

FY 2017-18 NBPB

Commonwealth of
Pennsylvania

Office of Children,
Youth and Families

**NEEDS BASED PLAN AND BUDGET
NARRATIVE TEMPLATE – DRAFT**

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.

Please see: the County Improvement Plan (CIP) and the Child Welfare Demonstration Project (CWDP) IDIR-U, [...] attached as appendices.

- 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)

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.

We have had successes over the last fiscal year and we have had challenges.

Successes:

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 could currently 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 of the 483 remaining. 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 115 cases.

CUAs are involved 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, discussed in last year's submission, to implement DHS's strategic plan to increase reunifications and other permanencies developed in partnership with Casey Family Programs, 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:

IOC was designed and implementation begun when 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 was begun, the system size expanded, leading to the resource and case management challenges which contributed to Philadelphia receiving a provisional license. 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 children and youth entering the system. Additionally the transition of cases to the CUAs resulted in a slowdown of permanency often seen in system transformations such as ours when cases are transferred from one worker to another. In April 2015, there were approximately 5,400 children in out-of-home placement. This year, as of June 30, 2016 there were 5,932 children and youth were in out-of-home 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, which is an 15% decrease.

Caseload sizes for CUA Case Managers average 13 to 1, which is unworkable in a system with intensive family engagement. This in turn leads to difficulties in recruiting and retaining staff, and continuously having staff who need to complete “Charting the Course” training, and develop experience. 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, as reported in the Philadelphia Inquirer as recently as March 2016. 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 priority is to reduce the size of the system, which we believe 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.

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 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 helps 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.

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.
- 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.
- Conduct Rapid Permanency Reviews to eliminate barriers for families that are very close to reaching permanency.
- Increase the use of permanency supportive services, such as SWAN.
- Use prevention services to stabilize and support permanency to reduce re-entry.

Improve Practice and Monitoring capabilities

- Front end and Performance Management and Accountability (PMA).
 - Increase staffing in PMA to perform Quality Visitation.
 - 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.
- Use of Comprehensive Monitoring Tool to capture quality as well as compliance.
- Provide appropriate and effective technical assistance to insure CUAs are able to achieve the goals of IOC.
- Conduct refresher sessions around regulatory case documentation and practice.
- Implemented procedures for allegation of falsification of visitation by CUAs – include all children and youth on caseload being visited, CUA QA staff validating documentation of worker visits, when and who present by calling everyone.

Efforts to eliminate use of the Child Care Room

- 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 can.

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 is requesting 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 Providers after review and consultation with our Audit Department.
- Funding to enhance staffing in Performance Management and Accountability (PMA) to assume subcontractor monitoring and visitation verification (described in this document).

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 Enhancement Strategies (JSES). 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 consequences 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 regarding 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.

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 exists 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.

There are a myriad of other workgroup collaborations including Domestic Violence, the Philadelphia Office of Homeless Services, 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 meeting 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 stake holders 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 stake holders. The group convenes twice annually to review 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 ²	General Indicators: Ongoing Services, JPO Services, Placement Data, Aging Out	July 2016
FACTS / FACTS ²	Investigations, Days of Care, Placement Data	July 2016
Court Unit Database	Fostering Connections questions (Aging Out)	July 2016
FACTS / FACTS ²	Fostering Connections questions (Aging Out)	July 2016
DHS IT data extract from FACTS / FACTS ²	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

The response below is subject to revision in the final Narrative submission pending any additional information:

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 (aka 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.

- ❑ 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.

DBHIDS, through CBH, provides clinical consultation to the Philadelphia Department of Human Services and the CUAs. 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.

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 Social Worker 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 child 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 investigation.
- 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.

The Director of Integrated Clinical Consultation for CBH and the Philadelphia Department of Human Services provides consultation to DHS, the Community Umbrella Agencies, and other child welfare providers. In that role, home visits are conducted with the respective child welfare team to assess the needs of those in foster care or children, youth, and families receiving in-home services. 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.

Her 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.

