

**DRAFT**



**CITY OF PHILADELPHIA  
DEPARTMENT OF HUMAN SERVICES**

.....  
**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
COURT OF COMMON PLEAS**

**FAMILY DIVISION/JUVENILE BRANCH**  
.....

**CHILDREN AND YOUTH  
NEEDS-BASED PLAN AND BUDGET  
For  
FISCAL YEAR 2020-2021**

**IMPLEMENTATION PLAN AND BUDGET  
For  
FISCAL YEAR 2019-2020**

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**JULY 26, 2019**

# **Fiscal Year 2020-21 Needs- Based Plan & Budget**

Commonwealth of  
Pennsylvania

Office of Children, Youth  
and Families

**NEEDS-BASED PLAN AND BUDGET  
NARRATIVE TEMPLATE**  
**DRAFT AS OF 7-26-19**

## Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative portion of the Fiscal Year (FY) 2020-21 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 Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

**The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts and the Assurances in 5-1a. and the CWIS data sharing agreement in 5-1b. Avoid duplication within the narrative by referencing other responses as needed.**

**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 2018-19, 2019-20 and 2020-21**

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

➤ Respond to the following questions.

- ❑ Identify the top three successes and challenges realized by the County Children and Youth Agency (CCYA) since its most recent NBPB submission.

The City of Philadelphia Department of Human Services is right-sizing its child welfare and juvenile justice system to ensure the best fit and best quality service for children, youth, and families. Improving Outcomes for Children (IOC) is Philadelphia's delivery of child welfare, child abuse prevention, and juvenile justice services. We believe that a community based approach to service delivery will continue to have a positive impact on child and family safety and well-being.

Our vision is that fewer children and families become involved with the child welfare and juvenile justice systems and that families receive support to live together safely in their own communities. The four goals of IOC are aligned to make this vision a reality. They are that:

1. More children and youth are safely in their own homes and communities;
2. More children and youth are reunified more quickly or achieve other permanency;
3. Congregate care is reduced; and that
4. Child, youth and family functioning is improved.

The City of Philadelphia Department of Human Services' top three successes for child welfare are:

1. Safely reducing the number of children and youth in placement: The number of children in placement has dropped by approximately 750 children, representing a 12% decrease, since January of 2016. This positive indicator shows that the department's strategic shifts in front-end operations (hotline and investigations) and prevention services, as well as an increased focus on permanency, are having the intended impact of reducing the number of children in out of home placement.

2. Reducing the number of youth dependent congregate care: Since December 2014, there has been a 36% reduction in dependent congregate care. Further, at 10% of dependent youth in placement in congregate care, Philadelphia remains well below the state and national averages. This success is a result of an intentional effort to place children and youth in family-based settings, our collaboration with Community Behavioral Health and our resource parent marketing campaign.

3. Aligning prevention resources: By streamlining referrals from the hotline directly to targeted prevention programs, we can ensure services for families most at risk for DHS involvement. Last year, 4,872 families were referred to Family Empowerment Services which provides case management to help families stabilize and connect to resources such as mental health and primary physical health care. Our prevention response was further elevated through two pilot Family Empowerment Centers which opened this year. These centers provide intensive support to families who are at high risk for future involvement with DHS. Families who are eligible for the

program are identified by the DHS Hotline or Investigations teams as having high risk needs but no active safety threats.

Another successful targeted prevention program is the Rapid Rehousing for Reunification. This program is for families who are projected to be reunifying with their children in six months or less, but face delay because they lack safe and affordable housing. This program helps families achieve timely permanency with a goal of preventing re-entry.

Finally, DHS is requesting additional investments to support the truancy case management services that are used in collaboration with the School District of Philadelphia to support school attendance in District schools.

The City of Philadelphia Department of Human Services top child welfare challenges are:

1. Safe and timely reunification or other permanency: A major part of right sizing the system is the ability to safely reunify children with their families and to do so more quickly. DHS continues to face challenges in achieving timely permanency for children and families. The strategies we are requesting support for are to expand family finding, enhance the quality of representation for parents in dependency proceedings, and establish peer support partners for parents and children in the system. We are also making positive changes to our Family Team Conferencing process to more directly engage families in the life of their cases.
2. Building an array of programs to support the decrease in congregate care: In order to safely reduce the number of children in congregate care, DHS must build an array of services and linkage opportunities to support the needs of children and youth in the community. To support this strategy, DHS is requesting funding for professional foster parents who are trained to support the needs of youth with complex behavior health needs and/or sexual reactive behaviors. Additionally, DHS is requesting to create a Family Assessment Unit at DHS to assist with 1) planning for families for with complex needs; 2) assessing the behavioral health needs of youth; and 3) creating linkages to community programs to either prevent placement or safely transition youth out of congregate care. Finally, DHS is requesting an increase to our budget for family finding to assist with locating and securing family resources that can support youth in a home based setting.
3. Improving older youth services. Approximately 200-300 youth each year continue to age out of placement without a permanent family resource. In order to positively impact this outcome, streamlining older youth services is necessary and providing enough resources to pursue permanency and independence is critical. To that end, DHS is requesting additional funding to support the creation of an Older Youth Service Director to lead our practice focus on pursuing permanency and sustained independence for older youth. Another critical new service request is funding for peer support partners for youth to assist with navigating the child welfare system and to increase mentoring opportunities for older youth. We are also requesting to continue support for programs such as YV Lifeset and mobile Achieving Independence Center so that we can ensure that all youth in the system have access to ongoing support, pathways to independence and life-long connections. Finally, DHS is requesting that PA DHS extend the age for housing subsidy from 21-24 in an effort to provide critical stable housing supports during the critical young adult years.

- ❑ Summarize additional information, including findings, related to the CCYAs annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR) findings that will impact the county's planning and resource needs for FYs 2019-20 and 2020-21.

As detailed throughout the document and most particular in the Program Improvement Strategies section, Philadelphia DHS is focused on increasing family engagement, timely reunification and other permanencies and transition planning for older youth that leads to both permanency and sustained independence. The family team conference process will be revised this Fall to ensure quality family participation by ensuring that parents and youth have an active voice in the process. This work, combined with additional resources to support targeted services will assist with increasing permanency for children and youth in the child welfare system.

- ❑ Identify the top three successes and challenges realized by the Juvenile Probation Office (JPO) since its most recent NBPB submission.

Philadelphia's top three successes for juvenile justice are:

1. Graduated Response: Aligned with reducing the use of secure detention and residential placements, Graduated Response is one of the components associated with the third stage of Juvenile Justice System Enhancement Strategy (JJSES). In phase one of the pilot, families and youth responded positively when incentives were earned, and they were given recognition when complying with court-ordered conditions. This approach has proven effective in reducing the use of secure detention and contributed to the reduction in reliance of residential placements. Graduated Response will be expanded to all Court Rooms beginning in September 2019 due to the success of the pilot program.

2. Continued reduction of delinquent congregate care: Philadelphia continues to decrease congregate care for the youth involved in the Juvenile Justice System. Since December 2014, there has been a 67% decrease in delinquent youth placed in congregate care settings. The Post-adjudication Evening Reporting Center, now in its third year, reflects Philadelphia's commitment to investing in alternatives to residential placements. At the same time, Juvenile Probation and Family Court are using strategies such as "Interim Probation" in an effort to help youth remain in the community, stay safely at home and avoid the consequences of the adjudication of delinquency.

3. Intensive Prevention Services: This service diverts youth from the juvenile justice system by helping youth learn how to resolve conflict peacefully and identifying barriers to success at home and school. Last year, 308 youth were diverted to Intensive Prevention Services through the School Police Diversion Program. Since the beginning of the School Police Diversion Program four years ago, school arrests have decreased by 71%.

The top three challenges for Philadelphia Juvenile Justice are:

- 1. Continue safe decline of youth in placement: Juvenile Probation and DHS continue to work towards the safe diversion of youth in placement. To this end, probation is focusing on ensuring

that placement and the discharge from placement is tied to the top needs as identified by the Youth Level of Service.

2. Building an Array of Community Based Services: With the decline in placement numbers, the increase in the number of youth on interim probation and the paramount goal of preventing delinquent system involvement, Juvenile Probation and DHS are focused on creating an array of programs that will prevent placement and support youth in the community and prevent re-arrest. DHS is requesting to expand intensive prevention services to support youth and divert them from formal arrest for specific summary and misdemeanor crimes. DHS is also requesting to expand the Youth Aid Panel, a program lead by the District Attorney's Office whose goal is to prevent the filing of a delinquency petition for youth who have been arrested. Finally, DHS is also requesting funding to support a pilot restorative justice program designed to divert youth from placement before they are charged in way that seeks trauma informed justice.

3. Supporting innovative staff recruitment and retention: Recruitment and retention of staff at the Philadelphia Juvenile Justice Services Center is a particular challenge, given that the number of youth remanded to the Center can change quickly. In addition, the individual needs of the youth often require a higher staff ratio. These issues demand a more innovative approach to staff recruitment and retention. We are asking for additional support to create a more targeted approach to ensure adequate staffing levels at the Center.

- ❑ Summarize any additional areas, including efforts related to the Juvenile Justice System Enhancement Strategy (JJSES) and the data and trends related to the Youth Level of Service (YLS) domains and risk levels impacting the county's planning and resource needs for FYs 2019-20 and 2020-21.

Juvenile Probation continues to have significant success in implementing the JJES strategies. Plans are in process to roll out Graduated Response to all delinquent courtrooms in the Fall of 2019. During the fall, DHS and JPO will be hiring a new coordinator for our Juvenile Detention Alternatives Initiative work. DHS is requesting additional funding to support the JDAI work by hiring an additional data coordinator to work with JPO and DHS to extract and share data that will allow Philadelphia to build a more extensive continuum of services for youth in the delinquency system. This enhanced ability to review and analyze data will help guide decisions to match youth with the right resources for the right amount of time. Additionally, as discussed in the Program Improvement Strategy section, DHS is requesting funding to support programs such as intensive prevention services, expansion of the youth aid panel and a restorative justice program, all of which are designed to offer a youth the opportunity to avoid placement.

- **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.

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



➡ Respond to the following questions.

- ❑ Summarize activities related to active engagement of staff, consumers, communities, and stakeholders in determining how best to provide services that meet the identified needs of children, youth and families in the county. Identify any challenges to collaboration and efforts toward improvement. Counties do NOT need to identify activities with EACH entity highlighted in the instruction guidelines but provide an overview of activities and process by which input has been gathered and utilized in the planning process. Address engagement of the courts and service providers separately (see next two questions).

Child Welfare Operations, which includes both DHS and Community Umbrella Agencies (CUA) operations, holds monthly meetings, monthly joint Supervisors' meetings, monthly joint Social Work Administrator and CUA Case Management Directors meetings, and monthly DHS and CUA Directors meetings. The purpose of the meetings is to provide staff on different levels, an opportunity to become educated and trained about practice changes, to discuss the operationalization of practice, identify gaps in practice and services, and to develop solutions to address the gaps.

The Commissioner and her Executive team met regularly this year with youth involved in the Juveniles for Justice and the Youth Fostering Change Program sponsored by the Juvenile Law Center. During these meetings, the youth shared projects that they were engaged in to reform the system and shared about their experiences in congregate care placement. The youth offered suggestions for change, some of which are incorporated into our Needs Based Plan and Budget (peer support partners).

DHS has placed greater emphasis over the past year on the Quality Parenting Initiative (QPI) as an integral part of broader efforts to strengthen the foster care system and retain resource parents. QPI brings together resource parents, youth, biological parents, CUAs, provider agencies, attorneys, and staff across several DHS divisions, with a particular focus on elevating the voices of the resource parents. QPI members are working on better communication and information-sharing, building relationships between resource and bio families, improvements to resource parent trainings, and promoting the resource parent voice in court. It is expected that resource parent retention and placement stability will be positively impacted by the work of QPI.

The Commissioner and her Executive team meet quarterly with child and parent advocates to discuss systemic issues related to case planning, reunification and other permanencies.

The DHS Commissioner and other members of her cabinet meet quarterly with the Child Welfare Oversight Board. This Board consists of experts in the field of child welfare, juvenile justice, medical professionals, academics, advocates and people with lived experience.

Commissioner Figueroa is also a lead member of the Youth Residential Taskforce, a group of stakeholders including advocates, City government partners and City Council. This taskforce met thirteen times this year to develop recommendations to increase safety and reduce the number of youth in congregate care. Commissioner Figueroa also sits on the Administrative Office of Pennsylvania Courts congregate care taskforce with the Supervising Judge of Family Court who serves as the Co-Chair.

Additionally, in preparation for the Needs Based Plan and Budget, DHS Executives met with

advocates from the Juvenile Law Center, Community Legal Services, Support Center for Child Advocates, CUA leadership and the District Attorney's Office to collaborate on ideas and suggestions designed to achieve the four goals of IOC.

JJS:

The Department's Juvenile Justice Services Division continues to collaborate with Juvenile Probation, the Defender Association, District Attorney's Office, School District, PADHS, and other stakeholders in the ongoing implementation of several core strategies of the Juvenile Detention Alternatives Initiative (JDAI). Ongoing implementation of JDAI and JJSES help inform decisions about service needs and resources. We continue to meet and discuss strategies to support our work as it relates to JDAI.

DHS' Director of Court and Community Services and the Deputy Chief of Juvenile Probation co-chair monthly Court and Community Services Planning Group meetings.

The DHS/JJS leadership team actively participates in the bi-weekly Youth Review Meeting, convened at Family Court, which include participation by line JPOs, DHS CWO representatives, Defender Association, the District Attorneys' Office, CBH, and others. The Department of Human Services and the Juvenile Probation Office along with various stakeholders utilize the aforementioned meeting to support the JPO with viable strategies to move difficult cases through the JJS system. The impetus behind this idea is to target specific cases, such as mental health and older youth, where there may have limited resources to support their case planning activities.

DHS/JJS actively participates in the Systems of Care work being led by the City's Department of Behavioral Health and Intellectual disAbilities (DBHIDS), Office of Addiction Services (OAS). A service need was identified through this partnership and "**Engaging Males of Color**" (**EMOC**) was developed and implemented. This service need is being met by partnering with EMOC to assist with mentoring our youth who have mental and emotional needs via support from the behavioral health treatment system. EMOC continues to provide monthly wellness sessions to the youth in our custody at the Philadelphia Juvenile Justice Services Center (PJJSC).

Philadelphia's Juvenile Probation Management Team is involved in several collaborations and committee meetings throughout the county and the state of Pennsylvania. Statewide committees include the Juvenile Court Judge's Commission (JCJC) Technology Committee, Graduated Response, Regional Planning Committee, the Pennsylvania Justice Network, and the Pennsylvania System of Care Collaboration. Management Team members also collaborated with the 100-Day Challenge, a City program which prevents young adult homelessness, Youth Fatality Review, Re-entry Programming for youth returning from residential care, and the Juvenile Detention Alternative Initiative (JDAI), which includes subcommittees for Disproportionate Minority Contact and Victim and Community Support. Ongoing collaboration includes the STOP/Domestic Violence Law Enforcement Collaboration, the Violent Injury Collaboration, the Youth Violence Reduction Partnership, and regular meetings with Philadelphia Police. Collaboration with these various partners allow staff to be informed about the different resources in the community. It also allows for sharing of information which is key in providing quality case management to and for youth.

- ❑ Summarize activities related to active engagement of contracted service providers in identifying service level trends, strengths and gaps in service arrays

and corresponding resource needs. Identify any challenges to collaboration and efforts toward improvement in the engagement of service providers in the NBPB process.

During the past fiscal year, the Department met with contracted providers, to include: foster care providers, congregate care providers, Supervised Independent Living (SIL) providers, and prevention providers to identify strengths, gaps, and challenges to service delivery. The most recent meetings with contracted providers included CUA leadership to strengthen the relationship between the contracted providers and CUAs. For the upcoming fiscal year, the Department will continue to have meetings with CUA and contracted providers to promote an integrated child welfare system.

- ❑ Summarize activities related to active engagement of the courts in the NBPB process, specifically identification of strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts toward improved engagement with the courts.

The Commissioner and senior members of her leadership team meet with the Administrative Judge, Supervising Judge of Family Court, Chief of Juvenile Probation, and Court Administration to address systemic issues, provider concerns, and develop ideas to improve the system. Additionally, senior members of Court leadership and Juvenile Probation met with DHS leadership from JJS to assess needs related to youth in the delinquent system. These needs are articulated in the Program Improvement Strategy Section under Outcome #1 and #3.

- ❑ Identify any strengths and challenges engaging and coordinating with law enforcement on Multi-Disciplinary Investigative Teams (MDIT) and in joint investigations of child abuse.

The Philadelphia Department of Human Services (Phila DHS) and the Philadelphia Police Department (PPD) Special Victims Unit have collaborated for many years on investigations of Child Abuse and during this time have built a very solid relationship. In August 2013, Phila DHS Specialty Investigations and the PPD Special Victims, along with the Philadelphia Children's Alliance (PCA), co-located to one facility and has since become known as the Philadelphia Safety Collaborative. In order to formalize interagency relationships for the multi-disciplinary investigative partners, a Memorandum of Agreement was written. As participants in the child abuse response system, the multi-disciplinary investigative partners agreed to implement, adhere to, and enforce collaboratively developed procedures. This paradigm has worked and the relationships between the multi-disciplinary investigative partners remain solid.

- ❑ Provide a detailed description of how data sources are selected and how the data is analyzed.

All practice-related data regarding youth under DHS' care are sourced from DHS' electronic case management system, the Philadelphia Family Data System (PFDS, formerly FACTS2). These data are stored in DHS' data warehouse and extracted for state and federal reports--including AFCARS data, which is sent to Hornby-Zeller Associates (HZA) for data cleaning

and analysis-- as well as recurring internal reporting and any targeted or special reports. Use of data from the HZA Data Package is required by the Needs Based Plan and Budget Guidelines and Narrative Template. DHS uses IBM's Cognos reporting software to access most of the remaining data items required in this report. There are two exceptions: Finance data is pulled from the FACTS database and data on Prevention Services comes from the Community-Based Prevention Services (CBPS) database and other sources (see below).

Prevention Services data is collected from multiple data sources.

1. Community-Based Prevention Services (CBPS) Data System. Prevention's main diversion program (FEC, FES, CAPTA, TIPS) data are sourced from Prevention's electronic case management system referred to as 'CBPS'. Data collected from CBPS are stored on a DHS server to feed transactional reports and extracted for state reports (Act 148). To improve data quality, DHS sends monthly flat files to Prevention providers to validate and add missing data.
2. Excel Flat Files. Domestic Violence and Sexual Assault (DVSA), Act 138 Pilot Program, and Rapid Service Response's data are collected directly from the provider on Excel spreadsheets. Additionally, the School District of Philadelphia (SDP) sends its list of students who need Tier II Truancy services to DHS on a spreadsheet through a secure portal.
3. DHS' Philadelphia Family Data System (PFDS).
  - a. RSRI and AIC Referrals. Referrals to the AIC and RSRI are created in PFDS. Referral data is sourced in PFDS and stored in DHS' data warehouse and extracted for state and federal reports.
  - b. Act 91 Youth and Youth on Board extension. All Act 91 youth and youth on a board extension is managed in PFDS.
4. DHS' Electronic Case Management System. All ESSA BID Consultation forms are uploaded into PFDS to record if the youth was able to remain its school of origin and to determine what transportation type was needed to support the decision.
5. DHSConnect. The National Transitional Youth Database (NYTD) served population is collected in DHS' DHSConnect. NYTD data is entered by CUAs and the Achieving Independence Center where it is downloaded and submitted to the state semi-annually.
6. Secondary Sources. The number of youth served by the Achieving Independence Center data is reported by the service provider as needed.

DHS' Data Analytics Unit (DAU) within the Performance Management and Technology (PMT) division is responsible for performing all data analysis. Descriptive and inferential analyses are conducted using Cognos, Stata, Excel, Access, and ArcGIS.

- ☐ Identify data sources used in service level, needs assessment, and plan development. Be specific about whether the data source permits unduplicated reporting.

Resource	Data Collected	Date of Data
PFDS	General Indicators, Ongoing Services, JPO Services, Placement Data, Congregate Care, Re-entry,	July 2019

	Demographics, Permanency, Fostering Connections questions (Aging Out), Investigations, Days of Care.	
Hornby Zeller Data Package	Population Flow, Prospective Permanency and Re-entries	July 2019
FACTS (Legacy)	Finance data	July 2019
CBPS	Prevention data	July 2019

Resource		Data Collected	Permits unduplicated reporting	Date of Data
CBPS	IRSS Referrals	Basic Referral Information.	Yes	July 2019
	FEC	Accept for Service, Contact Events, Service Plan	No	July 2019
	FES	Accept for Service, Contact Events, Service Plan	No	July 2019
	CAPTA	Accept for Service, Contact Events, Service Plan	No	July 2019
	TIPS	Accept for Service, Contact Events, Service Plan, Assessment	No	July 2019
	RSRI	Accept for Service, Contact Events, Service Plan, Assessment (added July 1, 2019)	No	July 2019
ECMS	NYTD	Youth Receiving Independent Living Services	Yes	July 2019
Excel Spreadsheets	DVSA	Basic Demographic, children and families receiving service, number of monthly contact events. Data is deidentified and does not permit unduplicated reporting.	No	June 2019
	RSRI	Basic Demographic, Accept for Service, Contact Events, Community Service Referrals	No	April 30, 2019
	OST	Basic demographics, Service information, Tanf eligibility	Yes	June 2019
	Act 138	Basic Demographics, SAIP Conference, Truancy Barriers	No	July 10, 2019
	TIPS	Demographics, School information, unexcused absences, Court information	Yes	May 2019
PFDS	RSRI	Basic Referral Information	Yes	July 2019

Resource		Data Collected	Permits unduplicated reporting	Date of Data
	AIC	Basic Referral Information	Yes	July 2019
	Act 91/Board Extension	Youth on Board Extension	Yes	July 2019
Secondary Sources	AIC	Number of youth receiving AIC services, number that received AIC services for the first time, Graduation rate of youth participants	No	July 2019

PFDS, the HZA data package, and FACTS track children by a unique identifier (Child ID), which allows for unduplicated reporting. CBPS also uses identifiers for tracking youth and families, but youth and families may have more than one identifier if they receive multiple services. DHS is in the process of developing stronger identifiers across Prevention Services so that it is easier to track unduplicated youth.

- Counties may attach Implementation Team membership, Child Welfare Demonstration Project (CWDP) Advisory Team membership, or similarly named stakeholder group list to supplement these responses. 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.
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### 2.3 Program and Resource Implications

- **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.**

#### 2-3d. Proposed Overtime Rule

Please respond to the following questions regarding the county's general plan to address the proposed federal and/or state rules:

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

DHS will not be impacted by the proposed new rule. DHS Civil Service employees are eligible to earn overtime pursuant to Collective Bargaining Agreements and Civil Service Regulations.

- ☐ Describe the county's efforts to obtain and evaluate estimates from private providers regarding the impact from the proposed rule(s) on their program costs.

Philadelphia and Allegheny County are collaborating on a survey of contracted providers. The survey was distributed to providers on July 22, 2019. The estimated impact is being evaluated and will be included as part of Philadelphia's FY2020-21 Base Adjustments.

- ☐ 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 2020-21 because of the new rule(s).

Based on the survey referenced above, providers may receive increases upon enactment of the proposed overtime rule. Any planned increases will be included in Philadelphia's FY2020-21 Base Adjustments.

- ➞ 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. Follow the instructions in the "Electronic Submission" section of the Bulletin to submit supporting documentation:

- *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?*

#### 2-3e. Proposed Minimum Wage Increase

Please respond to the following questions regarding the county's general plan to address the proposed minimum wage increase:

- ☐ If impacted by the proposal, briefly describe the CCYA's planned response.

Employees of DHS will not be impacted by the proposed minimum wage increase.

- ☐ Describe the county's efforts to obtain and evaluate estimates from private providers regarding the impact from the proposal.

Philadelphia and Allegheny County are collaborating on a survey of contracted providers. The estimated impact is being evaluated and will be included as part of Philadelphia's FY2020-21 Base Adjustments.

- ☐ 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 2020-21 because of the new rule(s).

Based on the survey referenced above, providers may receive increases upon enactment of the proposed minimum wage increase. Any planned increases will be included in Philadelphia's FY2020-21 Base Adjustments.

**2-3f. Continuous Quality Improvement (CQI)**

**For new CCYAs interested in joining the CQI effort during calendar year 2020**, please answer the questions found below. Interested CCYAs will receive a follow-up communication requesting the county complete a self-assessment to help the state evaluate the CCYAs level of readiness to participate in the CQI effort. The CCYA can submit the self-assessment to OCYF at a later date.

