Office of
Children and Families
CITY OF PHILADELPHIA

Department of Human Services

"We believe that a community-neighborhood approach with clearly defined roles between county and provider staff will positively impact safety, permanency, and well-being."

What are we working together to achieve?

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

Scope of Services

For Congregate Care (IN, GH) Providers

June 2020

Institutional and Group Home Care Scope of Services

Table of Contents

1. Introduction

a) Statement of Purpose

The Philadelphia Department of Human Services (hereafter the "Department" or "DHS") seeks to contract with (Enter Name of Agency) (the "Provider"), a Residential Facility licensed by the Pennsylvania Department of Human Services ("PA DHS") in accordance with Pennsylvania Code Chapter 3800 Regulations. This Scope of Services sets forth the parameters for delivery of Institutional Care ("IN") or Group Home ("GH") Services and describes expectations for quality services that meet the unique and complex needs of youth who require this level of care. Placements may be for dependent (child welfare), delinquent (juvenile justice), or crossover (dually adjudicated) youth, depending on provider service capacity and contract type.

The term "Providers" refers to licensed contracted agencies and their workforce members. See DHS General Provisions and PA Code Chapter 3800 for applicable policies related to business operations and residential service delivery.

Payment rates for all related service codes will be at the prevailing rates established by the Department. Per diem rates paid to the Provider will include a pre-determined administrative portion for the services.

b) System Goals for Dependent and Delinquent Placements

DHS' mission is to promote safety, permanency, and well-being for children and youth at risk of abuse, neglect, and delinquency. Working closely with Philadelphia's Family Court-Juvenile Division, the mission of DHS' Division of Juvenile Justice Services is to assist with the protection of public safety by providing safe and secure detention services, and to contract for an array of high quality residential and community-based programs and services for both pre- and post- adjudicated youth.

Through Improving Outcomes for Children: A Community Partnership Approach to Child Welfare ("IOC"), DHS underwent a system transformation designed to strengthen child welfare, juvenile justice, and child abuse prevention services in Philadelphia. IOC aims to increase safety, permanency/re-integration, and well-being outcomes through services that are family-centered, community-based, culturally competent, integrated, timely, and accountable for results.

DHS' vision is that fewer children become DHS-involved and that families receive services that are the best fit. The four goals of IOC are aligned to make this vision a reality. They are:

1. **More children and youth remain safely in their own homes and communities.** With prevention, child welfare, and juvenile justice services based in the community, children and youth can maintain connections to familiar people and resources, while also strengthening or restoring important relationships. For youth in the juvenile justice system, DHS supports community-based programs that allow youth to remain close to their homes and communities, except when that would result in a compromise of public safety.

2. **More children and youth are reunified more quickly or achieve other permanency.** If children must be removed from their home of origin, DHS works to reunify the family as soon as it is safe to do so. When reunification is not possible, adoption or permanent legal custodianship may help the child or youth find a permanent home.

3. **Congregate (residential) care use is reduced.** Children and youth do best in family-based settings. DHS promotes children safe at home whenever possible in family-based foster care or kinship care when the home of origin is unsafe. For youth in the juvenile justice system, DHS supports community-based programs so that youth can live with their families and remain in their school of origin.

4. **Improved child, youth, and family functioning.** Sometimes families need support to live together safely. DHS invests in many programs to help children, youth, and families become their best selves, including support for parents to reunify more quickly with their children.

The Community Umbrella Agency ("CUA") is central to IOC's goals of de-centralizing the child welfare system and bringing services closer to families. Each region of the City of Philadelphia (the "City") has a designated CUA that is based in the community and provides an array of high quality, accessible, and culturally appropriate services. CUAs are responsible for case management services to all youth and families involved in the child welfare system within the agency's designated region. The CUA also acts as a liaison between families, community resources, and other services, including congregate placements.

A key element of IOC case management is a unified Single Case Plan ("SCP") for each family that is developed collaboratively and outlines goals and resources for individual family members. Through the Single Case Plan, the CUA case manager supports the family's efforts toward reunification (or other permanency) and coordinates with other services as needed. For delinquent or cross-over placements, the Juvenile Probation Officer ("JPO") assumes the case management role.

