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THE  
**CHILDWELFARE**  
POLICY &  
PRACTICE **GROUP**

**Final Report**

# **Evaluation of the Improving Outcomes for Children Transformation in the Child Welfare System in Philadelphia**



## **Acknowledgments**

Evaluators are grateful to the many Philadelphia Department of Human Services staff, Community Umbrella Agencies staff, parents and foster parents, legal partners, providers, advocates, public officials, and many other community partners for their input on this evaluation. Their candor and constructive ideas were vital to this report.

### **Evaluators**

Paul Vincent  
Sue Steib  
George Taylor  
Cornelius Bird

### **Evaluator Biographies**

#### **Paul Vincent, MSW, LCSW**

##### **Director, Child Welfare Policy and Practice Group**

Paul Vincent is director of the Child Welfare Policy and Practice Group, a nonprofit technical assistance organization focused on front-line practice change. Vincent has directed the Child Welfare Group since its inception in 1996. In that role, he has led the organization's work in over twenty states, providing technical assistance in strategic system design, practice model development, curriculum development, training, practice coaching, and quality assurance. The Child Welfare Group has also been involved in several court monitoring roles. Vincent served as a member of the Marisol Advisory Panel in New York City, and is currently a member of the Tennessee Technical Assistance Committee related to the Brian A. settlement and chair of the Katie A. Advisory Panel in Los Angeles. The Child Welfare Group also served as the court monitor in Utah's David C. child welfare settlement.

Prior to the creation of the Child Welfare Group, Vincent worked for twenty-five years in the Alabama Department of Human Services, where, as child welfare director, he led the implementation of the RC class action child welfare settlement agreement during its first six years. The RC reforms had a transformational effect on child welfare practice and outcomes in Alabama. During that period, Vincent was awarded NAPCWA's Annual Award for Excellence in Child Welfare Administration.

#### **Sue D. Steib, PhD, LCSW**

##### **Independent Consultant**

Sue Steib has over forty-five years of child welfare experience including direct practice, agency administration, research, and consultation. Prior to becoming an independent consultant and joining the Child Welfare Policy and Practice Group in this initiative, she was senior director of strategic consulting at Casey Family Programs (CFP), a position she held for eight years. During that time, she led CFP's work in Louisiana and Oklahoma, joining with child welfare leaders there in their efforts to reduce the need for out-of-home care for children. Additionally, she served as part of a consulting team providing support to child welfare systems in fifteen states. From 2001 to 2008, Steib was director of the Research to Practice initiative at the Child Welfare League of America (CWLA), leading work to synthesize current research in child welfare and related fields and make it accessible to agency leaders and direct practitioners through papers, workshops, and direct consultation. Steib

came to CWLA after a thirty-one year career in Louisiana's child welfare system, where she served in positions ranging from caseworker and casework supervisor to administrator, leaving as the statewide child welfare program director.

**George Taylor, MA Psychology**

**Senior Associate, Child Welfare Policy and Practice Group**

George Taylor is one of the founding members of CWG and has been involved in the majority of the group's projects in more than ten states and major jurisdictions. He has been principally involved in the assessment of systems intended to provide child welfare or mental health services to children, youth, and families; the development of strategic plans; training direct practice and assessment skills; and in the analysis of formal and informal evaluation results.

Examples of current and recent work include supporting the monitoring of a statewide child welfare reform in Utah, consulting with the Center for Community Partnerships in Child Welfare in the national rollout of the community partnership initiative supported by the Annie E. Casey Foundation and the Edna McConnell Clark Foundation, as part of an external evaluation of privatized child welfare services in Broward County, Florida, and providing data consultation and analytic support for the Katie A. Advisory Panel, which advises the Los Angeles County Department of Children and Family Services (DCFS) on the implementation of a settlement agreement designed to improve outcomes for children and youth with mental health needs served by the Los Angeles County DCFS.

Taylor retired from the University of Alabama's multi-service training and treatment center that addresses training, research, and services for children and adolescents with complex mental health needs, and for their families. In Alabama, Taylor was active in the statewide provider organization and was its president during the critical years of the Alabama child welfare reform.

**Cornelius Bird, BA**

**Senior Associate, Child Welfare Policy and Practice Group**

Cornelius Bird has twenty-five years of training, management, and organizational development experience in human services. He was involved in a collaborative effort to build a system of care within the behavioral health system in Maricopa County, Arizona. This included coaching, modeling, and training child and family team meeting facilitators. He is also responsible for the design and delivery of family-centered strengths/needs-based system change strategies using the child and family team process. He has developed curricula on such topics as engaging families in the assessment and planning process, safety planning, crisis planning, transition planning, helping families through the change process, culturally competent child and family team facilitation, supervising the child and family team process and family team facilitation and conflict resolution. He has teamed with state staff to implement system-wide reform efforts using the child and family team process in Oklahoma, Florida, Utah, Georgia, and Iowa and the Community Partnership for Protecting Children sites of Cedar Rapids, Saint Louis, Louisville, and Jacksonville. He served as project director for Western Washington University's Children and Family Services Training Academy, where he supervised new worker training and advanced training programs for child welfare personnel. He has also assisted in developing the Foster Parent Staff Development Institutes in Georgia. Additionally, he served as a group facilitator at the Domestic Violence Resource Center Men's Anger Control Program and co-authored the Guidelines for Facilitating Child and Family Team Meetings with families having domestic violence histories. He is also an evaluator of child welfare systems using the qualitative system review process.

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## **Executive Summary**



### ***Improving Outcomes for Children***

In 2011 and 2012, the City began redesigning the service delivery structure for foster care and other services. The system moved from a more centralized approach to a community-based model, known as Improving Outcomes for Children (IOC), in order to improve the safety and functioning of children and families by providing services that are family-centered, delivered in their community, and culturally competent.

In May 2016, the City's Office of the Deputy Managing Director for Health and Human Services (HHS) began a process to evaluate the implementation and effectiveness of IOC. The Child Welfare Policy and Practice Group, a non-profit technical assistance organization, led the evaluation on behalf of HHS, beginning work in September 2016.

The goals of IOC were stated as follows:

- More children will be maintained safely in their own homes and communities.
- More children will achieve timely reunification or other permanence.
- There will be a reduction in the rate of children placed in congregate care.
- Child and family functioning will be improved.

Key elements of IOC included shifting from dual case management offered by the Philadelphia Department of Human Services (DHS) and its contracted providers to single case management delivered by Community Umbrella Agencies (CUAs); building community partnerships and neighborhood networks of formal and informal supports; adopting a family team decision making model; defining the CUAs as the primary contact and service coordinator for families; and strengthening the performance management and quality improvement functions within DHS.

Corresponding to the decentralization of direct case management services, DHS strengthened its Intake and Investigation sections, developed capacity to support CUA case managers in the implementation of family team meetings, and enhanced its performance management and accountability structure. Structural elements of the IOC System transition were anchored around a critical culture shift within the entire child welfare system in Philadelphia.

### ***Context of the Evaluation***

It is important to acknowledge that this evaluation occurred during a time of great change in the structure, administration and management of Philadelphia DHS. The month that evaluation activities began was the same month that Cynthia Figueroa assumed her role as commissioner of DHS. As would be expected, Commissioner Figueroa and her newly formed executive team began immediately to institute both organizational and operational changes within DHS and in the IOC system. Many of these changes were and continue to be directed at problems and inefficiencies that had occurred as a result of IOC implementation or due to changes in the broader child welfare environment. Thus many issues called to the attention of evaluators during the early weeks and months of the evaluation as problematic in IOC, have and continue to be addressed by changes in management structures, policies, and budget allocations. Efforts were made to stay abreast of these changes and to ensure that the final findings and recommendations of the evaluation speak as closely as possible to conditions in IOC at the time of the final report. It is only reasonable to expect, however,

that changes in the IOC system will be ongoing, particularly during 2017 given that it is the first full year of the administration of the current DHS executive team.

### ***Child Welfare System Context***

It is also important to note that, during the implementation of Improving Outcomes for Children, there were significant changes to the Pennsylvania Child Protective Services Law, following the 2014 Jerry Sandusky sexual abuse case. These changes expanded the definitions of abuse and mandated reporter, leading to an increase in reports of maltreatment which has persisted through 2016.

### ***Scope and Methodology of the Evaluation***

This evaluation was broad in scope, seeking to answer multiple questions including:

- (1) To what extent is the IOC model fulfilling its intended purpose of maintaining more children and youth safely in their own homes, enabling more children and youth to achieve timely permanency, reducing the use of congregate care, and improving child and family functioning?
- (2) Are children and families served under the transformed system better off with respect to core values of safety, permanency, and stability?
- (3) What particular strengths and needs are represented in the system currently?
- (4) What, if any, changes are most needed for the system to function optimally to attain positive outcomes related to child safety, permanency, and well-being?

To fulfill this broad mandate, several information gathering approaches were necessary: The foundational methodology was a broad series of stakeholder interviews with groups and individuals positioned to experience the system from multiple perspectives, both direct and indirect. This ultimately entailed speaking with over 200 different people involved in over seventy interviews. Some individuals were interviewed twice to capture changes that occurred during the period of the evaluation and monthly conference calls were held with the DHS executive team to stay abreast of ongoing system alterations. Additionally, evaluators spent a day in each of the CUAs and in one DHS Intake unit to observe and hear directly from practitioners about their daily work experiences. To gain additional information and to check the reliability of these qualitative sources, evaluators also reviewed numerous sources of more objective data including survey results, quantitative performance and outcome measures, case record documents, policies used to guide daily practice, and reports of reviews conducted by licensing authorities and other external accountability groups.

### ***Findings of the Evaluation***

Distillation of this vast amount of information into actionable recommendations involves relating it to the essential child welfare charge to ensure safety, permanency, and well-being for the children and families the Philadelphia child welfare system serves.

Overall, the evaluation process led evaluators to conclude that the goals of Improving Outcomes for Children with a focus on decentralized, community-based delivery of services are strengthening the local child welfare system. Due to contributions and the leadership from DHS and the CUAs, structural progress has been increasing, and the workforce is stabilizing. Many of these gains are only now beginning to manifest in outcomes, and it is critical that the City and its partners continue to build on the momentum that has been created. However, for children and families in the system, the quality

of service is reflected in the quality of the workforce, and there is more work to be done to stabilize and strengthen the skills of the system's direct service staff.

Since the start of IOC<sup>1</sup>, there has been a small increase in the percentage of children and youth annually who have left the child welfare system to a safe and permanent home as compared to the total number of children exiting care in total (from 81 percent to 83.6 percent), a decline in the use of congregate care from 24 percent to 12.5 percent, and an increase in the number of children and youth placed within five miles of their home from 42 percent to 58 percent. Reports of repeat maltreatment have declined significantly from 10 percent in Fiscal Year 2012 to 6 percent in Fiscal Year 2017. During the same period, however, the number of children in out of home care has increased from 4,046 to 6,044 (an increase of 49 percent), although there has been nearly zero growth in this rate from FY16 to FY17.

Looking more closely at how the IOC model impacted those activities, evaluators identified a number of system strengths and challenges.

### ***Strengths***

Notable strengths included:

- Development in the current DHS administration of a structure that supports critical functions of the organization in managing and overseeing the public-private system created by IOC;
- Receiving a full license from the Pennsylvania DHS;
- Work with families is now guided by a single case plan;
- Creation of tools and processes for performance measurement and management in DHS and the CUAs;
- Use of a quality assurance case review process;
- The elevation of the importance of personnel training and professional development by creation of a Chief Learning Officer in DHS;
- Creation and implementation of specialized trainings in supervision and working with the court;
- Development and implementation of processes for joint planning and problem solving between DHS and the CUAs;
- Re-building of the DHS data warehouse;
- Creation of a CUA Scorecard;
- Caseload reduction;
- Improvement in workforce stabilization in the CUAs;
- A high rate of children's placement with kin (a rate of 46 percent in Philadelphia compared with 30 percent nationally);
- Low use of congregate care (just under 13 percent in Philadelphia compared with 13.1 percent nationally);
- Institution of family teaming; and
- A strong working relationship between DHS and the Philadelphia Juvenile Court.

### ***Challenges***

The most prominent challenges identified related to:

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<sup>1</sup> Data is for Fiscal Year 2012 to Fiscal Year 2017.

- The high rate of children in out-of-home care (16.4 children per 1,000 in Philadelphia compared with 5.5 per 1,000 nationally);
- A high rate of removal of children from their families for reasons associated with the child's own behavior (22 percent in Philadelphia compared with 11 percent nationally);
- A large number of children and families served for reasons not directly connected with child safety, which is the traditional charge of child welfare systems;
- Although permanency is trending upward, too many children still exit out-of-home care without legal permanence or documented positive permanent connections;
- A higher than average number of children in Philadelphia are assigned a goal indicating a plan of long term foster care than (12 percent compared with 7 percent nationally);
- Philadelphia DHS currently lacks a fully functional data system that can be used by staff at all levels of IOC to gauge and guide performance and outcomes;
- There is a need for stronger measures of quality in performance and practice;
- The participation of families and their support networks in family team meeting is low;
- There is a need for a greater focus on creating and maintaining a productive working alliance with parents involved in child welfare services, especially with those having children in out-of-home care.
- Although improving, there is a need for greater integration and unity of effort between DHS and the CUAs; and CUA personnel need support to function effectively in the courts.

## **RECOMMENDATIONS**

The recommendations of the evaluation sought to build on progress already made in the ongoing development of IOC and to address the identified challenges. They are summarized below.

The recommendations are grouped by the following categories:

- **Immediate Practice Strategies** – These recommendations are designed to better define and strengthen practice to ensure families and children that become involved in the child welfare system are successfully moved towards safety, permanency, and wellbeing in a supported, timely manner.
- **Intermediate Strategies** – Recommendations in this category include actions to facilitate and support the implementation of practice strategies. Some, such as recommendations on contract flexibility and resource families, should be implemented concurrently with the practice strategies.
- **Ongoing System Strategies** – Recommendations designed to strengthen the entire child welfare system, recognizing that partner systems impact the outcomes for children and families, and the responsibility for child wellbeing reaches beyond the Department of Human Services and its contracted providers.

### **Immediate Practice Strategies**

These are recommendations designed to better define and strengthen practice to ensure families and children that become involved in the child are successfully moved towards safety, permanency, and well-being in a supported, timely manner. The listing below is intended to reflect a rank order of

sequencing beginning with those considered most foundational and building through the continuum of child welfare services.

### **1. *Strengthening the IOC Practice Model***

A strong model of practice orients the entire system toward practices that are outcomes rather than compliance focused. The Pennsylvania DHS moved some years back to adopt a safety-centered model of practice. While this model may have been well understood throughout the organization at the time, evaluators were not able to discern a clear, uniformly communicated practice framework in IOC. This might be accomplished by the formation of a workgroup representing DHS, CUAs, parents, providers, and other stakeholders. The workgroup would undertake to define an approach to policy that ensures that support for families and improved family functioning is at the center of the practice model as well as a communications strategy that raises the profile of the Safety Model of Practice framework and how it reflects the IOC system's vision as it relates to the children and families it serves. There should be a single resource that is consistently referenced throughout IOC as defining and explaining the model of practice, its principles, and outcomes and used to govern decisions about practice, policy, quality assurance, and staff development at all levels of the system.

### **2. *Strengthening the Family Team Conferencing Process***

It is notable that DHS has established a family team conferencing process system-wide. However, there remains a need for greater participation on the part of families and their support networks. To achieve that end, evaluators proposed a set of steps to be incorporated in the preparation of families and older youth for the team meeting and in the meeting itself. Additional training on engaging older youth may be required. In addition, it is recommended that DHS undertake to transfer responsibility for scheduling and coordinating team meetings to the CUAs, as that would centralize the teaming process within the organization responsible for overall case management. This shift would require that CUAs receive additional resources commensurate with those DHS now has available for this purpose. Lastly, DHS and CUAs should clearly determine the purpose of the family team meeting and its implications for who should participate. Family comfort should be the primary determinant for who is in attendance.

### **3. *Strengthening the Role of Parents***

Core principles of practice endorsed by the US Children's Bureau include family-centeredness, individualization of services to meet the unique needs of children and families, and strengthening parental capacity to protect and provide for children. These principles speak very directly to the need to engage children's parents or other caregivers in individualized assessment, planning, and change directed toward making and keeping their children safe. While attending to the needs of children in out of home care is without question a critical responsibility of child welfare agencies and one that must be ensured through policy, training, and monitoring activities, it is work with parents and caregivers that ultimately best serves the long term safety and well-being needs of a community's children. Despite requirements contained in policy for regular contact with parents and the provisions in IOC for family team meetings, evaluators did not see in Philadelphia a system effectively and meaningfully engaging parents, working with them to develop individualized realistic service plans, and providing them with the kind of ongoing and intensive support often needed by parents who have, in many instances, been subjected to substantial trauma, who confront multiple social and environmental challenges, and who have often had prior experiences that have undermined their trust in social services organizations and those who represent them. Recommendations related to this finding include conducting a review of the *IOC Practice Guidelines* to determine where greater emphasis on parent engagement and support can be infused and where there might be room to

reassign some required casework activities to support personnel or move them to lower priority with the result of directing greater priority and focus on time spent with parents and caregivers. Flowing from that, the evaluators recommend that case managers and supervisors receive professional development that provides tools to support the unique needs of particular parents, such as those related to domestic violence, homelessness, incarceration, mental health, or intellectual disability. Additionally, evaluators recognized that the Quality Service Review process, already in limited use in Philadelphia, provides an opportunity to assess the quality of family engagement and identify missed opportunities to form and build on working alliances with parents and caregivers. Finally, IOC leaders might consider use of an instrument such as the Client Engagement in Child Protective Services measure developed to acquire feedback on engagement practice from both caregivers and caseworkers. Such feedback can then provide a basis for further development of family engagement skills in direct service staff.

#### **4. *Reducing Unnecessary Placements of Children in Out-of-Home Care***

The rate of children placed in out-of-home care in Philadelphia currently exceeds that of any other large urban center in the United States, suggesting that some of these placements might be prevented by different approaches to early assessment and planning. Findings of the evaluation support policy changes recently made by DHS to require management level authorization for requesting an order of protective custody from the court. Additionally, DHS is urged to adopt recommendations made by Casey Family Programs in October 2016 as the result of its analysis of removal decision making in Philadelphia. These include instituting team decision making immediately in situations in which removal is considered; developing and implementing policy guidance and skills training on family engagement in assessment and safety planning; additional training of staff in safety planning with families; and ensuring for both DHS and CUA staff the ready availability of practice consultation with strong expertise in assessment and safety decision making; and providing coaching by expert practitioners with access to ongoing professional development to increase knowledge and skills. In addition, DHS and CUAs must work together to ensure that intakes transferred from DHS to CUA for ongoing in-home safety services occur with timely and complete case information and a joint DHS/CUA visit to facilitate transition and family engagement; DHS should support efforts to expand access to behavioral and physical health systems; and direct service staff and mandatory reporters should receive training on implicit bias.

#### **5. *Decreasing Exits Without Permanency***

Despite a recent trend in increased exits to permanency, finding timely legal permanency for children in out of home care, particularly those who enter care as adolescents, is a challenge for all systems and remains such in Philadelphia. Developing effective strategies for moving more children to permanency first requires having a better understanding of who they are and the barriers that exist in helping them to attain legally protected, supportive connections that are expected to be lifelong. Evaluators thus recommended a two-tiered set of steps to better define the population of youth leaving out-of-home care without legally permanent family connections and developing or expanding a set of targeted strategies to address their specific needs to improve rates of permanency. Strategies suggested include more aggressive efforts to find and connect youth with relatives or kin; expansion of the Rapid Permanency Review process designed by Casey Family Programs and already instituted in a pilot in Philadelphia; engagement of older youth in efforts to identify and nurture important connections; expanding access to and increasing integration with research-informed and trauma-responsive behavioral health resources for youth and their caregivers; strengthening the family team conferencing process as recommended by evaluators; and ensuring that older youth are empowered through that process.

### **Intermediate Strategies**

These are actions to facilitate and support implementation of the practice strategies. Some, such as numbers six and seven, should be implemented concurrently with the initial practice strategies.

#### ***6. Providing Increased Contract Budget Flexibility***

The accelerated pace of IOC implementation resulted in some CUAs being insufficiently prepared to understand and undertake all of the requirements of contracting. That circumstance led to some errors and breaches of City and DHS contracting regulations. At this point, however, most CUAs have demonstrated the ability to have greater control and flexibility in the contracting process. It is thus recommended that DHS grant CUAs greater flexibility in adjusting their budgets within a contract year without the necessity of seeking DHS prior approval for all personnel changes made within the total amount allocated, while remaining in accordance with City and State budgetary regulations. It may be functional for DHS to identify some reasonable cost or category thresholds beyond which DHS approval is sought. Such flexibility has the potential to strengthen relationships between CUAs and DHS, permit the CUAs to be more nimble in responding to changing local conditions, and reflect the partnership between the two entities that DHS is seeking to build.

#### ***7. Recruiting, Preparing, and Retaining Resource Families***

Philadelphia has a remarkably high rate of placement of children with kin, a practice for which IOC should be commended. However, as seen in child welfare systems across the country, there remains a lack of resource families available to meet the ongoing need for child placements. Additionally, there is evidence that resource families do not all have the same understanding of their roles. Evaluators thus recommend that DHS work with provider agencies to provide increased training and communication around the expectations for resource parents. Training and communications should emphasize the following at a minimum: provisions for the responsibility of resource families in participating in and managing children's appointments such as those for school conferences and health or mental health treatment; attendance at court or provision of information to the court through the child's case manager or advocate; and in relating to the child's biological parents, extended family, and any siblings not placed in the home. In addition, we recommend expanding Resource Family Support staff to include support for general foster care families; identifying high need populations and making a plan to recruit and develop resource families; ensuring that policies and procedures support the need to provide resource families with all known information concerning children's functioning and care needs; exploring ways to offer additional peer support to resource families; and providing additional transportation supports.

#### ***8. Measuring Performance and Outcomes***

All child welfare agencies must regularly assess the degree to which they are effectively discharging their legally mandated functions and attaining outcomes related to child safety, permanency, and family and child well-being. DHS and the CUAs have made a number of major steps forward in developing performance and outcomes measurement processes, but there remains areas for improvement. For example, the small sample size for conducting QSRs in CUAs needs to be increased to provide more reliable data on each CUA's performance. Recommendations of evaluators included expanding the number of cases reviewed in the QSR from forty-eight picked at random to 120 in total annually with a representative sample from each CUA based on their case census; and ensuring that the CUA scorecard reflects key quality outcomes related to safety, permanency, and well-being informed by QSRs.



It is important to note that the ability to follow through with these recommendations as they are detailed in the evaluation report, will be reliant upon the development of a fully functional data management system in accordance with recommendation number four as well as additional resources to support the expanded QSRs.

Evaluators had the opportunity to review drafts of a performance measurement tool being developed by DHS, the CUA Scorecard. Evaluators recommend the addition of child and family outcomes by CUA to include the addition of QSR measures of family engagement, teaming, assessment, and planning, and the seven federal measures:

**Safety**

- Maltreatment in foster care
- Recurrence of maltreatment

**Permanency**

- Permanency in twelve months for children entering foster care
- Permanency in twelve months for children in foster care twelve to twenty-three months
- Permanency in twelve months for children in foster care twenty-four months or more
- Re-entry into foster care
- Placement stability

Moving forward, the evaluators support DHS's intention to develop DHS and system scorecards to measure performance. In those scorecards, the evaluators recommend the inclusion of joint DHS-CUA measures concerning placement (placements within the community and in the least restrictive environment) to reflect that DHS now controls placement selection; addition of DHS-dependent measures to include timely and complete intake referrals; DHS participation in joint family case transition visits; and DHS Intake participation in the first family team meeting.

**9. Supporting the Direct Service Workforce in CUAs**

Workforce research in child welfare consistently finds that competent, supportive supervision, opportunities for professional development and advancement, and compensation, are powerfully linked to turnover and retention of the direct service workforce. Further, child welfare personnel value opportunities for professional development and advancement. Evaluators were thus attuned to factors that affect the IOC work environment from those perspectives and made recommendations accordingly. These include encouraging DHS and the CUAs to work together to develop both pre-service preparation and ongoing professional development for supervisors as well as direct service staff; designating supervisors as the initial subjects for all new training offerings; creating a systematic structure within the quality assurance system for obtaining and using input from supervisors concerning factors that both support and serve as barriers to attainment of key safety and permanency outcomes; DHS and CUAs working together to create a consistent career ladder that provides an opportunity for CUA caseworkers to advance in compensation while remaining in direct practice positions where children and families are most likely to benefit from their experience and continued learning; developing a peer consultant role for experienced direct service staff; and providing CUA supervisors and case managers with access to opportunities for support in obtaining the Master of Social Work with supervisors being given priority in the awarding of stipends and/or educational leave.

## **Ongoing Systems Strategies**

Recommendations in this category represent actions to support the functioning of the entire child welfare system. Elements of recommendations under each of these can be initiated immediately, but others will require additional time and resources.

### **10. *Interfacing with the Courts and Legal System***

A coordinated, reciprocal agency-court relationship is an essential condition of a well-functioning child welfare system. This is particularly true in Philadelphia where it is the impression of evaluators that there is a very high level of court involvement in child welfare practice. IOC implementation, which shifted case management to the private sector and was initially characterized by high rates of staff turnover, proved challenging in the legal arena as inexperienced case managers were often unprepared to function effectively in providing the information necessary for judicial decision making. In addition, parents in particular and, to a lesser extent, youth and resource parents interviewed in the evaluation indicated that they lacked understanding of court proceedings and parents reported having minimal contact with their assigned attorneys outside of court. Finally, a number of informants indicated that case plan requirements may emerge in court hearings without an opportunity for their consideration in relation to other services being offered or the most current information about the needs of the family.

In view of the above findings, evaluators' recommendations focused on measures considered likely to improve the level of preparation of CUA personnel, of parent representation, and timely sharing of information across all parties to the judicial decision making process. These included endorsing the "mock court" training recently instituted by DHS and providing it to all new case managers within the first month to six weeks of their being assigned cases; providing attorneys representing parents and children with access to information and training on the processes and practices in IOC; ensuring accountability and multidisciplinary support of attorneys representing parents; providing updates to attorneys on case plans and status sufficiently in advance of court hearings to allow an opportunity for them to request and receive any needed clarifications; enabling access to input from other disciplines, especially social workers; and providing a standard of services and accountability for parent attorneys to ensure quality service. CUA directors are encouraged to be in regular attendance at quarterly roundtables between the court and DHS to consider ways to enable parents, youth, and resource parents to better understand the legal process that affects them; and additional steps to support the court related performance of case managers including ensuring discussion with the City Solicitor in advance of hearings; additional training to CUAs; assigning DHS Law Department staff to handle questions of a legal nature from CUA staff; and assigning CUA staff to serve as liaisons between the court and individual CUAs.

### **11. *Building a State-of-the-Art Child Welfare Data System***

Child welfare systems of today simply cannot be optimally effective and accountable without the capacity to readily access and analyze process and outcome data. The contacts members of the evaluation team had with DHS and CUA leadership in Philadelphia confirmed that they also recognize the lack of such a system at this point as a critical handicap in the implementation of IOC and in their ongoing system improvement efforts. DHS has been focused on this issue and has received significant financial support from the state to advance this work. It is thus important that DHS continue to have the financial resources and access to information technology support necessary to develop and maintain an integrated case management system; a data center that has capability to respond to all users' needs; a new data warehouse; and new internal and external DHS websites. Along with these

steps, DHS should ensure meaningful communication with stakeholders, particularly direct service staff, on the timeline for rollout and testing of the new system.

### **12. Creating More Effective Approaches for Families with “Non-Safety” Needs Now Served in IOC**

Many families now served in IOC in which there is no identified need related to child safety may be better served by approaches that are usually viewed as less stigmatizing and intrusive than child welfare interventions. Further, reduction of this segment of the workload in IOC will allow direct service staff to focus more exclusively on identifying and addressing child maltreatment and its effects on immediate child safety concerns. This is complicated by state law that places the responsibility of truancy cases on DHS, and requires a referral to DHS after six days of unexcused absence from school. Anecdotally, this was noted as contributing to the workload of non-safety cases.

It was thus recommended that DHS explore and consider earmarking prevention funding for services more tailored to the needs of these families. Specific models and approaches adopted in other urban jurisdictions are provided as resources in the report. More broadly, it would be beneficial for the Philadelphia community to undertake serious study of the systemic contributors to the problem of school truancy, possibly using the Project U-Turn table managed by the Philadelphia Youth Network. Because responsibility for these non-safety cases should not fall so heavily on the child protection system, it is important that the school system, the court, behavioral health, DHS, City Council, and the state legislature all share responsibility for addressing chronic truancy and behavioral issues.

Questions to be addressed include the following:

- Where, governmentally should primary responsibility for truancy be located?
- What factors most frequently underlie chronic truancy?
- How are current programs and services working? What leads to youth being moved from regional truancy court to adjudication to removal from their home and how can this be avoided?
- What do administrative data and evaluation supported by philanthropic and academic partners show about how current programs and services working?
- How do other jurisdictions address truancy at the school district level?
- What is the impact of recent legislation (i.e., Act 138)?
- How manageable are workloads in current truancy programs?
- In what percentage of cases is truancy a major contributor to cases being referred to DHS and consequently, children being placed in DHS custody?
- For children placed in group and congregate care to address truancy and related behaviors, is placing children out of their families and sometimes their home communities actually the least restrictive, most normalized setting in which supports can be provided? Why could those essential services not be provided in their own homes and communities?
- How can a multisystem approach be developed and funded to more effectively serve these challenging children? How does this get structured in the context of existing state mandates? How does this approach address truancy issues before they become chronic?

### **13. Ensuring a Reasonable Workload for the Case Managing Workforce**

Caseloads across the CUAs have been gradually dropping over the past several months and are expected to continue to do so as agencies hire more case managers and turnover stabilizes. However, it is not clear that even the newly reduced caseload standard of ten families per case manager will provide the time required to form working alliances with parents and children and to craft, implement, and monitor individualized service plans. At the same time, the evaluators recognize that DHS and the CUAs formed a work group to look at how to reduce the duties of case managers. To

ensure that the current standard will in fact allow sufficient time for direct service staff to meaningfully engage with parents and children to the level associated with family-centered practice, evaluators recommend that DHS, the State, CUA and provider leaders examine current policy to take another look at how to reduce the work load of each case by determining whether some duties can be eliminated, deprioritized, or assigned to support personnel without compromising the case manager's role in family engagement nor the single case manager model of practice; developing guidance on balancing caseloads so direct service staff are not overloaded; examining findings of selected workload studies in other urban systems in relation to current requirements for case managers in IOC; forming workgroups to examine ways to reduce time associated with travel and court-related activities; and conducting a small time study of court-related time and out of county travel time for case managers in Philadelphia since these variables may be most unique to jurisdictions.

### ***Conclusion***

The implementation of IOC constituted a massive reorganization of the child welfare system locally. Like all such large-scale transformations, it led to some unanticipated consequences that have and will continue to call for review and revision. DHS, in partnership with the CUAs, has made considerable progress, however, and work continues to ensure that IOC realizes its vision of providing more accessible and effective family-centered services.

Continued progress in ensuring that IOC fulfills the City's vision of providing more accessible, culturally acceptable services and resources to families and children in all communities will be dependent upon strong leadership, both in DHS and in the CUAs and on the ability of the city to adequately resource the child welfare system in a way that ensures that it builds and maintains a high quality, stable direct service workforce in sufficient numbers and with ample opportunities for professional development and advancement in order to retain them in the field and build their knowledge and skills. No child welfare system can succeed otherwise regardless of its other strengths.

This evaluation identified many strengths in IOC, along with some notable challenges in the areas of practice, system integration, resource development and allocation, and performance management. Its findings and recommendations are offered to build on the current momentum with the belief that, together with the steps already taken or underway by IOC leadership, they will contribute greatly to improving outcomes for children and families in Philadelphia.

# **Report of the Evaluation of the Improving Outcomes for Children Transformation in the Child Welfare System in Philadelphia October 2017**

## **I. Purpose, Scope, and Context of the Evaluation**

### **1. Purpose**

In May 2016, the Mayor's Fund for Philadelphia, in partnership with the Office of the Deputy Managing Director for Health and Human Services (HHS), issued a request for proposals for an evaluation of the effectiveness of the Improving Outcomes for Children (IOC) process and subsequent recommendations of how the model can be strengthened to meet the initiative's goals of:

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

The request for proposal provided the following background about the development of the initiative and the core components of implementation. The Child Welfare Policy and Practice Group, a nonprofit technical assistance organization, was selected to conduct the evaluation.

### ***Improving Outcomes for Children***

In 2011 and 2012, the City began redesigning the service delivery structure for foster care and other services. After an extensive process of stakeholder engagement, the City designed the IOC community-based model of service delivery. Based on the premise that positive outcomes are achieved through child welfare services that are family-centered, community-based, culturally competent, integrated, timely and accountable for results, IOC transitioned City-provided case management services, home visiting, and to the extent possible, counseling and placement services to a set of CUAs. DHS continues to provide monitoring, oversight, and quality assurance throughout the system and is responsible for holding the CUAs accountable for high-quality results for the children of Philadelphia.

Corresponding to the decentralization of direct case management services, DHS strengthened its Intake hotline and Investigations unit, developed capacity to integrate a family teaming process to support CUA case management, and enhanced its performance management and accountability structure. Structural elements of the IOC System transition were anchored around a critical culture shift within the entire child welfare system in Philadelphia. Primary elements of the IOC shift are:

- Shifting from dual case management (DHS and providers) to single case management delivered by CUAs.
- Maintaining DHS's Safety Model of Practice as core to the service delivery model.
- Adopting Strengthening Families' an evidence-informed approach focused on child and family well-being through the building of protective factors.
- Increasing focus on family-centered services and decision-making.

- Building community partnerships and neighborhood networks of supports (formal and informal) in geographic areas.
- Adopting a family team decision making model that includes the family (and youth where age appropriate) and service and system partners convened at key decision points over the life of the case.
- Defining geographic areas serving as the primary contact and service coordinator for families.
- Enhancing services organized around the family, siblings, relative, and kin connections.
- Emphasizing reunification whenever safe and possible.
- Strengthening performance management and quality improvement functions within DHS.

## **2. Scope**

The evaluation began in September 2016 with introductory visits with DHS leadership and selected staff and concludes with the release of the final report and recommendations publicly the week of October 16, 2017. A draft report was released to the public August 9, 2017.

The City's expectations focus on a series of deliverables that relate to operational processes and outcomes and will compose key elements of the report findings and recommendations. Those deliverables include the following:

- Extensive stakeholder interviews with DHS and CUA staff, legal partners, providers, public officials, foster parents, parents, youth, advocates and others
- Shadowing of case management staff in each of the ten CUAs
- Shadowing of a DHS Intake unit
- In-depth data and trend analysis
- Review of DHS and CUA policy and procedural guidelines
- DHS and CUA staffing analysis
- DHS and CUA organizational and role analysis, including subcontractors
- Review of the contracting process, provider performance expectations and DHS revenue timing and payment process
- Analysis of CUA support services and funding services
- Review of data dashboards in other jurisdictions and dashboard recommendations for DHS
- Survey and analysis of best practices from urban jurisdictions
- Recommendations based on evaluation findings
- Completion of a proposed implementation work plan
- Review of feedback on the draft report from key stakeholders

## **3. Context**

It is essential to note that this evaluation occurred during a time of great change in the administration and management of DHS. September 2016, the month that evaluation activities began, also marked the entry of Commissioner Figueroa in DHS. As would be expected, Commissioner Figueroa and her newly formed executive team began immediately to institute both organizational and operational changes within DHS and in the IOC system. Many of these were and continue to be directed at problems and inefficiencies that had occurred in the IOC implementation.

At the same time, the system was dealing with the effects of the changes to the state's Child Protective Services Law (CPSL) instituted in 2015. An outgrowth of the 2014 Jerry Sandusky child sexual abuse case, the changes were made to expand the definition of abuse and who is considered a mandated reporter. In part due to this change, reports of maltreatment increased by 45 percent from 2012 to 2016. In that same period, the number of children in out-of-home care increased by 47 percent. Over the last two years (including during this review), the system has begun to stabilize from this significant change to the landscape. Thus many problems called to the attention of evaluators during the early weeks and months of the evaluation have been and continue to be addressed by changes in management structures, policies, and budget allocations. Evaluators have made every effort to stay abreast of these changes and to ensure that the final findings and recommendations of this report speak, as closely as possible, to current conditions in IOC. It is only reasonable to expect, however, that changes in the IOC system will be ongoing, particularly in 2017 given that it is the first full year of the administration of the current DHS executive team.

To provide a baseline of implementation status and a framework for evaluating current strategies, a brief summary of the IOC implementation experience leading up to the evaluation follows. Originally, it was anticipated that the case management resources within DHS would transition to the CUAs, including the CUAs believing it would be possible to recruit DHS staff. However, that step was not taken and CUAs were faced with building an entirely new work force along with the necessary administrative and management infrastructure needed to support case management services as well as the contract services formerly under DHS administration. Many of the DHS case managers transferred to other DHS responsibilities, with some given roles to support CUA capacity building and manage the expanding family team conferencing process. The original plan for IOC rollout envisioned a gradual expansion of the number of CUAs to permit early experience to inform the strategies necessary to enable the CUAs to manage their new responsibilities. However, after an incremental start with a small number of CUAs for the first few years, DHS decided to fully implement the IOC process in all ten CUAs. In fiscal year 2014, the number of CUAs grew from two to ten. It also should be noted that DHS saw repeated changes in leadership the first two years of IOC implementation, with three commissioners appointed to lead the organization from 2014 to 2016.

Due to this rapid implementation, CUAs were not yet prepared for such significant responsibilities and with the handicap of many relatively inexperienced case managers and staff, struggled to manage their expanding responsibilities. Budget issues also arose, resulting in CUA case managers experiencing large caseloads. DHS staff assigned as practice coaches to CUAs reported that they increasingly found themselves defaulting to a supervisory role as a result of staff inexperience in CUAs. At times, some CUAs were forced to delay payments to resource families and subcontractors because of cash flow issues. During fiscal year 2016, the State experienced a nine-month delay in the passage of its budget, which further exacerbated the issue. Those problems have eased considerably since that period.

At the same time, DHS was dealing with the need to increase its intake capacity to respond to the increased reporting that occurred in the wake of the post-Sandusky legislative changes. In addition, courts, in frustration with what they considered unacceptable



casework practice among new and inexperienced CUA staff, were ordering cases transferred to the CUAs back to management under DHS, thus requiring DHS to maintain some capacity for providing ongoing services. The fact that so many positions were maintained in DHS, led to speculation in the community about whether DHA was in fact overstaffed or creating unnecessary jobs to justify retaining personnel. Since the introduction of IOC, however, the number of DHS positions overall has declined from 1,453 in FY2012 to 1,226 as of September 30<sup>th</sup>, 2017, and case management staff declined from 794 in 2012 to 468 as of October 2017. Current case management staff is focused on intake, investigations, and adoptions, which as noted above, have grown since 2012. Over the course of this evaluation, the number of cases being carried in ongoing services by DHS has continued to decline as CUAs have begun to stabilize. DHS has retained just twenty-five ongoing service case managers compared to the pre-IOC deployment of approximately 280. Former DHS ongoing case managers (or case management positions) have been reassigned to assist CUAs with teaming, performance management and technical assistance. Over time, as staff retention rates increase and case managers become more experienced, CUAs should become more self-sufficient and the need for DHS to assist with teaming and technical assistance roles will decrease.

Another critically important factor affecting the context of the evaluation was the fact that DHS had experienced a crash of its data warehouse in December 2014. Because twenty-first century child welfare systems are heavily reliant upon the ability to track and analyze a huge number of process and outcome metrics, this had proven to be a significant handicap to IOC. DHS administrators and managers have seemingly worked diligently to overcome this limitation and, during the period of the evaluation, did make considerable progress in rebuilding much of the database. Limitations in data system functioning and capacity did, however, make the retrieval of many of the measures requested by evaluators more difficult and time consuming and in some cases impossible.

