

Fiscal Year 2022-23 Needs- Based Plan & Budget

Commonwealth of
Pennsylvania

Office of Children, Youth
and Families

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

Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative portion of the Fiscal Year (FY) 2022-23 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

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

All text must be in either 11-point Arial or 12-point Times New Roman font, and all margins (bottom, top, left, and right) must be 1 inch.

Any submissions that exceed the maximum number of pages will not be accepted.

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

Philadelphia

NBPB
FYs 2020-21, 2021-22, and 2022-23

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

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

Section 1: NBPB Development

1-1: Executive Summary

- Respond to the following questions.

The City of Philadelphia Department of Human Services (DHS) maintains a clear vision of fewer children and families becoming involved with the child welfare and juvenile justice systems and of families receiving support to live together safely in their own communities. We continue to rightsize 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 stakeholders 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. The four goals of IOC are aligned to make this vision a reality. They are as follows:

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

Philadelphia DHS is also committed to addressing the disproportionate placement of African American children and youth in out of home care and involvement with the juvenile justice system.

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

As the national COVID-19 pandemic 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 mobilized and equipped staff to work remotely to ensure the safety and well-being of children using advanced technology. Equipment was assigned and issued to staff and also distributed to families and older youth, active with DHS, on an as-needed basis. DHS’s Performance Management and Technology Division provided system-wide IT support to staff who were using technology to perform their jobs in new ways.

During the pandemic, DHS's Hotline experienced a reduction in call activity as most mandated reporting organizations, i.e. schools, daycares and health centers, were closed or working at limited capacity. Calls to Hotline decreased by over 40% during March and April of 2020, and while reports began to increase, they remained roughly 20% lower during the rest of 2020. 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 were not limited to the following: purchasing additional IT equipment within an overwhelmed market; allocating hundreds of work hours 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 to get the most up-to-date information on COVID-19 impact. In FY22, DHS facilitated a system-wide After-Action Review. This process involved interviewing internal and external stakeholders, including families and youth, to ascertain strengths and challenges of DHS's response to the pandemic. Findings revealed a number of systemic strengths, including good safety measures for staff, the mobilization of IT equipment for the remote workforce, and communication and resource-connection strategies for staff and families. However, staff also reported the impact of delayed court proceedings and the inability of parents to have in-person and extended visits on permanency outcomes. In response, DHS used administrative orders to expedite reunifications for children ahead of their scheduled court date.

The biggest challenge for the Philadelphia County JPO during the pandemic remained completing contacts with youth on supervision and their families. The JPO was not able to obtain work cell phones or portable electronic devices to assist with virtual contacts; instead, youth and families received phone calls. Additional challenges included utilization of some of the juvenile justice system's community-based services such as the newly developed Community Intervention Center Evening Reporting Center (ERC) and the Aftercare ERC.

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 see a youth at home while working from 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. Additionally, this technology will allow for higher levels of proficiency and oversight beyond the pandemic affording the staff opportunities to connect with youth and families timelier. 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.

In response to the COVID-19 pandemic, the Office of Children and Families (OCF)-Prevention worked in close partnership with the School District of Philadelphia (SDP) to ensure families were supported with social and economic resources to sustain the household while maintaining student academic engagement.

Specifically, OCF-Prevention witnessed families who had lost jobs and their ability to maintain their household. Families' stress was further exacerbated by serving as their child/ren's lead educator amidst an extremely untraditional and unprecedented student learning environment.

With the support of the SDP and Truancy Case Managers, OCF-Prevention conducted many home visits to put eyes in the home to ensure stability. Connection to food, social services, and technical assistance related to internet access were activities that took center stage in supporting families early in the pandemic.

As the pandemic evolved, OCF experienced human capital shortages due to COVID-related leave and burnout while simultaneously experiencing an extraordinarily high demand for family and student services. The Prevention Division of OCF was creative in deploying existing personnel to ensure they had resources to prevent burnout while operationalizing a human capital recruitment plan during the pandemic.

- ❑ 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' top three successes for child welfare are:

1. Safely reducing the number of children and youth in placement: From June 2020 to June 2021, the number of children in dependent placement declined by 12%. Moreover, since June 2017, the total number of children in placement has declined by 1,772 children, which reflects a 29%% decrease. This positive indicator has occurred alongside the Department's strategic shifts in Front-end Operations (Hotline and Investigations) and Prevention Services, as well as an increased focus on permanency, which are associated with a reduction in the number of children in out-of-home placement.
2. Family Engagement Initiative (FEI) Phased Implementation: DHS continues to enhance programing and strengthen partnerships with stakeholders in efforts to further improve our success in reducing the need to place children. In FY2021-22, 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 FEI.

FEI is a statewide collaboration between the Administrative Office of Pennsylvania Courts and Child Welfare to enhance meaningful family involvement in the child welfare system (CWS). The premise is that meaningful family involvement increases the likelihood that children will safely remain in their homes or will be placed with kin if out of home placement is necessary. FEI represents a change or paradigm shift in Investigations and Case Management. The three major components of FEI are: 1) Enhanced Family Finding; 2) Crisis/ Rapid Response Family Meetings; and 3) Enhanced Legal Representation. DHS will work to extend elements of the FEI model for juvenile delinquent youth which include youth crossover population. FEI is also aligned with the goals of the Family First Prevention Service act with regard to preventing out of home placement and qualitative programming. DHS will be seeking financial support to expand

the FEI model across the system particularly at points of decision making for delinquent youth.

3. Eliminating Disproportionality in Out of Home Placements Task Force: Using the research and evidence, the Department collaborates with partner City agencies to design interventions focused on eliminating the disproportionate placements of African American children and youth in particular, due to allegations of neglect, juvenile justice contact as well as other socio-economic factors.

Last year, the Department in partnership with the University of Pennsylvania and Casey Family Programs, embarked upon a three phase Entry Rate and Disproportionality Study looking at how race and implicit bias contributed to out of home placement. Three Phases:

- Phase One – Set of Quantitative Analyses of select entry cohorts of children reported to DHS. Child Analysis; Front-End Diversion; and Neighborhood level Hotline Analysis.
- Phase Two – Qualitative analyses of interview data among staff and families known to DHS.
- Phase Three – National Scan of Best Practices

Next steps to this work include: City-Wide Poverty Alleviation; Training for Mandated, Supporters; Policy Assessments; Family First Prevention Services Act; Ongoing Research; and a Cross Departmental Helpline.

4. Aligning prevention resources: DHS has been able to ensure services for families most at risk of child welfare involvement by directing Hotline referrals without existing safety threats, but with a high level of risk, to targeted Prevention programs. Prevention services are also now implemented during an investigation 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. Of all children screened out of formal DHS services by Hotline and investigation staff, only 8% were subsequently accepted for service two years after their initial report.

To prepare for the implementation of the Family First Prevention Services Act, DHS conducted program studies of the following diversionary prevention programs: Family Empowerment Services, Family Empowerment Centers, and Rapid Service Response. DHS found that families who received Family Empowerment Center services showed significant improvement in family functioning, as measured by the FAST assessment, after receipt of services. However, despite improvement, financial resources remained the most pressing concern among families per the FAST assessment. Rapid Service Response (RSR) services were associated with a reduced likelihood of being accepted for formal DHS services up to nine months after the families' Hotline Report, whereas the lighter touch case management services did not demonstrate any significant impact. This finding suggests that prevention services that address concrete needs, such as RSR, may be more effective than services with only light touch case management.

DHS is seeking financial support for another successful targeted Prevention program that addresses concrete needs, Rapid Rehousing for Reunification to help families

achieve timely permanency and prevent re-entry. 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. While there are slots for 20 families, Rapid Rehousing served 24 families over the last fiscal year. 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.

Finally, DHS continues to request additional investments to support truancy case management and Out-of-School Time services, both of which are in partnership with the School District of Philadelphia (SDP). The goal of these programs is to support school attendance in SDP-run schools. DHS and SDP have partnered on an analysis to establish baseline data for DHS youth who are in the district. Additional funding will be allocated to existing providers who have the highest number of DHS children and youth in their designated schools. The need for truancy support and Out-of-School Time programming will be heightened during the post-pandemic period to ensure children and youth remain engaged in school communities.

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

1. Safe and timely reunification or other permanency: DHS continues to face challenges in achieving safe, timely permanency for children and families. In order to address these challenges, DHS has elected to participate in the statewide Family Engagement initiative (FEI) sponsored by the Administrative Office of Pennsylvania Courts. The Family Engagement Initiative involves a partnership with Philadelphia Family Court to enhance meaningful 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 rather than in a congregate care facility. FEI implementation is underway with the projection of full implementation by December 2021. DHS is making adjustments to the practice as needed and continually assessing progress by using a multiple phase implementation approach.

So that the services to achieve safe and timely reunification are relevant to families' lived experiences, DHS is seeking funding for the development of a Parent Advisory Council as well as a Youth Advisory Council empowering persons with lived experience to provide feedback and guidance on policy development, practice implementation, program monitoring and evaluation. These advisory boards will not be limited to FEI but instead will be sustained and supported as subject matter experts to guide child welfare practices across the system. 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 lived experiences and perspectives.

2. Building an array of programs to further decrease use of congregate care: Although DHS has been successful in reducing the use of congregate care, in order to extend safe reduction of congregate care use to children and youth with complex needs, DHS must build and enhance an array of services and linkage opportunities that support the needs

of these 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. DHS has already invested in planning for this model and anticipates implementation in the first quarter of calendar year 2022. Additionally, the model will be extended to juvenile delinquent youth and supplement support for emergency placements, as appropriate. Additionally, DHS is moving forward with creating a Behavioral Health Assessment Unit 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. The following EBPs have been identified and are aligned with goals and expectations of Family First Prevention Service act: Effective Black Parenting, Healthy Families of America, Motivational interviewing. The program, Parent Child Interaction (PIC), is also being considered.

3. Improving older youth services: Each year approximately 250-300 older youth age out of placement without a permanent family resource; for FY2020-21, of the 310 youth aging out, 172 youth have a permanent residence, 139 youth have a source of income support, and 194 youth have a life connection. We have made some progress in this area; however, we must do more to eradicate older youth homelessness and family disengagement. 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 moving forward with posting to fill the position of Older Youth Services Director, as well as building greater capacity, 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 age 21 to age 24 in an effort to provide critical stable housing supports during the young adult years. This would expand eligibility to approximately 2,500 additional youth. Finally, DHS continues to request additional funding for Work Ready slots and associated supports to facilitate successful applications 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 roughly 20,000 applications for 8,000 funded slots, though the majority of youth did not complete the application process and were thus ineligible to participate. Funding is needed to both increase the number of opportunities for young people and to increase the supports offered to ensure youth are able to complete the necessary steps to participate.

- ❑ 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 2021-22 and 2022-23.

In the FY21 Annual State Evaluation (ASE), the Department of Human Services, Southeast Regional Office of Children, Youth, and Families randomly selected and reviewed 30 cases and 252 personnel records. Only seven citations were issued for missing or late documents, and DHS' full license was renewed. Recommendations from the ASE included the establishment of a process to better monitor the completion of required trainings for all staff within the Community Umbrella Agencies.

Due to COVID-19 restrictions, the CFSR that was scheduled for August 2020 was postponed to August 2021. However, findings from the 2019 CFSR suggested that DHS prioritize work in four key areas: Workforce (e.g., reducing caseload sizes, revising supervisory training series, reducing paperwork); Engagement (e.g., Family Engagement Initiative); Investigations and Assessments (e.g., revising GPS thresholds and improved safety and risk assessments); Planning and Monitoring (e.g., providing enhanced technical assistance related to permanency and revising complex case review processes).

Due to COVID-19 restrictions, DHS did not conduct a QSR during FY21. As COVID-19 restrictions are lifted, DHS plans to align future QSRs with the ASE.

Given the reality of systemic disproportionality, DHS continues to be actively involved in a research project with the University of Pennsylvania. The purpose of this project is to use data to understand how disproportionality is manifested within DHS as well as research best practices to address disproportionality and disparity.

As detailed throughout this document and most particularly 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. The Family Team Conference staff has been reconfigured to support the Crisis Rapid Response Family Meeting component of Philadelphia DHS' implementation of the Family Engagement Initiative. 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. 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 calendar year 2020/21, 2,512 YLS assessments were completed. Forty-nine percent (49%) of the juvenile population was found to be at a low level of risk to reoffend, 42% at a moderate risk to reoffend, 9% at a high risk to reoffend and less than 1% were at a very high risk to reoffend. This has allowed the system to become less reliant on congregate care & secure detention by directing those low and moderate risk youth to less restrictive forms of remandment e.g. community-based options.

The Case Plan and Graduated Response Approach functions on the idea that receiving incentives along with interventions will have a positive impact on a youth's length of probation supervision. In 2020, the Graduated Response was implemented in all the court rooms. The JPO focused on completing case plans with youth virtually and on the phone. Many youth completed short and long-term goals that assisted in their successful discharge of probation supervision.

2. Reduction in delinquent residential placements: There has been a 69% reduction in the number of youth in delinquent residential placement within the last four years. Approximately 250 youth were discharged from delinquent congregate care during FY21. For calendar year 2020, 43% of youth received a successful discharge and 9% received a neutral discharge.

Community-based options are an important factor in the Philadelphia County's lessening reliance on residential placements. In August 2020, the Aftercare Evening Reporting Center (ERC) became operational; it supports high-risk youth returning from residential placements. The Aftercare ERC has served 44 youth since its opening while on a hybrid schedule; 3-days in-person and 2-days virtual. In addition, the Community Intervention Center ERC also became operational in August of 2020. This program is a prescriptive intervention that was developed for youth on deferred adjudication status that are on the cusp of adjudication for probationary non-compliance. This program has served 29-youth while on hybrid schedule; 3-days in-person and 2-days virtual. Having these additional community-based options has increased the opportunities for youth to also participate in DHS-DJJS' Community Service and Restitution program. The JPO monitored through community service agencies the completion of 7,995 hours of community service and restitution. Overall, the JPO and DHS-DJJS are continually improving the quality of community-based programming.

Additionally, DHS is making an investment in enhancing the service continuum with primary prevention service through the creation of Community Evening Activity Centers for youth who have violated curfew. DHS is planning for three community-based sites to be established in FY 2022 and three additional sites in FY 2023. The centers are being strategically located in the city and the purpose of this intervention is to provide opportunities of Positive Youth Development (PYD) activities and prevent youth from entering and the Juvenile Justice System.

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 calendar year 2020, 322 youth were diverted to Intensive Prevention Services through the School Police Diversion Program. Although the number of youth diverted through the School Police Diversion Program for

the 2020-21 school year are not yet available, it is anticipated that these numbers will be quite low as most Philadelphia School District high school students were fully remote during the past school year. A new IPS location will be established by September 2021. This site will serve the Southwest Philadelphia area. This location will fill a void for community based and serve as another resource for the aforementioned School Police Diversion Program. In addition, this resource will also serve as a preventative program to offset juvenile gun violence in this Gun Violence Initiative (GVI) pinpoint area.

The top three challenges for the Philadelphia Juvenile Justice system are:

1. Continue safe decline of youth in placement: Juvenile Probation and DHS's Division of Juvenile Justice Services (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. Gun violence mitigation has proven to be challenging, given the dearth of appropriate and targeted gun violence community-based resources. As a result of the prolific rise in gun violence in Philadelphia a new model of preventative community-based gun violence mitigation resources must be developed to meet this challenge. DHS is making further investments in primary prevention programming. This includes city-wide departmental collaboration for the Community Evening Reporting Centers. DHS is seeking additional funding from PA DHS to help with research, planning, and evidence-based program implementation to address the increase in youth gun violence in the city of Philadelphia. DHS-DJJS and the JPO are conducting on-going discussions concerning the development of evidence-based gun violence mitigation models and other potential preventative resources to employ in the community. As of the writing of this narrative, there has been more than 1,000 shooting victims reported so far this year (many of them are youth and young adults) and city data now shows more than 10,000 people were wounded or killed by gunfire since January 1, 2015.
2. Improving services through monitoring, accountability, and utilization: DJJS is striving for a greater capacity to ensure services are evidence-based and have the requisite efficacy. An increased monitoring capacity for DJJS is necessary to adequately provide programmatic oversight, thus ensuring the quality of the services to JJS youth. Historically, this has been a struggle for DJJS. DJJS works collaboratively with the Philadelphia Juvenile Probation Office (JPO) to provide consistent practice that aligns the needs of delinquent youth with quality programming to promote timely discharge from the juvenile justice system. DJJS requires greater capacity to collect and analyze data across departments in order to modify interventions and match youth to appropriate programs. DJJS has successfully established a Memorandum of Understanding with Philadelphia Probation, Juvenile courts and other stakeholder permitting the sharing of data. This will be helpful in effective service linkage and coordination. DJJS will need additional funding to support the work in making data informed decisions to reduce the delinquent youth population and to enhance programming. Additionally, despite JPO and DJJS' efforts, there are a number of prevention diversionary programs that are underutilized. Some of the underutilizations is due to the COVID-19 pandemic however lack of data collection, coordination, and messaging are also contributors. More work is needed on the area of data analysis and community-based service linkages to prevent youth from entering and/or penetrating the juvenile delinquent system.

3. Supporting innovative staff recruitment and retention: Recruitment and retention of staff at the Philadelphia Juvenile Justice Services Center (PJJSC) 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 innovative approaches to staff recruitment and retention i.e. Behavioral based interviews and new hires mentoring program. We are asking for additional support to create a targeted approach to ensure adequate staffing levels at the Center. DJJS has established a task force charged with assessing the Department's onboarding processes and making recommendations for improvement. Special emphasis is placed on recruiting the best candidates and providing supports to promote retention. DJJS is experiencing a significantly high rate of employee turnover, this is particularly true with direct line staff i.e. Detention Youth Counselors. The turnover rate is compounded by the number of staff who are injured on duty that results in having staff on extended medical leave. Evidence Based recruitment and retention strategies are needed, not only, to help with enhancing staffing capacity but to offer professional development opportunities to help with maintaining safe practice for residents and staff.

- ❑ 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 2021-22 and 2022-23.

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 FY2020-21 Needs Based Plan and Budget and will be requesting similar funding for FY2022-23 now that the entire Juvenile Probation Office staff has been trained on Graduated Response and it is being implemented in all court rooms.

In alignment with stage three of JJSES, Philadelphia County sent four (4) staff to be trained by the Evidence Based Prevention and Intervention Support (EPIS) at the beginning of 2020 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 staff will be conducting SPEPs through FY 2021-22 and on an ongoing basis.

The Department of Human Services 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's 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 developed in early 2020. In 2020 the CIC was able to provide services to 29 youth. The AERC was able to provide services to 44 youth respectively. 4) 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. Three Hundred and twenty-two (322) youth were diverted by the School Police Diversion Program in 2020. DHS and the JPO will be hiring a full-time coordinator for the Juvenile Detention Alternatives Initiative (JDAI) work in the summer of 2021. The JDAI role and expanded capacity in this area is paramount in understanding the data and using it to inform decisions. As DHS-DJJS works to extend evidence-based practices and further reduce the congregate care population data specific to the fidelity of the DRAI; profile of youth; program efficacy and recidivism are critical in resource allocation and youth placement. DHS-DJJS needs to build greater capacity and expertise in this area and would benefit from a team of subject matter experts to work in conjunction with the JDAI.

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. An IPS Request for Proposal (RFP) has been developed and put forth for the Southwest Philadelphia corridor. A provider was selected to establish a footprint in Southwest Philadelphia where there is minimum to no coverage for IPS services. It is currently served by the Bridge who currently covers all West Philadelphia. By establishing IPS in SW Philadelphia we will undergird and collaborate with the Philadelphia Gun Violence Initiative (GVI), a city initiative to combat gun violence. The requisite desired outcome is two-fold, first, give DHS-DJJS' ability to be able to take advantage of the GVI's data collection in this targeted area and it's analysis regarding youth gun violence and secondly, prevent formal penetration of youth ages 13-18 into the delinquent system. While, preventing and reducing juvenile arrest and recidivism in this specific corridor. This expansion is budgeted at \$789,104 with a targeted anticipated start date of September 1, 2021. In addition, in FY2021 DHS-DJJS' Community Service and Restitution program has entered into a strategic partnership with the Office of Policy and Strategic Initiatives for Criminal Justice and Public Safety under the umbrella of the City's Gun Violence Initiative (GVI) to assist in the mitigation of gun violence by way of youth engaging in City-wide clean-ups in GVI pin-point areas inclusive of SW Philadelphia that has been identified by the Philadelphia Police Department.

DHS 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 Pre and Post-adjudicatory Evening Reporting Centers an additional twenty (20) slots each.
- 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 community-based Gun violence prevention program(s) for youth ages 13-18 in the amount of \$100,000 to insert evidence-based programming into the eight (8) IPS programs.
- Funding to assist with supplemental evidenced based and community-based programs that target juvenile offenders of violent crimes and/or gun violence. Programs will be preventive as well as court stipulated and include intensive case management.
- Funding to assist with the development of Community Evening Reporting Centers that will enhance the service continuum with primary prevention programming.
- Funding to support greater capacity to collect, analyze and use data to customize program and interventions that promote qualitative services and timely youth discharges.
- 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.
- Funding is required in the amount of (\$210,000) to support the dedicated Restitution Fund that supports youth and offers an opportunity for them 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. In addition, in FY2021 the Community Service and Restitution initiative has entered into a strategic partnership with the Office of Policy and Strategic Initiatives for Criminal Justice and Public Safety under the umbrella of the City's Gun Violence Initiative (GVI) to assist in the mitigation of gun violence by way of youth engaging in City-wide clean-ups in GVI pin-point areas that have been identified by the Philadelphia Police Department.
 - In FY2018/19, there were 10,426 workhours completed in community service in, earning \$104,264.21 toward restitution. FY2019-20 Community Service and Restitution numbers were skewed significantly due to the onset and on-going of COVID-19 beginning in the third quarter of FY 2020. We anticipated the numbers would continue to be skewed in FY20-2021. All community service activities were halted in the fourth quarter of FY2019-20 and no youth credits were earned towards restitution since March 18, 2020. However, in September 2020 virtual and hybrid community service began. In FY2021 this only constituted 25% of the manhours and revenue earned from FY2018/19 & 20 respectively.
- Funding for a JDAI coordinator and two data analysts. There is still a need for a full-time JDAI Coordinator as one was hired for FY2021 but only part-time from March 2021 through August 2021. We continue to have a need for a data analyst as our current analyst is on loan from DHS' IT department.
- Funding for GPS units this is representative of a fifteen percent (15%) increase or \$193,242.05. There were 1,786 youth monitored in 2020. However, 1,001 of those youth were placed at a per diem rate of \$7.15 as an alternative to secure detention. Thus realizing a \$9,378,519.15 savings of secure juvenile detention costs.
- Funding for 150 portable electronic devices.
 - Philadelphia DHS 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 since the COVID-19 pandemic as per the CDC will likely morph into what is known as an endemic disease. To adequately combat the various strains of COVID-19 booster vaccines are currently in development. This suggests that the projected endemic will have the same or similar

paralyzing effect on the JPO's ability to complete their work as the initial pandemic itself.

- Inclusive of funding for licenses to obtain virtual meeting platform applications.
- Funding in the amount of \$100,000 which represents a 40% expansion of an existing anger management program (A Better Way) to assist in combating gun violence in Philadelphia. This program would be co-located in the existing IPS programs inclusive of the newly expanded SW Philadelphia location.
- Funding in the amount of \$100,000 for expanded engagement with JPO regarding Shared Case Responsibility youth impacted by this provision and creating alternate placement i.e. delinquent resource homes. Our rationale is to improve on quality and continuity of services across our service continuum, maintain compliance with FFPSA guidelines, promote family engagement at every system entry point, and reduce the population of youth in out-of-home care.
- Funding to expand FEI elements of practice to support juvenile delinquent youth by enhancing and supporting connection with kin and preventing penetration of the delinquent system. This support will also supplement resources to promote reduction of congregate care.

➡ **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 2-4: 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).

The Department continues to hold Monthly Child Welfare Operations (CWO) Collaborative meetings, which includes both DHS and Community Umbrella Agency (CUA) operations. The purpose is to 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, all with consistent messaging. 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 were held virtually and will continue in that same format.

DHS, through its Division of Performance Management and Technology (PMT), has in place several 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.