Providers of congregate care services contracted through DHS, such as those described in this Scope of Services, are required to share information on a regular basis and closely coordinate service delivery with CUAs or JPOs. CUAs are responsible for writing individualized service plans for each youth that align with goals in the family's SCPs. Congregate care services should be guided by the individualized service plans shared by the assigned CUA.

c) Family First Prevention Services Act

The Family First Prevention Services Act ("FFPSA") was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This Act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act. States can choose to delay implementation of the law to delineate and communicate guidance for local jurisdictions and providers. Pennsylvania opted to postpone enactment until October 1, 2020.

The FFPSA aims to increase services to families at risk of child welfare system involvement and prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skills training. Evidence-based programming will be required. New provisions also seek to improve the well-being of youth already in out-of-home placement by limiting the timeframe for federal reimbursements for congregate care and to incentivize further reductions in such placements.

Under FFPSA, federal Title IV-E funding for youth placed in "childcare institutions" can only be utilized for **two weeks** unless the placement meets defined criteria. Beginning the third week that a youth is in care, Title IV-E payments will only be distributed for placement in the following settings:

- Family-like settings or a setting licensed or approved by the State and capable of adhering to the reasonable and prudent parent standard, provides 24-hour substitute care for children placed away from their parents or other caretakers, and provides care to six (6) or fewer children in foster care; or
- Licensed childcare institutions with no more than twenty-five (25) children that meet the following criteria:
    - A specialized setting for parenting or pregnant youth,
    - A supervised independent living setting for youth who are eighteen (18) years of age or older,
    - A setting providing high quality residential care and supportive services for those who are (or are at risk of becoming) sex trafficking victims,
    - A licensed residential family-based substance abuse treatment facility, or
    - A qualified residential treatment program ("QRTP").

Philadelphia is working with local, state, and national partners to prepare for FFPSA's implications and will continue to communicate with providers.

d) Issues to be Addressed by Congregate Care

Congregate Care placements, including both IN and GH, are a time-limited, intensive intervention for youth with identified behavioral health needs that cannot appropriately be met in lower levels of care, but who do not meet the medical necessity for a Psychiatric Residential Treatment Facility ("PRTF"). Congregate care placements should be short-term, with emphasis on building the youth and family's skills while also fostering local resource connections that will support a successful return to the youth's home community. When youth enter congregate care, immediate planning, in coordination and collaboration with the CUA case manager or JPO, begins to reunify youth with their families or to work toward other permanence. For juvenile justice involved youth, discharge planning focuses on successful reintegration back into the community.

i. Description of Youth to be Served

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

e) Eligibility

Congregate care services are utilized by the Department only when necessary, as part of a continuum of care that prioritizes maintaining youth safely in their community. DHS strives to ensure youth remain in their own homes and communities whenever possible. When placement away from the youth's home of origin is necessary, placement with kinship family is prioritized. If kin are not available, youth are placed in family-like settings which are as close to their communities as possible and with siblings when achievable.

Any referral for dependent placement in congregate care services must be reviewed through the Commissioner's congregate care approval process, informed by a Level of Care Assessment completed by the Department's Central Referral Unit ("CRU"). This approval process includes a review of efforts to identify a placement for the child in a family-based setting or other lower level of care. Justification for congregate care services is supported by a current (i.e. within sixty (60) days) psychiatric or psychological evaluation that provides a supporting diagnosis and establishes a clear need for behavioral health supports and services. Delinquent placements are made at the discretion of the Family Court judicial branch and often at the recommendation of the youth's JPO.

2. Congregate Care Services Overview

Congregate care provides residential care and supervision twenty-four (24) hours a day, three hundred sixty-five (365) days a year to youth involved with DHS and/or the juvenile justice system who require multiple coordinated services and supports to meet their behavioral, health, and educational needs. Congregate care providers house youth in a safe, clean living environment and provide food, clothing, and necessary personal hygiene items. Providers are responsible for recruiting, screening, training, and managing qualified staff, while also collaborating with an array of partners. Short lengths of stay and successful returns home or to other family-based settings are key goals.

