

# **FY 2017-18 NBPB**

Commonwealth of  
Pennsylvania

Office of Children,  
Youth and Families

**NEEDS BASED PLAN AND BUDGET  
NARRATIVE TEMPLATE**

## Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative piece of the Fiscal Year (FY) 2017-18 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff and OCYF staff within the narrative is inappropriate.

**The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts, Special Grants Request Forms, and IL Documentation. All text must be in either 11-point Arial or 12-point Times New Roman font, and all margins (bottom, top, left, and right) must be 1 inch. Any submissions that exceed the maximum number of pages will not be accepted.**

**Note:** On the following page, once the county inserts its name in the gray shaded text, headers throughout the document will automatically populate with the county name. Enter the county name by clicking on the gray shaded area and typing in the name.

# Philadelphia

## NBPB FYs 2015-16, 2016-17, and 2017-18

Version Control	
Original Submission Date:	
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

## Section 2: NBPB Development

### 2-1: Executive Summary

- ❑ Submit an executive summary highlighting the major priorities, challenges, and successes identified by the county since its most recent NBPB submission. The summary should include any widespread trends or staffing challenges which affect the county child welfare and juvenile justice service delivery, particularly those which impact all outcome indicators. The Juvenile Justice summary should provide an overview of Juvenile Justice System Enhancement Strategy (JJES) efforts, including any general data or trends related to Youth Level of Service (YLS) domains and risk levels. Counties should highlight areas related to population changes, findings of Quality Service Reviews (QSRs) and annual licensure, impact of the budget impasse on county practice and decisions, and other critical events of the past year that will have impact in the county's planning for FY 2016-17 and in their planning for FY 2017-18.
- **REMINDER:** This is intended to be a high level description of county strengths, challenges and forward direction. Specific details regarding practice and resource needs will be captured in other sections of the budget submission.
  - County may attach any County Improvement Plan (CIP) for detail and reference attachment
  - JPO Executive Summary components can be discussed under separate heading at the discretion of the county
  - Child Welfare Demonstration Project (CWDP) counties need only provide responses not captured in their Initial Design and Implementation Report Update (IDIR-U)

Please see the Child Welfare Demonstration Project (CWDP) IDIR-U, CWDP Semi-annual progress report, June 2016, and updated Workplan attached as appendices.

#### **Executive Summary**

Philadelphia Department of Human Services' (DHS) core goals, in providing both child welfare and juvenile justice services, align with the core Pennsylvania Department of Human Services' (PaDHS) goals:

- Increase children's safety and safety of the community.
- Safely reduce out-of-home placements.
- Improve permanency and the time that it takes to reach permanency.
- Reduce re-entries to out-of-home placement.

#### **Children and Youth Division (CYD)**

The CYD core goals are the four goals of Improving Outcomes for Children (IOC):

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

Our work toward these goals through IOC is based on the principle that a community neighborhood approach to the delivery of child welfare services will positively impact safety, permanency, and well-being of the children, youth, and families involved with DHS.

Before Philadelphia began its system transformation to IOC, many of the City's communities did not have adequate, internal resources to support families in need. The families that need services often did not know how to navigate the systems to obtain the services. So children and youth were dislocated from their families and communities, and caregivers had to find their way to services provided at the convenience of the Provider rather than of the family.

During the past fiscal year, we have had several successes as well as challenges. Below please find a description of these successes and challenges.

Successes:

During fiscal year of 2016, we successfully transitioned many cases to our CUAs. In July of 2015 there were 4,354 cases with the CUAs and 1,996 still at DHS. As of June 2016, there were 5,174 cases with the CUAs and 483 cases with DHS. All cases that were able to be transitioned to CUA without potentially disrupting an impending permanency or safe case closure were transitioned. Children and youth for whom parental rights had already been terminated, and whose cases are currently in the Adoptions section, remain with DHS until case closure. There are 343 of these cases in the Adoptions section which will remain with DHS until case closure. Additionally, DHS is retaining case management responsibility for children and youth who are receiving services from four Specialized Behavioral Health Providers who are unwilling to contract with the CUAs under the current administrative rate. This represents approximately 115 cases or 140 youth.

During the past fiscal year, DHS involved the CUAs in the transformation efforts and in identifying both the needs and the solutions. The strengths of the system transformation process include regular collaborative meetings with CUAs, and the CUAs sharing their problem-solving successes with each other.

As a result of efforts, to implement DHS's strategic plan to increase reunifications and other permanencies, DHS has seen system-wide permanencies begin to increase. If you compare data between FY 2014-15 and FY 2015-16, we are showing over a 27% increase in permanencies. Additionally, DHS has had success in reducing the number of families accepted for formal child welfare services, by 11% during the same time period, and increasing safe case closures by 33%.

When children and youth need to be removed from their families due to safety issues, extended family or kin are the first choice for a placement setting. For the first time, our data is showing that we are placing children and youth with kin more frequently than in non-relative family settings. As of June 30, 2016, 46% of children and youth in placement were in kinship care, as opposed to 38% in non-relative foster care. In March 31, 2012, the year before the IOC system transformation began, 31.6% of children and youth were placed in kinship care. We will continue to make these efforts in the coming fiscal year through the use of Family Team Conferencing, Family Finding, and other family engagement efforts.

As a result of sustained, consistent use of DHS's "Rightsizing Congregate Care" strategy, there has been significant progress in reducing the number and percentage of youth placed in congregate care settings. Since FY 2012-13, the percentage of youth in congregate care – both group homes and institution settings – has decreased from approximately 22.3% to approximately 13.4% as of June 30, 2016.

### Challenges:

The biggest challenge we faced during the past fiscal year was trying to right size our City's child welfare system. When IOC was first designed and implementation began, the system appeared to be decreasing in size. There were expectations as to caseload sizes that made the one family, one case manager and frequent Family Team Conferences, which are the backbone of the model, workable and effective. Shortly after implementation began, the system expanded, leading to the case management and resource challenges which contributed to Philadelphia receiving a provisional license in May of 2016.

Increased reports as a result of the Sandusky scandal and related changes to the Child Protective Services Law (CPSL) led to an increase in the number of reports and a subsequent increase in the number of children and youth entering the system. Additionally the transition of cases to the CUAs resulted in a slowdown of permanencies and safe case closures. In June 2015, there were approximately 5,591 children and youth in out-of-home placement. This year, as of June 30, 2016 there were 5,932 children and youth in out-of-home placement, a 6% increase in the number of children and youth in placement. As of June 30, 2015, approximately 2,239 families were receiving in-home services, compared to 1,903 families as of June 30, 2016, a 15% decrease.

During fiscal year 2016, caseload sizes for CUA Case Managers were funded at a level of 13 to 1. This led to difficulties in practice and in recruiting and retaining staff. Resources to support the increased need for service, particularly placement resources, could not be developed as quickly as the need for them arose, in part because of the need for fiscal resources to support them. Increased numbers of children and youth involved in Dependent Court strained the ability of Philadelphia's Solicitors to guide the Department and the cases through the Court processes as expeditiously as possible.

An additional challenge that needs to be taken into account is that Philadelphia has the highest deep poverty rate of the ten most populous cities in the nation.<sup>1</sup> Although poverty does not cause parents to abuse or neglect children and youth, it is a major stressor and can impede families' abilities to access services, which underscores the need to provide adequate support systems within their communities.

### Solutions:

In working toward the IOC goals in FY 2016-17 and FY 2017-18, recognizing that there have been challenges, Philadelphia's top priority is to reduce the size of the system. We believe that this will improve practice, and are hopeful that it will allow us to regain our full license. These goals are being met by:

- Safely reducing the number of families accepted for service.
- Safely moving children and youth to permanency in a timely manner by reducing barriers to permanency on both case and systemic levels.
- Supporting those efforts programmatically, fiscally, and through monitoring and provision of technical assistance.

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<sup>1</sup> Lubrano, Alfred. "Life when you're not just poor, but deeply poor." *Philly.com*. The Philadelphia Inquirer. 24 March 2016. Web, 08 August 2016.

In order to support a safe reduction in our accept for service rate, we are committed to the following:

- Ensuring that prevention services are directly focused on maintaining children and youth in their own homes and communities, safely diverting children and youth from placement, and supporting families so that children and youth do not re-enter care.
- Using services, such as Family Finding or Family Group Decision Making, usually thought of as case management tools, during the investigation period to help stabilize the family and mitigate safety threats to potentially divert the family from being accepted for service.
- Reviewing AFS decisions and process with technical assistance from Casey Family Programs. Assistance from Casey helps DHS determine if we are accepting the right cases for services, those children and families with active safety threats. Casey will also help DHS determine if changes to processes and practice can be made to safely divert families from the formal child welfare system, in addition to those the Department has already begun.
- Working with and supporting Philadelphia Family Court in its decision making regarding the safety of children and youth involved in custody matters.

In order to support safe, timely permanency, we are committed to the following:

- Reducing CUA caseload ratios to focus on providing quality services and reduce turnover by:
  - Funding CUAs to reduce ratios and support recruitment and retention.
  - Allowing for flexible staffing to reallocate non-case carrying positions to case carrying.
- Reducing Solicitor caseload sizes so that Solicitors can advise DHS staff, participate more actively in teamings, and guide the cases more efficiently through the Court process.
- Conducting Rapid Permanency Reviews to eliminate barriers for families that are very close to reaching permanency.
- Increasing the use of permanency supportive services, such as SWAN.
- Using prevention services to stabilize and support permanency to reduce re-entry.

In order to improve Practice and Monitoring and technical assistance capabilities, we are committed to the following:

- Expanding and enhancing Performance Management and Accountability (PMA) by:
  - Increasing staffing in PMA to perform Quality Visitation.
  - Reassigning Subcontractor monitoring from CUAs to DHS to streamline reviews, ensure consistency and quality, disseminate results across CUAs, and centralized decision making around intake closures, etc.
- Using Comprehensive Monitoring Tool to capture quality as well as compliance.
- Continuing the implementation of visitation verification procedures, including the visitation of children in placement.
- Providing appropriate and effective technical assistance to insure CUAs are able to achieve the goals of IOC.
- Conducting refresher sessions around regulatory case documentation and practice.

We are also diligently working to eliminate the use of overnight stays in the Child Care Room. In order to do this:

- We have been working very diligently to increase the number of foster parents in our system. We established a new emergency foster care rate for foster parents willing to take a child or youth in the middle of the night on a short term basis.
- We expanded the number of beds with our emergency shelter providers and we are working on expanding the number of group homes that we use.
- We also restructured our internal operations to put tighter controls on the use of the room.

CYD is also implementing the provisions of the Preventing Sex Trafficking and Strengthening Families Act that protect children and youth from commercial sexual exploitation, assist older youth to transition more successfully to independence, and require that all children and youth in out-of-home placement have the opportunity to participate in age and developmentally appropriate activities.

DHS respectfully requests funding in the following areas to support its efforts in achieving its goals:

- Funding to reduce CUA caseload ratios to 10:1.
- Funding to reduce Solicitor caseloads.
- Funding to increase the administrative rate for Specialized Behavioral Health resource home care to levels commensurate with the work required and with the levels paid throughout the state.
- Funding to increase the per diem for General Foster Care resource homes and to encourage recruitment and retention.
- Funding to increase administrative rates to support Resource Parent Recruiters.
- Funding to increase salaries of certain CUA staff to be compliant with new U.S. Department of Labor overtime rules.
- Funding for emergency foster care to eliminate the use of the Child Care Room overnight.
- Funding to support the additional work being done by the Department's contracted Child Advocacy Center to conduct Commercial Sexual Exploitation of Children assessments as part of the implementation of the Preventing Sex Trafficking and Strengthening Families Act.
- Funding to increase per diems for select in-home and placement Providers after review and consultation with our Audit Department, and to bring rates into alignment with those paid by other counties to Providers of the same services for both CYD and JJS.
- Funding to enhance staffing in Performance Management and Accountability (PMA) to assume subcontractor monitoring and visitation verification (described in this document).
- Funding to expand Family Finding in order to reduce waiting lists, and provide services earlier in the process to help reduce the need to accept families for service, to identify kin as a resource, and to help provide timely permanency for children and youth.
- Funding to develop a unit to consist of one Director and five workers with an expertise in behavioral health and Intellectual disAbility to address the complex



- assessment, intervention, planning, and service needs of children, youth, and families with behavioral health needs or cognitive limitations.
- Funding to support Family Court in making the best informed decisions regarding safety in custody matters, protecting children and youth involved in custody matters, and preserving families.
  - An increase in the SWAN allocation to take into account increased utilization in providing timely permanency and seeking permanency for older youth.

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

Although the nature of Juvenile Justice Services are somewhat different from those of child welfare, the goals and priorities parallel those of CYD and IOC:

- Removing fewer youth from their communities; safely reducing the number of youth being placed.
- Reducing the length of stay for those youth who are placed.
- Reducing the use of institutional placement for youth who are placed.
- Reducing recidivism through improved youth competencies and family functioning.

The programs and priorities of Juvenile Justice Services address maintaining community safety, while at the same time providing appropriate services to youth so that they are less likely to re-offend, and so that they have positive alternatives. DHS continues to work collaboratively with the Court and the Juvenile Probation Office (JPO) to accurately assess the level of risk posed by delinquent youth to the community so that the appropriate level of services can be provided; to make alternatives to detention available, for both male and female youth who do not pose a risk to the community that requires detention; to provide support services that help prevent re-entry; and to make data driven decisions.

Philadelphia County continues to make strides in its efforts to improve juvenile justice through the Juvenile Justice System Enhancement Strategies (JJSES). During the FY 2015-16, the JPO continued to focus on activities in stages II and III, mainly with development of the graduated response matrix. Last fiscal year, as part of JPO's JJSES implementation plan, a two-day training on the Four Core Competencies of reward and sanctions, case planning, professional alliance, and skill practice was conducted for Administrators, Supervisors, and Probation Officers.

The Graduated Response Committee, in conjunction with a consultant from the Stoneleigh Foundation, continues to meet routinely, and has completed development of the matrix for incentives and interventions that was mentioned in last year's Narrative submission. The work that was done ensures that the matrix relates to the single case plan for the youth. Currently, the Committee is drafting the policy and procedures manual for use by JPOs. Development of a structured response system will promote consistency among staff, provide structured decision making, and improve desired outcomes.

Based on the success of the Evening Reporting Centers (ERC) model to serve pre-adjudicated youth, in January 2016 we opened an ERC for post-adjudicated youth to serve as an alternative to placement. Because referrals only began in February 2016, it is too early to assess the program's effectiveness. Nevertheless, we are encouraged by the intensity of the program components offered by the awarded contract Provider, and anticipate positive outcomes at considerable cost-savings as compared to placement per

diem rates. Youth are committed to the program for six months and benefit from evidence-based interventions. One component is that young people perform community service projects and have opportunities to earn money toward outstanding restitution costs. Just as youth in the pre-adjudicatory ERC are required to be monitored by Global Positioning System (GPS) tracking, so too are youth in the post-adjudicatory ERC, further enhancing supervision to decrease the likelihood that they will re-offend over the course of their participation.

The continued use of GPS monitoring, in lieu of placement or detention, as a component of the ERCs, allows the Court to remain consistent with the Balanced and Restorative Justice (BARJ) principles of youth accountability and community protection. Currently, approximately 200 youth per day are monitored with GPS products and services. Using key product features and staff dedicated to respond to alarms and violations 24 hours a day, seven days a week, Philadelphia Juvenile Probation is recognized as having one of the best GPS programs nationwide. Over 900 youth have been successfully discharged from GPS monitoring used as an alternative to detention or placement.

Despite having issued a Request for Proposals (RFP) in FY 2015-16 for residential programming for females, we did not award such a contract due to concerns that demand for this programming was not adequate to sustain it. Given the continuing need for therapeutic placements for girls, we plan to re-issue an RFP for a smaller facility than that requested during our RFP in FY 2015-16, offering between 6-10 beds. Many of the females currently in our system are sent to existing Provider programs, among them, a state secure facility, a private secure facility, and an open program outside of the Philadelphia area. In addition, consideration is now being given to placing some girls with histories of commercial sexual exploitation at placement facilities outside of Pennsylvania. Such placements serve not only to remove the youth from the community where the exploitation may have been occurring, but also provide the specific trauma-informed interventions most beneficial to victims of commercial sexual exploitation which may not be available in other placement facilities. A new program will hopefully avoid the use of distant programs by providing appropriate close alternatives.

Philadelphia adopted the Pennsylvania Detention Risk Assessment Instrument (PaDRAI) in August 2013, an instrument designed to standardize the detention decision-making process, and has continued its use in guiding detention decisions for new arrests since that date. In FY 2015-16, 2,992 PaDRAIs were administered subsequent to an arrest or a bench warrant.

The Philadelphia Juvenile Justice Services Center (PJJSC), our secure detention facility, is fully licensed, having satisfied all of the requirements established by the Bureau of Human Services Licensing authority during our annual inspection in FY 2015-16.

The PJJSC is also fully compliant with the requirements of the Prison Rape Elimination Act (PREA), having completed a successful audit at the end of 2015. Because our certification was accomplished “off cycle”, we have scheduled another PREA audit for April 4-6, 2017, to get back on cycle with other institutions such as the PJJSC. Thereafter, we will be audited at three year intervals.

We continue to experience ongoing success with the School Police Diversion program. Since its inception in May 2014, the program has diverted over 1,000 school arrests, 443 of which were in FY 2015-16. The Intensive Prevention Services (IPS) to which youth in

the program are often referred, continue to effectively support young people with avoiding additional encounters with the juvenile justice system and improving behaviors while at school. Currently, an evaluation is being completed of IPS as part of the diversion service array in the School Police Diversion program.

Early analysis shows that less than five percent of the youth who have gone through the program commit new offenses in schools that result in their arrest.

- During FY 2016-17, we seek to expand the program to ensure adequate coverage in the Southwest Philadelphia region. The West-Southwest area of the city is currently covered by a single Provider. That Provider's program is limited to serving just 50 youth at a time, and there are waiting lists for the service. The Department intends to issue an RFP for an additional Provider to cover this area of the city, eliminating waiting lists and ensuring timely delivery of services to young people in those communities needing it.

As part of our ongoing Juvenile Detention Alternatives Initiative (JDAI) work, DHS authorized an independent team of system and content experts to conduct a JDAI Facility Assessment of the PJJSC. This team underwent a full day training in November 2015, conducted by the Center for Children's Law and Policy. The standards in the instrument used to complete the assessment pertained to areas most likely to impact the health, safety, and legal rights of youth held in detention. Some of the standards included were not strictly required by case law or statutes, but represented best professional practices to protect the health, safety, and legal rights of detained youth. From this assessment came numerous recommendations, among them that of developing a video orientation to institutional rights, rules, and procedures. DHS will seek to contract for creation of this video in FY 2016-17.

There was significant underutilization of Family Group Decision Making (FGDM) in FY 2015-16, despite the Juvenile Justice System's earnest efforts to make use of this evidence-based model. Implementation required a level of time flexibility that neither Probation staff nor our contracted Reintegration Providers could accommodate. As a result, and in collaboration with the JPO and the Court, DHS has decided to forgo use of the model in FY 2016-17, and will instead seek to enhance our Reintegration efforts by aligning both the intensity and length of service with what is prescribed by the Youth Level of Service Inventory (YLSI). A preliminary review of existing data indicates that of the 181 youth receiving reintegration services last fiscal year, 59 were rearrested while on the service and 118 violated conditions of probation. By enhancing Reintegration services to meet individualized service needs, we anticipate reductions in recidivism due to both new arrests and violations of probation.

DHS anticipates that compensating Providers accordingly, with regard to the length of the service as well as the requirement for evidence based interventions, will require significant added expenditures.

Just as CYD has its challenges, JJS has its challenges as well. A major component of JJSES is that decisions are driven by data. This is challenging for the Juvenile Justice System in Philadelphia because both JJS and the JPO have various stand-alone applications. A lack of quality data and appropriate statistical analysis exist for all system stakeholders.

DHS is requesting funding in the following areas to support its efforts in achieving its goals:

- Funding for a data specialist position to compare data from stand-alone systems for accuracy, to share information among stakeholders, and to analyze the information captured across systems. This will increase the reliability of the data available to DHS and the JPO for decision-making.
- Funding for the creation of a computer system designed to match a Youth's YLSI and criminogenic needs to all available services, activities, and out of school time programming in their communities.
- Full funding of Youth Detention Counselor staffing positions at the Philadelphia Juvenile Justice Services Center, to meet staffing ratios during all shifts as mandated by the State and Court Order, and to meet security needs during transportation, intake, activities, etc.
- Funding to increase utilization of Intensive Prevention Services in the West-Southwest region of the City, to eliminate waiting lists for the service, and to ensure timely delivery of the services to youth.
- Funding to strengthen the use of the Reintegration model with a match to needs, particularly at the time the Reintegration Worker is assigned to provide services.

#### **2.2a&b: Collaboration Efforts and Data Collection Details**

- ➔ Counties may attach Implementation Team membership, CWDP Advisory Team, or similarly named stakeholder group list to meet a part of this section requirement. With these attachments, counties will not need to identify each stakeholder group who collaborated with the plan development, unless not specifically identified in the attachment.

See Attachments for the Philadelphia COB Members and the Child Welfare Demonstration Project (CWDP) Implementation Team.

- ➔ **All** counties need to respond to the following questions

- ❑ Summarize activities related to active engagement of staff, consumers, communities and stakeholders. Identify any challenges to collaboration and efforts toward improvement.

Internally, DHS Executive Cabinet meets weekly for Divisional status updates, discussion around areas of focus or concern, and assignment of tasks and deadlines. Act 33 recommendations are discussed at this table and assigned to Executive staff for action when necessary.

Each Philadelphia DHS Division holds regular staff meetings. Children and Youth Division (CYD) Leadership (the Deputy Commissioner and Operations Directors) meet with all Directors on a monthly basis, all Directors and Administrators on a monthly basis, and all Supervisors on a monthly basis. In September, the Deputy Commissioner, Chief Implementation Officer for IOC and the Operations Directors will begin at a minimum every other month joint meetings with DHS and CUA Supervisors. Additionally, directors hold all staff meetings quarterly at a minimum, as do Social Work Administrators with their sections, and Supervisors with their units.

Act 33 reviews are held on the first and third Fridays of each month if there are cases that require review. The city's Chief Medical Examiner, Dr. Sam Gulino, chairs Philadelphia's Act 33 Team. The multidisciplinary team consists of representatives from the Medical Examiner's Office, City of Philadelphia Law Department, Pennsylvania Department of Human Services, Philadelphia Department of Human Services, St. Christopher's Hospital, Children's Hospital of Philadelphia, Philadelphia District Attorney's Office, Philadelphia Police Department - Special Victims Unit, School District of Philadelphia, Philadelphia Department of Public Health, and Women Against Abuse. The Philadelphia DHS leadership as well as the entire DHS chain of responsibility for the case being reviewed are also required to attend.

CUAs are required to have a Community Advisory Board whose purpose is to advise the particular CUA as to how it is or is not immersing itself in the community, what the specific needs of the community are, and how the CUA can help address them, among other things. Their membership is made up of community members and community businesses owners, school principals, and prominent leaders in the community. These meetings occur monthly.

CUAs are also required to have a minimum of three Parent Cafes a month. These Cafes have been very successful and well attended by community members, both DHS involved and not, and are only one type of the many community engagement activities planned by individual CUAs or jointly by CUAs that have taken place throughout Philadelphia.

DHS is an active participant in City of Philadelphia's 100-day Street Homelessness Challenge, assisted by Rapid Results Institute, and incorporating participants from all levels and across systems. DHS and the Philadelphia Office of Homeless Services are working collaboratively to identify the families who are actively involved or at risk of being involved with either system. The collaboration includes assessing departmental assets and resources for the purpose of maximizing and streamlining support for the most vulnerable children, youth, and families who are affected by homelessness. The following groups are identified as priorities by both departments:

- Inadequate or lack of housing for families working towards family reunification.
- Families who lack adequate housing which leads to DHS involvement, however parents have the protective capacities to care for their children.
- Families living in poor to uninhabitable conditions and have active dependency challenges.
- Older youth who age out of DHS without reaching permanency or self-sufficiency.
- LGBTQ youth who lack family support and sustainability.

There are a myriad of other workgroup collaborations including Domestic Violence, CBH, the School District of Philadelphia, the Sexual Abuse Collaboration with the DA's Office, the children's hospitals, and the Philadelphia Children's Alliance.

DHS, along with the support of the Annie E. Casey Foundation was instrumental in kick-starting a Philadelphia Foster Care Association. The Association had its first meeting in June of last year, and provides a support and information network for resource parents (kinship and foster).

Finally, the Community Oversight Board (COB) was established by Mayor Street on June 14, 2007 via Executive Order. In a successive Executive Order, Mayor Michael Nutter re-established and continued the COB as has the current Mayor Jim Kenny. The creation of the COB was one in a series of recommendations made by the Child Welfare Review Panel (CWRP) established by Mayor Street in 2006.

The COB continues to focus on monitoring of the CWRP recommendations being addressed through implementation of the Improving Outcomes for Children (IOC) system transformation. The COB continues to assess whether additional reforms are necessary to increase DHS' ability to improve the safety, permanency, and well-being of children, youth, and families; advise DHS on the development of the Children and Youth Division (CYD) Services Plan and Budget Estimate; and make recommendations regarding operations, programs, and policies of the CYD. The morning session of these meetings is open to the public.

This year there was continued collaboration among the Department's Juvenile Justice Services Division, Juvenile Probation, the Defender Association, District Attorney's Office, and other stakeholders in the continued implementation of several core strategies of the Juvenile Detention Alternatives Initiative (JDAI). Together, for example, we worked to develop a video which will be used to help educate youth and families about the court process. The release of the video is expected by September, 2016.

Juvenile Probation is routinely represented at the monthly Court and Community Services Planning Group chaired by the DHS Director of Court and Community Services. These meetings represent an opportunity to communicate across systems important information and resources related to serving Philadelphia's juvenile justice population. This meeting allows for the collaboration with other JJS stakeholders around identification of service gaps and development of programs to address them.

JJS attends and actively participates in the monthly Youth Review Meeting, chaired by the Deputy Chief of Juvenile Probation and co-chaired by the Deputy Commissioner. These meetings include participation by line JPO's, DHS/CYD and CUA representatives, Defender Association, the District Attorneys' Office, CBH, and others, and serve as opportunities for collaboration on specific cases as well as systemic challenges.

The JDAI Collaborative Board, co-chaired by the Administrative Judge of Family Court and the Commissioner, serves as another opportunity for collaboration among juvenile justice stakeholders. The group convenes twice annually to review the JDAI progress and to decide upon future innovations to further support the initiative's success.

DHS/JJS actively participates in the Systems of Care work being lead by the City's Department of Behavioral Health and Intellectual Disabilities (DBHIDS), collaborating with family members and youth who are or have been the recipients of our services. Additionally, we have established a collaborative relationship with the Office of Addiction Services (OAS) such that their "**Engaging Males of Color**" initiative provides monthly wellness sessions to the youth in our custody at the Philadelphia Juvenile Justice Services Center (PJJSC). The goal of the program is to improve the health status of males of color by increasing behavioral health literacy and access to resources and services. The program also seeks to reduce stigma and known disparities and build system capacity in order to sustain wellness

See also the collaborative efforts described below.

- ❑ Describe the process utilized in gathering input from contracted service providers in determining service level needs, provider capacity and resource identification for inclusion in the budget.

From May of 2012 through December of 2015 the IOC Chief Implementation Officer and DHS's Director of Policy and Planning met weekly with Executive level staff from the CUAs and CUA Directors. They now meet every other week. CBH joins monthly; and other Department Deputies (Finance, PMA, JJS) attend, depending on the particular issues that are being discussed. These meetings are action-oriented and focus on the system-wide issues that arise in a system transformation of this magnitude. In addition, the Commissioner meets with the CEO's and other executives the first Monday of every month.

The DHS Contracts and Finance Division meet a minimum of monthly with CUA Fiscal Officers and also has separate meetings with individual CUAs for budget reconciliation.

A second regular CUA Practice Implementation meeting for CUA Case Management Directors, DHS's Director of the CUA Case Transition Team, and DHS's IT and Policy and Planning staff among others, began in the Fall of 2014. These meetings are more focused on case specific issues that arise so that resolution can occur as quickly as possible. These meetings were weekly through December and in January became twice a month in order to free up a specific block of time for CUA Case Management Directors to team specific cases within their CUA which presented challenges to the social work team regarding safe case closure or movement to permanency.

Both of the implementation meetings often result in the issuance of Interim CUA Guideline Revisions, which are then incorporated in the general CUA Guidelines, which have been expanded and revised at a minimum on a bi-annual basis since first issued in January of 2013.

Four subcommittees were reestablished in January of last year to continue to work collaboratively on identified issues and areas of concern and to make recommendations. They are: Practice, Data Monitoring, Community Engagement, and System Wide Learning and Capacity Building. Members include DHS staff, CUA staff, SERO representatives, representatives from the subcontractors, and representatives from the Advocate community.

The CUAs have joined collaboratively to meet with resource home subcontractors as well as subcontractors of higher levels of care in order to understand the challenges of service delivery and the identification of placements for children and youth. DHS and SERO join in these meetings when requested to help resolve issues that have arisen. The CUA collaboration, in partnership with DHS, SERO, and OCYF, is also in the process of producing a "unified contract" and scopes of service for all subcontractors to alleviate any confusion for those subcontractors who have contractual relationships with multiple contractors and confusion about roles and responsibilities.

The Commissioner and other Executive level staff from Philadelphia DHS meet monthly with the Administrative Judge of Family Court, Supervising Judge of Family Court, and the Chief JPO, when necessary. Again these meetings are action-oriented and focused on resolving systemic issues.



Additional meetings and committees include the Child Welfare Demonstration Project Steering Committee, the EBP Steering Committee, monthly Teaming Review Meetings to go over teaming data and effectiveness, an Adoption Split Case workgroup, and a monthly CUA Resource Home Coordinator meeting to address continued efforts at increasing the pool of potential resource homes.

- ❑ Identify data sources used in service level, needs assessment and plan development.

Resource	Data Collected	Date of Data
US Census Bureau, American Community Survey	Population, Poverty statistics, Age Distributions	2014
FACTS / FACTS <sup>2</sup>	General Indicators: Ongoing Services, JPO Services, Placement Data, Aging Out	July 2016
FACTS / FACTS <sup>2</sup>	Investigations, Days of Care, Placement Data	July 2016
Court Unit Database	Fostering Connections questions (Aging Out)	July 2016
FACTS / FACTS <sup>2</sup>	Fostering Connections questions (Aging Out)	July 2016
DHS IT data extract from FACTS / FACTS <sup>2</sup>	Shared Case Responsibility FY 16	July 2016
Hornby Zeller Data Package	Population Flow and Prospective Permanency	June 2016

- ❑ Describe the process utilized within the county to select the data sources identified.

Use of data from the Hornby-Zeller Data Package is required by the Needs Based Plan and Budget Guidelines and Narrative Template. The U.S. Census is DHS's usual source of population and poverty data. Cognos queries of the new Data Warehouse are used to access most of the remaining data items listed in the table above.

- ❑ Describe how the data used was analyzed, including who was involved in the process. Include any challenges identified through the process specific to data quality, availability and/or capacity toward analysis.

The Data Analytics Unit (DAU) in the Performance Management and Accountability Division (PMA) is responsible for the quantitative data analysis of service trends and for projections. Similar to the last two years, DHS data analysis and trend projection was conducted using two quantitative methods of analysis: linear regression and data extrapolation, which trends historical data forward. In addition, service trends and projections were presented to Philadelphia DHS, JPO, and Family Court leadership for review and for input on how programmatic priorities might impact service trends. Projections were adjusted based on this feedback.



## Challenges

DHS is undergoing the development of a new Data Warehouse. The Data Warehouse is available to the DAU for data extraction and reporting, but limited in the number of data elements it contains. The DAU's ability to provide more complete and thorough analysis of data and service trends is hampered by this limitation.

### 2.3 Program and Resource Implications

- **NOTE: Do not address the initiatives in Section 2.3 unless requested below; address any resource needs related to all initiatives by identifying and addressing within the ADJUSTMENT TO EXPENDITURE request**

#### 2-3a. Fostering Connections to Success and Increasing Adoptions Act of 2008

- ☐ Provide the number of youth age 18-21 who have resumed dependency jurisdiction. A total of 14 youth were granted Resumption of Jurisdiction in FY 2014-2015.

In FY 2015-16, five youth were granted Resumption of Jurisdiction. A total of 103 youth expressed an interest and made Act 91 inquiries. Of these inquiries, 53 youth were eligible and 18 youth attended the assessment interview. Only eight youth submitted supporting documentation needed to file the resumption motion, and three of the motions were withdrawn.

- ☐ Of the number above, how many youth have entered placement and what types of placements are utilized?

In FY 2015- 2016, of the five youth who were granted a resumption of jurisdiction, two youth were referred to SIL programs, one was referred to a foster home, and two were awaiting placement as of June 30, 2016.

- ☐ How are referrals for resumption of court jurisdiction received?

Referrals are initiated when youth call or walk into the Philadelphia DHS office or the Achieving Independence Center (AIC). Referrals are received as self-referrals from the youth, as well as from requests on behalf of the youth from past case managers (DHS and CUA), past resource parents, dependent and delinquent courts, judges, and school staff.

- ☐ Of the five criteria required to meet the definition of a child for a youth over age 18, which ones are drivers for eligibility?

School attendance and employment are the main drivers for eligibility.

- ☐ Describe any barriers to placement in licensed or unlicensed Independent Living settings and Transitional Living Residences for youth ages 18-21.

The major barrier to any placement is the need for youth to meet one of the five criteria needed to file the Resumption Motion with the Courts. Many of the youth are homeless and transient, and do not have vital records to be able to obtain employment or go back to school. The Re-Entry Coordinator must assist youth through the process to obtain

these vital documents and meet the requirements which cause a delay in filing the resumption motion with the courts.

Youth must be referred to emergency shelters, supportive housing programs, and U-SILP (Act 91, Room and Board), until Resumption is granted and placement is located, which can cause a delay in the youth obtaining necessary services.

- ❑ Describe what considerations the CCYA makes when planning for the number of youth who are eligible and likely to resume court jurisdiction.

Based on initial tracking, data suggest that within a relatively short time after discharge, youth who age out of placement become homeless or face imminent homelessness. Often these youth lack the social capital and skills to find employment to remedy their circumstances. The needs of these youth span the spectrum from a simple acquisition of necessary life documents (birth certificate, SSI, and insurance card, etc.) to incorporation within required systems based on identified needs (OVR, DPA, OMR, CBH, etc.).

DHS utilizes a Re-entry Coordinator who is responsible for interviewing and assessing young people who are requesting re-entry into DHS care. The Coordinator is responsible for assessing eligibility and following through with the youth to Court. This individual works very closely with the attorney to ensure proper representation of the case and presentation of the facts needed to determine whether Resumption will occur. The Coordinator also mentors and supports the youth through the Court hearing and until the case is assigned to a Case Manager. The Re-entry Coordinator is the point of contact up until the youth has completed the resumption process and has an active on-going Case Manager assigned.

Because the Coordinator spends a great deal of time assisting youth with obtaining documentation, assisting with drafting of petitions, completing investigation process for case assignments, and may have to attend Court, an additional individual is needed to assist by concentrating on the service side of re-entry, creating a service base, working on transition planning, and tracking these young adults for health care reasons. The additional individual is not needed on a full-time basis, so DHS will fill this position with a student fulfilling a field placement requirement. These supportive measures are in addition to services provided by an ongoing Case Manager.

With the continued implementation of IOC, some of the youth residing in CUA districts will receive housing and other services through the CUA.

#### 2-3d. The Child and Family Services Improvement and Innovation Act of 2011

- ❑ Does your agency or any contracted provider conduct any trauma-based assessments for children being served by your agency? If so, please identify the specific trauma based assessment tool(s) that are being used, the population of children/youth to whom these assessments are being applied and at what point assessments are administered (i.e. at intake, within first 30 days of placement, etc.).

Yes. Through the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), DHS has access to the behavioral health provider network to obtain trauma assessments and trauma-informed care. Evidence-based trauma treatment has been developed and is being delivered through the Community Umbrella Agencies (CUAs)

and through the provider network of Community Behavioral Health (CBH), the City of Philadelphia's Medicaid Managed Care Organization, which is under agreement to DBHIDS.

Behavioral health providers utilize a number of specific trauma assessment tools including but not limited to:

- Dimensions of Stressful Events (DOSE).
- Traumatic Events Screening Inventory (TESI).
- Childhood PTSD Interview.
- Children's Posttraumatic Stress Disorder Inventory (CPTSDI).
- Clinician-Administered PTSD Scale for Children & Adolescents (CAPS-CA).
- My Worst Experiences Survey.
- UCLA PTSD Index for DSM-IV.
- When Bad Things Happen Scale (WBTH).
- Child PTSD Reaction Index (CPTS-RI).
- Child PTSD Symptom Scale.
- Children's Impact of Traumatic Events Scale-Revised (CITES-2).
- CPTS-RI Revision 2 (also known as PTSD Index for DSM-IV).
- Parent Report of Child's Reaction to Stress.
- Trauma Symptom Checklist for Children (TSCC).
- Trauma Symptom Checklist for Young Children (TSCYC).

Psychiatric Residential Treatment Program (PRTF) staff have also been trained and supported to implement Dialectical Behavioral Therapy and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for dependent and delinquent youth in need of specific trauma services. CBH has funded expansion of trauma teams within the Family-Based and Functional Family Therapy (FFT) programs. Bethanna's Clinical Transition and Stabilization Services (CTSS) have been expanded to provide in-home trauma services to children placed in foster care, treatment foster care, or receiving case management services from CUA.

Screening instruments used to screen for trauma exposure and traumatic stress among youth in the juvenile justice or child welfare system include:

- MAYSI-2: This is a mental health-screening instrument frequently used in juvenile justice programs. It is a 52-item self-report instrument that includes a Traumatic Experiences Scale.
- Traumatic Events Screening Inventory (TESI): This is a structured clinical interview that briefly assesses a youth's, parent's, or guardian's report of the youth's past or current exposure to a range of traumatic events.
- PTSD Reaction Index (PTSD-RI): This is a self-report symptom inventory based closely on the DSM-IV criteria for post-traumatic stress disorder. Twenty of the items assess PTSD symptoms and two items assess the associated features of fear of re-occurrence and guilt.
- Trauma Symptom Checklist for Children (TSCC): This is a 54-item, self-report symptom inventory made up of six scales and four subscales designed to evaluate acute and chronic traumatic stress symptoms.
- PTSD Checklist for Children/Parent Report (PCL-C/PR): This is a brief measure of PTSD symptom severity completed by parents or other adults who have daily contact

with the youth (probation staff, social workers, treatment foster or general foster care parents, etc.).

- ❑ Briefly describe how any findings from these trauma-based assessments may have changed or impacted your practice and the selection of services.

The result of the trauma assessments has increased DHS's ability to identify children and youth in need of trauma services, and has provided access to a number of evidence-based trauma treatment programs. DBHIDS has expanded capacity to provide DHS and the Community Umbrella Agencies access to evidence-based treatment services within its network. The types of interventions are embedded in both mental health and substance use disorder treatment programs, and within the different levels of care, ranging from outpatient to residential treatment. They include:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT): Implemented by 16 agencies within the DBHIDS provider network.
- Prolonged Exposure Therapy (PE): Ten agencies (mental health and substance use treatment programs) have been trained in this trauma-informed treatment.
- Child and Family Traumatic Stress Intervention (CFTSI): Four agencies are contracted to provide this evidence-based service.
- Dialectical Behavioral Therapy (DBT): Eight agencies including outpatient, residential treatment, and substance use disorder treatment programs offer this service.

DHS and DBHIDS continue to participate in the Category III grant, called "PACTS", since 2012. Because of this continuation in funding, expansion of wide-scale trauma-related training will be occurring at all child welfare agencies. Therapists have been trained to provide trauma-focused cognitive behavioral therapy (TF-CBT) and Child and Family Traumatic Stress Intervention (CFTSI) across Philadelphia. The grant continues to fund training to not only mental health service providers but to Philadelphia's JJS staff as well. Further, through the PACTS grant, intensive trauma training, including TF-CBT for therapists, has been offered to four residential facilities which serve young people in the juvenile justice system. Trauma training has been provided in partnership with the Philadelphia Department of Human Services and the respective CUAs for Specialized Behavioral Health (SBH) resource homes dealing with children and youth with SED and trauma histories. Trauma can interfere with all aspects of children's or youth's functioning, especially when they experience repeated or multiple losses, maltreatment, exposure to frightening situations, or other trauma. This training will be important as DHS transitions children and youth to SBH settings. Training on attachment continues to be provided including how SBH resource parents can support the children's or youth's transition from PRTF, attachment to their parents, and help them develop multiple attachments.

CBH has funded treatment providers to implement Parent Child Interaction Therapy (PCIT) to families served by the CUAs. Through the Child Welfare Demonstration Project, CBH has hired a Behavioral Health Implementation Advisor to work with DHS and the respective CUAs in identifying families that could benefit from PCIT or FFT. We are hopeful that this assistance from CBH and an enhanced communication strategy will increase our use of EBPs.

- ❑ Briefly describe your activities around psychotropic medication utilization monitoring for children in out-of-home placement.

Psychotropic drugs meant to treat mental and behavior disorders are used for school-aged, foster care children and youth at nearly three times the overall rate for children and youth in the state's Medicaid system, according to a study by the Pennsylvania Department of Human Services (PA DHS) and the Children's Hospital of Philadelphia. The study, which used Medicaid data from 2007-2012, found 43 percent of foster children and youth ages 6-18 being given the medications, compared with 16 percent of the overall youth population.

CBH in partnership with the Philadelphia DHS is reviewing all prescribing practices for children and youth in foster care. Having access to and agreement from the respective HMOs, medication data is available to assess the number of children and youth on psychotropic medications in foster care and to review medical necessity for such medications. The Philadelphia Department of Human Services/DBHIDS leadership group which includes the Deputy Medical Office for Children's Services within CBH is developing strategies to review the psychotropic medication utilization and identify strategies to train families and SBH resource families on the use of psychotropic medications. Children and youth residing in SBH resource and in group home settings who are also receiving behavioral health care services are reviewed by a CBH physician when the use of medications becomes an issue. Strategies identified in this area include:

- Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children and youth affected by trauma who have serious behavioral health needs, and require an integrated treatment approach including assessment for appropriate medications.
  - Information and shared decision-making (consent) and methods for ongoing communication among CBH, the Philadelphia Department of Human Services, the prescriber, the children and youth caregivers, and other stakeholders.
  - Effective medication monitoring at both the child and youth level, and at an agency level.
  - Availability of mental health expertise through CBH Department of Medical Affairs to assist in agency review of prescribing practices.
- ❑ Briefly describe any specific consultation practices used by your agency that involve physicians or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment. Some examples of consultation practices might include policies requiring engagement of child's health care provider in case planning, contracting with psychiatrists to consult on complex cases, working with Medicaid managed care special needs units or having nurses on staff to conduct level of care assessments for medically necessary services to support children with special health care needs to live in foster family care.

Identifying medically fragile children and youth and planning for their needs is critical to ensuring child safety. Over half of those children and youth in the child welfare system have at least one medical concern; many have two or more chronic health conditions. The Philadelphia Department of Human Services has hired nurses to help staff ensure the health and safety of children and youth accepted for services in their caseload. The Philadelphia Department of Human Services is working to ensure the safety of medically vulnerable children and youth in our care by ensuring that their needs are met.

#### The Nursing Unit:

- Helps to identify children and youth with chronic and acute health needs.
- Helps Workers better understand medical issues related to a children and youth in their caseloads.
- Makes home visits to help Workers better assess the medical needs of children, youth, and families in their care.
- Helps staff incorporate medical information into Family and Individual Service Plans or CUA Single Case Plans.
- Provides care coordination and advocacy by following-up with primary care providers, specialists, or other members of the health care team or attending hospital discharge planning meetings.
- Coordinates information sharing with provider staff.
- Appears in Court as needed.
- Obtains collateral information during investigations.
- Has developed a protocol to assess the capacity of caregivers for children and youth with chronic and/or acute health needs who are either returning home from placement or returning to placement from a hospital stay.
- Develops screening criteria and protocols.
- Provides staff training.

DHS has access to the CBH Physician and Psychology Advisors to review any and all cases that require an in-depth clinical review that may include but not be limited to reviewing medications, consulting with the treatment psychiatrist about interventions, or requesting help in case formulation.

Children, youth, and families with behavioral health or cognitive limitations require adequate assessments, interventions, planning, and services in order to address their complex needs. DHS has a long standing relationship with Community Behavioral Health (CBH) to provide consultation to DHS and CUA staff on children, youth, and families with behavioral health needs and on individuals with Intellectual Disabilities (ID). CBH is responsible for all clinical services including assessments and placement into treatment levels of care. The consultation includes having Care Managers in the respective court rooms in Family Court help with case planning, assist in accessing behavioral health services, and provide clinical consultation related to case formulation. Care Managers are also assigned to the respective CUAs to coordinate behavioral health services directly and are on-site weekly. However, almost all of the consultations occur without any contact with the individuals themselves, thus limiting the CBH Care Manager's ability to comprehensively assess the child or youth through direct observation and interview or within the child or youth's family system or environment.

Philadelphia DHS utilizes the expertise of one CBH Director, who completes home visits with DHS Investigation and CUA staff, participates in Family Team Conferences and Interagency Meetings, and testifies in Court. Clinical consultation is provided to the Philadelphia Department of Human Services Hotline, Intake, DHS's Psychology Unit, DHS's Nursing Unit, and Family Court for children, youth, and families on cases that have:

- Mental health concerns.
- Cognitive challenges or intellectual disabilities.
- Co-occurring disorders.
- Complex cases involving multiple systems of care.

- High profile cases.
- Multiple provider involvement, but there is a lack of progress.
- Developmental disabilities.

The CBH Director's role has expanded to include training of the CUA staff on case formulation and single case planning which integrates behavioral health, trauma, and ID services into the planning process. As part of her role, she conducts home visits with the CUA team and does person/family-centered planning to assist CUAs in identifying appropriate supports and interventions.

Although this expertise is invaluable, it simply isn't adequate to address the significant numbers of children, youth, and families that present with these needs as a result of the various traumas that they have suffered. Therefore, Philadelphia DHS would like to increase the capacity and address this increasing need. **Specifically we request funding to develop a unit to consist of one Director and five workers with an expertise in behavioral health and ID. The responsibilities of the unit will be as follows:**

- Provide clinical consultation to DHS and the Community Umbrella Agencies throughout the course of a family's involvement in child welfare from investigations to case closure for complex cases of children, youth, adults, and families with behavioral health or cognitive limitations.
- Conduct home visits, placement visits, and on-site provider visits, with DHS Investigation and CUA staff to assist with the assessment of behavioral health, and the identification of supports and services.
- Participate in Family Team Conferences, Interagency Meetings, and testify in Court on complex cases.
- Collaborate with DHS University in developing training modules on case planning with complex cases of children, youth, and families involved in multiple systems of care including DHS, CBH, DBH/IDS, etc.
- Provide technical assistance and training to DHS and CUA staff to assist with the identification of behavioral health issues and access to supports needed for these children, youth, and families.
- Conduct clinical reviews on children and youth in child welfare placements, assisting child welfare providers on how to access behavioral health and IDS services for children in foster care, TFC, group home and institutional levels of care.
- Assist in the development of a utilization review process for child welfare providers to ensure that children and youth are placed in the least restrictive placement setting and for the shortest amount of time to address their needs.
- Assist in program and resource development on individual cases that require cross-systems planning, funding, and implementation across the different components of DBH/IDS, DHS, etc.

#### 2-3e. Concurrent Planning

- ❑ Share any challenges in completing concurrent goal activities.

Concurrent Planning is incorporated in Philadelphia's Improving Outcomes for Children System Transformation. Since implementation, a feature of the electronic Single Case Plan requires Community Umbrella Agencies (CUAs) to incorporate concurrent planning by entering a concurrent goal, objectives, and activities on all out-of-home cases. CUA Case Managers are required to discuss with parents, children, and youth, the

identification of the primary and concurrent goals, and the plans to achieve both, as part of their full disclosure process.

These efforts are complemented by the Family Team Decision Making Conferences which are joint meetings that occur regularly as part of the Improving Outcomes for Children's model to achieve permanency. Additionally, the Quality Improvement unit within our agency's Performance Management and Accountability Division reviews cases to ensure that service plans are completed in an efficient and qualitative manner.

The challenges of operating a dual case management system have caused some delays at standardizing concurrent planning efforts on placement cases that remain with our county agency (non-CUA cases). Philadelphia DHS has been working with staff members from PA DHS and the Child Welfare Resource Center as part of a workgroup to address and improve concurrent planning efforts. Since the implementation of the workgroup, we have revised the Family Service Plan and the Child Permanency Plan documents, which are used for non-CUA cases, to include concurrent planning requirements. Brochures and other written forms of communication are in the process of being revised to address full disclosure and concurrent planning requirements. It is expected that the revised documents will be approved and implemented agency-wide by September. City Solicitors and Court Representatives have also been instructed to request concurrent planning information from the assigned Social Work team, as part of the Court Hearing preparation process.

#### 2-3o. Successor Permanent Legal Custodians

- ❑ Share what steps the agency has taken regarding implementation of Act 92 of 2015. For example:
  - ❑ Has the agency notified Subsidized Permanent Legal Custodians (SPLCs) of the option to name a Successor Permanent Legal Custodian?

Philadelphia DHS drafted an amendment to its subsidy agreement to allow a custodian to name a successor. It was recently approved by PaDHS. Philadelphia has also revised the subsidy agreement itself to include the option of naming a successor. The revised agreement is pending approval by PaDHS.

Philadelphia has drafted a letter to send to current SPLCs notifying them of the option to name a successor. DHS is in the process of developing a plan to mail out the letters and work with SPLCs who respond.

- ❑ Has the agency amended their SPLC agreement template to include the option to name a Successor Permanent Legal Custodian?
    - If so, please provide a copy.

See response above. The draft template is being reviewed by PaDHS.

- ❑ Provide the number of cases in which a SPLC subsidy was transferred to a Successor in FY 2015-16.

There is one case in Philadelphia where the proposed successor has started the process of obtaining clearances and filing for legal custody.



- ❑ Is the agency aware of any SPLC cases in which the Permanent Legal Custodian became incapacitated or deceased and did not name a Successor?

There is one case where the PLC died and had named a successor in writing, but not in the PLC agreement or amendment. Philadelphia DHS is working with PaDHS on this specific case. If the successor is appropriate and approved by the Court, she will receive the subsidy with State and County funds.

#### 2-3p. Preventing Sex Trafficking:

- ❑ Describe the impact the amendments from the federal and state sex trafficking statutes will have on the agency, including the potential impact on staffing, service array, etc.

The Department expects impact from the Preventing Sex Trafficking and Strengthening Families Act legislation as a result of:

- An increase in reports generated.
- An increase in youth needing dependent services, who in the past would have been arrested or detained, are now referred for child welfare services.
- The special service needs of this population.
- The need for knowledgeable staff.

This is expected to affect resource needs for both DHS and the CUAs in both the number and availability of staff, a specialized service array, and training. There will be a need for: staff to take reports as well as respond to reports during regular and after hours at DHS; CUAs to be able to provide services to meet the unique needs of the Commercial Sexual Exploitation of Children (CSEC) children and youth; and training to educate all staff on CSEC and how to screen and identify children and youth who are CSEC victims or at risk of being CSEC victims.

Hotline staff who know both the criteria for Hotline Guided Decision Making and the indications of Commercial Sexual Exploitation of Children (CSEC) need to be available to recognize that the reporter is making a CSEC report and ask for the pertinent information.

Philadelphia DHS's Sex Abuse Investigation Units will be conducting most of the investigations concerning CSEC allegations. Currently there are six units in the Sex Abuse Investigation section but none of the units are fully staffed at this time. These vacancies impact full implementation by October 1<sup>st</sup>. Additionally, children and youth who are or may be CSEC victims are often picked up at night as runaways or as part of police "sting operations" and Philadelphia DHS needs knowledgeable staff both on the Hotline and in Investigations to be available at night to respond. **For this reason, DHS is requesting additional staff to fill vacancies from within DHS's current staffing complement.**

The Community Umbrella Agencies and subcontractors need to increase their capacity to recruit foster parents who are able to care for the unique needs of this vulnerable population of children and youth whose placements often occur after regular business hours. There will be a need for identifying resource parents who are willing to be trained regarding the needs of CSEC victims, the cycle of CSEC survivors, and the continuity of care with this population.

The new legislation will require the education of all staff on the Commercial Sexual Exploitation of Children (CSEC). This education will include how to screen and identify children and youth who are CSEC victims or at risk of being CSEC victims, and how to incorporate screening into the regular safety assessment process at every contact with children and youth.

The Department participated in the State's CSEC Pilot program which generated feedback on the State's screening tool and process as well as the assessment process and form. It also gives a very rough idea of the impact since it involved a small sample of Workers over a relatively short period of time. The pilot group included 40 employees who were to use the State created CSEC screening tool to collect information. Of the 40 identified Workers, 30 completed the tools over the five week period (March 28 – April 29, 2016). The CSEC screening tool was used at every client contact to assess for tier 1 and tier 2 indicators. During the five week period, 499 children and youth were screened ranging from 0 -18 years of age. Of the children and youth screened, a total of 29 were referred for a CSEC assessment at the Philadelphia Children's Alliance (PCA); of those 29 referrals, 14 assessments were completed. Only two out of the 14 assessments were identified as CSEC victims and they were 13-18 years of age. Those two youth were referred for treatment and placement services, as appropriate.

Moving forward, the Department will be requiring Workers to complete screening as part of the safety assessment process at every contact with every child or youth over the life of the case. In the first year of implementation, DHS will be establishing a baseline for data collection, and then will develop outcome measures and expected levels of improvement.

- ❑ What technical assistance needs does the agency have related to the sex trafficking provisions?

There will be two on-line trainings on Commercial Sexual Exploitation of Children. These trainings will require on-going Transfer of Learning (TOL) with which DHS anticipates needing assistance. There will need to be the addition of CSEC questions in the Structured Progress Notes (SPN). Questions pertaining to CSEC (much like the existing questions pertaining to Domestic Violence) will require responses in order for the SPN to be completed.

- ❑ How is the agency planning to identify, assess and provide comprehensive services to children and youth who are sex trafficking victims?

On July 11<sup>th</sup>, 2016, the Department announced that CSEC training is mandatory for all Children and Youth Division staff. Module one of the mandatory training was made available as of the date of the announcement; module two is scheduled for release August 1, 2016. Both CSEC training modules must be completed by all Children and Youth Division staff by September 28, 2016 prior to full implementation of the Act on September 29, 2016.

Philadelphia's CSEC workgroup has been meeting regularly on a monthly basis. The workgroup has been reviewing screening tools created by the State and used during the Department's five week pilot; reviewing and creating procedures such as the draft Crisis Response Team First Responders Guidelines for Reports Involving CSEC; and seeking

resources. The screening tool will be used as a guide until incorporated into the safety assessment, as the State will not be mandating the screening tool.

In developing its service array, the Department has been researching and making outreach to different programs that provide comprehensive services to CSEC victims and survivors, including “The Haven at Southern Peaks” in Colorado and the “GEMS” program in New York. Contracted programs will include identifying and creating safe environments for CSEC victims and survivors, and resources to reduce the likelihood of children or youth returning to sex trafficking. It is expected that the services will be comparable to those of “The Haven at Southern Peaks” which include: screenings and assessments, psychological and psychiatric evaluations, medical care with an on-site clinic, case management and treatment planning, Trauma-Focused Cognitive Behavioral Therapy (individual, group, and family), substance abuse treatment, survivors groups, skill building, experiential, recreational, and therapeutic activities, educational services, and transitional services. The Department is also considering creating a survivors group comparable to the Girls Educational and Mentoring Services (GEMS) program in New York. The GEMS program is run by survivors and is a non-mandated and non-secure facility.

#### 2-3r. Promoting the Well-Being of Children and Youth in Out-of-Home Placement through Age and Developmentally Appropriate Activities

- ❑ Describe any changes in practices as a result of Act 75 & 94.

Language regarding use of the Reasonable and Prudent Parent standard has been added to the draft revised Family Service Plan and Child Permanency Plan. Information for children and youth, and their caregivers, about their right to engage in age and developmentally appropriate activities, and the resource parent’s ability to give permission, has been added to the draft revised “411 Handbook” for older youth, and the draft revised grievance brochure for all children and youth and their caregivers.

It has become easier for children and youth to obtain permission to go on trips; resource parents have been very cooperative with signing permission forms. For youth who are of age to participate in the Achieving Independence Center (AIC), it is discussed in the curriculums to educate youth, and there are presentations for youth by the Youth Advisory Board. The Older Youth Coordinator also assists older youth with knowing their rights.

- ❑ Describe what types of decision-making is being referred to the court by resource parents, CCYA or Guardian Ad-Litem.

Philadelphia DHS does not currently track this information.

- ❑ To support practice changes, have CCYA staff been trained in the Reasonable and Prudent Parent Standards?

Both DHS-CYD staff and CUA staff have been, and continue to be trained in the Reasonable and Prudent Parent Standard.

Online training is offered by Child Welfare Resource Center (CWRC). Staff were directed to take this training. By March 2016, 297 of 480 CUA staff had taken the online

training. DHS University also provided training to our more than 30 direct resource parents in about 9 different states via webinar and Instructor Led Training.

- ❑ Briefly describe any planned use of funds in FY 2016-17 related to implementation of the Reasonable and Prudent Parent Standards.

**DHS is currently costing out typical age and developmentally appropriate activities and will include them in the funding request for an increased per diem for resource parents which we intend to ask for as an adjustment to the implementation year FY 2016-17. DHS is making the request for FY 2017-18.**

Typical activities and costs, by age range, include:

Infant-5 years of age

- Gymnastics: \$95 per month.
- Water Babies-swim class: \$110.
- Flag football/Tee Ball: \$125 registration plus \$100 for equipment.
- Dance Class: 1 class a week \$60 a month, 2 classes \$110 a month.

6-12 years of age

- Music Lessons: 1/2 hr weekly \$36, \$1136 yearly.
- Football/Baseball: \$150 registration plus \$100 for equipment.
- Dance Class: 1 class a week \$60 a month, 2 classes \$110 a month.
- Karate Class: \$35 a class.

10-18 years of age

- Football/Baseball: \$175 registration plus \$150 for equipment.
- Dance Class: 1 class a week \$60 a month, 2 classes \$110 a month.
- Class Trip: \$125-\$300.
- Graduation fees: \$95.
- Prom:\$300+.

- ❑ Provide the number of children in out-of-home care for at least six months, 16 years of age or older, who have a driver's license or learner's permit.

In 2016, DHS paid for 36 youth to receive their learner's permits, and for three youth to obtain their driver's licenses. Two youth received driving lessons.

- ❑ Describe any collaborative efforts that support young drivers.

There is a driver's workshop at the AIC, the "Drive Happy" workshop series which prepares youth to apply for the learner's permit. DHS pays for the test, and if they pass, for three driving lessons at the Philadelphia Driving School. The AIC is able to track the number of PennDOT applications paid for.

- ❑ Describe any barriers to obtaining driver's licenses and learner's permits.

Completion of the preparation workshop series.

- ☐ Provide the number of licensed youth in out-of-home care, for at least six months, with ready access to an automobile.

DHS is currently unable to answer this question, as it is not a field that county children and youth agencies have been asked to track.

- ☐ Provide the number of licensed youth in out-of-home care who own their own automobile.

DHS is currently unable to answer this question, as it is not a field that county children and youth agencies have been asked to track.

- ☐ Describe any collaborative efforts that support automobile ownership for youth in CCYA care and responsibility.

There are much greater priorities about which Philadelphia DHS must focus regarding its older youth population. Additionally, Philadelphia has a strong public transit system which may not be available in more rural counties.

- ☐ Please describe any barriers to automobile ownership for the same population.