The Quality Parenting Initiative (QPI) brings together resource parents, youth, biological parents, CUAs, provider agencies, attorneys, and staff across several DHS divisions and is an integral part of the Department's broader efforts to strengthen the foster care system and retain resource parents. DHS continues to place a great emphasis on QPI, as our quarterly meetings have continued throughout the pandemic. However, we took some time to be strategic about how we would move the mission and work of QPI forward through virtual platforms. We aim to present relevant and high-level resources to our resource parent partners and child welfare staff during our quarterly meetings. At present, QPI's internal workgroups (Communication and info-sharing, Training, and Building Relationships) are pressing forward with projects aimed at filling the gaps in our current child-welfare services delivery, connecting Resource & Bio Parents, enhancing resource parent training system-wide, and of course, elevating the integral voices of our resource parent partners. Finally, QPI is exploring the QPI Champions Program, which would ensure meaningful participation from each of our CUA agencies to amplify the work we are doing within our system.

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. 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 participated in the Youth Residential Taskforce and now are implementing recommendations. The Taskforce consisted of a group of stakeholders including advocates, City government partners and City Council with the charge to conduct a system wide assessment of congregate care placement service type to determine quality of care youth, cross system collaboration, educational programming, and overall effectiveness in supporting positive outcomes for youth. The work of the Taskforce has been completed and efforts have culminated with the creation of a system enhancement report that includes

cross system recommendations. An implementation subgroup consisting of representation of DHS, CBH, DBHIDS, Philadelphia School District and Managing Director Office have continued the work of the Taskforce and are actively implementing viable recommendations. An annual report on system's progress is currently pending and will be made public after final approvals.

As standard practice for the past three years, in preparation for the Needs Based Plan and Budget, DHS Executives met with advocates from the Defenders Association, 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 Division of Juvenile Justice Services (DJJS) 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. In preparation for the Needs Based Plan Budget, DHS engaged in planning discussions with internal and external stakeholders to determine needs of youth, identify best practices and gaps in services. Stakeholders included but not limited to the following: Juvenile Probation, District Attorney's office, Community Legal services, Defender Association, Support Center for Child Advocates, and Community Umbrella Agency leadership.

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-DJJS leadership team will reconvene bi-weekly Youth Review Meetings 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 and Child Welfare Operations (CWO of DHS) with viable strategies to move youth who have high end needs from secure detention at the Philadelphia Juvenile Justice Services Center (PJJSC). The goal is to target specific populations, such as cross-over youth; youth with severe mental and behavioral health needs; and older youth with high rates of recidivism. Historically, there has been limited resources to support these populations and promote comprehensive case planning.

Additionally, DHS-DJJS participates in the citywide collaborative work group facilitated by the Philadelphia office of Policy and Strategic Initiative for Criminal Justice and Public Safety. The work of this group is centered on identifying gaps in services for crime prevention and leveraging resources to reduce crime, particularly gun violence in the city.

DHS 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 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 Office 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, DHS 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. As of Thursday, July 20, 2021 the total number of youth tested is 1,757 residents, with 68 positives. This equates to a 3.9% positivity rate within this population. This is far below CDC recommended rate nationally. Additionally, we are awaiting the results for four new admissions and three re-tests. These plans have continued to evolve and are updated as new issues and information arise.

- ❑ 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. Additionally, DHS engaged providers in discussion soliciting feedback and provided opportunities for technical assistance in preparation for the Family First Prevention Service Act implementation. For the upcoming fiscal year, the Department will continue to have meetings with CUA and contracted providers to promote a further integrated child welfare system.

DHS University, in collaboration with the Office of Children and Families (OCF)-Performance Management and Technology (PMT), continues to participate in quarterly provider convenings for Congregate Care & Foster Care Providers and receives feedback on competency, practice and training needs of providers.

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 Office, the Office of Policy and Strategic Initiatives for Criminal Justice and Public Safety, 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.

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

1. Bi-weekly and/or monthly meetings to discuss progress toward negotiated goals, issues related to service delivery, and discussions around trends or factors that may influence the need for expansion.
 2. Contracted service providers are required to engage their clients to ensure satisfaction, identify service gaps, and ensure that services are meeting the needs of the communities.
- ❑ 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 routinely meet with DHS leadership from DJJS to assess needs related to youth in the delinquent system, monitor population census at the PJJSC, and identify strategies to secure alternative placement options for youth. These needs are articulated in the Program Improvement Strategy Section under Outcome #1 and #3. Finally, the Commissioner and some senior members of her leadership team routinely meet with the Courts regarding the Family Engagement Initiative implementation.

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 (PSC). 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. There is a daily morning meeting where cases are referred for Forensic Interviewing, medical and/or victim services, etc. Case review occurs monthly. PCA will facilitate regular Program Committee meetings to review the operations at PSC, to develop and revise protocols, improve MDT functioning, and address systems issues. All involved agencies agree to designate supervisory level professionals to participate in Program Committee and to attend meetings.

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 recognize that families of color are disproportionately represented 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 were either Black or Hispanic, whereas 94% of youth receiving delinquent services were either Black or Hispanic.¹ Black children are moved in placement more frequently and have 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 analyzed factors describing children reported to the Hotline during the first three quarters of calendar year 2018. Of the 29,500 children in the study, 93% were diverted; 5% received an in-home service only; 2% entered placement. Children of color were over-represented among all reports to the DHS Hotline. Specifically, 66% of children reported to DHS were Black, whereas only 42% of Philadelphia's population of children were Black. Once reported to the Hotline, this disproportionality did not substantially change at key decision points for the child's first

¹ Data obtained from Dependent Children Demographics Report and Delinquent Children Demographics Report, both run on July 7, 2021.

service, such as the decision to pursue out-of-home placement. Key findings also indicate that most cases across all service types had reports and allegations related to neglect; nearly four in five Hotline reports were General Protective Service (GPS) reports, highlighting the prevalence of neglect-related concerns and effects of poverty in our system.

During FY21, the University of Pennsylvania began the second phase of the study which included roughly 400 surveys and over 100 interviews with caseworkers, families of origin, and resource parents. Although data collection is currently wrapping up and analyses are not yet fully complete, findings from this large-scale effort to better understand and incorporate stakeholder voice in system improvement will be used to inform strategic efforts to reduce disproportionate child welfare involvement among children of color. In particular, DHS will incorporate emerging themes from caregiver interviews related to contributors to out-of-home placement, such as racism, poverty, unemployment, and chronic health issues, as well as strengths that could contribute to positive change, such as community human resources and new city resources or services. Building on the insights gleaned from families in this study, DHS will seek to mitigate systemic issues that hinder family well-being and to build on what is working well.

In response to these emerging findings, DHS developed a City-wide Cross-Agency Disproportionality Workgroup, whose purpose is as follows: “Using the research and evidence, our goal is to pull resources together with partner City agencies to design bold, collaborative interventions focused on preventing out of home placement, specifically for African-American children and youth, due to neglect allegations, juvenile justice contact, and/or socio-economic factors.” The Workgroup has representatives from the City’s Health & Human Services Cluster (Housing, Behavioral Health, Public Health, Economic Opportunities), the School District of Philadelphia, and the Children’s Hospital of Philadelphia. The key strategies of the workgroup are to better address poverty and resource needs through a Support Line, modify mandated reporter training to address implicit bias and better train reporters to distinguish between safety and poverty, assess and change policies that may contribute to disproportionate child welfare involvement, and leverage federal funding through the Family First Prevention Services Act for more robust prevention services.

Philadelphia County’s strengths in meeting the needs of children, youth, and families include the resources and practices below:

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 (Case Assigners and Field Screen units) were also created to implement safe diversion at the point of initial intake. Since these initiatives began, there has been improved screening of referrals and more efficient report assignment. The data show that since the restructure, there have been fewer reports accepted for investigation and more families safely diverted to Prevention. Specifically, in FY2020-21, 45% of referrals were accepted for investigation compared to 64% in FY2016-17. Hotline has screened out more than half of reports received in every full fiscal year since the restructure. 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 (i.e. Rapid Service Response, Family Empowerment Services, CAPTA) 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 are accessed to work with the family 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 since this practice has been implemented, there have been fewer cases accepted for services and more families safely diverted to Prevention services. Specifically, in FY2020-21, 11% of cases investigated were accepted for service compared to 17% in FY2016-17. Of cases screened out by Hotline and investigation staff, fewer than one in ten were accepted for service up to two years later. Added benefits have also included lower caseloads for ongoing Case Management.

Rapid Permanency Review

In 2016, 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. Philadelphia RPRs identify where children and youth experience delays in permanency and seek to address these obstacles. The goal is to promote a smoother, quicker path to a safe and permanent home for all of Philadelphia's children and youth in out of home care.

The most recent RPR process was completed in 2020. There were 1,290 children identified as eligible for the RPR, and 795 of those children still remain in placement and are being tracked for targeted permanency efforts as of July 1, 2021. Of the 795 children still in placement, 44% had the goal of reunification (n=348), 40% had the goal of adoption (n=320), and 16% had the goal of Permanent Legal Custody (PLC) (n=127). With regard to reunification, the largest age group included children ages 0 to 5 (33%), while the largest age group for children with the goal of adoption was 6 to 9 years olds (36%). Contrastingly, youth ages 14 to 17 made up the largest age group for those with the goal of PLC (41%).

The three most common barriers to reunification were: parent not participating in the services, the lack of or concern about housing, and unaddressed safety concerns. Related to adoption, the most common barriers identified included: missing or expired documentation, placement disruption, and incomplete family or child profile over 6 months. Lastly, with regards to PLC, the three most common barriers were: missing or expired documentation, child not in agreement with the goal, and family profile incomplete over 6 months. These findings support the need for improved family engagement strategies, concrete resources, and more targeted permanency supports and resources for children, youth, and families.

Rapid Permanency Reviews (RPRs) has transitioned from project management oversight by DHS University (DHSU) to a sustainability plan whereby it will be embedded

into the infrastructures of our Child Welfare Operations as a method to look at barriers to permanency and identify strategies that will address bottlenecks within practice.

DHSU will continue support and provide technical assistance of RPR as it relates to gaps in practice, while maintaining the fidelity of the RPR model.

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 2016-17 to FY 2020-21, there was a 69% decrease in the number of youth receiving dependent residential services (e.g., institution-level) and a 52% decrease in the number of youth placed in dependent community residential settings (e.g., group home level). Further, Philadelphia remains well below the state (13%) and national averages (10.3%) with just 7.5% of children and youth in out-of-home placement residing in congregate care settings.

With the implementation of FEI, the Department has put measure in place where meaningful family involvement can occur, which we hope will increase the likelihood of children remaining in their own homes or will be placed with family or kin if out-of-home placement is necessary.

The Department upon its rollout of the Family First Prevention Services Act, looks to incorporate nationally recognized Evidenced Based Programs to be used in the home environment to help promote and encourage understanding and healing where out-of-home placement is not used as a solution as well as timely reunification and other permanency.

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 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.

Notwithstanding DHS-DJJS and JPO's success in reducing congregate care and offering diversionary programming, disproportionality remains a critical problem. DHS, in collaboration with University of Penn and other local stakeholders, will conduct a further study and analysis of youth specifically in the juvenile delinquent system to understand the pervasiveness of disproportionality regarding ethno-racial and sexual orientation disparities. DHS-DJJS will need support to sustain this work and create interventions to address disparate outcomes for youth concerning arrests, court dispositions, length of placement, and quality of treatment.

The Office of Children and Families (OCF)-Prevention services include:

- Truancy Support services.
- Out-of-School Time programming.
- Youth Employment services.
- Education Support programming.

OCF routinely analyzes data to identify the needs of its population. Reviewed data includes population density, levels of poverty, areas of need, and overall socio-economic status. OCF works closely with the School District of Philadelphia (SDP) to determine schools that need the most support. Once schools are identified and agreed upon, resources are aligned.

This process is conducted annually. The strength of this process is determined by ensuring equitable services within schools with the most need. By assessing the needs of families and students in high-need schools, OCF and SDP can address social-health and economic determinants affecting our populations.

- ☐ 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.

Transfer of Learning and Technical Assistance

The Department's DHS University supports strong case management skill through brown bag sessions, trainings, and case consultation.

Family Team Conferencing revision

DHS has revised the Family Team Conferencing policy and procedures to clarify roles between CUA CM, DHS Investigations 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; develop objectives that are targeted to mitigating the issues that led to placement, or quickly achieving permanency; and hold families accountable for meeting objectives.

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 further decrease in congregate care

As DHS continues to reduce the number of youth in congregate care, those who are placed in these settings 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 moving forward in FY 2022 with meeting with the city Office of Human Resources regarding city-wide posting for positions. The target date for posting the positions is January 1, 2022. This unit will 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. Additionally, 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. 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 will fill the position of **Older Youth Services Director** to lead and coordinate our practice focus on pursuing permanency and sustained independence for older youth.

To support the efforts of the Older Youth Services Director, DHS is requesting funding to fill **Older Youth Liaison positions at DHS to support the Community Umbrella Agencies (CUA).**

- The Liaisons would work in collaboration with the Older Youth Services Director and be charged with supporting CUA case managers as they plan for older youth permanency and independence.
- Liaisons would provide on-site support and expertise related to the core areas of best practices for older youth including engagement and information about available resources.
- Liaisons will monitor the case management activities to ensure that all older youth are receiving a standard, equitable level of planning and resource connections, both at the case management and DHS-contracted provider agency level.

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.

Services to support youth with emergency mental health needs:

The Department's Community Umbrella Agencies revealed, in preparation for this year's Needs Based Plan and Budget submission, they considered the greatest unmet service need to be the inability to make an emergency appointment for children and youth with mental health needs.

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 during FY21. During the past fiscal year, the Juvenile Justice Services data analysis staff completed a number of important projects that have provided useful information to City systems. These projects include the 24th Precinct Mapping Project, the Evening Reporting Center Monthly Report, and a Memorandum of Understanding to share data between DHS and Juvenile Probation. This analyst is also overseeing a number of projects that are in process, including a Juvenile Justice Community Program Evaluation, GPS Data Analysis Project, and State Detention Facilities Visit Report.

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, an RFP is awaiting final approval for release to acquire a potential provider to serve as the IPS Provider for the Southwest Philadelphia corridor. The IPS Provider that serves West Philadelphia is currently attempting to also cover the SouthWest Philadelphia corridor without much success. Once an established IPS provider is contracted and dedicated to the SW Philadelphia corridor. The requisite desired outcome is two-fold, first DHS-DJJS' ability to be able to take advantage of the GVI's data collection and analysis regarding youth gun violence and secondly, prevent formal penetration of youth ages 13-18 into the delinquent system. While, preventing and reducing juvenile arrest and recidivism in this specific corridor. This expansion is under an approved budget of \$789,104 with a targeted anticipated start date of September 1, 2021.

As of December 21, 2021 (FY 2021-22), the Juvenile Justice Reform Act of 2018/Juvenile Justice and Delinquency Prevention Act will require that youth who are being charged as adults no longer be held in adult jails. DHS has begun to discuss internally and with the JPO, the DA's Office-(Juvenile Unit), and the Courts as to how this change can be implemented. This is a fluid and ever evolving situation with continued discussions schedule at the end FY2021 (June 2021) through early FY2022 (July 2021) respectively. Currently, the Department is exploring additional resources which would allow us to reduce the current population at the Philadelphia Juvenile Justice Services Center (PJJSC). A reduced population at the PJJSC would allow the youth charged as adults to reside at the PJJSC without being in contact with youth alleged to be delinquent/non-adjudicated or already adjudicated delinquent. Some of the resources to maintain a lower census at the PJJSC that are being considered or are underway, include re-establishing community-based detention services (CBDS) which is in the process of coming on-line with an anticipated start date of September 1, 2021 as a

15 bed male CBDS. Another strategy is developing other community-based resources as alternatives to detention, such as expanding the Pre-ERC to 20 slots; inclusive of male and female. These approaches are in-line with the Department's Juvenile Detention Alternative Initiative (JDAI). To support these needs, DHS is requesting funding to support the establishment of CBDS, the expansion of both the Pre and Post ERC programming and funding for evidenced-based programming to be delivered at the PJJSC for the residents we will receive with longer lengths of stay and high-end needs as related to the Juvenile Reform Act of 2018 that goes into effect December 1, 2021. Additionally, DHS-DJJS will need funding to obtain specialized training for staff. The youth who will potentially transfer to the PJJSC are being charged with violent and extremely aggressive acts. They will require a different level of engagement that is beyond the skill set of DJJS's current staff. That effective date of December 1, 2021 for the Juvenile Reform Act is a \$18,000 per day increase at the PJJSC in order to absorb an estimated (30) high-end needs youth population that were once under the purview of the County's adult prison system.

OCF has not identified any challenges. The partnership between OCF and the School District of Philadelphia is strong and has proven that systems that have been aligned in recent years have supported continuous planning and collaboratively identifying service needs.

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 was not impacted by the new rules that took effect on January 2020. The City of Philadelphia's Office of Human Resources reviewed all position titles below the new threshold, and they are categorized correctly as FLSA covered. In addition, many of the FLSA exempt titles above the threshold receive OT up to a certain pay range under the Civil Service regulations. Beyond that designated range, they may receive compensatory time as a public employer. Overtime is managed by each division head based on budgetary constraints.

- ☐ 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 2022-23 because of the new rule(s).

The City's living wage is \$13.75. No contract is approved if a salary is listed below that amount. For congregate care providers, the per diem rates include \$18 per hour for front line staff.

- ☞ 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.

1-3f. Continuous Quality Improvement (CQI)

For new CCYAs interested in joining the CQI effort during calendar year 2022, 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 currently a CQI county.

- ❑ What is the tentative month the CCYA would be interested in conducting a QSR in 2022 if approved to join the CQI effort? Please note if you are interested in in-person or virtual reviews.

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 currently a 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. Please note if you are interested in in-person or virtual reviews.

Philadelphia DHS had tentatively planned to have a QSR in November or December of calendar year 2020 in alignment with the annual licensing inspection. Philadelphia DHS is postponing the QSR until FY2021-22 due to COVID-19.

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.

Currently, the Safety Assessment Worksheet and Pennsylvania Risk Assessment are currently the primary tools utilized by Philadelphia DHS Social Work Service Managers (SWSM) to determine whether children and youth are at imminent risk of placement in foster care absent effective preventative services. 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 and the PA Risk Assessment tool to determine the level of risk of future abuse or neglect. The SWSM makes a decision based on an analysis of safety and risk indicators outlined in the tools. Findings are discussed with and reviewed by the SWSM's supervisor before rendering a final decision. 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. The SWSM documents the analysis process and safety and risk decisions on the tools. The process and outcome are also documented in a case-specific structured progress note, investigations disposition summary, and referral for prevention or in-home CUA services.

Upon DHS' implementation of the Family First Prevention Services Act, DHS will incorporate nationally-recognized Evidenced Based Programs to be used to help promote positive outcomes for children and encourage a greater understanding of protective

capacities for purposes of preventing out-of-home placements and promoting family stabilization.

- ❑ 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.

To determine the needs of the children, youth, and families being served by Philadelphia DHS, general case practice efforts are utilized. The assessment process consists of information gathered during safety and risk assessment, discussions with all family and household members, observations during home visits, and other forms of collateral contacts or assessments deemed necessary to make a comprehensive recommendation.

After the Accept for Service decision has been made, 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 continued to take strategic steps to prepare for the implementation of EBPs in response to the Family First Prevention Services Act (FFPSA). We continue to expand our work to study our mandated and non-mandate programs that exemplify quality service and improve outcomes for children and families receiving child welfare services.

With our continued partnership with Mathematica, our System Enhancement and Research & Data Analytics Units successfully engaged with internal and external stakeholders, including community-based service through our annual provider convening and targeted conversations.

Additionally, Philadelphia DHS will undertake a global provider readiness analysis to determine what implementation and infrastructure support our provider community requires to sustain and scale our EBP utilization strategy during the upcoming fiscal year.

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 & Evaluation Team to study programs that exemplify quality service and lead to improved outcomes for children and families receiving child welfare services. Mathematica has produced deliverables such as

conducting a number of trainings, producing an in-depth program description memo and logic models for our CUA in-home services and major diversionary prevention programs, producing a memo outlining reporting considerations for successful implementation, reviewing the Effective Black Parenting Program to allow the state to seek Family First reimbursement, and coaching and mentoring staff to use data to prepare for implementation. Looking forward to year three in FY22, DHS will continue the partnership with Mathematica through four key strategies. First, Mathematica will support DHS to use data and findings from FY21 to improve the current CUA in-home and diversionary prevention service array. Next Mathematica will provide coaching to core teams across DHS to provide support for evidence-based program implementation and evaluation. Third, Mathematica will support DHS in developing a data cleaning strategy to ensure the use of high- quality data. And fourth, Mathematica will continue providing training and capacity building across teams. These strategies will position DHS for successful implementation during FY22.

- ❑ 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 DHS' partnership with Mathematica, DHS has built a solid foundation for EBP monitoring in the coming year. During year one, DHS learned about system facilitators and barriers to EBP implementation, and in year two, DHS did a deep dive into better understanding the array of non-placement services and how DHS might best implement evidence-based practices with these populations. In year three, DHS will work collaboratively across teams to improve the current non-placement service array while implementing new evidence-based practices to improve outcomes for children and families with an eye toward reporting requirements and data quality and accuracy. The capacity-building that Mathematica has done with DHS positions the County to monitor EBP programs. Additionally, to support this new body of work, DHS is seeking funding for Implementation Science Teams to oversee and support EBP implementation.

To support the implementation of new EBP's, DHS is requesting funding to support the development of EBP Implementation Teams, each of which consist of people who support the implementation, sustainability, scale-up, and ongoing evaluation of EBPs so that they are implemented to fidelity and intended outcomes are realized. The proposed Implementation Team will also help to identify and address common barriers to family engagement with evidence-based practices.

To support the implementation of new EBPs in FY'22, DHS is seeking funding to make use of **Implementation Science Teams**, each of which consist of 3-5 people who support the implementation, sustainability, scale-up, and ongoing evaluation of EBPs so that they are implemented to fidelity and intended outcomes are realized. The National Implementation Research Network (NIRN; <https://nirn.fpg.unc.edu>) recommends that jurisdictions use Implementation Teams that are "actively involved on a daily basis with implementation efforts devoted to assuring the full and effective uses of the effective innovations." According to NIRN, the use of full-time Implementation Science Teams increases the degree to which jurisdictions adhere to the fidelity of a model and decrease the amount of time to adherence. Specifically, one study found that among sites that used Implementation Science Teams, 80% met criteria for fidelity compared to only 14% of sites who did not use Implementation Science Teams, and the time to fidelity was reduced from 7 years to 3.6

years among sites that used Implementation Science Teams (Fixsen, Blasé, Timbers, & Wolf, 2001).

- ❑ 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 in 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.

In the upcoming fiscal year, Philadelphia County anticipates support will be needed to address the costs of developing workforce and provider capacity for delivering Family Prevention Services that meet the evidence-based thresholds. Training for staff on foster care candidacy & prevention planning, and the need for prevention workers. Philadelphia-DHS will anticipate a need to evaluate necessary technical changes and costs associated with collecting data required for annual report by OCYF.

- ❑ 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.*

Based on current OCYF guidance, county staff will maintain the responsibility for determining who is a candidate for foster care. DHS has not yet considered alternative processes. Further internal discussion will depend on OCYF's final guidance regarding Title IV-E Prevention Services Innovation Zone Strategy.

Congregate care funding limitation

- ☐ Describe the CCYA's engagement with the courts and legal staff regarding this provision.

DHS and the Court are working to prepare for the implementation of FFPSA. 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 they will become a well-used part of the continuum of services. Additionally, DHS has made significant investments in the Family Engagement Initiative (FEI) implementation. The FEI model supports FFPSA through an emphasis on preventing out-of-home placements and expanding family supports and connections for youth. DHS is working, in conjunction with family court, to advance cross system training and collaboration to support successful implementation and system integration.

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

The 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 calendar year 2020, there were 154 youth involved in Crossover Court and of that number 130 or 84% were successfully discharged. Of the 130 successfully discharged, 106 or 69% 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.

DHS-DJJS will extend our analysis of our shared case responsibility data with the JPO to inform the understanding of who receives delinquent prevention services, which types of services are used most often, and how families have engaged with delinquent prevention services over time. Knowing the demographics and number of youth receiving delinquent prevention services in their home can help us make informed decisions about the types of evidence-based programming services to contract for and provide. Understanding the service needs and services currently available to our shared case management population will inform decisions, increase supports and improve their stabilization, and thus, further penetrating the Juvenile Justice System.

Additionally, through our Family First planning, we continue to further our understanding of how the implementation of services or programs in our delinquent service continuum understands, recognizes, and responds to the effects of all types of traumas and in accordance with recognized principles of a trauma-informed approach to address trauma's consequences and facilitate healing. Our continued rationale is to improve on quality and continuity of services across our service continuum, maintain compliance with FFPSA guidelines, promote family engagement at every system entry point, and reduce the population of youth in out-of-home care.