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 PA DHS. Philadelphia has also revised the subsidy agreement itself to include the option of naming a successor. The revised agreement is pending approval by PA DHS.

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 PA DHS.

- ❑ 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 PA DHS 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 1st. 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 11th, 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.

Response to be included in final submission.

- ❑ 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.

Yes. 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.

Response to be included in final submission.

- ☐ 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.

- ☐ 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.

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.

The results of this review will be included in final submission.

- ☐ 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.

Response to this specific question will be included in final submission.

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

Response to be included in final submission

- ❑ 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.

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 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 one 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.

Response to be included in final submission.

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

Response to be included in final submission.

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

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

Response to be included in final submission

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

Response to be included in final submission.

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

Response to be included in final submission.

- ☐ How is caseload size calculated?

Response to be included in final submission.

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

Response to be included in final submission.

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%

DHS will be requesting additional funding for PCA's contracted work regarding commercially sexually exploited children.

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.

Children and youth are referred to medical foster care by the Philadelphia DHS Nurse Consultants, 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).

Response to be included in final submission.

☐ 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?

The county is not involved in this determination.

☐ 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?

The county is not involved in placing such a capitation.

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.

Response to be included in final submission.

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

Response to be included in final submission.

- ❑ 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.

Response to be included in final submission.

- ➡ 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?

Response to be included in final 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.

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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 2% 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 2010. The cost of living in Philadelphia has increased approximately 7.9%, from 228.074 in 2010 to 245.980 in 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.
- ☐ 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.

N/A

- ☐ 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).

Response to be included in final submission

Click to Paste Chart

3-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

Response to be included in final submission

Click to Paste Chart

3-2a. JPO Services

Insert the JPO Services Chart (Chart 3).

Response to be included in final submission

Click to Paste Chart

3-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).

Response to be included in final submission

Click to Paste Chart

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

Insert the SPLC Chart (Chart 5).

Response to be included in final submission

[Click to Paste Chart](#)

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

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

Response to be included in final submission

[Click to Paste Chart](#)

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

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

Response to be included in final submission

[Click to Paste Chart](#)

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

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

Response to be included in final submission

[Click to Paste Chart](#)

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

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

Philadelphia

Response to be included in final submission

[Click to Paste Chart](#)

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

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

Response to be included in final submission

[Click to Paste Chart](#)

3-2e. Aging Out

Insert the Aging Out Chart (Chart 23).

Response to be included in final submission

[Click to Paste Chart](#)

3-2f. General Indicators

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

Response to be included in final submission

[Click to Insert Part 1 from General Indicators sheet](#)

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Response to be included in final submission

[Click to Insert Part 2 from General Indicators Sheet](#)

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Response to be included in final submission

[Click to Insert Part 3 from General Indicators Sheet](#)

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.

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.

Full response to be included in final submission.

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

Response to be included in final submission.

- ☐ 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. 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.

Full response to be included in final submission.

Philadelphia

- ❑ 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:

- Permanency Reviews.
- 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.
- 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.
- 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 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.

Philadelphia

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 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

Philadelphia

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 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.

Philadelphia

- ❑ 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)?

Response to be included in the final submission.

- ❑ 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.
- CWDP/IOC.
- Reduce CUA CM caseloads.
- Reduce Solicitor caseloads.
- Rapid Permanency Reviews.
- 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.
- Increase use of permanency supportive services.
- Use prevention services to stabilize and support permanency and reduce re-entry.
- 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

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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 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.