DHS is contracting with the provider to provide assigned youth with residential care and supervision, to deliver and/or coordinate comprehensive services including specialized behavioral and educational supports, and to consistently collaborate with the CUA or DHS case manager to work toward timely re-integration with family or other permanency resource. In close coordination with the case manager, providers need to ensure the safe transportation of youth to and from all family visits, school, required court appearances, medical and behavioral health appointments, Family Team Conferences, and other relevant activities or appointments.

Once a placement is secured, prompt enrollment in the least restrictive setting with appropriate supports should be prioritized. In order to initiate the Best Interest Determination ("BID") process promptly, residential providers must timely report all new residential placements to the local host district as soon as possible (but not longer than one business day after the student is admitted). This provides timely notice to the host district of its responsibility to participate in the BID conference, and as appropriate, to educate the youth in the regular school setting, as required by state guidance. Providers are also required to support youth's transportation to school as needed, in accordance with the Pennsylvania Code Chapter 3800 regulations, Every Student Succeeds Act ("ESSA") guidelines and the

School District of Philadelphia provisions. The DHS Education Support Center is available to support providers with transportation coordination to and from school.

Provider and system partners will inform youth and families of their educational rights and engage them in the school decision-making process (though both BID conferences and Individualized Education Program ("IEP") meetings), while ensuring that a caregiver or other adult decision maker participates on behalf of the youth. Data about this process will be collected by and shared by DHS and the City of Philadelphia Department of Behavioral Health and Intellectual Disability Services ("DBHIDS")/Community Behavioral Health ("CBH").

The congregate care provider is responsible for meeting the youth's day-to-day needs and providing appropriate activities that promote family connections (i.e. transportation) and improve wellbeing (e.g., educational needs, behavioral health treatment and connections, prosocial activities). The congregate care provider is responsible for communicating regularly with the CUA Case Manager or JPO and collaborating with them in the coordination of support services. The CUA Case Manager or JPO will work with the youth and family to plan for permanency and/or community reintegration while the youth is placed in congregate care. Both permanency and service goals for each youth must align with the family's SCP.

a) National Best Practices

Consistent with best practices outlined by the national Building Bridges Initiative (www.buildingbridges4youth.org), congregate care must be used as a short-term intervention with permanency planning beginning at intake. Youth and families must be active participants in all services and planning processes. Whenever possible, interventions, treatment, and recreational activities must be delivered in the youth/families' homes and communities of origin to promote successful reunification and reintegration. Evidence-based practices that promote family engagement and wellness must be utilized. Congregate care services must be delivered using a trauma-informed approach that is culturally and linguistically competent. Providers need to demonstrate, via documentation and other evidence, that they have the capacity to provide, and are providing, a trauma-informed approach to services. Providers are required to adopt strategies using evidence-based models to reduce or eliminate manual restraints and install video cameras. Providers need to demonstrate competency in preventing coercive practices such as restraints and seclusion and policies should be updated to ultimately reflect advanced restraint elimination practices. Additionally, providers need to adhere to benchmarks for reducing or eliminating restraints and report data against those benchmarks to DHS.

Providers must implement active strategies to ensure the safety and protection of Lesbian, Gay, Bisexual, Transgender and Queer/Questioning ("LGBTQ") youth and utilize programming that affirms diverse sexual orientations and identities. The congregate provider must safely house transgender and gender non-conforming youth in a way that affirms the youth's gender expression.

b) DHS Congregate Care Quality Framework

During FY2018, DHS launched the Congregate Care Evaluation Improvement Project with the goal to create a more robust assessment process that incorporates quality indicators with compliance metrics, while also capturing youth perspectives. With support from Casey Family Programs and in collaboration with system stakeholders, DHS created a common evaluation tool for all congregate care providers that

assesses both compliance and quality, provides actionable feedback, reflects provider practice, and incorporates youth voice.

Key elements of quality congregate care services were identified based on best practices in the literature for child welfare and mental health. The four broad quality areas include:

- **Safety**
  - Trauma-informed care
  - Reduction or elimination of seclusion, restraint, or other coercive practices
- **Individualized planning and services**
  - Use of evidence-based clinical interventions
  - Prioritization of youth voice and choice
- **Planning for discharge from intake**
  - Family-driven care and community connections
  - Use of therapeutic aftercare or reintegration services
- **Cultural awareness and responsiveness**
  - Cultural competence
  - Linguistic competence
  - Affirmation of youth with diverse racial, ethnic, religious, gender, and sexual identities

The Provider activities listed in this Scope of Services align with the new assessment process and incorporate these elements of quality in congregate care service delivery. Quality improvement is an iterative process, and DHS will update the assessment process and scopes annually to promote continuous quality improvement. As such, providers should anticipate updated scopes of services on an annual basis.

