

Fiscal Year 2021-22 Needs- Based Plan & Budget

Commonwealth of
Pennsylvania

Office of Children, Youth
and Families

DRAFT 7/16/2020

**NEEDS-BASED PLAN AND BUDGET
NARRATIVE TEMPLATE**

Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative portion of the Fiscal Year (FY) 2021-22 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.

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NBPB
FYs 2019-20, 2020-21 and 2021-22

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

Throughout this document “DHS” and “the Department” refer to Philadelphia Department of Human Services.

Section 2: NBPB Development

1-1: Executive Summary

➤ Respond to the following questions.

- ❑ Identify challenges experienced by the County Children and Youth Agency (CCYA) and Juvenile Probation Office (JPO) as a result of the COVID-19 pandemic.

In response to the pandemic created by the COVID-19 virus and a declaration of emergency at both the state and national levels, on March 16, 2020, the Honorable James Kenney issued a directive halting non-essential government operations, in Philadelphia, effective March 18, 2020. As the national crisis evolved, DHS worked diligently with providers and stakeholders to reactivate and maintain core operations while promoting the safety and well-being of children and youth as well as DHS’ staff. The Pennsylvania Courts halted all but essential functions and video conferencing or telephonic contacts were permitted in lieu of face to face contacts when possible.

Subsequently, Philadelphia DHS had to mobilize and equip staff to work remotely to ensure the safety and well-being of children through the use of advance technology. Laptops, iPads and cell phones were assigned and distributed to staff as well as families and older youth who were active with DHS on an as needed basis. DHS’ Performance Management and Technology Division provided system wide IT equipment and technical support to enable staff to respond accordingly.

During the pandemic, DHS’ hotline experienced an approximately 50% reduction in call activity as most mandated reporting organizations were closed and working at limited capacity i.e. schools, daycares and health centers. DHS published COVID-19 guidance, resources and policies on its website making these documents available to families and external stakeholders.

DHS managed numerous challenges as we worked diligently to maintain essential services for children, youth and families. Challenges included but not limited to the following: purchasing additional IT equipment within a overwhelmed market; allocating hundreds of hours of man power for IT technical assistance and consultation to staff and management; developing rotating schedules for essential staff; acquiring ample supplies and disseminating Personal Protection Equipment; providing consistent updated information to internal and external stakeholders; and daily/weekly consultation with the Philadelphia Health Department in our efforts to collect the most up-to-date information on the impact of COVID-19. DHS is currently facilitating a system wide After-Action Review AAR. This process includes interviewing internal and external stakeholders, which involves families and youth, to ascertain strengths and challenges of DHS’ response to the pandemic. Lessons learned will be included within our recovery plan as we move forward.

The Philadelphia County JPO’s biggest challenge during the COVID-19 pandemic has been completing contacts with youth/families on supervision. Philadelphia County JPO does not have available work cellphones or portable electronic devices, such as tablets or laptops, to

issue to JPOs to assist with making virtual contacts where children's faces and environments could be seen. Youth and families received phone calls, but a face to face contact was unable to be conducted.

Philadelphia County will be requesting funding for portable electronic devices for use by JPOs and for licenses for virtual meeting platforms. The added ability to visually see a youth at home while at a remote location (home, office, residential facility) during a pandemic would aid in providing adequate supervision. It will allow JPOs and family to virtually visit youth in congregate care facilities when in-person visits are not permitted. It would also allow families to virtually visit youth placed at a distance from Philadelphia, with the JPOs assistance, when the family does not have the means to make an in-person visit. Finally, portable electronic devices would facilitate holding virtual staff meetings, as well as meetings with local and state stakeholders.

- Identify the top three successes and challenges (excluding COVID-19) realized by the CCYA since its most recent NBPB submission.

The City of Philadelphia Department of Human Services (DHS) continues to right-size its child welfare and juvenile justice system to ensure the best fit and best quality service for children, youth, and families. DHS remains laser focused on strengthening programming for children, youth and families through productive partnerships with stake holders and the use of advanced technology. DHS continues to strive to achieve the goals of Improving Outcomes for Children (IOC), which are the guiding principles behind Philadelphia's delivery of child welfare, child abuse prevention, and juvenile justice services. We believe that a community-based approach to service delivery continues to have a positive impact on child and family safety and well-being. The community-based approach of IOC has enabled DHS to make significant progress on our vision of rightsizing. We maintain a clear vision of fewer children and families becoming 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 as follows:

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.
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: Since March of 2016, the number of children in placement continues to decline evidenced by a reduction of approximately 1,043 children, which reflects a 17% decrease. Moreover, the total number of youth in dependent placement declined by 11% from March 2019 to March 2020. 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.

DHS continues to enhance programing and strengthen partnerships with stakeholders in efforts to achieve greater success in reducing the need to place children as well as achieve timely permanency. In FY 22, DHS is seeking to expand its investment in the Interdisciplinary Representation for Parents (IRP) initiative through Philadelphia Community Legal Services. IRP provides an interdisciplinary team for parents consisting of an attorney, social worker, and peer parent advocate. This approach supports the Family Engagement Initiative and has contributed to shorter stays in placement and timely permanency. (see attached article on New York study).

2. Reducing the number of youth in dependent congregate care: From FY 2015-16 to FY 2019-20, there has been a 42% decrease in the number of youths receiving dependent residential services (e.g., institution-level) and a 30% decrease in the number of youths placed in dependent community residential settings (e.g., group home level). Additionally, there is currently 9.6% of dependent youth in placement in congregate care. Philadelphia remains well below the state and national averages. This sustained success is a result of an intentional effort to place children and youth in family-based settings, rigorous oversight by leadership, our collaboration with Community Behavioral Health and our resource parent marketing campaign.
3. Aligning prevention resources: By streamlining referrals to the Hotline without existing safety threats but with a high level of risk directly to targeted Prevention programs, we can ensure services for families most at risk for DHS involvement. Prevention services are also now implemented during an investigation in an effort to mitigate risk and divert families to community-based programming, when appropriate. DHS continues to enhance the prevention service continuum with the addition of diversionary programs such as Family Empowerment Centers for high risk families.

DHS is seeking financial support for another successful targeted Prevention program, 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. Considering the socioeconomic condition of low-income families in Philadelphia and the financial stress brought on by the COVID 19 pandemic, this program is critical in meeting an essential need to promote family stabilization.

Finally, DHS continues to request 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. DHS and the School District of Philadelphia have partnered to conduct data analysis in the effort to establish baseline data for DHS youth who are in the district. Additional funding will be allocated to existing provider who have the highest numbers of DHS children and youth in their designated schools. The need for truancy support is heightened during this post-pandemic period to ensure that children and youth remain engaged during periods of classroom learning disruption.

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 rightsizing the system is the ability to safely and quickly reunify children with their families. DHS continues to

face challenges in achieving timely permanency for children and families. In order to address the challenges, DHS has elected to participate in the statewide Family Engagement initiative (FEI) sponsored by the Administrative Office of Pennsylvania Court AOPC. Family Engagement Initiative involves a partnership with Philadelphia Family Court to enhance meaningful family involvement for families involved in the child welfare system. The primary focus of this work is to keep children safely in their homes or place them with kin if out-of-home placement is necessary. By improving family finding efforts, conducting crisis/rapid response family meetings, and enhancing legal representation, DHS anticipates that more children will be maintained in their own homes or placed with kin instead of receiving services at a congregate care facility.

As we enhance family engagement, we also want to improve programming through the lenses of racial equity by using the lessons from families' lived experiences. To that end, DHS is seeking funding for the research and development of a Parent Advisory Council. Given the reality of systemic disproportionality, amplified by the 2020 racial civil unrest, DHS will elevate the learning from parent voice at all levels of our system. We are particularly interested in exploring the creation of a Parent Advisory Council, where parents could be supported to give feedback and guidance to DHS on both policy and practice. This forum will provide parents the opportunity to influence specific services and programs designed to keep children safe and families together. We are committed to be responsive to the needs of families expressed by their personal views and perspectives. Additionally, DHS is actively involved in a research project with the University of Pennsylvania. The purpose of this project is to use data to understand the extent of how disproportionality is manifested within DHS as well as research best practices to address disproportionality and disparity.

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 enhance and build an array of services and linkage opportunities to support the needs of children and youth in the community. In order to avoid the use of congregate care and to help youth step down to less restrictive settings, it is imperative that access to supportive and structured environments is available. To this end, DHS is requesting funding for professional foster parents who are trained to support the needs of youth with complex behavioral health needs and/or sexual reactive behaviors. Additionally, DHS is requesting to create a Behavioral Health 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.
We are also working closely with colleagues at Community Behavioral Health to ensure that appropriate supports are in place for youth and their families. Finally, DHS is requesting additional support in evaluating and accessing evidence-based programming to support reduction of placement and reduce recidivism of delinquency.
3. Improving older youth services: Each year approximately 250-300 older youth age out of placement without a permanent family resource. We have made some progress in this area however; we must do more to eradicate older youth homelessness and family disengagement. Specifically, Philadelphia DHS' general indicators data file has 293 youth aging out for FY2019-20 (of those, 167 have a permanent residence, 148 have a source of income support, and 191 have a life connection). In order to positively impact this outcome, streamlining older youth services is necessary and providing sufficient

resources to pursue permanency and independence is critical. To that end, DHS is requesting additional funding to support the creation of an Older Youth Services 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. DHS is also requesting continued support for programs such as Lifeset (formerly YV Lifeset) and mobile Achieving Independence Center so that DHS can ensure that all youth in the system have access to ongoing support, pathways to independence and life-long connections. DHS is requesting that PA DHS extend the age for funding housing subsidies from 21 to 24 in an effort to provide critical stable housing supports during the young adult years. Finally, DHS continues to request additional funding for Work Ready slots in order to help youth with career readiness and access to skills and connections that will promote economic independence. In the past year, the program received 19,000 applications and only had funding for 8,000 slots.

- ❑ 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 2020-21 and 2021-22.

As detailed throughout this 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 and policy has been revised to improve 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 (excluding COVID-19) realized by JPO since its most recent NBPB submission.

Philadelphia's top three successes for juvenile justice are:

1. Implementation of Juvenile Justice Systems Enhancement Strategies (JJSES) initiatives: Philadelphia County has been focused on improving the implementation of several initiatives under the four stages of JJSES. Philadelphia County created a Youth Level of Service unit to complete all the initial YLS. This tool identifies the top 3 criminogenic needs. This instrument is essential in determining what type of community resource a youth should receive. The Case Plan and Graduated Response Approach determine the impact of receiving incentives along with interventions on a youth's length of probation supervision. Due to the success of the pilot program, all staff were trained on the Graduated Response Approach at the end of fall 2019 and it has been expanded to all Court Rooms. The Standardized Program Evaluation Protocol (SPEP) initiative is a tool used to measure the impact on recidivism. The tool is used to measure the dosage of evidence-based practices received per juvenile. Probation staff and evaluators from the Evidence Based Prevention and Intervention Support (EPIS) work in collaboration with the provider agencies to review the services provided. Philadelphia County sent

several staff to State College to be trained by the EPIS to become Level 1 SPEP specialists.

2. There has been a 72% reduction within the last four and a half years for youth in delinquent residential placements. Further, during the closure of the courts, Philadelphia County focused on holding expedited hearings for youth in secure detention and in congregate care. The goal was to release as many youth as possible that did not present a danger to the community nor themselves while awaiting planning for additional services or that may have been eligible for early discharge from congregate care. This process allowed an increased number of youth to exit care.
3. Intensive Prevention Services (IPS): This service diverts youth from the Juvenile Justice System by helping youth learn how to resolve conflict peacefully and by identifying barriers to success at home and school. In 2019, 339 youth were diverted to Intensive Prevention Services through the School Police Diversion Program.

The top three challenges for Philadelphia Juvenile Justice are:

1. Continue safe decline of youth in placement; Juvenile Probation and DHS-DJJS 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 individualized to the youth by being related to the youth's top needs as identified by the Youth Level of Service.
 2. Improving the services by ensuring that they are evidence-based and have the requisite efficacy, increase the monitoring capacity of DHS-DJJS in order to adequately provide programmatic oversight, thus ensuring the quality of the services to JJS youth, including ensuring that services provided and length of stay in a program are consistent with the youth's top needs as identified by YLS rather than being a set program and length of stay for all youth in that program. While, increasing the number of Community Based Resources as alternatives to placement and requiring full utilization of programs already in existence.
 3. Supporting innovative staff recruitment and retention: Recruitment and retention of staff at the Philadelphia Juvenile Justice Services Center is a 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 2020-21 and 2021-22.

Philadelphia County continues to make significant strides in its juvenile justice reform efforts, driven largely by Pennsylvania's Juvenile Justice System Enhancement Strategies (JJSES) and its commitment to the eight core strategies of the Juvenile Detention Alternatives

Initiative (JDAI). The four stages of JJSES implementation are fluid, and currently, Philadelphia is operating in stages two, three, and four of JJSES. Philadelphia County was provided funding by the state in the previous year's NBPB and will be requesting similar funding for fiscal year 2021-2022 now that the entire department has been trained on the Graduated Response and will be implemented in all court rooms.

The Evidence Based Prevention and Intervention Support (EPIS) on the Standardized Protocol Evaluation Program (SPEP). SPEP is a validated data driven rating system that evaluates a services' effectiveness of reducing recidivism. The SPEP is also a program evaluation tool that aligns service delivery to evidence-based performance improvement process. SPEP is based on the four main factors most strongly related to recidivism reduction: (1) youth risk level and aggressive/violent history, (2) program philosophy and type, (3) quality of service, and (4) amount of service.

The Department of Human Services-Division of Juvenile Justice Services (DHS-DJJS) continued its commitment to the Juvenile Detention Alternative Initiative (JDAI) by focusing on safely reducing reliance on secure confinement. Task Forces made up of key stakeholders regularly meet to discuss certain focus areas such as objective decision-making, special detention populations, and data-driven decisions. Successful task force collaborations have resulted in the following tangible policy reforms: 1) The implementation and ongoing evaluation of the Detention Risk Assessment Instrument (DRAI) which objectively screens all newly arrested youth to determine who can be safely supervised in the community. 2) The continued success of the pre-adjudicatory Evening Reporting Center (ERC) to serve as an alternative to detention, 3) The ongoing progress of the DHS-DJJS' first post-adjudicatory ERC to serve as a community-based alternative to placement. Due to the Post-ERC's success with preventing youth from going to residential placement, the development of a Community Intervention Center ERC and an Aftercare ERC were proposed in 2019 and was developed in early 2020. Our Continued partnership with the Philadelphia Police Department to implement the School Police Diversion Program that diverts youth with minor offenses in the school environment to Intensive Prevention Services (IPS) to avoid formal penetration of the system. The Department of Human Services-Division of Juvenile Justice Services (DHS-DJJS) and JPO will be hiring a new coordinator for the Juvenile Detention Alternatives Initiative(JDAI) work.

DHS is requesting funding to support programs such as Intensive Prevention Services (IPS), 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.

- IPS funding is required to establish a footprint in Southwest Philadelphia where there is minimum to no coverage for IPS services. It is currently serviced by the Bridge who currently covers all West Philadelphia. By establishing IPS in SW Philadelphia we could undergird and collaborate with the Philadelphia Gun Violence Initiative (GVI), a city initiative to combat gun violence, in which SW Philadelphia has been established as an area of high gun violence, called a Pinpoint, in the initiative. There is an opportunity for the GVI's Credible Messengers to co-locate at the proposed IPS site. This would be a major collaborative effort that would bear fruit from the data not only garnered by the Pinpoint Area/GVI but by the IPS Provider as well. Data matching invaluable endeavor because of the collaboration.

Philadelphia Juvenile Probation was one of four Pennsylvania county juvenile probation departments awarded the Second Chance Act (SCA) grant funded by the federal

government which is supported by PCCD and JCJC. Philadelphia County's focus for the SCA project was to reduce recidivism for high risk youth at reentry upon a discharge from state placement. The project targeted youth with highest recidivism rates, namely youth returning from state placement at a Youth Development Center or Youth Forestry Camp(s). In 2019 there were 82 youth referred to the SCA project and 35 obtained employment. This grant will expire in September 2020, DHS-DJJS in its efforts to support the JPO intends on requesting funding from the Needs Based Budget, to continue to provide youth with this valuable service.

Philadelphia County DHS-DJJS is requesting funding by the state to purchase portable electronic devices. This is a direct support to the JPO. JPOs would be able to complete the Youth Level of Service (YLS), Case Plan and Graduated Response documentation while in the field with the youth and family. Portable devices are essential for Philadelphia County now more than ever especially during the pandemic.

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

- Continued funding to support Graduated Response incentives.
- Funding to expand the success of the Post-adjudicatory Evening Reporting Center.
- Continued funding to support the two additional Evening Reporting Centers created. One geared towards youth coming home from congregate care. This aftercare ERC supports high risk youth returning to the community from residential placements. The recidivism data for this cohort is still being collected and analyzed. The second ERC that has been developed for youth on deferred adjudication status on the verge of adjudication due to non-compliance. This center will provide evidence-based practices in the attempt to get the youth back in compliance with court ordered conditions and prevent adjudication.
- Funding for additional Global Positioning System units to further support alternatives to detention and placement to increase utilization to include allowing medium and high-risk youth to remain safely in their communities rather than in placement or detention in addition to the youth who have traditionally been assigned to GPS.
- Enhanced funding (\$200,000) to support a dedicated Restitution Fund to give youth an opportunity to resolve outstanding restitution obligations that serve as a barrier to closing their probation cases by performing community service which is paid for on an hourly basis through the fund. This money is then used to pay the youth's restitution obligations.
 - Overall, there were 10,426 workhours completed in community service in FY2019, earning \$104,264.21 toward. FY2020-2021 Community Service and Restitution numbers will be skewed due to the onset of the COVID-19 pandemic in the third quarter of this fiscal year. All community service activities were halted in the fourth quarter of FY2020 and no youth credits have been earned towards restitution since March 18, 2020. However, at the time of the shut down for COVID-19, the Community Service and Restitution Initiative was on pace to eclipse the FY2019-2020 figures.
- Funding for a JDAI coordinator and a data analyst.
- Funding for 150 portable electronic devices.
- Funding for licenses to obtain virtual meeting platform applications.

- **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.

1-2: Determination of Need through Collaboration Efforts

- 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. Describe the county's used of data analysis with the stakeholders toward the identification of practice improvement areas. Counties must utilize a Data Analysis Team as described in the NBPB Bulletin Guidelines, Section 3-4: Program Improvement Strategies. The Data Analysis Team membership should be reflective of the entities identified. 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).

Monthly Child Welfare Operations (CWO), which includes both DHS and Community Umbrella Agency (CUA) operations, meetings provide staff on different levels an opportunity to become informed and trained on practice changes, to discuss the implementation of practice, to identify gaps in practice and services, and to develop solutions to address the gaps. Monthly CWO meetings include monthly joint Supervisors' meetings, monthly joint Social Work Administrator and CUA Case Management Directors meetings, and monthly DHS and CUA Directors meetings. DHS has staff from its DHS University assigned to all ten CUAs to support their transfer of learning on practice.

