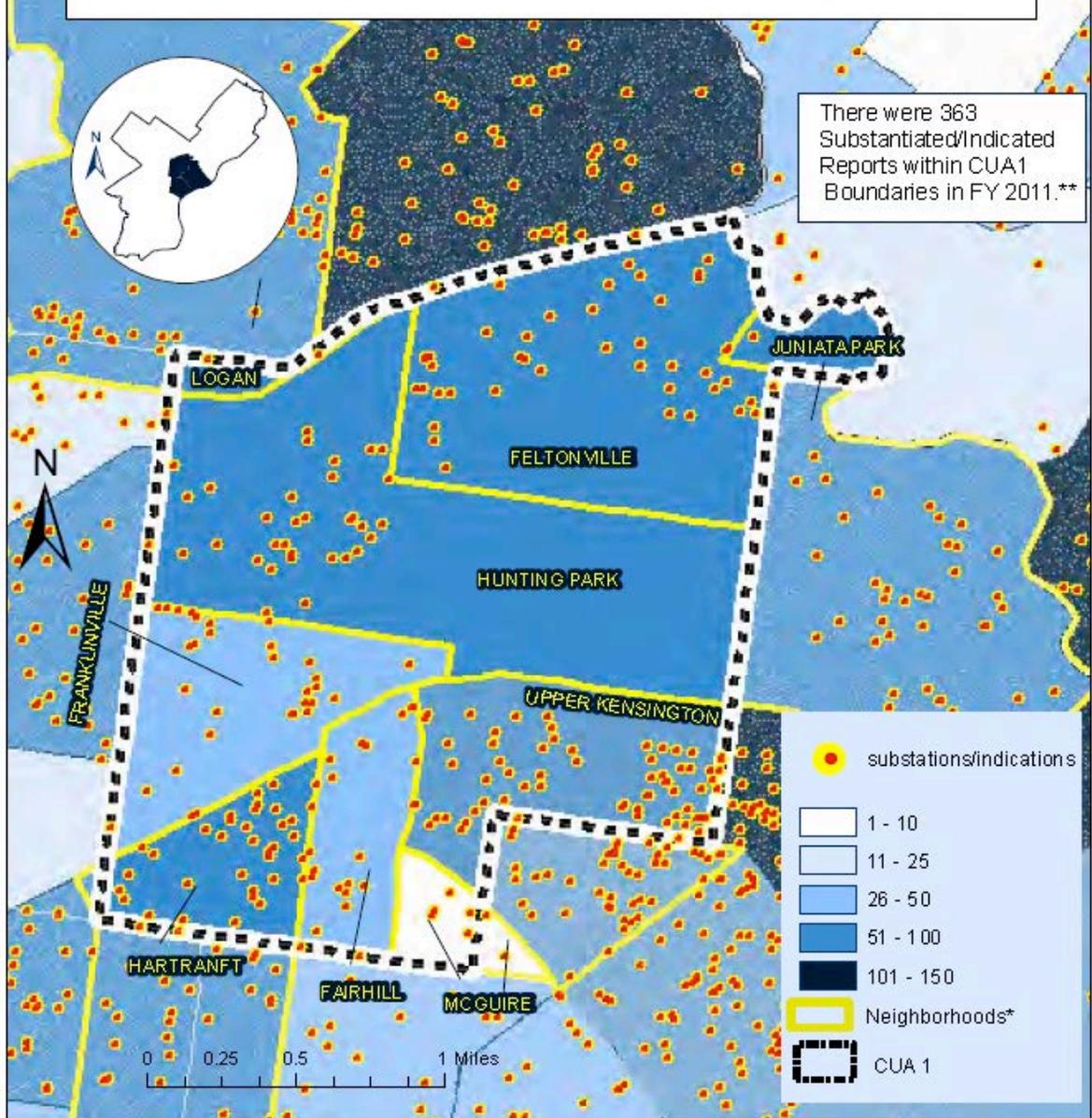
Appendix B: Population and Frequency of Project Components

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

Appendix C: Demographic CUA maps



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



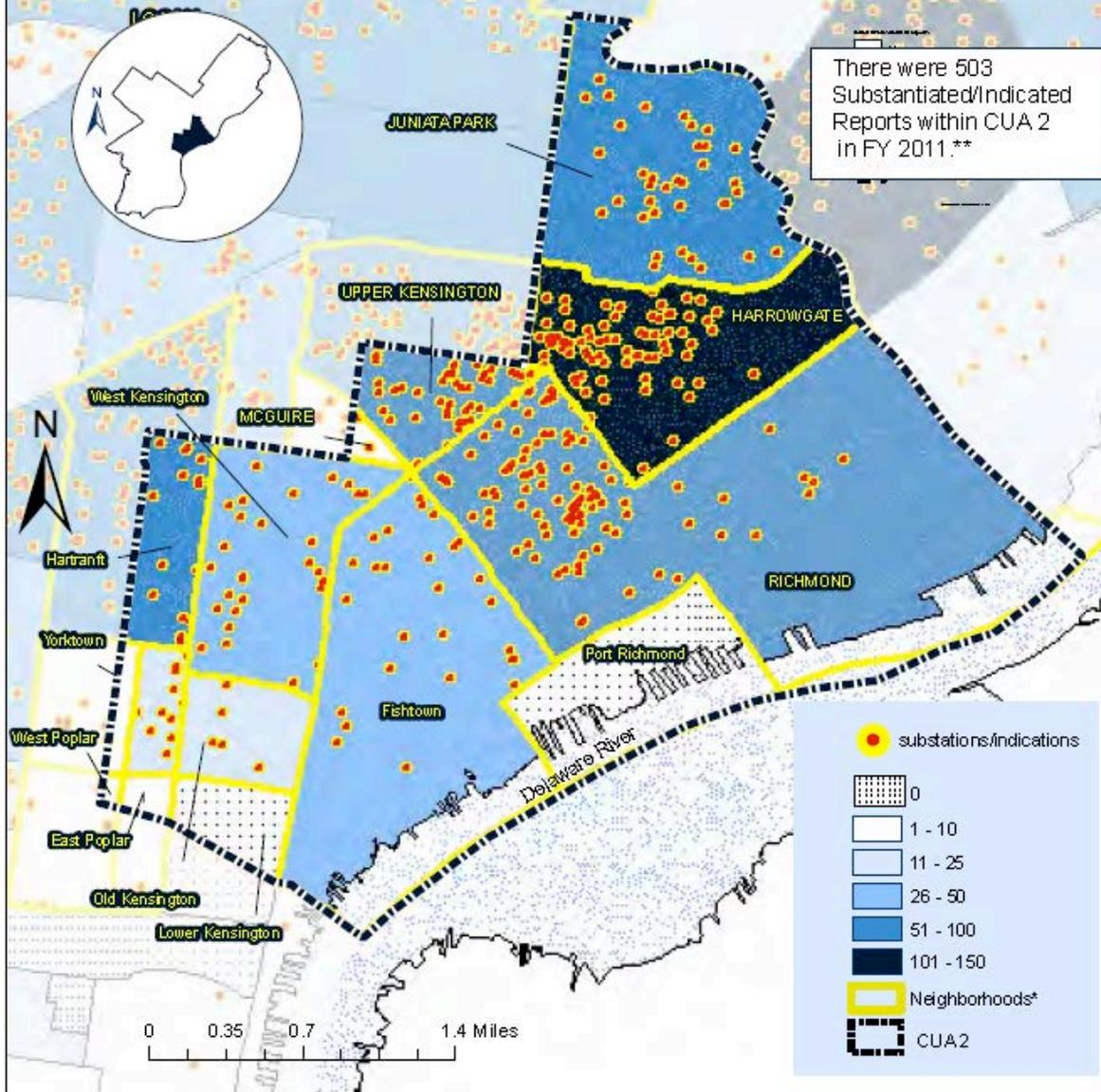
Division of Performance Management & Accountability
January 17th, 2013