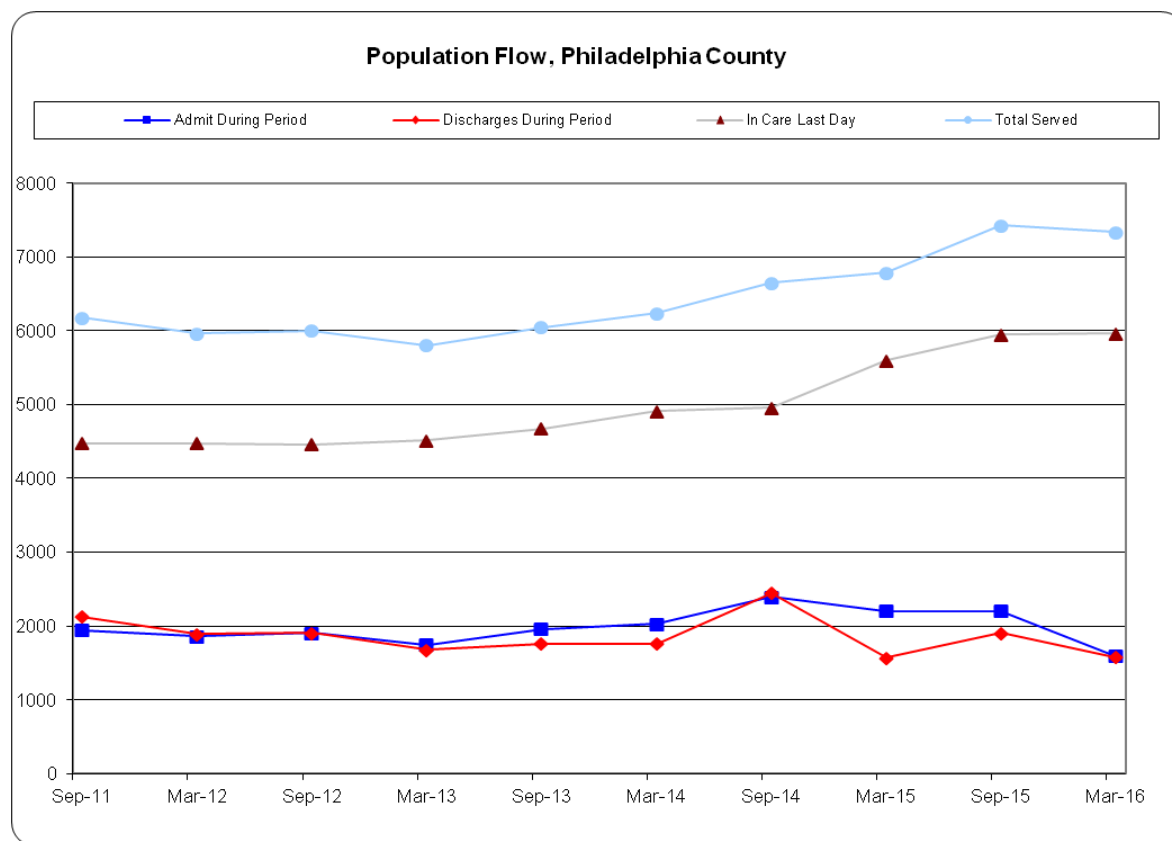
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- CWDP counties and prospective CWDP counties must select Outcome Indicators that are reflective of targeted outcomes of their Demonstration Project design.

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
Philadelphia County										
Admit During Period	1,941	1,861	1,906	1,744	1,956	2,025	2,395	2,206	2,198	1,590
Discharges During Period	2,126	1,889	1,906	1,678	1,764	1,762	2,446	1,568	1,903	1,579
In Care Last Day	4,475	4,472	4,459	4,513	4,677	4,909	4,957	5,595	5,950	5,961
Total Served	6,179	5,960	5,999	5,805	6,046	6,239	6,647	6,789	7,430	7,339
Total Child Population	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567	414,567
Admissions per 1,000 Population	4.682	4.489	4.598	4.207	4.718	4.885	5.777	5.321	5.302	3.835
Discharges per 1,000 Population	5.128	4.557	4.598	4.048	4.255	4.250	5.900	3.782	4.590	3.809
In Care per 1,000 Population	10.794	10.787	10.756	10.886	11.282	11.841	11.957	13.496	14.352	14.379
Served per 1,000 Population	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