Youth income to pay for an automobile, insurance, and maintenance is the main barrier.

- ☐ Provide the number of youth in out-of-home care for at least six months, 16 years of age or older, who are employed.

For youth connected to the AIC, 131 youth have a job, and 72 youth have subsidized employment.

Working with the Philadelphia Youth Network, DHS has been able to find positive work experiences for 1,515 at risk, dependent, and delinquent youth. Such experiences help youth develop hard and soft job skills, and help youth to prepare for adulthood.

- ☐ Describe any barriers to youth in out-of-home care seeking employment.

The main barriers to employment for youth in out-of-home care are lack of skill sets, inadequate education for the job market, and a lack of permanency.

#### 2-3t. Use of Another Planned Permanent Living Arrangement (APPLA)

- ☐ As of June 30, 2016, provide the number of children with a primary goal of APPLA.
- ☐ As of June 30, 2016, provide the number of children with a concurrent goal of APPLA.

During FY 2015-16, 728 youth were identified by the Court as having a goal of APPLA. An intensive case review was conducted for these youth.

As of June 30, 2016, there were 652 youth with a Court-identified goal of APPLA.

- ☐ Provide any demographics and characteristics of children under age 16 with a primary or concurrent goal of APPLA.

- ❑ Provide any demographics and characteristics of children over age 16 with a primary or concurrent goal of APPLA.

As a result of an intensive review of 728 youth with a court-identified goal of APPLA, the Department has a profile of youth that can potentially age out of care: youth tend to be older; have some behavioral health, intellectual disability, or medical needs; are disconnected from their family or have no significant family relationships; have had some history of broken permanency such as a failed adoption or permanent legal custodianship; or a sibling who has aged out of care.

- ❑ Describe what efforts are being made to identify and review case goals for youth age 16 and older.

As part of Philadelphia's continuing commitment to achieving timely permanency for all children and youth, efforts include: a standing workgroup with diverse representation; drafting an APPLA protocol; an intensive case review of youth with a court-identified goal of APPLA; partnering with Casey Family Programs to support DHS's permanency efforts.

Casey Family Programs continues to partner and support the Department in improving overall permanency efforts. During the summer of 2016, Casey Family Programs will assist DHS in a series of Rapid Permanency Reviews that are designed to simultaneously identify and mitigate case level and system level barriers to permanency. The tools to be used are currently being developed and implementation is set to begin in mid-September.

Additionally, as a result of participating on the state's APPLA Workgroup, the Department has drafted, and is in the process of reviewing and approving an APPLA protocol which applies to both CUA and DHS cases. This protocol requires completion of an approval process prior to requesting a goal change to APPLA. See also Section 4-4 Accurint.

The Department is using the profile developed as a result of the intensive case review, mentioned above, to identify youth who have these characteristics as early as possible so that appropriate interventions can be made to ensure better permanency outcomes. Because the youth with APPLA goals often have special needs, there may be multiple teamings regarding the youth, for related purposes and involving the same participants. Efforts are being made to coordinate all of the planning meetings of these youth so that redundancies are eliminated and permanency is achieved.

The intensive case review of youth with a goal of APPLA was completed on both a macro and micro level. The process included:

- Reconciling the Department's goal and Court goal.
- Identifying case and youth specific issues through communication with the social work team responsible for the case, making suggestions regarding direction, referrals and teamings, and adjusting those directions as needed.
- Systemic barriers were identified.
- Reviews of issues, documentation and transition elements for youth close to aging out, or refusing permanency options, to ensure successful discharge.

- Ongoing education about the importance of liberal visitation, taking into consideration safety, age, and case circumstances, as part of efforts toward permanency.
- Reissuance of the following policies to Directors:
  - Identifying Kin and Relatives.
  - Working with Incarcerated Parents.
  - IDS Protocol.
  - SWAN Services.
  - Concurrent Planning.

Other efforts include mandated weekly teamings by CUA Directors and DHS Ongoing Services Directors to ensure the appropriateness of the permanency direction.

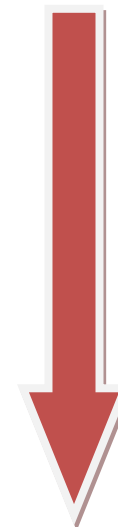
There has also been substantial integration and an increase in utilization of SWAN services. The Department exhausted its 2015-2016 SWAN allocation and has been more proactive in educating staff about SWAN services. All youth 16 years of age and older are being assessed and, if appropriate, referred for any of the following: Child Profile, Child Preparation, and Child Specific Recruitment. SWAN Post-permanency brochures are now being mailed with Adoption and PLC subsidy checks. More attention is being placed on older youth receiving Child Preparation services to assist them with their conflicting feelings regarding their biological family. SWAN Representatives have provided on-site trainings to both DHS and CUA Staff.

2-3x. Unallowable Costs – Legal Representation Costs for Juveniles in Delinquent Proceedings and Parents in Dependency Proceedings

- ☐ Submit any amount expended by the county government in FY 2015-16 for Legal Representation Costs for Juveniles in Delinquent Proceedings.
  
- ☐ Submit any amounts expended by the county government in FY 2015-16 for Legal Representation Costs for Parents in Dependency Proceedings.

### 2.3x - Legal Representation Costs for NBB

	<u>FY14</u>	<u>FY15</u>	<u>FY16</u>	<u>TOTAL</u>	<u>Funding Source</u>
Defender Association of Philadelphia					Local Share
Juvenile Special Defense Unit	\$1,197,671	\$1,040,186	\$1,060,204	\$ 3,298,061	
Juvenile Unit	\$3,281,879	\$3,650,520	\$3,513,006	\$10,445,405	
<b>TOTAL</b>	<b>\$4,479,550</b>	<b>\$4,690,706</b>	<b>\$4,573,210</b>	<b>\$13,743,466</b>	
First Judicial District of Pennsylvania					
Dependency	\$ 0	\$ 0	\$ 0	\$ 0	
Parent/Guardian Delinquency	\$ 555,993	\$ 398,300	\$ 380,210	\$ 1,334,503	
<b>TOTAL</b>	<b>\$ 555,993</b>	<b>\$ 398,300</b>	<b>\$ 380,210</b>	<b>\$ 1,334,503</b>	
<b>GRAND TOTAL</b>	<b>\$5,035,543</b>	<b>\$5,089,006</b>	<b>\$4,953,420</b>	<b>\$15,077,969</b>	





## 2-3y. Guardian ad-Litem (GAL)

- ☐ How many GALs are under contract in your county?

Although there may be a few Guardians ad Litem, these are individually appointed; Philadelphia county utilizes Child Advocates to perform guardian ad litem functions.

- If there is one legal entity under contract with the agency with multiple attorneys, please count each attorney.

There are several entities which provide child advocacy in Philadelphia, as well as court-appointed private attorneys. The main entities are: the Child Advocate Unit of the Philadelphia Defenders Association and the Support Center for Child Advocates. Each staffs child advocacy differently. The Child Advocate Unit of the Defenders Association has 27 staff attorneys, including 4 management or supervisory level attorneys. They work in an attorney-social work model, so that a social worker is assigned to each case with an attorney. The Support Center for Child Advocates has a very small staff with responsibilities in addition to case representation. Most of their cases are staffed by one volunteer attorney representing a child or sibling group.

- ☐ What is the average caseload size for each individual attorney?

Calculating average caseload size for the Defenders Association attorneys is difficult because some of the attorneys have additional responsibilities. However, the average is approximately 150 cases per attorney, higher than the Administrative Office of the Pennsylvania Courts recommended caseload size of approximately 45 children at any one time and 72 children during the course of a year.

- ☐ How is caseload size calculated?

See response above.

- ☐ Provide the number of children represented by a GAL & legal counsel appointed on their behalf in FY 2015-16?

Every child and youth with an open dependent petition in Philadelphia Family Court is represented by legal counsel.

## 2-3z. Child Advocacy Centers (CACs)

- ☐ Provide a listing of CACs the agency utilizes in investigations and the total amount expended towards those services provided by each CAC in FY 2015-16.

DHS contracts with the Philadelphia Children's Alliance (PCA), Philadelphia's accredited children's advocacy center.

- ☐ Explain how CAC services are funded in your county.

PCA is funded through a combination of payment for DHS-contracted services, the State, non-profits, foundations, individual and corporate contributions, and special events.

DHS CAC Services	\$ 1,266,885	52%
DHS CSEC Assessments	\$ 10,661	
PA State Funding	\$ 147,033	13%
United Way	\$ 43,000	2%
Special Events	\$ 150,000	9%
Individuals/Corporations	\$ 237,315	10%
Foundations	\$ 256,500	14%
	\$ 2,111,394	100%

Of the total number of forensic interviews conducted at PCA, approximately 74% have been referred by DHS. This is a trend that has remained steady for three consecutive years and we forecast that, in fiscal year 2017, PCA will conduct 1,630 DHS involved cases. The cost associated to conduct an interview and provide a full range of services per child is \$1,095, excluding therapy program costs. **DHS is requesting additional funding for the increase in the number of interviews and for PCA's contracted work regarding commercially sexually exploited children totaling \$1,630,000.**

#### 2-3aa. Medical Foster Care

If the CCYA is an MA-enrolled medical foster care provider and/or contracts with an MA-enrolled medical foster care provider, please provide the following information:

- ☐ Describe how the level of medical foster care services required by a child is determined and explain how often the levels of care are reassessed to ensure appropriate payment of services.

Philadelphia DHS has nurses on staff who provide consultation and assistance in assessing, planning, and providing services for children and youth with special medical needs. DHS Nurses are required to be consulted under certain circumstances specified in DHS's Mandatory Consultation policy, and may be consulted when the social work or case management team decides it is helpful.

When consulted about the medical needs of a child or youth who is in or entering placement, DHS Nurses gather information from many sources: the nurse who visited while the family was receiving in-home services, primary care providers, hospitals, face-to-face assessment of the child or youth, gathering prescriptions and medical equipment, and transferring in-home nursing.

They then write a nursing consult based on information they gathered. The nursing consult identifies the child's medical needs and upcoming appointments with doctors and therapists. In the consult, the care that resource parent will need to learn while the child is hospitalized is discussed. The nurse speaks with the Case Manager and resource parent to discuss the training that is needed and assists with scheduling. The consult outlines the child's or youth's daily care needs and gives instructions to the resource parent.

The DHS Nurses decide if the child or youth needs medical resource care and include that in their consult. The consult is uploaded into the Electronic Case Management System so that it is accessible by DHS's Central Referral Unit. The DHS Health Management Unit receives this information and determines the medical level.

Case Management staff are requested to bring a hard copy of the consult to the resource parent so that the resource parent has detailed information about the child or youth and the nurse's name and phone number. A nurse calls the resource parent immediately or within 48 hours, depending on the child or youth's needs, to review all care and appointments. A home visit may be scheduled depending on the nurse's assessment of the child and the resource parent's needs. The DHS Nurse may also accompany the resource parent to a medical appointment

Nurses communicate with the CUA Case Manager (CUA CM) and attend family meetings. The CUA CM and well-being specialist are educated about the child's medical needs and all appointments. A joint home visit may be scheduled. The DHS Nurse and CUA CM make decisions about the ongoing nursing involvement with the resource parent. A nurse may visit the home or make telephone calls to the resource parent periodically or check in with the primary care provider. It is the CM's responsibility to ensure that all appointments are kept. The nurse advises the caregiver and CM of availability for future consultation as needed.

Children and youth are also referred to medical resource care by the CUAs or other placement Providers, and the Philadelphia's Central Referral Unit. The child or youth's medical level of care is determined by: the State's medical foster care guidelines, a Philadelphia DHS Nurse consult, and the medical or treatment plans provided by the child or youth's primary care physician.

Placement Providers are instructed to notify the Health Management Unit directly anytime there is a change in the level of care the child or youth requires because this may include a change in the medical level of care. Reconsideration of a new level requires current medical documentation.

☐ Please check all that apply:

☐ The CCYA is an MA-enrolled medical foster care service provider.

☒ The CCYA contracts with one or more MA-enrolled medical foster care service provider(s).

☐ Provide a list of the MA-enrolled medical foster care service provider(s) the CCYA currently contracts with:

- Bethanna.
- Children's Choice.
- CONCERN.
- Delta.
- Jewish Children & Family Services.

☐ List or describe the county's contract requirements with your medical foster care provider(s).

In the Service Description and Contract Requirements for Resource Family Care, Philadelphia includes a Medical Addendum for Special Medical/Physically Disabled Foster/Kinship Care, Congregate Care, TLP and SIL. This addendum outlines the standards and expectations for the baseline level of services delivered to dependent and delinquent children and youth with special medical and physical disabilities. Placement

in this level of service requires provision of 24-hour care for children and youth 0 – 21 years of age with special or chronic medical conditions or physical disabilities, whether congenital, caused by severe abuse or neglect, maternal substance abuse, or any combination of these factors.

Standards include: receipt of copies of all medical information by both the Provider and medical resource parent; training both before and after placement; medical history information obtained by the Provider and transmitted to both the resource parent and the primary care provider; a limit to the number of medical resource children and youth in the home; the child or youth's medical treatment plan, with all required information, transmitted to the resource parent within specified time frames; communication of medical needs to schools; treating hospital contact information; enrollment as applicable for MR services; legal caregiver informed of medical treatment plan and invited to participate; resource parents receive new training when child or youth's medical condition changes; monthly documentation that prescribed medication and medical equipment is available and sufficient, and that equipment is operable; and quarterly reports that detail the child or youth's status.

See Medical Addendum, attached.

- ☐ Does the CCYA require medical foster care providers to account for the use of MA dollars received for providing medical foster care services? If so, what information is the medical foster care provider(s) required to report, and how frequently?

No.

- ☐ Explain how medical foster care provider(s) (both CCYAs and those under contract with the CCYA) determine the percentage of the MA medical foster care payment rate that is directly paid to each medical foster parent?

Agencies that have children and youth in medical foster care receive room and board payments from DHS. MA covers the rest of payments. MA payments go directly to the agency which determines how much goes to the resource parent. There is a standard rate determined by MA in which a percentage is negotiated with the agency that takes into account the level of assistance as determined by DHS nurses.

- ☐ Explain whether the county or contracted medical foster care provider(s) place an administrative capitation on the amount of MA funds retained for training and other costs related to training of medical foster parents and administration of the medical foster care program? If so, how much?

DHS has no role in this. This is negotiated between the provider and medical assistance.

#### 2-3bb. Department of Labor's New Overtime Rule

Requests for resources should be included as an Expenditure Adjustment. Please respond to the following questions regarding the county's general plan to address the new rule:

- ☐ If impacted by the new rule, briefly describe the CCYA's planned response; including any plans to evaluate and potentially realign workloads, compensate additional overtime, raise workers' salaries, and limit overtime by hiring additional staff.

The County does not foresee any impact from the new rule on its county personnel costs. However, DHS expects the CUAs to experience cost increases relating to the rule. Philadelphia plans to raise the salaries of those CUA staff who are currently just below the salary threshold which would exempt them from the rule, specifically the CUA Case Managers (CUA CMs), whose current salaries range from \$40,000 to \$45,000. Current estimates suggest that CUA CMs perform an average of fifteen hours per week in overtime. Thus, raising salaries will result in a smaller salary expense increase than will paying for overtime. For other CUA staff whose salaries fall significantly below the new threshold, it is more cost effective to compensate them for overtime accrued rather than raising their salaries. Philadelphia does not plan to limit overtime work hours. Most of the impacted employees are either case-carrying staff or directly support case carrying staff. Limiting overtime would negatively impact the ability to provide services to families at the times that are most convenient for the families. In addition to raising CUA CM salaries, the County plans to raise the salaries of some CUA supervisory and management staff in order to maintain salary differences commensurate with supervision responsibilities.

- ❑ Describe the county's efforts to obtain and evaluate estimates from private providers regarding the impact from the new rule on their program costs.

Philadelphia has asked the CUAs to provide estimates of how their overtime costs will be impacted by the rule. To date, three of the ten CUAs have done so. CUAs were asked to include in their estimates the positions impacted, the projected overtime hours for each position, and the associated overtime cost for each position.

- ❑ As of the date of this writing, provide the names of private providers who will be receiving an increase in their contracted rate of service for FY 2016-17 as a result of the new rule.

Philadelphia has received no requests for rate increases from non-CUA providers.

- ➔ To assist in development of a resource request tied to the new rule, please use the italicized questions as a guide when developing an **ADJUSTMENT TO EXPENDITURE** related to CCYA employees. For an **ADJUSTMENT TO EXPENDITURE** related to private providers, please provide any supporting documentation from the provider that addresses the same or similar questions:
  - How many CCYA employees will be affected by this change in regulation?
  - Approximately how many hours per week will need to be compensated that were not previously? At what rate(s)?
  - Is there a way to reduce or eliminate the need for overtime hours without affecting current operations?
  - Are the overtime hours worked now due to vacancies? If so, could additional staffing reduce or eliminate the need?
  - What analysis was completed to determine the direction of the agency's response to the new rule?

The above bullets are instructive for the budget adjustment section and a response will be included with the September budget submission.

## Section 3: General Indicators

### 3-1: County Fiscal Background

- ❑ Counties should identify any staffing, practice and programmatic changes that were necessary in FY 2015-16 due to the budget impasse.

As a result of the budget impasse, the County delayed payments to certain providers. Payments to CUAs were delayed for a short period of time before resuming. Other providers had the opportunity of submitting a hardship request. Payments resumed to those that were able to show they would suffer a hardship as a result of delayed payments. The remaining providers' payments were delayed until the passing of the budget.

- ❑ Counties who exceeded their Act 148 allocation, resulting in an overmatch situation, in FY 2015-16 should describe the practice and fiscal drivers that impacted the county's level of resource need. Address the impact the FY 2015-16 program and spending history had on the projected utilization of the allocation and additional resource needs for FY 2016-17.

Philadelphia County was in overmatch for FY 2014-15 and is projected to be in overmatch for FY 2015-16 and FY 2016-17. This is due to the increased number of children and youth in out-of-home care. This trend now seems to have reversed based on data as of June 30 where permanencies have increased from the prior fiscal year, as have safe closures. Conversely families accepted for service has declined from the prior fiscal year. The County maintains its focus on its permanency efforts, which has begun to mitigate the prior trend.

Aside from the increased number of children and youth in care, a number of rising costs will impact the County's budget for FY 2016-17 and beyond. These are:

- Fair Labor Standards Act (FLSA) ruling: This ruling increased the salary level for exempt employees from \$23,600 to \$47,476 annually; many Provider employees who were previously exempt are now nonexempt and entitled to overtime pay. The Providers will therefore have increased overtime expenses for some employees. There will also be increased salary costs for those employees who are currently just below the new exempt employee level. For these employees, raising their salaries to the exempt employee salary level will be less costly than the overtime they would otherwise accrue. **These cost increases will begin in December 2016.**
- Caseload ratio: Currently, the ten CUAs that provide case management services for Philadelphia County have a caseload to case manager ratio of 13:1. Current county funding to the CUAs is intended to maintain this ratio. However, to effectively implement the components of the IOC model so that they function as expected and lead to increased safe, timely permanencies, and increased safe case closure, Philadelphia intends to fund the CUAs to lower the caseload ratio to 10:1. Case management under IOC is labor intensive, involving teamings and engagement at more frequent intervals than is required by regulation. Current caseload ratios make information gathering, analysis, action implementation and follow-up more difficult, with less time for each family. This has left case managers overwhelmed, leading to high turnover rates, and the potential for shortcutting requirements. Training new staff in Charting the Course takes time, and CUAs are left with a workforce that does not have enough staff who have developed expertise in working with families.

## Philadelphia

Lowering caseloads is expected, among other things, to reduce turnover. This decreased turnover, combined with the increased time and effort case managers will be able to give to each case, will result in increased CUA effectiveness. **The new caseload ratio will have increased personnel and other expenses due to the hiring of additional Case Managers and other case support staff, expected to begin in during FY 2016-17.** Ultimately, however, this change will result in increased permanencies for children and youth, and improved outcomes for families, whose cases will be able to be safely closed after shorter service duration. Thus, child maintenance costs and other direct client costs are expected to decrease over time due to the smaller caseloads.

- Cost of living salary increase: The CUA staff have not received a cost of living increase since the first CUAs began operations in FY 2013. The County is therefore requesting funds to provide CUA staff with a 3% increase in FY 2018. This is expected to support staff recruitment and retention efforts and be tied to increased CUA performance.
  - Increased child maintenance per diem rate: Philadelphia County has used the same child maintenance rate for resource family care since approximately 2006. The consumer price index for all urban consumers, a measure of the cost of living, in Philadelphia has increased approximately 15%, from 213.9 in June 2006 to 245.980 in June 2016. In addition to the increased cost of living since then, resource homes, in exercising the Reasonable and Prudent Parent Standard, will incur the additional costs of helping children and youth in out-of-home placement live normal lives. **This rate change is expected to go into effect during FY 2016-17 and will result in increased maintenance expenses for the County.**
  - Increased administrative per diem rate: Philadelphia will increase the administrative rate for Specialized Behavioral Health (SBH) resource home providers. In calculating the rate originally, Philadelphia did not take into account the more intensified efforts required by the Resource Parent Support Workers in working with these families, in addition to what is required in general foster care. However, they were only receiving the general foster care rate. Additionally, the County is developing a foster care scope of service that increases foster care providers' responsibility for client travel needs. This will increase their administrative costs, and they are requesting a rate increase to cover those costs. Therefore, the County is planning to increase both the general and SBH foster care administrative per diem rates, with the SBH rate potentially seeing a greater increase. To counter this increase, the County plans to reduce the employee travel portion of its CUA budgets, given that the CUAs will have reduced responsibility for transporting clients as a result of the new foster care provider scopes. This rate increase is expected to go into effect during FY 2016-17.
  - Increased per diem for select in-home and placement service Providers. After review and consultation with our Audit Department, DHS will increase the per diem of select CYD and JJS in-home and placement Providers to rates that are aligned with rates paid by other counties for the same services.
- Counties who did not spend all of their Act 148 allocation in FY 2015-16 should describe the practice(s) that impacted the county's level of resource need and address any projections as to continued under-spending in FY 2016-17. NOTE: If underspending was related solely to the budget impasse and not to changes in practice and/or service level trends, please note that here and no further information is necessary.

Philadelphia county did not underspend the Act 148 allocation in FY2015-16.

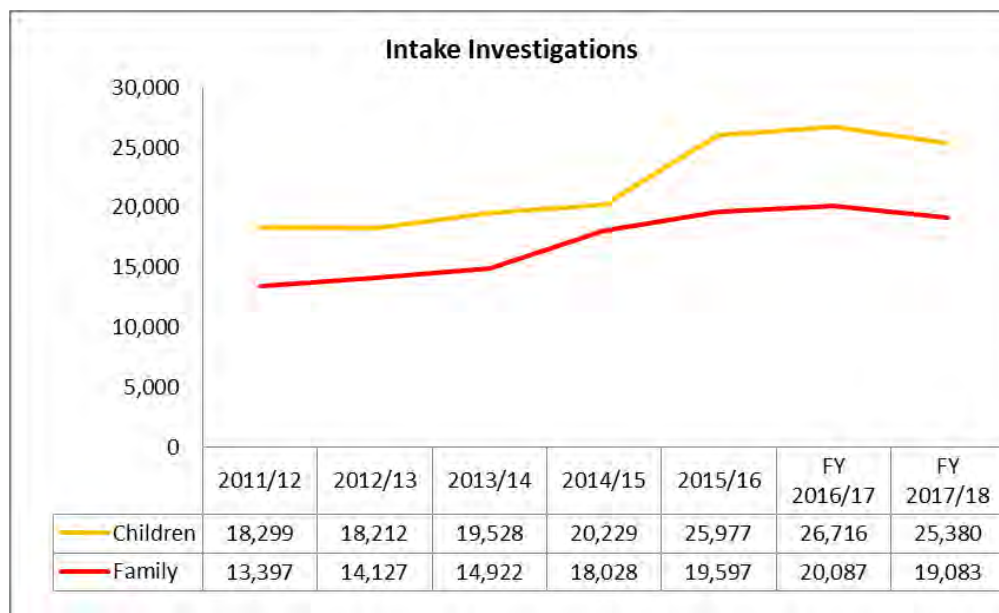
## Philadelphia

- Address any other changes or important trends that will be highlighted as a resource need through an ADJUSTMENT TO EXPENDITURE submission.

➤ **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 3-4)**

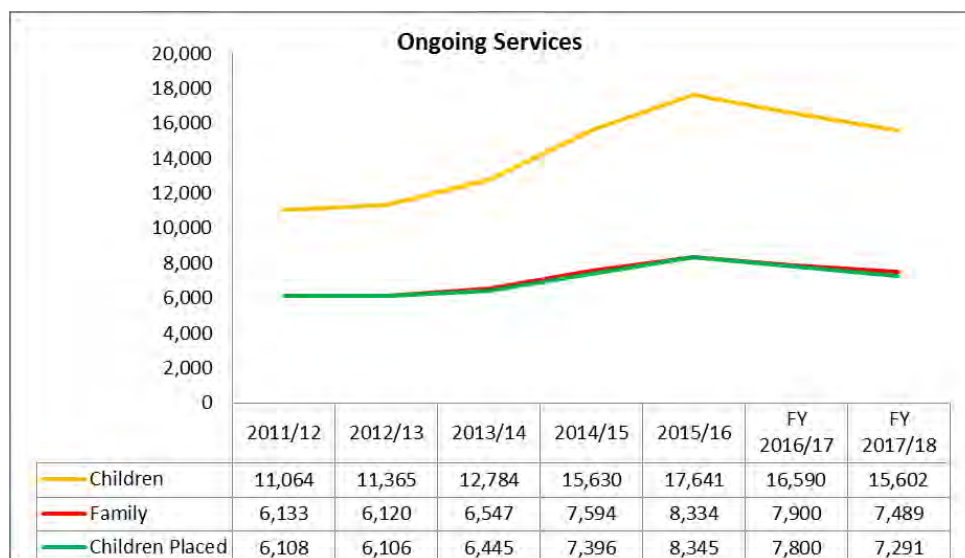
### 3-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).



### 3-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

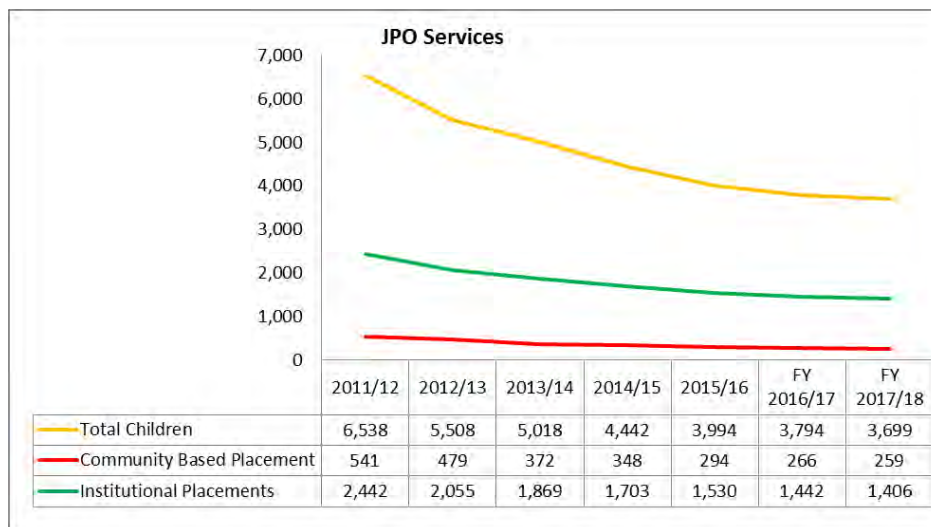




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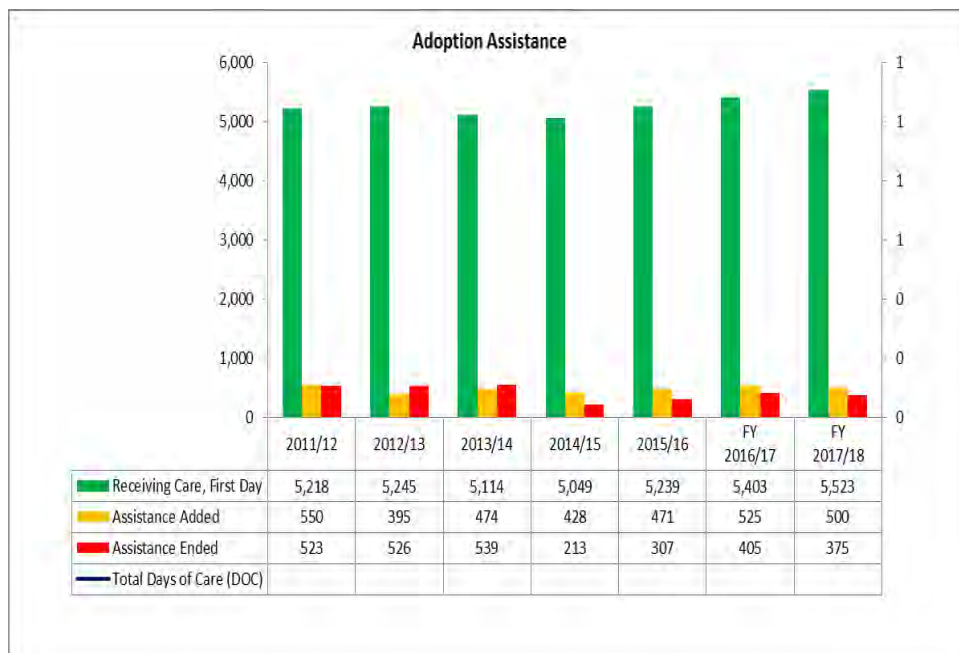
### 3-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



### 3-2b. Adoption Assistance

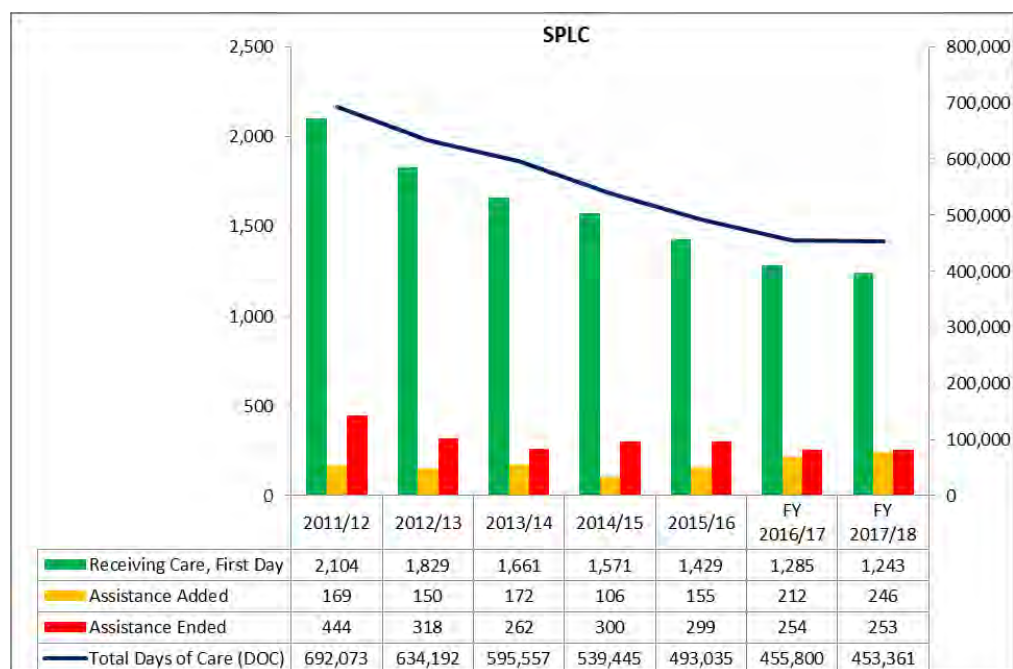
Insert the Adoption Assistance Chart (Chart 4).



## Philadelphia

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

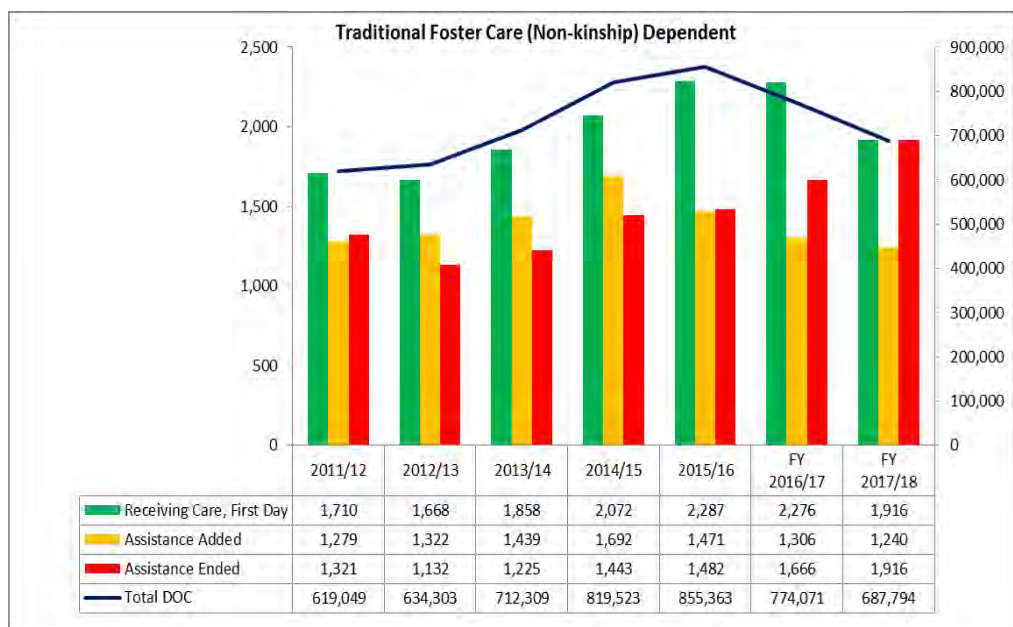
Insert the SPLC Chart (Chart 5).



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

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

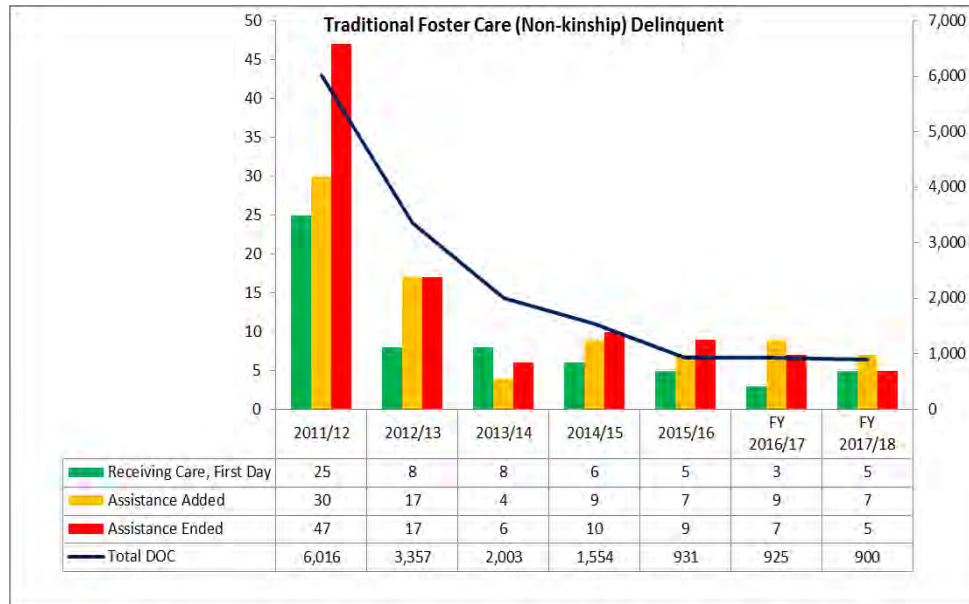
Chart 6:



## Philadelphia

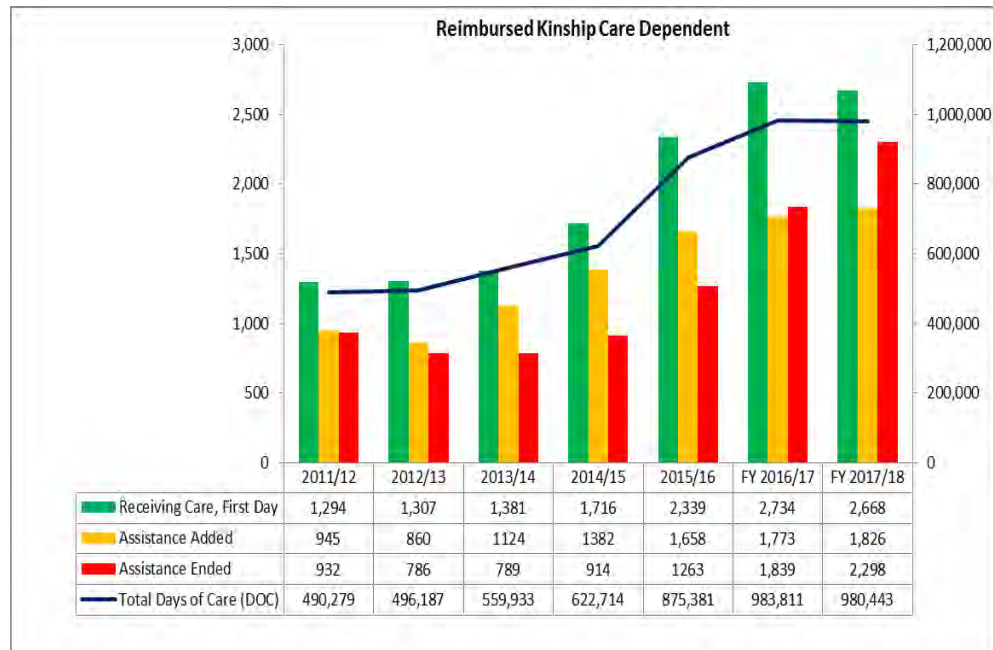
### 3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).  
Chart 7:



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

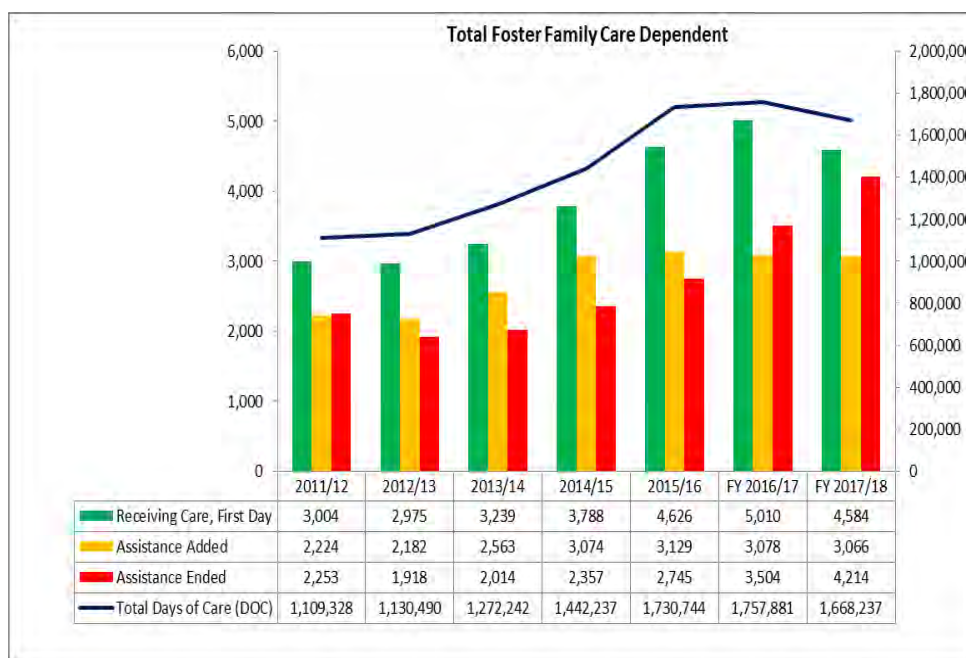
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).  
Chart 8:



# Philadelphia

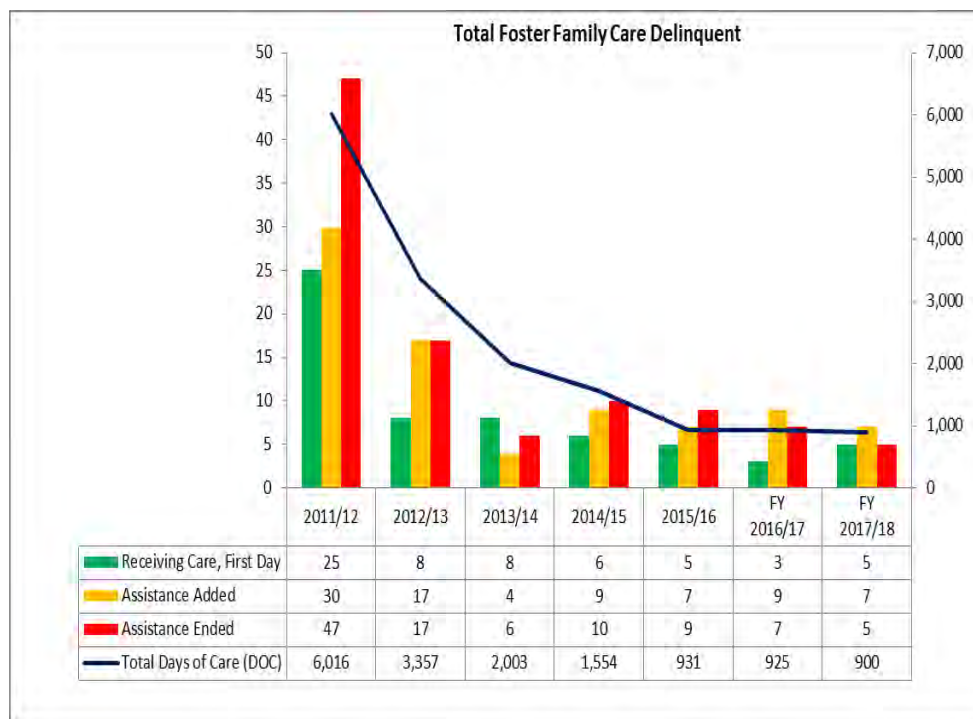
## 3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).  
Chart 10:



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

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).  
Chart 11:



## Philadelphia

Chart 14:

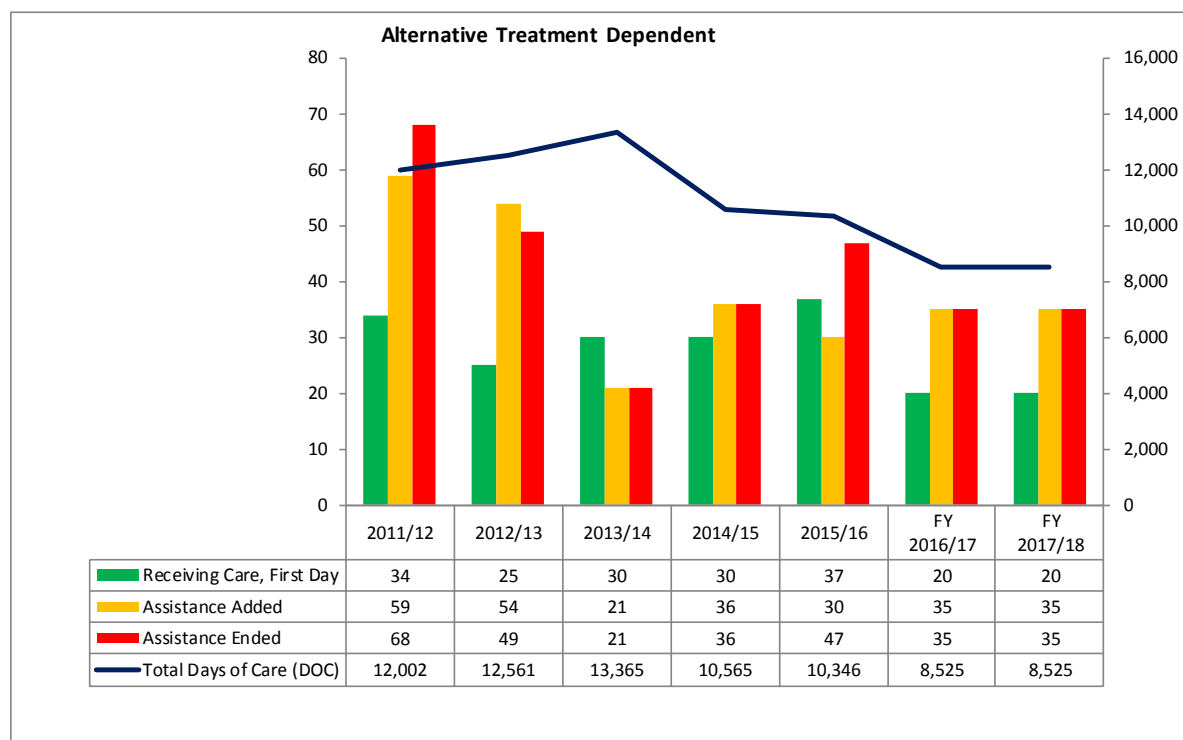
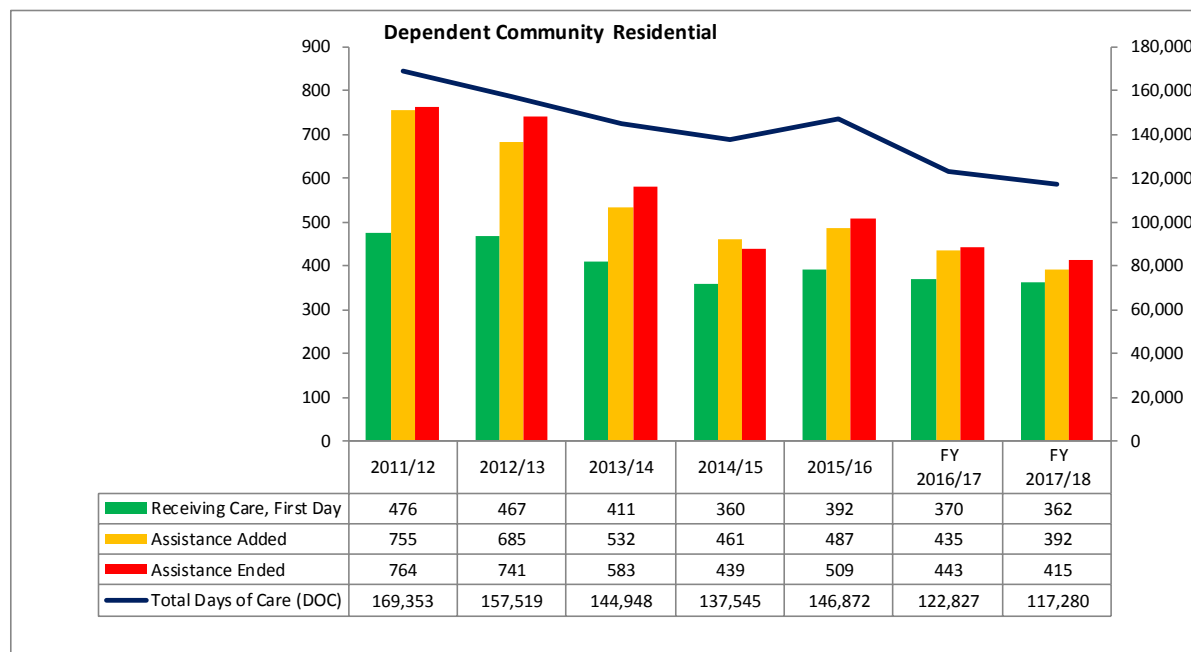


Chart 16:



## Philadelphia

Chart 17:

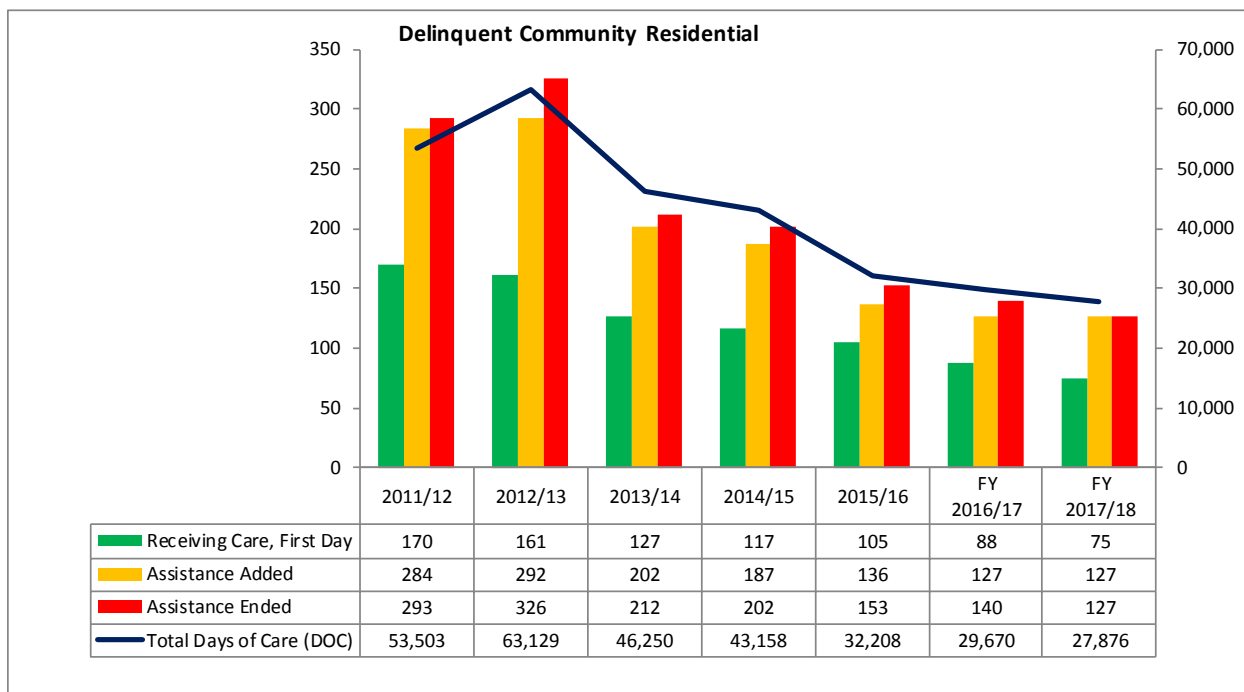
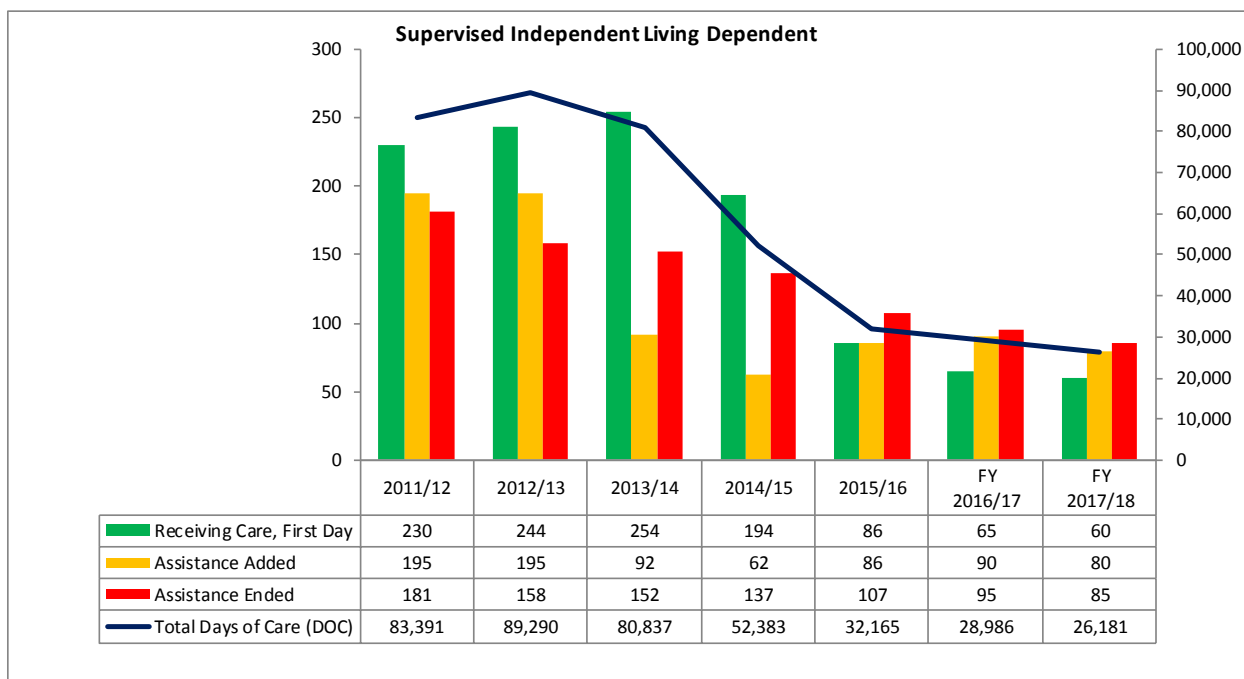


Chart 18:



## Philadelphia

Chart 19:

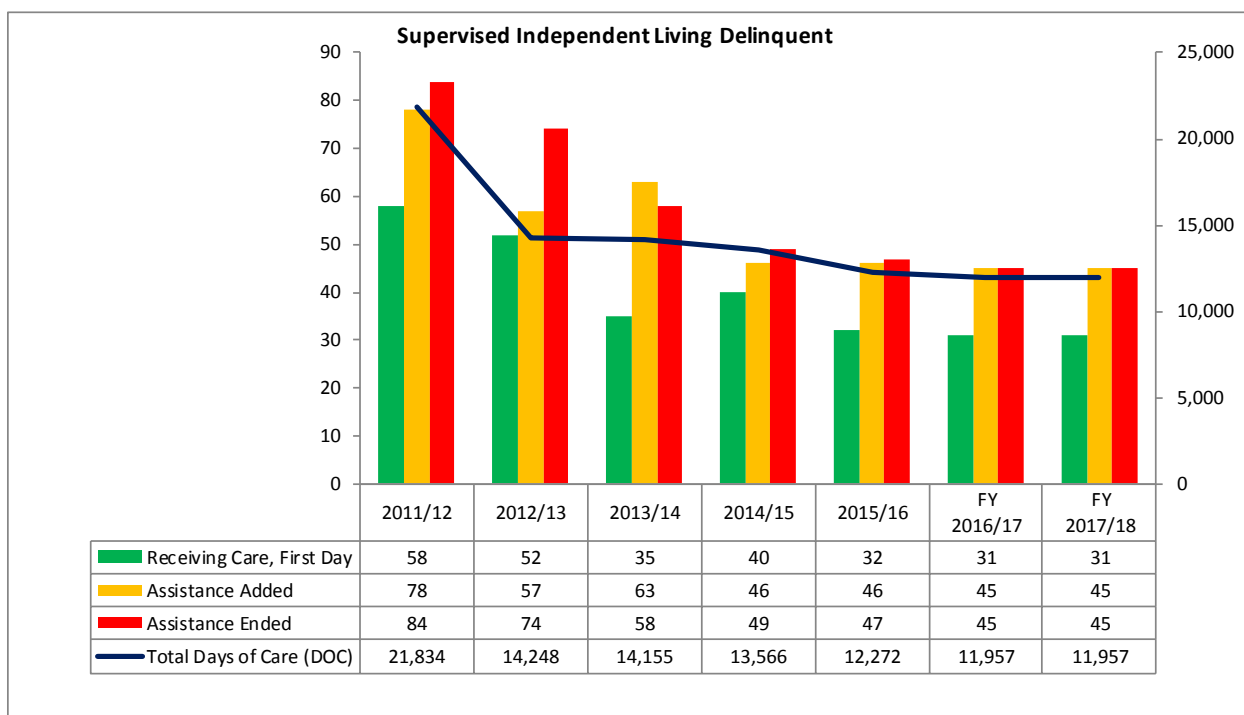
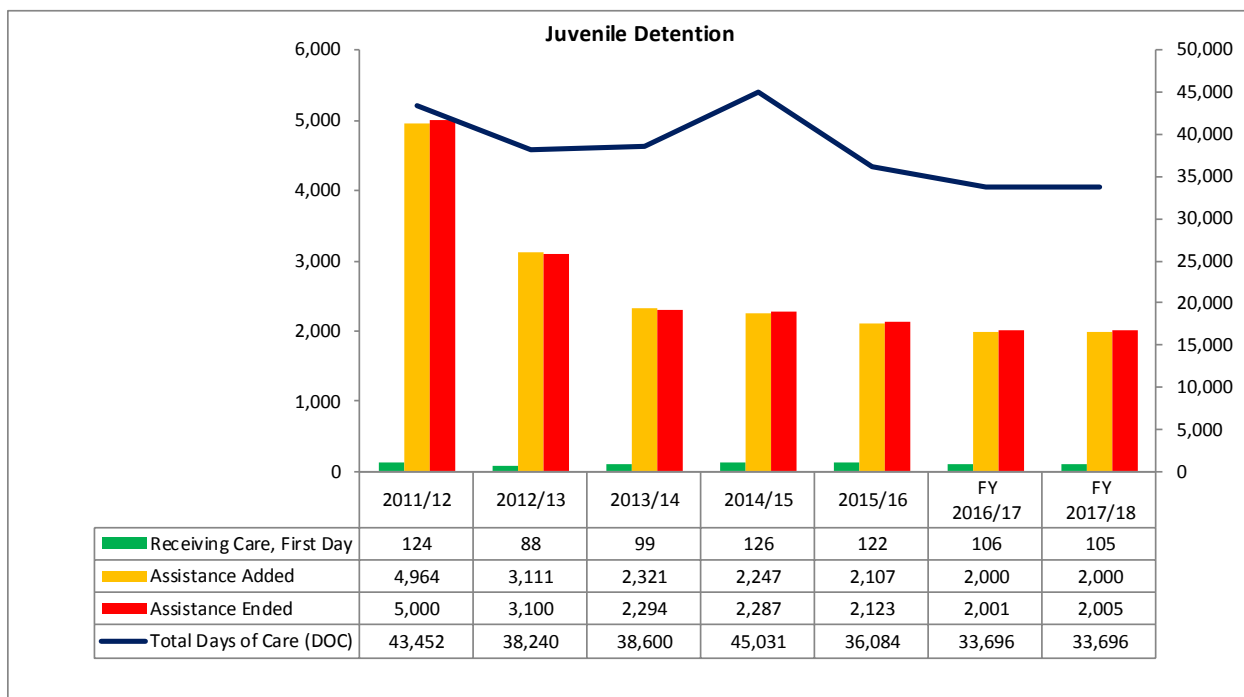


Chart 20:



## Philadelphia

Chart 21:

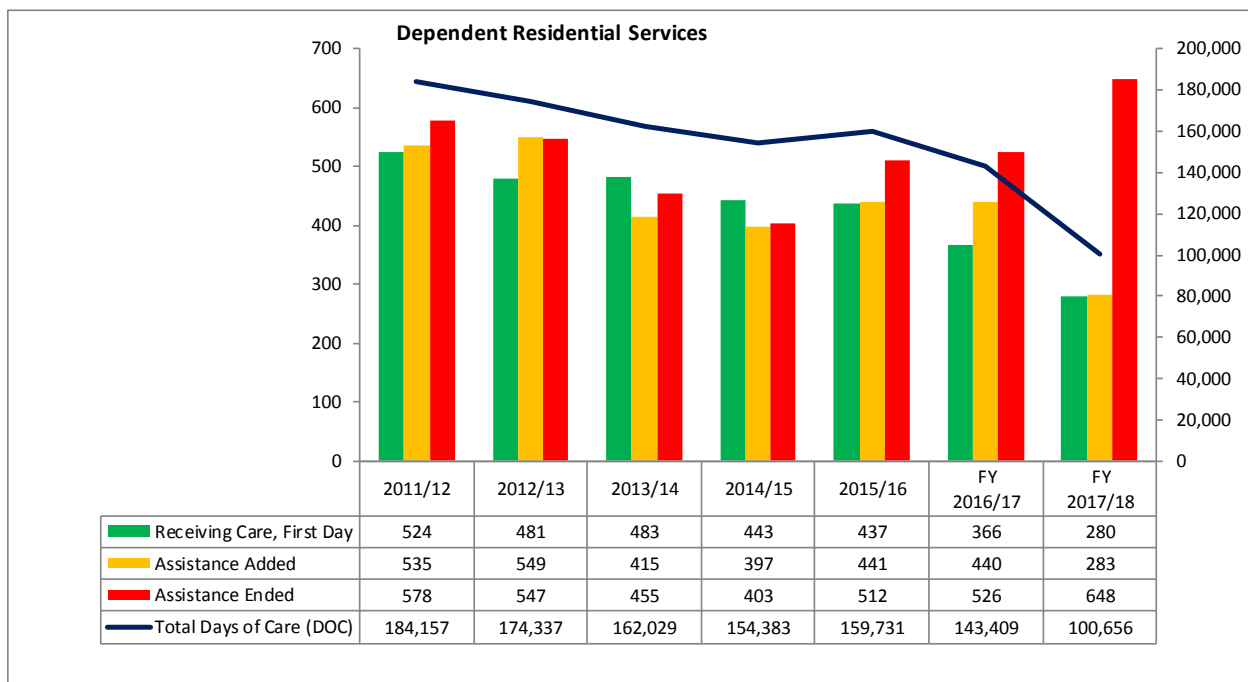
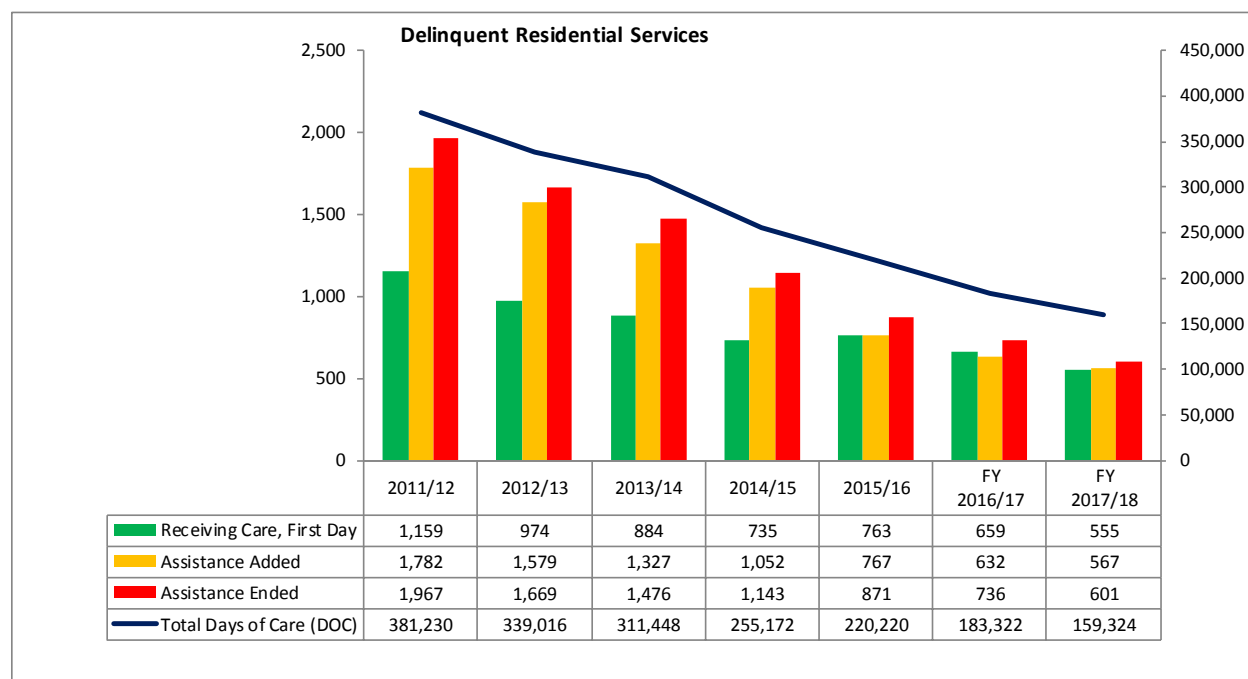


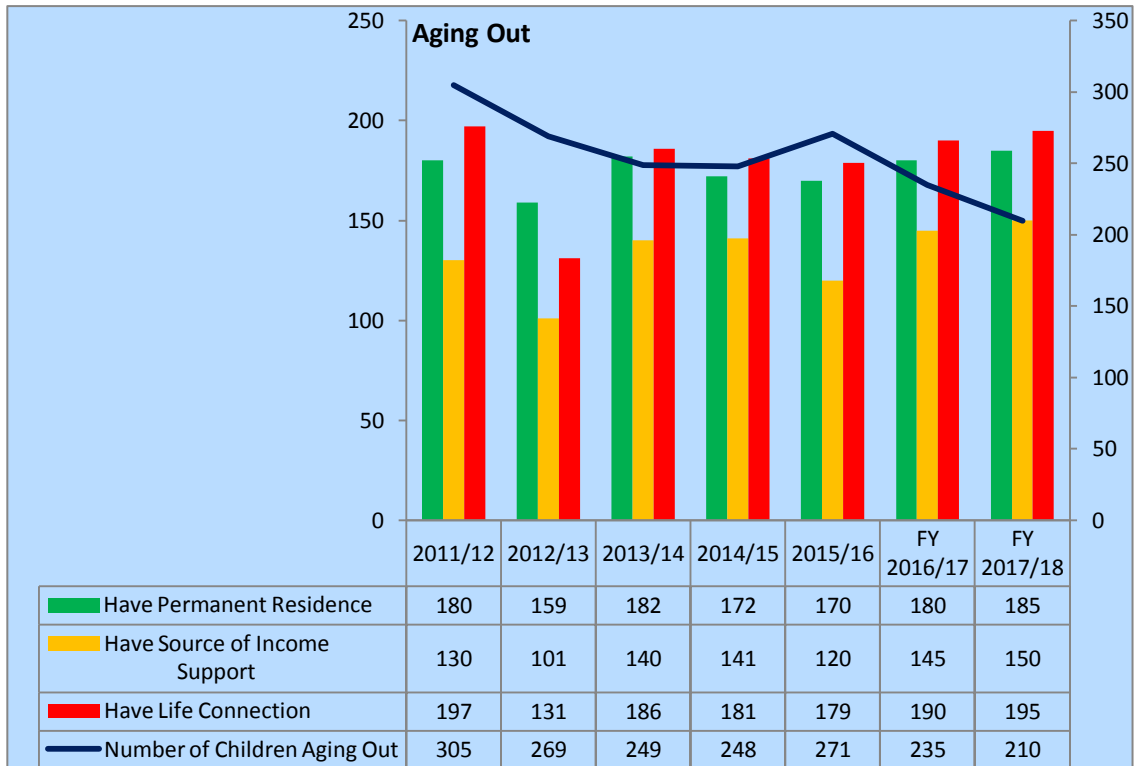
Chart 22:





### 3-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



# Philadelphia

## 3-2f. General Indicators

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

3-2: General Indicators								
"Type in BLUE boxes only"								
County Number: <input type="text" value="51"/>			Class <input type="text" value="1"/>					
Philadelphia County								
<input type="button" value="Copy Part 1 for Narrative insertion"/>			<input type="button" value="Copy Part 2 for Narrative insertion"/>			<input type="button" value="Copy Part 3 for Narrative insertion"/>		<input type="button" value="Print"/>
3-2a. Service Trends								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected FY 2016/17 FY 2017/18		2011-16 % Change
<b>Intake Investigations</b>								
Children	18,299	18,212	19,528	20,229	25,977	26,716	25,380	42.0%
Family	13,397	14,127	14,922	18,028	19,597	20,087	19,083	46.3%
<b>Ongoing Services</b>								
Children	11,064	11,365	12,784	15,630	17,641	16,590	15,602	59.4%
Family	6,133	6,120	6,547	7,594	8,334	7,900	7,489	35.9%
Children Placed	6,108	6,106	6,445	7,396	8,345	7,800	7,291	36.6%
<b>JPO Services</b>								
Total Children	6,538	5,508	5,018	4,442	3,994	3,794	3,699	-38.9%
Community Based Placement	541	479	372	348	294	266	259	-45.7%
Institutional Placements	2,442	2,055	1,869	1,703	1,530	1,442	1,406	-37.3%
3-2b. Adoption Assistance								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected FY 2016/17 FY 2017/18		2011-16 % Change
<b>Adoption Assistance</b>								
Receiving Care, First Day	5,218	5,245	5,114	5,049	5,239	5,403	5,523	0.4%
Assistance Added	550	395	474	428	471	525	500	-14.4%
Assistance Ended	523	526	539	213	307	405	375	-41.3%
Total Days of Care (DOC)								0.0%
3-2c. SPLC								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected FY 2016/17 FY 2017/18		2011-16 % Change
<b>Subsidized Permanent Legal Custodianship</b>								
Receiving Care, First Day	2,104	1,829	1,661	1,571	1,429	1,285	1,243	-32.1%
Assistance Added	169	150	172	106	155	212	246	-8.3%
Assistance Ended	444	318	262	300	299	254	253	-32.7%
Total Days of Care (DOC)	692,073	634,192	595,557	539,445	493,035	455,800	453,361	-28.8%

# Philadelphia

3-2d. Placement Data								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
<b>Traditional Foster Care (non-kinship) - Dependent</b>								
Receiving Care, First Day	1,710	1,668	1,858	2,072	2,287	2,276	1,916	33.7%
Assistance Added	1,279	1,322	1,439	1,692	1,471	1,306	1,240	15.0%
Assistance Ended	1,321	1,132	1,225	1,443	1,482	1,666	1,916	12.2%
Total DOC	619,049	634,303	712,309	819,523	855,363	774,071	687,794	38.2%
<b>Traditional Foster Care (non-kinship) - Delinquent</b>								
Receiving Care, First Day	25	8	8	6	5	3	5	-80.0%
Assistance Added	30	17	4	9	7	9	7	-76.7%
Assistance Ended	47	17	6	10	9	7	5	-80.9%
Total DOC	6,016	3,357	2,003	1,554	931	925	900	-84.5%
<b>Reimbursed Kinship Care - Dependent</b>								
Receiving Care, First Day	1,294	1,307	1,381	1,716	2,339	2,734	2,668	80.8%
Assistance Added	945	860	1,124	1,382	1,658	1,773	1,826	75.4%
Assistance Ended	932	786	789	914	1,263	1,839	2,298	35.5%
Total Days of Care (DOC)	490,279	496,187	559,933	622,714	875,381	983,811	980,443	78.5%
<b>Reimbursed Kinship Care - Delinquent</b>								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%
<b>Foster Family Care - Dependent</b>								
Receiving Care, First Day	3,004	2,975	3,239	3,788	4,626	5,010	4,584	54.0%
Assistance Added	2,224	2,182	2,563	3,074	3,129	3,078	3,066	40.7%
Assistance Ended	2,253	1,918	2,014	2,357	2,745	3,504	4,214	21.8%
Total Days of Care (DOC)	1,109,328	1,130,490	1,272,242	1,442,237	1,730,744	1,757,881	1,668,237	56.0%
<b>Foster Family Care - Delinquent (Total of 2 above)</b>								
Receiving Care, First Day	25	8	8	6	5	3	5	-80.0%
Assistance Added	30	17	4	9	7	9	7	-76.7%
Assistance Ended	47	17	6	10	9	7	5	-80.9%
Total Days of Care (DOC)	6,016	3,357	2,003	1,554	931	925	900	-84.5%
<b>Non-reimbursed Kinship Care - Dependent</b>								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%
<b>Non-reimbursed Kinship Care - Delinquent</b>								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%
<b>Alternative Treatment Dependent</b>								
Receiving Care, First Day	34	25	30	30	37	20	20	8.8%
Assistance Added	59	54	21	36	30	35	35	-49.2%
Assistance Ended	68	49	21	36	47	35	35	-30.9%
Total Days of Care (DOC)	12,002	12,561	13,365	10,565	10,346	8,525	8,525	-13.8%
<b>Alternative Treatment Delinquent</b>								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%

# Philadelphia

<b>Dependent Community Residential</b>								
Receiving Care, First Day	476	467	411	360	392	370	362	-17.6%
Assistance Added	755	685	532	461	487	435	392	-35.5%
Assistance Ended	764	741	583	439	509	443	415	-33.4%
Total Days of Care (DOC)	169,353	157,519	144,948	137,545	146,872	122,827	117,280	-13.3%
<b>Delinquent Community Residential</b>								
Receiving Care, First Day	170	161	127	117	105	88	75	-38.2%
Assistance Added	284	292	202	187	136	127	127	-52.1%
Assistance Ended	293	326	212	202	153	140	127	-47.8%
Total Days of Care (DOC)	53,503	63,129	46,250	43,158	32,208	29,670	27,876	-39.8%
<b>Supervised Independent Living Dependent</b>								
Receiving Care, First Day	230	244	254	194	86	65	60	-62.6%
Assistance Added	195	195	92	62	86	90	80	-55.9%
Assistance Ended	181	158	152	137	107	95	85	-40.9%
Total Days of Care (DOC)	83,391	89,290	80,837	52,383	32,165	28,986	26,181	#REF!
<b>Supervised Independent Living Delinquent</b>								
Receiving Care, First Day	58	52	35	40	32	31	31	-44.8%
Assistance Added	78	57	63	46	46	45	45	-41.0%
Assistance Ended	84	74	58	49	47	45	45	-44.0%
Total Days of Care (DOC)	21,834	14,248	14,155	13,566	12,272	11,957	11,957	-43.8%
<b>Juvenile Detention</b>								
Receiving Care, First Day	124	88	99	126	122	106	105	-1.6%
Assistance Added	4,964	3,111	2,321	2,247	2,107	2,000	2,000	-57.6%
Assistance Ended	5,000	3,100	2,294	2,287	2,123	2,001	2,005	-57.5%
Total Days of Care (DOC)	43,452	38,240	38,600	45,031	36,084	33,696	33,696	-17.0%
<b>Dependent Residential Services</b>								
Receiving Care, First Day	524	481	483	443	437	366	280	-16.6%
Assistance Added	535	549	415	397	441	440	283	-17.6%
Assistance Ended	578	547	455	403	512	526	648	-11.4%
Total Days of Care (DOC)	184,157	174,337	162,029	154,383	159,731	143,409	100,656	-13.3%
<b>Delinquent Residential Services</b>								
Receiving Care, First Day	1,159	974	884	735	763	659	555	-34.2%
Assistance Added	1,782	1,579	1,327	1,052	767	632	567	-57.0%
Assistance Ended	1,967	1,669	1,476	1,143	871	736	601	-55.7%
Total Days of Care (DOC)	381,230	339,016	311,448	255,172	220,220	183,322	159,324	-42.2%
<b>3-2e. Aging Out Data</b>								
<b>Indicator</b>	<b>FY 2011/12</b>	<b>FY 2012/13</b>	<b>FY 2013/14</b>	<b>FY 2014/15</b>	<b>FY 2015/16</b>	<b>Projected</b>		<b>2011-16 % Change</b>
<b>Aging Out</b>						<b>FY 2016/17</b>	<b>FY 2017/18</b>	
Number of Children Aging Out	305	269	249	248	271	235	210	-11.1%
Have Permanent Residence	180	159	182	172	170	180	185	-5.6%
Have Source of Income Support	130	101	140	141	120	145	150	-7.7%
Have Life Connection	197	131	186	181	179	190	195	-9.1%

### 3-2g. through 3-2i. Charts

Insert up to three additional charts that capture the usage and impact of prevention, diversion and/or differential response activities. Each chart should be pasted on a separate page.

The Family and Community Support Center (FCSC) provides an array of services to support families in alleviating risks and stressors which may be barriers to successful family functioning.

The FCSC goal is to offer supportive services that will help identify specific hindrances to effective autonomy in family goal setting and achievements. Linkages to DHS and Community service providers allow families to address and manage short term and more prolonged obstacles hindering stability.

The FCSC Positive Youth Development Programs (PYD) give at-risk youth skill building techniques that encourage team building, self awareness, conflict resolution and career planning. The PYD programs expose the youth to diverse social, academic and recreational activities while maintaining safe and stable environments for their positive growth and development.

The FCSC programs are available to both DHS and CUA staff. The FCSC Family Academic Center is available to all DHS, Court, and CUA staff for assistance with education reports, Individual Education plans, and educational consults.

Please see Prevention Realignment in the 3-4 Program Improvement Strategies section for the way in which DHS is using prevention services to support safe reduction in accept for service rates, safe placement diversion, and safe achievement of timely permanency.

Please see "Prevention Program IOC Alignment" attachment for preliminary findings of review.

Please see Anchor Program Attachment for a list of programs by category and a brief description of the purpose of programs in that category.

### Chart Analysis for 3-2a. through 3-2i.

➤ **NOTE:** These questions apply to both the child welfare and the juvenile justice agencies

- ☐ Discuss any highlighted child welfare and juvenile justice service trends and describe factors contributing to the trends in the previous charts.

See Executive Summary for discussion of increase in reports and in the numbers of children, youth, and families receiving both in-home and placement services.

#### **Investigations**

The five year trend shows that Investigations were on the rise at a relatively gradual rate prior to the CPSL changes that went into effect in late December 2014. Since then, however, the Department experienced immediate and dramatic growth in the number of investigations. In FY 2015-16, the first full fiscal year since the effective date of the CPSL changes, there were 19,597 investigations, 6,200 or 46% more than in FY 2011-12, and 4,674 or 31% more than in FY 2013-14, the last full fiscal year before the new CPSL. Compared to FY 2014-15, which contained six months post CPSL change, the total investigations for FY 2015-16 had increased by 1,569 or 9%.

### **Ongoing Services**

The magnitude of the increase in investigations had a far reaching impact on service levels which increased rapidly in FY 2014-15 and continued to rise in FY 2015-16.

An analysis conducted by PMA of investigations and accept for service data showed that between FY 2012-13 and FY 2015-16 the accept for service rate for investigations on cases not already open for services rose from 13% in FY 2012-13 to 19% in FY 2014-15 before dropping to 15% in FY 2015-16. Over this period, the annual number of cases accepted for service increased from 2,221 in FY 2012-13 to 3,207 in FY 2014-15 before declining to 2,873 in FY 2015-16.

Families accepted for service for the first time also increased both in number and as a share of all families accepted for service. In FY 2012-13, 1,239 or 55% of the families accepted for service it was their first time. In FY 2014-15, 1,994 families were accepted for service for the first time, which represented 62% of all families accepted. In FY 2015-16, the number of new families dropped to 1,823 but increased to 63% of the total. Additionally, the Child/Family ratio of open cases increased from 1.8 to 2.1 between FY 2011-12 and FY 2015-16.

Not surprisingly, between FY 2011-12 and FY 2015-16, the number of children served increased by 6,577 or 60%, from 11,064 to 17,641; families served increased by 2,201 or 37%, from 6,133 to 8,334, and the number of children in placement increased by 2,237 or 37%, from 6,108 to 8,345.

Data from the second half of FY 2015-16 provide early indication that some of the strategies implemented by DHS focusing on accept for services decisions and increasing permanency are producing positive results. Beginning in December 2015, and continuing for seven consecutive months, the number of cases closed has outpaced the number of cases accepted for service. The number of discharges to permanency in FY 2015-16, 1,860 children and youth, is 27% higher than in FY 2014-15. These positive results have happened without a decrease in the number of investigations. DHS believes that the continuation of these targeted strategies in addition to other initiatives, e.g., Rapid Permanency Reviews and Prevention Realignment detailed elsewhere in this plan, will help further reduce the growth in the number of children, youth, and families receiving services. DHS projects that the number of children, youth, and families receiving ongoing services, including the overall number of children and youth in placement, will decrease by 5% to 6% in both FY 2016-17 and FY 2017-18.

### **Dependent Placement Services**

Despite the surge in the number of children in placement, DHS has been successful in its use of the least restrictive placement settings by placing more children in family like settings. Between the first and last reporting periods there was a 54% increase the number of children and youth in Foster Family Care. Even though the total placement population increased, there was a 17.6% decrease in the use of Dependent Community Residential placement (group home placements), and a 16.6% decrease in the use of Dependent Residential Services (institutional placements). An indication that a greater proportion of children and youth who enter out-of-home care are being placed with kin is that the use of Kinship Care saw more significant increases than non-Kinship Foster Care. For Kinship Care, there was an 81% increase in the number of children and youth in care and 78.5% growth in days of care between FY 2011-12 and FY 2015-16. Meanwhile, non-Kinship Foster Care also grew, but at less than half the rate of Kinship

## Philadelphia

Care, with 34% increase in the number of children and youth in care and 38% increase in days of care. In fact, there was a 13% decline in children entering non-Kinship Foster Care in FY 2015-16 from the previous year, while Kinship Care increased by 20%. DHS projects a slight increase in Foster Family Care days of care for FY 2016-17 as the placement population is reduced by ongoing implementation of targeted permanency strategies, and front-end initiatives designed to reduce entries into placement.

- ❑ Discuss any important trends that may not be highlighted.

See response to question below regarding demographic shifts.

- ❑ Identify the impact of established Shared Case Responsibility (SCR) practices within the county.

Shared Case Responsibility provides an opportunity to provide a wider array of services to youth who are under probation supervision and have child welfare, or dependency issues. SCR ensures that appropriate services are provided to address all identified needs. All staff trainings for SCR within DHS have been completed and the numbers of SCR or dependent cases received in DHS are expected to increase, while the numbers of delinquent cases are expected to decrease due to SCR and reintegration services on the juvenile side.

In accordance with Philadelphia DHS policy, DHS and the Philadelphia Juvenile Probation Office are actively working together to achieve permanency for Shared Case Responsibility youth. In FY 2015-16, DHS served 943 youth identified as SCR, up from 840 in FY 2014-15. A youth can enter an SCR status multiple times throughout the life of their involvement with the Department. SCR youth in dependent placements are part of the Permanency strategy detailed in the Program Improvement Strategies section of the Narrative. No additional money is being requested with reference to SCR youth.

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

CYD:

- Child Welfare Demonstration Project (CWDP)  
DHS, in partnership with the Community Umbrella Agencies (CUAs), continue to move forward on the three components of the CWDP: engagement, assessment, and Evidence Based Practices (EBPs). The following is an update on the major activities of the CWDP.

Family Team Conferences:

DHS and the CUAs continue to engage families and stakeholders in Family Team Conferences to support the four goals of IOC. While DHS continues to facilitate conferences, there has been an increased focus on the quality of the conferences. In January 2016, DHS began to monitor the invitation and participation of the mothers, fathers, family supports, children 12 years of age and older, and Parent and Child Advocates to ensure that a comprehensive plan is developed at each conference. In addition, the Practice Specialists (DHS Social Work Supervisors) and the Team Coordinators (DHS Social Work Services Managers) received refresher trainings on

## Philadelphia

using the conferences to drive practice, specifically permanency and family stabilization.

### Evidence Based Practices (EBPs) and Assessment:

DHS and the CUAs, along with Community Behavioral Health (CBH), selected three programs as part of the evidence-based practices component of the CWDP: Parent Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), and Positive Parenting Program (Triple P). While PCIT and FFT have been available as therapeutic interventions in Philadelphia for several years, the CUA staff have experienced challenges understanding the EBPs and using the assessment tools to identify the profile of the child, youth, or family that would benefit from these interventions.

In order to support the system-wide implementation of PCIT and FFT, CBH in partnership with DHS, hired a Behavioral Health Implementation Advisor in June 2016. The Implementation Advisor will:

- Consult with and provide support to CUA leadership and CUA Intervention Directors regarding effective connections between CUAs and behavioral health EBP services.
  - Support the CUAs in developing strategies for meeting the tracking and reporting requirements related to the CWDP.
  - Conduct on-site needs and resource assessment to understand the CUAs' current operational structure related to referrals to evidence-based programs (EBPs) and identify targets for training and technical assistance to support referrals to EBPs.
  - Develop an array of technical assistance tools and trainings that will be offered to the CUAs to support the referral structure to EBPs.
  - Support the development of the FAST, CANS, and ASQ implementation plan.
  - Educate the CUA and DHS staff about how to connect family engagement (family team conferencing) with assessment (FAST, CANS, and ASQ) and how to use assessment to inform the Single Case Plan.
- **Permanency Reviews.**  
In June 2015, DHS in partnership with Casey Family Programs began to conduct a case-by-case analysis of over 600 children and youth who had been in care two plus years to address barriers to permanency. There were two cohorts of children and youth that were identified based on the data analysis that was conducted:
    - All children and youth in kinship care ages 12 and under who had been in care 2+ years (275 children).
      - Approximately 50% of this cohort were in the adoption unit whose parental rights had been terminated and were placed with relatives. Work was focused on completion of child and family profiles (home studies) and other documentation to move forward with adoption finalization and case closure.
      - The other 50% of children and youth were divided between two ongoing units.
    - All children with the goal of reunification who had been in care two plus years (325 children).

Although both cohorts focused on children and youth in care two plus years, a significant number of these children had been in care three years or more.

The case review process includes:

- Meetings with Unit Director and the chain of command (including workers, supervisors, and administrators) to review the status of each of the children and



## Philadelphia

youth, and to discuss efforts and barriers to achieving legal permanency. The meeting concluded with identification of next steps at the case level, in court, and with regard to referrals for child and family profiles. In some instances it was decided that the case needed to be teamed.

- Reviewers focused on supporting workers and supervisors in the decision to maintain or change the permanency goal, and asked critical questions to ensure that case planning activities were then consistent with the identified permanency goal.
- Where necessary, City Solicitor input was obtained.
- Where appropriate, reviewers followed up with the SWAN contractor to determine status of profiles.
- A tracking system was developed; follow-up meetings were conducted to determine progress towards achievement of identified permanency goals; and systems issues that were identified in the case review process were presented at bi-weekly Permanency Planning Meetings for discussion and resolution.

The Permanency Review process also includes collaboration with Family Court around systemic issues related to permanency. These meetings may include parent and child advocates, the city solicitor's office and other court staff to discuss challenges and strategize solutions. Some changes that have been implemented as a result of these meetings are:

- Two new courtrooms.
- Advancing cases with numerous continuances.
- Tracking Cases in Accelerated Adoption Review Court.

The case review process began in June 2015. Data as of December 2015 indicate the following:

- Between July – December 2015, the number of adoptions have increased by 18% compared to July – December 2014.
- As of December 2015, of the 275 children in kinship care 2+ years, 38% of the children have achieved legal permanency either through reunification, adoption or permanent legal custodianship, 30% have had parental rights termination and are awaiting finalization; and 16% have had TPR or PLC hearings scheduled.
- In looking at the number of referrals for child and family profiles from July – December 2015 in comparison to July – December 2014, referrals for child profiles have tripled and referrals for family profiles have doubled.

Case reviews were extended to youth with court-identified goals of APPLA, and are being extended to children and youth with finalized adoptions but whose cases have not been closed. See response regarding intensive case review of 728 youth with a court-identified goal of APPLA in 2-3t Use of Another Planned Permanent Living Arrangement (APPLA).

- Transition of staff from Ongoing Service Regions to Front-end and Adoptions, Teaming, and CUA practice supports.  
See response to 4-1c. Complement for changes in staffing related to changes in the number of children and youth served or in care, or the rate at which children are discharged from care.

## Philadelphia

- Rightsizing congregate care.  
See response to the question in this section regarding use of congregate care, and the Executive Summary regarding “Rightsizing Congregate Care.” The four processes in place continue to be successful in reducing use of congregate care settings and improving outcomes for youth: the Commissioner’s Approval Process, Expedited Permanency Meetings, Emergency Shelter Rightsizing, and clear guidelines for the use of this level of care.
- Efforts to increase use of kinship.  
Full implementation of IOC has had a positive effect on the use of kin as resource homes for children and youth who need out-of-home care. Family outreach and engagement is an integral part of the CUAs work under IOC. Additionally, DHS revised policy, consistent with regulations and PaDHS guidance, in order to promote use of kinship resource homes. Previously, if children or youth were already placed in a non-relative resource home, and kin were located, children and youth would not be moved into the kinship home until the home was fully certified. However, under state regulations, and consistent with a state bulletin, these children and youth could move into the kinship home, so long as the preliminary safety criteria, including required emergency certifications, had been met and the home temporarily approved. Efforts to increase use of kinship resource homes also include encouraging application for waivers of non-safety related licensing requirements, and use of Family Finding and Accurint.
- Education Support Center liaisons.  
DHS has expanded our presence in, and support for, the community and our education system by increasing our collaboration with the School District of Philadelphia. There are currently 15 education liaisons in 20 School District of Philadelphia schools who are assigned to work with the CUAs in their regions. This staff, which is situated in schools with high concentrations of DHS involved youth, is responsible for helping to remove educational barriers for children involved with DHS. They also assist school staff with connecting to the assigned DHS and CUA teams, as well as connecting children and youth who are not DHS-involved with various social services.
- Preventing Sex Trafficking and Strengthening Families Act .  
See relevant write-ups in Program and Resource Implications section.

### JJS:

There continues to be a decreased reliance on use of community-based and institutional placements. Placement in secure detention has historically been a strong predictor of placement in community-based and institutional placements. As detention numbers have decreased, so too have placement numbers.

The Juvenile Justice System Enhancement Strategy (JJSES), the Juvenile Detention Alternatives Initiative (JDAI), as well as other strategies have had an extraordinary impact on addressing risk, responsivity, and overall recidivism. Many reforms in Restorative Juvenile Justice are directly geared towards making data-driven decisions, employing evidence-based practices, and focusing on the development of youth competencies. The commitment to fundamentally address criminogenic factors are evident in diversionary programs at the front end, focusing on providing adequate reintegration on the back end, as well as the use of assessments at critical junctures, and developing a graduated

## Philadelphia

approach as part of Stage 3 of the JJSES model. The use of graduated responses has contributed to fewer youth being placed and more being referred to community-based programming.

In July 2014, Philadelphia's Youth Level of Service policy was restructured in line with recommendations of the Juvenile Court Judges Commission such that the initial YLS assessment is best conducted prior to adjudicatory hearings. Identifying the risk and needs of youth in the early stages has allowed for structured decision making at critical junctures in the juvenile justice system. During FY 2015-16, the JPO conducted 2,881 YLS assessments with 36 % assessed with a low risk level, 57% assessed with a moderate risk level, and 7% assessed with a high risk level.

Philadelphia has made the recommended improvements to the incentives and interventions matrix developed by the Graduated Response committee in conjunction with a consultant, and presented to the statewide Graduated Response workgroup. The improvements tie in the incentives and interventions to the youth's case plan. The committee is currently working on policies and procedures to support implementation of the matrix.

Philadelphia, as one of the State's JDAI pilot sites since 2011, participated in development of the Pennsylvania Detention Risk Assessment Instrument (PaDRAI), and adopted its use in August 2013. To implement the JDAI core strategy of objective decision-making processes, Philadelphia has been using the PaDRAI to guide detention decisions since that date.

The PaDRAI was selected as an approach to address inconsistent detention decision practices through the Detention Utilization Study and System Assessment, undertaken as part of Philadelphia's participation in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative. The PaDRAI is conducted at the time of arrest on all new arrests in Philadelphia, and has been built into the Juvenile Case Management System (JCMS), so that it is used consistently, and data analysis capability is being developed at the state level. The JPO Court Intake Unit conducted 2,992 PaDRAIs in FY 2015-16. Results from local data analysis support the utilization of the PaDRAI as an effective tool to help standardize and guide detention decisions in Philadelphia. The detention decisions indicated by the PaDRAI were followed in the majority of cases. The low discretionary override rate of 12.34% was supported by supervisory review of every PaDRAI completed. This low number is consistent with both the findings of the Validation Study and JDAI literature which suggests an override rate of 15% or less speaks to adherence to indicated decision and buy-in by intake interviewers.

The design and implementation of the PaDRAI provided an objective admissions tool, and has resulted in a more fair and consistent admissions policy, and is aligned with the Balanced and Restorative Justice principles as well as the JJSES for Pennsylvania.

The decrease in the number of arrests, as well as the successful implementation of Juvenile Detention Alternative Initiative (JDAI) strategies to reduce unnecessary reliance on secure detention is also believed to have contributed to the reduced number of delinquent community residential placements.

The use of Global Positioning System (GPS) monitoring allows the Court to remain consistent with the Balanced and Restorative Justice (BARJ) principles of youth

## Philadelphia

accountability and community protection. An average of approximately 200 youth per day are GPS monitored by TrackGroups products and services. Using key product features and staff dedicated to respond to alarms and violations 24 hours a day, 7 days a week, Philadelphia Juvenile Probation has set the benchmark for live, preventive, and interactive monitoring, and is recognized as having one of the best GPS programs nationwide. The program contributes remarkable savings as it provides efficient alternatives to detention and alternatives to placement within the juvenile justice system.

In 2015, the GPS monitoring program at Family Court allowed the Juvenile Probation Department to provide a high level of supervision to 1,237 youth in the community in lieu of placement or detention. Further, aligned with alternative to detention strategies, youth committed to Philadelphia's Evening Reporting Center (ERC) were also placed on GPS monitoring as part of the ongoing JDAI commitment, and as an alternative to placement. With youth being placed on GPS to attend ERC, the combination of both comprehensive programs has evolved to be the Court's most intensively supervised Alternative to Detention program.

Of the total of 1,237 youth in 2015 who were monitored by the GPS program, 680 were monitored as an Alternative to Detention, 75% of whom were successfully discharged, and only two percent were re-arrested. In 2015, GPS monitoring was used as an Alternative to Placement for 557, 69% of whom were successfully discharged, and only one percent were re-arrested.

As stated in the Executive Summary, based on the success of the pre-adjudication Evening Reporting Centers (ERC), a post-adjudication ERC was opened in January to provide an intermediate level of supervision alternative to placement, particularly for those youth who violate the terms of their probation. As with the pre-adjudication ERC, program length is six months, and GPS monitoring is a requirement of participation. The ERC program has a capacity of 20, all male, youth in each six-month cohort. The post-adjudication ERC is being piloted with Northeast Treatment Centers (NET) as the awarded contract provider.

Youth committed to the program benefit from evidence-based interventions like Cognitive Behavior Therapy, and Aggression Replacement Therapy. Youth in the program also participate in the *Sports for Juvenile Justice (SJJ) Program*, a collaboration between the U.S. Attorney's Office, Family Court, DHS, and NET. This unique initiative places adjudicated youth into sport-based positive youth development programs, where in addition to participation in sports activities, they share nutritious snacks, engage in character-building activities, conflict resolution, positive communication, anger management, goal-setting, and creating healthy relationships. As stated in the Executive Summary, the program includes community service projects and gives youth an opportunity to earn money for restitution.

The ERC is directly aligned with Balanced and Restorative Justice Principles of community safety through GPS monitoring and prevention of re-arrest, accountability through required attendance, and competency development through extensive programming.

A very important priority for the Juvenile Justice System, as stated in the Executive Summary, is to have quality data, information sharing, and appropriate statistical analysis for all stakeholders across the system because data-informed decisions are a core

## Philadelphia

component of JDAI. As a result, hiring a data specialist and creating a computer system that allows matching of a youth's strengths and needs with available programs is included in the JJS Program Improvement Strategy narrative.

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

In a five year comparison, as shown in the tables below, the distribution of the ages of children in placement has shifted from 58% being over the age of ten in 2011, to 47% of the total population in 2016. The percentage of the placement population aged 0 to 9 has increased from 42% in 2011 to 53% in 2016. A greater change is noticed in the children aged 13 and older where they once represented 49% of the population to now just 35%. Note also the reduced number of children in non-family settings in both percentage as well as total, indicating that we are placing fewer and fewer youth aged 13 and over into group homes and institutions, even while the system has experienced rapid and significant growth in placements.

Children & Youth in Dependent Placement on 6/30/2011						
Placement Type	AGE RANGE					Total
	0-4	5-9	10-12	13-17	18-21	
Kinship Care	502	283	116	273	96	1,270
Foster Care	617	388	207	404	146	1,762
Institution	0	7	32	418	86	543
Group Home	1	5	5	374	92	477
SIL	0	0	0	13	158	171
Zero Rate CUA	0	0	0	0	0	0
Emergency Shelter	1	0	3	45	2	51
Total	1,121	683	363	1,527	580	4,274
	26%	16%	8%	36%	14%	100%
Children in care age 13 and older		Number			2,107	
		As % of total in placement			49%	
Children in Congregate Care		Number			1,071	
		As % of total in placement			25.1%	

## Philadelphia

Children & Youth in Dependent Placement on 6/30/2016						
Placement Type	AGE RANGE					Total
	0-4	5-9	10-12	13-17	18-21	
Kinship Care	964	731	388	529	117	2,729
Foster Care	788	606	301	442	144	2,281
Institution	0	6	20	291	46	363
Group Home	13	3	4	284	70	374
SIL	0	0	0	8	94	102
Zero Rate CUA	10	10	6	5	1	32
Emergency Shelter	1	0	6	43	0	50
Total	1,776	1,356	725	1,602	472	5,931
	30%	23%	12%	27%	8%	100%
Children in care age 13 and older		Number			2,074	
		As % of total in placement			35%	
Children in Congregate Care		Number			787	
		As % of total in placement			13.3%	

- ❑ Describe the county's use of congregate care – provide an overview description of children/youth placed in congregate care settings and describe the county's process related to placement decisions.

See Executive Summary regarding "Rightsizing Congregate Care." DHS will continue to pursue its successful efforts to reduce the use of congregate care, and to make judicious use of congregate care as a stop-gap measure for emergency placements while appropriate less restrictive settings are located so that children and youth do not stay overnight in the Department's Child Care room. It continues to be a DHS priority to increase the use of resource home care, particularly kinship care, for children and youth needing care. This priority is being pursued by increasing resource home recruiting, and increasing the per diem rate for resource home parents.

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

### CYD:

- Child Care Room strategy.  
See Executive Summary regarding strategies to eliminate use of child care room for overnight stays.
- Reduce CUA CM caseloads.  
See Executive Summary and response to 3-1 – County Fiscal Background.
- Reduce Solicitor caseloads.  
See response in 3-4 - Program Improvement Strategies.

## Philadelphia

- Rapid Permanency Reviews.  
See response in 3-4 - Program Improvement Strategies.
- Resource capacity – increase and stabilize:
  - Increase funding to support Resource Parent Recruiters.
  - Increase per diem for general foster care.
  - Increase rate for Specialized Behavioral Health.  
See Executive Summary and response to 3-1 – County Fiscal Background.
- Increase use of permanency supportive services.  
See response in 4-3g - SWAN.
- Use prevention services to stabilize and support permanency and reduce re-entry.  
See response in 3-4 - Program Improvement Strategies.
- Additionally, strategies to safely reduce accept for service will support reduction in the numbers of children in out of home care.

### JJS

Although the Philadelphia Juvenile Justice Services Center has been operating at a reduced census over the last few years, staffing levels of Youth Detention Counselors must be maintained in order to meet staffing ratios during all shifts as mandated by the State, Court ordered one on one coverage, and to meet security needs during transportation, intake, activities, etc.

As noted in the Executive Summary, there was significant underutilization of Family Group Decision Making (FGDM) in FY 2015-16, despite the Juvenile Justice System's earnest efforts to make use of this evidence-based model. As a result, and in collaboration with the JPO and the Court, DHS has decided to forgo use of the model in FY 2016-17, and will instead seek to enhance our Reintegration efforts by aligning both the intensity and length of service with what is prescribed by the Youth Level of Service Inventory (YLSI). Currently, a Reintegration Provider Worker (RW) meets with the youth, their families, and their Probation Officer 30-45 days prior to discharge. By meeting with all parties earlier in the process, at the time of commit, it will allow the RW to fully understand the youth's case, build a stronger rapport with all parties, and to provide a plan which includes the best aftercare services available for each individual youth. The enhanced in-depth planning and supervision will produce more successful outcomes for youth while considering the safety and well-being of youth in the community. By enhancing Reintegration Services, DHS anticipates reductions in recidivism due to both new arrests and violations of probation. Providers will need additional compensation to take into account the added length of service and the requirement for evidence based interventions.

As stated in the Executive Summary, we continue to experience ongoing success with the School Police Diversion program. Dr. Naomi Goldstein, a Stoneleigh Fellow and psychologist with Drexel University, is evaluating the efficacy of the Intensive Prevention Services as diversion programs for the School Police Diversion program. Early analysis shows that less than 5% of the youth who've gone through the program commit new offenses in schools that result in their arrest. To build on the program's success, DHS is seeking to expand utilization in the West-Southwest area of the City to decrease waiting

## Philadelphia

lists and to ensure timely provision of services. Therapeutic placements for female youth is a needed, however, as stated in the Executive Summary, there is not enough demand for the service to support the residential programming for which a Request For Proposals was issued in FY 2015-16. As a result, to meet the need, a request for Proposals on a smaller scale, offering six to ten beds, will be issued in FY 2016-17.

### 3-4 Program Improvement Strategies

Counties may opt out of completing all or parts of this section if one or more of the following apply:

- Participating CWDP counties if the information is captured in their IDIR-U and the plan is submitted as an attachment
- Phase I – IV Continuous Quality Improvement (CQI) counties whose County Improvement Plan (CIP) captures the required information and the plan is submitted as an attachment
  - Counties have a formalized strategic plan (child welfare and/or juvenile justice) that captures the required information and the plan is submitted as an attachment

Counties must identify the areas for improvement that are the focus of CIPs, IDIR-U or other strategic plans that are in planning stages or under implementation in FY 2016-17 and FY 2017-18 that address both child welfare and juvenile justice populations.

Counties must select a minimum of three Outcome Indicator charts that are relevant to their identified Program Improvement Strategies. County juvenile justice agencies should also include charts relevant to their program improvement strategies.

Counties who are below the national standard for re-entry must select this as an area of improvement.

- CWDP counties and prospective CWDP counties must select Outcome Indicators that are reflective of targeted outcomes of their Demonstration Project design.

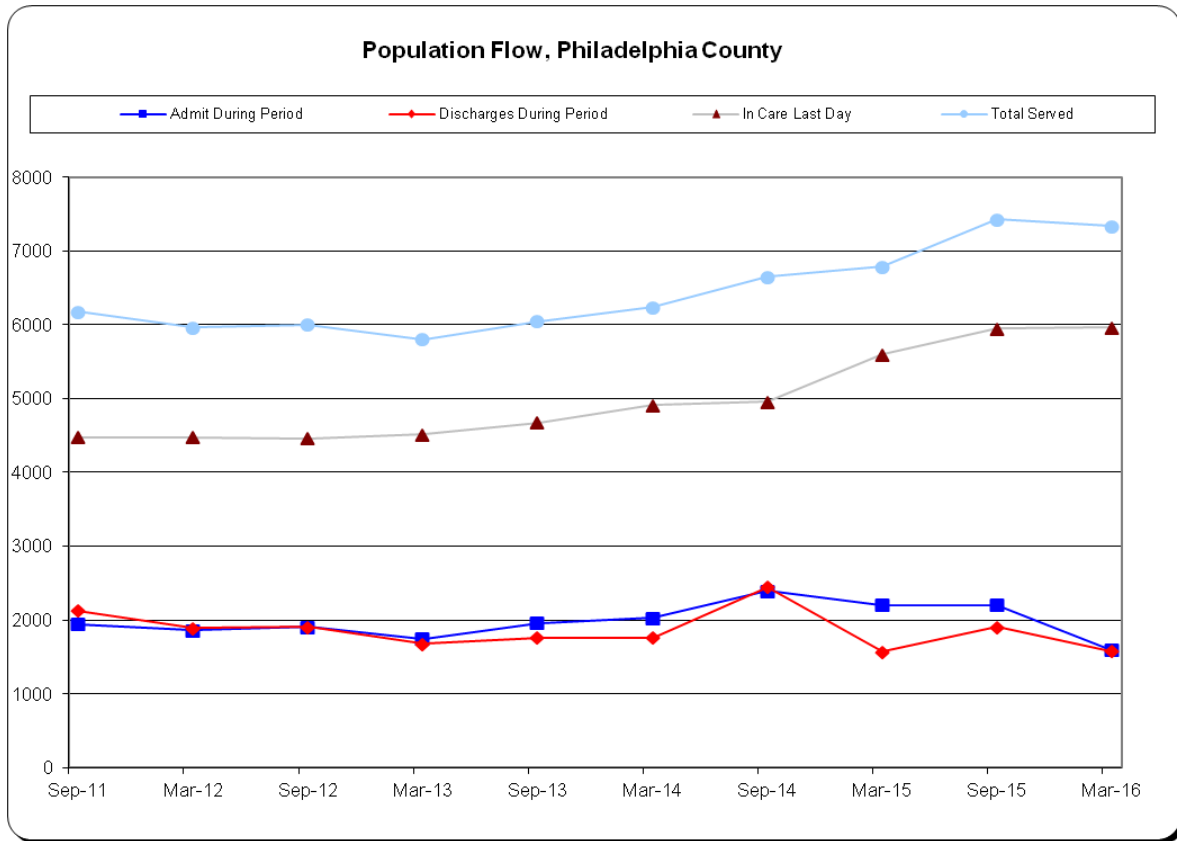
Foster care population flow for children, including admissions and discharges each six-month period, the number of children in care at the end of each six-month period, the number of (unduplicated) children served during each six-month period, and the rates per 1,000 child population in the County.

### ***Population Flow Data:***

	Sep-30 2011	Mar-31 2012	Sep-30 2012	Mar-31 2013	Sep-30 2013	Mar-31 2014	Sep-30 2014	Mar-31 2015	Sep-30 2015	Mar-31 2016
<b>Philadelphia County</b>										
<b>Admit During Period</b>	1,941	1,861	1,906	1,744	1,956	2,025	2,395	2,206	2,198	1,590
<b>Discharges During Period</b>	2,126	1,889	1,906	1,678	1,764	1,762	2,446	1,568	1,903	1,579
<b>In Care Last Day</b>	4,475	4,472	4,459	4,513	4,677	4,909	4,957	5,595	5,950	5,961
<b>Total Served</b>	6,179	5,960	5,999	5,805	6,046	6,239	6,647	6,789	7,430	7,339
<b>Total Child Population</b>	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567
<b>Admissions per 1,000 Population</b>	4.682	4.489	4.598	4.207	4.718	4.885	5.777	5.321	5.302	3.835
<b>Discharges per 1,000 Population</b>	5.128	4.557	4.598	4.048	4.255	4.250	5.900	3.782	4.590	3.809
<b>In Care per 1,000 Population</b>	10.794	10.787	10.756	10.886	11.282	11.841	11.957	13.496	14.352	14.379
<b>Served per 1,000 Population</b>	14.905	14.376	14.471	14.003	14.584	15.049	16.034	16.376	17.922	17.703



## Philadelphia



**Figure 1a: Population Flow, Philadelphia County**

Of all children who were in foster care for 24 months or longer on the first day of the target year, what percent were discharged to reunification, relative care, guardianship or adoption, prior to their eighteenth birthday, by the end of the target year?

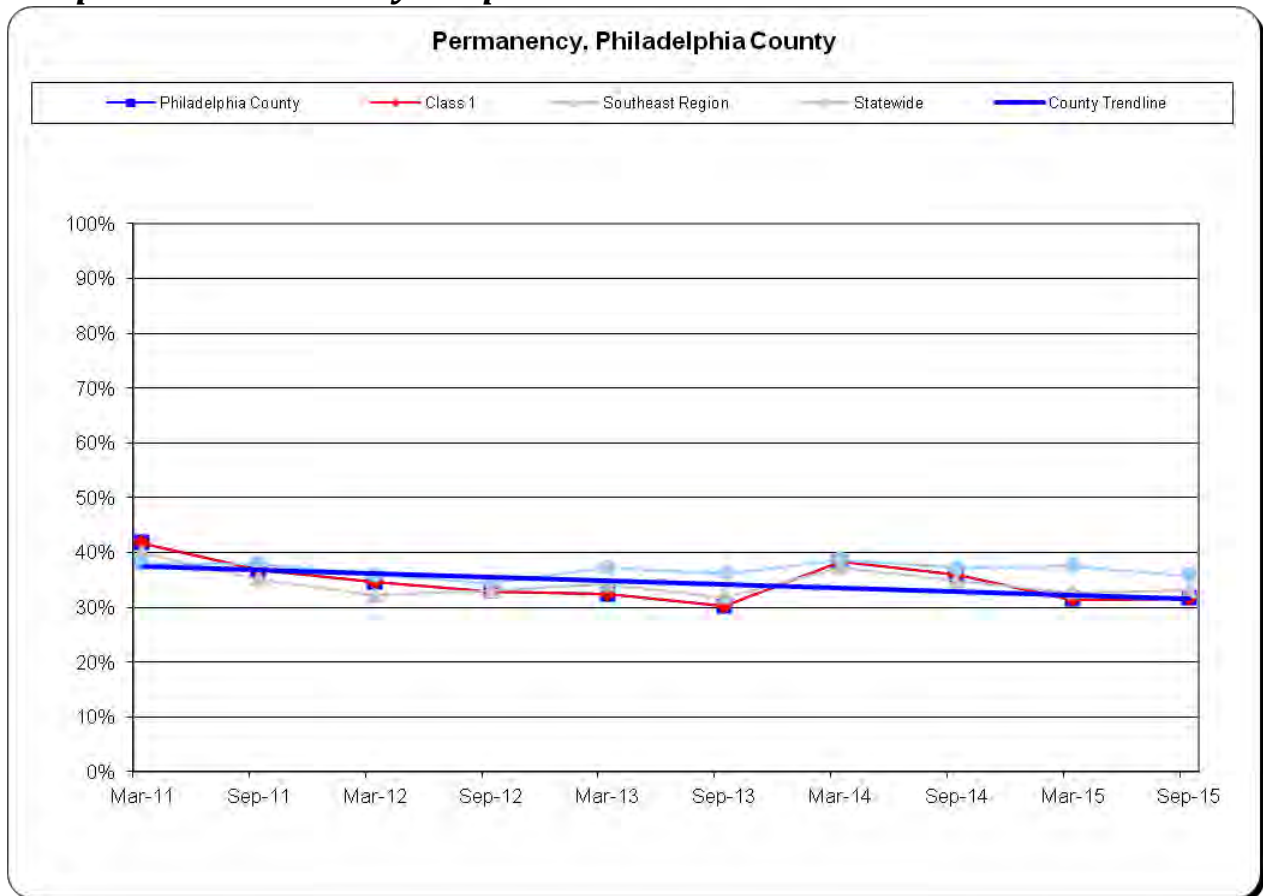
### ***Prospective Permanency Data:***

	Mar-31 2011	Sep-30 2011	Mar-31 2012	Sep-30 2012	Mar-31 2013	Sep-30 2013	Mar-31 2014	Sep-30 2014	Mar-31 2015	Sep-30 2015
<b><i>Philadelphia County</i></b>										
<b>Total in Care 24+ Months</b>	1,442	1,241	1,122	1,126	1,126	1,212	1,318	1,393	1,367	1,466
<b>Discharges to Permanent Home</b>	601	456	388	371	364	366	504	501	429	464
<b>Percent</b>	41.68%	36.74%	34.58%	32.95%	32.33%	30.20%	38.24%	35.97%	31.38%	31.65%
<b><i>Class 1</i></b>										
<b>Total in Care 24+ Months</b>	1,442	1,241	1,122	1,126	1,126	1,212	1,318	1,393	1,367	1,466
<b>Discharges to Permanent Home</b>	601	456	388	371	364	366	504	501	429	464

## Philadelphia

	Mar-31 2011	Sep-30 2011	Mar-31 2012	Sep-30 2012	Mar-31 2013	Sep-30 2013	Mar-31 2014	Sep-30 2014	Mar-31 2015	Sep-30 2015
<b>Percent</b>	41.68%	36.74%	34.58%	32.95%	32.33%	30.20%	38.24%	35.97%	31.38%	31.65%
<b><i>Southeast Region</i></b>										
<b>Total in Care 24+ Months</b>	2,159	1,909	1,709	1,710	1,698	1,747	1,879	1,985	1,957	2,028
<b>Discharges to Permanent Home</b>	862	670	550	566	580	556	702	690	640	670
<b>Percent</b>	39.93%	35.10%	32.18%	33.10%	34.16%	31.83%	37.36%	34.76%	32.70%	33.04%
<b><i>Statewide</i></b>										
<b>Total in Care 24+ Months</b>	5,185	4,751	4,263	3,950	3,906	3,788	3,733	3,761	3,659	3,633
<b>Discharges to Permanent Home</b>	1,971	1,806	1,530	1,363	1,454	1,371	1,442	1,398	1,374	1,301
<b>Percent</b>	38.01%	38.01%	35.89%	34.51%	37.22%	36.19%	38.63%	37.17%	37.55%	35.81%

### ***Prospective Permanency Graph:***



The proportion of children entering care for the first time during each six-month period who are reunified with their parents or discharged to relatives within thirty days, sixty days, six months, twelve months and twenty-four months.

# Philadelphia

## CFSR Measure

### 1.4

*Of all children reunified during the previous year, what percent re-entered care within 12 months of the discharge to reunification?*

#### Philadelphia County

##### Class 1

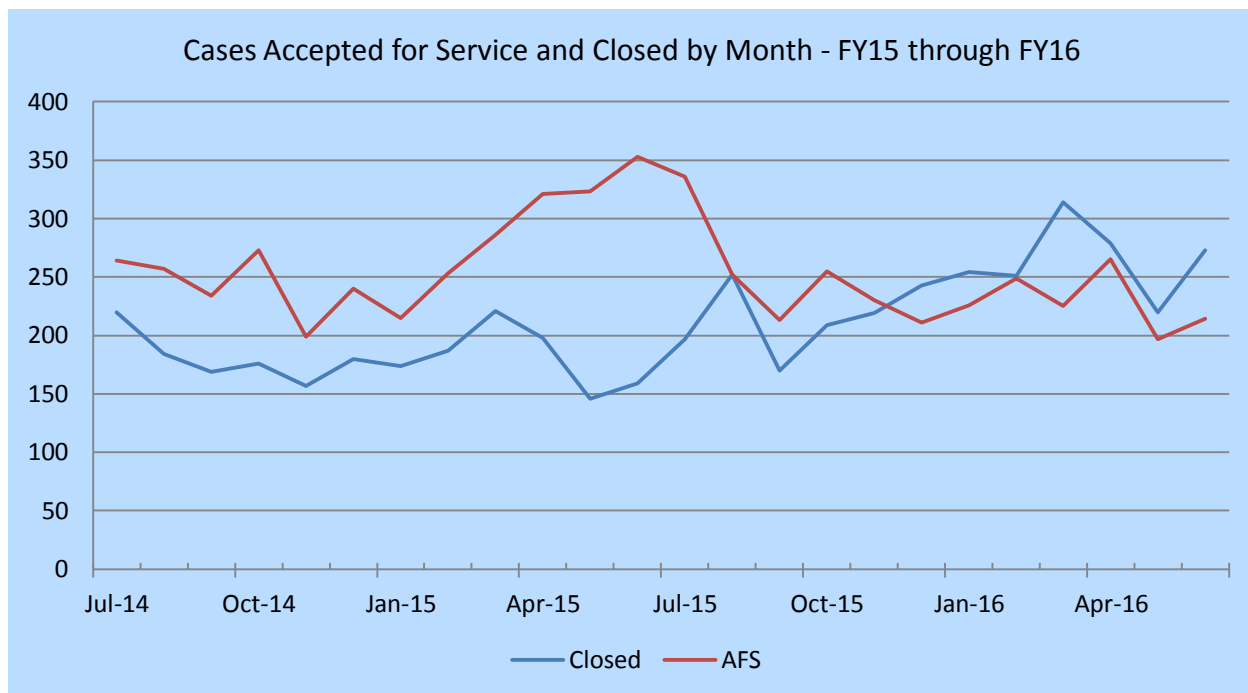
Southeast Region		2011 30- Sep	2012 31- Mar	2012 30- Sep	2013 31- Mar	2013 30- Sep	2014 31- Mar	2014 30- Sep	2015 31- Mar	2015 30- Sep	2016 31- Mar
County:	Total Reunifications	2,096	2,211	1,892	1,718	1,625	1,596	1,575	1,652	1,628	1,395
	Re-Entries within 12 months	953	1,035	871	777	758	750	743	749	601	716
	Percent	45.47%	46.81%	46.04%	45.23%	46.65%	46.99%	47.17%	45.34%	36.92%	51.33%
Class:	Total Reunifications	2,096	2,211	1,892	1,718	1,625	1,596	1,575	1,652	1,628	1,395
	Re-Entries within 12 months	953	1,035	871	777	758	750	743	749	601	716
	Percent	45.47%	46.81%	46.04%	45.23%	46.65%	46.99%	47.17%	45.34%	36.92%	51.33%
Region:	Total Reunifications	2,820	2,843	2,478	2,350	2,248	2,231	2,209	2,266	2,225	2,009
	Re-Entries within 12 months	1,103	1,164	992	914	899	894	884	896	735	844
	Percent	39.11%	40.94%	40.03%	38.89%	39.99%	40.07%	40.02%	39.54%	33.03%	42.01%
Statewide:	Total Reunifications	7,068	6,995	6,433	6,296	6,092	5,874	5,702	5,907	6,159	5,856
	Re-Entries within 12 months	1,964	2,027	1,787	1,734	1,707	1,641	1,606	1,624	1,531	1,601
	Percent	27.79%	28.98%	27.78%	27.54%	28.02%	27.94%	28.17%	27.49%	24.86%	27.34%
National 75 <sup>th</sup> Percentile		9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%

Despite work on correcting coding errors in AFCARS data, the rates provided in the Hornby Zeller data package continue to differ from data produced by Philadelphia DHS. As in past submissions, to maintain consistency in reporting out progress on the Program Improvement Strategies, DHS will use its own data count of the children and youth who entered and exited any dependent placement and who re-entered dependent placement.

#### Cases Accepted for Service and Closed

Case Activity	FY 15	FY 16	Percent Change
AFS	3,218	2,873	-11%
Closures	2,171	2,881	33%
Net Gain of Cases	1,047	-8	

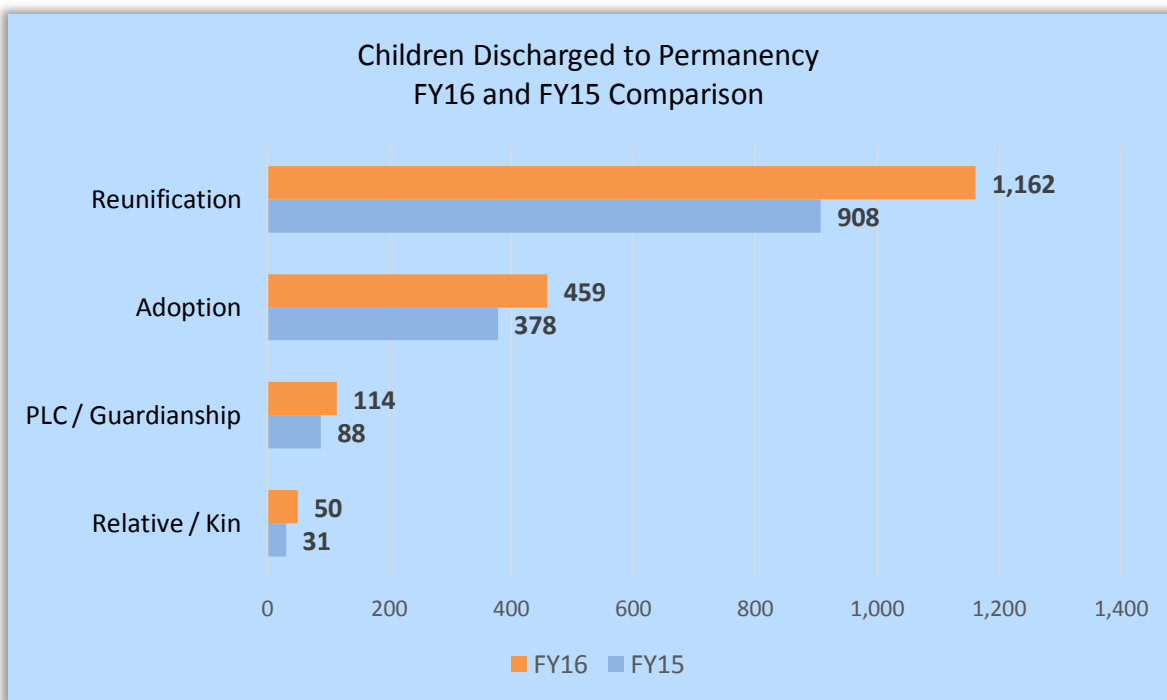
## Philadelphia



Families Receiving In-Home Services*			
	June 30, 2015	June 30, 2016	Percent Change
CYD	67	32	
CUA	2,167	1,871	
<b>Total</b>	<b>2,234</b>	<b>1,903</b>	<b>-15%</b>

Children Receiving Placement Services			
	June 30, 2015	June 30, 2016	Percent Change
CYD	1,993	929	
CUA	3,600	5,003	
<b>Total</b>	<b>5,593</b>	<b>5,932</b>	<b>6%</b>

## Philadelphia



- In FY 2015-16, as of the 7/15/16 data run, 1,785 children have been discharged to permanency. The FY2015-16 total is 380 or 27% higher than the total for FY2014-15.