- ☐ Please briefly describe the CCYA's interest in joining the statewide CQI effort.

Philadelphia is a current CQI county. See below.

- ☐ What is the tentative month the CCYA would be interested in conducting a QSR in 2020 if approved to join the CQI effort?

Philadelphia is a current CQI county. See below.

- ☐ If the CCYA is not a current CQI county and is not interested in joining the CQI efforts, describe the agency's efforts to address quality service delivery.

Philadelphia is a current CQI county. See below.

**For current CQI counties**, please provide the month and calendar year the CCYA is considering for their next QSR.

Philadelphia County's next QSR is tentatively scheduled for December 2019.

**2-3g. Health Care Oversight and Coordination Plan**

- ☐ Does the county conduct any trauma-based assessments for children being served by the agency? If so, please identify:

At this time, Philadelphia DHS does not directly conduct trauma-based assessments. However, DHS University is working with Jefferson University (JTEN), The HIVE, as well as Wellsprings Therapeutic Services in an effort to identify Evidence-based trauma trainings and assessment strategies/interventions for our ongoing staff, newly hired DHS and CUA staff, as well as our provider agency partners.

Currently, DHS and CUA staff have access to the behavioral health provider network to obtain trauma assessments and trauma-informed care through Community Behavioral Health (CBH), the City of Philadelphia's Medicaid Managed Care organization, and a component of the Philadelphia Department of Behavioral Health and Intellectual disability Services (DBHIDS). Evidence-based trauma treatment has been developed and is being delivered through the CBH provider network.



- ❑ Who performs the trauma assessment?

At this time, Philadelphia DHS does not directly conduct trauma-based assessments. These assessments are performed by behavioral health providers.

- ❑ Trauma-based assessment tool(s) used:

At this time, Philadelphia DHS does not directly conduct trauma-based assessments.

- ❑ Population of children/youth to whom these assessments are being applied:

At this time, Philadelphia DHS does not directly conduct trauma-based assessments.

- ❑ At what point assessments are administered (i.e. at intake, within first 30 days of placement, etc.):

At this time, Philadelphia DHS does not directly conduct trauma-based assessments.

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

At this time, Philadelphia DHS does not directly conduct trauma-based assessments.

- ❑ Does the CCYA consult with physicians or other appropriate medical professionals to assess the health and well-being of children in their own homes to determine the appropriate medical treatment? If so, briefly describe any specific contracted or consultation practices used by the agency to ensure the health and well-being of children residing in their own homes. Some examples of consultation practices might include contracting with psychiatrists to consult on complex cases or working with Medicaid managed care special needs units.

DHS contracts with Child Health Consultants (CHC) “DHS Nurses”, a small nurse-owned business to provide ongoing nursing consultation to DHS and DHS’s Community Umbrella Agencies (CUAs) during investigations and provision of ongoing services for both in-home and out-of-home placement cases. Consultation with the DHS Nurses is a well-established practice at DHS. DHS Nurses review the medical information about the physical condition of children, youth or caregivers. If necessary, they accompany the DHS Worker or CUA Case Manager on a joint visit to make an assessment. They are also responsible for contacting health care providers; reading and explaining medical evaluations, conditions, diagnoses, treatments, and terms; and informing service planning meetings and multidisciplinary teamings. Consultation is available to all DHS Workers and CUA Case Managers, and is mandated by policy under certain circumstances.

DHS is collaborating with its sibling City of Philadelphia Health and Human Services (HHS) agencies to implement a new “Client Snapshot” program for improved cross-systems information-sharing and collaboration. Within Client Snapshot, DHS and

Community Umbrella Agency case management staff will be able to access service “touch points” across the other HHS agencies: the Department of Public Health, the Department of Behavioral Health & Intellectual disAbility Services, the Mayor’s Office of Community Empowerment and Opportunity, and the Office of Homeless Services. Likewise, service providers in other HHS agencies will be able to access basic information on services children have received from DHS.

Client Snapshot is available to designated DHS and CUA staff effective July 2019. Once case management staff are aware of client involvement in other systems, they will be able to contact other service providers for care coordination and consultation.

DHS has a strong collaborative relationship with Community Behavioral Health (CBH), the City’s behavioral health managed care organization. CBH covers a majority of the children and families receiving in-home services. CBH has co-located care managers within DHS Intake, the CUAs, and Family Court. These care managers are able to provide the client’s CBH history and current services; to recommend specific evidence-based, trauma-informed behavioral health providers; and to make referrals on behalf of the clients as needed. CBH care managers have also designed and delivered “brown bag” trainings at the CUAs as requested by CUA leadership.

- ❑ Briefly describe current policies, protocols and procedures related to the appropriate use and monitoring of psychotropic medication for children in out-of-home placement.

DHS is beginning its reviews of committed children (up to 21 years old) on the Antipsychotic (AP) Dashboard effective July 2019. The AP Dashboard, implemented by PA DHS and the Office of Medical Assistance Programs, is based on member-level encounter information and uses 11 red flag indicators to identify potential quality of care concerns. There are seven physical health flags reviewed by DHS nurses and four mental health flags reviewed by CBH staff. Once these flags are reviewed, each child’s case manager is contacted and required to address each concern. The DHS Director of Intervention and Resource Development oversees follow-up on the flags to ensure appropriate use of AP medications.

The groundwork for the AP Dashboard project was laid in 2017 and 2018, but challenges establishing a secure data transmittal system delayed implementation to FY20.

DHS Nurses are currently being trained to assist DHS Workers and CUA Case Managers to understand the special medical needs of children who are taking antipsychotic medications. DHS Nurses will also work to ensure that primary care physicians are aware of the drugs their patients are taking and when necessary tests and lab studies are needed for a child on antipsychotic medication.

- ❑ Does the CCYA consult with physicians or other appropriate medical professionals to assess the health and well-being of children in foster care and determine the appropriate medical treatment and/or placement options? If so, briefly describe any specific contracted or consultation practices used by the agency to ensure the health and well-being of children in out-of-home placement. 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.

See response above regarding DHS' contracted nursing consultation during investigation and while providing in-home and placement services.

### 2-3m. Services to Children Under Age Five

- ❑ Has the CCYA identified any gaps in the array of services available to meet the developmental needs of children under the age of 5 served by the CCYA? If yes, please describe where these gaps exist and whether these gaps are specific to any subset of the population of children under the age of 5 (ex. children under the age of 5 with complex medical needs, substance exposed infants, children under the age of 5 whose parent(s) are youth in foster care, etc.)

#### Infant Toddler Early Intervention Project

In early 2019, DHS conducted a data match with Philadelphia Infant Toddler Early Intervention (ITEI) to examine ITEI utilization for committed children under three. Every DHS-involved child under three is eligible to receive services through one of the ITEI service coordination agencies, either Early Intervention or the Regular Developmental Screening (RDS) program for children at risk of delays. However, over half of children in this age group were not known to ITEI. A lack of knowledge among the CUAs about RDS was identified as a major factor in under-utilization. Although case management staff administer Ages & Stages Questionnaires (ASQs) and refer children in need of EI, RDS allows at-risk children to transition into EI much more quickly if a developmental need is identified.

Throughout spring 2019, DHS provided education and distributed educational materials about Regular Developmental Screening at the Director, Administrator, Supervisor, Case Manager, Intervention Director, and Quality Assurance levels. Currently DHS and ITEI are working together to establish a standard process for 100% of DHS/CUA-involved children under three in Philadelphia to be referred to ITEI within 30 days of case assignment. ITEI is working to develop an internal process to streamline record-sharing.

Once ITEI service coordination agencies have the capacity to send required documentation to each child's case manager in a timely manner, DHS will roll out a policy formalizing the referral of all eligible children to ITEI. In the meantime, case management staff have been instructed to continue to administer their own ASQs unless they have documentation in hand from the child's service coordinator.

ITEI reports that over 560 eligible CUA children were referred and assigned to a service coordination agency between May and mid-June 2019.

#### PHLpreK project

Last year, DHS and the Mayor's Office of Education identified under-utilization of PHLpreK, Philadelphia's high-quality early childhood education program funded by the city beverage tax, as a concern for DHS/CUA-involved three- and four-year old children. (The number of children enrolled in another early childhood education program is unclear.) In order to ensure that every child ages three and four receives high-quality early childhood education, DHS provided system-wide education regarding PHLpreK to

all case management agencies and arranged for the Mayor's Office of Education to give a presentation on the early childhood education landscape at CUA staff meetings. DHS then gave each Case Management Supervisor a unit-specific list of eligible children. Supervisors have been instructed to review each of these children and assist families with enrollment as needed. The City of Philadelphia Data Management Office will be consulted to determine the effectiveness of these strategies in increasing enrollment.

Additionally, to ensure the safety of infants, DHS has partnered with the Philadelphia Department of Public Health on a Safe Sleep campaign designed to promote the message of "Same Room. Different Beds. Better Rest for All."

- ❑ OCYF Bulletin #3490-10-01 outlines requirements for developmental screening using the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire -Social Emotional (ASQ-SE) for children under three years of age who have been the subject of substantiated reports of child/abuse and neglect, living in residential facilities or who are homeless. OCYF recommended CCYAs consider extending developmental screening to include all children, under five years of age, who are accepted for services.

- ❑ Has the CCYA extended developmental screening to include all children under five years of age who are accepted for services?

Yes.

- ❑ If the CCYA does not currently implement the use of the ASQ and ASQ-SE beyond the requirements outlined in OCYF Bulletin #3490-10-01, what other screens or assessment tools are used by the CCYA to assess the developmental needs of children under age five who are accepted for services.

N/A

- ❑ Who currently administers the ASQ and ASQ-SE to the children served by the CCYA (ex. CCYA caseworker, contracted provider, etc.)?

The ASQ and ASQ-SE are currently administered by CUA Case Managers (or foster care provider workers for the small number of children managed by DHS).

However, DHS is in the process of shifting developmental screenings for children under three to Infant Toddler Early Intervention (ITEI). All children in Philadelphia involved with DHS/CUA, both in-home and placement, are eligible for ITEI's Regular Developmental Screening program. RDS administers the ASQ and ASQ-SE at required intervals, and immediately transitions children into Early Intervention on the spot when a delay is identified during screening.

Case managers have been informed that if they obtain documentation of an up-to-date ASQ/ASQ-SE screening from RDS, they are not required to duplicate the screening.

- ❑ At what point are the assessments administered (i.e. at intake, within first 30 days of placement, etc.)

The ASQ is administered within 30 days of case opening. If no delay is identified, case managers must continue to administer screenings according to the ASQ interval schedule outlined in Bulletin 3490-10-01.

## 2-30. Family First Prevention Services Act

### ***Title IV-E Prevention Services Program***

- ☐ Describe the CCYAs engagement with the local Single County Authority (SCA) and mental health partner(s) to discuss implementation of this provision.

The DHS Commissioner and the Senior Leadership Team from Child Welfare Operations meet on a monthly basis with the CEO of Community Behavioral Health and her Senior Leadership Team to plan for full implementation of FFSPA. Discussions include ways to collaborate on evidence-based programs and improve the quality of practice at residential treatment facilities.

Additionally, DHS is requesting funding to hire a project manager to coordinate both the internal and external planning needed to implement changes to programming and practice that are required by FFSPA.

- ☐ Describe the CCYAs engagement with community-based service providers regarding the selection and implementation of EBPs.

Over the past fiscal year, Philadelphia DHS has taken strategic steps to prepare for the selection and implementation of EBPs in response to the Family First Prevention Services Act (FFPSA).

In the Spring of 2019, DHS released a Request for Proposals to select a research partner to expand the work of its Research & Data Analytics Unit to study programs that exemplify quality service and lead to improved outcomes for children and families receiving child welfare services. Through this contract, DHS will partner with a team of researchers to implement a three-pronged assessment to select and implement an array of EBPs so that DHS can draw down federal funding allowed by FFPSA as soon as possible after Pennsylvania opts into the new provisions. The three phases of this project include: (1) a system-wide assessment of existing DHS-funded prevention services that either qualify for FFPSA funding or could be adapted with relatively little effort to qualify for FFPSA funding; (2) a needs/feasibility assessment to identify new EBPs to implement that are the most relevant and potentially impactful to prevent the use of out-of-home care; and (3) program effectiveness studies to investigate existing interventions that are currently offered to families, but have not yet been rigorously studied, as well as the implementation of new EBP designated interventions. Within each of these three project phases, engagement with internal and external stakeholders, including community-based service providers, is prioritized. DHS' Division of Performance Management and Technology is well positioned to support this research partnership and will continue to build and strengthen its infrastructure to ensure the successful implementation of EBPs after they are selected.

- ☐ Describe the anticipated practice and fiscal impact of this provision.

Philadelphia County's existing practices are largely aligned with the Family First Prevention Services Act. The County is in the process of selecting an outside contractor to assist in selecting new EBPs from the Title IV-E Prevention Services Clearinghouse for

implementation while evaluating those from the County's existing service array for inclusion. However, given the high threshold for inclusion on the Clearinghouse, Philadelphia County will continue to develop and implement programs for their impact on diverting children and youth from care rather than purely for their federal reimbursability.

***Congregate care funding limitation***

- ☐ Describe the CCYAs engagement with the courts and legal staff regarding this provision.

DHS and the Court/JPO are working to prepare for the implementation of Family First. As described below, we are working to build an array of community based options to use in lieu of placement as well as increasing our focus on Family Finding. As DHS begins to develop and grow an array of evidence based prevention programs, the Court will be briefed on the types of programs and when it is best for them to be used so that their use will become a well used part of the continuum of services.

- ☐ Describe the engagement with JPO regarding Shared Case Responsibility youth impacted by this provision.

DHS and leadership from JPO and Family Court are working towards preventing congregate care placement and timely discharge of youth from congregate care. This involves the collaboration to develop further community-based resources to divert youth and to use tools to assess children's ability to exit safely from care.

- ☐ Describe the engagement with placement service providers to determine their capacity to serve youth in family-based settings.

Philadelphia County regularly engages with all providers to discuss practice and fiscal issues. Providers have been briefed on the upcoming Family First changes, particularly the need to reduce the usage of congregate care. In FY2018-19, Philadelphia County released an RFP for additional Specialized Behavioral Health (SBH) providers and selected five additional providers to meet this need, which will create additional capacity for family-based settings in the County. Philadelphia also participates in discussions about larger issues related to capacity and quality services as a member of the Pennsylvania Child Welfare Council and its workgroups.

- ☐ Describe any practice changes being implemented at the county level to ensure that congregate care placement is appropriate based on the child or youth's needs. For example, is agency leadership being involved in decisions regarding congregate care placement.

Since 2012, DHS has used the Commissioner's approval process in an effort to divert youth from congregate care. Prior to placement in any dependent congregate care facility, the Commissioner and her team must review the youth's history, including prior placement and services, to determine if all least restrictive options have been safely exhausted. This process has helped to significantly move the percentage of youth in congregate care from 22% in 2012 to 10% in 2019.

As part of the move toward improved practice, DHS continues to work with the Law Department and other partners towards the reduction in the use of congregate care and toward timely, safe, and appropriate discharges from congregate care. Cases will be

reviewed to determine if community-based resources can help reduce the length of stay for youth in congregate care. Also, in partnership with the School District, DHS is exploring the creation of local educational options to support youth in their own homes and communities.

- ☐ Describe any other anticipated practice and/or fiscal impact of this provision.

Philadelphia County's existing practices around congregate care are aligned with the congregate care funding limitation. Philadelphia places children and youth in family-based settings whenever possible, and has significantly reduced congregate care usage over the past several years. The number of youth in congregate care for both dependent and delinquent is at an all time low. As of March 31, 2019, 87% of youth in dependent placement live in a family based setting. Of the youth in these family settings, 56% are placed with kin. Despite these successes, work is still being done to reduce the residential placement population even further.

DHS and CBH are not aware of any existing providers that plan to become accredited as a Qualified Residential Treatment Program (Q RTP) and awaits guidance from PA DHS regarding whether the Commonwealth needs this level of care.

A reduction in projected Title IV-E revenues in FY2020-21 is included as a revenue adjustment. This projection includes adjustments for all specialized settings except Q RTPs.

2-3t. Title IV-E Reimbursement for Legal Representation Costs for Children and Parents in Dependency Proceedings

- ☐ Report any amount expended by the county government in FY 2018-19 for legal representation costs for parents in dependency proceedings.

DHS is waiting for amount expended for the fourth quarter of FY 2018-19, and will report the amount for the fiscal year in the final submission.

- ☐ If the cost is not part of the county government's expenses, who is financially responsible and what were the associated costs?

Costs for legal representation for parents are borne entirely by Philadelphia County.

- ☐ What is the average hourly rate for attorneys representing parents in dependency proceedings?

Philadelphia County does not pay attorneys representing parents in dependency proceedings on an hourly basis. There is a fee schedule for court-appointed counsel based upon the number of hearings; the maximum compensation in the first year is \$750, \$450 in the second year, and \$350 in the third year of representation. This rate structure was developed by and is maintained by the First Judicial District.

The City also has a contract with Community Legal Services which has a different fee structure, but it is not hourly.

A copy of the First Judicial District of Pennsylvania Administrative Governing Board Rule No. 1 of 2017 (*In Re: First Judicial District of Pennsylvania Court-Appointed Counsel, Investigative and Expert Witness Fee Schedule*) will be attached to the final submission.

- ❑ What are the strengths and challenges to advancing parental access to legal representation by making the costs the financial responsibility of the CCYA? Please describe how the court was engaged in this discussion.

In Philadelphia, the costs for parent representation are paid for entirely by the County, not the CYYA, and funds are administered by the First Judicial District of Pennsylvania. This structure helps to eliminate conflict during dependency proceedings.

## Section 3: General Indicators

### 3-1: County Fiscal Background

- ❑ Counties that exceeded their Act 148 allocation, resulting in an overmatch situation, in FY 2018-19 should describe the practice and fiscal drivers that impacted the county's level of resource need. Address the impact the FY 2018-19 program and spending history had on the projected utilization of the allocation and additional resource needs for FY 2019-20.

At this time, Philadelphia County is still collecting final FY 2018-19 invoices and evaluating days of care data, which will determine whether or not the County will be in overmatch.

- ❑ Counties that did not spend all their Act 148 allocation in FY 2018-19 should describe the practice(s) that impacted the county's level of resource need and address any projections for underspending in FY 2019-20.

Not applicable.

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

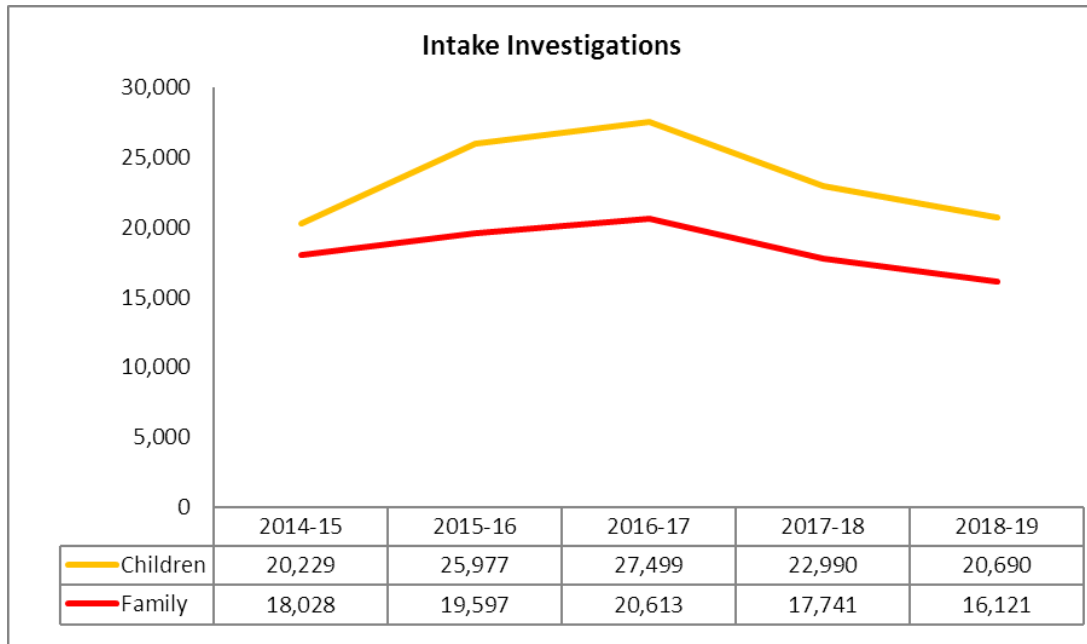
There are a number of changes which Philadelphia DHS will highlight as a resource need through adjustments to expenditures in FY 2019-20 and FY 2020-21. These changes can be grouped into several broad categories:

- Implementation Year adjustments to account for new initiatives approved as part of the FY 2019-20 Needs Based Budget request: YDC per diems; clearance costs; County staff salary changes; Family Finding expansion; resource parent recruitment; research and data analytics modernization; increased monitoring of providers; new/expanded prevention programs (ESSA, CAPTA, truancy, rapid service response, STEP, Family Empowerment Centers); and juvenile justice programs (graduated response, reporting centers, GPS monitors, day center, PJJSC overtime).
- Implementation Year adjustment to reflect recent rate increases for selected providers.
- Implementation Year adjustment for necessary improvements to County facilities.
- Implementation Year adjustment to reflect an increase to the County's Out of School Time (OST) programming.
- Needs-Based Year adjustments to annualize Implementation Year adjustments.
- Needs-Based Year adjustments to address staff retention issues at Philadelphia's Community Umbrella Agencies (CUAs).