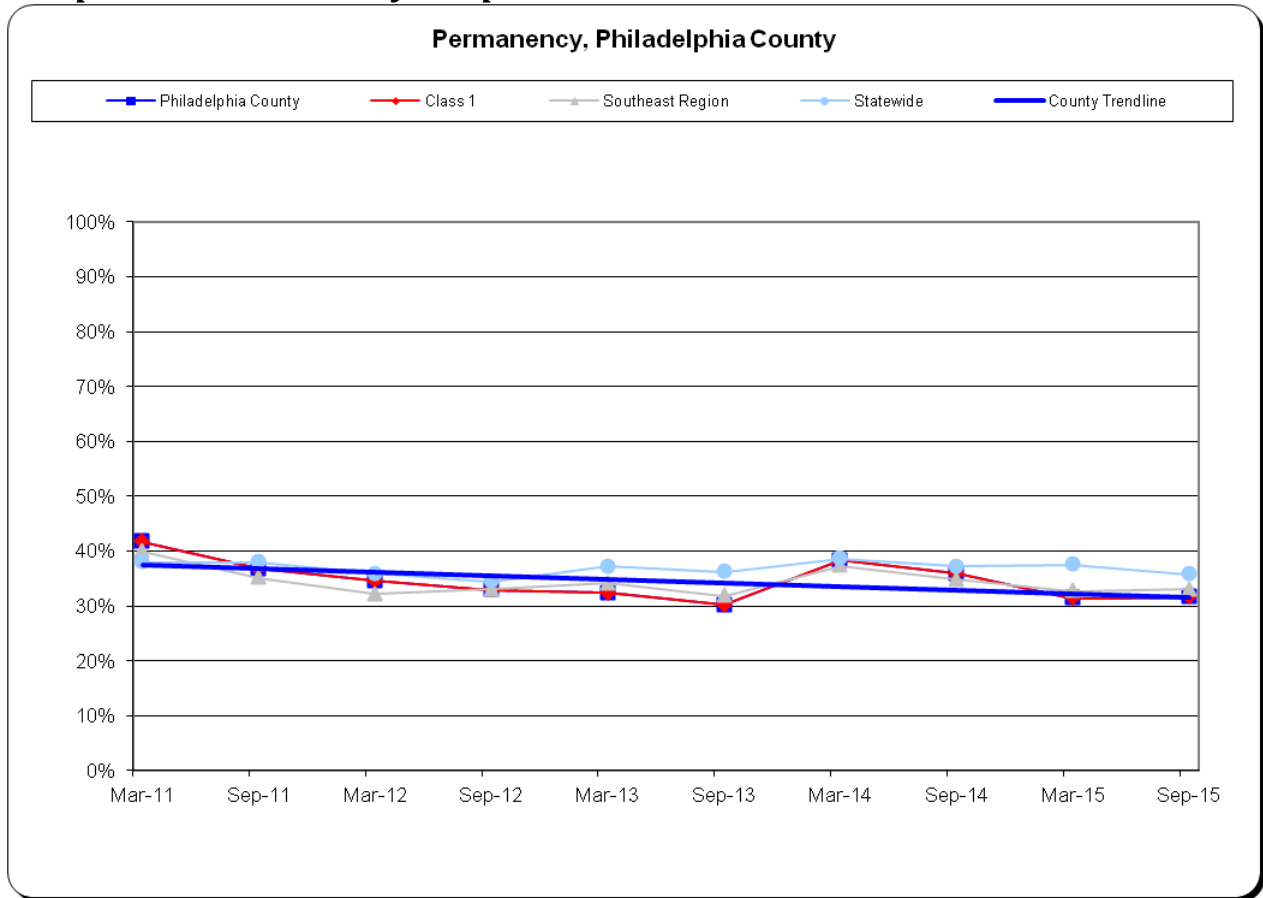
Of all children who were in foster care for 24 months or longer on the first day of the target year, what percent were discharged to reunification, relative care, guardianship or adoption, prior to their eighteenth birthday, by the end of the target year?