3. Referrals and Admissions

The DHS CRU will process dependent or crossover referrals. Providers must maintain an up-to-date inventory of available beds, using the DHS Bed Capacity application, and communicate that to the CRU using the Department's required format. Delinquent placements are made at the discretion of the Family Court judiciary, often at the recommendation of the youth's JPO.

Providers must have the capacity to receive emergency referrals from the Department (CRU or Hotline) twenty-four (24) hours per day/three hundred sixty-five (365) days of the year. Contact information including "after-hours" or "on-call" phone numbers must be provided to the CRU of the Department. Provider staff responsible for on-call coverage must have the necessary information and capability to identify and coordinate after-hours placements.

At the time of placement, DHS, CUA, and/or JPO, when applicable, will forward the following to the Provider:

- A copy of the referral, including demographics, school information, and any assigned education decision maker, known medical provider, medical and behavioral information, prior child welfare services and duration, etc.;
- SCP/Child permanency plans and revisions;
- Current court order and disposition;
- Forms including: CY 85-29, CY 61 (filed within five (5) days of placement), Re-determination of Medical Assistance Eligibility, and Freedom from Contagious Disease Certification;

- Social summary;
- Vital documents, including birth certificate and social security card;
- Medical consent and history, if available;
- Medical and dental records;
- Educational history and records;
- Consent forms; and
- Grievance procedure of the CUA for the child or youth. The Provider must also have its own grievance policy and procedures and establish an independent Youth Services Ombudsperson office to receive and investigate concerns from youth and family about safety and services. Both policies and procedures will be provided to the child or youth and saved to their records.

Whenever possible, pre-placement activities need to occur prior to congregate care placement. These activities must be coordinated between the Provider and applicable CUA or JPO and may include, but are not limited to:

- Pre-admission outreach to the youth and family.
    - Identification of the youth's support network, family members (including siblings), and caregiving resources.
- Comprehensive program orientation for youth and family.
    - Techniques to help the youth/family feel welcome and have a positive adjustment to the congregate care facility.
    - Plan for a comprehensive overview of the congregate care program.
    - Family visitation/communication schedule and overview.
    - Involvement of youth and family advocates.

4. Congregate Care Practice Framework and Provider Activities

After a youth is placed, Providers are expected to coordinate and/or deliver the following holistic array of services. Institutional Care Providers may offer more services on-site, given the scale and location. Group Home Providers must coordinate with community resources and the youth's case manager (CUA or JPO) to ensure that treatment and well-being needs are addressed. Service plans may be documented in the Provider's format and need to be integrated with other case plans, including the SCP from the CUA case manager or relevant documentation for JPOs. Where possible, activities and services must be offered in their community of origin and strengthen youth's connection to their community of origin. Providers are expected to adhere to the elements of Organizational Culture and Provider Activities listed below.

All of the below service expectations should be incorporated into the agency's operating procedures for residential services within the next contract year.

OVERARCHING PRACTICE FRAMEWORK

i. Organizational Culture

- **Promote cultural and linguistic competence,** including responsiveness to the needs of LGBTQ youth.

- **Utilize congregate care as a short-term treatment modality** with discharge planning beginning at intake.
- **Utilize trauma-informed care and evidence-based approaches** at all levels.
- **Prevent or eliminate the use of restraint, seclusion, and other forms of coercion**, guided by approaches such as Substance Abuse and Mental Health Services Administration's ("SAMSHA's") funded *Six Core Strategies© Preventing Violence, Trauma, and the Use of Seclusion and Restraints.*
- **Ensure interpersonal skill development and modeling** to increase youth's capacity for self-control and self-regulation.
- **Incorporate youth voice and choice** in all aspects of programming, including maintaining a youth advisory group.
- **Provide clear information on rights, grievance procedures, key contact information**, and a system for anonymous reporting. Providers are to ensure that youth and familes get clear information about their rights and responsibilities within the program, grievance procedures, and names and contact information for key people involved in their care both within the program and across systems. All system partners must enforce the expectation of a timely response to youth and families under their care.
- Establish quality staff hiring and retention policies and practices.

ii. Connections to Family and Community Supports

- **Engage parents/caregivers** and offer activities that strengthen family/kin relationships (including relationships with siblings and other important non-parental adults).
- **Facilitate family visitation** in the youth's community of origin, unless prohibited by the Courts.
- **Strengthen positive social connections for youth** in their communities and school of origin.