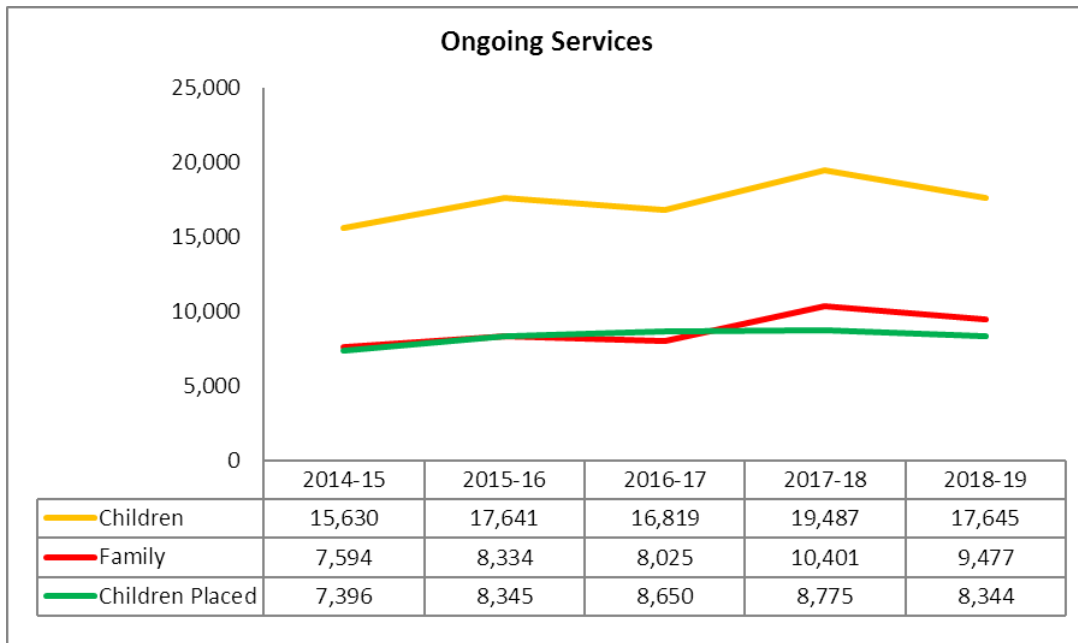


- **PLEASE NOTE:** Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 3-4)

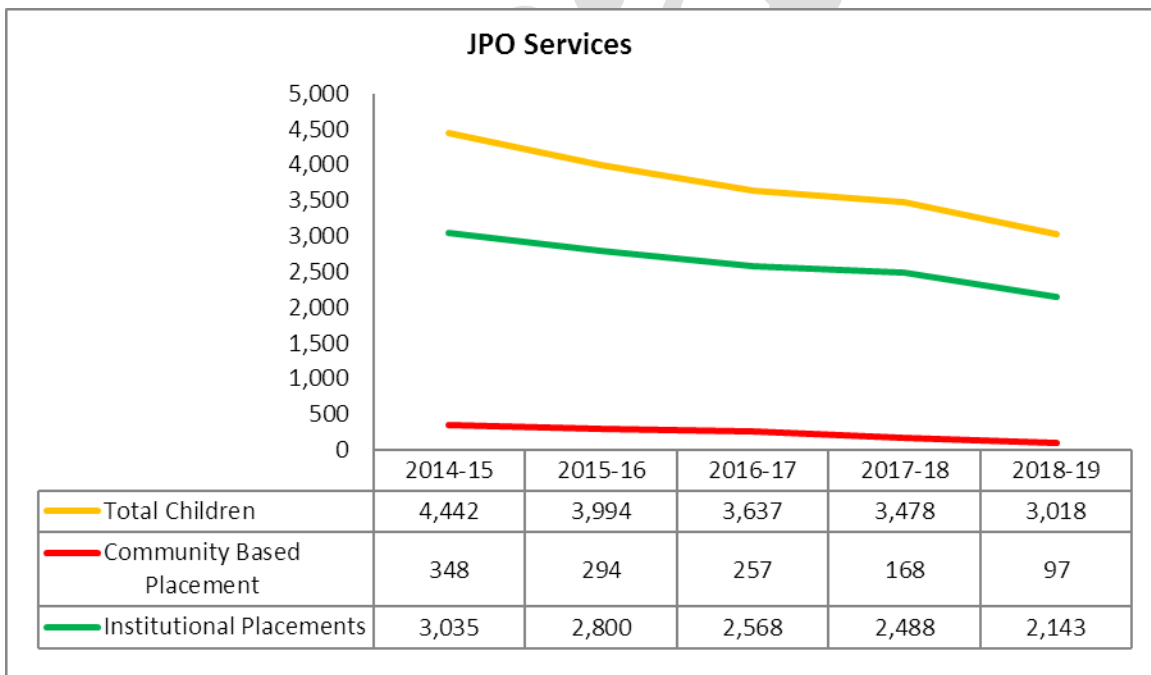
### 3-2a. Intake Investigations



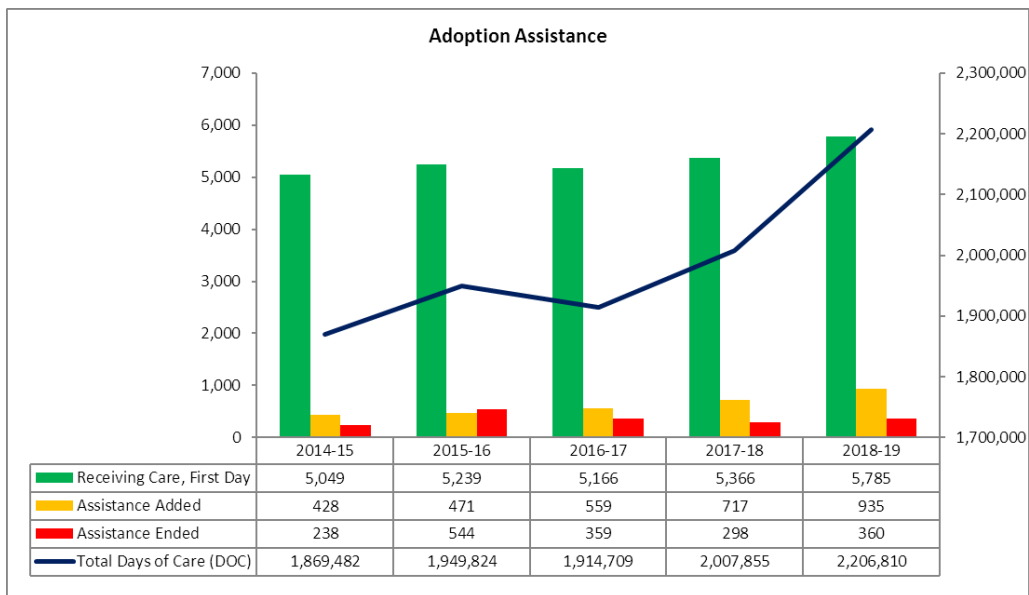
### 3-2a. Ongoing Services



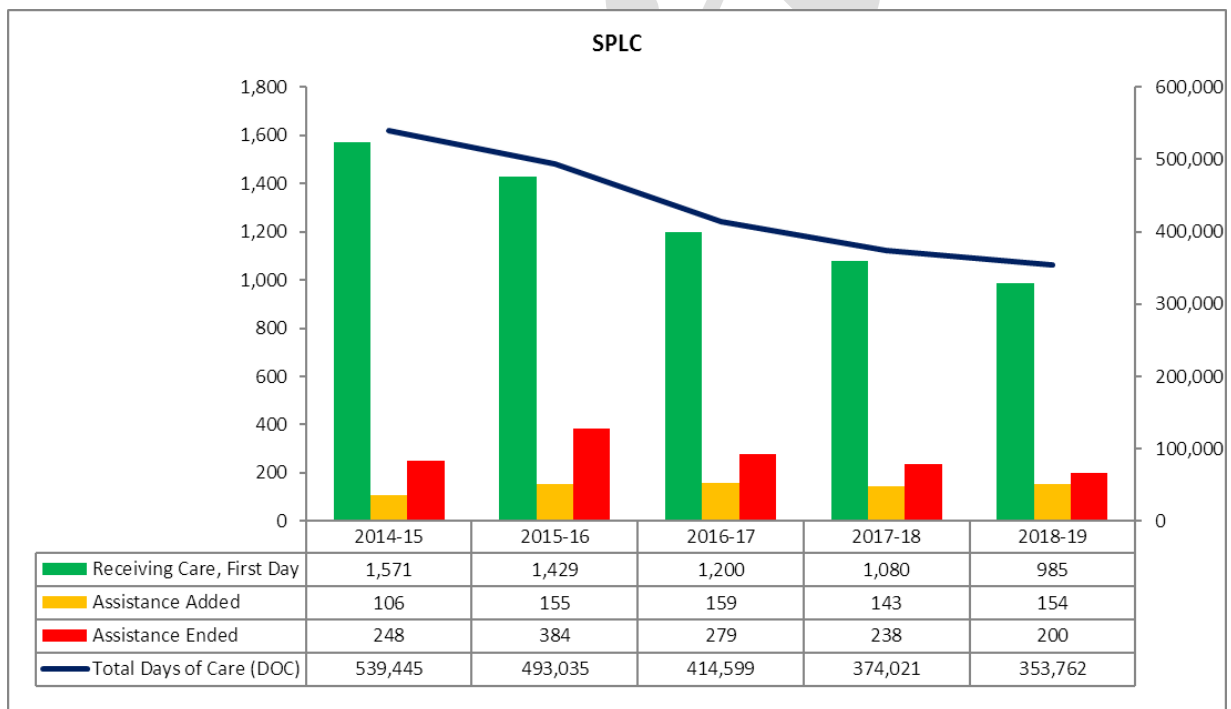
### 3-2a. JPO Services



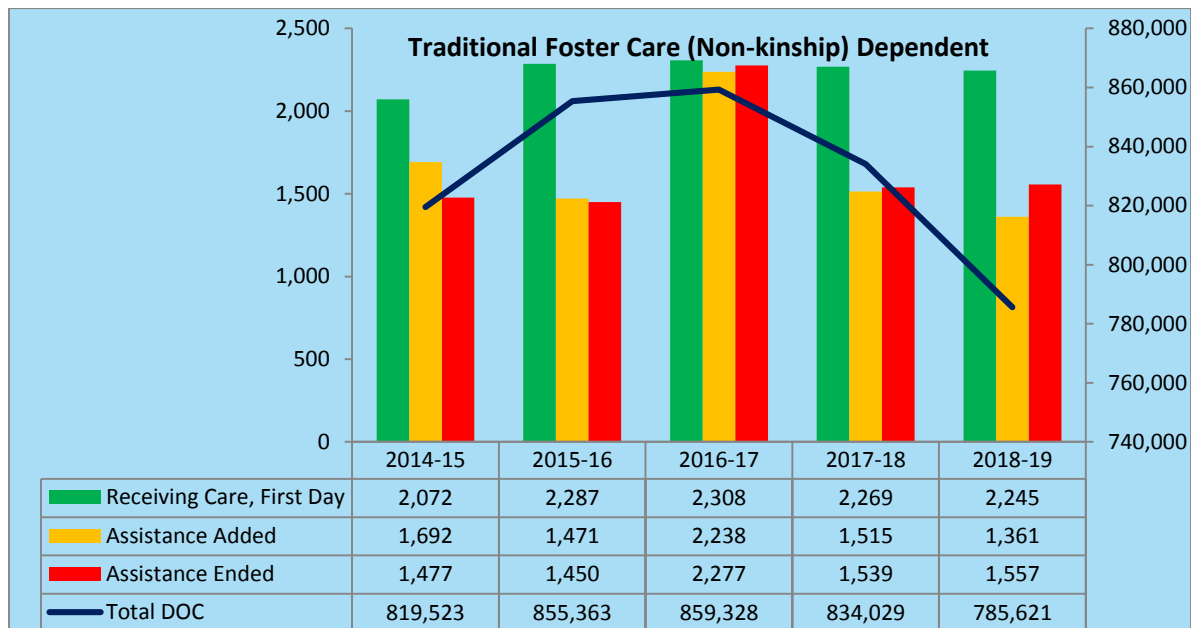
### 3-2b. Adoption Assistance



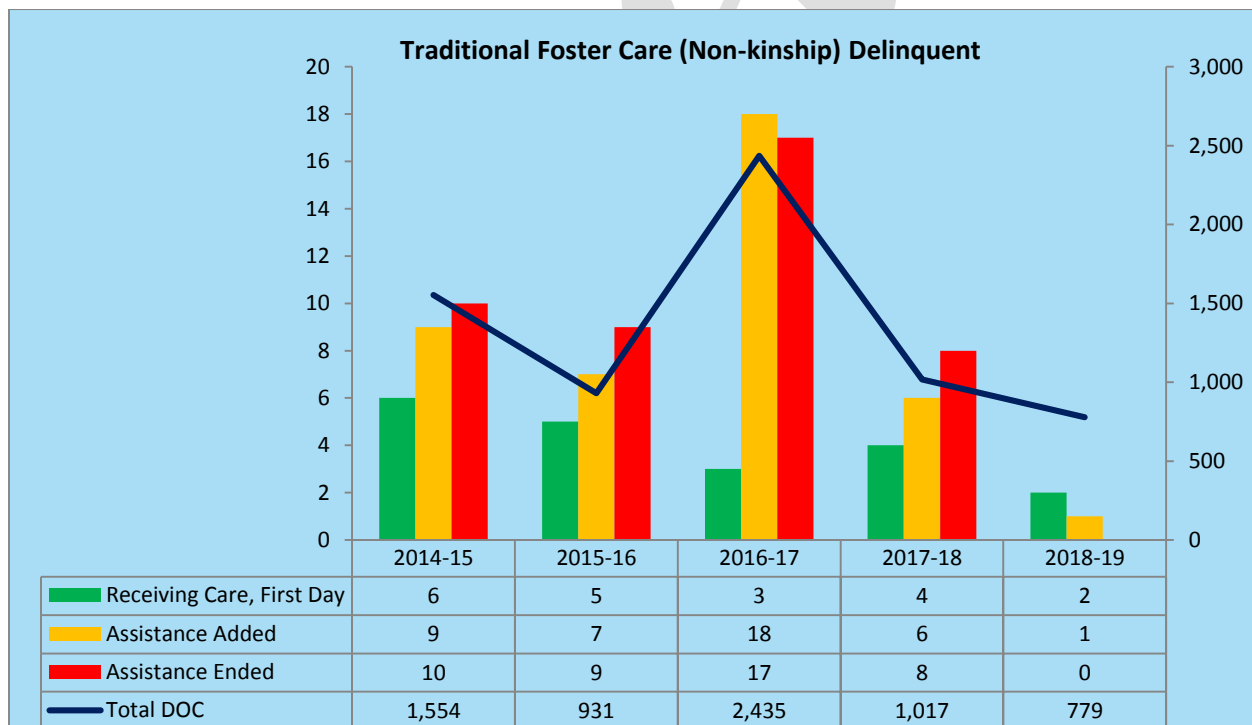
### 3-2c. Subsidized Permanent Legal Custody (SPLC)



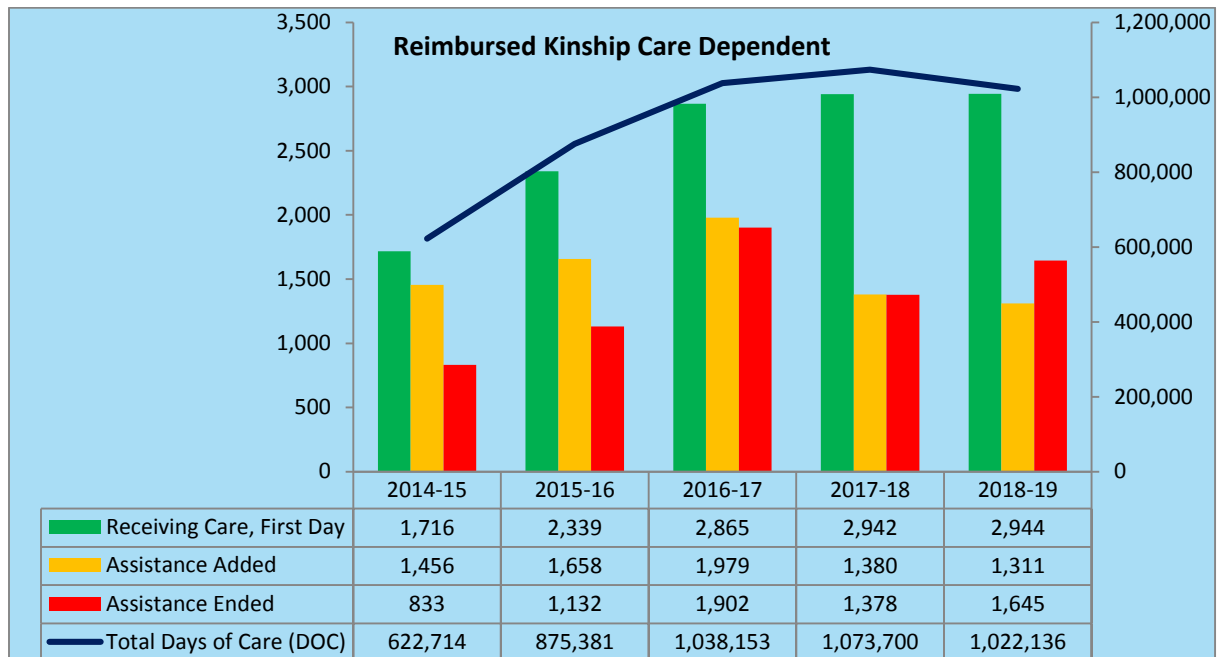
### 3-2d. Out-of-Home Placements: County Selected Indicator



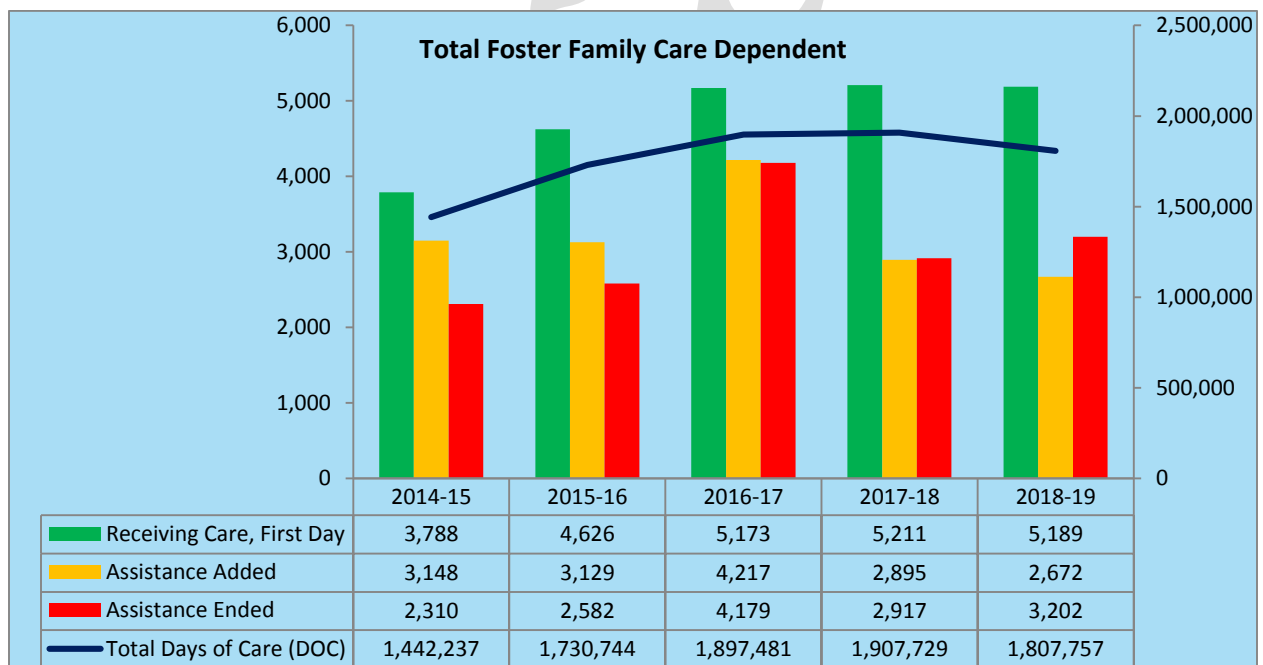
### 3-2d. Out-of-Home Placements: County Selected Indicator



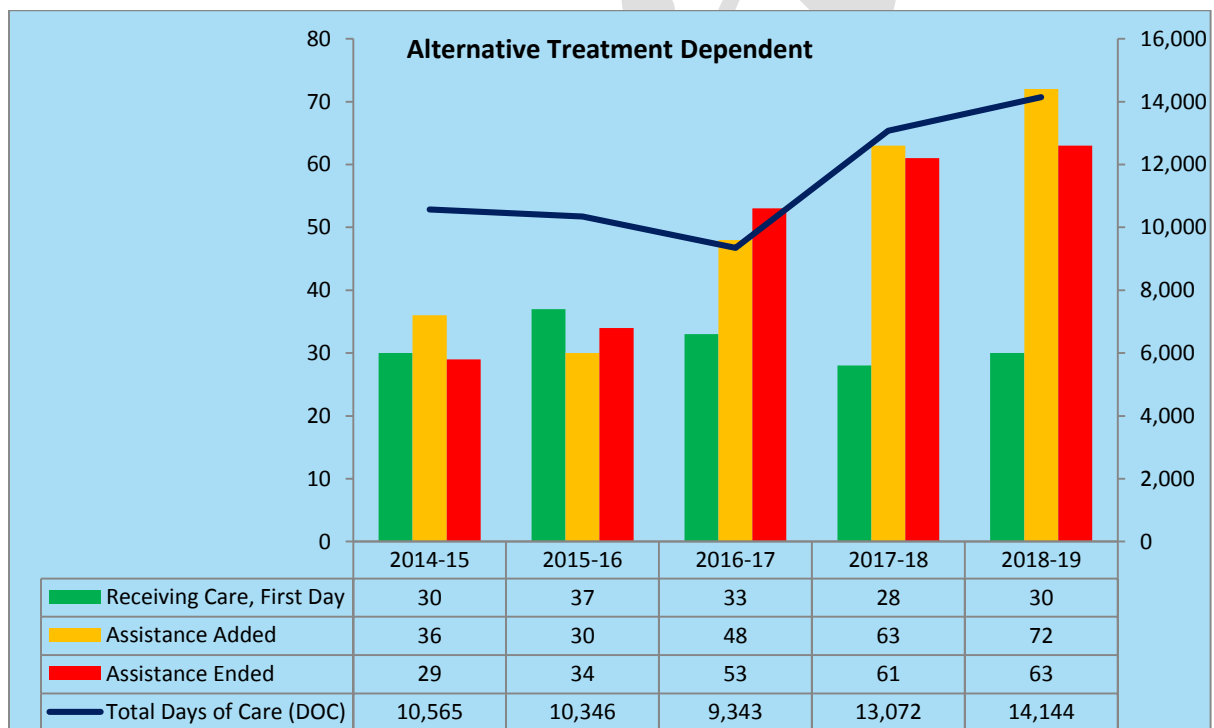
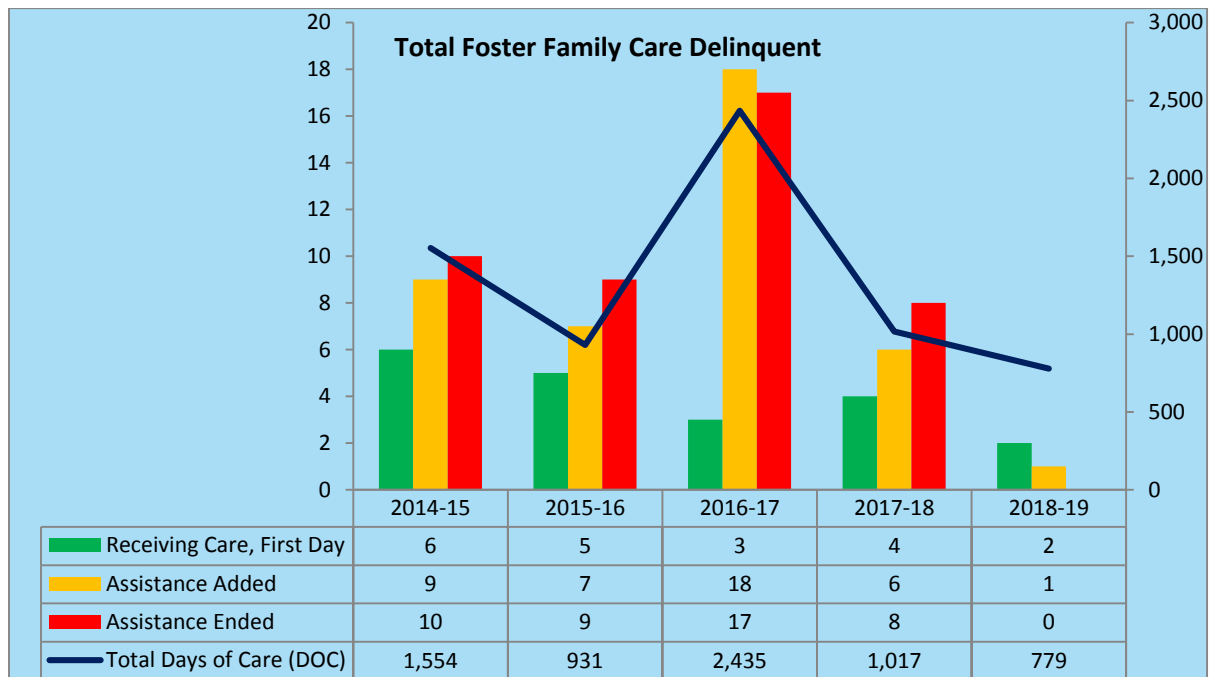
### 3-2d. Out-of-Home Placements: County Selected Indicator