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
<i>Philadelphia County</i>										
Total in Care 24+ Months	1,442	1,241	1,122	1,126	1,126	1,212	1,318	1,393	1,367	1,466
Discharges to Permanent Home	601	456	388	371	364	366	504	501	429	464
Percent	41.68%	36.74%	34.58%	32.95%	32.33%	30.20%	38.24%	35.97%	31.38%	31.65%
<i>Class 1</i>										
Total in Care 24+ Months	1,442	1,241	1,122	1,126	1,126	1,212	1,318	1,393	1,367	1,466
Discharges to Permanent Home	601	456	388	371	364	366	504	501	429	464
Percent	41.68%	36.74%	34.58%	32.95%	32.33%	30.20%	38.24%	35.97%	31.38%	31.65%
<i>Southeast Region</i>										
Total in Care 24+ Months	2,159	1,909	1,709	1,710	1,698	1,747	1,879	1,985	1,957	2,028
Discharges to Permanent Home	862	670	550	566	580	556	702	690	640	670
Percent	39.93%	35.10%	32.18%	33.10%	34.16%	31.83%	37.36%	34.76%	32.70%	33.04%
<i>Statewide</i>										
Total in Care 24+ Months	5,185	4,751	4,263	3,950	3,906	3,788	3,733	3,761	3,659	3,633
Discharges to Permanent Home	1,971	1,806	1,530	1,363	1,454	1,371	1,442	1,398	1,374	1,301
Percent	38.01%	38.01%	35.89%	34.51%	37.22%	36.19%	38.63%	37.17%	37.55%	35.81%

Philadelphia

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

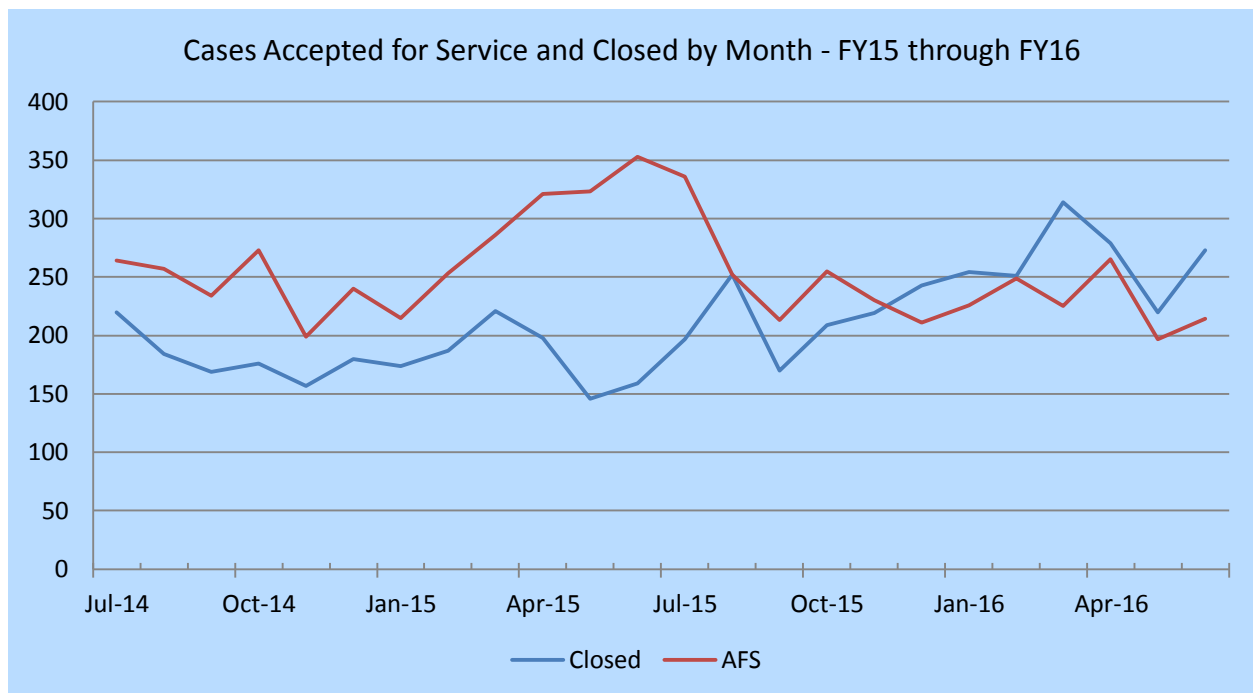
		2011 30- Sep	2012 31- Mar	2012 30- Sep	2013 31- Mar	2013 30- Sep	2014 31- Mar	2014 30- Sep	2015 31- Mar	2015 30- Sep	2016 31- Mar
County:	Total Reunifications	2,096	2,211	1,892	1,718	1,625	1,596	1,575	1,652	1,628	1,395
	Re-Entries within 12 months	953	1,035	871	777	758	750	743	749	601	716
	Percent	45.47%	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 th 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	