Organizationally, many former DHS case managers and other staff reportedly resented the transfer of case management to the CUAs and, consequently, resented the CUAs. DHS staff and some key stakeholders, such as judges and attorneys, expressed concerns about the performance of some CUA staff, many of whom were still relatively inexperienced.

As will be evident in information presented later in this report, relationships between DHS staff and CUAs are improving, although not to the degree that some DHS and CUA managers want. Stakeholders report and data indicate some stabilization occurring in the CUAs as staff gain experience, vacancies are filled, management processes are refined, and caseloads are reduced. DHS has established regular work groups between DHS and CUAs at multiple levels within the organizations to problem solve and foster the principle of a single child welfare system. Effective in July 2017, DHS will assume responsibility for both identifying and locating placements as well as subcontract oversight and payment. These steps will reduce the demands on CUAs and permit more attention to the case management role. This change is generally viewed as positive by CUAs. A few did, however, express some fear that, while providing some immediate relief, it may have the long-term disadvantage of giving CUAs less influence with the providers upon whom they are dependent for their service array.

Finally, it is important to acknowledge the role of external factors such as poverty in the child welfare system in Philadelphia. According to the US Census, twenty-six percent of Philadelphia's residents live in poverty, with thirty-six percent of children in poverty and

twelve percent of residents experiencing “deep poverty” as defined by having annual incomes at less than one-half the federal poverty level, making it the poorest among America’s ten largest cities. Poor families often struggle to maintain adequate housing, child care, transportation for medical care, and access to other resources that bear on the safety and well-being of their children. The degree to which poverty constitutes an underlying factor in referrals to child welfare in Philadelphia is likely only partially reflected in DHS data that show housing as a factor in 11 percent of removals of children from their families. Additionally, to the extent that poverty disproportionately affects families of color, it may also contribute to higher representation of minority children in child welfare caseloads.

### ***DHS and CUA Status Today***

Before focusing on current challenges, it is worthwhile to recognize the progress DHS and the CUAs have made, particularly in the last year. These system strengths include the following:

#### **Strengths**

- DHS has created a new organizational structure that provides greater clarity of organizational function, greater focus on performance and unified leadership, and accountability over child welfare operations and IOC implementation.
- DHS maintains a strong and persistent focus on the goal of a single case plan for each child and family.
- DHS has resumed its performance management quality assurance case review process and is utilizing it as a tool to evaluate CUA performance.
- DHS has elevated professional development by creating the position of Chief Learning Officer.
- DHS has developed and implemented a training curriculum titled *Supervising for Excellence*.
- DHS is developing an experiential court simulation curriculum to enhance staff performance in court.
- DHS is rebuilding its data warehouse to better meet IOC system needs pending construction of a new data system, and incorporating the Technology department into the Performance Management division.
- A new data system is being planned with a goal of functionality by December 2018.
- DHS’s development of a CUA scorecard to track and report on CUA performance.
- DHS has instituted regular planning and joint problem-solving meetings with CUAs at the administrative, management, and supervisory levels.
- DHS has developed and submitted a plan of correction in response to regulatory noncompliance that has been accepted by State DHS. As a result, DHS’s full license has been restored.
- CUA caseloads have been reduced from an average high of over thirteen in 2014 to eleven with a goal of achieving caseloads of ten.
- A ratio of no more than five case managers per supervisor is maintained in DHS and in the CUAs, in compliance with state regulations.
- DHS has implemented an extensive family team conferencing process that convenes families and other team members at key intervals.

- CUA staff turnover has begun to decline; the most recent data show that turnover stands at 11 percent and the number of vacant case manager positions at an average of four per CUA.
- Relative to national data, Philadelphia has a substantially larger proportion of children placed with kin and a slightly lower percentage placed in congregate care.
- DHS and the Philadelphia Family Court have historically worked well together to coordinate their respective roles in the child welfare system.

Currently, DHS and CUAs are making significant progress in addressing challenges in IOC implementation, as will be described more fully in the following sections of this report. The majority of the report will be primarily devoted to identifying remaining challenges and, where possible, offering suggestions for solutions.

## II. Methodology

### A. Summary of Work Plan

This evaluation was broad in scope, seeking to answer multiple questions, including:

- (1) To what extent is the IOC model fulfilling its intended purpose of maintaining more children and youth safely in their own homes, enabling more children and youth to achieve timely permanence, reducing the use of congregate care, and improving child and family functioning?
- (2) Are children and families served under the transformed system better off with respect to core values of safety, permanency, and stability?
- (3) What particular strengths and needs are represented in the system currently?
- (4) What, if any, changes are most needed for the system to function optimally to attain positive outcomes related to child safety, permanency, and well-being?

To fulfill this broad mandate, several information gathering approaches were necessary: The foundational methodology was a broad series of stakeholder interviews with groups and individuals positioned to experience the system from multiple perspectives, both direct and indirect. Additionally, evaluators spent a day in each of the CUAs and in one DHS Intake unit to observe and hear directly from practitioners about their daily work experiences. To gain additional information and to check the reliability of these qualitative sources, evaluators also reviewed numerous sources of more objective data including survey results, quantitative performance and outcome measures, case record documents, policies used to guide daily practice, and reports of reviews conducted by licensing authorities and other external accountability groups.

Data collection was sequenced in a deliberate way so that evaluators began with reviews of administrative level reports and policy documents, quantitative measures as they were made available, and interviews with leaders in DHS, the CUAs, and in both public and private sector partner organizations. This provided evaluators with at least a general understanding of IOC principles, processes, and timelines that could better inform questioning and support understanding and interpretation of information provided by middle managers, direct service staff, community partners and service providers, resource families, and families and youth who actually experience IOC as recipients of services.

### B. IOC System, Policy, and Practice: Data Sources and Collection

#### ***1. Interviews and Observations***

Evaluators conducted over seventy group and individual interviews involving over two hundred persons. Some individuals were interviewed more than once to clarify questions or to capture information concerning changes that were occurring during the evaluation. Selection of subjects was guided initially by the need to understand the IOC system from multiple perspectives. Specific individuals or positions were added throughout the process when they were nominated by those already interviewed or by the evaluation team based on its review of other information.

Interviews included both DHS and CUA personnel at all levels of leadership and management; supervisors; DHS personnel supporting CUAs in teaming and practice; judges and attorneys involved in child dependency proceedings in juvenile court; representatives of partner agencies, such as juvenile services and behavioral health; leadership of the Pennsylvania DHS, which licenses Philadelphia DHS;

representatives of city council offices; members of the Community Oversight Board; advocacy groups; service providers; resource parents; biological parents and other caregivers; and youth.

Shadowing activities consisted of one-day visits to each of the ten CUAs as well as to one DHS Intake unit. During these visits, evaluators were assigned to specific supervisor units but, in most instances, also had an opportunity to interview managers and/or directors and, in some instances, other supervisors. Evaluators observed case management personnel carrying out their duties, attended family team meetings, court hearings, family home visits, and community groups, and interviewed case managers, supervisors, and support personnel.

Interview questions were guided by the broad scope of this evaluation, which seeks to assess the functioning of the IOC model operationally and in terms of safety, permanency, and well-being outcomes for children and families. All interviews followed a general format that covered strengths of the IOC model and implementation, areas of challenge or need, and opportunities for participants to suggest ideas for improving operations and outcomes. Additional questions were asked when needed for clarification, to resolve discrepancies in comments, or to elicit additional information about a topic already raised. Interviewers made notes of interview and shadowing content, positions included, and scope of work of participants.

Notes of interviews and shadowing were coded by a member of the evaluation team using a code list consisting of both predetermined and emerging codes that relate to specific practices and activities. Predetermined codes included designations for variables expected to appear in the interviews such as workforce and workload, practice and performance, courts and legal activities, data and information technology, policy and law, practice and performance, role clarity, and IOC implementation. Other codes such as case transfer and CUA-DHS relationship emerged as the data were reviewed and were added to the coding.

In the second phase of analysis an additional coding scheme was applied to the comments grouped into the phase one list. That phase, in particular, was guided by questions such as:

- What underlies these statements/issues? Are they connected or different? If connected, by what? If different, in what way?
- Does this statement/issue relate to a central tenet of child welfare practice or outcomes (e.g., safety, permanency, family engagement, least restrictive placement)?
- To what extent are statements about the same issue consistent or inconsistent? If inconsistent, what other issues are raised or might account for inconsistencies?
- Do statements raise other questions that should guide further inquiry in the evaluation?

This coding process allowed the identification of major themes, which were then grouped into categories considered by the evaluation team to correspond most accurately to essential system functions and tenets of child welfare practice. Identification of themes was based on their expression in multiple interviews or consistently in interviews with individuals or groups uniquely positioned to have knowledge concerning them (e.g., judges, subcontractors for resource parents). In most instances, themes were without refutation in the data; where exceptions occurred, they were noted in the analysis. Themes were then triangulated with quantitative indicators and other more objective data described in Section A above to derive the final findings of this report.

## **2. Policy and Practice Guidelines**

The *IOC Practice Guidelines* and related memoranda were reviewed and analyzed with regard to their content, clarity, completeness, utility for direct service staff, and consistency with recognized tenets of

child welfare practice including family-centeredness, family engagement, focus on safety and permanency for children, and assurance of well-being for children in DHS custody.

### ***3. Review of Best Practices in Urban Jurisdictions***

Information about selected practices in other urban jurisdictions was gathered, reviewed, and compiled. This information was derived through interviews with managers of agencies in jurisdictions where the practices were developed and used as well as from the evaluators' own experience in working with child welfare systems nationally in cities such as Los Angeles, Miami, New York, Washington, DC, and Chicago, and also states that were implementing promising practices statewide. These practices are described Appendix A of this document.

It should also be acknowledged that, during the course of this evaluation, DHS leaders were involved in obtaining information from New Jersey concerning its child welfare training and professional development capacity. They also visited Washington, DC to observe its "Red Team" problem-solving process, and Allegheny County in west Pennsylvania to look at their predictive analytics and prevention services work.

## **C. IOC System Performance Indicators**

### ***1. Data Capacity***

Evaluators queried both DHS and CUA personnel concerning the utility of the current automated data system and the availability and utility of data management reports to guide practice and performance assessment.

### ***2. Quantitative Data and Trends***

Case-related quantitative data were requested from the DHS Electronic Case Management System (ECMS). Evaluators asked for data extending back to fiscal year 2012 on indicators most closely associated with performance and outcomes related to key child welfare objectives of safety and permanency. Most data provided covered the period 2012 through calendar year 2016. Early 2017 data were also incorporated in the later stages of the evaluation as it was made available. The list of metrics in the request included the following:

- Number of referrals and accepted reports
- Substantiation rates in investigations of abuse or neglect
- Percent of removals in substantiated child protection investigations
- Timeliness of investigations and their disposition (i.e., unsubstantiated, substantiated and closed, substantiated with referral to in-home services, substantiated with removal)
- Percent of child removals in substantiated investigations
- The number of child removals originating in CUAs vs. DHS Intake
- The most common reasons for removal (e.g., parental substance abuse, mental health, child behavior/family conflict, etc.)
- The number of re-referrals within six months and one year by category with disposition of the last and current referral
- Number of removals originating in CUAs vs. DHS Intake
- Percentage of removals in substantiated investigations
- Timeliness of investigations and disposition (i.e., unsubstantiated, substantiated and closed, substantiated with referral to in-home services, substantiated with removal)

- Timeliness of transfer of substantiated cases (both to ongoing services within DHS and to CUAs)
- Rate of transfer of substantiated cases to ongoing services, safe and unsafe by ongoing service provider (i.e., DHS ongoing services, CUA, or other)
- Number of in-home safety; number of in-home non-safety cases
- Frequency of case contacts
- Services provided (i.e., units, type)
- Disposition (e.g., services completed, removals, withdrawals, unable to locate, etc.)
- Number of children in placement by age, gender, race/ethnicity, placement reason, placement setting, permanency goals
- Visitation rates for parents of children in out of home care with a goal of reunification\*\*
- Rates of parent case plans completed within sixty days of removal
- Number of child placement changes
- Number/rate of children exiting in thirty, sixty, ninety days
- Number/rate of children exiting in twelve months, twenty-four months
- Rates of e-entry by length of stay and discharge reason
- Children in care greater than eighteen months with reunification goal
- Children with parental rights terminated by placement setting and permanency goal
- Incidence of substantiated maltreatment in out of home care by placement type
- Permanency outcomes for children exiting out of home care

#### **D. IOC Administrative Structure and Supports: Data Sources and Collection**

##### ***1. Contracting***

Evaluators interviewed DHS and CUA administrators and managers and subcontracted providers to assess processes related to contracting and revenue flow to providers.

##### ***2. Oversight and Accountability***

Accountability structures in DHS and in the CUAs, tools and processes for quality assurance and QSR activities, and the CUA scorecard being developed by DHS to measure CUA performance were all reviewed. Evaluators also provided an overview of data dashboards nationally.

##### ***3. Organization and Staffing***

Interviews with CUA and DHS personnel and review of policy guidelines were used to examine role differentiation and clarity of roles in IOC. CUAs were surveyed regarding their staffing allocations, vacancies, and staff qualifications such as social work education and experience in child welfare. Evaluators reviewed organizational charts and data on staffing and turnover. The survey of the CUAs on agency characteristics and resources provided useful information about their operations. Because the survey instrument has the inherent disadvantage of being unresponsive to identification of more complex issues, additional information gathering by interviews was also conducted in some cases. A copy of the survey instrument is attached. Because there are limitations within CUAs to collecting some of the staff characteristics in an automated fashion, questions that required extensive manual information collection were limited.

##### ***4. Budget and Resources***

Evaluators reviewed budget documents and interviewed administrators in DHS and in the CUAs concerning budgetary processes. CUAs were surveyed regarding resources and resource needs.



### ***5. Resources for Child Placement***

Data on placement settings of children in out of home care, trends in the number of resource families over the past four years, interviews with DHS and CUA personnel, and interviews with representatives of provider agencies were used to assess the sufficiency and utilization of placement resources available for children.

### **E. Limitations of the Evaluation**

It is important to acknowledge the limitations of this evaluation based on both context and resources. First, as it occurred during a time of continuing change and development in both the structure and processes of the IOC model, this work most closely approximates a formative evaluation of the system and its functioning. Formative evaluations are intended to assess programs during their development to determine if they are feasible and designed to best accomplish their intended purposes. A summative evaluation can be conducted after a formative evaluation to determine the extent to which the program has achieved the stated client outcomes. Therefore further monitoring is recommended to conclusively answer the question of whether children and families are better off under IOC. However, this administration has led an enormous effort to turn the system around, and early results indicate that, with sufficient support for direct service staff, there is a strong likelihood that the system will be strengthened overall.

Resources did not allow for recording and full transcription of interviews or for follow-up interviews with all informants whose perspectives might have changed over the year-long course of the evaluation. Instead, evaluators relied upon transcriptions of notes made by each team member of the interviews that he/she conducted. Second interviews were conducted with selected interest groups such as the courts, CUAs, and key positions in DHS. Additionally, and again due to resource limitations, direct observations of activities in CUAs and in DHS intake occurred on only one day in each location and in only one of three intake units in DHS.

Finally, despite the consistent cooperation and effort of DHS, the agency's current data system did not provide for the desired level of detail for some quantitative indicators. Some data elements were not available at all, were gathered in a way that limited their applicability, or could not be sufficiently disaggregated to fully inform questions related to specific population groups or to specific CUAs.

### III. Summary and Discussion of Findings

This evaluation entailed a broad assessment of the IOC transformation, its implementation, and current functioning. As mentioned above, evaluators gathered information from those involved in the IOC system at all levels from leadership to service recipients, and from the perspectives of those within and outside of the system. Over seventy interviews involving over two hundred people were conducted. Policy documents, performance reports, and quantitative data were reviewed and analyzed. Evaluators spent a day with each CUA and in a DHS Intake unit, interviewing staff and accompanying case managers as they went about their duties. A number of individuals were interviewed twice to capture changes that occurred during the period of the evaluation and monthly conference calls were held with the DHS executive team to stay abreast of changes occurring during the evaluation.

Distillation of this vast amount of information into actionable recommendations involves relating it to the essential child welfare charge to ensure safety, permanency, and well-being for the children and families the Philadelphia child welfare system serves. From this perspective, findings of this evaluation fall into major themes that are described as follows:

- Child welfare practice issues were prominent. They include the need for increased understanding of and connection to the unifying model of practice; engaging and forming working alliances with families; including families and their support systems in assessment and decision making; practices affecting decisions to remove children from their homes; and practices that influence the attainment of permanency for children in out of home care.
- The rate of involvement in families for reasons related to truancy and other issues not presenting proximal threats to child safety that is the more traditional charge of child welfare.
- The use of data and the need for a system and framework that allows and encourages staff at all levels to use outcome data to drive decisions about practice needs and innovations;
- Performance accountability based on measures reflective of practice quality and outcomes;
- Effective interface with the courts and the legal system;
- Ensuring the stability and quality of direct service staff;
- Establishing and maintaining a reasonable workload for direct service staff; and
- Discerning and maintaining resources necessary to support high-quality practice and meet child and family needs.

These themes are discussed below to provide a basis for the recommendations that follow in Section IV of this report. A detailed description and analysis of the input that led to the findings are discussed in Sections V and VI.

#### A. Practice

Strong practice in child welfare is characterized by certain key features: subscription to a shared model of family-centered practice that guides agency behavior from leadership and policy development to the performance of direct service staff; the ability to engage and involve families in identifying and working toward goals that will ensure the safety and well-being of their children; and reflective of an understanding that children are typically best served when their families and kin can be engaged in making and keeping them healthy and safe.

Evaluators identified several notable strengths of practice in IOC including, but not limited to, the very high rate of placement of children with kin, the relatively low use of congregate care, and the

adoption of *IOC Practice Guidelines* that call for a strong focus on child safety and delineate generally appropriate policies related to contacts with children and families, the role of resource families in relation to children's own parents, decision making related to the selection of placements for children, and a number of other areas as outlined in Section V.B.1. of this document.

As anticipated, evaluators also identified some areas where practice might be strengthened to achieve better outcomes. These are described in the sections below.

#### *Practice Model*

The Pennsylvania DHS moved some years back to adopt a safety-centered model of practice. This may have been well understood and communicated throughout the organization at the time. Evaluators were not, however, about to discern a clear, uniformly communicated model of practice throughout IOC. In fact, a number of those interviewed in the CUAs expressed the need for a clear practice framework.

A practice model sets forth principles, values, and expectations, and outlines the fundamental approaches or techniques that guide practice to achieve outcomes. The Guidelines include principles related to child safety, permanency, and well-being, speak to addressing trauma and supporting the developmental needs of children, and to strengthening families by helping them to build protective factors related to resilience, knowledge of parenting and child development, fulfillment of immediate concrete needs, and development of social supports. Although needed and appropriate, there is not a single document available to DHS, CUA, and contractor staff that reflects the coherent framework that guides overall practice toward stated outcomes while allowing the flexibility necessary to individualize services for families. Without a single document that lays out this framework and that is recognized as a touchstone for all staff, there is the potential to promote an emphasis on compliance rather than a reflective practice mentality among supervisors and case managers. Additionally, this can also have the unintended consequence of diluting the case manager's focus on factors that have a direct bearing on child safety and well-being.

More recently, evaluators have been made aware of joint efforts underway between DHS and the CUAs to better define the responsibilities of case managers in relation to the presenting needs in an individual case and to factors most relevant to child safety and permanency. Evaluators are supportive of those efforts.

#### *Family Engagement*

Findings suggest that practice in IOC is currently centered strongly on meeting the needs of children in out-of-home care rather than engaging parents and caregivers and supporting them in taking the steps needed to ensure the safety and well-being of their children. The *Guidelines* do not speak strongly to family engagement, and neither interview nor observation findings suggest that frontline caseworkers have strong family engagement skills or that they view the engagement of parents as a priority. Very few parents involved in focus groups reported a positive relationship with their case managers; case plans are often made either in court hearings or in team meetings without parent input; and there is a lack of consistent coordination between case managers and services offered to parents through the Achieving Reunification Center.

Parents involved with child welfare are typically lacking in resources and social supports, and have histories of trauma of multiple types. A trusting relationship with a competent and effective caseworker can be, and often is, the pivotal factor in determining whether they succeed or fail in their

efforts to repair the behaviors and circumstances that caused their children to be unsafe. When reunification fails, children remain in out of home care longer and become vulnerable to more adverse experiences within the child welfare system.

#### *High Rate of Children in Out of Home Care*

Based on the most recent available data, Philadelphia currently places children in out of home care at a rate that is about three times the national average using the Casey Family Programs standard rate and, at the time of this evaluation, is unmatched by that of any other large American city. While removal of children from their families is sometimes necessary to ensure their safety, it also inflicts trauma and thus should be done only when it becomes the only reasonable way to protect children from harm. Although this evaluation did not involve a review of the safety decision making process in IOC, it must be said that the very high rate of children in out of home care in the city suggests that some of these removals could be avoided with better decision making in safety assessment and more aggressive in-home safety planning.

The current leadership has undertaken steps directed toward safely reducing unnecessary entries into care. Policy was recently enacted that requires manager level authorization before an order of protective custody can be requested. Prior to this change, first line supervisors could make that decision. Leaders are also exploring processes that have shown success in reducing unnecessary entries into care in Washington, DC. Further, leadership authorized a study of intake decision making by Casey Family Programs, which resulted in several recommendations to improve the intake and removal decision-making processes. Those included greater efforts to conduct team decision making with families prior to removal of children, and the provision of more training and coaching for DHS Intake and CUA staff in safety decision making and in engaging families and their support systems in safety planning. All of these recommendations as well as the actions taken thus far by DHS leadership to reduce unnecessary removals of children from their families are supported by evaluators.

As part of understanding this issue, evaluators looked at the current level of connections to behavioral health and addiction services for children and families. Children served by the child welfare system are more likely than average to have experienced trauma. Therefore, one might expect higher rates of behavioral health needs and utilization. In Fiscal Year 2017, seventy-eight percent of families involved in the child welfare system had received services from the Department of Behavioral Health and Intellectual disAbility Services in the past three years, including fifty-seven percent of children and forty-seven percent of mothers. It is also important to consider that while children served by the child welfare system do have greater than average behavioral health needs, not all call for formal clinical services. For many children, the most effective treatment is nurturance in a stable, loving environment.

As discussion in the context section, Philadelphia has the highest rate of poverty of the ten largest cities in the U.S. While poverty is highly associated with child abuse and neglect reporting and placement in out-of-home care nationally, other large urban child welfare systems also have high rates of children in poverty, but do not experience out-of-home care rates even approaching those of Philadelphia. While Philadelphia out-of-home care rate stands at 16.4 (poverty rate: 25.7 percent), Detroit has an out-of-home care rate of 6.4 (poverty rate: 39.8 percent), Baltimore 9.2 (poverty rate: 22.9 percent), and Milwaukee 10 (poverty rate: 28.7 percent). This suggests there are opportunities to address practice issues to improve this local trend while still recognizing there are systemic issues at play.

### *Family Team Meetings*

The institution of team meetings to involve families and their support systems in decision making and planning to meet their needs related to the safety, well-being, and permanency of their children was a key part of IOC implementation. Informants overwhelmingly expressed support of this approach but also reported that it is not working optimally. It was consistently reported that parents or caregivers are present in less than fifty percent of such meetings. More recently, evaluators were provided with data from the DHS case file review process that show that thirty-seven percent of parents are involved in developing their case plans.

Information gained in interviews and observations suggest a number of possible reasons for the lack of family involvement in planning: First, families do not receive direct information about preparation for the meeting from their caseworkers but are invited via telephone by the DHS Team Coordinator whom the family does not know. Secondly, community sites used for meetings are limited and may not be available during times that parents can accommodate or may be difficult for them to access. Some informants also suggested that families and some case managers may view team meetings as unimportant since case plan requirements may be ordered in court based on recommendations of legal or behavioral health professionals, and such orders are viewed as either pre-empting or over-riding plans made in team meetings.

### *Attainment of Permanency for Children in Out of Home Care*

A positive finding in this evaluation is that exits of children in out-of-home care to destinations considered to be permanent are rising in IOC. However, the rate at which children exit to non-permanency remains somewhat higher than the national average. A potential factor in this finding may be that a somewhat greater percentage of youngsters in Philadelphia have a goal of Another Planned Permanent Living Arrangement (APPLA), which often indicates a plan for them to leave the system at majority age without placement with a legally permanent family. A significant number of children are also shown in out-of-home care data as on runaway status. Many of these children may return to care or receive other services through IOC, but the extent to which this occurs is unknown.

Evaluators were unable to obtain a breakdown of ages, reasons for placement, and exit reasons for the population not exiting to permanency. However, it would be very helpful to know more about them as a basis for taking steps to help more of these children attain permanency. Children and youth who leave the care of child welfare systems without finding permanent families are known to be at far higher risk for a variety of adverse outcomes including homelessness, joblessness, poor health and mental health, and over-representation in the criminal justice system.

### **B. Truancy and Non-Safety Cases**

Child welfare services across the United States are commonly most focused on addressing situations that involve the maltreatment of children at the hands of their caregivers. In Philadelphia (and throughout Pennsylvania), however, the child welfare system is assigned a broader scope of responsibility: The agency is charged to investigate alleged maltreatment in school settings and serves a large number of families in which the presenting needs relate to truancy or some other problem not identified as posing a threat to children's immediate safety. As of 2016, such cases accounted for over half (fifty-nine percent) of the number of children served in the IOC in-home services program. More recent data based on a count of families show that fifty-five percent of families receiving in-home services are considered open for reasons not directly related to threats to child safety. The proportion of such cases has risen steadily since 2012, when they comprised only twenty-two percent of the

children in the in-home services caseload due in part to increasingly stringent state regulations. Although DHS does not currently have sufficient data to provide a clear picture on the scope of this challenge, evaluators were consistently told that truancy is also a frequent reason for removal of children from their families.

Services to families experiencing problems with truancy and other needs that do not involve child safety are important, and DHS currently supports these issues through programs such as Out of School Time, Regional Truancy Court, and the Education Support Center. However, these services are not necessarily best provided by the mandated child protection system, which may be viewed by parents as intrusive and accusatory. Further, such situations often involve different underlying needs and causative factors than does child maltreatment. While the truancy issue did not result from the IOC implementation, requiring personnel whom the public chiefly holds accountable for protecting children from proximal threats of harm to also manage such a large number of other responsibilities risks, in the opinion of evaluators, weakening their ability to achieve the goals of IOC, specifically to develop and maintain the skills and focus required to best address issues of child safety.

### **C. The Direct Service Workforce and Workload**

It is a truism that a child welfare system is only as good as its direct service workforce. No amount of detailed policy directives, laws, regulation, court or community body oversight, or programmatic innovations will ensure that children are protected and that families receive needed services in the absence of a fully qualified, well-prepared and supported workforce with a reasonable workload. In fact, many measures enacted in systems in an attempt to compensate for a strong workforce through adoption of strict regulatory provisions may have the effect of driving away personnel best qualified to do this difficult and demanding work. Highly skilled professionals tend to shun work settings that are overly regimented and lacking in opportunities to use advanced skills and make individualized decisions based on professional expertise.

The IOC transformation, which assigns to private agency personnel duties formerly handled by the public system, raises new considerations with regard to the creation and support of an effective and sufficient workforce and how each individual CUAs takes responsibility and ensures accountability for the systems and services they oversee and deliver: Is there budgetary capacity to support the full complement of CUA personnel needed to carry out their assignments while maintaining the optimal level of personnel in DHS? How can position qualifications, compensation, and ongoing professional development best be supported, particularly when some federal funding sources available to meet these needs in DHS may not be available for the CUAs? How does each CUA create an organizational leadership and culture that supports an environment conducive to ongoing learning, skill acquisition, and excellence in performance? How can each CUA develop a cadre of supervisors who are fully qualified to fulfill the educative and supportive functions that studies have consistently found to be of critical importance in child welfare supervision?

Although CUAs are still staffing up to the new caseload standard, there remains a question as to whether, given the duties of CUA case managers, the caseload standard of ten families is reasonable. Prior to IOC, DHS case managers shared duties with personnel in contracted provider agencies and there remains some uncertainty as to how the elimination of this support will affect workload. CUA case managers have “mixed” caseloads, meaning that they carry both in-home services and out of home care cases. This evaluation suggests that they may have duties that uniquely impact their workloads as compared with those in some other child welfare jurisdictions:

- As mentioned in the analysis of the *IOC Practice Guidelines*, the CUAs are currently held responsible for a detailed array of functions with little allowance for discretion as to their need in a particular case. While some of these may be performed by support staff, distinguishing between those that are critical to the case management role and those that may be carried out by others requires careful consideration to avoid exposing families to what may, for them, be a confusing number of individual service providers.
- Philadelphia courts conduct reviews every three months on all cases and many in-home cases are also the subject of court orders. This means that case managers must complete preparatory documents and attend hearings at a rate higher than in jurisdictions in which at least some cases are subject to less frequent review or in which most in-home cases are not court-involved.
- Case managers are required to conduct monthly or quarterly visits with many children in out of home care who are placed outside the city, or even outside of Pennsylvania. Such travel can consume a very large amount of time in some caseloads.
- State law requires case managers to ensure monthly visits of children with incarcerated parents regardless of the location of that parent or his/her involvement in permanency planning for the child.

Another consideration in workload is that the family-centered practice approach that has been associated with good outcomes in child welfare requires considerable investment in knowledge and skill development and in time spent with families. Engagement of parents who did not request child welfare intervention, as is true of the vast majority, requires time and skill. So too does the level of inter-professional collaboration and information gathering that is the basis for sound decisions about child safety, permanency, and well-being. Although families may have a single case manager, CUAs rely on an array of auxiliary staff positions that also have family contact. In addition, parents may be served by another caseworker at the Achieving Reunification Center. These individuals may all provide worthwhile services, but their involvement with a single family creates a need for time spent in communication and integration of all of their contacts and observations into the ongoing assessment of a family's progress and current status.

#### **D. Resources to Support High Quality Practice and Meet Child and Family Needs**

Some findings of this evaluation indicate that resource limitations may serve as barriers to optimal practice or the ability of the system to be fully responsive to families. These pertain to the availability of flexible funds to help families in meeting concrete needs and the availability of an adequate number of resource families to meet the spectrum of child needs and to serve as members of the child and family team.

##### *Flexible Funding for Families*

The *IOC Practice Guidelines* appropriately call for adherence to the Strengthening Families Framework, which strives to help families build protective factors such as resilience, social connections, knowledge of parenting and child development, and provision of concrete supports in times of need. The latter of these, concrete supports, has also been shown to be a powerful factor in engaging families in child welfare services. Concrete services not only meet real needs, thus relieving stress for families, but demonstrate in a very direct way the desire of the case manager and the agency to be of help. Evaluators were told, however, that the ability of case managers to access flexible funding to meet the immediate concrete needs of families is quite limited, both in terms of its amount and the policies that control its allocation. CUAs advised that they formerly had a larger pool of such funds than currently

exists. Now, however, CUA contracts reportedly set a cap of \$5,400 annually, an amount that does not go far given the number of families served and level of need.

#### *Flexibility of Budgeting within the CUAs*

Most CUAs indicated that they lacked sufficient flexibility to move monies within their budgets as they might without undergoing an approval process through DHS. CUA directors felt that this limited their ability to use the resources they are allocated to the best advantage of their personnel and service populations. DHS has worked to provide flexibility through fast tracked budget revision processes and other strategies, but particularly as the system stabilizes, there should be greater opportunities to provide flexibility that will benefit the system overall.

Additionally, both DHS representatives and some community providers reported that several CUA parent organizations have service capacity that is not made available to families served through IOC. Given that these families represent among the most vulnerable in their communities, this suggests that both CUA organizations and their funding entities, especially those in the public sector, might do more to explore how services can be better integrated to accommodate the highest need families.

#### *Number and Role of Resource Families*

The number of resource families available to serve children in out of home care has not kept pace with the need in Philadelphia. With just under 6,000 children in out of home care, the number of resource families as of the end of 2016 stood at 2,743. Only about two-thirds of these were in use, possibly indicating that many are not considered able or are not willing to meet the specific needs of the children in out of home care. Philadelphia is able to place nearly half (forty-six percent) of children with kin; even so, over 3,000 children at any given time are in need of care with unrelated families.

In addition to an insufficient number of families, informants in this evaluation repeatedly cited problems with regard to the understanding of the role of resource families as outlined by DHS. While some are appropriately involved in all aspects of children's care, others appear to understand that they are required only to provide a home, but not obligated to be involved in such events as medical or therapeutic appointments, school conferences, court hearings, or team meetings. This creates a need for alternative transportation for children to these events and, more importantly, a lack of continuity in their care. A transportation provider may not be able, for example, to fully and accurately transmit instructions for follow up medical care to the child's foster parent; likewise, case plans crafted for children without resource family input may lack the resource parents' buy-in and commitment. DHS leadership is aware of this issue and is working with contracted agencies that recruit and prepare resource families to ensure that there is a clear and uniform understanding that the role of these caregivers involves their assuming responsibility for meeting all of children's needs and for being fully involved members of the child and family team.

### **E. Oversight and Accountability**

Every child welfare system needs multiple methods to gauge the ongoing effectiveness of its performance and success in meeting the outcomes for which it is responsible. These must include indicators of the quality of casework and service provision as well as measures of compliance with key policy directives.

Evaluator observations about DHS's quality assurance process reflect commonly held views in the field of what constitutes a comprehensive evaluation approach in child welfare systems. They also reflect evaluators' views on the matter based on extensive experience evaluating child welfare systems, both



as technical assistance providers and as court monitor in multiple systems. Basically, the evaluators believe that quality assurance systems should incorporate three key evaluation methodologies: compliance measures, quality measures, and outcome measures. These measures are described below.

**Compliance Measures** – From a child welfare perspective, the primary quantitative measures focus on procedural compliance with policies and standards and answer the question, “Did the action occur?” Examples include, the case manager completing the required safety assessment, case manager completion of the single case plan and the case manager having alone time with the child in the household monthly. Aggregating data from critical measures such as these across a system provides an important indication to the degree of policy and procedural compliance.

**Qualitative Measures** – In child welfare, qualitative measures tend to address whether actions were performed well or effectively and may answer the question, “Are the actions taken having a meaningful impact on desired outcomes and/or improving child and family status?” In most cases, qualitative measures cannot be assessed by case file review documentation alone, rather these measures usually require interviews with a range of key informants highly knowledgeable about each case, such as the parent, child and caregiver, the case manager and others. Professional judgment is commonly an element of assessing performance with qualitative measures. So having a single case plan, which is a quantitative indicator, might contribute to a unified plan for the case. However, the existence of a single case plan does not mean that the plan responds to the needs of the child and family, reflects the family’s ownership of the plan, or is achievable within the family’s constraints. The QSR process used in Pennsylvania and the on-site case reviews that are part of the child and family services review (CFSR) process are examples of qualitative measurement processes.

**Outcome Measures** – Child welfare outcome measures address results. They answer the question, “Did system interventions and practices effect sustained and meaningful improvements in child safety, permanency and well-being?” The federal outcome measures, listed in the Executive Summary under Recommendation Seven, are good examples of an outcome-based methodology.

DHS and CUA leaders have undertaken to develop accountability structures reflective of IOC policies within their organizations. DHS, in particular, has been working to expand its oversight capacity and processes in keeping with its responsibility to monitor performance both internally and in the CUAs and to make information on key indicators publicly available. Overall, however, evaluators found these measures to be heavily focused on process compliance rather than on quality and outcomes.

#### *The CUA Scorecard*

As part of its analysis of system oversight and accountability mechanisms, evaluators reviewed the DHS draft CUA scorecard that is currently in development. A newly revised scorecard was presented to evaluators on August 11, 2017. Evaluation of the CUA scorecard was approached within the mixed methods framework. More detailed information of this method is also found in Section VI.B.3 of this report. DHS has wisely decided to start with a small number of measures, covering a representative range of the indicators it can reliably evaluate. Evaluators believe that the development of the scorecard is a major advancement by DHS.

In looking at further refinements to the current scorecard, evaluators believe that DHS should consider adding the federal CFSR outcome measures and interview-based practice quality measures. The case file review indicators in the current scorecard can measure task completion, thoroughness, and timeliness of action, for example, but they cannot reflect whether the child and family assessment was accurate or the plan adequately addressed child and family needs. Fortunately, DHS continues to employ the QSR, as do the CUAs, which does look at practice quality intensely. However, the current sample size is too small to reliably reflect overall quality or to merit inclusion in a scorecard. For QSR performance to be a reliable CUA scorecard measure, the sample size would need to be larger.

An additional element that seems relevant to the scorecard design is the perception within the CUA community that the scorecard will make them vulnerable to criticism by stakeholders because their current performance on some measures is below standards. They have concerns that these basic indicators will not fully reflect the many IOC implementation barriers they are still trying to overcome or the complexity of child welfare operations in such a challenging urban setting. DHS leadership indicated that the process is intended to create more transparency and accountability among the CUAs, which evaluators agree is important.

CUA capacity to ultimately meet standards could also be affected by pending recentralization steps planned by DHS to relieve some of the pressure on CUAs. As mentioned in Section I.C, one step is that that, effective July 1, 2017, DHS resumed primary responsibility for subcontracts and payment to subcontractors. DHS has also resumed operation of the placement process. These actions should free CUAs to focus on more primary case management responsibilities at this time. Based on evaluator interviews, there seems to be general agreement among CUAs that these changes will be constructive. However, looking at the potential for additional, more outcome-focused measures in the future, there may be some legitimate measures such as placement restrictiveness, which lie outside the CUAs' scope of authority and resources.

For example, given the community and neighborhood-based principle that underlies the IOC design, two appropriate outcome measures should include placement of children within CUA boundaries (in close proximity to family) and in the least restrictive environment. However, if initial placement decisions are made by DHS, such metrics might need to reflect a shared DHS-CUA responsibility through a separate scorecard because of the interdependent roles of the two entities. In addition, there are several foundational activities that reflect sole DHS responsibility, but which must be carried out effectively to permit CUAs to successfully meet their own responsibilities. For these, DHS intends to create DHS and system scorecards. For example, it is the responsibility of DHS to ensure that intake documents sent to the CUAs are inclusive of necessary documents and transmitted timely. When delays and omissions occur in the transmission of this information, CUA managers must use valuable time to request it from the DHS Intake unit. Similarly, policy anticipates that joint transition visits with families include both the intake worker and case manager. If the intake staff member does not participate, important information may be absent when the visit is made. Finally, the intake caseworker is expected to attend the initial family team conference. If the intake caseworker is absent, historical information that is important in accurately assessing child and family needs and addressing them in the case plan may be missing.

Monitoring essential areas of DHS performance such as these on a system scorecard not only underscores the interdependency of DHS and CUAs, it also may help DHS and the CUAs to emphasize mutual accountability and unity of effort.

#### *Use and Availability of Performance and Outcome Data*

Modern child welfare practice is heavily reliant upon the availability and use of data to gauge performance and support decision making at all levels. IOC implementation and current operations are challenged by the current lack of a well-functioning data management system. Leadership is fully aware of this and taking steps to meet this need. The development and implementation of such systems is, however, time consuming and costly. At this point, the best projections are that it will not be fully operational in Philadelphia before December 2018. Meanwhile, the DHS Performance Management and Technology section has developed interim tools for CUAs to effectively manage their cases and also track key performance points on safety, permanency, and well-being. These tools were instituted in February 2017. CUAs get a weekly data file with their case census with key data points. These weekly tools are in addition to the full access that CUAs have to the current electronic case management applications at DHS, which include FACTS2 and ECMS.

#### **F. Interfacing with the Courts and Legal System**

Child welfare practice in Philadelphia is subjected to intensive oversight by the juvenile court. This means that case managers and supervisors spend a large amount of time preparing for and attending court. It is therefore critical from a workforce performance standpoint that these two parts of the system work together as smoothly as possible. Moreover, it is important that, insofar as possible, processes are in place that make the purpose and outcomes of the court process comprehensible to families, youth, and resource parents over whom it exerts authority.

A notable strength in Philadelphia is that the juvenile courts and DHS have a long history of strong collaboration. It was readily apparent to evaluators that both court and DHS leaders share a strong commitment to working together to effectively carry out their respective roles in the City's child welfare system. It was also apparent, however, that the increased rate of children in out of home care combined with implementation of IOC have significantly challenged court capacity and agency-court processes.