PROVIDER ACTIVITIES

I. Intake, Planning, and Assessment

- **Establish a comprehensive orientation process** for youth and families that includes:
    - A full overview of the mission, program, daily activities, and supports;
    - A schedule for regular visitation and treatment team meetings; and
    - A copy of the grievance procedures written in plain language with contact information for relevant staff and chains of command.

- **Plan for reunification or community reintegration from the time of intake** in coordination with CUA or JPO, work with youth and all stakeholders to develop behavioral strategies, address any required restitution, and strengthen connections to local community resources.
- **Develop and implement timely individualized service/treatment plans** in coordination with CUA or JPO for each youth that clearly specify the goals that must be accomplished for discharge and facilitate on-going communication and collaboration between the congregate provider, CUA or JPO, youth, and family members. Such plans must:
    - Be developed within ten (10) days of admission;
    - Contain specific criteria to determine readiness for reunification or reintegration;
    - Include youth and family participation; and
    - Align with and support goals for family's SCP and/or youth's probation.
- **Conduct standardized screenings to inform service planning** using validated and reliable assessments, including but not limited to:
    - Trauma exposure and traumatic stress symptoms;
    - Behavioral health; and
    - Academic skill levels and/or necessary educational accommodations.
- **Make every effort to maintain educational stability and continuity** for youth.
    - Notify 'host' school district's foster care point of contact upon placement.
    - Secure any missing education records including transcripts and any 504 or IEP.
    - Participate in shared decision-making for each youth via Best Interest Determination and/or IEP meetings.
    - For providers located in Philadelphia city limits, coordinate with CUA case manager or JPO to transport youth to their last enrolled school (school of origin) until any other determination is made. Communicate with the DHS Education Support Center if there are barriers or coordination assistance is needed.
    - If the need for a school change is determined, work with the Education Support Center to secure Court approval if necessary and ensure immediate enrollment in the local public school or appropriate, least restrictive setting.

II. Ongoing Program Activities and Services

- **Cultivate positive relationships with and among youth** by establishing rapport and trust; utilize trauma-informed techniques for behavior management and conflict de-escalation.

- **Provide transportation** as needed for youth to attend court appearances, medical or behavioral health treatment, family visits, and/or enrichment activities in youth's community of origin when possible.
- **Ensure routine medical care** and necessary medications are available; maintain connections with outside providers and specialists to address complex medical needs as needed.
- **Ensure access to behavioral health services listed below** in partnership with CBH or approved mental health provider:
    - Mental health treatment and therapy, including evidence-based and trauma-informed models such as Trauma-informed Cognitive Behavioral Therapy ("TF-CBT");
    - Medication management and monitoring;
    - Drug and alcohol treatment; and
    - Groups that provide psychoeducation around trauma and its impact while building coping skills to manage triggers.
- **Ensure that youth's educational needs are addressed**, which may include:
    - Supporting youth's transportation to school as needed, per Pensylvania Code Chapter 3800 regulations, ESSA guidelines, and School District of Philadelphia provisions;
    - Notifying youth's case manager or JPO, the youth's education decision maker, and DHS of any challenges or needed changes;
    - Providing access to academic supports (e.g. tutoring, credit recovery) or instructional services which are individualized to participating youth;
    - For providers operating on-grounds schools, aligning coursework with State graduation requirements and documenting credits (documentation of credits received is to be sent with the youth upon discharge);
    - Maintaining communication with youth's school setting and educational decision maker to ensure necessary accommodations are available and youth is attending regularly and making progress;
    - Supporting planning for youth's timely school enrollment upon discharge; and
    - Sending quarterly or semester academic report cards for all youth on census to DHS' Performance Management and Technology ("PMT") team.
- **Provide or connect youth to opportunities for enrichment and recreation after school hours and on weekends**, allowing youth to explore interests and prepare for the future while strengthening their social connections.