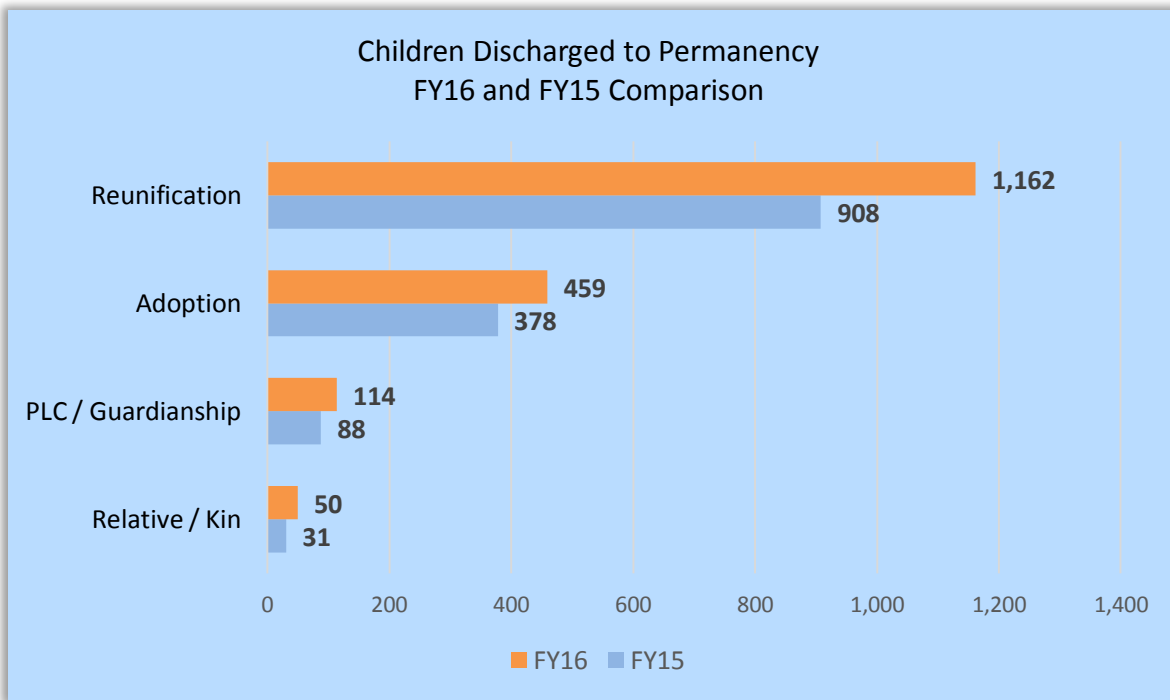
Philadelphia



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

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

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.

[Click to Paste HZA chart](#)

[Click to Paste HZA chart](#)

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.

Philadelphia

- ❑ 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 Executive Summary, and response in Chart analysis section.

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.

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 *(Full response will be included in draft.)*

- 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 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.

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. Similarly, DHS has seen a rise 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.

Philadelphia

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 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, and Housing Community Engagement. 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. DHS is also having Intake Supervisors consider having Intake Supervisors consider with their workers the use of Family Group Decision Making during investigations which is traditionally used for case management purposes. 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.

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.

Philadelphia

- 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.

Preliminary measures are:

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

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

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.
- 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.

Philadelphia

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.

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."¹

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.

¹ 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

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 1000 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 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.

Philadelphia

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 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.