CUA representatives contacted during this evaluation consistently reported feeling excluded from and ineffective in the court process. Likewise, legal professionals interviewed, although supportive of the principle of community-based services for families, expressed frustration that IOC has made their work more difficult. This is largely the result of at least two factors: first, City Solicitors who act on behalf of the state represent DHS, not the CUAs. CUA personnel are thus treated as any fact witness and discussions with them are not protected by attorney-client privilege. Additionally, high turnover among CUA direct service staff has meant that a high percentage of case managers are inexperienced and unfamiliar with court requirements and procedures. Turnover is reportedly stabilizing somewhat and the experiential court training that is now being offered to CUA staff will likely be helpful. However, it will continue to be important that CUA case managers be supported in their role in providing the most accurate and complete information to the court if the judicial system is to perform at its best. It might also be noted that extreme discomfort in the agency-court relationship has been cited in some child welfare workforce studies as one factor driving high rates of turnover among casework staff. Skilled child welfare professionals will not long remain in settings where they do not experience inter-professional respect or consistently feel that they are unable to perform effectively.

Concerns were also raised in this evaluation about the quality and consistency of legal representation for parents in dependency proceedings. In parent focus groups, only a few parents said that they had had contact with their attorneys outside of court hearings. Several also indicated that they did not

understand how the court made its decisions about what they are required to do and others expressed frustration that they had had hearings rescheduled, and that the next hearing dates were set three months away. This was particularly upsetting for some who had thought, prior to a scheduled hearing, that their children were going to be returned to them, only to have the hearing, and thus the decision, postponed for another three months. Advocates and court personnel interviewed acknowledged that parent representation has not been well-resourced in Philadelphia. This issue appears to be particularly acute with private attorneys representing parents who lack critical supports as well as a clear structure of accountability for the quality of their representation. This situation may improve somewhat given that a new, and reportedly more adequate, fee scale has just been established for court-appointed attorneys representing parents. However, given that parent representation can be an important driver of permanency for children, this is an area that merits ongoing attention.

The DHS training section has developed additional court training with the first scheduled offering to be in May 2017. This training includes a “mock court” component designed to give CUA personnel exposure to court procedures related to various possible case scenarios. Both CUA and court personnel have expressed optimism that this training will be enormously helpful. DHS leadership has also requested and recently received approval for ten new City Solicitor positions. While this will no doubt contribute to somewhat more manageable workloads for these attorneys, DHS leaders point out that they will continue to have caseloads that are far from optimal in terms of allowing the time needed to prepare cases and interact with the multiple parties involved in them.

DHS and juvenile court leadership in Philadelphia hold monthly meetings for the purpose of coordinating their work together. Once each quarter, these meetings are broadened to include CUA leadership. Such regular meetings have been linked with more positive and productive agency-court relationships in many jurisdictions and both DHS and judicial leaders are to be commended for investing the time that they require. It is reported, however, that CUA leaders are not regularly in attendance at the quarterly sessions that are open to them. Given the prominent role that the CUAs play in IOC, it would seem that their participation is essential.

The high stakes involved in the agency-court working relationship both from the standpoint of family outcomes and the performance and stability of the child welfare workforce, may call for consideration of additional measures to ensure that CUA case managers and their supervisors are able to contribute positively to judicial decision making on behalf of their clients and to address other court-related issues surfaced in this evaluation. In other jurisdictions, such measures as establishing positions as agency-court liaisons, instituting cross training opportunities, and establishing accountability structures have proven beneficial in improving working relationships and performance on the part of both casework and legal professionals. In addition to better preparing caseworkers to fulfill their roles in court, cross training can benefit attorneys and others involved in the legal process by providing them with information on time frames and procedures for case planning, parent-child visitation, and the service resources available to their mutual clients.

## IV. Recommendations

Based on the analysis of the findings detailed in Sections V and VI of this report, this section outlines the recommendations developed by The Child Welfare Policy and Practice Group in its evaluation of the Philadelphia IOC process. These are intended to address the most notable challenges identified in IOC as it currently functions and as detailed in this report.

The recommendations are grouped by the following categories:

- Immediate Strategies – These recommendations are designed to better define and strengthen practice to ensure families and children that become involved in the child welfare system are successfully moved towards safety, permanency, and wellbeing in a supported, timely manner.
- Intermediate Strategies – These recommendations include actions to facilitate and support the implementation of practice strategies. Some, such as recommendations six (contract flexibility) and seven (supporting resource families), should be implemented concurrently with the initial practice strategies.
- Ongoing System Strategies – These recommendations represent actions to strengthen the entire child welfare system, recognizing that partner organizations impact the outcomes for children and families and that the responsibility for child wellbeing reaches beyond the Department of Human Services and its contracted providers.

### Practice Strategies

#### **1. Strengthening the Practice Model**

A strong model of practice orients the entire system toward practices that are outcomes rather than compliance focused. It includes the system's shared vision, values, and principles; key outcome expectations and how they are to be measured; and core behaviors, skills, and interventions expected to achieve outcome goals. A defined set of outcomes expectations provides a foundation for making case management efforts results-driven and clear values and principles make case practice more than a regimented set of functions designed to just move children and families through the system.<sup>1</sup>

Development of a practice model from the ground up can be a time-consuming process. Thus this need must be balanced with the practical considerations present in the Philadelphia system at this point. The evaluators recognize that the *IOC Practice Guidelines* already reference a set of general practice principles that fit within the safety-centered model of practice already accepted in DHS and in Pennsylvania. Likewise, IOC incorporates elements such as a community focus and family teaming that are consistent with the model of family-centered practice generally considered optimal in child welfare. There remains a need, however, for a single document that details the shared, uniformly understood and supported model that consistently guides performance to reflect these principles at all levels of the organizations that make up IOC.

#### **Recommendations**

Evaluators recommend that Philadelphia DHS work with the CUAs, resource family providers, prevention providers, parents and other stakeholders to form a representative workgroup that would undertake the formulation of a plan to ensure the existing framework is reflective of the IOC

system's vision as it relates to the children and families it serves and is used to guide practice. The objectives of this group will be to strengthen the existing practice framework by:

- Ensuring that there is a single resource that defines and explains the model of practice, including the concept of safety-centeredness, reflects the family-centered principles of IOC and goals to improve family functioning, and delineates the core outcomes it is charged to achieve;
- Ensuring that this resource is consistently referenced as setting forth the principles that govern decisions about practice, policy, quality assurance, and staff development; and
- Identifying tools and pathways to communicate and reinforce this model with IOC system staff, the courts and other system partners, and with parents and youth.

This group would also develop recommendations for performance measures that best reflect the principles of the model and the supports necessary to achieve them. It may benefit from reviewing practice models from New Jersey, Utah, and Los Angeles County and from seeking the input of the parents and youth served within the IOC model. The product(s) of the practice framework work group would be shared broadly across the system for input before it is finalized. Going forward, the practice framework would provide a context for decisions about training, practice approaches, policy, and quality assurance measures. Adherence to the model could be monitored through the Quality Service Review process discussed in more detail in the recommendation on measuring performance and outcomes.

## ***2. Strengthening the Family Team Conferencing Process***

Evaluators recognize the success DHS has experienced in establishing a meaningful family team conferencing process system-wide. This has been a major undertaking in such a complex and ever changing child welfare organizational environment as Philadelphia and to have achieved this scope is notable. However, like many innovations, fidelity to the model is essential to achieving desired child and family outcomes. At this point, we believe there are opportunities to achieve the full potential of this process in meaningfully improving outcomes.

### ***Recommendations***

Evaluators recommend that DHS and the CUAs refine the facilitation process to strengthen child and family involvement, capitalize on family strengths, encourage participation by the family's informal supports, and individualize the system response to child and family needs. This refinement would incorporate the following elements, some of which are in the current facilitation process.

- Prepare the youth or family for their first team meetings prior to the meeting in a face- to-face discussion, explaining the meeting purpose and the family role in the process. Currently, invitations to team meetings are issued by the team coordinator via telephone. With training, preparation could be accomplished by the investigator or case manager thus facilitating early positive engagement with the parents and youth.
- Seek the parent's input on the preferred time and location of the initial meeting and who they would like to include on the team. In the case of older youth, they should also be engaged in this discussion. If youth and parents are not given a voice in which professionals attend, this face-to-face preparation meeting can also help them understand the roles of those who will be present, thus making the meeting less confusing and perhaps less intimidating for them.
- In the initial team meeting, after the introductory discussions, begin with asking the family to tell their own story first (they will have been prepared for this in the preparation meeting) and

ask what their goal is for the meeting. Even though there may be factual elements that require further discussion, this opportunity avoids beginning the meeting with a discussion of the family's deficits or concerns and often reveals facts not known. It also signals respect for the family.

- Lead with a discussion of the family's strengths.
- Facilitate a discussion of the child's and family's needs and identify the primary needs that should be the focus of the meeting.
- Brainstorm strategies to respond to critical needs.
- Select strategies and assign responsibility for action.
- Ask the team, "What could go wrong with this plan". This is not currently included in team meetings and provides an important opportunity to anticipate and design alternative steps that may be necessary to maintain progress toward goals.
- Schedule next meeting.

Training and protocols should be reviewed to ensure compliance with these steps, and supervisors should monitor family-team conference procedures with staff on an ongoing basis. Additional training may also be required to enable case managers to develop unique tools to effectively engage older youth.

Evaluators believe that one of the obstacles to optimum functioning of the family team conferencing process is the bifurcated nature of DHS and CUA roles. More information on this is available in Section VI.C.2. Currently DHS team coordinators invite the family to its first team meeting, establish the date and time of the first team meeting, invite the participants and choose the site option (which must have WiFi access for entry of the initial single case plan). Within this process, there are significant challenges with parent attendance, in part because they may not be available at the chosen time and haven't been fully prepared for the meeting. CUA staff may also have conflicts with the time chosen for the meeting. The priority for selection of team meeting settings should be parent preference and access, whether or not WiFi is available in the location. Evaluators recommend that DHS develop an adaptation that permits appropriate forms to be downloaded into a laptop, completed and reviewed at the meeting, then uploaded to the data system once internet access is available. Portable printers would allow for participants to receive a signed copy.

It is recommended that DHS undertake a process, perhaps with one CUA at a time, to transfer responsibility for scheduling of team meetings and other responsibilities related to family team conferencing to the CUAs. This would centralize the logistical process within the organization responsible for overall case management. It would be essential that CUAs receive additional resources to carry out this responsibility, commensurate with the resources in DHS now available for this purpose.

Lastly, DHS and the CUAs must clearly determine the purpose of the family team meeting and its implications for rules regarding participation beyond the state mandated participants. Family team meeting processes vary considerably across systems insofar as how decisions are made about whom should be present. Questions commonly arise about participation of resource parents, attorneys, and other service providers. While optimally team meetings provide for broad inclusion of all of those involved in carrying out the service plan, evaluators are of the opinion that the family's level of comfort with participants should be the primary determinant in comprising the

roster of those in attendance at a given meeting. Confirmation of decisions made can then be provided to others with a need to be informed.

### **3. *Strengthening the Role of Parents in Improving Outcomes for Children***

Core principles of practice endorsed by the U.S. Children's Bureau include family-centeredness; the individualization of services to meet the unique needs of children and families; and strengthening parental capacity to protect and provide for children.<sup>3</sup> These principles speak very directly to the need to engage children's parents or other caregivers in individualized assessment, planning, and change directed toward making and keeping their children safe. While attending to the needs of children in out of home care is without question a critical responsibility of child welfare agencies and one that must be ensured through policy, training, and monitoring activities, it is work with parents and caregivers that ultimately best serves the long-term safety and well-being needs of a community's children. Parent engagement, comprehensive assessment conducted with the involvement of parents and children, and inclusion of families and their support systems in planning and decision making, tend to be core skills and approaches reflected in child welfare practice models because they have been linked in research with greater levels of family participation and success in enabling caregivers to address the problems that led to their involvement with child welfare authorities. Despite requirements contained in policy for regular contact with parents and the provisions in IOC for family team meetings, evaluators did not see in Philadelphia a system focused on engaging parents, working with them to develop individualized realistic service plans, and providing them with the kind of ongoing and intensive support often needed by parents who have, in many instances, been subjected to substantial trauma, who confront multiple social and environmental challenges, and who have often had prior experiences that have undermined their trust in social services organizations and those who represent them.

Findings of this evaluation also suggest that the involvement of ancillary service personnel both in the CUAs and in the Achieving Reunification Center, which provides services to parents with a plan of reunification, may be relied upon by some case managers as primary service contacts for parents of children in out of home care. Although these resources may provide valuable services and supports, their involvement should be carefully planned by the case manager and parents together and their effectiveness closely monitored to determine if they are meeting the parents' needs.

These findings are not surprising; working successfully with parents requires a high level of knowledge, skill, and maturity that is often lacking in the direct service staff of today's child welfare organizations. Thus achieving the best possible outcomes will require attention to supporting work with parents and other caregivers in multiple ways. Evaluators recommend that DHS and CUA leaders consider the following measures.

#### ***Recommendations***

- Review *IOC Practice Guidelines* to determine where greater emphasis on parent engagement and support can be infused and where there might be room to reassign some required casework activities to support personnel, or move them to lower priority with the result of directing greater priority and focus toward time spent with parents and caregivers.
- Use the QSR process, referenced in the section below, to assess the quality of family engagement and identify missed opportunities to form and build on working alliances with parents and caregivers.
- Consider use of an instrument such as the Client Engagement in Child Protective Services measure to acquire feedback on engagement practice from both caregivers and caseworkers.



- Ensure that professional development of caseworkers and supervisors addresses the unique needs of particular parents, such as those experiencing domestic violence, homelessness, incarceration, or who have special needs related to mental health or intellectual disability.

#### **4. *Reducing the Rate of Children in Out-of-Home Care***

The rate of children in out of home care in Philadelphia as of the time this evaluation began stood at 16.4 per 1,000 children in the population. This compares with a national rate of about 5.5. This number has increased by forty-seven percent since 2012 and by twenty-six percent since 2014. In an attempt to ensure that children are not removed from their families if there are alternative actions that can enable them to remain safely in their own homes, DHS leadership has already enacted policy requiring that requests for orders of protective custody be authorized at the managerial level rather than by the first line supervisor. Leadership also engaged Casey Family Programs to conduct a review of intake decision making that yielded additional recommendations related to safety decision making and safety planning.

Sound decision making about the need to remove children from their families rests on strong values and skills related to family engagement since this is a pre-requisite for comprehensive assessment.

#### ***Recommendations***

- Evaluators support the higher-level authorization policy recently established and recommend that it be evaluated to determine its effectiveness in reducing unnecessary removals. Such evaluation might include tracking to determine the number of times managers concur or do not concur in case manager/supervisor requests for removal and in what kind of case situations non-concurrence occurs. Information from the later can provide the basis for additional training.
- Assurance that intakes being transferred from DHS to CUAs for ongoing in-home safety services are accompanied by timely and complete case information and cases are transitioned in a joint visit with the DHS intake and CUA case managers. The collaboration between DHS intake and CUA case managers is needed to facilitate engagement of the family in ongoing assessment and services, designed to prevent the need for removal of children in ongoing cases.
- Evaluators urge that Philadelphia DHS consider adoption of the recommendations of the Casey Family Programs front-end analysis as follows:
  - Institute team decision making in situations in which removal is considered. In the case of emergent removals, team meetings should be held as quickly as possible to determine if protective orders can be vacated based on the formulation of an in-home safety plan or, in the case of voluntary out-of-home safety plans, whether steps can be taken to sufficiently protect children in their own homes.
  - Develop and implement policy guidance and skills training on family engagement in assessment and safety planning.
  - Develop and implement additional training in safety planning with families.
  - Ensure the availability of expert practitioners as coaches both DHS and CUAs and provide them with ongoing training in practice knowledge and coaching skills.
- Support the work of the physical health and behavioral health systems to ensure that vulnerable families are able to easily access services before it becomes a crisis. Families should not be dependent on the child welfare system in order to be connected to health services

- Examine whether training of intake, ongoing casework staff, and mandatory reporters includes sufficient content in recognizing and addressing implicit bias, especially as it pertains to issues of race and culture. Adjusting mandatory reporters training will require coordination with the state.

### **5. *Decreasing Exits Without Permanency***

Getting children in out of home care, particularly those who are adolescents, to permanency is a challenge for all systems and stands out as a challenge in Philadelphia despite a recent trend in increased exits to permanency. Developing effective strategies for moving more of these children to permanency first requires having a better understanding of who they are and the barriers that exist in helping them to attain legally protected, supportive connections that are expected to be lifelong.

#### ***Recommendations***

Evaluators' recommendations for achieving higher rates of permanency for children exiting care and reducing the number of youth who have Another Planned Permanent Living Arrangement (APPLA) as a permanency goal include two tiers:

##### **Tier 1:**

- Insofar as DHS data permit, disaggregate this group to determine the following:
  - For what reason and at what age did they enter care?
  - How long were they in care (i.e., what percentage were in less than twelve months; twelve to twenty-four months; twenty-four to thirty-six months; greater than thirty-six months)
  - Where were they placed?
  - To where did they exit care? (e.g., emancipation, runaway)
  - What permanent plan was assigned?
  - Were parental rights terminated?

##### **Tier 2:**

- Based on the above data analysis, develop strategies for children in out of home care who appear to be on a similar trajectory. Such strategies may include all or some of the following:
  - Expand Rapid Permanency Reviews as designed by Casey Family Programs. Such reviews are already being conducted for some children in Philadelphia and expansion of this strategy, if targeted to children and youth most at risk of exiting without permanency, has the potential to change the pathway for many of them.
  - Review policies and resources related to family finding. Access to search databases and targeted efforts to mine case histories for permanency resources have been demonstrated to increase permanency options for many youth who would otherwise age out of care.
  - Engage youth in purposeful efforts to identify and nurture important connections.
  - Ensure that aggressive family finding efforts are instituted for all youth at risk for leaving care without permanency. Parents and relatives who weren't interested or suitable for adoption previously may now be a resource or at least an important support and permanency connection even if they cannot assume full-time care.

- Identify and address barriers to transition of guardianship to kin or to adoption by kin.
- Child behavioral issues are often a barrier to both stability and permanency. In addition to the work that DHS is doing with the Department of Behavioral Health and Intellectual disAbility around the Systems of Care model, strengthen connections to trauma-responsive assessment and behavioral health services for children and youth to address their underlying needs. It is also critical that caregivers, not just the youth themselves, also have access to clinical supports that involve them as partners in addressing children's needs. An example of a child welfare specific model is the one utilized in Los Angeles County that includes co-locating behavioral health staff in child welfare settings, intensive home-based rehabilitative services, and other strategies should be explored. More details are available on this in Appendix A.
- Strengthen the Family Team Conferencing process by considering the endorsements made in Recommendation 5 of this summary. Effective facilitation techniques can reset the agency's relationship with youth and provide a meaningful role for them in guiding the plans for their future. Place a premium on adding their informal supports to the team.

## **Intermediate Strategies**

### **6. Providing Contract Budget Flexibility**

The accelerated pace of IOC implementation resulted in some CUAs being insufficiently prepared to understand and undertake all of the requirements of contracting. That circumstance led to some errors and breaches of City and DHS contracting regulations. At this point, however, most CUAs have demonstrated the ability to have greater control and flexibility in the contracting process. Currently, CUAs are unable to make changes to personnel without prior approval from DHS.

### **Recommendations**

It is recommended that DHS grant CUAs flexibility in adjusting their budgets around personnel within a contract year without the necessity of seeking DHS prior approval for all changes made within the total amount allocated. This should be done within the bounds of existing city and state fiscal rules and remain budget neutral as well as align with *IOC Practice Guidelines* and state regulations. It may be functional for DHS to identify some reasonable additional cost or category thresholds beyond which DHS approval is sought. While DHS has made efforts to make the budgeting process more accessible and responsive, evaluators believe that this additional flexibility would strengthen relationships between CUAs and DHS, permit the CUAs to be more nimble in responding to changing local conditions, and reflect the partnership between the two entities that DHS is seeking to build.

It also recommended that DHS continue to explore performance-based contracting to further incentivize quality practice and improved outcomes.

### **7. Recruiting, Preparing, and Retaining Resource Families**

Philadelphia has a remarkably high rate of placement of children with kin, a practice for which IOC should be commended. However, as seen in child welfare systems across the country, there remains a severe lack of resource families available to meet the ongoing need for child placements. DHS leadership is fully cognizant of this need and its decision to move responsibility for

subcontracting and arranging placements from the CUAs back into DHS represent as well as increasing the rate of payment for resource families, at least in part, its attempts to address it. DHS leaders now meet with representatives of the resource parent organization in an attempt to better understand and respond to their needs and thus better retain them in service to the city's children and families. In addition, DHS has recently been successful in efforts to increase rates of payment to resource families, and in 2014, launched the Quality Parenting Initiative (QPI) to clearly articulate the expectations of caregivers.

Beyond the issue of lack of sufficient numbers of families, evaluators were told repeatedly that resource families do not all appear to have the same understanding of their roles. There is inconsistency, for example, in the degree to which foster caregivers are available for significant events such as medical appointments, school conferences, court hearings, and team meetings, often resulting in a lack of continuity in children's care.

This inconsistency in how resource parents understand and fulfill their roles may be due, at least in part, to the fact that they do not receive consistent screening or preparation.

### ***Recommendations***

- Building on the efforts of the Quality Parenting Initiative, (QPI), DHS should expand work with provider agencies to provide increased training and communication around the set of expectations for resource parents. These would include, at a minimum, emphasis on the responsibility of resource families in participating in and managing children's appointments such as those for school conferences and health or mental health treatment; and attendance at court or provision of information to the court through the child's case manager.
- Expand Resource Family Support staff to all foster care families, including General Foster Care families. This is currently being expanded for Specialized Foster Care families.
- Identify high need populations, such as LGBTQ youth, older youth, or youth with intellectual or physical disabilities, and engage providers in making a plan to recruit and develop resource families sufficient to meet the need both numerically and in terms of geographic distribution.
- Ensure that policies and placement procedures that support and staff understand the need to provide resource families with all known information concerning children's functioning and care needs.
- Explore ways to offer additional peer support to resource families through such strategies as support groups, partnering, and mentoring.
- Address transportation issues by reviewing policies to ensure that the following are achieved:
  - Support resource parents' and kin caregivers' ability to provide transportation by including them in planning and scheduling and providing reimbursement for associated expenses; allowing case managers to include transportation strategically as case contacts; and, when necessary,
  - Provide transportation by well-trained case aides consistently assigned to the same families within a supervisory unit so that they are familiar to children and understand their responsibility to provide follow-up information to children's caregivers and case managers.

### ***8. Measuring Performance and Outcomes***

All child welfare agencies must regularly assess the degree to which they are effectively discharging their legally mandated functions and attaining outcomes related to child safety, permanency, and

family and child well-being. DHS and the CUAs have made a number of steps forward in developing performance and outcomes measurement processes. The recommendations below are intended to further those efforts.

### ***Recommendations***

Evaluators recommend that DHS work toward adding the following measures to the annual CUA Scorecard:

- The seven federal outcome measures:

#### **Safety**

Maltreatment in foster care  
Recurrence of maltreatment

#### **Permanency**

Permanency in 12 months for children entering foster care  
Permanency in 12 months for children in foster care 12-23 months  
Permanency in 12 months for children in foster care 24 months or more  
Re-entry into foster care  
Placement stability

- The Quality Service Review (QSR) practice indicators of Family Engagement, Family Team Conferencing, assessment and Case Planning

It is recommended that DHS expand the number of cases in the annual QSR reviews of CUA practice. The Quality Service Review is a practice improvement approach designed to assess current outcomes and system performance by gathering information directly from families, children, and service team members. Currently forty-eight cases selected at random are review. Recognizing that this will require additional resources, it is recommended that the number increase to 120 in total, with a proportional number of cases coming from each CUA based on total caseload. Including both DHS and CUA quality assurance review staff to the process would be both efficient in terms of resources and more effective in terms of CUA hands-on learning.

DHS should include measurements of shared DHS/CUA responsibility and DHS-specific indicators in the DHS and system scorecards that they intend to develop.

### ***9. Supporting the Direct Service Workforce in CUAs***

Child welfare work is demanding and its performance at a high level of quality and consistency calls for a daunting array of competencies. A national survey of public child welfare agencies conducted in 2007<sup>4</sup> found that, with little variation, agencies expected caseworkers to have an understanding of human and family development, attachment theory, and the potential impact of maltreatment on the development of children; that they should be able to accurately assess family dynamics, individual and family functioning, and domestic violence, and successfully engage families in setting and pursuing goals for behavioral change. They must also be able to identify supports and interventions to match family needs, participate in the assessment of progress and make well-informed recommendations for case dispositions related to safety and permanency. In addition to these largely clinical duties, they are expected to perform a number of administrative ones with these often being the targets of greatest accountability.

It is often estimated that it takes a minimum of two years on the job for child welfare caseworkers to develop basic proficiency. Obviously, then, a cadre of sufficiently prepared caseworkers cannot be developed in the face of high turnover. Turnover in agencies is both costly and negatively related to child safety and permanency. A Wisconsin study found that 74.5% of children who experienced only one caseworker attained permanency. With only a single caseworker change, however, that number fell dramatically, to 17.5%; only 5.2% of children who experienced two changes of caseworkers achieved permanent placement outside of the foster care system.<sup>5</sup> In other research, a study of twelve counties in California showed that counties with lower turnover showed lower rates of repeat maltreatment of children, more approved case plans for children and families, and more current child health services.<sup>6</sup>

Turnover has been found to be related to a number of factors including lack of competent, supportive supervision; pay that is not commensurate with the demands of the job and not competitive with other work requiring the same or lesser levels of education and/or involving similar demands or complexity; long or inconsistent hours and unpaid overtime; stress and fear (related to legal liability and personal safety); inability to achieve an acceptable work/life balance; lack of opportunities for advancement; burdensome administrative requirements that reduce time available to spend with children and families; conflicts with and/or demeaning treatment by the court and legal professional; lack of autonomy and discretionary authority; low public regard; unreasonably high workloads; and rigid and unsupportive organizations.<sup>7,8,9,10,11,12,13,14</sup>

One notable positive related to the Philadelphia system currently is that DHS and CUAs are maintaining case manager to supervisor ratios of no more than one to five, a standard that has long been acknowledged by national organizations such as the Child Welfare League of America and the Council on Accreditation. It was also observed that the current DHS leadership recognizes the importance of professional development as is evidenced by the designation of a chief learning officer at the deputy commissioner level. Further, DHS has recently instituted specialized training for all CUA case manager supervisors. A requirement for at least twenty hours per year of continuing professional education for supervisors and case managers already exists.

It is critical that the system in Philadelphia be able to direct adequate resources toward the support of the direct service workforce in the CUAs. Finally, while efforts have been made to equalize compensation for supervisors and case managers, those interviewed during this evaluation repeatedly called attention to the fact that substantial disparity remains between pay and benefits protections in the CUAs and in DHS.

### ***Recommendations***

- In addition to the newly created Supervising for Excellence training, DHS and the CUAs are encouraged to continue to work together to develop both pre-service preparation and ongoing professional development for supervisors.
- Supervisors always serve as the initial subjects for training in new policies and practice approaches. This ensures that supervisors will be prepared to reinforce skills learned by case managers in training, thus helping them to retain more of what is learned in training.
- A systematic structure be developed within the quality assurance system for obtaining and using input from supervisors concerning factors that both support and serve as barriers to attainment of key safety and permanency outcomes.

- DHS and CUAs work together to create a consistent career ladder that provides an opportunity for direct service staff to advance in compensation while remaining in direct practice positions where children and families are most likely to benefit from their experience and continued learning.
- DHS and CUAs work together to create further professional learning opportunities, preferably with advanced or specialty certifications for staff who will also serve as peer consultants as they remain in direct service positions. DHS should also explore expanding their existing peer coaching pilot, that pairs direct service staff in DHS and the CUAs with administrative leadership.
- CUA case managers have additional access to opportunities for support in obtaining the Master of Social Work. If this is made available, supervisors should be given priority in the awarding of stipends and/or educational leave.

## **Ongoing System Strategies**

### ***10. Interfacing with the Courts and Legal System***

A cooperative, reciprocal agency-court relationship is an essential prerequisite for a well-functioning child welfare system. This is particularly true in Philadelphia where it is the impression of evaluators that there is a very high level of court involvement in child welfare practice. This evaluation revealed several areas in which measures are needed to improve the way in which DHS, CUAs, legal advocates, and the courts work together to achieve positive outcomes for children and families served in child dependency proceedings.

### ***Recommendations***

- Case managers in the CUAs must be better prepared to be effective in providing the information that the court requires for decision making. Currently, DHS leadership has begun to address this need by working to provide experiential court training for case managers. This is an excellent first step. It is recommended that this training go forward as planned and that it be continued at regular intervals in such a way as to ensure that it is offered to new case managers within their first month to six weeks of being assigned cases. While some exposure to the court process should be included in the pre-service Charting the Course, this “mock court” training may be more meaningful to case managers once they have the greater context of beginning casework responsibility.
- Attorneys and advocates representing parents and children would benefit from having access to training on the processes and practices in IOC that support family engagement, assessment, teaming, and case planning.
- DHS attorneys should receive case plan and status information sufficiently in advance of court hearings so that they have an opportunity to request and receive any needed clarifications prior to the hearing. Over time, the system should work to enable case plan materials to be shared with the Court prior to the hearing.
- CUA directors or their designees should be in regular attendance at the quarterly court roundtable meetings that are now held for the purpose of coordinating agency-court activities. Taking advantage of this valuable opportunity for coordination with a focus on:
  - Facilitating the improvement of relationships across the IOC system; and
  - Enabling efforts to jointly address ways to help parents, youth, and resource parents be more consistently included and understanding of the legal process that affects them.

- There is a need to strengthen the legal representation of parents in dependency proceedings. A positive in this area is that payment rates for private attorneys representing parents have recently been increased to be more in line with the time required by these cases. However, parents are likely to receive the best quality representation when they have access to attorneys who (a) have some specialized training in the unique legal context of dependency proceedings and an understanding of child welfare practices most associated with timely and stable reunification and other permanency; (b) have access to input from other disciplines, especially qualified social workers who can assist them in fully understanding the needs of families and the kinds of interventions best suited to meet them; and (c) some structure for a standard of service along with oversight and accountability to ensure adherence to at least basic professional guidelines such as meeting with families in advance of court hearings and interpreting court actions and orders in a way that families can understand. More details about best practices for structuring parent representation and model programs is included in Appendix A.

It might be noted in connection with this recommendation that Community Legal Services, which does handle some parent representation, already uses a multidisciplinary model that corresponds to current American Bar Association guidelines for parent representation in child dependency matters. However, it has such limited capacity that it can handle only a small fraction of such cases in Philadelphia.

- Additional supports that might be considered include (a) identify and implement processes that can support, insofar as possible, case manager's advanced preparation for court hearings including discussion with the City Solicitor concerning the testimony that the case manager will be called upon to give; (b) develop a process that ensures that all counsel of record have up to date information about the current case plan and assessment of progress; (c) consider assigning DHS Law Department attorneys to specific CUAs to provide "refresher" training, and handle questions of a legal nature; and (d) consider (if it can be done without sacrificing case manager positions) assigning DHS Law Department and CUA staff to serve as liaisons between the court and individual CUAs.

#### **11. *Building the Child Welfare Data System***

DHS and stakeholders all agree that Philadelphia is badly in need of a fully functional data management system that can be readily accessed and queried by both DHS and CUA personnel at all levels. Child welfare systems of today simply cannot be optimally effective and accountable without the capacity to readily access and analyze process and outcome data. All of the contact members of this evaluation team have had with DHS and CUA leadership in Philadelphia have confirmed that these leaders also recognize the lack of such a system at this point as a critical handicap in the implementation of IOC and in their ongoing system improvement efforts. Indeed, a key charge to the DHS Performance Management and Technology section is the development of a state-of-the-art data system to be operational by the end of 2018. Meanwhile, DHS is engaged in ongoing efforts to rebuild the data warehouse, which collapsed in December 2014 and has, as of February 2017, developed the capacity to issue weekly case management reports to CUAs.

#### ***Recommendations***

Evaluators recommend that the City and State assure that DHS has the financial resources and access to information technology support necessary to complete and maintain the data system improvements essential to IOC success. This will include development of:

- A data center that has the server and networking capacity to respond to all user's needs;



- An integrated case management system;
- A new data warehouse; and
- New external and internal DHS websites.

The evaluators also recommend that there be meaningful communication with the CUAs and other providers on the rollout of the new data systems and collaboration on the testing of the new system prior to ensure that the system is meeting the needs of frontline workers.

## ***12. Creating More Effective Approaches for Families with “Non-Safety” Needs***

The high number of cases not linked directly to child maltreatment pre-dates the IOC process. State statute includes truancy in its definition of child dependency, which can involve DHS in the responsibility for addressing it. Based on CWG experience, Philadelphia is a national outlier in the volume of truancy and other non-safety cases it handles and possibly in the number that result in placement in out of home care. Although the exact number of children in DHS custody for whom an issue not related to maltreatment was the presenting need is unknown, the fact that children’s own behavior is so frequently indicated as the reason for removal in the City suggests that these cases do indeed account for a significant number of children in placement. Additionally, such “non-safety” cases now account for over half of all families now served in in-home services, 13 percent of which are not court-involved. Based on reports from case managers, truancy cases comprise a large number of these cases, in addition to other less prominent issues such as individual behavioral health challenges and families being stepped down in support services following reunification.

Beyond the large workload, evaluators have two concerns related to the high number of such cases served in IOC: The first is whether child welfare intervention is the most appropriate service for such families given that it is typically viewed as intrusive and frequently produces, at least initially, a defensive response on the part of parents. Secondly, evaluators fear that requiring child welfare personnel to deal with such a high volume of case situations that do not present as maltreatment related has the potential to dilute their focus on child safety, which is the more traditional mandate of child welfare.

## ***Recommendations***

For non-safety cases generally and specifically with children at substantial risk of placement due to truancy, the City should create an effective intervention program that provides intensive individualized supports to this population of families and children. It is recommended that:

- DHS earmark up to twenty-five percent of its prevention funding for non-safety cases, which includes truancy. The Administration for Children’s Services (ACS) in New York City pioneered this dedicated earmarking of prevention dollars for the child welfare system and credits it as a major contributor to their significant reduction in children in out-of-home care. An overview of their approach is in Appendix A.
- DHS explore the feasibility of implementing the Intensive Field Capable Clinical Services (IFCCS) model currently used in Los Angeles County, which provides for on-demand, seven days a week intervention with children and youth with behavioral and other mental health needs who are at imminent risk of placement. This model is described in the report on Innovations in Section III.A.3. The approach is team-based and focuses on the strengths and underlying needs of children and youth to provide “whatever it takes” to address child and family needs. It is primarily Medicaid funded, but also requires non-Medicaid dollars to cover costs not eligible for Medicaid.

- More broadly, the Philadelphia community undertakes a serious study of the systemic contributors to the problem of school truancy, possibly leveraging the Project U-Turn table managed by the Philadelphia Youth Network, or another existing table focused on educational success led by the School District. If additional DHS interventions are created and are successful, there is a risk that these services will become a magnet for the court and other systems to refer additional children. Because responsibility for these non-safety cases should not fall so heavily on the child protection system, the School District of Philadelphia, charter and parochial schools, the court, behavioral health, DHS, City Council, and the state legislature, all share responsibility for addressing chronic truancy and behavioral issues. In addition, new state law (Act 138) places new requirements for how to support truant youth. This opens up an opportunity for dialogue about how different systems will manage those changes, and rethinking existing roles and structures.

Among the questions to be examined include the following:

- Where, governmentally, should primary responsibility for truancy be located?
- What are factors that most frequently underlie chronic truancy?
- How are current programs and services working? What leads to youth being moved from regional truancy court to adjudication to removal from their homes and how can this be avoided?
- How do other jurisdictions address truancy at the school district level?
- What is the impact of recent legislation (i.e., Act 138)?
- How manageable are workloads in current truancy programs?
- In what percentage of cases is truancy a major contributor to cases being referred to DHS and consequently, children being placed in DHS custody?
- For children placed in group and congregate care to address truancy and related behaviors, is placing children out of their families and sometimes their home communities actually the least restrictive, most normalized setting in which supports can be provided? Why could those essential services not be provided in their own homes and communities?
- How can a multi-system approach be developed and funded to more effectively serve these challenging children? How does this get structured in the context of existing state mandates? How does this approach address truancy issues before they become chronic?

### **13. Ensuring a Reasonable Workload of the Case Managing Workforce**

Findings of this evaluation raised questions about workload that evaluators believe warrant further exploration. A review of the *IOC Practice Guidelines* finds case managers being assigned responsibility for detailed lists of tasks as duties that were spread among at least two case workers prior to IOC are now assigned to one without designation of their priority in relation to key safety and permanency outcomes. High workloads and a long list of tasks for case managers has a trickledown effect, placing stresses on resource parents, providers, legal advocates, other frontline partners, and most importantly, children and families. The evaluators recognize the important work that has occurred to enable caseloads across the CUAs to gradually dropping over the past several months and are expected to continue to do so as CUAs add additional staff as well as the fact that Philadelphia County has a low caseload ratio compared to other counties in the state. However, it is not clear that even the current caseload standard of ten families per case manager will the time required to form working alliances with parents and children and to craft, implement, and monitor individualized service plans. In addition, the size of caseloads can vary significantly depending on the size of the families being served by a single case manager. We understand that DHS and the

CUAs formed a working group to look at which case manager duties could be removed from the list of expected functions, but that effort may not have gone deep enough.

All CUAs reported that their staff spends large amounts of time in court-related activities and many are required to travel to distant locations, both in Pennsylvania and, in some instances, other states, to make required visits with children in their placements. Time spent transporting children in general was consistently raised a challenge. Some of the demands affecting workload might be addressed indirectly through other recommendations of this evaluation. For example, the provision of more resources within the City to address truancy without the need for placement of youth in congregate care facilities located around the state could eliminate some travel time for case managers. To the extent, however, that work cannot be reduced or reassigned, DHS is obviously reliant upon the sufficiency of funding to support the needed number of positions. If, however, DHS is able to make a case grounded in data on the time required, on average, to perform required functions, it will be better positioned to justify funding requests. Further, such data can also help support decisions to reduce or eliminate functions that, while desirable, may not be feasible in light of available resources.

Full workload studies are time consuming and costly. However, there have now been a sufficient number of time studies conducted in child welfare systems that these can be drawn on to estimate time required in corresponding case activities. A compendium of these studies is available on line at the Child Welfare Information Gateway. In addition, findings of workload studies conducted by the Children's Research Center at the National Center for Crime and Delinquency is available at [http://www.nccdglobal.org/sites/default/files/publication\\_pdf/workforce-estimation.pdf](http://www.nccdglobal.org/sites/default/files/publication_pdf/workforce-estimation.pdf).

### ***Recommendations***

Evaluators recommend that DHS, CUA, and Provider leadership

- Examine current policy to determine whether some additional duties can be eliminated as standard requirements or assigned to support personnel without compromising the case manager's role in family engagement nor the single case manager model of practice. Decisions in this regard might be guided by (1) distinguishing between the agency's broader responsibility for well-being for children in out-of-home care and those remaining in the custody of their parents; (2) considering whether an activity is directly linked to the safety threats and risks identified in a particular case situation, particularly in in-home cases. This may include working with the state to address particularly onerous state guidelines that do not have a measurable impact on the safety and well-being of children in the system.
- Develop guidance on how to balance caseloads looking at issues such as family size, in-home versus out-of-home cases, experience of the case manager and other issues, so that the size of caseloads remains manageable.
- Examine findings of selected workload studies (e.g., those most recently conducted in largely urban systems) in relation to current requirements for case managers in IOC, accounting, where necessary, for the assignment of specific duties to support staff. A compendium of workload studies is available through the US Children's Bureau's Child Welfare Information Gateway at <https://www.childwelfare.gov/topics/management/workforce/compendium/>.
- Form workgroups to propose strategies for reducing caseworker time associated with court related activities and case travel. That addressing court time should have representation from the Law Department and the Philadelphia Juvenile Court.
- Conduct a small time study of court-related time and out of county travel time for case managers in Philadelphia since these variables are individualized across jurisdictions.