During the COVID-19 operations, all meetings are being held virtually.

DHS, through its Division of Performance Management and Technology (PMT), has in place a number of efforts to engage with our CUAs using data to discuss practice and service challenges and develop solutions to improve practice. Some of these meetings include:

- Closing the Loops meetings (every six months) to discuss CUA scorecards and improvement strategies.
- Quality Assurance meetings (every quarter), in which data integrity issues are discussed with CUA staff and Practice Specialists.
- PMT CUA visits, in which a multidisciplinary team of PMT workers visit CUAs to discuss Philadelphia Family Data System and Reporting needs.
- AFCARS reconciliation calls in which we discuss discrepancies and missing AFCARS data (every quarter).
- Performance-Based Contracting Meetings (quarterly) to discuss PBC implementation progress, among others.

As in past years, 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. The youth shared their experiences in congregate care placement and system-reform projects in which they were engaged. The youth offered

suggestions for change, such as peer support partners, some of which are incorporated into our Needs Based Plan and Budget.

DHS continues to place great emphasis 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, making 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 historically meet quarterly with child and parent advocates to discuss systemic issues related to case planning, reunification and other permanencies. However, due to the COVID-19, these meetings have occurred by-weekly and in some instances, there are subgroups who are meeting weekly. The purpose of these meetings is to continuously assess service delivery and make determinations for program and allocation adjustment to respond to the needs of children, youth and families during the pandemic.

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

Commissioner Ali and Deputy Mayor for the Philadelphia Office of Children and Families Figueroa lead members 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. Deputy Mayor Figueroa continues to sit 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, the 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.

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 this meeting to support the JPO with viable strategies to move difficult cases through the JJS system. The goal 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 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. JPO Management Team members continue to participate yearly 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.

In response to the COVID-19 pandemic, the Philadelphia DHS-Division of Juvenile Justice Services (DHS-DJJS), in partnership with its contracted on-site medical team from Corizon Health Services and Children's Hospital of Philadelphia (CHOP), and in consultation with the Philadelphia Department of Public Health, created and implemented COVID-19 mitigation practice protocols for the PJJSC. Testing for all youth remanded to the PJJSC is included in the mitigation protocols. The testing commenced on 5/20/2020 and as of 7/2/2020, 244 youth have been tested. Corizon Health Services collects the samples which are then sent to CHOP for testing. Results are delivered back to Corizon Health Services. Youth with positive results are monitored for any adverse health effects. The PJJSC has had a positive COVID-19 rate of only 3% amongst youth which is a very good successful mitigation outcome largely due in-part to the collaborative efforts. These plans have continued to evolve and are updated as new issues and information arise.

The Philadelphia County Office of Children and Families of DHS with has continued to engage staff, consumers, communities and stakeholders in an effort to determine the best fit for services. The following activities have taken place:

- Leadership meetings with staff to discuss service delivery, challenges, trends and expansion opportunities. Through monthly data reports that include not just the number of consumers served but also information on service coordination to prevent children from entering the formal child welfare system; the team is able to align the service delivery on a regular basis.
- Service satisfaction surveys to consumers to gauge their interest in the services, service gaps and other needs.

DHS University has been instrumental in networking with constituents from various City Departments and external stakeholders over the course of the year to identify the needs of the populations we serve, and the skills required for best practice in meeting these needs. Based on data from PMT, monthly meetings, and collaborative efforts, DHS University identifies additional training needs (such as additional training space and mental health first aid certifications) to support development of strong practice skills for both CWO and JJS staff.

- 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.

The Department continues to meet with contracted providers, including: 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.

DHS University, in collaboration with DHS-PMT, participates in quarterly provider convenings for Congregate Care & Foster Care Providers and receives feedback of competency, practice and training needs of providers.

The Office and Children and Families has continued to engage its contracted service providers in the following ways:

- Bi-weekly or Monthly meetings to discuss progress towards negotiated goals, issues related to service delivery and discussions around trends or factors that may influence the need for expansion.
- Contracted service providers have also been required to engage their consumers to ensure satisfaction, identify any service gaps and ensure that services are meeting the needs of the communities.

One of Philadelphia County's juvenile justice system's most significant strengths is the relationships Philadelphia DHS has built with the Philadelphia District Attorney's Office, the Philadelphia Public Defenders Office, School District of Philadelphia, Family Court/Juvenile Probation and the Philadelphia Police Department. DHS will continue to nurture these partnerships as we work

collaboratively to identify and meet the needs of our most vulnerable populations of youth. Additionally, Philadelphia County participates in the Juvenile Detention Alternative Initiative which emphasizes community engagement, data-driven decisions, graduated response, and alternatives to detention.

- ❑ 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.

DHS University continues to incorporate Court Week, a collaboration between DHS, the city of Philadelphia Law Department, and the Court, to support newly hired CUA and DHS staff in gaining familiarity with the court process and hearings.

- ❑ 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 (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, DHS Specialty Investigations and the PPD Special Victims, along with the Philadelphia Children's Alliance (PCA), co-located to one facility and is 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.

1-3 Program and Resource Implications

- ➔ **Do not address the initiatives in Section 1-3 unless requested below; address any resource needs related to all initiatives by identifying and addressing within the ADJUSTMENT TO EXPENDITURE request.**

1-3c. Service Array

Please respond to the following questions regarding the county's current service array and identification of gap areas that will be addressed through the plan:

- Through the data analysis and stakeholder discussions in the development of the plan, identify any strengths in existent resources and service array available to address the needs of the children, youth and families served. Include information on any specific populations determined to be under served or disproportionately served through the analysis.

The Department's leaders have recognized for some time that families of color are disproportionately involved in formal, non-voluntary involvement in the child welfare system. As reported in the data analysis section later in this document, regarding race and ethnicity, 83% of children receiving dependent services identified as either Black or Hispanic, whereas 95% of youth receiving delinquent services identified as either Black or Hispanic.¹ Black children are moved in placement more frequently and higher re-entry rates.

DHS has engaged in an Entry Rate & Disproportionality Study, a partnership between DHS, the University of Pennsylvania, and Casey Family Programs to better understand and address ethno-racial disparities and disproportionality among children entering out-of-home care. As part of this study, DHS has analyzed factors describing children reported to the Hotline during the first three quarters of 2018. Of the 29,500 children in the study, 93% were diverted; 5% received an in-home service only; and 2% entered placement. Children of color were over-represented among all reports to the DHS Hotline. Specifically, 66% of children reported to DHS identified as Black, whereas only 42% of Philadelphia's population of children identified as Black. Once reported to the Hotline, this disproportionality did not substantially change at key decision points, such as the decision to pursue out-of-home placement. Key findings also indicate that a majority of cases across all service types had reports and allegations related to neglect and nearly 4 in 5 Hotline reports were General Protective Service (GPS) reports, highlighting the prevalence of neglect-related concerns and effects of poverty in our system.

The University of Pennsylvania will soon begin the second phase of the study which will entail surveys and interviews with caseworkers, families of origin, and resource parents. Findings will be used to (1) improve DHS programming and policies to more effectively address ethno-racial disproportionality in our system and (2) foster cross-systems collaboration to address structural factors related to poverty that disproportionately impact families of color in Philadelphia.

Philadelphia County's strengths in meeting the needs of children, youth, and families include resources focused on rightsizing the system by tightening Hotline processes, diverting families at the front end, providing services needed to safely return children home and close cases, and resources to support efforts to reduce the numbers of children and youth placed in congregate care settings.

Restructured Hotline Processes

In late 2017, the Department restructured its Hotline with an emphasis and focus on Secondary Screen-outs and Safe Diversion. Overall staffing was increased, our Hotline Guided Decision-Making procedures were revised, and staff re-trained. Specific units

¹ Data obtained from Quarterly Indicators Report FY2019-20, Quarter 3.

(i.e. Case Assigners and Field Screen units) were also created to implement safe diversion at the point of initial intake. As result, there has been an improved screening of referrals and more efficient report assignment. The data shows that since the restructure, there have been fewer reports Accepted for Investigation and more families safely diverted to Prevention. Better in-region expertise and less reliance on overtime have been added benefits.

Diversion Case Management

In 2019, building on the success of diversion at the Hotline, DHS initiated mandatory use of Diversion Case Management in the Investigations Divisions. For all reports Accepted for Investigation with an initial/preliminary Safety Assessment decision of Safe with a Plan, Diversion Case Management services (i.e. Rapid Service Response, Family Empowerment Services, CAPTA) are accessed to work alongside the investigation. The paradigm shift gives focus to the Department's efforts to rightsize with the intent of mitigating identified safety concerns and threats during the time-limited Investigation process. Community-based Family Empowerment Centers were created to allow families to receive diversion services in a single location in the community. The data show that this practice has also been a success for the Department resulting in fewer cases accepted for services and more families safely diverted to Prevention services. Added benefits have included lower caseloads for ongoing Case Management.

Rapid Permanency Review

In 2018, the Department adopted the Rapid Permanency Review (RPR) to rightsize its permanencies. RPR is a system improvement tool designed by Casey Family Programs to achieve timely permanency for children who have been in care for over two years.

Data shows that since the initial RPR:

- 34% of the 91 children with a goal of reunification achieved permanency. Children who parents participated in services more frequently achieved reunification compared to children whose parents did not participate in services (47% vs. 22%)
- 72% of the 784 children with a goal of adoption achieved permanency
- 59% of the 85 children with a goal of PLC achieved permanency
- 44% of permanency through FY 2020 quarter 2 were reunifications and 46% were adoptions

Rapid Re-housing

Another successful targeted Prevention program continues to be the Rapid Re-housing 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. Since its inception in 2018, this program has served 40 families.

Reduction in Congregate Care

From FY 2015-16 to FY 2019-20, there was a 42% decrease in the number of youths receiving dependent residential services (e.g., institution-level) and a 30% decrease in the number of youths placed in dependent community residential settings (e.g., group home level). Further, Philadelphia remains well below the state and national averages at 10% of children and youth in out of home placement residing in congregate care settings. This success is a result of an intentional effort to place children and youth in family-based settings and a collaboration with the behavioral health system.

Regarding Juvenile Justice Services, in stakeholder discussions, development and utilization of Philadelphia county's community-based options has been recognized repeatedly as a strength of the system. The availability of these options mitigates the county's need for and dependence on congregate detention options. The availability of community-based options has allowed the juvenile justice system to reduce the use of congregate settings during the COVID-19 pandemic by giving judges alternatives to these settings. Advantages to community-based options include greater family cohesiveness and participation in interventions; the ability for youth on probation to participate in the DHS-DJJS Community Service and Restitution initiative to perform service that can translate to dollars through the initiative to pay restitution fines and allow their cases to be closed. These in turn help to prevent recidivism and greater penetration into the juvenile justice system. Studies have shown that youth are more receptive to interventions rendered in a community-based setting and have far better outcomes as a result. Additionally, the longer a youth is on probation due to their inability to satisfy these court imposed financial responsibilities, the greater the probability of committing a technical violation of their probation which can result in a deeper penetration of the juvenile justice system.

- Identify service array challenges and describe the county's efforts to collaboratively address any service gaps. Identify key areas in which technical assistance may be needed.

To tackle the challenges to the child welfare system and meet our goals, Philadelphia DHS needs first to strengthen case management services and empower families to achieve the goals they have set in the service plan. Then DHS must ensure that case management staff and families have the resources needed to achieve the families' goals.

Family Team Conferencing Revision

DHS has revised the Family Team Conferencing policy and procedures to clarify roles between CUA CM, DHS Investigators Staff & DHS Teaming Staff, support development of a Single Case Plan that is more directly focused on the needs of the children, youth and families, including safety, permanency and well-being; development of objectives that are targeted to mitigating the issues that led to placement, or quickly achieving permanency; and holding families accountable for meeting objectives.

Strong case management services need to be supported by the resources that help families, children, youth, and case managers achieve goals.

Services to achieve safe and timely reunification or other permanency:

DHS has identified a need for an expanded array of services to meet the continued challenges in achieving timely permanency for children and families. In order to address the challenges, DHS is seeking 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.

Services to support the decrease in congregate care:

As DHS continues to reduce the number of youth in congregate care, those who remain placed in congregate care have more complex, challenging needs. DHS must build an array of services and linkage opportunities to support children and youth with complex needs in the community. To support this strategy, DHS is re-requesting funding for professional foster parents who are trained to support the needs of youth with complex behavioral health needs and/or sexual reactive behaviors. Additionally, DHS is re-requesting to create a Behavioral Health 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 increased funding for Family Finding to bring additional focus to finding permanency for older youth, and kinship resources for youth in congregate care settings.

Services to improve older youth outcomes:

In order to positively impact this outcome, streamlining older youth services is necessary and providing sufficient resources to pursue permanency and independence is critical. To that end, DHS is requesting additional funding to support the creation of an Older Youth Services Director to lead and coordinate our practice focus on pursuing permanency and sustained independence for older youth. Another critical 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. DHS is also requesting continued support for programs such as Lifeset (formerly YV Lifeset) and mobile Achieving Independence Center so that DHS can ensure that all youth in the system have access to ongoing support, pathways to independence and life-long connections. DHS is requesting that PA DHS extend the age for funding housing subsidies from 21 to 24 to provide critical stable housing supports.

Regarding Juvenile Justice Services, data analysis has been an ongoing challenge for the County. So, most of the current information about strengths and challenges in existing resources and service array come from regular stakeholder discussions. The County recently addressed the need for data analysis by hiring a data analysis professional in June 2020.

At this time, there is a major gap in Intensive Prevention Services (IPS) in SouthWest Philadelphia. This service area has been identified by the Philadelphia Police Department as an area that falls under their Operation Pinpoint Initiative, part of the City of Philadelphia's Gun Violence Initiative (G.V.I) aimed at mitigating gun violence. Currently, the IPS Provider that serves West Philadelphia is attempting to also cover the SouthWest Philadelphia corridor without much success. In establishing an IPS provider dedicated to the SW Philadelphia corridor, DHS-DJJS will be able to take advantage of the GVI's data collection regarding youth gun violence and provide a more holistic approach to services for youth in this area and their families.

1-3d. Overtime Rules

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

- 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 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 County is reaching out once again to contracted providers through a survey to determine who falls under the overtime rules. The estimated impact is being evaluated and will be included as part of Philadelphia's Needs Based Plan and Budget FY 2021-22 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 2021-22 because of the new rule(s).

Philadelphia County has made every effort to ensure providers are paying staff \$15 an hour in FY21 but we could not increase contract amounts because everything was held flat. We are requesting additional money for FY22 and plan to adjust contracts accordingly.

- ☞ 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?*

1-3e. 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. Civil Service employees are compensated pursuant to Collective Bargaining Agreements.

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

As with the new Overtime Rule, Philadelphia County is surveying contracted providers. The estimated impact is being evaluated and will be included as part of Philadelphia's Needs Based Plan and Budget FY 2021-22 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 2021-22 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 Needs Based Plan and Budget FY 2021-22 Base Adjustments.

1-3f. Continuous Quality Improvement (CQI)

For new CCYAs interested in joining the CQI effort during calendar year 2021, 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 later.

- Briefly describe the CCYA's interest in joining the statewide CQI effort.

Philadelphia DHS is a current CQI county.

- What is the tentative month the CCYA would be interested in conducting a QSR in 2021 if approved to join the CQI effort?

Philadelphia DHS is a current CQI county.

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 DHS is a current CQI county.

For CQI counties who planned to hold a QSR in calendar year 2020 but needed to defer due to COVID-19, provide the month and calendar year the CCYA is considering for their next QSR.

Philadelphia DHS did not have a planned QSR that was impacted by COVID-19, but we were scheduled for a CFSR in late July/early August 2020. The CFSR has been postponed until July 2021.

1-3l. Family First Prevention Services Act

Title IV-E Prevention Services Program

- ❑ Describe how the CCYA currently determines children and youth are at imminent risk of placement in foster care absent effective preventative services (i.e., does the CCYA use an assessment tool to inform this determination or does each caseworker make this decision independent of an assessment tool). This determination is currently documented on the Family Service Plan and/or petitions to the court.

The Safety Assessment Worksheet is the main tool used in determining that children and youth are at imminent risk of placement absent effective preventative services. The initial determination of the need for placement is conducted by the Philadelphia DHS Social Work Services Manager (SWSM). The SWSM gathers information from all relevant parties and uses the Safety Assessment to determine whether there are any safety threats and the extent of the caregiver of origin's protective capacities. The SWSM makes a safety decision based on an analysis of these factors. If there are safety threats to the child and the parent has insufficient protective capacities to mitigate the threats, the child is at imminent risk of placement unless the county can provide a safety plan to mitigate the threats. If no safety plan can be created or agreed upon to mitigate the threats, then the child is determined to be unsafe and will require placement outside of the home. This decision is discussed with and reviewed by the SWSM's supervisor. Before a child can be placed, the decisions and the attempts to develop a safety plan are reviewed by a Social Work Administrator who has the final decision as to whether DHS seeks an Order of Protective Custody to place a child in out of home care. In addition, legal review by an assistant city solicitor is held to ensure the situation meets the legal requirement for removal.

- ❑ Describe the CCYAs assessment process to determine the needs of the children, youth and families being served and the selection of appropriate services to meet those needs.

After the Protective Capacities have been assessed and specific protective capacities are identified that must be enhanced to mitigate a safety threat, the assigned case manager participates in a Family Team Conference to develop a Single Case Plan with the family that identifies services that would address and enhance the protective capacities identified as diminished or absent.

During the Family Team Conference, the extent of the caregiver of origin's protective capacities is reviewed along with factors on the risk assessment and the family's strengths and supports. This discussion informs the team as to the type, level, and intensity of services needed and assists with the selection of services that are appropriate for the family's needs. Family Team Conferences ensure that goals, objectives, and actions are identified and supervisory review ensures that these are included in a Single Case Plan that would focus on the reduction of future risk, enhancement of the caregiver of origin's protective capacities, reduction of threats and increased safety for the child or youth within the home of origin.

- ❑ Describe the CCYAs engagement with community-based service providers regarding the selection and implementation of EBPs, regardless of their allowability under the Title IV-E Prevention Program.

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 and selected Mathematica as our 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. In each of the three project phases, engagement with internal and external stakeholders, including community-based service providers, is prioritized. The first phase of Mathematica’s assessment included interviews with 11 members of DHS executive leadership or child welfare operations, ten CUA directors and six CUA executives, four executive leaders or program directors of Community-based prevention providers, and one director within the Community Behavioral Health Evidence-Based Practice and Innovation Center. The purpose was to understand:

- Case management services offered to non-placement families.
- Need for case management services and perceptions of why families are coming to the attention of DHS for in-home services.
- Gaps in available case management services for non-placement families.
- Barriers and facilitators to implementing EBPs within the local child welfare context.
- Non-placement and prevention services DHS can enhance or add to meet the need under FFPSA.