As we move forward, we identified a unique opportunity to expand the Family Engagement Initiative (FEI) framework into our delinquent prevention/diversion service continuum. DHS will use CWO's expertise in FEI implementation and leverage existing partnerships to expand the family engagement model to delinquent youth and to use the 24/72-hour Crisis Rapid Response Family Meetings, from the FEI model, for JJS youth as a vehicle to rapidly bring the youth's family and network to the table to discuss the emergent concern (i.e., youth being detained). Additionally, this will help to deepen the collaboration between DHS-JJS, JPO and delinquency courts.

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

DHS engaged the providers in an informational session regarding the specialized certification. The purposes of the meeting were to discuss the FFPSA requirements; solicit feedback from providers; provided technical assistance and to assess provider readiness for special certification.

- ❑ 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 to divert youth from congregate care. Prior to placement in any dependent congregate care facility, the Commissioner's designated 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 decrease the percentage of youth in congregate care from 22% in 2012 to 9% in 2019 and now just 7.5% in 2021.

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.

A central component of the Family Engagement Initiative (FEI) in Philadelphia is enhanced and aggressive family finding. The Law Department plays a crucial role in advocating in court that family resources be employed in the first instance to avoid placement in congregate or any other form of care and, in the second instance, in arguing that youth in congregate be discharged to appropriate family members. More generally, the Law

Department advocates in Court to aggressively promote the goal of reunification to discharge youth from congregate care back to their home of origin. If this is not possible, the Law Department advocates for children to move to a less restrictive form of care at the earliest possible moment. If agreements can be reached between court dates, administrative orders are pursued to effectuate reunification and/or placement in less restrictive settings.

- ☐ 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 June 30, 2021, 89% of youth in dependent placement live in a family-based setting. Of the youth in these family settings, 57% are placed with kin. As of June 30, 2021, just 104 youth were placed in delinquent congregate care placement, compared to over 600 four years ago. 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. As in last year's submission, 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 the 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 and build greater capacity for private and court appointed attorneys to ensure best practice in providing legal representation to vulnerable children and families. DHS is requesting additional funding to expand Community Legal Services involvement. In addition, DHS has is making a greater investment in the Multidisciplinary team model that supports families in family court through enhanced support in social work practices and peer advocacy. The Department will support expansion of the social worker-peer support/parent advocate to cases assigned by the court to independent

attorneys and legal offices. This model is designed to increase rates of permanency and extended family involvement.

1-3s. Assessing Complex Cases and Youth Waiting for Appropriate Placement

Please respond to the following questions regarding your county's local processes related to assessing service level needs for complex case children and youth:

- ☐ What is the cross-agency process developed in your county to support children and youth when the needs identified require the expertise of multiple systems? Please include information related identification of partner agencies who are a part of the county's integrated children's service planning team, the referral process and identification of team leads.

Philadelphia DHS utilizes Executive Reviews facilitated by Operations Directors and or Deputy Commissioners to convene multi-disciplinary parties together to review and discuss any barriers to placements. From this meeting actions steps are developed to include responsible parties and expected dates for completion. Additionally, the Central Referral Unit (CRU) has begun facilitating multi-disciplinary meetings which include the youth who when appropriate contributes vital information to support placement efforts. Partners that make-up our multi-disciplinary team include Nursing, Psychology, Education, CBH etc.

- ☐ How has the county have engaged systems outside of the county human services system, including for example the education and physical health systems, in this cross-agency planning process.

These partners are included in our multi-disciplinary teams and planning.

1-3u. Family Reunification Services

- ☐ What are the current services and activities provided to support family reunification efforts?

Efforts to support reunification include new case reviews that happen at all of our Community Umbrella Agencies to determine the needs based on the reason the family was accepted for service. There are specific actions steps that are provided at these reviews and monitored throughout the life of the case. Additionally for our existing cases we utilize Rapid Permanency Reviews and Administrative Agreements to aid us in identifying barriers to reunification and develop action steps as well as to identify those cases that are ready for finalization but may have a few task to complete and or need the agreement of all parties to reunify and close the case.

- ☐ What were the total costs of services and activities to provide family reunification services in SFY 2020-21?

The total costs for FY 2020-21 are \$3,179,289.

Section 2: General Indicators

2-1: County Fiscal Background

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

To be included with final submission.

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

To be included with final submission.

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

To be included with final submission.

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

Immediate Expansion of Diversionary Prevention Programming

Philadelphia DHS will integrate the evidence-based diversionary prevention program Effective Black Parenting (EBPP). EBPP provides direct intervention to the parents and caregivers of Black children and adolescents at risk of child maltreatment or placement outside the home. Philadelphia's DHS intends to implement this program to serve families with children (aged 0 to 18 years) who are involved with the following: in-home Community Umbrella Agency (CUA) services, the Prevention Parenting Diversionary Program, Older Pregnant & Parenting Youth in placement, Dependent/Delinquent Cross-Over youth, or youth with Adoption/PLC permanency disruption. EBPP is needed in Philadelphia to help address disparities in DHS reporting and involvement by supporting Black parents and strengthening Black families.

Philadelphia DHS seeks to expand the evidence-based diversionary prevention program Healthy Families of America (HFA). HFA is a home-visiting program designed to promote child well-being and prevent child maltreatment by supporting families facing trauma, intimate partner violence, mental health issues, and/or substance abuse. DHS considers the expansion of HFA to be crucial to addressing the overrepresentation of very young children failing to be diverted from DHS involvement and entering care. DHS intends to expand HFA to include families accepted for service who receive CUA in-home services. HFA can serve as a resource for city-wide entities developing Plans of Safe Care, which is an initiative to provide prevention services to mothers with substance-affected infants.

Future Expansion of Evidence Based Programming

Philadelphia DHS is requesting funding to support efforts to implement Motivational Interviewing to support our practice enhancement strategy. Philadelphia DHS has identified motivational interviewing as a case management tool to strength practice skills and competency of direct service staff in the follow areas: Engagement, Assessment, Intervention and Enhanced Family Resilience. As a central aspect of the practice model,

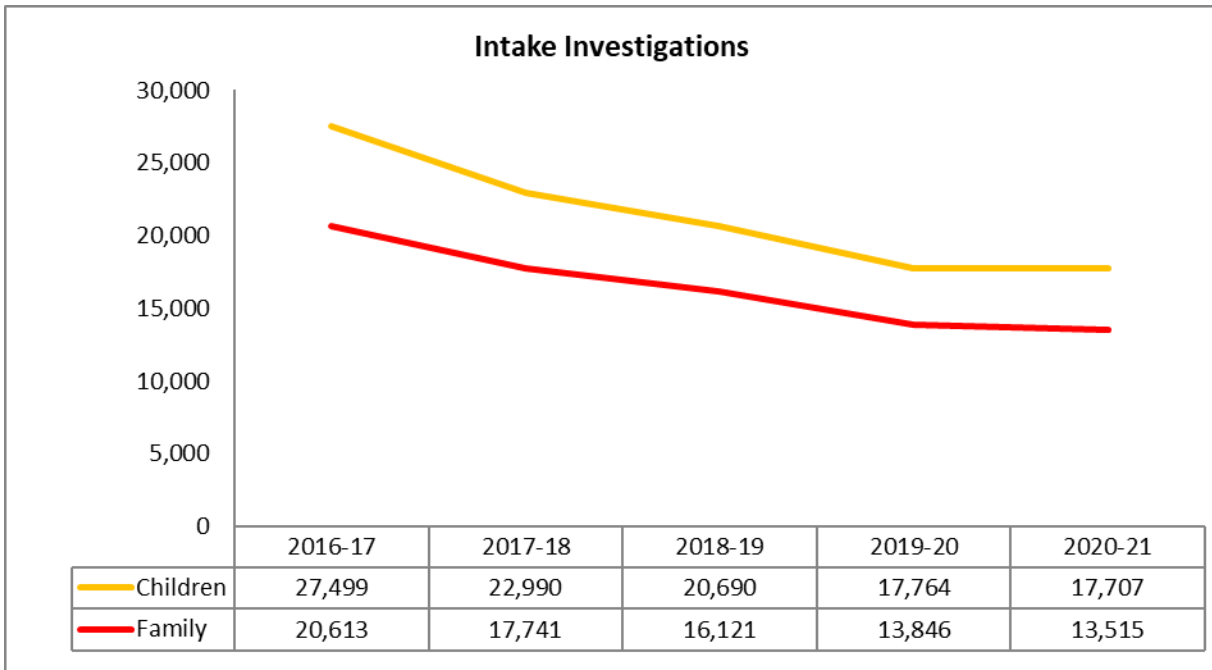
MI will equip direct service caseworkers with a proven service to enhance partnering with families to set goals within the child specific reunification or prevention plan, crafts strategies and goals, make a plan to reach those goals, and boost motivation and internal resolve to follow-through.

Motivational Interviewing (MI)- is an established evidenced based client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors. Because MI's foundation is rooted in strengths-based, solution-focused treatment modality, it is best integrated as a practice standard for direct service staff to increase positive outcomes for children and families.

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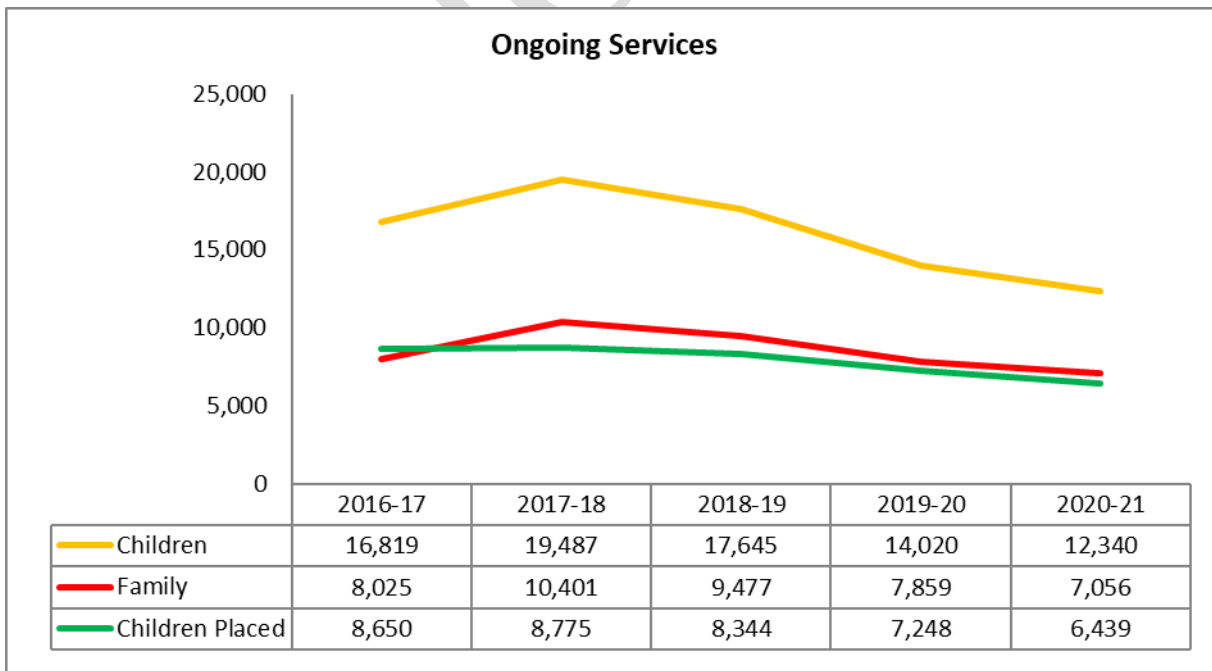
2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).



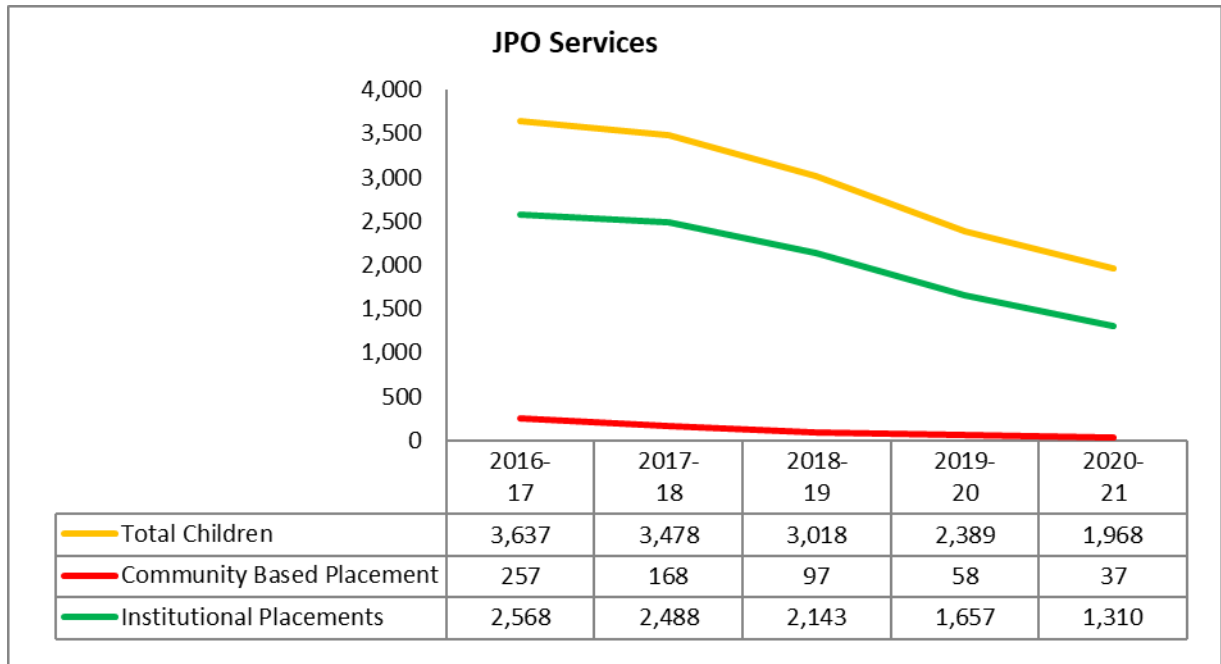
2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).



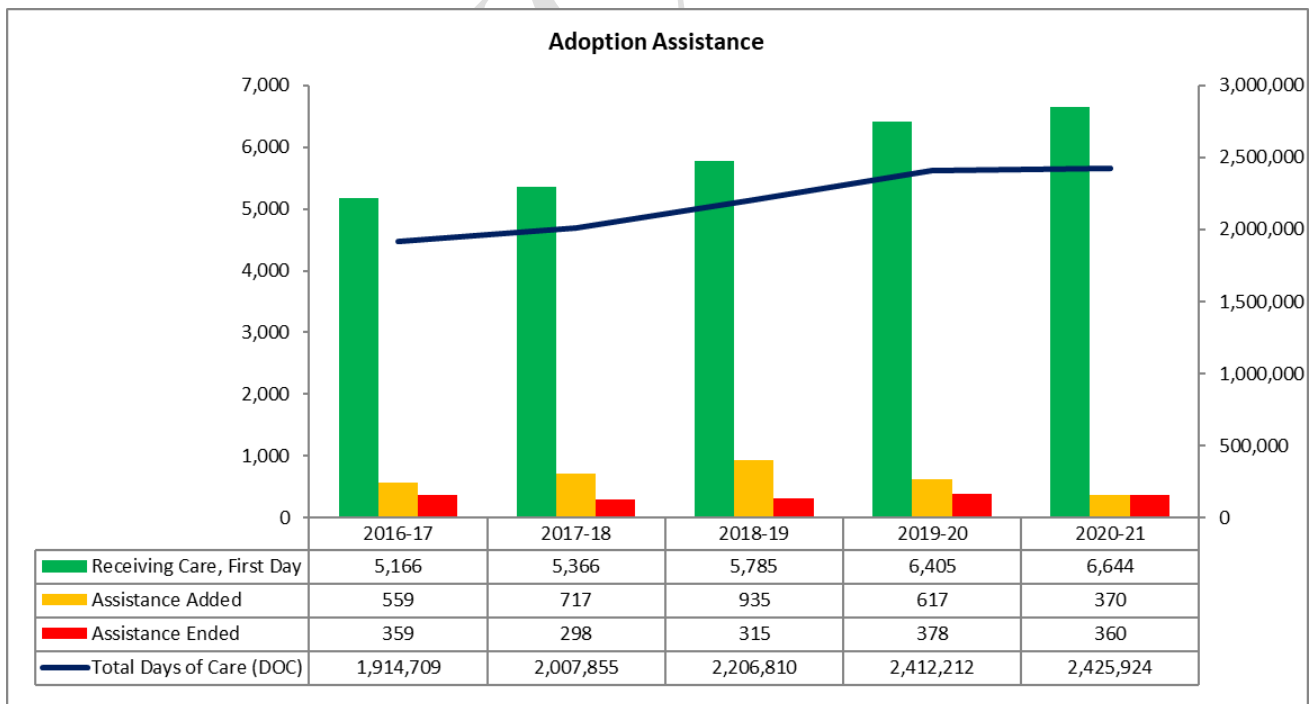
2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



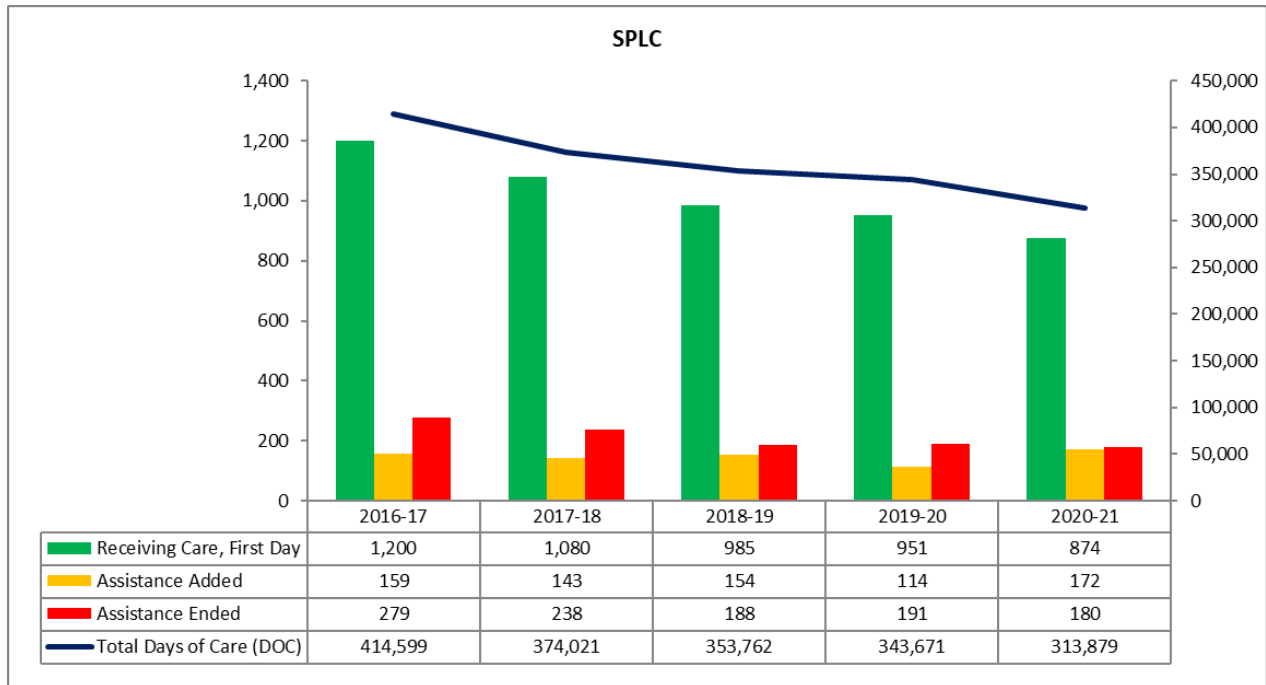
2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).



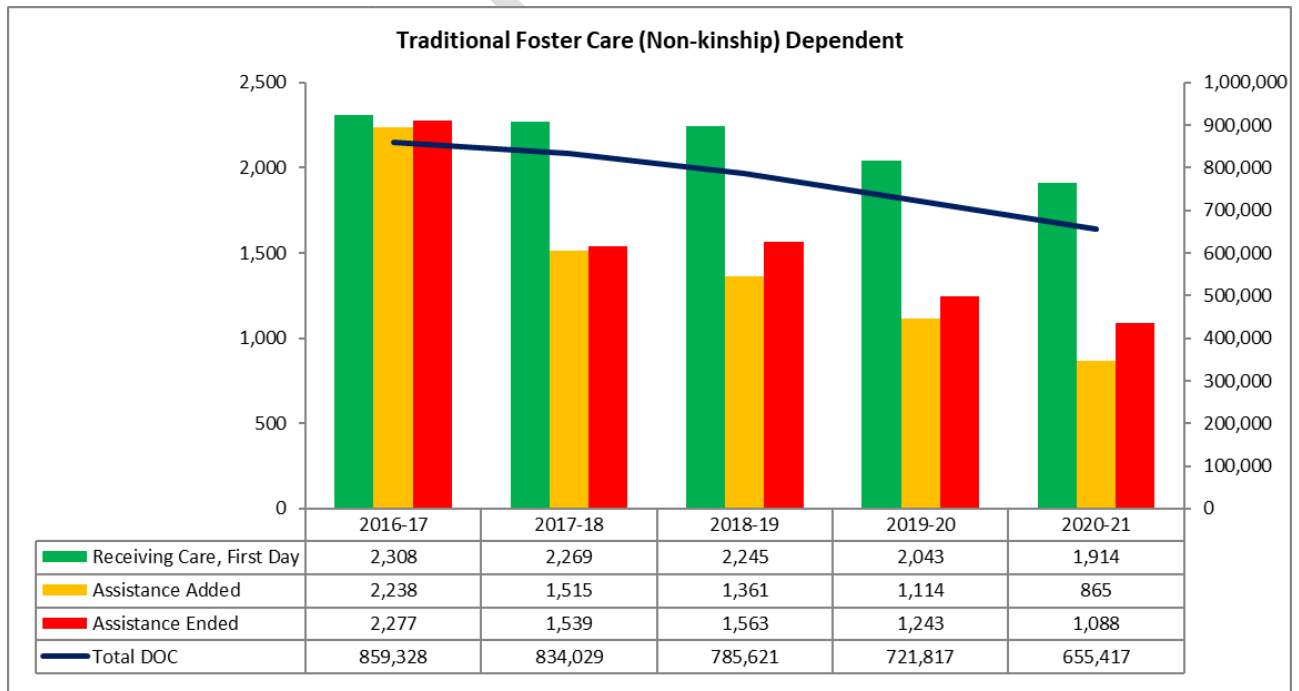
2-2c. Subsidized Permanent Legal Custody (SPLC)

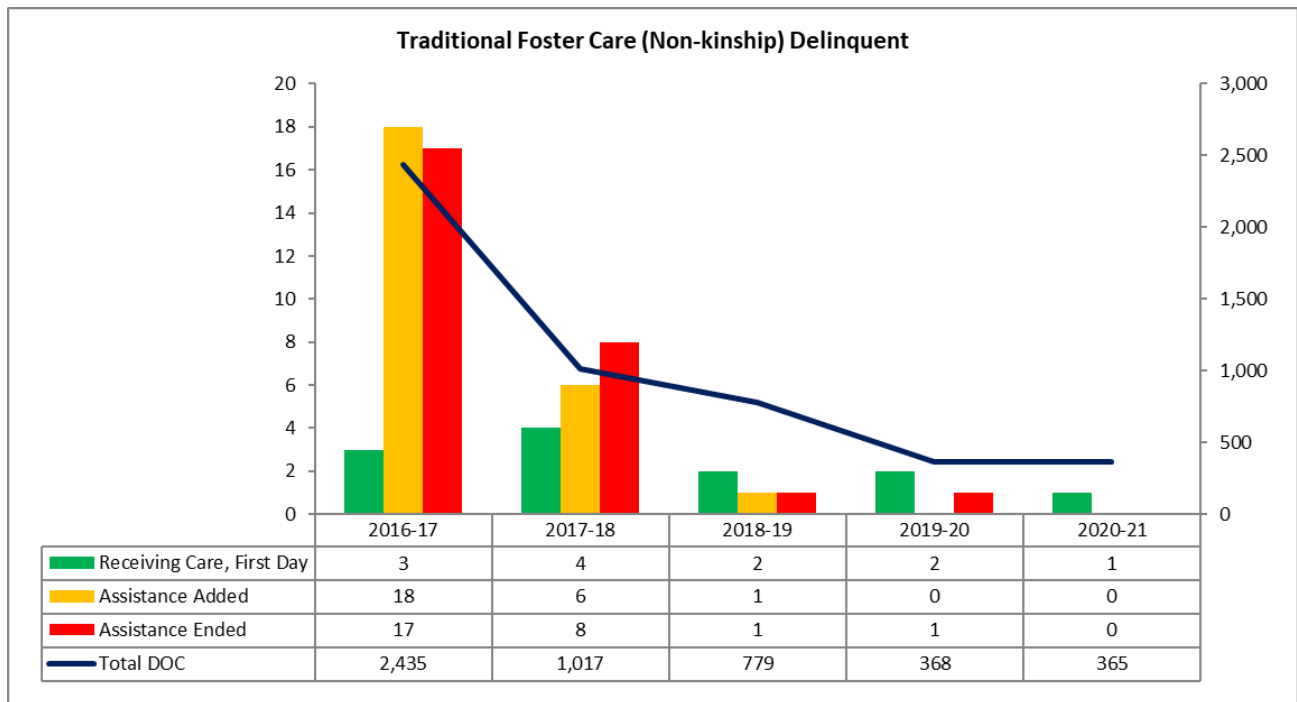
Insert the SPLC Chart (Chart 5).