Map made by Daniel J. Knapp

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

** Total based upon a 86% match rate. 834 of 4479 Substantiated/Indicated Reports from FY 2011 were able to be geocoded.

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

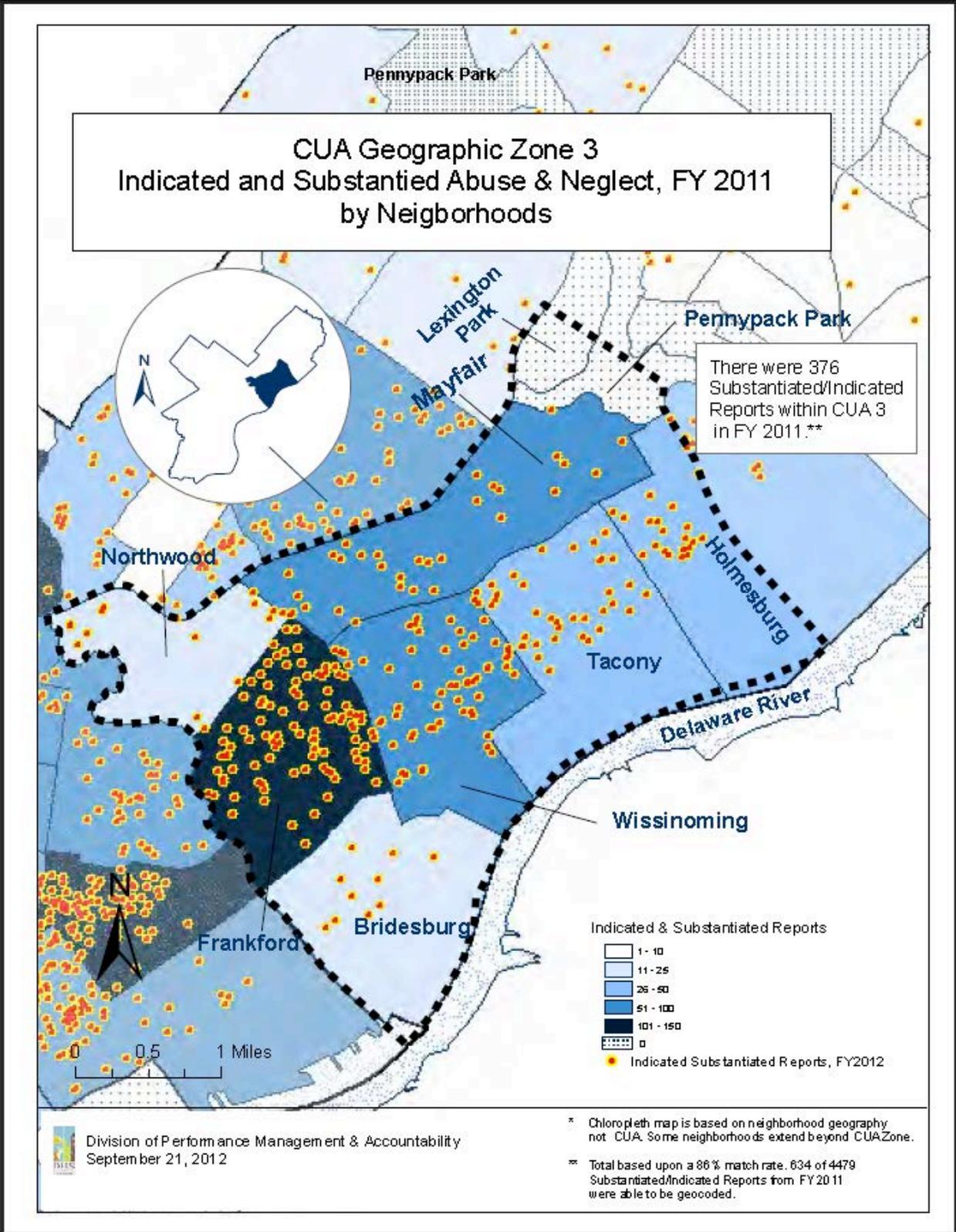


Division of Performance Management & Accountability
January 17th, 2013

Map made by Daniel J. Knapp

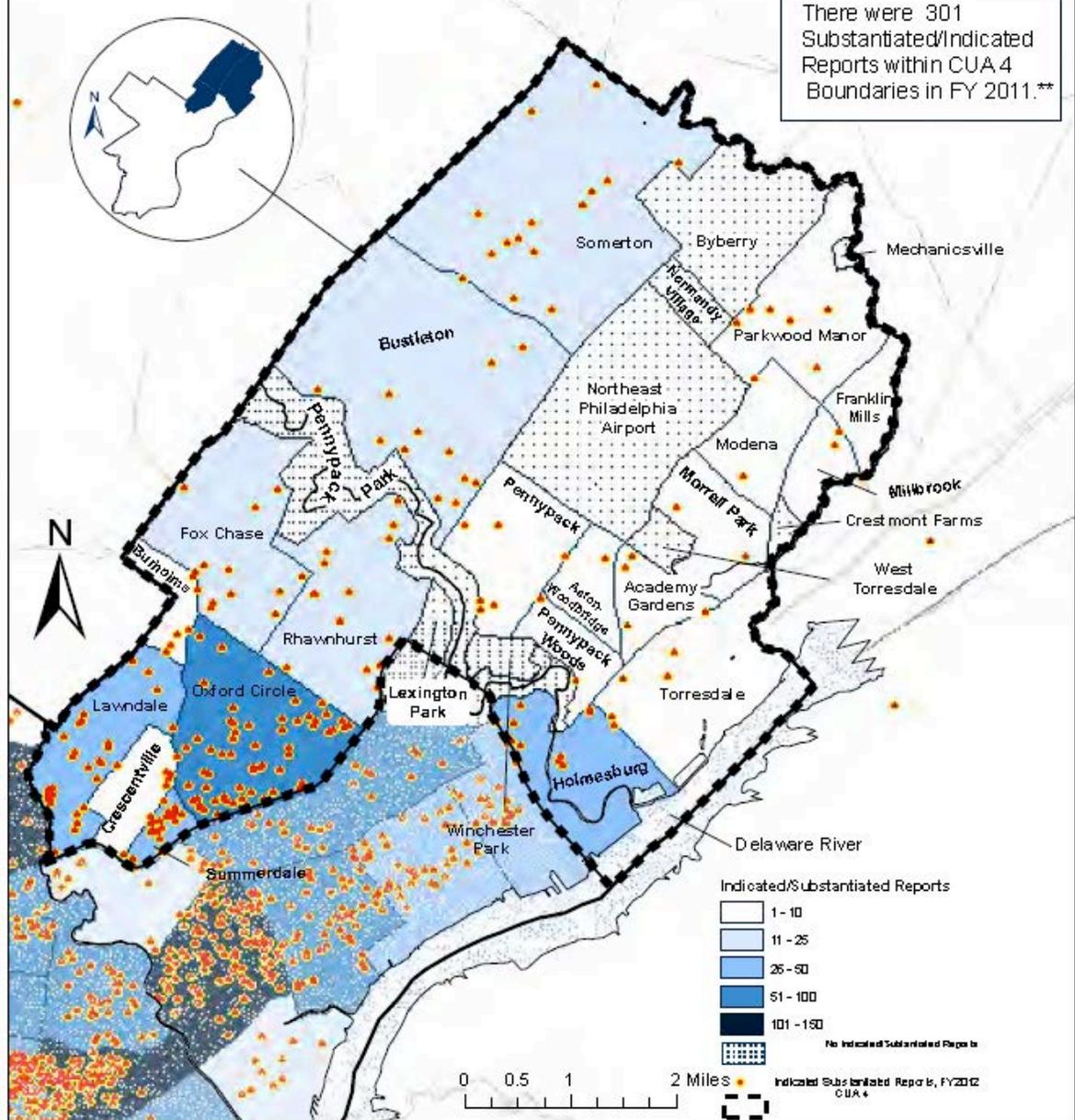
* Chloropleth map is based on neighborhood geography, not CUA. Some neighborhoods extend beyond CUA Zone.