Counties do not need to provide a separate response for each area of Program Improvement Strategy but rather discuss the county's identification, planning and implementation efforts as a whole.

- If you have not submitted a formalized plan as an attachment, please describe the priority areas of program improvement that are underway within your county. Discuss the connection of your priority areas to the OCYF priority areas that have been identified.

See CWDP IDIR-U, CWDP semi-annual progress report and updated Workplan, attached.

See also Executive Summary, and response in Chart analysis section.

In addition to the use of engagement, assessment, and evidence-based practices as part of the CWDP, DHS has developed a set of strategies based on priority areas of improvement.

CYD: The priority areas for improvement to achieve the core goals of IOC, as described in the Executive Summary, are:

- Safely reducing the number of families accepted for service.
- Safely moving children and youth to permanency in a timely manner by reducing barriers to permanency on both case and systemic levels.
- Supporting those efforts programmatically, fiscally, and through monitoring and provision of technical assistance.

## Philadelphia

The strategies used to address these goals will, additionally, address Philadelphia's re-entry rate being higher than the national standard of 8.3%.

Supporting safe reduction in accept for service

- Ensure that Prevention services are directly focused on maintaining children and youth in their own homes and communities, safely diverting children and youth from placement, and supporting families so that children and youth do not re-enter care.
- Use services, such as Family Finding or Family Group Decision Making, usually thought of as case management tools, during the investigation period when Family Empowerment Services have been put in place to help stabilize the family and mitigate safety threats to potentially divert the family from being accepted for service.
- Review AFS decisions and process with technical assistance from Casey Family Programs. Assistance from Casey will help DHS determine if we are accepting the right cases, those children and families with active safety threats, for services, and if changes to processes and practice, in addition to those the Department has already begun, can be made to safely divert families from the formal child welfare system.
- Working with and supporting Philadelphia Family Court in its decision making regarding the safety of children and youth involved in custody matters.

Prevention Realignment

DHS has experienced a significant rise in the number of calls to the Hotline, and a similar rise in the number of investigations assigned to its Intake regions, primarily due, it is believed, to the sweeping overhaul of the Child Protective Services Law after the Jerry Sandusky case which expanded the definitions of child abuse, perpetrator, and mandated reporter, and increased the penalties for mandated reporters who fail to report abuse. In FY 2015-16, the total number of Hotline reports (e.g., referrals) was 29,569, up 4,639 (19%) from FY 2014-15's total of 24,930. The total number of investigations in FY 2015-16 was 19,597, which is 1,569 more than FY 2014-15's total of 18,028, an increase of 9%.

The high call and report activity has also impacted the volume of DHS's dependent placements. In April of 2015, DHS had approximately 5,400 children and youth in out-of-home placement. This year, as of June 30, 2016 there were almost 6,000 children and youth in out-of-home placement, an 11% increase. DHS has seen a decrease in the number of families receiving in-home services. As of June 30, 2015 approximately 2,239 families were receiving in-home services compared to 1,903 as of June 30, 2016, a 15 decrease.

As part of our strategy not only to make immediate, safe reductions in the numbers of children, youth, and families receiving services, but to structure a system which will support the decision-making to sustain these reductions, DHS has conducted an extensive review of its Prevention program service continuum.

Philadelphia DHS (DHS) has reviewed its Prevention funding allocation and programs to identify quality services that align with DHS' Improving Outcomes for Children (IOC) core goals (see Executive Summary for IOC goals). The central objective of this review was to make sure that the right services are reaching the families and communities that need them to safely reduce or eliminate their need for protective services. The review included examining types of Prevention programs needed in the communities served by

## Philadelphia

Community Umbrella Agencies (CUAs). The following indicators of need were considered by CUA region: Accept for Service rates, type and volume of child abuse and neglect reports generated, poverty indicators, high school dropout rates, and quality child care. Please see “Prevention Program IOC Alignment” attachment for preliminary findings of review.

As a result, DHS identified “Anchor” Prevention programs that will be focused on the communities with the highest Accept for Service and poverty rates. There are five Anchor service categories that include the following: Diversion Case Management, Domestic Violence, Educational Support, Parenting, Housing, and Community Engagement, which includes mentoring. Each category has a cohort of programs that DHS has committed to maintain and expand capacity as needed. Please see Anchor Program Attachment for a list of programs by category and a brief description of the purpose of programs in that category.

Anchor programs will also be used during investigations to inform safety assessment, provide safety services for safety plans, and serve as program alternatives for families at risk but have no safety threats. While they were traditionally used for case management purposes, DHS will be using Family Group Decision Making for families referred for Family Empowerment Services (FES) during an investigation. By strategically utilizing these services during investigations, it is anticipated that some families which might have been accepted for service, or children and youth who might have been placed, will not need to be.

The next step in restructuring Prevention services is to make sure that the Anchor program standards align with IOC goals. DHS is currently reviewing program standards and scopes of work. The program standards will be revised as needed to support safe reduction of Accept for Services rates, out-of-home placements, and re-entry rates. For example, Out of School Time (OST) programs, included among the Anchor Programs, were previously available equally to all children and youth. Under the realignment strategy, OST programs will maintain a certain number of slots for DHS children and youth in out-of-home care to support their success in school, their development, and other well-being measures.

To this end, the initial phase of this review has resulted in identifying the following standards for Anchor programs:

- Divert the numbers of families receiving mandated services by providing them with services that address their immediate and anticipated needs.
- Develop individual program methodology for measuring program success with desired outcomes specified. This includes referral, engagement, utilization, and retention strategies.
- Data Collection and Quality Assurance process to assure accountability for prescribed services and insurance of continued internal assessment of program goals and objectives.
- Develop a mechanism to track children, youth, and families served who are active with Philadelphia DHS.
- Develop measurable program goals that support DHS IOC goals.
- Connect with Community Umbrella Agencies in their service arena to insure community connections and collaborations that encourage outreach and inclusion for children, youth, and families.

## Philadelphia

Preliminary measures are:

- Decrease in Accept for Service (AFS) rates.
- Decrease in Out-of-home placement.
- Decrease in Re-entry rates.

Preliminary baseline data for Prevention Realignment:

Investigations & AFS Rates, FY13 - FY16

	FY13	FY14	FY15	FY16
Investigations	14,127	14,922	17,949	19,597
Investigations on Cases Not Already Open	11,879	13,661	14,965	16,116
Cases AFS*	1,506	2,417	2,893	2,428
AFS Rate**	13%	18%	19%	15%

\*The accept for service numbers relate directly to the number of investigations with report dates that fall within the year shown. Thus, they do not reflect the total number of cases accepted for service during the year, as some cases accepted for service during the period shown will be related to investigations from the previous year.

\*\*AFS rates are determined by dividing the number of cases accepted for service by the number of investigations on cases that were active at the time of the report.

Initial Out of Home Placements

FY	Children
FY13	1,605
FY14	1,799
FY15	2,328
FY16	2,236

From FY15 to FY16 there was a 4% decrease in the total number of children experiencing a first time out of home placement.

### Reentry into Foster Care

The data on reentry into foster care shown below is one of the federal indicators used to measure state child welfare systems performance on permanency. This particular indicator is a measure of the stability of reunification.

Included in the reunification numbers are those children and youth discharged to the care of a relative. Excluded are those children and youth discharged to relatives who were granted PLC or Guardianship.



## Philadelphia

**Table 1:** Of all children who were discharged from foster care to reunification in the 12-month period shown what percentage re-entered foster care in less than 12 months from the date of discharge?

	FY 2013	FY 2014	FY 2015
# Reunifications	1,022	919	1,029
# Reentered Dependent Placement within 12 Months	164	123	152
12 Month Reentry Rate	16.0%	13.4%	14.7%
# Reentered Dependent Placement in 18 Months	194	177	167
18 Month Reentry Rate	19.0%	19.3%	16.2%

Data as of 6/30/16

DHS's Performance Management and Accountability (PMA) division and DHS's Accept for Service workgroup, with assistance from Casey Family Programs, will work towards developing data that provides greater insight into how the availability of diversion services influence Accept for Service and out-of-home placement decisions. When all baselines are established, more definitive measures of the success of Prevention Realignment will be established.

- Safely preserving families involved in custody matters.  
As part of the continuing collaboration between DHS and Family Court to protect children and youth and to preserve families, DHS is working with the Court to ensure that the Court has adequate resources to inform its safety decision regarding children and youth involved in custody matters.

State law requires criminal history certifications in custody matters for all parties and their household members. If a party or household member has been convicted of or has pled guilty to one of the enumerated crimes, the Court, or a designee, is required to conduct an initial evaluation as to whether the person poses a threat of harm to the child or youth whose custody is being considered.

In order to safely preserve families and prevent potential formal involvement in the child welfare system, DHS, in support and on behalf of the Philadelphia Family Court, is requesting funding for evaluations by a qualified mental health professional when parties to a custody matter, or their household members, are found to have a record of one of the enumerated offenses and the court deems it necessary to assess whether a risk of harm to the child or youth may exist if access to the child or youth is granted.

This evaluation will assist in the Court in making a custody decision that 1) protects the safety of the child; 2) potentially preserves a child's ability to remain with a parent or kin; 3) potentially reduces the number of children that would enter the formal child welfare system.

## Philadelphia

### Supporting safe, timely permanency

- Reduce CUA caseload ratios to focus on providing quality services and reduce turnover.
  - Fund CUAs to reduce ratios and support recruitment and retention.
  - Flexible staffing to reallocate non case carrying positions to case carrying.  
See Executive Summary and 3-1 County Fiscal Background.
- Reduce Solicitor caseload sizes so that Solicitors can advise DHS staff, participate more actively in teamings, and guide the cases more efficiently through the Court process.

The Child Welfare Unit (CWU) of the City of Philadelphia Law Department represents the City of Philadelphia Department of Human Services in its mandate to protect abused and neglected children and youth. The majority of this representation takes place in the Court of Common Pleas, Philadelphia County, Family Court Division (Family Court). Representation also includes consultations regarding non-court involved cases and issues, and practice in other forums, such as the PaDHS Bureau of Hearings and Appeals (BHA).

In 2004, the American Bar Association published Standards of Practice for Lawyers Representing Child Welfare Agencies as part of its Permanency Barriers Project in which Philadelphia was a participating county, and is still active in Pennsylvania and supported by PaDHS. The Standards are intended to help agency attorneys prioritize their duties and manage the practice in a way that will benefit the agency and ultimately the children, youth and families for whom the agency provides services. They continue to be cited by the ABA's Committee on Children and the Law endorsed as a current resource on the website of the National Association of Counsel for Children, the Child Welfare Information Gateway, as well as by numerous State Supreme Court and State Bar Association committees on child welfare practice. In addition, the Standards have been cited in numerous peer-reviewed journal articles published by Law Schools including Fordham, the University of Minnesota, and Penn State Dickinson School of Law. See Standards, attached.

The Standards include basic obligations for agency attorneys (see B-2 Basic Obligations), not comprehensive, but including key aspects of any agency attorney's role. These basic obligations include:

- General obligations.
- Obligations to advise and counsel the agency about all legal matters on case, agency, and systemic levels.
- Court Preparation.
- Obligations regarding the hearings themselves.
- Obligations post-hearing regard court orders and appeals.

The Standards emphasize the importance of the attorney's role and responsibility to advise and protect the agency on liability issues, their understanding of their role with respect to private agencies with whom the agency contracts, and that the most important issues are that children and youth are safe, their needs are met, and their families are treated fairly.

## Philadelphia

Under Section E. Administrative Responsibilities, there is a subsection on determining and setting reasonable caseloads for agency attorneys. The commentary on this Standards subsection makes clear that “[h]igh caseload is considered one of the major barriers to quality representation and a source of high attorney turnover... How attorneys define cases and attorney obligations vary from place-to-place but having a manageable caseload is crucial.” The Standards advise that when “assessing the appropriate number of cases, remember to account for all agency attorney obligations, case difficulty, the time required to thoroughly prepare a case, support staff assistance, travel time, level of experience of attorneys, and available time (excluding vacation, holidays, sick leave, training and other non-case-related activity). If the agency attorney manager carries a caseload, the number of cases should reflect the time the individual spends on management duties.” A study cited by the commentary states that “a caseload of 40-50 active cases is reasonable, and a caseload of over 60 cases is unmanageable. The standards drafting committee recommended a caseload of no more than 60.”<sup>2</sup>

In Philadelphia, the majority of the CWU Solicitors practice in one of five “core” Dependent courtrooms in Family Court. Each of five “core” Dependent Court Rooms has a five Solicitor team assigned to it, for a total of 25 Solicitors. Each Solicitor is responsible for one of the five days each week (i.e., one Solicitor’s cases are heard on Mondays, another on Tuesdays, etc.).

Consistent with best practice, Solicitors are assigned to cases when they first come in to Dependent Court, and follow the case through to case closure, whether that is a result of achieving permanency for children and youth, or mitigating safety threats to children and youth for in-home cases. As emphasized in the Standards, above, agency attorney work is integral to the work needed for timely permanency and safe case closure.

As of June 30, 2016, there were 5,972 children and youth in out-of-home care. Each of these children and youth has a case that requires a Solicitor to represent DHS. Some families receiving in-home services also have cases in Family Court, and DHS requires representation for these cases as well. With the total number of children and youth involved in dependent court, it translates to each Solicitor representing DHS on approximately 250 cases, on average 400 per cent higher than the caseload considered unmanageable in the Standards.

Based on a recommendation by the Administrative Office of the Pennsylvania Courts (AOPC), each child and youth’s case is heard, at a minimum, every 90 days. Each Solicitor covers approximately 1,000 hearings per year, or approximately 20 hearings per week. Testimony and other information for each case must be prepared beforehand.

In addition to their work in Family Court, “core” Solicitors also redact DHS files when they are requested for review by outside parties, and represent DHS in expunction hearings before BHA. Redaction can take several hours or more based on the size of the file, and preparing for a BHA hearing requires more preparation time than

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<sup>2</sup> Segal, Ellen. *Evaluating and Improving Child Welfare Agency Legal Representation: Self Assessment Instrument and Commentary*. Washington, D.C.: ABA National Legal Resource Center for Child Advocacy and protection, 1990, 17.

## Philadelphia

Dependency hearings because, the Solicitor is not usually familiar with the case when it is assigned. An indication of the impact on Philadelphia Solicitors' work load is that PaDHS has hired two new hearings officers to handle increased volume in expunction hearings, and BHA recently informed the CWU that Philadelphia cases represent the vast majority of its work in the Southeast Region.

Ten of the 25 "core" Solicitors, the Deputy City Solicitors, complete the Child Protective Service Law mandated Solicitor Reviews, effective January 1, 2015, on all indicated reports as an additional requirement of their workload. Since the effective date, the CWU has reviewed or consulted with DHS regarding 1,471 indicated reports. Although it would be more efficient, and DHS's determinations would be most effectively represented before the BHA, if there were a single unit of attorneys who both reviewed the determinations and represented DHS before BHA on those same determinations, current staffing levels do not allow for this.

It should be noted, the current organization and deployment of attorneys is the most efficient way of having staff follow best practice of being assigned to individual cases and following them through the process, rather than having list attorneys in the courtrooms who only have fleeting contact with a case, given the current staffing levels.

The combined court appearance and preparation time for the average caseload, BHA-related work, Solicitor Reviews, and redaction strains the time remaining for individual legal consultation on case specific issues, plus regular participation in service planning meetings, Rapid Permanency Reviews which are a component of Philadelphia's Program Improvement Strategies, and other teamings that may occur on a case and for which the Department, and the child or youth's timely permanency, would benefit from having legal representation present.

**Because of this, DHS is requesting funding for five additional "core" Solicitors to reduce caseloads to a size that will promote permanency for children and youth in DHS custody.**

While the "core" Solicitors have caseloads of 250 children and youth, on average, there is only one Solicitor handling approximately 1000 cases in Accelerated Adoption Review Court (AARC). This Court Room is designated to shepherd cases from the point of termination of parental rights to the point of adoption finalization. The Solicitor's role in this courtroom, in addition to the basic obligations listed in the Standards, above, is to troubleshoot cases where finalization has stalled. Reasons for finalization not occurring in a timely fashion include delays in the writing of profiles necessary to finalize, addressing concerns of child advocates that prevent finalization, etc. These and other issues cannot be addressed effectively in a timely manner for 1000 children and youth awaiting permanency by one attorney assisted by two LSI Legal Assistants.

**DHS is requesting funding for two additional Solicitors to improve timeliness of adoptions for children and youth freed for adoption.**

In addition to the AARC team, there is a team of three Solicitors who handle older youth cases in what is referred to as APPLA Court in Philadelphia County. This Court is designed, among other things to help achieve permanency and best outcomes for

## Philadelphia

older youth who were anticipated to age out of the system. These cases can require troubleshooting and extensive work with system partners in teamings to further the Department's goals for the youth. These Solicitors also represent DHS on the cases of dependent youth who become involved in the delinquent stream. Again, because there might be competing interests from the various stakeholders, these cases require extensive work by the Solicitors. With the caseload sizes in this courtroom, it is challenging for these Solicitors to handle them in the way that most effectively promotes permanency.

**DHS is requesting funding for two additional Solicitors to focus more consistently on the difficult but necessary task of achieving permanency even for those youth who remain in care after 18 years of age.**

The "core," AARC and APPLA Court Solicitors are supervised by a total of five managing attorneys. Given the average caseload size, each managing attorney oversees work on between 1250 to 2500 cases. Management is an essential function for effective representation according to the Standards, above. Supervision by an experienced managing attorney promotes permanency, especially on those cases where there may be a complex barrier to permanency which requires legal and practical experience a more junior attorney would not have.

**DHS is requesting funding for one additional managing attorney (Divisional Deputy City Solicitor in Philadelphia) to provide experienced supervision to promote permanency.**

Finally, there has been a marked increase in the number of petitions filed in Court following the passage of the amendments to the CPSL. In FY 2014-15, the CWU filed 4,371 petitions; in FY 2015-16, the CWU filed 4,667. This represents a nearly 10% increase in our dependency filing work.

**DHS is requesting funding for one additional Legal Assistant to promote safety and permanency through faster, more efficient filing of petitions in Court.**

The remaining CWU staff includes two Solicitors who work exclusively on appellate matters and one Solicitor who handles Policy and Planning matters for DHS.

- Rapid Permanency Reviews – eliminate barriers for families that are very close to reaching permanency.

DHS, in partnership with Casey Family Programs, is embarking on a process called Rapid Permanency Reviews (RPR) to eliminate barriers for families that are close to reaching permanency. The RPR process is designed to cultivate a child welfare system where children and youth in out-of-home placement achieve timely permanency by simultaneously identifying and mitigating the challenges that delay permanency outcomes. Key elements of the current RPR process are rooted in prior, successful reviews occurring in Harris County, TX, Sacramento, CA, and Philadelphia. Not only will RPRs facilitate permanency for many Philadelphia children and youth, it will reduce the system's overall caseload, and allot scarce resources to children, youth, and families who are farther from permanency.

## Philadelphia

Together, Casey Family Programs, DHS, and CUA staff make up the RPR Implementation Team. Divided into workgroups, the Implementation team has been designing the logistics of the case reviews, the communication strategy to staff and stakeholders, and the methods of data analysis and appropriate oversight to ensure that identifiable systemic barriers are indeed eliminated. Through a careful analysis of DHS children and youth closest to permanency, the Implementation Team are target populations for these case reviews are:

- Children and youth with PLC goal >24 months & 6 months in a stable family placement setting
- Children and youth with a goal of reunification who have been in care 24+ months and in a stable family placement setting for 6+ months
- Children and youth with a goal of reunification who are in a stable family placement setting with unsupervised home visits
- Children and youth in care with goal of adoption who have been in care 24+ months and in a stable placement for 6 months and had parental rights terminated

The RPR implementation strategy is being designed in the summer of 2016, after which the case reviews will begin. Through a simple, efficient case and court record review process, reviewers will examine each step in a case's continuum toward permanency. They will identify and mitigate any bottlenecks, system, or Court barriers that are delaying permanency. While system-level practice barriers may be uncovered during the RPR process, the primary purpose is to identify case-specific roadblocks and move youth to permanency.

- Increase the use of permanency supportive services, such as SWAN.

Please see response to question in 4-3g regarding DHS's focus on utilization of SWAN services

- Use prevention services to stabilize and support permanency to reduce re-entry.

Improve Practice and Monitoring capabilities

- DHS staffing analysis: front end and Performance Management and Accountability (PMA).
  - Increase staffing in PMA to perform Quality Visitation so that a greater percentage of families can be surveyed and all levels of service monitored consistently and based on the size of the CUA, and move to home visits for children and youth in placement.
  - Reassign Subcontractor monitoring from CUAs to DHS to streamline reviews, ensure consistency and quality, disseminate results across CUAs, and centralized decision making around intake closures, etc.
- Development of Comprehensive Monitoring Tool capturing quality as well as compliance.
- Appropriate and effective technical assistance to insure CUAs are able to achieve the goals of IOC.
- Refresher sessions around regulatory case documentation and practice.
- Continuing the implementation of visitation verification procedures, including the visitation of children and youth in placement.

## Philadelphia

- ❑ Describe the process undertaken to identify the areas of improvement for prioritization, including identifying data analysis utilized in defining the program need. Describe any analysis related to the county's outcome performance in comparison to comparable counties' and/or statewide performance and how these findings may have contributed to the identification of practices contributing to strong or weak performance.

See CWDP IDIR-U, CWDP Semi-annual progress report, June 2016, and updated Workplan, attached.

CYD: The priority areas of improvement were identified based on analysis of data which showed an increasing system size, and evaluation of the areas that can be changed to most effectively address and reduce the size of the system and to achieve the goals of IOC.

JJS: The priority areas of improvement were chosen based on implementation of the components of JJSES, and the need to make data driven, consistent decisions regarding intervention levels and services.

See Executive Summary for details regarding priorities in achieving both child welfare and juvenile justice goals.

- ❑ For each strategy identified, please address the following questions. It is recognized that the same responses may apply for multiple strategies. In those circumstances, please note as such, otherwise provide separate responses for distinct strategies as warranted.

For all questions below: see CWDP IDIR-U, CWDP Semi-annual progress report, June 2016, and updated Workplan, attached.

- Describe how the selected strategies were selected as the approach that will successfully meet the challenge the agency is addressing.

Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

- Describe how the selected strategies fit within your county's current organizational structure, existing service provider community and align with agency mission and values.

Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

Additionally, all of the strategies are designed to specifically work within the structure and with the goals of IOC, or include participation of the major system partners who could have the most influence on achieving the goals.

## Philadelphia

- Describe resources needed by the county agency and service providers to be able to successfully implement the strategy (including staffing, training needs, concrete needs etc.)

Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

Additionally, please see responses in section 2-3 - Program and Resource Implications, and section 3-1 - County Fiscal Background.

- How will the county and service provider determine program efficacy or effectiveness? If the strategy is an Evidence Based Program, how will fidelity to the model be assessed? Identify a measurable target for improvement and timeframes for evidence.

See CWDP Semi-annual Progress report, June 2016 attached. Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

- If the program improvement strategy is expansion of an existing service, describe the county and provider's readiness to expand or duplicate the program.

Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

Additionally, Philadelphia has identified additional resources needed to in order to implement and sustain the changes that we believe will lead to progress toward meeting our goals. We are requesting the additional resources as identified.

- What efforts are underway by the county and/or provider to determine capacity to implement and sustain program enhancements?

The strategies discussed in the responses above are elements intended to build a system which will lead to further improvement, as well as make the positive effects of existing efforts sustainable.

Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

- Briefly describe the current activities for each strategy. Structural and functional changes made to accommodate the enhanced or new strategy



## Philadelphia

See CWDP Semi-annual Progress report, June 2016 attached. Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

- Status of engagement of staff who will be identifying children/youth/families for the practice

Each of the individual strategies has a different timeframe for implementation. Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

- Engagement of stakeholders who will be impacted by the enhanced programming

See responses to 2-2 – Collaboration Efforts, and the response above to the questions requesting a description of the priority areas of program improvement that are underway with the county.

- Status of program set up including hiring and training of staff delivering the service

Each of the individual strategies has a different timeframe for implementation. Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

- Projected date of first referrals for new services/programs

Each of the individual strategies has a different timeframe for implementation. Please see response above to the question requesting a description of the priority areas of program improvement that are underway within the county. Additionally, please see the Executive Summary and responses to the General Indicators Chart Analysis questions.

- Identification of data elements to be utilized for program delivery and outcome monitoring

Data elements include:

- Data reported out to the Community Oversight Board.
  - Numbers of cases accepted for service and cases closed, reported on a monthly basis.
  - Number of families receiving in-home services.
  - Number of children and youth receiving placement services.
  - Number of children and youth discharged to permanency, by permanency type.
- CFSR data elements, of the children and youth discharged to reunification in the reporting period year, what number re-enter out-of-home placement within 12 months of discharge.

## Philadelphia

Each of the individual strategies has tracking and data requirements associated with them.

### Section 4: Administration

#### 4-1a. Employee Benefit Detail

- ☐ Submit a detailed description of the county's employee benefit package for FY 2015-16. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

# Philadelphia

## OFFICE OF THE DIRECTOR OF FINANCE - ACCOUNTING BUREAU Fringe Benefits Memo - FY 2016

To: All Departments, Boards, Agencies and Commissions  
From: Josefine Arevalo, Director of Accounting {signed}  
Subject: Fringe Benefit Costs - Fiscal Year Ending June 30, 2016  
Date: March 2, 2016

### Non-Uniformed Employees

The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2015 and should be added to all Fiscal Year, 2016 costs which are chargeable to other city agencies, other governmental agencies and outside organizations:

#### **Municipal Pensions (Percentage of Employee's Pension Wages)**

<u>Plan</u>	<u>Employee Classification</u>	<u>Normal Cost</u>	<u>Unfunded Liability</u>	<u>Total</u>
L	Elected Officials elected on or after 1/8/1987	4.489%	50.914%	55.403%
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	4.162%	6.459%	10.621%
Y	D.C. 47 Local 810 members hired on or after 1/8/1987; and all non-uniformed employees after 10/1/1992	4.162%	6.459%	10.621%
J	All D.C. 33 members & D.C. 47 Local 2187 members hired before 10/2/1992; and all other non-uniformed employees hired, or before 1/8/1987	7.259%	360.477%	367.736%
10	Sheriff's Office or Register of Wills* Employee hired After 1/1/2012; D.C. 47 members Hired after 3/5/2014; Civil service non-rep employees Hired after 5/14/2014; DC 33 members other than guards hired after 9/2014; Exempt, Elected Officials and DC 33 Guards* hired after 11/11/2014	0.530%	0.00%	0.530%

\*Plan is optional for all employees except Register of Wills and DC 33 Guards.

#### **Employee Disability**

	<u>Cost Per Employee Per Month</u>
Worker's Compensation	\$ 119.78
Regulation 32 Disability	\$ 5.20

For more information or copies of this memo, please contact Girgis Shehata 686-6196

Page 1 of 4

# Philadelphia

## OFFICE OF THE DIRECTOR OF FINANCE - ACCOUNTING BUREAU Fringe Benefits Memo - FY 2016

### Social Security / Medicare

	<u>Calendar Year Earnings Covered</u>	<u>Effective Period</u>	<u>Percentage</u>
Social Security	Gross Earnings not to exceed \$117,000	07/01/15 - 12/31/15	6.20%
	Gross Earnings not to exceed \$118,500	01/01/16 - 06/30/16	6.20%
Medicare	Unlimited Gross Earnings	07/01/15 - 12/31/15	1.45%
	Gross Earnings (less than \$200,000 annually)	01/01/16 - 06/30/16	1.45%

### Group Life Insurance

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

<u>Employee Classification</u>	<u>Coverage</u>	<u>Cost per Employee Per Month</u>
D.C. 33 (except Local 159 B)	\$20,000	\$ 1.52
D.C. 33 Correctional Officer Classes of Local 159B	25,000	3.80
D.C. 47 (including Local 810 - Courts)	20,000	3.27
<u>Exempt &amp; Non-Rep employees &amp; Common Pleas Court -</u>		
Municipal (excluding Local 810, see above)	15,000	2.46
School Crossing Guards	12,000	0.92

### Employee Health Plans

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

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
D.C. 33 (except Crossing Guards) and D.C. 47	\$1,194.00
D.C. 33 School Crossing Guards <sup>1</sup>	
Head of Household	\$ 1194.00
Single	\$ 597.00

Exempt & Non-Rep Personnel in City Administered Plans:	<u>Single</u>	<u>Single + one</u>	<u>Family</u>
Keystone HMO <sup>2</sup>	\$ 483.77	\$ 894.98	\$1,402.92
Personal Choice PPO <sup>2</sup>	454.17	840.21	1,317.09
Dental PPO <sup>3</sup>	28.30	52.36	82.07
Dental HMO <sup>3</sup>	18.06	35.67	64.86
Optical <sup>3</sup>	2.50	4.50	6.37
Prescription Plan <sup>3</sup>	168.88	312.43	489.76

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

<sup>2</sup> Based on self-insured conventional rates for calendar year 2015

<sup>3</sup> Based on fully insured premium rates for calendar year 2015

*For more information or copies of this memo, please contact Girgis Shehata 686-6196*

Page 2 of 4

**OFFICE OF THE DIRECTOR OF FINANCE - ACCOUNTING BUREAU**  
**Fringe Benefits Memo - FY 2016**

**Unemployment Compensation**

**Employee Classification**

**Cost Per Employee Per Month**

All non-uniformed employees

\$8.27

**Group Legal Services**

**Employee Classification**

**Cost Per Employee Per Month**

D.C. 33 (except Crossing Guards & Local 1971) and D.C. 47

\$ 12.00

D.C. 33 Local 1971

15.00

School Crossing Guards

3.50

**Uniformed Employees**

The following fringe benefit costs for all uniformed employees are effective as of July 1, 2015 and should be added to all Fiscal Year 2016 costs, which are chargeable to other city agencies, other governmental agencies and outside organizations:

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

<b><u>Plan</u></b>	<b><u>Employee Classification</u></b>	<b><u>Normal Cost</u></b>	<b><u>Unfunded Liability</u></b>	<b><u>Total</u></b>
<b><u>Police Plans:</u></b>				
D	Police hired before 7/1/1988	15.273%	758.169%	773.442%
B	Police hired on or after 7/1/1988	7.618%	6.486%	14.104%
<b><u>Fire Plans:</u></b>				
X	Firefighters hired before 7/1/1988	15.225%	969.648%	984.873%
A	Firefighters hired after 7/1/1988	8.095%	5.247%	13.342%

**Employee Disability**

	<b><u>Cost Per Employee Per Month</u></b>
Worker's Compensation	\$ 305.05
Regulation 32 Disability	\$ 13.24

**Social Security / Medicare**

Uniformed employees do not contribute to the Social Security program. However, those uniformed employees hired after April 1, 1986 must pay the Medicare portion of the Social Security Tax at the following rate.

<b><u>Calendar Year Earnings Covered</u></b>	<b><u>Percentage</u></b>
Unlimited Gross Earnings	07/01/15 - 12/31/15 1.45%
Gross Earnings (less than \$200,000 annually)	01/01/16 - 06/30/16 1.45%

*For more information or copies of this memo, please contact Girgis Shehata 686-6196*

*Page 3 of 4*

**OFFICE OF THE DIRECTOR OF FINANCE - ACCOUNTING BUREAU  
Fringe Benefits Memo - FY 2016**

**Group Life Insurance**

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

<u>Employee Classification</u>	<u>Coverage</u>	<u>Cost per Employee Per Month</u>
Police Uniformed Employees	\$25,000	\$ 9.10
Fire Uniformed Employees <sup>2</sup>	25,000	15.25
Deputy Sheriffs	25,000	2.67

<sup>2</sup> Includes a fee of \$5 per employee per month for administration of the Firefighters' Trust Fund.

**Employee Health Plans**

Uniformed personnel of the Police Department, Fire Department, Office of the District Attorney Investigatory Employees, and Regulation 32 (formerly Uniformed) Employees and Uniformed Deputy Sheriff classes are eligible for coverage in the uniformed health plans.

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
Uniformed Police Personnel, Office of the District Attorney Investigatory Employees & Regulation 32 (formerly uniformed) Employees	\$ 1,290.00
Uniformed Fire Personnel	1,619.64
Uniformed Deputy Sheriffs (Including D.O.P)	1,290.00

**Unemployment Compensation**

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
All uniformed employees	\$ 8.27

**Group Legal Services**

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
Police Uniformed Employees	\$31.00
Fire Uniformed Employees	26.00
Deputy Sheriffs	16.00

*For more information or copies of this memo, please contact Girgis Shehata 686-6196*

*Page 4 of 4*

#### 4-1b. Organizational Changes

- ☐ Note any changes to the county's organizational chart.

The Children and Youth Division (CYD) continues its transition of staff from the Ongoing Services Region to Front-End Services in response to both an increase in reports and investigations as well as cases transferring to the Community Umbrella Agencies. As indicated in the organizational chart, the CYD's new structure is better defined between Well-Being and Permanency services and Investigations, Assessment, and Referral services.

As of submission of this Narrative, there are no changes in the Administration & Management Division, Finance Division, Performance Management & Accountability Division, and Juvenile Justice Services Division. A new Commissioner has been appointed and will be starting on September 6, 2016, and may make changes to the organizational structure.

See Philadelphia Department of Human Services Organizational chart.

#### 4-1c. Complement

- ☐ Provide the state approved complement for FY 2016-17 and that approved by the county for the same time period.

The state approved complement is 1,311. The county approved complement is 1,803.

- ☐ Of the staff reported above in each complement, how many are case-carrying?

521 of the 1,311 state approved complement are case-carrying staff. (This includes staff at all levels of responsibility for cases: Social Work Services Manager, Social Work Supervisor, Human Services Program Administrator, and Human Services Program Director.)

- ☐ For any discrepancies in the state approved vs. county approved personnel complement, please identify the specific positions and responsibilities that are not supported by both complements.

The county approved complement of 1,803 includes Philadelphia Juvenile Justice Services Center (PJJSC), IT, and Legal positions that are not included in the state complement. See attached Complement. Currently, DHS is approved for 1,311 state funded positions. DHS is requesting to be funded at a level of 1,372 positions to operate efficiently.

- ☐ Describe what steps the agency is taking to reconcile any differences in the state approved vs. county approved personnel complement.

PJJSC and Legal positions are included in the county complement, but not in the state complement.

- ☐ Describe what steps the agency is taking to promote the hiring of staff, regardless of whether those staff are hired to fill vacancies or for newly created positions.

## Philadelphia

Philadelphia DHS Human Resources meets with managers from each operating division to determine hiring needs for each half of the fiscal year, and works with the City's Office of Human Resources to announce Civil Service exams.

- ❑ Provide any history of hiring freezes over the last three fiscal years.

While there has not been a hiring freeze, Philadelphia has been more deliberate with its hiring as staff transition from ongoing services to front-end services to meet the need for Hotline and Investigation staff, and to positions in support of the Improving Outcomes for Children system transformation.

- ❑ Describe any increases in county complement (filled positions) over the last three fiscal years.

There has been a decline in filled positions over this time period.

- ❑ Briefly describe how the amendments to the Child Protective Services Law (CPSL) have impacted staff responsibilities.

This Legislation has resulted in increased reporting and profoundly impacted the workload of the Philadelphia Department of Human Services (DHS). Particularly affected are the two Children and Youth Division Front-End Operations services: Information, Assessment, and Referral Services (IARS), which includes the Hotline and Screening, and Investigations.

The average number of reports taken by the Hotline in a month is 2,442. As of June 30, 2016, DHS has accepted 19,597 reports for investigation, surpassing the 18,028 total in FY2014-15 by 1,569 reports, a 9% increase over last year. Although the work involved in screening and investigating reports are not changed, the new criteria of what is abuse, and who must report it had to be learned by staff. Additionally, there are new General Protective Service documentation retention requirements. IARS and Investigations staff have increased numbers of reports to screen, investigate, and document. Additionally, CWIS requirements increase documentation work as well. Staff had to learn the new requirements in order to implement them. More reports accepted for investigation increases the responsibilities of staff within IARS and Investigations.

Ongoing case management is affected as well and subsequently lead to an increase in families being accepted for service; which impacts the work of ongoing case management.

IARS operates 24 hours per day, seven days per week, and provides initial intake services. Staff receive and assess reports of abuse, neglect, and service need in accordance with the Hotline Guided Decision Making process, determine whether to accepts reports for investigation or assessment, assign response priorities, and determine which Investigations service should receive the report. Hotline Workers also make initial contact with subjects of a report if the report is accepted for investigation or assessment after regular business hours and the response time is immediate or the next day is not a regular business day and the response time is 24 hours.



## Philadelphia

Once IARS determines that a referral should be accepted for investigation and a response priority is set, it becomes the responsibility of the Social Work team within Investigations to complete a comprehensive assessment that includes assuring child safety and well being.

Other responsibilities include: identifying safety threats and implementing viable safety plans; identifying risk factors and making appropriate referrals; ensuring timely determinations and appropriate accept for service decisions; and adhering to all Departmental policies and Child Protective Service Laws and Regulations.

- ☐ If applicable, provide the number of positions created in response to a documented increase in referrals resulting from statutory changes in the CPSL.

To effectively manage the unprecedented increase in reports, the Front-End has to maintain optimal staffing levels. Therefore, over the course of this fiscal year, the Front-End was redesigned to include an additional Intake Investigations Region. This new region was created by transitioning existing staff from a defunct Ongoing Service Region and switching their responsibilities from case management to investigations. There were no new positions created with this expansion. Even with the expansion, the Front-End still has many vacancies. Department continues to address said vacancies by bringing aboard new hires on a quarterly basis.

- ☐ Describe the agency's efforts to address recruitment and retention concerns.

As revealed by a review of turnover, DHS has experienced a decline in turnover within the last fiscal year from 8% to 5%. Despite the low turnover rate, DHS Human Resources continues to work with the City's Office of Human Resources to ensure exams are announced on a regular basis to establish sufficient pools of candidates on eligible lists.

### 4-1d. Caseload Sizes

- ☐ Provide the average caseload size for intake workers by family and by child.

Investigations Unit Caseload Report as of June 30, 2016

Total Workers	Total Investigations	Average Investigation per Worker	Total Children being Investigated	Average Children Investigated
202	3,733	18.4	5,066	25.1

- ☐ Provide the average caseload size for ongoing workers by family and by child.

Ongoing Service Region 3 Caseload Report as of June 30, 2016

Total Workers	Total Cases	Average Caseload per worker	Total Children	Average Children on Caseload
38	437	11.5	717	18.9

## Philadelphia

CUA Caseload Report as of June 30, 2016

Total Workers	Total Cases	Average Caseload per worker	Total Children	Average Children on Caseload
406	5046	12.4	9,919	24.4

- ☐ Provide the average caseload size for generic workers by family and by child.

Philadelphia DHS does not have generic workers.

- ☐ Describe any specialty units or positions who are case-carrying and provide the average caseload size by family and by child.

Adoption Unit – Active Case Assignments  
Caseload Report as of June 30, 2016

Total Workers	Total Cases	Average Caseload per worker	Total Children	Average Children on Caseload
33	267	8.1	439	13.3

Adoption Unit – Permanency Assignments  
Caseload Report as of June 30, 2016

Total Workers	Total Cases	Average Caseload per worker	Total Children	Average Children on Caseload
33	384	11.6	714	21.6

### 4-1e. Staff Provided Service Evaluations

- ☐ Describe the method for measuring and evaluating the **effectiveness** of staff provided services. DO NOT describe the standard individual performance evaluations.

The PMA Quality Improvement Team reviews approximately 100 to 200 safety assessments and investigation processes conducted each month by DHS staff. Additionally, over 200 CUA case file reviews are completed monthly. CUA case file reviews incorporate the use of a newly developed comprehensive tool which combines compliance mandates and leading quality indicators of successful case management, such as purposeful visitation and quality supervision, in the achievement of safe case

## Philadelphia

closures and permanency outcomes. The information collected is presented to the chain of command and provides a data source regarding specific work products for decisions in evaluating performance.

Quality Service Reviews (QSR) occur bi-monthly. Reviewers from different systems that touch on child welfare use extensive interviews with family members and stakeholders to measure if the child, family, and system are achieving the desired outcomes. Each QSR uses a stratified sample from across the CUAs and cases that remain with DHS to focus on service provision to specific populations, such as older youth or medically fragile children and youth. Each QSR reviews 12 cases, except the last which is part of PA DHS's Annual State Evaluation and uses 25 cases.

The Community Oversight Board data report is published every other month and focuses on system level data trends and the achievement of the four identified IOC Outcomes. The four identified IOC Outcomes are: more children and youth maintained safely in their own homes and communities; more children and youth achieving timely reunification and other permanence; a reduction in the use of congregate care; and overall improved child, youth, and family functioning. Each outcome includes specific outcome measures.

PMA also produces a weekly Data Indicators Report which details the numbers and types of reports received each week. Reports include: investigations pending assignment and in process; cases accepted for service; cases referred to the CUAs; the number of children and youth in placement in both the CUAs and DHS; the number of children and youth receiving in-home services at both the CUA and DHS; and visitation completion at the end of the seven day period.

### 4-1f. Contract Monitoring & Evaluation

- ☐ Note the employee/unit which oversees county contracts.

The Philadelphia Department of Human Services has a Contract and Audit Unit that operates within the Division of Finance; the Contract branch of the unit is involved with all contract activities within the County agency.

Performance Management and Accountability (PMA) and Provider Relations and Evaluation of Programs (PREP) perform qualitative reviews and compliance reviews of practice.

- ☐ Describe the evaluation process to determine the effectiveness of provider services. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding.

The Provider Relations and Evaluation of Programs section evaluates and monitors programs to ensure that providers are meeting their contractual obligations by adhering to program performance standards that are derived from law, regulation, and Philadelphia DHS policy. The major focus of annual evaluations is the services provided by an agency. The service standards address case management, safety and permanency, and well-being, in addition to personnel and administrative requirements. In addition to the annual program evaluations, the PREP unit provides technical assistance regarding the implementation of standards, investigates reported service concerns, and holds regular meetings with Providers for the purpose of facilitating continued collaboration and communication with contracted agencies.

## Philadelphia

While PREP continues to perform the traditional functions and activities described above, the advent of IOC and the shift of case management responsibility to the CUAs has brought about new means of monitoring and evaluation by PREP. PREP has been completing Quality Case File Review of CUAs since March 2014. Cases are reviewed proportionally based on each CUAs percentage of the total universe of cases. In July 2016, PREP analysts began using a new comprehensive review tool which combines the former Safety Assessment and Single Case Plan scoring tool and is based on CUA guideline requirements. Using this tool, PREP Analysts review case record notes to ensure appropriate child visitation, quality of safety assessment, quality of safety planning, and quality service planning. Findings from these reviews are electronically provided to the CUA Managers on the 15th of each month. As of FY 2015, CUAs develop plans of corrections when their score on any of the categories on either the Safety Assessment or Single Case Plan scoring tools fall below 75%. Plans of correction are due by the 25<sup>th</sup> of each month, and are reviewed and approved at a joint meeting between PREP and CUA leadership team.

In addition to regular case file reviews, CUAs are being monitored and evaluated in several other major areas, such as achievement of the IOC Outcomes and community engagement. CUA specific data is being run on a daily and quarterly basis in order to measure CUAs performance around repeat maltreatment, achieving reunification and other permanency outcomes, length of stay, return to care, and the use of congregate care.

Quality Visitation Review (QVR) occurs monthly and utilizes in person interviews with family members to ensure that what is documented in the case record is consistent with the family's experience. The focus of the case file reviews are for in-home services provided by the Community Umbrella Organizations (CUAs). For FY 2014-15, DHS staff that provide the QVR process is made up of one Supervisor and two Social Work Service Managers (SWSMs). Currently, approximately 30 cases are reviewed each month. DHS intends to expand this by four additional SWSMs. This is requested within DHS's current staffing complement.

Finally, while not a part of PMA but rather under the Chief Implementation Officer of IOC is the Family Team Conferencing staff. Family Team Conferencing staff provide a DHS point of entry into CUA cases and are expected to be gatekeepers of both Intake staff here and CUA Case Management practice in terms of compliance with all applicable law, policy, and regulation. Supervisory level staff, call Practice Specialists facilitate the conference and Social Work Services staff, called Team Coordinators document the results as well as arrange the conferences. This staff is also in the process of receiving booster training with respect to permanency in order to help advance the importance of finding permanent options for children and youth in care and to ensure timely referrals for SWAN services.

The Family Team Conferencing report is being published quarterly by the PMA. From January through June of this year there were:

Child Safety Conferences	Family Support Conferences	Permanency Conferences	Placement Stability Conferences
660	3,473	4, 779	40

All Conferences, except for Child Safety Conferences, occur in the Community.

See also QSR described above as this review process includes CUA cases.

## Philadelphia

- ❑ Describe the process by which the CCYA monitors its sub recipients or contractors throughout the fiscal year. Descriptions should include efforts the CCYA makes to conduct risk assessments and monitor the sub recipients or contractors' use of federal and state dollars through reporting, site visits, regular contact or any other means to provide reasonable assurance that federal and state dollars are used in compliance with laws, regulations and the provisions of the contracts/agreements and that performance goals are achieved. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding. CCYAs may find it helpful to address this section by following these questions:
  - Is the CCYA receiving and reviewing all required sub-recipient audits as part of the contracting process to determine whether there are any reportable conditions, material weaknesses or instances of material noncompliance?
  - How does the CCYA assess the risk of a sub recipient or contractor as a result of the findings in the audit report or history of non-performance?
  - Does the CCYA ensure that invoices reflect actual, allowable, and allocable costs?
  - What are the steps included in the invoice review and invoice processing which ensure terms and conditions in the contract/agreement are being met?
  - In circumstances where the sub recipient/contractor utilizes a subcontractor; (i.e. holds a contract or agreement with another party for services), how does the CCYA ensure that costs billed to them for subcontractor services are supported with auditable documentation by the sub recipient/contractor?
  - Does the CCYA maintain regular contact with the sub recipient or contractor to ensure that all deliverables are being completed and provided?
  - How often is the monitoring process executed?

The Philadelphia Department of Human Services has taken initiatives to ensure appropriate contract monitoring and evaluation of agencies. In reviewing the response that follows, please note that an elevated level of collaboration has been established between several Divisions of DHS with the goal of accomplishing these important duties.

Under the Division of Finance, the Audit branch of the Contract and Audit Unit performs financial reviews, operational reviews, and audits of agencies contracted through Philadelphia DHS, receiving Federal, State, and City funds. The monitoring, reviewing and auditing of Philadelphia DHS Provider agencies is aided by the City's General Contract Provisions which are attached to City contracts. The team also examines audit reports submitted annually from agencies that receive over \$750,000 in federal funding, or an aggregate amount of \$300,000 from Federal, State, and City funding streams.

Additionally, the Audit section of the unit is responsible for ensuring that independent auditors hired by agencies contracted with Philadelphia DHS conform to the regulations outlined in the City of Philadelphia Sub recipient Audit Guide. It ensures that any agency that receives over \$750,000 in federal funding perform specific audit procedures and include listed schedules (most notably the Schedule of Federal Awards) as required by Single Audit Act OMB Circular A-133.

As a requirement for payments, Philadelphia DHS requires that all Community Umbrella Agencies (CUA) and their Subcontractors have policies and procedures to monitor

## Philadelphia

payments for services rendered. The Subcontractors are bound by the same terms as the CUAs under the contract between the CUA and DHS which includes:

- Confidentiality.
- Inspection of records.
- Reporting of programs and costs.
- Maintenance and preservation of records.
- Audit by government representatives.
- Insurance.

Assessments on the fiscal standing of an agency are also performed to identify any current or potential problems. Desk reviews are performed to ensure that certain federal and local audit requirements are met. Depending on the severity of a problem or if a specific concern is brought to the unit's attention, a field audit may be performed. This process involves a team of three to four auditors from the Audit branch of the unit to conduct an on-site visit to review accounting records and supporting documents. At the conclusion of the on-site assessment, the audit team completes a report detailing the findings and recommended actions.

The Contract branch is responsible for developing, implementing, and carrying out contractual agreements between County agency and its service Providers in accordance with DHS's contract processing policies and procedures. Additionally, they review contract requests and proposals, serve in a liaison capacity between Department staff, Providers and City agencies involved in the contract development and approval process.

Most recently, the Division of Finance developed the Fiscal Monitoring Unit (FMU) with the purpose of providing fiscal monitoring and oversight of CUA contracts and related entities, and to ensure compliance with applicable Federal, State, and City laws, rules, and regulations. FMU consists of Auditors as well as Program Analysts. Several teams have been developed within the unit to monitor fiscal compliance, including monitoring program-related activities that have a fiscal impact. These teams conduct ongoing as well as annual reviews.

- FMU's Auditors carry out the day-to-day objectives of CUA financial monitoring, including:
  - Providing fiscal review of budgets and invoices to ensure that costs are reflected appropriately and to monitor the financial well-being of the CUA.
  - Performing CUA revenue confirmations.
- FMU's Auditors and Program Analysts work together to conduct annual CUA reviews. These reviews consist of the following:
  - Examining CUA placement maintenance data as well as associated costs and payments.
  - Testing CUA expenditures to ensure compliance with allowable, allocable, and reasonable costs according to appropriate funding source guidelines.
  - Reconciling CUA invoice expenses to its general ledger.
  - Reviewing payments to subcontractors for accuracy and timeliness.
  - Reviewing case records for necessary documentation, including foster parent agreements and foster parent licensure.
  - Reviewing case-related data to ensure that information relating to services, service dates, locations, and case notes has been correctly and punctually provided to Philadelphia DHS.
  - Ensuring that service planning, safety assessments, and visitations are properly carried out.

## Philadelphia

- Reviewing personnel payments as well as examining personnel records for necessary documentation, clearances, qualifications, and training.

Unless otherwise determined necessary the frequency of these reviews will be annual.

The FMU collaborates with the Provider Relations and Evaluations of Program (PREP) which operates under the Division of Performance Management and Accountability (PMA). The PREP team is responsible for the monitoring and improvement of both the compliance and quality of our Community Umbrella Agencies. Overall, the main objective of this unit is to measure and monitor comprehensive agency performance. The quality and compliance evaluations consist of reviewing the Safety Assessment, Single Case Plan, and visitation among other things. In addition to performing continuous quality evaluations of all operating CUAs, PREP also evaluates community engagement on a consistent basis

- Describe what impact the Uniform Guidance has had on the CCYAs sub-recipient monitoring efforts.

Because of the increased audit threshold from \$500,000 to \$750,000 as a result of Uniform Guidance changes, there will be a significant decrease in the amount of OMB-compliant single audit reports received. For those single audit reports that still are submitted, the composition of the reports will largely remain intact, with some changes in the wording (for example, the audit opinion section). The desk review process in which the audit staff partakes will therefore remain materially unchanged.

This gives the Audit Unit less assurance over reporting and internal control over federally-funded programs. Therefore, in an effort to obtain reasonable assurance, the Audit Unit will enact additional monitoring measures, such as an increase in field audits/site visits, as well as periodically requesting accounting information from subrecipients. Accounting information requests would include sampling the general ledger to examine various expense categories involved in City-contracted programs.

Additional measures would include auditing specific line items on cost-reimbursement budgets. For per-diem programs, verification of client existence and actual services provided will take place.

Such efforts will necessitate the augmentation of Audit Unit staff, in order to achieve the ability to monitor a reasonable portion of the subrecipient population.

- Describe the risk assessment process utilized by the CCYA to determine monitoring efforts.

Risk assessments are conducted through several processes: budget reviews, financial report finding reviews and financial ratio analysis. Audit team inspects provider agency budgets for allowable costs and reasonable, appropriate expenses. Any deficiencies noted in the report can lead to an on-site audit, but at the least may indicate a pattern or trend in subsequent years. Financial ratios, including debt ratios and liquidity, may indicate whether or not the agency can continue operations in the long-term. It also can assist in future contractual decision-making.

## Philadelphia

DHS also monitors service delivery through five separate but interrelated units:

- Provider Relations and Evaluation of Program (PREP), which is responsible for referral, monitoring and improvement of both compliance and quality of DHS contracted provider community.
- Performance Management, which is responsible for measuring and monitoring overall agency performance.
- Quality Improvement, which is responsible for Quality Service Reviews, periodic caseload audits, the visitation verification, and client satisfaction surveys.
- Data Information and Management, which is responsible for data integration and data analysis used to support the work of the Department as a whole.
- Special Initiatives, which is responsible for facilitating state and federal mandates and interacting with outside stakeholders.

- ❑ If the CCYA doesn't have a risk assessment and/or monitoring plan in place, provide a timeline in which changes will be made to bring the CCYA in compliance with the guidance.

Risk assessment process for those agencies not required to submit an audit is currently in progress. A rotational schedule will be developed to conduct periodic fiscal reviews of agencies' books and records, in lieu of an audit, to provide reasonable assurance over fiscal management and internal controls over contracted programs.

- ❑ Describe how reasonableness of costs is determined when negotiating contracted rates with providers.

When determining the reasonableness of cost, DHS considers the target population to be served (e.g. age, etc), the special service needs of the population be served (e.g. medically fragile, fire starters, human trafficking victims, etc) ; current rates for comparable services; capacity; staffing experience and education (e.g. degreed/non-degreed, credentialed/licensed staff etc); staffing composition as well as anticipated outcomes (demonstrable results based on prior experience). DHS would also consider if the provider and/or programming/services are new thus requiring start-up to ensure facility and/or programming readiness.

### 4-2 Human Services Block Grant (HSBG)

- ❑ Participating counties should describe what services and activities will be funded through the block grant and how this may change from the previous year. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county and the NBPB. Describe any plans for increased coordination with other human service agencies and how flexibility from the block grant is being used to enhance services in the community.

Philadelphia County is not an HSBG participating county.

### 4-3a through 4-3d. Special Grants Initiatives (SGIs)

**Special Grants Initiatives will be submitted with the Budget in the September submission.**



### **Requests to Transfer/Shift Funds**

The following subsections permit the transfer or shifting of funds within the SGI categories of Evidence-Based Programs (EBP), EBP-Other, Pennsylvania Promising Practices (PaPPs), Housing and Alternatives to Truancy Prevention (ATP) for FY 2016-17 within the maximum allocation amount. Counties may not request additional funds above the certified allocation and must have sufficient local matching funds when requesting a transfer to those programs with a higher match requirement. After submission of this application and during FY 2016-17, the CCYA may transfer within EBP funds and EBP-Other without OCYF approval. However, approval is required if transferring to/from EBP and other SGI programs.

The requests must include detailed justification for the proposed changes. The PaPPs must relate to a specific outcome for a selected benchmark in the NBPB or the county's CQI plan.

Counties that request to shift funds as outlined above must enter the revised amounts in the Budget Excel File in order for the revised amount to be considered final. ***All transfer requests made should be considered approved unless the county is notified otherwise by the Department.***

### ***Block Grant County SGI Requests***

Complete a program specific narrative only when requesting existing, additional or new SGI funds. SGI funds can only be requested if the county has budgeted and is spending 100% of their child welfare funds to the child welfare program in the Human Services Block Grant. To complete the tables, insert ONLY SGI fund requests; DO NOT include block grant amounts in the tables.

### ***Nurse Family Partnership***

If requesting NFP as an EBP-Other, please document the anticipated/actual use of all NFP grant funds available through the Office of Child Development and Early Learning (OCDEL) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. To complete the tables, insert ONLY SGI fund requests; DO NOT include other NFP grant fund amounts in the tables.

- ❑ From the list below, please indicate those EBPs, PaPPs, Housing and ATP programs that the county will provide in FY 2016-17 and/or request funding for in FY 2017-18. **Please only identify those programs/practices that are being funded through the NBPB or Special Grant funding. Do NOT note any program area that is utilized but funded outside your child welfare allocations for NBPB and Special Grants.**

**Special Grants Initiatives will be submitted with the Budget in the September submission.**

FY2016-17	FY 2017-18	Program Area
		a-1. Evidence Based Practices (Other) Name:
		a-2. Evidence Based Practices (Other) Name:
		a-3. Evidence Based Practices (Other) Name:
		b. Multi-Systemic Therapy (MST)
		c. Functional Family Therapy (FFT)
		d. Treatment Foster Care Oregon (TFCO)
		e. Family Group Decision Making (FGDM)
		f. Family Development Credentialing (FDC)

Philadelphia

		g. High-Fidelity Wrap Around (HFWA)
		h. Pennsylvania Promising Practices Dependent (PaPP Dpnt) Name: Name (if different for FY 2017/18):
		i. Pennsylvania Promising Practices Delinquent (PaPP Dlqnt) Name: Name (if different for FY 2017/18):
		j. Housing Initiative
		k. Alternatives to Truancy Prevention (ATP)

**FOR EACH OF THE SELECTED PROGRAMS, ANSWER THE FOLLOWING QUESTIONS (COPY AND PASTE AS NECESSARY TO ACCOMMODATE RESPONSES FOR ALL SELECTED PROGRAMS):**

-----BEGIN COPY-----  
**Special Grants Initiatives will be submitted with the Budget in the September submission.**

Program Name:	
---------------	--

☐ Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2015-16				
New implementation for 2016-17 (did not receive funds in 2015-16)				
Funded and delivered services in 2015-16 but not renewing in 2016-17				
Requesting funds for 2017-18 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets

## Philadelphia

FY 2016-17			
FY 2017-18			

- ☐ Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?
  
- ☐ If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

**Complete the following chart for each applicable year.**

	1314	1415	1516	1617	1718
Description of Target Population					
# of Referrals					
Total # of Families successfully completing program					
Total # of Children successfully completing program					
Cost per year					
Per Diem Cost / Program Funded Amount					
# of MA referrals					
# of Non MA referrals					
Name of provider					

- ☐ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Identify the tools/strategies the county will utilize to ensure grant funds are fully spent in FY 2016-17 and FY 2017-18.
  
- NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specify to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.

## Philadelphia

- ☐ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

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- NOTE: For the following questions, if these were addressed in Section 3-4 Program Improvement Strategies, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
- ☐ Please provide a concise summary of how the special grant programs selected under the SGI (including EBP, PaPP, Housing and ATP) will impact service delivery and child and family outcomes.
- ☐ Please explain how the availability of the services under the special grants will assist in the county's ability to achieve a specific outcome or a selected benchmark in the NBPB or the county's Continuous Quality Improvement plan. Specifically identify how the service outcomes will be measured and the frequency of the measurement.

### 4-3e. Independent Living Service (ILS) Grant

- ☐ In the table below, place an "X" for the services that will be provided by CCYA during FY 2017-18 (regardless of funding source.) Check as many boxes as apply. Enter the projected total amount of youth that will receive these services (regardless of age, placement status, or disposition.)