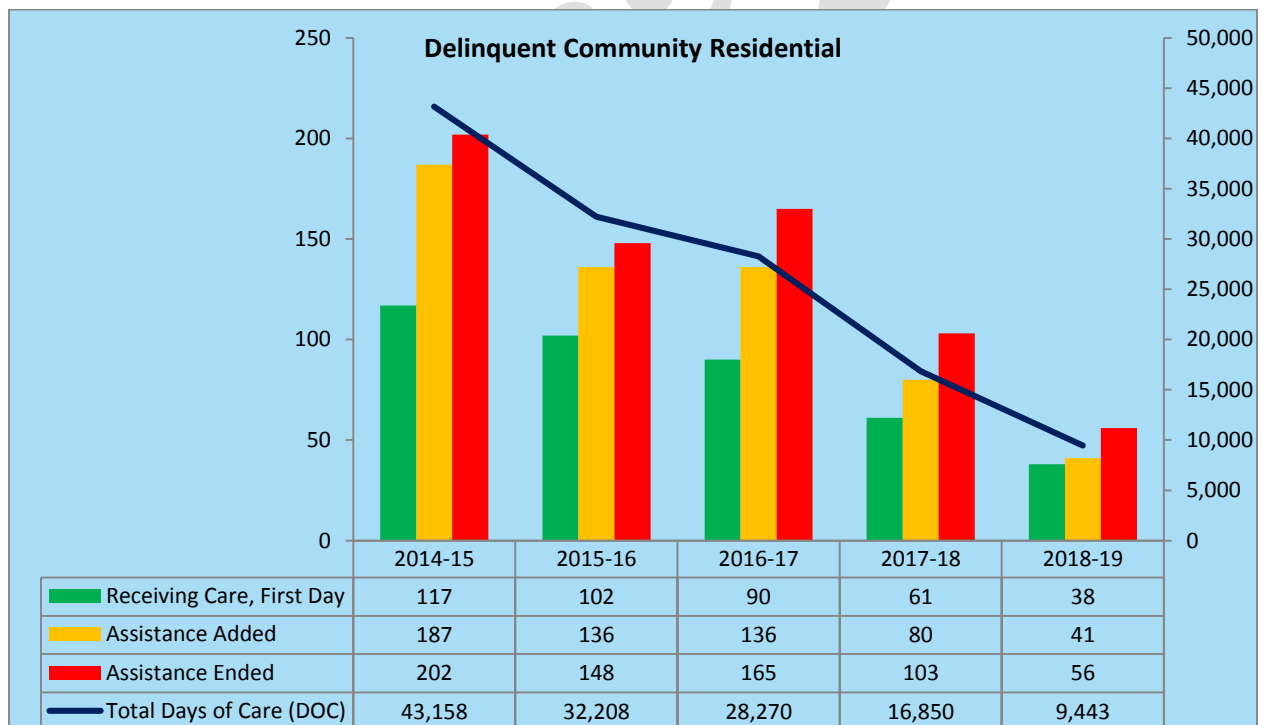
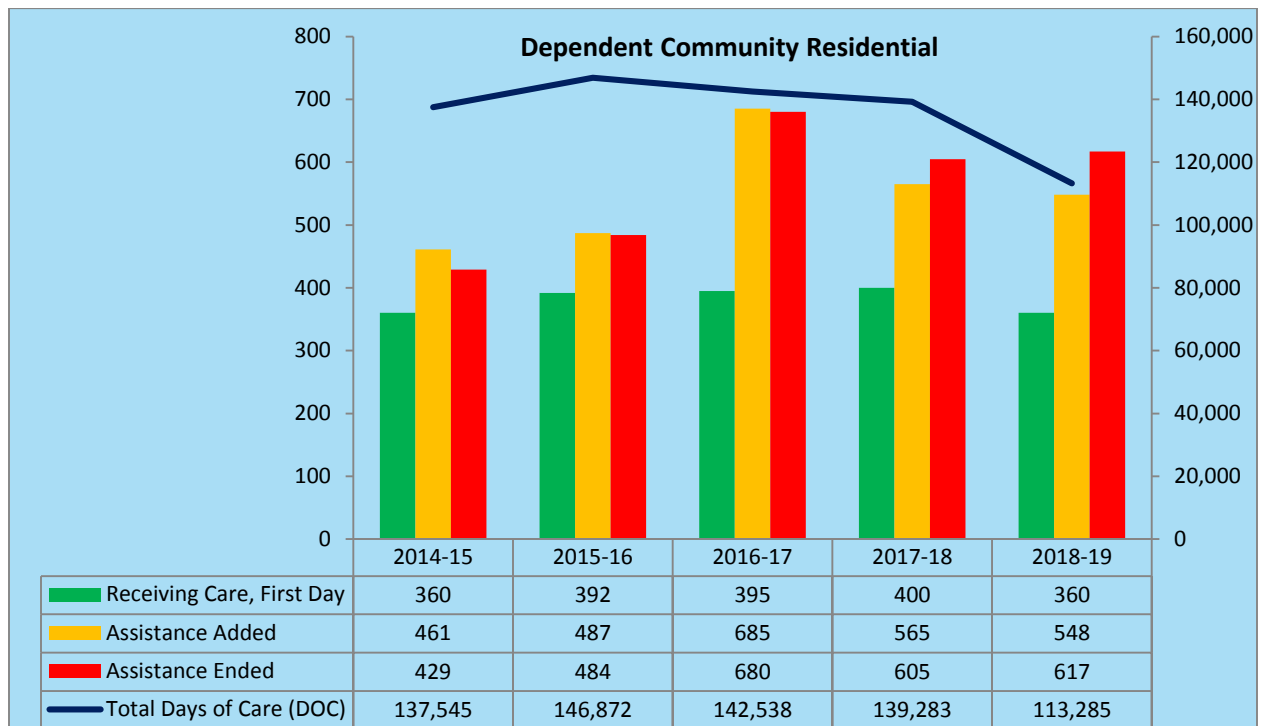


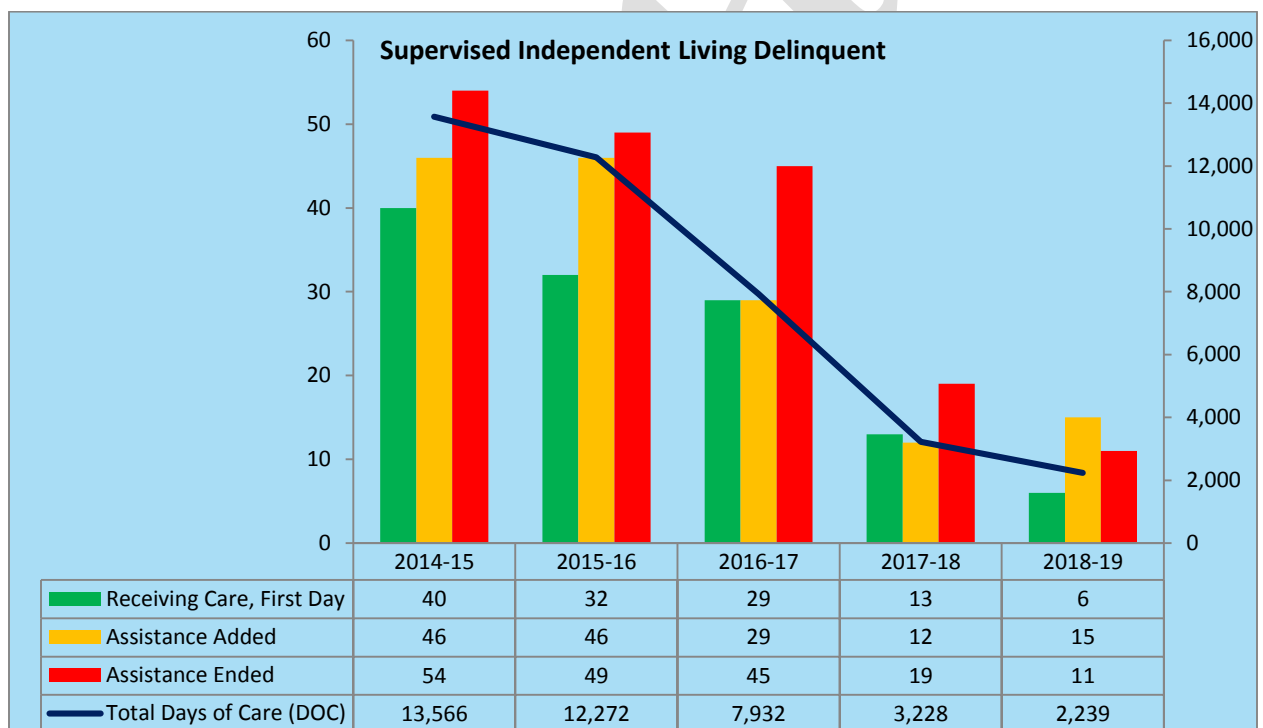
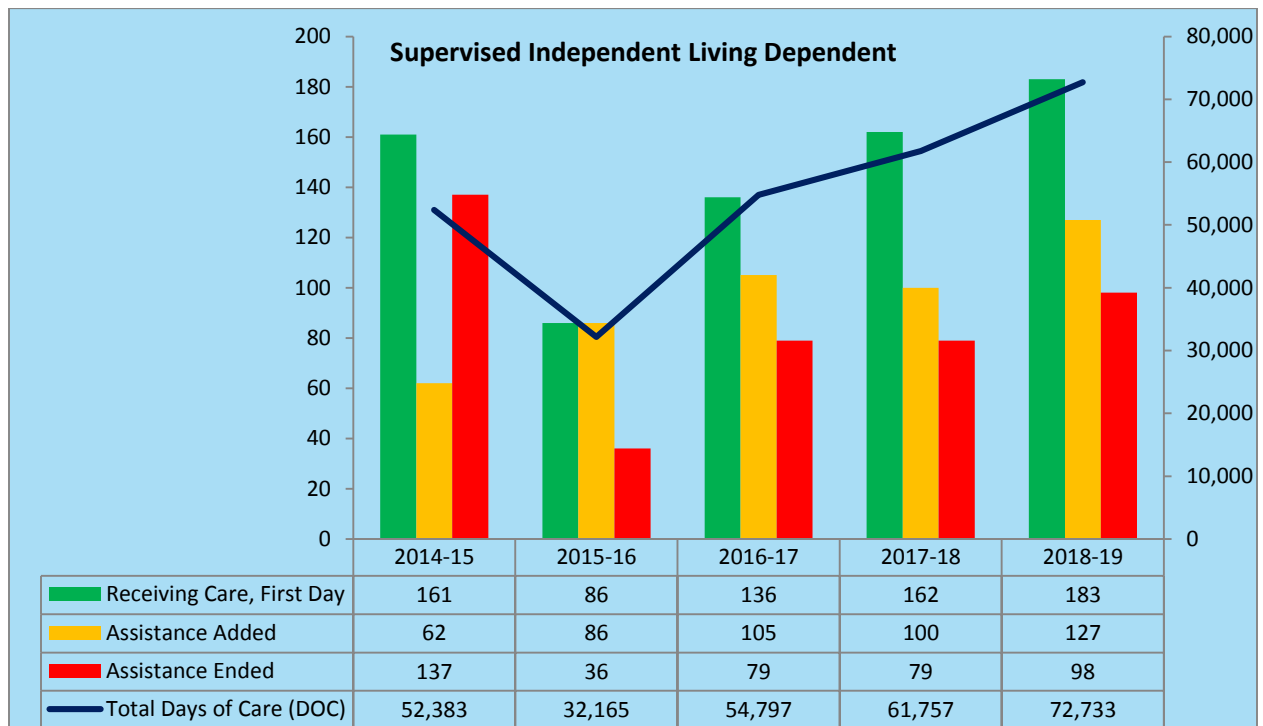
### 3-2d. Out-of-Home Placements: County Selected Indicator



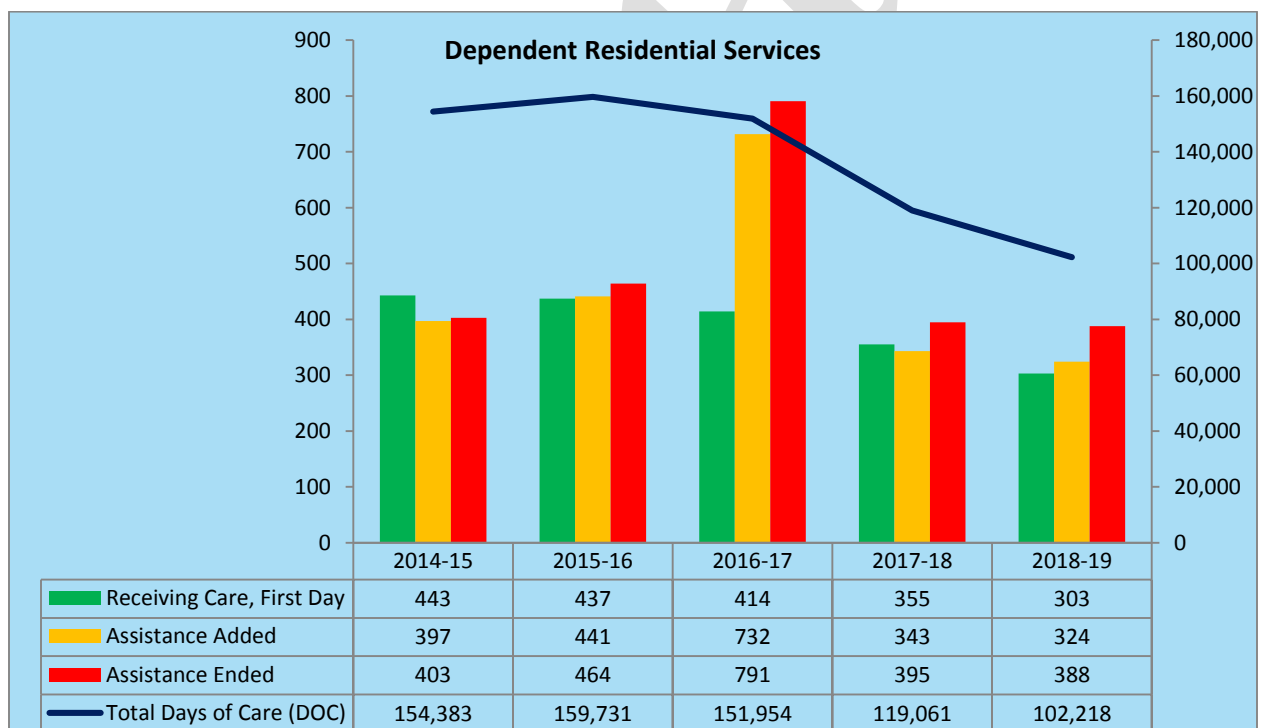
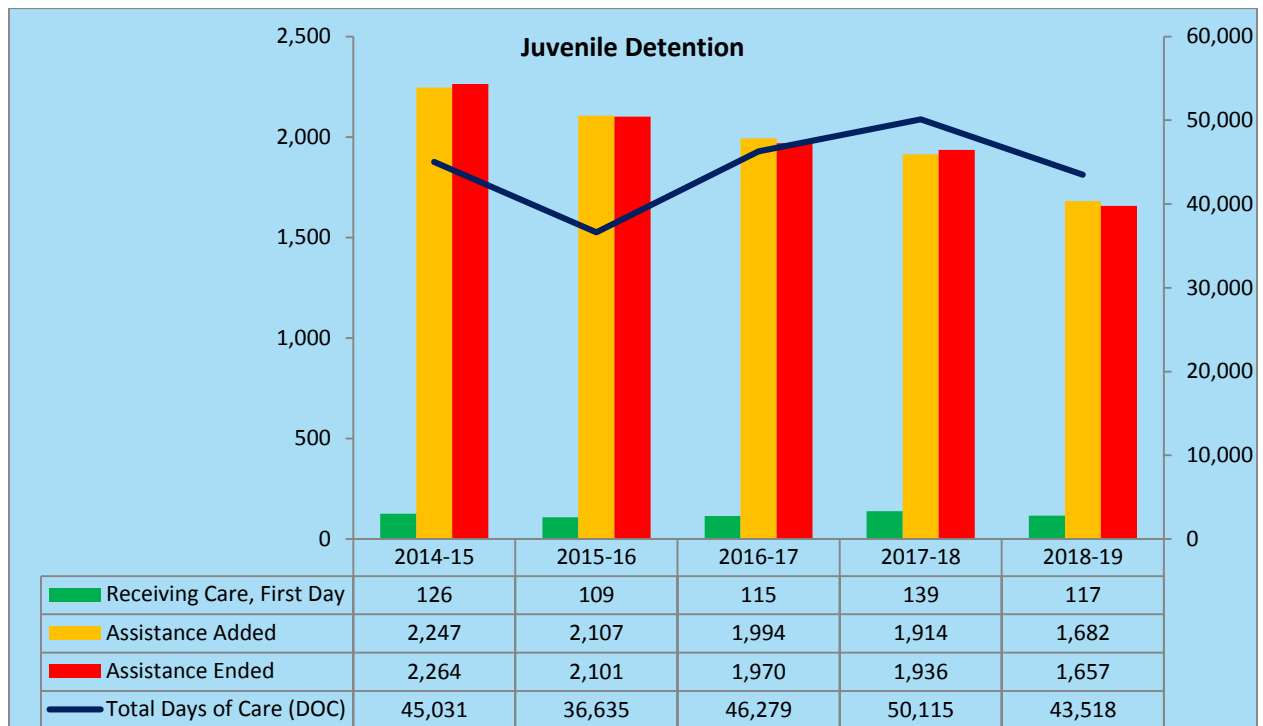
### 3-2d. Out-of-Home Placements: County Selected Indicator

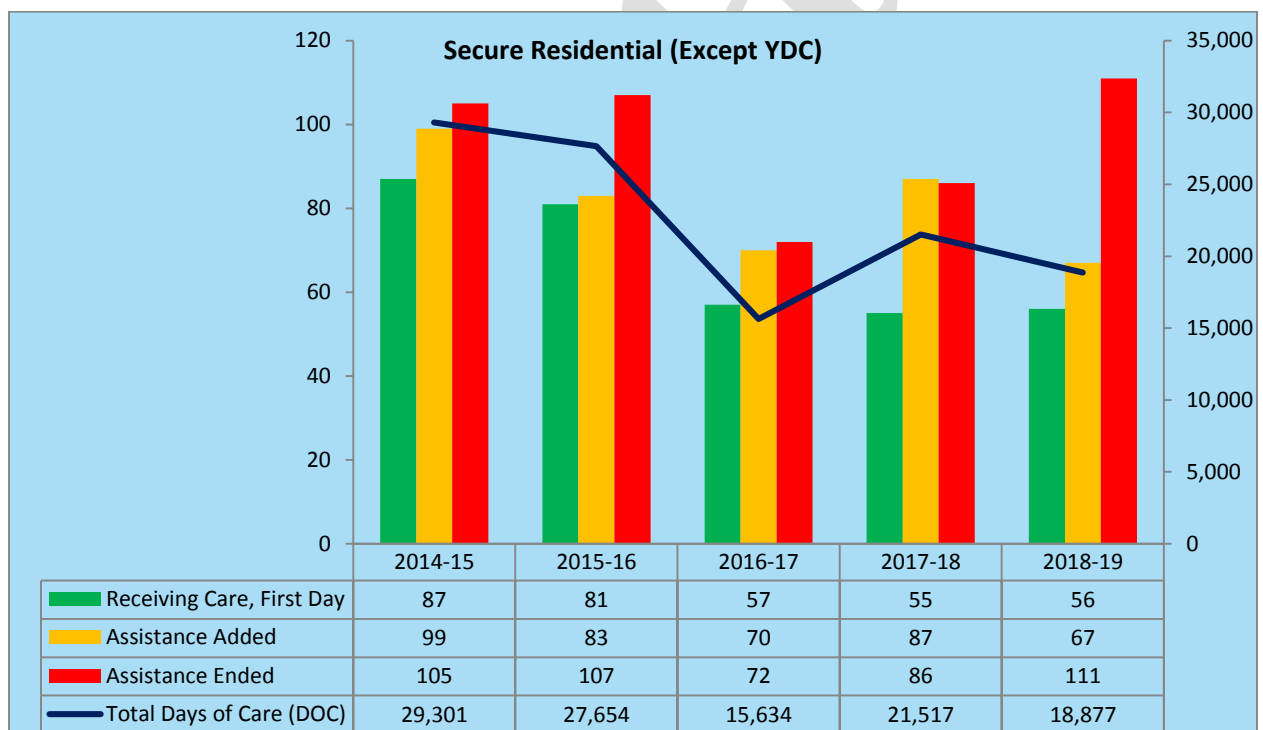
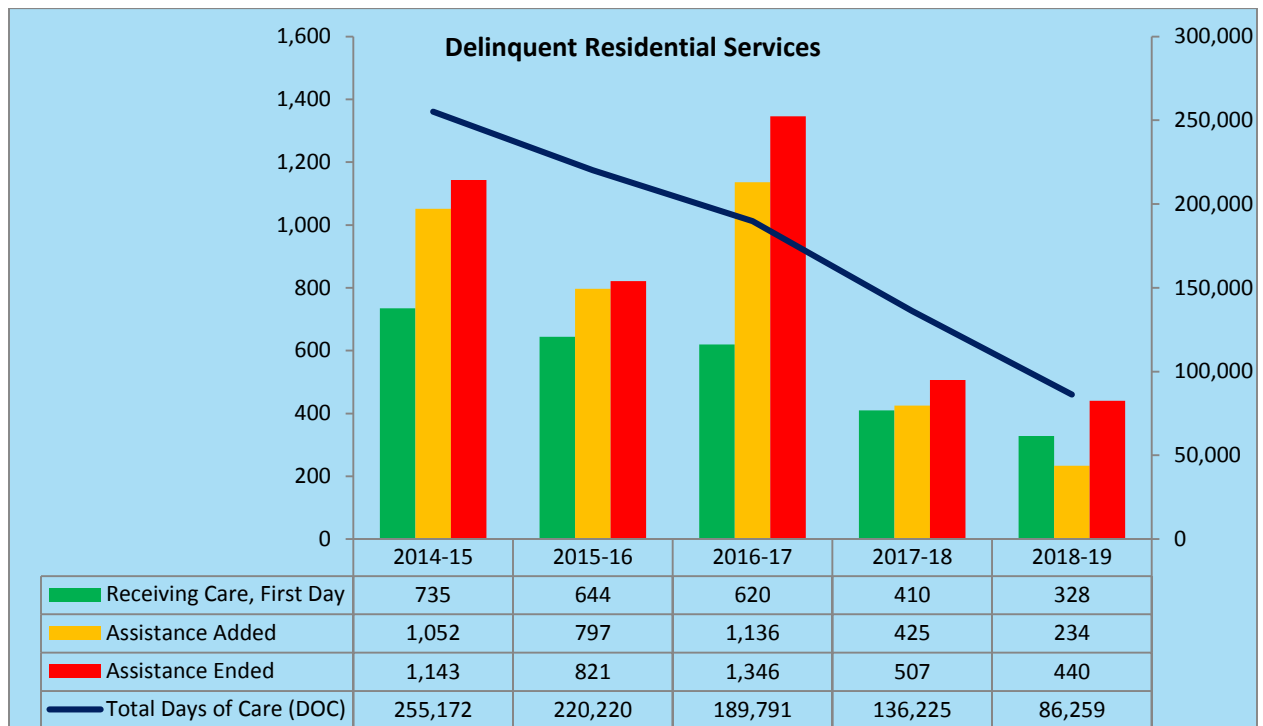


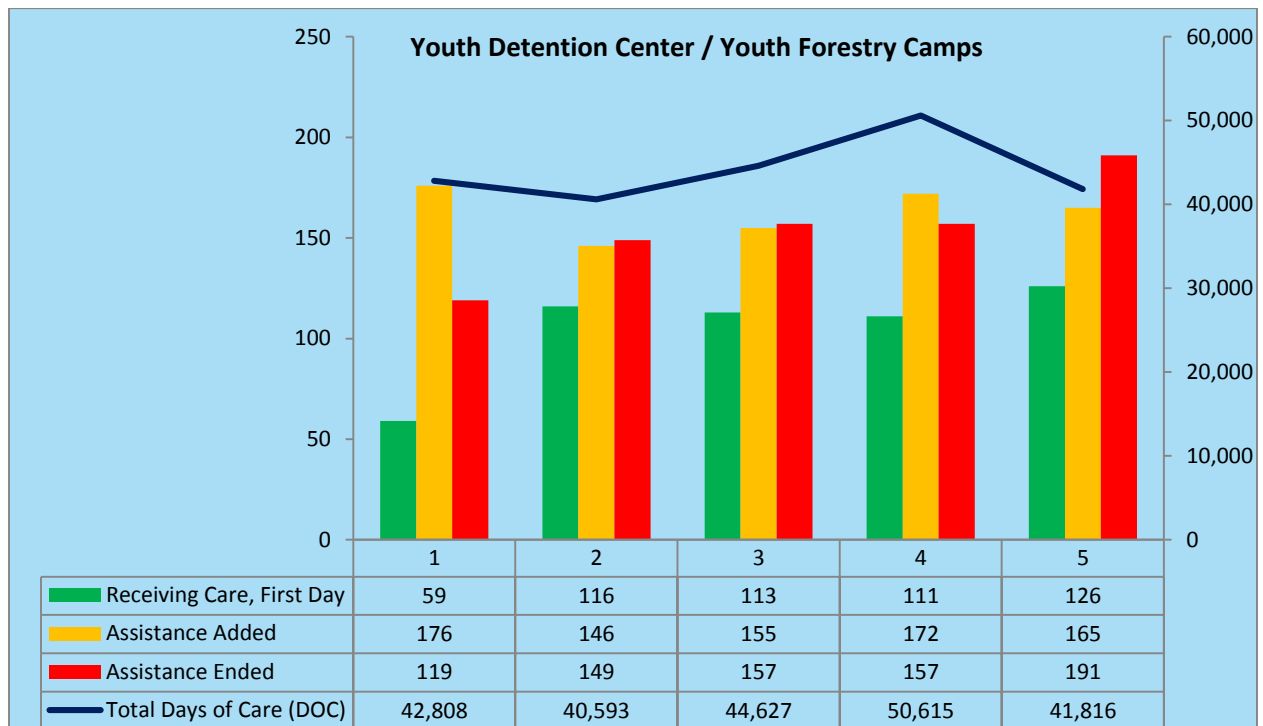




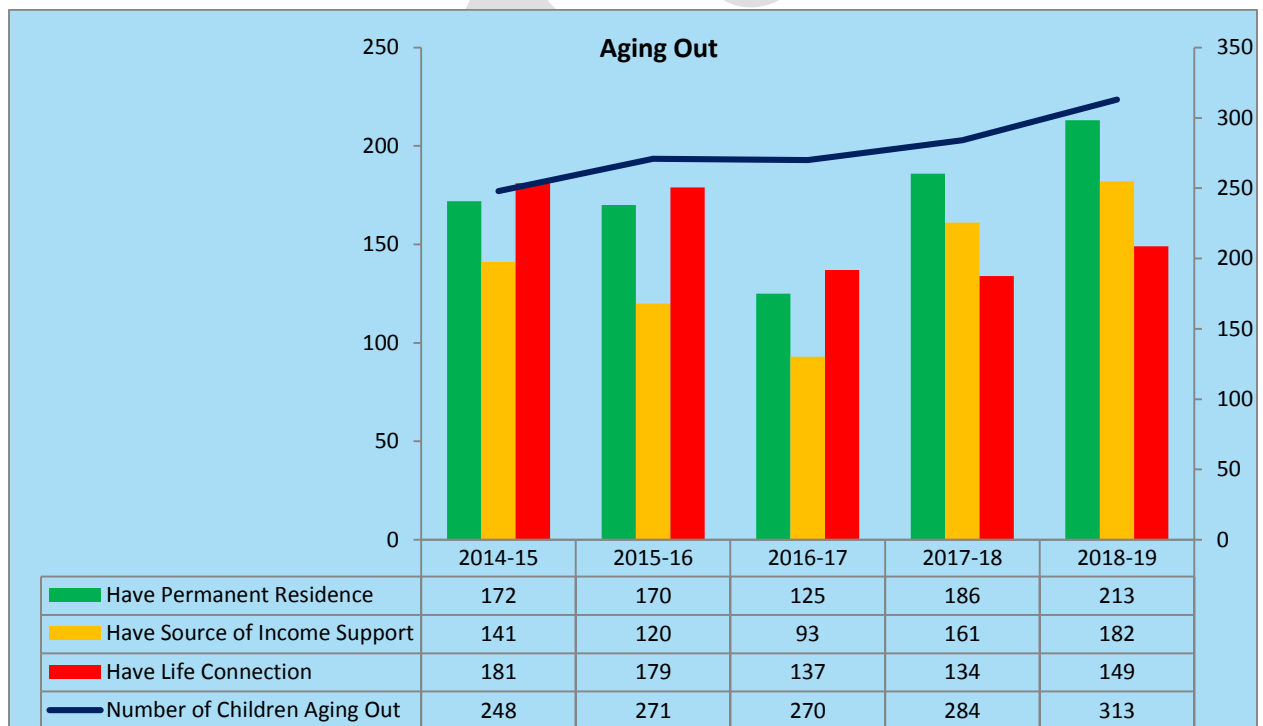








### 3-2e. Aging Out



### 3-2f. General Indicators

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#### 3-2: General Indicators