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

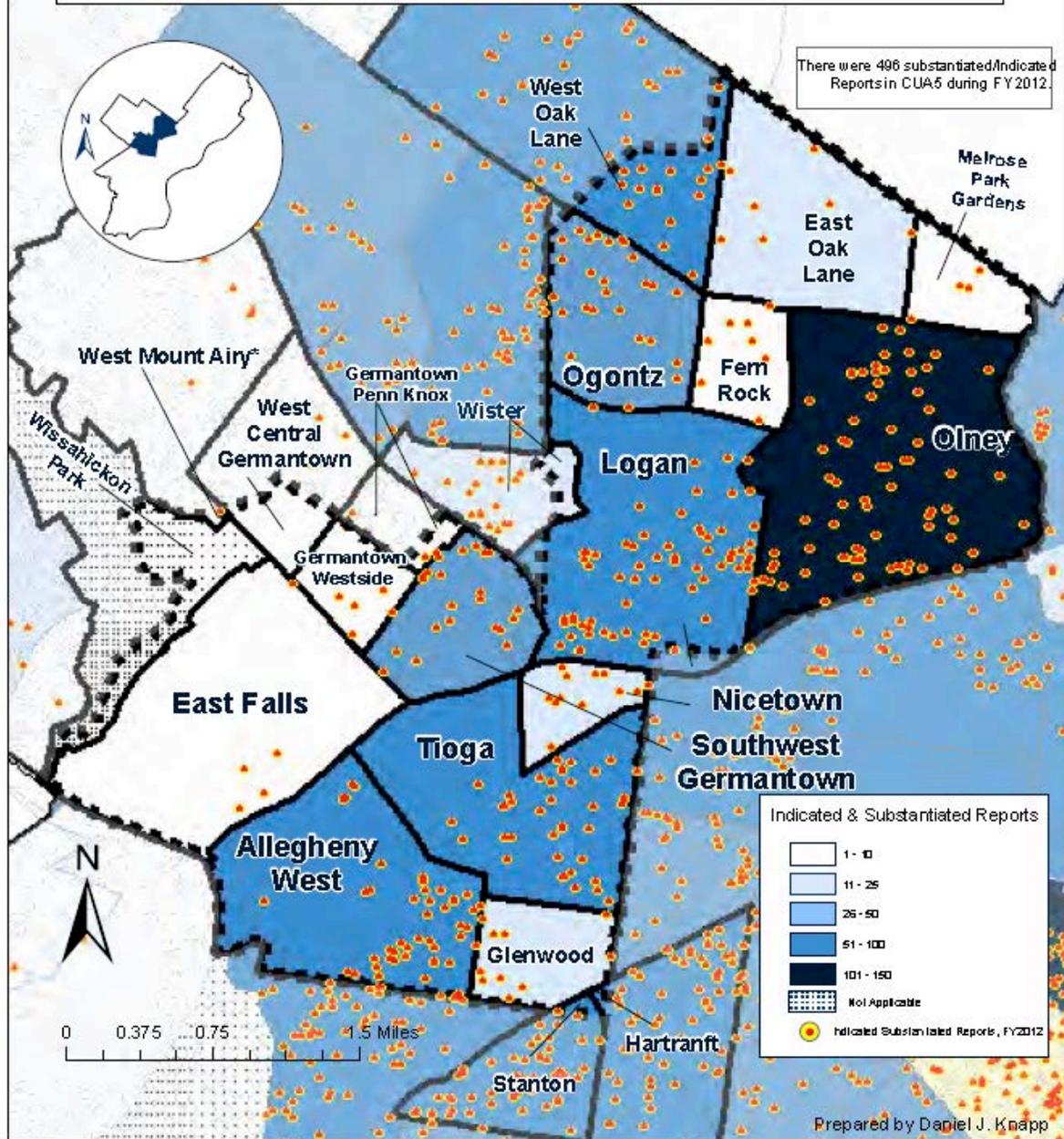


CUA Geographic Zone 4 Indicated and Substantiated Abuse & Neglect, FY 2011 by Neighborhoods