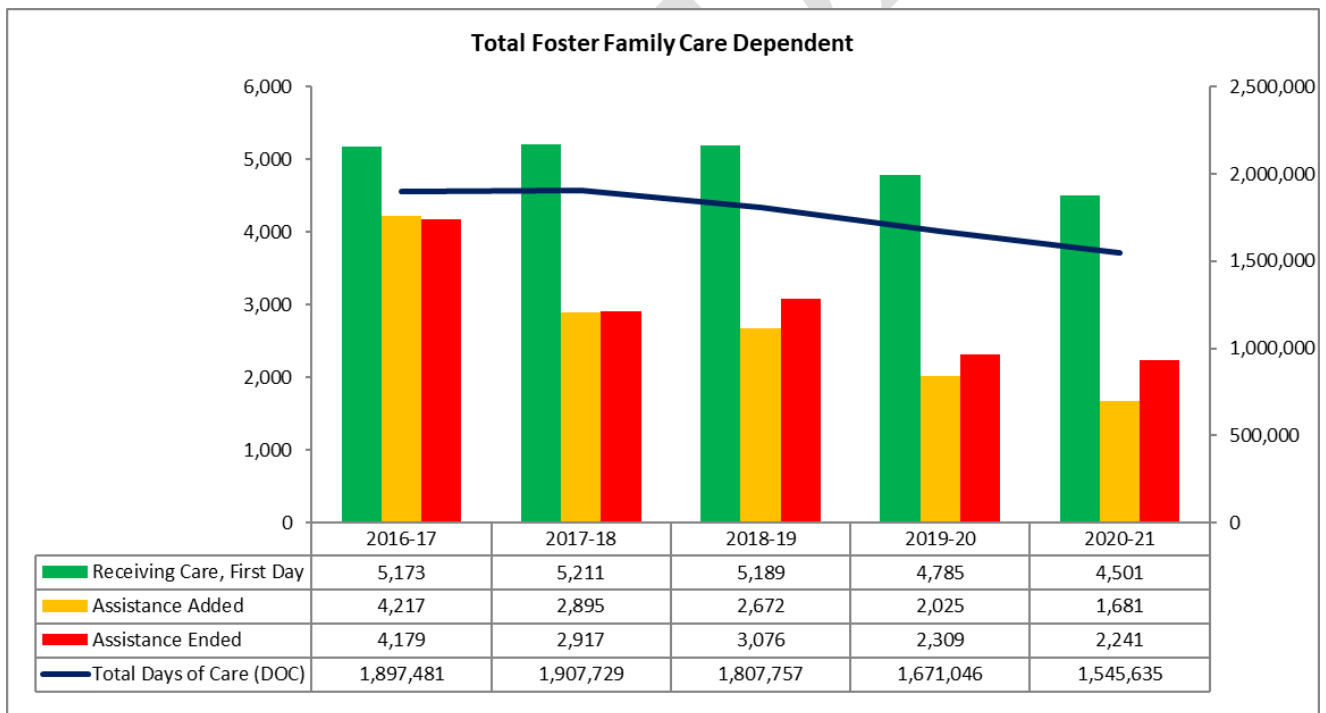
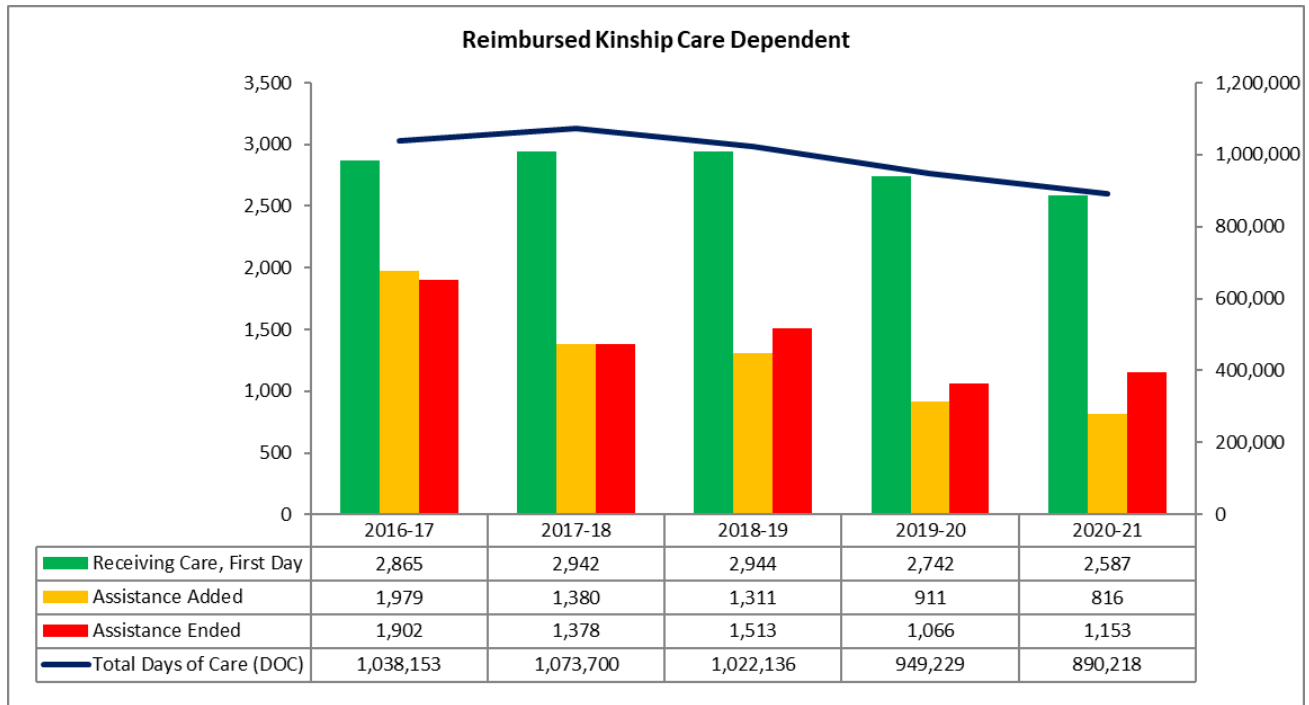


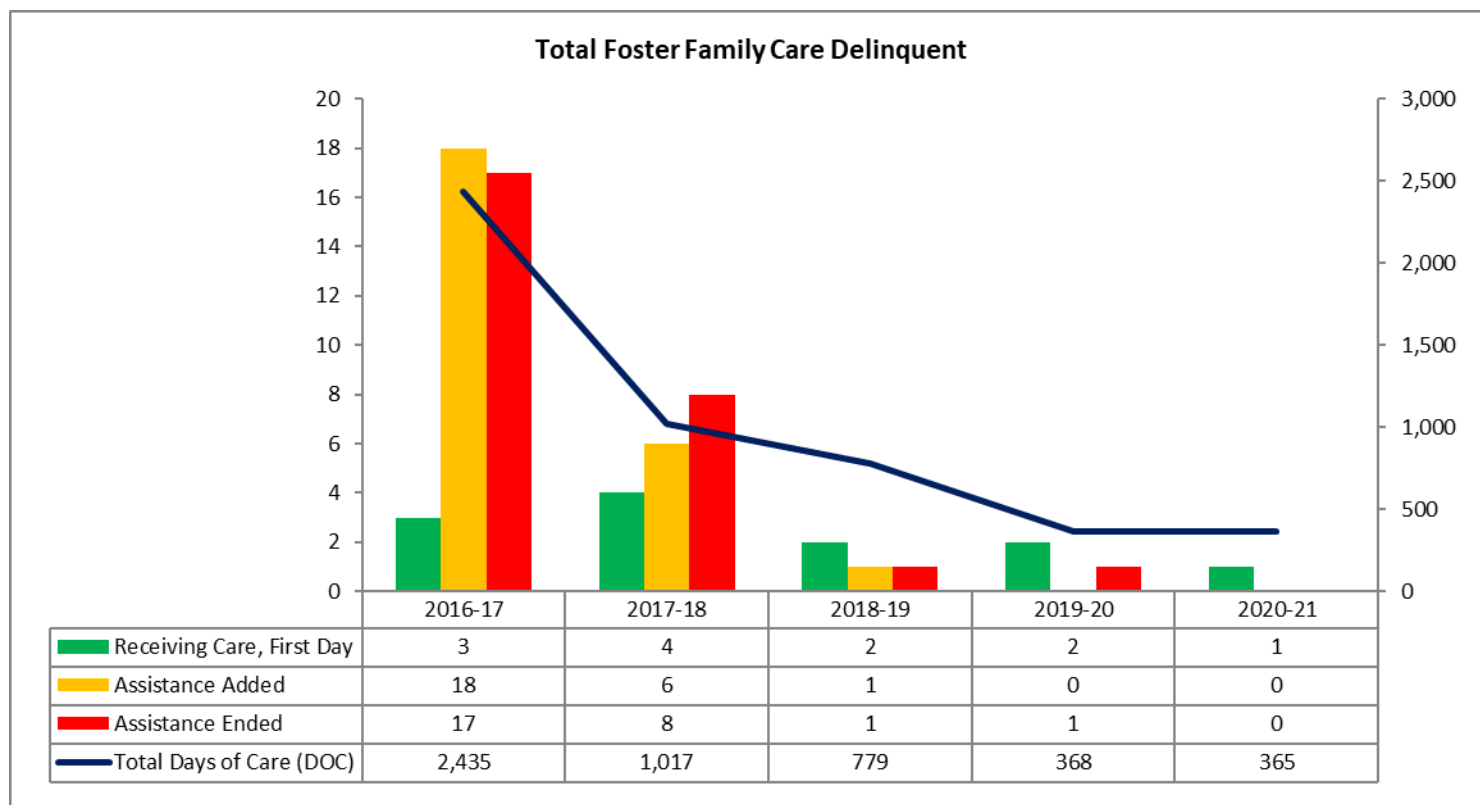
2-2d. Out-of-Home Placements: County Selected Indicator

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





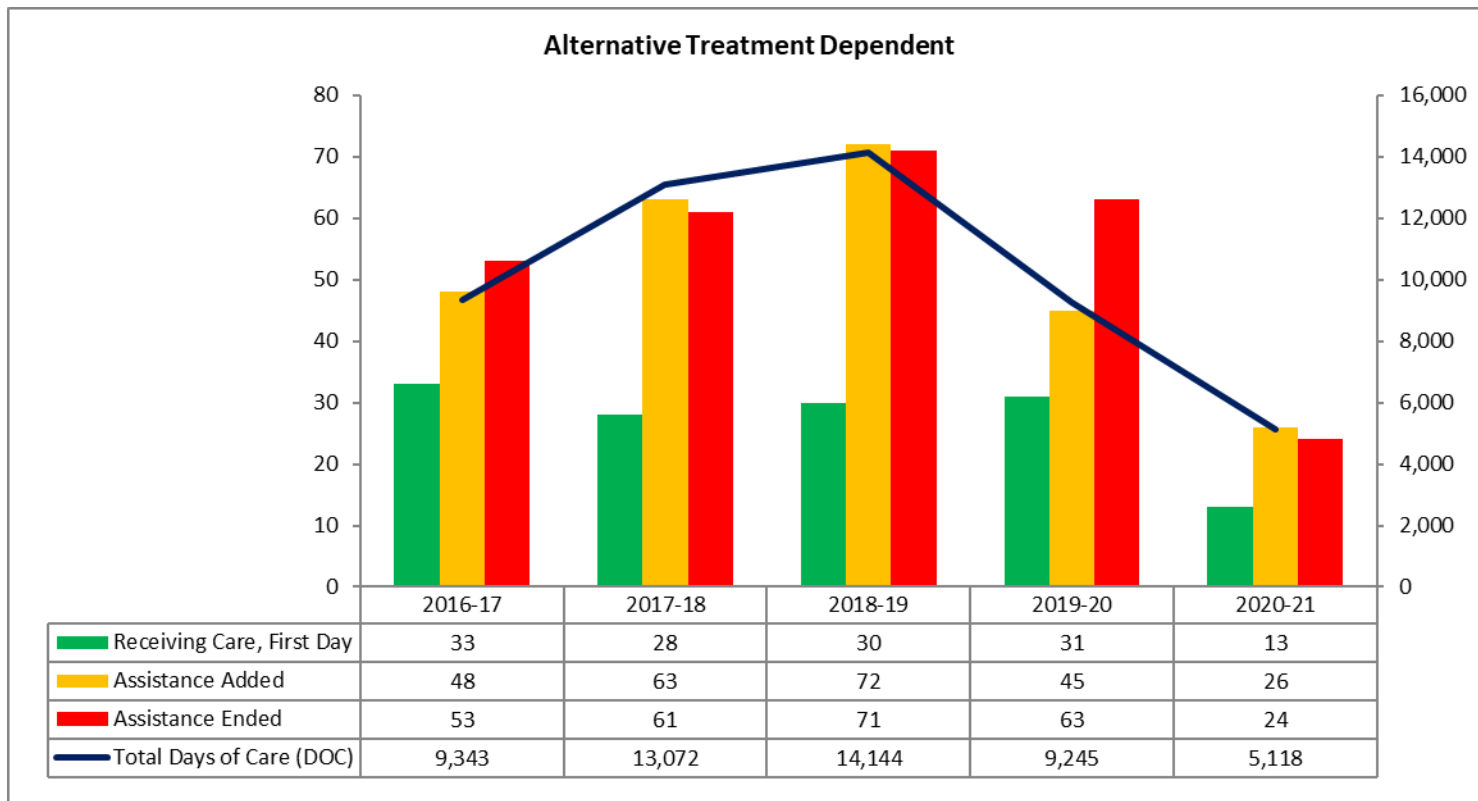




Click to Paste Chart

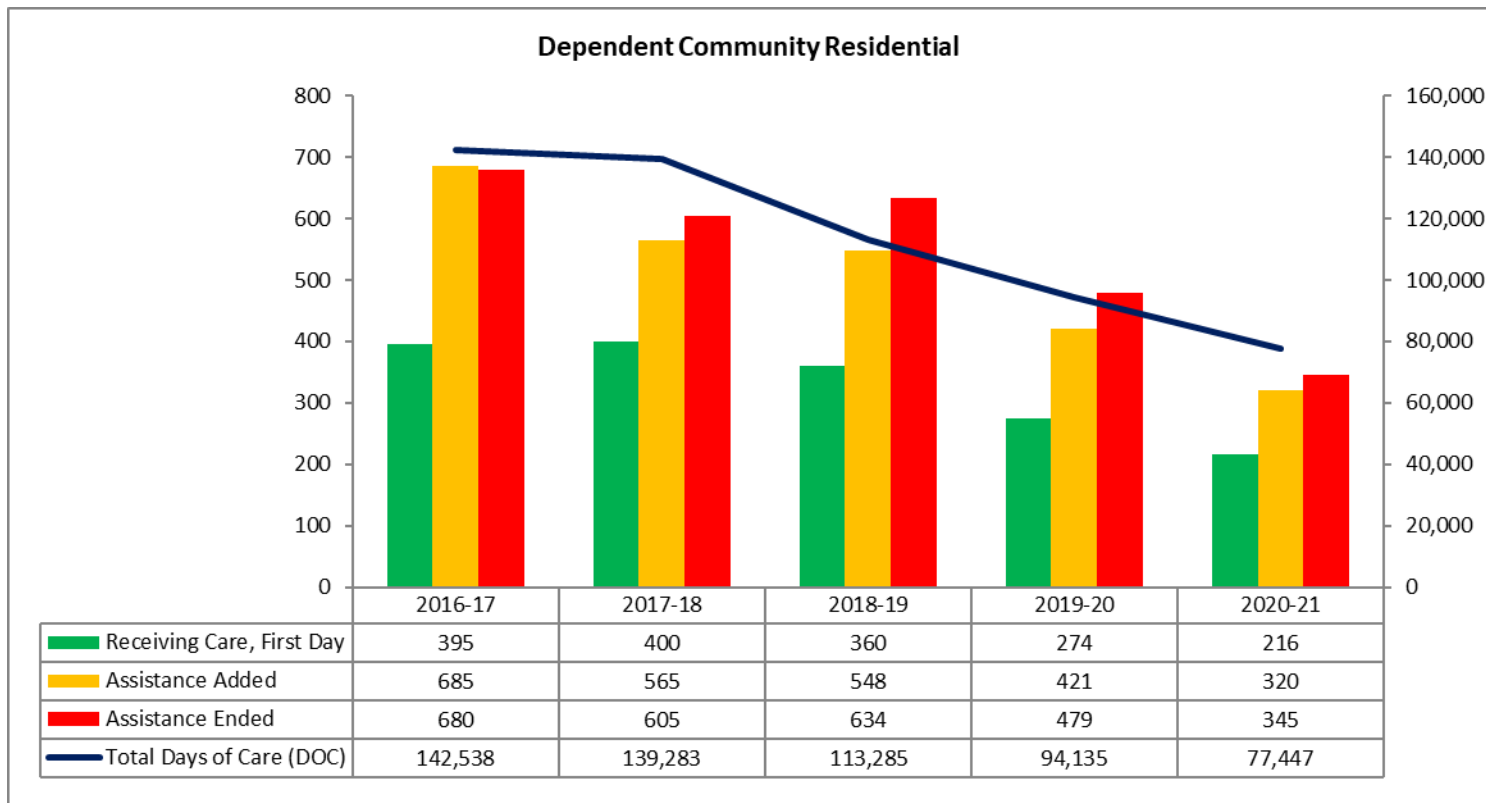
2-2d. Out-of-Home Placements: County Selected Indicator

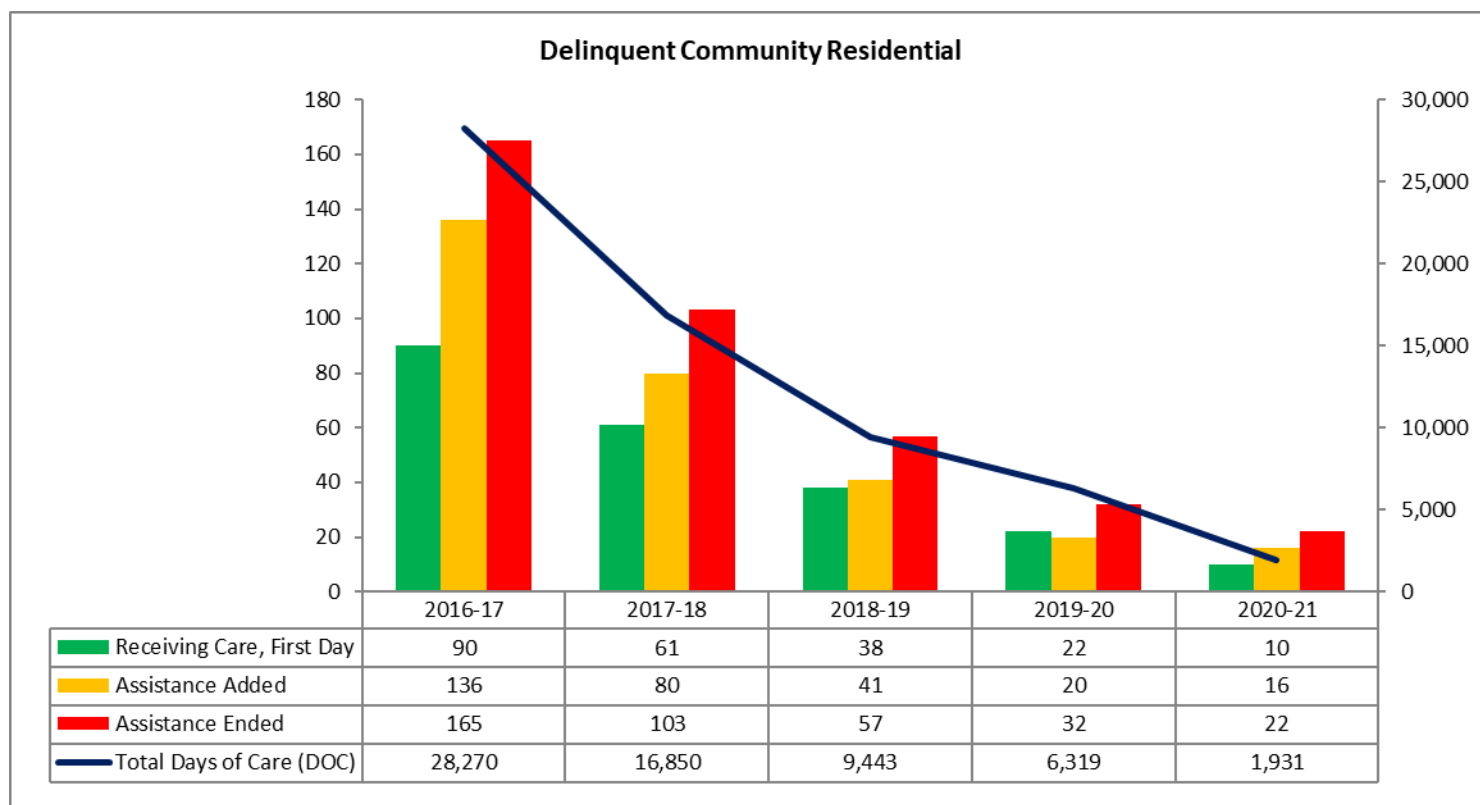
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



Click to Paste Chart

2-2d. Out-of-Home Placements: County Selected Indicator
 Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