Philadelphia

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.

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 response to question in 4-3g regarding DHS's change in focus of 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).

Philadelphia

- 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.
 - Implemented procedures for allegation of falsification of visitation by CUAs – include all children and youth on caseload being visited, CUA QA staff validating documentation of worker visits, when and who present by calling everyone.
- 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.

CYD: The priority areas of improvement 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.
- Describe how the selected strategies were selected as the approach that will successfully meet the challenge the agency is addressing.

Response to be included in final submission

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

Response to be included in final submission

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.)

Response to be included in final submission

- 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.

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

- Projected date of first referrals for new services/programs

Response to be included in final submission

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

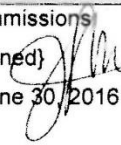
Response to be included in final submission

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.

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
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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 & Non-Rep employees & 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 ¹	
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 ²	\$ 483.77	\$ 894.98	\$1,402.92
Personal Choice PPO ²	454.17	840.21	1,317.09
Dental PPO ³	28.30	52.36	82.07
Dental HMO ³	18.06	35.67	64.86
Optical ³	2.50	4.50	6.37
Prescription Plan ³	168.88	312.43	489.76

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

² Based on self-insured conventional rates for calendar year 2015

³ Based on fully insured premium rates for calendar year 2015

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

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

Unemployment Compensation

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

Group Legal Services

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

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)**

<u>Plan</u>	<u>Employee Classification</u>	<u>Normal Cost</u>	<u>Unfunded Liability</u>	<u>Total</u>
<u>Police Plans:</u>				
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%
<u>Fire Plans:</u>				
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

	<u>Cost Per Employee Per Month</u>
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.

<u>Calendar Year Earnings Covered</u>	<u>Percentage</u>
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

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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 ²	25,000	15.25
Deputy Sheriffs	25,000	2.67

² 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

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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.

There are no changes in the Administration & Management Division, Finance Division, Performance Management & Accountability Division, and Juvenile Justice Services Division.

See Attachments for Children and Youth 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.

Response, pending verification, to be included in final submission.

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

521 (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.

Response to be included in final submission.

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

Response to be included in final submission.

- ☐ 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 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.

Philadelphia

- ❑ 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 12, 2016, the DHS has accepted 18,610 reports for investigation, already surpassing the 18,028 total in FY15. The FY16 projected total of 19,813 is a 10% increase from 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 accept 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.

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.

Philadelphia

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.

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

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.

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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 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.

Response to be included in final submission

- ☐ 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.

Response to be included in final submission

- ☐ 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:

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- 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?

Response to be included in final submission

- 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?

Response to be included in final submission

- Does the CCYA ensure that invoices reflect actual, allowable, and allocable costs?

Response to be included in final submission

- What are the steps included in the invoice review and invoice processing which ensure terms and conditions in the contract/agreement are being met?

Response to be included in final submission

- 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?

Response to be included in final submission

- Does the CCYA maintain regular contact with the sub recipient or contractor to ensure that all deliverables are being completed and provided?

Response to be included in final submission

- How often is the monitoring process executed?

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

- ❑ 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.

Philadelphia

Response to be included in final submission

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

Response to be included in final submission

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.

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

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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.**

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)
		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 Dlnqnt) 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-----

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				

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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)		New	Continuing	Expanding

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
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					

Philadelphia

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.

- ☐ 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.

-----END COPY-----

➤ 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.)

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Response to be included in final submission

Mark "X" in this column	Total Youth	IL Services
		A. Needs Assessment/Case Planning
		B. Life Skills Training
		Credit History Review
		C. Prevention Services
		Dental/Health
		Drug Abuse Prevention
		Alcohol/Tobacco/Substance
		Safe Sex/Pregnancy
		D. Education
		Vocational Training
		High School Support and Retention
		Preparation for GED
		Assistance in Obtaining Higher Education
		E. Support
		Individual and Group Counseling
		Stipends
		Services for Teen Parents
		Mentoring
		F. Employment
		Job Placement
		Subsidized Employment
		G. Location of Housing
		H. Room and Board
		I. Retreats/Camps
		J. Indirect Services
		K. Program Administration

- ☐ 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		

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- ❑ 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?