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



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

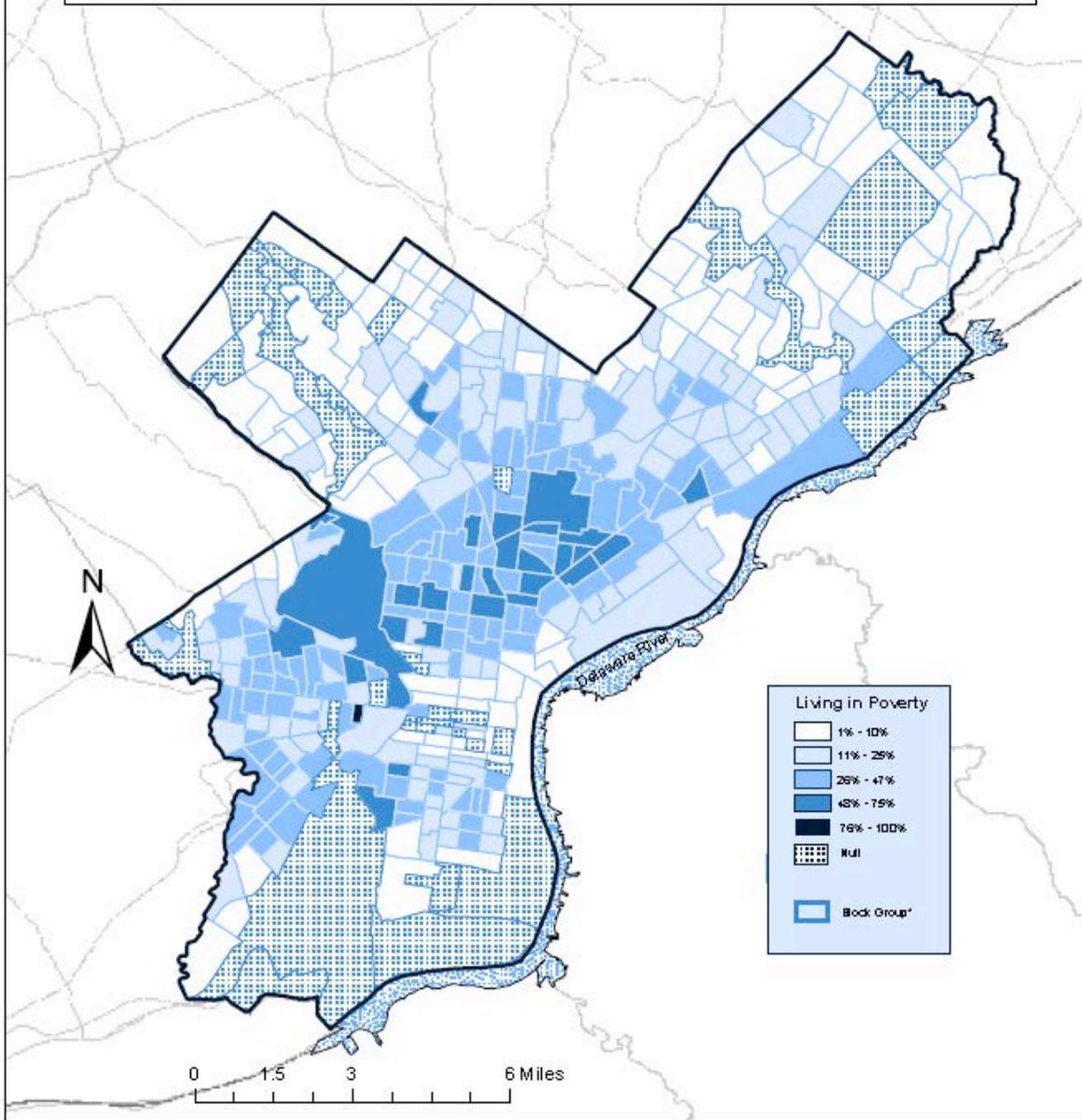


Division of Performance Management & Accountability
January 7, 2013

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

Prepared by Daniel J. Knapp

Share of Population Living in Poverty in Philadelphia by Block Group

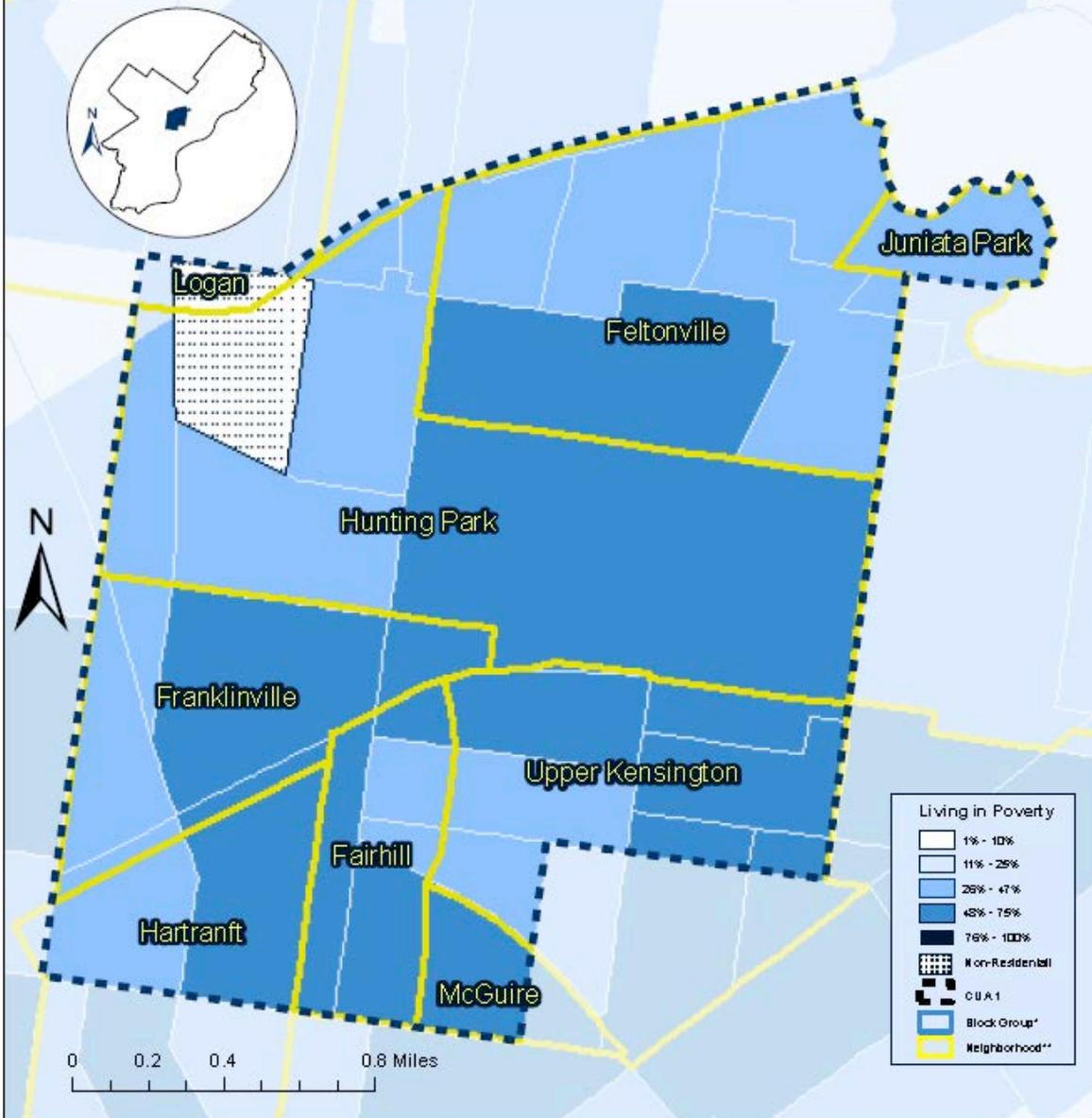


Division of Performance Management & Accountability
January 17, 2013

Map prepared by Daniel J. Knapp

Census Data retrieved from ACS_10_5YR_DP03
* Census block group is a geographical unit used
by the United States Census Bureau.

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



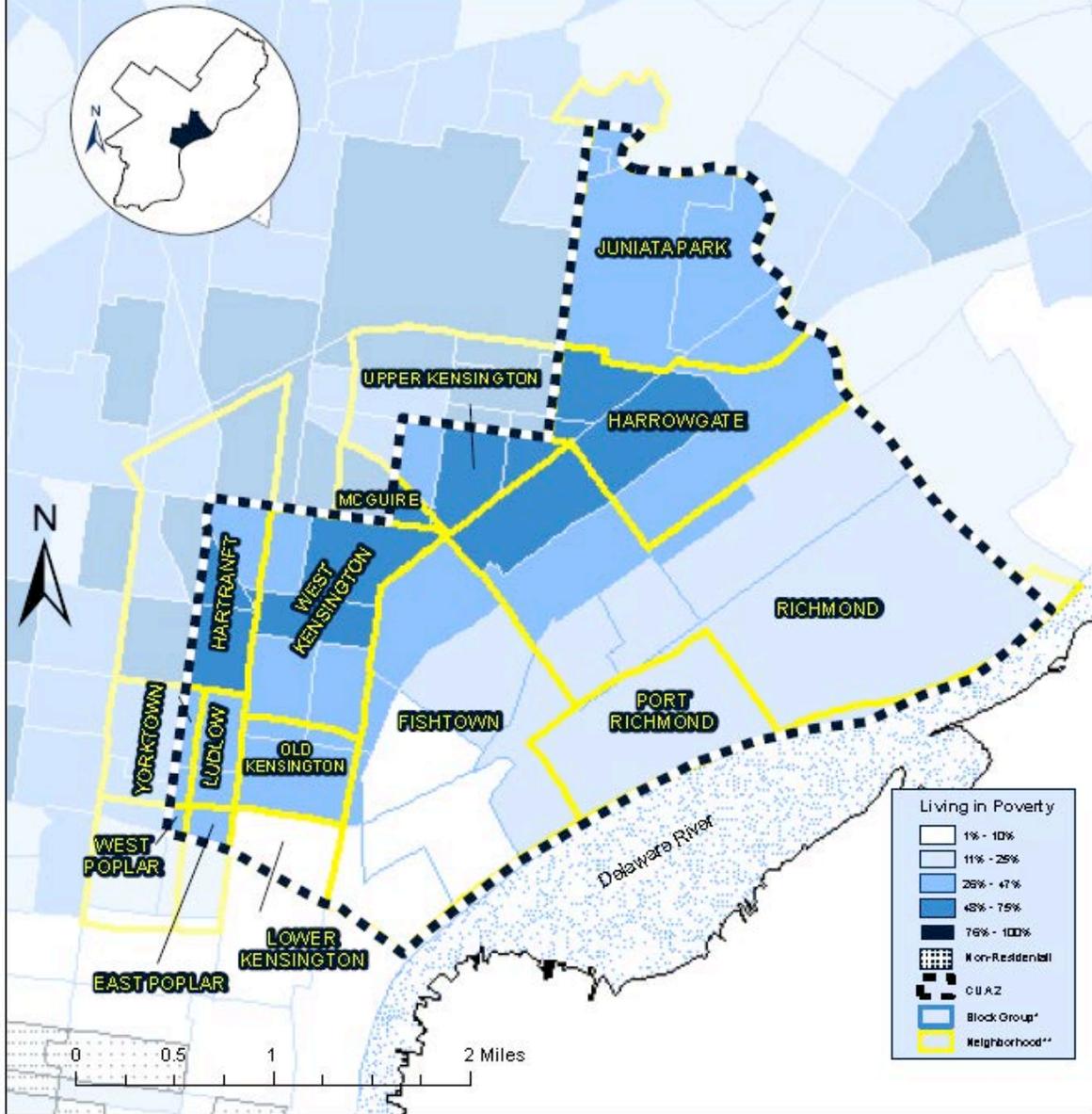
Division of Performance Management & Accountability
January 17, 2013

Map prepared by Daniel J. Knapp

Census Data retrieved from ACS_10_5YR_DP03
* A census block group is a geographical unit used by the United States Census Bureau.

** Some neighborhoods extend beyond CUA Geographic Boundary

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



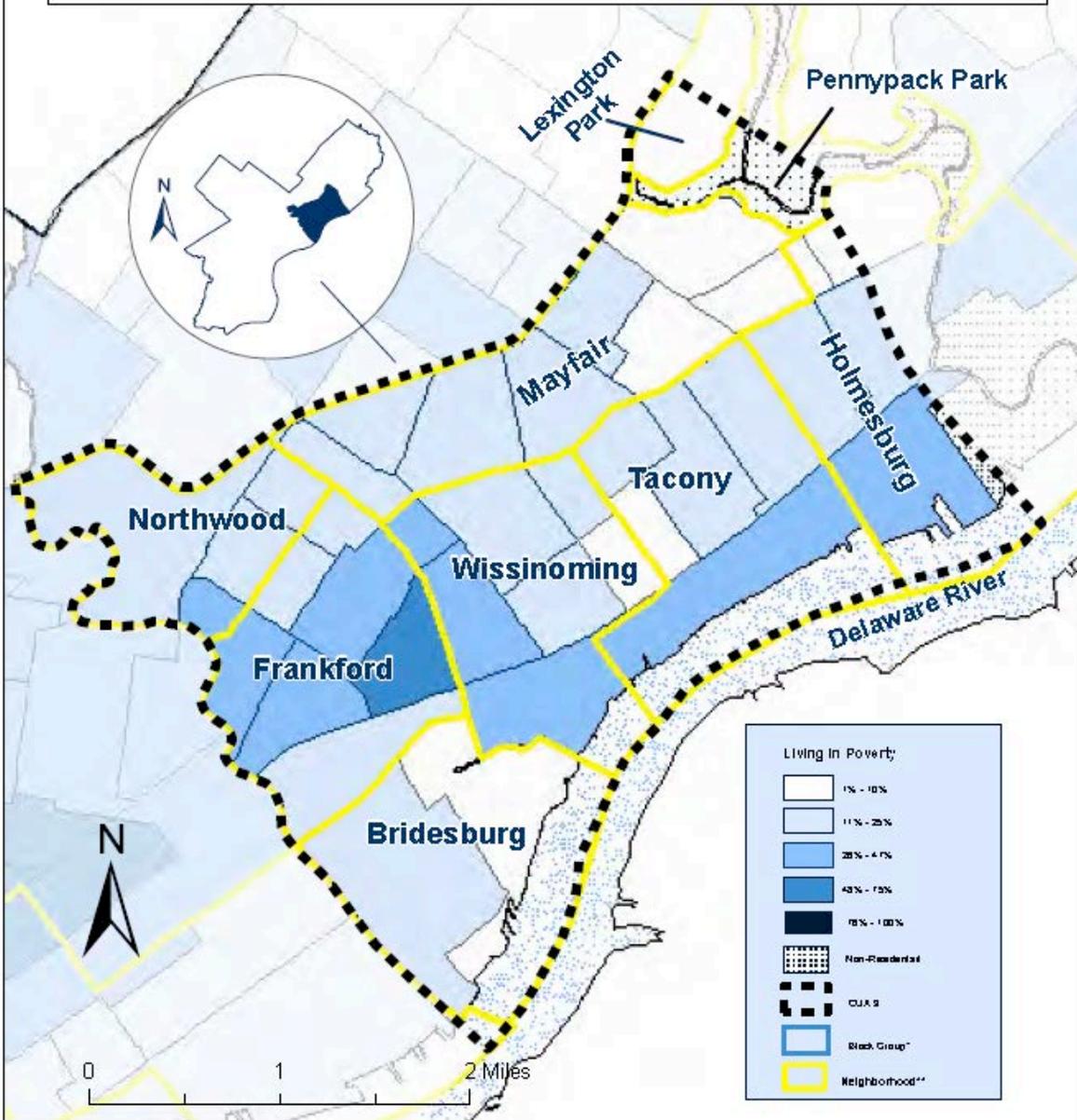
Division of Performance Management & Accountability
January 17, 2013

Map prepared by Daniel J. Knapp

Census Data retrieved from ACS_10_5YR_DP03
* A census block group is a geographical unit used by the United States Census Bureau.

