



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2023-24 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) 2023-24 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.

PUBLIC DRAFT

PHILADELPHIA

**NBPB
FYs 2021-22, 2022-23 and 2023-24**

PUBLIC DRAFT

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

Section 2: NBPB Development

1-1: Executive Summary

- Respond to the following questions.

The City of Philadelphia Department of Human Services (DHS) continues to work toward achieving the goals of Improving Outcomes for Children (IOC):

- 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.

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 the child welfare and juvenile justice system to ensure the best fit and best quality service for children, youth, and families. DHS is committed to addressing the disproportionate placement of African American children and youth in out of home care and involvement with the juvenile justice system. We strive towards, and have begun the work of becoming, an anti-racist organization.

- 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.

The COVID-19 pandemic has impacted the Department's Hotline and Investigation in various ways, most notably in the fluctuation of workloads and the changes within the workforce. During the early stages of the pandemic, the Department'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.

In the first half of FY2022, as the dynamics of the pandemic changed, a 20% increase in call volume occurred. Similarly, during this time, there was an 18% increase in new investigations. Consequently, there was a reduction in staffing resources that became

increasingly significant as the pandemic progressed. There is, however, a renewed interest in exploring workload options. Given the more recent increase of investigations (20% increase), there are a myriad of ways the department plans to address workforce stability through recruitment, retention, and reorganization.

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; 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.

As the COVID-19 pandemic is well into its second year, DHS-DJJS is still aligned and engaged in its partnerships with its contracted on-site medical team from Corizon Health Services and Children's Hospital of Philadelphia (CHOP). The Division continues to be in consultation with the Philadelphia Department of Public Health with regards to maintaining our COVID-19 mitigation practice protocols for the PJJSC. As of this writing, Monday, June 27, 2022, total number of youth tested has been 5,481 residents, with 160 positives. This equates to a 2.91% positivity rate within this population. This time last year the positivity rate for our population was 3.9% which was far below CDC recommended rate nationally. As such, our data is trending in such a manner that objectively shows that our partnerships and focused mitigation efforts have been a monumental success.

Philadelphia County will be requesting funding for portable electronic devices specifically for Juvenile Probation Officers (JPO) assigned to the Global Positioning System (GPS) and the Crossover (CRO) unit to allow the JPO to conduct video conferencing with youth and their families from the families' home. All shared case responsibility cases that are on formal court supervision and in the adjudicatory phase of a trial are supervised by the JPOs in the Crossover unit. At times, shared case responsibility cases are placed in congregate care settings that are a far distance from Philadelphia. Due to this distance, families may not always have the ability to visit their child in person. Family engagement is key when developing successful discharge plans, so having family participate in these meetings via a portable electronic device is paramount for a youth's successful discharge back to the community. Portable electronic devices allow the probation officer to go to a family member/foster care home and have the guardian participate in Joint Assessment Meetings, discharge planning meetings, individual service plans, master case plan meetings, family visitation, therapeutic sessions and allows the family to participate in disciplinary scenarios when necessary. Portable electronic devices will allow staff to assist youth in obtaining employment, completing applications with the assistance of the probation officer while in the home. Staff would be able to assist parents/guardians in applying for necessary resources if the probation officer had a portable electronic device in the community with them for home visits. The population that the JPO services is one of the most vulnerable and may not know how to manipulate and utilize modern technology or have access to a portable electronic device aside from a cell phone. This will assist connecting families to more community resources and allow them to apply for employment or assistance.

In this "new phase" of the COVID-19 pandemic, DHS through the Office of Children and Families (OCF)-Prevention Division has continued to work in close partnership with the

School District of Philadelphia (SDP) to ensure families are supported with social and economic resources to sustain the household while maintaining student academic engagement. Our providers continue to witness families not connected to job opportunities and not able to maintain the stability of their household. Truancy Case Managers continue to conduct home visits to ensure stability and continued school attendance. Connection to food, social services, and supporting families during the return to in-person school and programming have taken center stage.