- **Support the youth's connection to parents, caregivers, and network of caring adults** that can formally or informally mentor and coach the youth on relationship and educational navigation skills. Adopt practices that allow youth to communicate with their familes without undue difficulty, including assisting youth and families with transportation to and from the placement location as clinically appropriate and providing transportation services when needed. Tele and video conferencing options should be made accessible to supplement, but not replace, in-person visitation. Access to family interaction will not be restricted for disciplinary reasons, nor will it be used as a privelege to be earned. Develop a set of family engagement quality standards and measures for accountability and program monitoring.
- **Support the youth's acquisition of developmentally appropriate life skills** in areas such as:
    - Decision making and self-reliance;
    - Workplace skills and career possibilities;
    - Sex education and family planning;
    - Community service opportunities;
    - Food purchase, preparation, and storage;
    - Clothing purchase and care;
    - Use of health care resources; and
    - Budgeting and money management.
- **Utilize best practice service approaches**:
    - Supported by evidence and grounded in strengths-based frameworks;
    - Individualized for each youth and their family; and
    - Trauma-informed, culturally and linguistically competent.
- **Communicate on a regular basis with CUA or JPO** and with other relevant supports and services, including notification of any critical incidents and progress monitoring.
- Develop strategies to **reduce and respond to runaway/AWOL youth.**
- **Adhere to reporting requirements** for ChildLine, HCSIS, and Pennsylvania Code Chapter 3800 regulations.

III. Planning for Reintegration and Therapeutic Aftercare

- **Develop individualized plans** to facilitate youth's successful reunification, permanency, and/or reintegration. Such planning should include:
    - **Youth and family involvement** and participation;

- **Integration and coordination of educational and health services;**
- **Identification of community-based services** that follow youth after their discharge from congregate care;
- **Strengths-based approach** that considers the youth's unique needs; and
- Planning that is **culturally responsive.**

- **Support the continuity of community-based services,** including behavioral health services during the youth's discharge planning and transition to the home or community of origin.

The Provider must follow all applicable federal, Commonwealth of Pennsylvania, City of Philadelphia, and any other local, regulations, licensing regulations, and/or laws, as well as the City of Philadelphia General Provisions and any applicable contract provisions. This includes, but is not limited to, areas of service delivery; record keeping; compliance; credentialing Resource Caregiver and Workforce members; confidentiality; HIPAA; and fraud, waste, and abuse.

5. Collaboration to Work Towards Permanency and Community Reintegration

The Congregate Care Provider ensures quality services that move each youth toward reunification or other permanence, coordinating efforts with the CUA case manager and/or JPO as relevant. A representative from the Provider will contribute to service planning meetings required for dependent and/or delinquent placements. For dependent or crossover placements, the Provider will participate in Family Team Meetings with youth and family members, DHS Teaming staff, and the CUA Case Manager to monitor and update the SCP. Congregate care providers will also participate in shared decision-making regarding each youth's educational needs – during placement and when returning to community. The City will continue to advocate for the Pennsylvania Department of Education ("PDE") to monitor on-grounds school on an annual basis. The information from the State monitoring should be made available to the judiciary and the County Welfare Administrator. This monitoring should include an examination of both compliance and quality measures. For entities that cannot meet the minimum education standards, the City will continue advocating that PDE takes licensing or other corrective action. Individualized service/treatment plans should document youth's goals to be ready for discharge and community re-integration, in alignment with SCP or probation requirements.

At least once a month, providers must review each youth's status and progress with the CUA case manager and/or JPO. The Provider will facilitate contact between the youth and family on a weekly or bi-weekly basis during placement, unless the Court has specifically prohibited such contact. Whenever possible, this in-person contact will take place in the youth's community of origin.

If the youth cannot return home and is ready for discharge, the CUA case manager will communicate with DHS CRU for updates on the youth's placement efforts. The congregate care provider will support efforts to locate kin in order to better assist CRU in locating an appropriate family-based placement for the youth.