** Some neighborhoods extend beyond CUA Geographic Boundary

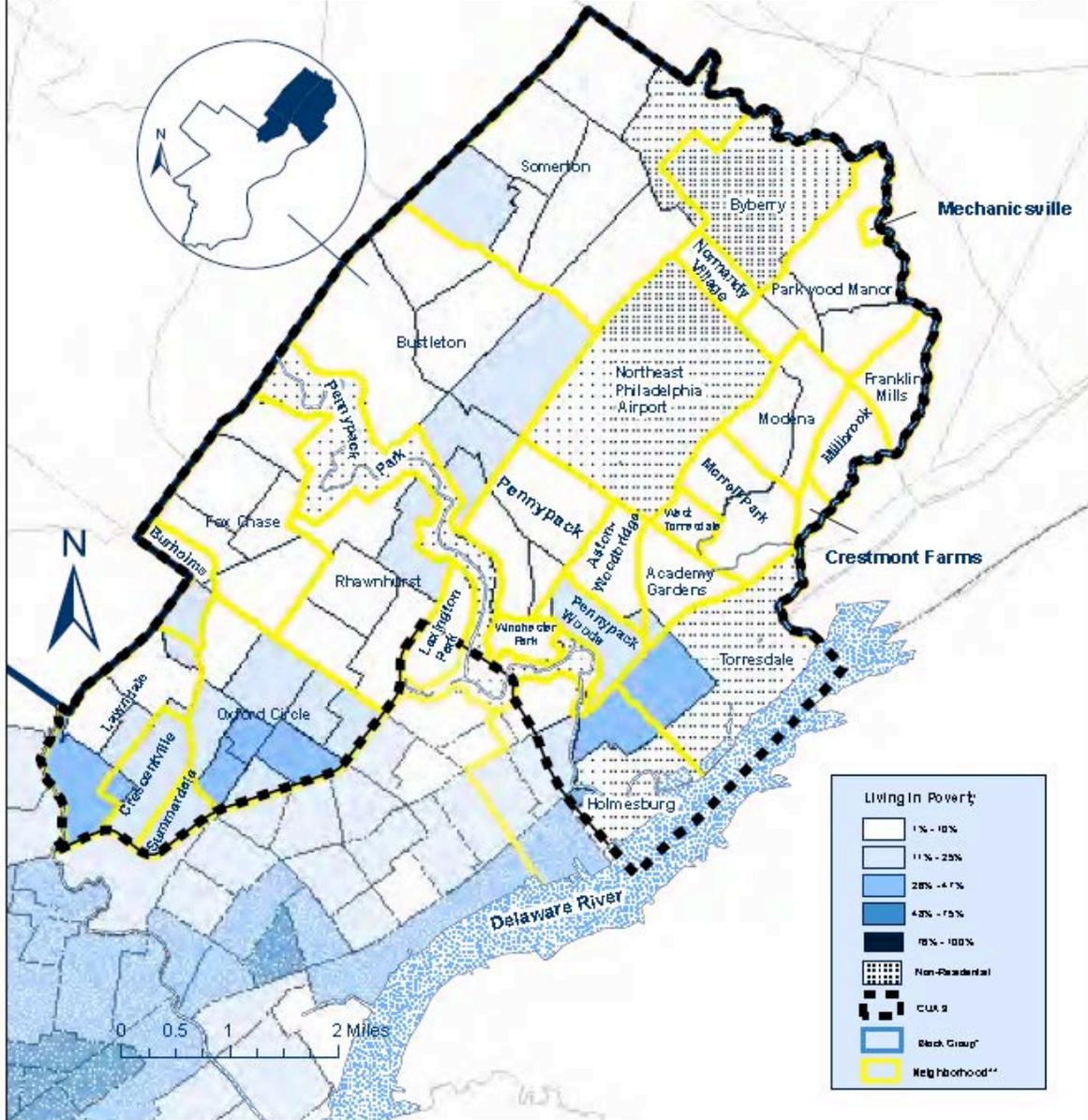
Share of Population living in Poverty: CUA Geographic Zone 3 by Census Blocks



Division of Performance Management & Accountability
September 21, 2012

Census Data retrieved from ACS_10_5YR_DP03
 * A census block group is a geographical unit used by the United States Census Bureau.
 ** Some neighborhoods extend beyond CUA Geographic Boundary

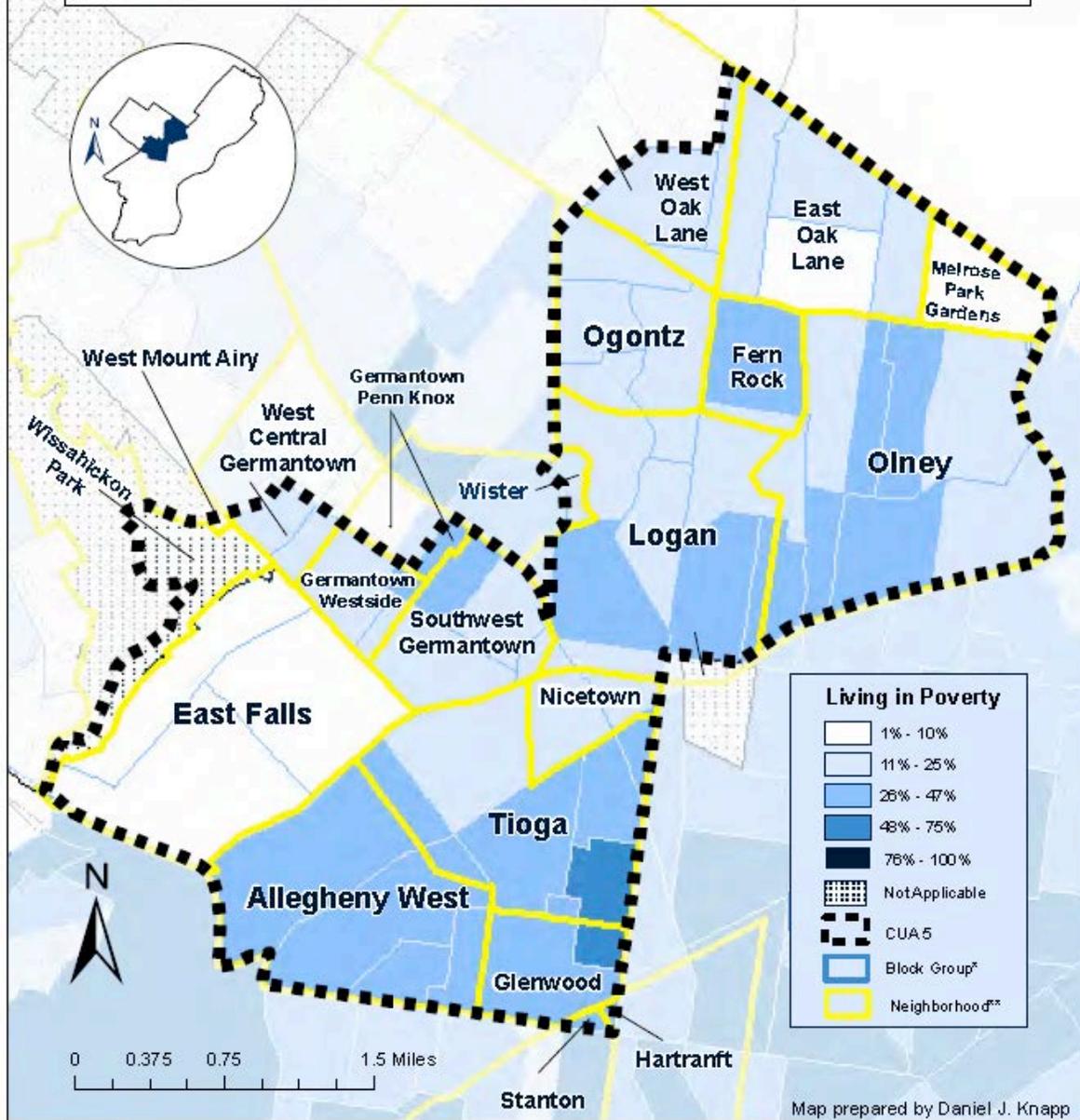
Share of Population living in Poverty: CUA Geographic Zone 4 by Census Blocks