Mark "X" in this column	Total Youth	IL Services
	1203	A. Needs Assessment/Case Planning
	945	B. Life Skills Training
	379	Credit History Review
		C. Prevention Services
	239	Dental/Health
		Drug Abuse Prevention
		Alcohol/Tobacco/Substance
	355	Safe Sex/Pregnancy
		D. Education
	27	Vocational Training
	392	High School Support and Retention
	75	Preparation for GED
	466	Assistance in Obtaining Higher Education
		E. Support
	1203	Individual and Group Counseling
	2236	Stipends
	30	Services for Teen Parents
	20	Mentoring
		F. Employment
	150	Job Placement

## Philadelphia

Mark "X" in this column	Total Youth	IL Services
	73	Subsidized Employment
	90	G. Location of Housing
	24	H. Room and Board
	46	I. Retreats/Camps
		J. Indirect Services
		K. Program Administration

Drug abuse prevention, and alcohol/tobacco/substance are intentionally left blank because DHS is in the process of selecting a new provider for these services.

- ☐ Enter the county's total approved budget for FY 2016-17 and budget request for FY 2017-18 IL Services below. Include federal, state and local funds in the total amount. Note: Fiscal information entered in the Narrative Template serves only as an estimate of projected program cost for FY 2017-18. If information entered into the Narrative Template and the Budget Excel File do not match, the Budget Excel File will be deferred to and considered as a final budget.

- ➔ NOTE: The transfer of IL federal, state or local funds to other Special Grant programs or services is not permitted.

	FY 2016-17 Actual	FY 2017-18 Request
Total Budget Amount	3,007,523	3,485,523

- ☐ Describe the county's expenditures history for IL Services for FY 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

Philadelphia County has successfully used these grant funds since 2006. Careful fiscal and proactive programmatic management and success in meeting service objectives are critical contributors to this outcome.

- ☐ If there were instances of under spending of prior year's grant funds, describe what changes have occurred to ensure that grant funds for this program/service are maximized and effectively managed.

Philadelphia did not under spend the prior year's grant funds.

- ☐ Provide a brief explanation if the county elects to submit an implementation budget for FY 2016-17 that is less than the certified allocation.

Philadelphia does not intend to submit an implementation budget that is less than the certified allocation.

## IL Outcomes

- ❑ Identify and describe three program, or youth, IL outcomes the county plans to address and improve for FY 2017-18 (or earlier, if applicable). Also provide an overall summary of how the delivery of IL Services will ultimately impact these outcomes for youth.

The IL outcomes description must include:

- How and why the outcome was selected and whether it is new or identified in a prior year;
- Baseline information or how baseline information will be established and when available;
- The source of the data and the collection process or method;
- An explanation of the plan for services delivery to achieve the outcome and what agency or agencies will provide services if not the CCYA; and
- Any other information to support the outcome.

### Outcome 1

#### **Increase in the number of youth between the ages of 14 and 15 years old attend The Young AIC.**

How and why this outcome was selected:

This outcome was selected to guide the youth 14 and 15 years old to achieve permanency and self sufficiency; to assure their well-being; and to assist the youth in transitioning into adulthood. By offering these comprehensive services, our goal is to minimize the likelihood of homelessness, poverty, teen pregnancy, and criminal behaviors as youth transition out of care.

Baseline data information:

As of June 28, 2016 there were 1,295 dependent youth age 16 to 21 and 583 dependent youth between the ages of 14 and 15 years old. In addition, there were 802 delinquent youth between the ages of 14 to 21 in placement. As of May 2016, there were 54 active members in the Young AIC. This number fluctuates over the course of the year because new youth are referred and some youth who are continuing to be AIC members age up to the second tier for youth 16 years old and older. The goal is to increase the number of active members in the Young AIC by 15 percent.

The source of the data and the collection process or method:

Data collection processes are established through the use of referral forms, monthly COGNOS runs, exit surveys when the youth complete workshops, focus groups throughout the Fiscal Year, and the AIC database. While DHS continues the process of creating a new Data Warehouse, data collection has been challenging. It has been assisted by DHS's Division of Performance Management and Accountability, and has been collected and tracked manually using Excel spreadsheets and external databases. The expectation is that the new IT system will be able to gather and track data on older youth.

An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA:

Implemented at the beginning of FY 2013, service delivery has been and will continue to be through DHS staff as well as contracted employees at the AIC. Contracted employees are staff members from Temple University (educational services), Planned Parenthood (sexual and health education), Substance Abuse counseling and workshops referrals, and Valley Youth House

## Philadelphia

(program operations, housing, employment, coaching). The AIC has a revised method of enrollment which involves a three tier process. AIC's 3-tier curriculum is entitled **Explore, Connect, Take Action**. Each tier addresses life skills in a different manner. The first tier is instruction heavy. The second tier allows members to connect learned concepts to everyday life. The third tier provides an opportunity to apply concepts through a variety of work experiences.

### **Tier Descriptions:**

#### **Tier 1(Instruction): Exploring...You, Values, Family**

Tier one is comprised of basic soft life skills such as self-awareness, attitude, time management, nutrition, stress, anger management, interpersonal communication skills, basic money management and appropriate standards for dress and participation.

#### **Tier 2 (Conceptual): Connecting...**

Tier two is comprised of hard skills such as academic support, job readiness skills, family planning, risk reductions and household management.

#### **Tier 3 (Application): Take Action...**

Tier three consists of activities and workshops that will solidify knowledge taught in the instructional and conceptual tiers. Tier three focuses on general skill and member-specific application. Members participate in service-learning projects, internships and advocacy projects.

This process allows the youth to navigate through the workshops with consistency, building on each workshop until completion. This process is expected to increase retention, provide access to all of the services while supporting and encouraging optimal development. Youth engage in hands-on instruction such as the Consumer Science Culinary Program, field trips, and experiential exercises to reinforce independent living. Initial implementation included some challenges; however, the process has begun to operate as expected. As per the May monthly report, 39 youth have completed tier one, and 162 youth have completed a tier one component. As per the May monthly report, 17 youth have completed tier two, and 23 youth have completed a tier two component. There are currently 210 youth active with the AIC who are engaged in tier two.

The mentoring component has been difficult to provide at AIC mainly due to inconsistency and ability to engage mentors long-term. A "natural mentoring" process, C.A.R.E. begun in collaboration with a research project with the University of Pennsylvania, has been discontinued with no intention to resume. Of the twelve youth enrolled in C.A.R.E., four natural mentors enrolled in the pilot study, completed training, and participated in the process. Two youth were unable to identify any caring adults in their lives; two were unable to identify any caring adults who were willing to commit to be their natural mentors. Eight youth were able to identify a caring adult with whom they had a relationship; five of these youth had natural mentors who were willing to commit to participate in C.A.R.E. Additionally, one youth moved across the country, and his natural mentor did not remain involved after the move.

AIC continues to explore the use of the Girls/Boys Track Program Services delivered through workshops as well as one-on-one counseling and interventions when needed. Traditionally these programs served all youth regardless of whether they were involved with county children and youth services. DHS is shifting the focus of these services to serve more youth who are receiving dependent or delinquent services. To address the challenge of youth leaving the AIC to be integrated into the larger Girls/Boys Track system, DHS is considering having a Liaison between YAIC and the Girls/Boys Track program, rather than only making referrals.

## Philadelphia

Continued collaboration within the Improving Outcomes for Children model will prove helpful in meeting the goal of a 15% increase of participation in Young AIC. DHS AIC liaisons have been assigned to work with specific Community Umbrella Agencies to provide technical support and resources to case managers and youth mentors in assisting with referrals to Young AIC. In addition to supporting the case management teams, the DHS AIC liaisons are available to CUA staff and community supports to serve as a speakers bureau to educate and advise on connecting to Independent Living services.

### Outcome 2

#### **Improve effectiveness of IL Services and reduce trauma-based social behaviors that act as barriers to successful transition to independence for dependent and delinquent youth.**

How and why the outcome was selected:

This outcome was chosen because youth who age out of the child welfare system have very poor outcomes as adults. Incorporation of the Bio/psycho/social assessment early in a youth's participation allows DHS to identify how and what trauma creates barriers that would impede active participation. For older youth who transition to independence both from out-of-home care and from a permanent home, there is evidence that providing IL Services to youth at a younger age will improve outcomes. Youth Development Plans (YDP) should be able to show a rate of progression in the youth's preparedness for becoming an adult. Also, extending AIC services to delinquent youth will help to improve their transition to independence.

Baseline data information: As of June 28, 2016 there were 1,878 youth, between the ages of 14 and 21, in dependent care. This includes 583 dependent youth between the ages of 14 and 15 years old, and 1,295 youth between the ages of 16-21. Our most recent data (AIC Monthly report-May 2016) states that there were 555 active members being served by the AIC. This is the largest number of active members since October 2014, and includes 54 YAIC members (14-15) and 50 new youth enrolled in the Center. The cumulative Case planning number of 1,012 reflects any youth who had been active at any point during FY 2015-16. With the implementation of Act 91, five youth were granted resumption of jurisdiction and one youth is awaiting court dates in FY 2016. As of May 31, 2016, 84 youth received housing through the Supportive Housing Program.

The source of the data and the collection process or method:

While DHS continues the process of creating a new Data Warehouse, data collection has been challenging. The expectation is that the new IT system will be able to gather and track data on older youth. Additionally, Data regarding the effectiveness of Independent Living Services to increase permanency outcomes for older youth, and improve the stability of transitions to independence for both dependent and delinquent older youth will be measured through the Casey Life Skills Assessment and through the National Youth in Transition Database. The Casey Life Skills Assessment measures what youth know before and after services are provided. The National Youth in Transition Database measures outcomes of Independent Living services. It should be noted that the completion of the surveys for NYTD has been challenging due to the transitory nature of the population being surveyed, and the unfamiliarity of CUA staff with the NYTD process under the auspices of IOC. AIC provides quarterly technical assistance in-service sessions, as well as an identified DHS NYTD liaison for each CUA, and the availability of the NYTD unit staff to go to the CUA.



## Philadelphia

An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA:

DHS is being more intentional about developing and delivering services to older youth and young adults, specifically ages 18 to 21 years old, because in order to increase both the quality and quantity of services for this population. Ongoing monitoring and development of youth centered plans will aid them into independence, increase permanency outcomes for older youth, and improve the stability of transitions to independence for both dependent and delinquent older youth.

Services that are being developed to benefit these young adults include partnerships with other City entities that provide employment, training, financial services, and health care (such as Power Corps PHL and AmeriCorps, and WorkReady). The Young AIC was implemented and a Philadelphia DHS Outreach Coordinator was hired to send letters to youth outside of Philadelphia. As expected, the program redesign of the AIC into tiers consisting of a gradual progression of service delivery has lead to steadily increasing numbers of youth actively participating. In the tier process, youth receive services that build upon the previous and moves youth gradually towards independence. DHS is formalizing a process to complete bio/psycho/social assessments upon enrollment at the AIC to address the issues that dependent and crossover youth experience related to placement. Strategies are also being implemented to allow earlier assessments with a subsequent plan of action. Services will be provided on-site at the AIC and throughout the community. For FY 2016-17, DHS is in the process of posting a position for a counselor at AIC. This counselor will be under the supervision of the Wellness Supervisor at AIC.

By offering support groups, and using the Youth Thrive Model and parenting groups, youth and their families will be able to address issues that led to dependency and long-term care. These services support empowerment, resilience, self-sufficiency and help improve transition to independence outcomes. Services will be provided through a combination of efforts both on-site at the AIC and in the community. DHS staff work in collaboration with AIC staff.

### Outcome 3

#### **Increase permanency efforts for older youth**

How and why this outcome was selected:

This outcome was chosen because youth who are transitioning from the child welfare system to independence are not reaching permanency. There have been youth who lack stable housing and require additional assistance after transition as well as youth who are ill prepared to address medical or behavioral health challenges as a result of lacking adequate transition and teaming processes.

Baseline data information:

In FY 2014-15, 248 older youth aged out of DHS without establishing permanency and did not return to DHS care via ACT 91. Additionally, in FY2015-16, 272 older youth aged out of DHS without reaching permanency. These youth are most vulnerable for becoming homeless or entering the criminal justice system. Given this negative outcome, in FY 2016-17, DHS is expanding its capacity to review and plan for older youth (16 years of age and older) who remain in dependent care longer than 12 months.

The source of data and the collection process or method:

This data was collected by DHS Performance and Management Accountability Division. Additionally data warehouses through the courts were able to provide information.

## Philadelphia

An explanation of the plan for services delivery to achieve the outcome and what agencies will provide services if not the CCYA:

DHS currently has two case review forums that are exclusively designed to identify and remove barriers to permanency and self sufficiency for older youth. These reviews will be enhanced and targeted to youth who are at the greater risk of aging out. A third case review forum, Rapid Permanency Reviews, which will affect some older youth, will begin in FY 2016-17.

- The Expedited Case Review is used for older youth who have been in placement longer than 24 months with a goal of reunification. The CYD Expedited Review unit is charged with reviewing case history with assigned case management team, interviewing youth and relatives, and making recommendations to case planning for the purpose of decreasing level of care and/or establishing reunification/permanency
- The Older Youth Transition Case Review is used for older youth with disabilities and/or severe emotional and behavioral health needs. Often times, these youth have a goal of APPLA and have been disconnected from their families of origin. The case review is a multidisciplinary team review with representation from DHS, CBH, IDDS and law. This team is charged with assisting the youth and case management team with the development of a comprehensive transitional plan that supports bridging family relationships and achieving self-sufficiency. Currently, there are five case reviews a month. DHS will move to facilitate (at a minimum) 20 per month. DHS will allocate additional program analyst support to track and monitor outcomes. Monthly reports will be provided to CYD leadership and the Operations Director will make modifications to process as needed.
- Rapid Permanency Review (RPR) is a tool used to assist child welfare systems and the court move more quickly to achieve timely permanency for children in out-of-home placement. RPRs are designed to identify and mitigate case level and system level barriers. The purpose of review is to ensure case activities are aligned with permanency outcomes. The target population for review are youth who meets one of the following criterion: 1) Youth with goal of PLC with 2+ years and 6months or more in the same family placement setting; 2) Youth with goal of reunification who have been in care 2+years in a stable family placement for 6+ months or who have been in a family setting with unsupervised visits; and 3) Youth with goal of adoption who have been in care 2+ years in the same family placement for 6+ months and have parental rights terminated.

In addition to case reviews, the Department continues to build upon cross systems collaborations with CUA, Community Schools via DHS' Education Support Center, and participate in the state APPLA workgroup. The implementation of mobile life skills will ensure that youth out of county are receiving the necessary services for a higher likelihood of successful transition to independence.

Services through DHS' Older Youth Services Coordinator will aid with the goal of increasing permanency for older youth. The OYSC is responsible for reviewing, evaluating and aligning various programs for older youth involved with the Department of Human Services and ensuring that the services are coordinated. OYSC also assists in the design and development of additional programming intended to prepare youth for independence as they exit the foster care system.

### **Goals of the OYSC are as follows:**

- Assess and review Independent Living services offered to youth via Supervised Independent Living, Group Home and Institutional Care

## Philadelphia

- Provide guidance to the Youth Advisory Board to improve services and programming for older youth to help normalize foster care and address Re-Entry awareness.
- Conduct in depth analysis and offer recommendations for current array of programs designed for older youth in the child welfare system
- Identify gaps in service and areas of duplication in service array
- Provide consultation and advice to Children and Youth Division on best practice in older youth program development and ensure that these practices are implemented with DHS and its providers
- Work with DHS affiliated staff and provider community to align current array of program's with focus on Improving Outcomes for Children Initiative.
- Modification of services rendered at the AIC : AIC Open House, mission statement, 3 tier, COB recommendation, strategies to improve recruitment and re-engagement, events, corrective actions, abuse reporting protocol, member handbook, advertisement, implementation to boost morale such as the Star of the Month and Youth Choice Award, AIC Newsletter.
- Triaging cases as it relates to connecting older youth to services, programs and permanency
- Assist with identification of older youth to join the CUA agency's Community Advisory Boards
- Facilitate Informational Session with DHS units and AIC (ESC, CBH, CRU, Law Department, After School Programming, Prevention Services, NYTD, Project SOAR)
- Focus Groups: Allows for youth voice, provides information and connects youth to programs and services.

### **IL Services Narrative** (please read the following bullets before responding)

- ☐ If the agency is requesting an increase of funds for FY 2017-18, clearly explain and justify the increased costs.  
CUA practice guidelines clearly require that every youth in care age 14 years and older must be referred to the AIC.

The Girls Track and Boys Track programs have merged in collaboration with AIC. The expectation is that both of these changes will increase the numbers of youth accessing IL Services. Additional funding will also aid in service expansion at AIC.

A strategic plan is being developed to increase technical services to youth by development of a computer lab and expansion of space to accommodate young AIC. Currently space is shared and limits to ability for additional programming. Parenting has grown at AIC and this would allow for expansion of workshops and resources to assist teen parent with both concrete resources and skills to parent that would prevent likelihood of placement. Our primary goal is to aid in stabilization.

Lastly, DHS would like to provide more resources regarding housing services to our aging out youth and LGBTQ community to meet their needs. Existing resources for meeting this population's unique needs are limited.

- ☐ Explain how the county is meeting the annual Credit Reporting requirements for all youth in foster care age 14 and older. (Note this requirement is reduced to age 14 effective September 29, 2015.)

Philadelphia DHS has signed agreements with the three credit reporting agencies. DHS is creating a credit check liaison unit which will request credit reports annually on all youth

## Philadelphia

and young adults in out of home care from each of the three credit reporting agencies. The credit check liaison staff will address any discrepancies found and clear the youth or young adult's record. Case management staff are required to discuss the process and the results with youth and young adults. Young adults 18 – 21 years of age will have the opportunity to opt out and will be encouraged to request credit reports themselves. If they do not opt out every year, a credit report will be requested as long as they remain in care. Security processes have also been put in place.

- Has the county established contracts with all of the following Credit Reporting Agencies (CRAs)? (Yes or No)
  - TransUnion:
  - Equifax:
  - Experian:

Yes.

- For counties reporting “No” for any CRA above, what assistance, if any, is necessary to establish a contract with that CRA?

N/A. See response above.

- Identify the county's progress in meeting the following credit reporting requirements for foster youth:

Requirement	Yes	In Planning	No
• Results of the credit review (none found or discrepancies found) are shared with the youth in a youth friendly manner.	X		
• Results of the credit review and efforts to resolve inaccuracies are placed in the child's record.	X		
• Youth are provided assistance to resolve any inaccuracies found during the review.	X		

- ☐ Describe the county's efforts to engage youth for successful completion of NYTD Follow-up Survey (ages 19 & 21) For counties who report positive results, please include what strategies help with successful survey completion. For counties that have difficulties, indicate what barriers exist. Identify what assistance, if any, is needed.

DHS has a unit which addresses NYTD survey completion, and will address credit checks for youth in out of home placement. Additional staff has been added to the NYTD unit. The unit consists of one supervisor and 4 social workers. Each Worker has been assigned to a Community Umbrella Agency to provide technical supports and to act as a liaison with the OCYF. Additional assistance has been enlisted from both the SWAN unit and data collection agency Hornby Zeller.

## Philadelphia

- ❑ Explain how the county plans to deliver IL services to meet the needs of youth who are transitioning from foster care, while in the agency's care, as well as those who have discharged up to age 21. Identify other provider agencies and their role.

The AIC serves both current and former foster youth until the age of 21. As of May 2016, 1,012 youth have received case management and counseling services at the AIC.

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

On-going services are provided on-site either by the AIC staff or partner agencies (Temple and Planned Parenthood) or by referral to other community-based organizations according to the goals and objectives identified in the YDP. The YDP is updated at minimum, on a semi-annual basis, to ensure each youth is moving forward in achieving individual goals. These assessments and services support empowerment, resilience, self-sufficiency, and help improve transition to independence outcomes.

Services for youth in care are coordinated with the AIC and Provider staff to ensure coordination of services. The Child Permanency Plan (CPP) or CUA Single Case Plan (SCP) will begin to be included in the referral to the AIC and drives and informs the creation of the YDP. The DHS/CUA Liaison will assist by informing Life skills coaches of scheduled transition /discharge meetings. Services for former foster youth are coordinated in a self-directed manner with the AIC coaches through the YDP.

Life Skills instruction is a vital component of services at the AIC and required of all Providers serving the county's older youth population. At the end of FY 2016, 778 youth received life skills training through the AIC, an increase over the FY 2015 total of 758 youth. Life skills are a set of competencies that youth leaving foster care need in order to make a successful transition to independence and the foundation for all the services and activities provided by the Independent Living Services Unit at DHS and the AIC.

At the AIC, the primary life skills training component, "LSH Journals and Fundamentals," is provided by AIC staff. It includes group-based workshops, individual lessons and a final assessment to measure the transfer of learning. AIC staff will monitor member participation in and completion of the series. Workshop topics include money management, financial decision-making skills, savings, taxes, banking and credit, budgeting and spending plans, consumer skills, building a positive self-image, conflict resolution, goal setting, and stress management.

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

- Locating and using community resources: police, clergy, lawyers, dentists, and bankers.
- Utilizing community socialization activities: churches, recreational centers, parks, and concerts.
- Healthy hobbies: fitness, arts, photography, and music.
- Obtaining personal identification documents.
- Human sexuality.
- Employability factors including responsibilities and professional attire.

## Philadelphia

- Resume development.
- Consumer and shopping skills.
- Physical and behavioral health care.
- Locating housing.
- Nutrition.
- Insurance.
- Home management skills: food preparation, laundry, cleaning, roommates, and basic maintenance, etc.
- Negotiating a lease.

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

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

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

Education is critical to a youth’s success and ability to live independently. The AIC provides programs to assist youth in remaining and succeeding in high school, attaining a GED, and enrolling in post-secondary institutions. At the end of FY 2015-16 AIC members received the following educational support:

- 327 High School support and retention.
- 388 Assistance in obtaining higher education.
- 54 Preparing for GED.
- 23 Vocational training.

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

The AIC works closely with DHS education support center to help address academic needs and/or social barriers to education. The AIC Education Liaison will assess each youth’s education needs upon enrollment. The youth will be connected to Education Support Center for on-going support.

The educational support staff specifically focuses on the supports and services high school students need to complete high school successfully, including identifying tutoring needs, coordinating homework help, tracking attendance, coordinating with AIC and Provider Staff, and the School District of Philadelphia to address challenges and recovery plans. Out of school youth are connected with the School District’s Re-engagement

## Philadelphia

Center. The support staff will provide guidance and support to the youth based on mandates established by the McKinney-Vento legislation.

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

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

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

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

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

AIC staff and the Parent Action Network (PAN) will begin to provide support and education to the LGBTQ youth community at the AIC. The objectives of these ventures are to meet the unique needs of this community and connect them with supportive resources specific to their needs. Additionally the life skills coaches at AIC are available to make the necessary linkages and referrals to the needs of these youth.

The total amount planned for stipends is \$175,000.00. The amount includes incentives for completion of workshops and programs as well as needs-based funds to eliminate barriers to independent living, such as: school fees, tools and uniforms for work, and security deposits.

DHS estimates 300 IL youth will be referred to the SWAN prime contractor for Child Profile, Child Preparation Services, or both. SWAN service referrals continue to be a priority for Philadelphia DHS as demonstrated by the exhausting of their SWAN budget for the first time and needing to request additional funds. This past year DHS has seen an increase in the number of Child Prep and Child Profile units of service from the previous fiscal year. Child Prep units of service rose by 90% during the FY 2015-16 while

## Philadelphia

the number of Child Profiles that were completed rose by more than 57%. As discussed during the site visit, the increased number of SWAN referrals is a result of focusing on Permanency earlier on in the life of a case

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

Housing related services, supports, and planning include assistance obtaining affordable housing, education regarding safe and affordable housing options for youth, negotiating a lease, tenants' rights and responsibilities, and the link between credit and housing and permanency planning. The AIC and DHS Staff provides the on-site services related to housing referrals and education. New initiatives are under way via collaboration with the Office of Supportive Housing with the 100 Day challenge to end homelessness.

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

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

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



## Philadelphia

anywhere in Philadelphia after the first two years of the program. Participants' rent is based on income.

Youth placed in THPs are encouraged to continue participation in the AIC for other support services. Tracking and evaluation is provided by both internal processes established by the individual Providers and DHS. Referrals are also made to local emergency shelters, including the Covenant House PA youth shelter, for temporary and emergency housing.

Additionally, there are Interagency collaborations being addressed to eliminate youth and young adult homelessness. DHS and the Philadelphia Office of Homeless Services (OHS) are working collaboratively to identify the families who are actively involved or at risk of being involved with either system. The collaboration includes assessing departmental assets and resources for the purpose of maximizing and streamlining support for the most vulnerable families and children who are affected by homelessness. The following priorities are shared by both departments:

- Inadequate or lack of housing for families working towards family reunification.
- Families who lack adequate housing which leads to DHS involvement; however parents have the protective capacities to care for their children.
- Families living in poor to uninhabitable conditions and have active dependency challenges.
- Older youth who age out of DHS without reaching permanency or self-sufficiency.
- LGBTQ youth who lack family support and sustainability.

Preliminary Strategies to achieve this goal include conducting resource inventory by departments.

- Drill down on data to identify duplication of resources across system.
- Identify data sets that will provide insight on families across departments, volume of population being served, and depth of problem.
- Engage other Philadelphia Departments for the purpose of committing to the collaboration, i.e., DBH/IdS, Philadelphia Housing Authority, and Health.
- Identify departmental/internal project leads to guide perspective teams.
- Develop Charter/Mission and identify short term and long term goals.
- Consult with law to discuss MOU agreement between departments.
- Assess scope of current data and data integrity by department.

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

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

## Philadelphia

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

- ☐ Identify and justify all planned purchases for equipment or assets for use by the agency during FY 2016-17 and FY 2017-18. Prepare this information separately for each year. Include a statement whether the purchase costs are included in the appropriate budget

All programming related to the AIC is based on a yearly budget. The purchase costs are included in an appropriate budget which is monitored.

- ➔ NOTE: All agency or staff computer purchases and IT needs must be requested to be reimbursed through the county's IT grant application and funds. Computers purchased, in full or part, for youth, is not considered an asset and is reimbursable with IL grant funds.

- ☐ Identify the county's primary contact or coordinator for each of the following initiatives (do not include the county administrator unless no other staff is available).

	<b>IL Services</b>	<b>NYTD</b>	<b>Credit Reporting</b>
Name:	Syreeta I. Owen-Jones, Administrator (all services listed above)		
Email:	<a href="mailto:Syreeta.Owen-Jones@phila.gov">Syreeta.Owen-Jones@phila.gov</a>		
Telephone:	215-683-6530		

### 4-3f. Information Technology

- ☐ Identify the Case Management System your county is using:

While the new DHS case management system is being developed, DHS end users continue to work with multiple systems to perform various business functions. However, all automated case management functions are performed in the web-based FACTS<sup>2</sup> and Legacy Mainframe FACTS systems. External providers, including CUA Case Managers (CUA CMs), utilize the web-based provider portal, DHSConnect, to perform various case-related functions.

During development of the new case management system, the following applications will continue to be utilized by both internal and external Users:

#### **Internal Philadelphia Department of Human Services Users**

- FACTS – Legacy Mainframe System – used for Placements, JJS, and Fiscal related functions.
- FACTS<sup>2</sup> – Web-Based System – used for Hotline, Investigation, and Intake related functions.
- Electronic Case Management System (ECMS) (within FACTS<sup>2</sup>) – used for Case Management functions and Family Team Conferencing.

### **External Provider Users**

- DHSConnect – Web Based Provider Portal – used to access the following web-based applications: FACTS<sup>2</sup>/ECMS, In-Home Protective Services (IHPS) Case Management, Ages and Stages, Family Group Decision Making, Rapid Service Response Initiative (RSRI), P-drive, FAST and CANS assessments, and the National Youth in Transition Database (NYTD).

### **Case Management Systems**

FACTS<sup>2</sup> is the system primarily used for case management by DHS's Workers and now CUA CMs as part of the Improving Outcomes for Children (IOC) system transformation. FACTS<sup>2</sup> currently encompasses all case activity at the Hotline level with automated assignment to supervisors, including email notification of reports accepted for investigation and assessment. FACTS<sup>2</sup> also now supports automatic filing of Police Reports directly to the Philadelphia Police Department Special Victims Unit for those investigations requiring them. This system is an interoperable, real-time, standardized case management system that has been complemented with the continued development of ECMS within its current application and database structure.

In January 2016, IT collaborated with DHS and CUA staff to initiate a business process analysis; and perform system and data analyses. During FY17, results of these analyses will be used to begin development and implementation of a commercially available solution (Netsmart Evolv) to replace our existing application portfolio (FACTS, FACTS2, ECMS, DHS Connect applications).

### **Financial Management and Administration**

Financial Management and Administration functions are supported by FACTS and P-drive. The Payment Subsystem in FACTS is designed with the capability to track payments to anyone that provides services to DHS. This includes services paid on a per diem basis (placement and non-placement) and services that are paid on a fee-for-service or expense basis, including but not limited to: psychological evaluations, clothing allowance, and funeral expenses.

The provider community continues to use P-drive to report the location of, and services received by, children youth, and families. FACTS and P-drive will be retired upon completion of the Netsmart Evolv application implementation project. This is expected to go live by December 2018.

At this time, the billing process is not supported by an integrated Accounting System. DHS will utilize a hosted instance of the Oracle financial applications (General Ledger, Accounts Payable, and Accounts Receivable) to meet our Financial Management needs, and interface with the Netsmart Evolv application. The required investment levels would be based on implementation services. Based on our current understanding, the software service and hosted service fees are already provided by the City of Philadelphia.

### **Reporting and Data Management**

Re-design of the Philadelphia Department of Human Services Data Warehouse (DW) that supports reporting of child welfare outcomes in the areas of safety, permanency, and well-being will be completed in the second quarter of FY 2016-2017. The re-designed DW will be integrated with an upgraded version of Cognos to support efficient and accurate reporting.

## Philadelphia

### Security

To ensure the security of DHS's electronic data, the use of encrypted secure servers, City owned and managed firewalls, and designated FTP servers for secure data transmissions, among other tools, are used and implemented by DHS's IT. User access to DHS's systems, applications, and data is controlled by authentication methods that confirm and validate the Users' privileges and permissions. The security infrastructure that supports both the business applications and operational data is in compliance with and meets the approval of both the Commonwealth of Pennsylvania and Federal Guidelines.

- ☐ Provide the county's approved staffing complement:
  - ☐ Certified Staff:   1,311
  - ☐ Other staff not included in certified who receive IT equipment and services – please identify the positions and the number in the position:

Position: _____	Number: _____
Position: _____	Number: _____
Position: _____	Number: _____
Position: _____	Number: _____
Position: _____	Number: _____

- ☐ If requesting additional Mobile Computing Devices (Laptops or Tablets), provide a business justification for the number of devices exceeding the number of staff. The justification should include how the CCYA plans on using the devices and how the use of mobile devices is efficient, economical and effective in carrying out workers' responsibilities.

Philadelphia's request to purchase mobile computing devices will not exceed the number of staff. The devices to be purchased will replace old and out-dated devices.

- ☐ Answer the following questions related to participation in the Child Welfare Demonstration Project:
  - ☐ Indicate if your county participates in the Child Welfare Demonstration Project (CWDP) in FY 2016-17: **Yes**   X   **No**
  - ☐ Indicate if your county is submitting a revised FY 2016-17 IT budget along with your FY 2017-18 IT grant request: **Yes**   X   **No**
  - ☐ Indicate if your county has the necessary contract language in all IT contracts to ensure compliance with federal and state regulations. (See appendix 4: Information Technology, section IV): **Yes**   X   **No**    **Do not have any contracts**
  - ☐ Indicate if your county is requesting funding for ongoing or new development in FY 2017-18 that is not related to the statewide Child Welfare Information Solution (CWIS): **Yes**   X   **No**   
    - ☐ If **Yes**, provide the following details:

## Philadelphia

- Business Need - describe the business need for the ongoing or new development.

The System-Wide Information Management Solutions (SWIMS) project is an all-encompassing, Information Technology (IT) project. It is meant to provide a better information management system, affording the Department an opportunity to reevaluate, design, build, and implement improved data management and IT infrastructure frameworks on an enterprise-level.

The purpose is to efficiently, effectively and accurately collect, integrate, store, manage and distribute information for Philadelphia Child Welfare system. Upon complete implementation of the new case management solution platform, Philadelphia intends to retire the Legacy FACTS, FACTS2/ECMS, and DHSCConnect applications.

- High Level Requirements – provide a description of the high level business and technical requirements.

- **User Friendly** – i.e., browser neutral, provide a single point of entry for data, efficient and easy to use, stable (available 24 x 7 x 365), able to capture and retrieve reliable data, provide ticklers and dashboards, ensure system and data are easily accessible to end users.
- **Supportive of the Philadelphia Child Welfare supports and services lifecycle to children and families** – i.e., be child-centric, support common Philadelphia Child Welfare system language and processes, be configurable to Philadelphia Child Welfare system supports and services lifecycle, seamlessly distribute information from multiple data sources to end users, be sustainable (able to be maintained and/or modified by in-house resources), be flexible to accommodate future changes to business needs and/or requirements, effectively interface with external information trading partners (e.g. State [CWIS], Social Security, Courts, etc.).
- **Efficient and effective in supporting our information management architecture and infrastructure for transactional, reporting, and data analytics purposes** – i.e., ensure the appropriate hardware, software, and network environment are setup and maintainable using in-house resources, enable end users to efficiently collect required information, maintain and assure the accuracy and consistency of data over its entire lifecycle, integrate and centralize data from multiple data sources, accommodate current end user capacity while anticipating and being able to accommodate an increase in end user capacity, capture data to support current reporting requirements, i.e., AFCARS, ensure data collected is relevant and useful - defined, both technically and from a business perspective and managed at the enterprise level.

- Project Cost Proposal – provide the total costs for the development, as well as, the total estimated project costs if the development is part of a larger project.

Total Cost of Project (5 years): \$14,513,818.

- Identify contracts associated with the development project.
  - a. Netsmart.
  - b. IT Vendor Contracts.
    - i. MFR Consultants, Inc.

## Philadelphia

- ii. Resilient Business Solutions.
- iii. CAI.
- iv. MODIS.
- v. FutureNet, Inc.

- ☐ Indicate if your county is entering into or planning for an IT procurement in FY 2016-17 or FY 2017-18:

Yes   X   No       

If Yes, provide the following details:

- Estimated dollar amount of the procurement:  
Servers/Blades: \$611,800.
- Type of procurement (RFP, RFQ, sole source, etc):  
Sole source.
- If the county obtained the necessary state and federal approvals prior to initiating the procurement:  
We are waiting for FY 2016-17 IT Grant approval before initiating the procurement process.

- ☐ Provide any additional information that will assist in the review of changes to your FY 2016-17 IT budget or 2017-18 IT request.
- To ensure all City contracting protocols were followed, and the State and Federal approval processes were completed properly, the SWIMS project did not begin until the 3<sup>rd</sup> quarter of FY 2015-16. As a result, there will be significant development in FY 2017-18.
  - CWIS, AFCARS and City priorities require development on the current DHS case management system occur during FY 2016-17 to ensure continuity of services to children, youth, and families; and maintain Department's access to information.

Obtain required signatures for the CWIS Data Sharing Agreement and submit along with your NBPB.

### 4-3g. SWAN

- ☐ Please explain any over or under utilization of SWAN services in the prior year; i.e. explain any differences when comparing the SWAN allocation to actual spending.

For the base year, FY 2015-16, Philadelphia expected to serve approximately 3,200 children and youth with a SWAN allocation of \$7,000,000. As of June 30, 2016, Philadelphia referred an additional approximately 1,800 children and youth for SWAN services, and FY 2015-16 spending is \$9,200,000, an overutilization of \$2,200,000. The overutilization is due to systematic changes related to Improving Outcomes For Children system transformation, and information sessions facilitated by DHS and Diakon, emphasizing the importance of SWAN services and their contribution to timely permanency for Philadelphia children and youth. As a result, referrals and request of SWAN services have increased drastically.

## Philadelphia

- ☐ Please explain any projected change in focus of utilization of SWAN services in FY 2017-18 compared to previous years as justification for the county's FY 2017-18 allocation request.

The increase in the utilization of SWAN Services is projected to continue well into the next fiscal year, particularly in light of the increase in the number of children and youth in out-of-home care. The use of SWAN services as part of Philadelphia's strategy to improve timely permanency has created a demand for these services that had not existed and was underutilized in the past. Philadelphia DHS will continue to reach out to the Achieving Independence Center for referrals for Child Specific Recruitment, Child Prep, and Child Profiles for older youth with a goal of APPLA. Philadelphia also continues to encourage case managers to request SWAN services for children and youth who have been in care for six months or longer. These efforts are expected to result in the continued increase in utilization.

**Therefore, DHS is requesting an increase in the SWAN allocation for FY 2017-18 to \$11,500,000.00.**

- ☐ If requesting new or additional paralegal support, please explain why and what services/activities the requested paralegal(s) will perform as all requests for additional paralegals will be thoroughly examined.

N/A.

### 4-4. Accurint

- ☐ Please identify the name and email addresses of the Accurint Administrator in your county and each Accurint user.  
Administrators

Dell L. Meriwether	<a href="mailto:Dell.L.Meriwether@phila.gov">Dell.L.Meriwether@phila.gov</a>
William J. Gordon	<a href="mailto:William.J.Gordon@phila.gov">William.J.Gordon@phila.gov</a>

#### Users

Annie P. Thomason	<a href="mailto:Annie.P.Thomason@phila.gov">Annie.P.Thomason@phila.gov</a>
Beth Sequinot	<a href="mailto:Beth.Sequinot@phila.gov">Beth.Sequinot@phila.gov</a>
Cara A. Mallon	<a href="mailto:Cara.Mallon@Phila.gov">Cara.Mallon@Phila.gov</a>
Janet Roberson	<a href="mailto:JaNet.Roberson@phila.gov">JaNet.Roberson@phila.gov</a>
Lelia Johnson	<a href="mailto:Lelia.Johnson@phila.gov">Lelia.Johnson@phila.gov</a>
Marlo Thomas	<a href="mailto:mthomas@pmhcc.org">mthomas@pmhcc.org</a>
Paul Ward	<a href="mailto:Paul.Ward@Phila.gov">Paul.Ward@Phila.gov</a>
Rhonda D. Starks	<a href="mailto:Rhonda.Starks@Phila.gov">Rhonda.Starks@Phila.gov</a>
Sean Taylor	<a href="mailto:Sean.Taylor@phila.gov">Sean.Taylor@phila.gov</a>
Shahodah T. Bohannon	<a href="mailto:Shahodah.T.Bohannon@phila.gov">Shahodah.T.Bohannon@phila.gov</a>
Stephanie A. Davis	<a href="mailto:Stephanie.A.Davis@phila.gov">Stephanie.A.Davis@phila.gov</a>
Vicente Duvivier	<a href="mailto:Vicente.Duvivier@phila.gov">Vicente.Duvivier@phila.gov</a>
Zachary Harris	<a href="mailto:Zachary.Harris@phila.gov">Zachary.Harris@phila.gov</a>

## Philadelphia

- ☐ Please explain any underutilization of Accurint services in the prior year; i.e. explain why it was not used in: locating kin, tracking NYTD youth or other search efforts.

In the last fiscal year Accurint was accessed 7968 times by the 13 users.

- ☐ Will Accurint be used in any program improvement strategies during this fiscal year? If yes, explain how.

With our increased use of kinship care, our permanency strategy as described earlier, and our intention to reduce or eliminate use of the goal of APPLA we intend to expand our use of Accurint and are requesting an increase in licenses. Right now only a select number of Supervisors and one Social Work Administrator have access. We would like to request that all Hotline, Intake, and Adoption Supervisors get licenses, as well as two for the Law Department, and 15 for the CUAs.

As it is now, only two Supervisors have access in Intake 1. They are handing requests for as many as 90 plus workers and this limits their ability to do more extensive searches. If every Intake Supervisor had access, its use would be mandated for every investigation or assessment assigned to each unit. For the Adoption Section, and the CUAs it will allow for increased efforts to locate kin after accept for service and to meet the new SWAN benchmarks. For the Law Department it will be extremely useful in documenting parent searches for filing dependent, termination, and support petitions.

**We request an additional 90 licenses.**



## Section 5: Required & Additional Language

### 5-1a. Assurances

The following pages include assurance forms to be completed by counties. These forms are included:

Assurance of Compliance/Participation  
Documentation of Participation by the Judiciary  
Assurance of Financial Commitment and Participation

**The following forms must be signed and submitted in hard copy to:**

Division of County Support  
Office of Children, Youth and Families  
Health and Welfare Building Annex  
625 Forster Street  
P.O. Box 2675  
Harrisburg, Pennsylvania 17105-2675

**And**

Mr. Richard Steele  
Juvenile Court Judges' Commission  
Pennsylvania Judicial Center  
601 Commonwealth Avenue | Suite 9100  
Harrisburg, Pennsylvania 17102-0018

**ASSURANCE OF COMPLIANCE/PARTICIPATION FORM  
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

**The Assurance of Compliance/Participation Form**

The Assurance of Compliance/Review Form provided in this bulletin must be signed by the County Executive or a majority of the County Commissioners, the Juvenile Court Judge(s) or his/her designee, the County Human Services Director, the County Children and Youth Administrator, and the County Chief Juvenile Probation Officer and submitted with the FY 2017-18 Needs Based Plan and Budget submission.

The Assurance of Compliance/Review Form has two signatory pages. The first page is for the County Human Services Director, the County Children and Youth Administrator, the County Chief Juvenile Probation Officer and the Juvenile Court Judge(s) or his/her designee. This page must be submitted at the time of the county's implementation plan and needs based plan submissions. The second page is for the signatures of the County Executive or a majority of the County Commissioners. This page must be submitted at the time of the county's financial budget submission and must contain the financial commitment of the county.

**COUNTY:** Philadelphia

These assurances are applicable as indicated below.

\_\_\_\_\_ Fiscal Year 2017-18 Children and Youth Needs Based Plan and Budget Estimate and/or the

\_\_\_\_\_ Fiscal Year 2016-17 Children and Youth Implementation Plan

**Note: A separate, signed Assurance of Compliance/Participation form must accompany the Children and Youth Implementation Plan and the Needs Based Plan and Budget when they are submitted separately. This Assurance of Compliance/Participation form cannot be modified or altered in any manner or the Children and Youth Implementation Plan and the Needs Based Plan and Budget will not be accepted.**

**COMMON ASSURANCES**

I/We hereby expressly, and as a condition precedent to the receipt of state and federal funds, assure that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Americans with Disabilities Act of 1990; the Pennsylvania Human Relations Act of 1955, as amended, and 16 PA Code, Chapter 49 (Contract Compliance Regulations):

1. I/We do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation or disability:
  - a. in providing services or employment, or in our relationship with other providers;
  - b. in providing access to services and employment for handicapped individuals.
2. I/We will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/We assure that these documents shall constitute the agreement required by Title IV-E of the Social Security Act 42 U.S.C. § 672 (a)(2) for foster care maintenance, adoption assistance and subsidized permanent legal custodianship payments.

I/We assure:

- the County Children and Youth Agency and Juvenile Probation Office has the responsibility for placement and care of the children for whom Title IV-E foster care maintenance, adoption assistance and subsidized permanent legal custodianship payments are claimed;
- the County Children and Youth Agency/Juvenile Probation Office will provide each child all of the statutory and regulatory protections required under the Title IV-E agency, including permanency hearings, case plans etc.;
- the agreement between the Office of Children, Youth and Families and the County Children and Youth Agency/Juvenile Probation Office shall be binding on both parties; and
- the State Title IV-E agency shall have access to case records, reports or other informational materials that may be needed to monitor Title IV-E compliance.

I/We understand that any Administration for Children and Families (ACF) disallowance incurred as a result of county noncompliance with Title IV-E foster care maintenance, adoption assistance, subsidized permanent legal custodianship or Title IV-E administrative claim requirements will be the responsibility of the county.

I/We assure that all information herein is true to the best of my/our knowledge and belief, based on my/our thorough review of the information submitted.

## **EXECUTIVE ASSURANCES**

### **In addition to the Common Assurances,**

I/We assure that I/we have participated in the development of the Plan, are in agreement with the Plan as submitted and that all mandated services if funded by the Plan will be delivered.

I/We assure that these Plans comply with the "Planning and Financial Reimbursement Requirements for County Children and Youth Social Services Programs" as found in 55 PA Code Chapter 3140.

I/We assure that, when approved by the Department of Human Services, the attached Children and Youth Implementation Plan and Needs Based Plan and Budget, including any new initiatives, additional staff and/or increased services and special grants that are approved, shall be the basis for administration of public child welfare services for all children in need under Article VII of the Public Welfare Code, 62 P.S. § 701 et seq., as amended.

I/We assure that, where possible, the county will cooperate with state efforts to maximize the use of federal funds for the services in this Plan.

I/We assure that all contracts for the provision of services addressed herein will require the providers to comply with the Chapter 49 provisions (contract compliance regulations).

I/We assure that expenditure of funds shall be in accordance with these Plans and estimates and Department of Public Welfare regulations.

I/We assure that services required by 55 PA code 3130.34 through 3130.38 will be made available as required by 55 PA code 3140.17 (b)(2);

I/We assure that the capacity of both the county and the providers has been assessed and it is my/our judgment that it will be adequate to implement the Plan as presented;

I/We assure all Title IV-E foster care maintenance, adoption assistance and subsidized permanent legal custodianship payment eligibility requirements are met for the specified children, not merely addressed by the agreement;

I/We assure that the County Children and Youth Advisory Committee has participated in the development of this Plan and has reviewed the Plan as submitted; and

I/We assure that representatives of the community, providers and consumers have been given the opportunity to participate in the development of this Plan; and

I/We assure that the county programs that affect children (e.g., Mental Health, Intellectual Disabilities, and Drug and Alcohol) have participated in the development and review of this Plan.

I/We understand that the accompanying budget projections are based on estimates and that the amounts may change when the state budget is adopted and final allocations are made.

I/We understand that substantial changes to the Plans subsequent to Departmental approval must be submitted to the Regional Office of Children, Youth and Families for approval.

I/We assure that all new Guardians Ad Litem (GAL) have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.

I/We assure that the County Children and Youth Agency is in compliance with all credit reporting agency requirements regarding the secure transmission and use of confidential credit information of children in foster care through electronic access for operation by counties where no agreement exists between the county and credit history agency. This also includes limiting online access to users approved by OCYF for the explicit use of obtaining credit history reports for children in agency foster care.

**COUNTY ASSURANCE OF COMPLIANCE AND PARTICIPATION  
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

**THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN  
ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND  
EXECUTIVE ASSURANCES CONTAINED IN THE PRECEEDING PARAGRAPHS**

**County Human Services Director**

_____	_____	_____
Name	Signature	Date

**County Children and Youth Administrator**

<u>Jessica S. Shapiro</u>	_____	_____
Name	Signature	Date

**County Chief Juvenile Probation Officer**

<u>Faustino Castro-Jimenez</u>	_____	_____
Name	Signature	Date

**DOCUMENTATION OF PARTICIPATION BY THE JUDICIARY**

**In addition to the Common Assurances:**

I/We assure that I/we had the opportunity to review, comment and/or participate to the level desired in the development of the Children, Youth and Families' Needs-Based Plan and Budget.

I/We assure that the plan accurately reflects the needs of children and youth served by the juvenile court.

I/We assure that the Juvenile Probation Office has actively participated in the development of the Children, Youth and Families' Needs-Based Plan and Budget.

Judicial Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Juvenile Court Judge(s)/ Designee**

<u>Judge Margaret T. Murphy</u>	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

**COUNTY ASSURANCE OF FINACIAL COMMITMENT AND PARTICIPATION**

**THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN  
ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND  
EXECUTIVE ASSURANCES CONTAINED IN THE PRECEEDING PARAGRAPHS AS WELL AS  
COUNTY COMMITMENT TO PROVIDE THE LOCAL FUNDS SPECIFIED IN THE PLAN AS  
NECESSARY TO OBTAIN THE MATCHING STATE AND FEDERAL FUNDS BASED ON THE  
COUNTY'S PROPOSAL. THE LOCAL FUND COMMITMENT AS PROVIDED IN THE COUNTY'S  
PROPOSAL TOTAL \$\_\_\_\_\_.**

**Signature(s)**

**County Executive/Mayor**

<u>Eva Gladstein</u>	_____	_____
Name	Signature	Date

**County Commissioners**

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

**➔ 5-1b. CWIS Sharing Agreement**

## **CWIS Data Sharing Agreement**

### **1.0 CWIS Overview**

---

The Pennsylvania Department of Human Services (DHS) Child Welfare Information Solution (CWIS) is an electronic data exchange with sixty-seven County Children and Youth Agencies using seven diverse county systems. DHS uses data collected from the county systems for state level data sharing and program coordination for child welfare services.

Current CWIS functionality is divided into seven modules listed below. Additional functionality will be added over the next few years.

- The Referral Intake module supports the recording of referrals that come in to the 24x7 ChildLine Hotline and need disseminated to the counties for follow-up.
- The Investigation and Assessment module supports the receipt of outcomes for Child Protective Services and General Protective Services referrals from counties and regions.
- The Investigation Review module provides system validations and worker review of the investigation summaries received from the counties or regions. It supports a mandated expungement process.
- The Appeals module supports the management of perpetrator appeals of the status determination of an investigation.
- The Clearance module supports the Child Abuse History Certification process for the general public who are required to acquire a clearance in order to work with children.
- The Self-Service module supports the electronic transmission of reports of suspected child abuse by mandated reporters and the submission of child abuse history clearance application.
- The Reports and Dashboards module provides operational reports for DHS and county users to monitor the status of referrals.

## 2.0 Statutory Basis

---

This Agreement establishes the terms and conditions in which CWIS will disclose and exchange certain information to the County Children and Youth Agencies (CCYA) via one (1) of the seven (7) approved case management systems utilized by the sixty-seven CCYA's in accordance with the Child Welfare Act of 1980, the Child Abuse Prevention and Treatment Act (CAPTA -Public Law 93-247) and the Child Protective Services Law (23 Pa. C.S., Chapter 63).

These requirements were expanded with the passage of Act 29 of 2014 which amended the Child Protective Services Law at 23 Pa. C.S. § 6336 (relating to information in the statewide database). Act 29 of 2014 allows the Department of Human Services to establish a Statewide Database of Protective Services and to collect reports of child abuse and children in need of general protective services from the CCYAs via an electronic database. The reports shall include information relating to the subject of the report, the nature of the occurrence, information on the family, services provided, legal actions initiated, and other details required by the department to track the safety and welfare of Pennsylvania's children. Act 29 of 2014 also provides for the establishment of a pending complaint file and dispositions of complaints received. Access to information in the CWIS is limited to persons authorized as defined under 23 Pa. C. S. § 6335 (related to access to information in the Statewide database).

This Data Sharing Agreement ensures that all users and systems connected to the CWIS application are accessed and maintained in accordance with all Commonwealth of Pennsylvania Information Technology policies and procedures as set forth in [Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy](#).

Both the CCYAs and County IT System Owners will use the data in order to fulfil their roles and responsibilities in delivering services required by the Child Protection Services Law, the Juvenile Act, CAPTA program requirements, and, in later CWIS phases, for making eligibility determinations for the federal Title IV-E programs and supporting case planning and other requirements of Title IV-B programs.



### 3.0 CWIS Data Sharing Agreement

---

This CWIS Data Sharing Agreement is entered into by and between the Commonwealth of Pennsylvania (Commonwealth) and the respective CCYA as noted by the signature lines on page six of this Agreement and is effective for the time period December 27, 2016 through September 30, 2017. This Agreement includes a listing of the CWIS Modules and Secured Applications, the CWIS User Terms and Conditions, and any attachments hereto and supplements all Federal, Commonwealth, Agency or local security policies, laws, directives, regulations and/or orders.

As a user of the CWIS data, County Child and Youth Agencies must meet the following terms and conditions:

#### **3.1 CWIS Use Policy & Related OA Policies**

1. Understand that CWIS resources are intended for business use and should be used only for that purpose.
2. Ensure that use of CWIS data is compliant with the provisions of Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy.
3. Retain a signed copy of this agreement which may be stored in an electronic format consistent with Management Directive 210.12, Electronic Commerce Initiatives and Security.
4. Understand and comply with the provisions of DHS's Incident Reporting and Response Policy, Pol SEC-004.
5. Understand the permissible and non-permissible uses of CWIS data as defined by the Child Protective Service Law, as amended in 2014, and other state and federal laws that provide for the confidentiality of information including health related and other personal identifying information.
6. Only access information in the Statewide Database for purposes authorized under the CPSL.
7. Complete any CWIS specific training as required by DHS's Office Children, Youth, and Families if applicable.

#### **3.2 Security Requirements**

1. Comply with the Commonwealth and DHS policies and procedures on IT security which govern the use of and access to electronic data systems.
2. Establish and maintain a strong password and logon consistent with DHS policy.
3. Approve data access for employees based on level of access required to complete job responsibilities.

4. Do not disclose password to access any system that maintains or stores CWIS data
5. Maintain required browser settings and virus protection at all times.
6. Report unauthorized access or use of CWIS data.
7. Secure all electronic CWIS communications (e.g. encrypted email or similar security measures) when exchanging system-derived data.
8. Ensure that system connectivity to CWIS and all end users sessions is secure and can be electronically audited at all times.
9. Do not use "backdoor" methods to access CWIS.
10. Submit a list of authorized county users who have access to any system that maintains or stores CWIS data and the contact information for County IT Security Officer to DHS's Office of Children, Youth, and Family.
11. Ensure that County system owner(s) must notify DHS CISO ([ra-itsecurity@pa.gov](mailto:ra-itsecurity@pa.gov)) within one hour of detecting a security/privacy incident related to their county case management systems.
12. Submit a follow up investigative report when a security incident is reported whether at the county or state level.
13. Ensure that county users participate in annual security awareness training and sign a data privacy, confidentiality, and usage agreement which shall be maintained onsite for review and inspection by DPW officials upon request.
14. Make certain that Commonwealth and DHS security policies and procedures are being followed and keep records in a format that is conducive to periodic audits.
15. Maintain required firewall settings as well as virus and intrusion protection at all times as defined in the Commonwealth and DHS Security Policies.
16. Make notifications as laid out in their information contingency plans in the event of disaster or other contingency that disrupts normal operation of the networks.

### **3.3 Records Access/Data Sharing**

1. Comply with CWIS records access and data sharing policies, procedures, and standards as defined in Commonwealth Management Directive 205.34.
2. Understand that there is no expectation of CWIS user privacy when using any system that maintains or stores CWIS data.
3. Subject CWIS data to monitoring or other access by authorized Commonwealth personnel.
4. Safeguard all CWIS data including CWIS data which could be cached, stored, and/or printed.

5. Limit data usage to “official purposes” and not for personal use under any circumstances. Personal use is defined as querying or viewing records that are not relevant to official duties.
6. For any system that maintains or stores CWIS data, users shall not have unauthorized data and should take measures to protect the security of their data.
7. Require users, employees, and contractors who have access to CWIS data to annually sign an appropriate Rules of Behavior and non-disclosure agreement.
8. Ensure that contractors do not to disclose, duplicate, disseminate, or otherwise release CWIS data without obtaining prior written approval from CWIS officials.
9. Ensure that CWIS data is maintained and provided consistent to the requirements of 23 Pa. C.S. § 6301 *et seq.*
10. Be mindful of penalties associated with the inappropriate release of data, including those set forth under 23 Pa. C.S. § 6349.
11. Disseminate information on a “Need to Know” or “Right to Know” basis for legitimate and official purposes consistent with all federal, state, and local laws.
12. Do not distribute CWIS derived data to the public or to unauthorized recipients, unless otherwise specified in CWIS policy and procedures.
13. Maintain documentation as required by agency or CWIS (e.g. dissemination logs) to track who has had access to any system that maintains or stores CWIS data over the prior three year period. Documentation must be available upon request.
14. Coordinate any planned system disconnection sixty (60) working days prior to the actual disconnection with the CWIS Director, the County Children and Youth Agency, and the County Information System Owner.

## 4.0 Signatory Approvals

This Agreement constitutes the entire CWIS Data Sharing Agreement and supersedes all other data exchange agreements between the DHS Office of Children, Youth, and Families Parties that pertains to the disclosure of data between CWIS, County Children and Youth Agencies, and the County IT System Owners for the purposes described in this Agreement. Neither Party has made representations, warranties, or promises outside of this Agreement. This Agreement takes precedence over any other documents that may be in conflict with it. The terms and conditions of this CWIS Data Sharing Agreement will be carried out by authorized officers, employees, and contractors of CWIS, County Children and Youth Agencies, and County IT System Owners. For each agency signatory to this agreement, CWIS and the relevant entities are each considered to be a “Party” and collectively they are known as “the Parties.” By entering into this Agreement, the Parties



CWIS Data Sharing Agreement  
December 27, 2016 – September 30, 2017

agree to comply with the terms and conditions set forth herein and any other unstated applicable laws.

**Access to CWIS Data may be suspended or revoked for:**

- 1. Violating this agreement.**
- 2. Violating Agency, Commonwealth, or Federal laws, regulations, policies, and/or procedures.**
- 3. Failing to cooperate with investigators during a misuse investigation.**



CWIS Data Sharing Agreement  
December 27, 2016 – September 30, 2017

**PA Department of Human Services**

The undersigned hereby represent that they are authorized to execute this agreement and bind the parties, their representatives, and their agents here below:

***Signatories***

_____	_____
DHS Deputy Secretary	Date
_____	_____
County Executive/Solicitor	Date
_____	_____
County Commissioner (if applicable)	Date
_____	_____
County Children and Youth Agency Director	Date

**5.0 Applicable Dates**

- A. *Effective Date.* The effective date of this agreement is December 27, 2016.
- B. *Term.* The term of this agreement shall be for the period through September 30, 2017.
- C. *Renewal.* This agreement shall be renewed annually as part of the annual Needs Based Plan and Budget Process.
- D. *Modification.* The Parties may not modify this Agreement at any time either by verbal or by written modification.
- E. *Termination.* The confidential and privacy requirements shall survive any decision to terminate this agreement.

# ATTACHMENTS

# **ATTACHMENT A**

**Attachment A**



**Commonwealth of Pennsylvania  
Department of Public Welfare  
PHILADELPHIA COUNTY**

Child Welfare Title IV-E Waiver Demonstration Project  
Initial Design and Implementation Report:  
Component 3 – Evidence-Based Practice and/or System  
Changes

March 31, 2014



## Contents

I. Overview .....	136
II. Clearly Defined Target Population(s) .....	144
III. Clearly Defined Demonstration Components and Associated Interventions.....	146
IV. Assessing Readiness to Implement the Demonstration.....	156
V. Work Plan .....	169
VI. Training and Technical Assistance Assessment .....	170
VII. Anticipated Major Barriers and Risk Management Strategies.....	174
APPENDIX A .....	175
APPENDIX B .....	180
APPENDIX C .....	182
APPENDIX D .....	184
APPENDIX E .....	185
APPENDIX F .....	190

## I. Overview

Write a short introduction to your Evidence Based Practice(s) (EBP) **and/or System Change(s) that make up the county's third component of** the Child Welfare Demonstration Project. Provide details as to how your engagement/assessment activities, as well as any other specific county activities defined the problem your county is attempting to address, the target population(s), and your specific interventions (EBPs and/or system changes).