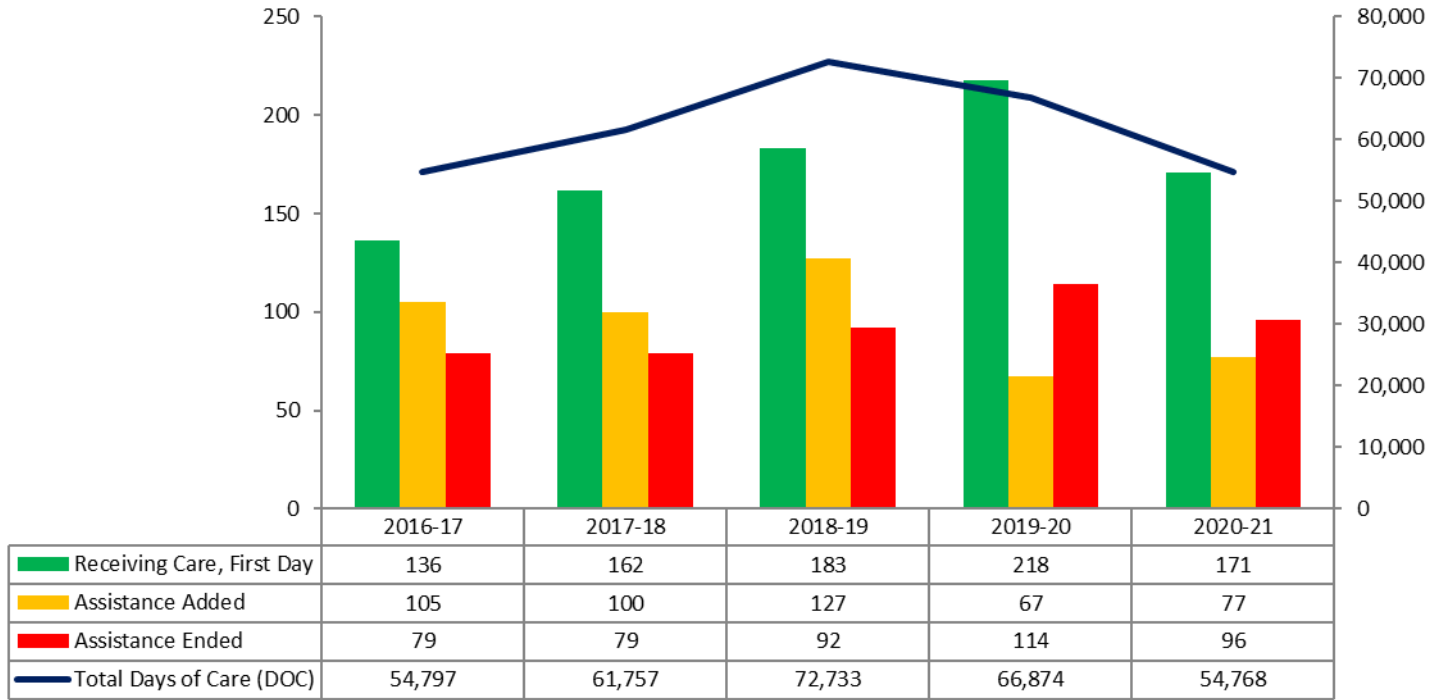


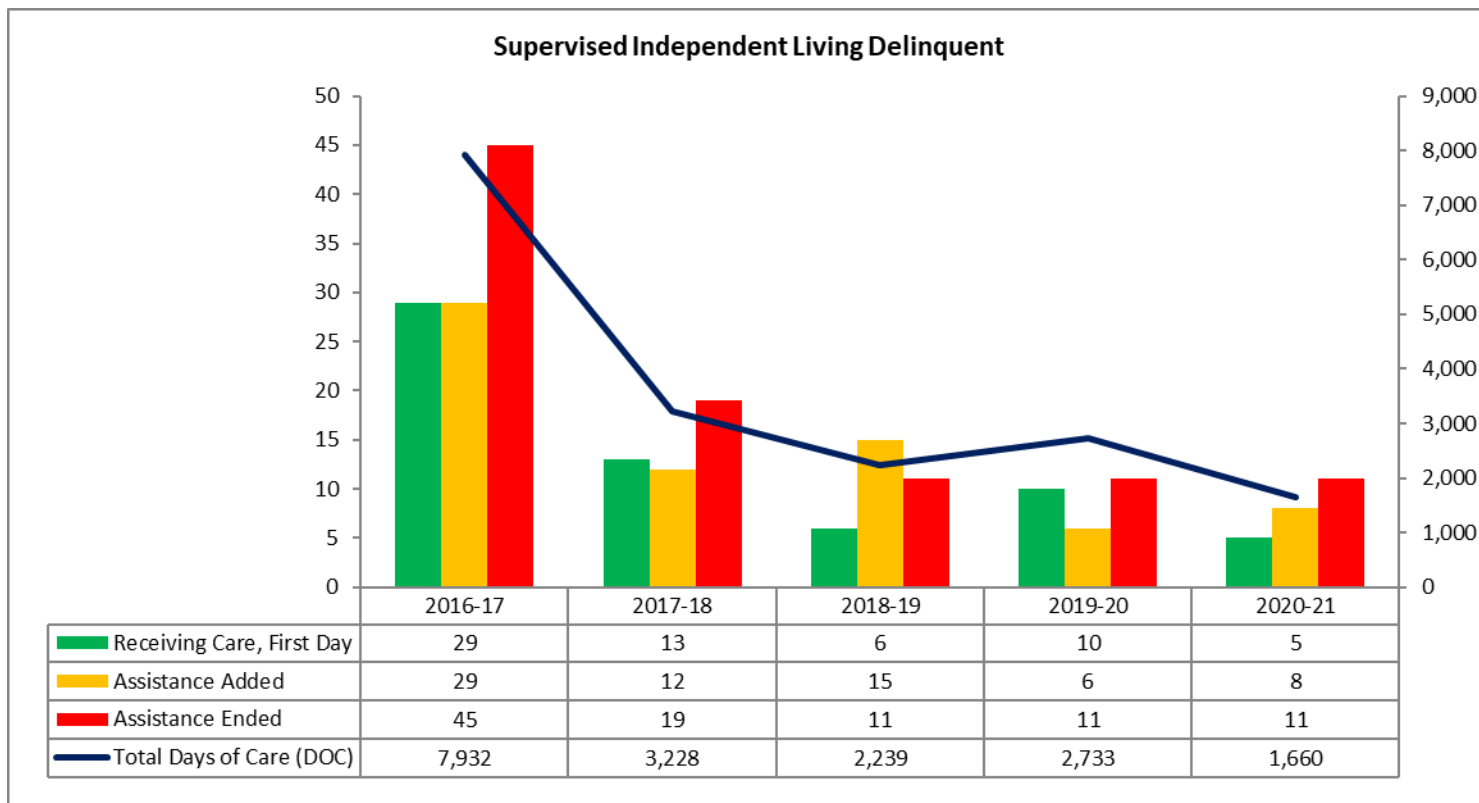


Click to Paste Chart

2-2d. Out-of-Home Placements: County Selected Indicator
 Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

Supervised Independent Living Dependent



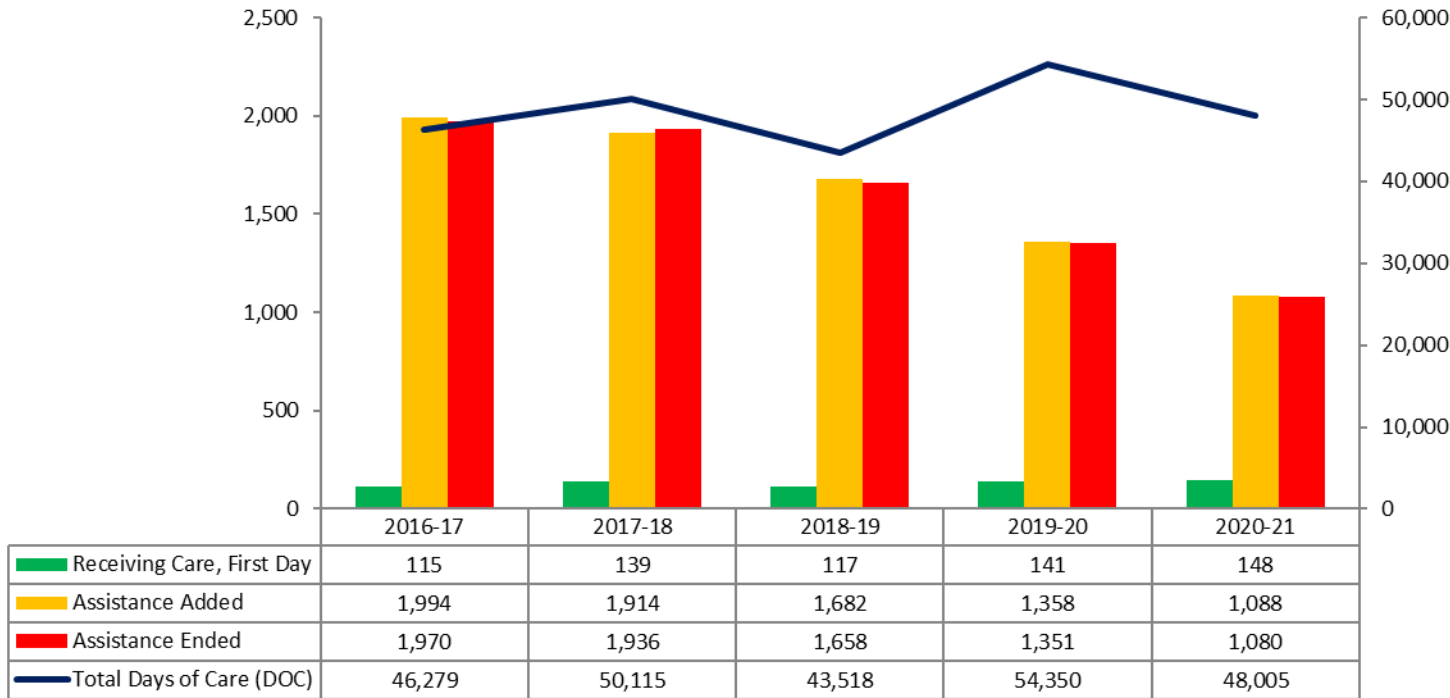


Click to Paste Chart

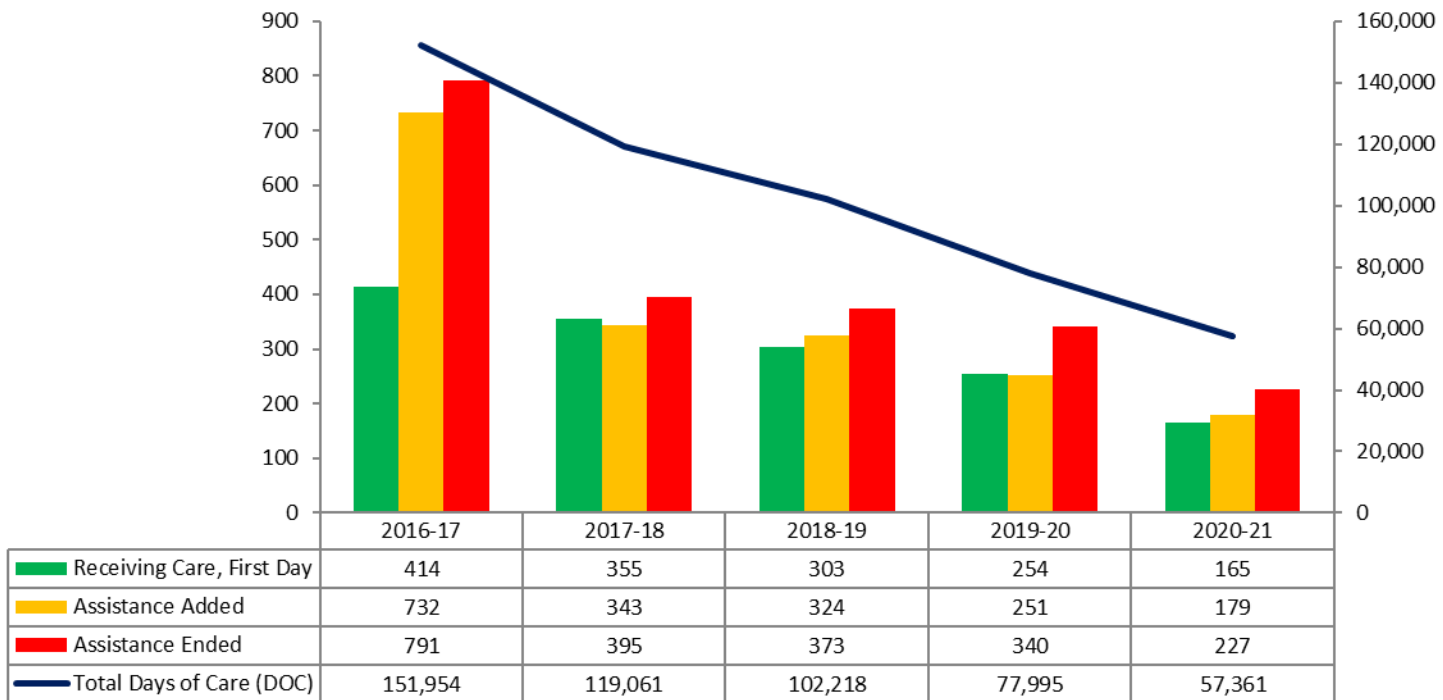
2-2d. Out-of-Home Placements: County Selected Indicator

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

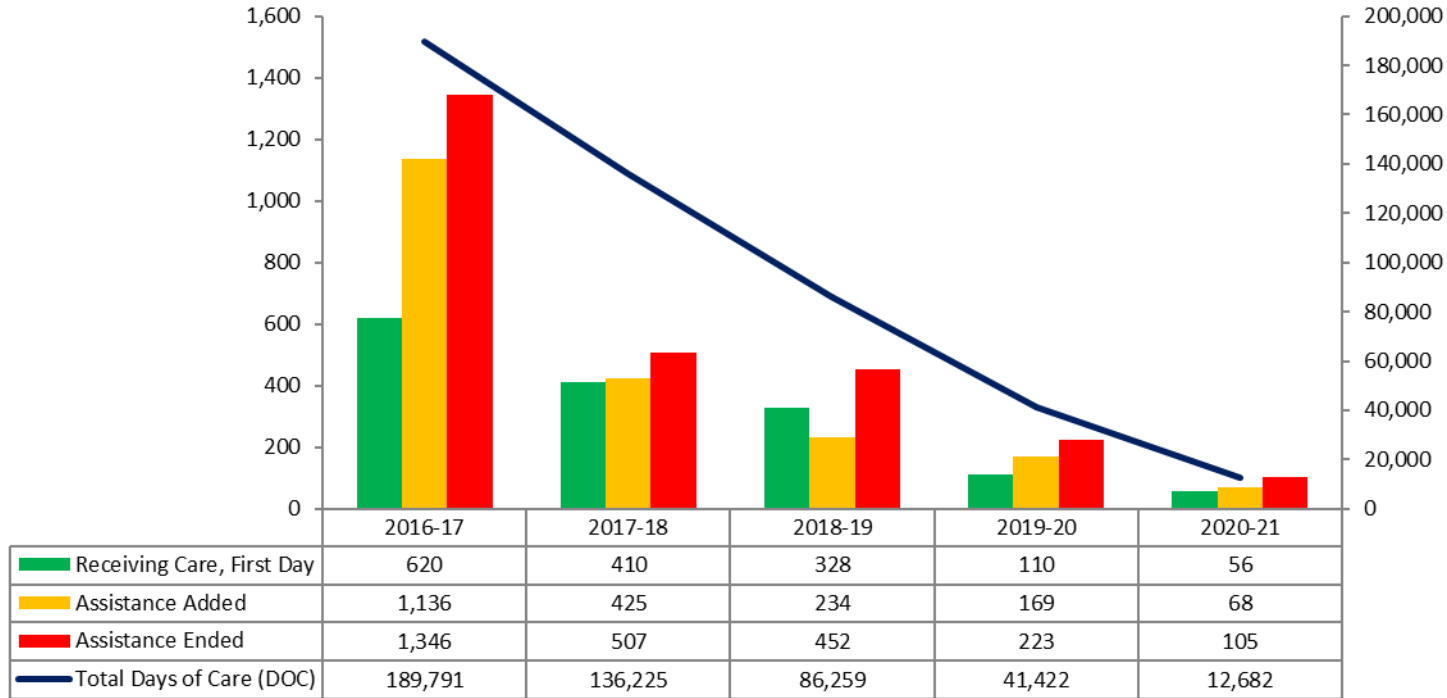
Juvenile Detention



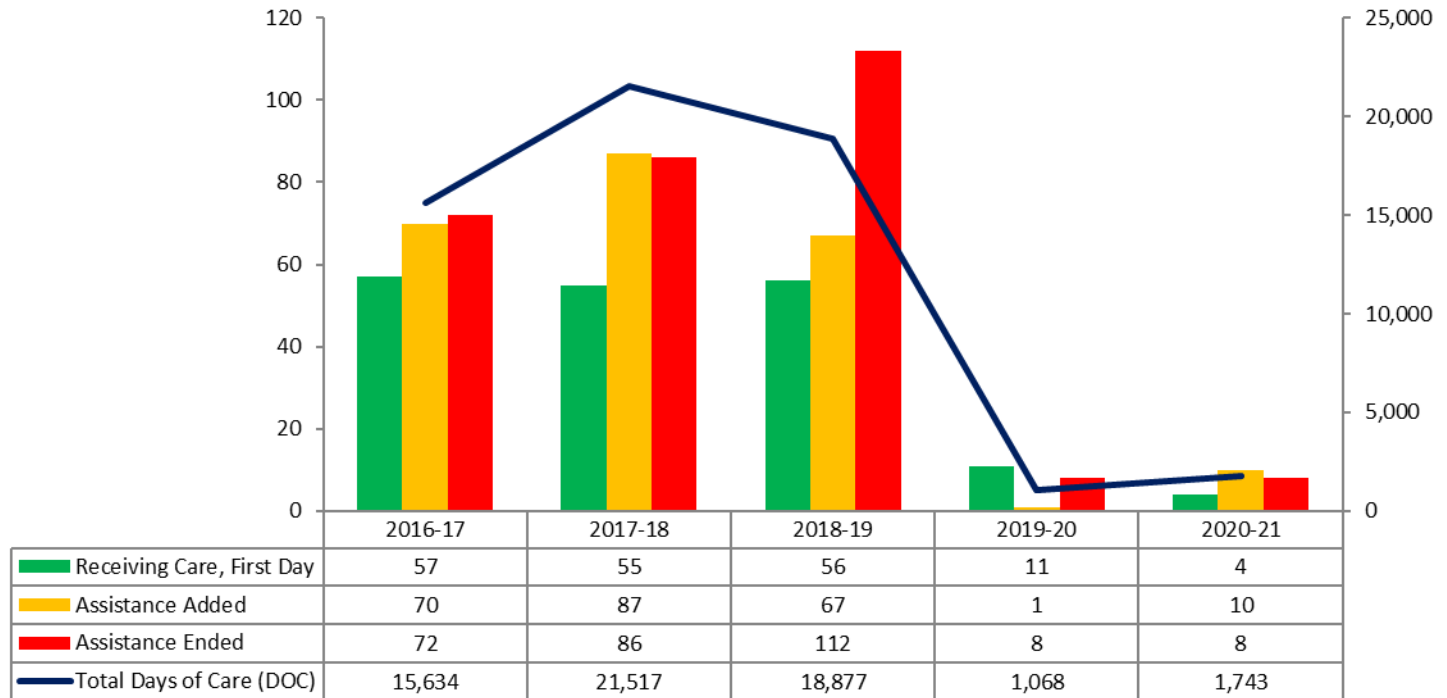
Dependent Residential Services



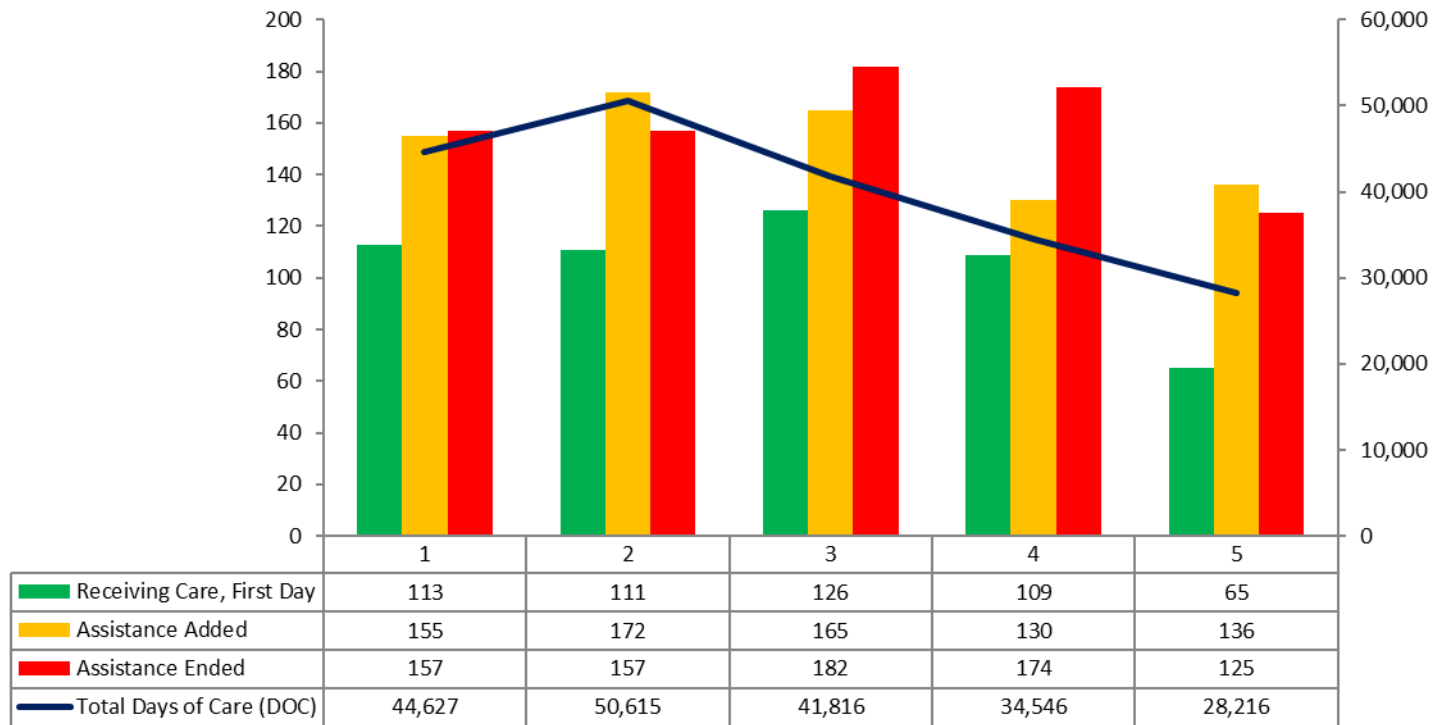
Delinquent Residential Services



Secure Residential (Except YDC)



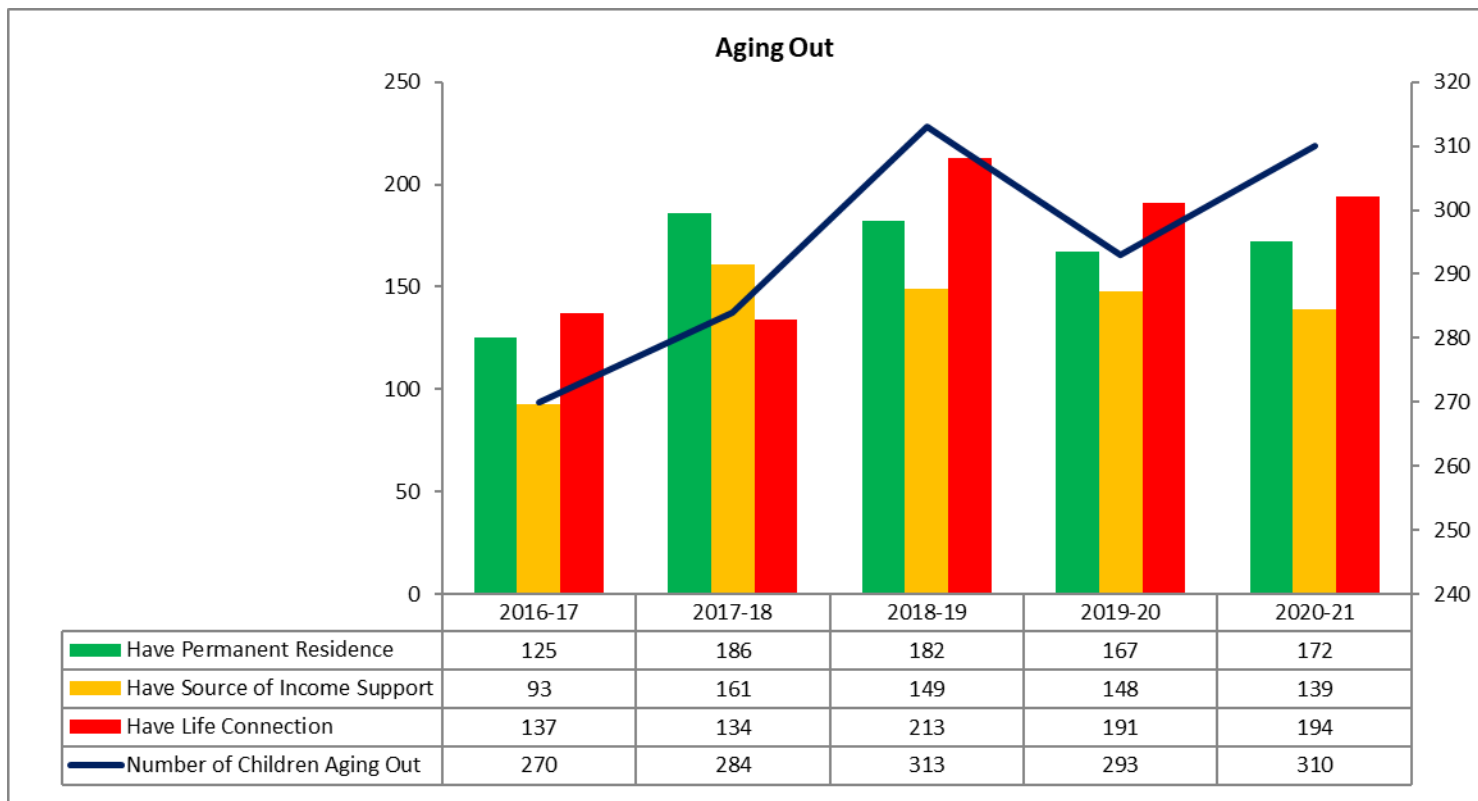
Youth Detention Center / Youth Forestry Camps