Division of Performance Management & Accountability
September 21, 2012

Census Data retrieved from ACS_10_5YR_DP03
 * Census block group is a geographical unit used by the United States Census Bureau.
 ** Some neighborhoods extend beyond CUA Geographic Boundary

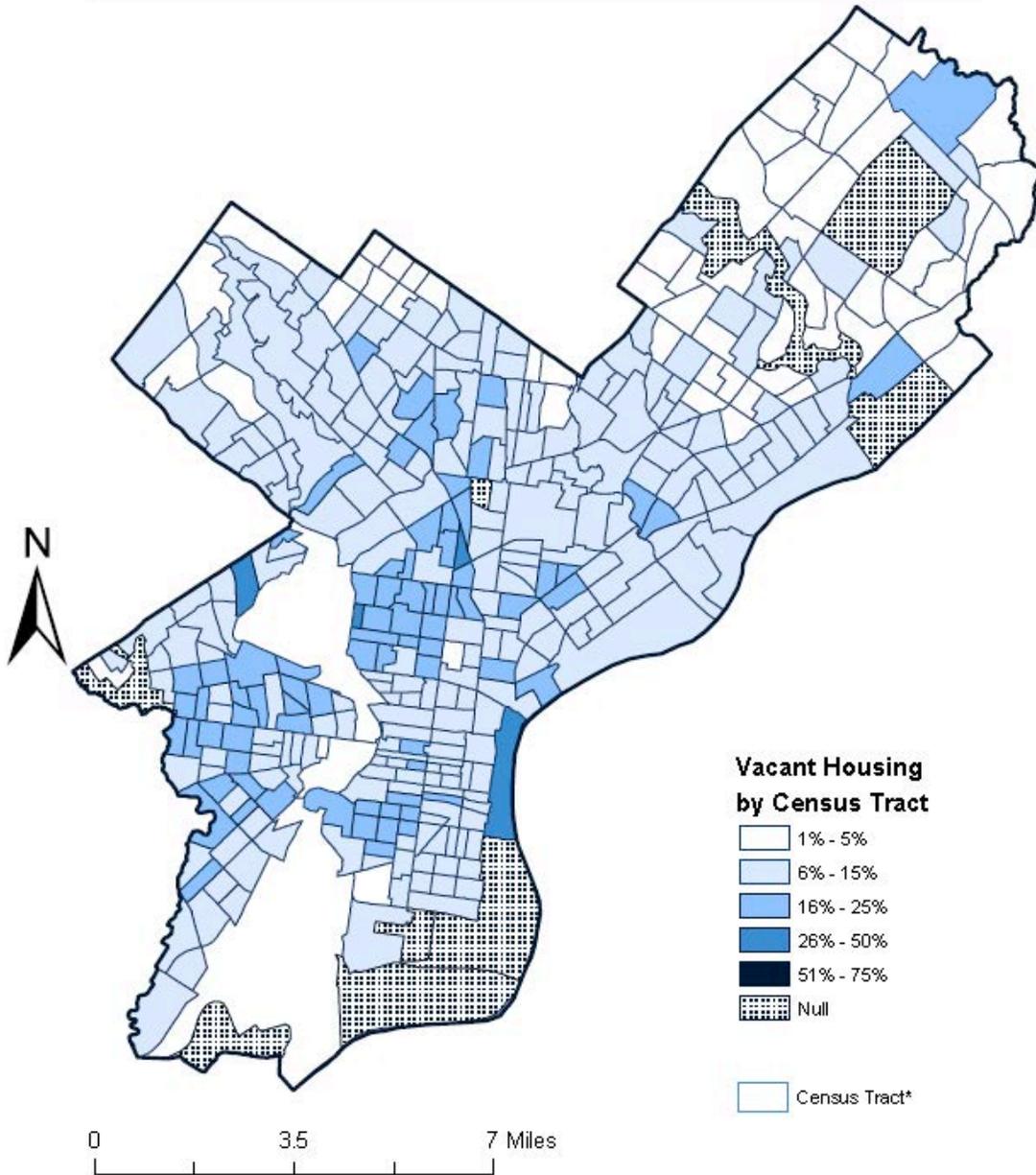
Share of Population living in Poverty: CUA Geographic Zone 5 by Census Blocks



Division of Performance Management & Accountability
January 7, 2013

Census Data retrieved from ACS_10_5_YR_DP03
* A census block group is a geographical unit used by the United States Census Bureau.
** Some neighborhoods extend beyond CUA Geographic Boundary

Vacant Housing in Philadelphia by Census Tract

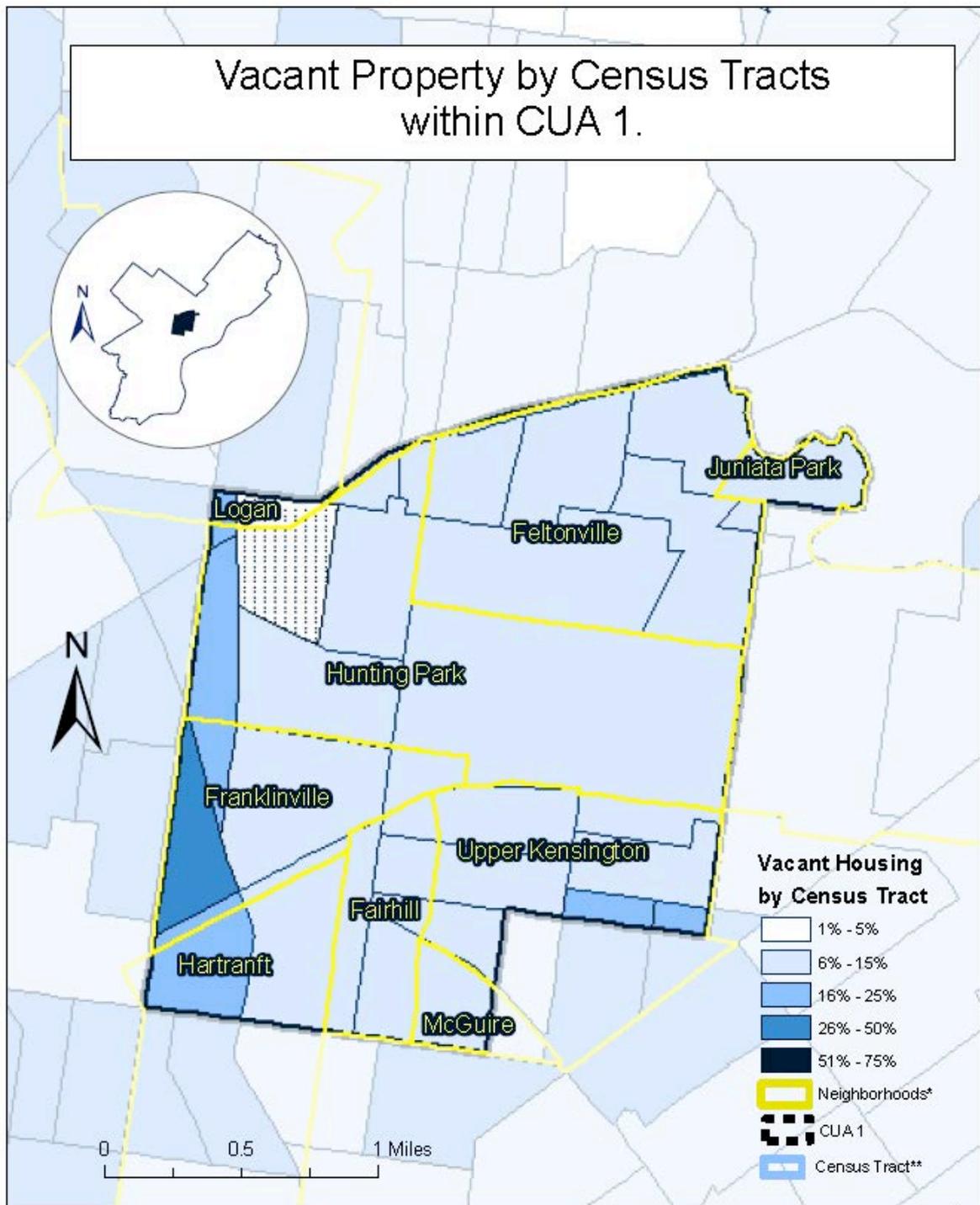


Division of Performance Management & Accountability
January 17, 2013
Map made by Daniel J. Knapp

Census Data retrieved from DEC_10_DP_DPDP1

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

Vacant Property by Census Tracts within CUA 1.