In your previous IDIR you included a theory of change that provided the **"big picture" of how the CWDP intended to use Family Engagement and Assessment** to select appropriate county-specific interventions. At this point in the project, each county needs to develop a county-specific theory of change for your project interventions, including the expected short-term and long-term outcomes of the project as a whole and how and why the demonstration components and county-specific interventions are expected to address the identified needs of the target population(s). The theory of change should tell a concise story of how the county is defining the problem(s) it hopes to address and to outline the intended outcomes. More importantly, the theory of change should demonstrate the series of connections that link the problems and needs being addressed with the actions the county will take to achieve desired **outcomes. This overview might include a series of "if-then" statements** that address the logical result of an action and should provide the **county's conceptual link between the identified problem and potential solutions.**

### RESPONSE:

In December 2013, the Department of Human Services (DHS) entered Year Two of the implementation of Improving Outcomes for Children (IOC) initiative. This new approach to service delivery focuses on the neighborhoods where children, youth, and families live and is critical to the design of the Child Welfare Demonstration Project (CWDP or Demonstration Project). Within IOC, case management services for children and youth involved with the child welfare system are delivered by community-based

providers known as Community Umbrella Agencies (CUAs), while DHS maintains responsibility for the hotline and investigations functions, monitoring and, oversight, and quality assurance. Given the magnitude of this system change (which is ongoing and not specifically related to the CWDP), we will align the implementation of Evidence-Based Practices, in itself another significant system change, with IOC goals and objectives. Consequently, EBPs will be developed and delivered through the CUAs and **through the provider network contracted by Philadelphia's Community Behavioral Health Department (CBH)** to deliver behavioral health services and ensure comprehensive coverage for the DHS population. We will be assisted in this process by consultants at Annie E. Casey (AEC).

In Year 1 of the Demonstration Project, as part of our ongoing IOC system change, DHS and the CUAs engaged child welfare clients, particularly those involved in congregate care, in a series of Family Group Decision Making (FGDM) and Family Team Conferencing (FTC) meetings (n=809) to support safety, permanency, and well-being. At the same time, DHS worked toward the implementation of the FAST and CANS tools as a means to assess the needs of our client population and point the way to evidence-based practices that can serve those needs. Development of these tools in our Electronic Case Management System (ECMS) and training CUA staff to conduct these assessments was completed in the fall of 2013; to date, 1029 FAST and 546 CANS assessments have been completed, although these are not necessarily representative of our total population. This number is not quite large enough to gauge whether the findings support one evidence-based practice over another; however, preliminary analyses reveal that at least 32% of our youth are in need of higher level services that are currently available. Furthermore, we can see from our other assessment strategies (Quality Service Reviews (QSR), ChildStat, and routine case file reviews) that trauma-informed services are a necessity for the many children, youth, and families in our population, particularly with regard to parent-child relationships and family functioning as they support youth functioning. Consequently, we have been able to work with the CUAs to select three interventions that fit the age range and diverse needs of our general population.

### **Selected Evidence-Based Practices**

*Parent-Child Interaction Therapy (PCIT)* is an evidence-based behavioral health intervention that focuses on improving the caregiver-child relationship, increasing positive parenting strategies, and increasing **children's positive behaviors while simultaneously decreasing negative child behaviors**. PCIT is typically completed in 12 to 20 sessions focused on two distinct phases: Child Directed Interaction (CDI) and Parent Directed

Interaction (PDI). PCIT is for children ages 2 to 8 who have experienced stress or trauma. PCIT is an evidenced-based treatment model with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns. In Philadelphia, Child-Adult Relationship Enhancement (CARE) is being offered in conjunction with PCIT as part of a separate project conducted by the **Children's Hospital of Philadelphia (CHOP)**. **CARE is a field-initiated group training program for adults interacting with children in a variety of settings.** This group model was informed by the principles of PCIT and other evidence-based frameworks for adult education. Although based on evidence-based models, this training program has not yet gone through rigorous evaluation of efficacy. However, research conducted by the PolicyLab at CHOP shows promising results. Although we may potentially expand this program based on the research, we are not including it in this Demonstration Project.

***Positive Parenting Program (Triple P)*** is a parenting and family support system designed to prevent and treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise to keep kids safely in their communities (IOC Goal 1). Triple P uses social learning, cognitive behavioral, and developmental theory to structure the intervention combined with research focused on risk factors associated with development of behavioral and social problems in children to better support parents and provide the skills needed to be self-sufficient and manage family issues. Parents are encouraged to set their own goals and choose the types of strategies that will work for their families. In this way, parents become independent problem solvers who gain the confidence to deal with issues as they arise in the future. Because it is not a one-size-fits-all model, it can be cost efficient and effective as families only receive the services they need for a time period suitable for them.

***Functional Family Therapy (FFT)*** is an intensive, short-term family therapy model targeting at-risk youth ages 10-18 with externalizing behaviors ranging from oppositional, defiant, and disruptive behaviors to serious, chronic criminal offenses. FFT has been applied to a wide range of youth and their families in various multi-ethnic and multicultural contexts. Therapy can **be conducted in the family's home by a trained therapist or in a clinical setting.** Sessions occur as frequently as necessary to meet the family's needs and are provided over a period of about three months. The FFT model is organized around phases of treatment that emphasize engaging and

enhancing the motivation of the youth and family, facilitating change within the family, and generalization of changes.

We feel that these three interventions align best with all of our IOC outcomes, provide the most comprehensive coverage for all eventualities, and complement an already robust set of services available in the city of Philadelphia. As you will see in the detailed descriptions of these interventions on pages 9-18, these programs have very specific criteria for inclusion and can be considered specialized interventions in the sense that they are neither necessary nor appropriate for every child and family open for service with DHS and the CUAs. Because of our long and productive **collaboration with Philadelphia's Community Behavioral Health Department (CBH)**, we will continue to offer a well-tested and effective array of services for our clients who do not fit the criteria for PCIT, Triple P, or FFT.

In September 2013, Annie E. Casey sponsored a collaborative retreat for DHS and CBH that focused on our congregate care reduction initiative. As a result, they developed a service grid (***Appendix A***) listing the existing resources that have always functioned as our primary interventions. These interventions are still appropriate for many of our clients, but we will now add to these the specialized interventions that form the core of our demonstration project.

As we continue our engagement processes with regard to FTC and are able to analyze our assessment data, we will be in a good position to determine what percentage of our population is best served by our existing service array and what percentage would benefit from specialized services.

Intervention	Outcomes			
	Maintained Safely in the Home	Timely Reunification	Congregate Care Reduction	Improved Functioning
<b>PCIT</b>		X	X	X
<b>Triple P</b>	X	X	X	X
<b>FFT</b>	X		X	X

#### Theory of Change:

The impetus for IOC was the realization on the part of DHS and the provider community that there were too many children being removed from their homes; that once removed they were staying in care for too long a period of time; that the longer they stayed in care the more likely they were to be eventually placed in congregate care; and that the cumulative impact of

initial removal, lengthy stays, and the congregate care experience often resulted in an inability to function properly within given societal expectations. Our initial IDIR provided the following theory of change regard to components 1 (engagement) and 2 (assessment):

- **If** families are engaged as part of a team, and
- **If** children and families receive comprehensive screening and assessment to identify underlying causes and needs and assessment information is used to develop a service plan, and
- **If** that plan identifies roles for extended family members and various supports, including appropriate placement decisions and connects them to evidence-based services to address their specific needs and/or appropriate system changes;
- **Then**, children, youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience improved functioning.

Here we present an expanded theory of change regarding the implementation of the evidence-based practices described above.

- **If** engagement and assessment are successful in determining appropriate interventions, children and families will receive services to address their specific needs, and
- **If** the interventions are implemented with fidelity to the original model, the outcomes for children and families will experience improvement and
- **If** the interventions are monitored for efficiency and effectiveness, the results will be measurable, and
- **If** system changes necessary to accommodate EBPs keep pace with client needs;
- **Then** children and youth can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience improved functioning, and
- **Then** we will meet IOC short and long term outcomes as detailed below.

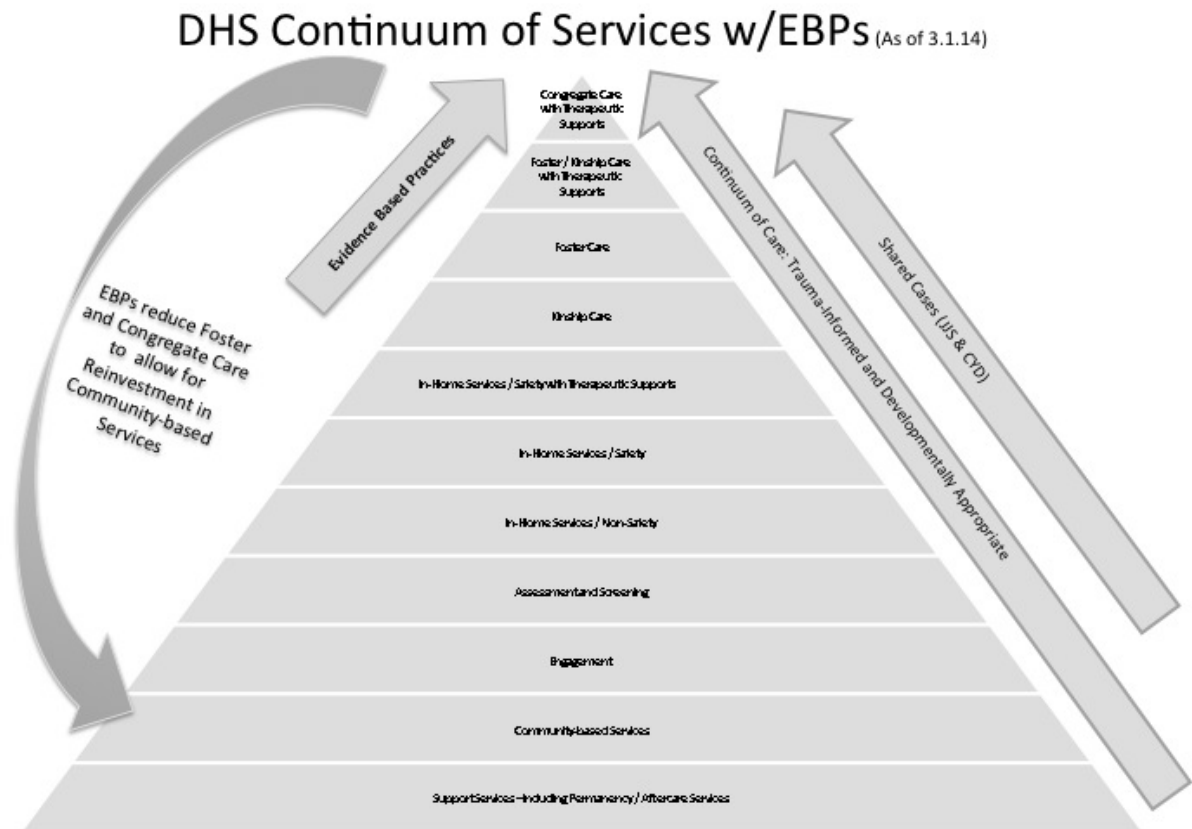
DHS' short and long-term outcomes connected the practice of family engagement and assessment strategies and the delivery of evidence-based interventions with the improved IOC safety, permanency, and well-being outcomes listed below:

1. Short-Term: More children and youth maintained safely in their own homes and communities

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

Further,

- **If** IOC outcomes are realized
- **Then** there will be fewer children and youth in long-term foster or congregate care, and
- **If** there is a reduction in long term foster care or congregate care, **then** reinvestment can be made in community-based services, and
- **If** the prevention services are successful,
- **Then** a feedback loop will result in less need for long-term foster or congregate care.



*Selection of the following **Assessment Options** will help set the context for the work outlined in the county's implementation plan. Below, select the option that best fits your assessment of the degree to which program development work will be required to adopt tailor, or create the intervention to meet the needs of the target population. Provide a brief explanation of your choice or variation on the choice offered (assuming the details of your implementation plan will be expanded in the remaining sections of your submission) and provide the estimated date when you believe the intervention will begin to be delivered to benefit the identified target population.*

### **Parent-Child Interaction Therapy (PCIT)**

- ☐ **Little to no program development work.** This intervention is a direct or nearly direct replication of an existing evidence-based or evidence-informed practice or program with an experienced "purveyor" who is willing and available to work with us (e.g., a program expert who has effectively assisted other agencies, counties, States).

Brief Explanation: The Children's Hospital of Philadelphia (CHOP) adopted this model as part of their Child Stability and Wellbeing project (CSAW) Philadelphia. The implemented the intervention at two foster care agencies as part of a collaborative project with DHS and CBH.

Estimated Date of Service Initiation: Pilot complete; scaled for first two CUAs Fall 2013; will roll out as the CUAS roll out (see Timeline, **Appendix C**)



## Positive Parenting Program (Triple P)

- ☐ **Modest adaptation of an existing evidence-based or evidence-informed intervention.** We can work with a purveyor and other experts to maintain most of the core elements of the intervention that are required/recommended by the developer/expert. The developer/expert is willing and able to work with us.

Brief Explanation: This intervention includes five levels, which will be phased in over the next three years. We are connected to the trainer for the Philadelphia area.

Estimated Date of Service Initiation: Levels 1-3 will initiate Jan – March 2015; Levels 4-5 will initiate July – September 2015.

## Family Functional Therapy

- ☐ **Modest adaptation of an existing evidence-based or evidence-informed intervention.** We can work with a purveyor and other experts to maintain most of the core elements of the intervention that are required/recommended by the developer/expert. The developer/expert is willing and able to work with us.

Brief Explanation: This intervention is already being delivered by CBH for delinquency clients but will need to be adapted for the dependency population.

Estimated Date of Service Initiation: Adaptation and capacity building will commence July 2014, training in July 2015, and service in October 2015 – March 2016.

## II. Clearly Defined Target Population(s)

Describe the target population(s) for each of the Evidence Based Practice(s) and/or System Change(s), noting exclusions, geography/locations, or eligibility criteria as appropriate. In this section, the plan should:

- Describe the **characteristics and needs** of the identified target population(s).

RESPONSE:

**PCIT Characteristics:** PCIT was initially targeted for families with children ages 2-7 with oppositional, defiant, and other externalizing behavior problems. It has been adapted successfully to serve physically abusive parents with children ages 4-12. PCIT may be conducted with parents, foster parents, or others in a parental/caretaker role. Caregiver and child must have regular, ongoing contact to allow for daily homework assignments to be completed. We have been and will continue to serve children 2 through 8.

**PCIT Needs:** The emphasis with PCIT is on changing negative parent/caregiver child patterns by addressing the child's externalizing behaviors that reflect their history of stress or trauma, such as: Refuse or won't follow directions, engage in power struggles, lose temper easily/tantrum, annoy others on purpose, always want attention, steal things, destroy things, start fights/hurt others, have difficulty staying seated, have difficulty playing quietly, have difficulty taking turns, etc. PCIT benefits parents who evidence harsh or overly punitive parenting by teaching them more appropriate management skills with young children.

**Triple P Characteristics:** Two age groups are intended for the intervention, 0-5 and 6-12; but the childhood program of 6-12 can be extended to families with teenagers 13 to 16.

**Triple P Needs:** Triple P has five intervention levels of increasing intensity to meet each family's specific needs. The intervention should be used on families with children who have disruptive behaviors and/or childhood developmental issues. Level 5 Triple P focuses on families where there are stressors on the parents such as relationship conflicts, parental depression, stress from external factors (work, poverty, etc.)

**FFT Characteristics:** FFT is an intensive, short-term family therapy model targeting at-risk youth ages 10-18.

**FFT Needs:** FFT serves youth with externalizing behaviors ranging from oppositional, defiant, and disruptive behaviors to serious, chronic criminal offenses.

- Provide an estimate of the number of children/families who will initially be enrolled in the demonstration.

RESPONSE:

We were able to complete a preliminary analysis of our FAST/CANS data, which indicated that while all our youth in care will benefit from Triple P Levels 1 and 2, approximately 30% of them may qualify for one of the three specialized interventions. The table below illustrates an estimate of how many potential referrals there will be for each of the EBPs. Of course, these referrals will be phased in over the next four years as we build capacity to implement all of the EBPs (see Timeline, Appendix E). These numbers will be finalized prior to implementation as we are able to conduct FAST/CANS analyses more thoroughly and specifically. As we move through implementation, it is possible the percentage of youth receiving a particular EBP will either increase or decrease depending on our ongoing monitoring and evaluation.

	<b>Estimated # Youth Meeting Age Criteria for Each EBP</b>	<b>Estimated # Youth Receiving Each EBP (30%)</b>
<b>PCIT</b>	803	241
<b>PPP (Levels 1-2)</b>	2153	2153
<b>PPP (Levels 3-5)</b>	2153	646
<b>FFT</b>	1297	389
<b>Total</b>	6407	3429

### III. Clearly Defined Demonstration Components and Associated Interventions

Describe the EBPs and/or System Change(s) for each of the identified target populations. Each EBP and/or System Change must be described separately.

RESPONSE:

#### Parent-Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is an evidence-based behavioral health intervention that focuses on improving the caregiver-child relationship, increasing positive parenting strategies, and increasing **children's positive** behaviors while simultaneously decreasing negative child behaviors. PCIT is typically completed in 12 to 20 sessions focused on two distinct phases: Child Directed Interaction (CDI) and Parent Directed Interaction (PDI). PCIT is for children ages 2 to 8 who have experienced stress or trauma. PCIT is an evidenced-based treatment model with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns.

- Trauma Type: Interpersonal complex trauma (i.e., physical, sexual and emotional abuse and neglect)
- Average Length of Service / Number of Sessions: 12-20 sessions, 6-9 months
- Service Delivered Where: Therapy space at community-based site
- Project Goals / Activities: Increase the positive attachment relationship between caregiver and child. Increase child compliance to adult directives and decrease reported behavioral concerns

Parent-Child Interaction Therapy focuses on two basic interactions:

- Child Directed Interaction (CDI): Caregivers learn to use the PRIDE skills: Praise, Reflect, Imitate, Describe, Enthusiasm, as they follow **the child's lead during play. They ignore annoying or obnoxious** behavior and control dangerous behaviors.
- Parent Directed Interaction (PDI): Caregivers learn to use effective commands and specific behavior management techniques as they play with their child. Caregivers are taught effective time out procedures **and how to manage children's behaviors in real-world settings.**

### Outcomes

PCIT concludes with a post-treatment evaluation. In most cases, the pretreatment assessment procedures are repeated, including parent reports, teacher report, child report, and direct observation measures. The Dyadic Parent-Child Interaction Coding System-II observations are repeated at the end of the last discipline coaching session. Parents also complete a parent-report measure of consumer satisfaction called the Therapy Attitude Inventory. Parents and child return for post-treatment feedback sessions where pre- and post-treatment videotapes and accomplishments are reviewed. Brief parent report measures (Eyberg Child Behavior Inventory, Parenting Stress Index) can be completed at booster sessions to assist in tracking maintenance of behavioral improvements or for long-term follow-up of treatment. PCIT is an evidenced-based treatment model with highly specified, step-by-step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns. The goals of treatment are:

- an improvement in the quality of the parent-child relationship,
- a decrease in child behavior problems with an increase in prosocial behaviors, and
- an increase in parenting skills.

### Evidence Base

**PCIT draws on the following theories: Baumrind's parenting styles, attachment theory (Bowlby), social learning theory (Bandura), Patterson's coercion theory, and behavior modification (Skinner).** PCIT is empirically supported and has been evaluated in dozens of controlled studies, with findings of: strong skill acquisition, more positive attitudes towards child, parent report of behavior problems to within normal limits, high parent satisfaction, improvements in self-reports of maternal depression and parental stress, maintenance of treatment gains up to 6 years after treatment, generalization to untreated siblings, and generalization to the home and school.

### **Studies that have highlighted PCIT's effectiveness with physical abuse:**

- Urquiza & McNeil R21 Grant Submission (1995)
- Urquiza & McNeil Conceptual Paper (1996)
- Ware, Fortson, & McNeil (2003)
- Herschell & McNeil (2005)
- Borrego, Urquiza, Rasmussen, & Zebell (1999)
- Fillcheck, McNeil, Herschell (2005)

- Fricker, Ruggiero, & Smith (2005)
- Herschell, Calzada, Eyberg, & McNeil (2002)
- Chaffin and colleagues (2004, 2009; 2011)
- Urquiza, Timmer, Zebell, & McGrath (2005)
- McNeil, Herschell, Gurwitch, & Clemens-Mowrer (2005)
- Thomas, & Zimmer-Gembeck (2011)
- Galanter et al. (2012)

Studies that have **highlighted PCIT's effectiveness with foster parents:**

- Borrego & Burrell (2010)
- Urquiza, Timmer, Herschell, McGrath, Zebell, & Porter (2005)
- Timmer, Urquiza, & Zebell (2006)
- Timmer, Sedlar, & Urquiza (2004)
- McNeil, Herschell, Gurwitch, & Clemens-Mowrer (2005)

PCIT is empirically based and recognized by the following:

- Society of Clinical Child and Adolescent Psychology, APA Division 53 ([www.effectivechildtherapy.com](http://www.effectivechildtherapy.com))
- The National Child Traumatic Stress Network (SAMHSA, 2005; <http://www.nctsn.org>)
- Chadwick Center for Children and Families (<http://www.chadwickcenter.org>)
  - National Crime Victims Research and Treatment Center (U.S. Department of Justice; <http://muscd.edu/ncvc>)
  - The California Evidence-Based Clearinghouse for Child Welfare (2006; <http://www.cebc4cw.org>)
- Youth Violence: A Report of the Surgeon General ([www.surgeongeneral.gov/library/youthviolence](http://www.surgeongeneral.gov/library/youthviolence))

#### PCIT Expansion in Pennsylvania

In 2010, the Department of Public Welfare received a two-year grant from ***The Heinz Endowments*** to assist with the goal of implementing Parent-Child Interaction Therapy in Pennsylvania and issued a Request for Applications to all licensed mental health agencies in the commonwealth. Eight providers from across the state received grant assistance to receive training in PCIT.

In 2012, the ***University of Pittsburgh*** received a five-year grant for \$3.3 million from the National Institute of Mental Health called **"A Statewide Trial to Compare Three Training Models for Implementing an Evidence-Based Treatment (EBT)."** The EBT that will be used in the statewide trial is Parent-Child Interaction Therapy (PCIT), comparing three training models for that treatment modality. The grant will help us understand what training methods are most effective for implementing an evidence-based treatment like PCIT. It will also help to build workforce capacity and significantly

expand access to PCIT services in Pennsylvania for children ages 2½-7 beyond the 23 counties and 45 agencies currently offering PCIT. Seventy-two additional licensed outpatient mental health providers will be chosen to participate in the grant project. The grant will cover the cost of training four clinicians from each agency and some site preparation costs. Agencies will be recruited soon, and training is expected to begin in Spring 2014.

Discussion at Steering Committee meetings included methods for recruiting and selecting the agencies to participate in the grant and how to ensure that PCIT will be sustainable and cost-effective after the grant has ended. In addition to expanding PCIT across Pennsylvania, the grant provides an opportunity for the state to help inform PCIT International about the efficacy of various training models since currently the answer is not known to the question of which training method is most effective. For more information about the grant, contact [Dr. Amy Herschell](#), principal investigator, University of Pittsburgh School of Medicine.

### **Positive Parenting Program (Triple P)**

Positive Parenting Program (Triple P) is a parenting and family support system designed to prevent and treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise to keep kids safely in their communities (IOC Goal 1). Triple P uses social learning, cognitive behavioral, and developmental theory to structure the intervention combined with research focused on risk factors associated with development of behavioral and social problems in children to better support parents and provide the skills needed to be self-sufficient and manage family issues. Parents are encouraged to set their own goals and choose the types of strategies that will work for their families. In this way, parents become independent problem solvers who gain the confidence to deal with issues as they arise in the future. Because it is not a one-size-fits-all model, it can be cost efficient and effective as families only receive the services they need for a time period suitable for them.

#### Types of Approaches

- ***Population Approach***: This approach of Triple P means that the program will be implemented across an entire community, such as a CUA, where all levels of Triple P service are rolled out in different manners to get the community involved, including one-on-one meetings, seminars, and group events.
- ***Tailored Approach***: Tailored approaches mean one or several Triple P courses are selected that fit the needs of families being served and the intervention is given to a particular age range or risk level group through a specific delivery model.

### Outcomes

Outcomes of Triple P focus on decreasing negative and disruptive child behaviors, decreasing negative parenting practices as a risk factor for later child behavior problems, and increasing positive parenting practices to increase protective factors for last child behavior problems and positive parenting reactions.

### Logic Model

Triple P Logic Model:

[http://www.blueprintsprograms.com/resources/logic\\_model/TripleP.pdf](http://www.blueprintsprograms.com/resources/logic_model/TripleP.pdf)

### Intervention Levels

Triple P is delivered in an outpatient or community setting for families. Triple P has five intervention levels of increasing intensity to meet each **family's** specific needs. Each level includes and builds upon strategies at the previous level.

1. Level 1 (Universal Triple P): Media-based information strategy designed to increase community awareness of parenting resources, encourages parents to participate in programs, and communicates solutions to common behavioral and developmental concerns.
2. Level 2 (Selected Triple P): Specific advice on how to solve common child developmental issues and minor child behavioral problems. Parenting tip sheets and videotapes are used that demonstrate specific parenting strategies delivered through one or two brief face-to-face 20-minute consultations.
3. Level 3 (Primary Care Triple P): Children with mild to moderate behavior difficulties and includes active skills training that combines advice with rehearsal and self-evaluation to teach parents how to manage these behaviors. Level 3 is delivered through brief and flexible consultation, in the form of four 20-minute sessions.
4. Level 4 (Standard Triple P and Group Triple P): An intensive strategy for parents and children with more severe behavioral difficulties, designed to teach positive parenting skills and their application to a range of target behaviors. Level 4 is delivered in 10 individual or 8 group sessions totaling about 10 hours of intervention.
5. Level 5 (Enhanced Triple P): An enhanced family strategy in which parenting difficulties are complicated by other sources of family distress (ex. relationship conflict, depression, high stress). Program modules include practice sessions to enhance parenting skills, mood management strategies, stress coping skills, and partner support skills. This level adds three to five sessions tailored to meet the specific needs of the family to the level 4 intervention. There are other variations for parents with children with developmental disabilities (Stepping Stones Triple P) and for parents who have abused their



children in the past (Pathways Triple P). Pathways Triple P covers anger management and other behavioral health strategies to improve **a parent's ability to cope with raising children.**

Triple P prides itself on its flexible delivery that ensures that it can be used on the maximum number of families and be used on different cultures of people within a community. There are different iterations of the program that will appeal to different family needs. This also allows for easy rollout of the system to meet the specific needs of some clients first and then rollout to other areas of the community with different needs. The multi-level system offers a suite of programs that can cater to a different level of need or dysfunction for a family so the family can receive exactly what they need in an efficient and effective manner.

#### Evidence Base

Triple P is ranked as number one on the United Nations' **ranking of parenting** programs based on the extent of its evidence base, including studies from around the world for different cultures. Over the last 30 years, there have been hundreds of studies around the world that included Triple P. In the United States, there have been several studies outlining effectiveness in achieving the outcomes and being a cost effective way of providing needed services:

#### **Studies that have highlighted Triple P's effectiveness with behavioral and emotional problems:**

- Sanders, M.R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every Family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*, 29, 197-222.
- Sanders, M.R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every Family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*, 29, 197-222.
- Nowak, C. & Heinrichs, N. (2008). A comprehensive meta-analysis of Triple P - Positive Parenting Program using hierarchical linear modeling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, 11, 114-144.

#### **Studies that have highlighted the cost effectiveness of Triple P:**

- Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

- Foster, E.M., Prinz, R.J., Sanders, M.R., & Shapiro, C.J. (2008). The costs of a public health infrastructure for delivering parenting and family support. *Children and Youth Services Review*, 30, 493-501.

Triple P is empirically based and recognized by the following:

- Department of Justice, Office of Juvenile Justice and Delinquency Prevention
- United Nations
- The National Child Traumatic Stress Network

### **Functional Family Therapy**

Functional Family Therapy (FFT) is an intensive, short-term family therapy model targeting at-risk youth ages 10-18 with externalizing behaviors ranging from oppositional, defiant, and disruptive behaviors to serious, chronic criminal offenses. FFT has been applied to a wide range of youth and their families in various multi-ethnic, multicultural contexts. Therapy can be **conducted in the family's home by a trained therapist or in a clinical setting. Sessions occur as frequently as necessary to meet the family's needs and** are provided over a period of about three months. The FFT model is organized around phases of treatment that emphasize engaging and enhancing the motivation of the youth and family, facilitating change within the family, and generalization of changes.

#### Outcomes

- FFT has more than 40 years of research behind it and is widely recognized as a state-of-the-art evidence-based treatment program. Outcome assessment in FFT focuses on change within the family, such as improved parenting skills, improved communication, and reduced conflict, as well as whether the youth has refrained from substance use and criminal activity, stayed in school, and improved his or her behavior.
- Research shows that FFT achieves the following short-term outcomes: greater likelihood the youth remains at home (reduction of congregate care), improved family functioning, reduced substance use, and fewer youth mental health symptoms and/or behavior problems.
- In the long-term, FFT has been shown to reduce criminal recidivism and arrest rates, decrease substance use, and decrease behavioral health problems. Research has also shown that the younger siblings of youth who participate in FFT are less likely to have contact with juvenile court 2 ½ - 3 ½ years later.

#### Theoretical Rationale

- The FFT model draws from family systems theory and integrates **behavioral approaches. FFT is based on the theory that youth's**

problem behaviors serve a function within the family. FFT is a **sophisticated clinical model that increases a family's motivation to change and tailors interventions to each family's unique risk and protective factors.**

- Family members develop ways of interacting that help them to get their relational needs for closeness or distance met, but these patterns of interacting may also create or maintain behavior problems. When changes are made in how the family interacts (e.g., improving communication, problem-solving, and parenting skills), behavior problems will be resolved. Interventions must take into account the needs of each family member and be **tailored to the family's unique risk and protective factors.**

#### How it works: Core Intervention Components

FFT works with the entire family, so the youth and his/her caregivers are present at the sessions. Consequently, sessions are often held afterschool and on evenings and weekends. The FFT therapist will meet with the family as often as necessary. Sessions occur at least once per week, but the therapist can meet with a family multiple times per week at the beginning of treatment and during times of crisis or high need.

FFT proceeds through five phases of treatment, each designed to reduce specific risk factors and enhance protective factors.

- Early in treatment, the emphasis is on engaging the family and motivating them to participate in therapy.
- The therapist then conducts an assessment of the family, which is used to guide interventions for behavior change. Interventions often include psychoeducation/parent training and communication skills training, with a focus on changing patterns of family interaction that are maintaining the problem behavior.
- Once change has occurred within the family with respect to the presenting problems, the therapist helps the family generalize their new skills to other problems within the family as well as to situations outside of the home, such as problems that may be occurring at school. The therapist also helps the family develop supports and resources to support lasting change.

Link to Logic Model:

[http://www.blueprintsprograms.com/resources/logic\\_model/FFT.pdf](http://www.blueprintsprograms.com/resources/logic_model/FFT.pdf)

#### Evidence Base

FFT is supported by 40 years of investigation that has demonstrated improvements with difficult to treat youths and their families in a range of

settings and delivery sites. FFT has been evaluated in multiple studies in samples across the United States, and in Sweden.

There have been a few studies charting the effects of FFT in Pennsylvania specifically:

- According to the 2010 Outcomes Summary from the Evidence-Based Prevention & Intervention Support Center (EpisCenter), from data collected from 12 FFT providers across Pennsylvania:
    - Of the 1,175 youth discharged from FFT across 2010:
      - 95% had no new criminal charges during treatment.
      - 73% remained drug-free (as evidenced by negative drug screen[s] during their last three months in FFT)\*.
      - 60% improved on school attendance\* and 60% improved on school performance\*.
- \*Only reported for youth who were identified with this problem at enrollment
- Of the 1245 parents/caregivers discharged from FFT across 2010:
    - 80% exhibited desired change.
    - 71% showed improvement in their parenting skills
  - From the Pennsylvania FFT Data Highlights Report ran on 1/24/14:
    - Based on 761 youth clinically discharged in Pennsylvania during the fiscal year 2012-2013: 76.4% had improved family functioning, 66.7% improved school attendance, 68.5% improved academic performance, and 90% of the youths were living in a community.
    - At 6 months post-discharge outcomes for these youth were measured again: 90% were not in out-of-home placements, 90% maintained their behavior change, 81% had no new substance abuse, and 96% were in school, graduated, or obtained their GED.

Although FFT has been traditionally used for youth in the juvenile justice system, it is increasingly being used for the child welfare dependency population as well.

Studies that have analyzed FFT's implementation:

- EpisCenter (2011). "FFT and MST: What's the Difference."
- "Functional Family Therapy Program Costs." Accessed at: <http://www.blueprintsprograms.com/programCosts.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028>
- "Implementing FFT for new sites." Accessed at [http://www.fftinc.com/implement\\_new.html](http://www.fftinc.com/implement_new.html)
- "Phases of FFT implementation/certification." Accessed at

[http://www.fftinc.com/resources/FFT\\_Implementation\\_Phases&trainings2009.pdf](http://www.fftinc.com/resources/FFT_Implementation_Phases&trainings2009.pdf)

Studies that have highlighted FFT's effectiveness with behavioral problems and delinquent recidivism:

- Center for the Study and Prevention of Youth Violence (2003). **"Blueprints Model Programs: Family Function Therapy," *Blueprints for Youth Violence*.**
- EpisCenter (2011). **"Outcomes Summary from the Evidence-Based Prevention & Intervention Support Center."**
- EpisCenter (2014). Pennsylvania FFT Data Highlights Report: Fiscal Year 2012-2013.
- Klein, N.C., Alexander, J.F., and Parsons, B.V. (1977). Impact of family systems intervention on recidivism and sibling delinquency: A model of primary prevention and program evaluation. *Journal of Consulting and Clinical Psychology* 45(3):469-474.
- Sexton, T. L., & Alexander, J. F. (2000). Functional Family Therapy: An Integrated Treatment System for Successfully Working with Adolescent Externalizing Behavior Disorders. *The Family Psychologist*.
- Rhoads, B. Campbell, L., Bumbarger, B. (2011). **"Evidence-based Intervention Programs: 2010 Outcomes Summary". EpisCenter.**
- Wasserman, Gail A., Laurie S. Miller, and Lynn Cothorn (2000). **"Prevention of Serious and Violent Juvenile Offending," *Juvenile Justice Bulletin*** (May). Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

#### IV. Assessing Readiness to Implement the Demonstration

Include an analysis and overview of the requirements for the system, organizations, and community partners in implementing each EBP and/or System Change as intended, as well as specific activities to be completed prior to implementation. This includes:

- Assess the fit of each EBP and/or System Change with community values, culture, and context.

##### RESPONSE:

We selected PCIT, Triple P, and FFT for this demonstration project because they are an excellent fit with our ongoing initiatives: IOC, Congregate Care Realignment, and Strengthening Families. IOC is designed to accommodate community values, culture, and context because we now assign cases geographically and chose our CUAs based on their ability to deliver services in the community where the families and youth reside. The demonstration project will allow us to enhance our service delivery under the IOC model, while attempting to decrease the number of youth in congregate care and the number of youth in foster care overall so that funds can be used in the community to deliver a comprehensive array of prevention services. As our preliminary analysis of FAST/CANS data suggests and as anecdotal evidence from DHS/CUAs confirms, the selected EBPs will fill a service gap in terms of the range of ages served, the accessibility of these services, and the nature of these services. Interventions that address the specific trauma issues for children, youth and families are sorely needed. Integrating trauma-informed interventions that also provide parental guidance and behavior modification in a community setting is a more holistic approach than we have previously managed to provide. We anticipate that further analyses of FAST/CANS as those assessments grow to scale will further confirm our choice of these three EBPs.

- Assess the leadership support for the CWDP in general and the **county's selection of interventions.**

##### RESPONSE:

Given the ongoing collaborative work we have been doing with the CUAs on IOC implementation and with CBH on integrated service delivery, DHS is now in a position to maximize those efforts through the selection of PCIT, Triple P, and FFT as our EBPs of choice. All agencies are supportive of these interventions and are committed to developing capacity, organizing training, and implementing in a thoughtful rollout that complements the rollout of

IOC. We are cognizant of the fact that, according to Implementation Science, implementation takes time and the literature suggests that comprehensive projects such as these take 4-5 years. We have assured our partners in this project that we will phase in the EBPs over time so that initial implementation can be monitored and evaluated; adaptations to service delivery, particularly in the area of recruitment and retention, can be made if necessary; and system changes can be made when required.

As PCIT and FFT are already in limited use in Philadelphia, our stakeholders are familiar with them and have already begun to accommodate them. Triple P will be new for all of us, but everyone is enthusiastic about its implementation.

#### Example of CUA Reactions to Triple P

"We intend to use various aspects of the Triple P model, Levels 1-4. We like the model because of its flexibility and ability to be used in different contexts by persons of varying educational background. We envision using the model as our basic parent education model (i.e. facility based group parent ed classes), as well as being used directly with families receiving services through our case management team. In addition to prevention staff being trained to deliver parent ed classes, we would like to have several other CUA staff trained, including case managers, case aides, parent mentors, and visitation coaches. This will allow for a multitude of Triple P interventions to be used throughout our continuum of services."

**"This program can be offered in clinical and non-clinical settings which makes it versatile by design and offers clinical supports to parents. Parents model behavior to the child and the family surrounding the child. Triple P offers self-sustaining characteristics that support the IOC goal to maintain children in their homes and communities. Social competence has not been a focus of other interventions; children need to know how to be socially appropriate, socially competent and successful in developing and maintaining social systems."**

"Positive Parenting Program (Triple P) is a multi-tiered system of education and support for parents and caregivers of both children and adolescents. Levels are determined by increasing need and range from brief preventive programs (public awareness campaigns, informational brochures, etc.) to interventions for children and adolescents with moderate to severe behavioral problems (individual and group programs for youth and families). Triple P interventions are offered in a variety of formats. Frequency and nature of contact varies according to program level. 2-3 months in duration and the program is also available in Spanish."



- Current processes and service system functioning that need attention because they are incompatible or not aligned with successful implementation and therefore will not facilitate achieving the desired goals and outcomes.

#### RESPONSE:

We do not have incompatibility or misalignment because the active efforts and system structure CBH has put into place to collaborate with CUAs and to facilitate referrals to appropriate behavioral health services have resolved a lot of those issues. However, we do have ongoing work that is needed to adjust to our changing environment and to accommodate the successful delivery of EBPs leading to desirable outcomes.

IOC Implementation: As IOC is still a relatively new system change, and the final CUA selection has just been made, there are ongoing adjustments to the new processes that guide implementation. We are confident that these adjustments can and will be made as necessary because we are all committed to the success of IOC. Given the number of collaborative meetings with the CUAs (case teaming, implementation team meetings, expedited permanency meetings (EPMs)), we feel that the partnerships are growing stronger on a daily basis.

Congregate Care Rightsizing: This initiative requires ongoing monitoring and adjustment as we try to reduce our congregate care population. While we have been successful so far, we think we can do better over time. We will be **helped in this process by a grant we received from the Children's Bureau last fall** that is designed to prevent homelessness for youth aging out of foster care. We hope to be able to provide services to older youth and their families that will prevent them from moving into congregate care and therefore avoid homelessness as they reach adulthood. We are currently reviewing the service array for older youth, including them in our planning group activities for the grant, and reviewing how the higher levels of Triple P and FFT might work toward the goals of reducing the congregate care population and preventing homelessness at the same time.

Data Systems and Data Integration: Building an electronic case management system is an ongoing process and one that continually adapts to the needs of DHS and the CUAs. We continue to work on improving the robustness of our data system and the reliability of our data, particularly as we integrate the CUA data into our system. At the same time, we continue to work with CBH on possibilities for data sharing that will enhance our ability to assess youth appropriately for the EBPs, maintain fidelity in



implementation, and develop rigorous tracking, monitoring, and evaluating mechanisms that allow us to be confident in the efficiency and effectiveness of the EBPs for our population.

In addition, there has been major progress made regarding data sharing at the aggregate level (see **Appendix B**). We received approval for data sharing between DHS and CBH which will allow us to share information more freely.

- Ensuring Staff Competence at the Practice Level

For each front-line person (e.g. caseworker, foster parent, therapist, etc.) involved in direct service with children or family members, please describe what is currently planned in relation to:

- Using criteria relevant to the intervention for recruiting and/or selecting the direct service provider (e.g. number of staff, qualifications, pre-requisites, experience, attitude, ability);
- The training needed, timing and length of training required, qualification of trainers, availability and access to qualified trainers;
- The supervision and coaching model, including the qualifications needed for the supervisor and/or coach.

#### RESPONSE:

Our CUAs are our direct service providers, along with CBH for Medicaid reimbursable services. The staff responsible for implementation differs by EBP, but the process of training and supervision will be subcontracted out to an expert on each EBP. All CUA subcontracts are subject to DHS approval, including EBP provider organizations. Decisions on which providers will implement each EBP will be decided in collaboration with the CUAs, but with the exception of PCIT which is rolling out statewide and through the **PolicyLab's project, we anticipate sole providers. DHS is already meeting** weekly with CUA staff to ensure that the IOC rolls out effectively. The project manager for CWDP will also meet weekly with CUA front line staff and EBP provider staff to ensure that the EBPs also roll out effectively.

#### **Parent-Child Interaction Therapy (PCIT)**

**Qualifications:** The training is for mental health professionals, employed by CBH and Medicaid reimbursable, with a minimum of a master's degree in psychology or a related field. It involves 40 hours of direct training with ongoing supervision and consultation for approximately the next four to six months. The latter can be accomplished through conference calls, videotapes, and distance-learning technology. Competency criteria will be

assessed at the completion of the 40-hour training with fidelity checks throughout the supervision and consultation period. Assessment instruments and scoring forms as well as the step-by-step clinician guide are needed for training (Hembree-Kigin, T, & McNeil, C.B., Parent-Child Interaction Therapy. New York: Plenum, 1995). Manuals for detailed implementation of the treatment program, coding of sessions, and handouts for use in treatment will complement the guide.

### *Clinician Training in PCIT*

- **PCIT International's Training Guidelines (2009)**
- Training Requirements for Clinicians
  - **Master's degree or higher in the mental health field**
  - Actively working with children and families
  - Licensed in his or her field **or** receive supervision from a licensed individual trained in PCIT
- Training Program
  - 40-hours of face-to-face contact with a PCIT trainer
  - 4-6 months later a 2-day advanced live training
  - Case Experience (at least 2 families, preferably 5)
  - Regular (bi-weekly) consultation/Supervision over 1 year
  - Skill review

### *Costs*

- Estimated Training - \$35,000 for a group of 10-12 clinicians
  - 7 face-to-face workshop days
  - Weekly to monthly consultation calls
  - Video review and feedback
- Site Set-up - ~\$2,000 per site
  - Equipment – Bug-in-the ear, sound system, one-way mirror, toys, table & chairs, assessment measures
  - Construction Costs – observation room, time-out space
- Clinicians in training
  - Initial lost productivity time as they are learning a new treatment

### Update on PCIT Rollout in Philadelphia (2/25/14)

Philadelphia selected a behavioral health service provider in 2009 to deliver PCIT at two foster care agencies in Philadelphia; Bethanna and Jewish **Family and Children's Services. The provider, Children's Crisis Treatment Center (CCTC), was selected via a competitive process, jointly sponsored by DHS, Children's Hospital of Philadelphia's PolicyLab and DBHIDS. In July 2013, CCTC's contract was expanded, with the addition of two additional child welfare agencies (Community Umbrella Agencies or CUAs), NET and APM, who began offering PCIT in July 2013. CCTC, with clinical support from**

PolicyLab, is responsible for adhering to national PCIT standards for training, coaching and supervision. The lead clinician at CCTC (Jessica Shore) and the clinical partner at PolicyLab (Susan Dougherty) are certified by PCIT International.

Bethanna, which recently became a CUA, also built internal capacity to deliver PCIT with the addition of two trained Bethanna clinicians, who started training in February 2013, with certification pending in March 2014.

Four CUAs (NET, APM, Turning Points for Children (TPFC), and Tabor Northern Community Partners (TNCP)) are building internal capacity by potentially participating in the PCIT Across PA grant funded by NIMH. NET, APM, and TNCP have identified outpatient staff who will participate in the training. TPFC will train staff at Juvenile Justice Center (JJC), who will merge with TPFC in 2014. For the four CUAs who are expected to participate in the NIMH grant, training, coaching, and supervision will be provided by the grant staff in adherence to national PCIT standards.

Finally, two CUAs, Catholic Community Services (CCS) and Wordsworth (WW), are exploring collaboration with an external partner to deliver PCIT services. DHS and CBH are in discussions with these two CUAs regarding the provider selection process and how/when services will be delivered. Potential **partners for delivery of services include Children's Crisis Treatment Center and Presbyterian Children's Village (PCV). PCV has been providing PCIT** via their outpatient clinic since 2011 and has collaborated directly with the purveyor of PCIT (PCIT International) for training, coaching, and supervision.

### **Positive Parenting Program (Triple P)**

**Qualifications:** Practitioners represent a wide range of professions because of the ease of delivery and the different levels available. Family support workers (social workers), doctors, nurses, psychologists, counselors, teachers, police officers, child safety officers, and others can be trained to provide Triple P to families.

**Training:** Triple P trainers conduct training courses with 20 participants over a 1-4 day period depending on the level selected. Triple P uses a skills-based training approach to introduce the practitioners to the range of consultation skills necessary for the effective delivery of the program. Various methods are used to do the training such as presentations, video demonstrations, clinical problem solving, rehearsals of skills, and peer tutoring. Practitioners must attend 80% of the training in order to be able to be an accredited Triple P provider, with full accreditation completed six to eight weeks after the training is completed in order to demonstrate their proficiency. Practitioners, managers, and coordinators can access periodic

follow-up support via telephone with Triple P staff. Often a formal model of telephone support is used at the start of implementation and is phased out over time. Half-day professional development opportunities are offered around assessment, program fidelity vs. flexibility, cultural diversity, engagement of hard to reach families, and other workshops that staff can select based on personal needs.

**Costs:**

<b>Item Description</b>	<b>Cost</b>	<b>Required Element</b>
<b>Parent Workbooks</b>	\$20-32 per participant	Yes
<b>Positive Parenting Booklets</b>	\$6.50 per participant	Yes
<b>Parenting Tip Sheets</b>	\$8-11 for a set of 10	Yes
<b>2- to 3-day, on-site training and half-day follow-up training</b>	\$21,415-\$26,195 per site for up to 20 practitioners, depending on level of training	Yes
<b>Telephone Consultation</b>	\$200 per hour	No
<b>Clinical Support</b>	\$3,035 per day	No
<b>Pre- and post-accreditation quality assurance support</b>	\$3,035 per day	No

### **Functional Family Therapy (FFT)**

**Qualifications:** Therapists should have a master's degree in psychology, social work or a related field. Supervisors must be licensed therapists.

**Ratios:** Trained supervisors can support up to eight clinicians. Full-time clinicians work with caseloads normally averaging 12-16 "active" cases at any given time.

**Time to Deliver Intervention:** Requires an average of 12 sessions over a three to four month period. Clinicians spend an average of 2.5 – 3 hours per family per week for face-to-face contact, collateral services, travel, case planning and documentation.

### **Implementation**

The Three Phase Process of Functional Family Therapy Site Certification

- **Phase I—Clinical Training:** The initial goal of the first phase of FFT implementation is to impact the service delivery context so that the local FFT program builds a lasting infrastructure that supports clinicians to take maximum advantage of FFT training/consultation. By the end of Phase I, FFT LLC.'s objective is for local clinicians to demonstrate strong adherence and high competence in the FFT model.

Assessment of adherence and competence is based on data gathered through the FFT Clinical Service System, through FFT weekly consultations, and during phase one FFT training activities. It is expected that Phase I be completed in one year, and not last longer than 18 months. Periodically during Phase I, FFT LLC. personnel provide the site feedback to identify progress toward Phase I implementation goals. By the eighth month of implementation, FFT LLC. will begin discussions identify steps toward starting Phase II of the Site Certification process.

- Phase II—Supervision Training: The goal of the second phase of FFT implementation is to assist the site in creating greater self-sufficiency in FFT, while also maintaining and enhancing site adherence/competence in the FFT model. Primary in this phase is developing competent on-site FFT supervision. During Phase II, **FFT LLC. trains a site's extern to become the on-site supervisor.** This person attends two 2-day supervisor trainings, and then is supported by FFT LLC through monthly phone consultation. FFT LLC provides one 1-day on-site training or regional training during Phase II. In addition, FFT LLC provides any on-going consultation as necessary and reviews **the site's FFT CSS database to measure site/therapist adherence,** service delivery trends, and outcomes. Phase II is a yearlong process.
- Phase III—Maintenance Phase: The goal of the third phase of FFT implementation is to move into a partnering relationship to assure on-going model fidelity, as well as impacting issues of staff development, interagency linking, and program expansion. FFT LLC reviews the CSS database for site/therapist adherence, service delivery trends, and client outcomes and provides a one-day on-site training for continuing education in FFT. Phase III is renewed on an annual basis.

\*\*\*\*Current Provider Networks in Philadelphia with FFT already implemented: *The Consortium, Intercultural Family Services, and VisionQuest.*

#### ***Link to implementation costs:***

<http://www.blueprintsprograms.com/programCosts.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028>

#### ***Start Up Costs:***

##### Initial Training and Technical Assistance

- FFT brings a program to full functionality over three phases that generally last one year each. Start-up costs are incorporated in phase one of program development. Training is team based with an optimal team size of 5-6 therapists. The cost of phase one training and technical assistance is \$36,000, plus an estimated \$16,000 for travel

for a total of \$52,000. Some of these costs will be incurred after the program staff are trained and treating clients.

Curriculum and Materials:

- All costs included in training and technical assistance costs above.

Licensing

- All costs included in training and technical assistance costs above.

***Other Start-Up Costs:***

- Staff salaries during the training period and the cost of developing office space (more space will be needed if implementation is to be office-based).

***Intervention Implementation Costs:***

Ongoing Curriculum and Material - None.

- Administrative overhead can be projected at 10-30%, again depending on program size and on where the intervention will occur (home vs. office).

***Implementation Support and Fidelity Monitoring Costs***

Ongoing Training and Technical Assistance

- All costs to support an FFT team are included in the annual fees charged by the purveyor. In addition to the first year cost of \$36,000 (plus \$16,000 for travel) discussed under Start-Up Costs, year 2 cost is \$18,000 (plus \$3,500 for travel), and the cost for year 3 and beyond is \$7,000 (plus \$1,000 for travel) per year.

Fidelity Monitoring and Evaluation

- The annual fee includes support for the Clinical Services System (CSS), a web-based application for tracking progress notes, completing assessments, and reporting outcomes in accordance with the model design.

Ongoing License Fees - See above

Other Implementation Support and Fidelity Monitoring Costs - None

***Other Cost Considerations:***

- The scale of an FFT program can affect costs, with multiple teams being able to take advantage of combined trainings and other required events for implementation. Some states have developed a statewide training process that can also reduce costs. With therapist caseloads of 12 and supervisors seeing 5 youth/families and an average service length of 12 weeks, the program could serve approximately 600 youth/families. Average youth/family cost in this example would be \$2,800.

For clarification on how the implementation of the EBPs intersects with the CUA rollout, see Timeline in Appendix C.

- Organizational Supports Needed

Please describe whether or not host agencies have been identified at this time. If such agencies have not yet been identified, describe the **agency recruitment and “buy-in” process you are planning to use.**

RESPONSE:

As mentioned previously, the CUAs are our host agencies and have been collaborating with us on this project for the last year. The CUAs will be primary drivers of EBP implementation; however, the DHS Project Manager will ensure that the interventions are implemented with fidelity to the model, consistency across the CUAs, and compliance with data reporting requirements.

Describe how host agencies that will employ front-line staff (e.g. public child welfare, private providers) will need to change in order to support new ways of work or services that were not previously supported by their organization. What new policies, procedures, or resources likely will be needed at the agency level?

RESPONSE:

DHS, CUAs and CBH will have to adjust to accommodate the provision of the selected EBPs. We believe will have to:

1. Hire a DHS Project Manager to oversee the day-to-day implementation factors and coordinate with a counterpart at CBH and each of the CUA agencies.
2. Allocate resources, most likely staff-related, either in allocating time from current staff or hiring new staff, aside from the mental health professionals needed for PCIT and higher level Triple P. Even on the lower levels of Triple P, which do not require a mental professional, there will have to be dedicated staff at the CUAs to be trained and to implement the program. With regard to FFT, there will be a liaison with CBH to work on referrals as we expand the program to include dependency youth.



3. Collaborate with CBH and the CUAs to develop recruitment procedures for hiring staff, refine assessments, and finalize inclusion criteria.
4. DHS will work with CBH and the CUAs to develop policies and procedures to guide the project to full implementation. We will consult with Annie E. Casey (AEC) as they have guided us so well in the past.

- System Supports – Describe the systemic supports that will facilitate the implementation of these interventions/system changes, including:

Anticipated changes in funding mechanisms and streams during the demonstration period

RESPONSE:

The collaboration between DHS and CBH to consider blended funding opportunities, such that MA billable services would be covered by CBH and non-billable services by DHS. This type of blended approach will ensure the sustainability of the services over time. From the DHS perspective, all three evidence-based programs will be funded via Special Grant. Absent the Child Welfare Demonstration Project, these programs would be funded using prevention/preventative funds in the Needs Based Budget.

- The financial resources that might/will be able to sustain this intervention after the demonstration project ends;

RESPONSE:

Absent the child Welfare Demonstration Project, additional State and Local funds will be required to offset the loss of Federal funds. These additional funds are not currently budgeted.

- Any significant changes in policies, procedures, or contracting relationships that will be needed at any level (e.g. State, county, agency);

RESPONSE:



In collaboration with our project partners, we will develop and distribute the protocols for each intervention and, if necessary, translate those protocols into policy. There should be no change to our contracting relationships.

- Systems partners who have agreed to collaborate (e.g. mental health, education, courts, substance abuse providers, other providers);

RESPONSE:

The CUAs and CBH has already agreed to collaborate.

- Systems partners who will need to partner or collaborate differently but are not yet on board (e.g. mental health, education, courts, substance abuse providers, other providers).

RESPONSE:

We would like to enlist the support of the School District of Philadelphia and Family Court.

- The fidelity data system, including whether or not a data system and associated infrastructure (e.g. Web-based data entry) are available or you will be developing the data system to track fidelity;

RESPONSE:

As discussed previously, we will work to integrate data related to this project into our Electronic Case Management System (ECMS) along with the CUA data that will be necessary to track outcomes.

- The outcome measures, monitoring, and data systems that are required or optional and that will be developed and sustained over time.

RESPONSE:

The outcome measures will relate to the IOC outcomes of interest described previously. We will most likely develop additional measures that indicate improvement related to the present problems of participants in the EBPs. The Division of Performance Management will work with IT to develop compliance and outcome reports as each intervention is implemented.

## V. Work Plan

Provide a plan and estimated timeline for activities associated with the implementation of each EBP and/or System Change. This should be completed as an addendum to your currently approved Work Plan. If there are any changes necessary to your current work plan, this should also be submitted for ACF consideration. To the extent possible, this section should include a **description of the key tasks, responsible parties, timeframes for beginning and completing activities, and products or benchmarks of progress** that will serve as evidence of completing the activities, noting the phasing or staging of providers, services, or other activities if there are multiple implementation locations.

See Timeline, Appendix C

See Workplan, Separate Attachment

## VI. Training and Technical Assistance Assessment

Include a description of the State and/or Federal training and technical assistance (T/TA) resources the county anticipates it will need in order to implement the demonstration, making note of any strengths and gaps in those resources.

RESPONSE:

If it proves to be necessary, we will call on the state's Child Welfare Training Institute for assistance.

*The following responses are in regard to other outside experts needed to*

- Identify the experts available to you to assist in the use of this intervention.

*implement any aspect of the interventions selected by the county:*

RESPONSE:

As we are already collaborating with **CBH**, we will use their expertise in helping us finalize our implementation plan, particularly around capacity building, timing and adaptation of FFT for the dependent population.

We will continue to work with Annie E. Casey (AEC) on those same issues as they have been invaluable to us the past and with the present project. They will also be able to help us identify other jurisdictions with experience in delivering these EBPs so that we can learn from them in terms of successes achieved, problems encountered, and barriers likely to arise.

**We will use the expertise of the PolicyLab at the Children's Hospital of Philadelphia (CHOP)** who have been instrumental in piloting PCIT in Philadelphia and who are also involved with the expansion of PCIT in Pennsylvania. We will learn from the trainers and coaches involved with start-up on Triple P, all levels.

- What information do you have or what activities have you undertaken to feel confident about the knowledge of these experts related to the intervention (e.g., can they describe the theory base, the core elements essential for effectiveness, the history of the development of the intervention, the research and evaluation efforts, and outcomes related to the intervention)?

## RESPONSE:

We have worked with our partners for a very long time and our confidence in them has only grown stronger the longer we work together. CBH and the PolicyLab are particularly knowledgeable about the interventions themselves. AEC is very knowledgeable about dissemination of these interventions.

- **How have you assessed the experts' capacity to effectively assist** you overall with practical implementation and effective implementation processes (e.g., have you interviewed the expert, interviewed other agencies and States, reviewed replication data, reviewed materials available)? Please describe your assessment process and describe how much experience the expert has in helping others make effective use of this intervention (e.g., 2 or more years providing training, coaching, data systems, Learning Collaboratives, and advising around organizational change and sustainability in X number of States/counties/agencies)?

## RESPONSE:

Although we did not specifically assess for this particular project, the partners reference above have been involved from the beginning in our IOC efforts, Congregate Care Reduction, etc. as well as this current project. In terms of the outside vendors who will train, coach and supervise on the expansion of Triple P, we have come to understand that they are the most respected providers of these services.

- Some purveyors or experts have waiting lists or lack the capacity to engage in larger-scale efforts. Are these purveyors or experts available in a timely manner? Do they have the capacity needed to assist you?

## RESPONSE:

We have been in contact with Triple P America to assure ourselves that they are willing and have the capacity to respond when we are ready for that intervention. CBH is most familiar with FFT implementation and, given enough time, will be able to work with us on its extension to dependency cases. PCIT trainers are already on board (see Timeline in Appendix C).

- Are they willing and able to help you build your own capacity (State or county level) to provide ongoing selection, training, coaching, data systems, etc.? Or will there be an ongoing relationship with the purveyor/experts and costs associated with maintaining this implementation infrastructure?

#### RESPONSE:

Most of our partners are internal so they will automatically be involved in ongoing selection. Training and coaching will be an ongoing expense until we reach full implementation and possibly beyond to account for staff turnover. Our data systems are our own, although we will be working with a yet to be decided provider of technical products and services as we begin to explore predictive analytics to use for this project and others.

For a snapshot of the selected EBPs, populations to be served, service providers, and ongoing system issues involved in implementing the program models, please see **Appendix D**. For a description of our partner agencies, see **Appendix E**. For an updated Distribution Map of CUAs under IOC, see **Appendix F**.

- Describe your budget for initial and ongoing involvement. Is it adequate?

#### RESPONSE:

We will be developing a model of braided resource utilization. CBH will cover Medicaid billable services (Levels 4-5 Triple P and expansion of FFT) and DHS will provide for non-clinical components, as well as some of the financial and data costs related to child welfare services. We anticipate training costs for PCIT to be covered through the previously mentioned NIMH grant and we have additional staff costs covered in our Needs Based Budget. Levels 1-3 of Triple P are relatively inexpensive and can be covered through the use of discretionary funds.



**VII. Anticipated Major Barriers and Risk Management Strategies**

Identify any anticipated major barriers to executing the implementation of each EBP and/or System Change and any planned strategies to address them.

**RESPONSE:**

It is important to note that DHS is running a dual system while we continue to implement IOC over the next several years. Although all 10 CUAs have been selected, and full implementation of the IOC initiative is expected to be complete in the fall of 2015, the accelerated rollout of IOC and the anticipated rollout of EBPs may present some logistical problems for the CUAs. Accordingly, DHS plans to hire a project manager with experience in resource development to ensure that the EBPs are developed appropriately, implemented with fidelity to the model, and integrated into IOC case management practice without jeopardizing case transfers as mandated by IOC or interrupting delivery of the current array of child welfare services being offered.