- Describe the CCYAs efforts to monitor EBP programs (regardless of their allowability under the Title IV-E Prevention Program) for fidelity to the model, collect outcome data, and analyze the data for the purpose of determining improvements to the current practice.

Through Philadelphia DHS’ partnership with Mathematica, Mathematica is developing a “roadmap” for Philadelphia DHS that offers recommendations of EBPs to consider implementing, findings from EBP evaluations of interest to Philadelphia, designs for additional possible evaluations, logic models for selected programs, process and tools to support systematic reviews of programs of interest in the future, and processes and tools to support implementation of EBPs with fidelity by a range of providers.

- Describe how the CCYA will verify Title IV-E Prevention funds are the payer of last resort for allowable Title IV-E Prevention Services.

To ensure that IV-E prevention funds are the payer of last resort Philadelphia DHS will not encumber any IV-E funds on prevention contracts. Only after the IV-E prevention revenue has been received will an expenditure transfer take place and those expenses will be allocated to IV-E prevention accordingly.

- Describe any other anticipated practice and/or fiscal impact of this provision or requests for technical assistance.

Philadelphia County’s existing practices are largely aligned with the Family First Prevention Services Act. The County has selected 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 ability to receive federal reimbursement.

- ❑ CCYAs may be considering engaging private providers or other human service agencies in the determination of eligible children and/or delivery of services under the Title IV-E Prevention Services Program as a diversion to formal child welfare involvement. To assist OCYF in determining the feasibility of this approach on a county-by-county basis, share whether this is an option the CCYA is considering and, if so, include a high-level description that addresses how the requirements under the program will be met. Be sure to address (at a minimum):
 - *The role of the CCYA and the role of the other agency;*
 - *What infrastructure supports exist to enable data sharing and accurate billing (considering the payer of last resort requirement);*
 - *What assessment processes will be utilized by the other agency to determine eligibility of the child for services (i.e., that the child is at serious risk of placement in foster care or a pregnant, expecting or parenting youth in foster care);*
 - *What assessment processes will be utilized by the other agency to determine the needs of the child and select the appropriate Title IV-E Prevention Service;*
 - *Who is responsible for completion of the prevention plan;*
 - *How safety of the child and the effectiveness of the service in mitigating the risk to placement in foster care will be periodically assessed while the child is receiving services; and*
 - *The circumstances under which the child will be referred to the CCYA for additional services.*

Philadelphia County is not considering this. All the work will be done in-house by county staff.

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.

Juvenile Probation Office (JPO) developed a probation unit specifically for youth involved in Crossover Court. JPOs along with DHS partners attend all Joint Assessment Meetings (JAM) for shared case responsibility youth. JAMs allow for every provider working with families to share plans developed for each youth and the supports offered to the families.

Further, an executive Youth Review Meeting is held bi-monthly to triage shared case responsibility youth involved in Crossover Court. These efforts are made to prevent a dependent youth from being adjudicated delinquent and further penetrating the Juvenile Justice System. In 2019 there were 278 youth involved in Crossover Court and of that number 130 or 46% were successfully discharged. Of the 130 successfully discharged, 94 or 74% were not adjudicated by the system which is the primary goal of the Crossover Court. These youth were all on deferred status throughout their time on probation supervision and therefore- diverting these youth from obtaining an adjudication on their record.

- ❑ Describe the engagement with placement service providers regarding the voluntary option to become certified as a specialized setting.

On February 14, 2020, OCYF issued a bulletin that offered guidance regarding the voluntary certification process for child residential facilities or Supervised Independent Living (SIL) programs that provide specialized services to pregnant, expecting, and parenting youth; youth who are transitioning to adulthood; or youth who are, or at risk of becoming, sex trafficking victims.

On March 6, 2020, Philadelphia DHS sent out an email to all our contracted providers, which includes, foster care, specialized behavioral health, congregate care, and SIL programs, informing them of the OCYF Bulletin, which included the application due date and the extension that was being provided for all applicants. The bulletin was also attached in the email correspondence. The providers were encouraged to apply if the organization had the expertise to deliver this service. There has not been any update from PA-DHS regarding this certification process.

As of June 5, 2020, PA-DHS updated all counties that there were at least seven providers that applied; however, additional agencies withdrew their application. The final listing would be provided by PA-DHS in July 2020.

- ❑ 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 and now slightly less than 10% in 2020.

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.

- ❑ Describe any other anticipated practice and/or fiscal impact of this provision or requests for technical assistance.

Philadelphia County's current practices have been focused on reducing congregate care use and placing children and youth in family-based settings for several years and are aligned with the congregate care funding limitation. Philadelphia has significantly reduced use of congregate care and the number of both dependent and delinquent youth in these settings is at an all-time low. As of March 31, 2020, 88% 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 continues to be done to reduce the residential placement population even further.

1-3o. Title IV-E Reimbursement for Legal Representation Costs for Children and Parents in Dependency Proceedings

- ❑ Is there interest by the county agency financially responsible for legal representation costs for parents in dependency proceedings in developing an MOU with the CCYA to draw down Title IV-E funds?

Yes, Philadelphia County is interested in pursuing this and is planning for this opportunity.

- ❑ If yes, what change(s) will be made to improve the quality of legal representation in dependency proceedings?

DHS has committed to the implementation of Family Engagement Initiative, a statewide program, that requires enhanced legal representation for families who are involved with our system. We have implemented the first phase of this initiative in Philadelphia and we need additional support to bring this program to scale. DHS currently provides funding to Philadelphia Community Legal Services to augment legal representation in dependency court. Additionally, Community Legal Services is willing to partner with DHS to provide training to private and court appointed attorneys to ensure best practice in providing legal representation to vulnerable children and families.

Section 2: General Indicators

2-1: County Fiscal Background

- ❑ Indicate whether the county was over or underspent in the Actual Year and reasons why.

Response to be included with final submission, information not available until early August.

- ❑ Is over or underspending anticipated in the Implementation Year? Explain why.

Response to be included with final submission, information not available until early August.

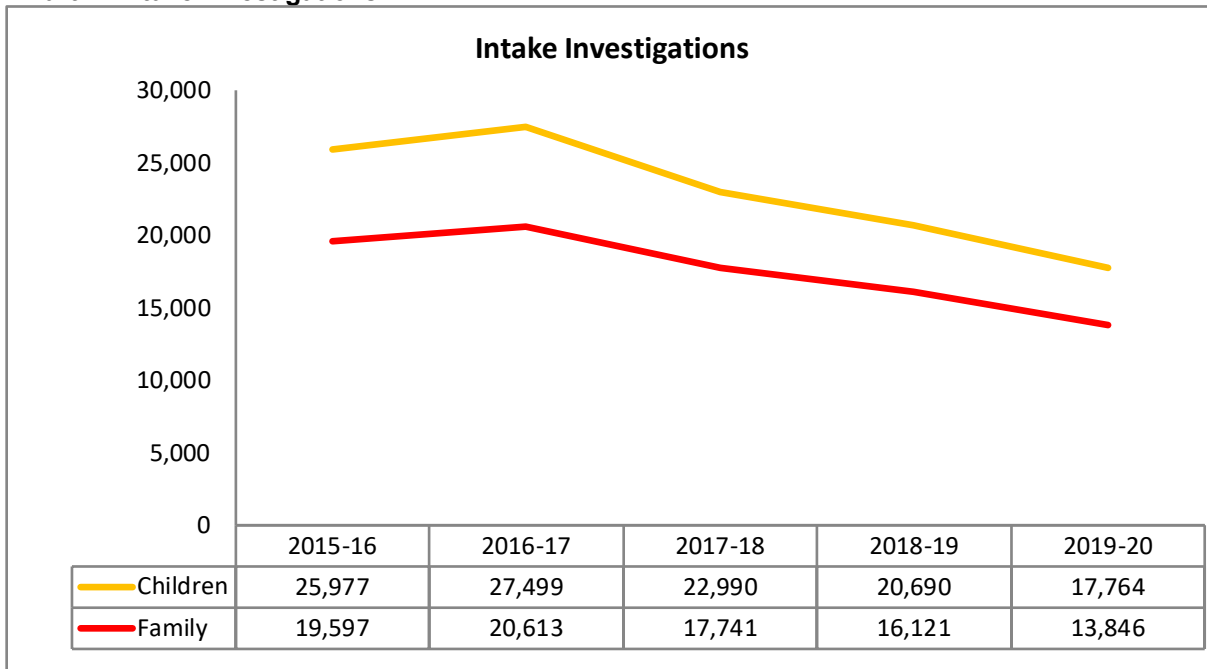
- ❑ Address any changes or important trends that will be highlighted as a resource need through an ADJUSTMENT TO EXPENDITURE submission.

➤ **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 2-4)**

2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).

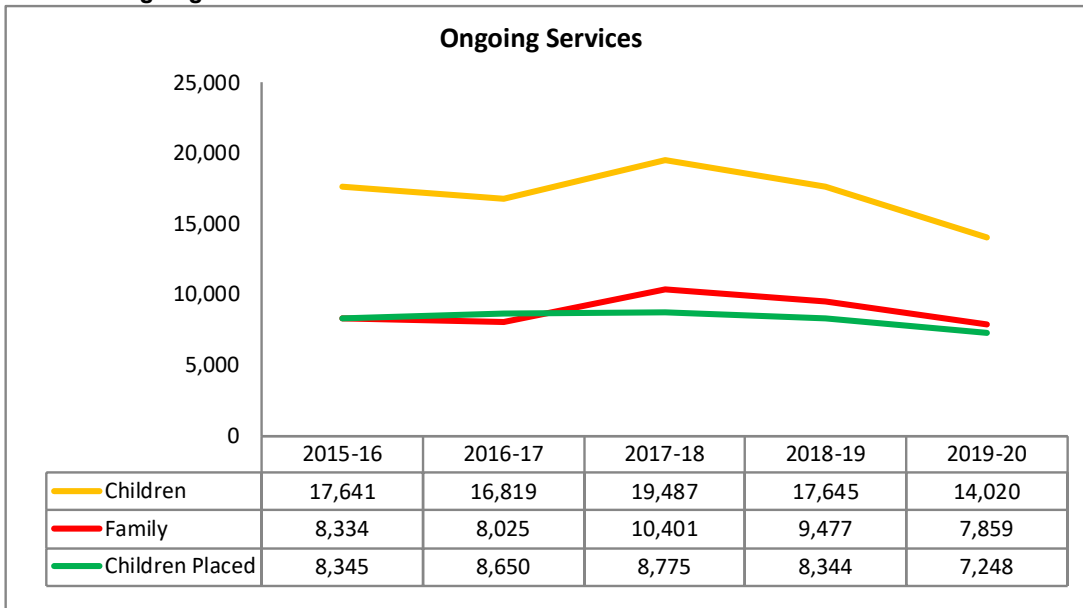
Chart 1: Intake Investigations



2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

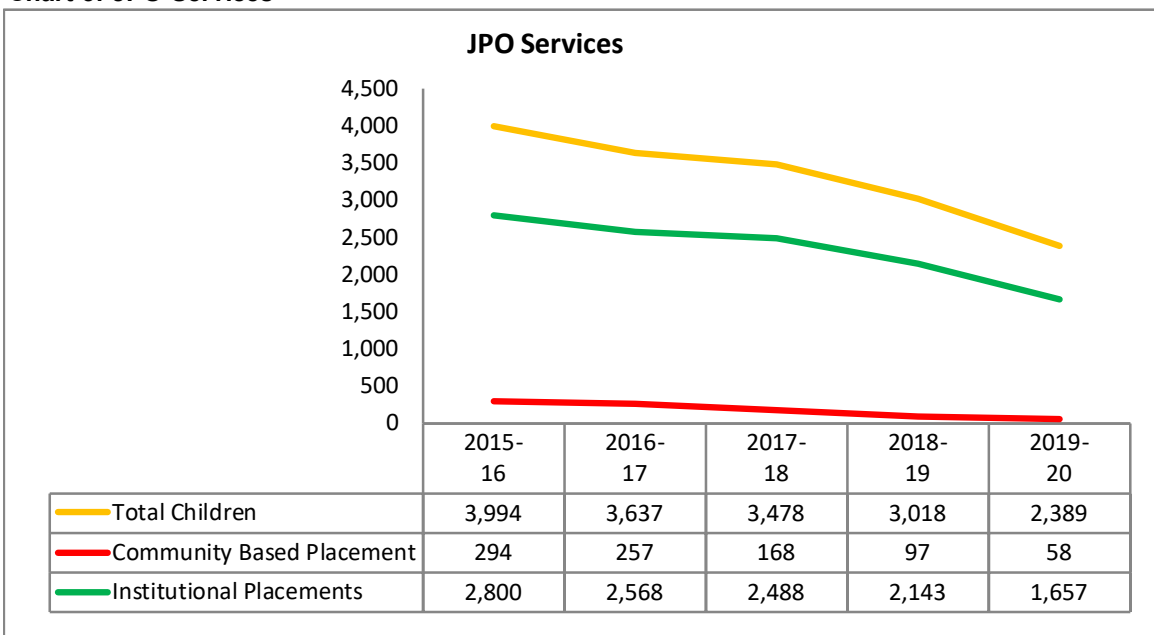
Chart 2: Ongoing Services



2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).

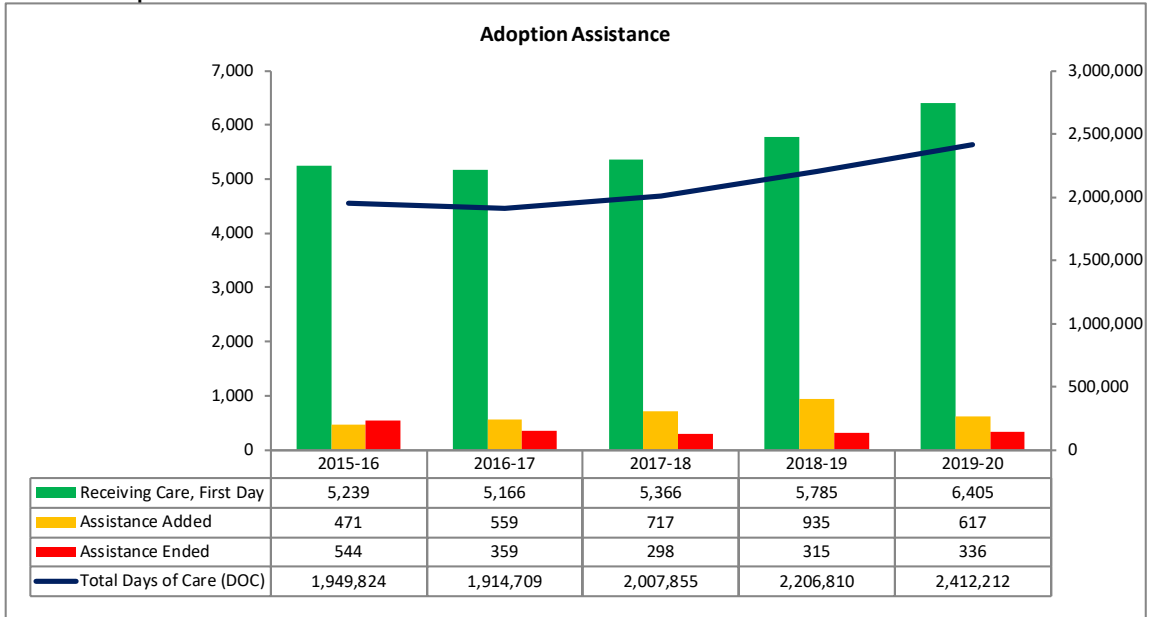
Chart 3: JPO Services



2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).

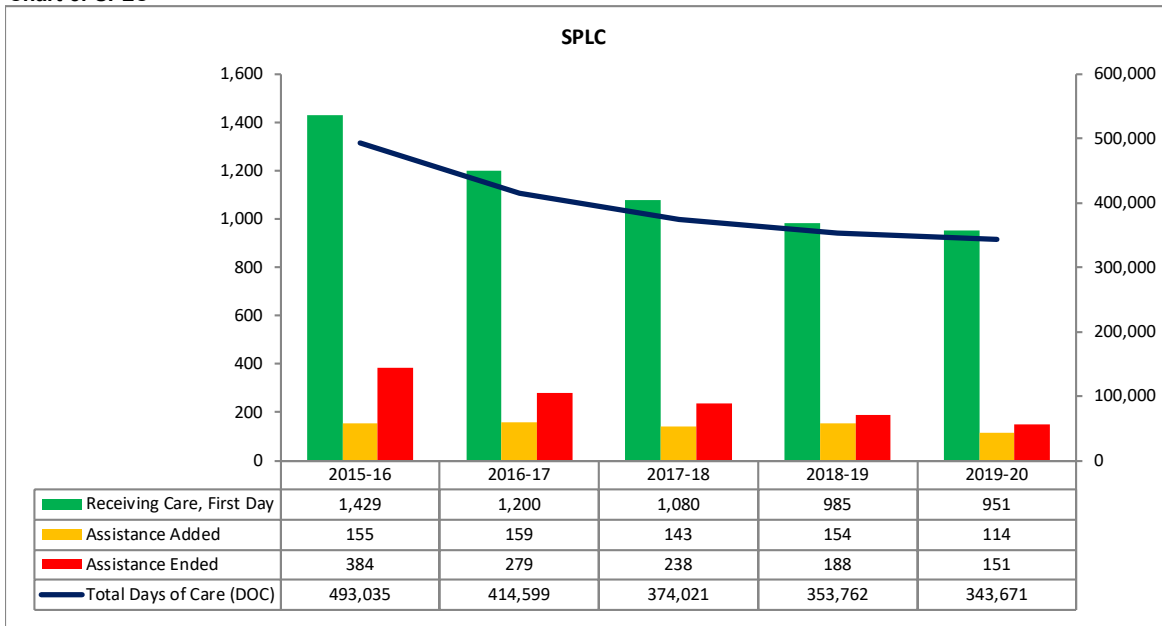
Chart 4: Adoption Assistance



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

Insert the SPLC Chart (Chart 5).