6. Requirements

a) Facility/Site Description

The contracted facility for congregate care must prioritize frequent in-person contact with the youth's family and must intentionally promote family and community connections.

Providers must maintain all applicable licenses from the PA DHS, Office of Mental Health and Substance Abuse ("OMHSA"), and/or PDE.

Provider must demonstrate that it has a current contract or will have a fully executed contract (within 60 days of award) with Philadelphia's CBH, pursuant to state regulatory requirements and CBH procurement rules, or other Managed Care Organization as required for specific behavioral health services to be offered on-site. The applicant may not absorb the cost of psychiatric services within the Provider's general operating budget.

The physical space of the institution or group home must be thoughtfully planned to promote a therapeutic environment. Youth should be included in decisions about the physical environment as often as possible (e.g., paint colors, bedding, curtains, decorations, etc.) to encourage a sense of choice and self-expression. The location must also support family/kin connections throughout the youth's stay. Specifically, the facility must include comfortable, designated space for family/kin visits.

b) Nutrition

The City of Philadelphia adopted comprehensive nutrition standards via Executive Order in 2014. These standards provide guidance for all meals purchased, served, sold, or prepared through City-funded programming, including contracted vendors.

See HYPERLINK "https://www.phila.gov/media/20181009160845/Philadelphia_Nutrition_Standards.pdf" https://www.phila.gov/media/20181009160845/Philadelphia_Nutrition_Standards.pdf for specific requirements. For additional guidance on this Executive Order, please contact DHS' PMT Division.

c) Staffing

All congregate care provider staff play a crucial role in providing a safe, nurturing environment to promote youth's health and wellness and reduce flight risk. There shall be one childcare worker present for every eight youth during awake hours. There shall be one childcare worker present with every sixteen youth during sleeping hours. Child abuse and criminal history checks, as well as FBI clearances, shall be completed for all staff, in accordance with 23 Pa.C.S. §§ 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services). Providers shall include peer advisors in the hiring process for residential staff.

All congregate care providers will employ a strategic hiring process to hire diverse staff at all levels of the agency who reflect the population served. This process should also include involving youth and families in setting up the criteria for staff qualifications. Candidates who support the shared mission to provide compassionate, non-restrictive care should be considered. Prospective candidates should be offered the opportunity to spend time on the units before hiring to provide exposure to the realities and requirements of the work.

All specified benchmarks related to staff vacancies, turnover, and diversity will need to be met. Additionally, providers will track adherence to the specified benchmarks and will ensure the delivery of consistent supervision of staff, including real-time, on-the -job coaching and feedback.

All provider staff must be trained in and understand trauma and its impact on child development and family systems and communities, including behaviors and symptoms associated with abuse, neglect, and youth's removal from homes and communities of origin. In addition to any training required for licensure or by the agency, staff must be trained in trauma-informed techniques for crisis management and intervention, de-escalation, and suicide prevention and intervention, as well as youth and family engagement. Documentation regarding staff training on trauma-informed techniques and practices is required. Strategies to incorporate evidence-based approaches and practices in these areas is also required. For assistance in identifying staff training on trauma-informed care, please contact DHS University.

d) Quality assurance and improvement

DHS is committed to continuous quality improvement on behalf of youth and families. Continuous Quality Improvement ("CQI") is a management process that encourages all levels of an organization to continuously ask the questions, "How are we doing?" and "Can we do it better?" Providers are expected to internally monitor youth progress and service quality, identifying trends and responding as needed to strengthen effectiveness.

To support this process, congregate care providers are required to have dedicated quality assurance/quality improvement ("QA" and/or "QI") staff. This must be at least one (1) full-time position, unless an exemption is requested for smaller agencies. Exemption requests should be sent to DHS' PMT Division.

In addition to internal QI/QA practices, all providers are required to send representative(s) to attend any mandatory trainings and to participate in technical assistance from DHS if needs are identified.

e) Hours and Location of Work

Congregate Care Services must be available twenty-four (24) hours per day, three hundred sixty-five (365) days per year. The Provider must maintain the capacity to provide services as needed when the Provider's administrative offices may be closed. The Provider should maintain "on-call" or "after hours" live phone coverage, providing staff who can respond at all times to address any emergent or emergency needs related to this Scope of Services.

f) Subcontracting Services

Information on any subcontracts for well-being services and supports must be submitted to DHS Finance as requested.

g) Technology Requirements

Providers must maintain internet access, as well as the hardware and software necessary to utilize DHSConnect or current DHS and/or CUA Information System as needed.