Response to be included in final submission

- ❑ 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.

Response to be included in final submission

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

Response to be included in final submission

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 Response to be included in final submission

Outcome 2 Response to be included in final submission

Outcome 3 Response to be included in final submission

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. Response to be included in final submission
- ❑ 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.) Response to be included in final submission

Philadelphia

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

Response to be included in final submission

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

Response to be included in final submission

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

Response to be included in final submission

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.			
• Results of the credit review and efforts to resolve inaccuracies are placed in the child’s record.			
• Youth are provided assistance to resolve any inaccuracies found during the review.			

- ☐ 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.

Response to be included in final submission

- ☐ 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.

Response to be included in final submission

- ☐ 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.

Response to be included in final submission

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- ☐ 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.

Response to be included in final submission

- ☐ 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.

Response to be included in final submission

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

Response to be included in final submission

- ☐ 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

Response to be included in final submission

- 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).

IL Services

NYTD

Credit Reporting

Name:

Email:

Telephone:

Response to be included in final submission

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 FACTS² 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.

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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.
- FACTS² – Web-Based System – used for Hotline, Investigation, and Intake related functions.
- Electronic Case Management System (ECMS) (within FACTS²) – used for Case Management functions and Family Team Conferencing.

External Provider Users

- DHSCConnect – Web Based Provider Portal – used to access the following web-based applications: FACTS²/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

FACTS² 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. FACTS² currently encompasses all case activity at the Hotline level with automated assignment to supervisors, including email notification of reports accepted for investigation and assessment. FACTS² also now supports automatic filing of Police Reports directly to the 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

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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.

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: 1,439
 - ☐ 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**

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- ☐ 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:

- **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.

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- 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.
 - 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 3rd 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, the Philadelphia's SWAN allocation was \$7,000,000. As of June 29, 2016, year-to-date (YTD) spending is \$8,687,000, an overutilization of \$1,682,000. 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.

- ☐ 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 \$10,000,000.00.

- ☐ 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	Dell.L.Meriwether@phila.gov
William J. Gordon	William.J.Gordon@phila.gov

Users

Annie P. Thomason	Annie.P.Thomason@phila.gov
Beth Sequinot	Beth.Sequinot@phila.gov
Cara A. Mallon	Cara.Mallon@Phila.gov
Janet Roberson	JaNet.Roberson@phila.gov

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Lelia Johnson	Lelia.Johnson@phila.gov
Marlo Thomas	mthomas@pmhcc.org
Paul Ward	Paul.Ward@Phila.gov
Rhonda D. Starks	Rhonda.Starks@Phila.gov
Sean Taylor	Sean.Taylor@phila.gov
Shahodah T. Bohannon	Shahodah.T.Bohannon@phila.gov
Stephanie A. Davis	Stephanie.A.Davis@phila.gov
Vicente Duvivier	Vicente.Duvivier@phila.gov
Zachary Harris	Zachary.Harris@phila.gov

- ☐ 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.

Response to be included in final submission.

- ☐ Will Accurint be used in any program improvement strategies during this fiscal year? If yes, explain how.

Response to be included in final submission.

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

_____	_____	_____
Name	Signature	Date

County Commissioners

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

April 26, 2016
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.

CWIS Phase 1, Referrals, was implemented in December 2014, while the remaining three Phases, Children, Providers and Fiscal, will be deployed over the next four years. Phase 1 functionality is divided into seven modules listed below.

- 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 fulfill 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 as of the first date mentioned next to the signature. 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.

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 DPWHS's Data Management Section in the Office of Children, Youth, and Family.
11. Ensure that County system owner(s) must notify DHS CISO (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. 63 (related to the Child Protective Services Law).
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 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.**

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 October 1, 2016.
- B. *Term.* The term of this agreement shall be for a period of twelve (12) consecutive months.
- C. *Renewal.* This agreement shall be renewed annually.
- 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.