Chart 5: SPLC



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

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

Chart 6: Traditional Foster Care - Dependent

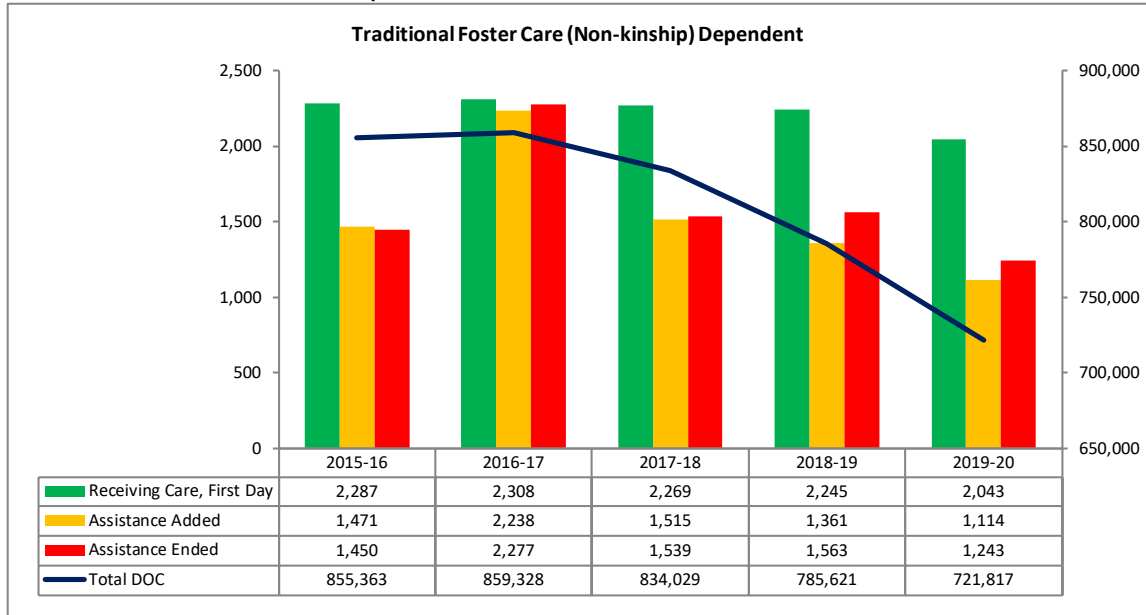


Chart 7: Traditional Foster Care - Delinquent

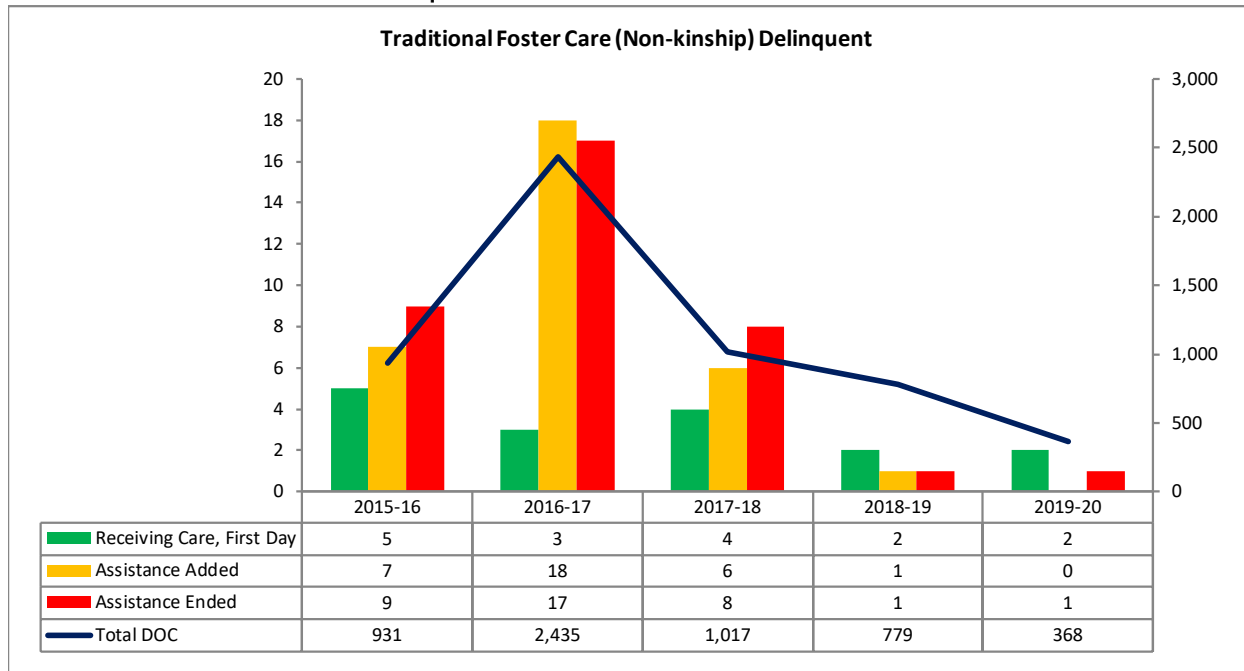


Chart 8: Reimbursed Kinship Care - Dependent

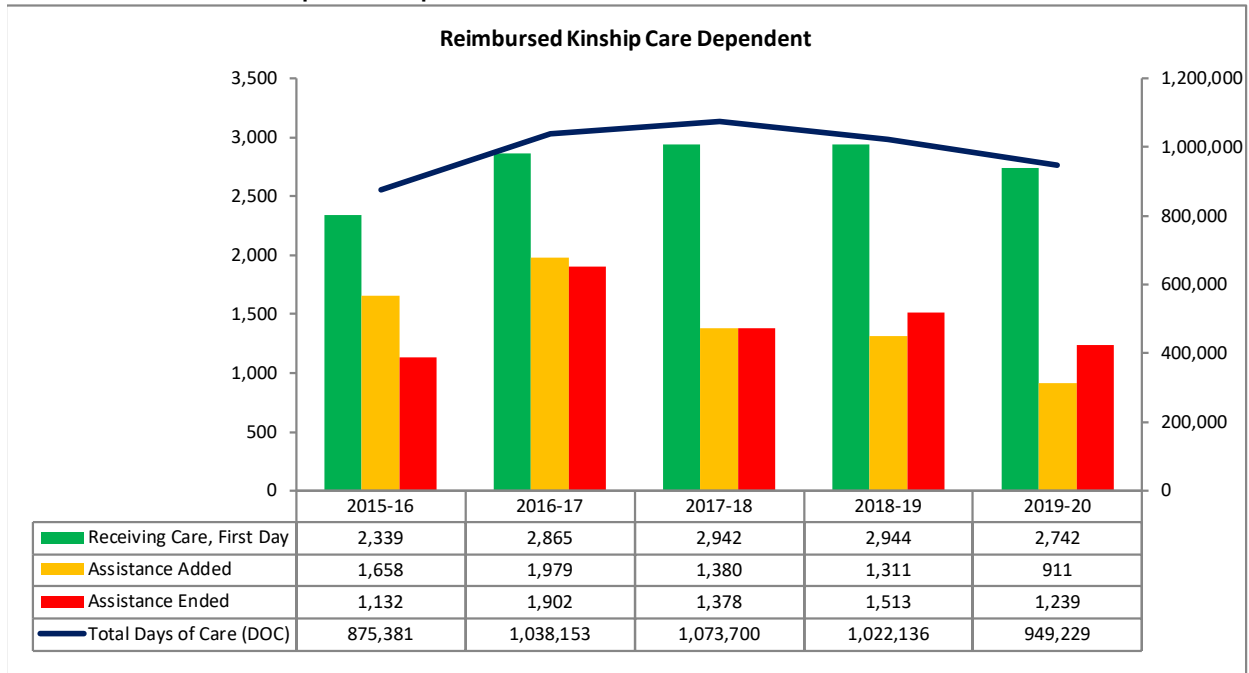


Chart 10: Total Foster Family Care - Dependent

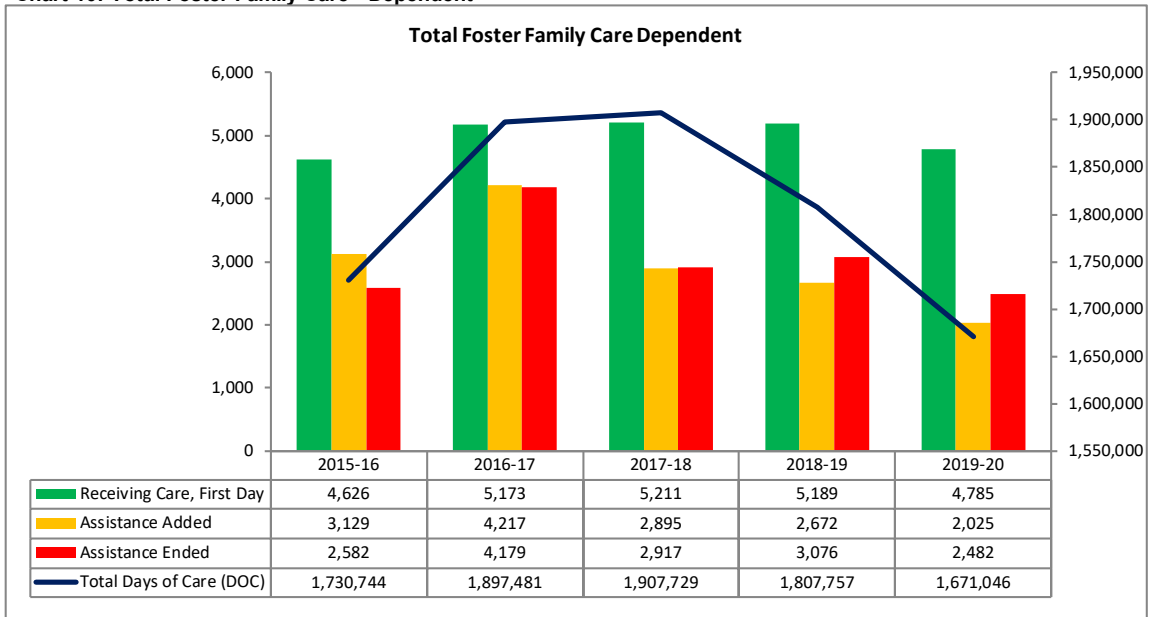
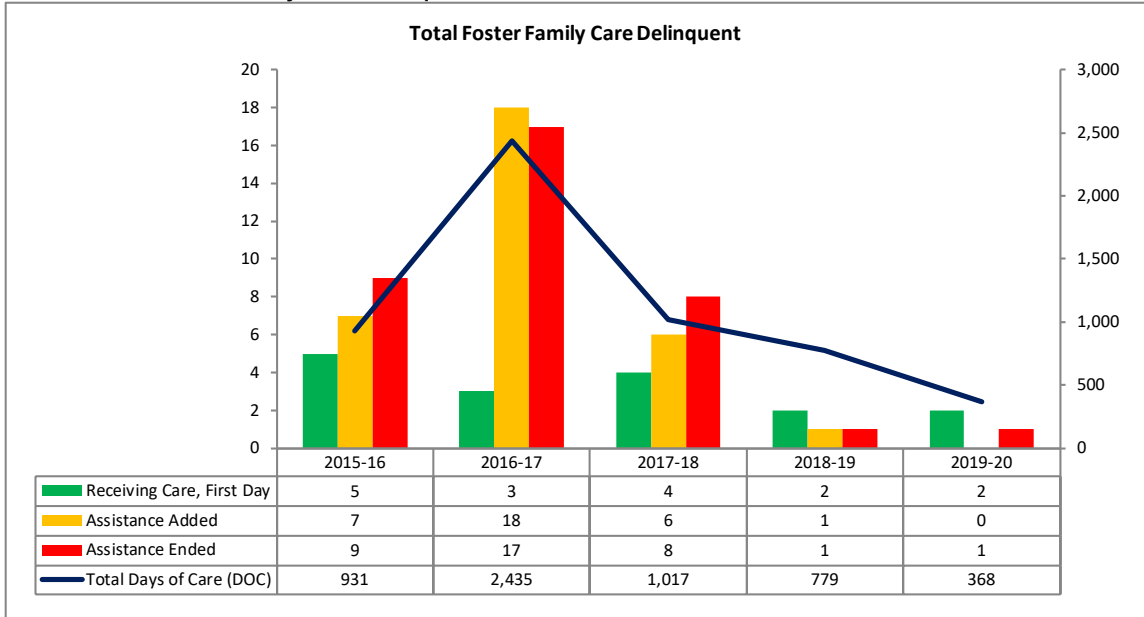


Chart 11: Total Foster Family Care - Delinquent



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

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

Charts to be included with final submission.

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

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

Charts to be included with final submission.

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

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

Charts to be included with final submission.

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

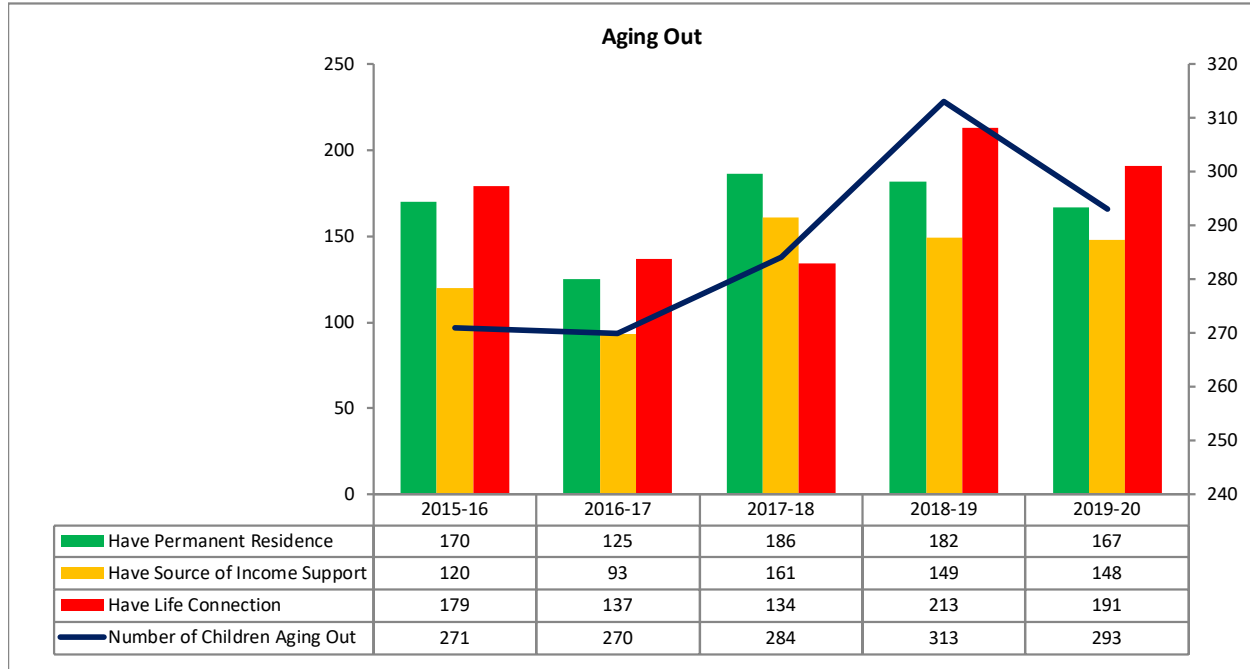
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

Charts to be included with final submission.

2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).

Chart 25: Aging Out



2-2f. General Indicators

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

3-2: General Indicators

"Type in BLUE boxes only"

County Number:

Class:

Note: % Change and CAGR are calculated using the oldest reported figure (not 0) and the most recent fiscal year.

Copy Part 1 for

Copy Part 2 for

Copy Part 3 for
Narrative insertion

3-2a. Service Trends

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2015-16	2016-17	2017-18	2018-19	2019-20		
Intake Investigations							
Children	25,977	27,499	22,990	20,690	17,764	-31.6%	-9.1%
Family	19,597	20,613	17,741	16,121	13,846	-29.3%	-8.3%
Ongoing Services							
Children	17,641	16,819	19,487	17,645	14,020	-20.5%	-5.6%
Family	8,334	8,025	10,401	9,477	7,859	-5.7%	-1.5%
Children Placed	8,345	8,650	8,775	8,344	7,248	-13.1%	-3.5%
JPO Services							
Total Children	3,994	3,637	3,478	3,018	2,389	-40.2%	-12.1%
Community Based Placement	294	257	168	97	58	-80.3%	-33.4%
Institutional Placements	2,800	2,568	2,488	2,143	1,657	-40.8%	-12.3%

3-2b. Adoption Assistance

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2015-16	2016-17	2017-18	2018-19	2019-20		
Adoption Assistance							
Receiving Care, First Day	5,239	5,166	5,366	5,785	6,405	22.3%	5.2%
Assistance Added	471	559	717	935	617	31.0%	7.0%
Assistance Ended	544	359	298	315	336	-38.2%	-11.3%
Total Days of Care (DOC)	1,949,824	1,914,709	2,007,855	2,206,810	2,412,212	23.7%	5.5%

3-2c. SPLC

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2015-16	2016-17	2017-18	2018-19	2019-20		
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	1,429	1,200	1,080	985	951	-33.4%	-9.7%
Assistance Added	155	159	143	154	114	-26.5%	-7.4%
Assistance Ended	384	279	238	188	151	-60.7%	-20.8%
Total Days of Care (DOC)	493,035	414,599	374,021	353,762	343,671	-30.3%	-8.6%

3-2d. Placement Data

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2015-16	2016-17	2017-18	2018-19	2019-20		
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	2,287	2,308	2,269	2,245	2,043	-10.7%	-2.8%
Assistance Added	1,471	2,238	1,515	1,361	1,114	-24.3%	-6.7%
Assistance Ended	1,450	2,277	1,539	1,563	1,243	-14.3%	-3.8%
Total DOC	855,363	859,328	834,029	785,621	721,817	-15.6%	-4.2%

Traditional Foster Care (non-kinship) - Delinquent							
Receiving Care, First Day	5	3	4	2	2	-60.0%	-20.5%
Assistance Added	7	18	6	1	0	-100.0%	-100.0%
Assistance Ended	9	17	8	1	1	-88.9%	-42.3%
Total DOC	931	2,435	1,017	779	368	-60.5%	-20.7%

Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	2,339	2,865	2,942	2,944	2,742	17.2%	4.1%
Assistance Added	1,658	1,979	1,380	1,311	911	-45.1%	-13.9%
Assistance Ended	1,132	1,902	1,378	1,513	1,239	9.5%	2.3%
Total Days of Care (DOC)	875,381	1,038,153	1,073,700	1,022,136	949,229	8.4%	2.0%

Reimbursed Kinship Care - Delinquent							
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%

Foster Family Care - Dependent (Total of 2 above)							
Receiving Care, First Day	4,626	5,173	5,211	5,189	4,785	3.4%	0.8%
Assistance Added	3,129	4,217	2,895	2,672	2,025	-35.3%	-10.3%
Assistance Ended	2,582	4,179	2,917	3,076	2,482	-3.9%	-1.0%
Total Days of Care (DOC)	1,730,744	1,897,481	1,907,729	1,807,757	1,671,046	-3.4%	-0.9%

Foster Family Care - Delinquent (Total of 2 above)							
Receiving Care, First Day	5	3	4	2	2	-60.0%	-20.5%
Assistance Added	7	18	6	1	0	-100.0%	-100.0%
Assistance Ended	9	17	8	1	1	-88.9%	-42.3%
Total Days of Care (DOC)	931	2,435	1,017	779	368	-60.5%	-20.7%

Non-reimbursed Kinship Care - Dependent							
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%

Non-reimbursed Kinship Care - Delinquent							
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%