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County Number: **51**

Class: **1**

### Philadelphia County

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#### 3-2a. Service Trends

Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	2014-19 % Change	2014-19 CAGR
<b>Intake Investigations</b>							
Children	20,229	25,977	27,499	22,990	20,690	2.3%	0.6%
Family	18,028	19,597	20,613	17,741	16,121	-10.6%	-2.8%
<b>Ongoing Services</b>							
Children	15,630	17,641	16,819	19,487	17,645	12.9%	3.1%
Family	7,594	8,334	8,025	10,401	9,477	24.8%	5.7%
Children Placed	7,396	8,345	8,650	8,775	8,344	12.8%	3.1%
<b>JPO Services</b>							
Total Children	4,442	3,994	3,637	3,478	3,018	-32.1%	-9.2%
Community Based Placement	348	294	257	168	97	-72.1%	-27.3%
Institutional Placements	3,035	2,800	2,568	2,488	2,143	-29.4%	-8.3%

#### 3-2b. Adoption Assistance

Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	2014-19 % Change	2014-19 CAGR
<b>Adoption Assistance</b>							
Receiving Care, First Day	5,049	5,239	5,166	5,366	5,785	14.6%	3.5%
Assistance Added	428	471	559	717	935	118.5%	21.6%
Assistance Ended	238	544	359	298	360	51.3%	10.9%
Total Days of Care (DOC)	1,869,482	1,949,824	1,914,709	2,007,855	2,206,810	18.0%	4.2%

#### 3-2c. SPLC

Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	2014-19 % Change	2014-19 CAGR
<b>Subsidized Permanent Legal Custodianship</b>							
Receiving Care, First Day	1,571	1,429	1,200	1,080	985	-37.3%	-11.0%
Assistance Added	106	155	159	143	154	45.3%	9.8%
Assistance Ended	248	384	279	238	200	-19.4%	-5.2%
Total Days of Care (DOC)	539,445	493,035	414,599	374,021	353,762	-34.4%	-10.0%

3-2d. Placement Data							
Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	% Change	2014-19 CAGR
<b>Traditional Foster Care (non-kinship) - Dependent</b>							
Receiving Care, First Day	2,072	2,287	2,308	2,269	2,245	8.3%	2.0%
Assistance Added	1,692	1,471	2,238	1,515	1,361	-19.6%	-5.3%
Assistance Ended	1,477	1,450	2,277	1,539	1,557	5.4%	1.3%
Total DOC	819,523	855,363	859,328	834,029	785,621	-4.1%	-1.1%
<b>Traditional Foster Care (non-kinship) - Delinquent</b>							
Receiving Care, First Day	6	5	3	4	2	-66.7%	-24.0%
Assistance Added	9	7	18	6	1	-88.9%	-42.3%
Assistance Ended	10	9	17	8	0	-100.0%	-100.0%
Total DOC	1,554	931	2,435	1,017	779	-49.9%	-15.9%
<b>Reimbursed Kinship Care - Dependent</b>							
Receiving Care, First Day	1,716	2,339	2,865	2,942	2,944	71.6%	14.4%
Assistance Added	1,456	1,658	1,979	1,380	1,311	-10.0%	-2.6%
Assistance Ended	833	1,132	1,902	1,378	1,645	97.5%	18.5%
Total Days of Care (DOC)	622,714	875,381	1,038,153	1,073,700	1,022,136	64.1%	13.2%
<b>Reimbursed Kinship Care - Delinquent</b>							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%
<b>Foster Family Care - Dependent (Total of 2 above)</b>							
Receiving Care, First Day	3,788	4,626	5,173	5,211	5,189	37.0%	8.2%
Assistance Added	3,148	3,129	4,217	2,895	2,672	-15.1%	-4.0%
Assistance Ended	2,310	2,582	4,179	2,917	3,202	38.6%	8.5%
Total Days of Care (DOC)	1,442,237	1,730,744	1,897,481	1,907,729	1,807,757	25.3%	5.8%
<b>Foster Family Care - Delinquent (Total of 2 above)</b>							
Receiving Care, First Day	6	5	3	4	2	-66.7%	-24.0%
Assistance Added	9	7	18	6	1	-88.9%	-42.3%
Assistance Ended	10	9	17	8	0	-100.0%	-100.0%
Total Days of Care (DOC)	1,554	931	2,435	1,017	779	-49.9%	-15.9%
<b>Non-reimbursed Kinship Care - Dependent</b>							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%
<b>Non-reimbursed Kinship Care - Delinquent</b>							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%
<b>Alternative Treatment Dependent</b>							
Receiving Care, First Day	30	37	33	28	30	0.0%	0.0%
Assistance Added	36	30	48	63	72	100.0%	18.9%
Assistance Ended	29	34	53	61	63	117.2%	21.4%
Total Days of Care (DOC)	10,565	10,346	9,343	13,072	14,144	33.9%	7.6%
<b>Alternative Treatment Delinquent</b>							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%

Dependent Community Residential							
Receiving Care, First Day	360	392	395	400	360	0.0%	0.0%
Assistance Added	461	487	685	565	548	18.9%	4.4%
Assistance Ended	429	484	680	605	617	43.8%	9.5%
Total Days of Care (DOC)	137,545	146,872	142,538	139,283	113,285	-17.6%	-4.7%

Delinquent Community Residential							
Receiving Care, First Day	117	102	90	61	38	-67.5%	-24.5%
Assistance Added	187	136	136	80	41	-78.1%	-31.6%
Assistance Ended	202	148	165	103	56	-72.3%	-27.4%
Total Days of Care (DOC)	43,158	32,208	28,270	16,850	9,443	-78.1%	-31.6%

Supervised Independent Living Dependent							
Receiving Care, First Day	161	86	136	162	183	13.7%	3.3%
Assistance Added	62	86	105	100	127	104.8%	19.6%
Assistance Ended	137	36	79	79	98	-28.5%	-8.0%
Total Days of Care (DOC)	52,383	32,165	54,797	61,757	72,733	38.8%	8.6%

Supervised Independent Living Delinquent							
Receiving Care, First Day	40	32	29	13	6	-85.0%	-37.8%
Assistance Added	46	46	29	12	15	-67.4%	-24.4%
Assistance Ended	54	49	45	19	11	-79.6%	-32.8%
Total Days of Care (DOC)	13,566	12,272	7,932	3,228	2,239	-83.5%	-36.3%

Juvenile Detention							
Receiving Care, First Day	126	109	115	139	117	-7.1%	-1.8%
Assistance Added	2,247	2,107	1,994	1,914	1,682	-25.1%	-7.0%
Assistance Ended	2,264	2,101	1,970	1,936	1,657	-26.8%	-7.5%
Total Days of Care (DOC)	45,031	36,635	46,279	50,115	43,518	-3.4%	-0.9%

Dependent Residential Services							
Receiving Care, First Day	443	437	414	355	303	-31.6%	-9.1%
Assistance Added	397	441	732	343	324	-18.4%	-5.0%
Assistance Ended	403	464	791	395	388	-3.7%	-0.9%
Total Days of Care (DOC)	154,383	159,731	151,954	119,061	102,218	-33.8%	-9.8%

Delinquent Residential Services							
Receiving Care, First Day	735	644	620	410	328	-55.4%	-18.3%
Assistance Added	1,052	797	1,136	425	234	-77.8%	-31.3%
Assistance Ended	1,143	821	1,346	507	440	-61.5%	-21.2%
Total Days of Care (DOC)	255,172	220,220	189,791	136,225	86,259	-66.2%	-23.7%

Secure Residential (Except YDC)							
Receiving Care, First Day	87	81	57	55	56	-35.6%	-10.4%
Assistance Added	99	83	70	87	67	-32.3%	-9.3%
Assistance Ended	105	107	72	86	111	5.7%	1.4%
Total Days of Care (DOC)	29,301	27,654	15,634	21,517	18,877	-35.6%	-10.4%

Youth Detention Center / Youth Forestry Camps							
Receiving Care, First Day	59	116	113	111	126	113.6%	20.9%
Assistance Added	176	146	155	172	165	-6.3%	-1.6%
Assistance Ended	119	149	157	157	191	60.5%	12.6%
Total Days of Care (DOC)	42,808	40,593	44,627	50,615	41,816	-2.3%	-0.6%

3-2e. Aging Out Data							
	FY	FY	FY	FY	FY	2014-19	2014-19
Indicator	2014-15	2015-16	2016-17	2017-18	2018-19	% Change	CAGR
Aging Out							
Number of Children Aging Out	248	271	270	284	313	26.2%	6.0%
Have Permanent Residence	172	170	125	186	213	23.8%	5.5%
Have Source of Income Support	141	120	93	161	182	29.1%	6.6%
Have Life Connection	181	179	137	134	149	-17.7%	-4.7%

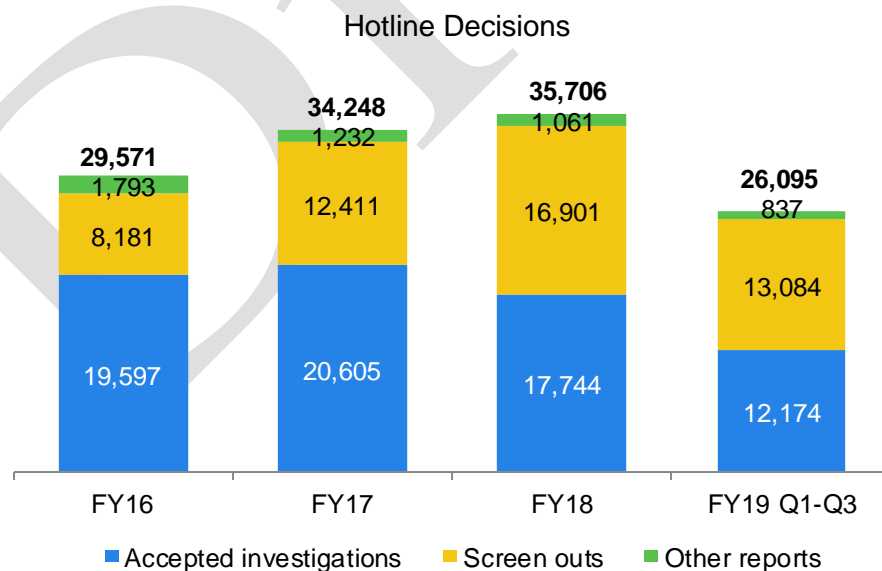
### 3-2g. through 3-2i. Charts

- ☞ NOTE: The section is optional and applies to CCYAs and/or JPOs.
- ☞ NOTE: If inserting charts, identify the data source and parameters and include only one chart per page.
- ☐ Insert up to three additional charts that capture the drivers of county services and supports the county's resource request. For example, these charts may be related to prevention or diversion activities or may be specific to areas or demographics that are driving influences on county resources and practices.

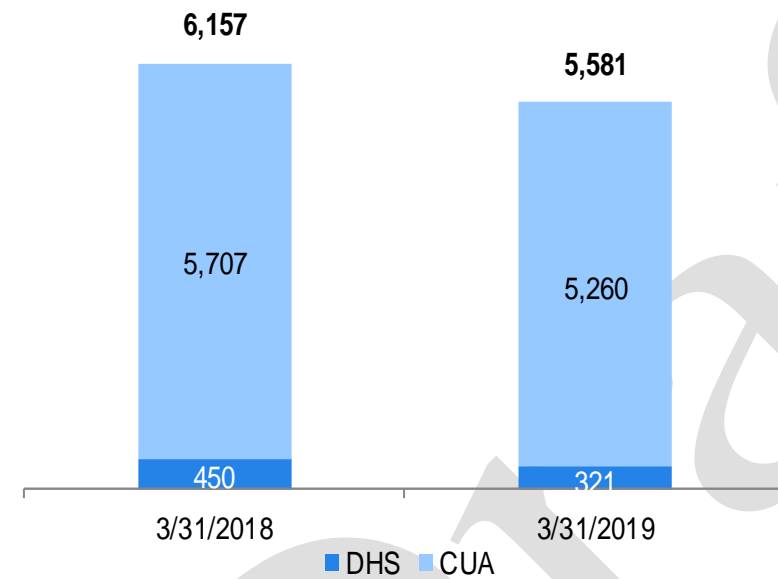
The main drivers of county services continue to be:

- The need to safely rightsize the system, although there has been some progress in reducing the size of the system.
  - Improving length of time to permanency.
  - Reduce the number of youth who age out without permanently.
- 
- ☐ Counties may use data charts as provided by HZA or any other county data available. County specific charts outside of HZA data charts must clearly identify the source of the data.

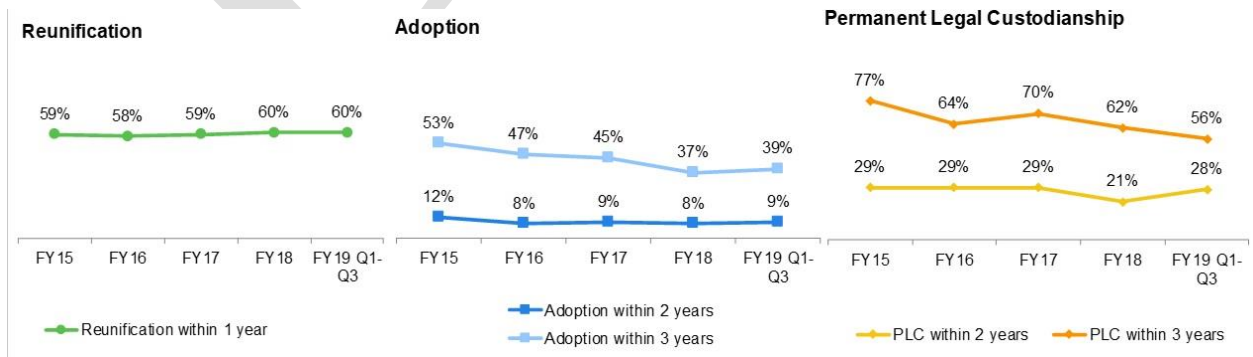
The following 3 charts show the continuing need to build prevention services to manage the number of families screened out from the hotline, the continuing decrease in placement numbers and the corresponding need to build a support system in the community, and the continuing need to increase timeliness to permanency. The source for the data is the Philadelphia electronic case management system.



### Total Children with Placement Services



### Timeliness to Permanency





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

➤ **NOTE:** These questions apply to both the CCYA and JPO.

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

#### **Service Trends**

Although the number of children accepted for intake investigations increased by 2% from FY 2014-15 to FY 2018-19, in more recent years this annual number has started to trend downward. Specifically, in FY 2017-18, the number of children accepted for intake investigation dropped by 16% to 22,990 and then dropped an additional 10% in FY 2018-19 to 20,690. The number of families accepted for intake investigations has decreased by 11% from FY 2014-15 to FY 2018-19, with more dramatic decreases in recent years. Between FY 2016-17 and FY 2018-19, the number of families accepted for intake investigations dropped from 20,613 to 16,121, representing a 22% decrease.

The number of children and families receiving ongoing services has fluctuated over the past five years. Overall, there has been a total increase of 13% in the number of children served and a total increase of 25% in the number of families served between FY 2014-15 and FY 2018-19. The number of children placed has also increased between FY 2014-15 and FY 2018-19 at a similar rate to the number of children receiving ongoing services (i.e., 13% total). However, between FY 2017-18 and FY 2018-19, there was a 9% decrease in both the number of children and families served. Similarly, there was a decrease of 5% in the number of children placed between FY 2017-18 and FY 2018-19.

There are several important contextual factors to consider during the period of FY 2014-15 to FY 2018-19. Calendar year 2015 was the first full year that all of the CUAs were operational. Also, numerous changes were enacted to the Child Protective Services Law (CPSL) in 2015, which coincided with a large influx of CPS and GPS reports to DHS' Hotline. From FY 2014-15 to FY 2017-18, the total number of Hotline reports increased by more than 40%. This influx in Hotline reports may be reflected in the increases of children and families receiving investigations and ongoing services. In response, DHS instituted specialized Field Screening Units and bolstered its Prevention Service portfolio to safely divert children and families from formal system involvement at the Frontend. Rapid Permanency Reviews (RPRs) were conducted for children in placement for more than two years to identify and address barriers to permanency. Since implementing these initiatives, the number of children and families receiving investigations and ongoing services has begun to decrease.

The number of youth receiving JPO services has steadily declined from 4,442 youth in FY 2014-15 to 3,018 youth in FY 2018-19, representing an overall decrease of 32%. The number of youth in community-based and institutional placements has also steadily declined during this period, decreasing by 72% and 29% respectively.

#### **Adoption Assistance and Subsidized Permanent Legal Custody (PLC)**

The number of children receiving adoption assistance on the first day of the fiscal year has increased between FY 2014-15 and FY 2018-19 by 15% from 5,049 to 5,784 children. Total days of care for children receiving adoption assistance has increased by 18% over the same time period. The number of children with a subsidized permanent

legal custodianship in place has consistently decreased over time, with an overall decrease of 37% from FY 2014-15 to FY 2018-19. However, this decrease has begun to stabilize in recent years with only a 9% decrease in the number receiving care, and a 5% decrease in the total days of care between FY 2017-18 and FY 2018-19.

### **Placement Data**

Between FY 2014-15 and FY 2018-19, the number of dependent children receiving dependent family foster care increased overall by 37%, with most of this increase due to increases in kinship care. The increase in children living in kinship care settings over the past five fiscal years has been much higher compared to the increase in children residing in traditional foster care settings (72% vs. 8%). The increased use of kinship care over traditional foster care is consistent with DHS' goal to place more children with family and kin rather than with unfamiliar caregivers.

From FY 2014-15 to FY 2018-19, there was a 32% decrease in the number of youth receiving dependent residential services (e.g., institution level) and a 34% decrease in the total days of care. During this same time period, there has been no change in the number of youth placed in dependent community residential settings (e.g., group home level), but there has been an 18% decrease in the total days of care during this time period.

From FY 2014-15 to FY 2018-19, there was a 68% decrease in the number of youth placed in delinquent community residential settings and a 55% decrease in youth receiving delinquent residential services. During this same time period, the total days of care for youth in delinquent community residential setting and receiving dependent residential services decreased by 78% and 66% respectively. These decreases coincide with DHS' goal to reduce the use of congregate care for both dependent and delinquent youth committed to DHS.

Between FY2014-15 and FY 2018-19, placements in dependent Supervised Independent Living (SIL) settings have increased by 14% and total days of care increased by 39%. Placements in delinquent SILs have decreased by 85% and total days of care decreased by 84%. Over the past five fiscal years, total days of care for youth receiving dependent alternative treatment has increased by 34% and assistance added and assistance ended have increased by 100% and 117%.

### **Aging Out Youth**

Consistent with the increased volume of youth receiving intake investigations and ongoing services, the number of youth aging out of care has continued to rise with an overall increase of 26% from FY 2014-15 to FY 2018-19. Unfortunately, the number of youth aging out with a permanent residence and with a source of income support has also increased by 24% and 29% respectively. Although the proportion of youth who aged out of care with a permanent residence decreased slightly over this time frame, it has increased 47% since FY 2016-17 and FY 2018-19. The proportion of youth who aged out with a source of income support increased slightly from FY 2014-15. Although youth who aged out with a life connection decreased each year, the majority of youth who aged out of care did so with a permanent residence or source of income support. Through both qualitative and quantitative inquiry, DHS continues to focus effort on improving its understanding of risk and protective factors associated with youth aging out

of care. Over the past year, DHS conducted focus groups with youth to better understand their perspectives related to the transition process out of care, available supports and resources, and their recommendations to improve the transition process. Findings affirmed the need for both concrete, tangible supports as well as supportive relationships with helpful adults. DHS' Family Reunification program is designed to quickly mitigate barriers to reunification for older youth entering out-of-home care to proactively reduce the number of youth at risk of aging out of care. For youth who age out of care, DHS continues to invest in programs such as the Achieving Independence Center and YV LifeSet to provide holistic support.

In the Program Improvement Section of our narrative, we are requesting several interventions, including investing in peer support partners, mentorship opportunities and mobile independent living services, to help achieve permanency and independence for youth in the child welfare system.

- ❑ 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.

The Philadelphia Department of Human Services has implemented changes in priorities and programs that have contributed to the decrease in the number of children and youth served or in care and/or the rate at which children are discharged from care. These changes are consistent with the four goals of IOC and laser focus on rightsizing all areas of the system. Practice changes include the roll out of Field Screening Units in the hotline, Administrative review and approval of placement, rightsizing congregate care, use of SWAN permanency supportive services, and the CUA Scorecard – Closing the Loop meetings. Additionally, DHS Prevention services are more targeted and used to assist families diverted from the hotline or during investigations to mitigate the existence of safety threats.

Below please find descriptions of other strategies used:

- Rapid Permanency Review process:  
Rapid Permanency Reviews (RPR) are a tool developed in partnership with Casey Family Programs and Philadelphia's Department of Human Services (DHS) to identify case specific and system barriers that prevent children from obtaining permanency. According to the 2016 Casey Rapid Permanency Review Key Elements document, RPR is designed to do the following:
  - Assist child welfare and court systems to move quickly to achieve timely permanency for children in out-of-home placement.
  - Simultaneously identify and mitigate case level and system level bottle necks and barriers.

In February 2018, the RPRs were initiated to move children to permanency. The eligibility criteria included the following:

- Two years or more in placement.
- 6 months in a stable living arrangement (same foster family for six months or more).
- Goal of reunification, adoption, or Permanent Legal Custodianship.

As of June 26, 2019, of the 967 youth who had an RPR, 61% of the youth achieved permanency. CUA and DHS Staff use supervisory conferences to review the permanency status of the youth and resolve barriers to permanency.