- Conduct a small time study of travel outside the city or state.

## Conclusion

Improving Outcomes for Children has brought critical improvements to the child welfare system in Philadelphia. Its implementation has constituted a massive reorganization of the child welfare system locally. Ongoing review of the system has been necessary to assess unanticipated consequences and recognize areas that require additional support efforts to ensure a successful community-based, single-case management model. Large-scale system transformations require time for stabilization and serve to be strengthened by attention to certain key areas. DHS recognizes this and, in partnership with the CUAs, has made considerable progress for which they should be commended.

In response to the four key questions outlined in section II, evaluators concluded the following:

*(1) To what extent is the IOC model fulfilling its intended purpose of maintaining more children and youth safely in their own homes, enabling more children and youth to achieve timely permanence, reducing the use of congregate care, and improving child and family functioning?*

Philadelphia has already achieved notable reductions in rates of children in congregate care and has an exceptionally high rate of placements with relatives, both of which are associated with better outcomes related to placement stability and permanency. From Fiscal Year 2012 to Fiscal Year 2017, the number rose from 4,046 to 6,044, an increase of 49 percent in a five year period. Last year, the rate of Philadelphia children in out of home care stood at 16.4 per thousand children, substantially higher than the national average and rates in other large U.S. cities, suggesting that more can be done to maintain children in their own homes. By the middle of 2017, the number of children in care was 6,044, down slightly from 6,093 in Fiscal Year 2016, a potential turning point given that referrals to DHS continued to climb. Likewise, exits to permanency are up, with those for the first half of 2017 exceeding those from the same time frame in 2016 by fourteen percent. Although it is still too early to confirm a true trend in these important measures, they provide reason for cautious optimism.

*(2) Are children and families served under the transformed system better off with respect to core values of safety, permanency, and stability?*

Reports of repeat maltreatment, a frequently used measure of safety, appear to have stabilized based on counts of indicated maltreatment reports (from 10 percent to 6 percent between 2012 and 2017) and are within the national standard established for this measure, but bear careful watching. With regard to permanency, recent performance indicators show that three of ten CUAs achieved permanency benchmarks set by DHS for FY2017 and the number of children exiting to permanency has risen by 14 percentage points. Stability of placements for children in out of home care remains slightly below the regional average in Pennsylvania, but not substantially so. As mentioned previously, fewer children are being placed in congregate care settings with this number currently standing slightly below the national average, and the use of congregate care has declined from 24 to 12.5 percent since Fiscal Year 2012. It is also significant that the number of children placed within five miles of their families of origin, a factor facilitating family connection, has increased from 42 percent to 58 percent since the implementation of IOC. It would be premature to suggest that any of these data support an unequivocal affirmative answer to this question. They do, however, indicate that it is within the potential of the IOC model.

*(3) What particular strengths and needs are represented in the system currently?*

The decentralization of services under IOC has brought positive change in the areas of (1) greater service accessibility; and (2) the potential for adaptation of resources to best match the cultural and other unique needs of local communities. Further, the past year has seen stabilization of the child welfare workforce as indicated by declining staff turnover in the CUAs and progressive reduction of caseloads among CUA case managers, as a result of additional funding and addition of staff. Cases not involving immediate threats to the safety of children have also reduced as DHS has worked to make more preventive services available to families and to encourage referrals to these resources. Finally, under the direction of the current DHS administration, the system has made substantial progress in integration across DHS and the CUAs as confirmed by interviews and surveys conducted in this evaluation.

There is a need for continued development of the CUA direct service workforce, not only in terms of number and stability but also in knowledge and skill in the areas of accurate assessment of family needs, the ability to form strong working alliances with parents, and the achievement of a proficient workforce culture across the ten CUAs. This will require ongoing attention to building a strong cadre of direct supervisors and increasing capacity to meet the professional development needs of a decentralized workforce. Evaluators are encouraged, however, by the elevation of the role of professional learning and the creation of additional training supports for supervisors in the current DHS administration. Further, requirements for education and experience which give priority to applicants with social work education and experience have been retained in IOC with exceptions requiring a waiver of requirements from DHS.

Additionally, continuous improvement of IOC will be reliant upon the development of a fully functional data management system and enhanced capacity for performance assessment focused not only on compliance with policy directives, but also on quality of practice. In these areas as well, substantial progress is being made.

Finally, resources, particularly in the areas of family placements and behavioral health services for both children and parents, must be aligned to ensure that both their capacity and accessibility meets the needs of a decentralized system. Some provider resources were lost during IOC implementation and it will be important that the provider community be involved in efforts to insure the quality and diversity of resources needed to support families served in IOC.

*(4) What, if any, changes are most needed for the system to function optimally to attain positive outcomes related to child safety, permanency, and well-being?*

Recent legislative changes enacted in the wake of the Jerry Sandusky child sexual abuse scandal have resulted in substantially increased referrals to the child welfare system, not only in Philadelphia, but across the state. These, along with the placement of responsibility for some referrals not involving threats to child safety, with truancy being a notable example, have challenged the system's capacity to make timely and accurate assessments and disposition of new intakes and to manage ongoing caseloads. It will be important that IOC achieve clarity and stability in its charge and scope if it is to best serve the interests of child safety, permanency, and well-being.

It is important to acknowledge that the positive developments referenced above occurred during a period that has included many challenges as leaders in both DHS and the CUAs sought to establish greater integration of a newly decentralized system. Despite the difficulties during that period, the improvements cited did occur due to the mutual work of both entities and both merit recognition for these hard-won gains. This evaluation identified many strengths in the system and its partners, along with some notable challenges.

Opportunities to strengthen practice, administration and management, and wider system functioning and coordination are supported by the findings in this report. Ensuring quality delivery of services by a skilled workforce with efficient administrative and management support and ensuring system coordination is central to promoting safety, permanency, and wellbeing. Building and maintaining such a workforce is a common challenge in child welfare systems, but one that must be met if families and children are to experience child welfare intervention as acceptable and helpful.

The recommendations and findings of this evaluation are intended to support and guide the efforts of the current administration and the larger community to address system issues and ensure that IOC realizes its vision of providing more accessible, family-centered services. These recommendations are offered to build on the current momentum with the belief that, together with the steps already taken or underway by IOC leadership, they will contribute greatly to improving outcomes for children and families in Philadelphia.

Upon its public release, the Child Welfare Policy and Practice Group will submit this to Mayor James Kenney for his review. Based on our conversations with its leadership, DHS is expected to use this report as one of the foundational documents to inform a new oversight body that create a community conversation on how to support the implementation of these recommendations and other strategies to improve safety, permanency and well-being.

## V. Findings of Analysis of IOC System Policy, Practice, and Performance Data

This section of the report describes in detail the Evaluators' analysis of information collected from interviews and observations, policy and practice guidelines, and system performance indicators. They, along with Section VI, formed the basis of the findings summary described in Section III as well as the recommendations described in Section IV.

### A. Analysis of Interviews and Observations

Data from the stakeholder interviews and DHS and CUA observations conducted is shown below grouped by category and primary and secondary themes. Some comments contained references to more than one topic used in the coding of interview data and are thus reflected in more than one theme.

#### *1. Principles of the IOC Model*

Themes identified in this category included support of IOC vision, DHS-CUA relationships, and division of responsibilities.

- Interview participants overwhelmingly expressed support of the IOC principles including community-based services and community engagement by service providers, single case management, and teaming with families.
- In the minority of interviews in which any dissent with the IOC model was expressed, it related to concerns about whether responsibilities should be differently apportioned between the public and private sectors or the relationship of the CUAs to their communities and other service providers, not to the foundational principles of the model.

#### *2. Implementation of IOC*

Themes identified in this category included speed of implementation, past and present communication efforts, adherence of the system to IOC goals, CUA staff and resource supports, and ongoing changes to structure or functions.

- Many interviewees opined that IOC implementation was compromised by the speed at which it occurred, particularly in the latter stage. A more phased implementation might have allowed for problems to be resolved before they affected the broader system.
- There was said to be insufficient communication among DHS, CUAs, providers, and with the community in IOC implementation. This is improving with the implementation of new structures and processes by the current administration and merits continued attention to ensure clarity from all perspectives.
- In a March 2017, response to these interview comments, DHS leaders noted that four routine forums now take place monthly in which DHS and CUA staff at multiple levels, from CEOs through supervisors, come together to discuss practice and conduct ongoing planning.
- Some interviewees questioned whether the new system really fulfills the intent of providing community-based single case management since CUAs have many auxiliary staff who are involved with families and they lack flexibility to innovate or individualize services in their communities.
- DHS leadership state that auxiliary staff have clearly defined functions and that each CUA has the flexibility to tailor staffing to fit their agency.
- There are concerns about whether there are sufficient resources to support the level of positions that currently exist in both DHS and the CUAs.

- There was recognition that current DHS and CUA leadership are making adjustments in structure and functions to better accommodate the current distribution of resources.

### **3. System Integration**

The legally mandated child welfare system includes the public agency with legal responsibility for designated child welfare functions (DHS) and the courts, which provide due process for parents and legal caregivers and oversight of the services they receive from the service agency and/or its designees. In Philadelphia, this must also include the CUAs, which have responsibility for the continuum of child welfare services. Although discrete entities, these parts of the system must function in a cooperative, interdependent fashion if families and children are to derive maximum benefit.

Themes identified in this category included DHS-CUA relationships, CUA relationships with the courts and legal system, role clarity, and communication and collaboration.

- The relationship between DHS and CUAs in IOC still lacks cohesion: CUAs and DHS do not yet see themselves as one system with joint responsibility for the continuum of child welfare services. However, advancement is being made in this area. In the February 2017 Community Oversight Board (COB) meeting, it was observed that significant progress has been made in achieving collaboration between DHS and CUAs. This is supported by the monthly joint meetings referenced above.
- The lack of cohesion is, in part, due to the lack of clarity in roles and responsibilities between DHS and CUAs. DHS and CUA leadership have ongoing efforts to clarify roles.
- Integration was also affected by insufficient communication among DHS, CUAs, providers, and with the community in IOC implementation. This is improving with the implementation of new structures and processes and merits continued attention to ensure clarity from all perspectives.
- Observations conducted in the CUAs revealed, for the most part, positive and supportive relationships between DHS practice support personnel and CUA case managers and supervisors. However, this did not hold true for all of the CUAs.
- System integration has been compromised by a strained relationship between the CUAs and the courts and legal system. CUA staff feel that they lack support in the court process. Unlike DHS, CUA staff do not have a direct client-attorney relationship with the City Solicitors, who represent the City in dependency proceedings. CUAs are witnesses, but not the moving party. It should be noted that other interview data and cross-checking of this theme with DHS leadership and DHS legal professionals suggest that two additional factors—high turnover in the CUAs and high workloads of the City Solicitors—have combined to exacerbate this problem. (DHS received approval to hire ten new City Solicitors to reduce caseloads and is instituting additional experiential courtroom training for CUA case managers to address this issue.) Court personnel indicate frustration due to the lack of experience of CUA case managers and with the fact that case managers, despite having a central role in case decision making, are not legally considered parties in court. DHS leadership expressed concern that CUA case managers were often unprepared for court, and not familiar with the case they were testifying on. (During a May 2017 follow-up interview with court representatives, it was learned that this situation, first described to evaluators in October 2016, has improved somewhat as CUA caseloads have decreased and staff turnover has lessened in at least some CUAs.)



- A significant strength in system integration is the long history of a strong working relationship between DHS and the courts. This is demonstrated in monthly meetings held by court and DHS leadership for the purpose of addressing problems and coordinating their work.

#### **4. Workforce and Workload**

Themes identified in this category included high caseloads, adequate compensation packages to attract and retain high quality staff, high turnover of direct service staff, educational advancement for CUA staff, the educational backgrounds and experience of CUA Case Managers (CMs), concerns about both the length and content of the state-mandated pre-service training, unmet needs for in-service training for staff, organizational culture and office environment, and improving DHS-CUA relationships.

- There are widespread concerns about workload, both in DHS and in the CUAs. This is particularly acute with regard to the caseloads of CUA case managers given that many CUAs reported having caseloads exceeding standards and CUAs are without workload caps such as those that exist in DHS Intake. It was, however, acknowledged that CUA caseloads had been reduced from thirteen to ten just prior to the beginning of the evaluation interviews. Participants in later interviews indicated that caseloads had begun to decline. (As of March 2017, the average case management caseload had reached 11.2.)
- Commonly voiced workforce concerns related to qualifications and pay and benefits. There is some belief that pay and benefits in the CUAs are insufficient to attract and retain high-quality staff, particularly as compared to DHS, which is said to offer higher salaries and a better benefits package overall.
- High turnover of direct service staff in the CUAs was frequently voiced as a factor threatening the success of IOC as it gives rise to multiple performance concerns including high workload for those who must cover vacant caseloads and a lack of experience-based knowledge and expertise in service delivery, in court performance, and in working with systems partners.
- Turnover in the CUAs was viewed as being fueled by high workloads, less than optimal pay and benefits, and a lack of seasoned, expert casework supervision.
- In later interviews the evaluation team heard that at least some CUAs were beginning to achieve greater staff stability. By the first quarter of 2017, average turnover for case managers across CUAs was reportedly eleven percent.
- Some of those interviewed observed that the union has facilitated educational advancement (by supporting requirements for obtaining the master's of social work as a condition of advancement), workload limits, and job security for DHS employees. These do not exist in the CUAs and the CUAs are thus placed at a disadvantage, particularly given that CUA staff often lacked the experience of DHS workers.
- It was believed by some that many CUA case managers lack both the educational backgrounds and the experience needed to prepare them for the work. (In cross checking this report, it was learned that *IOC Practice Guidelines* do include specific educational requirements but allow for waivers when those cannot be met. Further discussions with DHS leadership indicate that this happened in limited circumstances and in cases where staff were within a few months of meeting the requirements.)
- Themes related to training include concerns about both the length and content of the state-mandated pre-service training and unmet needs for in-service training for CMs,

supervisors, and support staff. Concerns about the length of pre-service training seemed to be exacerbated by the high rate of turnover that the CUAs were experiencing during the time period of most of these interviews. These gaps in training left some CMs unprepared to handle case issues, and supervisors unable to properly support CMs.

- Concerns related to the organizational culture and office environment were expressed by some DHS staff who felt that they were not supported by leadership and that they receive criticism in the absence of positive acknowledgement. (It was observed, however, that these remarks were made early in the interview process. Given that this evaluation was being conducted concurrently with a change in leadership, criticisms may have primarily referred to the earlier work environment. For example, one interviewee who had remarked negatively about the DHS office environment added, “We appreciated the new Commissioner meeting with us.”)
- Observations conducted during shadowing in the CUAs and in DHS Intake, which occurred during the third month of the evaluation, suggested a more upbeat and collegial work environment than was reflected in the early interviews.
- The Community Oversight Board (COB), which is responsible for overseeing the work of DHS and the implementation of IOC, indicated in their most recent update to the Mayor that they observed an improvement in relationships between DHS and the CUAs.

#### ***5. Services to Children and Families***

Themes identified relating to practice and performance included an absence of reinforcing the practice model, practice quality in CUAs, external factors affecting CUA practice, DHS support of CUA practice, quality supervision, problems with DHS to CUA case transition, and family team conferencing logistic planning. Themes also cover the impact of current court processes on quality which included CUA staff court preparation, delayed court processing, frequency of court required appearances, court authority on case plans, and its impact on the effectiveness of family team conferencing.

- Some CUA personnel expressed concern that IOC was lacking consistent recognition of and subscription to a model of case practice.
- There are concerns about the quality of practice in the CUAs, especially with regard to the thoroughness and accuracy of assessments and the content of visits.
- There appears to be a focus on task completion (e.g., making a visit, having a team meeting) rather than quality. There are questions about practice with regard to family engagement and case planning with parents and children.
- CM practice is, in part, compromised by factors beyond the CUAs’ control, such as the increase in the numbers of children in care and a case transition process that reportedly often results in incomplete information in referrals.
- There is a need for DHS to continue to provide staff to support practice in the CUAs, perhaps at an even greater level. The current practice of placing Senior Learning Specialists and Practice Coaches in the CUAs contributes to improving practice but may not be sufficient to meet the need. Additionally, some CUAs report not feeling well-supported by these positions.
- There is a need to improve the quality of supervision in the CUAs. Concerns were expressed related to CUA supervisors’ educational preparation, experience, and training as compared to those in DHS. (The current DHS leadership has taken steps to address this concern through the institution of supervisory training directed toward improving knowledge and skills in critical practice areas. Some practice indicators such as kinship placements, visitation rates, and discharges of children to permanency show positive

trends. Likewise, the rate of children in congregate care is below the national average and is being maintained.)

- Case transfer is a factor that compromises work in the CUAs. Issues related to case transfer are:
  - Case information, including documents and case histories, is often lacking in transfers from Intake to the CUAs. In part, this appears to be due to the lack of efficient processes for the transfer of both current and historical information. In addition, joint transition visits with both DHS and CUA case managers visiting families do not always occur.
  - Problems in transitioning cases between DHS Intake and CUA case managers were viewed as are strongly linked with the current high workloads in both systems and with the lack of an up to date and well-functioning data system that facilitates the ready sharing of information across the service continuum. Although CUAs have access to the DHS ECMS, it does not currently provide automation of some documents, but requires that they be scanned into the system. This is time consuming and often creates a lag in data entry. Additionally, historical information on some cases must be accessed through the DHS Law Department in what was described by some as a sometimes lengthy and cumbersome process. It also requires that CMs come to the DHS office to review a case with a lengthy history.
- A number of factors related to the courts and legal processes have significance for high quality service delivery for children and families. They include:
  - CUA staff continue to be challenged in preparing for and presenting information effectively in court. (As indicated above, this issue is being at least partially addressed through the provision of additional court training and approved funding of ten new attorney positions.)
  - The court system has been stressed by the increase in reports and in children in out of home care. As a result, the court process may be delayed and attorneys have less time to spend with those they represent.
  - Although federal law requires review hearings every six months, the Pennsylvania Administrative Office of the Court calls for them to be held every three months. Thus, the Philadelphia court does not have the option of reducing the frequency of reviews on some cases.
  - Case plans are reported to be largely court-created thus precluding family inclusion and, for some case managers, appearing to obviate the need for family team meetings.
  - Philadelphia's child welfare system is called upon to serve a large number of children who are court-ordered into both in-home services and out of home care for reasons other than abuse or neglect.
- Although teaming with families was widely endorsed and considered a strength of IOC when done correctly, interviewees noted problems in its implementation.
  - There are problems related to scheduling, preparation of families, notification, breadth of participation, absence of parents, and facilitation. Several individuals commented that team meetings seem more about checking off a task than about engaging families in meaningful planning.
  - Discussion with DHS leadership indicated that they were aware of the deficiencies in current practice surrounding teaming and were taking steps to

address them, including creation of a work group to better identify barriers to effective teaming and develop strategies to improve the quality of teaming.

- Interview comments indicated that, while policy requires at least twice monthly face-to-face contacts with parents of children in placement to work toward reunification, these occur most often in the course of activities such as supervision of parent-child visits and court hearings, and are not specifically geared toward building a working alliance with parents and assessing and supporting their efforts to remedy the problems that threaten children's safety and well-being. For example, staff in one CUA noted that they are only required to see parents in their homes once every six months although they see them frequently during parent-child visits.
- A group of service providers who work closely with families were of the opinion that work with parents of children in care consisted primarily of the court's giving them a list of things that they had to do and that may change from one hearing to the next.
- Some informants questioned whether CUA CMs had the requisite skills or saw themselves as responsible for engaging with children's parents.

## **6. Structure and Operations**

Major themes related to structure and operations included are understanding chain of command and navigating the supervisory structure, DHS support staff in CUAs, the data system's functionality, uniform accountability measures and benchmarks, and Performance Management and Technology division's transformation.

- Some procedural questions related to chain of command and communication between DHS and CUAs were created in IOC implementation and require attention based on input from all parts of the system. (These are reportedly the focus of many of the joint DHS-CUA meetings that are now occurring monthly.)
- Both external partners and staff within DHS commented that, prior to IOC, it was clear how to proceed if they had concerns about the performance of a case manager or supervisor. This became much more difficult with ten CUAs involved, particularly if there were different interpretations regarding policy or practice requirements. (DHS leadership is addressing this through its current structure, which places a single deputy commissioner over the operation of the CUAs. Leaders are now making efforts to ensure that everyone involved in the system is aware of this single point of oversight and that they have appropriate contact information.)
- CUAs need continued and perhaps additional support in the form of DHS staff placed in the CUAs. (While this was a prevailing theme in interviews, it was not unanimous as a few CUAs reported having had negative experiences with their assigned DHS support personnel. Current DHS leadership has established a goal of developing strong practice expertise in the CUAs themselves rather than building an ongoing reliance on DHS support. If CUAs can attain staff stability and build a sufficient cadre of knowledgeable and skilled supervisors and managers, this would eliminate the need for continued assignment of DHS practice coaches and senior learning specialists.)
- The lack of an up-to-date and well-functioning data system has been, and continues to be, a significant impediment to IOC implementation and operations within both DHS and the CUAs. (DHS leadership and its operations and management sections are designing and implementing interim steps to provide IOC with the data it requires but it does face some constraints due to current resources. DHS is also on track in efforts to build an IT system that will eliminate the data input and access problems noted during

these interviews. The target date for implementation of a new DHS data system is December 2018.)

- There is a need for uniform accountability measures and benchmarks throughout the system. (DHS is in the process of constructing a scorecard with uniform benchmarks for CUA accountability.)
- The DHS section for performance management and technology is undergoing transformation and developing greater capacity to carry out management and quality assurance support functions. A number of activities have been undertaken to improve accountability; some have been achieved; others are being planned or are in progress.

### **7. Funding and Resources**

Themes in this category related primarily to the need for more resource families, the flexibility in use of resources in the CUAs, and whether it will be possible to sufficiently fund work in the CUAs while also retaining a large number of functions and positions in DHS.

- The shortage of high quality resource families is of widespread concern, which is not uncommon in contemporary child welfare systems. This appears to be related both to the increased demand and to the loss of some providers that served Philadelphia prior to IOC, but now do not. (DHS's recent actions to increase the administrative rate for resource families and added supports for specialized behavioral health resource families will address some of these issues.)
- Direct service staff, including DHS, CUAs, and resource family providers, express a need for more ready access to flexible funding to meet immediate concrete needs of families.
- There is some concern that CUAs are not using all of their resources to the optimal benefit of child welfare involved families.
- Some question whether resources are sufficient to maintain a large DHS system as well as the CUAs.
- A number of interviewees from CUAs and external sources made specific note of the fact that there has not been large-scale attrition of DHS staff concurrent with IOC implementation. Some also noted that, while other jurisdictions that have moved toward partial privatization have greatly reduced public agency staff to shift resources to contracted providers, this does not appear to be occurring in Philadelphia. This question was voiced frequently in interviews, sometimes characterized as "the elephant in the room" or "the big question", often accompanied by comments concerning the role of the public employees' union in maintaining positions in DHS. Further information indicated that DHS staff shifted to front end positions to support the growth of hotline referrals and investigations. In addition, at the start of 2016 there were over 250 vacancies in DHS positions. DHS only committed to filling front end and key leadership positions.
- DHS leadership highlighted the changes to the Child Protection Services Law in 2015 that expanded the definition of child abuse and who was a mandated reporter as a reason for the lack of reductions in DHS staff. This increased the number of reports of abuse, and required more staff supporting intake, investigations, and other activities related to growth in the system.
- Notable resource strengths mentioned by some staff are the availability of the DHS nurses and of supports from Community Behavioral Health.

## **8. Larger System and Community**

Themes identified in this category included community resources to address truancy and public system partnerships.

- Although DHS funds support programs such as Out-of-School Time afterschool programs, the Education Support Center, Regional Truancy Court, and other Truancy Services, stakeholders across the board indicated that there was a lack of housing resources and a lack of adequate resources in the schools to address primary problems related to truancy that places additional stress on the resources of the child welfare system.
- Philadelphia has significant strengths in the resources and relationships among major public system partners such as the courts and behavioral health, but there remains a need for better coordination with some such as schools and the Medicaid system.

## **9. Public Feedback Sessions on Draft Report**

In August 2017, evaluators released a draft of this report for public comment prior to the finalization of the recommendations. The evaluators held four public feedback sessions, a briefing for City Council, and invited the public to submit written feedback via email. In total, over 250 individuals participated in the public feedback process. Much of the feedback reinforced what was heard in the original stakeholder interviews, and reinforced the existing recommendations. Other themes that were raised in those conversations included the following:

- Understanding the connection between poverty and interactions with the child welfare system
- Highlight the challenges of subcontractors in addition to CUAs and DHS and utilize them as a resource for problem solving
- Encourage greater emphasis on the role of behavioral health supports for children and families
- Need for greater support for special populations, such LGBTQ youth, older youth, youth with physical or intellectual disabilities, and families experiencing domestic violence
- Engaging older youth in problem solving for their own case
- Development of greater peer support for direct service workers and resource families
- Need for more data, greater communication, and collaboration across the system to address challenges
- Need for more support from outside partners to address challenges

## **B. Analysis of Policy and Practice Guidelines**

Evaluators conducted a review and analysis of the February 2017 draft of the *IOC Practice Guidelines for Community Umbrella Agencies* and a March 2017 statement of proposed *Guideline* changes. The analysis was not exhaustive; its purpose was to identify areas of strength and need and to suggest for consideration alterations where they were viewed as needed to optimize practice related to child safety, permanency, and wellbeing in the major system functions of intake and determination of safety, provision of in-home services to support family functioning and protection, and to ensure timely permanency for children who have been placed in out of home care. Findings of this assessment are outlined below.

## **1. Strengths of the IOC Practice Guidelines**

### *Overall Content and Formatting*

The strengths of this policy document are many. First, it is both comprehensive and succinct, comprising a total of 164 pages from beginning to end including the appended glossaries of terms, regulations, and acronyms and abbreviations. This is a remarkable achievement and one not often equaled in comprehensive policy documents for large systems. Moreover, its format makes it accessible electronically and it is reasonably easy to navigate using hyperlinks provided in the table of contents and in in-text references to other sections.

The key concepts of safety, well-being, and permanency are appropriately addressed in separate chapters that provide direction across all service programs. Well-being related issues such as education and physical health care are easily accessed under separate chapter headings as are administrative guidelines such as requirements for documentation, use of technology, and personnel qualifications. These may seem like small things but they are of great significance to busy practitioners and agency managers who must be able to readily locate and interpret critical policy requirements to implement them consistently and accurately.

Although termed “practice guidelines,” this guidance avoids a common pitfall of child welfare agency policy documents, which is an attempt to incorporate extensive content related to practice knowledge and skill that is better addressed through staff selection, training, and coaching. These guidelines reflect an appropriate focus on basic procedural requirements and essential considerations of practice without the kind of lengthy elaboration that risks making it unwieldy and inaccessible.

Inclusion in the document’s introduction of the structural elements of IOC, which set forth a focus on the organization of services around the needs of families and communities and achievement of greater accountability through performance management and quality improvement, are also viewed as strengths. This is followed by discussion of the child welfare field’s move to a focus on outcomes that include a listing of key outcome measures monitored by federal oversight and generally accepted as representing good practice in the profession. Also of particular note is the statement of DHS’s adoption of the Strengthening Families approach, which promotes child safety, permanence, and well-being through helping to build the five well-recognized protective factors of parental resilience, social connections, knowledge of parenting and child development, concrete supports in time of need, and social and emotional competence of children. The document’s reiteration of key principles and outcomes at the beginning of each chapter further reinforces their importance in practice.

### *Service Guidelines*

Specific guidelines for service provision are outlined in Chapters II and III of the manual, which deal with safety and permanency and also in chapters that address individual well-being needs related to education, physical and behavioral health, the physical environment of the home or placement setting, and children’s recreation and personal development. A review of these indicates that they incorporate brief, succinct statements of essential service activities and related policies. The following guidance’s are noted as particular strengths:

- Timely transfer from Intake and CUAs: The provision that cases determined to have a need for ongoing services be referred to CUAs within three working days, promotes timely support of safety plans and acknowledges families’ need for prompt follow-up after child protection intervention.
- Case contacts and home visits in in-home and placement services: Generally, requirements for frequency of home visits and other face-to-face contacts contained in the guidelines are

clear and appropriate. The call for weekly visits and individual in-person contact with children in homes with active safety threats is consistent with the need to ensure freedom from harm, compliance with safety plans, and immediate steps to effect long-term remediation of factors that threaten child safety and family unity. Clear designation of “safety” cases and consistent contact requirements promote optimal protection for children in such cases. Likewise, a minimum of once per month face-to-face contact in situations in which safety threats are not identified constitutes a reasonable standard, in view of current workloads, to accomplish needed adjustments of case plans and regularly assess progress. Additionally, the guidelines require at least twice monthly face-to-face contacts with parents of children in out of home care “to work diligently and urgently toward reunification”

- Guidelines to ensure purposeful contacts: The inclusion of listings of critical issues to be addressed in visits provides a helpful primer, particularly given the fact that, at least currently, many CUA staff are described as being relatively new to child welfare service provision.
- Limitations on the use of emergency placements and congregate care settings: The guidelines set forth clear provisions for the use of short-term emergency resource family placements only when no other appropriate placement can be made. This requirement helps to avoid the use of such placements, which create the need for another move for a child, for reasons of agency time and convenience. Likewise, policies concerning the use of congregate placements reflect strong efforts to limit the use of such settings: No child younger than twelve can be placed in congregate care and placements for older children require authorization by the CUA case manager director and CUA director. Finally, these placements must be reviewed monthly to determine if congregate care is still needed.
- Emphasis on placements and connections with family and kin: There is a clearly stated preference for placement of children with kin, promoting connections with kin, and ensuring that visits with parents and siblings not placed together occur at frequent (i.e., at least every two weeks) intervals and that they be provided in a setting most conducive to positive interaction. Of particular note is the promotion of visitation in the permanency resource and without supervision unless there are reasons why this is not feasible or safe.
- Promotion of cooperative relationships between resource families and parents/caregivers: Expectations are outlined for resource parents to work cooperatively with parents or other caregivers toward reunification. Specific requirements include a meeting within five days of placement and regular, monthly communication in addition to family visits in which resource parents inform parents of children’s adjustment, functioning, and any areas of concern. Such promotion of cooperative relationships between children’s substitute caregivers and their parents helps to minimize children’s stress due to divided loyalties, maintains family connections, and reinforces the inclusion of resource parents as part of the child and family team.
- Guidelines for aftercare: Planning with families to build a safety net of formal and informal supports sufficient to ensure their stability and ability to provide at least minimally adequate care and supervision for their children is a critical component of child welfare services and thus appropriately included in the guidelines.
- Emphasis on supervision: The service guidelines contain clear requirements for periodic supervisory conferences and review of cases as well as numerous references to the need for joint decision making between case managers and their supervisors. In addition, supervisors are required to document their supervisory consultation decisions and directions. All of these provisions appropriately reflect the critical importance of consistent first-line supervision.



- Provision for accessing funds to assist families with concrete needs: Chapter VIII provides information concerning the availability of monies to help families secure such essential items and services as utility payments, rent, cribs, and beds under certain circumstances. The availability of such funds is of critical importance in preventing unnecessary out of home placement of children and also, if used timely and strategically, serves as a valuable engagement tool.

#### *Intake and Assessment Supports*

- Clear requirements for the roles of CUA case managers, hotline, and intake in investigations in ongoing cases: The assignment of responsibilities for both intake and CUA staff when new maltreatment reports are made on families already receiving services helps to ensure the provision of complete and accurate information in the investigation and provides continuity for families.
- The use of an instrument to guide safety assessment decisions with direction as to its initial and periodic use: Assessment of child safety is a challenging and complex undertaking. Although no instrument can substitute for sound professional judgment, the use of tools to promote uniform consideration of known safety threats is now considered the standard of practice in the child protection and child welfare field. The guidelines include direction for both initial and ongoing evaluation of child safety. (It should be noted that this review did not include the actual safety assessment instrument used in IOC and thus does not speak to its quality or sufficiency.)
- Use of standardized, research-based instruments: The guidelines include specific requirements for use of the Family Advocacy and Support Tool (FAST), the Child and Adolescent Needs and Strengths (CANS), and the Ages and Stages Questionnaire (ASQ), all of which are well-recognized in the field as providing valuable information on which to base service planning and ongoing assessment of progress. A particular strength is that the guidelines also call for periodic reassessments to capture changes in functioning.
- Availability of psychological and other behavioral health consultation: Behavioral health consultation is made available to direct service staff through both DHS psychologists and clinical consultants from Community Behavioral Health. The guidelines offer direction on when use of this consultation is mandatory and when it is permissive. Such direct individualized consultation can be much more helpful in the casework process than simply requiring one-time individual psychological evaluations as often occurs in child welfare systems.
- Availability of nurse consultation: Nurses are available to consult with direct service staff and to work directly with biological and resource families to meet the special medical needs of children. The guide delineates when consultation with nurses is required, but it may be sought in other situations as well as at the discretion of the case manager or his/her supervisor.

#### *Teaming*

- Provision for regularly held family team meetings: Teaming is a well-accepted technique for engaging and partnering with families in the critical functions of assessment and planning. The guidelines call for team meetings for all families to be held, at least, at periodic intervals throughout the casework process is a significant strength.

- Timing of first team meeting: The requirement that the first Family Support Team Meeting occur within twenty days recognizes the urgency of involving families and their support systems in meaningful planning.

## ***2. Limitations of the IOC Practice Guidelines***

Despite the considerable strengths of the guidelines, this review did prompt some concerns. This analysis focuses only on areas that are considered by the evaluation team to be the most critical to effective practice. It is possible that the need for other, more specific revisions may flow from these.

### *Absence of Formal, Unified Materials on the Model of Practice*

While DHS has included core practice principles in a number of its initiatives, such as the Safety Model of Practice and the Strengthening Families approach, there are significant opportunities to ensure the underpinning principals that guide the agency's work are articulated to all CUA and DHS staff as well as children, families, and the larger community. The National Child Welfare Resource Center for Organizational Improvement defines a practice model as follows:

Simply stated, practice models are the basic **principles** and **approaches** that guide an agency's work. The principles are descriptive enough to suggest the performance required to practice consistently; help shape the thinking and behavior of direct service staff to improve safety, permanency, and well-being; and address organizational issues such as agency leadership, management, supervision and relationships with the community.

Clear internal and external messaging is needed to institutionalize this model of practice. This will emphasize the foundational principals of these lengthy documents and elevate a focus on the importance of strengthening relationships with parents to enable children to remain with or return to their parents safely and permanently. DHS recognizes that many staff have difficulty in articulating the practice model and how it relates to their function. DHS is taking steps finalize a single practice model document by the end of the second quarter of fiscal year 2017. The practice guidelines should complement the safety model of practice and connect workers' function to these core principles and values. The following analysis suggests how the guidelines might more directly support stronger more outcome-focused casework with families.

### *Family-Centeredness and Engagement*

The engagement of parents in child welfare is a challenging and complex endeavor that far exceeds the ability of a policy document to "teach." Such a document can and should, however, communicate that engagement is an essential prerequisite for successful service provision. Instead, the guide tends to more adequately communicate the case manager's obligation to form helping alliances with children. While that, too, is vital, a fundamental truth in child welfare services is that children benefit most when their parents or suitable alternative parent figures can be supported to assume full responsibility for their care and safety as quickly as possible.

- The guidelines do not effectively communicate in a clear and forceful way the importance of the partnership that should exist between case managers, parents, and the parent's support network to accurately and fully identify and address the needs that led to the family's involvement with child welfare services. As acknowledged in Section B.1 above, the guidelines do contain a number of references to the need for frequent contact with families and the obligation to provide services and supports to enable parents and other caregivers to resolve problems that led to child welfare involvement. When considered within the context of the entire document, however, they do not stand out as representing one of the most

crucial functions of the case manager. What seems to take priority and, indeed, the only activities mentioned in conjunction with the term *engagement*, are the case manager's interactions with children and youth or team coordinator's contacts with families. For example, in the "Guidelines for All Placement Services" on pages 27 and 28, case managers are urged to meet with and provide the fullest information possible to children, acknowledging the trauma of removal, and providing them with reassurance that the case manager will be there to help and support them. While this is certainly important, so is the provision of such reassurance to parents. Although this same section does also include an enumeration of the case manager's responsibility toward parents, these are couched more in terms of legal requirements such as that the case manager "is required and has a legal obligation to make reasonable efforts to ensure timely reunification including a continuing responsibility to identify and overcome barriers to reunification, unless otherwise ordered by the Court" and "is responsible for full disclosure to parents...about the implications of placement." Although technically true, such statements do not, in the view of the reviewers, convey a sufficient value on also acknowledging the trauma of parents and making an earnest and concerted effort to partner with them in their attempt to regain custody of their children.

- Meeting concrete needs of families: Although the guidelines do include, as noted in the review of policy strengths above, provisions for accessing funds to meet immediate critical needs of families such as rent and utilities, this resource is not referenced in the document in a way that calls attention to its use in early engagement of families, in preventing the need for removal, or in enabling reunification or movement to other permanency at the earliest possible time. It should be further noted that, in discussion with CUA administrators and managers, evaluators were told that these funds are, in reality, so limited both in amount given the size of the system and by policy as to be practically unavailable to meet the needs of many families (funding amounts are detailed in Section V). DHS leadership indicated that policy is constrained in part by city and state regulation, and designed to ensure proper use. In addition, new processes have been put in place to accelerate payment and changes to budgets. However, provisions for flexible funding should be reviewed to assess their consistency with the Strengthening Families approach outlined in the introduction to the guidelines, the importance of such funds in meeting real needs related to child safety, and in engaging families by directly demonstrating the helping intent of child welfare intervention. Further, policies for accessing funds should be included in the guidelines in a way that call attention to their use in decisions about safety and permanency at the earliest possible point.
- Teaming: While the inclusion of provisions for teaming is, as was mentioned in Section B.1., a significant strength, the current policy misses some important opportunities to make this process more effective. These include:
  - Lack of provision for individualized, face-to-face preparation of parents for participation in the team meeting: Policy assigns the team coordinator responsibility for making contact with parents to explain the purpose of the team meeting, but makes no requirement that preparation to occur in a face-to-face meeting. In the view of evaluators, such preparation is best accomplished in a face-to-face meeting with the case manager and is a critical part of the early engagement process.
  - More individualized consideration of team composition: Teaming policy allows for a considerable cast of professionals to be present at the initial team meeting, depending upon the details of each case situation. While these professionals can no doubt, in many instances make meaningful contributions to case planning, an

over-riding consideration is to what extent their presence might be intimidating to parents, youth, and their support networks. The addition of the family's informal supports to the team can be very effective in providing families with trusted allies throughout the teaming and casework process and their importance merits vigorous recruitment efforts. Stakeholder interviews have indicated that DHS is struggling to elicit both parent and informal support participation in meetings.