Alternative Treatment Dependent							
Receiving Care, First Day	37	33	28	30	31	-16.2%	-4.3%
Assistance Added	30	48	63	72	45	50.0%	10.7%
Assistance Ended	34	53	61	71	51	50.0%	10.7%
Total Days of Care (DOC)	10,346	9,343	13,072	14,144	9,245	-10.6%	-2.8%

Alternative Treatment Delinquent							
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	392	395	400	360	274	-30.1%	-8.6%
Assistance Added	487	685	565	548	421	-13.6%	-3.6%
Assistance Ended	484	680	605	634	455	-6.0%	-1.5%
Total Days of Care (DOC)	146,872	142,538	139,283	113,285	94,135	-35.9%	-10.5%

Delinquent Community Residential							
Receiving Care, First Day	102	90	61	38	22	-78.4%	-31.9%
Assistance Added	136	136	80	41	20	-85.3%	-38.1%
Assistance Ended	148	165	103	57	32	-78.4%	-31.8%
Total Days of Care (DOC)	32,208	28,270	16,850	9,443	6,319	-80.4%	-33.4%

Supervised Independent Living Dependent							
Receiving Care, First Day	86	136	162	183	218	153.5%	26.2%
Assistance Added	86	105	100	127	67	-22.1%	-6.1%
Assistance Ended	36	79	79	92	117	225.0%	34.3%
Total Days of Care (DOC)	32,165	54,797	61,757	72,733	66,874	107.9%	20.1%

Supervised Independent Living Delinquent							
Receiving Care, First Day	32	29	13	6	10	-68.8%	-25.2%
Assistance Added	46	29	12	15	6	-87.0%	-39.9%
Assistance Ended	49	45	19	11	11	-77.6%	-31.2%
Total Days of Care (DOC)	12,272	7,932	3,228	2,239	2,733	-77.7%	-31.3%

Juvenile Detention							
Receiving Care, First Day	109	115	139	117	141	29.4%	6.6%
Assistance Added	2,107	1,994	1,914	1,682	1,358	-35.5%	-10.4%
Assistance Ended	2,101	1,970	1,936	1,658	1,349	-35.8%	-10.5%
Total Days of Care (DOC)	36,635	46,279	50,115	43,518	54,350	48.4%	10.4%

Dependent Residential Services							
Receiving Care, First Day	437	414	355	303	254	-41.9%	-12.7%
Assistance Added	441	732	343	324	251	-43.1%	-13.1%
Assistance Ended	464	791	395	373	325	-30.0%	-8.5%
Total Days of Care (DOC)	159,731	151,954	119,061	102,218	77,995	-51.2%	-16.4%

Delinquent Residential Services							
Receiving Care, First Day	644	620	410	328	110	-82.9%	-35.7%
Assistance Added	797	1,136	425	234	169	-78.8%	-32.1%
Assistance Ended	821	1,346	507	452	213	-74.1%	-28.6%
Total Days of Care (DOC)	220,220	189,791	136,225	86,259	41,422	-81.2%	-34.1%

Secure Residential (Except YDC)							
Receiving Care, First Day	81	57	55	56	11	-86.4%	-39.3%
Assistance Added	83	70	87	67	1	-98.8%	-66.9%
Assistance Ended	107	72	86	112	10	-90.7%	-44.7%
Total Days of Care (DOC)	27,654	15,634	21,517	18,877	1,068	-96.1%	-55.7%

Youth Detention Center / Youth Forestry Camps							
Receiving Care, First Day	116	113	111	126	109	-6.0%	-1.5%
Assistance Added	146	155	172	165	130	-11.0%	-2.9%
Assistance Ended	149	157	157	182	170	14.1%	3.4%
Total Days of Care (DOC)	40,593	44,627	50,615	41,816	34,546	-14.9%	-4.0%

3-2e. Aging Out Data							
Indicator	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	% Change	CAGR
Aging Out							
Number of Children Aging Out	271	270	284	313	293	8.1%	2.0%
Have Permanent Residence	170	125	186	182	167	-1.8%	-0.4%
Have Source of Income Support	120	93	161	149	148	23.3%	5.4%
Have Life Connection	179	137	134	213	191	6.7%	1.6%

2-2g. through 2-2i. Charts

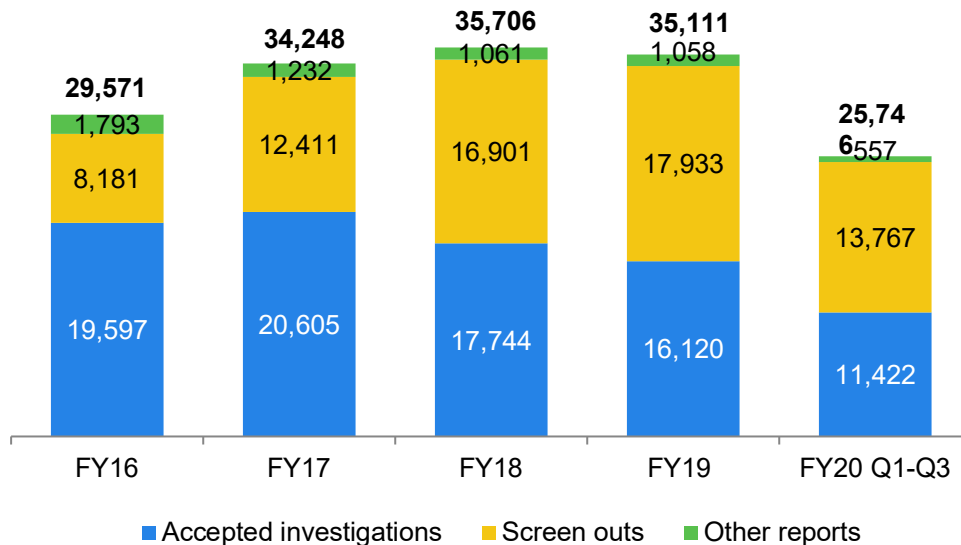
- ☞ NOTE: The section is optional and applies to CCYAs and/or JPOs.
- ☞ NOTE: If inserting charts, identify the data source and parameters and include only one chart per page.
- ☐ Insert up to three additional charts that capture the drivers of county services and supports the county's resource request. 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.
- ☐ Counties may use data charts as provided by PCG or any other county data available. County specific charts outside of PCG data charts must clearly identify the source of the data.

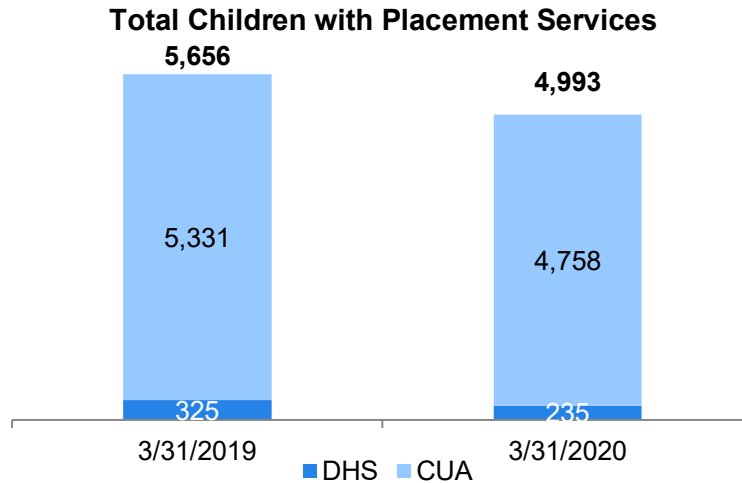
As illustrated by the charts below, the main drivers of county services continue to be:

- 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 permanency.

All charts below are from the Philadelphia FY2020 Q3 Quarterly Indicators report (*available in August 2020 at: <https://www.phila.gov/documents/community-oversight-board-data-report/>*).

Hotline Decisions





Timeliness to Permanency

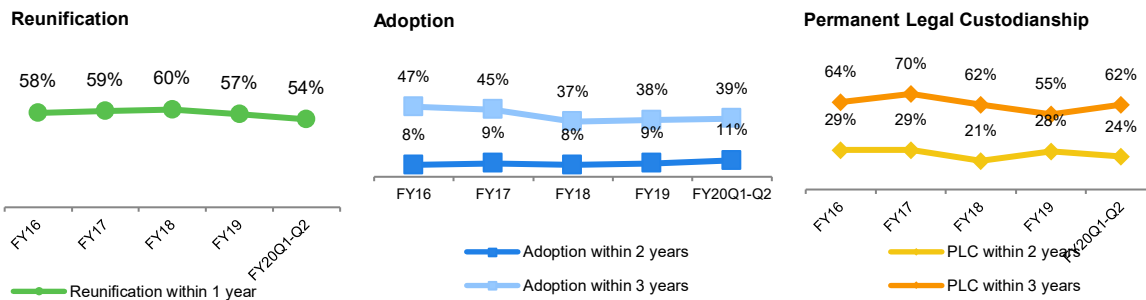


Chart Analysis for 2-2a. through 2-2i.

☞ **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

The number of children accepted for intake investigations decreased by 32% from FY 2015-16 to FY 2019-20; in more recent years this annual number has continued to trend downward. In FY 2018-19, the number of children accepted for intake investigation dropped by 20% to 20,690 and then fell an additional 14% in FY 2019-20 to 17,764. The number of families accepted for intake investigations has decreased by 29% from FY 2015-16 to FY 2019-20. Between FY 2018-19 and FY 2019-20, the number of families accepted for intake investigations dropped from 16,121 to 13,846, representing a 14% decrease.

The number of children and families receiving ongoing services has fluctuated over the past five years. Overall, there has been a total decrease of 21% in the number of children served and a total reduction of 6% in the number of families served between FY 2015-16 and FY 2019-20. The number of children placed has also decreased between FY 2015-16 and FY 2018-19 by 13%.

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 front end. 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.

DHS has continued to close more cases than it has accepted for service; there were nearly 400 more cases closed than accepted for service in the first three quarters of Fiscal Year 2019-20. Additionally, there was an 18% decrease in the number of children receiving in-home services from March 2019 to March 2020. There were 4% fewer youth receiving in-home safety services, and 26% fewer youth receiving in-home non-safety services on March 31, 2020 compared to March 31, 2019.

There were 2,688 youth open for in-home service on May 13, 2020-- 20% fewer in-home youth than there were on December 31, 2018. There were 1,254 cases open for in-home services on May 13, 2020-- 17% fewer in-home cases than there were on December 31, 2018.

The total number of youth in dependent placement declined by 11% from December 31, 2018 to December 31, 2019.

The number of youths receiving JPO services has steadily declined from 3,994 youth in FY 2015-16 to 2,389 youth in FY 2019-20, representing an overall decrease of 40%. The number of children in community-based and institutional placements has also steadily declined during this period, decreasing by 80% and 41% 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 2015-16 and FY 2019-20 by 22% from 5,239 to 6,405 children. Total days of care for children receiving adoption assistance has increased by 24% over the same period. The number of children with a subsidized permanent legal custodianship in place has consistently decreased over time, with an overall decrease of 33% from FY 2015-16 to FY 2019-20. However, this decrease has begun to stabilize in recent years with only a 3% decrease in the number receiving care, and a 3% decrease in the total days of care between FY 2018-19 and FY 2019-20.

Placement Data

Between FY 2015-16 and FY 2019-20, the number of dependent children receiving dependent family foster care increased overall by 3%, with most of this increase due to increases in kinship care. The growth in children living in kinship care settings over the past five fiscal years has been much higher compared to the decrease in children residing in traditional foster care settings (17% vs -10%). 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 2015-16 to FY 2019-20, there was a 42% decrease in the number of youths receiving dependent residential services (e.g., institution-level) and a 51% decrease in the total days of care. During this same time, there has been a 30% decrease in the number of youths placed in dependent community residential settings (e.g., group home level), and a 36% decrease in the total days of care during this period.

From FY 2015-16 to FY 2019-20, there was a 78% decrease in the number of youths placed in delinquent community residential settings and an 83% decrease in youth receiving delinquent residential services. During this same time, the total days of care for children in delinquent community residential setting and receiving dependent residential services decreased by 80% and 81% respectively. These decreases coincide with DHS' goal to reduce the use of congregate care for both dependent and delinquent youth committed to DHS..

Between FY2015-16 and FY 2019-20, placements in dependent Supervised Independent Living (SIL) settings have increased by 154% and total days of care increased by 108%. Placements in delinquent SILs have decreased by 69% and total days of care decreased by 78%. Over the past five fiscal years, total days of care for youth receiving dependent alternative treatment has reduced by 11%. Assistance added, and assistance ended have increased by 50%.

Aging Out Youth

The number of youths aging out of care increased by 8% from FY 2015-16 to FY 2019-20. The number of youths aging out with a permanent residence decreased by 2% from FY 2015-16 to 2019-20, and a smaller proportion of youth have this support (63% had a permanent residence in 2015-16 compared to 57% in 2019-20). Over the last five years, the number of youth with a source of income increased by 23%. 44% had a source of income support in 2015-16 compared to 51% in 2019-20. The number of youths who aged out with a life connection increased by 7% between FY 2015-16 and FY2019-20, but the proportion of youth who had a life connection was marginally lower (66% in 2015-16 compared to 65% in 2019-20).

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. In late FY 2019, 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.

For youth who age out of care, DHS continues to invest in programs such as the Achieving Independence Center and LifeSet (formerly 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, over the last several years, 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 are tightly focused on rightsizing all areas of the system. Practice changes have included 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 support safely diverting families from the Hotline or during investigations through mitigating the existence of safety threats.

Below please find descriptions of other strategies used:

- Rapid Permanency Review process:
Rapid Permanency Review (RPR) is a tool that was developed in partnership between 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.
- Six 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, 967 children and youth had an RPR. Of these, 61% 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. For many years, the Department had only one contracted provider responsible for Family Finding, Turning Points for Children, which did not have capacity to meet the full need resulting in waiting lists for Family Finding. The Department identified another Family Finding provider – A Second Chance in September 2019. Additionally, DHS is requesting increased funding for Family Finding services for FY 2021-2022 to expand the capacity of the providers to increase focus on identifying permanency resources for older youth, and kinship resources for youth in congregate care.

- Reduce CUA CM caseloads:
Beginning at the front end of DHS operations, the Hotline, Investigations, and Prevention Divisions are fully focused on ensuring only those cases with identified safety threats are accepted for service. The practice based in this focus has assisted with the reduction of CUA caseloads. Caseloads have been further reduced in the second half of this past fiscal year as a result of a COVID-19-related reduction in reports to the Hotline. This has resulted in fewer referrals to CUAs for case management services. Additionally, DHS continues to work with the CUAs 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 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) continue to be the process 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. 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 DHS Practice Coaches and Senior Learning Specialists as well as any needed data in order to ensure cases are consistently monitored.

Juvenile Justice Services:

As mentioned in the Executive Summary, DHS will be supporting the supervision of youth receiving in-home delinquent services, JPO contact with youth during the pandemic and other emergencies which limit visitation, and family involvement with youth placed at a distance by requesting funding for portable electronic devices and licenses for virtual meeting platforms for the Juvenile Probation Office. Each of these factors can affect whether a youth interventions can make a difference and keep youth from penetrating further into the juvenile justice system.

The Juvenile Justice System Enhancement Strategy (JJSES), the Juvenile Detention Alternatives Initiative (JDAI), and other strategies have had an impact on risk, responsivity, and overall recidivism. Diversionary programs on the front end, adequate reintegration on the back end, in conjunction with the use of assessments at critical junctures, and

development of a graduated response approach, as part of the JJSES model, have contributed to fewer youth being placed and more being referred to community-based programming.

- **Community-Based Probation:**
Community-Based Probation is the first intervention for juveniles who have been arrested and deemed ineligible for diversion and preventative services. Despite, an 11% increase of in the number of petitions filed from calendar year 2018 (1,875) to 2019 (2,094), community-based supervision caseloads continued to decrease based on numerous factors such as diversionary efforts, enhanced supervision utilizing promising practices and evidence based solutions, and more accountability placed on service agencies that provide supports and care for our youth.
- **Youth Level of Service:**
Initial YLS assessments are conducted prior to adjudicatory hearings. Identifying the risk and needs of youth in the early stages has allowed for structured decision making at critical junctures in the Juvenile Justice System. In the 2019 calendar year, 2,184 YLS' were completed. Forty percent (40%) of the juvenile population was found to be at a low level of risk to reoffend, 49% at a moderate risk to reoffend, 10% at a high risk to reoffend and 1% were at a very high risk to reoffend.
- **Pennsylvania Detention Risk Assessment Instrument (PaDRAI):**
In 2019, there were 278 youth involved in Crossover Court and of that number 130 or 46% were successfully discharged. Of the 130 successfully discharged, 94 or 74% were not adjudicated by the system which is the primary goal of the Crossover Court. The Juvenile Detention Alternatives Initiative (JDAI), has been using the PaDRAI since August 2013 to implement the JDAI core strategy of objective decision-making processes and reducing subjective decision making which results in less youth being held in secure detention. The design and implementation of the PaDRAI provides an objective admissions tool, has resulted in a fairer and more consistent admissions policy, and is aligned with the Balanced and Restorative Justice principles as well as the JJSES for Pennsylvania.
- **Global Positioning System Unit:**
The JPO's Global Positioning System (GPS) Unit provides appropriate youth an alternative to secure detention or placement while allowing them the opportunity to remain safely in their communities. The GPS Unit monitors youth who are court-ordered as an alternative to detention or placement; youth who are involved in specific programs such as the ERCs or Juvenile Treatment Court; youth released on court-ordered Home Passes; and certain high-risk youth who have transitioned from residential facilities and returned to their communities. In 2019, 838 or approximately 38% of the 2,230 youth monitored by the unit were placed on GPS as an alternative to secure detention which not only allowed youth to live in the community, but also saved the juvenile justice system secure detention costs. These youth would otherwise have been held at Philadelphia Juvenile Justice Services Center (PJJSC) at per diem rate of \$693.00 with an average length of stay of 24.75 days in 2019, if it were not for the GPS option.
- **Post-Adjudicatory Evening Reporting Center (ERC):**
The ERC is directly aligned with Balanced and Restorative Justice Principles of community safety through GPS monitoring and prevention of re-arrest, accountability

through required attendance, and competency development through extensive programming. The Evening Reporting Centers have been a great success for juvenile justice services in Philadelphia. The success of the pre-adjudicatory Evening Reporting Center (Pre-ERC) led to delinquency judges specifically requesting an Evening Reporting Center for adjudicated youth (Post-ERC). The Post-ERC is a community-based supervision program for adjudicated male youth on probation struggling to comply with probation rules who need a highly structured “last chance” intervention before placement. In addition to addressing BARJ principles, the Post-ERC aligns with the Probation Department’s current reform initiatives. These initiatives include the philosophy of Graduated Response, which utilizes incentives (both tangible and non-tangible) to increase compliance with court-ordered conditions and implements sanctions for non-compliance.