- Efforts to Increase Use of Kinship Care and Family Finding:

DHS continues to be successful with identifying kin for placement when out-of-home care is needed. Over half of the children and youth placed in a family setting, are placed with kin. Despite our successes with placing children and youth with kin, the Department continues to want to increase our efforts to ensure that Family Finding is completed on any child or youth who is not placed in a kinship care setting. The Department has only one contracted provider, Turning Points for Children, who is responsible for Family Finding. Given the Department's focus on kinship care, we need another contracted provider for Family Finding. Therefore, the Department will be releasing a Request For Proposals (RFP) to identify another Family Finding provider in September 2019.

- Reduce CUA CM caseloads.

Beginning at the front end of our operations, DHS Hotline, Investigations and Prevention Divisions are laser focused on ensuring only those cases with identified safety threats are accepted for service. This focus has assisted with the reduction of CUA caseloads. Additionally, DHS is working with the CUAs to continue to implement strategies that support the reduction in CUA Case Management assigned cases. These strategies include guided case reviews of all new cases assigned to our respective CUA's once determined that on-going formal case management services are needed to reunify families and or close the case safely. CUA's utilize monthly reports provided by our Performance Management and Technology division (PMT) to monitor and implement guided reviews for all cases that have been opened for one year or more and or remain open after the case has been closed either at the bar of the court or because the case achieved safe closure status. Family Team Conferences (FTC) continues to be the process that is utilized to review progress relating to the Single Case Plan goals and objectives and guides the next steps that will support timely reunification and or safe case closure. We don't require any additional funds to close cases that are without safety threats and court involvement. CUA and DHS Leadership will continue to monitor and review these cases and provide direction regarding safe case closure. DHS will continue to provide technical assistance by way of our DHS Practice Coaches and Senior Learning Specialist as well as any needed data in order to ensure these cases are consistently monitored.

- Family Reunification (FR), formerly Time Limited Family Reunification is a special grant-funded service for DHS-involved youth entering placement for the first time at age 12-17. By providing FR at the onset of the placement, DHS is seeking to: 1) reduce the length of time that this cohort spends in foster care; 2) reduce the number of placement moves for this cohort; and 3) increase the rate and timeliness of reunification for this cohort. FR is in the final year of a three-year grant. In Q1 of FY20, DHS will be examining outcomes on the program's three goals (reduced time in care, improved placement stability, and reunification rate) in comparison to a control group of youth placed in another emergency shelter. DHS will need to continue looking at these outcomes in subsequent quarters as more cases close.

With respect to Juvenile Justice Services, the JPO continues to use and expand the use of graduated response and the use of diversion services to keep youth out of congregate care.

- ☐ Provide a description of children/youth placed in congregate care settings.
  - Consider the children and youth who have the following characteristics, by race, age and gender:
    - *Intellectual disability or autism;*
    - *A behavioral health impairment;*
    - *A physical disability;*
    - *Involvement with JPO; and*
    - *Identify as LGBTQ.*

Youth who require congregate placement have been exposed to varied and sometimes sustained forms of abuse and maltreatment. While youth have a tremendous capacity to be resilient, some will experience significant emotional and behavioral health challenges as a result of, or exacerbated by, the circumstances that led to placement. Young people identified for this level of service exhibit a variety of specialized behavioral health needs that may include, but are not limited to, behaviors associated with acute or complex trauma (including simultaneous or sequential exposure to various forms of child maltreatment, including physical abuse, sexual abuse, emotional abuse, exposure to domestic violence, etc.), severe emotional dysregulation, aggression, impaired judgment, poor impulse control, depressed and/or anxious mood, impaired social functioning, substance use, as well as involvement with the juvenile justice system. Not all children and youth with emotional or behavioral health needs require congregate placement. However, factors that contribute to this determination include the frequency, intensity, severity and duration of the behaviors, as well as the history and efficacy of available placement options or behavioral health services.

As of March 31, 2019, 10.3% of Philadelphia children and youth in dependent out-of-home placement were living in congregate care settings (574 children and youth) —a decrease from 23% on June 30, 2012. Congregate care includes dependent placements in Community Behavioral Health (CBH)-funded Residential Treatment Facilities (RTFs), emergency shelters, group homes, and institutions. Of the 574 children and youth in congregate care:

- Over three-quarters (77%, n=441) were between the ages of 11 and 17, and 16% (n=94) were 18 or older. Very few (7%, n=39) were ten years old or younger. Typically, a child under ten years of age who is placed in a congregate setting is placed due to complex medical needs, which requires several hours of skilled nursing or children with complex behavioral health needs that are unable to be met in a family-based setting.
- Slightly more than half (54%, n=312) were male.
- Over three-quarters (78%, n=445) identified as Black, non-Hispanic, and just over one in ten (13%, n=76) identified as Hispanic. Forty-two youth (7%) identified as White, non-Hispanic, and the remaining 2% identified as multiple races (n=5) or their race was not able to be determined (5%).

- ☐ Identify the service and treatment needs of the youth counted above with as much specificity as possible.

In addition to the description of the youth that were outlined above, the youth who are placed in congregate care settings require behavioral health services. If the youth is placed

in a community-based group home, they receive behavioral health services in the community. However, youth who are placed in an Institutional or Psychiatric Residential Treatment Facility, receive their behavioral health services on site at their placement.

❑ Please describe the county's process related to congregate care placement decisions.

➡ The below questions may assist in development of a response:

- *What policies are in place to guide decision making?*
- *Who oversees and is part of the decision?*
- *Are youth involved in the decision-making? If so, how?*
- *How is the decision reviewed?*

The Department continues to utilize two main processes to determine the appropriateness of congregate care placement for youth. The first process is the Level of Care (LOC) Assessment that is completed by the Central Referral Unit (CRU) at the Department, for all children and youth who require placement. The Level of Care Assessment is a structured decision-making tool that provides a framework for a placement decision that best meets the need of children and youth. The LOC consists of 17 domains to assist with making a level of care determination. The domains focus on areas such physical and behavioral health, education, risk behaviors, trauma, culture, family, peer relations, delinquent activity, level of function, to name a few. The CRU Social Worker conducts a review of referral material as well as an interview with the assigned DHS or CUA Social Worker. The information gathered is inputted into the tool and a level of care determination is made based on the information gathered.

The second process is the Commissioner's Approval Process, overseen by the Commissioner's Congregate Care Team (CCCT). Every time there is a recommendation of a youth to be placed in a congregate care setting, whether through the LOC assessment or court order, the CRU Social Worker forwards a summary email to the CCCT to include the current circumstances, presenting issues, placement history, and applied interventions such as the use of Placement Stability Conferences. Based on all of the information presented, the CCCT determines whether to approve or deny the congregate care placement. The CCCT's decision is emailed to the CRU and the CRU will complete referrals accordingly.

Step Up and Step Down processes are outlined in the IOC CUA Practice Guidelines as well as in the CRU's policy. Whether a youth is being stepped down from a Psychiatric Residential Treatment Facility or (PRTF) or an Institutional Setting or Stepped Up from Foster Care, and there is a recommendation for a congregate care placement, the youth is reviewed by the Commissioner's Approval Process to determine the appropriateness of placing the youth in congregate care.

Youth are involved in the decision making as it relates to identifying potential kinship caregivers, given that youth are more successful when they are placed in family-based settings. The Department's goal is to exhaust kinship care options and foster care options, prior to placing a youth in a congregate care facility.

Youth have the opportunity to provide input as to whether to be placed in a congregate care setting during their interview process for placement, as well as by way of pre-placement interviews at the congregate care facility.

The ongoing review of youth who are placed in congregate care settings is completed by the CUA Case Management Director to determine whether there is a continued need for congregate care placement. The Department needs to strengthen this practice and monitor whether these reviews are occurring monthly, as required by policy.

- ❑ Describe any practice changes that will be implemented to ensure that the congregate care funding limitation in FFPSA will not result in dependent children entering the juvenile justice system.

At the County level, no practice changes are needed as Philadelphia County already strives to keep children and youth out of the juvenile justice system. Philadelphia's delinquent population has decreased significantly over the past fiscal year, showing the County's commitment to keeping youth out of the delinquent system. The Juvenile Justice is committed to supporting a sustained array of community based resources and diversion programs to keep youth out of the system.

- ❑ 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?

With respect to staffing, DHS continues to focus on recruitment and retention for both social work services managers and youth detention counselors to ensure continuity of services. Specifically, DHS is working with area universities to create linkages and pipelines for employment.

Below please find examples of the DHS investment strategy to right size our placement population. Particularly, we have dedicated resources to recruiting resource parents to serve specialized populations, increase family engagement with a focus towards working to permanency.

- Resource Parent Recruitment Strategy

The citywide Resource Parent Recruitment Campaign, launched in February 2018 and branded #fosteringphilly, continues to make progress in expanding the pool of resource families. This campaign places particular emphasis on older youth, youth with behavioral health or medical needs, LGBTQ+ youth, and sibling groups. The campaign also seeks to highlight the diversity of the city's resource parents.

NBC10/Telemundo62 again partnered with DHS for its second Foster Care Phone Bank on March 19, 2019, repeating the hugely successful Phone Bank held the previous year. Three hundred forty-three individuals called into the Phone Bank, a 22% increase from last year. Phones were staffed by recruiters at local foster care agencies. In the week leading up to the Phone Bank, NBC10 and Telemundo62 provided heavy coverage of the need for resource families. They featured resource families caring for older youth, LGBTQ youth, children with behavioral health needs, and sibling groups. They also highlighted the diversity of family types, including single mothers and fathers, LGBTQ parents, and parents of different ages. DHS leadership was interviewed both on NBC10

and Telemundo to speak to the shortage of homes for older youth. These segments provide “evergreen” content for DHS social media.

DHS also held a photo shoot on August 13, 2018 to create marketing materials for the campaign. Five local resource families participated: a single 31-year-old woman with her adopted 19-year-old daughter, a retired couple with their same-aged son and grandson, two LGBTQ couples, and a single father with siblings. Families were selected to highlight the diversity of family types. Using these photos, DHS invested in recruitment ads on 35 bus shelters throughout the city. Marketing strategies ongoing since FY18 also include radio, digital, and print advertisements and a social media campaign. Digital advertising includes behavioral marketing that utilizes user data including search terms, browsing history, and device location to allow DHS to target advertising dollars to individuals most likely to be interested in fostering.

DHS has continued its partnership with Philly Family Pride (a local LGBTQ parents’ organization) and the Mayor’s Office of LGBT Affairs to hold recruitment events at local LGBTQ community centers. Each event features a panel of resource parents and LGBTQ foster youth. The next event is scheduled for August 22, 2019.

On the DHS website, “Become a Foster Parent” is the second most visited page out of 212 pages on the entire site. Users spend an average of two minutes on the page, a higher-than-average length of time that suggests they are taking the time to read all the information. The 6<sup>th</sup> most visited page on the site is the list of foster care provider agencies. Users spend an average of one minute on this page, where they can make note of nearby agencies to call.

The DHS Resource Development Coordinator has been working with agencies regarding the importance of retaining families during the certification process. Effective August 2019, DHS will require foster care agencies to submit quarterly reports on their recruitment activities, number of applications received, number of applicants working on certification, etc. The DHS Resource Development Coordinator will also be attending orientations at the different agencies to assess quality and identify technical assistance needs.

DHS has seen steady growth in new, non-kinship home openings since the start of the Improving Outcomes for Children initiative, but there was a jump from 2017 to 2018: the first year of the recruitment campaign saw **490** new homes opened, an increase of 23% from the prior year. The ratio of newly recruited resource parents in their 20s and 30s increased relative to other age groups, which could be related to the emphasis on social media and digital marketing. Forty-four percent of new resource parents in 2018 were in their 20s or 30s. The percentage of new parents living within Philadelphia County was also higher than at any other point during IOC, at 78%.

- Resource Development  
In May 2019, the Department awarded Specialized Behavioral Health contracts to three new providers to expand the number of resource homes for children and youth with behavioral health needs.
- Revise Family Team Conference Process



Roll out of a revised Family Team Conference Process that is laser focused on permanency for youth in care.

- Increase participation of families at the conferences.
- Full roll out of revised process in Fall of 2019.

○ Performance Base Contracting

Roll out of Performance Based Contracting (PBC) with CUAs which is designed to incentivize timely permanency..

○ Quality Visitation Review Expansion

Expand quality visitation review to incorporate an additional layer of measurement of accountability to ensure consisted engagement of biological families.

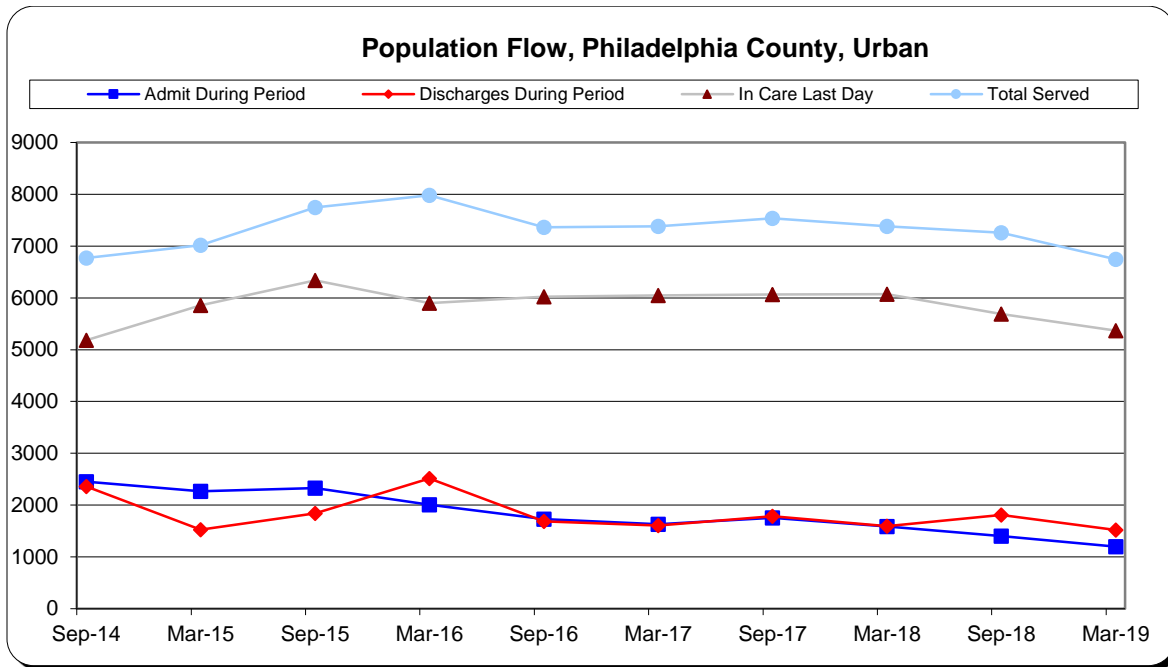
○ Infrastructure investment

In order to support the Department's efforts to rightsize our system through the strategies presented in the Program Improvement Strategy section, DHS is investing in enhancing infrastructure, specifically recruitment, training, retention, and physical space (including room for simulation training). Please see *4-1c Complement* for detail regarding recruitment, training and retention, and physical space and technology needs related to onboarding new hires. In addition, City of Philadelphia Public Property is exploring solutions to DHS' physical space needs.

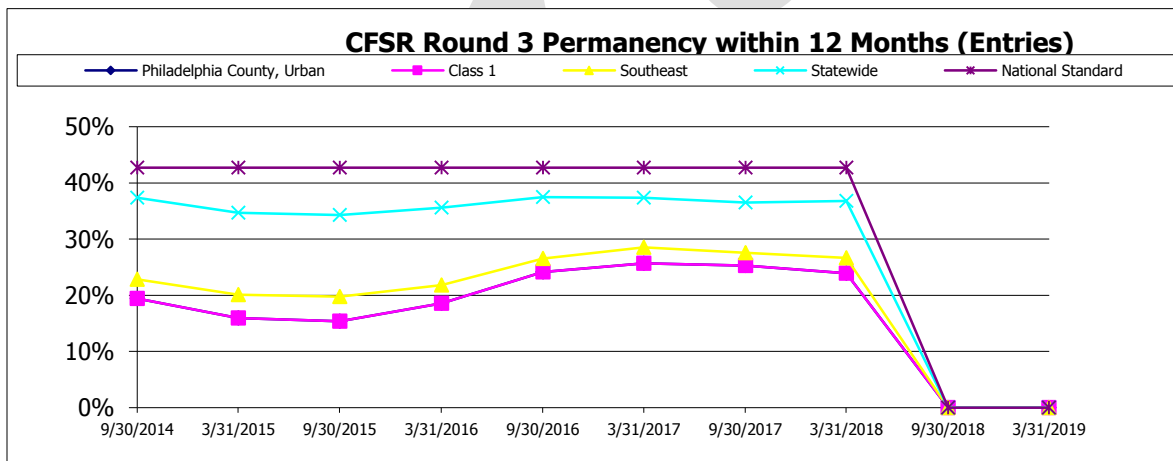
○ Monitoring

The Department has made significant changes to the quality of monitoring for providers. This has required more staff to ensure that we can conduct more frequent and thorough evaluations. Additionally, DHS created new tools to measure both quality and compliance. The results of this new review process are shared in the CUA scorecard. Finally, we are moving toward incorporating youth voice through survey into our evaluation process.

### 3-3a Population Flow



### 3-3b Permanency in 12 Months (Entry)



	9/30/14	3/31/15	9/30/15	3/31/16	9/30/16	3/31/17	9/30/17	3/31/18	9/30/18	3/31/19
Philadelphia County, Urban	19%	16%	15%	19%	24%	26%	25%	24%	*	*
Class 1	19%	16%	15%	19%	24%	26%	25%	24%	*	*
Southeast	23%	20%	20%	22%	27%	29%	28%	27%	*	*
Statewide	37%	35%	34%	36%	37%	37%	37%	37%	*	*
National Standard	43%	43%	43%	43%	43%	43%	43%	43%	*	*

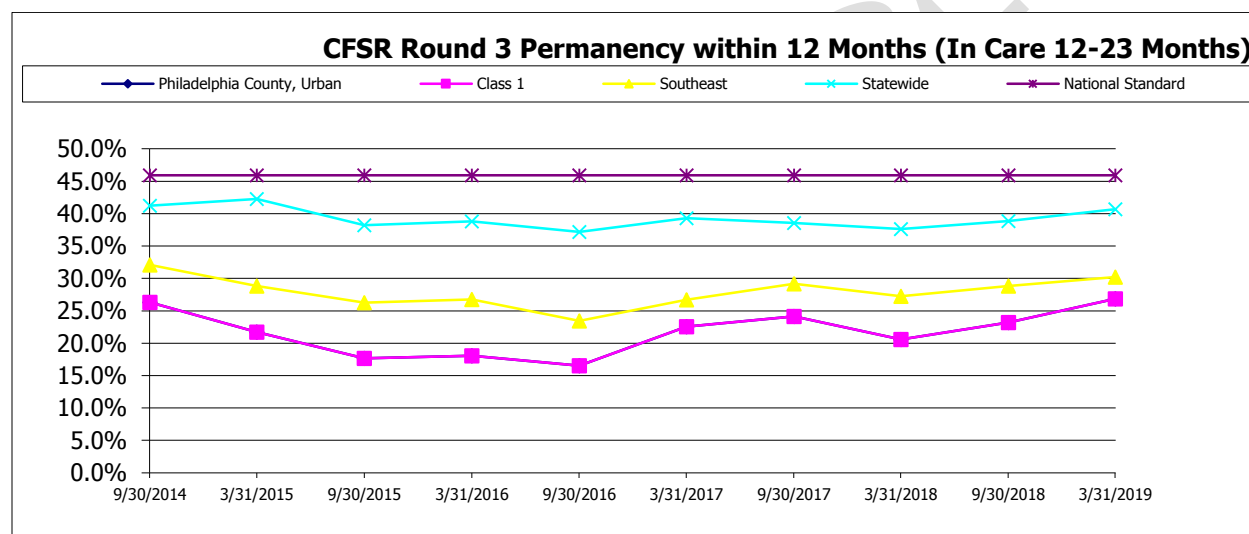
This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national

performance standard is 40.5%. A higher performance of the measure is desirable in this indicator.

☐ Does the county meet or exceed the national performance standard?

No. Philadelphia 12-month permanency rate for this cohort ending on March 31<sup>st</sup>, 2018 is 23.9%, which is lower than the national standard.

### 3-3c. Permanency in 12 Months (in care 12-23 months)



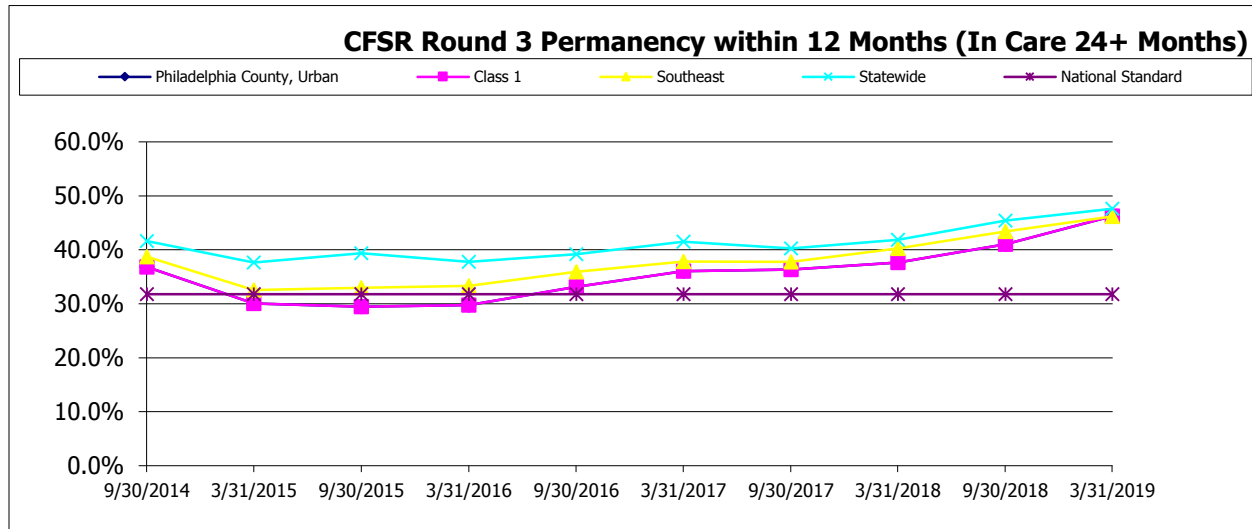
	9/30/14	3/31/15	9/30/15	3/31/16	9/30/16	3/31/17	9/30/17	3/31/18	9/30/18	3/31/19
Philadelphia County, Urban	26.3%	21.7%	17.7%	18.1%	16.5%	22.5%	24.1%	20.6%	23.2%	26.8%
Class 1	26.3%	21.7%	17.7%	18.1%	16.5%	22.5%	24.1%	20.6%	23.2%	26.8%
Southeast	32.1%	28.9%	26.3%	26.8%	23.5%	26.7%	29.2%	27.3%	28.8%	30.2%
Statewide	41.2%	42.3%	38.2%	38.8%	37.2%	39.3%	38.6%	37.6%	38.8%	40.7%
National Standard	45.9%	45.9%	45.9%	45.9%	45.9%	45.9%	45.9%	45.9%	45.9%	45.9%

This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6%. A higher percentage is desirable in this indicator.

☐ Does the county meet or exceed the national performance standard?

No. Philadelphia 12-month permanency rate for this cohort ending on March 31<sup>st</sup>, 2019 is 26.8%, which is lower than the national standard.

### 3-3d Permanency in 12 Months (in care 24 Months)

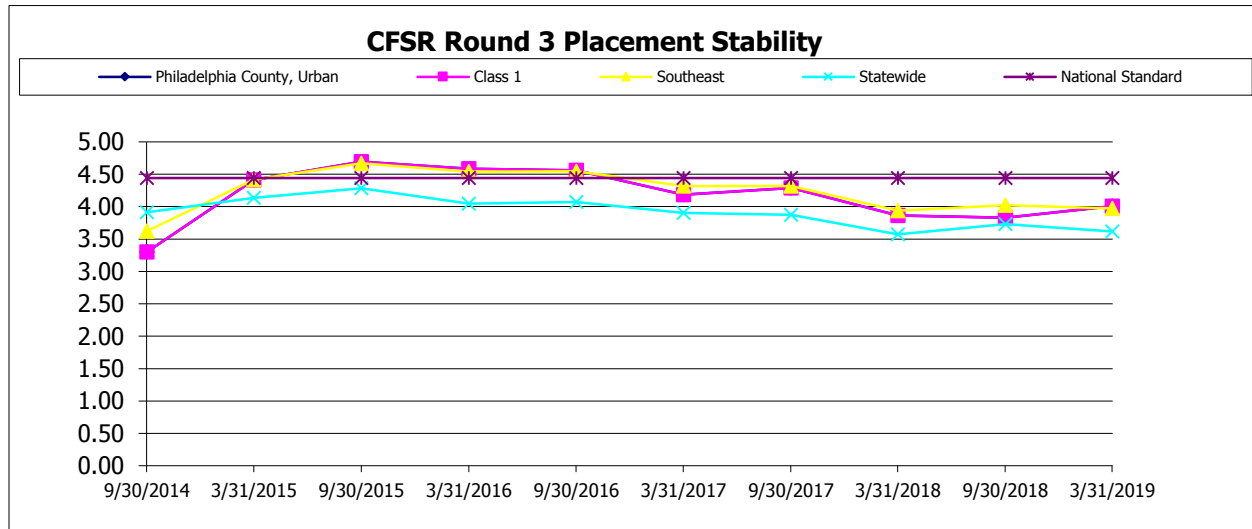


This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3%. A higher percentage is desirable in this indicator.