### *Considerations in Effective Casework*

The listings of service activities contained in the various chapters of the guidelines are extensive and detailed. Most are appropriate. Taken as a whole, however, and especially considering those in the chapters on well-being issues such as education, recreation, and personal development, they represent an overwhelming array of requirements for the individual case manager. The danger in such extensive requirements absent some allowance for their discretionary application is that they imply a checklist, risk management orientation to the role of the case manager rather than that of a skilled co-designer and facilitator of a plan to promote family functioning and stability. Fulfilling such requirements, especially when they have no direct relevance to the reason for the agency's involvement with a family, can also seem unduly intrusive and thus thwart engagement. Most importantly, assigning such broad accountability can have the unintended consequence of diluting the case manager's focus on the critical needs that underlie the safety threats present in a particular family. In consideration of this finding, particular attention might be paid to the following (but is not limited to):

- The "Specific Guidelines for Services," especially those pertaining to in-home cases, in Chapters VIII through XIII would benefit from review and deliberate consideration of the degree to which they are all essential and feasible. For example, in in-home cases in particular, requirements such as discussing the importance of a land line telephone and confirming the family's emergency communication plan; identifying and facilitating children's participation in extra-curricular activities; assessing children's strengths and skills and identifying programs to enhance them; and ensuring children's involvement in summer activities, seem unduly burdensome unless they have a direct relationship to the reason for the family's involvement in child welfare services. In addition, while these are all obviously well-intended and may constitute an ideal, families that retain the custody of their children may view them as overly intrusive.
- In addition to the specific service guidelines referenced above, other policies that appear to have the potential to create workload obligations disproportionate to their potential to produce substantial benefits include:
  - Requirements for cases shared with Juvenile Probation Officers outlined in Chapter III. This section of policy appears to require that there be shared case responsibility even when the subject youth is in secure placement and raises questions about whether this constitutes the best use of CUA case management resources. This language is based on a state requirement, and may require engagement with leadership at Pennsylvania DHS.
  - Visits with incarcerated parents (Chapter III, page 40). These state-mandated guidelines require that children in placement visit with their incarcerated parents at least every two weeks. While ensuring connection to an incarcerated parent may, in the aggregate, be laudable, no provisions are suggested to assess the suitability of such visits such as (1) the parent's prior relationship with the child; (2) the parent's expressed desire for involvement with the child; (3) the reason for incarceration and length of sentence; and (4) whether or not there are related

resources who can participate in permanency planning, particularly in the event of a protracted sentence. While it is appropriate to require inclusion of incarcerated parents in planning for their children and, in many instances, to promote visitation as frequently as possible, this is a situation that would seem to warrant more nuanced assessment rather than a standard requirement of twice monthly visits. (CUA directors advised in a recent contact that, currently, provisions have been made by DHS for Skype contacts between incarcerated parents and children. However, there is only capacity for visits to occur monthly. The guidelines, on the other hand, state specifically that visitation by videoconference is not sufficient. It is understood that there is a statutory requirement in Pennsylvania that calls for parent-child visits at a minimum frequency of every two weeks. This appears to be an instance in which legislated practice fails to consider the many factors that warrant individualized consideration in complex decisions about contacts between children in out of home care and their parents.)

- Monthly contact with uninvolved parents (Chapter II, page 16): This provision calls for a minimum of monthly contacts with non-custodial parents who are not involved with their children, their care, or in planning for them. While it is certainly indicated to attempt to engage all parents in planning for their children in care or otherwise involved in child welfare, the requirement of ongoing monthly contacts, once genuine and documented efforts to engage the parent, to provide them with contact information, and to encourage follow-up have been made, seems to be excessively burdensome for the caseworker and to avoid the appropriate placement of responsibility on the parent.
- Monthly visits with children placed out of state (Chapter III, page 56). Currently policy requires that, if the receiving state in an out-of-state placement does not agree to make monthly visits, these must be made by the CUA case manager. It is clearly necessary that these children be seen monthly, but this requirement raises the question of whether it is realistic for a CUA case manager to perform this function without compromising their other responsibilities given that, in many instances, one such visit could require at least two full days. Consideration might be given to exploring whether it is feasible to establish procedures for negotiating small contracts with licensed agencies or licensed independent social workers in other states to perform this function in cooperation with the two states' Interstate Compact for the Placement of Children (ICPC) offices. (The CUA directors were asked about the frequency with which sending case managers out of state becomes necessary. They indicated that there are two situations where this occurs: (1) A few were sending case managers monthly to see children placed through the ICPC because the receiving state would often supervise that, but almost all were sending them quarterly to every child in an out-of-state placement, even if the receiving state does make monthly visits. (2) They also mentioned having a few children in out-of-state specialized placements for treatment only. The ultimate goal is to bring the child back to Pennsylvania, not to transition permanently to the out-of-state placement. For these children, they are sending case managers every month.) While regular visits are necessary to ensure the safety and well-being of these children, the way in which that is accomplished should be balanced with a realistic assessment of case manager workloads.

It should be acknowledged that, in recent communication with DHS, evaluators have been made aware of efforts to review policy requirements and to ensure that case managers are focused on services that are responsive to the individual needs of families. Where tasks cannot be eliminated or made discretionary in accordance with the needs of a case due to legal or regulatory constraints, consideration is being given to whether they can be assigned to support personnel without jeopardizing the building of a working alliance between the case manager and the family. In addition, as noted in one case above, some policies are due to state regulations and may warrant engagement of leadership of Pennsylvania DHS to eliminate.

### **C. Analysis of IOC System Performance Indicators**

#### **1. Data Capacity**

DHS personnel were challenged to provide all of the data requested in a timely way due to collapse of the agency's data warehouse in December 2014 and the fact that DHS currently lacks a fully functional automated data system. Both DHS and CUA personnel consistently expressed concern about the lack of an optimal data system to track and analyze key performance indicators. During the period of the evaluation, however, data capacity did improve due to the efforts of DHS Performance Management and Technology staff who had been rebuilding the data warehouse to provide DHS and the CUAs with regular management reports. DHS reported that it became able, as of October 2016, to begin sending monthly caseload management reports to all of the CUAs. Prior to that CUAs had been maintaining their own systems on spreadsheets, but this was much less efficient than getting them from the DHS Electronic Case Management System (ECMS) as they do now.

Although some of the metrics requested for this evaluation could not be provided at all, sufficient data were made available for the requested 2012 through 2016 period to allow evaluators to form an understanding of general areas of strength and concern about the overall case load size, composition, and movement of cases through the IOC system. This analysis resulted in the findings shown in the sections of this document immediately following. Where available and appropriate due to notable changes in recent months, data for the first few months of 2017 is also referenced.

#### **2. Quantitative Data and Trends**

##### *Summary Analysis of Intake and Disposition Data During IOC Implementation*

Table 1 shows dispositions of Child Protective Services and General Protective Services reports from 2012 through 2016 with changes over the entire time period and changes from 2014 through 2016, the latter highlighted to better reflect the period of full IOC implementation. As noted in the Executive Summary and Section I.C of this report, many of the trends were impacted by the changes to the Pennsylvania Child Protective Services Law passed in 2015 as a result of the Jerry Sandusky child sexual abuse scandal.

Key observations concerning these data include the following:

- Reports of maltreatment increased by forty-five percent through the five-year period and by thirty-one percent between 2014 and 2016.
- Substantiation rates in Philadelphia are somewhat higher than the national average of approximately twenty percent.<sup>1</sup>
- The number of children in out of home care increased by forty-seven percent between 2012 and 2016 and by twenty-six percent from 2014 and 2016.
- The number of children receiving in-home services increased by 106 percent from 2012 to 2016 and by twenty-five percent between 2014 and the end of 2016. These children are

represented by a 127 percent increase in families (i.e., in-home cases) since 2012 and a seventy-one percent increase since 2014. Applying the current caseload standard of 1:10, these increases account for 274 and 203 caseloads respectively.

- The distribution of in-home cases categorized as safety and non-safety is of particular note: In 2012, seventy-eight percent of children involved in in-home services cases were considered unsafe; in 2016, only forty-one percent were so designated, a decrease of thirty-seven percent. On the other hand, in 2012 only twenty-two percent of children involved in in-home cases were considered safe; in 2016, this percentage stood at fifty-nine percent, an increase of thirty-seven percent. The distribution of safety versus non-safety cases is discussed in the section on current year performance indicators beginning on page 79 in the section that provides key data elements from 2017.

**Table 1: Investigations and Disposition**

Data Element	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	% +/- Over 2012	% +/- Over 2014
Reports of Maltreatment	13,523	14,164	14,968	18,026	19,597	45%	31%
Substantiation Rate	27.2%	27.1%	27.3%	29.6%	31.2%	4%	3.9%
Children in OOHC*	4,046	4,305	4,699	5,591	5,936	47%	26%
Children Receiving In-Home Services	1,987	2,566	3,280	5,008	4,111	106%	25%
Families Receiving In-Home Services	2,154	2,434	2,863	4,084	4,891	127%	71%
Children Receiving In-Home Safety Services	1,555	1,897	2,228	2,550	1,686	8%	-24%
Children Receiving In-Home Non-Safety Services	432	669	1,056	2,458	2,425	461%	129%
% In-Home Safety -children	78%	74%	68%	51%	41%	-37%	-27%
% In-Home Non-Safety-children	22%	26%	32%	49%	59%	37%	27%

\* OOHC = Out of Home Care

Table 2 shows the number of Child Protective Services and General Protective Services investigations conducted between 2012 and 2016 with their dispositions. Noteworthy observations of these data include:

- There was a sixty-seven percent increase in substantiated investigations since 2012 with most of that increase occurring after 2014.
- The number of unsubstantiated investigations increased by forty percent.
- The proportion of unsubstantiated investigations referred to ongoing services increased by eighty-three percent while the percentage of closures of such cases declined by fourteen percent.

**Table 2: Investigations Determined with Service Decision**

Disposition	Investigations	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	% +/- Over 2012	% +/- Over 2014
Substantiated	Total #	3,674	3,834	4,085	5,339	6,120	67%	50%
	Tran. to Ongoing Services	2,217	2,385	2,799	3,927	3,925	77%	40%

Disposition	Investigations	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	% +/- Over 2012	% +/- Over 2014
Substantiated	Closed	1,144	1,322	1,178	1,274	1,906	66%	61%
	% of Total Closed	31%	34%	29%	24%	31%	0	3%
	Transferred w/in	4	86	108	138	274	6750%	154%
	Unknown	9	41	0	0	15	66%	NA
Unsubstantiated	Total #	9,515	9,914	10,395	12,305	13,310	40%	28%
	Tran. to Ongoing Services	1,356	1,584	1,939	2,446	2,478	83%	28%
	Closed	8,134	7,970	7,904	8,851	9,461	16%	20%
	% of Total Closed	85%	80%	76%	72%	71%	-14%	-15%
	Transferred W/in	18	278	552	1,008	1,318	7222%	31%
	Unknown	7	81	0	0	53	657%	NA
Subst+Unsubst.	Total	13,189	13,748	14,480	17,644	19,430	47%	34%

Table 3 shows reasons for removal of children from their homes as a percentage of all removals with national averages for those same reasons, where available. In interpreting these figures, it is important to note that the practice in Philadelphia is to enter only a single reason for a removal whereas the federal system allows for entering more than one reason. Given the data as it is, however, the most prominent observations are:

- Although the percentage of children with neglect indicated as the reason for removal has increased substantially during this time period, it still falls well below the national average of sixty-one percent.
- Philadelphia indicates removing many more children for reasons of the child's own behavior than is reflected in national data. In fact, during the first three years of this period, child's behavior exceeded neglect as the reported reason for removal. This has leveled out somewhat over the last two years as removals for neglect have increased and those based on behavior have decreased, but such removals still stand at twice the national average based on these data.
- Removals attributed to parental substance abuse are substantially lower than nationally.
- Lack of housing, which was frequently mentioned in interviews as one of the most prevalent reasons for removal, stands at eleven percent, just slightly above the national average.

**Table 3: Removal Reasons as a Percentage of All Removals**

Removal Reason	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	National 2015*
Neglect	11%	11%	21%	28%	26%	61%
Child's Behavior Problem	31%	28%	26%	23%	22%	11%
Parental Drug Abuse	13%	12%	13%	11%	12%	32%
Caretaker's Inability to Cope	15%	16%	11%	8%	9%	14%
Inadequate Housing	7%	9%	8%	10%	11%	10%
Physical Abuse	6%	7%	6%	6%	5%	13%
Parental Alcohol Abuse	1%	1%	1%	<1%	1%	6%
Abandonment	4%	5%	4%	4%	4%	5%
Incarceration of Parent	3%	4%	4%	2%	2%	8%
Sexual Abuse	2%	2%	1%	2%	2%	4%



Removal Reason	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	National 2015*
Child's Disability	2%	2%	2%	2%	1%	2%
Imminent Risk (CPS Law)	1%	1%	2%	2%	2%	NA
Death of Parents	2%	2%	1%	1%	1%	1%
Drug Abuse Child	1%	1%	1%	<1%	<1%	2%
Relinquishment	<1%	<1%	<1%	<1%	<1%	1%
Alcohol Abuse Child	<1%	<1%	<1%	<1%	<1%	0%

\* Most recent available federal data

#### *Summary Analysis of Data on Children in Out of Home Care*

Philadelphia's rate in care at the time of this analysis was approximately 16.4 per 1,000 children in the population compared with a national Casey Family Programs calculated rate of about 5.5. Table 4 on the following page shows a summary of key indicators for children in out of home care in Philadelphia compared with national averages. Noteworthy observations concerning these data include:

- Relative to national data, Philadelphia has a much larger proportion of children placed with kin and a slightly lower number placed in congregate care. Assuming that kinships placements are of good quality, these are considered to be positive indicators as keeping children connected to their families and in the most family-like setting that can meet their needs are strongly held values of child welfare practice.
- Exits to reunification and to adoption in Philadelphia are somewhat lower (five percent and four percent respectively) than nationally.
- Exits of children to settings that are considered non-permanent is somewhat higher in Philadelphia than nationally although it is trending downward. These discharges include runaways, emancipations (i.e., "aging out"), and transfers to another agency. Given that the number of children assigned a goal of an Alternative Planned Permanent Living Arrangement (APPLA) goal in Philadelphia is also higher than the national average, it is likely that many of these exits represent youth who age out of care without being legally placed with a permanent family. It would be helpful, however, to conduct further inquiry to understand the needs of these children as a basis for developing strategies to increase the proportion of exits to permanency.
- Data on permanency goals in Table 5 show some disparity with national averages: The percentage of children assigned a reunification goal is somewhat lower, while more have a goal of adoption or Permanent Legal Custody/guardianship. However, the rate of reunification as a goal in 2016 is markedly higher than in 2012 while adoption is somewhat lower. This may be a positive indicator since reunification efforts, when successful, normally result in children spending less time in out of home care than when adoption becomes the goal. The percentage of children having a goal of an Alternative Planned Permanent Living Arrangement (APPLA) is also higher than average. Additional clarification obtained later in the evaluation revised this figure somewhat for 2017 and is explained in the section on 2017 data beginning on page 79.
- DHS provided additional clarification related to the prevalence of a goal of APPLA for children in out of home care: In Philadelphia, the court calculates this number to include goals of both emancipation and APPLA. Using this calculation, the most recent rate of children with an APPLA goal in Philadelphia stands at twelve percent compared with a national rate of seven percent.

**Table 4: Summary Placement, Age, Permanency Goal, and Discharge Data for 2016**

Data Element	Philadelphia FY2016		National Average (2015); National Standard
Kinship Placement		47%	29%
Congregate Care		13%	14%
Non-relative foster homes		40%	46%
Age	#	%	%
0–4	1826	30%	34%
5–12	2153	36%	36%
13–17	1521	25%	26%
18–21	511	9%	4%
Re-entry w/in 12 months (of 2015 exits)	139	15.2%	8.3%
Maltreatment in OOHC (2015)	11	.2%	8.5%

**Table 5: Permanency Goals 2012 and 2016**

Data Element	Philadelphia FY2012		Philadelphia 2016		National Average (2015); National Standard
<b>Permanency Goals for Children in Care</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>%</b>
Reunification	714	18%	2,774	46%	55%
Adoption	1513	37%	1,892	32%	25%
Permanent Legal Custodianship or Guardianship	85	2%	381	6%	3%
Placement with Relative	11	.3%	37	1%	3%
APPLA	426	10%	54	9%	3%

Table 6 shows time in care for children exiting from fiscal years 2012 through 2016. Philadelphia shows somewhat lower proportions of children in care for shorter periods of time (i.e., < 12 and 12-24 months) and somewhat higher proportions for those with longer lengths of stay.

**Table 6: Time in Care**

Months to Exit	FY2012	FY2013	FY2014	FY2015	FY2016	National*
< 12	43.9%	44.5%	46.1%	46.2%	46.3%	48%
12-24	24.2%	23.7%	20.3%	19.6%	21.8%	25%
25-36	15.0%	15.8%	19.6%	14.8%	13.7%	11%
>36	16.8%	15.9%	14.8%	19.4%	18.2%	15%

\* AFCARS Report #23; Preliminary Estimates of FY 2015 Data

An examination of time in care by exit reason illuminates the degree to which the overall out of home care population is influenced by the type of permanency attained. Data for the past five years show that over fifty percent of those children who exit to reunification each year do so within a year of their entry into care, whereas fifteen percent or less are in care for greater than twenty-four months. On the other hand, of those exiting to adoption, up to ninety-one percent have been in care for over twenty-four months; furthermore, that number has increased by twenty-three percent since 2013. Likewise, the number of those exiting to PLC or guardianship in less than one year has declined from twenty-five percent in 2012 to eight percent in 2015 with the percentage of such exits with lengths of stay exceeding twenty-four months has increased from thirty-five percent to seventy-one percent. These data are depicted in Table 7 on the following page.

**Table 7: Time in Care by Exit: Of all exits for each reason, percentage in care for each time period.**

Discharge Reason	Time in Care	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Reunification	6 months or <	29%	27%	33%	32%	32%
	7-12 months	29%	28%	26%	27%	26%
	13-24 months	28%	30%	28%	27%	30%
	> 24 months	14%	15%	13%	14%	11%
Adoption	6 months or <	<1%	0	<1%	0	<1%
	7-12 months	<1%	<1%	<1%	0	<1%
	13-24 months	30%	32%	18%	12%	8%
	> 24 months	69%	68%	81%	88%	91%
PLC/Guardianship	6 months or <	11%	14%	12%	1%	5%
	7-12 months	14%	9%	8%	3%	3%
	13-24 months	40%	30%	23%	24%	21%
	> 24 months	35%	47%	57%	71%	71%
Non-Permanency	6 months or <	36%	34%	34%	35%	36%
	7-12 months	15%	17%	17%	17%	18%
	13-24 months	16%	16%	15%	16%	19%
	< 24 months	34%	34%	33%	32%	27%

Table 8 shows trends in exits from out of home care. The exit data set originally provided to evaluators showed higher numbers of exits and larger percentages exiting to situations considered to be non-permanent without a breakdown of the types of non-permanency discharges. The data set below is used here as it does provide such a breakdown. Evaluators were unable, however, to reconcile its lower numbers of discharges with those previously provided. The data from 2012 through 2016 show a trend toward increased reunifications, with a six percent increase occurring between 2014 and 2016. Adoptions have remained relatively stable, accounting for from twenty percent to twenty-two percent of total exits from placement. Discharges to permanent legal custodianship or guardianship have declined slightly from seven percent in 2012 to five percent in 2016, perhaps owing to increased reunifications. Finally, exits to non-permanency have declined by five percent since the beginning of the period and, as of the end of 2016, stood at fourteen percent of all discharges compared to a national average of eleven percent. A caveat in interpretation of these data is warranted in it includes as non-permanency discharges children who are on runaway status, most of whom have not been legally discharged from DHS custody. For example, DHS reports that, of children reported as runaways in 2015, only thirty-one percent did not have a subsequent service shown in the database, suggesting that many may in fact return to care. If exits are reported with

runaways, those leaving care to situations not considered permanent drops to ten percent in 2016. Further, discharges in the current data system are based on interruptions in the payments for a child's placement. This makes it more difficult to ensure data integrity since it relies on the accurate identification of those who actually leave out of home care versus those who may experience a temporary disruption in placement for other reasons.

**Table 8: Trends in Exits from OOHC (shown as percentage of all exits)**

Discharge Reason	FY 2012		FY 2013		FY 2014		FY 2015		FY 2016		Totals 2012-2016		Natl 2015
	#	%	#	%	#	%	#	%	#	%	#	%	%
Reunification	992	46%	902	50%	957	52%	1024	56%	1347	58%	5222	51%	51%
Placed w/ Kin	87	4%	53	3%	47	3%	37	2%	47	2%	271	3%	6%
Adopted	480	22%	372	20%	393	21%	377	20%	487	21%	2109	21%	22%
Temp. legal custodian	24	1%	33	2%	17	1%	7	<1%	13	1%	94	1%	NA
Perm. Legal custodian	159	7%	101	6%	102	6%	79	4%	107	5%	548	5%	9%
Died	1	<1%	6	<1%	4	<1%	1	<1%	5	<1%	17	<1%	0%
Total discharges to permanency	1743	81%	1467	81%	1520	82%	1525	83%	2006	86%	8256	86%	87%
Emancipation *	208	10%	191	11%	185	10%	184	10%	197	8%	965	9%	9%
Runaways**	185	9%	145	8%	127	7%	117	6%	121	5%	695	7%	0%
Discharged to adult facility or other agency	24	1%	13	<1%	13	1%	13	1%	16	1%	79	1%	2%
Hospitalized, not returned	1	<1%	0	0	3	<1%	3	<1%	0	0	7	<1%	NA
Total Non-permanency discharges***	418	19%	349	19%	328	18%	317	17%	334	14%	1390	14%	11%
Total Discharges	2161	100%	1816	100%	1848	100%	1842	100%	2340	100%	10,210	100%	

\* Non-permanency discharges = emancipation, discharged to adult facility, aged out other than return to family, court discharged

\*\* Runaways= runaways not court discharged; court discharged runaways are included in non-permanency exits. Runaways not included in total discharges since they remain legally in care whether or not they return to placement.

#### *Placement Stability*

Examination of placement stability data from 2012 to 2015 revealed only small variations with the proportion of children having had two or fewer placements in their current foster care episode ranging from approximately seventy-nine percent to eighty-five percent of those in care from birth to twelve months; from fifty-eight percent to sixty-nine percent of those in care from twelve to twenty-four months; and from thirty-seven percent to forty-seven percent of those in care greater than

twenty-four months. These levels are somewhat lower than those achieved in the Pennsylvania Southeast Region and the state overall, but not substantially so. Data are not available to know how these data stand in relation to the current CFSR standard.

#### *Permanency Decision Making*

Re-entries to foster care, measured as the percentage of children exiting to reunification who re-enter within one year, show considerable variation from one CUA to another from a high of 28.6 percent to a low of zero. The magnitude of variation in percentages across CUAs is in part due to the fact that absolute numbers tend to be low. However, it should be noted that the CUA experiencing the highest re-entry rate returned twenty-eight children, of which eight re-entered, while the CUA experiencing the lowest returned twenty-nine, of which none re-entered. The average re-entry rate overall was 15.2 percent for fiscal year 2016, which substantially exceeds the federal standard of 8.3 percent or less. Studies in other systems show that the primary reason for failed reunification is the lack of thorough and accurate assessment of family needs and provision of interventions to address those needs during the initial foster care episode. The quality of post-reunification supports can also be a factor. This level of re-entry suggests the need to be attuned to practices related to assessment and case planning in the CUAs as well as decision making concerning reunification and aftercare. While there is not a breakdown of the number of cases in in-home non-safety that are post-reunification, it would be beneficial for DHS to further understand them in number and quality of these cases

It is worth noting that, in fiscal year 2016, 34.6 percent (1,207) of the 3,491 children in out of home care in Philadelphia with a reunification goal had been in care for greater than eighteen months. Those percentages ranged from a low of 28.4 percent to a high of 65.4 percent. This population might be a worthwhile subject of quality assurance exploration to determine whether action is indicated to change the permanency goal for these children.

A total of 950 children (sixteen percent of the approximately 5,396 children in out of home care) had parental rights terminated. Of those, 891, or about ninety-four percent, had a goal of adoption. Fifty percent of these youngsters were placed with kin and another forty-one percent are in unrelated resource families. These numbers are viewed as a positive in that they suggest that the overwhelming majority of children legally available for adoption are in placement situations that have a reasonable possibility of becoming permanent. However, this group of children might benefit from targeted efforts to finalize permanent plans and institute adoption and or guardianship proceedings as expeditiously as possible.

#### *Notable Changes in IOC Performance Indicators During the Current Year*

Although the analysis of quantitative data in this evaluation focused on the period just preceding and including IOC implementation, it is appropriate to acknowledge some of the changes seen in 2017 data available thus far since it may be suggestive of outcomes expected post-IOC implementation.

The June 2017 report to the Community Oversight Board contains current data as of May 31, 2017, on some of the key indicators referenced above in the analysis that focused on fiscal years 2012 through 2016. Of particular note are the following:

- Out of home care placements stand at 6,051 children, down slightly from 6,093 at the end of 2016. This may be seen as a potential turning point given that the number of children in out-of-home care rose so drastically from 2014 to 2016 and that reports have continued to climb.

- The percentage of children in congregate care has continued to decline and now stands just below thirteen percent.
- Kinship placements remain high at forty-six percent. When only family placements are considered, almost fifty-five percent of children are with kin.
- Discharges to permanency are up thirteen percent from the same period last year. Most of this is accounted for by increases in adoptions, which are up thirty-eight percent; permanent legal custodianship is up twenty-eight percent, and reunifications up by almost two percent.
- The percent of children in out of home care living within five miles of their home has increased by ten percent since pre-IOC; overall, eighty-two percent of children in out of home care are within ten miles of their home.

As noted above, in Philadelphia, the court calculates the rate of children in out of home care with a goal of APPLA to include goals of emancipation and APPLA. Given this, the most recent rate of APPLA as the permanency goal in Philadelphia is twelve percent compared with a national rate of seven percent.

Current data on the type of cases being carried by the CUAs show the following:

**Table 9: Case Type as of April 30, 2017**

Type of Case*	#	%
Placement	3735	72%
In-Home Services	1427	28%
Total	5162	100%
In-Home Safety**	646	45%
In-Home Non-Safety**	781	55%

*\*Case type designation is by family rather than child.*

*\*\* Percentages for types of in-home are calculated using the total number of in-home cases only.*

*This calculation does not include placement cases since they are assumed to involve a safety issue.*

Several observations may be made about the in-home case data in Table 9:

- The number of in-home cases is down substantially from 4,891 at the end of 2016. This is likely due to a concerted effort on the part of DHS, in partnership with CUA leadership, to focus on ensuring that in-home cases not involving court orders and for which there was not a clear need for active services were closed or referred to less intensive community-based supports.
- A substantial portion of non-safety cases involve active court orders. DHS reported that, as of April 2017, supervision was ordered by the court in seventy-seven percent of the in-home non-safety cases then open.
- Information is lacking on specifically what needs are represented in non-safety cases. Some may involve support for families recently reunited after children's placement in out of home care. In such instances, continued oversight and services would constitute an important part of the reunification process and be viewed positively from a practice standpoint. To the extent, however, that cases involve other services to families with no presenting needs related to child safety, they raise questions about the extent to which the workload associated with them is properly placed in the city's child welfare agency and

whether or not this serves to weaken the ability of direct service staff to focus on families that present with true safety concerns. DHS is actively reviewing non-safety, in-home, non-court-involved cases, which as of April 30, 2017, constituted 166 cases, with the effort to move them towards closure if it is established that a family has been successfully stabilized and permanency is ensured.

## VI. Findings Concerning the IOC Administrative Structure and Supports

This section of the report describes in detail the Evaluators' analysis of information collected from interviews and observations, policy and practice guidelines, and system performance indicators on the contracting process, oversight and accountability structures, IOC organization and staffing, and budget and resources. They, along with the information in Section V, formed the basis of the findings summary described in Section III as well as the development of the recommendations described in Section IV.

### A. Review of the Contracting Process, Provider Performance Expectations, and DHS Revenue Timing and Process

Based on interviews with DHS staff, CUA administrators, and subcontractors, currently the contracting and revenue timing processes, especially in anticipation of DHS resuming subcontractor oversight and payment responsibility, do not constitute a significant challenge. It appears that the selection of this issue for analysis in the evaluation was a result of problems earlier in IOC implementation when payments to CUAs and subcontractors were sometimes delayed. This resulted in some CUAs experiencing significant cash flow problems and having to borrow sizeable amounts of money to meet their obligations. As some executives noted, city and state fiscal rules preclude the reimbursement of the interest on these loans.

When DHS assumes subcontract payments July 1, 2017, and subcontractors and foster parents are paid directly by DHS, CUAs expect this issue to be largely resolved. CUAs also report that earlier in IOC implementation, new annual DHS contracts with CUAs were often delayed months after the beginning of the fiscal year due to the lack of an approved state budget and/or delays in the City's contract approval. CUAs executives report that this process has become timelier and is less of a problem.

Generally, with one exception, CUAs did not identify the content of contracts themselves as presenting any particular challenge. One CUA described the expectations as pretty standard. The exception was the lack of adequate budget flexibility needed to fully achieve the goals of IOC, which was a concern expressed by a number of CUAs and some community advocates, is described in the following paragraphs.

In interviews with a group of subcontractors, generally, all interviewees viewed the shift of subcontractor oversight back to DHS as positive although one representative stated that they had received more timely payment from at least some of the CUAs during the first quarter of the fiscal year when the DHS contract approval process has traditionally created payment delays. This has helped providers with cash flow. They did acknowledge, however, that DHS much improved the timeliness of the contract approval process last year and there is reason to expect that this will continue. Monitoring is seen as less onerous under DHS since providers will not have to accommodate multiple monitoring processes from individual CUAs. One CUA provider indicated that they will experience relief from not having to monitor their providers and can thus use the capacity of their quality assurance staff for more internal assessment and monitoring.

Overall, both CUA and provider agency leaders interviewed expressed support of the decision to move oversight of contracting and placements back to DHS. However, an important question



remains: Is this a time-limited change in roles while CUAs develop the capacity to manage these responsibilities or is it considered permanent?

The major concerns about the contracting process now, according to CUAs, are the timing of the budget negotiation process with DHS, which begins in March, and the lack of flexibility to modify CUA budgets (within overall amounts) without DHS approval. Given the length of delays that can occur, they would like for budget negotiations to begin earlier in the year, although as mentioned above, the CUAs have indicated that timeliness of contract has been improving. CUAs also want the flexibility to revise their budgets, especially related to personnel, without having to get DHS approval. They point out that while initial audits did find some ineligible costs in the earlier years of implementation, now that all of the CUAs have been audited, they have greater clarity about allowable expenditures. In a survey of CUAs in which evaluators were collecting information about CUA support needs and other topics, executives were asked to identify three barriers they would like to see overcome. Half listed greater budget flexibility.

DHS leadership indicated that there has been a significant effort to give CUAs the tools they need to manage their programs, while meeting the obligations of state oversight and ensuring that public funds are being spent in accordance with the CUA contracts. This includes the expediting of contracts and improving the timeliness of invoices as previously described as well as creating a process to quickly review and approve needed budget revisions.

Ancillary to the budget flexibility issue is the fact that when CUAs request budget changes that actually require a new budget, they are not paid until the revision is approved. This can significantly impact cash flow and may require short-term loans, which generate interest that are not reimbursable.

#### *CUA Funding by DHS*

DHS provided the information in Table 10 about CUA funding over the period of IOC implementation. This information is presented to provide context about the scope of CUA contract funding.

**Table 10: Annual CUA DHS Funding FY2013-FY2017\***

FY2013				
	Case Management	Maintenance	Prevention	Contract Total
NET CUA 1	\$ 2,994,838.00		\$ 569,401.00	\$ 3,564,239.00
APM CUA 2	\$ 2,062,294.00		\$ 313,521.00	\$ 2,375,815.00
FY2014				
	Case Management	Maintenance	Prevention	Contract Total
NET CUA 1	\$ 5,392,843.00	\$ 3,804,103.00	\$ 1,445,916.00	\$ 10,642,862.00
APM CUA 2	\$ 7,571,028.00	\$ 4,006,524.00	\$ 1,450,962.00	\$ 13,028,514.00
TP4C CUA 3	\$ 2,941,611.00	\$ 1,858,389.00	\$ 712,285.00	\$ 5,512,285.00
CSS CUA 4	\$ 2,347,771.00	\$ 1,137,660.00	\$ 706,785.00	\$ 4,192,216.00
Wordworth CUA 5	\$ 3,147,642.00	\$ 977,569.92	\$ 501,390.00	\$ 4,626,601.92
Tabor Community Partners CUA 6	\$ 934,909.00		\$ 55,000.00	\$ 989,909.00
NET CUA 7	\$ 1,079,896.00		\$ 55,000.00	\$ 1,134,896.00
Bethanna CUA 8	\$ 230,567.00			\$ 230,567.00
TP4C CUA 9	\$ 186,362.00		\$ 91,966.00	\$ 278,328.00
Wordsworth CUA 10	\$ 259,648.00			\$ 259,648.00
FY2015				
	Case Management	Maintenance	Prevention	Contract Total
NET CUA 1	\$ 5,975,020.00	\$ 6,894,914.00	\$ 1,412,023.00	\$ 14,281,957.00
APM CUA 2	\$ 9,019,157.00	\$ 5,891,903.00	\$ 1,736,648.00	\$ 16,647,708.00
TP4C CUA 3	\$ 5,213,165.39	\$ 6,593,702.51	\$ 1,581,784.00	\$ 13,388,651.90
CSS CUA 4	\$ 4,227,293.00	\$ 4,790,509.00	\$ 1,154,748.00	\$ 10,172,550.00
Wordworth CUA 5	\$ 7,722,248.00	\$ 7,842,000.00	\$ 1,573,937.00	\$ 17,138,185.00
Tabor Community Partners CUA 6	\$ 3,414,211.00	\$ 1,663,667.00	\$ 983,671.00	\$ 6,061,549.00
NET CUA 7	\$ 4,763,316.00	\$ 3,919,842.00	\$ 901,066.00	\$ 9,584,224.00
Bethanna CUA 8	\$ 4,119,494.69	\$ 801,924.00	\$ 1,056,139.21	\$ 5,977,557.90
TP4C CUA 9	\$ 5,335,372.00	\$ 1,656,040.00	\$ 883,502.00	\$ 7,874,914.00
Wordsworth CUA 10	\$ 5,413,326.00	\$ 985,696.00	\$ 1,266,304.00	\$ 7,665,326.00
FY2016				
	Case Management	Maintenance	Prevention	Contract Total
NET CUA 1	\$ 6,213,154.00	\$ 10,973,909.00	\$ 1,400,966.00	\$ 18,588,029.00
APM CUA 2	\$ 9,263,258.00	\$ 13,908,028.00	\$ 1,609,904.00	\$ 24,781,190.00
TP4C CUA 3	\$ 5,716,877.00	\$ 11,895,354.00	\$ 1,398,676.00	\$ 19,010,907.00
CSS CUA 4	\$ 4,646,870.00	\$ 8,451,413.00	\$ 1,160,277.00	\$ 14,258,560.00
Wordworth CUA 5	\$ 7,879,408.00	\$ 17,699,593.00	\$ 1,563,684.00	\$ 27,142,685.00
Tabor Community Partners CUA 6	\$ 3,925,609.00	\$ 8,337,729.00	\$ 1,012,306.00	\$ 13,275,644.00
NET CUA 7	\$ 5,722,777.00	\$ 11,673,425.00	\$ 1,019,599.00	\$ 18,415,801.00
Bethanna CUA 8	\$ 5,183,751.00	\$ 7,853,499.00	\$ 1,239,387.00	\$ 14,276,637.00
TP4C CUA 9	\$ 6,496,507.00	\$ 13,554,519.00	\$ 1,234,388.00	\$ 21,285,414.00
Wordsworth CUA 10	\$ 6,037,334.00	\$ 12,038,344.00	\$ 1,240,340.00	\$ 19,316,018.00
FY2017				
	Case Management	Maintenance	Prevention	Contract Total
NET CUA 1	\$ 7,163,582.00	\$ 13,513,154.00	\$ 1,257,262.00	\$ 21,933,998.00
APM CUA 2	\$ 10,648,355.00	\$ 15,819,125.00	\$ 1,544,817.00	\$ 28,012,297.00
TP4C CUA 3	\$ 7,393,198.00	\$ 15,460,501.00	\$ 1,070,065.00	\$ 23,923,764.00
CSS CUA 4	\$ 4,950,139.00	\$ 9,118,008.00	\$ 1,210,263.00	\$ 15,278,410.00
Wordworth CUA 5	\$ 10,614,940.00	\$ 20,549,881.00	\$ 1,473,986.00	\$ 32,638,807.00
Tabor Community Partners CUA 6	\$ 4,822,581.00	\$ 9,313,054.00	\$ 986,504.00	\$ 15,122,139.00
NET CUA 7	\$ 6,991,575.00	\$ 14,129,507.00	\$ 1,116,774.00	\$ 22,237,856.00
Bethanna CUA 8	\$ 7,245,371.00	\$ 9,514,493.00	\$ 1,210,526.00	\$ 17,970,390.00
TP4C CUA 9	\$ 7,333,996.00	\$ 16,148,764.00	\$ 1,354,839.00	\$ 24,837,599.00
Wordsworth CUA 10	\$ 7,234,165.00	\$ 15,370,261.00	\$ 1,360,437.00	\$ 19,010,907.00

*\*This table shows the CUA budget inclusive of maintenance rate. Maintenance rates are not included in FY2018 budget.*

## **B. Oversight and Accountability Structures and Processes**

### **1. Philadelphia DHS Quality Assurance Process**

#### Case File Reviews

DHS has reinstated a quality assurance case review process as part of IOC implementation. The quality assurance unit reviews each of the CUAs annually, reviewing 240 case files every five weeks systemwide. DHS uses a quality assurance tool that addresses both the single case plan (forty-two items) and safety (twenty-three items). The content of the review questions addresses actions such as completion of the single case plan, child and caregiver visits, completed safety assessment, and signed approval of safety plans by supervisors. The determination of compliance with policy is dependent on written documentation in the case file. Among the compliance review items in the quality assurance tool is a subset of thirty items identified as leading indicators. Quality assurance staff describe these indicators as more closely associated with outcome achievement. DHS has also implemented a debriefing process at the conclusion of each CUA review that is described as collaborative and focused on identifying solutions to performance challenges.

The re-initiation of case reviews is an important step forward for DHS. The findings of reviews will permit some comparison of compliance performance among CUAs and provide a collaborative forum for joint problem solving, which is a constructive strategy. This first step will also be a platform on which to build further evaluation elements over time.

#### Outcome Evaluation

According to DHS data staff, while DHS does assess system outcomes annually, such as permanency achievement and stability, for example, it does not yet have the capacity to report all seven federal CFSR outcomes, listed below. DHS also does not yet report annual aggregated QSR performance scores by CUA, perhaps because of the small sample size.

#### **Safety**

Maltreatment in foster Care  
Recurrence of maltreatment

#### **Permanency**

Permanency in twelve months for children entering foster care  
Permanency in twelve months for children in foster care twelve to twenty-three months  
Permanency in twelve months for children in foster care twenty-four months or more  
Re-entry into foster care  
Placement stability

#### Quality Service Review Process

DHS has continued the Quality Service Review (QSR) interview-based evaluation process, which directly examines the quality of case management practice across a number of outcome and practice indicators. DHS reviews twenty-four CUA cases a year, in addition to the twenty-four cases reviewed by the State each year. The QSR process is described in greater detail in Section III.E., beginning on page 36. The size of the review sample is modest and does not permit the QSR to examine a representative number of CUA cases. A more complete description of the QSR process and the results of the most recent State QSR review follows.

### Philadelphia County Children and Youth Services Quality Services Review

The Pennsylvania DHS conducted a QSR of DHS in December 2015 and issued a report of findings in March 2016. The State report describes the QSR process as follows:

The QSR is an in-depth case-based quality review process of case management practice in specific locations and points in time. It is used for appraising the current status of a focus child/youth in key life areas, status of the parent/caregiver, and performance of key practices for the same child/youth and family. The review examines recent results for children/youth in protective care and their caregivers as well as the contributions made by local service providers and the system of care in producing those results.

The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The QSR Protocol provides reviewers with a specific set of indicators to use when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of the core practice functions. Indicators are divided into two distinct domains: child, youth, and family status and practice performance.

The sample of cases reviewed was selected randomly and consisted of fifteen in-home cases and ten out-of-home cases. A total of 137 interviews were conducted, an average of six interviews per case.<sup>2</sup> The results of the review are reflected in the following table:

**Table 11: Child/Youth and Family Status**

<b>Indicator</b>	<b>% Acceptable</b>	<b>% Unacceptable</b>
<b>Safety: Exposure to threats of harm</b>	<b>94%</b>	<b>6%</b>
Family home #1	90%	10%
Family home #2	0%	100%
Substitute home	100%	0%
School	100%	0%
Other setting	100%	0%
<b>Safety: Risk to self and others</b>	<b>92%</b>	<b>8%</b>
Risk to self	95%	5%
Risk to others	90%	10%
<b>Stability</b>	<b>76%</b>	<b>24%</b>
Living arrangement	68%	32%
School	88%	12%
<b>Living arrangement</b>	<b>97%</b>	<b>3%</b>
Family home #1	95%	5%
Family home #2	100%	0%
Substitute home	100%	0%
<b>Permanency</b>	<b>84%</b>	<b>16%</b>
<b>Physical health</b>	<b>92%</b>	<b>8%</b>
<b>Emotional well-being</b>	<b>88%</b>	<b>12%</b>

<sup>2</sup> The Child Welfare Policy and Practice Group assisted the Pennsylvania DHS and Philadelphia DHS in implementing the QSR in 2010.