**APPENDIX A****CBH & DHS Services Currently Available**

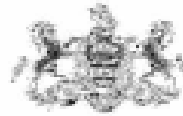
<b>SERVICE</b>	<b>DESCRIPTION</b>
<b>C B H</b>	
Family Focused -- Behavioral Health (Entire family)	(FFBH) – Implemented by NET designed to serve families with multiple siblings who are receiving or being referred to BHRS. Typically one or more of the children has been exhibiting chronic behavioral issues.
Family and Community Treatment (step down)	(FACT) – A one year in home family therapy <b>service provided by one Masters’ level clinician</b> in the role of family therapist but also able to provide individual therapy to family members.
Behavioral Health Rehabilitative Services	(BHRS)- Short term interventions to prevent placement into 24/7 psychiatric level of care and to promote youth being able to function in all domains, can be delivered in home, school or community. Components include TSS, Mobile Therapy, and Behavioral Specialist Consultant.
TSS – Therapeutic staff support	Therapeutic staff (BA level) support may be provided in the home, school, or other community settings. The role of the TSS is to implement the clinical interventions that described in the child's treatment plan to help make positive changes in behavior. The TSS should also provide encouragement to the child as well as feedback about how the child's behavior affects others.
Mobile Therapy	A mobile therapist provides therapy to children to support children and families in coping with issues such as loss, developmental delays or disabilities, anger management, parenting, and behavior modification.
BSC	<b>A behavior specialist is a Masters’ level</b> professional who works with the child, the family, and the school to develop a plan for re-shaping the child's behavior. The behavior specialist observes the child's behavior in the child's own setting. The behavior specialist

	identifies the child's strengths and develops a treatment plan with to addresses the child's behavioral needs, while building on the child's strengths.
Clinical Transition and Stabilization Services (CTSS)	Short-term –max 90 days- that addresses MH and stabilization needs of children aged 4 to 21 years in foster care. In home individual and family therapy, crisis intervention and 1:1 support and modeling in home, school and community.
Family Based Mental Health Services	(FBMS) – Goal is to reduce out of home placement and to strengthen and maintain families through therapeutic interventions. Provided 24/7 by specific teams – 32 week program and provides transition to other community based services.
Functional Family Therapy (FFT)	JJ involved – Evidenced based treatment that addresses the youth with delinquency issues and designed to prevent or decrease delinquency, violence, disruptive behaviors and substance abuse. Duration 14 weeks.
Multi-Systemic Therapy for Problem Sexual Behavior (MST-PSB)	High level of intensity and frequency, delivered in home, school, or community; incorporates treatment interventions place a high premium on approaching each client/family as unique.
Multidimensional Treatment Foster Care	MTFC is an alternative to regular foster care, group or residential treatment, and incarceration for youth (ages 13-18) who have problems with chronic disruptive behavior. The goal of the MTFC program is to decrease problem behavior and to increase developmentally appropriate normative and prosocial behavior in children and adolescents who are in need of out-of-home placement. Youth come to MTFC via referrals from the juvenile justice, foster care, and mental health systems.
Parent-Child Interaction Therapy (PCIT)	An evidence-based practice that is a family focused approach for children 2-8 who present with moderate to severe BH challenges. Live coaching and treatment of both child and caregiver together.  Expansion into CUAs currently.

Outpatient	Individual Family Group Enhanced (Evidence-based) ECSFT (Future)
High Fidelity Wraparound	High Fidelity Wraparound is a process to improve the lives of children with complex needs and their families. It is not a program or a type of service. The process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is needs rather than services driven.
School based Services	STS – School Therapeutic Services is a MH treatment developed as an alternative to BHRS in a school setting. Full range of therapeutic services, tailored to be age appropriate BH interventions.
Acute Partial Hospital Program (PHP)	Combines elements of inpatient and outpatient in a structured therapeutically intensive program. Is an alternative to hospitalization for individuals who pose a threat to self or others. Used for indiv d/c from inpatient.
Enhanced CM (Catch)	
Drug and Alcohol	Outpatient IOP Residential (ST and LT)
<b>D H S</b>	
Family Empowerment Services (FES)	The Family Empowerment Services (FES) program is a prevention service designed to enhance the ability of families to provide for <b>their children's well-being</b> in a minimally intrusive, time-limited manner during the reunification process. Primary service includes case management, assessment of strengths and needs, interventions, arrangement/coordination of services to meet <b>the family's specific needs. Service is provided for 90 days.</b>

Achieving Reunification Center (ARC)	<b>Is a "One Stop Center designed to assist</b> parents with children in out of home placement overcome barriers toward family reunification. ARC offers a comprehensive range of services focused on ensuring child safety while <b>strengthening the family's stability</b> and self-sufficiency by bringing systems together for positive family outcomes. All services offered are in one location including counseling; parent education, housing/financial counseling, workforce development, outpatient mental health, child care and supervised visits.
Intensive Prevention Services (IPS)	IPS is an intensive intervention program designed to engage youth between the ages of 10-17 years old, who have been identified as exhibiting high and/or at risk behaviors. Service is provided for 4 months, 15 hours per week.
Family Reunification (FR)/Time Limited Family Reunification (TLFR)	Program provides 12 weeks of intensive services designed to assist families with the reunification process whose children are returning from out of home placements such as Congregate Care facilities, Treatment Foster Homes, Medical Foster Homes, and Foster care.
Family School	Family School provides services to families with children from birth to 5 years old residing with the parent or in an out of home placement such as foster care. Services include early intervention, parenting education, education around abuse and neglect prevention, child health, and school based child care.
Achieving Independence Center (AIC)	<b>The AIC is a "One Stop Center" designed to</b> help youth achieve their future goals of self-sufficiency. Come of the services offered by the AIC include: life skills training, education, job training, employment, technology and mentoring. Youth must be between the ages of 14-21 years of age and be in or have been in out of home dependent placement.
Rapid Service Response Initiative (RSRI)	The Rapid Service Response Initiative is designed to offer services to families that have

	<p>been reported to the Department of Human Services for child abuse and/or neglect as well as situations where the initial risk to the child is deemed moderate to high and services are needed by the families. These supportive services assure that families can effectively utilize their own strengths and community resources to maintain the safety of their children without long term intervention by DHS. RSRI services are limited to sixty calendar days from the date that the DHS referral is given to the RSRI provider. The RSRI provider makes weekly in person contact with the family.</p>
In Home Protective Services (IHPS)	<p>IHPS is a safety and family in-home service delivery model that is designed to reduce safety threats and increase the protective capacities of the family while maintaining children in their own homes with a safety plan. IHPS agencies work collaboratively with DHS and utilize a Safety Plan and a Family Service Plan to guide service delivery. IHPS specialties include: Sex Abuse, Cognitively Impaired Caregiver and Medically Fragile Children. Services must include minimally home visits twice per week for children 5 and under and once per week for children over 5 years old. The service duration for General IHPS typically is 6 months and for Specialty IHPS, 12 months.</p>
Family Stabilization Services (FSS)	<p>FSS agencies offer in home services support to court involved families for stabilization purposes due to a youth in the home with identified concerns such as truancy and incorrigibility. Families who receive this service do not meet the safety threat guidelines. The FSS provider engages the youth and the family to implement the Family Service Plan goals and objectives.</p>

**APPENDIX B**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

June 19, 2013

Ms. Anne Marie Ambrose, Commissioner  
Philadelphia Department of Human Services  
1515 Arch Street, Eighth Floor  
Philadelphia, Pennsylvania 19102

Dear Commissioner Ambrose:

Thank you for your letter requesting the Department of Public Welfare's (DPW) permission for the Philadelphia Department of Human Services (DHS) to share information with Community Behavioral Health (CBH) in a cross-system collaboration between DHS and CBH. This study is to better understand the populations of children served by DHS, Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and Community Behavioral Health (CBH). Pursuant to 23 Pa. C.S., Section 6342 (relating to studies of data in records), 55 Pa. Code, Section 3130.44 (relating to confidentiality of family case records) and 55 Pa. Code 3490.38 (relating to authorized studies of child abuse data), your request is approved for the research study as described in your letter provided to DPW dated May 16, 2013.

We appreciate receiving the information that has been outlined in regard to the proposed research. We are including a copy of the Nondisclosure Agreement that all individuals with access to this information must sign. These documents must be signed and a copy emailed to DPW, attention Sharon Mathna [smathna@pa.gov](mailto:smathna@pa.gov). Please note the following requirements for approval to conduct studies. The person requesting the research data must provide DPW, through the Office of Children, Youth and Families, with the following:

- 1) An advance copy of the report at least three weeks prior to release of the report to the public;
- 2) An opportunity for comment and the inclusion of the comments in the report released to the public or otherwise;
- 3) A briefing on the finding of the study along with a list of the intended recipients; and
- 4) The opportunity to review confidentiality agreements executed by each employee with respect to release of/use of confidential information in any manner whatsoever.

OFFICE OF CHILDREN, YOUTH & FAMILIES  
PO BOX 3675 | HARRISBURG, PA 17120 | 717.787.4756 | Fax 717.787.0414 | [www.dpw.state.pa.us](http://www.dpw.state.pa.us)

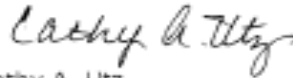
Ms. Anne Marie Ambrose

- 2 -

June 19, 2013

If you have any questions, please feel free to contact Ms. Mathna of my staff at (717) 214-5982.

Sincerely,



Cathy A. Utz  
Acting, Deputy Secretary

Enclosure

c: Dr. Arthur C. Evans, Commissioner, Department of Behavioral Health  
Ms. Cynthia Schneider, Deputy City Solicitor  
City of Philadelphia, Law Department  
Mr. Brian Clapier, DHS Deputy Commissioner of  
Performance Management & Accountability  
Ms. Sharon Mathna, Office of Children, Youth & Families

**APPENDIX C****TIMELINE****EBP Implementation Aligned with CUA Implementation**

DATE	PCIT	Triple P Levels 1-3	Triple P Levels 4-5	FFT	CUA STATUS Receiving All Referrals
YEAR 1					
April13 – March14	Pilot complete; implementation initiated CUAs 1- 2				CUA 1 (NET) and CUA 2 (APM)
March14 - June14	CUA 8 certified clinicians (2)				CUA 3 (TPFC) and CUA 4 (CCS)
YEAR 2					
July14 – Dec14	Training and implementation CUA 4	Begin discussions with DHS,CUAs 1- 5 and PPP regarding content and schedule for delivery	Begin discussions with DHS, CBH, AEC regarding capacity building	Begin discussions with DHS, CBH.AEC regarding adaptation for dependency cases and capacity building	CUA 5 (Wordsworth), CUA 6 (TNCP) and CUA 7 (NET)
Jan15 - March15	NIMH training CUA 1, 2, 3, 6, 7, 9; alternate training CUAs 5, 10	Training and Implementation initiated CUAs 1-5			
April15 – June15	Implementation remaining CUAs	Begin discussions with DHS,CUAs 6- 10 and PPP regarding content and schedule for delivery	Complete discussions with DHS,CUAs 1-5 and PPP regarding content and schedule for delivery and finalize protocols	Complete discussions with DHS,CUAs 1-5 and FFT regarding content and schedule for delivery and finalize protocols	CUA 8 (Bethanna), CUA 9 (TPFC) and CUA 10 (Wordsworth)
YEAR 3					
July15 – Sept15	ONGOING IMPLEMENTATIO N	Training and Implementation initiated CUAs 6- 10	Training CUAs 1- 5	Training CUAs 1- 5	Tracking, Monitoring and Outcome Evaluation



Oct15 – Dec15		ONGOING IMPLEMENTATION	Implementation CUAs 1-5	Implementation CUAs 1-5	
Jan16 – March16					
April16 – June16			Training CUAs 6-10	Training CUAs 6-10	
YEAR 4					
July16 – Sept16	ONGOING IMPLEMENTATIO N	ONGOING IMPLEMENTATION	Implementation CUAs 6-10	Implementation CUAs 6-10	Tracking, Monitoring and Outcome Evaluation
Oct16 – Jun17					
YEAR 5					
July17 – June18	ONGOING IMPLEMENTATION				FINAL REPORT

**APPENDIX D****DHS SELECTED EVIDENCE BASED PRACTICES FOR CHILD WELFARE DEMONSTRATION PROJECT**

<b>EBP Models</b>	<b>Ages Served</b>	<b>DHS CW Populations Targeted</b>	<b>Who Provides</b>	<b>System Issues for Models</b>		
				<b>Programmatic</b>	<b>Operational</b>	<b>Fiscal</b>
<b>PCIT</b>	2-8	<ul style="list-style-type: none"> <li>Children at-risk of removal</li> <li>Children in out-of-home family settings</li> </ul>	Training by experts; service by CBH	<ul style="list-style-type: none"> <li>Test in outpatient setting</li> <li>Expand the population served</li> <li>Utilizing a reliable screening assessment to determine clinical eligibility for service.</li> </ul>	<ul style="list-style-type: none"> <li>Methodology for projecting capacity needed</li> <li><b>Maintaining sufficient referrals</b> to reduce financial risk</li> <li><b>PCIT provider relationship &amp; accountability</b> to CUA (how does CBH track)</li> <li>Will service be provided by the CUAs, CUA sub-contractors, or both?</li> <li>CBH control of eligible providers (no back door entry) i.e. RFP, what?</li> </ul>	<ul style="list-style-type: none"> <li><b>Funding for non-Medicaid</b> covered costs</li> <li>Financial viability if referrals are inadequate</li> </ul>
<b>FFT</b>	12-18	<ul style="list-style-type: none"> <li>Youth at risk of removal</li> <li>Youth placed in a family setting</li> <li>Truant Youth</li> <li>Youth stepping down from a CC settings</li> </ul>	A CBH Service currently for JJ youth; will expand as part of CWDP to include dependent youth	<ul style="list-style-type: none"> <li>Engagement rate of families</li> <li>Expand and tailoring service, as appropriate, to meet needs of CW youth</li> <li>Utilizing a reliable screening assessment to determine clinical eligibility for service.</li> </ul>	<ul style="list-style-type: none"> <li>Methodology for projecting capacity needed</li> <li>Maintaining sufficient referrals to reduce financial risk</li> <li>Establishing a formal referral process to CUA from CBH FFT providers</li> <li>FFT provider relationship &amp; accountability to CUA (how does CBH track)</li> <li>CBH control of eligible providers (no back door entry) i.e. RFP, what?</li> </ul>	<ul style="list-style-type: none"> <li>Financial viability if referrals are inadequate</li> <li>Funding for non-Medicaid covered costs</li> </ul>
<b>PPP</b>	0-16	Children & Youth who are: <ul style="list-style-type: none"> <li>At-risk of removal</li> <li>In an out-of-home family (foster and kin) settings</li> <li>Stepping down from a CC settings.</li> </ul>	New service proposed for Demonstration Project	Determine how service will be delivered.	<ul style="list-style-type: none"> <li>Who from DHS will oversee implementation?</li> <li>Will service be provided by the CUAs, CUA sub-contractors, or both?</li> </ul>	<ul style="list-style-type: none"> <li>DHS/CUA funded initiative Levels 1-3</li> <li>Mechanisms to potentially blend funding to cover costs Levels 4-5 (CBH-Medicaid)</li> <li>Mechanism for CBH to all billing for Level 4&amp;5</li> </ul>

## **APPENDIX E**

### **PARTNERS IN DEMONSTRATION PROJECT**

**APM** employs over 120 bilingual/bicultural professionals in several sites and serves over nine thousand persons a year with an annual budget of over \$11 million. **APM's historic** founding was a response to exclusion of Latinos, especially those for whom English was a barrier, from access to services and public resources. Over the years, APM has gained a positive reputation for its cultural sensitivity not just to the Latino community, but also to African American and other ethnicities within the community. **APM's staff is** diversified in that there are eighteen different ethnicities represented. In addition, APM provides bilingual and culturally appropriate services through its staff, especially its health and human services staff. APM assist families in achieving their greatest potential and envisions a healthy community, where all families are self reliant, where children are protected and nurtured to become APM is a non-profit agency that was formed in 1970 for the purpose of promoting the welfare of Puerto Rican/Latino residents in Philadelphia. APM works directly with the community to convene and directly consult with community residents and provider networks, stakeholders, business owners and investors to create a long term strategy for neighborhood change and improvement. APM is committed to and experienced in engaging a broad spectrum of community stakeholders to inform and enhance our services.

Founded in 1970, **NET** is one of the oldest and largest non-profit organizations in the region. They offer a wide range of behavioral health and social services to adults, adolescents, children and families in Philadelphia, **the Lehigh Valley, and the state of Delaware. NET's mission is to provide a** comprehensive recovery and resiliency-oriented system of behavioral health and social services utilizing a quality-driven, cost-effective provider network. **NET has over 20 years' experience offering child welfare services including** in-home, all levels of resource home care, adoption, and residential. In the past fiscal year, they served over 400 children and youth and their families in various child welfare programs. They are committed to keeping children and youth in community settings, preferably their own community, and have only pursued program development opportunities consistent with this vision. **NET's full-time staff are 68% female and 32% male.** In terms of race/ethnicity, our staff are 44% Caucasian, 46% African American, 8.5% Latino, and 1.5% Asian. NET utilizes a number of independent contractors for clinical and school-based services, among other roles. Our current pool of contractors is 65% female and 35% male, with 24.5% Caucasian, 73% African American, 1.2% Latino, and 1.2% Asian.

**Wordsworth's mission is to provide education,** behavioral health and child welfare services to children and youth who are experiencing emotional, behavioral and academic challenges so that they are empowered to reach their potential and lead productive, fulfilling lives. The agency was founded in 1952 as a school to meet the needs of children with reading disabilities. During its sixty year history, the agency has continuously developed its array of services and approach to treatment in response to the changing needs of its clients and an ever-evolving body of research and best practices. With a full continuum of child welfare, behavioral health and specialized education services, the agency is able to use an integrated understanding of each child/youth that views them within the context of their family and larger environment. The agency has prioritized the development and expansion of community-based programs that engage children, youth and families in their own homes, and is committed to the belief that services are most effective, in both the short and long term, when they actively engage and collaborate with all systems that impact the child and family. Wordsworth is a multi-site organization, with multi-system programming and an organizational budget of \$38.5 million annually. For more than ten years, Wordsworth has maintained full accreditation through the Joint Commission (including full certification of its Foster Care program) **which reflects the quality of the organization's administrative and program leadership.** For over 60 years, Wordsworth has responded to the needs of children and families and has always demonstrated the flexibility to develop new programs and refine others when necessary.

Over the last 20 years, **Catholic Social Services** has created numerous programs responding to the requests and needs of the City of Philadelphia, DHS and Family Court. Some of the more notable examples include: Del La Salle Aftercare (now known as Reintegration Services), The Mitchell Hall Program (farm-based residential program), Brother Rousseau Academy (day treatment for pre-adolescents), and DelStar (outpatient sex offense specific treatment program). In addition, the Out of School Time Programs run by CSS consist of 12 Programs at 10 locations: 9 elementary, 2 middle schools and 1 high school program, serving 2,000 unduplicated children this past year, and which required the hiring of close to 100 full time staff. All of these programs required a start-up from scratch, and involved the recruitment and retention of a total of over 100 staff. CSS is a long-standing member of Catholic Charities USA, Pennsylvania Council for Children Youth and Families (PCCYFS), and the Philadelphia Alliance, all of which keep staff regularly posted on federal state and local policy requirements. Employees of CSS, CORA, JFCS and NFI are well trained in the state regulations which govern their respective programs. Yearly license reviews for DPW licensed programs ensure that regulations and policies are being maintained; internal quality assurance mechanisms also exist within each agency of the CSS

Partnership (see above). CSS has over 40 years experience providing outpatient mental health services utilizing therapists and psychiatrists as **subcontractors**. **Quality service provision is ensured via CSS's continuous quality improvement (CQI) process**, which monitors both quantitative and qualitative measures throughout the case lifecycle. All subcontractors are subject to rigorous qualifications, including a written contracting process.

**Turning Points for Children (TPFC) and Public Health Management Corporation (PHMC)**, have joined forces to create a transformative new **approach to improving outcomes for children involved in Philadelphia's child welfare system**. TPFC has long supported families in raising safe, healthy, educated, and strong children by partnering with caregivers to develop and strengthen protective qualities and by offering them the tools, skills, and resources they need to ensure their children's optimal development. PHMC, meanwhile, has been working to improve outcomes for children by incorporating children and family services into their array of integrated programs spanning behavioral health/recovery, nurse-managed primary care and homeless health services, nurse home visiting, chronic disease management and prevention, tobacco control, early intervention, HIV/AIDS, violence intervention, parenting supports for families, and much more, plus research and evaluation that allow PHMC to assess and address issues effectively.

On February 1, 2013, TPFC became an affiliate of PHMC, combining the expertise of leadership and rich programming in child welfare, managed care in health and behavioral health, strategies for prevention, management services, and a range of programs essential for strengthening families, along with combining the mission-driven perspective of a non-profit with the fiscal control and management capabilities of a rigorous corporate structure. The Community Umbrella Agency in the 15<sup>th</sup> Police District will be led by TPFC, with shared staff in key leadership and administrative supports areas from PHMC, including information systems management, contracts management and quality assurance. The affiliation with PHMC will also provide TPFC with access to a well-established and supported technology infrastructure, including network and telephone support that PHMC already provides to 2000 users, data management systems which will be used to support the CUA. PHMC will provide services to TPFC via a management contract that will be reviewed and renewed on an annual basis.

**Bethanna** is a Christian organization that provides the highest quality system of care for children and families in order to ensure safety, restore emotional wellness, and build family stability. Core to Bethanna's mission is providing services with excellence. Embodied in this pursuit of excellence is ensuring that the worth and dignity of each child and family member served

is respected and valued. This is reflected in Bethanna's absolute commitment to implement strengths based approaches in all aspects of service delivery. Bethanna offers two primary levels of service and family-based support services that address the challenges most children and families encounter.

***Permanency Services:*** Pathways to Permanency - Adoption and Foster Care. Permanency is our agency's highest priority. Adoption and Foster Care are Bethanna's largest service division. Many children entering into our care are eligible for multiple services depending on their needs. Bethanna's professional staff and foster and adoptive parents are well trained and challenged daily to provide the best for the infants, children and teenagers.

***Community Treatment Services:*** Supporting children along their journey Finding the appropriate treatment option is the first step on the path to emotional recovery. Intensive mental health support is provided for youth and foster and adoptive parents.

In an unprecedented partnership initiative, Tabor Children's Services and Northern Children's Services have collaborated to create **Tabor Northern Community Partners (TNCP)**, a Pennsylvania nonprofit corporation designed to provide high impact community-based services. Both Northern and Tabor have a long and demonstrated history of providing high quality services and collaborating with other stakeholders in the Philadelphia area. The shared missions of both organizations, combined with their expertise in serving children and families, resulted in the creation of this entity. As the parent agencies, together Tabor and Northern bring TNCP extensive experience providing prevention services, in-home, placement, adolescent, behavioral health, child protective and community-based services.

TNCP is family-centered, community-based, trauma-informed, and culturally competent. Tabor and Northern have worked 105 and 160 years respectively to support individuals and families in their homes and communities through a continuum of care that is integrated and timely. Both agencies have demonstrated the ability to adapt to meet the changing needs of DHS, communities, and most importantly, the needs of individuals and families. TNCP is an example of building a strong community network that utilizes local solutions to meet the needs of individuals and families.

**Community Behavioral Health (CBH)** is a not-for-profit 501c (3) corporation contracted by the City of Philadelphia to provide mental health and substance abuse services for Philadelphia County Medicaid recipients. supported through state funding, CBH works in partnership with the City of

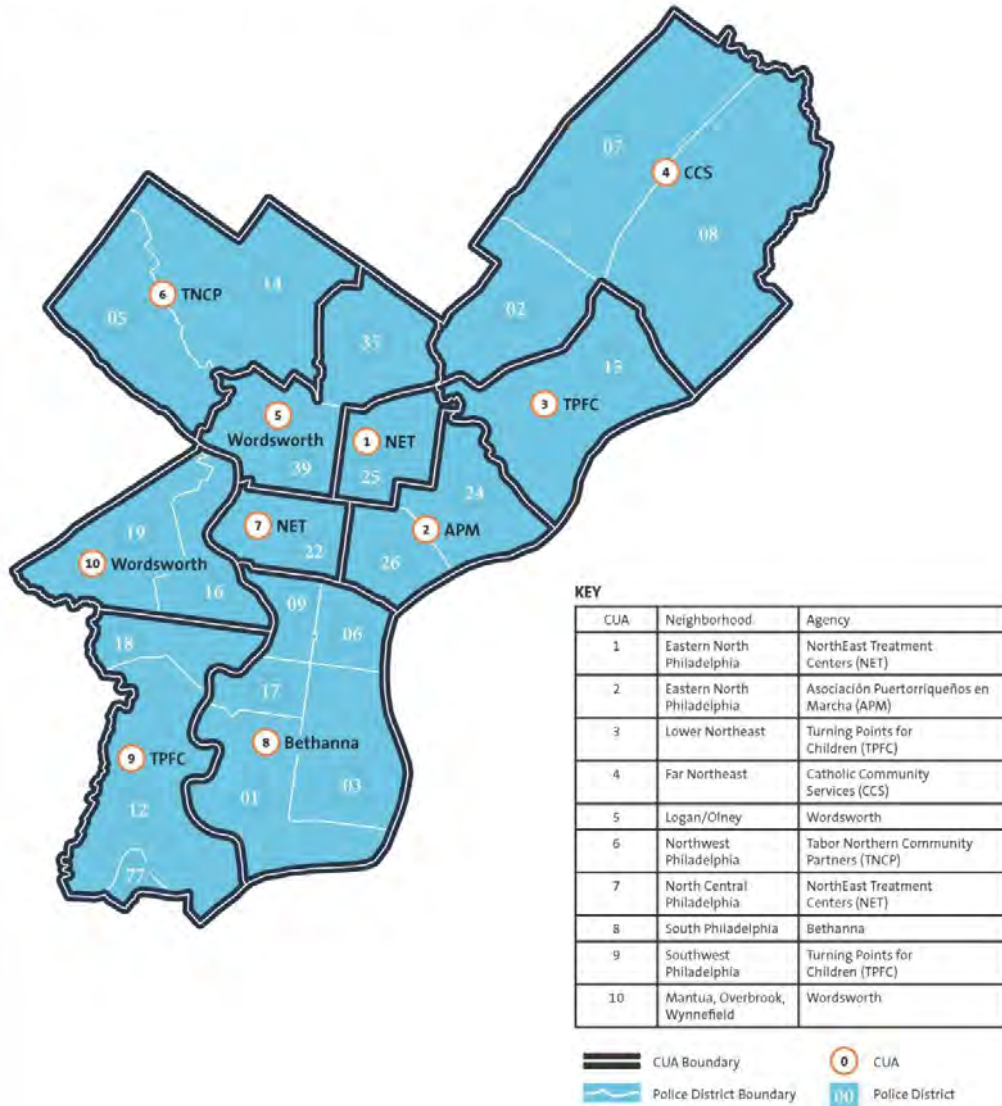
Philadelphia and the Commonwealth of Pennsylvania to provide vital behavioral health services. Today, CBH is responsible for providing **behavioral health coverage for the City's 420,000 Medicaid recipients. Its** primary activities include:

- Authorizing payment for behavioral health services
- Requiring provider agencies to deliver effective and medically necessary services
- Achieving management and operational efficiencies to lower healthcare costs



**APPENDIX F****Community Umbrella Agency Geographic Zones**

City of Philadelphia | Department of Human Services



Division of Performance Management & Accountability  
 January 3, 2014  
 Prepared by Research & Evaluation Unit



# **ATTACHMENT B**

**CWDP - Semi-Annual Progress Report  
PA COUNTY RESPONSE TEMPLATE (January 1, 2016-June 30, 2016)**

Submitted for: Philadelphia  
Submitted by: Kimberly Ali, IOC Chief Implementation Officer  
Date of Submission: July 13, 2016

**I. Overview**

Provide a brief summary of major demonstration activities completed to date, as well of any significant evaluation findings (please note that the University of Pittsburgh will be providing a section on evaluation activities and preliminary findings; if counties have engaged in any internal evaluation strategies, an overview of these findings can be included here). Summarize any major changes to the design of the demonstration or to the evaluation since the previous semi-annual report (NOTE: Any significant changes to the design of the proposed demonstration or evaluation must be approved by the Children's Bureau before they are implemented).

Examples of major accomplishments given by ACF include training, implementation milestones, and any other noteworthy accomplishments (please cross-reference with your county implementation plan) – the final compiled submission to ACF will include county specific items AND items that pertain to the project as a whole (statewide).

**RESPONSE:**

The City of Philadelphia Department of Human Services (DHS), in partnership with the Community Umbrella Agencies (CUAs), continues to move forward on the three components of the CWDP: engagement, assessment, and Evidence Based Practices (EBPs). The major activities during this reporting period include: the hiring of additional staff for our Family Team Decision Making Conferences Division, the training of the teaming staff to focus on permanency, the change in policy for Child Safety Conferences, the hiring of a Behavioral Health Implementation Advisor to work with the CUAs to support the implementation of the EBPs, and the consultation and collaboration with Triple P America, Inc. to support the system wide implementation of Triple P.

**II. Demonstration Status, Activities, and Accomplishments**

Provide a detailed overview of the status of the demonstration in the following areas:

- A. Numbers and types of services provided to date. Note in particular the implementation status of designated EBPs. We can send you the numbers from the last Progress Report – please review for accuracy and then we can add the last six month (January – June/2015). The Program Monitoring format should be helpful in gathering data for CANS/FAST/ASQ. In addition, provide detailed information about EBP services provided to date. These numbers will be provided to ACF by county and in aggregate where applicable. You may report

this information using a table. Global number and across counties. Numbers and types – CANS/FAST; Family Engagement meetings; EBP by county – tables in document – not excel spreadsheet

RESPONSE:

#### Family Engagement

Table 1: Number of Family Team Conferences (FTC) that occurred during the report period by Initial versus Ongoing

Conference	Conference Name	Number of Conferences Completed
Initial Conferences	Child Safety Conference	674
Initial Conferences	Family Support Conference	3592
Ongoing Conferences	Permanency Conference	4888
Ongoing Conferences	Placement Stability Conference	41

Table 2: Number of Family Team Conferences (FTC) that occurred\* during report period by Type of Conference by Month

Month	Type of Conference				Not Defined**	Total
	Child Safety Conference	Family Support Conference	Permanency Conference	Placement Stability Conference		
January 2016	117	601	719	7	1	1445
February 2016	145	687	849	9	1	1691
March 2016	154	736	892	7	0	1789
April 2016	149	572	927	6	0	1654
May 2016	87	510	773	5	0	1375
June 2016	22	486	728	7	0	1243
<b>Total</b>	674	3592	4888	41	2	9197

\*Conferences with a completed form in ECMS.

\*\*Conference type was not identified in the conference form.

#### Assessment – FAST / CANS / ASQ / ASQ-SE

Table 3: Number of assessments completed for children/families that were open with a CUA during the reporting period.

Type of Assessment	Number Completed
FAST	1,964
CANS	787
ASQ	848
ASQ-SE	446

#### Evidence-Based Practice Monitoring

Table 3: Number of children/families who were referred to an EBP, and who received an EBP during report period.

Evidence-Based Practice	Number of Children Referred to an EBP	Number of Children Receiving an EBP
PCIT	12	5
FFT	59	21
Triple P*	22	49**

\*Triple P is not currently offered in Philadelphia as funded by DHS. Three CUAs are offering Triple P funded by grants from Pennsylvania Commission on Crime and Delinquency

\*\*Number reflects children who continue to receive the service, although referral may have occurred during another reporting period.

- B. Other demonstration activities begun, completed, or that remain ongoing (e.g., introduction of new policies and procedures, staff training). **This section will be county specific in reporting to ACF; the emphasis is on "major" activities.**

#### RESPONSE:

##### FAST/CANS:

The CUAs continue to use the FAST and CANS tools to assess the needs and strengths of children, youth, and families involved with DHS. In September 2015, OCYF approved our request to change the time frame for completing the FAST/CANS from 30 to 60 days after the accept for service date. In December 2015, a new set of practice guidelines was issued to the CUA staff, reflecting this change. DHS believes that the additional time allotted to the CUA staff to complete the tools will afford them the opportunity to improve the quality of their assessments.

### **Teaming:**

DHS and the CUAs continue to engage thousands of families and stakeholders in Family Team Conferences to the four goals of IOC. During this reporting period, over 9,000 Family Team Conferences were held. While DHS continues to hold conferences, there has been an increased focus on the quality of the conferences. As such, in January 2016, DHS began to monitor the invitation and participation of the mothers, fathers, family support, children 12 years of age and older, and Parent and Child Advocates at the conferences to ensure that a comprehensive plan is developed at each conference. As a result of a continued analysis of our accept for service reasons, a policy to amend our use of conferences was issued in April 2016. The policy changes included the following:

- a. Prior to April 2016, a Child Safety Conference was triggered by the approval of a Preliminary Safety Assessment. We found that this was leading to premature decisions to accept a family for formal child welfare services. We changed the trigger for a Child Safety Conference to occur after a Concluding Safety Assessment. This has afforded the DHS investigation team an opportunity to make a more comprehensive assessment of the child or youth, and the family.

- b. In addition, we eliminated the Child Safety Conferences when the "Safety Decision" on a Safety Assessment was "Unsafe." Prior to April 2016, a Child Safety Conference was completed within 72 hours of the removal of child or youth from their home because they were unsafe. Although well intended, the conference would occur prior to the Shelter Care Hearing so that a consensus could be reached concerning the plan for the child or youth. Given that Parent and Child Advocates typically were not assigned until the Shelter Care Hearing, they were unable to participate in the Child Safety Conference and unable to agree with the plan that was outlined in Court. Instead of the Child Safety Conference, a Permanency Conference is held within 20 days of the removal to develop the Single Case Plan for the child or youth.

Finally in April 2016, DHS rolled out Family Team Conferencing Satisfaction Surveys to children and youth, families, and stakeholders who participated in a conference. The aim of the survey is to get feedback from the participants which will help continue to improve the quality of our conferences. Given that the last time that we completed satisfaction surveys was in 2013, we wanted to re-start this process on a smaller scale. Therefore, the sample only included 100 selected cases and would include an electronic review of the conference summary forms, interviews with all family members who attended the meeting (parents, caregivers, youth age 12 and over, and family supports), and an on-line survey for the professionals (CUA Case Managers, Parent and Child Advocates). The results of the survey are being analyzed and the report is forthcoming.

### **EBP Implementation:**



In order to support the implementation of EBPs, Community Behavioral Health (CBH) in partnership with DHS, hired a Behavioral Health Implementation Advisor in June 2016 to assist with the system-wide implementation of Parent Child Interaction Therapy (PCIT) and Functional Family Therapy (FFT). Despite the fact that PCIT and FFT have been provided for several years, additional support is needed to assist staff with the understanding of the EBPs and the identification of the profile of the child, youth, or family that would benefit from the therapeutic interventions. The Implementation Advisor will be onsite at the CUAs, supporting this component of the CWDP.

- C. Challenges to implementation and the steps taken to address them. *We are gathering county specific information. If there are global themes we will address them as such in the report to ACF.*

RESPONSE:

The size of the child welfare system in Philadelphia has experienced tremendous growth that has caused a strain on the system. The growth in the system has been impacted by the IOC system transformation, the decrease in children and youth achieving timely permanencies, and the changes in the Child Protective Services laws. Given the strain in the system, the caseload sizes at the CUAs have also grown significantly, which has been a contributing factor in the CUAs inability to stabilize their workforce. Effective September 1, 2016, the caseload size for the CUAs will be one CUA Case Manager to ten families which will allow the CUA Case Managers with the additional time to work directly with families.

As previously discussed, the Department continues to have some challenges in data reporting, given the crash of our Data Warehouse in December 2014. Although, we have made significant progress in reporting, DHS' ability to extract data is limited because we don't have access to a complete data set. The good news is that we continue to have the ability to collect the information, but the extraction of the data is a problem. As a solution, the Data Warehouse is slowly being rebuilt which is giving the Department more access to data.

This section should address both activities and accomplishments that have been completed to date as well as any that remain in progress or that have been delayed. Include an updated work plan that highlights progress in implementing the demonstration. *County work plans should be updated if there are changes. In responding to ACF we will discuss our progress in global terms and how we are meeting our overall Theory of Change. County specific responses are needed to capture this information – please be as thorough as possible.*

RESPONSE:

Please see attached revised DHS work plan.

PCG will complete the Trauma-Informed Section as in the previous report: As noted previously, the CANS without the trauma module and the FAST could be considered trauma screenings. The CANS with the trauma module could be considered a trauma

assessment. In terms of interventions, the only selected intervention that is CLEARLY an EBI is Trauma-Focused CBT.

### III. Recommendations and Activities Planned for Next Reporting Period

Describe major demonstration activities that will be started, continued, or discontinued during the subsequent reporting period. Highlight any recommendations for changes to the design and implementation of the demonstration based on challenges encountered during the current or prior reporting period, or based on evaluation findings to date. The county emphasis in this section should be "major" items – if they were identified in the challenges section above, develop a plan for addressing this item. Also, include any "major" upcoming implementation milestones for your county.

#### RESPONSE:

##### EBP Implementation

The Philadelphia Department of Human Services (DHS) in partnership with Community Behavioral Health (CBH) will continue to work with the newly hired Behavioral Health Implementation Advisor to support the implementation of PCIT and FFT at the CUAs. In addition, DHS will continue to work with Triple P America, Inc. to implement this EBP system wide. Some of the activities for the implementation of Triple P include: completing a readiness assessment of our existing community based parenting providers and issuing a Request for Proposal (RFP) to select additional providers to offer Triple P. We anticipate issuing the RFP in January 2017.

##### FAST/CANS

DHS, the CUA Intervention Directors, and the Behavioral Health Implementation Advisor will continue to work with Casey Family Programs to assist with using the FAST and CANS assessments to help inform the appropriate EBP.

##### Staffing

DHS will continue to work with the CUAs to assist with stabilizing their workforce. A stable workforce leads to positive outcomes for children, youth, and families.

# **ATTACHMENT C**



As of July 2016

Appendix D

City of Philadelphia Department of Human Services  
Child Welfare Demonstration Project  
Work Plan – Updated July 2016

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
1.0	<b>Cost Estimates and Fiscal Decision Making (IOC CUAs)</b>				
2.0	<b>Selection and Contracting with Partners (IOC CUAs)</b>				
	Request for Proposal and selection all CUAs	IOC Executive Leadership Team	Complete	Complete	Documentation of RFP and selected CUA
3.0	<b>Staff Hiring and Training</b>				
3.1	<b>Staff Hiring and Training – CUAs &amp; Providers</b>				
	Hire CUA Case Managers for all CUAs to reflect 1 CM:10 families	CUA	Ongoing	Ongoing	
	Training for all CUAs: CANS training & database training for CUA Case Managers, to reflect the new ratio of 1 CM:10 families	DHS University	Ongoing	Ongoing	
	Hire CANS staff for existing in-home and foster care provider agencies	In-Home and Foster Care Service Providers	Complete	Complete	List of existing staff available
	Training for existing in-home and foster care provider staff administering the CANS	DHS University	Complete	Complete	Curriculum and documentation of training participants available
3.2	<b>Staff Hiring and Training – Teaming and Technical Assistance and Continuous Quality Improvement (DHSU)</b>				
	Hire and train Practice Specialists for all CUAs (Teaming)	Children & Youth Division	Ongoing	Ongoing	42 hired and trained
	Hire and train Teaming Coordinators for all CUAs (Teaming)	Children & Youth Division	Ongoing	Ongoing	42 hired and trained
	Hire and train Social Work Administrators for all CUAs (Teaming)	Children & Youth Division	Complete	Complete	5 hired and trained
	Hire and train Practice Coaches for all CUAs (TA & CQI)	Children & Youth Division / DHSU	Ongoing	Ongoing	26 positions; 17 hired and trained.
3.3	<b>Developing Supervisory Coaching Plans</b>				

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
	Hire and train Technical Assistance to the DHS Children and Youth Division (TA & CQI)	Children & Youth Division / DHSU	Ongoing	Ongoing	Number of staff to be determined, hired and trained
	Hire and Train Senior Learning Specialists for all CUAs (TA & CQ)	Children & Youth Division / DHSU	Ongoing	Ongoing	13 positions: 7 hired and trained.
<b>4.0</b>	<b>Data System Initiation / Modification</b>				
	IT Systems Development: Family Team Conferencing Database	Administration & Management	Ongoing	Ongoing	Overview of operational database available
	IT Systems Development: FAST/CANS Database	Administration & Management	Ongoing	Ongoing	Overview of operational database available
<b>5.0</b>	<b>FAST/CANS</b>				
<b>5.1</b>	<b>FAST/CANS for Community Umbrella Agencies</b>				
	CUA Practice Guidelines are amended to include FAST/CANS	Policy & Planning	Complete	Complete	CUA Practice Guidelines are available
	Implementation for all CUAs: FAST assessment for any family in CUA who is accepted for in-home or placement services	Children & Youth Division	Complete	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred for CUAs
	Implementation for all CUAs: CANS assessment for any child or youth in CUA who is experiencing a placement	Children & Youth Division	Complete	Ongoing	Report documenting how many families eligible for CANS and how many CANS occurred for the CUAs
<b>5.2</b>	<b>FAST/CANS for Existing In-Home and Foster Care Provider Agencies</b>				
	Modification of FY'14 contracts for existing in-home and foster care service providers to administer CANS	Finance	Complete	Complete	Contracts contain necessary funding and requirements to administer CANS
	Implementation for FAST assessment for any family receiving existing in-home or foster care services at the time of accept for service	Existing In-Home and Foster Care Service Providers	Complete	Ongoing	Report documenting how many families eligible for FASTS and how many FASTS occurred
	Implementation for CANS assessment for any family receiving existing in-home or foster care services at the time of accept for service	Existing In-Home and Foster Care Service Providers	Complete	Ongoing	Report documenting how many families eligible for CANS and how many CANS occurred
<b>6.0</b>	<b>Teaming</b>				

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
<b>6.1</b>	<b>Plans for Initiating Service Delivery for Family Team Conferencing</b>				
	CUA Practice Guidelines	Policy & Planning	Complete	Complete	CUA Practice Guidelines are available
	Family Team Conferencing Protocol	Policy & Planning	Complete	Complete	Teaming Protocol is available
	Implementation for all CUAs: <ul style="list-style-type: none"> <li>▪ Child Safety Conferences</li> <li>▪ Family Support Conferences</li> <li>▪ Permanency Conferences</li> <li>▪ Placement Stability Conferences</li> </ul>	Children & Youth Division	Ongoing	Ongoing	Report documenting how many conferences occurred, additional reports needed on timeliness and outcomes.
<b>6.2</b>	<b>Family Group Decision Making</b>				
	Protocol for FGDM Conferences	Policy and Planning	Complete	Complete	FGDM protocol is available
	FGDM Conferences for families accepted for in-home service and for families experiencing a child or youth with an initial placement	Children & Youth Division	Ongoing	Ongoing	Report documenting how many how many conferences occurred
<b>7.0</b>	<b>Infrastructure</b>				
<b>7.1</b>	<b>Problem Solving Protocols</b>	Chief Implementation Officer for IOC, Policy and Planning	Ongoing	Ongoing	
<b>7.2</b>	<b>Development of Roles &amp; Responsibilities</b>	Chief Implementation Officer for IOC, Policy and Planning	Ongoing	Ongoing	
<b>7.3</b>	<b>Development of Quality &amp; Safety Standards</b>	Chief Implementation Officer for IOC, Policy and Planning	Ongoing	Ongoing	
<b>7.4</b>	<b>Development of Implementation Team</b>				
	IOC Steering Committee serves as an existing meeting to address CWDP Implementation	Chief Implementation Office for IOC, CWDP Project Director	Ongoing	Ongoing	CWDP is standing agenda item for monthly IOC Steering Committee meetings.

	Action Step	Responsible Party	Began	Complete	Evidence of Completion
	Internal DHS CWDP Implementation Team formed	CWDP Project Director/Chief Implementation Office for IOC	Ongoing	Ongoing	Identification of CWDP Project Lead
	Partnership with CBH established	CWDP Project Director/Chief Implementation Office for IOC	Complete	Ongoing	Periodic meetings held
<b>7.5</b>	<b>Development of Management Procedures/Positions/Functions</b>				
	Family Team Conferencing is incorporated into the CUA Guidelines	Policy & Planning	Complete	Complete	CUA Guidelines
	Family Team Conferencing Policy	Policy & Planning	Complete	Complete	Policy available
	FAST and CANS are incorporated into the CUA Guidelines	Policy & Planning	Complete	Complete	CUA Guidelines
	Updated expectations surrounding FGDM are documented in DHS Policy	Policy & Planning	Complete	Complete	Policy available
	Updated expectations surrounding FAST & CANS for existing in-home and foster care cases are documented in provider contract standards	Performance Management & Accountability	Complete	Complete	Policy available
<b>8.0</b>	<b>Development of Monitoring Plan</b>				
	IOC Executive Leadership Team charged with monitoring the CWDP Implementation plan	Chief Implementation Office for IOC	Ongoing	Ongoing	CWDP included on agendas
<b>9.0</b>	<b>Communication Plan &amp; Strategies</b>				
	Monthly IOC newsletter provides updates on progress with the CWDP Implementation.	Communications Office	Complete	Ongoing	Monthly newsletters
	IOC Website provides ongoing information regarding the CWDP Implementation	Communications Office	Complete	Ongoing	Website information
<b>10.0</b>	<b>Quality Assurance</b>				
	PMA provides quarterly reports regarding quantity of Family Team Conferencing	Performance Management & Accountability	Ongoing	Ongoing	Quarterly reports produced
	PMA provides quarterly reports regarding quantity of FGDMs	Performance Management & Accountability	Ongoing	Ongoing	Quarterly reports produced
	PMA provides quarterly reports regarding quantity of CANS	Performance Management & Accountability	Ongoing	Ongoing	Quarterly reports produced

As of July 2016

Action Step		Responsible Party	Began	Complete	Evidence of Completion
	PMA provides quarterly reports regarding quantity of FASTs	Performance Management & Accountability	Ongoing	Ongoing	Quarterly reports produced
	PMA provides quarterly reports regarding quantity of ASQ and ASQ-SE	Performance Management & Accountability	Ongoing	Ongoing	Quarterly reports produced

# **ATTACHMENT D**

Attachment D  
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*Updated February 2016*

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# **ATTACHMENT E**

## Attachment E

## Child Welfare Demonstration Project (CWDP) Implementation Team

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Cervone, Frank	Support Center for Child Advocates
Creamer, Kathleen	Community Legal Services
Dixon, Marcia	Budget and Finance Director
Edmonds, David M.	DHS Family and Community Services Center Administrator
Erney, Joan	Community Behavioral Health CEO
Evans, Arthur C., PhD.	DBH/IDS Commissioner
Farlow, Timene	Deputy Commissioner for Juvenile Justice
Grasela, Katherine	Family Court Chief of Child and Youth/Dependency Operations
Gutterman, Fran	Casey Family Programs
Harvey, Tyrone A. Jr	DHS Teaming Director
Houlton, Jonathan	Chief Deputy City Solicitor, Child Welfare Unit, Law Department
Jackson, Erica	Philadelphia School District
Jones, Alfreda	District Council 47
Lynch, Karyn	Philadelphia School District Chief of Student Services
Mauro, Linda	Temple University School of Social Work
Mayo, Pamela	Community Member, former DHS Operations Director
Murphy, Margaret	Family Court Administrative Judge
Shamsid-Deen Hampton, Raheemah	DPW Regional Director, Southeast Regional Office
Shapiro, Jessica	Acting Commissioner
Taylor, Alicia	Public Relations and Communications
Tolbert, Lee	Community Activist
Williams, Gary	Deputy Commissioner for Children and Youth
Williams, Joan	Community Activist
Winkler Tew, Pamela	PA Council of Children, Youth and Families Associate Director

## **ATTACHMENT F**

**MEDICAL ADDENDUM for  
SPECIAL MEDICAL/PHYSICALLY DIASABLED  
FOSTER/KINSHIP CARE, CONGREGATE CARE, TLP AND SIL**

The standards and expectations outlined in this addendum represent a baseline level of services that placement providers deliver to dependent and delinquent children and youth with special medical and physical disabilities. This placement requires the provision of 24-hour care for children 0-21 years of age with special and/or chronic medical conditions/physical disabilities. These conditions may be congenital; caused by severe neglect and/or abuse; maternal drug and/or alcohol abuse; or as in most cases, any combination of the above.

**STANDARDS**

**MED-1**

A) Agency has received (or requested) from DHS a referral summary which includes copies of medical reports which detail the diagnosis, prognosis, and care requirements of the child.

B) Agency provided on the day of placement all medical information received from DHS, verbal or written, to the medical foster parent including copies of medical reports, details about diagnosis, prognosis, care requirements, and all pertinent referral material related to the PLACED child.

**MED-2**

A) Foster Parent received training or instruction to meet the immediate medical needs of the placed child.

B) Within 2 business days of placement and only if applicable, foster parent received follow - up training or instruction

C) Within 5 business days of the additional follow up training or instruction, Provider transmitted documentation to DHS worker.

**MED-3**

A. If consent obtained, Provider contacted a Primary Care Physician (PCP) to obtain medical history.

B. If consent not obtained, provider contacted legal caregiver/ guardian and / or DHS chain and / or Court to obtain consent.

C. Medical history information obtained from PCP above is stored in the youth's case file.

D. Medical information obtained is transmitted to the Foster Parent.

E. Medical history information obtained is transmitted to the PCP or primary treatment physician.

#### **MED-4**

Provider did not place more than 2 level three or 2 level four children (or combination thereof) in the same home unless a waiver is approved by the CRU administrator.

#### **MED-5**

A) Agency provided an INITIAL written Medical Treatment Plan to DHS which details the specific medical/physical care to be provided by the foster parents within 10 business days of child's placement with the provider.

B) Medical Treatment Plan MUST include: Pediatrician's name, Specialists, diagnosis(es), medications prescribed, and pending appointments with pediatrician and specialists.

C) Medical Treatment Plan MAY include the following areas (if not needed than a statement to that effect): Special life support equipment required; Any other equipment such as wheelchair, braces, lifts, etc.; Medications; Special Diets; In-home medical services required with frequency and special considerations; follow-up and on-going medical care with type and frequency; Respite relief for Foster Parents; General emergency procedures and contacts.

D) Medical Treatment Plan was distributed to the foster parent within 10 business days of child's placement with that foster parent.

E) Provider agency to insure the involvement of the Foster Parents in the preparation of the medical treatment plan which is documented by the Foster Parent signature on plan.

#### **MED-6**

Provider social worker and foster parent accompanied the youth to the initial medical appointment, either Primary Care Physician or Specialist, as determined by the Medical Foster Care agency.

#### **MED-7**

A) If applicable, upon enrollment, Provider agency has communicated orally to any / all day programs or schools that the child attends about the child's relevant medical / physical care requirements.

B) If applicable, upon enrollment, Provider agency has transmitted IN WRITING within 10 days of placement or enrollment to any / all day programs or schools that the child attends the relevant medical/physical care requirements of the child and emergency phone numbers for Agency and legal caregivers.

#### **MED-8**

Agency has transmitted in writing to any and all out-of-foster-home caretaker the relevant medical/physical care requirements of the child and emergency phone numbers for Agency and legal caregivers.

**MED-9**

If the child was hospitalized the Agency ensured that the Hospital had the phone number or contact information of the legal caregiver.

**MED-10**

A) Provider agency has ensured that a child diagnosed / identified as eligible for MR services is registered with Philadelphia OMR.

B) Agency verified or attempted to verify that a Support Coordinator has been assigned by OMR.

**MED-11**

A) Agency will ensure that the legal caregiver was informed about the Medical Treatment Plan.

B) Provider invited legal caregiver to participate in doctor visits & trainings related to child's medical well-being.

**MED-12**

Agency to verify in writing to DHS that Foster Parents receive any new/additional special medical training or instruction that might be required due to the changes in the child's condition within 5 business days of medical change

**MED-13**

A) If applicable, provider agency has documented MONTHLY the prescribed medication needed for the child's care is available and sufficient in the placement location.

B). If applicable, provider agency has documented MONTHLY that the necessary medical supplies and equipment needed for the child's care are available, sufficient, and operable in the placement location.

**MED-14**

Quarterly Reports detail the status of the child's medical/physical condition.

# **ATTACHMENT G**

### **Prevention Program Review Preliminary Findings**

Philadelphia DHS (DHS) is reviewing its prevention funding and programs for the purpose of identifying quality services that align with DHS' Improving Outcomes for Children. The core objective of this review is to make recommendations and implement strategies to enhance DHS' prevention service continuum in meeting the complex needs of families served across Philadelphia. As a result of this review, the array of prevention programs will be enhanced to include additional options for case diversion for families who do not require assistance from the formal child welfare system and are better served through community based prevention.

### **Context for Prevention Program Review:**

As of March 31, 2016, approximately 6,303 families and over 10,000 children were receiving child welfare services from the formal child welfare system of DHS. This is not inclusive of the thousands of families and children served by prevention programs funded by DHS. Of the 10,000 children receiving formal child welfare services from DHS over 6,000 are in dependent placement. In 2013, prior to DHS' IOC transformation and the significant changes in child welfare legislation across the Commonwealth, DHS' dependent placement population was approximately 4,000 youth. A comparison of FY16 and FY15 provides insight into trends and growth of Philadelphia's child welfare system:

- CYD FY16 to FY15 Year to date comparisons, July 1 through March 31:
- Hotline calls are up 22%, 21,164 compared to 17,411
- Reports are up 30%, 19,512 compared to 14,975
- Investigations are up 12%, 14,213 compared to 12,739

*Point-in-time:* The number of families receiving in-home services increased 12%, to 2000 families on 3/31/16 from 1,784 on 3/31/15

Given DHS' growth in population served, DHS has initiated an ongoing review and analysis of its prevention programs to ensure resources are being allocated responsibly and produces outcomes that are aligned with IOC:

1. Maintaining children in their own homes and within their own communities
2. Timely reunification or other form of permanency
3. Reduction in congregate care placements
4. Improving child and family functioning

### **Prevention Review Goals:**



## Prevention Program IOC Alignment | FY17

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Conduct an analysis on service utilization and impact of Philadelphia DHS' prevention programming;

Assess community and neighborhood needs by Community Umbrella Agency region to determine optimal allocation of prevention funding and intervention;

Revise Philadelphia DHS prevention service continuum to include programs that support DHS/IOC desired outcome.

### **Preliminary Data Observations**

The CUA regions with the highest Accept For Service (AFS) rates typically included high indicators of poverty, crime and high school drop percentages. On average these regions also included a higher rate of child abuse and neglect reporting. The information below provides a general trend of what the data revealed by CUA region.

#### **Accept for Service rates:**

The Community Umbrella Agency regions that had the highest AFS rates in 2015 are:

CUA 5 – 422 (families accepted for services by DHS)

CUA 3 – 358

CUA 9 – 348

CUA 2 – 340

CUA 10 – 312

**Note:** DHS accepted a total of 3022 families for service in 2015. CUA Region 6 have the fewest number of families accepted totaling 199.

#### **Volume of reports by CUA and by report type:**

CUA 5 CPS 686 and GPS 1,733

CUA 3 CPS 614 and GPS 1,446

CUA 9 CPS 534 and GPS 1,417

CUA 2 CPS 530 and GPS 1,359

CUA 4 CPS 525

CUA 10 GPS 1,238

## Prevention Program IOC Alignment | FY17

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**Note:** CUA 6 and CUA 7 have the fewest number of reports generated within a region. CUA 6 – 360 CPS reports and 891 GPS reports; CUA 7 – 381 CPS reports and 1003 GPS reports

High School Drop Out Rates (categorized by highest and second highest CUA regions over a 6yr time period)

*CUA regions with highest rate percentages:*

CUA 8

CUA 2

CUA 1

*CUA regions with second highest drop-out rate percentages:*

CUA 10

CUA 7

CUA 3

CUA 5

**Note:** See attachment for specific zip codes and percentages

Child Care Provider categorized by star level and by CUA region (as of December 2015):

CUA 2 - 77 Child Care Providers – 5 of the 77 are level 4

CUA 1 - 95 Child Care Providers – 2 of the 95 are level 4

CUA 7 – 98 Child Care Providers – 2 of the 98 are level 4

CUA 3 – 141 Child Care Providers – 9 of the 141 are level 4

CUA 6 – 207 Child Care Providers – 7 of the 207 are level 4

**Note:** CUA region 5 has the highest number of child care providers totaling 321. (Of the 321, 10 are level 4)

Children with elevated blood lead levels and children entering homeless shelters

Both data mappings for children with elevated blood levels and children entering shelters remarkably mirror the data mappings for families who are accepted for services and CUA regions with high rates of child abuse reporting. The top five CUA regions impacted are CUAs 5, 3, 9, 2 and 10. However; it should be noted that other CUA regions are affected by

the same challenges and in many instances there is not a huge difference in the percentage ratings.

### **Brief Summary:**

The data reviewed highlight communities and neighborhoods, by CUA region, that are significantly impacted by poverty and have high concentrated populations who are brought to the attention of DHS. Families in these neighborhoods are apt to be accepted for child welfare service at a disproportionate rate when compared to more resourced communities. Additionally, high school drop-out rates are higher within these same CUA regions and level 4 star child care facilities are woefully scarce throughout the city, particularly in the neighborhoods with higher rates of DHS involvement. Poverty indicators (i.e. youth homelessness, substance abuse and children impacted by high lead blood levels) are prevalent in these same neighborhoods compounding the complexities of family dynamics for Philadelphia's most vulnerable children and youth.

### **Preliminary Recommendations:**

Identify "Anchor" prevention service categories/programs that DHS will maintain to meet specific needs of neighborhoods by CUA region (see Anchor program attachment).

- The frame work of the Anchor programs attached is not an all inclusive list and programs will be added as needed based on further analysis. However; the programs listed are identified as priority programs that DHS will further develop to meet particular needs of communities served and provide additional options for service intervention outside of the formal child welfare system.

Terminate programs that are either underutilized; duplicative in nature; and/or not aligned with IOC outcomes (see grid attached labeled FY 2017 Programs not Recommended for Funding)

- 2.4 million dollars have been identified as a result of recommended cuts and can be repurposed based on the needs of communities.
- There are additional prevention type programs managed by CYD that are currently under review and additional recommendations are pending.

Increase (in some instances reallocate) funding for Family Empowerment Services (FES) in high risk neighborhoods. Additionally, provide additional guidelines and develop enhanced mechanism for monitoring and tracking the use of FES' discretionary emergency funding for families.

Use existing partners i.e. Philadelphia Youth Network and Parks and Recreation to increase career awareness/readiness and Work Study and/or apprenticeship programs to serve

## Prevention Program IOC Alignment | FY17

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older youth in high poverty communities and incentivize high school completion for at risk youth.

Establish program service priorities for SCOP providers that would target particular needs of neighborhoods. Note: SCOP providers consist of a conglomerate group of grass root organizations that receive grant money from DHS.