☐ Does the county meet or exceed the national performance standard?

Yes. Philadelphia 12-month permanency rate for this cohort ending on March 31<sup>st</sup>, 2019 is 46.28%, which is higher than the national standard.

### 3-3e Placement Stability (Moves/1000 days in care)



	9/30/14	3/31/15	9/30/15	3/31/16	9/30/16	3/31/17	9/30/17	3/31/18	9/30/18	3/31/19
Philadelphia County, Urban	3.30	4.41	4.69	4.58	4.56	4.18	4.29	3.86	3.83	4.01
Class 1	3.30	4.41	4.69	4.58	4.56	4.18	4.29	3.86	3.83	4.01
Southeast	3.62	4.42	4.67	4.54	4.55	4.32	4.32	3.94	4.02	3.97
Statewide	3.91	4.14	4.29	4.05	4.07	3.90	3.88	3.57	3.73	3.62
National Standard	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44

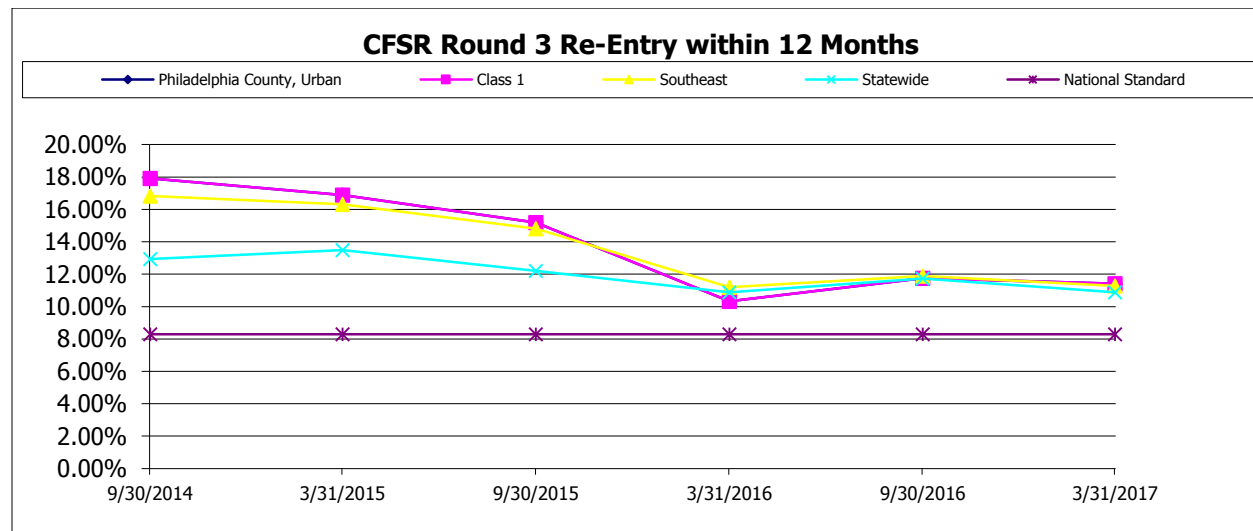
This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves. A lower number of moves is desirable in this indicator.

☐ Does the county have less placement moves than the national performance standard?

Yes. Philadelphia rate of placement moves for this cohort ending on March 31st, 2019, is 4.0%. Because a lower number is better Philadelphia rate of placement moves exceeds the national standard.

### 3-3f Re-entry (in 12 Months)

Insert the Re-entry (in 12 Months) Chart



	9/30/14	3/31/15	9/30/15	3/31/16	9/30/16	3/31/17
Philadelphia County, Urban	17.92%	16.88%	15.19%	10.33%	11.75%	11.40%
Class 1	17.92%	16.88%	15.19%	10.33%	11.75%	11.40%
Southeast	16.83%	16.31%	14.81%	11.19%	11.90%	11.28%
Statewide	12.93%	13.50%	12.21%	10.87%	11.73%	10.87%
National Standard	8.30%	8.30%	8.30%	8.30%	8.30%	8.30%

This indicator measures the percent of children and youth who re-enter care within 12 months of discharge to reunification, live with a relative, or guardianship. The national performance standard is 8.3%. A lower percentage is desirable in this indicator.

☐ Is the county's re-entry rate less than the national performance standard?

No. Philadelphia 12-month re-entry rate for this cohort ending on March 31<sup>st</sup>, 2019 is 11.40%, which is higher than the national standard.

### 3-4 Program Improvement Strategies

Utilizing the analysis of practice performance, service levels and service trends, counties must identify areas for practice enhancement and strategies for outcome improvement. For FY 2020-21, counties will fully evaluate their performance in achieving permanency and stability for children and youth who enter placement. The analysis of current practices and services toward meeting the national performance standard for timeliness to permanence, re-entry and stability in placement will identify areas in which targeted program improvement is warranted. This analysis will also help to identify areas of technical assistance needed at the county level to address challenges identified. In addition, the areas of technical assistance identified on the county level across all counties in the commonwealth will help to identify areas that need addressed through a statewide focus. As part of the analysis, counties should take a holistic

view of the data available to them, including information in the data packages provided, county-specific data, general indicators, etc.

As part of the data packages, counties were also provided data regarding:

- re-entry and reunification for dependent children and youth only (no SCR);
- children whose placement stay was 30 days or less;
- the number of children entering foster care for the first time who were in previous adoptions; and
- removal reasons for children and youth in placement.

**Counties that do not meet or exceed national performance standard must identify program improvement strategies based on their analysis. Based on the county analysis of the data presented in 3-2a through 3-2i and 3-3a through 3-3f, as well as other county data reviewed, counties should also consider other areas in which program improvement strategies have been identified. The following questions and steps outlined below will assist counties in identifying priority outcomes and identification of practice improvement strategies.**

#### 1. DATA ANALYSIS TEAM MEMBERS

List the members of the data analysis team supporting the agency's efforts to make data-informed decisions, including the development of program improvement strategies:

DHS is well-positioned to use data to make informed decisions, including the development of program improvement strategies.

Housed in its Division of Performance Management and Technology (PMT), DHS' Data Analytics Unit (DAU) is comprised of over 25 staff that collectively support the agency by mining and analyzing administrative data, supporting the data needs for operations, designing and implementing research studies, and conducting program and system-level evaluations. Data analysis team leaders include:

Liza M. Rodriguez, Deputy Commissioner  
Ana Ramos-Hernandez, Operations Director  
Brittan Hallar, Director of Research and Data Analytics  
Charlene I. Monroe, Senior Project Manager  
Allison Thompson, Senior Research Officer  
Katie Englander, Senior Data and Research Associate  
Andrew Howe, Project Manager, Data Warehouse.

The information produced by DHS' Data Analytics Unit is regularly shared, vetted, and used by a number of internal and external stakeholders, including DHS' Executive Cabinet and Child Welfare Oversight Board. DHS' Commissioner leads the Executive Cabinet, which is comprised of Divisional Deputy Commissioners and Operations Directors as well as the Directors of Policy and Planning, Communications, and DHS University. Members of DHS' Child Welfare Oversight Board (CWOB) include, but are not limited to: directors, leaders, and professors from several of the City's hospitals, universities, law centers, and non-profit organizations. The CWOB is charged with reviewing and assessing DHS' implementation of Improving Outcomes for Children and other system reform efforts. Both the CWOB and DHS' Executive Cabinet rely on the reports, studies, and data provided by DAU to guide and assess system improvement

strategies and to inform and advise on the development of the Needs Based Budget. Main sources of data that are produced include the Quarterly Indicators Report, the Weekly Report and the CUA scorecard.

## 2. ANALYSIS

The analysis phase consists of two iterative steps: data analysis and root cause analysis. Initial data analysis can begin the root cause analysis process and the root cause analysis process often requires additional data analysis as one continues to seek more information about why a problem exists.

### *DATA ANALYSIS*

In addition to utilizing the analysis of the national performance standard for timeliness to permanence, re-entry and stability in placement, the county should consider conducting additional analysis to define problems to be addressed.

The county may consider conducting analysis to determine if children and youth who do not achieve permanency in 12 months, do not have placement stability (less than four moves), and do not re-enter care differ from those who DO. The following questions should be considered in this analysis.

- ☐ Are there any distinctions in age, gender, race, disabilities, etc.?

#### **Timeliness to Permanency<sup>1</sup>**

Using the new CFSR indicators, DHS conducted analyses, using Philadelphia DHS data as opposed to AFCARS data, to determine if children and youth who do not achieve permanency in 12 months differ from those who do by demographic characteristics. Specifically, DHS asked: Of the children who enter care in a 12-month period, what percentage discharged to permanency within 12 months of entering care and did this percentage vary by age, gender, and race/ethnicity?

**Age:** During FY 2017-18, older children aged 11-17 more frequently achieved permanency within 12 months of entry compared with children aged 0-five and six-ten. For this cohort, 18% of children aged 0-five achieved permanency; 23% of children aged six-ten achieved permanency; and 26% of children aged 11-17 achieved permanency. This trend was consistent during FY 2015-16 and FY 2016-17. However, these trends reversed for children who remained in care beyond 12 months. Among children who were in care continuously for 12-23 months on 7/1/17, children aged 0-five more frequently achieved permanency within 12 months of 7/1/17 compared to children aged six-ten and children aged 11-17 (30% vs. 27% vs. 22% respectively).

**Gender:** During FY 2017-18, children who identified as male or female achieved permanency within 12 months of entry at similar rates (i.e., 23%). During FY 2015-16 and FY 2016-17, male children achieved permanency within 12 months of entry at slightly higher rates than female children (i.e., 28% vs. 23% and 27% vs. 26% respectively). However, for children who remained in care beyond 12 months, male children more frequently achieved permanency than female children. Among children who were in care continuously for 12-23 months on 7/1/17, 29% of male

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<sup>1</sup> Data obtained from August 2019 report to the CWOB: "Achieving Timely Permanency: Trends from 2015-2018"



children achieved permanency within 12 months of 7/1/17 compared to 25% of female children.

**Race/Ethnicity:** During FY 2017-18, children who identified as Black or Latinx more frequently achieved permanency than children who identified as White (23% vs. 24% vs. 17% respectively). This trend was consistent across FY 2015-16 and FY 2016-17. However, these trends reversed for children who remained in care beyond 12 months. Among children who were in care continuously for 12-23 months on 7/1/17, only 24% of Black children and 28% of Latinx children achieved permanency within 12 months of 7/1/17 compared to 38% of White children.

### **Placement Stability<sup>2</sup>**

The following information was derived using the analyses conducted by HZA for Philadelphia county. Overall, the most recent analyses indicate that the rate of placement moves per 1,000 days of foster care was 4.01 for all children who entered foster care between 4/1/18 and 3/31/19 in Philadelphia County. This rate is slightly lower than the national standard of 4.44 placement moves per 1,000 days of foster care. Below, data is presented for this cohort of children who entered foster care between 4/1/18 and 3/31/19 by their demographic characteristics.

**Age:** On average, younger children experience fewer placement moves and greater placement stability compared to older children. Children aged 0-one experienced 2.80 moves per 1,000 days of foster care compared to 3.52 moves for children aged two-five; 3.68 moves for children aged six-nine; 4.51 moves for children aged ten-12; 5.02 moves for children aged 13-15; and 5.00 moves for children aged 16-17.

**Gender:** Although male children experienced slightly fewer placement moves than female children (i.e., 3.89 vs. 4.12 per 1,000 days of foster care), the number of placement moves has fluctuated over time for both male and female children. There is not a clear trend suggesting that placement stability differs by gender.

**Race/Ethnicity:** Black children on average experienced more placement moves than White or Latinx children (4.19 vs. 3.56 vs. 3.45 moves per 1,000 days). However, the distribution of placement moves by race/ethnicity has fluctuated over time.

### **Re-entry to Care<sup>3</sup>**

The following information was derived using the analyses conducted by HZA for Philadelphia County. The most recent analyses indicate that the re-entry rate for Philadelphia County was 11.4%, representing a decrease of 6.5 percentage points since 2014. Philadelphia's re-entry rate is comparable with the rest of the region and only slightly higher than the rest of the state, but it is higher than the national standard of 8.3%. The most recent re-entry rate for Philadelphia County was calculated using the following criteria: Of all children who discharged to permanency within 12 months of entering care between 4/1/16 and 3/31/17, what percentage re-entered care within 12 months? Below, data is presented for this cohort of children who entered foster care between 4/1/16 and 3/31/17 by their demographic characteristics.

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<sup>2</sup> Data obtained from HZA data package\_07.08.19

<sup>3</sup> Data obtained from HZA data package\_07.08.19

**Age:** Re-entry rates by age group have fluctuated over the past few years. For this most recent cohort, younger children entering foster care at age nine or younger experienced lower rates of re-entry on average compared to the overall County rate of 11.4%. Children entering at ages ten-12 had a re-entry rate of 14.67% and children entering at ages 13-15 had a re-entry rate of 21.48%. However, older teenagers aged 16-17 entering care had a re-entry rate of 9.64%.

**Gender:** Although male children in this cohort had a slightly higher re-entry rate than female children (i.e., 12.09% vs. 10.72%), rates of re-entry fluctuated over time for both male and female children. There is not a clear trend suggesting that re-entry rates differ by gender.

**Race/Ethnicity:** Black children on average experienced higher re-entry rates than White or Latinx children (12.72% vs. 8.38% vs. 8.47%). This trend has been relatively stable over time.

- ☐ Are there differences in family structure, family constellation or other family system variables (for example, level of family conflict, parental mental health & substance use)?

DHS presently does not have access to accurate, aggregate-level, administrative data to explore differences in permanency based on level of family conflict, parental mental health, and substance abuse. Behavioral health data is housed in the City's Department of Behavioral Health and Intellectual DisAbilities (DBHIDS).

- ☐ Are there differences in the services and supports provided to the child/youth, family, foster family or placement facility?

The distribution of children and youth by gender is similar among those receiving dependent in-home and placement services. For both dependent in-home and placement services, roughly half of the children identify as male and half as female. However, older youth more frequently receive dependent placement services than in-home services. For in-home services, about a third of the children are aged five and under; about a quarter are aged six-ten; roughly 40% are aged 11-17; and only 1% are 18 or older. Comparatively, for children in dependent placement, just over a third are aged five and under; about 20% are aged six-ten; about a third are aged 11-17, and nearly 10% are aged 18 or older.<sup>4</sup>

The demographic composition of children and youth differs based on their receipt of dependent services and supports compared to delinquent services and supports. Point-in-time data from 9/1/18 indicates that the proportion of male and female children receiving dependent services was similar (i.e., 50%), whereas 90% of youth receiving delinquent services identified as male and only 10% identified as female. In terms of age, the majority of children receiving

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<sup>4</sup> Data obtained from July 2019 report to the CWOB: "Trends in DHS Care. CWOB Presentation: June 2019

dependent services were aged ten or younger (58%), whereas four out of five youth (81%) receiving delinquent services were aged 16 or older. Regarding race and ethnicity, 80% of children receiving dependent services identified as either Black or Latinx, whereas 90% of youth receiving delinquent services identified as either Black or Latinx.<sup>5</sup>

- ❑ Are there differences in the removal reasons for entry into placement?

Philadelphia DHS is currently working to improve the accuracy of data entry for removal reasons for entry into placement. The removal reason is often conflated with the reasons for placement changes. Once data accuracy is improved, analyses can be conducted to examine differences in removal reasons for entry into placement.

- ❑ Are there differences in the initial placement type?

For dependent children accepted for service throughout the past fiscal year, roughly two-thirds to three-quarters receive in-home services as their first service. Between 15-18% of children received family foster care or kinship care as their first service, and less than 5% of youth received congregate care as their first service. (A portion of youth either received an “other” service, such as SIL, day treatment, mother/baby or did not have a service identified in DHS’ data system during the first 30 days after the child was accepted for service.)<sup>6</sup> DHS does not currently analyze differences in the initial placement type by demographic characteristics. Future analyses may be conducted in the upcoming fiscal year to further examine these trends.

Results from this analysis can serve as the starting point for root cause analysis though the team will engage in additional data analysis as the root cause analysis progresses and the team seeks further understanding of why a problem exists.

#### *ROOT CAUSE ANALYSIS*

The team will need to use a systematic approach to identify root causes and develop an approach to respond to them. There are various root cause analysis techniques to support the team’s efforts. The “5 Whys” is a technique used in the analysis phase of the Six Sigma DMAIC (Define, Measure, Analyze, Improve, Control) methodology whereby repeatedly asking “why” allows the users to differentiate symptoms from the root cause of a problem. The “5 Whys” can be used individually or as a part of the fishbone (also known as the cause and effect or Ishikawa) diagram. The fishbone diagram helps users explore all potential or real causes that result in a single defect or failure. The technique(s) selected is up to the team.

- ❑ Counties should describe how their analysis process progressed, including what data was reviewed, how the data was analyzed, and resulting findings as well as the identified root causes.

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<sup>5</sup> Data obtained from Quarterly Indicators Report FY2019, Quarter 1 (7/1/2018 – 9/30/2018)

<sup>6</sup> Data obtained from CWO Frontend Reports\_2019

DHS has engaged in multiple root-cause analysis strategies (including the use of cohort analysis) over the past three years to understand key system challenges and design program improvement efforts. These include an external evaluation of the Improving Outcomes for Children (IOC) system transformation; the development of in-depth quarterly public reports on key system indicators to track progress on IOC goals; substantially building research, evaluation, and data analytics capacity at DHS; and partnering with national child welfare experts, such as Casey Family Programs, to augment and support data-informed strategy development at the Executive Leadership level and across DHS.

The root-causes of child welfare system challenges are multiple and complex. By engaging in a multi-pronged research, evaluation, and leadership development approach, as described above, DHS has been able to identify and understand key performance “pain points” in the system and design and invest in program improvement strategies specifically aligned to address these challenges. For example, our multi-pronged approach has helped us identify timeliness to permanency as a key pain point. Even though our permanency numbers continue to grow every year, timeliness to permanency is a system challenge. To address this challenge, DHS has designed and invested in coordinated strategies with our Community Umbrella Agencies – such as the CUA Scorecard, Rapid Permanency Reviews, Performance Based Contracting, and case-load reduction of City Solicitors – to improve timeliness to permanency and align our outcomes with federal standards.

In the coming fiscal year, DHS will continue to explore additional root-cause analysis strategies in partnership with Casey Family Programs, CUAs, and OCYF to further strengthen our ability to pinpoint key areas for program improvement.

### 3. PROGRAM IMPROVEMENT STRATEGIES AND ACTION STEPS TO BE IMPLEMENTED AND MONITORED:

Copy and complete the table below as needed to describe the strategies the county will implement to achieve each desired outcome related to the root causes identified above. Provide rationale for how each strategy will contribute to the achievement of each outcome. Several strategies may be identified for each outcome. Communication with staff and partners should be considered critical action steps, as should the analysis of county and provider capacities in implementing change.

#### **Outcome # 1: Keeping more children and youth in their own homes and communities**

Related performance measures, if applicable:

Strategy:	Ensure that only families needing child welfare and juvenile justice involvement are accepted for investigation or penetrating the juvenile justice system; engage children youth and families in targeted prevention programs designed to divert families from entering into the child welfare system and juvenile justice
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	system; and utilize practices and resources/programs to assist older youth and families in exiting the systems.
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>• Retrain DHS Social Work Services Managers in Hotline Guided Decision Making to ensure fidelity to the model.</li> <li>• Continue use of Field Screening units to safely divert families reported to the Hotline from being accepted for investigation.</li> <li>• Continue with quality assurance process to ensure that reports are being screened out appropriately.</li> <li>• Formalize policy that requires investigation staff to refer case to prevention programs when a preliminary safety threat is identified with the goal of mitigating the threat during the investigation.</li> <li>• Increase the capacity of prevention providers to engage and serve families during the investigation process</li> <li>• Open two additional Family Empowerment Centers to serve families diverted from the Hotline and to support families during the investigation process.</li> <li>• Increase budget to hire a team of 5 truancy case managers and one supervisor to address the new referrals that will likely be generated due to the change in law extending the mandatory school age. Also, this increase will help with rolling out the pilot truancy program to more schools.</li> <li>• Continue CAPTA funding to support families with newborns exposed to substances.</li> <li>• Extend youth housing support to age 24 to assist youth who age out of the system with sustained housing support into adulthood.</li> <li>• Expand Rapid Rehousing Program to add an additional 20 new slots for families to reunify with their children.</li> <li>• Continue and expand research to develop evidenced-based programs in the prevention arena designed to prevent placement and support reunification and reduction of congregate care.</li> <li>• Increase Resources for Out-of-School Time programs to fund an additional slots for youth. This is based on the demand received as a result of our city wide RFP for services that were designed to increase quality and address core areas such as reading and career readiness.</li> <li>• In support of our SDP and DBHIDS partners and the children, youth, and families they serve, continue to support the non-medically necessary costs of the Support Team for Education Partnership.</li> <li>• Increase the use of the Youth Aid Panel for youth arrested in the with the goal of avoiding the filing of a delinquency petition.</li> <li>• Develop and fund a Restorative Justice Program designed to offer alternatives to adjudication/placement. Restorative Justice seeks to hold the person who has done harm</li> </ul>

	<p>accountable, give their victims a voice, and together develop a plan to promote healing and reconciliation for all involved. Participation in a Restorative Justice process is voluntary and encouraged to participate by all parties.</p> <ul style="list-style-type: none"> <li>• Expand the use of intensive prevention services for youth arrested for summary offenses and misdemeanors in the community in lieu of arrest and formal processing in the system.</li> <li>• Increase by two the number of and use of Evening Reporting Centers to assist with diverting youth from entering placement. Populations to include would be youth on interim probation and youth returning from placement.</li> <li>• Creation of a position to be filled in JJS to work in collaboration with the Court to be able to use data to help define need for types and array of programs.</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>• All SWSM and social workers retrained on Hotline Guided Decision Making.</li> <li>• Continue to ensure statistically relevant sample of screened out reports are reviewed for quality decision-making and tracking of families to see if they are re-reported or later accepted for service.</li> <li>• Successful opening of two new FEC capable of accepting referrals and meeting performance standards.</li> <li>• Increased engagement of families by truancy providers and decrease in the amount of truancy referrals sent to regional court.</li> <li>• Increased engagement of families in the CAPTA program who successfully complete the service and do not re-enter the system.</li> <li>• Identify and refer 20 new families for rapid re-housing who successfully transition to independence.</li> <li>• Work with providers to enroll youth in OST slots in the community.</li> <li>• Increase in the number of youth who age out with successful permanency and/or housing stability in the community.</li> <li>• More youth involved in youth aid panels and decrease in petition filing.</li> <li>• More youth diverted from the system in lieu of arrest.</li> <li>• Reduction in the number of youth adjudicated delinquent and placed in congregate care.</li> </ul>
Evidence of Completion:	<p>Successful completion of above indicators including more children and youth residing in the own homes or with kin in their communities, reunifying 20 families in housing, issuance of RFP and opening of new FEC sites, and increased enrollment in OST sites.</p>

Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> <li>• Funding Truancy Case Managers.</li> <li>• Funding for two FEC.</li> <li>• Funding for increased rapid rehousing slots (20 families).</li> <li>• Funding for Older Youth Director.</li> <li>• Increase in funding for new OST slots.</li> <li>• Funding for Youth Aid panels, restorative justice program, increased intensive prevention services and 2 additional evening reporting centers.</li> <li>• Funding for a position to be filled in JJS to work in collaboration with the Court to be able to use data to help define need for types and array of programs.</li> </ul>
Current Status:	All of the above programs are in progress or in the planning stages. For positions, they would need to be posted and job description developed for the Older Youth Coordinator.
Monitoring Plan:	Monitoring is accomplished through regular site visits and technical assistance.