Continued Table 11: Child/Youth Family Status

<b>Indicator</b>	<b>% Acceptable</b>	<b>% Unacceptable</b>
<b>Early learning and development</b>	<b>100%</b>	<b>0%</b>
<b>Academic status</b>	<b>75%</b>	<b>25%</b>
<b>Pathway to independence</b>	<b>100%</b>	<b>0%</b>
<b>Parent or caregiver functioning</b>	<b>69%</b>	<b>31%</b>
Mother	71%	29%
Father	36%	64%
Substitute caregiver	100%	0%
Other	100%	0

Table 12: Practice Performance

<b>Indicator</b>	<b>% Acceptable</b>	<b>% Unacceptable</b>
<b>Engagement efforts</b>	<b>47%</b>	<b>53%</b>
Child/youth	63%	37%
Mother	50%	50%
Father	20%	80%
Substitute caregiver	71%	29%
Other	29%	71%
<b>Role and voice</b>	<b>46%</b>	<b>54%</b>
Child/youth	56%	44%
Mother	50%	50%
Father	20%	80%
Substitute caregiver	86%	14%
Other	29%	71%
<b>Teaming</b>	<b>44%</b>	<b>56%</b>
Formation	48%	52%
Functioning	40%	60%
<b>Cultural awareness and responsiveness</b>	<b>71%</b>	<b>29%</b>
Child/youth	88%	12%
Mother	74%	26%
Father	40%	60%
<b>Assessment and understanding</b>	<b>63%</b>	<b>37%</b>
Child/youth	80%	20%
Mother	58%	42%
Father	33%	67%
Substitute caregiver	86%	14%
<b>Long-term view</b>	<b>76%</b>	<b>24%</b>
<b>Child/youth and family planning process</b>	<b>46%</b>	<b>54%</b>
Child/youth	60%	40%
Mother	46%	54%

**Continued Table 12: Practice Performance**

<b>Indicator</b>	<b>% Acceptable</b>	<b>% Unacceptable</b>
Father	27%	73%
Substitute caregiver	43%	57%
<b>Planning for transitions and life adjustments</b>	<b>38%</b>	<b>62%</b>
<b>Efforts to timely permanence</b>	<b>69%</b>	<b>31%</b>
Efforts	72%	28%
Timeliness	60%	40%
<b>Intervention adequacy and resource availability</b>	<b>84%</b>	<b>16%</b>
Adequacy	72%	28%

## **2. Tracking and Monitoring of Key Data Indicators**

This evaluation called for a review of systems used in other jurisdictions to track and monitor key indicators. Evaluators have reviewed many other “data dashboards” as they are commonly called. A summary description of these along with an example from another system that, like Philadelphia, is heavily reliant on public private partnership is included in Appendix B of this report.

The content of dashboards is highly linked to the operational capacity of agency data systems, their accuracy and reliability and the requirements identified as a part of the system design. Currently, the Philadelphia DHS data system is undergoing significant reconstruction and the ultimate capacity of the system is not clearly determined at this stage. Evaluators believe that it is impractical to overlay a data dashboard design at this stage without a thorough understanding of requirements for both DHS and the CUAs. Such an enterprise would require a major expansion of the scope of work for this evaluation, plus the addition of experts to advise on technical design issues. In addition, through the current administration’s efforts to improve the IOC process, DHS policy and roles are changing and such revisions are likely to require constant updating throughout the process.

Evaluators believe that the most effective use of their evaluative focus at this point would be to offer recommendations on DHS’s CUA scorecard, which is currently in development and is intended to provide a comparative assessment of CUA performance among selected key indicators.

## **3. The CUA Scorecard**

DHS has recently developed a scorecard assessment process for the CUAs. The scorecard is based on the CUA comprehensive review tool, designed by the Casey Family Foundation to look at compliance and quality. Its purposes are described as supporting the following:

- DHS ability to assess and compare CUA performance utilizing set of consistent metrics
- DHS ability to track performance progress over time and identify high performers while intervening and providing additional support to low performers
- Transparency and accountability within City government and with elected officials, community stakeholders, and general public

- Improvement of outcomes for children in care by investing in high performers and building capacity of moderate to low performers when appropriate.

DHS plans to start with a limited number of indicators in the first year and produce quarterly reports for CUAs. DHS will conduct learning and dialogue sessions with CUAs and other key stakeholders to inform the process and identify improvement strategies. After the initial twelve months of use, metrics will be reviewed and refined where necessary. An annual public scorecard will be published with cumulative scores for each CUA. The indicators selected at this stage are a composite score of a subset of leading Indicators” within the DHS case file review tool, case file review summaries, quality visitation review, and financial audit measures and best practices. The current DHS scorecard is shown in the following table:

**Table 13: CUA Scorecard – Domains**

Domain	Indicator
Case Planning	SP1*: The Single Case Plan (SCP) was completed by the CUA Case Manager (CM) and is located in ECMS.
	SP2: The CUA CM completed and CUA Supervisor approved the SCP within 10 calendar days from the Family Team Conference (FTC) date.
	SP3*: CUA CM reviewed with parent their goals/objectives during next visit after SCP FTC.
	SP4: The SCP provides detailed action steps related to each objective agreed upon at the FTC.
	SP5*: The SCP goals/objectives correlate with why the case remains open.
	SP6: The SCP contains a primary and concurrent goal for children and youth in placement consistent with CUA Guidelines goal hierarchy, and/or an alternate place for children and youth receiving in-home services.
	SP8: The CUA CM must ensure that the visitation plan is documents on the SCP for each child in placement.
Safety: SA and SP	SA1*: The required safety assessment (SA) was completed by the CUA CM and is located in ECMS. The SA included the caregiver of origin for placement cases.
	SA2: The SA was completed within the timeframes in the SA Manual.
	SA3: The CUA supervisor approved the SA and documented his/her agreement with the SA in the supervisory log no later than 10 business days after each assessment.
	SA4*: The CUA CM observed and interviewed open children alone if age appropriate.
	SA13: There is sufficient documentation on the SA worksheet that make it clear each threshold for each of the five criteria (SOOVI) was or was not met.
	SA14: There is sufficient documentation on the SA worksheet that makes it clear that protective capacities were met or not met.
	SA16*: The current service level matches the final safety decision.
	SA17: The SP is located in the case record; it corresponds to the SA and is current.
	SA23*: Based on the review period, CUA appears to be monitoring SP implementation.

**Continued Table 13: CUA Scorecard– Domains**

Domain	Indicator
Safety: Visitation	SP20*: CUA CM spent alone time weekly with each child in the household and assessed them as to their current situation, safety, needs, wellbeing and experience, or as required by SCP or SP.
	SP21*: CUA CM completed one visit weekly with the primary caregiver in the home.
	SP23*: CUA CM conducted alone time engagement with all household children and assessed them as to their current situation, safety, needs, wellbeing and experience monthly.
	SP24*: CUA CM completed at least one visit monthly with the primary caregiver in the home (unless more visits are required based on objectives in the SCP).
	SP25*: CUA CM focused their discussion on the compliance with and progress in meeting objectives in the SCP.
	SP26*: CUA CM documented caregiver's use of protective capacities during the visit within the review period.
	SP29*: CUA CM conducted a monthly quality visit with all children and youth in a placement setting.
	*Administrative Data on monthly visitation of all youth under CUA care.
Practice: Court	SP17*: CUA staff attended most recent court hearing.
	SP18*: CUA's most recent court sheet progress report section reflects appropriate status and recommendations.
	SP19*: CUA CM documented progress on completing court orders.
	Administrative data counting total instances in which court ruled No Reasonable Effort.
Practice: Supervision	SP39*: Monthly supervision is documented.
	SP40*: The supervisory log documents supervisor's discussion of the direction of the case with the CM.
Practice: Assessment, Health and Education	SP9: There is a current Risk Assessment in the file that was completed within 30 days of the SCP and the findings of this assessment inform the objectives and action steps on the SCP.
	SP10: There is a FAST/CANS Assessment in the file that is current according to the interval guidelines and the findings of this assessment inform the objectives and action steps on the SCP.
	SP11: For children 14 years and older, there is a Casey Life Skills Assessment in the file that is current according to guidelines, and its results inform objectives and action steps on the SCP.
	SP12: The Basic Health Information form is completed for all children no later than 30 days from the referral date, and any identified medical needs are reflected in objectives and action steps on the SCP.
	SP13: For children 5 years of age and younger, there is a completed Ages and Stages Questionnaire (ASQ) in the file that is current according to the ASQ Interval schedule, and the results of the assessment inform objectives and action steps on the SCP.
	SP14: The CUA CM must incorporate the Youth Transition Plan into the SCP and its ongoing revisions beginning 180 days prior to a youth turning 16 and thereafter until safe case closure.
	SP15*: ECMS documents current educational status of all children.



**Continued Table 13: CUA Scorecard– Domains**

Domain	Indicator
Permanency	SP28*: CUA CM/ Support team conduct biweekly, face-to-face visit with parent/ other reunification resource, reviewing and prioritizing barriers to reunification and working to assist overcoming them.
	SP30*: Biweekly visits occurred between parent and child(ren).
	SP31*: There is documentation of CUA observation of parent/child interaction during completed visits.
	SP32*: Parent and child(ren) visits were in the community unless court-ordered otherwise.
	SP34*: CUA changed the goal on the SCP if children or youth have been in placement for at least 15 out of the last 22 months, or the Court has determined that aggravated circumstances exist, including if parents have failed to maintain substantial and continuing contact with the child for a period of six months.
	Administrative data on percentage of youth achieving permanency within the quarter.
Finance	Debt-to-asset ratio
	Total payroll ratio
	Accounts payable turnover
	Cash
	MWDSBE Spending
Workforce	Case management staff retention

### C. IOC Organization and Staffing

#### 1. Analysis of Staffing in DHS and the CUAs

In the course of conducting stakeholder interviews and a survey of CUA leadership, CWG collected valuable data and viewpoints that reflect on staffing patterns within both DHS and CUAs. Feedback from CUAs provided information on vacancy patterns, caseload size, supervisory ratios, and staff child welfare experience. The data below reflect survey responses received in January and February 2017. **(Note: CUAs are de-identified and represented by letters A through J in Tables 14 through 20)**

#### CUA Staffing Patterns

**Table 14: Case Manager Positions Allocated/Filled, by CUA**

A	B	C	D	E	F	G	H	I	J
79/74	54/51	52/47	54/52	38/38	40/39	49/38	61/56	50/48	62/54

There is some variability among CUAs regarding the number of vacant case manager positions, ranging from none to eight. While the evaluators do not have baseline data from which to make comparisons over time, the current range of unfilled positions appears smaller than descriptions of the vacancy rate one year ago. In multiple stakeholder interviews about the workplace environment in CUAs, respondents described some degree of stabilization in agencies compared with earlier periods.

**Table 15: Percentage of Case Managers with Caseloads Exceeding 1/10, by CUA**

A	B	C	D	E	F	G	H	I	J
90%	10%	55%	67%	50%	15%	63%	22%	65%	100%

While survey results do not specify the extent to which caseloads exceed 1:10, these data do show that, at the time of the survey, almost all CUAs were not meeting the 1/10 ratio.

**Table 16: Supervisor to Case Manager Ratio**

A	B	C	D	E	F	G	H	I	J
1/5	1/5	1/4	1/5	1/5	1/5	1/5	1/5	1/5	1/5

The consistency of CUAs maintaining a 1:5 supervisor to caseworker ratio is a significant strength, assuming they aren't also supervising a high number of specialized or support staff.

**Table 17: Percentage of Case Managers with Less than 1 Year Experience**

A	B	C	D	E	F	G	H	I	J
2%	5%	55%	36%	29%	0%	3%	66%	70%	25%

A number of CUAs indicated having a significant number of relatively inexperienced workers; however three reported fewer than 10 percent of staff with less than a year of experience, which is a positive development.

**Table 18: Percentage of Case Managers with 1–2 Years' Experience**

A	B	C	D	E	F	G	H	I	J
98%	80%	15%	60%	45%	85%	18%	12%	6%	25%

Table 18 shows that at least five CUAs have a sizeable number of case managers with at least a year's child welfare experience.

**Table 19: Percentage of Case Managers with Social Work or Related Degree**

A	B	C	D	E	F	G	H	I	J
100%	90%	?	87%	100%	40%	91%	91%	34%	96%

In six of the nine CUAs reporting, 87 percent or more of case managers had a social work or related degree; two had 40 percent or fewer.

The following table shows the approximate total number of support staff reported as available (Some CUAs included administrative staff and DHS staff, which were not counted.) Case aides, permanency specialists, outcome specialists, visit support staff, and well-being specialists constituted the greatest number of supports listed.

**Table 20: CUA Support Services Provided, by Type**

A	B	C	D	E	F	G	H	I	J
42	33	42	26	37	16	30	43	40	37

DHS provided profile information on CUA caseloads, which reflects a pattern similar to the responses to the CUA survey. Those data are reflected in the following table.

**Table 21: Worker Caseload\* by CUA on December 31, 2016**

CUA	Total Workers	Total Cases	Median Caseload	Average Caseload
01 - NET	44	455	11	10.3
02 - APM	54	541	10	10.0
03 - TP4C	41	530	14	12.9
04 - CSS	37	385	10	10.4
05 - WW	60	797	15	13.3
06 - TCP	31	352	11	11.4
07 - NET	42	472	14	11.2
08 - Beth	38	424	13	11.2
09 -TP4C	49	514	11	10.5
10 - WW	50	521	11	10.4
Total	446	4991	12.0	11.2

*\*Does not include cases assigned to Supervisors*

Clearly, lowering the CUA caseloads from thirteen to a target of ten had a significant impact on average caseload. CUA staff note that these increased resources have provided more manageable workloads. This may have contributed to the fact that, by the first quarter of 2017, the average case manager turnover for all CUAs was eleven percent. Although baseline turnover data were not available, this would seem to be lower than what was originally described.

While an average caseload of ten is a significant improvement, only looking at average caseloads provides an incomplete view of the actual workloads experienced by individual case managers. For caseload averages to be in the ten to eleven range, some staff will have considerably higher caseloads due to vacancies and periodic spikes in case openings. Also, as shown in Table 21, DHS data do not reflect cases carried by supervisors. An additional variable is case complexity. When individual caseworkers have a large proportion of cases that are highly demanding, a caseload of ten families can become unmanageable.

#### **DHS Critical Work Unit Staffing**

DHS provided the following data on staffing, which shows budgeted positions, filled positions, and vacant positions among what DHS considers critical work units, meaning those functions that most directly support the CUA role. These include the intake hotline, general investigations, special investigations, team coordinators, monitoring and evaluation, and practice coaches. Also included are functions that indirectly support the CUAs, which include ongoing services and adoptions.

Data are listed by fiscal year, beginning with fiscal year 2012, before IOC implementation began.

**Table 22: SWSM Budgeted Positions**

<b>DHS Critical Work Units</b>	<b>FY12 0 CUAs</b>	<b>FY13 2 CUAs</b>	<b>FY14 4 CUAs</b>	<b>FY15 10 CUAs</b>	<b>FY16 10 CUAs</b>	<b>FY17 10 CUAs*</b>
Hotline	66	66	63	63	73	80
General Investigations	166	161	141	143	215	180
Special Investigations	63	55	66	70	50	74
Family Teaming (Team Coordinators)	0	50	47	54	77	62
Monitoring and Evaluation (Social Services Program Analyst)	38	37	32	33	28	28
Technical Assistance (Practice Coaches)	0	20	20	20	20	24
Ongoing Services	277	277	206	179	43	20
Adoptions	48	50	40	37	49	45
Central Referral Services	24	23	24	23	23	33
<b>Total</b>	<b>682</b>	<b>739</b>	<b>639</b>	<b>622</b>	<b>578</b>	<b>546</b>

*\*This is intended to denote how many CUAs were in operation during this period. For instance, in FY2017 there were ten CUAs in operation.*

**Table 23: SWS Budgeted Positions**

	<b>FY12 0 CUAs</b>	<b>FY13 2 CUAs</b>	<b>FY14 4 CUAs</b>	<b>FY15 10 CUAs</b>	<b>FY16 10 CUAs</b>	<b>FY17 10 CUAs</b>
Hotline	17	13	10	10	12	12
General Investigations	28	29	28	29	40	40
Special Investigations	18	14	14	14	16	16
Family Teaming (Team Coordinators)	0	35	48	49	62	58
Monitoring and Evaluation (Social Services Program Analyst)	6	6	6	7	8	8
Technical Assistance (Practice Coaches)	0	0	5	5	10	12
Ongoing Services	67	65	41	35	11	5
Adoptions	11	12	9	9	11	11
Central Referral Services	5	5	5	5	5	5
<b>Total</b>	<b>152</b>	<b>179</b>	<b>166</b>	<b>163</b>	<b>175</b>	<b>167</b>

**Table 24: SWSM Filled Positions**

	<b>FY12 0 CUAs</b>	<b>FY13 2 CUAs</b>	<b>FY14 4 CUAs</b>	<b>FY15 10 CUAs</b>	<b>FY16 10 CUAs</b>	<b>FY17 10 CUAs</b>
Hotline	57	55	58	53	55	73
General Investigations	140	133	134	127	127	170
Special Investigations	41	43	62	58	49	57
Family Teaming (Team Coordinators)	0	10	31	40	42	46
Monitoring and Evaluation (Social	32	30	30	30	21	28

	FY12 0 CUAs	FY13 2 CUAs	FY14 4 CUAs	FY15 10 CUAs	FY16 10 CUAs	FY17 10 CUAs
Services Program Analyst)						
Technical Assistance (Practice Coaches)	0	4	12	14	15	17
Ongoing Services	270	262	203	168	43	29
Adoptions	46	45	37	35	36	37
Central Referral Services	24	23	23	18	23	33
Total	610	605	590	543	411	490

**Table 25: SWS Filled Positions**

	FY12 0 CUAs	FY13 2 CUAs	FY14 4 CUAs	FY15 10 CUAs	FY16 10 CUAs	FY17 10 CUAs
Hotline	10	10	9	10	9	12
General Investigations	28	29	26	27	26	40
Special Investigations	15	12	12	12	12	16
Family Teaming (Team Coordinators)	0	7	28	38	43	43
Monitoring and Evaluation (Social Services Program Analyst)	6	6	6	6	7	8
Technical Assistance (Practice Coaches)	0	0	4	5	7	10
Ongoing Services	66	63	37	32	11	5
Adoptions	10	11	9	8	7	11
Central Referral Services	5	5	5	4	4	4
Total	140	143	136	142	126	149

**Table 26: SWSM Vacant Positions**

	FY12 0 CUAs	FY13 2 CUAs	FY14 4 CUAs	FY15 10 CUAs	FY16 10 CUAs	FY17 10 CUAs
Hotline	9	11	5	10	18	7
General Investigations	26	28	7	16	88	10
Special Investigations	22	12	4	12	1	17
Family Teaming (Team Coordinators)	0	40	16	14	35	16
Monitoring and Evaluation (Social Services Program Analyst)	6	7	2	3	7	0
Technical Assistance (Practice Coaches)	0	16	8	6	5	7
Ongoing Services	7	15	3	11	0	(9)
Adoptions	2	5	3	2	13	8
Central Referral Services	0	0	1	5	0	0
Total	72	134	49	79	167	56

**Table 27: DHS Critical Work Units – SWS Vacant Positions**

	FY12 0 CUAs	FY13 2 CUAs	FY14 4 CUAs	FY15 10 CUAs	FY16 10 CUAs	FY17 10 CUAs
Hotline	7	3	1	0	3	0

	<b>FY12 0 CUAs</b>	<b>FY13 2 CUAs</b>	<b>FY14 4 CUAs</b>	<b>FY15 10 CUAs</b>	<b>FY16 10 CUAs</b>	<b>FY17 10 CUAs</b>
General Investigations	0	0	2	2	14	0
Special Investigations	3	2	2	2	4	0
Family Teaming (Team Coordinators)	0	28	20	11	19	15
Monitoring and Evaluation (Social Services Program Analyst)	0	0	0	1	1	0
Technical Assistance (Practice Coaches)	0	0	1	0	3	2
Ongoing Services	1	2	4	3	0	0
Adoptions	1	1	0	1	4	0
Central Referral Services	0	0	0	1	1	1
Total	12	36	30	21	49	18

The following tables contrast fiscal year 2012 with fiscal year 2017, which provides a quick comparison between the pre-CUA period and the current status for filled positions.

**Table 28: SWSM Filled Positions**

	<b>FY12 (0 CUAs)</b>	<b>FY17 (10 CUAs)</b>
Hotline	57	73
General Investigations	140	170
Special Investigations	41	57
Family Teaming (Team Coordinators)	0	46
Monitoring and Evaluation (Social Services Program Analyst)	32	28
Technical Assistance (Practice Coaches)	0	17
Ongoing Services	270	29
Adoptions	46	37
Central Referral Services	24	33
Total	610	490

**Table 29: SWS Filled Positions**

	<b>FY12 (0 CUAs)</b>	<b>FY17 (10 CUAs)</b>
Hotline	10	12
General Investigations	28	40
Special Investigations	15	16
Family Teaming (Team Coordinators)	0	43
Monitoring and Evaluation (Social Services Program Analyst)	6	8
Technical Assistance (Practice Coaches)	0	10
Ongoing Services	66	5
Adoptions	10	11
Central Referral Services	5	4
Total	140	149

In reviewing these staffing patterns, the growth in intake hotline and investigative staff has primarily occurred between fiscal years 2016 and 2017 and totals seventy-seven additional staff. This growth occurred because reports increased by forty-five percent between 2012 and 2016. The balance of growth occurred among those functions providing the most direct CUA supports, such as teaming staff and practice coaches. These functions accounted for an additional 116 staff between fiscal years 2012 and 2016. DHS leadership indicates that there was a high level of vacancies during this same period. DHS had not brought in a new class for over three years.

The greatest DHS staff reductions occurred among ongoing services staff, whose numbers fell from 336 to thirty-four. Overall the number of critical work unit staff was 750 in fiscal year 2012 and 639 in fiscal year 2017. That reflects a total reduction of 111 staff between fiscal year 2012 and fiscal year 2017.

## ***2. DHS, CUA, and Subcontractor Organizational and Role Analysis***

During stakeholder interviews and the shadowing process, evaluators encountered a number of areas where role and role clarity issues were either raised as a challenge by respondents, or where lack of clarity was apparent in the interviews with DHS and CUS staff and/or the shadowing of CUA case managers in each CUA. While a number of respondents stated that role confusion between DHS and CUAs existed in multiple areas, few specific examples were actually identified.

A number of respondents noted that with the shift to the IOC process it was inevitable that many roles would change and that experience would continuously identify areas where role clarity needed refining or that roles might need to be reassigned. That process is likely to continue as DHS makes adjustments to areas of operations such as responsibility for placement decision-making and subcontract oversight. What some respondents described as a need for clarification of roles actually referred to a need for enforcement of existing expectations, not further definition of roles. One example of this was the frequent expression of concern about intake referrals being sent to CUAs with incomplete information. In this case, greater accountability or lower workloads might be the more effective solution. In other cases, challenges attributed to role confusion were actually examples of lack of knowledge of certain practices and requirements. In those cases, policy refresher training or additional supervisory guidance could be the most responsive solution. Some of the specific areas that were identified by respondents as needing greater clarity are as follow:

- Better clarity is needed between CUAs and subcontractors concerning the resource parent support role. Stakeholders note that a foster parent with several unrelated children could have a different case manager for each child and the foster parent could have multiple resource parent support workers. Having multiple professionals working within the same household can invite communication and coordination problems and role confusion in the best of systems. Some stakeholders stated that attention to role clarity in training and supervising staff working with foster caregivers might be helpful. Other stakeholders suggested exploring more specific contract expectations. DHS has responded by developing a new scope of service for foster care that will help address this issue.
- Congregate care and specialized foster care are said to still be operating in a separate case management role, potentially leading to confusion, gaps in information and uncoordinated action. DHS reports that a new scope of service will be developed for congregate care as well.

- Some subcontracted caregivers are said to refuse to accept certain higher need children for placement until DHS becomes involved. Respondents felt that more clarity about the kinds of placement denials that are permitted might provide greater conformity with expectations. The practice of denying placements might also be related to the degree of contract specificity, a need for greater clarity about provider capacity, or insufficient mechanisms for enforcement. More specifically, some informants from DHS units involved in provider contracts and performance tracking indicated that the ratio of denials to placement requests appeared to have increased, and wondered if the loss of performance-based contracting in IOC implementation might have played a role in this. The current leadership in DHS Performance Management and Technology has indicated that there are efforts underway to develop and implement a new performance based contracting process in the coming year, and that issues with denials should be reduced with the DHS direct contracts with resource family providers, and the centralization of activities within the CRU.
- Evaluators were informed that there can be significant unevenness in foster parent understanding of their role and duties in relation to providing placement supports such as transporting children to medical appointments or school. Some respondents stated that some foster parents do not drive or have work obligations that make them unable or unwilling to provide transportation for children placed in their home. The result can be case managers providing such transportation themselves, especially if there are not a sufficient number of transportation aides, creating tension between the caregiver and case manager work force. This problem can also threaten continuity of care for children when their caregivers are unavailable to receive information and instructions directly from medical and other service providers. Respondents suggested solutions such as more specifically mandating that foster parents transport children or accepting that CUAs and staff will have to continue to transport children and adding transportation supports to compensate for the additional workload.

In recent interviews, several stakeholders stated that DHS is exploring opportunities to better support foster parents' transportation need by bolstering resource family supports, coupled with an increase in the administrative rate paid to foster care providers to cover the additional costs. DHS leadership concurs that it is examining options for solving this problem. It should be noted that transportation of children is a challenge in all child welfare systems; it is difficult to balance systems' need for resource families, the reality of working parents' time and resource limitations, and the fact that children in placement typically have greater than normal transportation needs given their high incidence of appointments for family visits, court attendance, and therapeutic interventions. Meeting these needs in a way that serves the interests of children is usually best facilitated by a combination of the following:

- Encouraging partnership between resource and biological families wherever feasible so that some contacts can take place in resource family homes, parents' homes, or in locations mutually planned by resource and biological parents;
- Limiting supervision of visits to situations with true safety concerns or to achieve periodic assessment of parenting skills and bonding; supporting resource parents' and kin caregivers' ability to provide transportation by including them in planning and scheduling and providing reimbursement for associated expenses; allowing case managers to include transportation strategically as case contacts; and, when necessary,
- Providing transportation by well-trained case aides consistently assigned to the same families within a supervisory unit so that they are familiar to children and understand



their responsibility to provide follow-up information to children's caregivers and case managers.

- The practice coaches report that they may find themselves in substitute supervisory roles, somewhat by default, when working with inexperienced supervisors and case managers. They assume this role mainly to assure that policy compliance occurs. They would much prefer to be coaching actual practice rather than managing policy conformity. The practice coaches themselves stated that clarity was needed about their roles in this regard. Conceivably, as the CUA workforce matures in their roles, the practice coaches will be more able to focus primarily on practice skills and transferring knowledge from DHS to the CUAs. There is a risk, however, that CUAs could become dependent on the coaches to provide expert supervision, which isn't a capacity-building activity. An unintended consequence of the coaches' supervisory role is that they become policy enforcers, which undermines the relationship building-necessary to be a trusted and effective coach and can stress the DHS-CUA relationship.
- In a circumstance related to concerns about the role of resource parent support workers, there are multiple DHS, CUA, and subcontractor staff working directly with children and families. Family team conference facilitators and coordinators, practice coaches, nurses, parent advocates, outcome specialists, permanency specialists, visit coaches, well-being specialists, behavioral health staff and subcontractor provider staff all have roles that involve support to children and families and many of them may be involved in the same case in addition to the case manager. In the evaluation team's stakeholder interviews and in shadowing CUA case managers, the potential for role confusion was quickly apparent. It was mentioned as a challenge by multiple stakeholders as well. Having so many individuals working with the same family presents significant challenges to the concept of a single, unified case management and a single case plan and, potentially, to the formation of a productive caseworker-family working alliance.

The simplest way to support coordination of individuals working directly with children and families is to regularly convene family meetings where all the participants are present and working as a team. This concept exists in DHS policy and CUA guidelines and DHS has staff dedicated to scheduling team meetings, facilitating team meetings, and mentoring case managers in the process. However, there is broad agreement among CUAs and DHS that the family team process is not working with full effectiveness. Parents are said to attend team meetings unevenly if at all, key team members may be absent, and the dynamics of the facilitation process may fall short of the goals of full family involvement, youth and family ownership of plans, and individualized system responses. Causes of the lack of a fully effective teaming process are in multiple areas of operations, which include:

- Responsibility for team meetings is bifurcated. DHS staff set up the meetings, schedule them, and determine the location. Many of the professional prospective team members, however, are CUA case management, support staff, and providers.
- CUA staff report that they may not be notified of team meeting schedules timely or may have conflicts with meeting times. Parents, as well, may not be fully involved in scheduling. DHS staff state that they are now sending advance reminders of meetings.
- Locations for meetings are said to be determined by DHS and are rarely held in a family's home, after hours, or on weekends, which might make it easier for parents to attend, according to multiple CUA staff. CUA staff explain that DHS policy requires that

team meetings occur in settings with internet printer access so the single case plan can be developed in the meeting and signed by parties attending. DHS team conferencing staff state that strong efforts are now made to have meetings in the community, using community entities as settings whenever possible.

- The process of scheduling team meetings does not involve a formal preparation of the family in advance for their initial team meetings. Adequately preparing families for their initial team meeting has proven to increase parent participation in systems utilizing that practice. Such preparation is best done by the assigned case manager as part of the initial family engagement process.

#### **D. Budget and Resources**

##### *CUA Salaries and Supports*

The aforementioned survey of CUA directors also elicited information about their staff costs and resource needs. Specific responses revealed the following:

- For all the CUAs, the starting salary was in the \$43,000 per year range. Pay ranges after a year's experience were generally the same as the starting salary. DHS leadership indicated that starting in fiscal year 2019, there will be increased flexibility in salary ranges.
- All CUAs reported health insurance, some listed vacation and sick leave benefits, and one reported a 401K plan.
- CUAs identified needs for additional support staff. Positions indicated included permanency, after-care, and well-being specialists and transportation aides.
- DHS was listed as the primary funding source by most CUAs, with a few exceptions.
- In response to a survey question asking them to identify the three most important barriers to achieving better outcomes, the most frequently listed by the CUAs were:
  - Improved partnerships, coordination with the courts, reduced time in court (seven CUAs)
  - Flexibility with funding/staff resources (five CUAs)
  - Accurate and timely data (four CUAs)

#### **E. Placement Resources**

An insufficient supply of child placements was cited repeatedly by evaluation informants in DHS, the CUAs, the courts, partner agencies, and the community. Table 30 shows the number of resource families available for children in Philadelphia during the current year and since 2012. Despite a slight decline from 2016 to 2017, the overall number of homes has increased somewhat during this time period. The number has not, however, kept pace with the forty-seven percent increase in the number of children in out of home care. Further, it is noteworthy that the percentage of homes with children placed has declined somewhat. This suggests that some providers may be recruiting families not prepared to serve the children for whom placements are needed.

**Table 30: Number of Resource Families**

	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>
# Foster Homes with Children	1,678	1,591	1,677	1,803	1,958	1,771
% Used	74.8%	67.1%	68.3%	69.7%	67.4%	64.6%

**Note: CUAs are de-identified and represented by letters A through J in Tables 31 through 33.**

*Percent of Children in Out-Of-Home Care, By CUA*

The range of the percentage of children in out-of-home care among all CUAs reporting indicated that between forty-seven percent and fifty-eight percent of children served are in out-of-home care.

**Table 31: Children in Out-of-Home Care by CUA**

A	B	C	D	E	F	G	H	I	J
56%	53%	54%	58%	54%	*	47%	49%	56%	58%

*\*Follow-up Pending Percent of Children in Group/Congregate Care, by CUA*

No CUA reported having greater than fifteen percent of the total children in out of home care in a congregate setting. This places Philadelphia slightly below the national average in its use of congregate care for children, which is remarkable given the very high rate of children in care and the fact that resource family homes are in such short supply and is no doubt made possible by the fact that the rate of placement with kin is exceptionally high, standing at about forty-seven percent based on the most recent available data.

**Table 32: Children in Congregate Care by CUA**

A	B	C	D	E	F	G	H	I	J
11%	15%	8%	8%	8%	*	13%	11%	9%	12%

*\*Follow-up Pending*

*Number of Children in Out-Of-Home Care Placed Outside of the County*

Survey data do not explain the considerable variability in the number of children placed out-of-county.

**Table 33: Children Placed Out-of-County by CUA**

A	B	C	D	E	F	G	H	I	J
372	39	117	73	83	25	Data not yet available	111	174	42

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## **Appendix A - Review of Practice Innovations in Other Jurisdictions**

The practices listed below were gathered through interviews with managers of several jurisdictions as well as through the evaluators, who drew on experience in working with child welfare systems nationally, which includes not only urban systems such as Los Angeles, Miami, New York, Washington, DC, and Chicago, but also states that were implementing promising practices statewide. Most are best described as promising practices rather than evidence-based.

### **Training Simulation Laboratory**

The Los Angeles County DCFS, through its university training partner, has developed realistic practice simulation settings and scenarios within its state-of-the-art training facility, providing realistic opportunities for caseworkers in pre-service training to experience family interactions that mirror what they will experience in actual child welfare practice. The training curriculum, rather than being dependent on participant role-playing in the classroom, has integrated real-live situations into training modules that permit training participants to engage in a family interaction that realistically simulates actual casework.

The facility has multiple simulated environments, such as apartment dwellings and other settings in which trainers role play family members and collateral contacts whom the participants have to engage, interview and assess. For example, in one scenario, the training participant, after knocking on the door, has to decide if the environment permits personal safety, greet the drug impaired parent, determine the composition of the household, and begin assessing child safety and functioning. Unexpected interruptions occur, such as the entry of the mother's partner and family conflict, which has to be managed. Other simulations involve interviewing youth, interacting with foster providers regarding placement, and emergency room settings, for example.

At the conclusion of the simulation, some the trainer's co-participants who have been observing and the trainers offer developmental feedback on performance. These simulations provide early opportunities for participants to practice their skills, decision making, and policy knowledge.

### **The Immersion Implementation Process**

The "immersion" process is the term selected for an implementation strategy that involves in-depth systemwide capacity-building in geographic stages, such as in small groups of counties, agencies, or offices, then moving on to subsequent stages (locations) after periods of intense developmental support. This strategy evolved from the recognition that major system improvement initiatives, such as implementing a practice model, necessitate a level of central office support and resources impractical to attempt on a systemwide basis at one time. Successful implementation requires a high level of technical assistance and investment at the local level, such as staff training and coaching, resource expansion, policy development, and quality assurance and quality improvement mechanisms. In some jurisdictions, high workloads must be addressed.

The largest urban child welfare system to undertake an immersion process to date, Los Angeles County, has begun a multiyear initiative to implement its core joint child welfare and mental health practice model focusing on two county regions per year. Each region begins with pre-immersion planning activities, which include resource mapping, communicating with staff and partners, clarifying expectations and scheduling development steps. During the immersion period, both child welfare and

mental health staff receive training and coaching in the process of identifying underlying child and family needs, facilitating high fidelity child and family team meetings, and individualizing case planning. Part of the individualized case planning process involves service tailoring or crafting, meaning crafting service supports uniquely matched to each child's and family's needs.

Quality assurance and quality improvement processes are also commonly enhanced as part of immersion. Typically, new quality assurance methodologies are employed that focus intensely on practice quality.

Concurrent with practice development activities, priority is given to expanding individualized home-based mental health services, which are aimed at preventing and sustaining placements, speeding permanency and reducing the reliance on congregate settings, including psychiatric hospitalization. Monitoring of performance in these areas is heightened during the immersion period. Priority is also given to reducing caseloads through the addition of direct service staff and supervisors.

The immersion process, which originated in Alabama's litigation-driven child welfare reform, has also been successfully used in Indiana, New Jersey, and most recently, Illinois. Illinois just began its immersion process in four regions of the state.

### **Enhanced Use of Prevention Services**

The NYC Administration for Children's Services (ACS) began the development of an Evidence-Based Preventive Service Continuum in 2013. ACS states:

ACS dramatically expanded the use of evidence-based and evidence-informed services for families to prevent repeat cases of child maltreatment and reduce the need to place children in foster care. As of this writing, New York City offers more than 3,000 point-in-time evidence-based slots, with the capacity to serve more than 8,000 families per year. The preventive services continuum includes eleven models supported by research. Treatment modalities range from long-term dyadic treatment to short term family therapy, from curriculum-based early childhood interventions to substance abuse treatment for teens, and from models with roots in juvenile justice and mental health settings to those developed specifically for child welfare services. As of this writing, we believe this is the largest and most diverse municipal continuum of evidence-based family and child services in existence.

The evidence-based and promising practice models that prevention agencies have chosen to employ include the following:

- Functional Family Therapy
- SafeCare
- Family Connections
- Brief Strategic Family Therapy
- Child-Parent Psychotherapy
- Multisystemic Therapy
- Trauma Systems Therapy
- Structural Family Therapy
- Boys Town (In-Home Family Services)

The models are utilized to serve families across the risk continuum, ranging from low risk to very high risk. By contrast, twenty-five percent of the ACS child welfare preventive continuum consists of evidence-based models and seventy-five percent are locally designed models. One hundred percent of ACS evidence-based practice models are prioritized for child protective service referrals. A program that is not at full utilization (from Child Protective Services (CPS) referrals) is expected to fill the empty slots with “walk in” (non-CPS involved) families. In general, most programs use eighty-five percent of their evidence-based prevention slots for CPS referrals. Some use all of their slots for CPS referrals.

Some ACS senior staff credit the use of an evidence-based prevention continuum dedicated to CPS referrals as a major contributor to significant reductions in the out-of-home population.

### **Co-Locating Behavioral Health Staff in Child Welfare Settings**

Due to the complex and severe nature of the problems frequently encountered in families involved in the child welfare system, a special resource was needed to enable Los Angeles County DCFS and Department of Mental Health (DMH) staff to more effectively work together to coordinate their efforts, reduce the incidence of inappropriate referrals and link children to the most appropriate resources. The County describes this resource as follows.

The specialized foster care staff are co-located throughout Los Angeles County in all eighteen Department of Children and Family Services (DCFS) offices. Over 200 DMH foster care staff provide mental health services to children/youth served by the DCFS. Services include, but are not limited to providing mental health assessments, evidence-based treatment, crisis intervention, (in-home and the community), consultation and linkage to needed services. Currently, the majority of co-located staff time is spent in assessment and linkage activities.

### **A Model for Intensive Home-Based Services for Children with High Mental Health Need (Intensive Field Capable Clinical Services)**

This collaborative model shared by the Los Angeles County DCFS and DMH was developed to provide intensive in-home services to prevent children from placement disruption, entering higher levels of care or remaining in hospital settings unnecessarily due to insufficient community-based services. The County is expanding this capacity to 1,500 slots in the current fiscal year.

Intensive Field Capable Clinical Services (IFCCS) are an array of services firmly grounded in the DCFS-DMH Shared Core Practice Model and are intended to expedite access to Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) to children in DCFS custody with high mental health needs. Children/youth can be considered if they meet the following criteria: have full-scope Medi-Cal (i.e., California’s Medicaid coverage); have an open DCFS case; meet medical necessity; and are currently being considered for Wraparound, Treatment Foster Care, Therapeutic Behavioral Services, or specialized care rate due to behavioral needs or crisis stabilization/intervention (D-Rate); or currently being considered for group home (RCL ten or above), a psychiatric hospital, or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or finally, has experienced three or more placements in the last twenty-four months due to behavioral health needs.