Review Standards for all prevention programs and make revision that support outcome driven service delivery. This process is ongoing and recommendations throughout the remaining FY and into the upcoming FY. (See attachment of programs with brief program description)

# **ATTACHMENT H**

**Attachment H**

**PHILADELPHIA DEPARTMENT OF HUMAN SERVICES  
CHILDREN & YOUTH DIVISION  
FAMILY AND COMMUNITY SUPPORT CENTER – FY 2017 PROGRAMS**

<b>Anchor Programs</b>	
<b>Diversion Case Management:</b>	
FES	
Health Federation	
Truancy Prevention	
RSRI FGDM	
<p>Diversion Case management programs offer support and intervention to families experiencing stressors that may be manifesting in risks that could result in transitioning to mandated services. These services will be available during the investigation of allegations of abuse and neglect when there is not an immediate safety threat present. The Anchor services will aid in alleviating these stressors through assessment of current family needs and appropriate planning to include referral and linkages to services that will address identified needs and build family stability and resilience.</p> <p>Increased capacity in the Diversion Case Management will allow for less families to become involved with mandated child welfare services, by decreasing truancy, supporting families with drug and mental health challenges and providing supports.</p>	
<b>Domestic Violence</b>	
Congreso	
Lutheran Settlement House	
Menergy	
Women Against Abuse	
Women In Transition	
Woman Organized Against Rape	
<p>Domestic Violence programs provide an array of services to include, individual, family, and teen counseling to victims of intimate partner abuse. The programs also provide emergency and temporary housing and aftercare support. DV provider interventions allow families to improve child and family functioning.</p> <p>Increased capacity to the DV Programs will allow more families to be housed in safe settings, more victims of abuse to receive counseling and other supports as they build their resilience and are able to build and maintain a stable environment.</p>	
<b>Educational Support</b>	
OST	
ESC	

FAST (Families and Schools Together)
Free Library
<p>Pa. School for the Deaf</p> <p>Education Support Services programs are designed to improve the educational stability, continuity and well-being of children and youth involved with DHS.</p> <p>The involvement includes out-of- home placement as well as in home services. These supports ensure that children's education process is not disrupted by involvement in the child welfare system and that supportive educational programs are available and viable to youth in their own communities.</p> <p>Education Support Programs improve child and family functioning and effectively allow children to continue to receive education and educational supports in their own communities.</p> <p>Increased capacity for the ECS programs align with DHS and Citywide goals for educational success for the most vulnerable youth (i.e., Universal PreK and the Ready4th initiative).</p>
<b>Parenting/Housing</b>
Together as Adoptive Parents
Crisis Nurseries
Maternity Care Coalition
Temple GrandMa's Kids
<p>Grand Central</p> <p>The Parenting and Housing Programs address the immediate needs of families involved with DHS. Parenting skill building remains a vital component of effective intervention and encompasses all of the IOC goals, maintaining children in their home and communities, timely reunification, reduction of congregate care and the improvement of child and family functioning.</p> <p>Housing resources are concrete mechanisms to insuring safe environments for children and families. Increased capacity for housing resources will reduce and shorten DHS involvement with families whose precipitating factor of involvement with DHS is inadequate housing.</p>
<b>Community Engagement</b>
The Attic
Teen Shop
Mazzoni Center
Boys/Girls Track
Big Brothers/Big Sisters
Covenant House
<p>SCOP</p> <p>Community Engagement Programs involve youth in programs to promote their well-being and successful functioning. The programs provide mentoring, skill building, and purposeful activities that enhance self esteem and reduce delinquency.</p> <p>Increased capacity for Community engagement programs will allow more youth to benefit from the programs, especially targeting youth involved with DHS and youth living in poverty and high crime areas.</p>

# **ATTACHMENT I**



# Standards of Practice for Lawyers Representing Child Welfare Agencies

August 2004

## *Introduction*

The purpose of these standards is to improve the quality of child welfare agency representation and uniformity of practice throughout the country. Many agency attorneys who read these standards may recognize their practice in this document. The standards are meant to improve practice, but also to be realistically attainable by individual jurisdictions. The standards were written with the help of a committee of practicing agency attorneys and child welfare professionals from different jurisdictions in the country. With their help, the standards were written with the difficulties of day-to-day practice in mind, but also with the goal of raising the quality of representation as much as possible. While local adjustments may be necessary to incorporate these standards into practice, jurisdictions should strive to meet the fundamental principles and spirit of the standards.

The standards are divided into the following five categories:

- A. Definitions
- B. Role of the Agency Attorney, including a list of the Basic Obligations
- C. Fulfilling the Obligations
- D. Ethical and Practice Considerations
- E. Administrative Responsibilities, including a list of the Basic Obligations of an Agency Attorney Manager

Section B and E-1 contain lists of the standards for agency attorneys and agency attorney managers for quick reference. These standards are explained in more detail in the rest of the document. Within sections C, D, and E there are “black letter” standards, or requirements written in bold. Following the black letter are “actions.” These actions provide additional discussion on how to fulfill the standard; implementing each standard requires the accompanying action. After the action is “commentary” or a discussion of why the standard is necessary and how it should be applied. In some instances, a standard did not need further explanation, so there is no action or commentary attached. A number of the standards relate to specific sections of the Model Rules of Professional Conduct, and the Model Rules are referenced in these standards.

Representing a child welfare agency is a difficult yet important job. There are many, sometimes conflicting, responsibilities. These standards are intended to help the agency attorney prioritize his or her duties and manage the practice in a way that will benefit the agency and ultimately the children and families for whom the agency provides services.

## *A. Definitions*

A-1 Agency: The state or county child welfare agency that is charged with protecting and caring for children suspected or found to be abused or neglected and providing services to the child's family. The agency investigates reports of child abuse and neglect, provides preventative services to families and takes custody of children and oversees their placement in foster care. If a child is placed in foster care, the agency works with the family to reunite the child or achieve another permanency outcome for the child. The agency may also work with unruly children, status offenders, or delinquent children.

Commentary: When applying or adapting these standards locally, it is important to define this term in a jurisdiction-specific manner. There are a wide range of names for child welfare agencies such as the Department of Human Services (DHS), the Department of Social Services (DSS), Children Youth and Families.

A-2 Agency Attorney: An attorney who is an employee or contractor with the government who is charged with the responsibility of initiating proceedings on behalf of the government or the people to protect abused and neglected children.

Commentary: Defining this term in a jurisdiction-specific manner is critical. Everyone should be clear on which attorneys are covered by the practice standards and who the client is.

A-3 Client: A person or entity who employs an attorney or counselor to appear in court, advise, assist and defend in legal proceedings. The client is the entity to which the agency attorney is responsible.<sup>1</sup>

Commentary: State law varies concerning the agency attorney's client. Generally, it is either the child welfare agency itself, or "the people" in a prosecutorial model of representation. *See* section B-1 for further discussion. The attorney must understand who the client is and the parameters of the representation.

A-4 Abuse and Neglect Proceedings: A category of legal proceedings designed to protect maltreated or endangered children that is generally initiated by the government. This group of cases may involve such proceedings as abuse, neglect, dependency, or abandonment cases. It typically involves, among other things, adjudications, case reviews, permanency hearings, termination of parental rights, adoption, and, in some states, guardianship and custody. "Family Drug Courts" and other specialty dockets, if they handle dependency cases, should be included in this category.

Commentary: State law and procedure will dictate the names and types of cases that fall in this category. Many states use different terminology to describe these cases such as "child in need of assistance," "dependency," "abuse and neglect."

## *B. Role*

B-1 Models of Agency Attorney Representation: There are two basic models of agency representation:

**Agency Representation Model**: Under this model, the agency attorney represents the agency as a legal entity, much the same as in-house counsel's role in representing a corporation.<sup>2</sup> The

attorney could be an employee of the agency or of another governmental body, but the agency is clearly the defined client. Some of the benefits of this model include:

- reliance on agency's familiarity with a child and family in decision making;
- value placed on the agency's expertise in making decisions regarding the safety, permanency and well-being of children and on the lawyer's legal expertise on legal matters;
- consistent decision making and interpretation of laws;
- legal action supported by caseworker opinion, thus boosting caseworker credibility in court, for example, in deciding when to file an initial petition; and,
- the attorney is very familiar with the agency and its practices and policies.

One drawback to this model is that caseworkers may believe the attorney represents them personally rather than the agency as a whole. While in practice this may generally be true because the caseworker is the voice for the agency in court, the agency attorney must clearly communicate that he or she represents the agency as an entity and should use the conflict resolution system (refer to D-1 below) when the caseworker's opinion varies from agency policy or the attorney has reason to question the caseworker's decision.<sup>3</sup>

**Prosecutorial Model:** Under this model, an elected or appointed attorney (or the attorneys working for this individual), often a district attorney or county attorney, files petitions and appears in court on behalf of the agency, and represents the state or "the people" of the jurisdiction. This may mean the elected attorney may override the views of the agency in court. One positive aspect of this model is that the attorney may be more in tune with the wishes and beliefs of the community and how the community feels about handling child welfare cases. Concerns with this model include:

- the caseworker is often the only party in court without an attorney speaking for him or her;
- the caseworker's expertise may be ignored, as the attorney has the ultimate say;
- the attorney may be handling all the business for the community and therefore not be able to specialize in child welfare law;
- political agendas may play a large role in decision-making;
- the agency as a whole may not be getting legal advice on policy issues;
- the attorney's personal beliefs about issues such as permanency rather than caseworker expertise dictate what will happen for a child; and,
- potential conflicts of interest may arise, such as when the prosecutor is pursuing a delinquency petition against a child who is in the agency's custody.<sup>4</sup>

Commentary: No matter what model of representation, it is essential that the agency attorney and agency communicate clearly about which model applies. Each should understand who makes the ultimate decisions in different circumstances and there should be a method for resolving a decision making conflict, should it arise. In each model, there will be times when decision-making roles are unclear and open communication is essential. The agency attorney and agency should understand the attorney's role and responsibilities concerning advising and protecting the agency on liability issues. Additionally, no matter which representation model is used, the agency attorney must understand his or her role with respect to private agencies with whom the agency contracts. The most important issues are that children are safe, their needs are met, and their families are treated fairly.

The drafting committee of these standards recommends the agency representation model. However, state legislation may dictate what model each attorney must follow. States are cautioned against developing hybrid models which incorporate elements of both the agency model and the prosecution model of representation because of the inherent risks of conflict such hybrid models could create for attorneys. These standards apply to all agency attorneys, no matter what model they use for representation.

B-2 Basic Obligations: The agency attorney shall:

### **Generals**

1. Fully understand and comply with all relevant federal and state laws, regulations, policies, and rules;
2. Promote timely hearings and reduce case continuances;
3. Protect and promote the agency's credibility;
4. Cooperate and communicate on a regular basis with other professionals and parties in a case, including the client/agency;<sup>6</sup>

### **Advise and Counsel<sup>7</sup>**

5. Counsel the client/agency about all legal matters related to individual cases as well as policy issues and periodically monitor cases;

### **Court Preparations**

6. Develop a case theory and strategy to follow at hearings and negotiations;
7. Prepare or help prepare the initial petition and all subsequent pleadings;
8. Timely file all pleadings, motions, and briefs;
9. Obtain all documents and information needed, including copies of all pleadings and relevant notices filed by other parties;
10. Participate in all depositions, negotiations, discovery, pretrial conferences, mediation sessions (when appropriate), and hearings;
11. Participate in settlement negotiations and attempt speedy resolution of the case, when appropriate;
12. Develop a case timeline and tickler system;
13. Subpoena and prepare all witnesses, including the client;
14. Ensure proper notice is provided to all parties and necessary caretakers;

### **Hearings**

15. Attend and prepare for all hearings;
16. Prepare and make all appropriate motions and evidentiary objections;
17. Present case in chief, present and cross-examine witnesses, prepare and present exhibits;
18. In jurisdictions in which a jury trial is possible, participate in jury selection and drafting jury instructions;
19. Request the opportunity to make brief opening and closing arguments when appropriate;
20. Prepare or help prepare proposed findings of fact, conclusions of law and

orders when they will be used in the court's decision;

## **Post Hearings/Appeals**

21. Follow all court orders pertaining to the attorney for the client/agency;
22. Review court orders to ensure accuracy and clarity and review with agency when necessary;
23. Take reasonable steps to ensure the agency complies with court orders;
24. Consider and discuss with the agency the possibility of appeal;
25. If a decision is made to appeal, timely file the necessary post-hearing motions and the notice to appeal paperwork;
26. Request an expedited appeal, when feasible, and file all necessary paperwork while the appeal is pending;
27. Communicate the results of the appeal and its implications to the agency/client.

Commentary: This list is not comprehensive but includes key aspects of the agency attorney's role. The agency attorney has many tasks to perform. An initial section of any standards should define these responsibilities.

## ***C. Fulfillment of Obligations***

C-1 General:

### **1. Fully understand and comply with all relevant federal and state laws, regulations, policies and rules**

Action: The following laws, at a minimum, are essential for the agency attorney to understand:

- Titles IV-B and IV-E of the Social Security Act, including the
- Adoption and Safe Families Act (ASFA), 42 U.S.C. §§ 620-679 and the ASFA Regulations, 45 C.F.R. Parts 1355, 1356, 1357
- Child Abuse Prevention Treatment Act (CAPTA), 42 U.S.C. §5101
- Indian Child Welfare Act (ICWA) 25 U.S.C. §§1901-1963, and the ICWA Regulations, 25 C.F.R. Part 23
- Multi-Ethnic Placement Act (MEPA), as amended by the Inter-Ethnic Adoption Provisions of 1996 (MEPA-IEP) 42 U.S.C. § 622 (b)(9)(1998), 42 U.S.C. § 671(a)(18) (1998), 42 U.S.C. §1996b (1998).
- Interstate Compact on Placement of Children (ICPC)
- Foster Care Independence Act of 1999, P.L. 106-169
- Individuals with Disabilities Education Act (IDEA), P.L. 91-230
- Family Education Rights Privacy Act (FERPA), 20 U.S.C. §1232g
- Health Insurance Portability and Accountability Act of 1996 (HIPPA), P. L., 104-192 §264, 42 U.S.C. §1320d-2 (in relevant part)
- All state laws, policies and procedures regarding child abuse and neglect
- State laws concerning privilege and confidentiality, public benefits, education, and disabilities
- State's Rules of Professional Responsibility or other relevant ethics
- standards

Commentary: The agency attorney, in most instances, files the initial petition with the court and has the burden of proof during court proceedings. Additionally, the agency attorney must advise caseworkers and agency administrators concerning the legality of actions and policies. To best perform these functions, the agency attorney should be an expert in all relevant laws.

## **2. Promote timely hearings and reduce case continuances**

Action: The agency attorney must be prepared to move cases forward in a timely manner. The agency attorney should only request case continuances in extenuating circumstances. The agency attorney should oppose other parties' requests for continuances absent extenuating circumstances. The agency attorney must be thoroughly prepared for all hearings.

Commentary: Delay in cases slows permanency for children. The agency has a duty to ensure that children do not linger in foster care, and the agency attorney must assist the agency meet this duty. Requesting or agreeing to case continuances should be unusual rather than routine practice.

## **3. Protect and promote the agency's credibility**

Action: The agency attorney should work with the agency to bring only appropriate cases to the court. The agency attorney should not file frivolous motions or appeals and should counsel caseworkers concerning the legitimacy of positions. The agency attorney should present cases to the court in a professional, knowledgeable manner. The agency attorney should ensure accurate testimony and correct any misstatements in the courtroom. The agency attorney should present a positive image of the agency at community functions and meetings. The agency attorney should be respectful of caseworkers in the courtroom and in the presence of other professionals and parties in a case.

Commentary: The agency must abide by confidentiality laws, and therefore must keep some information private. Without that information, the public may blame the agency on issues concerning controversial cases. Similarly, the agency may make unpopular decisions that it views are in the best interest of the children in the community. The agency attorney should do everything in his or her power to demonstrate the positive aspects of the agency. The agency attorney must thoroughly understand the attorney client confidentiality issue and work diligently to avoid divulging confidential information. The agency attorney should guide the agency to avoid steps that will make it look bad in court and the attorney should protect the caseworkers from humiliation by the judge or other attorneys.

## **4. Cooperate and communicate on a regular basis with other professionals and parties in a case, including the client/agency**

Action: The agency attorney should have regularly scheduled opportunities to meet with caseworkers and other agency staff. Agency attorneys should treat everyone involved in a case with professional courtesy and should work with everyone to resolve conflict. The agency attorney should have open lines of communication with the prosecutor of related criminal matters. This can be important, for example, in ensuring that probation orders and disposition orders do not conflict, and, where appropriate, are mutually reinforcing (e.g., a visitation order in an abuse and neglect case should not contradict a stay away order from a criminal court).

Commentary: The agency attorney must have all relevant information to effectively try a case. This requires open and ongoing communication with caseworkers and other witnesses. The agency attorney is often the actual or perceived representative of the agency and should present him or herself in a professional manner when before the judge or meeting with other individuals involved in a case. The agency attorney should share relevant information from the case file with other parties in the case, when appropriate.

C-2 Advise and Counsel:

### **5. Counsel the client/agency about all legal matters related to individual cases as well as policy issues and periodically monitor cases**

Action: The agency attorney must spend time with caseworkers to prepare individual cases and answer questions. The attorney should explain to the caseworker, in clear language, what is expected to happen before, during and after each hearing. The agency attorney should be available for in-person meetings, telephone calls, and when appropriate, to periodically monitor cases. The agency attorney is not the caseworker supervisor, but rather should monitor to ensure that legal barriers, such as notice and unresolved paternity, are removed. The agency attorney should attend major case staffings when appropriate. The attorney should be aware of any barriers the parents may have to participating in the proposed case plan, such as an inability to read or language barriers, and counsel the agency accordingly. The attorney should be available to agency administrative staff to advise on policy concerns or general issues facing the agency from the court or community.

Commentary: The agency attorney's job extends beyond the courtroom. The attorney should be a counselor as well as litigator. The agency attorney should be available to talk with caseworkers to prepare cases, to provide advice about ongoing concerns, and provide information about policy issues. Open lines of communication between attorneys and caseworkers help ensure caseworkers get answers to questions and attorneys get the information and documents they need. A major case staffing is one in which the attorney or caseworker believes the attorney will be needed to provide advice or one in which a major decision on legal steps or strategies will be decided. The attorney and agency may want to create a policy in advance concerning whether the agency attorney should routinely attend certain staffings, such as the development of an initial case plan, a case plan in which the goal will be changed to adoption, or when another major change is planned.

C-3 Court Preparation:

### **6. Develop a case theory and strategy to follow at hearings and negotiations**

Action: At the beginning of the case, the agency attorney should try to project the future of the case and think through the steps that the caseworker and attorney will need to take to ensure the desired outcomes. In establishing the case theory and strategy, the agency attorney should think about concurrent planning, planning for reunification for the child as well as other permanency outcomes if needed. The legal steps the agency attorney takes at the beginning of a case lay the groundwork for strong case planning by the agency and positive outcomes for the child and family throughout the life of the case. The case theory and strategy should have some flexibility built in so that as the agency attorney receives additional facts and information, the theory and strategy can be amended.

Commentary: Each case has its own facts, and more importantly, concerns an individual child and family. The agency attorney should give each case his or her full attention. By creating a case theory and strategy, the attorney will ensure that he or she analyzes the case thoroughly and thinks through its intricacies to increase the chance that the agency will be well represented and the result will be the best possible outcome for the child.

## **7. Prepare or help prepare the initial petition and all subsequent pleadings**

Action: The agency attorney should play a lead role in drafting a petition or at least editing and/or reviewing a draft before a petition is filed with court. Similarly, the attorney should review the affidavit and supporting documentation before filing.

Commentary: The initial petition, as well as later petitions, are influential legal documents. The petition controls admissibility of evidence and has a strong impact on the judge and other parties. In general, caseworkers are not trained to write legal documents. If the agency attorney does not draft the petition, or at least review and edit a petition that a caseworker drafts, the agency may miss an important opportunity to shape its case and lay a legal foundation. A legal assistant who works for the agency attorney may be the appropriate person to prepare initial drafts of petitions when attorneys are unable to do so. If the lawyer or legal assistant does draft the petition, it should be based on information the caseworker provides.

## **8. Timely file all pleadings, motions, and briefs**

Action: The attorney must file petitions (including termination of parental rights petitions), motions, requests for discovery, and responses and answers to pleadings filed by other parties. These pleadings must be thorough, accurate and timely.

Commentary: The agency is generally the moving party in abuse and neglect proceedings. The motions and pleadings the agency attorney files frame the case and must, therefore, be complete and contain all relevant information.

## **9. Obtain all documents and information needed, including copies of all pleadings and relevant notices filed by other parties**

Action: The agency attorney must ensure all relevant information is brought to the court's attention. To do so, the attorney should request notes and documents, when needed, from the caseworker. Further, the agency attorney should counsel the caseworker to make sure he or she obtains records that are needed, or may be needed for later hearings. For example, the casework file should include full mental health and substance abuse treatment records, histories for the children and parents, abuse and neglect reports with supporting materials about the investigation, education records, health records, birth certificates for the children, death certificates, affidavits of efforts to locate parents, and results of paternity tests. If the caseworker cannot obtain the necessary documents, the attorney may need to personally obtain them or request a court order so the agency may obtain what might otherwise be confidential documents.

Commentary: Strong exhibits and documentary evidence can make or break a case. Knowing what the documents contain is essential to fully prepare a case. Therefore, the agency attorney should ensure all necessary documents are available for preparation and court.



## **10. Participate in all depositions, negotiations, discovery, pretrial conferences, mediation sessions (when appropriate), and hearings**

Commentary: Jurisdictions vary concerning pre-hearing activity. A great deal of information can be shared during the pre-trial stage of a case, and may help reduce conflict, and save court time and resources. Therefore, the agency attorney should be actively involved in this stage.

## **11. Participate in settlement negotiations and attempt speedy resolution of the case, when appropriate**

Action: The agency attorney should participate in settlement negotiations to promptly resolve the case, keeping in mind the effect of continuances and delays on the child. Agency attorneys should be trained in negotiation skills and be comfortable resolving cases outside a courtroom setting. However, the attorney must keep the agency's position in mind while negotiating. Certain things cannot be compromised (e.g., the child's safety, the key underlying facts of the case, or the assignment of culpability in abuse cases) and all parties should be aware of them. The attorney must communicate all settlement offers to the agency, and it is the agency's decision whether to settle. The attorney must be willing to try the case and not compromise on every point to avoid the hearing. The attorney should use mediation resources when available.

Commentary: Negotiation and mediation often result in a detailed agreement among parties of actions that must be taken by all participants. Generally, when agreements have been thoroughly discussed and negotiated all parties feel like they had a say in the decision and are, therefore, more willing to adhere to a plan. Negotiated settlements generally happen quicker than full hearings and therefore move a case along in a reasonable time period. The agency attorney should ensure that the court is notified of the settlement so it can adjust its calendar accordingly.

## **12. Develop a case timeline and tickler system**

Action: At the beginning of a case, the agency attorney and caseworker should develop timelines that specify what actions should be taken and when. The attorney should keep federal and state laws in mind. For example, under the Adoption and Safe Families Act, the attorney will need to ensure that a permanency hearing occurs at 12 months and will need to file a termination of parental rights petition when the child has been in care for 15 of 22 months, unless certain exceptions apply. The attorney should know when the 15 month point is and whether any exceptions apply. If exceptions apply, the attorney should have a tickler system to revisit whether the exceptions continue to apply at future permanency hearings. Additionally, the agency attorney should develop a tickler system or a plan for remembering the timelines.

Commentary: Agency attorneys handle many cases at a time and must be organized to juggle them all. A good calendaring system, implemented at the beginning and used throughout each case, can help the attorneys better manage their cases. The agency attorney shares a responsibility with the agency for keeping deadlines in mind and moving a case forward.

## **13. Subpoena and prepare all witnesses, including the client**

Action: The agency attorney should develop a witness list well before a hearing. The attorney should, when possible, call the potential witness to determine whether the witness can provide

helpful testimony, and then, when appropriate, let them know a subpoena is on its way. The attorney should also ensure the subpoena is served. Attorneys should set aside time to prepare all witnesses in person before the hearing. Some witnesses may require written questions. These should be provided when needed. Additionally, the agency attorney should counsel the agency on its obligations when agency staff are served with subpoenas by opposing parties.

Commentary: Preparation is the key to successfully resolving a case, either in negotiation or trial. The attorney should plan as early as possible for the case and make arrangements accordingly. The agency attorney should consider working with other parties who share the agency's position (such as the child's representative) when creating a witness list, issuing subpoenas, and preparing witnesses. Doctors, nurses, teachers, therapists, and other potential witnesses have busy schedules and need advance warning about the date and time of the hearing. The agency attorney should do whatever possible to minimize the time a witness must spend in court, such as requesting a time certain hearing or arranging for the witness to testify on speakerphone from his or her office.

Witnesses are often nervous about testifying in court. Attorneys should prepare them thoroughly so they feel comfortable with the process and the questions they will likely be asked. The agency attorney should know what the witness will say on the stand.

#### **14. Ensure proper notice is provided to all parties and necessary caretakers**

Action: The agency attorney should either send proper notice to parties and caretakers from the attorney office, or ensure that it is being done by the agency or court.

Commentary: ASFA requires that foster parents and relative caretakers receive notice of all review and permanency hearings. Parties to the case must receive notice of court hearings and motions filed with the court, such as TPR petitions. As the moving party in most proceedings, the agency has a duty to ensure this requirement is implemented properly. Since it is a legal obligation, the agency attorney should be directly involved. The agency attorney should ensure whoever is providing the notice provides it to noncustodial parents and any man who may have paternity rights to the child.

C-4 Hearings:

#### **15. Attend and prepare for all hearings**

Action: The agency attorney should attend and prepare for all hearings and participate in all telephone or other conferences with the court.

Commentary: If the agency is to be well represented, the agency attorney must be prepared and present in court. Even in jurisdictions in which the agency attorney represents the state, the attorney must be active in all stages of the court process to protect children and ensure their safety. In some jurisdictions a nonattorney representative from the agency appears in court on uncontested matters. In such a jurisdiction, there should be a system in place for a caseworker to request legal assistance before court, and an attorney should be available if the case becomes complicated. Even if the agency attorney has taken these precautions, it is possible that an unauthorized practice of law issue may arise from this practice.

## **16. Prepare and make all appropriate motions and evidentiary objections**

Action: The agency attorney should make appropriate motions and evidentiary objections to advance the agency's position during the hearing. If necessary, the agency attorney should file briefs in support of the agency's position on evidentiary issues. The agency attorney should preserve legal issues for appeal.

Commentary: It is essential that agency attorneys understand the state's Rules of Evidence and all court rules and procedures. While there are many circumstances in which cases settle through alternative dispute resolution or during the pretrial phase of the case, agency attorneys must be comfortable zealously trying a case in court. To do so, the attorney must be willing and able to make appropriate motions, objections, and arguments.

## **17. Present case-in-chief, present and cross-examine witnesses, prepare and present exhibits**

Action: The attorney must be able to coherently present witnesses to move his or her case forward. The witness must be prepared in advance and the attorney should know what evidence he or she expects to present through the witness. The attorney must also be skilled at cross-examining opposing parties' witnesses in an effective, but non-malicious, manner. The attorney must know how to offer documents, photos and physical objects into evidence.

Commentary: Because the agency is generally the moving party in most hearings, the burden is on the agency attorney to present a solid case with well-prepared witnesses and documentary evidence. The agency attorney must ensure that appropriate witnesses, e.g., caseworkers who are familiar with the entire case, are present in court and prepared to testify. Additionally, it is important that the agency attorney is comfortable cross-examining witnesses when the other parties present their cases.

## **18. In jurisdictions in which a jury trial is possible, participate in jury selection and drafting jury instructions**

Commentary: Several jurisdictions around the country afford parties in child welfare cases the right to a jury trial at the adjudicatory or termination of parental rights stages. Agency attorneys in those jurisdictions should be skilled at choosing an appropriate jury, drafting jury instructions that are favorable to the agency's position, and trying the case before individuals who may not be familiar with child abuse and neglect issues.

## **19. Request the opportunity to make brief opening and closing arguments when appropriate**

Action: When permitted by the judge, the agency attorney should make opening and closing arguments in the case to set the scene and ensure the judge understands the issues.

Commentary: In many child abuse and neglect proceedings, attorneys do not make opening and closing arguments. However, these arguments can help shape the way the judge views the case and therefore can help the attorney. Argument may be especially needed, for example, in complicated cases when information from expert witnesses should be highlighted for the judge,

in hearings that take place over a number of days, or when there are several children and the agency is requesting different things for each of them.

## **20. Prepare or help prepare proposed findings of fact, conclusions of law, and orders when they will be used in the court's decision**

Action: Proposed findings of fact, conclusions of law, and orders can be prepared before a hearing. When the judge is prepared to enter his or her ruling, the judge can use the proposed findings or amend them as appropriate. Once the order is made, the agency attorney should ensure a written order is entered and provided to the agency.

Commentary: By preparing the proposed findings of fact and conclusions of law, the agency attorney has the opportunity to frame the case and ruling for the judge. This may assure accurate orders are entered that meet federally mandated requirements, such as reasonable efforts findings. It may also result in orders that favor the agency, preserve appellate issues, and help the agency attorney clarify desired outcomes before a hearing begins. The agency attorney could provide the judge with the proposed findings and orders on a computer disk or electronically when the judge requests. When a judge prefers not to receive these proposed findings and orders, the agency attorney should not be required to provide them.

C-5 Post Hearings/Appeals:

## **21. Follow all court orders pertaining to the attorney for the client/agency**

Commentary: There may be times the judge orders an agency attorney to do something, such as file a termination of parental rights petition by a certain date. The agency attorney must comply with such orders, or appeal them as appropriate.

## **22. Review court orders to ensure accuracy and clarity and review with agency when necessary**

Action: After the hearing, the agency attorney and caseworker should each review the written order to ensure it reflects the court's verbal order. If the order is incorrect, the attorney should take whatever steps are necessary to correct it. If the order is correct but controversial, the caseworker is unhappy with it, or the caseworker has trouble understanding what is required, the agency attorney should review it with the caseworker and/or the caseworker's supervisor and potentially the agency's administrator and the attorney's supervisor. Follow whatever conflict resolution system is developed (see D-1 below). The agency attorney should counsel the agency to follow the order until a stay or other relief is secured.

## **23. Take reasonable steps to ensure the agency complies with court orders**

Action: The agency attorney should monitor the agency's efforts to implement the order and answer any questions the caseworker may have about the agency's obligations under the order.

Commentary: Obligations 22 and 23 illustrate the importance of the agency attorney's role outside the courtroom. The attorney should help the agency understand and follow through with the court's orders to protect the agency, but more importantly to ensure the agency provides the best possible services for children and families as ordered by the court.

## **24. Consider and discuss with the agency the possibility of appeal**

Action: The agency attorney should consider and discuss with the agency caseworker and supervisor the possibility of appeal when a court's ruling is contrary to the agency's position or interests. The decision to appeal should be a joint one between the attorney and agency staff and must have an appropriate legal basis.

Commentary: When discussing the possibility of an appeal, the attorney should explain both the positive and negative effects of an appeal, including the impact the appeal could have on the child's best interests. For instance, if a judge made a poor decision that could negatively impact the child's future and his or her chance at permanency, an appeal should be taken. Conversely, an appeal might unnecessarily delay a case or make "bad law" for future cases in which the agency participates. The agency attorney should not decide against an appeal because of concern about the trial judge's reaction. *See* section E-2, 10 for a discussion of appellate strategy.

## **25. If a decision is made to appeal, timely file the necessary post-hearing motions and the notice to appeal paperwork**

Action: The agency attorney should carefully review his or her obligations in the state's Rules of Appellate Procedure. The attorney should timely file all paperwork, including requests for stays of the trial court order, transcript and case file. The appellate brief should be clear, concise and comprehensive and also timely filed. If arguments are scheduled, the attorney should be prepared, organized and direct. In jurisdictions in which a different attorney than the trial attorney handles the appeal, the agency attorney should identify issues that are appropriate for appeal and work with the new attorney on the appeal. As the attorney who handled the trial, the agency attorney may have insight beyond what the new attorney could get by reading the trial transcript.

Commentary: Appellate skills differ from the skills most agency attorneys use day-to-day. The agency attorney may wish to seek guidance from an experienced appellate advocate when drafting the brief and preparing for argument. An appeal can have a great deal of impact on the trial judge who heard the case and in trial courts throughout the state.

## **26. Request an expedited appeal, when feasible, and file all necessary paperwork while the appeal is pending**

Action: If the state court allows, the attorney should always request an expedited appeal. In this request, the attorney should provide information about why the case should be expedited such as any special characteristics about the child and why delay would be personally harmful to this child. The request for an expedited appeal should always be considered.

Commentary: Appeals can delay the court process. Every effort should be made to move the child's case forward. The attorney should take great care during the appellate process to do so.

## **27. Communicate the results of the appeal and its implications to the client/agency**

Action: The agency attorney should communicate the result and its implications to the agency. If, as a result of the appeal, the agency needs to take action in the case, it should be instructed to do

so. If, as a result of the appeal, the attorney needs to file any motions with the trial court, the attorney should do so.

## *D. Ethical and Practice Considerations*

### **D-1 Ensure a conflict resolution system is created**

Action: The agency attorney and agency should jointly develop a conflict resolution system to cover attorney-caseworker conflict and conflicts among caseworkers.<sup>9</sup>

Key principles of the system should include: 1) the attorney and caseworker (or two caseworkers) should start with a face-to-face meeting to try to resolve the conflict; 2) if there is no resolution, the system should delineate how each should go up their respective chains of command; and 3) the system should set out examples of issues that are legal and those that are social work decisions, understanding that most issues will need to be resolved jointly. The system should incorporate timeframes for resolution so as not to delay a case. The agency attorney should prepare a caseworker before court so that conflicts do not surface in front of the judge.

Commentary: A conflict resolution system should be in place before conflict occurs. The attorneys and caseworkers should work as a team to reach the best outcomes for children and families.

### **D-2 Understand and comply with state and federal privacy and confidentiality laws**

Action: The agency attorney must understand and comply with state and federal privacy and confidentiality laws, including releases of information and protective orders. The agency attorney should also develop protocols with the agency to help the agency access confidential information from external sources when needed for the case. Such methods might include obtaining court orders to access the necessary information.

Commentary: Because the child welfare system directly impacts the lives of children and families, there are numerous aspects of the system that are regulated by confidentiality laws and procedures. For example, the identity of the child, parents, and reporters, as well as treatment records and HIV status of any of the parties, must all be kept confidential. Additionally, the agency attorney should be aware of any HIPPA (medical records) or FERPA (education records) issues that arise. The agency attorney should thoroughly understand these laws to help the agency develop procedures, for example, concerning redacting confidential information from case files for discovery, and following them.

### **D-3 Initiate and maintain positive working relationships with other professionals in the child welfare system**

Action: Because of the crucial role the agency attorney plays in the child welfare system, he or she should build relationships with the other professionals in the system. These include, but are not limited to:

- Judges
- Court staff

- Opposing counsel
- Child advocates, both attorney and nonattorney
- Criminal prosecutors
- CASAs
- Child Advocacy Centers
- Multidisciplinary Teams/Child Fatality Review Teams
- Key service providers
- Medical and mental health professionals
- School staff
- Other local child-centered organizations

Commentary: Maintaining positive relationships with other professionals will benefit the agency on individual cases as well as during times of reform. When these community members believe their opinion is valued and they are an integral part of the child welfare system as a whole, they will lend their support in different ways, such as when the agency seeks legislative support or buy-in for new projects.

#### **D-4 Play and active role in deciding whether the child should testify and/or be present in the courtroom during hearings**

Action: The agency attorney should consult with the caseworker and the child's attorney or GAL to decide whether the child should be present and/or testify at a hearing. It is important to consider the child's wishes, any possible effects of the testimony and the child's developmental ability to handle cross-examination. The agency attorney and child's attorney should decide together who will present the child's testimony. If the child is represented by an attorney (including an attorney serving as a guardian ad litem), the agency attorney may not speak with the child directly without the permission of the child's attorney, because the child is not his or her client.<sup>10</sup> Questions posed to the child should be clear and asked with the child's ability to understand in mind.<sup>11</sup> Consider requesting an *in camera* hearing, excluding the parents from the courtroom, or videotape for the child's testimony.

Even when the child is not testifying, there may be a benefit to having the child present in court.<sup>12</sup> For example, the child's presence may help the judge focus specifically on the child's needs, and the child may understand how the court makes its decisions. The basis of the decision concerning the child's presence in court should be any state law concerning the child's right to be in court and the child's safety, best interests, and emotional well-being. The agency attorney and caseworker, in coordination with the child's attorney or GAL, should consider whether being in court will be helpful to the child, whether he or she may want to be a part of the proceedings, and whether the child's presence will advance the position of the agency.

Commentary: Generally, the child should be present at substantive hearings because the proceeding concerns the child's life and the child's input must be considered. If the child can handle being in court, his or her presence is important because the judge and other parties should have the opportunity to become acquainted with the child as an individual.<sup>13</sup> This may have an important tactical impact on the case. For example, it is more difficult to continue a case when the judge actually sees the child getting bigger and older and remaining in foster care with no status change. However, if the child will be traumatized by the experience, he or she should not be present in court.

Deciding whether to call the child as a witness can be difficult. There could be a conflict between the caseworker's judgment and the agency attorney's recommendation on strategy to win a case. For example, in a sexual abuse case, the caseworker may believe it would be too difficult for the child to testify, whereas the attorney may think that without the child's testimony the judge would dismiss the case. In this type of situation, the attorney and caseworker should resolve the issue before court and may need to use the conflict resolution system as set forth in D-1 above. If the child is called to testify during the agency's case in chief, opposing parties and the judge may agree to allow the child's attorney to conduct the direct examination to make the child more comfortable. The judge may also agree to hear the child in chambers so the child does not have to testify in front of the parents. In a civil action there is no absolute right to confrontation and if the parents' attorneys are present to hear the child's testimony, generally the parents' rights are considered to be protected.

## *E. Administrative Responsibilities*

### E-1 Obligations of Agency Attorney Managers

1. Clarify attorney roles and expectations;
2. Determine and set reasonable caseloads for agency attorneys;
3. Develop a system for the continuity of representation;
4. Provide agency attorneys with training and education opportunities;
5. Create a brief and forms bank;
6. Ensure the office has quality technical and support staff;
7. Develop and follow a hiring practice focused on hiring highly qualified candidates;
8. Develop and implement an attorney evaluation process;
9. Advocate for competitive salaries for staff attorneys;
10. Act as advisor, counselor and trainer for the agency;
11. Work actively with external entities to improve the child welfare system.

Commentary: In general, this section applies to attorneys in an organized office setting, not one attorney government law offices or solo practitioners.

### E-2 Fulfilling Agency Attorney Manager Obligations

#### **1. Clarify attorney roles and expectations**

Action: The agency attorney manager, with the agency administration, should clearly set expectations for the agency attorneys. This may include:

- written job descriptions;
- responsibilities concerning work with the caseworkers; and
- protocols for assigning tasks and delineating timeframes.<sup>15</sup>

The agency attorney manager should ensure the agency attorneys perform their required tasks and ensure the agency understands and performs its roles.

Commentary: For agency attorneys to provide the best possible representation, both the attorneys and agency must understand their roles and responsibilities. There should be a collaborative approach. The agency attorney manager plays a key role in fostering this teamwork and clarifying each participant's obligations.



## **2. Determine and set reasonable caseloads for agency attorneys<sup>16</sup>**

Action: An agency attorney manager should determine reasonable caseload levels for the agency attorneys and then monitor the attorneys to ensure the maximum is not exceeded. Consider a caseload/workload study, review written materials about such studies, or look into caseload sizes in similar counties to accurately determine the ideal caseload for attorneys in the office. Be sure to have a consistent definition of what a “case” is – a family or a child. When assessing the appropriate number of cases, remember to account for all agency attorney obligations, case difficulty, the time required to thoroughly prepare a case, support staff assistance, travel time, level of experience of attorneys, and available time (excluding vacation, holidays, sick leave, training and other non-case-related activity). If the agency attorney manager carries a caseload, the number of cases should reflect the time the individual spends on management duties.

Commentary: High caseload is considered one of the major barriers to quality representation and a source of high attorney turnover. It is essential to decide what a reasonable caseload is in your jurisdiction. How attorneys define cases and attorney obligations vary from place-to-place, but having a manageable caseload is crucial. One study found that a caseload of 40-50 active cases is reasonable, and a caseload of over 60 cases is unmanageable.<sup>17</sup> The standards drafting committee recommended a caseload of no more than 60.

## **3. Develop a system for the continuity of representation**

Action: The agency attorney manager should develop a case assignment system that fosters ownership and involvement in the case by the agency attorney. The office can have a one-attorney: one-case (vertical representation) policy in which an attorney follows the case from initial filing through permanency and handles all aspects of the case. Alternatively, the cases may be assigned to a group of attorneys who handle all aspects of a case as a team and are all assigned to one judge or one group of caseworkers.

Commentary: Agency attorneys can provide the best representation for the agency, and therefore get the best results for children, when they know a case and are invested in its outcome. Additionally, having attorneys who are assigned to particular cases decreases delays because the attorney does not need to learn the case each time it is scheduled for court. Rather, the attorney has the opportunity to monitor action on the case between court hearings. This system also makes it easier for the agency attorney manager to track how cases are handled.

## **4. Provide agency attorneys with training and education opportunities**

Action: The agency attorney manager must ensure that each agency attorney has the opportunity to participate in training and education programs. When a new agency attorney is hired, the agency attorney manager should assess that attorney’s level of experience and readiness to handle cases. The agency attorney manager should develop an internal training program during which the new attorney will be paired with an experienced “attorney mentor” who will work with the new attorney. The new attorney should be required to: 1) observe each type of court proceeding (and mediation if available in the jurisdiction), 2) second-chair each type of proceeding, 3) try each type of case with the mentor second-chairing, and 4) try each type of proceeding on his or her own, with the mentor available to assist, before the attorney can begin handling cases alone.

Additionally, each attorney should be required to attend [fill in number of hours, at least 12] hours of training before beginning, and [at least 10 hours] of training every year after. Training should include general legal topics such as evidence and trial skills, and child welfare-specific topics, such as:

- Relevant State, Federal and Case Law, Procedures and Rules
- Agency Policies and Procedures
- Available Community Resources
- Legal Permanency Options
- Termination of Parental Rights Law
- Adoption Subsidies
- Child Development
- Child-Centered Communication
- Legal Ethics as it Relates to Agency Representation
- Negotiation Strategies and Techniques
- How Domestic Violence Impacts Children in the Child Welfare System
- Appellate Advocacy
- Immigration Law as it Relates to Child Welfare Cases
- Education Law as it Relates to Child Welfare Cases
- State and Federal Benefit Programs Affecting Children in Foster Care (e.g., SSI, SSA, Medicaid)
- Understanding Mental Illness
- Issues Arising from Substance Abuse
- Understanding the Impact of Out-of-Home Placement on Children
- Basic Principles of Attachment Theory
- Options for Presenting Children's Testimony
- Sexual Abuse
- Dynamics of Physical Abuse and Neglect and How To Prove It
  - Shaken Baby Syndrome
  - Broken Bones
  - Burns
  - Failure To Thrive

Commentary: Agency attorneys should be encouraged to learn as much as possible and participate in conferences and trainings to expand their understanding of developments in the child welfare field. While agency attorneys are often overworked and do not have extra time to attend conferences, the knowledge they gain will be invaluable. The philosophy of the office should stress the need for ongoing learning and professional growth. The agency attorney manager should require the attorneys to attend an achievable number of hours of training that will match the training needs of the attorneys. The agency, court and Court Improvement Program<sup>18</sup> may have training money available that the agency attorney manager may be able to access to defray costs of agency attorney training. Similarly, the agency attorney manager should reach out to the state and local bar associations, area law schools or local Child Law Institutes to learn about available education opportunities. Further, the agency attorney manager should ensure the attorneys have access to professional publications to stay current on the law and promising practices in child welfare.

## **5. Create a brief and forms bank**

Action: Develop standard briefs, memoranda of law and forms that attorneys can use, so they do not “reinvent the wheel” for each new project. For example, there could be sample discovery request forms, motions, notice of appeal, and even petitions. Similarly, memoranda of law and appellate briefs follow certain patterns that the attorney could copy and only have to fill in the specific facts of a case. These forms and briefs should be available on the computer and hard copy and should be maintained in a central location.

## **6. Ensure the office has quality technical and support staff**

Action: The agency attorney manager should advocate for high quality technical and staff support. The agency attorney must have adequate and operational equipment to do the high level job described in these standards. Additionally, quality staff support is essential. The office should employ qualified legal assistants and administrative assistants to help the agency attorney. The agency attorney manager should create detailed job descriptions for these staff members to be sure they are providing necessary assistance. For instance, a qualified legal assistant can do research, help draft petitions, schedule and help prepare witnesses and more.

Commentary: The agency attorney cannot do a good job when he or she spends a lot of time trying to get the copy machine to work. The attorney must at least have access to a good quality computer, voice mail, fax machine and copier to get the work done efficiently and with as little stress as possible. Also, by employing qualified staff, the attorney will be free to perform tasks essential to quality representation.

## **6. Develop and follow a hiring practice focused on hiring highly qualified candidates**

Action: The agency attorney manager should give a great deal of attention to hiring the best attorney possible. The agency attorney manager should form a hiring committee made up of managing and line agency attorneys and possibly an agency representative. Desired qualities of a new agency attorney should be determined, focusing on educational and professional achievements; experience and commitment to the child welfare field; interpersonal skills; diversity and the needs of the office; writing and verbal skills; and ability to handle pressure. Advertising the position widely will help draw in a wider group of candidates. The hiring committee should set clear criteria for screening candidates before interviews and should then conduct thorough interviews and post-interview discussions to choose the candidate with the best skills and strongest commitment. Reference checks should be done before making an offer.<sup>19</sup>

Commentary: Hiring high quality attorneys is essential to raising the level of representation and the level of services the agency receives. The agency attorney job is difficult. There are many tasks to complete in a short time. Since the agency attorneys often move the rest of the system, strong, committed attorneys can drastically improve the system.

## **8. Develop and implement an attorney evaluation process**

Action: The agency attorney manager should develop an evaluation system that focuses on consistency, constructive criticism, and improvement. Some factors to evaluate include: moving cases to permanency in a timely manner; preparation and trial skills; ability to work with agency and other professionals; and ability to work as a team player. During the evaluation process, the

agency attorney manager should consider observing the attorney in court, reviewing the attorney's files, talking with colleagues and agency representatives about the attorney's performance, having the attorney fill out a self evaluation, and meeting in person with the attorney. The evaluation should be based on information, which the agency attorney manager will need to collect.<sup>20</sup>

Commentary: A solid attorney evaluation process helps attorneys know what they should be working on, what management believes are priorities, what they are doing well and where they need improvement. If a positive process is created, the attorneys will feel supported in their positions and empowered to improve.

## **9. Advocate for competitive salaries for staff attorneys**

Action: Agency attorney managers should advocate for salaries for the agency attorneys that are competitive with other government attorneys in the jurisdiction. To recruit and retain experienced attorneys, salaries must compare favorably with similarly situated attorneys.

Commentary: While resources are scarce, agency attorneys deserve to be paid a competitive wage. They will not be able to stay in their position nor be motivated to work harder without a reasonable salary. High attorney turnover may decrease when attorneys are paid well.

## **10. Act as advisor, counselor, and trainer for the agency<sup>21</sup>**

Action: The agency attorney manager must ensure that the agency is receiving high quality representation both inside and outside the courtroom. No matter what model of representation, agency attorneys should be sure agency staff is fully informed about legal matters and fully prepared for court and policy decisions. The agency attorney manager should, therefore, develop protocols concerning such issues as:

- communication, such as regular office hours at the agency and timely responses by attorneys to agency telephone calls and emails;
- information sharing;
- conflict resolution;
- attorney-client work product and confidentiality issues; and
- dealing with media and high profile cases.

The agency attorney manager should be sure there is a system in place for reviewing all court orders and communicating the results with the agency.

The agency attorney manager should work with the agency to develop an overall strategy for appeals. It should identify the list of issues that will be most important and appropriate to appeal. It should include an internal system for bringing potential appeals to the agency attorneys and agency attorney manager's attention. The agency attorney manager should then be ready to pursue the strategy when appropriate cases arise.

The agency attorney manager should help prepare all federal reviews and implement any program improvement plans that result.

The agency attorney manager should ensure there is a process for agency legal training. As part of the process, the agency attorney manager could design materials, with samples, to help caseworkers prepare for court and provide testimony. Agency training could occur during formal, new hire training, at brown bag lunches or during after-hours courses. Topics could include, for example:

- overviews of state and federal laws;
- writing appropriate court reports and case plans;
- testifying in court;
- the trial and appellate court processes; and
- the need for and steps to complete acceptable searches for absent parents.

Commentary: Regardless of whether the agency attorney represents the agency or the state, the caseworkers often have the information needed to put together a strong case. Therefore, the attorneys and caseworkers must meet and communicate regularly. This could involve having office hours when the caseworkers can visit and ask questions or designating an attorney to take caseworkers' telephone calls. Similarly, the better the caseworkers and agency staff understand the law and legal process, the easier it is for them and the agency attorneys to do their jobs well. The agency attorney manager should be responsible for developing a system for training the agency staff as well as protocols to improve the working relationships between the agency and agency attorneys.

## **11. Work actively with external entities to improve the child welfare system**

Action: The agency attorney manager should act as a liason between the agency and outside entities involved in the child welfare system. For example, the agency attorney manager should meet regularly with the court and the state Court Improvement Program to improve issues concerning court administration. The agency attorney manager (or designee) should sit on all multidisciplinary committees charged with improving court functions or other aspects of the system. The agency attorney manager should be in regular contact with agencies, such as local hospitals or schools, that employ people who are frequently called as witnesses and who do work with the same population of children. Doing so can build strong relationships and improve the care the children receive from all of the involved agencies. The agency attorney manager should reach out to agencies such as law enforcement and treatment facilities that have information or documents often needed for litigation.

Commentary: The agency attorney manager should be visible in the community and provide a positive face for people to associate with the agency and agency attorney's office. The agency attorney manager should understand the many issues the agency faces and help resolve some of these through work with the court and other involved entities.

As mentioned above, the standards were drafted with the help of a committee. Many thanks to all of them for their time, expertise, and assistance in making these standards useful and practice focused. These members are:

Diane Bennett, Lead Deputy County Counsel, Santa Clara County, California

Bruce Boyer, Director and Clinical Professor Loyola University Chicago, and Chair, ABA Standing Committee on the Unmet Legal Needs of Children

Diane Garrity, Partner, Serra, Garrity & Masiowski, LLC and former General Counsel, New Mexico Children, Youth and Families Department

Marguerite Gualtieri, Child Advocate Staff Attorney Support Center for Child Advocates, and Co-chair of the ABA Section of Litigation Children's Rights Litigation Committee.

Connie Hickman Tanner, Director of Juvenile Courts, Arkansas

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Marvin Ventrell, Executive Director, National Association of Counsel for Children

Howard Davidson, Director, ABA Center on Children and the Law

Mark Hardin, Director of Child Welfare, ABA Center on Children and the Law

Cecilia Fiermonte, Assistant Director, ABA Center on Children and the Law

Kathleen McNaught, Assistant Director, ABA Center on Children and the Law

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<sup>1</sup> Model Rules of Prof'l Conduct R. 1.13 (Organization as Client).

<sup>2</sup> Model Rule 1.13(Organization as Client).

<sup>3</sup> Model Rule 1.13(Organization as Client), cmt. 9&10.

<sup>4</sup> Renne, Jennifer. "Conflicts of Interest." *Child Law Practice* 2004 (not yet published).

<sup>5</sup> Model Rule 1.1 (Competence).

<sup>6</sup> Model Rule 1.4 (Communication).

<sup>7</sup> Model Rule 2.1 (Advisor).

<sup>8</sup> Model Rule 1.3 (Diligence).

<sup>9</sup> Model Rules 1.2 (Scope of Representation) and 1.13, cmt, 3.

<sup>10</sup> Model Rule 4.2 (Communication with Person Represented by Counsel).

<sup>11</sup> *American Bar Association Standards of Practice for Lawyers Who Represent Children in Abuse and Neglect Cases*. D-5 – D-9. Washington, DC: 1996.

<sup>12</sup> NACC Recommendations for Representation of Children in Abuse and Neglect Cases. III A 6. Denver, CO: National Association of Counsel for Children, 2001.

<sup>13</sup> *Id.*

<sup>14</sup> Model Rule 5.1 (Responsibility of Partners, Managers and Supervisory Lawyers).

<sup>15</sup> Laver, Mimi. Chapter 8, "Agency Attorneys and Caseworkers: Working Well Together," *Foundations for Success Strengthening Your Agency Attorney Office*. Washington, DC: American Bar Association, 1999.

<sup>16</sup> Model Rules 1.1 (Competence) and 1.3 (Diligence)

<sup>17</sup> Segal, Ellen. *Evaluating and Improving Child Welfare Agency Legal Representation: Self Assessment*

*Instrument and Commentary*. Washington, D.C.: ABA National Legal Resource Center for Child Advocacy and protection, 1990, 17.

<sup>18</sup> The Court Improvement Program (CIP) is a federal grant to each state's (as well as the District of Columbia and Puerto Rico) supreme court. The funds must be used to improve child abuse and neglect courts. States vary in how they allocate the dollars, but it typically involves training, benchbooks, pilot projects, model courts and information technology systems for the courts.

<sup>19</sup> Laver, Mimi. Chapter 2, "So You're Hiring? A Guide to Choosing the Best Candidate," *Foundations for Success Strengthening Your Agency Attorney Office*. Washington, DC: American Bar Association, 1999.

<sup>20</sup> Laver, Mimi. Chapter 4, "Getting the Most from Performance Evaluations," *Foundations for Success Strengthening Your Agency Attorney Office*. Washington, DC: American Bar Association, 1999.

27

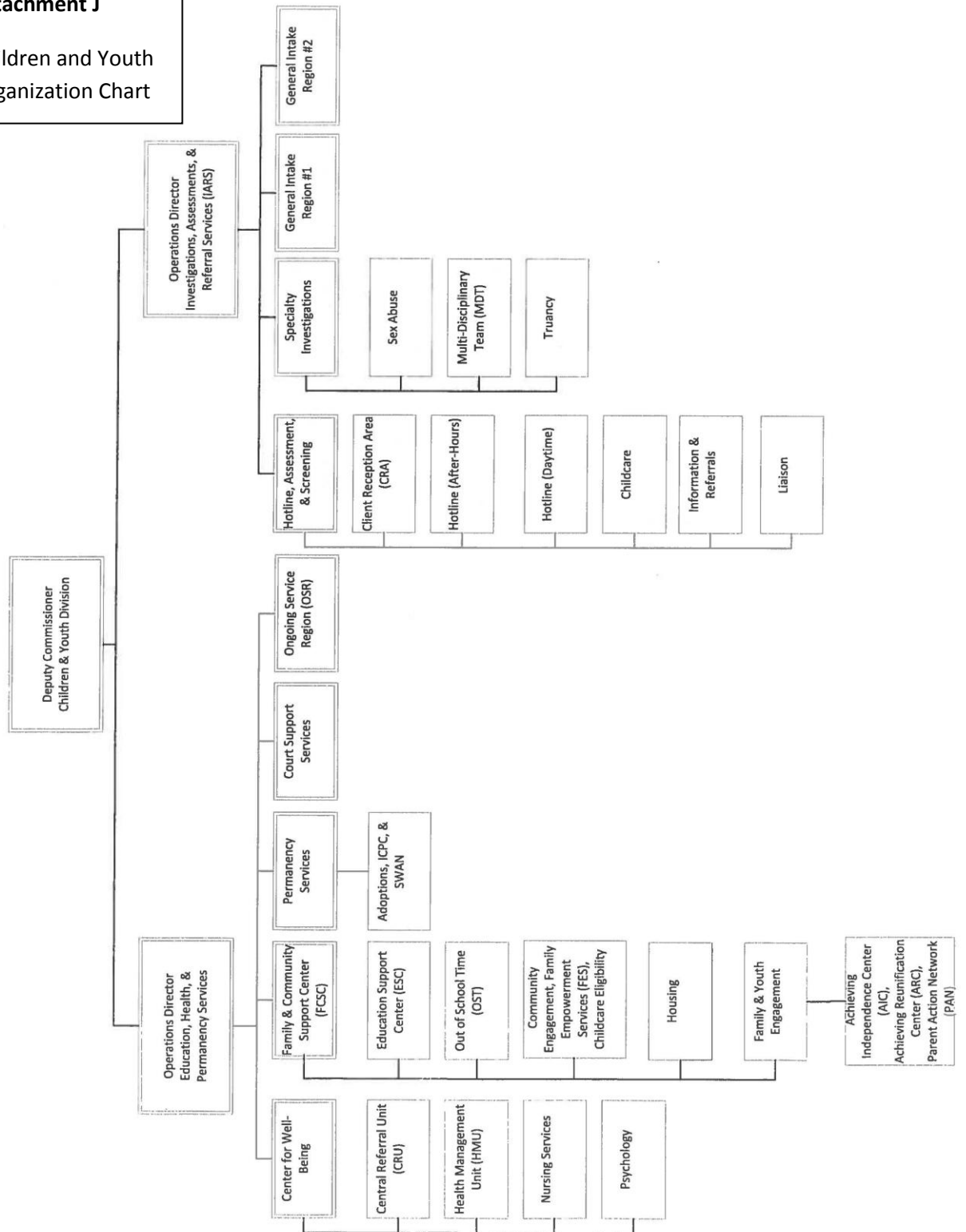
<sup>21</sup> Model Rule 2.1 (Advisor).

# **ATTACHMENT J**



## Attachment J

### Children and Youth Organization Chart



# **ATTACHMENT K**

Attachment K: 4-1c. Complement (Position List: Non-State funded)

Legal		Juvenile Justice Services (continued)	
Title	Budgeted Positions	Title	Budgeted Position
Assistant City Solicitor (A451)	25	<b>PJJSC</b>	
Chair, Social Services Law Group	1	Administrative Assistant	1
Chief Deputy City Solicitor (C130)	1	Administrative Services Supervisor	1
Clerk Typist I	3	Administrative Specialist II	1
Clerk Typist II	2	Administrative Technician	1
Deputy City Solicitor (D210)	14	Administrative Trainee	1
Divisional Deputy City Solicitor (D580)	6	Assistant Recreation Leader	2
Legal Assistant (L153)	12	Building Maintenance Group Leader	1
Legal Assistant Supervisor (L155)	5	Building Maintenance Mechanic	2
Senior Attorney (S201)	3	Building Maintenance Superintendent I	1
Senior Legal Assistant (S217)	2	Clerical Supervisor II	0
Word Processing Specialist II	1	Clerk II	2
<b>Total - Legal</b>	<b>75</b>	Clerk III	1
<b>System/Information Technology</b>		Clerk Typist II	2
Title	Budgeted Positions	Community Resources Coordinator	1
Administrative Assistant	1	Cook I	1
Administrative Specialist II	1	Cook II	4
Associate Project Manager	1	Cook III	2
Clerical Supervisor II	0	Custodial Work Crew Chief	1
Computer User Support Specialist	1	Custodial Work Supervisor	1
Deputy Information Technology Director	2	Custodial Worker I	9
Human Services Staff Services Director	1	Director of Residential Services (HSPA)	2
Information Systems Director	1	Electrician	1
Information Tech Trainee	2	Executive Director - YSC	1
Local Area Network Administrator	1	Food Service Manager	1
Network Administrator	3	Food Service Worker	8
Network Support Specialist	12	General Departmental Worker	10
Project Manager	1	Human Services Program Administrator	2
Programmer Analyst Project Leader	2	Municipal Guard	1
Programmer Analyst III	3	Plumbing and Heating Maintenance Worker	1
<b>Total - System/IT</b>	<b>32</b>	Recreation Leader I	2
<b>Juvenile Justice Services</b>		Recreation Leader II	1
Title	Budgeted Position	Recreation Leader III	1
<b>Administration</b>		Recreation Leader Trainee	1
Account Clerk	2	Security Officer I	16
Administrative Officer	1	Security Officer II	3
Administrative Services Supervisor	1	Security Officer III	1
Administrative Specialist II	1	Service Representative	0
Administrative Technician	1	Social Work Services Manager II	10
Clerk II	1	Social Work Supervisor	2
Deputy Commissioner	1	Word Processing Specialist II	3
Executive Assistant	2	Youth Detention Counselor I	33
Inventory Control Technician	1	Youth Detention Counselor II	98
Stores Supervisor	1	Youth Detention Counselor Supervisor	25
Stores Worker	2	Youth Detention Counselor Trainee	29
Training & Development Officer	1	Youth Detention Shift Manager	8
Youth Detention Counselor Supervisor - Training	1	<b>Subtotal - Youth Study Center</b>	<b>295</b>
<b>Subtotal - Administration</b>	<b>16</b>	<b>JJS TOTAL</b>	<b>311</b>
		<b>GRAND TOTAL</b>	<b>418</b>