As the pandemic has evolved, our providers experienced human capital shortages due to COVID-related leave, burnout, and a tight labor market. These shortages came while simultaneously experiencing an extraordinarily high demand for family and student services. Our DHS/OCF-Prevention division was creative in deploying existing personnel to ensure they had resources to prevent burnout while operationalizing a human capital recruitment plan during the pandemic.

We were able to increase staff wages to ensure a quality workforce can be both attracted and maintained. This included increasing truancy case manager salaries from \$37,000 to between \$40,000 and \$44,000 per year.

Challenges with hiring DHS staff also continues. As the job market continues to surge giving applicants more options, DHS is seeing a high number of candidates either not responding or declining about opportunities in our most mission critical positions of Social Work and Juvenile Detention Counselor.

Our furniture and supplies vendors also experienced staffing challenges that affected their production and distribution chain for furniture and other supplies such as paper and fire extinguishers.

- ❑ 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 child welfare successes are:

1. Safely reducing the number of children and youth in placement: From June 2021 to June 2022, the number of children in dependent placement declined by 13%. Moreover, since June 2018, the total number of children in placement has declined by 2,150 children, which reflects a 36% decrease¹. This positive indicator has occurred alongside the Department's strategic shifts in Front-end Operations (Hotline and Investigations) and Prevention Services with its case diversion efforts. There also continues to be a focus on permanency, which has been associated with a reduction in the number of children in out-of-home placement.
2. Family Engagement Initiative (FEI) Phased Implementation: FEI was fully implemented in December of 2021 in collaboration with the Administrative Office of Pennsylvania Courts (AOPC), the Philadelphia Family Court Division of the Pennsylvania Judiciary, the Philadelphia Law Department, and the Regional Advocate Community and

¹ DHS Data obtained from the Quarterly Indicators Report on Point in Time Dependent Placements, run on July 8, 2022.

consultation with Casey Family Programs. Philadelphia has coined the statewide FEI Model as “The FEI Movement” to support and affirm our commitment to reduce the trauma of removal to the families that we serve. While this model implementation was challenging due to the size of our system and its many moving components, FEI is integrated into our practice, and we will continue striving to improve our consistency and quality.

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 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 IOC and 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:

As part of the Department’s Cross-Systems Disproportionality Effort, major steps have been made towards the development of the following identified strategies:

- With the support of the Primary Prevention Grant, through the Children’s Bureau, we continue to enhance our efforts on the Cross-Departmental HELPLINE (expansion of the Department of Public Health’s Philly Families CAN Line)
- Received technical assistance from the Center for the Study of Social Policy (CSSP) to enhance the Department’s Anti-Racist strategies to positively impact Child Welfare practice in order that our placement decisions are racially, culturally, and economically sensitive.

4. Aligning prevention resources:

CWO Prevention reorganized existing units to create a new Older Youth Services Region that oversees all Older Youth work within the Department including Older Youth Transition meetings, Resumption, NYTD/Credit Check, Mentoring (through Girls Track, Boys Track, and Philadelphia Youth Leadership Council), Independent Living Services, and Community Based Older Youth Contracts.

Through continued partnership and collaboration with the School District of Philadelphia, there has been an observed decline in school student attendance and rise in truancy in middle and high school grade bands.

To address this specific challenge, DHS is requesting increased resources to provide additional case management resources in schools of high need and add new case management resources in schools of high need that are currently not served by our truancy case management program. This is in recognition that some schools do not have services and need them; while other schools have resources but not enough to ensure all students can be appropriately supported.

The goal of this truancy case management program is to connect students with community-based case management providers to identify needs and provide connection to supports and resources to remove these barriers to regular school attendance.

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

Building an array of programs to further decrease use of congregate care: Although the Department 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, CWO must build and enhance an array of services and linkage opportunities that support the needs of these youth in the community. To avert congregate care usage and enable youth to step down to less restrictive settings, it is imperative that access to supportive and structured environments is available. To this end, The Department has awarded the Professional Resource Parent Model RFP. We expect to launch in September 2022.

Professional Resource Parents will be trained to support the needs of youth with complex behavioral health needs and/or sexual reactive behaviors. The model will be extended to juvenile delinquent youth and supplement support for emergency placements, as appropriate. Additionally, the creation of an Extended Assessment Unit is currently underway 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 remains a priority.