Specifically, IFCCS are targeted to youth who are:

- Discharging from Crisis Stabilization Centers
- Discharging from psychiatric hospitalizations
- Awaiting placement while at the DCFS Emergency Response Command Post or Children's Welcome Center
- The subject of a joint response from the DMH Field Response Operation Team without a psychiatric hospitalization

#### What are ICC and IHBS?

- Intensive Care Coordination (ICC) includes targeted case management activities delivered primarily through a Child and Family Team (CFT) process. ICC involves engaging all members of a CFT, coordinating care through a care planning process, and linking to identified resources and services that are medically necessary. The care planning process is intended to be *strength-based, individualized, and family driven*.
- Intensive Home Based Services (IHBS) are rehabilitative services that are *strength-based* interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at building skills to increase success in the home and in the community.
- In IFCCS, these services are delivered countywide and are available 24/7 as needed.
- IFCCS providers are able to provide a full range of services including individual/family therapy.

#### **Michigan's Foster Care Navigator Program**

Many systems struggle with getting those interested in becoming a foster parent successfully through an often complex preparation and approval process that results in them accepting children for placement. The Michigan Department of Health and Human Services has initiated its Foster Care Navigator Program, designed to steer foster parent applicants through the licensing process. The State has contracted with one of its foster care agencies to provide support and system navigation guidance to applicants throughout the licensing and approval process. Navigators are current experienced and effective foster parents who work from home assisting applicants, locating resources and addressing barriers. Applicants reach navigators through the program's 1-800 number.

The State has found that applicants who use the navigators get through the licensing process more quickly and are more likely to complete the process.

#### **Foster Care Provider Supports**

The Utah DCFS has long supported and maintained Foster Care Clusters, where foster caregivers living near each other are grouped into geographic clusters for the provision of information sharing, mutual support, and, in some cases, reciprocal respite care. Every foster parent in the state is a member of a local support group. These clusters meet monthly and bring together fifteen to fifty foster, adoptive, kinship, and specific care families. Parents who attend their cluster meetings make new friends, share caregiving experiences, and have access to in-cluster training that counts towards their re-licensing minimums. In addition to real-world clusters, regions host an e-cluster on [Facebook](#) for state-licensed foster families.

Similarly, in Washington, DC's Child and Family Service Agency, the Mockingbird Family Model supports selected foster parents in the District in becoming an "extended family" for one another. An



experienced foster parent serves as the “hub home” for eight to ten “satellite” foster homes within a ten-mile radius. This constellation of foster homes meets regularly for business, educational, and social activities, encouraging relationships to develop into a supportive mini-network for the foster families and children and youth in their care. A major benefit for Mockingbird foster parents is ready access to respite care by the hub parent or other families in the constellation. To date, CFSA has established six Mockingbird constellations of family foster homes in the district—the largest number in any jurisdiction outside Seattle, where the model originated.

### **Measuring Court-Related Time**

Given the central role of court oversight in child welfare, time spent by caseworkers in preparing for and appearing in court can significantly affect workload. Some workload studies have measured time required for court-related activities. For example, a 2006 study conducted in New York found that such work accounted for just over twelve percent of the total case-related time of ongoing protective services case managers and from seven percent to ten percent of those working with children in out of home care. A 2009 Minnesota study found that caseworkers spent from a third to a half as much time on court related activities as in face-to-face contacts with families and that preparing for court consumed four times as much time as actually being in court. In Colorado, a 2014 study found that court-related work accounted for almost five percent of total reported time.

A compendium of workload studies is available through the US Children’s Bureau’s Child Welfare Information Gateway at <https://www.childwelfare.gov/topics/management/workforce/compendium/>

### **Attaining a Strong and Stable Workforce**

Attrition in New Jersey’s Department of Children and Families workforce stands at 6.7 percent as of 2017, far below the national average of over twenty percent<sup>1</sup> and dramatically below those of some jurisdictions that report the loss of up to half of their direct service staff each year. Working from an attrition rate of 15.9 percent in 2004, New Jersey’s Department of Children and Families has progressively stabilized its workforce; attrition has not risen above eight percent in any year since 2008. Moreover, the agency now receives thousands of applications from those wishing to work in child welfare, enabling it to choose selectively from top tier applicants. Working under a federal consent decree that has sought to install and sustain numerous reforms directed toward improved outcomes for children and families, NJDCF credits the following specific actions with strengthening its workforce:

- Defining caseloads that constitute reasonable workloads based on the number of families. Caseworkers now serve a maximum of 15 families at any given time.
- Ongoing attention to workload management through a process that tracks caseloads quarterly applying a twenty percent “buffer” to accommodate fluctuations in intakes.
- Providing compensation that is competitive with other jobs having the same or lesser qualifications and demands. Beginning “trainee” level positions start at \$49,200 and employees who perform satisfactorily are raised to \$51,500 after six months.
- Building infrastructure that is directed toward strengthening and stabilizing the workforce including:
  - Partnering with state universities to build an extensive professional development curriculum that builds competencies in direct service provision as well as providing specialized career development for supervisors and managers.
  - Staff must have forty hours of professional development each year

- Numerous certifications are offered, affording recognition and greater status as personnel advance in knowledge and skill. Examples include certifications in domestic violence and other specialty practice areas; a masters certificate for supervisors; and a leadership development program for mid-level managers.
- Provision of opportunities for supervisors to obtain a Masters in Social Work.
- Development and implementation of a “Data Fellows” program that selectively prepares individual direct service staff to become data leaders. Participants learn to understand and demystify data; learn quantitative and qualitative analysis; recognize and address challenges; celebrate good practice; and grow as managers and leaders.<sup>2</sup>
- Engaging human resources at the state level to develop and implement (1) a tier ranking system and vetting process for applicants; (2) teaming of supervisors with human resources professionals in hosting quarterly job fests; and (3) implementation of a process that helps ensure timely filling of position vacancies. Currently, only applicants having baccalaureate or master’s degree in social work qualify for rating in tier A; because of the large number of applicants, hires are rarely drawn from the B or C tiers.

Currently, DCF is working on strengthening of the transfer of learning from training to application on the job with a particular focus on supervision.

### **Delivering Parent Representation**

To support high quality parent representation, the Administration on Children and Families for the U.S. Department of Health & Human Services recommends the following structures:

#### *Structural Best Practices to Ensure High Quality Legal Representation*

- Adopt, implement, and monitor statewide standards of practice for parents’ attorneys, children’s attorneys and agency attorneys.
- Implement binding authority or constitutional protection requiring parents, children and youth to be appointed legal counsel at or before the initial court appearance in all cases.
- Develop a formal oversight system for parents’ attorneys and children’s attorneys to ensure quality assurance. This can be achieved through the creation of an office, the addition of a division to an existing office such as the public defender’s office, as a duty for the presiding family court judge, through the work of a committee or by any other means that are used to ensure accountability and continuous quality improvement. In determining the assignment of oversight responsibilities, it is important to address any conflict of interest issues.
- Require mandatory initial child welfare training for parents’ attorneys, children’s attorneys and agency attorneys. Where resources do not exist for in-person training or geographical challenges make attendance difficult, states are encouraged to explore distance learning and online training experiences.
- Institute mandatory annual training requirements for parents attorneys, children’s attorneys and agency attorneys. Child welfare law and regulations and court rules change regularly at the state and federal level. It is important to have an effective way to keep all attorneys up-to-date. Annual update or “booster shot” trainings are one effective way to ensure all practitioners are kept current in law and practice.
- Support adequate payment and benefits to “professionalize” this type of law practice, and move from a contract system with competing priorities to an employment system like other indigent and state agency representation.

- Support a payment system for parent and child representation that is designed to promote high quality, ethical legal representation and discourages overly large caseloads.

Below are models that have implemented these practices and may be particularly relevant to the work in Philadelphia.

#### *Washington*

The Washington State Office of Public Defense (OPD) provides legal representation to indigent parents in child welfare proceedings. The program was created more than a decade ago following an investigative report showing that indigent parents throughout the state typically received poor legal representation in dependency and termination cases. Now operating in 83% of the state, the Parents Representation Program provides state-funded attorneys for indigent parents, who have legally mandated rights to counsel. These attorneys are contracted by OPD, which oversees performance, limits caseloads and provides resources.

The OPD designed and implemented standards specifically for dependency and termination case representation, uniquely blending a counselor at law approach with traditional practice techniques. The standards require OPD contract attorneys to meet and communicate regularly with their parent clients throughout the case, ensure their clients have adequate access to services and visitation, prevent continuances and delays within their control, prepare cases well, and attempt to negotiate agreements and competently litigate if no agreement is reached. Reasonable caseloads are set at no more than 80 open cases per full-time attorney (equivalent to about 60 parents).

The program has been favorably evaluated six times. In 2010, in consultation with the Washington State Center for Court Research, OPD published a report on the court records and court orders in 1,817 dependency cases prior to and after implementation of the Parents Representation Program. The comparison found significant differences in the rate of reunification. Cases commenced after the program was implemented achieved permanency 36.5% more often than those that were commenced prior to representation under the program began.

A 2011 study by the University of Washington, which conducted the study at DSHS's request, found that after the Parents Representation Program was instituted in various counties, cases were decided between one month and one year faster. The study concluded that the program is helpful in getting children out of foster care and into permanent homes that it should be extended statewide. The reduction of time that children spend in care has been attributed as saving the state hundreds of thousands of dollars.

#### *Wyoming*

The Wyoming Guardians Ad Litem Program is a state- and county-funded centralized state office that trains and supervises all attorneys representing children in Juvenile Court in the state. In 2008, the program adopted rules and policy setting practice standards and addressing other related quality indicators like the presence of children and youth in court proceedings, set caseload maximums for all program attorneys, began specialized training for the program attorneys, instituted a quality assurance process, and a multi-tiered evaluation process for program attorneys. From 2008 to 2012, the program underwent an overhaul of the program and brought many of the attorney positions in-house as full-time attorneys or state employees, drastically reducing the number of independent contract attorneys. In 2015, the program released an on-line cases management system to better track compliance with standards, timeliness of proceedings, and outcomes for children and youth.

**Sources:**

1. American Humane Association (2011). Child Welfare Policy Briefing: Child Welfare Workforce. Retrieved online October 6, 2017 at [http://www.americanhumanesociety.net/children/stop-child-abuse/advocacy/caseworker\\_workload\\_paper.pdf](http://www.americanhumanesociety.net/children/stop-child-abuse/advocacy/caseworker_workload_paper.pdf)
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4. United States Department of Human Services, Administration for Children, Youth, and Families, Children's Bureau (2017). ACYF-CB-IM-17-02. Washington, DC: United States Government Printing Office, available on-line October 16, 2017 at <https://www.acf.hhs.gov/sites/default/files/cb/im1702.pdf>

## Appendix B -- Review of Data Dashboards in Other Jurisdictions

Evaluators have reviewed data dashboards in multiple other systems, in both large urban jurisdictions and in large and small states. Most of these dashboards have fairly common data indicators, such as required federal measures and also use many similar procedural indicators such as the timeliness and completion of actions mandated by law and policy. Other components are more unique to the system, responsive to administrative priorities or in some cases, mandates that are responsive to a crisis or tragedy. Many dashboards also serve as management tools related to local performance. Some of the dashboards contain significant amounts of data and address a broad range of performance areas.

To provide an illustration of the breadth and complexity of system dashboards, the following insert is from the recent announcement by the Florida Department of Children and Families of the release its new dashboard. The dashboard, which contains a scorecard for its privatized community-based care agencies, may be viewed by entering the link included.

*The Office of Child Welfare is pleased to announce the release of the public facing Results Oriented Accountability interactive child welfare dashboards. These dashboards will provide all Child Welfare stakeholders in Florida, including the public, access to an interactive dashboard experience utilizing Tableau visualization software. The Child Welfare Dashboards include a home page that offers child welfare statistics at a glance where users can then interface deeper into current and historical data on topics that include allegations accepted by the Florida Abuse Hotline for child protective investigation, children that are included in protective investigations, children that receive services, child removal rates, and children entering and leaving out-of-home care. The home page will be updated monthly and show the latest twenty-four months of child welfare information. To navigate to the other detailed trend information, users can look for the General Information link that will lead to five more child welfare trend dashboards with current and historical information far back as 2003. (Note: Users may need to scroll down to see this link.) Users can customize their experience by service area, by dates, and through a series of available demographic filters. In addition, users can extract data to a spreadsheet format to continue exploration of data offered.*

*To access the new Child Welfare Dashboards, click here:*

*<http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml>*

*The release of these dashboards marks a major achievement in the Department's Child Welfare Results-Oriented Accountability (ROA) implementation initiative. Through ROA, the Department of Children and Families aims to improve access to good quality data, build analytical capacity of staff to use data, take action to improve outcomes, and continue to develop a results-oriented culture of shared accountability, transparency and collaboration with a focus on research and evidence-based interventions. These child welfare dashboards mark the first of a series of releases. Future releases will include child protective investigation views, safety methodology views, CBC Views, Child Welfare Practice drivers, Child Welfare Outcomes, and Florida Continuous Quality views.*

## Appendix C – Center for Effective Collaboration and Practice Family Survey and Background

### FAMILY SURVEY (CECPS-SHORT FORM)

**These questions are about how you feel about working with [Child Welfare]. Please select the answer that is closest to how you feel right now about working with [child welfare].**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. There were definitely some problems in my family that [child welfare] saw.	5	4	3	2	1
2. My [child welfare] worker and I agree about what's best for my child(ren).	5	4	3	2	1
3. I need some help to make sure my kids have what they need.	5	4	3	2	1
4. I can trust [child welfare] to be fair and to see my side of things.	5	4	3	2	1
5. I can talk to my caseworker about what's important to me.	5	4	3	2	1
6. [Child welfare] is helping me take care of problems in our lives.	5	4	3	2	1
7. What SCF wants me to do is the same as what I want.	5	4	3	2	1
8. [Child welfare] wants to help families – not hurt them.	5	4	3	2	1
9. There's a good reason why SCF is involved in my family.	5	4	3	2	1
10. I'm only doing what [child welfare] wants so they'll get out of our lives.	5	4	3	2	1
11. Things will get better for my child(ren) now that [child welfare] is involved.	5	4	3	2	1
12. My [child welfare] worker and I respect each other.	5	4	3	2	1
13. I'm making changes in my life to keep my kid(s) safe.	5	4	3	2	1
14. [Child welfare] is helping my family get stronger.	5	4	3	2	1

### Worker's View

**With respect to the primary adult client, and thinking about how things are going at this point in time in the case.... FAMILY-WORKER COLLABORATION**

	None or almost none of the time	A little of the time	Some of the time	A lot of the time	All or nearly all of the time
1. I believe this client is fairly open with me about what goes on in the family.	1	2	3	4	5
2. This client wants the same things for her/himself and the family as the agency wants.	1	2	3	4	5
3. This client is in a real battle with the agency, not working with us.	1	2	3	4	5
4. I think this client is overwhelmed by [child welfare] involvement and is feeling pretty helpless.	1	2	3	4	5
5. This client is ready to make some changes in behavior or lifestyle to safeguard her/his children.	1	2	3	4	5
6. In my opinion, this client feels genuine ownership over the case plans and goals.	1	2	3	4	5
7. I'm not particularly confident that this client is telling me the truth. I feel this way...	1	2	3	4	5
8. I think this client believes we can help her/him.	1	2	3	4	5
9. I believe this client is honest with me about her/his feelings.	1	2	3	4	5
10. This client has a completely different agenda than the agency.	1	2	3	4	5
11. I think this client feels hopeful about the outcome of [child welfare] involvement.	1	2	3	4	5
12. This client denies any responsibility for the circumstances that got the agency involved.	1	2	3	4	5
13. This client is able to focus on the needs of her/his child.	1	2	3	4	5

Diane Yatchmenoff, Regional Research Institute for Human Services, Portland State University

**CECPS Short Form  
Scoring Worksheet**

<b>Dimensions of Engagement</b>	<b>Items in CECPS Short Form</b>	<b>Client's Ratings</b>
<b>Receptivity</b> Does this client recognize problems in her/his family that affect the children and does she/he acknowledge a need for help?	# 1	
	# 3	
	# 9	
<b>Buy-In</b> Does this client believe her/his family will benefit from involvement with child welfare services? Is she/he invested in the helping process and in agreement with the service plan?	# 6	
	# 7	
	# 10	
	# 11	
	# 13	
<b>Working Relationship</b> Is there reasonable communication between the client and the caseworker and does the client feel they can work together?	# 14	
	# 2	
	# 5	
	# 12	
<b>Mistrust</b> Some child welfare clients believe that the agency is 'out to get' families. These items will help you see what this client believes.	# 4	
	# 8	
<b>Overall Engagement</b>	<b>Sum of ratings on all items</b>	

Yatchmenoff, D. (2011) *Worker's View*, Portland, OR: Regional Research Institute for Human Services, Portland State University.

**Overall Engagement Score.** Add the ratings for the fourteen items to calculate the **Overall Engagement** score. Possible scores range from fourteen-seventy. The total scores may help you assess the level of positive engagement for this client. If ratings are missing on one or more items, however, the total score may be more difficult to interpret.

- Engagement scores greater than fifty indicate moderate to strong positive engagement.
- Engagement scores between forty and fifty suggest marginal or fluctuating engagement.
- Engagement scores less than forty indicate that the client is not positively engaged in a helping process with the child welfare system.

**Dimensions and Item Scores.** Review the ratings on individual items within the dimensions. Ratings of three or lower may indicate where clients are struggling to feel invested and/or hopeful about how their case is progressing. If low ratings are concentrated in particular dimensions, this information can help identify things to work on with the client.



### Worker's View of Engagement Scoring Worksheet

Related CECPS Dimension	Item	Rating
<i>Working Relationship</i>	#1	
<i>Buy-In</i>	# 2	
<i>Buy-In</i>	# 3	
<i>Buy-In</i>	# 4	
<i>Receptivity</i>	# 5	
<i>Buy-In</i>	# 6	
<i>Working Relationship</i>	# 7	
<i>Buy-In</i>	# 8	
<i>Working Relationship</i>	# 9	
<i>Buy-In</i>	# 10	
<i>Buy-In</i>	#11	
<i>Receptivity</i>	# 12	
<i>Receptivity</i>	# 13	
<b>Total Worker's View</b>	<b>Sum of Ratings</b>	

Diane Yatchmenoff, Regional Research Institute for Human Services, Portland State University

**Summary Worker's View score.** Add the ratings for the thirteen items to calculate the **Summary Worker's View** score. Possible scores range from thirteen to sixty-five. It is important to complete all items on the measure so that the overall score will be meaningful.

**Worker's View of Engagement levels.** The total may help you reflect on your perception of the client's level of engagement. In general,

- Worker's View scores greater than forty-eight indicate moderate to strong positive engagement.
- Worker's View scores from thirty-six to forty-eight suggest marginal or fluctuating engagement.
- Worker's View scores less than thirty-six suggest that the client is not positively engaged in a helping process.

**Using this information.**

Compare your estimate of the client's level of engagement with the client's *Overall Engagement* score to see if you and the client agree (for example, you both rate the client as 'moderate to strong' on engagement or you rated the client 'moderate to strong' but the client's overall score indicates a lower level of engagement).

The Worker's View items are roughly linked with the dimensions on the CECPS (see table above) and this may provide additional information about how you might work with this client. You may also want to use individual item ratings on the Worker's View and/or the CECPS to think about issues or concerns to discuss with the client and/or with your peers or supervisor.

## Appendix D – Glossary

Term	Definition
Achieving Reunification Center	An ancillary service site that provides services to parents with a plan of reunification
Administration for Children’s Services	New York City government agency responsible for child welfare services for children and families
Adoption and Foster Care Analysis and Reporting System	A national report from the Children’s Bureau regarding case-level information on all children in foster care and those adopted via federal funding from the Child Welfare and Adoption Assistance Act of 1980.
Aftercare	Services designed to support the safe case closure, reunification, or attainment of another permanency goal for children and youth. Aftercare services are meant to be creative in their design and implementation and are provided post placement for up to one year. Aftercare plans must focus on preventing children and youth from re-entering placement and include funds necessary for concrete goods, services, and other costs over the course of the year for placement cases and six months for in-home service cases closed. Aftercare is required for all levels of service within the IOC Framework.
Ages and Stages Questionnaire	An assessment tool that asks parents to answer a series of questions that screen for developmental and social-emotional progress in children from birth to age 6.
Alleged maltreatment	Claimed but not yet substantiated abuse or neglect of a child.
Alternative Planned Permanent Living Arrangement (APPLA)	Placement of a child in long-term foster care until adulthood; meanwhile, the Community Umbrella Agency maintains care and legal custody.
Asociación Puertorriqueños en Marcha	Community Umbrella Agency responsible for part of Eastern North Philadelphia, serving the 24th and 26th police districts.
Baseline data	Initially collected information that provides a measure to compare new information.
Behavioral health	An individual's mental and emotional well-being that manifests itself in feelings, thoughts, and actions.
Bethanna	Community Umbrella Agency for Center City and South Philadelphia, serving the 1st, 3rd, 6th, 9th, and 17th police districts.
Biological family	Individuals related by blood or marriage. e.g., mother, father, and child.
Boys Town (In-Home Family Services)	A nonprofit organization with programs across the country that provides, among other programs, in-home family services that teach families not only how to handle issues after they arrive but also how to prevent them from becoming more disruptive.
Brief strategic family therapy	A short-term, structured, problem-focused, and practical approach to intervention that targets families in which youth engage in clusters of risk-taking or problematic behaviors used in New York City's child welfare system.

Caregiver	An individual who consistently looks after the child, sometimes paid.
Case aid	A paid position within Community Umbrella Agencies that provides support to case workers.
Case file review summaries	A compilation of cases examined by the Department of Human Services.
Case manager	A paid position who works directly with the child and family to ensure the best outcome for the child within the child welfare system
Case plan	A record of the goals and objectives for a child welfare service intervention in the lives of children and their families. The case plan contains all steps and tasks needed to reach consensus goals for outcome success.
Case reconciliation	The matching of a local case with one found in the interstate database allowing for a better understanding of the child and family's history and therefore provide better services.
Caseload	The number of cases carried by a case manager at one time.
Casey Family Programs	A private organization that provided consulting services on child welfare programs in October 2016 to the City of Philadelphia.
Casey Family Programs standard rate	The approach to measuring the rate of children in out of home care as determined by Casey Family Programs.
Casey Family Programs front-end analysis	Casey Family Programs report on the Philadelphia Department of Human Services intake and investigations (front end) units and processes.
Casey Life Skills	A practice tool and framework for working with youth in foster care that assesses independent living skills
Catholic Community Services	Community Umbrella Agency for Northeast Philadelphia, serving the 2nd, 7th, and 8th police districts.
Charting the Course	<i>Charting the Course towards Permanency for Children in Pennsylvania</i> (Charting the Course) is a series of child welfare-related curricula trained in a cohort fashion. The entire series results in 120 hours of in-classroom work and six hours of online Transfer of Learning work. Comprising ten modules, Charting the Course is designed to provide child welfare professionals with fundamental information related to the awareness, knowledge, and understanding of child welfare-related concepts. The series offers participants essential skills needed to provide quality strengths-based and solution-focused family-driven individualized services to children, youth, and families involved with the child welfare system. Participant time and effort facilitates county child welfare professionals in meeting regulatory requirements for training, outlined in the Pennsylvania Protective Services, §3490.312. Resource Center requirements for direct service workers.

Child	An individual under age eighteen, for the purposes of the Child Protective Services Law. Under the Juvenile Act, a child is: An individual under age eighteen; is under age twenty-one and committed an act of delinquency before reaching the age of eighteen; is under age twenty-one years and was adjudicated dependent before reaching the age of eighteen, who has requested the court to retain jurisdiction and who remains under the jurisdiction of the court as a dependent child because the court has determined that the child is: Completing secondary education or an equivalent credential, enrolled in an institution that provides postsecondary or vocational education, participating in a program actively designed to promote or remove barriers to employment, employed for at least eighty hours per month, or, incapable of doing any of the activities described above due to a medical or behavioral health condition, which is supported by regularly updated information in the permanency plan of the child.
Child and Family Services Reviews	Periodic reviews done by the Children's Bureau, a federal agency, to assess compliance and processes of states' child welfare programs.
Child and Adolescent Needs and Strengths	An assessment tool to identify strengths and needs of children and adolescent to inform decision making in the case planning process.
Child and Family Services Agency	Washington DC's child welfare agency.
Child and family team	The entire family unit consisting of child(ren) and parent(s) working together with their case manager to achieve desirable outcomes.
Child Protective Services	A type of abuse report whose allegations meet the statutory definition of child abuse in the Commonwealth of Pennsylvania.
Child-parent psychotherapy	Intervention for children from birth to age five and their parents who experienced at least one form of trauma. The approach is designed to support and strengthen their relationship through increasing parental understanding of the developmental impact of trauma. If the child is older, they take a more active role that typically involves play to facilitate communication between the parent and child. New York City currently includes this practice in their child welfare system.
Children in care	Children in out-of-home care under the supervision of the Department of Human Services.
City Solicitor	The Department of Human Services legal representation/attorney.
Client Engagement in Child Protective Services	A measurement tool used to acquire feedback on child engagement practice from caregivers and caseworkers.
Collateral contact	An individual who serves as a source of information regarding the client's situation. Often can provide support or confirmation to information provided by the client.
Community-Based Care	A redesign of Florida's child welfare system that combines outsourcing of foster care and other services to agencies to increase local community ownership of service delivery and design.
Community Oversight Board	A cross-sector group charged with monitoring the Department of Human Services implementation of recommendations of the Child Welfare Review Panel, established in 2007.

Community Umbrella Agency	The set of providers contracted by the Department of Human Services to provide child welfare services. Providers cover certain geographic regions of Philadelphia based on their site location(s).
Community umbrella organization	An agency, collaboration, or affiliation of agencies that provides 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 and are accountable to the city and local community stakeholders.
Community umbrella organization scorecard	Assessment tool used by the Department of Human Services to measure, track, and compare performance across Community Umbrella Agencies. To see proposed metrics, see page 88, Table 13.
Compliance measures	Measures that focus on procedural compliance with policies and standards and answer the question, “Did the action occur?”
Comprehensive case file review	Adopted by the Philadelphia Department of Human Services in July 2016 and co-developed with Casey Family experts, this tool measures CUA practice on forty-two single case plan standards and twenty-three safety assessment standards. The tool evaluates leading indicators, which are specific practices, based on evidence, that lead to better outcomes.
Congregate Care	Out-of-home placements such as group homes, and institutional and residential treatment settings governed by OCYF 3800 Regulations.
Contractor	Provider under contract with the Department of Human Services to provide services to families and children.
Courts	Refers to the Family Court of Philadelphia division, one of three major divisions of the Court of Common Pleas in the First Judicial District of Pennsylvania. Family Court is divided into two major branches: Juvenile Court and Domestic Relations. References mainly indicate the juvenile branch.
Critical work units	Group consisting of the intake hotline, general investigations, special investigations, family teaming (team coordinators), monitoring and evaluation (social services program analyst), technical assistance (practice coaches), ongoing services, adoptions, and central referral services.
Community Umbrella Agency Leadership	Community Umbrella Agency executive directors or chief executive officers
Community Umbrella Agency scorecard	Assessment tool used by the Department of Human Services to measure, track, and compare performance across Community Umbrella Agencies. To see proposed metrics, see page 88, Table 13.
Child Welfare League of America	A professional organization for those in the child welfare sector.
Data dashboard	An information management tool that visually tracks, analyzes, and displays key performance indicators, metrics, and key data points to monitor the health of a business, department, or specific process.
Debt-to-asset ratio	The percentage of total assets that were financed by creditors, liabilities, debt. The debt to total assets ratio is calculated by dividing total liabilities by total assets.

Department of Human Services Intake unit	A division with the Department of Human Services that screens and handles reports or referrals of possible child abuse and neglect.
Dependency hearing	A court proceeding involving a juvenile, typically in the cases of abuse or neglect to determine parental responsibility in the maltreatment.
Dependency proceeding	A court proceeding involving a juvenile, typically in the cases of abuse or neglect to determine parental responsibility in the maltreatment.
Department of Human Services	The municipal agency charged with operating the child welfare system in the city of Philadelphia, among other responsibilities. The commonwealth of Pennsylvania also has its own DHS, which the city's DHS falls under.
Case file review tool	Also known as the comprehensive case file review, this is a tool adopted by the Department of Human Services in July 2016 and co-developed with Casey Family experts. The tool measures Community Umbrella Agency practice on forty-two single case plan standards and twenty-three safety assessment standards. The tool evaluates leading indicators, which are specific practices, based on evidence, that lead to better outcomes.
Department of Human Services data system	A data warehouse maintained by the Department of Human Services on all child welfare care. A new Integrated Case Management System is being developed and this system will have dashboard functionality so that managers at all levels can track staff, program, service, and other performance indicators. The projected completion date is winter 2018.
Department of Human Services executive team	The Department of Human Services Cabinet, including the commissioner, first deputy commissioner, deputy commissioner of prevention, deputy commissioner of child welfare operations, deputy commissioner of juvenile justice services, deputy commissioner of performance management and technology, deputy commissioner of finance, deputy commissioner of administration and management, director of communications, chief learning officer, and director of policy.
Department of Human Services Leadership	The Department of Human Services Cabinet, including the commissioner, first deputy commissioner, and deputy commissioner of performance management and technology.
Department of Human Services Performance Management and Technology	A division of the Department of Human Services (DHS) charged with developing systems by which DHS can monitor service delivery to the children and families in its care.
Direct service workforce	Case carrying staff members who personally work with children and the family; not administrative staff.
Discharges to permanency	The act of an out-of-home care case being discharged from the care of the Department of Human Services due to a child being adopted, reunified with their origin family, or an individual gaining Permanency Legal Custody of the child.

Disposition	Where the child will live after a finding of dependency, including what services are to be provided to the family that are best suited to the protection and physical, mental, and moral welfare of the child.
Dual case management	The former of system of cases being managed by both the Department of Human Services and contracted providers.
Early development	The period of physical, cognitive, and social growth that begins at birth and continues through age five.
Electronic case management system	An electronic system able to be passed electronically between staff for managing casework.
Emancipation	The aging out of the child welfare system that occurs when an individual reaches age eighteen.
Emotional well-being	A positive sense of well-being that enables an individual to function in society and meet the demands of everyday life.
Entry cohort	The specific query referenced refers to all children who entered out-of-home placement within the same month.
Exits to non-permanency	Children that leave the child welfare system because they were emancipated, discharged to an adult facility or other agency, hospitalized and not returned, or discharged by the court.
FACTS2	Legacy FACTS2, placed in development in 2009, is a web-based client-server case management database system that can interface with provider and prevention services applications. FACTS2 provides a single, electronic case management system that is accessible by both internal DHS users and external service providers, and allows both to perform and complete all case-related work while providing management and monitoring staff with appropriate tools to ensure compliance with state and federal regulations and report complete and accurate data.
Family advocacy and support tool	An assessment tool designed to identify strengths and needs of the family to aid in case planning and outcome management.
Family Connections	A New York-based program focusing on engaging parents early in their child's education. Family Connections has evolved into a family learning community in which underserved children and parents attend tuition free programs, learn, and grow together from birth through high school.
Family finding	This model developed by Kevin Campbell, offers methods and strategies to locate and engage relatives of children and youth in placement. The goal of Family Finding is to provide each child and youth with lifelong connections that only a family can offer. Core beliefs inherent in this approach are that every child and youth has family and every effort must be made to keep them with their family. Every child and youth has connections that can be engaged for visitation, support, and permanency.
Family Strengthening Framework	A research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors: Parental resilience; Social connections; Knowledge of parenting and child development; Concrete support in times of need; and Social and emotional competence of children

Family support team meeting/family team conference/family team meeting/family teaming/Department of Human Services team conferencing	Deliberate meetings between families and their support systems in decision making and planning to meet their needs related the safety, well-being, and permanency of their children. This is a practice that encourages and allows for full participation and engagement of children, youth and families, their extended family or other supports, community members, providers of services, case management staff and other professionals at specific decision-making points throughout the movement of the case through the formal child protection and child welfare system. This practice model uses family-centered, strength-based, principles to bring together people who are responsible for and interested in the care, safety, well-being, and permanency of children and youth, and provides the venue to discuss issues and concerns. It helps to make the system more accountable to and understandable by families and the broader community. The goal is to develop a specific, individualized plan (Single Case Plan) that has support from the team. It also ensures that all relevant parties (family, extended family, providers, etc.) know and support the components of the plan.
Family-centered practice	A way of working with families across service systems to enhance their capacity to care for and protect children. It focuses on children's safety and needs within the context of their families and communities and builds on families' strengths to achieve optimal outcomes. Families are defined broadly to include birth, blended, kinship, and foster and adoptive families.
Foster parent	A person who acts as parent and guardian for a child in place of the child's natural parents but without legally adopting the child; A state-certified caregiver.
Direct service staff	Employees who work in the Department of Human Services Intake and Investigations units.
Functional family therapy	A clinical, phased based model of intervention that first engages and motivates youth and their families to develop a better relationship, then reduces and eliminates specific problem behaviors, and finally generalizes changes across problem situations by increasing their capacity to utilize resources and prevent relapse.
Fiscal year	A twelve-month period that an organization uses for budgeting, forecasting, and reporting; the City of Philadelphia's fiscal year is July 1–June 30.
General foster care families	Resource families who are equipped to handle typical cases and give a child who is not their own a safe place to live and grow.
General protective services	Services to prevent the potential for harm for a child or youth who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her physical, mental, or emotional health or morals; has been placed for care or adoption in violation of the law; has been abandoned by his/her parents, guardian, or legal custodian; while subject to compulsory school attendance, is habitually and without justification truant from school; has committed a specific act or acts of habitual disobedience of the reasonable commands of his/her parent, guardian, or other custodian and who is ungovernable and found to be in need of care, treatment, or supervision; is under age ten and has committed a delinquent act; has been formerly adjudicated dependent, and is under the jurisdiction of the Court, subject to its conditions or placements and who commits an act that is defined as ungovernable; is referred by the Court because he/she has committed an act defined as ungovernable.



Group care	Out-of-home placements such as group homes, and institutional and residential treatment settings governed by Pennsylvania Office of Children, Youth and Families 3800 Regulations.
Health and Human Services	The Office of the Deputy Managing Director of Health and Human Services for the City of Philadelphia; responsible for the oversight of the Department of Behavioral Health and Intellectual disAbility, Department of Human Services, Office of Homeless Services, Department of Public Health, and the Mayor's Office of Community Empowerment and Opportunity.
Immersion process	An implementation strategy that involves in-depth, systemwide capacity building in geographic stages, such as in small groups of counties, agencies, or offices, then moving on to subsequent stages (locations) after periods of intense developmental support.
Improving Outcomes for Children	A Philadelphia Department of Human Services (DHS) systemwide transformation detailing how case management services are delivered throughout the City to children, youth, and families that require child welfare or child protection services, or both. This approach is based on the premise that positive outcomes are achieved through the use of services that are family-centered, community-based, culturally competent, integrated, timely, and accountable for results. To accomplish this goal, the Improving Outcomes for Children System Transformation aims to decentralize the provision of direct case management services through a network of Community Umbrella Agencies (CUAs) that demonstrate the capacity and ability to provide child protection and child welfare services that are based within the community. Corresponding to the decentralization of direct case management services, DHS is in the process of strengthening its Hotline and Investigation Services, has developed the capacity to integrate a family teaming process to support CUA direct case management, and enhanced its performance management and accountability structures. The IOC service delivery model is built 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. This model is designed to increase system performance to achieve positive results for children, youth, and families including these four primary outcomes: more children and youth maintained safely in their own homes and communities; more children and youth achieving timely reunification or other permanence; a reduction in the use of congregate care; and improved child, youth, and family functioning.
In-home non-safety cases	Non-safety-related, in-home services provide supportive services to children, youth, and families who have been found by the Philadelphia Department of Human Services to be safe but who have been ordered to receive an in-home intervention. This type of service may be initiated by the Court as an effort to improve school attendance or to help stabilize a child or youth who is demonstrating challenging behaviors.
In-home safety cases	Safety-related in-home services are provided to families whose children or youth have been found by the Philadelphia Department of Human Services to be experiencing active safety threats but who, with the implementation of a safety plan, can be maintained safely in their own homes.
Independence	The stage following a child's emancipation or aging out of the child welfare system. Ideally, the child is prepared to live on their own without the support of the child welfare system.

Intake hotline	A telephone number that people call to report child abuse or neglect. The Philadelphia Department of Human Services hotline receives, assesses, and assigns reports of abuse and neglect to the Intake unit. Intake initiates and completes investigations, and assigns a case for services with an Ongoing Service Region.
Intensive care coordination	Targeted case management activities delivered primarily through a child and family team (CFT) process. It involves engaging all members of the CFT, coordinating care through a care planning process, and linking to identified resources and services that are medically necessary.
Intensive Field Capable Clinical Services	The nationwide and 24/7 service deliverability of intensive home-based services.
Intensive Home-Based Services	Rehabilitative services that are strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's function and aim to build skills to increase success in the home and community.
Interstate Compact for the Placement of Children	Established procedures for the safety and stability of child placements across state lines.
Improving Outcomes for Children In-Home Services Program	Services delivered to children and their families in their place of residence to encourage participation and facilitate healthy family relationships.
Improving Outcomes for Children Practice Guidelines	A document that outlines all practice guidelines to which Community Umbrella Agencies (CUA) are bound and represent the Philadelphia Department of Human Services expectations regarding the practice of service by the CUA.
Juvenile Probation Office	The office that operates and managing functions of juvenile probation, a form of juvenile sentencing that allows juvenile offenders to remain in their communities, rather than be incarcerated.
Kin	An individual who has a relationship with children, youth, or their family. This individual is related through blood or marriage, is a godparent as recognized by an organized church, is a member of their tribe or clan, or has a significant positive relationship with the children, youth, or their family.
Kinship care/placement	Full-time nurturing and protection for a child or youth committed to the department who must be separated from parents and placed with a caregiver who has an existing relationship with the child, youth, or their family. Kin providing care to a child or youth committed to the Children and Youth Division must comply with State regulations regarding resource parents and resource homes.
Learning and dialogue sessions	Therapeutic sessions that focus on using conversation to gain insights into presenting problems. Currently engaged by New York City's child welfare system.
Least restrictive placement	The placement of a child in the most family like situation possible, e.g., placing a child with a foster family instead of in congregate care.
Legal system	Refers to the Philadelphia Family Court system.
Licensed clinical social worker	Social workers who have completed a post-master's clinical social work practice requirement and passed a clinical exam administered by the Association of Social Work Boards.
Maltreatment	The cruel or violent treatment of an individual.
Metrics	Standards of measurement by which efficiency, performance, progress, or quality of a plan, process, or product can be assessed.

Mixed caseloads	The caseload that Community Umbrella Agency case managers carry including both in-home services and out-of-home care cases.
Multisystemic therapy	An intensive family and community based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders. Recognizes the importance of families, schools, and neighborhoods on a child's well-being. New York City's child welfare system currently utilizes this practice.
Ongoing services staff	Community Umbrella Agency staff position that continues services and case management after a report of abuse or neglect has been identified as accepted for service post Intake and Investigations.
Order of protective custody	An ex parte order, granted by a Judge without benefit of a hearing, temporarily granting permission for the Children and Youth Division to remove children or youth from their parents or caregivers.
Out-of-county	Out-of-home placement in which the child is placed outside the geographical bounds of Philadelphia County.
Out-of-home care/placement	The care of children and young people up to age eighteen who are unable to live with their families, often due to child abuse and neglect. It involves the placement of a child or young person with alternate caregivers on a short- or long-term basis.
Outcome measures	Measures that answer the question, "Did system interventions and practices effect sustained and meaningful improvements in child safety, permanency and well-being?"
Outcome specialist	A paid position with Community Umbrella Agencies that facilitates safe case closures for in-home services cases. Also works to achieve reunification or other permanency for youth by assisting the case manager.
Parent	A biological parent, adoptive parent, or legal guardian.
Parental resilience	A parent's ability to proactively meet challenges and those in relation to their child, manage adversities, heal the effects of trauma and thrive given the unique characteristics and circumstances of their family.
Parental rights	The parent's right to physical custody of the child, which means reasonable visitation and regular contact. Parental rights also include legal custody meaning the parent's ability to make decisions about the child's education, health, and religious upbringing. These rights can be overridden or redefined in cases of child maltreatment or divorce.
Performance-based contracting	A results-oriented contracting method that focuses on the outputs, quality, or outcomes that may tie at least a portion of a contractor's payment, contract extensions, or contract renewals to the achievement of specific, measurable performance standards and requirements.