- Data-informed decisions:
A very important priority for the Juvenile Justice System, as stated in the Executive Summary, is to have quality data, information sharing, and appropriate statistical analysis for all stakeholders across the system because data-informed decisions are a core component of JDAI. This work will continue to drive our decision-making and help target intervention for youth.
- Interim Probation/Deferred Adjudication:
When appropriate, the Court and the JPO have been making use of interim probation or deferred adjudication in order to offer treatment to youth who have been arrested while preventing further penetration into the juvenile justice system and avoiding the negative consequences of an adjudication.
- Youth Aid Panel:
For over a decade, the Philadelphia Department of Human Services-Division of Juvenile Justice Services(DHS-DJJS) has supported the Philadelphia District Attorney’s Office (DAO) in the creation and implementation of diversion programs for youth. DHS-DJJS has continually helped the DAO fund juvenile diversion and continues to support the DAO’s efforts to grow and expand diversion for Philadelphia youth. Currently, the DAO is expanding Youth Aid Panels (YAP). Changes to diversion have been designed to increase youth accountability and victim restoration, community safety and youth redemption. DHS supports these efforts.

The following policy changes have been implemented and will require additional resources for panels to address youth who fall under the expanded eligibility criteria:

- A youth with a prior contact will no longer be automatically excluded provided the youth is not on active supervision
- Subsequent arrest(s) while in diversion will not automatically reroute a young person to court – an individualized determination will be made if diversion programming can address all cases utilizing a graduated response model
- All cases are reviewed for diversion eligibility regardless of whether a young person is held in secure detention after arrest or released to the community

So far, year-to-year, YAP has served between 12-15% of all juvenile cases. Below are the number of youth served in YAP as well as proposed numbers for the coming years.

For FY2019, 230 youth completed their YAP diversion contracts and 85% of youth remained arrest free for six months following their contract.

					Proposed		
YAP (City-wide)	FY2017	FY2018	FY2019	FY2020 (Jan1-31)	FY2020	FY2021	FY2022
Youth Served	292	224	236	26	325	400	450

○ Restorative Justice

The Department of Human Services-Division of Juvenile Justice Services(DHS-DJJS) lends its full support to the District Attorney’s Office (DAO) efforts with respect to the Restorative Justice Project. As a means of diversion, the program is for serious offenses with identifiable victims; these are offenses that have previously not been diverted in Philadelphia’s juvenile justice system. RJD is a victim-centered diversion program in which a young person accused of harming another will undertake a process by which the young person repairs harm to: (i) the person harmed, (ii) the youth’s family/caregiver, (iii) the youth’s community, and (iv) the youth themselves.

□ 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.

As we continue to reduce use of congregate care, the youth placed in these setting have more complex needs. Youth who require congregate placement have been exposed to varied and sometimes sustained forms of abuse and maltreatment. 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 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.

- ❑ Identify the service and treatment needs of the youth counted above with as much specificity as possible.
 - The below questions may assist in development of a response:
 - *What are the service and treatment needs?*
 - *Why can those services and treatment needs not be met in the community?*
 - *What barriers exist to accessing service and treatment needs in the community?*

In addition to the description of youth 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. 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 is the Level of Care (LOC) Assessment and the second is the Commissioner's Approval Process.

The LOC Assessment is a structured decision-making tool that is completed by DHS's Central Referral Unit (CRU) for all children and youth who require placement. The LOC tool consists of 17 domains that 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 Work Services Manager (SWSM) conducts a review of referral material as well as an interview with the assigned DHS SWSM or CUA Case Manager. The CRU SWSM completes the tool with information gathered and a level of care determination is made.

The second process is the Commissioner's Approval Process, overseen by the Commissioner's Congregate Care Team (CCCT). Every time there is a recommendation for a youth to be placed in a congregate care setting, the CRU SWSM forwards a summary email to the CCCT which includes the current circumstances, presenting issues, placement history, and applied interventions such as the use of Placement Stability Conferences. Based on all the information presented, the CCCT determines whether to approve or deny the congregate care placement. For court-ordered placements, if the team wishes to pursue a lower level of care, the team consults with the Law Department which files relevant motions with the Court, if appropriate. The CCCT's decision is emailed to the CRU and the CRU completes referrals accordingly.

Step Up and Step Down processes are outlined in the IOC CUA Practice Guidelines as well as in the CRU's policy and require review by the Commissioner's Approval Process whenever a step up from resource home care or step down from an institutional level of care results in a recommendation for 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.

- ❑ 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. Placement decisions are based on a youth's needs and best interests. Availability of reimbursement is not a factor in placement decisions. Philadelphia County is already committed to keeping youth out of the juvenile justice system as evidenced by the significant decrease in Philadelphia's delinquent population over the past fiscal year. The Philadelphia Juvenile Justice System 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. DHSU made new connections with colleges and universities such as Alvernia University & Community College of Philadelphia; we are also exploring further partnerships with local Historical Black Colleges and Universities, as well as LaSalle University and Peirce Colleges expanded to create linkages and pipelines from college graduation to city employment. Lastly, DHSU created the On-Boarding Task Force and invited representatives from all divisions across DHS and City of Philadelphia 'Central Personnel to initiate the conversation. DHSU partnering with DHS communications office for the creation of an employment recruitment splash video targeting recent college graduates in the social work, criminal justice and related fields.

The Employee Education Program is one of the Department's ongoing methods supporting retention with staff identified as Social Work Service Managers and Program Analysts. The program encourages internal leadership growth and professional development through this program via collaboration with the Child Welfare Leadership (CWEL) Program under University of Pittsburgh. There are currently 27 approved slots for this EEP/CWEL collaborative program with intentions of expanding the opportunities for non-CWEL professional staff opportunities.

With respect to whether the county's current resource allocation is appropriate to address projected needs, Philadelphia County has identified the need for additional resources to further assist in reducing use of congregate care, achieving timely permanency, preventing placement moves and re-entries in order to achieve the goals of Improving Outcomes for Children. Below please find examples of the DHS investment strategy to rightsize our placement population. Particularly, we have dedicated resources to recruiting resource parents to serve specialized populations and increase family engagement with a focus towards working to permanency.

- Resource Parent Recruitment Strategy

The Department continues to increase our capacity to recruit, certify and retain skilled resource parents who are willing to co-parent our growing population of youth with medical and or behavioral health needs, youth who are LGBTQ+, and youth who are a part of large sibling groups. We use various forms of social media (#fosteringphilly) and marketing materials. Goals for the upcoming year include continuing to utilize our marketing and recruitment strategies from the previous fiscal year, develop skill-based series for parenting teens, develop a centralized resource parent application form that is centralized in order to maintain the application in one central location, which would allow for easy transfer amongst agencies. In response to the current Pandemic, our efforts to recruit have been expanded to radio and digital platforms which we will continue during the upcoming fiscal year.

- 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.

DHS will continue to support our current providers' efforts to build positive trauma awareness skills in existing and newly certified resource parents. The Department will develop tools that will support providers to create and implement recruitment strategies that will cultivate safe homes for youth in which they can address and heal from their trauma while acquiring normal child and youth development skills.

- Revise Family Team Conference Process

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

DHS has completed enhancements to the Family Team Conferences (FTC) process including policy and protocol revisions during the last fiscal year. Rollout of the revised process will occur now that policy and protocol revisions have been completed. Additionally, the Conference Tool that is used to document participants and goals and objectives developed during the conference was revised to be laser focused on the Department's efforts to achieve timely reunification as well as increase parent, child, and youth participation. Efforts to provide ample time for goals and objectives to be achieved will be supported by transitioning from holding conferences every 90 days to every 6 months after the Initial Conference. In response to COVID-19, face to face FTCs have moved to a virtual and telephonic platform. This has provided parents the opportunity to participate and not have to worry about transportation to and from a designated location. It has provided a safe space to discuss and strategize how the family will be Reunified which supports the principles of FTC's.

- Performance Based Contracting
Roll out of Performance Based Contracting (PBC) with CUAs which is designed to incentivize timely permanency.
- Quality Visitation Review Expansion
Maintained an expanded quality visitation review that incorporates an additional layer of measurement of accountability to ensure consistent engagement of biological families.

As Philadelphia's rightsizing strategies continue to succeed, the children, youth and families who do enter the system and enter foster care have more complex, often cross-systems, needs. As a result, to work towards keeping these children and youth in their communities and in least restrictive settings, Philadelphia DHS is planning the following strategies:

- Professional Resource Parents
Philadelphia DHS will write and issue a RFP to identify foster care providers who are able to recruit 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. The goal will be to find stable, least restrictive placements for these youth, reduce the number of youth who are stepped up to congregate care settings, and decrease the length of stay for shared-case youth held at the Philadelphia Juvenile Justice Services Center who are exhibiting sexually reactive behaviors.

The Department believes that children and youth that have been victimized sexually as a result of another's actions have a right to be in a stable, safe, nurturing environment that will support healing and coping skills in response to the trauma. Professional Resource homes would support the department's efforts to provide a least restrictive placement for these youth as opposed to a congregate or delinquent placement. The department will develop and issue an RFP to identify providers with an expertise for specialized resource parenting at the community-based level.

- Behavioral Health Assessment Unit
Philadelphia DHS wants to expand the capacity to perform comprehensive assessments of children, youth, and their families with behavioral health, substance abuse, cognitive limitations, or intellectual disabilities in order to identify appropriate interventions, planning, and services to address their complex needs. The ultimate goal is to prevent placement, particularly in congregate care, and help identify community resources for youth who could exit congregate care with the right supports.

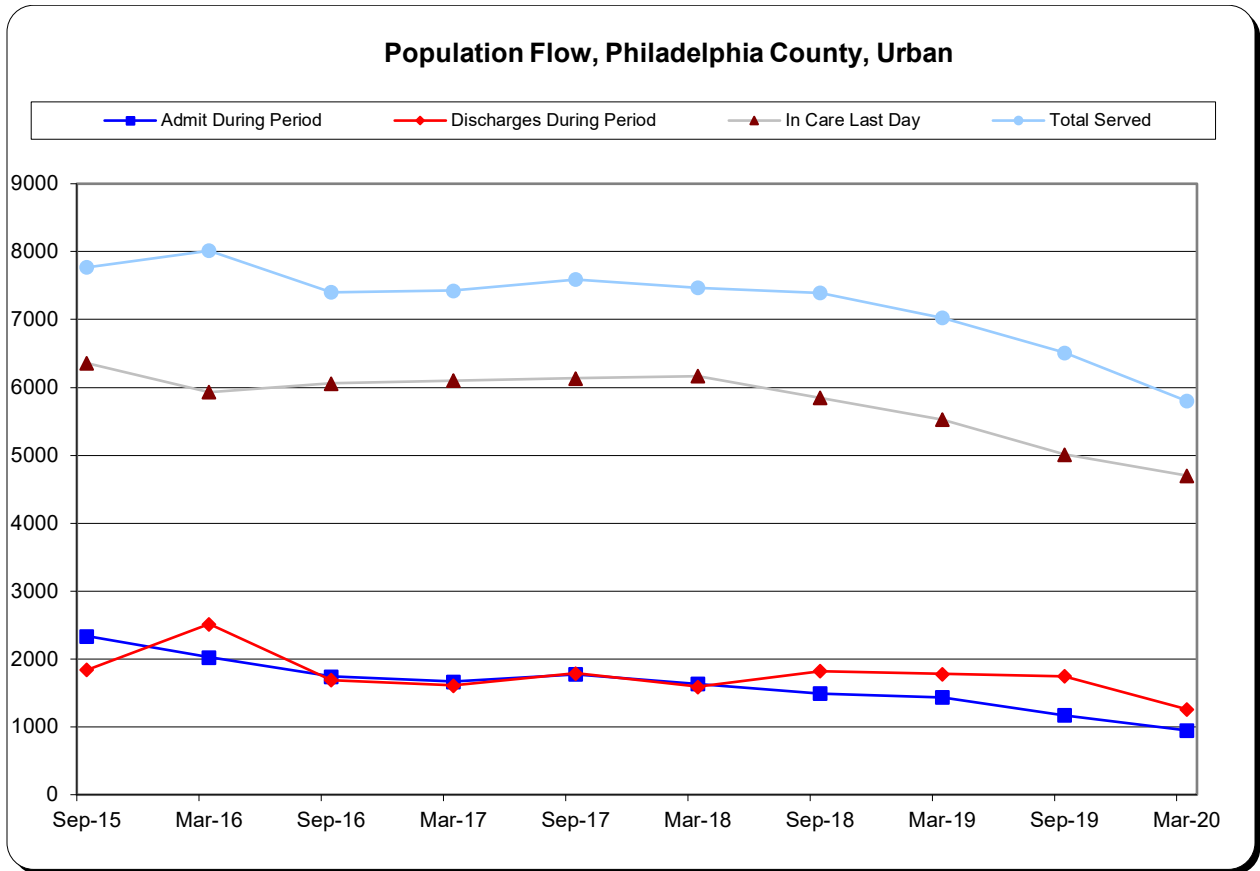
Currently, Philadelphia DHS utilizes the expertise of one CBH Director who completes home visits with DHS Investigation and CUA Case Management staff. In addition to completing home visits, the CBH Director also participates in Family Team Conferences and Interagency Meetings, testifies in Court, and provides training to CUA staff on behavioral health, trauma, substance abuse, and ID services and to resource parents and providers to increase their knowledge of children, youth, and families with behavioral health needs. Clinical consultation is also provided to the Philadelphia Department of Human Services Hotline, Intake, DHS's Psychology Unit, DHS's Nursing Unit, and Family Court.

Although this expertise is invaluable, it simply isn't adequate to address the significant numbers of children, youth, and families that present with behavioral health, substance abuse, and intellectual disability needs. Therefore, Philadelphia DHS would like to increase the capacity and address this increasing need. **A funding request for this in the FY 2020-2021 NBPB was partially approved but is unable to be implemented this year due to COVID-19 related budget issues. DHS is re-requesting the funding of 7 vacancies to include one Director, one Supervisor, and Five Social Workers with an expertise in behavioral health, substance abuse, and ID.**

- **Monitoring**
The Department has made significant changes to the quality of monitoring for providers. This has required more staff to ensure that DHS can conduct more frequent and thorough evaluations. Additionally, DHS created new tools to measure both quality and compliance for congregate care and foster care providers. We are also moving toward incorporating youths' and resource parents' voices into our evaluation process using interview and survey data.
- **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.

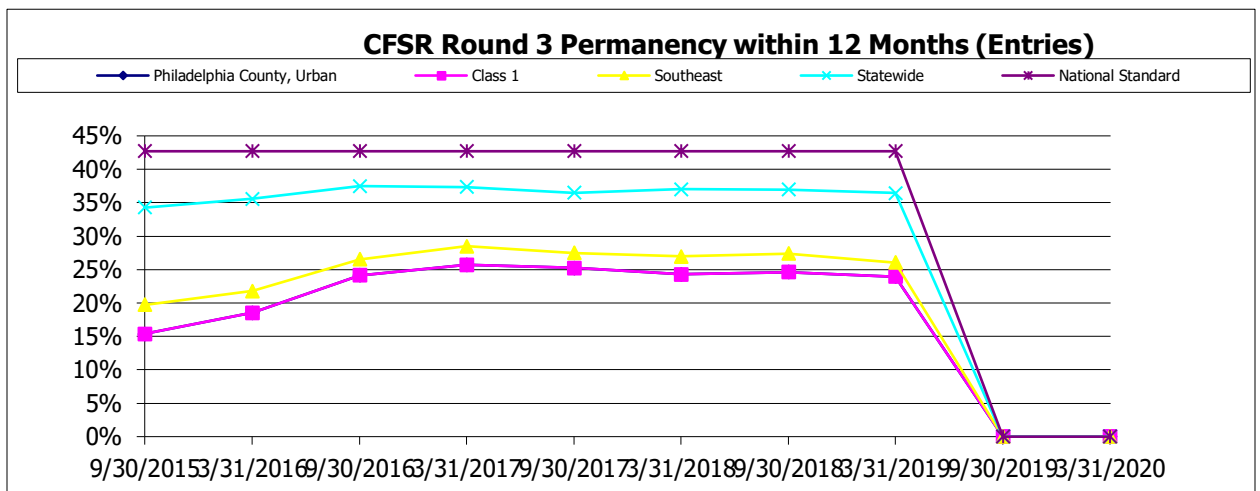
2-3a Population Flow

Insert the Population Flow Chart



2-3b Permanency in 12 Months (Entry)

Insert the Permanency in 12 Months (Entry) Chart



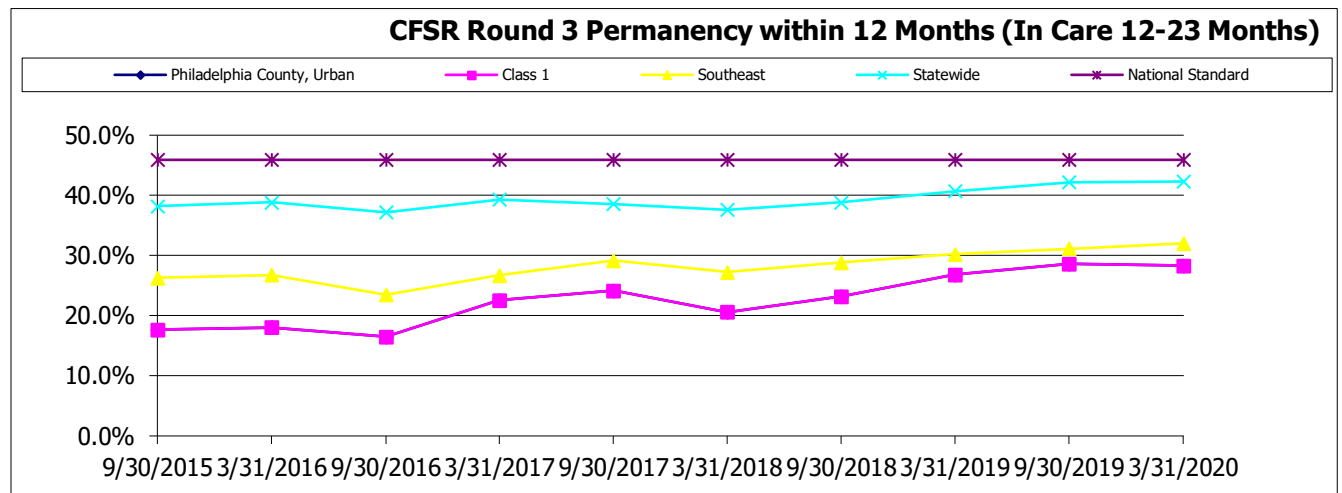
This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national performance standard is 40.5%. A higher performance of the measure is desirable in this indicator.

Does the county meet or exceed the national performance standard?

No. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2019 is 23.9%, which is lower than the national standard.