Other efforts to address this challenge include:

- We have amplified our collaborative networking with Community Behavioral Health to ensure that appropriate supports are in place for youth and their families.
- Challenged our internal Resource Development Team to improve resource recruiting and assist providers in strengthening their ability to sustain existing out-of-home resources.
- CWO is putting in place, the Kinship Explorers Program to assist in identifying appropriate kinship care options and kin supports for youth.

Child Welfare Workforce Transformation: Throughout the Department of Human Services (DHS), Operations (DHS and CUA) has struggled with recruiting and retaining employees at critical operations levels (investigations, case management, supervisory). With vacancies, existing staff have felt the strain of more responsibility. The Department has struggled with the question of how to create and maintain Child Welfare teams and deter people from leaving Child Welfare for other fields. Some of our strategies to address this include the work of the Onboarding Taskforce and partnerships developed with area colleges and universities.

- ❑ 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 2022-23 and 2023-24.

For the FY2021 Annual State Evaluation (ASE), the Pennsylvania Department of Human Services, Southeast Regional Office of Children, Youth, and Families and Families randomly

selected and reviewed 140 cases and 281 records. Five citations were issued for missing or late documents, and Philadelphia DHS' full license was renewed. The recommendations from the ASE included developing a process for reviewing Human Resource records and training records on a regular basis.

The Child and Family Services Review (CFSR) was conducted in August of 2021. This was the first time that the CFSR was conducted using a virtual format. Findings from the 2021 CFSR resulted in the state passing nine out of ten items. Item fourteen which is Caseworker Visits with the Child did not pass and will be the primary focus for the 2022 CFSR.

Given that DHS participated in the CFSR process in the fall of 2021, DHS did not conduct a QSR during FY2022.

DHS continues to be actively involved with the University of Pennsylvania and CSSP to understand how disproportionality is manifested within our policies and practices.

As detailed throughout this document and most particularly in the Program Improvement Strategies section, 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 was revised to improve quality family participation and voice by ensuring that parents and youth have an active role in the process. This work combined with additional resources to support targeted services will assist with increasing permanency for children and youth in the child welfare system.

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

Philadelphia's top three successes for juvenile justice are:

1. Juvenile Justice Systems Enhancement Strategies (JJSES) initiatives: The Juvenile Justice System Enhancement Strategies (JJSES). JJSES has four stages to assist local jurisdictions to effectively implement evidence-based practices. Evidence based practice is the application of evidence from research studies to inform decision making within processes and systems. Research has taught us that when applying effective evidence-based practices, there is a reduction in recidivism. During stage two of the JJSES, Philadelphia implemented the use of two evidence-based risk assessment tools, the Youth Level of Service (YLS) and the Pennsylvania Detention Risk Assessment Instrument (PaDRAI). The YLS instrument assists the juvenile probation officer (JPO) by determining the top criminogenic needs and with a services matrix, JPOs can refer youth to community-based agencies that will address the criminogenic needs. The YLS aids the JPO in determining the amount of supervision dosage and duration that a juvenile requires depending on the juvenile's level of risk; low, moderate, high, and very high. This prevents JPOs from overwhelming juveniles with too many services and supervision, as research has shown that providing too many services to a youth can be detrimental to their progression on supervision. During this fiscal year, 848 YLS assessments were conducted, in comparison to 855 in the previous fiscal year. Although the JPO had dealt with a decrease in petitions, the completions of the YLS assessments remain relatively high. The levels of risk for youth measured at different