Permanency	The establishment of an identified adult or family who has made a commitment to care for and to support a child or youth up to and beyond 18 years of age. Permanency options as defined by the federal Adoptions and Safe Families Act are in hierarchical order. The prior goal must be ruled out by the Court before the next goal can be considered. The goals are to return to the parent, place for adoption, place with a permanent legal custodian, place with a fit and willing relative, or another planned permanent living arrangement (APPLA). APPLA may be used only when no other arrangement can be made for the child or youth and all other permanency options have been ruled out by the court. It cannot be used for children and youth under age sixteen.
Permanency specialist	A paid position within a Community Umbrella Agency that supports case managers in finding permanency placements for children.
Permanent legal custodianship	The legal option the court can approve that grants legal custody to a person or persons, and allows children and youth to be given the opportunity for permanence when the goals of reunification and adoption have been ruled out. For those children and youth for whom PLC is appropriate, PLC will offer the opportunity to achieve safety, permanence, and well-being in a permanent home; enhance security in relationships by legally recognizing the relationships between children and youth and their caregivers; continue contact with biological family, if appropriate; continue financial assistance until age eighteen or if the PLC was granted after the youth's thirteenth birthday, until age twenty-one if requirements are met.
Practice coach	Department of Human Services staff provided to Community Umbrella Agencies (CUAs) that provide training to CUA case managers and staff.
Practice model	The basic principles and approaches that guide an agency's work
Protective factors	Referring to the five protective factors: Five Protective Factors are the foundation of the Strengthening Families approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.
Provider	A person or legal entity that enters into a binding agreement with another person or legal entity to offer paid services. In the scope of this report, Community Umbrella Agencies are the providers who were subcontracted by the Department of Human Services to offer child welfare services.
Public-Private System of Improving Outcomes for Children	The Department of Human contracts to private Community Umbrella Agencies to provide for child welfare needs in Philadelphia.
Quality assurance tool	A measuring system that the Department of Human Services uses to review Community Umbrella Agency case files. The current tool used looks for forty-two items regarding the single case plan and twenty-three items regarding safety. Of those items, thirty are identified as leading indicators that are more closely associated with outcome achievement.

Quality service review	An in-depth case-based quality review process of case management practice in specific locations and points in time. It is used to appraise the current status of a focus child/youth in key life areas, the status of the parent/caregiver, and performance of key practices for the same child/youth and family. The review examines recent results for children/youth in protective care and their caregivers as well as the contributions made by local service providers and the system of care in producing those results. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth, and families receiving services. The QSR protocol provides reviewers with a specific set of indicators to use when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of the core practice functions. Indicators are divided into two distinct domains: child, youth, and family status and practice performance.
Qualitative measures	Measures that address whether actions were performed well or effectively and may answer the question, "Are the actions taken having a meaningful impact on desired outcomes and/or improving child and family status?"
Quality assurance	Refers to the general practice of internal review by either the Department of Human Services or Community Umbrella Agencies of child welfare cases. Different processes exist for varying level of thoroughness that can include case file review, case manager interviews, appeals process, and more.
Quality assurance case review process	A quality assurance process where the Philadelphia Department of Human Services reviews Community Umbrella Agencies work quality on metrics related to the single case plan and safety. This could be done with tools such as the comprehensive case file review or quality service review tool.
Quality visitation review	An examination of visits to determine their suitability to child and family needs.
Rapid permanency review	An in-depth look at child welfare cases that have been in foster care for over two years to expedite permanency. Rapid Permanency Review was recommended by Casey Family Programs and currently in a pilot in Philadelphia.
RC	The initials of an Alabama child whose mistreatment in the child welfare system led to court-mandated reforms in the state in 1991.
RCL 10	Rate classification level 10 for group homes in California. There are fifteen levels, with fifteen being the best qualified to serve children based on factors such as presence of licensed professionals, hours children receive services, and other similar factors.
Re-entry	The return of a child into the child welfare system who had left via reunification with his or her biological family.
Referral	The act of directing a child and family to certain services as needed.
Request for proposal	A public solicitation of bids on a specific project.
Resource family	Foster parents, foster-to-adopt families, and kinship caregivers who provide care for children who cannot live with their parents
Resource mapping	The identification of services within a geographic region on a physical map to help individuals access those services.
Resource parents	Foster parents, foster-to-adopt families, and kinship caregivers who provide care for children who cannot live with their parents

Reunification	The return of children and youth from placement to their home of origin including parents, caregivers, legal custodians, or adoptive parents after a period of time in out of home care.
Revenue concentration	The quantity of different income sources.
Revenue Concentration	Federally mandated review of every child's case who has been in foster care for six months. Pennsylvania Administrative Office of the Court requires them every three months.
Risk continuum	The entire spectrum of potential dangers, from very low to very high
SafeCare	An evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction.
Safety assessment	A Commonwealth-approved systematic process that assesses a child's need for protection or services based on the threat to the safety of the child. It is the continuous process of collecting information related to child or youth safety in six domains to identify threats to safety and protective capacities to determine if children and youth remain safe in their own home, or if they are in a placement setting, to determine if reunification is possible. Please refer to the Safety Assessment and Management Process Manual published by the Pennsylvania DHS and the University of Pittsburgh Child Welfare Training Program.
Safety-centered model of practice/Safety model of practice	The Pennsylvania Department of Human Services child welfare model that focuses on support for the child and family.
Safety planning	A written agreement that the case manager develops with the family that clearly describes the safety services that will be used to manage threats to a child's safety.
Scorecard	Assessment tool used by the Department of Human Services to measure, track, and compare performance across Community Umbrella Agencies. To see proposed metrics, see page 88, Table 13.
Secure placement	A family and home situation where there is an absence of perceived or actual threats, a refuge exists and is experienced, family members have perceptions and feelings of security and there is confidence in consistency.
Senior learning specialist	Philadelphia Department of Human Services staff assigned to Community Umbrella Agencies (CUA) to improve CUA staff skills.
Single case management	System implemented by Improving Outcomes for Children where cases are managed by local Community Umbrella Agencies.

Single case plan	A coordinated plan that is developed in collaboration with the family and involves parents, children, youth, relatives, other kin, providers, and all stakeholders. It is thorough, comprehensive and avoids overlapping or conflicting assessments, time limits, and requirements. As a Single Case Plan assists with avoiding conflicting goals, objectives, and timelines, it is more likely that the family will achieve positive outcomes. This plan is developed, modified, or revised during the Family Team Conference process. It is to be strength-based and focused on the children, youth, and family. It must also incorporate the recommendations of treatment providers when applicable. The single case plan must address all of the elements and timelines required by all applicable laws, policies, regulations, bulletins, and special transmittals. It encompasses the family service plan, child permanency plan, placement planning, concurrent planning, visitation plans, transition planning for older youth, individual service plan, discharge planning, aftercare plans, Foster Connections to Success and Increasing Adoptions Act of 2008, shared case responsibility, and the restrictive procedure plan.
Social work services manager	Philadelphia Department of Human Services staff that performs a variety of tasks including counseling, referral, placement, and other general assignments related to child welfare case management.
Social work supervisor	Position within Community Umbrella Agencies that oversees social workers who directly work with children and families.
Specialized foster care	Care in homes that provides supportive services to children and youth with emotional and behavioral problems or medical issues serious enough to interfere with their success in traditional foster care settings for children in out-of-home placement.
Stability	Refers to low turnover rate among staff or consistent out-of-home placement for a child at a minimal number of sites.
Stakeholder	An individual or organization with an interest in a certain situation.
Strengthening Families	An evidence-informed approach focused on child and family well-being through the building of protective factors.
Structural family therapy	A psychotherapy method where a therapist strives to enter or “join” the family to better understand the inner dynamics. Once the therapist has a strong grasp on the family’s functioning, she or he works to disrupt unhealthy familial behavior to create a more stable unit. New York City currently utilizes this practice in their child welfare system.
Subcontractor	A person or legal entity that enters into a binding agreement with another person or legal entity to offer paid services. In the scope of this report, Community Umbrella Agencies are providers who are subcontracted by the Department of Human Services to offer child welfare services.
Substation rate	The percentage of reports of maltreatment that are found to be true.
Substitute caregiver	Individual(s) who look after the child in place of the parent(s).
Supervising for Excellence	The Leadership Transformation Group, in partnership with Philadelphia’s Department of Human Services, developed and implemented a training curriculum to improve supervisors’ skills and address areas such as making the transition from direct service staff to supervisor; effective use of the Supervisor Case Conference; and communication and time management skills.
Tabor Community Partners	Community Umbrella Agency for Northwest Philadelphia, serving the 5th and 14th police districts.

Team coordinator	Department of Human Services staff position that is responsible for making contact with parents to explain the purpose of and to schedule team meetings with them and their case manager.
Team meeting	Deliberate meetings between families and their support systems in decision making and planning to meet their needs related the safety, well-being, and permanency of their children. This is a practice that encourages and allows for full participation and engagement of children, youth and families, their extended family or other supports, community members, providers of services, case management staff and other professionals at specific decision-making points throughout the movement of the case through the formal child protection and child welfare system. This practice model uses family-centered, strength-based, principles to bring together people who are responsible for and interested in the care, safety, well-being, and permanency of children and youth, and provides the venue to discuss issues and concerns. It helps to make the system more accountable to and understandable by families and the broader community. The goal is to develop a specific, individualized plan (single case plan) that has support from the team. It also ensures that all relevant parties (family, extended family, providers, etc.) know and support the components of the plan.
Teaming	Technique of engaging and partnering with families in the critical functions of assessment and case planning facilitated with family team conferences; the act of having a family team conference or team meeting.
The Mayor's Fund for Philadelphia	A 501(c)(3) that works in close partnership with the City of Philadelphia, private sector businesses, and community-based organizations to advance initiatives that reflect Mayoral priorities and seek to improve the quality of life for all Philadelphians. Serving as a fiscal agent for the City of Philadelphia, the Mayor's Fund manages between \$12 and \$15 million annually, on behalf of more than 150 active programs. These programs support priority areas such as public safety, education, business and economic development, culture and the creative economy, civic engagement, government ethics, and emergency preparedness.
Therapeutic behavioral services	An intensive, individualized, one to one behavioral coaching program for children and youth who are currently experiencing an emotional or behavioral challenge and/or a stressful life transition.
Total assets	The final amount of all cash holdings, receivables, and owned resources, such as buildings and vehicles, which have an economic valuable.
Trauma	A deeply distressing or disturbing experience.
Trauma systems therapy	A model of care for traumatized children that addresses both the individual child's emotional needs as well as the social environment in which he or she lives. New York City's child welfare system uses this process.
Treatment foster care	Out-of-home care by foster parents with specialized training to care for children and adolescents with significant emotional, behavioral, or social issues and/or medical issues.
Truancy	The action of missing three or more school days with unexcused absence during one school year by a child subject to the compulsory school attendance law.
Turning Points for Children	Community Umbrella Agency for Southwest and Lower Northeast Philadelphia, serving the 12th, 15th, 18th, and 77th police districts.
Visit coach	Paid position within Community Umbrella Agencies that prepares, encourages, and supports parents during visits with their children who are in out-of-home care.



Visit support staff	Paid position within Community Umbrella Agencies that facilitates visits between families and children.
Visitation	Children in out-of-home care visiting or being visited by their families and caseworkers.
Well-being specialist	Paid position within Community Umbrella Agencies that ensure all children and youth receive timely medical, dental, and behavioral examinations and intervention.
Wordsworth	Community Umbrella Agency for Logan/Olney, Mantua, Overbrook and Winnfield, serving the 16th, 19th, 35th, and 39th police districts.
Wraparound	An intensive case management process for youth with serious or complex needs in Los Angeles County; it is used by many families whose children have autism.

## **Appendix E – Casey Family Programs Report on Front End Assessment**



**Casey Family Programs**  
**Front-End Assessment Report**  
**For the Philadelphia Department of Human Services**  
**Submitted October 5, 2016**

**Introduction:**

This report outlines the findings and recommendations of an assessment of the “Front End” of the Philadelphia Department of Human Services (DHS). The assessment was conducted by Dan Despard, Strategic Consultant for Casey Family Programs, at the request of the Philadelphia Department of Human Services former Acting Commissioner. This report was created for internal use by DHS.

The purpose of this assessment was to conduct a review of current practices, processes, and deployment of personnel for intake and investigations of reports of child abuse and neglect and to determine whether DHS is making the best decisions about which families to accept for service (both for in-home services and placement of children in out-of-home care).

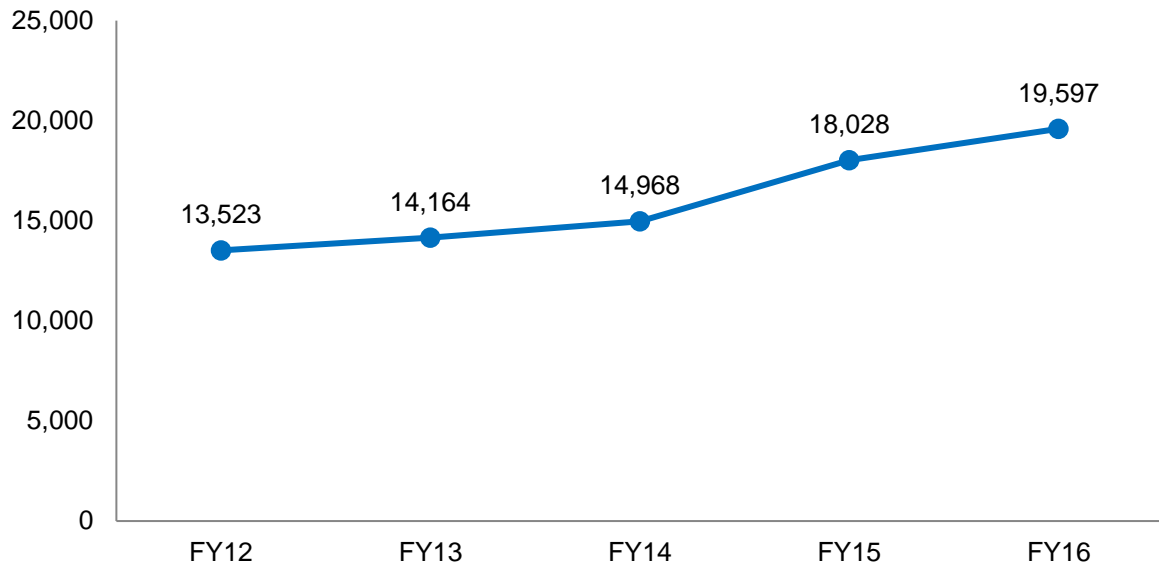
I want to express my sincere gratitude and appreciation to the DHS staff who have helped organize this assessment and to the staff from throughout the agency who participated in interviews, allowed me to shadow them as they carried out their normal duties and shared their knowledge, views and ideas for improvements for Philadelphia’s child welfare system.

The assessment activities included a thorough review of agency policies, performance data, case record reviews of reports, investigations and assessments, interviews with numerous individuals from all levels of the agency and direct observation at the Hotline, Intake and safety conferences.

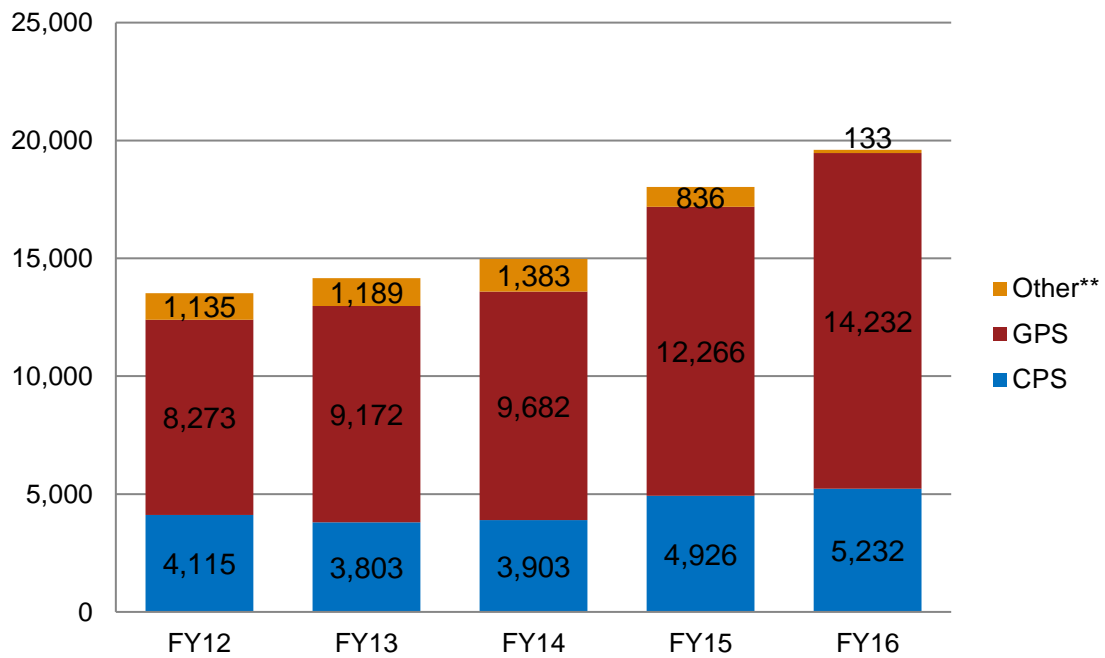
**Context for this Assessment and What the Data Shows:**

During the last five year period Philadelphia has experienced a steady increase in nearly all front end measures, including reports of child maltreatment, investigations, children receiving services in home and children entering placement out of home. These increases have resulted in heavy and often unmanageable workloads for both DHS and Community Umbrella Agency (CUA) staff. The following data charts taken from the most recent report dated August 22, 2016, to the Community Oversight Board demonstrate the trends over the past five years:

## Annual Total Investigations, FY12 - FY16



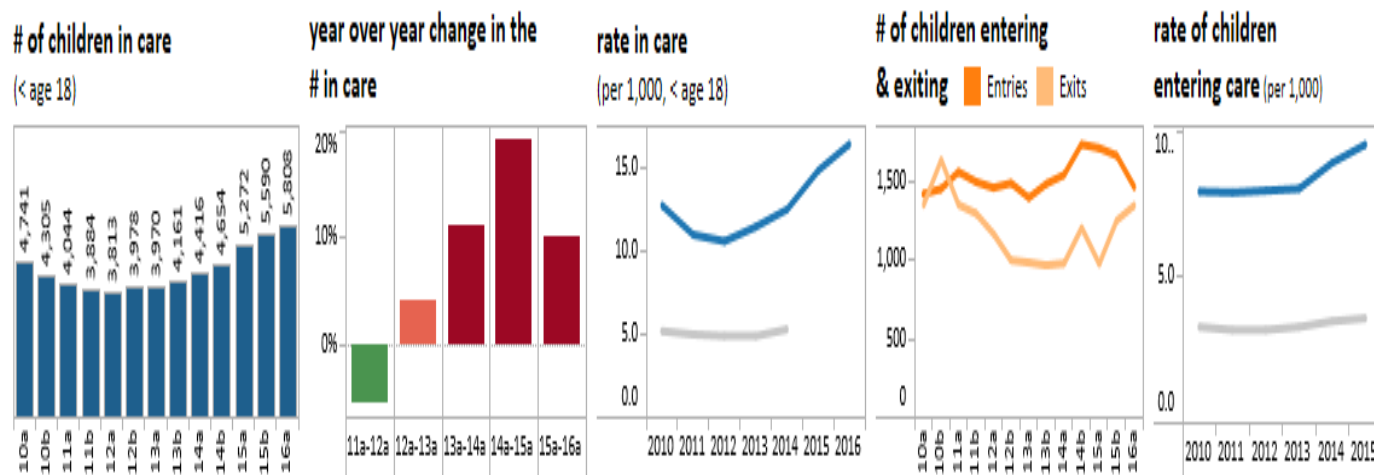
## Total Investigations Received by Report Type



\*\*Includes General Reports prior to 1/1/15 and ICPC and Open Case Reports post 1/1/15

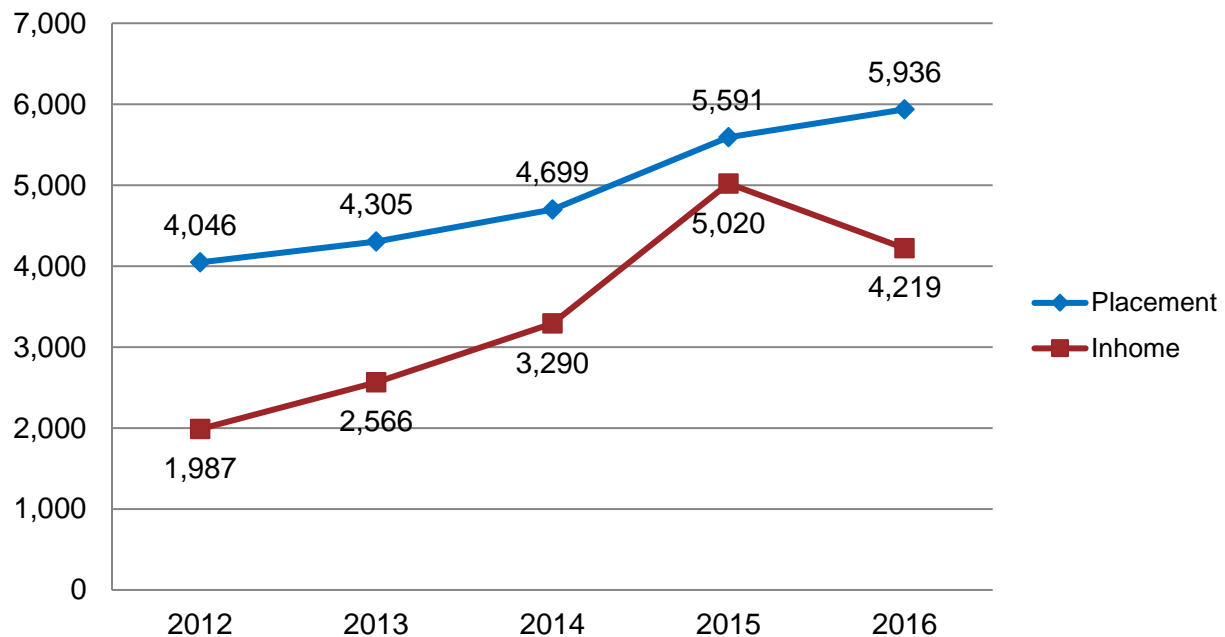
As can be seen in the chart above, the increase in reports accepted for investigation can largely be attributed to General Protective Services (GPS) reports. By policy, these reports do not include allegations of sexual or physical abuse and are often lower severity type allegations, including those involving truancy.

The chart below looks at number of children in out of home care and the change in that number for each of the past five Federal Fiscal Years (FFY). It also looks at both the rate of out of home care and rate of entry into out of home care for Philadelphia, compared to the national average. These two measures are calculated as the rate per thousand children in the population. It is important to note here that Philadelphia has a rate in care three times that of the national average and a rate of entry into care about two and a half times the national average. For comparison with other large urban jurisdictions, while 16.4 per thousand of Philadelphia's children are in out-of-home care, Detroit, MI has a rate of 6.4, Baltimore, MD has a rate of 9.2, and Milwaukee, WI has a rate of 10.0. These comparisons are important to note in evaluating some of the hypotheses offered for why Philadelphia has so many of its children in out of home care. The hypotheses suggested by some who were interviewed in this assessment included the prevalence of serious substance abuse, levels of poverty, crime rate and lack of resources and supports in Philadelphia. The jurisdictions listed as comparisons have comparable levels of each of these social problems, yet they place far less of their children in out of home care.



This last chart shows the comparison of children receiving in home services and those in placement over the past five years. Of note is the recent decrease in children receiving in-home-services. Without context, this decrease might raise concern, since providing in-home services represents the agency's reasonable efforts to prevent removal of children from their homes. However, through evaluation and analysis, the agency realized it has been taking in too many in-home service cases for situations without direct safety threats and has made concerted efforts to divert those cases to appropriate prevention services.

Children Receiving Services - 5 Year Trend  
Point in Time 6/30



The increases in all of these measures and the high rate of children in care are concerning when compared to the national average and to other similar large urban jurisdictions. Another hypothesis offered by several individuals interviewed during this assessment was that these increases were due to changes in state statute and policy resulting from legislative action following the Jerry Sandusky child sexual abuse scandal. These policy changes were enacted statewide and while there were indeed significant increases in the number of reports and investigations statewide, there was only a slight increase statewide in the number of children entering out of home care compared to Philadelphia's 44% increase. Therefore, the reasons for these concerning trends and in fact, many of the solutions for them, must be found in the agency's operations and functioning. The next sections of this assessment report will outline the agency's strengths, from which solutions can be developed, the priority challenges to be addressed and recommendations for improvement.

### **Front End Strengths:**

- First, throughout this assessment I was impressed by the sense of dedication to the agency's mission and strong level of personal responsibility for that mission displayed by the workers, supervisors and managers I interviewed. While there was a sober acknowledgement that heavy workload has front line staff feeling overwhelmed, the supervisors, managers and even workers I spoke with were all focused on finding ways to get the work done and done well. Rather than feeling defeated by the many current challenges, I found that a number of these staff have been actively thinking about solutions and quality improvements. Some of these are included in the recommendations section of this report. These thoughts and suggestions from staff are quite valuable, as they represent the best thinking of those who not only understand the inner workings of the organization, but are also best positioned to implement positive changes. Unless there is an existing forum for gathering this type of input from staff, I recommend establishing such a forum, focused on performance and quality improvement solutions and suggestions.

- The staffing infrastructure is in place to support team decision-making, an effective practice strategy for averting unnecessary removals and placement changes. Many jurisdictions that aim to implement team decision-making are challenged with finding staff positions to serve as facilitators. DHS has these staff in place. They are just not being used effectively in this role. Still, it is a system strength that these staff are in place.
- Similarly, the infrastructure is in place for coaching support to both CUA and DHS staff. The experiences of child welfare agencies across the nation have shown that strong coaching support is the most effective means of transferring learning from training and ongoing competency development. While the Technical Assistance and Practice Support Unit is not yet fully staffed, the fact that it is in place represents a strength and a great opportunity. If this unit is fully staffed and provided with training in a child welfare coaching model, it can be a strong and effective support for practice improvement.
- There is strong potential in place for data analysis and continuous quality improvement (CQI). While the Performance Management and Accountability Division has been challenged by problems with the data warehouse and the lack of a Deputy Commissioner to lead CQI efforts, it recently has shown strong capacity for developing regular performance management data reports, analysis targeted to specific challenges and quality case reviews. High performing child welfare organizations effectively use all three to implement robust CQI systems. While this assessment found that this division's work is not being effectively utilized, it represents an important strength that can be an integral part of all system improvements.
- Past performance shows the agency can implement reforms and system improvements. In 2005 Philadelphia had 6,452 children in out of home care and an in care rate of 18.0. By the end of 2011 the number of children in care was reduced to 3,884 and the rate in care to 10.6. The agency achieved these outcomes during this time period by effectively implementing practice strategies into its operations. This strong past performance is a strength that can be drawn on as the agency addresses its current priority challenges.



## Priority Challenges and Recommendations:

- **Challenge 1.) Back-up of the Workflow at Hotline and Intake:**

The Hotline staffing pattern and back-up of the work flow at Intake is causing two significant problems; 1.) Frequently high abandoned call rate; And, 2.) Fragmented investigations for numbers of families, with the numerous problems associated with more than one worker completing an investigation.

There are apparently several underlying causes for this workflow back-up. First, the Hotline staffing patterns are not matched to the call volume. In fact, the lightest staffed days are those with the highest typical call volume, Mondays and Fridays. Secondly, the combination of an increase in screened-in reports and a so-far unquantified number of Intake staff on the “freeze list” results in Intake units closing to immediate response investigations, most days around noon. When this happens Hotline staff are then taken off the phones and sent into the field to manage the immediate response investigations. This results in a high abandoned call rate, as well as the problems inherent in “handing off” an investigation from one worker to the other. Additionally, Hotline managers and supervisors report an extraordinarily high volume of calls received from the CUAs seeking case consultation from the Hotline instead of the practice coaches assigned to the CUAs.

- **Recommendations:**

In order to get an accurate appraisal of the full volume of workflow at the Hotline it is recommend that DHS conduct a workflow analysis that measures the volume of the four different types of activities the Hotline staff perform. These are 1.) Receiving and recording reports from calls to the Hotline. 2.) Receiving and recording reports from CWIS. 3.) Receiving and recording reports from walk-ins. 4.) Receiving and responding to calls from the CUAs.

Once this workflow appraisal is obtained I have recommended adjusting staffing patterns to most closely match the call, CWIS and walk-in volume, within the constraints of the CBA. The calls received from the CUAs are addressed in a separate recommendation.

Further, I recommend a systemic review of the Intake units “freeze list”. That is, determine which staff cannot take new investigations because of FMLA, ADA, or other provisions and which staff have backlogged caseloads.

For those staff with backlogged caseloads, I recommend a “rapid review” framework be used to conduct team reviews of all of the backlogged cases, determining the steps needed for case closure, while simultaneously conducting quality improvement coaching with the supervisors for these workers. We can provide more detailed information on this approach.

If more staff become available during transition of work to CUA’s (or for any other reason) I recommend they be allocated to Intake to eventually end the practice of taking Hotline workers off the phones to serve as Intake investigators.

- **Challenge 2.) Inconsistent Application of Safety Decision-Making Tools:**

It appears that both the Hotline Guided Decision-Making Tool and the Safety and Risk Assessment Tools are inconsistently utilized. I reviewed numerous reports, as well as safety assessments in which it appeared the workers attempted to “fit” the information gathered into one or more of the safety factor definitions, without adequate basis. Admittedly, this is difficult to determine without direct access to the information gathered, but based on reading the information recorded in the records, I find significant inconsistency with the application of these tools with an apparent bias towards screening in or finding maltreatment, with inadequate information documented to support these decisions. Specifically, I saw many examples of dispositions and findings with apparent lack of supporting evidence.

Most high-performing CPS Hotlines across the Country conduct inter-rater reliability testing among the staff to achieve consistency in the application of their decision-making tools. This, combined with regular supervisory review of live and recorded interviews with reporters are effective strategies for improving both consistency and quality of decision-making.

During the assessment, I was told the DHS Hotline has the technology for supervisors to listen to both live and recorded calls to the Hotline, but has not implemented this because of concerns expressed by the labor union.

Other concerns regarding this challenge reported by managers and supervisors include a lack of a concise and clear policy manual, no mandatory refresher training and most importantly, lack of careful supervisor review, due to excessive workload.

- **Recommendation:**

If the obstacle to supervisory review of both live and recorded calls can be overcome, it is recommended the agency develop and implement strategies for consistency and quality improvement at the Hotline, including inter-rater reliability testing and supervisory CQI reviews of live and recorded calls. A similar approach, using the aforementioned rapid record reviews, can be used with groups of Intake supervisors to improve consistency and quality of decision-making. PMA staff can be used as facilitators for the team reviews.

- **Challenge 3.) No Team Decision-Making Process or Firewall to Prevent Unnecessary Removals:**

As has been discussed, DHS has apparently put the staffing infrastructure in place for Team Decision-Making (TDM) facilitators and had them trained in the TDM process, but made a decision not to use this practice strategy for the designed purpose; preventing unnecessary removals or placement changes. While the meetings currently being held are called safety conferences, they appear to be simply case planning or information sharing meetings that occur after placement has been made, rather than safety decision-making meetings. Team Decision-Making has been demonstrated in numerous jurisdictions to be an effective strategy for averting unnecessary removals and developing safety plans with families. Short of a full TDM process that engages the family and their supports in decision-making, DHS lacks any type of “firewall” or internal review process to evaluate some removal decisions before they are made.

- **Recommendation:**

It is recommended that DHS implement Team Decision-Making for considered removals when imminent danger does not contraindicate such a process. In the alternative, I recommend some type of internal team review process to review removal decisions before they are made, in all but those with imminent danger.

- **Challenge 4.) Inadequate Policy Guidance and Training on Safety Planning:**

If staff are expected to safely prevent removal when possible, they must have both policy guidance and training, along with strong supervisory guidance, regarding the engagement of families in safety planning. The goal of such guidance and training is to develop worker skills in engaging families to develop safety plans that are owned, rather than imposed and can provide safety over time. This type of practice is perhaps the most important of child protection activities, yet the most difficult to carry out. Based on my review of current policy, as well as training curricula, there is inadequate guidance for staff to currently do this. Thus, the plans I often saw in records were “promissory” in nature. For example, a parent promises not to allow a perpetrator back in the home.

- **Recommendation:**

It is recommended that DHS develop clear policy guidance and training for supervisors and staff on how to engage families in safety planning. This training should be supported by ongoing coaching, most likely provided by the Technical Assistance and Practice Support Unit. This is also an area where the Performance Management and Accountability Division can be employed to improve quality in safety planning.

- **Challenge 5.) Ineffective Use of the Technical Assistance and Practice Support Unit:**

While it is an agency strength that this unit is in place, this assessment found that it is neither fully staffed, nor effectively used to drive practice improvement. Perhaps the strongest evidence of this is the volume of calls to the Hotline from the CUAs for case consultation. Reasons cited for this included communication problems and lack of clarity by the CUAs regarding the appropriate use of Hotline. However, the most likely root cause is the lack of coaching training and development for the staff in this unit. Coaching is a different skill set and approach that is often difficult for a seasoned caseworker to develop. Unless these staff are trained and supported in a coaching model, they will often use a prescriptive, “this is what you should do” approach to their work. This prescriptive approach inhibits competency development and can sometimes breed resentment.

Even if the staff are trained and developed in a coaching model, the unit needs to be fully staffed to effectively support practice improvement, particularly if they are to provide technical assistance and coaching to both CUA and DHS staff.

- **Recommendation:**

It is recommended that the agency fully staff the Technical Assistance and Practice Support Unit, to provide coaching to both CUA and DHS staff. Most importantly, it is recommended that the staff in this unit be provided with training and ongoing support in a coaching model. It is also recommended that this unit coordinate closely with the Performance Management and Accountability Division to better understand and target specific technical assistance needs.

## Conclusion

This report outlines both strengths and challenges found during the assessment of the front end of Philadelphia's child welfare system. Moving forward towards solutions, it will be important to leverage and build upon the strengths present in this system.

The many caseworkers, supervisors and managers interviewed during this assessment presented with a consistent and confident focus on getting the work done well despite some very challenging circumstances. Numbers of these staff have been actively thinking about solutions, and it will serve the agency well to create a forum or forums to bring forward the best thinking of those working in the system. While concurrent action steps can be taken on several of the recommendations in this report, sequencing is necessary to assure strong implementation. In fact, work is already underway on the first recommended step, the workflow analysis. This will provide the data necessary to make decisions that will best position the agency to effectively implement other strategies.

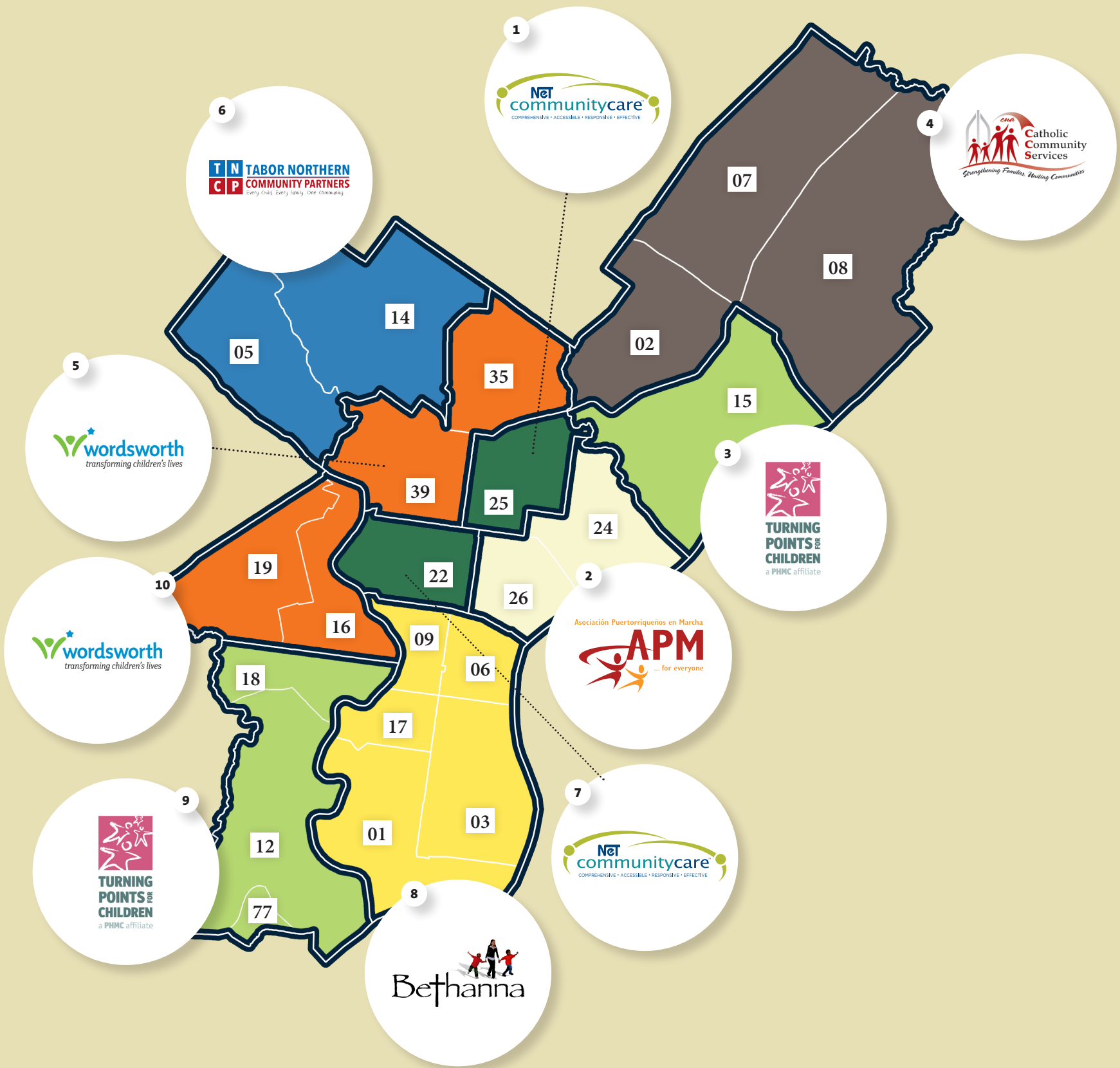
By leveraging the present strengths and best thinking of staff, carefully choosing a manageable set of priorities and carrying out a thoughtful implementation plan, Philadelphia DHS can make sustainable progress towards better serving children and families from the first contact with the system and beyond.

## **Appendix F – Map of the Community Umbrella Agencies**



# Community Umbrella Agency Geographic Zones

City of Philadelphia | Department of Human Services



KEY

CUA	Neighborhood	Agency
1	Eastern North Philadelphia	NET Community Care
2	Eastern North Philadelphia	Asociación Puertorriqueños en Marcha (APM)
3	Lower Northeast	Turning Points for Children (TPFC)
4	Far Northeast	Catholic Community Services (CCS)
5	Logan/Olney	Wordsworth

CUA	Neighborhood	Agency
6	Northwest Philadelphia	Tabor Northern Community Partners (TNCP)
7	North Central Philadelphia	NET Community Care
8	South Philadelphia	Bethanna
9	Southwest Philadelphia	Turning Points for Children (TPFC)
10	Mantua, Overbrook, Wynnefield	Wordsworth

- CUA Boundary
- Police District Boundary
- 0

CUA
- 00

Police District