Division of Performance Management & Accountability
 January 17, 2013

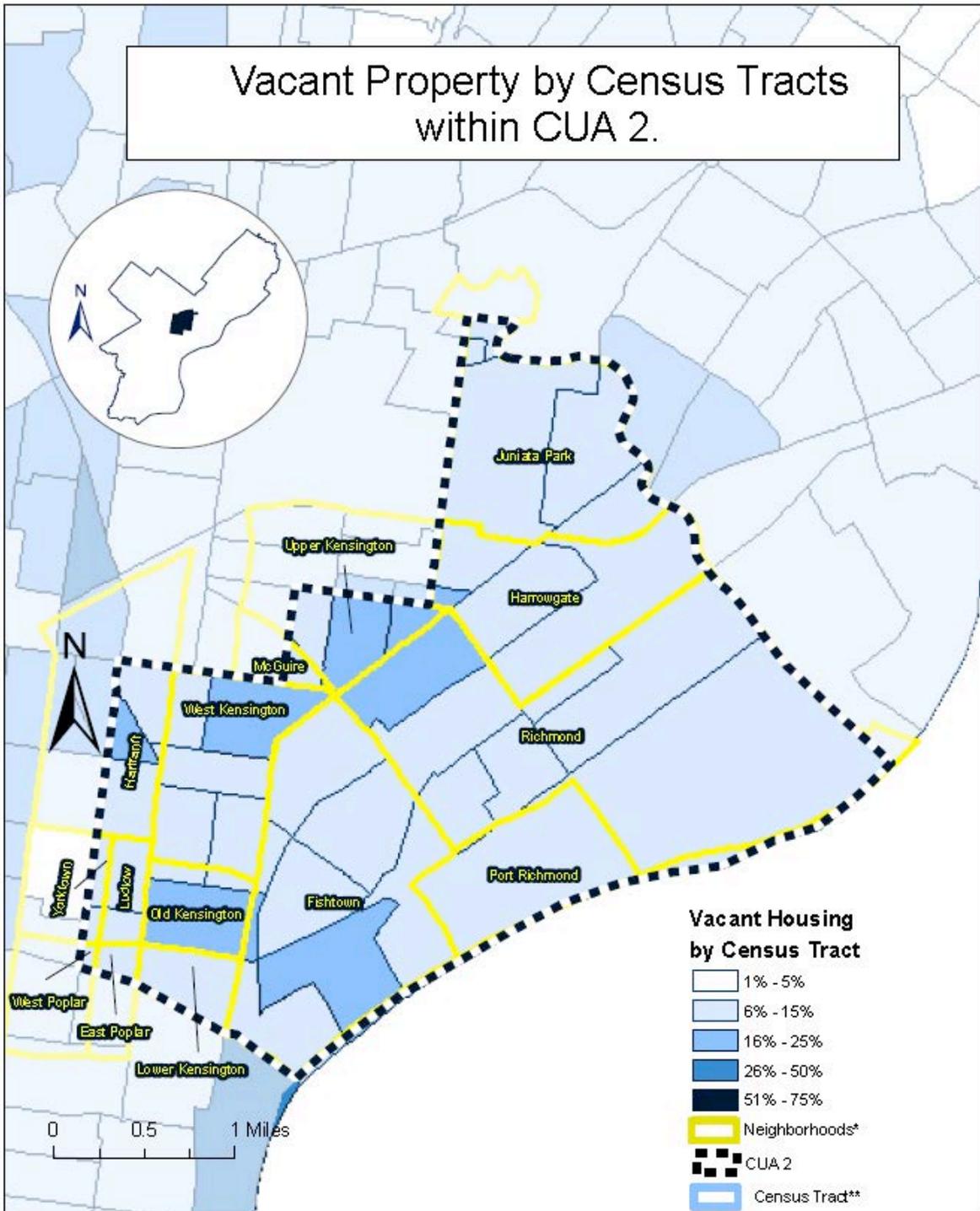
Map made by Daniel J. Knapp

Census Data retrieved from DEC_10_DP_DPDP1

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

*Some census tracts extend beyond CUA Boundary.

Vacant Property by Census Tracts within CUA 2.



Division of Performance Management & Accountability
 January 17, 2013

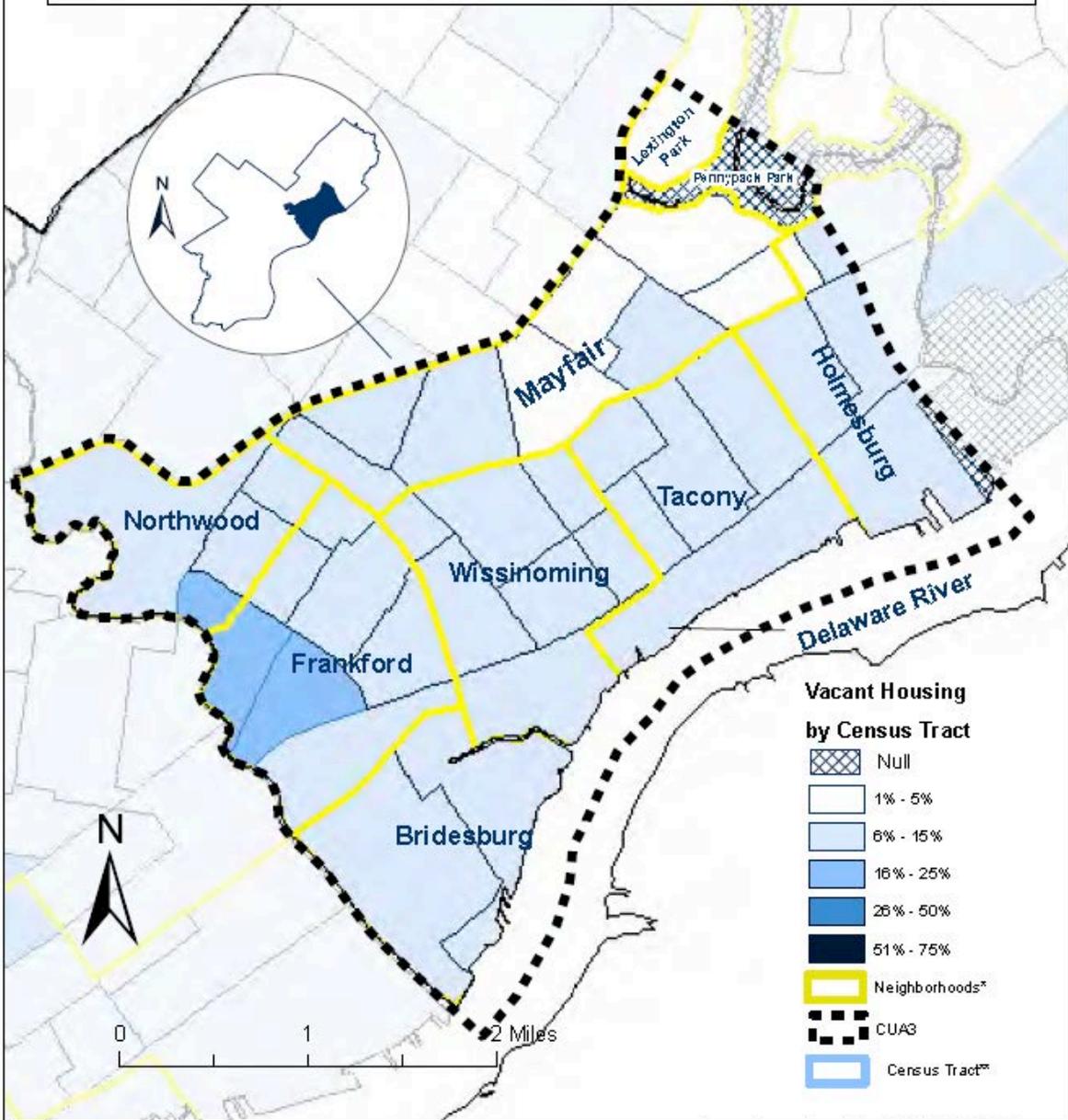
Map made by Daniel J. Knapp

Census Data retrieved from DEC_10_DP_DPDP1

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

*Some census tracts extend beyond CUA Boundary.

Vacant Property by Census Tracts within CUA 3.