Click to Paste Chart

2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



Click to Paste Chart

PUBLIC

2-2f. General Indicators

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

2-2: 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

2-2a. Service Trends

Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
Intake Investigations							
Children	27,499	22,990	20,690	17,764	17,707	-35.6%	-10.4%
Family	20,613	17,741	16,121	13,846	13,515	-34.4%	-10.0%
Ongoing Services							
Children	16,819	19,487	17,645	14,020	12,340	-26.6%	-7.4%
Family	8,025	10,401	9,477	7,859	7,056	-12.1%	-3.2%
Children Placed	8,650	8,775	8,344	7,248	6,439	-25.6%	-7.1%
JPO Services							
Total Children	3,637	3,478	3,018	2,389	1,968	-45.9%	-14.2%
Community Based Placement	257	168	97	58	37	-85.6%	-38.4%
Institutional Placements	2,568	2,488	2,143	1,657	1,310	-49.0%	-15.5%

2-2b. Adoption Assistance

Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
Adoption Assistance							
Receiving Care, First Day	5,166	5,366	5,785	6,405	6,644	28.6%	6.5%
Assistance Added	559	717	935	617	370	-33.8%	-9.8%
Assistance Ended	359	298	315	378	360	0.3%	0.1%
Total Days of Care (DOC)	1,914,709	2,007,855	2,206,810	2,412,212	2,425,924	26.7%	6.1%

2-2c. SPLC

Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	1,200	1,080	985	951	874	-27.2%	-7.6%
Assistance Added	159	143	154	114	172	8.2%	2.0%
Assistance Ended	279	238	188	191	180	-35.5%	-10.4%
Total Days of Care (DOC)	414,599	374,021	353,762	343,671	313,879	-24.3%	-6.7%

2-2d. Placement Data							
Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	2,308	2,269	2,245	2,043	1,914	-17.1%	-4.6%
Assistance Added	2,238	1,515	1,361	1,114	865	-61.3%	-21.2%
Assistance Ended	2,277	1,539	1,563	1,243	1,088	-52.2%	-16.9%
Total DOC	859,328	834,029	785,621	721,817	655,417	-23.7%	-6.5%
Traditional Foster Care (non-kinship) - Delinquent							
Receiving Care, First Day	3	4	2	2	1	-66.7%	-24.0%
Assistance Added	18	6	1	0	0	-100.0%	-100.0%
Assistance Ended	17	8	1	1	0	-100.0%	-100.0%
Total DOC	2,435	1,017	779	368	365	-85.0%	-37.8%
Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	2,865	2,942	2,944	2,742	2,587	-9.7%	-2.5%
Assistance Added	1,979	1,380	1,311	911	816	-58.8%	-19.9%
Assistance Ended	1,902	1,378	1,513	1,066	1,153	-39.4%	-11.8%
Total Days of Care (DOC)	1,038,153	1,073,700	1,022,136	949,229	890,218	-14.2%	-3.8%
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	5,173	5,211	5,189	4,785	4,501	-13.0%	-3.4%
Assistance Added	4,217	2,895	2,672	2,025	1,681	-60.1%	-20.5%
Assistance Ended	4,179	2,917	3,076	2,309	2,241	-46.4%	-14.4%
Total Days of Care (DOC)	1,897,481	1,907,729	1,807,757	1,671,046	1,545,635	-18.5%	-5.0%
Foster Family Care - Delinquent (Total of 2 above)							
Receiving Care, First Day	3	4	2	2	1	-66.7%	-24.0%
Assistance Added	18	6	1	0	0	-100.0%	-100.0%
Assistance Ended	17	8	1	1	0	-100.0%	-100.0%
Total Days of Care (DOC)	2,435	1,017	779	368	365	-85.0%	-37.8%
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	33	28	30	31	13	-60.6%	-20.8%
Assistance Added	48	63	72	45	26	-45.8%	-14.2%
Assistance Ended	53	61	71	63	24	-54.7%	-18.0%
Total Days of Care (DOC)	9,343	13,072	14,144	9,245	5,118	-45.2%	-14.0%
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	395	400	360	274	216	-45.3%	-14.0%
Assistance Added	685	565	548	421	320	-53.3%	-17.3%
Assistance Ended	680	605	634	479	345	-49.3%	-15.6%
Total Days of Care (DOC)	142,538	139,283	113,285	94,135	77,447	-45.7%	-14.1%

[View Chart](#)

Delinquent Community Residential							
Receiving Care, First Day	90	61	38	22	10	-88.9%	-42.3%
Assistance Added	136	80	41	20	16	-88.2%	-41.4%
Assistance Ended	165	103	57	32	22	-86.7%	-39.6%
Total Days of Care (DOC)	28,270	16,850	9,443	6,319	1,931	-93.2%	-48.9%

[View Chart](#)

Supervised Independent Living Dependent							
Receiving Care, First Day	136	162	183	218	171	25.7%	5.9%
Assistance Added	105	100	127	67	77	-26.7%	-7.5%
Assistance Ended	79	79	92	114	96	21.5%	5.0%
Total Days of Care (DOC)	54,797	61,757	72,733	66,874	54,768	-0.1%	0.0%

[View Chart](#)

Supervised Independent Living Delinquent							
Receiving Care, First Day	29	13	6	10	5	-82.8%	-35.6%
Assistance Added	29	12	15	6	8	-72.4%	-27.5%
Assistance Ended	45	19	11	11	11	-75.6%	-29.7%
Total Days of Care (DOC)	7,932	3,228	2,239	2,733	1,660	-79.1%	-32.4%

[View Chart](#)

Juvenile Detention							
Receiving Care, First Day	115	139	117	141	148	28.7%	6.5%
Assistance Added	1,994	1,914	1,682	1,358	1,088	-45.4%	-14.1%
Assistance Ended	1,970	1,936	1,658	1,351	1,080	-45.2%	-14.0%
Total Days of Care (DOC)	46,279	50,115	43,518	54,350	48,005	3.7%	0.9%

[View Chart](#)

Dependent Residential Services							
Receiving Care, First Day	414	355	303	254	165	-60.1%	-20.5%
Assistance Added	732	343	324	251	179	-75.5%	-29.7%
Assistance Ended	791	395	373	340	227	-71.3%	-26.8%
Total Days of Care (DOC)	151,954	119,061	102,218	77,995	57,361	-62.3%	-21.6%

[View Chart](#)

Delinquent Residential Services							
Receiving Care, First Day	620	410	328	110	56	-91.0%	-45.2%
Assistance Added	1,136	425	234	169	68	-94.0%	-50.5%
Assistance Ended	1,346	507	452	223	105	-92.2%	-47.2%
Total Days of Care (DOC)	189,791	136,225	86,259	41,422	12,682	-93.3%	-49.2%

[View Chart](#)

Secure Residential (Except YDC)							
Receiving Care, First Day	57	55	56	11	4	-93.0%	-48.5%
Assistance Added	70	87	67	1	10	-85.7%	-38.5%
Assistance Ended	72	86	112	8	8	-88.9%	-42.3%
Total Days of Care (DOC)	15,634	21,517	18,877	1,068	1,743	-88.9%	-42.2%

[View Chart](#)

Youth Detention Center / Youth Forestry Camps							
Receiving Care, First Day	113	111	126	109	65	-42.5%	-12.9%
Assistance Added	155	172	165	130	136	-12.3%	-3.2%
Assistance Ended	157	157	182	174	125	-20.4%	-5.5%
Total Days of Care (DOC)	44,627	50,615	41,816	34,546	28,216	-36.8%	-10.8%

[View Chart](#)

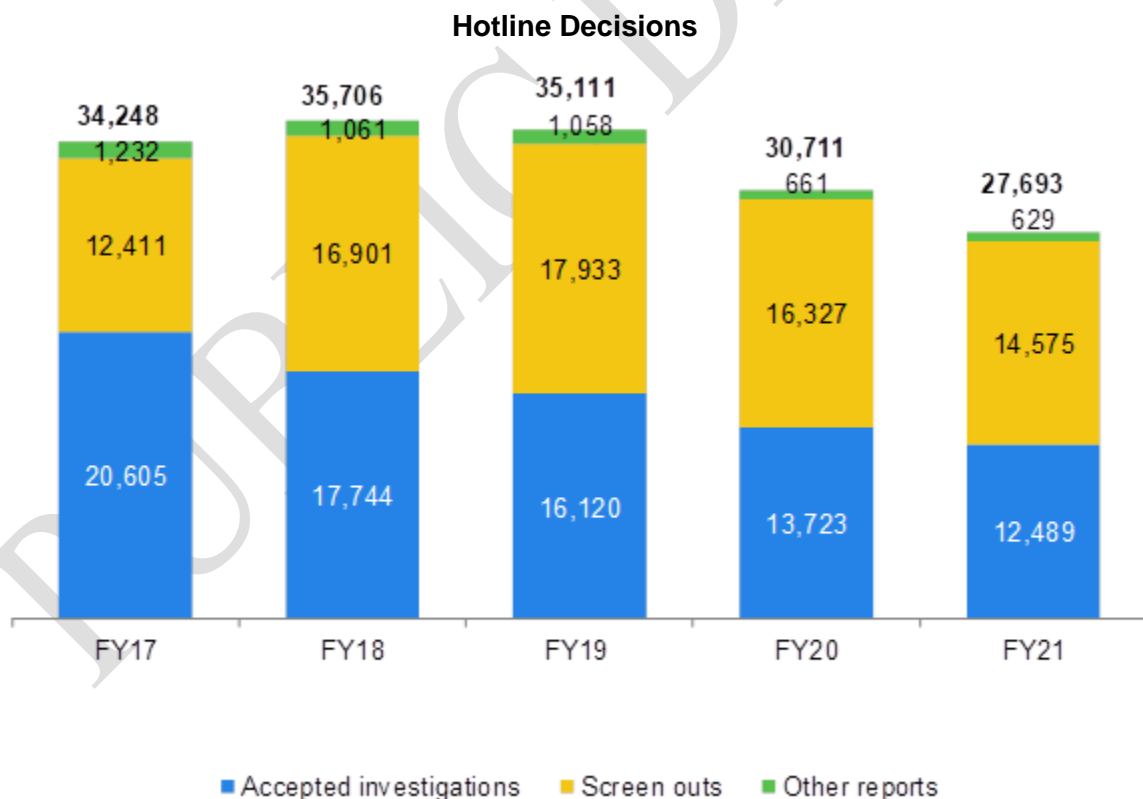
2-2e. Aging Out Data							
Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
Aging Out							
Number of Children Aging Out	270	284	313	293	310	14.8%	3.5%
Have Permanent Residence	125	186	182	167	172	37.6%	8.3%
Have Source of Income Support	93	161	149	148	139	49.5%	10.6%
Have Life Connection	137	134	213	191	194	41.6%	9.1%

[View Chart](#)

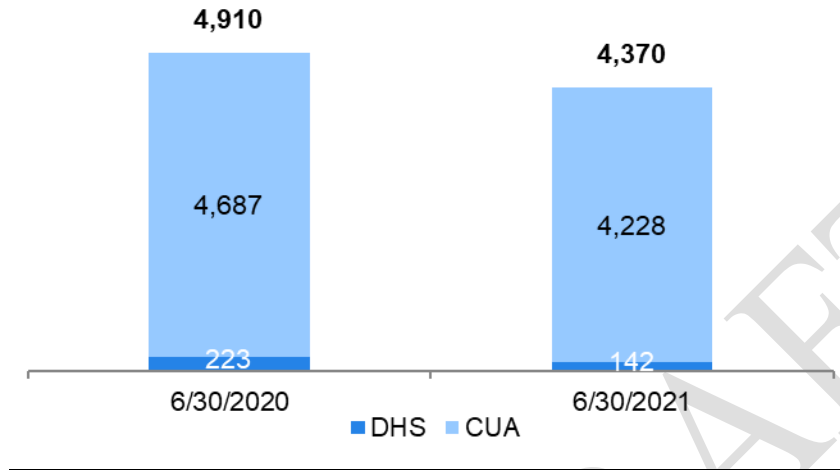
2-2g. through 2-2i. Charts

- ☛ 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.

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

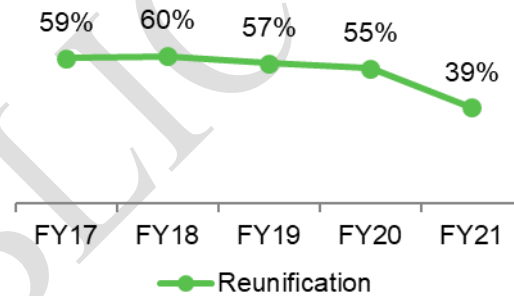


Total Children with Placement Services

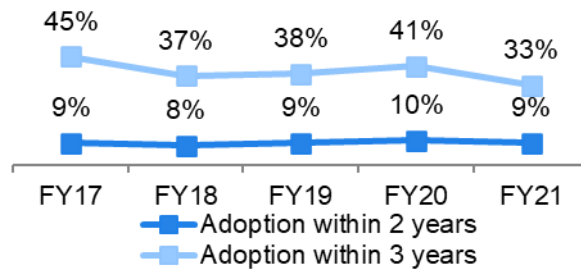


Timeliness to Permanency

Reunification



Adoption



Permanent Legal Custodianship

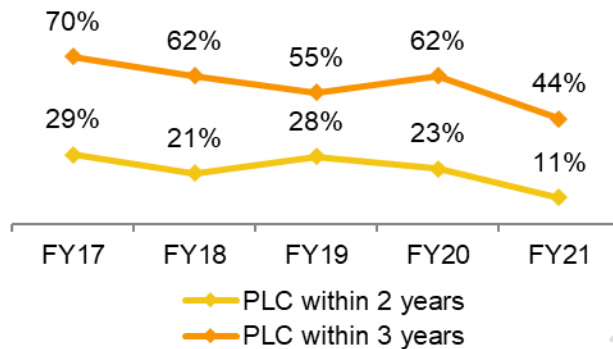


Chart Analysis for 2-2a. through 2-2i.

➤ **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 36% from FY 2016-17 to FY 2020-21, nearly all of this change occurred in the 4 years prior to this fiscal year. Specifically, from FY 2016-17 to FY 2019-20, the number of children accepted for intake investigation dropped by 35% to 17,764 and then remained relatively steady in FY 2020-21 at 17,707. The number of families accepted for intake investigations has had a similar trend, decreasing by 34% from FY 2016-17 to FY 2020-21 (to 13,515) but only by 2% between FY 2019-20 and FY 2020-21.

Following an increase between FY 2016-17 and FY 2017-18, the number of children and families receiving ongoing services has been declining. Overall, the number of children served has decreased by 27% and the number of families served has decreased by 12% from FY 2016-17 to FY 2020-21. The number of children placed has also decreased between FY 2016-17 and FY 2020-21 by 26%.

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 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.

Specifically, between FY2017-18 and FY2020-21, total Hotline reports have decreased by 22%.

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 FY 2020-21. Additionally, there was an 8% decrease in the number of children receiving in-home services from June 2020 to June 2021. There were 20% fewer youth receiving in-home non-safety services, but 11% more youth receiving in-home safety services on June 30, 2021 compared to June 30, 2020.

There were 2,387 youth open for in-home services on June 30, 2021--14% fewer in-home youth than there were on December 31, 2019. There were 1,133 cases open for in-home services on June 30, 2021--11% fewer in-home cases than there were on December 31, 2019.

The total number of youth in dependent placement declined by 12% from June 30, 2020 to June 30, 2021.

The number of youth receiving JPO services has steadily declined from 3,637 youth in FY 2016-17 to 1,968 youth in FY 2020-21, representing an overall decrease of 46%. The number of children in community-based and institutional placements has also steadily declined during this period, decreasing by 86% and 49%, 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 2016-17 and FY 2020-21 by 29% from 5,166 to 6,644 children. Total days of care for children receiving adoption assistance has increased by 27% 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 27% from FY 2016-17 to FY 2020-21; the total days of care decreased by 24% in this time period. Between FY 2019-20 and FY 2020-21, there was an 8% decrease in the number receiving care (to 874) and a 9% decrease in the total days of care (to 313,879).

Placement Data

Between FY 2016-17 and FY 2020-21, the number of dependent children and youth receiving dependent family foster care decreased overall by 13%, comprising a 17% decline in traditional (non-kinship) foster care and a 10% decrease in kinship care. That non-kinship care has declined at a higher rate than has kinship care is consistent with DHS' goal to place more children with family and kin rather than with unfamiliar caregivers.

From FY 2016-17 to FY 2020-21, there was a 60% decrease in the number of youth receiving dependent residential services (e.g., institution-level) and a 62% decrease in the total days of care. During this same time, there has been a 45% decrease in the number of youths placed in dependent community residential settings (e.g., group home level), and a 46% decrease in the total days of care during this period.

From FY 2016-17 to FY 2020-21, there was an 89% decrease in the number of youth placed in delinquent community residential settings and a 91% decrease in youth receiving delinquent residential services. During this same time, the total days of care for youth in delinquent community residential settings and receiving delinquent residential services each

decreased by 93%. These decreases coincide with DHS's goal to reduce the use of congregate care for both dependent and delinquent youth committed to DHS.

Between FY2016-17 and FY 2020-21, placements in dependent Supervised Independent Living (SIL) settings have increased by 26%; total days of care did not change in this interval. Placements in delinquent SILs have decreased by 83%; total days of care decreased by 79%. Over the past five fiscal years, total days of care for youth receiving dependent alternative treatment has been reduced by 45%. Assistance added and assistance ended each have decreased by roughly 50% in this timeframe.

Aging Out Youth

The number of youths aging out of care increased by 15% from FY 2016-17 to FY 2020-21. The number of youths aging out with a permanent residence increased by 38% from FY 2016-17 to FY 2020-21, and a greater proportion of youth now have this support (46% had a permanent residence in FY 2016-17 compared to 55% in FY 2020-21). Over the last five years, the number of youth with a source of income increased by 50%; 34% had a source of income support in FY 2016-17 compared to 45% in FY 2020-21. The number of youth who aged out with a life connection also increased, by 42% between FY 2016-17 and FY 2020-21. Similarly, the proportion of youth who had a life connection increased: from 51% in FY 2016-17 to 63% in FY 2020-21.

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 2018-19, 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.

To better understand systemic strengths and gaps for best practices to support older youth in Philadelphia across critical domains, DHS conducted a qualitative study in FY21 using document reviews and key informant interviews. Findings revealed a need for more expert guidance, coaching, and support for case managers to promote best practice and quality case management for older youth (e.g., engagement practices, earlier planning, supports across critical domains). Additionally, services that provide support across education, employment, housing, health care, and social relationships are vitally important. In response to these findings, DHS seeks to continue funding across a number of important programs and services already in place and requests additional funding to support improved case management, youth engagement, and planning.

In the Program Improvement Strategies 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. We are also requesting Older Youth Services Liaisons placed at the CUAs to support best practices and quality case management for older youth.

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

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 laser-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 the safe diversion of 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 the Philadelphia Department of Human Services (DHS) to identify case specific and system barriers that prevent children from obtaining permanency. See Section 1-3c Service Array for additional details.
- 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 work to increase our efforts to ensure that Family Finding is completed for 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 the 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 and both providers are currently doing Family Finding for DHS. Additionally, DHS is requesting increased funding for Family Finding services for FY 2021-22 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.

OCF-Prevention's programs support stable kinship care placements. Availability of Out of School Time (OST) can help potential and current kinship caregivers feel like they have support for their role. OST programs connect families to afterschool and summer programs that support working caregivers, benefit children's academic, social and personal development, and help children stay safe and avoid high-risk behaviors. OCF-Prevention's Education Support Center (ESC) supports kinship care through its Best Interest Determination (BID) processes and interagency teamings. ESC assesses current and needed resources at the time of child placement and supports educational stability when children and youth enter out of home 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 has assisted with the reduction of CUA caseloads. Caseloads remained steady throughout the pandemic and through the end of FY20-21 despite fluctuations in staffing, and delays in permanency related to pandemic mitigation efforts. 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 CUAs once determined that on-going formal case management services are needed to reunify families and close the case safely. CUAs 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 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. In 2020, petitions filed decreased by 10%, from 2,094 in 2019 to 1,995 in 2020. This decrease correlates with the decrease in community-based supervision cases though may not be the only reason for the decrease. There are numerous factors that could contribute to this decrease, 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 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 calendar year 2020, 2,512 YLS assessments were completed. Forty-nine percent (49%) of the juvenile population was found to be at a low level of risk to reoffend, 42% at a moderate risk to reoffend, 9% at a high risk to reoffend and less than 1% were at a very high risk to reoffend.
- Pennsylvania Detention Risk Assessment Instrument (PaDRAI):
In 2020, There were 159 youth involved in Crossover Court and of that number 130 or 82% were successfully discharged. Of the 130 successfully discharged, 87 or 67% 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 2020, 1001 or 56% of the 1,786 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 have otherwise been held at the Philadelphia Juvenile Justice Services Center (PJJSC) at a per diem rate of \$600 with an average length of stay of between 17.5 to 19 days in 2020, 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 such as the JDAI. There are other initiatives as well that 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, DHS has supported the Philadelphia District Attorney's Office (DAO) in the creation and implementation of diversion programs for youth. DHS 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 while in diversion will not automatically reroute a young person to court – an individualized determination for all cases will be made as to whether diversion programming using a graduated response model can be utilized.
- 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 serves between 12-15% of all juvenile cases. Below are the number of youth served in diversion 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. For FY2020, 246 youth completed their diversion contracts and 83% of youth remained arrest free for six months following their contract. For FY2021, 232 youth have been accepted into diversion, 175 youth completed their diversion contracts, and 94% of youth have remained arrest free since the start of FY21.

						Proposed
Diversion (Citywide)	FY 2017	FY 2018	FY 2019	FY2020	FY2021	FY2022
Youth Served	292	224	236	246	232	450

- Restorative Justice

The Department lends its full support to the District Attorney's Office (DAO) efforts with respect to the Restorative Justice Project. The Restorative Justice Project at Impact Justice has partnered with the DAO to implement a youth restorative justice diversion program (RJD) for serious offenses with identifiable victims; these are offenses that have previously not been diverted in Philadelphia's juvenile justice system. Impact Justice is a nationally recognized organization that specializes in training and technical support for RJD programs. They are currently assisting District Attorney's Offices and other system actors in 10 jurisdictions across the United States in developing and implementing an RJD Program.

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. The DAO, along with Impact Justice, selected a community-based organization, the Youth Arts and Self-Empowerment Project (YASP) to facilitate the restorative justice process. YASP is a community-based organization with a proven record of effectively engaging with young people and helping them to become their best selves. YASP is also well-connected with community resources and is expanding and scaling their organization to meet the needs of an RJD program. As part of implementation, in 2020, YASP completed an intensive 6-month training period with Impact Justice and then received ongoing training and technical support from Impact Justice. Training was extensive, and included Restorative Community Conferencing, Implicit Bias, Conflict Transformation and Harm Circles, and Data Collection and Management.

In calendar year 2021, it is projected that 25 youth will be diverted to Restorative Justice diversion. In calendar year 2022, that number will double to 50 youth and in 2023 the number will increase to 150. We anticipate scaling the program each year to increase capacity on a yearly basis.

Initial funding for RJD has been secured through private grants through Impact Justice. Springpoint Foundation has committed \$50,000 in seed funding and Impact Justice has received a private donation of \$244,958 to fund a training, scaling and technical assistance period from July 1, 2020 through December 31, 2021. These initial private investments will be used for one-time training and scaling costs and will allow up to 25 referrals for calendar year 2021. However, sustainability funding will be required to increase the number of youth diverted to RJD for FY2022. It should be noted that these are youth charged with offenses that would otherwise lead to secure placement or extended probation and supervision services.

Attached to this budget narrative is document titled Restorative Justice Diversion Overview & Elements which provides further details regarding RJD. Also attached is an evaluation report, written by Impact Justice's Restorative Justice Project, which explores an established RJD program in California through a provider named Community Works West. Community Works West partners with the Alameda County District Attorney's Office to implement RJD, and through this partnership they currently divert over 100 youth charged with serious offenses away from the court system. This program has seen promising results as outlined in the attached report.

- ☐ Provide a description of children/youth placed in congregate care settings.

As the Department continues 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.

- 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.*

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

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.

- 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?*

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

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 as 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.

- 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?*
- ❑ 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. To expedite filling vacant positions, DHS has increased the number of hires per class and the frequency of the classes. At the time of this NBB writing the PJJSC has a dearth of YDCs. Specifically, at a minimum sixty-(60) are needed to provide the PJJSC with a full complement of staff. Specifically, DHS is working with area universities to create linkages and pipelines for employment. DHS University (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. DHSU continues to participate in Job Fairs at the local colleges and universities.