**Outcome # 2: Increase in Timely Reunifications and other Permanency (including CFSR indicators not met or exceeded by Phila DHS related to timeliness to permanency)**

Related performance measures, if applicable:

Strategy:	Increase Family Engagement and Improve Practice to achieve an increase in timely reunification and other permanencies
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ Roll out of a revised Family Team Conference Process that is laser focused on permanency for youth in care. <ul style="list-style-type: none"> <li>○ Increase participation of families at the conferences.</li> <li>○ Full roll out of revised process in Fall of 2019.</li> </ul> </li> <li>○ Completion of Rapid Permanency Reviews for children in placement for more than two years.</li> <li>○ Roll out of Performance Based Contracting (PBC) with CUAs which is designed to incentivize timely permanency.</li> <li>○ Expand quality visitation review to incorporate an additional layer of measurement of accountability to ensure consistent engagement of biological families.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Increase focus on identifying permanency resources for older youth including family finding and timely and increased focus on creating meaningful and timely discharge plans.</li> <li>○ Continue to streamline procedure and practice to reduce the amount of time between termination of parental rights and finalization.</li> <li>○ Explore use of parent-child Visitation Houses to support parents in practicing important parenting skills like bathing children, cooking for and feeding them, and safe nap/sleep practices.</li> <li>○ Contract for new model for quality parent representation in dependency proceedings that uses a staff attorney, social worker and parent peer worker.</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>● Increase the number of youth reunified within 12 months of placement.</li> <li>● Increase the number of youth adopted or awarded permanent legal custody within 24 months.</li> <li>● Shorten time between termination of parental rights and finalization.</li> <li>● Increase the family engagement scores in the CUA scorecard.</li> <li>● Increase use of kin.</li> <li>● Increase in the number of timely and focused transition plans for older youth.</li> </ul>
Evidence of Completion:	<ul style="list-style-type: none"> <li>● Increase in the total number of reunification and other permanencies with improvement in the timeliness as dictated by CFSR measures.</li> </ul>
Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> <li>● \$300 thousand for third party visitation audit conducted by a qualified vendor for QVR.</li> <li>● Funding for a Program Analyst to analyze data related to PBC and the tracking of multiple cohorts.</li> <li>● Funding to hire an Older Youth Director to streamline the coordination of efforts to find permanency and independence for older youth across all divisions.</li> <li>● Funding for new model for parent representation.</li> </ul>
Current Status:	<ul style="list-style-type: none"> <li>● Revisions to family team conferencing currently being rolled out and worked on.</li> <li>● PMT is currently monitoring the first cohort of children under the new PBC.</li> <li>● Project scope for PBC has been drafted and being reviewed by Law to be inserted into contracts.</li> <li>● PMT is developing business rules related to PBC.</li> </ul>



	<ul style="list-style-type: none"> <li>PMT is currently working on revising QVR tool.</li> </ul>
Monitoring Plan:	PMT will monitor and report out on the above benchmarks.

### Outcome #3: Reduction in the Use of Congregate Care

Related performance measures, if applicable:

Strategy:	Decrease the number of youth in congregate care by controlling the number of youth entering care and working to ensure timely discharge from congregate care settings.
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>Continue use of the Commissioner's Approval Process.</li> <li>Increase referrals for Family Finding for youth placed in Congregate Care.</li> <li>Process Accurint searches to identify relatives for family based placement.</li> <li>Increase resource parent recruitment efforts to identify homes for youth with specialized behavioral health needs, who identify as LGBTQ GNC and with physical health needs.</li> <li>Identify foster care providers who are able to recruit and retain professional resource parents willing to have children and youth placed in their care who exhibit sexually reactive behaviors as a result of being victims of sexual abuse, as well as for youth with other complex behavioral health needs.</li> <li>Begin congregate care reviews to identify and create timely discharge plans from congregate care.</li> <li>Partner with behavioral health system to ensure necessary behavioral health services to stabilize family based placements.</li> <li>Use of Extended Assessment Unit to prevent placement in congregate care and help identify community resources for youth who could exit congregate care with the right supports.</li> <li>Increase monitoring of congregate care providers to bi-annually.</li> <li>Implement the youth discharge survey to incorporate the voice of children and families into quality improvement strategies and practice development.</li> <li>Continue use of assessment instruments such as the Youth Level of Service and the Pennsylvania Detention Risk Assessment Instrument to inform JPO's recommendations to Court regarding level of supervision, program, and length of stay for youth who have contact with the juvenile justice system.</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase availability of community-based delinquent placement settings. (See outcome #1.)</li> <li>• Open Day Center to include school and social service support</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>• Decrease in the total number of youth in congregate care.</li> <li>• Decrease in the number of youth entering care.</li> <li>• Increase in the number of youth exiting congregate care.</li> <li>• Increase in the number of youth in kinship care.</li> <li>• Increase in the number of monitoring evaluations per provider and increase in the number of youth voice surveys administered.</li> <li>• Increase in the total number of resource families willing to accept older youth with specialized needs.</li> </ul>
Evidence of Completion:	Fewer youth in congregate care.
Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> <li>• Continued funding for family finding and Accurint.</li> <li>• Continued funding for resource family recruitment.</li> <li>• Funding for provider to support resource homes with professional foster parents.</li> <li>• Full funding for Family Assessment Unit at DHS.</li> <li>• Funding for monitoring and survey positions in the Division of Performance Management and Technology.</li> <li>• Continued funding for Day Center.</li> </ul>
Current Status:	<ul style="list-style-type: none"> <li>• Commissioner's approval process currently being used for all dependent congregate care requests.</li> <li>• Family finding and Accurint are being used and emphasis will be made to increase use of these services. RFP will be issued to expand family finding services.</li> <li>• Resource parent recruitment is ongoing.</li> <li>• Plans are in process for development of civil service job descriptions for the Family Assessment Unit.</li> <li>• Annual monitoring is occurring for providers and survey is being administered.</li> <li>• Planning for Day Center</li> </ul>
Monitoring Plan:	<ul style="list-style-type: none"> <li>• Regular routine reports on the number of youth in congregate care.</li> <li>• Continued evaluation of providers—moving to a biannual basis.</li> <li>• Continued review of case files to ensure the utilization of family finding, Accurint.</li> </ul>

#### Outcome #4: Increased child and family functioning and well-being

Related performance measures, if applicable:

Strategy:	Increase child and family well-being by supporting parents, children, and youth through the traumatic experience of child removals from home and by supporting educational needs of children in care.
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"><li>• Fund and develop program of peer support partners for older youth in the system to assist with the trauma of out-of-home placement and pathways to independence.</li><li>• Fund and develop program of parent support workers to help parents involved in the system navigate the placement and court process.</li><li>• Fund transportation service to address time between removal from home and reroute of school bus or other transportation alternative from the school district.</li><li>• Continue full implementation of YV Lifeset program to reach youth not engaged in Achieving Independence Center independent living activities to help ensure that older youth who are aging out of care can establish a supportive connection, education, employment, housing and basic independent living skills.</li><li>• Support changes at the Achieving Independence Center to improve outcomes for older youth, including hiring a Mentoring specialist, hiring a Housing Counselor, employing a mobile AIC option for youth in congregate care settings or in out-of-county placements, implement evidence-based practices.</li><li>• Expand mental health first aid training for biological and resource parents.</li><li>• Provide additional training to DHS and CUA staff regarding support the education needs of children and youth in the system.</li><li>• Add additional trainers for youth mental health first aid.</li><li>• Create youth and parent advisory boards to serve as advisors to DHS Commissioner and cabinet regarding changes in agency-wide policy.</li></ul>

Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>• # of peer support partners hired for parents and youth.</li> <li>• Provide transportation support to youth to avoid missing school during the time between placement and transportation alternatives provided by the School District of Philadelphia.</li> </ul>
Evidence of Completion:	<ul style="list-style-type: none"> <li>• Evidence of matches between peers and parents/youth.</li> <li>• Contract competitively bid, provider selected and youth transported to school.</li> </ul>
Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> <li>• Funding for contracts to hire a provider to support and train peer mentors.</li> <li>• Funding for transportation contact.</li> <li>• Continue funding for YV Lifeset program to engage youth city wide who would benefit from the program.</li> <li>• Funding for mentoring specialist, housing counselor and staff for mobile AIC.</li> <li>• Funding for trainers for Youth Mental Health First Aid.</li> <li>• Funding to support needs of parent and youth advisory boards.</li> </ul>
Current Status:	<ul style="list-style-type: none"> <li>• Concepts are currently in the planning stages. Information has been solicited by parents and children around the need for peer support. Working with Casey Family Programs to learn how other jurisdictions have implemented peer support programs.</li> <li>• Data being collected to identify the number of youth that would need to be transported to school during the first few weeks of placement.</li> </ul>
Monitoring Plan:	<ul style="list-style-type: none"> <li>• PMT will monitor.</li> </ul>

#### **Outcome #5: Create and maintain sufficient infrastructure needed to achieve Outcomes 1-4**

Related performance measures, if applicable:

Strategy:	Ensure sufficient staffing, training, space and IT supports to manage the child welfare and juvenile justice system efficiently.
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>• Continue with recruitment and retention efforts across the agency and through all divisions by increased marketing and building relationships with universities.</li> <li>• Fund positions at the PJJSC to ensure adequate staffing levels to ensure child safety.</li> <li>• Build an additional simulation room to train new DHS and CUA staff.</li> </ul>

	<ul style="list-style-type: none"> <li>• Enhance technological ability for training by modernizing training rooms with smart boards, recording devices.</li> <li>• Engage a staff consultant to assist with developing a blocking and restacking plan of work space at the One Parkway building due to the fact that staff in the same program areas are situated in fragmented locations and there are small pockets of underutilized vacant spaces.</li> <li>• Purchase more modern usable open furniture to use in large open spaces and move away from cubicles because the existing cubicles are outdated and are no longer manufactured.</li> <li>• Work with Public Property to locate additional space for our 24-hour operations due to the high cost of operating the building 24 hours per day.</li> <li>• Continue to enhance network infrastructure and implement network assessment recommendations which will enhance security features.</li> <li>• Migrate ECMS into a new platform and develop the system to meet CWIS requirements.</li> <li>• Continue to build and modernize the DHS case management system.</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>• Increase in staff recruitment and retention.</li> <li>• Increase in the quality of trainings and staff satisfaction and understanding.</li> <li>• Increased morale and productivity due to appropriate work space.</li> <li>• Increased ability to safely manage and capture information and data in the IT system.</li> </ul>
Evidence of Completion:	<ul style="list-style-type: none"> <li>• More staff who stay for longer periods.</li> <li>• Completed trainings.</li> <li>• Continued safe use of the IT system.</li> <li>• Increased quality rating via CUA scorecard</li> </ul>
Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> <li>• Funding for training, positions, space and IT systems.</li> </ul>
Current Status:	<ul style="list-style-type: none"> <li>• Recruitment and retention efforts are ongoing.</li> <li>• RFP will be issued for space consultant.</li> <li>• IT work ongoing.</li> </ul>

Monitoring Plan:	<ul style="list-style-type: none"> <li>These items will be monitored by Executive Cabinet and reported out regularly during meetings.</li> </ul>
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*For Program Improvement Areas that were identified in the FY 2019-20 NBPB Submissions, please review them and incorporate the ones that fit with one or more of the outcomes identified above. For those that do not fit, complete a new template section(s). This approach encourages development of a single plan which encompasses all of your improvement efforts.*

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## Section 4: Administration

### 4-1a. Employee Benefit Detail

- ☐ Submit a detailed description of the county's employee benefit package for FY 2018-19. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

#### **Non-Uniformed Employees**

The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2018, and should be added to all Fiscal Year 2019 costs which are chargeable to other city agencies, other governmental agencies and outside organizations:

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

Plan	Employee Classification	Normal Cost	Unfunded Liability	Total
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	3.957%	8.554%	12.511%
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	8.386%	566.281%	574.667%
Y	All non-uniformed employees hired after 10/1/1992	3.957%	8.554%	12.511%
10	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; D.C 33 members other than guards hired after 9/2014; Exempt, hired after 11/11/2014	2.385%	0.068%	2.453%
16	Stacked Hybrid Plan D.C. 33 and Correctional Officers hired after 8/20/2016. D.C. 47/ Exempts /Non-Reps hired after 12/31/2018. Compensation used in calculating benefits is capped at \$65,000, annually on a calendar year basis	3.439%	0.00	3.439%

Plan is optional for all employees

### Employee Disability

	<u>Cost per Employee Per Month</u>
Worker's Compensation	\$ 117.72
Regulation 32 Disability	\$ 5.56

### Social Security / Medicare

	<u>Calendar Year Earnings Covered</u>	<u>Effective Period</u>	<u>Percentage</u>
Social Security	Gross Earnings not to exceed \$128,400	07/01/18 - 12/31/18	6.20%
	Gross Earnings not to exceed \$132,900	01/01/19 - 06/30/19	6.20%
Medicare	Unlimited Gross Earnings	07/01/18 - 12/31/18	1.45%
	Unlimited Gross Earnings	01/01/19 - 06/30/19	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)	\$25,000	\$ 3.53
D.C. 33 Correctional Officer Classes of Local 159B	25,000	3.92
D.C. 47	25,000	3.53
<u>Exempt &amp; Non-Rep employees</u>		
Municipal	20,000	3.13

### 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	\$ 1,194.00
D.C. 47	\$ 1,100.00



Exempt & Non-Rep Personnel  
in City Administered Plans:

	Single	Single + one	Family
Keystone HMO <sup>2</sup>	\$ 542.10	\$1,007.09	\$1,581.45
Personal Choice PPO <sup>2</sup>	502.22	933.60	1,465.72
Dental PPO <sup>3</sup>	32.41	59.96	94.00
Dental HMO <sup>3</sup>	17.79	25.13	63.89
Optical	2.77	5.01	7.07
Prescription Plan <sup>3</sup>	193.42	357.83	560.91

<sup>2</sup> Based on self-insured conventional rates for calendar year 2019.

<sup>3</sup> Based on fully insured premium rates for calendar year 2019.

**Unemployment Compensation**

<b><u>Employee Classification</u></b>	<b><u>Cost Per Employee Per Month</u></b>
All non-uniformed employees	\$9.26

**Group Legal Services**

<b><u>Employee Classification</u></b>	<b><u>Cost Per Employee Per Month</u></b>
D.C. 33	\$15.00
D.C. 33 Correctional Officers	12.00
D.C. 47	15.00

#### 4-1b. Organizational Changes

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

The only significant change to the organizational chart was made in our Prevention division. The changes to the Prevention organization chart resulted from an expansion of contracts and service scopes. Previously, there was one Administrator that oversaw three main units: Community Support Services, Prevention Referral Unit, and Diversionary Case Management Services. In 2019, Prevention expanded the number of Diversionary Services to include Rapid Service Response and the Family Empowerment Centers (three new contracts with large budgets). In order to successfully launch the new Family Empowerment Centers and manage the increased need for Rapid Service Response, an additional Administrator was brought on to only oversee the Diversionary Case Management Services within Philadelphia DHS. This has permitted an increased level of oversight for the launching of the new services, oversight of budgets and utilization, and quality assurance processes for each contract.

#### 4-1c. Complement

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

DHS Human Resources meets twice a year with divisions to plan for all their hiring, classification, and exam needs. These plans are submitted to the Office of Human Resources with whom DHS HR works to ensure eligible lists are established with sufficient candidates. The HR Office also meets regularly with each division on a monthly basis to review staffing needs and provide updates. Much of HR's focus continues to be on hiring for the Social Work Services Managers and Youth Detention Counselor positions as these two groups make up the majority of the Department's vacancies. Recently, HR brought in a class of 20 Social Work Services Managers and 12 Youth Detention Counselor Trainees. The next classes are scheduled for August and October.

Annually, from September through December and from February through May, DHS University (DHSU) staff reach out to all fifteen (15) CWEB universities and colleges across Pennsylvania for in-person presentations to recruit CWEB students for the Philadelphia DHS workforce. DHSU staff visit the fifteen (15) CWEB undergraduate social work programs during the school year to provide on-campus interviews for CWEB, host question and answer sessions, discuss DHS internship opportunities, and attend on-campus job fairs. DHSU will track and monitor the effectiveness of the outreach and presentations by working with DHS Human Resources to cross-reference new hires and their school of origin.

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

DHS has taken a multi-pronged approach to address recruitment and retention concerns.

1. DHSU will lead a collaborative task force that will include Child Welfare Operations (CWO), Juvenile Justice Services (JJS), Communications, and HR to plan and implement city-wide requirement strategies to increase the staffing complement. This work will include internal and external stakeholders and will be conducted over a 12- to

18-month period. The goal is to increase staff complement for CWO and JJS by 30% over the next two fiscal years.

2. Because retention is often related to feeling able to competently do the work, and to opportunities for professional development and advancement, DHS University has created an internal Workforce Development section to support recruitment and retention strategies, including a Director of Workforce Development.
3. DHSU will work with DHS HR and the City of Philadelphia's Central Personnel to review and enhance the current onboarding process for new hires by assessing gaps, messaging, and creating opportunities to introduce a safety culture and trauma-informed practice earlier.
4. Expansion of Philadelphia Child Welfare System Leadership Academy to emerging leaders within DHS' entire workforce including all position levels.
5. Continuing the Supervising for Excellence training for CWO supervisors to enhance practice.
6. To enhance infrastructure to support increased numbers of new hires through creating additional classroom and simulation room space and increasing use of training technology such as increasing the number of smart boards.

#### 4-1d. Audit Compliance

- ☐ Describe any changes in county practice regarding contract monitoring since last year. For example, identify any changes in identification of sub-recipients, implementation of risk-assessments, identification of the sub-award to sub-recipients; development of internal controls, implementation/increased level of review activities, documentation of activities, use of corrective action plans, etc.

Philadelphia County has not made major changes to its contract monitoring practices since last fiscal year. Over the past few years, Philadelphia has fully implemented its Fiscal Monitoring Unit (FMU), improved sub-recipient identification and monitoring, and implemented a risk assessment process to identify potentially problematic providers.

- ☐ Describe the monitoring activity performed (including who completes it, how often, sample size, etc.) to assure that private service providers delivering prevention, reunification and after-care services under contract with the agency adhere to the Child Protective Services Law requirements regarding certifications.

Philadelphia DHS includes provisions in its executed contracts with providers regarding compliance with the CPSL background check requirements, but engages in a vigorous monitoring of CPSL adherence of all of its contracted providers, including its in-home, preventive, reunification, and after-care services providers.

Philadelphia DHS monitors its private service providers in accordance with the City of Philadelphia Department of Human Services Streamlined Service Standards dated July 1, 2012, Administrative Requirements, Article IV, Section 4.1 (a)-(j), and the City of Philadelphia Department of Human Services Provider Relations and Evaluation of Programs Evaluation Process. Philadelphia DHS follows the evaluation process, applying the Service Standards and an Internal Tool which tracks the standards. Any missing certifications are noted in a written report that outlines all deficiencies, and a corrective action plan is then developed with regard to them after an exit interview.

- ☐ Highlight any overlapping findings/adjustments that exist in the most recent single audit report and Auditor General (AG) report.

Philadelphia County has not completed its FY 2017-18 single audit report; the Auditor General is currently conducting its FYs 2014-15, 2015-16, and 2016-17 report. Due to this delay, there are no updates since the prior year.

- ☐ Provide a corrective action plan to address findings in the most recent single audit report, including what levels and types of controls will be strengthened, and/or implemented to prevent repeat adjustments and findings in the current year.

Since the previous period under review (FY2016-17), Philadelphia DHS now informs subrecipients of relevant Catalog of Federal Domestic Assistance (CFDA) numbers and names, and has further expanded its risk assessment procedures as described above.

- ☐ Provide a corrective action plan to address findings in the most recent AG report, including what levels and types of controls will be strengthened, and/or implemented to prevent repeat adjustments and findings in the current year.

The most recent AG report contained three findings (two less than in the previous report), all of which have been addressed. The corrective action taken by Philadelphia is summarized below.

In FY 2015-16, Philadelphia DHS discontinued the practice of including encumbrances and estimates in its CY-370 Expenditure Report. A formal written policy formalizing this practice has been instituted.

To address the lack of some financial documentation needed to substantiate invoiced, costs, Philadelphia DHS corrected a system flaw in its case management system in December 2014 that was creating inaccuracies in the County's Fee-for-Service Schedule. The system was corrected to reflect purchased service transactions based upon service date instead of transaction date.

Corrective action related to the finding regarding subrecipient monitoring is addressed above.

#### 4-3. Accurint

- ☐ Please identify the name and email addresses of the Accurint Administrator in your county and each Accurint User.

##### Accurint Administrator

First Name	Last Name	Email address
William	Gordon	<a href="mailto:William.J.Gordon@phila.gov">William.J.Gordon@phila.gov</a>

##### Current Accurint Users

Name Departments	Email Address	DHS
Lelia Johnson	<a href="mailto:Lelia.Johnson@phila.gov">Lelia.Johnson@phila.gov</a>	Hotline

Amina	Thompson-Wright	<a href="mailto:Amina.thompson-wright@phila.gov">Amina.thompson-wright@phila.gov</a>	Hotline
Colleen	Mellon-Hartman	<a href="mailto:Collen.Mellon@phila.gov">Collen.Mellon@phila.gov</a>	Hotline
Shahodah	Bohannon	<a href="mailto:Shahodah.T.Bohannon@phila.gov">Shahodah.T.Bohannon@phila.gov</a>	Intake
Stephanie	Davis	<a href="mailto:Stephanie.A.Davis@phila.gov">Stephanie.A.Davis@phila.gov</a>	Intake
Paula	Ward	<a href="mailto:Paula.M.Ward@phila.gov">Paula.M.Ward@phila.gov</a>	Intake
Pearl	Knox	<a href="mailto:Pearl.B.Knox@phila.gov">Pearl.B.Knox@phila.gov</a>	Intake
Angela	Simes	<a href="mailto:Angela.M.Simes@phila.gov">Angela.M.Simes@phila.gov</a>	Intake
Terez	Hunter	<a href="mailto:Terez.Hunter@phila.gov">Terez.Hunter@phila.gov</a>	Intake
Tamara	Washington-Askew	<a href="mailto:Tamara.L.Washington-Askew@phila.gov">Tamara.L.Washington-Askew@phila.gov</a>	MDT
Ja'Net	Roberson	<a href="mailto:Ja'Net.Roberson@phila.gov">Ja'Net.Roberson@phila.gov</a>	MDT
Renee	Morgan	<a href="mailto:Renee.G.Morgan@phila.gov">Renee.G.Morgan@phila.gov</a>	Adoption
Vicente	Duvivier	<a href="mailto:Vicente.Duvivier@phila.gov">Vicente.Duvivier@phila.gov</a>	OSR
Walter	Lucidi	<a href="mailto:Walter.lucidi@phila.gov">Walter.lucidi@phila.gov</a>	DHS-U
Elaine	Tennesen	<a href="mailto:Elaine.M.Tennesen@phila.gov">Elaine.M.Tennesen@phila.gov</a>	DHS-U
Yolanda	Shepherd	<a href="mailto:Yolanda.Shepherd@phila.gov">Yolanda.Shepherd@phila.gov</a>	DHS-U
Marisol	Bartlett	<a href="mailto:Marisol.Bartlett@phila.gov">Marisol.Bartlett@phila.gov</a>	DHS-U
Terri	McCargo	<a href="mailto:Terri.Moore@phila.gov">Terri.Moore@phila.gov</a>	Prevention
Francia	Layne	<a href="mailto:Francia.O.Layne@phila.gov">Francia.O.Layne@phila.gov</a>	CWO

- ☐ Please explain any underutilization of Accurant services in the prior year, i.e. explain why it was not used in locating kin, tracking NYTD youth, or other search efforts.

Currently, DHS has at least one user on each floor who is responsible for conducting searches requested by any staff on those floors. Last year, after some analysis, the Accurant user list was updated to remove non-users and add new users that included DHS University Staff, who provide technical assistance to the CUAs. This was strategically assigned to take full advantage of the search engine. All new users of Accurant were trained on July 31, 2018. For the last six months, the Department has conducted at least 2,000 searches to assist in our practice. DHS will continue to reassess utilization by individual staff and shift users.

CWO will periodically communicate with DHS and CUA staff so that they are aware of the Accurant users to assure that the identification of kin occurs throughout the life of the case.

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

Child Welfare Operations (CWO), which consists of both DHS and CUA staff, has relied on various methods of exploring individuals as possible kinship resources for our children and youth, including the use of Accurant.

Over half of our children and youth population that are in family-like settings are placed with kin. CWO will continue to use this resource as a part of our practice to explore potential kinship resources for any child or youth who is not placed with kin.

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