2-3c. Permanency in 12 Months (in care 12-23 months)

Insert the Permanency in 12 Months (in care 12-23 months) Chart



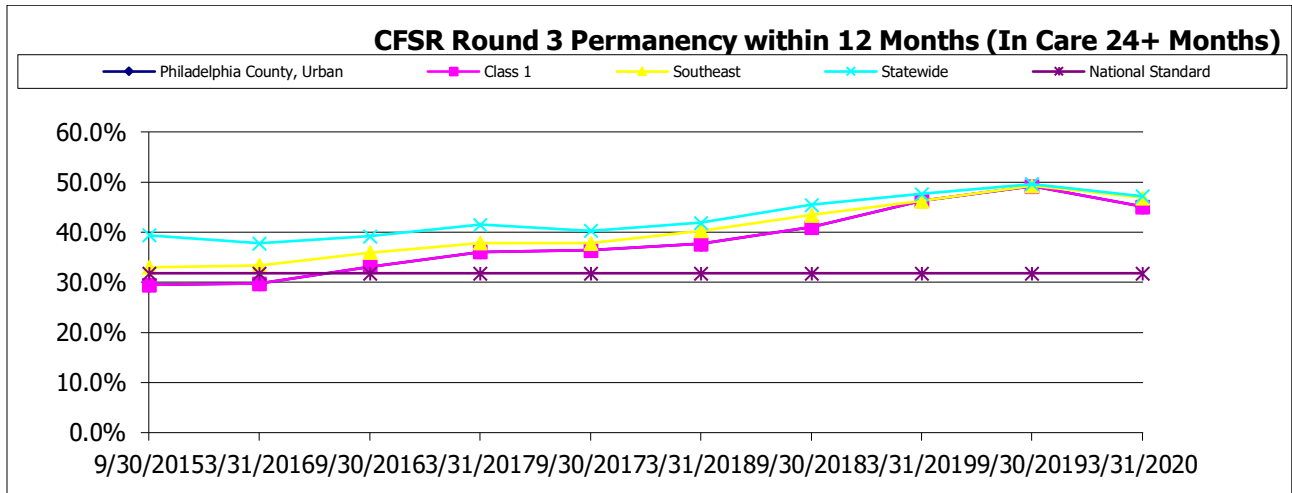
This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6%. A higher percentage is desirable in this indicator.

Does the county meet or exceed the national performance standard?

No. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2020 is 28.3%, which is lower than the national standard.

2-3d Permanency in 12 Months (in care 24 Months)

Insert Permanency in 12 Months (in care 24 Months) Chart



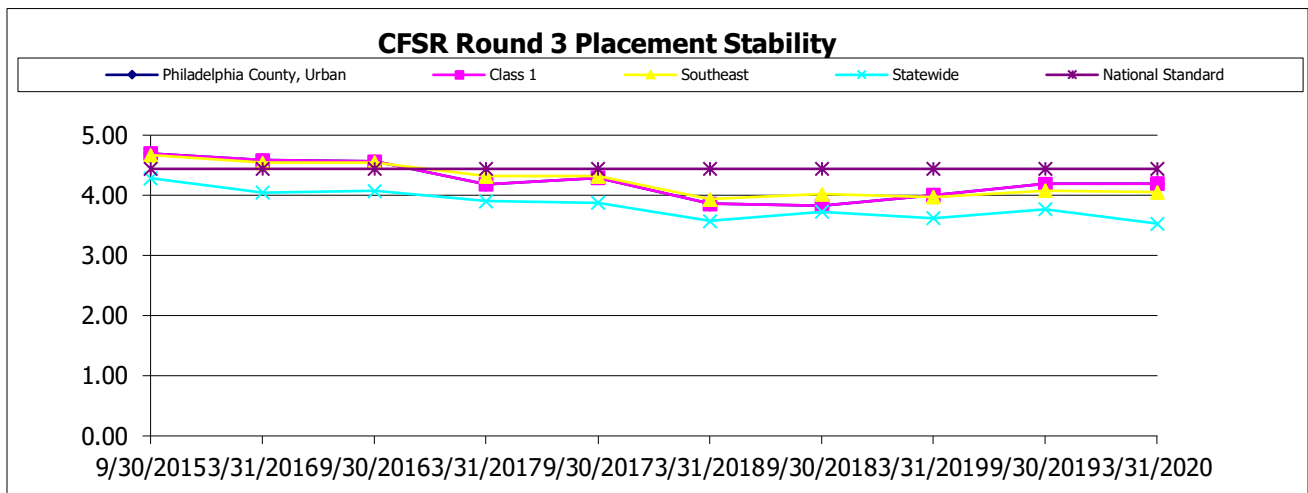
This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3%. A higher percentage is desirable in this indicator.

Does the county meet or exceed the national performance standard?

Yes. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2020 is 45.1%, which is higher than the national standard.

2-3e Placement Stability (Moves/1000 days in care)

Insert the Placement Stability (Moves/1000 days in care) Chart



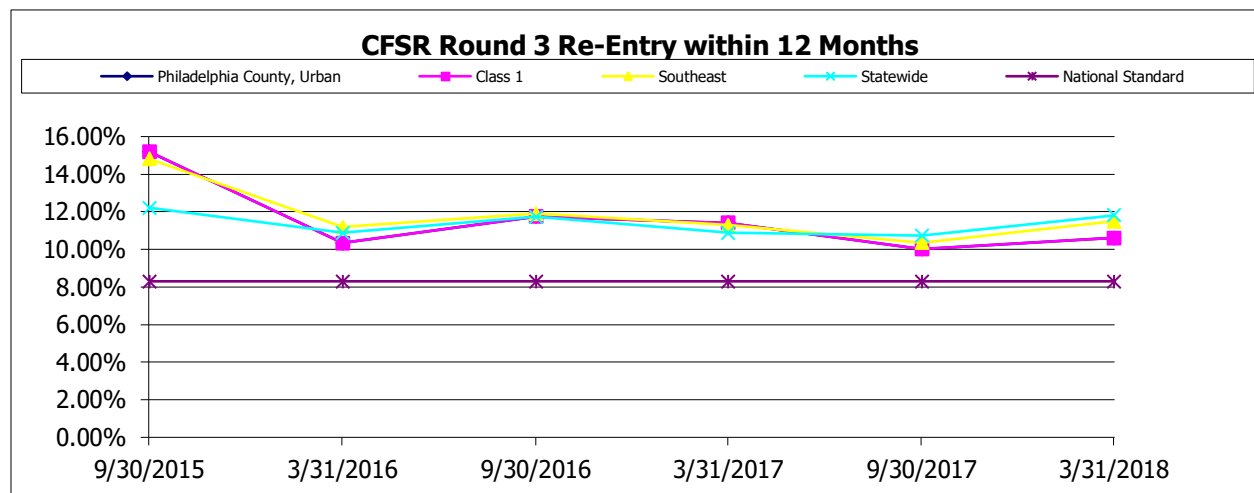
This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves. A lower number of moves is desirable in this indicator.

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

No. Philadelphia’s rate of placement moves for this cohort ending on March 31st, 2020, is 4.19. Because a lower number is better, Philadelphia’s rate of placement moves is slightly higher than the national standard.

2-3f Re-entry (in 12 Months)

Insert the Re-entry (in 12 Months) Chart



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 31st, 2020 is 10.6%, which is higher than the national standard.

2-4 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 2021-22, 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. It is recognized that all counties have a continual focus on improving practice toward improved outcomes for the children, youth and families serviced; as such, counties that meet/exceed the national performance standards are not exempt from this section and must identify their program improvement strategies. Based on the county analysis of the data presented in 2-2a through 2-2i and 2-3a through 2-3f, 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, Chief, Office of Families and Children Performance and Technology
Ana Ramos-Hernandez, Operations Director
Brittan Hallar, Director of Research and Data Analytics
Charlene I. Monroe, Senior Director
Allison Thompson, Senior Research Officer
Katie Englander, Data Analytics Officer
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 the First Deputy Commissioner, Divisional Deputy Commissioners, 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 Indicators 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.?

The following information was derived using the analyses conducted by HZA for Philadelphia county. 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: Between April 1, 2018 and March 31, 2019, younger children aged 0-5 more frequently achieved permanency within 12 months of entry compared with children aged six-twelve and thirteen-seventeen. For this cohort, 37.5% of children aged 0-five achieved permanency; 26.5% of children aged six-twelve achieved permanency; and 35.9% of children aged 13-17 achieved permanency. These trends remained consistent for children who remained in care beyond 12 months. Among children who were in care continuously for 12-23 months 3/31/20, children aged 0-five more frequently achieved permanency within 12 months compared to children aged six-twelve and children aged 13-17 (42.2% vs. 32.0% vs. 25.7% respectively).

Gender: Between April 1, 2018 and March 31, 2019, children who identified as male achieved permanency within 12 months of entry at a slightly higher rate (25.2%) than children identified as female (22.6%). These trends remained consistent. And, 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 3/31/20, 28.9% of

male children achieved permanency within 12 months compared to 27.7% of female children.

Race/Ethnicity: Between April 1, 2018 and March 31, 2019, children who identified as Latinx more frequently achieved permanency than children who identified as Black or White (28.5% vs. 22.9% vs. 26.7% respectively). . And, these trends remained consistent for children who remained in care beyond 12 months. Among children who were in care continuously for 12-23 months on 3/31/20, only 26.0% of Black children and 33.1% of White children achieved permanency within 12 months compared to 33.6% of Latinx children.

Placement Stability²

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 4.19 for all children who entered foster care between 4/1/19 and 3/31/20 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 4/1/19 and 3/31/20 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 2.74 moves per 1,000 days of foster care compared to 3.36 moves for children aged two-five; 4.16 moves for children aged six-nine; 4.86 moves for children aged ten-12; 4.98 moves for children aged 13-15; and 5.99 moves for children aged 16-17.

Gender: Although male children experienced slightly fewer placement moves than female children (i.e., 3.94 vs. 4.43 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 Hispanic children (4.32 vs. 3.97 vs. 4.04 moves per 1,000 days). However, the distribution of placement moves by race/ethnicity has fluctuated over time.

Re-entry to Care³

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 10.6%, representing a decrease of 4.9 percentage points since 2015. Philadelphia's re-entry rate is slightly lower than the rest of the region (11.49%) and the rest of the state (11.81%), 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

² Data obtained from HZA data package_06.29.20

³ Data obtained from HZA data package_06.29.20

permanency within 12 months of entering care between 4/1/17 and 3/31/18, what percentage re-entered care within 12 months? Below, data is presented for this cohort of children who entered foster care between 4/1/17 and 3/31/18 by their demographic characteristics.

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 twelve or younger experienced lower rates of re-entry on average compared to the overall County rate of 10.6%. Children entering at ages 13-15 had a re-entry rate of 15.48%. However, older teenagers aged 16-17 entering care had a re-entry rate of 9.27%, again falling below the average county rate.

Gender: Male children in this cohort had an almost equal re-entry rate than female children (i.e., 10.22% vs. 10.97 respectively%). 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 Hispanic children (11.94% vs. 8.28% vs. 6.19%). 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 (33%) of the children are aged five and under; about a quarter (27%) are aged six-ten; roughly 39% are aged 11-17; and only 1% are 18 or older. Comparatively, for children in dependent placement, just over a third (34%) are aged five and under; about 22% are aged six-ten; about a third (34%) are aged 11-17, and 10% are aged 18 or older.⁴

The demographic composition of children and youth differs based on their receipt of dependent services and supports compared to delinquent services and

⁴ Data obtained from Quarterly Indicators Report FY2019-20, Quarter 3.

supports. Point-in-time data from 3/31/20 indicates that the proportion of male and female children receiving dependent services was similar (i.e., 52% female, 48% male), whereas 89% of youth receiving delinquent services identified as male and only 11% identified as female. In terms of age, the majority of children receiving dependent services were aged ten or younger (58%), whereas 83% receiving delinquent services were aged 16 or older. Regarding race and ethnicity, 83% of children receiving dependent services identified as either Black or Hispanic, whereas 95% of youth receiving delinquent services identified as either Black or Hispanic.⁵

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

Philadelphia DHS continues 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.)⁶

DHS’ Entry Rate & Disproportionality Study examined data among 29,539 children with new reports to the DHS Hotline between January 1 – August 31, 2018.

Race/Ethnicity: Of the children included in this study and reported to DHS’ Hotline during this time period, 12% identified as White, 66% identified as Black, 17% identified as Hispanic, and 5% identified as Other. The proportion of ethno-racial identities observed among children reported to the Hotline was similar among children who entered kinship care, foster care, and congregate care as a first service. In other words, among children reported to the Hotline as well as subgroups of children entering kinship care, foster care, and congregate care, 12-13% identified as White, 64-67% identified as Black, 15-18% identified as Hispanic, and 4-6% identified as Other.

Gender: The proportion of children identified as female and male was fairly evenly split among all children reported to DHS’ Hotline and among children entering kinship care, foster care, and congregate care as a first service.

⁵ Data obtained from Quarterly Indicators Report FY2019-20, Quarter 3.

⁶ Data obtained from CWO Frontend Reports_2019

Age: Among children who entered out-of-home placement, young children were more frequently placed in a family setting, whereas teenagers were more frequently placed in congregate care settings. Of the children included in this study and reported to DHS' Hotline during this time period, roughly one-third (34%) were aged 0-5, nearly half (46%) were aged 6-13, and one-fifth (20%) were aged 14 or older. However, of the children who entered kinship care as a first placement, over half (52%) were aged 0-5, one-third (33%) were aged 6-13, and 15% were aged 14 or older. Of the children who entered foster care as a first placement, 58% were aged 0-5, 37% were aged 6-13, and only 5% were aged 14 or older. Of the youth who entered congregate care as a first placement, none were aged 0-5, 19% were aged 6-13, and 82% were aged 14 or older.

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.

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. Additionally, DHS is in the process of conducting a three-phased Entry Rate & Disproportionality Study in partnership with the University of Pennsylvania and Casey Family Programs to better understand and address ethno-racial disparities and disproportionality among children entering out-of-home care.

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 to 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 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"> • Train new DHS Social Work Services Managers in Hotline Guided Decision Making when they are assigned to the Hotline (ongoing). • Provide Transfer of Learning Activities for DHS Social Work Services Managers in Hotline Guided Decision Making to ensure fidelity to the model (ongoing). • Continue use of Field Screening units to safely divert families reported to the Hotline from being accepted for investigation. • Continue with quality assurance process to ensure that reports are being screened out appropriately.

	<ul style="list-style-type: none"> • Social Work Administrators must review any family who has had two previous screen-outs within the past year. • Social Work Administrators review a sample of screen-outs monthly. • 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. • Increase the capacity of prevention providers to engage and serve families during the investigation process. • Family Empowerment Centers will continue to serve families diverted from the Hotline and to support families during the investigation process. • Increase truancy allocation to hire additional truancy case managers and supervisors as well as additional funds to offset the costs of PPE, IT infrastructure and emergency funds to address the engagement of kids and youth in schools as we have seen huge designment due to the pandemic as well as to address the additional economic/resource needs of families to support their household during a pandemic. • Increase the capacity of the county’s education support center to allow the hiring of 5 education liaisons to support kids and youth in the county’s care on their educational needs. • Continue CAPTA funding to support families with newborns exposed to substances. • Extend financial support for older youth housing to age 24 to assist youth who age out of the system with sustained housing support into adulthood. • Maintain Rapid Rehousing Program at 20 families per year in housing programs that allow for timely reunification. • 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. • Increase resources for Out-of-School Time programs to fund 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. • Increase resources for Work Ready jobs for youth in the community to assist youth with developing job readiness skills and connections to the community. • 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.
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	<ul style="list-style-type: none"> • Expand the use of the Youth Aid Panel (and associated services) for youth arrested in with the goal of avoiding the filing of a delinquency petition. • 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 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. • Expand the use of Intensive Prevention Services for youth arrested for certain summary offenses and certain misdemeanors in the community in lieu of arrest and formal processing in the system. • 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. • Support youth in the juvenile justice system required to pay restitution to victims by offering community service options in exchange for payment of the restitution. • Creation of a position in JJS to work in collaboration with the Court for the purpose of using data to help define need for types and array of programs. • Acquire 150 portable electronic devices (tablet, laptop,etc.) to facilitate conducting virtual visits with youth and families via platforms that allow for videoconferencing.
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> • All Hotline SWSMs were retrained on Hotline Guided Decision Making. • Town Hall Meetings and Section Meetings in the Hotline on Transfer of Learning activities for Hotline Guided Decision Making. • Continue to ensure 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. • The FECs will continue to accept referrals and meet performance standards. • Increased engagement of families by truancy providers and decrease in the amount of truancy referrals sent to regional court. • Increased engagement of families in the CAPTA program who successfully complete the service and do not re-enter the system. • Increase engagement of county's children and youth in educational systems. • Providers to enroll youth in OST slots in the community with the goal of increasing engagement of families and providing

	<p>support that successfully keeps them out of the formal welfare system.</p> <ul style="list-style-type: none"> • More youth enrolled in Work Ready jobs in the community. • Increase in the number of youth who age out with successful permanency and/or housing stability in the community. • More youth involved in Youth Aid Panels and decrease in petition filing. • More youth diverted from the system in lieu of arrest. • Reduction in the number of youth adjudicated delinquent and placed in congregate care. • More restitution obligations satisfied. • Facilitation of workflow during times of pandemic and other potential crisis. Maintaining familial contact for youth who are in congregate care settings.
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 families in housing, continued success of FEC sites, and increased enrollment in Truancy Prevention Services, OST services and work opportunities for youth.</p>
Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> • Funding Truancy Case Managers and operating costs around (IT infrastructure, PPE and emergency fund assistance for families). • Funding maintained for rapid rehousing slots (20 families). • Funding for Older Youth Director. • Increase in funding for new OST slots. • Funding to support educations liaisons to support the educational needs of children and youth in the care of the county. • Increase in funding for Work Ready slots to allow more work opportunities for youth. • Funding to increase the age of housing supports for Older Youth to age 24. • Funding for Youth Aid panels (associated services), restorative justice program, increased intensive prevention services and 2 additional evening reporting centers. • Funding for victim restitution through the use of community service options for youth. • 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. • Funding for 150 portable electronic devices and licenses for virtual meeting platforms.
Current Status:	<p>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 Director and JJS Data</p>

	position, education support liaisons and truancy case managers. Two FECs are open and meeting performance standards.
Monitoring Plan:	Monitoring is accomplished through regular site visits and technical assistance. When site visits are not possible (i.e., due to pandemic restrictions), staff conduct virtual site visits and videoconferences.