Lastly, DHSU leads an On-Boarding Task Force with representatives from all divisions across DHS/CUA. The Onboarding Task Force aims to assess current practices and trends in each area to ultimately enhance the staffing complement of the system to continue to ensure the permanency, safety and well-being of Philadelphia's children, youth, and families. The following are areas of concentration:

- 1) Recruitment:
- 2) Onboarding
- 3) Staff Retention
- 4) Succession Planning

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 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. Additionally, DHS is planning to expand Specialized Behavioral Health resource homes. This expansion was initiated by revising the contract scopes of services for the purposes of clarifying role and responsibilities. The rate was also re-evaluated to consider special needs of youth and adjusted to support placement stability. CWO has increased infrastructure to support resource development and recruitment efforts for providers. Professional resource parents will be added to the continuum of resource homes to meet the needs of youth who experience multiple placement disruptions.

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; and aligned with FEI.

DHS has completed enhancements to the Family Team Conference (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 consistent with 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 six 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
Performance Based Contracting (PBC) with CUAs is a system-level strategy designed to incentivize timely permanency, high-quality practice, adherence to local, state, and federal policies, and positive outcomes for youth. CUAs can receive program re-investment funds for youth achieving timely permanency and maintaining a stable permanency. To date CUA and DHS have tracked permanency and stability for PBC eligible youth beginning in FY19.
- Quality Visitation Review Expansion
The Quality Visitation Review teams conduct interviews with families and caregivers to ensure that quality practice is occurring and is consistent with case record documentation. During FY21, this work was expanded to launch the Family and Youth Voice project, whereby a standardized, evidence-informed mixed-methods tool is used to collect information directly from youth and birth parents about their lived experiences with the child welfare system. Information obtained directly from youth and parents is then analyzed and used to inform system change and interventions. Since February 2021, a total of 54 parent voice interviews were completed. This work reflects DHS' vision to have family voices captured in evaluation processes. Feedback from parents represent an important perspective that is critical to enhancing family engagement systematically.

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. DHS is moving forward in FY 2022 with meeting with the city Office of Human Resources regarding city-wide posting for positions. The target date for posting the positions is January 1, 2022.

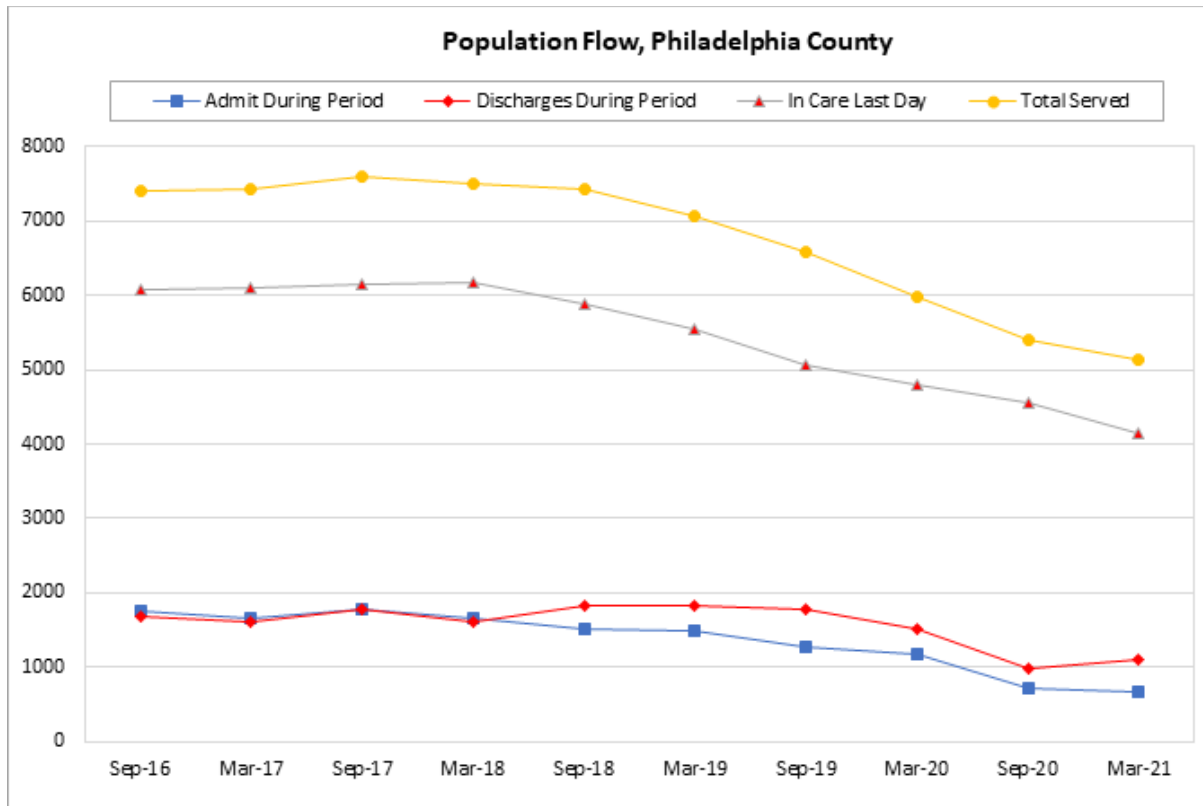
- Monitoring
The Department has made significant changes to the quality of monitoring for providers. This has required more staff to ensure that DHS can conduct more frequent and thorough evaluations. Additionally, DHS created new tools to measure both quality and compliance for congregate care and foster care providers. We are also moving toward incorporating youths' and resource parents' voices into our evaluation process using the Family and Youth Voice project discussed above.
- Implementation Science Teams
To support the implementation of new Evidence-Based Practices, DHS will make use of Implementation Science Teams, each of which consist of 3-5 people who support the implementation, sustainability, scale-up, and ongoing evaluation of EBPs so that they are implemented to fidelity and intended outcomes are realized. As summarized by the National Implementation Research Network (NIRN; <https://nirn.fpg.unc.edu>), Implementation Science Teams are specifically equipped to bridge the gap between research and practice. Implementation Science Teams require a specific and learned skillset. Unlike general case managers, implementation scientists utilize improvement cycles to problem-solve barriers that arise during implementation. Staff supporting the implementation of EBPs often face barriers such as lack of training, inadequate communication, and low buy-in. Implementation Science Teams, however, are skilled at employing improvement cycle frameworks, including Plan-Do-Study-Act (PDSA) Cycles. Through the utilization of such frameworks, Implementation Science Teams are able to identify challenges faced and carry out strategies to address them while simultaneously centering equity.

- Grant Officer
DHS is seeking funding to hire a Grants Officer to support in the identification, development, and writing of grant proposals to foundations and government agencies in order to obtain funding to support strategic initiatives across DHS that are not otherwise funded. In addition to being responsible for writing, developing, and implementing grant proposals, the Grant Officer will be responsible for post-award compliance, including the coordination of reporting and communication with funding agencies as necessary. The Grant Officer will also liaison across City- and State-wide stakeholder groups involved with the development of grant applications and the administration of projects and proposals. The Grant Officer will research new funding opportunities available through local, state, and federal agencies, as well as through private and corporate foundations. Such a position will afford DHS additional funding and growth opportunities to support strategic initiatives and priorities that benefit the children and families it serves.
- 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 *3-1c 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.

With respect to Juvenile Justice resource allocations, a Community Based Detention Service (CBDS) resource will come online in September 2021. This will be a 15-bed community-based detention service for juvenile males. This is an option for diversion from secure detention which, in addition to using the least restrictive, appropriate setting, will enable youth who come under the Juvenile Justice Reform Act to be detained at the PJJSC. Philadelphia County does not currently have the resources to meet the needs of the Juvenile Justice Reform Act. DHS will need community-based detention resources to be able to detain alleged or adjudicated delinquents in order to ensure that there is sufficient space at the PJJSC to detain youth who are charged as adults with crimes. DHS will also need to have evidenced-based programming to be delivered at the PJJSC for residents we will receive with longer lengths of stay and high-end needs. DHS will need to develop and issue RFPs in order to be ready by the effective date of December 21, 2021. DHS is requesting funding to develop community-based detention services for alleged or adjudicated delinquent youth as well as funding for evidenced-based programming to be delivered to youth at the PJJSC who are charged with crimes as adults. DJJS will also need additional funding for specialized training to support Direct File Youth at the facility for extended stays.

2-3a Population Flow

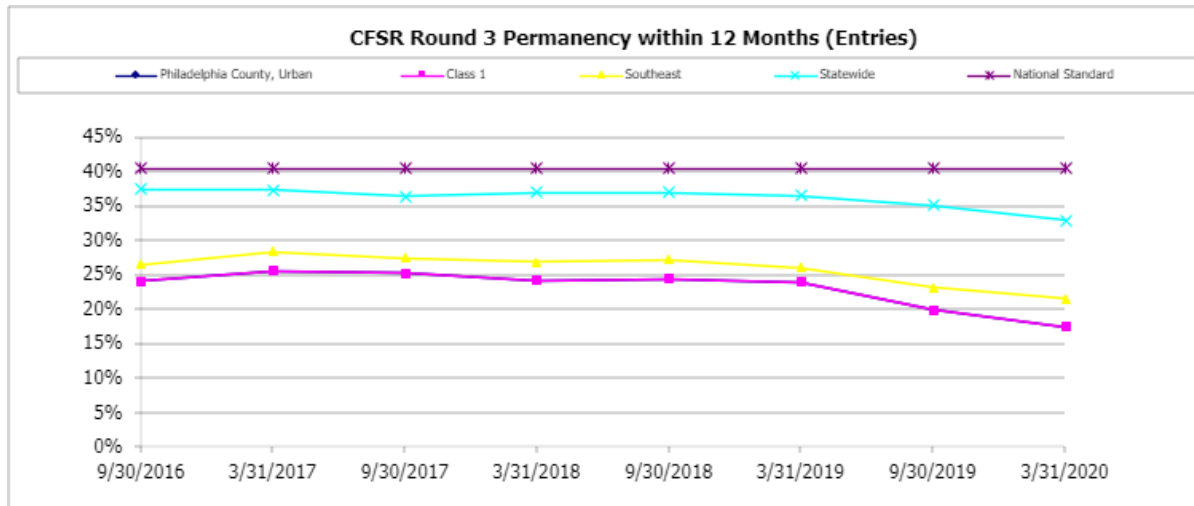
Insert the Population Flow Chart



Click to Paste Chart

2-3b Permanency in 12 Months (Entry)

Insert the Permanency in 12 Months (Entry) Chart



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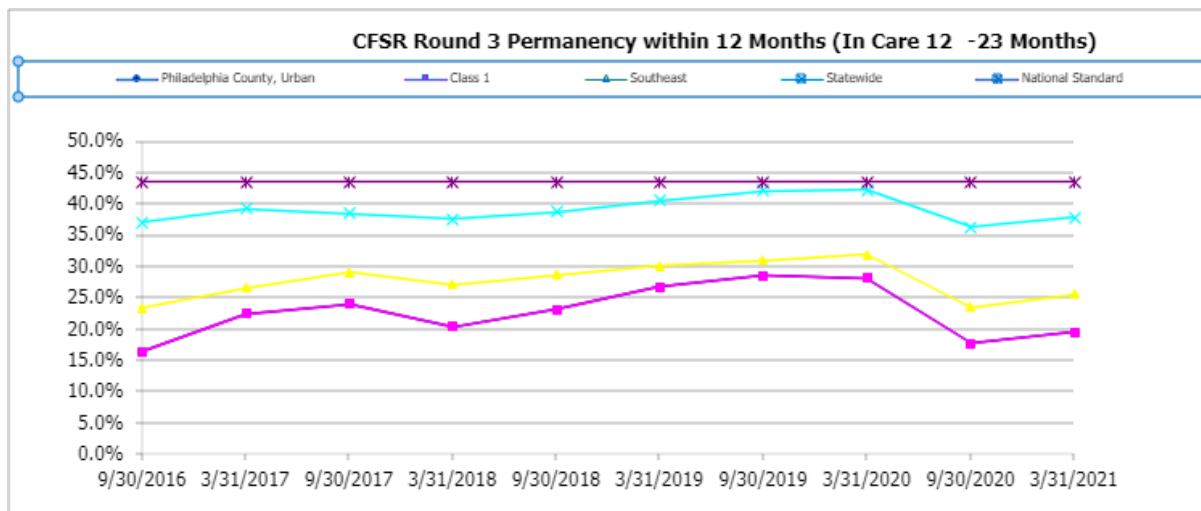
This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national performance standard is 40.5%. A higher performance of the measure is desirable in this indicator.

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

No. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2020 is 17.5%, 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



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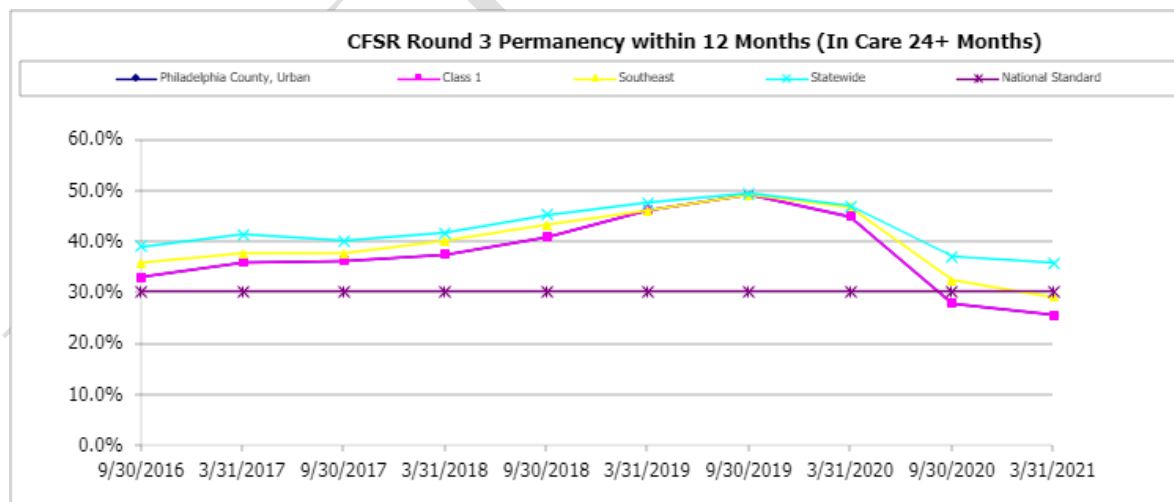
This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6%. A higher percentage is desirable in this indicator.

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

No. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2021 is 19.6%, 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



[Click to Paste 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.

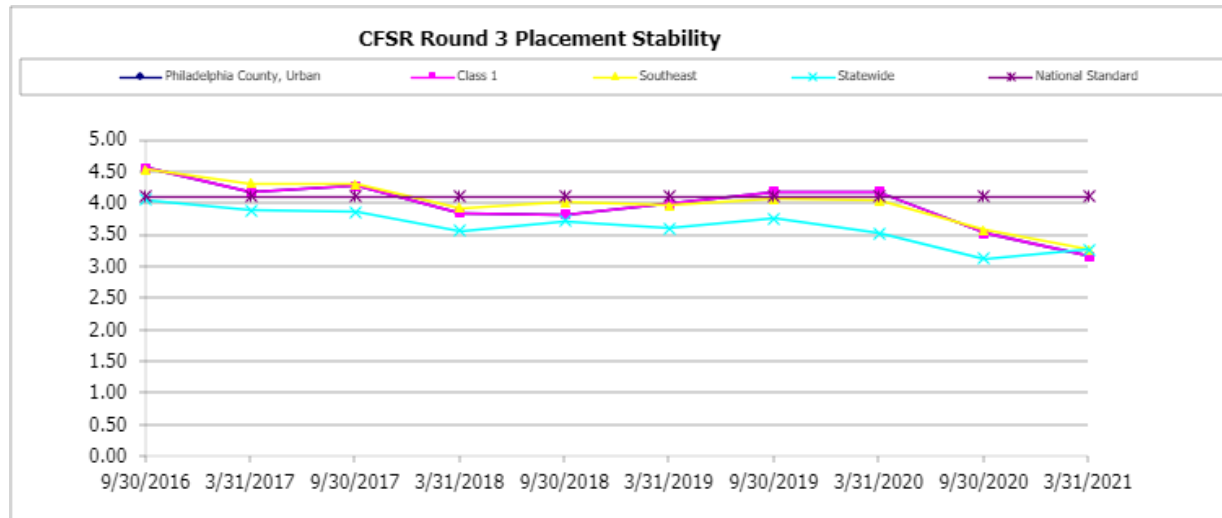
☐ Does the county meet or exceed the national performance standard?

No. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2021 is 25.7%, which is lower than the national standard.

PUBLIC DRAFT

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

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



[Click to Paste Chart](#)

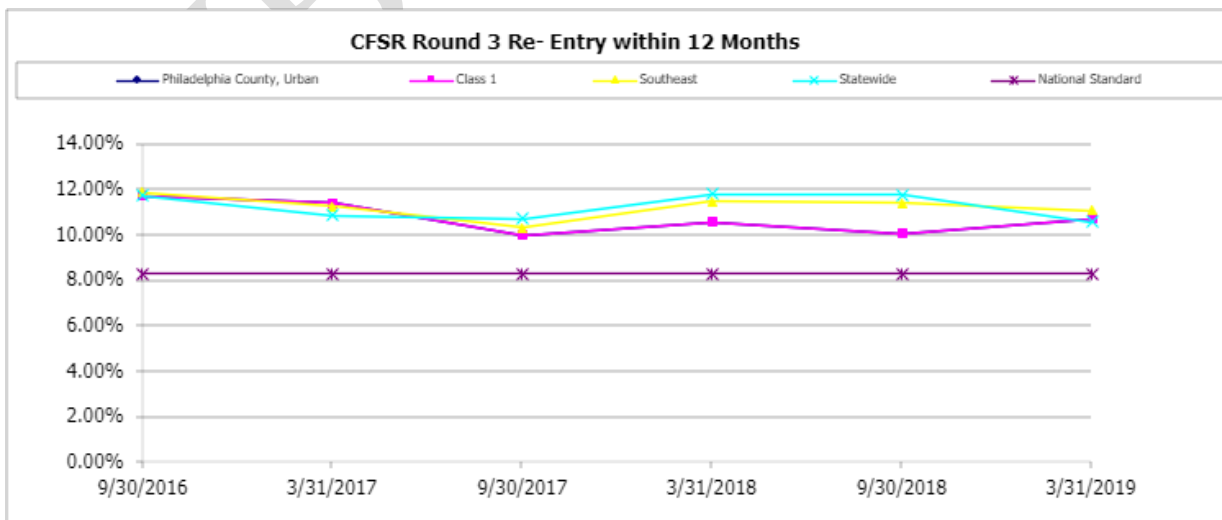
This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves. A lower number of moves is desirable in this indicator.

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

Yes. Philadelphia's rate of placement moves for this cohort ending on March 31st, 2021, is 3.17. A lower number is better, and Philadelphia's rate of placement moves is slightly lower than the national standard.

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

Insert the Re-entry (in 12 Months) Chart



Click to Paste 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, 2019 is 10.7%, 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 2022-23, 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:

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, Operations Director
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's 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's Commissioner leads the Executive Cabinet, which is comprised of the Divisional Deputy Commissioners, Operations Directors as well as the Directors of Policy and Planning, Communications, and DHS University. Members of DHS's 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's implementation of Improving Outcomes for Children and other system reform efforts. Both the CWOB and DHS's 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, 2019 and March 31, 2020, younger children aged 0-5 less frequently achieved permanency within 12 months of entry compared with children aged 6-12 and 13-17. For this cohort, 13.3% of children aged 0-5 achieved permanency; 16.4% of children aged 6-12 achieved permanency; and 23.2% of children aged 13-17 achieved permanency. These trends were not consistent for children who remained in care beyond 12 months. Among children who were in care continuously for 12-23 months as of 3/31/21, children aged 0-5 more frequently achieved permanency within 12 months compared to children aged 6-12 and children aged 13-17 (22.8% vs. 15.6% and 19.1%, respectively).

Gender: Between April 1, 2019 and March 31, 2020, children who identified as male achieved permanency within 12 months of entry at a rate similar to children identified as female (17.5% vs. 17.6%, respectively). For children who remained in care beyond 12 months, male children achieved permanency slightly less frequently than female children. Among children who were in care continuously for 12-23 months on 3/31/21, 19.0% of male children achieved permanency within 12 months compared to 20.1% of female children.

Race/Ethnicity: Between April 1, 2019 and March 31, 2020, children who identified as Latinx or Black more frequently achieved permanency than children who identified as White (17.4% vs. 18.6% vs. 11.1% respectively). These trends did not remain consistent for children who were in care beyond 12 months. Among children who were in care continuously for 12-23 months on 3/31/21, only 17.7% of Black children achieved permanency within 12 months, compared with 21.6% of Latinx children and 25.8% of White 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 3.17 for all children who entered foster care between April 1, 2020 and March 31, 2021 in Philadelphia County. This rate is lower than the national standard of 4.12 placement moves per 1,000 days of foster care. Below, data is presented for this cohort of children who entered foster care between April 1, 2020 and March 31, 2021 by their demographic characteristics.

Age: On average, the youngest children experienced fewer placement moves and greater placement stability compared to older children. Children aged 0-1 experienced 2.14 moves per 1,000 days of foster care compared to 3.08 moves for children aged 2-5; 2.86 moves for children aged 6-9; 2.97 moves for children aged 10-12; 4.21 moves for children aged 13-15; and 4.57 moves for children aged 16-17.

Gender: Male and female children experienced a similar number of placement moves (3.23 vs. 3.12 per 1,000 days of foster care, respectively), and the

² Data obtained from HZA data package_06.29.21

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 and Hispanic children on average experienced more placement moves than White children (3.15 and 3.24 vs. 2.38 moves per 1,000 days, respectively). 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 10.7%, representing a decrease of 1.0 percentage point since 2016. Philadelphia's re-entry rate is slightly lower than the rest of the region (11.08%), similar to the rest of the state (10.60%), and higher than the national standard of 8.3%. The most recent re-entry rate for Philadelphia County was calculated using the following criteria: Of all children who discharged to permanency within 12 months of entering care between April 1, 2018 and March 31, 2019, what percentage re-entered care within 12 months? Below, data is presented for this cohort of children who entered foster care between April 1, 2018 and March 31, 2019 by their demographic characteristics.

Age: Re-entry rates by age group have fluctuated over the past few years. For this most recent cohort, children entering foster care at age 12 or younger experienced varied rates of re-entry on average compared to the overall County rate of 10.7%, ranging from 6.4% (ages 0-1) to 13.8% (ages 2-5). Children entering at ages 13-15 had a re-entry rate of 17.5%. However, older teenagers aged 16-17 entering care had a re-entry rate of 7.8%, below the average County rate.

Gender: Male children in this cohort had a lower re-entry rate than female children (i.e., 9.56% vs. 12.03%, 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: For this cohort, Black children on average experienced higher re-entry rates than Hispanic children (13.07% vs. 9.17%). Comparison data were not available for White children.

- ❑ 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).

³ Data obtained from HZA data package_06.29.21

- ☐ 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, just over a third (37%) of the children are aged five and under; about a quarter (26%) are aged six-ten; roughly 35% are aged 11-17; and only 1% are 18 or older. Comparatively, for children in dependent placement, just over a third (36%) are aged five and under; 23% are aged six-ten; about a third (31%) are aged 11-17, and 11% 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 supports. Point-in-time data from June 30, 2021 indicates that the proportion of male and female children receiving dependent services was similar (i.e., 52% female, 48% male), whereas 92% of youth receiving delinquent services identified as male and only 8% identified as female. In terms of age, the majority of children receiving dependent services were aged ten or younger (60%), whereas 81% receiving delinquent services were aged 16 or older. Regarding race and ethnicity, 83% of children receiving dependent services identified as either Black (65%) or Hispanic (18%), whereas 94% of youth receiving delinquent services identified as either Black (82%) or Hispanic (12%).⁵

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

As reported in last year's submission, Philadelphia DHS has continued to work 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 in Quarter 3 of the past fiscal year, slightly less than two-thirds received in-home services as their first service. 23% of children received family foster care or kinship care as their first service, and 6% 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's data system during the first 30 days after the child was accepted for service.)⁶

⁴ Data obtained from Dependent Children Demographics Report run on July 7, 2021

⁵ Data obtained from Dependent Children Demographics Report and Delinquent Children Demographics Report, both run on July 7, 2021.