7. Documentation and Reporting

Providers maintain case records that include documentation required by contract, regulation, and licensing as well as documenting activities, including progress toward discharge and permanency, academic records and progress, enrichment activities, and behavior logs. Providers share copies of documentation with the CUA or JPO on any required forms to support collaboration with the CUA Case Manager or JPO regarding medical, educational, or behavioral health issues and service provision.

As part of DHS' evaluation of congregate care services, Providers will be required to document and share additional information with DHS. Reporting requirements will be defined by DHS and shared in a separate document with providers.

a) Serious Incident Reporting

Providers must follow all voluntary incident reporting requirements through Pennsylvania's Home and Community Services Information System ("HCSIS"). Concerns of abuse or self-harm must be reported immediately to Childline. Timely notification to youth's case manager (CUA and/or JPO) and family is also a priority. Serious incidents must be reported to DHS and/or CBH per the following guidelines.

Serious incidents include:

- Youth fatality
- ChildLine incident
- Sexual abuse
- Serious disease
- Serious injury/trauma (include any hospitalization)
- Criminal activity
- Suicidal physical act
- Violation of youth rights

Any death which occurs at a provider facility must be immediately reported to the DHS Commissioner at 215-683-6001. Any youth who have not returned to the facility within four (4) hours must be reported at that time. A copy of all reportable serious incidents must be sent via email to the DHS Commissioner's Office and the PMT Division within twenty-four (24) hours of an incident. DHS' PMT Division will follow up within twenty-four to seventy-two (24-72) hours of serious incident notification to schedule a site visit, file review, and youth interviews.

- Updated reporting procedures for use of restraints and/or seclusion will be released in FY2021. All congregate care providers that use restraints and/or seclusion are expected to provide data on the use of restraints and/or seclusion on a quarterly basis. Data should include, but is not limited to, the type of restraint curriculum used, frequency of use of restraints and/or seclusion, and the date, time, and duration of a restraint and/or seclusion. For providers that do not use restraints and/or seclusion, an attestation or an addendum to an existing policy is required.

b) Media Inquiries

Upon receiving any media inquiry, the Provider must notify DHS. Staff are not permitted to comment or acknowledge a case, but should direct inquiries to the DHS Communications Director.

c) Megan's Law Requirements

When a sexually violent predator from the National Megan's Law database lives or moves within one thousand (1,000) feet of any congregate care location, the Provider will receive an electronic notification from DHS. Upon receipt of this notification, the Provider takes the following actions:

- Within twenty-four (24) hours of the electronic notification, notify staff that a sexually violent predator lives within one thousand (1,000) feet of the Provider location and provide a picture of the predator.
- Within forty-eight (48) hours of the notification, meet with staff to:
  - Review the attached Megan's Law Safety Plan with any youth age fourteen (14) and older;
  - Have all parties sign the Megan's Law Notification/Safety Plan; and
  - Mail a copy of the signed Megan's Law Notification/Safety Plan or Receipt of Megan's Law Notification and Safety Plan to the DHS Ombudsman:
    Attn: Department of Human Services Ombudsman
    DHS - Office of the Commissioner
    1515 Arch Street, 8th Floor; Philadelphia, PA 19102

8. Key Contacts:

- DHS Commissioner's Office – DHS.Commissioner@phila.gov; 215-683-6001
- Commissioner's Action Response Office ("CARO") – DHSCARO@phila.gov; 215-683-6000
- Division of Performance Management & Technology – Chief of Performance Management and Technology, Liza M. Rodriguez, Liza.Rodriguez@phila.gov; 215-683-0434
- Division of Finance – Chief Finance Officer, Nadine Parese, Nadine.Parese@phila.gov; 215-683-6060
- DHS Education Support Center – Dhs.education.support@phila.gov; 215-683-4001
- DHS Communications Office – dhscommunications@phila.gov; 215-683-6012