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 in increase in timely reunification and other permanencies
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> • 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"> ○ Increase participation of families at the conferences. ○ Full roll out of revised process in Fall of 2019. • Completion of Rapid Permanency Reviews for children in placement for more than two years. • Roll out of Performance Based Contracting (PBC) with CUAs which is designed to incentivize timely permanency. (ongoing) • Expanded quality visitation review to incorporate an additional layer of measurement of accountability to ensure consisted engagement of biological families. (ongoing) • Increase focus on identifying permanency resources for older youth including family finding and timely and increased focus on creating meaningful and timely discharge plans. • Issue a RFP to identify foster care providers who are able to recruit professional resource parents for children and youth who exhibit sexually reactive behaviors and other complex behavior health needs. • Continue to streamline procedure and practice to reduce the amount of time between termination of parental rights and finalization. • 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. • Contract for new model for quality parent representation in dependency proceedings that uses a staff attorney, social worker and parent peer worker. • To increase timely reunification and other permanency indicators Philadelphia DHS embraced the Administrative Office of the Pennsylvania Court’s Family Engagement

	<p>Initiative (FEI) which began in Philadelphia in February of 2020.</p> <ul style="list-style-type: none"> • To best meet the needs of FEI, Philadelphia County needs to hire additional attorneys which would directly help to reduce the average caseload per attorney. This will provide more time for attorneys to meet and or exceed the expectations of FEI and come closer in line with recommended caseload averages. The components of FEI are (1) enhanced Family Finding, (2) Rapid and Crisis Response meetings to prevent placement or where placement is necessary, to place children with relatives and (3) enhanced representation for parents.
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> • Increase the number of youth who are reunified. • Increase the number of youth reunified within 12 months of placement. • Decrease reentry into care after reunification. • Decrease placement moves so that reunification/permanency can happen in a timelier manner. • Increase the number of youth adopted or awarded permanent legal custody within 24 months. • Shorten time between termination of parental rights and finalization. • Increase the family engagement scores in the CUA scorecard. • Increase use of kin. • Increase in the number of timely and focused transition plans for older youth. • Increase the number of resource parents who are able to care for youth with sexually reactive behaviors and other complex needs. • Decrease the number of youth re-entering care after reunification. • Reduce the average caseload for each attorney by 20%
<p>Evidence of Completion:</p>	<ul style="list-style-type: none"> • Increase in the total number of reunification and other permanencies with improvement in the timeliness as dictated by CFSR measures.
<p>Resources Needed (financial, staff, technical assistance, etc.):</p>	<ul style="list-style-type: none"> • Funding for Parent/Child Visitation Houses. • Funding for a specialized rate to cover an enhanced administrative and maintenance rate for resource parents for youth with sexually reactive behaviors and other complex needs. • Funding to hire an Older Youth Director to streamline the coordination of efforts to find permanency and independence for older youth across all divisions.

	<ul style="list-style-type: none"> • Funding for new model for parent representation. • Philadelphia Family Court has established a new courtroom (4D) which has required a redeployment of DHS attorneys to address FEI. <ul style="list-style-type: none"> - Funding to hire a managing attorney (Divisional Deputy) for supervision of the attorneys who represent DHS in Philadelphia Family Court’s new courtroom dedicated to Family Engagement Initiative cases, Courtroom 4D. - Funding to hire 6 additional Assistant City Solicitors so that each core dependent courtroom team will return to its best practice operational standard of 6 attorneys (currently the teams have been diminished only reflect 5 attorneys per team) per team. The reduction of attorneys in each courtroom greatly and adversely impact achieving a greater rate of permanency. • Funding to hire an additional attorney for the Philadelphia Law Department’s PJJSC team to better assist dependent youth placed at the PJJSC achieve permanency through reunification or placement with an alternative permanency resource.
Current Status:	<ul style="list-style-type: none"> • Revisions made to family team conferencing policy and protocol; internal and external presentations of the revised FTC model have been completed; staff have been re-trained regarding roles and responsibilities. • We have already begun to discuss the next phase of FEI which would be an expansion into an additional core dependency courtroom. • PMT is currently monitoring the first and second cohorts of children under the new PBC. (ongoing) • Project scope for PBC has been drafted, reviewed by Law, and inserted into contracts. (completed) • PMT developed business rules related to PBC.(completed) • <i>See data in General Indicators narrative for updates on permanency totals and timeliness.</i>
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.
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<p>Action Steps with Timeframes (may be several):</p>	<ul style="list-style-type: none"> • Continue use of the Commissioner’s Approval Process. • Increase referrals for Family Finding for youth placed in Congregate Care. • Process Accurint searches to identify relatives for family-based placement. • 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. • Increase recruitment efforts for resource parents willing to have only one child or youth in their home at any one time to comply with court orders requiring only one youth in a resource home. • 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. • Begin congregate care reviews to identify and create timely discharge plans from congregate care. • Partner with the behavioral health system to ensure necessary behavioral health services to stabilize family-based placements. • Use of Behavioral Health Assessment Unit to prevent placement in congregate care and help identify community resources for youth who could exit congregate care with the right supports. • Conduct scheduled reviews of youth who are already placed in congregate care to reunify them with family or step them down to kinship care or foster care. • Increase monitoring of congregate care providers that had a high number of serious incidents/service concerns to bi-annually. (ongoing) • Continue pursuing survey opportunities for youth to incorporate their voices into quality improvement strategies and practice development. (ongoing) • 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. • Increase availability of community-based delinquent placement settings. (See outcome #1.)
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> • Decrease in the proportion of youth in congregate care. • Decrease in the number of youth entering care. • Increase in the proportion of youth exiting congregate care.

	<ul style="list-style-type: none"> • Increase in the proportion of youth in kinship care. • Increase in the number of monitoring evaluations per congregate care provider if provider had a high number of service concerns (ongoing) • Increase in the total number of resource families willing to accept older youth with specialized needs.
Evidence of Completion:	Proportionally fewer youth in congregate care.
Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> • Additional funding for family finding and continued funds for Accurint. • Continued funding for resource family recruitment. • Funding for provider to support resource homes with professional foster parents. • Full funding for Behavioral Health Assessment Unit at DHS.
Current Status:	<ul style="list-style-type: none"> • Commissioner’s approval process currently being used for all dependent congregate care requests. • Family finding and Accurint are being used and emphasis will be made to increase use of these services. RFP was issued to expand Family Finding and another provider was identified. • Resource parent recruitment is ongoing. • Plans are still in process for development of civil service job descriptions for the Behavioral Health Assessment Unit. • Annual monitoring is occurring for congregate care providers with follow up visits for providers that had a high number of service concerns. (ongoing)
Monitoring Plan:	<ul style="list-style-type: none"> • Regular routine reports on the number of youth in congregate care. • Increased monitoring and adherence to the policy of CUA directors reviewing exits from congregate care. • Continued evaluation of providers (ongoing)—moved to a biannual basis for providers with a high number of service concerns. • Continued review of case files to ensure the utilization of Family Finding and Accurint.

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

Related performance measures, if applicable:

<p>Strategy:</p>	<p>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.</p>
<p>Action Steps with Timeframes (may be several):</p>	<ul style="list-style-type: none"> • 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. • Fund and develop program of parent support workers to help parents involved in the system navigate the placement and court process. • Fund transportation service to address time between removal from home and reroute of school bus or other transportation alternative from the school district. • Continue full implementation of LifeSet (formerly 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. • Continued support of the Achieving Independence Center to improve outcomes for older youth, including maintaining new mentoring program, housing counselor position, and mobile AIC team. • Expand mental health first aid training to biological and resource parents, foster care providers, and congregate care providers. • Provide additional training to DHS and CUA staff regarding support the education needs of children and youth in the system. • Add additional trainers for youth mental health first aid. • Create youth and parent advisory boards to serve as advisors to DHS Commissioner and cabinet regarding changes in agency-wide policy. • Examine statistical validity of current wellbeing data and identify additional wellbeing data indicators as needed (in progress)
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> • Number of peer support partners hired for parents and youth. • AIC numbers of youth served. • AIC Mentoring – number of mentors recruited and matches. • AIC Housing – number of youth engaged in housing stability planning. • Provide transportation support to youth to avoid missing school during the time between placement and transportation alternatives provided by the School District of Philadelphia.
<p>Evidence of Completion:</p>	<ul style="list-style-type: none"> • Matches between peers and parents/youth.

	<ul style="list-style-type: none"> • Improved outcomes for youth involved in AIC and LifeSet. • Contract competitively bid, provider selected and youth transported to school.
<p>Resources Needed (financial, staff, technical assistance, etc.):</p>	<ul style="list-style-type: none"> • Funding for contracts to hire a provider to support and train peer mentors. • Funding for transportation contact. • Continue funding for LifeSet program to engage youth city wide who would benefit from the program. • Funding for mentoring specialist, housing counselor and staff for mobile AIC. • Funding for trainers for Youth Mental Health First Aid. • DHSU will need 10 additional trainers for mental health first aid training: four adult, two youth, and four teen. • Funding to support needs of parent and youth advisory boards.
<p>Current Status:</p>	<ul style="list-style-type: none"> • 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. • The Achieving Independence Center hired a mentoring specialist, housing counselor, and began the mobile AIC model this fiscal year FY19/20. Philadelphia DHS wishes to continue this work to ensure that older youth have lasting adult and housing connections. • LifeSet (formerly YVLifset) implementation continues to compliment the site-based approach at the Achieving Independence Center. When the AIC loses contact with a youth, LifeSet is utilized to make outreach and provide mobile services, particularly for youth that are older and that have behavioral health needs. • The Achieving Reunification Center served 714 youth from June 2019 through July 2020. In its first year, the AIC Mentoring Program recruited 21 mentors and has matched 9 youth. And, the AIC Housing Counselor worked with 83 youth to make lasting housing connections in this first year of the position. • LifeSet (formerly YVLifeSet) served 127 youth in fiscal year FY20. There were 54 successful discharges. In addition: <ul style="list-style-type: none"> ○ 94% of the youth that entered the program as homeless are now suitably and stably housed. ○ 95% of youth have an increased in basic life skill development ○ 95% of youth who did not have a permanent connection of support at enrollment gained one

	<ul style="list-style-type: none"> ○ 77% of youth who displayed mental health challenges at enrollment or during serves were engaged in a mental health service. ● PMT is currently conducting a literature review on wellbeing data and beginning validity testing.
Monitoring Plan:	<ul style="list-style-type: none"> ● PMT will monitor.

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

Related performance measures, if applicable:

Strategy:	<p>Ensure sufficient quality staffing through improved screening process and retention efforts, training, space and IT supports to manage the child welfare and juvenile justice system efficiently through the following approaches.</p> <p>Improve candidate selection at both the Civil Service exam and during the interview process.</p> <p>Solicit feedback at all levels to determine areas that require improvement.</p>
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> ● Continue with recruitment and retention efforts across the agency and through all divisions by increased marketing, collaboration with City of Phila Central Personnel with job posting and updates job specifications and building relationships with universities & colleges to create pipelines for employment. ● Collaborate with Office of Human Resources to revise job specifications and Civil Service exams to better screen candidates. Target start date is August 2020. ● Collaborate with operating divisions on behavioral based assessment tool. Target start is August 2020. ● Solicit feedback from new hires and their chain of command to inform the onboarding process. This effort started and is ongoing. ● Conduct stay interviews of high performing staff who have been with the department for at least 5 years. Target start date is August 2020. ● Continue frequent classes for new DHS Social Work Services Managers and CUA case managers. ● Fund positions at the PJJSC to ensure adequate staffing levels to ensure child safety.

	<ul style="list-style-type: none"> • Build an additional simulation room to train new DHS and CUA staff. The addition of new rooms would allow the City to increase the number of staff trained at one time from 24 to 48. • Hire additional staff to support the training needs for new CUA case managers and DHS Social Work Service Managers • Enhance technological ability for training by modernizing training rooms with smart boards, recording devices. • Engage a staff consultant to assist with developing a blocking and restacking plan of workspace 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. • 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. • 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. • Continue to enhance network infrastructure and implement network assessment recommendations which will enhance security features. (ongoing) • Migrated ECMS into a new platform and developed the system to meet CWIS requirements. (completed) • Continue to build and modernize the DHS case management system. (ongoing)
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> • Increase in staff recruitment and retention. • Increase in talent pool and retention. • Engaged new hires and supervisors. • Improvement in performance evaluation ratings. • Decrease in rejections during probation. • Increase in the number of training rooms and staff to train. • Increase in the number of training rooms and staff to train. • Increase in the quality of trainings and staff satisfaction and understanding. • Increased morale and productivity due to appropriate workspace. • Increased ability to safely manage and capture information and data in the IT system. (ongoing)
<p>Evidence of Completion:</p>	<ul style="list-style-type: none"> • Reduction of turnover in the first year of employment. • More staff completing trainings. • Continued safe use of the IT system.

	<ul style="list-style-type: none"> • Increased quality staffing practices rating via CUA Scorecard; as of FY20Q3, all CUAs had a satisfactory or above rating on the Scorecard, an improvement from previous years • Increased quality staffing practices rating via Intake Scorecard; as of FY20Q3, Intake teams had improved their scores compared to baseline data.
Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> • Funding for training, positions, space and IT systems.
Current Status:	<ul style="list-style-type: none"> • Recruitment and retention efforts are ongoing. • Solicit feedback from new hire have started and will be presented to Executive Cabinet in July 2020. • Solicit feedback from new hire chain of command will begin in July 2020. • Stay interviews with staff with 5+ years to begin in August 2020 • IT work is ongoing. • CUA and Intake Scorecard work is ongoing. • DHSU made new connections and expanded existing collaborations with colleges and universities for recruitment. • Collaboration with DHS- A&M & Central Personnel to post Social Work & Youth Study Center job announcements twice year in accordance to graduation seasons. • DHSU created On-Boarding Task Force and invited representatives from all divisions across DHS and City of Philadelphia 'Central Personnel to initiate the conversation.
Monitoring Plan:	<ul style="list-style-type: none"> • These items will be monitored by Executive Cabinet and reported out regularly during meetings.

For Program Improvement Areas that were identified in the FY 2020-21 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 your improvement efforts.

Section 3: Administration

3-1a. Employee Benefit Detail

- Submit a detailed description of the county’s employee benefit package for FY 2019-20. 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 FY 2018-19 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	4.070%	9.849%	13.919%
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	6.899%	522.151%	529.050%
Y	All non-uniformed employees hired after 10/1/1992	4.070%	9.849%	13.919%
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	2.512%	0.128%	2.640%
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	2.831%	0.00	2.831%

Plan is optional for all employees.

Employee Disability

	<u>Cost per Employee Per Month</u>
Worker's Compensation	\$ 126.02
Regulation 32 Disability	\$ 3.65

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	07/01/19-12/31/19	6.20%
Medicare	Gross Earnings not to exceed \$137,700 Unlimited Gross Earnings	01/01/20-06/30/20 07/01/19-12/31/19 01/01/20-06/30/20	6.20% 1.45% 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	\$ 3.92
D.C. 33 Correctional Officer Classes of Local 159B	25,000	3.92
D.C. 47	25,000	3.53
<u>Exempt & 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 ²	\$ 573.31	\$1,067.10	\$1,677.00
Personal Choice PPO ²	527.95	983.57	1,545.27
Dental PPO ³	34.61	64.04	100.38
Dental HMO ³	17.79	35.13	63.89
Optical	3.24	5.82	8.25
Prescription Plan ³	206.55	382.12	599.00

² Based on self-insured conventional rates for calendar year 2019.

³ Based on fully insured premium rates for calendar year 2019.

Unemployment Compensation

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
All non-uniformed employees	\$6.61

Group Legal Services

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

3-1b. Organizational Changes

Note any changes to the county's organizational chart.

The creation of the Office of Children and Families in January 2020 resulted in a restructure of the DHS organization. The DHS Divisions under the leadership of DHS Commissioner Kimberly Ali are as follows:

- Administration and Management
- Child Welfare Operations
- Juvenile Justice Services
- Policy Development and System Enhancement

A portion of prevention services remained under DHS and transitioned to operate under the Child Welfare Operations reporting to Deputy Commissioner Samuel Harrison III. The

services that remained with DHS include Community Engagement and Community & Family Support.

Commissioner Ali also established a new division, Policy Development and System Enhancement under the leadership of Deputy Commissioner Gary Williams. The division oversees both DHS University and Policy & Planning.

While Chiefs for Finance, PMT, Prevention, and Communications all report directly to Deputy Mayor Cynthia Figueroa, DHS staff reporting to these divisions perform work that is authorized and funded by DHS.

3-1c. 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 City of Philadelphia 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.

DHSU partnered with the CWEB Coordinators from the University of Pittsburgh and conducted joint in-person presentations to CWEB undergraduate social work schools in the Philadelphia area. DHSU conducted additional face to face presentations to CWEB Schools outside the Philadelphia area and conducted on-site student interviews for DHS student placement. DHSU was able to connect with all CWEB schools via face to face presentations & or email communication of DHS' opportunity for CWEB students. As a result of our recruitment efforts, Philadelphia DHS currently has 8 students representing three CWEB affiliated universities fulfilling their CWEB internship requirements for the 2020-2021 school year.

Social Work Trainee examinations will be posted twice a year during graduation seasons.

Additionally, the CUAs are laser focused on recruitment and retention efforts for case managers. Due to a high number of case manager departures in recent months, CUAs are working to redevelop their recruitment and hiring strategies. To support this effort, and to ensure that children and families do not experience a gap in services, DHS is requesting additional funding to support more frequent trainings and larger class size. Specifically, DHS is requesting funding for additional training rooms for the foundations training and funding for positions to train the new hires. Due to the need to use a simulation room for this training, class sizes have been reduced from 60 to 24 participants at one time. DHS is looking to increase training capacity to 48 participants by building an additional simulation room.

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

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

In an effort to improve the talent pool for mission critical positions, HR will collaborate with the Office of Human Resources to update the Civil Service job specifications and job announcements to capture candidates who possess the competencies needed to be successful in the jobs. To further determine the right fit for the jobs and organization, HR will collaborate with operating divisions on updating the interview process to include a behavioral based assessment.

As it relates to retention, HR will conduct interviews at all levels to determine improvement areas for new hires. Interviews have already started with new hires and will be expanded to their chain of command. This information will be presented to Executive Cabinet. Retaining quality talent will require feedback from the source itself. Interviews will be conducted with high performing employees with at least 5 years of service with the organization. Information collected from these interviews will be shared with Executive Cabinet with recommendations.

1. DHSU initiated a collaborative On-Boarding Task force that will include Child Welfare Operations (CWO), Juvenile Justice Services (JJS), Communications, Prevention, PMT 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. Due to the Covid-19 Pandemic, the first meeting was cancelled but will be rescheduled. We will shift this to FY21.
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 (name changed from Workforce Development to) Organization & Professional Development to conduct organizational assessments on identified internal and external stakeholders to assess climate and culture that impact practice, support recruitment and retention strategies and create opportunities for individuals for professional 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 across all levels within the system to include emerging leaders within DHS' entire workforce including all position levels.
5. Continuing the Supervising for Excellence training for CWO supervisors to enhance practice and address professional development needs.
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 smartboards, headsets, cameras, microphones and alternative training platforms like WebEx Training.
7. Continued partnership with the Child Welfare Educational Leadership Program (CWEL) - the Employee Education Program to support retention and internal growth of leadership for DHS staff in obtaining their masters degree. Once obtained, staff are eligible to apply for the supervisors' test.