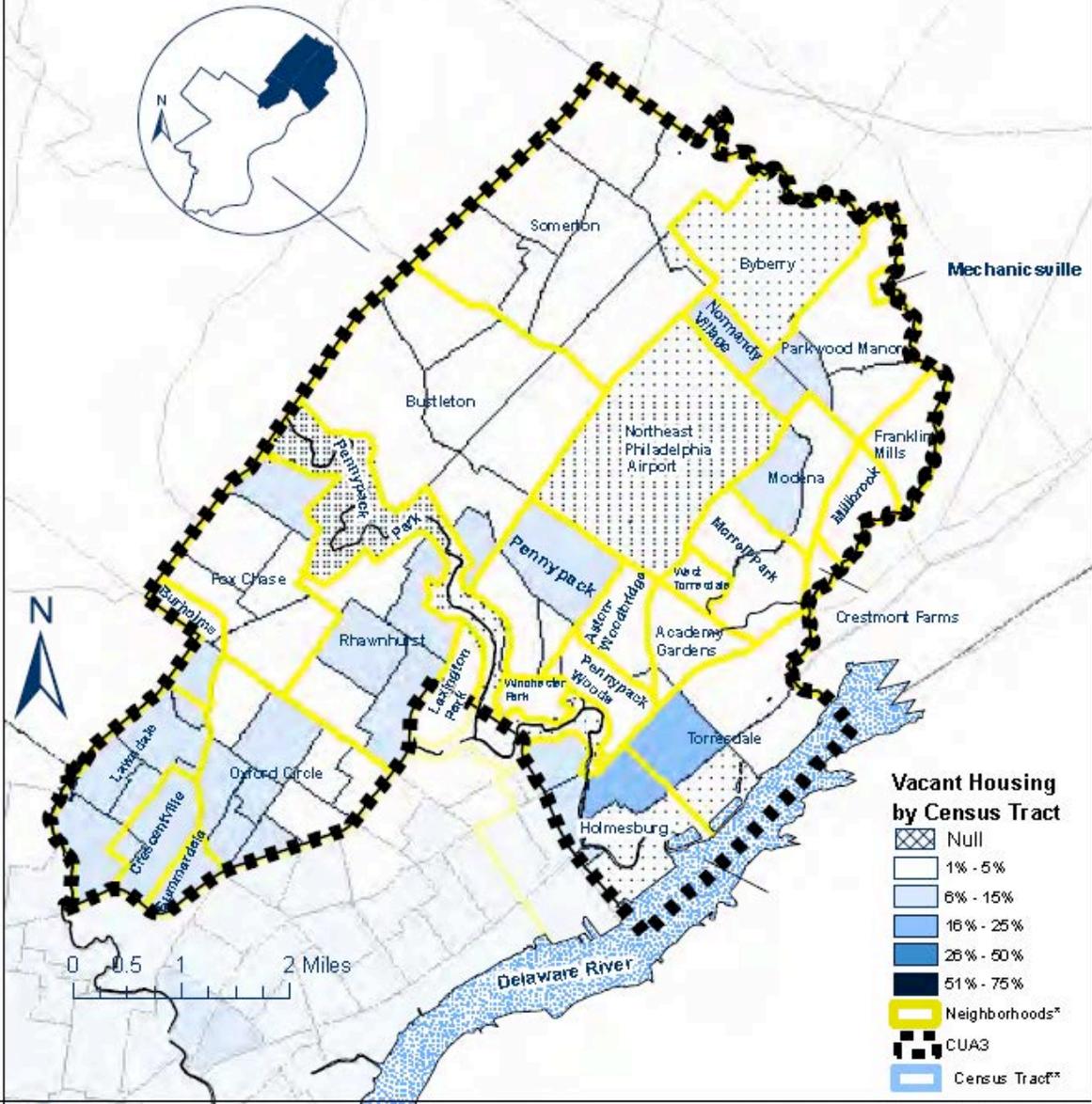


Division of Performance Management & Accountability
September 21, 2012

Census Data retrieved from DEC_10_DP_DPDP1
** A census tract is a geographical unit used by the United States Census Bureau.

*Some census tracts extend beyond CUA Boundary.

Vacant Property by Census Tracts within CUA 4.

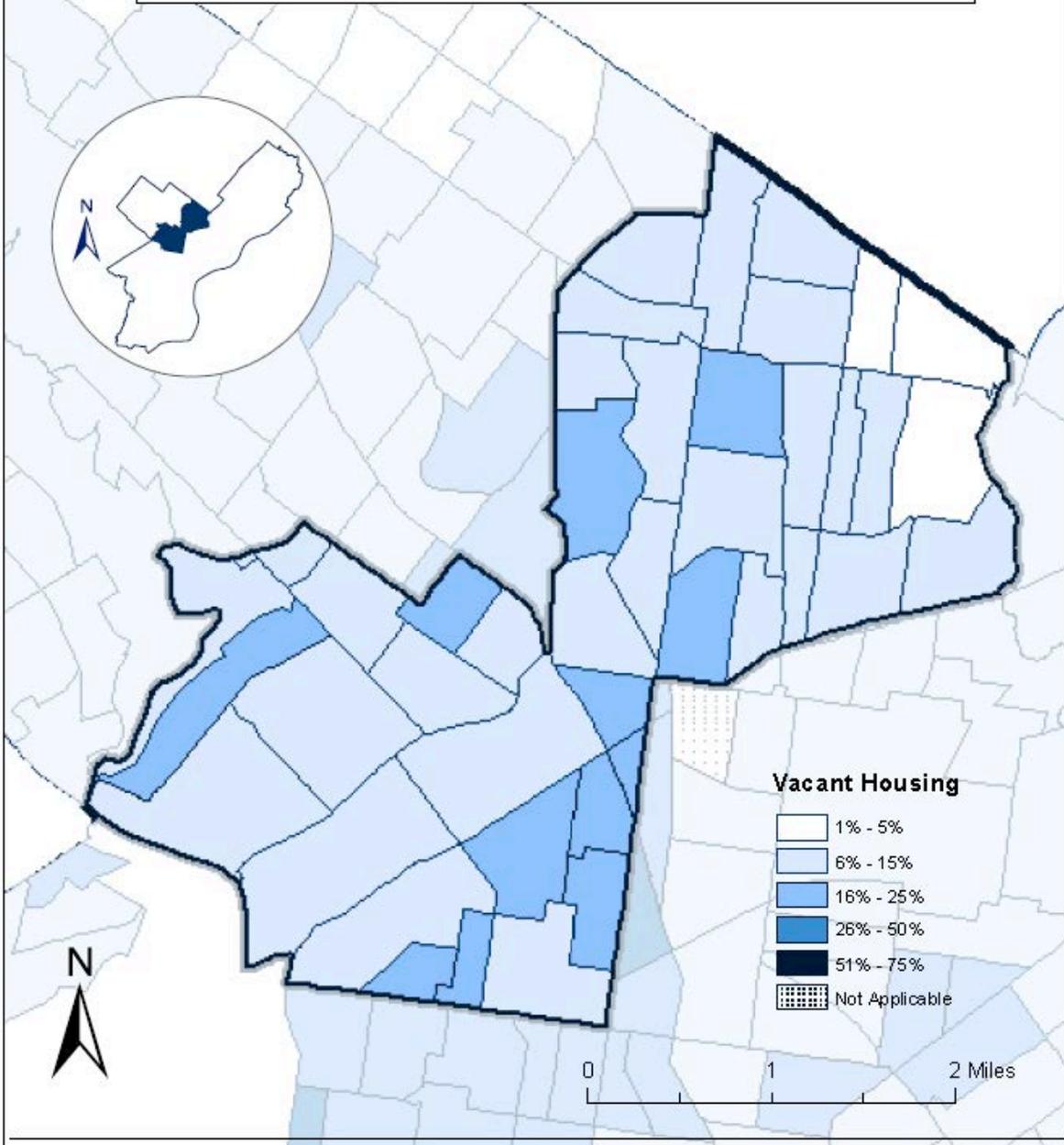


Division of Performance Management & Accountability
September 21, 2012

Census Data retrieved from DEC_10_DP_DPDP1
** A census tract is a geographical unit used by the United States Census Bureau.

*Some census tracts extend beyond CUA Boundary.

Vacant Property by Census Tracts within CUA 5.



Division of Performance Management & Accountability
January 7, 2013

Census Data retrieved from DEC_10_DP_DPDP1
A census tract is a geographical unit used
by the United States Census Bureau.

*Some census tracts extend beyond CUA Boundary.

ATTACHMENT A

Appendix D: Timeline for IOC Implementation

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

***Subject to Change**

Appendix E: Teaming Tables

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

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

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

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

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

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

Appendix F: Philadelphia's Work Plan

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

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

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

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

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
1.4	Developing Supervisory Coaching Plans				

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

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

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

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

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

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
1.7	Problem Solving Protocols				

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
2.1	Development of Roles & Responsibilities				

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
2.2	Development of Quality & Safety Standards				

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

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

	Updated expectations surrounding FGDM are documented in DHS Policy	Policy & Planning	June 2013	June 2013	
	Updated expectation surrounding FAST & CANS for existing in-home and foster care cases are documented in provider contract standards	Performance Management & Accountability	July 2013	July 2013	

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

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

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