⁶ Data obtained from CWO Frontend Reports_2019

DHS's Entry Rate & Disproportionality Study examined data among 29,539 children with new reports to the DHS Hotline between January 1 – August 31, 2018. These study data have not been updated since the initial examination.

Race/Ethnicity: Of the children included in this study and reported to DHS's 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.

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's 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 caseload reduction of City Solicitors – to improve timeliness to permanency and align our outcomes with federal standards.

DHS has also identified the disproportionate reporting of Black children to the Hotline as another system “pain point” in need of strategic attention. In response to this need, DHS launched the Cross-Agency Disproportionality Workgroup with a stated goal “to pull resources together with partner City agencies to design bold, collaborative interventions to reduce out-of-home placement, specifically for African-American children and youth due to neglect allegations and/or socio-economic factors.” Drawing from the Entry Rate & Disproportionality Study findings, the Workgroup identified a number of strategies aimed at reducing the disproportionate reporting of Black children to the Hotline. Specifically, the workgroup is pursuing the use of prioritized service slots across Health and Human Services for children and families residing in areas of the City with the highest rates of Hotline reports. The Workgroup is also working collaboratively with the Department of Public Health to expand the use of a Support Line to more effectively ameliorate poverty as an alternative to the DHS safety Hotline. The Cross-Agency Disproportionality Workgroup is led by executive leadership from Philadelphia’s Department of Human Services (DHS) and Office of Children and Families (OCF) and meets monthly. The Workgroup has representation from all major City child- and family-serving systems, including Philadelphia’s Department of Public Health (DPH), Department of Behavioral Health and Intellectual Disabilities (DBHIDS), Office of Homeless Services (OHS), Community Empowerment Opportunity (CEO), the School District

of Philadelphia, the Children's Hospital of Philadelphia. Together, these departments and organizations support Philadelphia children and families to access quality health care, education, social and behavioral health supports, economic stability, and housing. These entities oversee the City's health centers and public health initiatives, early childhood education programming and supports, employment opportunities and workforce development, maternal and child health/home visiting programs, the public school system, the City's major children's hospital, and homeless/housing programs and supports. This partnership framework is well-established and represents a shared vision to address social determinants of health across a robust continuum of community-based networks of support within Philadelphia.

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). • Build sustainability for the above actions into the Hotline. • Continue use of Field Screening units to safely divert families reported to the Hotline from being accepted for investigation.

	<ul style="list-style-type: none"> • Continue with quality assurance process to ensure that reports are being screened out appropriately. • 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. • DHSU will train all new hires and ongoing staff in Family Engagement Initiative (FEI) in January 2022 • DHSU will lead all FEI consultations calls for 3 months as each CUA is rolled out and transition from the AOPC. • 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 case management supports for youth. OCF has seen that in addition to having youth development staff as the lead for these services, it must integrate case managers to support families post-pandemic. There has been an observed increase in the number of families coming into programs requesting support with resource navigation around social-
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	<p>behavioral and economic systems. Youth development staff are equipped to serve child needs, but additional case management supports are needed to address the more intensive needs being observed.</p> <ul style="list-style-type: none"> • Increase resources for Work-Ready jobs 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. • 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 in the SW Philadelphia corridor in order to mitigate the gun violence in that area in accordance and in partnership with the GVI task force. • Increase by two the number of and use of Evening Reporting Centers (ERC) to assist with diverting youth from entering placement. Populations to include youth on interim probation and youth returning from placement. • Expand the existing Pre- and Post-ERCs to 20 slots each. • 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. • Acquire additional (50) GPS devices as alternative to secure detention increases for lower offending youth in an ancillary effort to create room/space within the PJJSC. • Anticipated ramp-up 9/1/2021 of 15-bed CBDS specifically for males. • Develop and issue RFP for a community -based gun violence prevention program for JJS involved youth. • Develop and issue RFP for a community -based evidence based program that offers Cognitive Behavior Training JJS involved youth.
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<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> • All Hotline SWSMs 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. • Sustainability for Hotline Guided Decision Making training and transfer of learning activities built into the DHS Hotline. • 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. • Increase the family engagement of truancy providers and decrease the number of truancy referrals sent to Regional Truancy Court. • Increased engagement of families in the CAPTA program who successfully complete the service and do not re-enter the system. • Increase the engagement of the county's children and youth in educational systems. • Providers enroll youth in Out-of-School Time (OST) slots with the goal of increasing family engagement and providing support that successfully keeps them out of the formal welfare system. • Increase the number of youth enrolled in WorkReady jobs. • 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. • More alleged and adjudicated youth detained in community-based detention services.
<p>Evidence of Completion:</p>	<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 increasing enrollment in Truancy Prevention Services, Out-of-School Time (OST) services, and youth workforce opportunities.</p>

<p>Resources Needed (financial, staff, technical assistance, etc.):</p>	<ul style="list-style-type: none"> • Maintain funding for Truancy Case Managers and operating costs (IT infrastructure and emergency fund assistance for families). • Funding expanded for rapid rehousing slots to serve 5-10 additional families per year. (25 - 30 families). • Increase funding for Out-of-School Time (OST) case management component. • Increase 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, two additional Evening Reporting Centers (ERC), and expansion of existing ERCs to 20 slots each. • 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. • Funding for global positioning devices (GPS). • Funding for sustainable community-based detention services. • Funding for a community -based gun violence prevention program for JJS involved youth. • Funding for a community-based evidence-based program that offers Cognitive Behavior Training JJS involved youth.
<p>Current Status:</p>	<ul style="list-style-type: none"> • 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 position, as well as the new Out-of-School Time (OST) case management positions. • Hotline leadership receives a list of screened-out reports to review on a monthly basis. In 2021, Hotline began to receive a targeted list of screened-out Hotline reports with young children that did not go through the secondary screen out process. • Sustainability for Hotline Guided Decision Making training and transfer of learning activities have been built into the DHS Hotline. (completed) • Two FECs continue to be open and are meeting performance standards. • Each quarter, the key performance indicators for CAPTA, FES, FEC, and RSR are reported, such as referrals, initial engagement rate, voluntary service rate, ongoing engagement rate, service linkage completion rate, and the Family Advocacy and Support Tool (FAST) assessment

	completion rate (for FEC only). Each year, an annual performance indicator report is released with the quarterly indicators aggregated. Additionally, the FEC family functioning improvement indicator and diversion rate of all programs are included in the annual report.
Monitoring Plan:	<p>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. Administrative data related to enrollment, engagement, and service uptake are collected through online databases and monitored on a quarterly basis.</p> <p>Diversions prevention provider agencies are required to complete information in a centralized database during the data collection process and administer the FAST assessment in a secure web-based survey tool, Qualtrics. PMT accesses the information and reports on the indicators on a weekly, monthly, and quarterly basis. In addition, PMT conducts yearly performance reviews of all DHS providers to monitor and evaluate providers' compliance with program standards. PMT is utilizing the current provider evaluation tool and key program performance indicators to establish scoring mechanisms and will create an annual performance evaluation report in the next fiscal year.</p>

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

Related performance measures, if applicable:

Strategy:	Increase Family Engagement and Improve Practice to achieve an increase in timely reunification and other permanencies
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> • Roll out of a revised Family Team Conference Process that is laser focused on permanency for youth in care; and aligned with FEI <ul style="list-style-type: none"> - Increase participation of families at the conferences. - Full roll out of revised process in December 2021. • Completion of Rapid Permanency Reviews for children in placement for more than two years. (ongoing) • Build sustainability of Rapid Permanency Review process into the system, with DHSU retaining a consulting and technical assistance role. • Full implementation of Performance Based Contracting (PBC) with CUAs which is designed to incentivize timely permanency and maintain stability for all PBC eligible youth entering out of home placement since FY19.

	<ul style="list-style-type: none"> - Establish a goal (based on previous CUA performance) for CUAs to help children reach timely permanency and ensure stability. - Engage CUAs on a quarterly basis to ensure that they have updated data on their permanency and stability benchmarks for each cohort. • Expand 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. Expand this model to include cases represented by independent attorneys. All consistent with the Enhanced Legal Representation component of FEI. • To increase timely reunification and other permanency indicators Philadelphia DHS embraced the Administrative Office of the Pennsylvania Court's Family Engagement Initiative (FEI) which began in Philadelphia in February of 2020 and looks to complete phased implementation by December 2021. • 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.
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> • Increase the number of youth who are reunified.

	<ul style="list-style-type: none"> • 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%
Evidence of Completion:	<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. • Decrease in the total number of re-entries youth experience after reunification, adoption and permanent legal custody.
Resources Needed (financial, staff, technical assistance, etc.):	<ul style="list-style-type: none"> • Continued 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 Older Youth Liaisons at DHS to support CUAs. • Funding for new model for parent representation and expansion to cases represented by independent attorneys. • 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.
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. All consistent with FEI. • FEI has been expanded into four of the core dependency court rooms and will take effect in the remaining two by December 13, 2021. • FEI phased implementation is expected to be completed December 2021. • PMT is currently monitoring four cohorts under the new PBC model which include all PBC eligible youth who have entered care since FY19. <ul style="list-style-type: none"> - Children who meet the timeliness and stability requirements in all cohorts are being tracked to identify CUAs eligible for program reinvestment funds. - To date one CUA has met the PBC T1 benchmark and will receive a program reinvestment • The project scope for PBC has been incorporated into all ten CUA contracts. • PMT developed and implemented business rules related to PBC. • An additional attorney is being added to the Law Department's PJJSC team. • Expanded quality visitation review to incorporate an additional layer of measurement of accountability to ensure consisted engagement of biological families. (ongoing) • Launched the Parent Youth Voice Tool project, whereby a team of Social Work Service Managers (SWSM) use an evidence-informed, mixed-methods tool to systematically collect information about family engagement directly from youth and birth parents. Findings are used to inform system improvement strategies.
Monitoring Plan:	<p>PMT monitors and reports out on the benchmarks.</p> <ul style="list-style-type: none"> • Every quarter PMT sends reports to CUAs about the number of children eligible for program reinvestment for timeliness and stability. The CUAs reconcile the list if there are any issues or missing information. • At the end of each fiscal year, a final list is generated and reconciled with the CUAs prior to the calculation for the reinvestment. • After all the numbers are reconciled, the results of the benchmarks are communicated to each CUA.

	<ul style="list-style-type: none"> • Program reinvestments for CUAs who exceed PBC benchmarks and who have attained a mark of “competent” or above on the overall CUA scorecard and the practice domains will receive a program reinvestment allocated by Finance.
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Outcome #3: Reduction in the Use of Congregate Care

Related performance measures, if applicable:

Strategy:	Decrease the number of youth in congregate care by controlling the number of youth entering care and working to ensure timely discharge from congregate care settings.
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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.) • 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. • Acquire additional (TBD) GPS devices as alternative to secure detention increases for lower offending youth in an ancillary effort to create room/space within the PJJSC. • Anticipated ramp-up (9/1/2021) of 15-bed CBDS specifically for males w/the ability to expand to a 20-bed resource.
Indicators/Benchmarks (how progress will be measured):	<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. • 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. • Continued 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.

	<ul style="list-style-type: none"> • 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) • From FY2016-17 to FY2020-21, there has been a 69% decrease in the number of youth receiving institutional-level congregate care services and a 52% decrease in the number of youth placed in dependent group homes. Additionally, at 7.5% of dependent youth in placement in congregate care, Philadelphia remains well below the state (13%) and national (10.3%) averages.
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:

Strategy:	Increase child and family well-being by supporting parents, children, and youth through the traumatic experience of child removals from home and by supporting educational needs of children in care.
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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. • Continued support of Healthy Families America which provides in home services for families currently pregnant or with a child younger than four (4) months old; DHS-involved families can enroll children that are up to one (1) year old. Programming promotes positive parenting practices, health child growth, and strengthening parent-child relationships. • 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). • Identify evidenced-based programming to be provided at the PJJSC for youth charged with crimes as adults with longer lengths of stay and higher-end needs and issue an RFP for the programming.
Indicators/Benchmarks (how progress will be measured):	<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.
Evidence of Completion:	<ul style="list-style-type: none"> • Matches between peers and parents/youth. • Improved outcomes for youth involved in AIC and LifeSet.

	<ul style="list-style-type: none"> • Contract competitively bid, provider selected and youth transported to school. • Youth charged with crimes as adults, detained at the PJJSC, receiving evidence-based programming.
Resources Needed (financial, staff, technical assistance, etc.):	<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 and recertification. • DHSU will need 14 additional trainers for mental health first aid training: six for adults, six for youth, and eight for teens. • Funding to support needs of parent and youth advisory boards. • Funding for evidence-based programming at the PJJSC for youth detained at the PJJSC who are charged with crimes as adults.
Current Status:	<ul style="list-style-type: none"> • Information has been solicited from 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. • AIC has served 725 youth from July 2020-May 2021. The Mentoring program has made 10 matches and 54 mentors have been recruited. There are currently 15 active matches that were matched in the previous FY and this FY and still engaged. The AIC Housing Coordinator worked with 141 youth for housing concerns, connections and referrals. • LifeSet (formerly YVLifeSet) served 217 youth in fiscal year FY21. There have been 72 successful discharges, with a remaining amount of participants still being served. <p>In addition:</p>

	<ul style="list-style-type: none"> - Housing (90% increase) - 90% of the participants who were homeless (street living, couch-surfing, no identified place to stay) at enrollment, have now gained suitable and stable housing. - Education (64% increase) - 64% have either graduated high school or entered in a post-secondary educational plan. - Employment (87% increase) – 87% of the participants who were unemployed at enrollment have gained and maintain employment while in the program. - Life Skills (100% increase) – 100% of participants have been assessed in treatment planning and have shown an increase of life skills. - Mental Health (85% increase) – 85% of participants who have displayed mental health challenges at enrollment or while being services have engaged in mental health treatment. - Permanency (100% increase) – 100% of participants who did not have a permanent connection or support have gain a permanent connection or support as evident in completion of the YVLS permanency pacts completed prior to discharge. <ul style="list-style-type: none"> • In FY21, PMT completed a project to identify how major well-being constructs are captured in DHS data. Specifically, the project aimed to: (1) identify core constructs and operationalized measures of family well-being, (2) identify how these constructs are currently collected in DHS data, and (3) evaluate how valid and reliable current measures of well-being are. Key findings included the following: <ul style="list-style-type: none"> - Community/environmental level measures of family well-being are not often collected in DHS data. - More data are collected for child well-being than for parent well-being. • Further analyses are needed to ensure the valid and reliable measurement of well-being data. • Evidenced-based programming to be provided at the PJJSC for youth charged with crimes as adults with longer lengths of stay and higher-end needs is in process. DHS-JJS is reaching out to the prisons, our medical and educational teams to coordinate the necessary alignment in anticipation of the influx of State Rd. youth.
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:	<ul style="list-style-type: none"> • 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. • Improve candidate selection at both the Civil Service exam and during the interview process. • Implement incentive program for new hires. • Solicit feedback at all levels to determine areas that require improvement. • Provide tools and services to support remote work, wellness, and employee recognition. • Ensure sufficient infrastructure to support innovative system-level programmatic growth and development.
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 Office of Human Resources for 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. (ongoing) • Collaborate with operating divisions on behavioral based assessment tool. Target start is August 2021. • Solicit feedback from new hires and their chain of command to inform the onboarding process. (ongoing) • Continue conducting stay interviews of high performing staff who have been with the department for at least 5 years. • 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. (ongoing) • 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.

	<ul style="list-style-type: none"> • 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. • 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) • Hire an implementation science team to support EBP implementation and monitoring. • Hire a Grants Officer to support grant application submissions and development opportunities. • Purchase software/apps to support working remotely • Purchase tools/service to support wellness • Expand Employee Recognition to include team recognition as well as provide “toolkit” to supervisors for instant recognition • Work with the Office of Human Resources Office to update the Hiring Bonus Civil Service Regulation. • Hire additional HR staff to support hiring efforts.
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> • Increase in staff recruitment and retention. • Fewer vacancies. • 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). • Increase in the utilization of Evidence-Based Practices • Increased funding opportunities to support DHS strategic initiatives
Evidence of Completion:	<ul style="list-style-type: none"> • Reduction of turnover in the first year of employment. • More staff completing trainings: 85% DHS and CUA staff per year. • 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. Funding for positions at the PJJSC to ensure adequate staffing levels to ensure child safety. Funding for tools and services to support remote work, wellness, and employee recognition. Funding needed to post on colleges/universities platform to post city job postings. Funded needed for brochures, promo materials, transportation to college/universities to conduct job fairs and presentations. Funding for training positions: DHSU will need 1 Program Analyst Supervisor, 1 Program Analyst, 1 Secretary, 1 administrator, 3 Supervisors Funding for incentives for Youth Leadership Academy. Funding for: <ul style="list-style-type: none"> Web Camera(s) - for live simulation and observations of client/SW interactions and engagement, to aid staff in the transfer of knowledge and foster discussions. Audio support - microphones/intercoms/speakers - to aid in the delivery of sound and volume control. SDI/USB Cards. Extensions/Cables. Wall mounts. Funding for Implementation Science Teams. Funding for Grant Officer.
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. (completed) Solicit feedback from new hire chain of command will begin in July 2020. (completed) Stay interviews with staff with 5+ years began in August 2020 and is ongoing. 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 & City of Philadelphia Office of Human Resources to post Social Work & Youth Study Center job announcements twice per year to align with graduation

	<p>seasons. This was included in the hiring plan for FY22 Q1/Q2.</p> <ul style="list-style-type: none"> • DHSU leads an On-Boarding Task Force with representatives from all divisions across DHS/CUA. The Onboarding Task Force aims to assess current practices and trends in each area to ultimately enhance the staffing complement of the system to continue to ensure the permanency, safety and well-being of Philadelphia's children, youth, and families. The following are areas of concentration: Recruitment, On-boarding, Staff Retention and Succession Planning • DHSU has expanded beyond Training and technical assistance. DHSU currently provides Training, TA, Professional Development and Organizational Effectiveness which includes leading projects and conducting organizational assessments on culture and climate that impacts of the safety, permanency and well-being of children and youth. • Engaging a staff consultant to assist with developing a blocking and restacking plan and purchasing more modern usable open furniture to use in large open spaces and move away from cubicles was delayed by COVID and did not occur in FY 21, but we plan to do this in FY 22.
Monitoring Plan:	<ul style="list-style-type: none"> • These items will be monitored by Executive Cabinet and reported out regularly during meetings.

Outcome #6: Eliminate the Disproportionate Out-of-Home placement of African American children and youth.

Related performance measures, if applicable:

Strategy:	Design Interventions focused on Eliminating the Disproportionate Out of Home placements of African American children and youth.
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> • Three Phase Entry Rate and Disproportionality Study to examine ethno-racial disparities and disproportionality associated with children entering out of home care to inform targeted efforts to reduce Philadelphia's rate of entry to out of home care: FY2022Q2 • Training for Mandated Reporters: FY2022Q4 • Develop a Cross Departmental Helpline: FY2022Q4 • Policy Assessment: FY2022Q4

Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> • Less Neglect referrals called in to the Department's Hotline. • More City system-wide accountability to address the socio-economic factors that are often perceived to be neglect. • The Family Empowerment Centers will continue to accept referrals and meet performance standards. • More African American youth diverted from the juvenile justice system in lieu of arrest. • Reduction in the number of African American youth adjudicated delinquent and placed in congregate care.
Evidence of Completion:	Less African American children and youth being placed out of their homes of origins due to neglect, juvenile justice contact, and other socio-economic factors.
Resources Needed (financial, staff, technical assistance, etc.):	The Department will need to contribute to staffing the Cross-Departmental Helpline as well as resources as part of the Department's Mandated Reporter Training efforts.
Current Status:	Phases Three and Four of the Entry Rate and Disproportionality Study are close to completion. Mandated Reporter Training is underway with the School District of Philadelphia; and will be starting within the FY2022 with Medical and Behavioral Health Providers. The Department of Public Health has taken the lead on the Cross Departmental Help Line. The Help Line should also be up and running within the FY2022. Casey Family Programs and the Center for the Study of Social Policy have begun the Policy Assessment Review process and have working closely with the Department's Policy and Planning Team.
Monitoring Plan:	The Department has Cross Department Disproportionality Workgroup in place whose work is develop strategies that will help to eliminate disproportionality and disparities as well as create equity within the African American communities City of Philadelphia. The Workgroup will also monitor develop strategies.

For Program Improvement Areas that were identified in the FY 2020-21 and FY 2021-22 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 2020-21. 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, 2020, and should be added to all FY 2021 costs which are chargeable to other city agencies, other governmental agencies and outside organizations:

Municipal Pensions (Percentage of Employee's Pension Wages)

Plan	Employee Classification	Normal Cost	Unfunded Liability	Total
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	3.845%	10.292%	14.137%
J	All D.C. 33 members & D.C. 47 Local 2187 members hired before 10/2/1992; and all other non-uniformed employees hired, or before 1/8/1987	7.646%	612.949%	620.595%
Y	All non-uniformed employees hired after 10/1/1992	3.845%	10.292%	14.137%
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	1.601%	-0.073%	1.528%
16	Stacked Hybrid Plan D.C. 33 and Correctional Officers hired after 8/20/2016. D.C. 47/ Exempts /Non-Reps hired after 12/31/2018. Compensation used in calculating benefits is capped at \$65,000, annually on a calendar year basis	3.134%	0.015	3.149%

Plan is optional for all employees.

Employee Disability

Cost per

**Employee
Per Month**

Worker's Compensation	\$ 131.15
Regulation 32 Disability	\$ 0.64

Social Security / Medicare

Social Security	<u>Calendar Year Earnings Covered</u>	<u>Effective Period</u>
	Gross Earnings not to exceed \$137,700 Gross Earnings not to exceed \$142,800	07/01/20- 12/31/2001/01/21- 06/30/21
Medicare	Unlimited Gross Earnings	07/01/20-12/31/20
	Unlimited Gross Earnings	01/01/21-06/30/21

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	3.92
Exempt & Non-Rep employees		
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	\$ 601.23	\$1119.02	\$1758.56
Personal Choice PPO ²	553.73	1031.55	1620.63

Dental PPO ³	36.29	67.14	105.24
Dental HMO ³	16.90	33.37	60.70
Optical	3.24	5.82	8.25
Prescription Plan ³	216.56	400.64	628.04

² Based on self-insured conventional rates for calendar year 2020.

³ Based on fully insured premium rates for calendar year 2020.

Unemployment Compensation

<u>Employee Classification</u>	<u>Cost Per Employee Per Month</u>
All non-uniformed employees	\$14.0
6	

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.

There have been no changes to the county's organization chart since the last submission. The Policy Development and System Enhancement division, under the leadership of Deputy Commissioner Gary D. Williams, has added and begun to staff "Innovative Practices" which will identify best practices within child welfare and create frameworks for optimal implementation and service integration consistent with statutes and State and federal guidelines.

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. DHS Human

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Progressive recruitment efforts are underway as of this writing. Collaborations with local Historically Black Colleges and Universities are being solidified to bolster staffing at the Philadelphia Juvenile Justice Services Center. Special waivers and a sign-on bonus structure are being vetted by DHS' Human Resources.

DHSU partnered with the CWEB Coordinators from the University of Pittsburgh and conducted joint virtual presentations to CWEB undergraduate social work schools in the Philadelphia area. As a result of our recruitment efforts, Philadelphia DHS currently has six students representing three CWEB affiliated universities fulfilling their CWEB internship requirements for the 2021-2022 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 continuing to work on 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.

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 was presented to Executive Cabinet and DHSU's Onboarding Taskforce. Retaining quality talent requires feedback from the source itself.

Interviews will be conducted with high performing employees with at least five years of service with the organization. Information collected from these interviews will be shared with Executive Cabinet with recommendations. This is an ongoing effort.

1. DHSU leads a collaborative On-Boarding Task force that includes 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 6 - 12 month period. The goal is to increase staff complement for CWO and JJS by 30% over the next two fiscal years.
2. 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.
3. DHSU will continue its expansion of Philadelphia Child Welfare Leadership Academy (CWLA) across all levels within the system to include emerging leaders within DHS's entire workforce including all position levels. DHSU is looking to implement a Directors' CWLA as well as a Youth Leadership Academy. This Youth Leadership Academy will serve committed and/or formerly committed Older Youth ages 16 – 21yrs. to support in transition to adulthood. This Youth Leadership Academy will enhance their leadership to succeed in adulthood.
4. Continuing the Supervising for Excellence training for CWO supervisors, administrators and Directors to enhance practice and address professional development needs.
5. 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, technology goggles and software that will be used as virtual simulation and alternative training platforms like WebEx Training.
6. 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 master's degree. Once obtained, staff are eligible to apply for the supervisor's test.