stages throughout their time on probation supervision. By the time youth completed their probation supervision, 61% were deemed at a low risk to reoffend, in comparison to the 58% at initial or the 34% midway through supervision. Youth deemed high at reassessment, 14%, decreased almost by two-thirds, to 5%, at time of discharge. These numbers show us that when the appropriate services are provided for the top three criminogenic needs, the risk to reoffend can decrease. The implementation and ongoing evaluation of the Pennsylvania Detention Risk Assessment Instrument (PaDRAI) which objectively screens all newly arrested youth to determine who can Certificates for Positive Progress given to Youth by the CRU Unit 7 be safely supervised in the community. Based on the results of the PaDRAI, JCMS programmers were asked to add a "Reason for Detention" field to the computer system to better ascertain the reasons for detention of juveniles. In 2020, JCMS programmers added a PaDRAI outcomes screen to assess the validity of the instrument. This screen applies to all youth released to the community or released to an alternative to detention to the community at intake. The questions are based on if the youth appeared for the first scheduled court hearing and if the youth remained arrest free by the first scheduled court hearing. This will help the state determine if the PaDRAI is in fact instructing to release youth that present the least amount of risk to the community. For FY2022, Philadelphia's successful outcomes rate was 94 %. In addition, 92% of youth that were released on an alternative to detention appeared for their first scheduled hearing and did not acquire a new arrest by that first scheduled hearing. Ninety-five percent (95%) of youth released appeared for their first scheduled hearing and did not acquire a new arrest by the first scheduled hearing.

The Philadelphia Juvenile Probation Department has a total of 4 Evening Reporting Centers (ERCs) that are used in the Graduated Response continuum and allow youth to safely remain in their communities, with meaningful programming, under structured supervision. This fiscal year, 263 youth were served by our ERCs, and through these programs, youth obtained State identification cards, drivers licenses, vital documents, working papers, Serve Safe Certificates, and a total of 59 youth obtained employment.

2. Reduction in delinquent residential placements: During FY2022, the number of youths placed in delinquent residential facilities continue to decrease. This success has been attributed to increase community-based programming available to Philadelphia youth to prevent further penetration into the juvenile justice systems. As the number of out of home placements continue to decline, from July 1, 2021 to June 30, 2022, there were approximately 207 youths discharged from delinquent residential facilities. Youths diverted to community-based programming in lieu of residential placement have made significant progress remaining in the community without the need of leaving home. DHS-DJJS is has made a significant investment in enhancing the service continuum with primary prevention service through the creation of Community Evening Resource Centers for youth who have violated curfew. DHS-DJJS has established three (3) community-based sites that were established in FY2022 and three additional sites to be funded and ramped-up in FY2023. 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 the formal juvenile justice system.
3. Intensive Prevention Services (IPS): Since 2011, Intensive Prevention Services (IPS) has been providing community-based Prevention and Diversionary program for youth who may be at risk for involvement with the Juvenile Justice System. IPS provides meaningful programs through activities, experiences, and community engagement to

promote healthy adolescent development. IPS helps youth identify and build on the strengths they have while teaching them skills to cope with challenges they face in their lives.

IPS served 715 youth FY2022, a 122.04% increase over FY2021. IPS continues the work with the Philadelphia Police-School Diversion protocol. In the 2021-22 school year, IPS served 260 of 450 diverted youth from the point of infraction/arrest in the Philadelphia School district. During FY 2022, Intensive Prevention Services (IPS) expanded to include a 7th IPS program in Southwest Philadelphia section of the city. The Southwest Philadelphia IPS program was implemented on November 1 (FY 2022 2nd quarter). Also, in FY 2021-22, all providers resumed in-person programming. During FY 2023, IPS providers will be creating additional summer programming for youth which will be focusing on community activities and adjusting IPS curriculums to place more emphasis on gun violence awareness, trauma informed programming, and conflict resolution. IPS providers continue to create innovative ways to stay connected and provide outreach to families within their communities, via monthly community engagement events, on-site family nights, social media blasts, and community canvassing.

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

1. Increase in the rate of gun violence involving youth: As of June 27, 2022, in FY2022, per the Philadelphia Police Department, there were 1100 shooting incidents, a combination of fatal and non-fatal shooting victims in Philadelphia. Twenty percent (20%) of victims of gun violence so far this year have been under the age of 18, and youth victims are overwhelmingly Black (65.1%). Additionally, the City of Philadelphia 2019 report, "The Philadelphia Roadmap to Safer Communities," a result of the work of concerned cross-system agencies, organizations, and individuals, under "Defining the Issue" noted that many victims (27%) and perpetrators (40%) were involved with the juvenile justice system before the shooting incident, there has not been an updated data snapshot for FY2022 as of this writing. The number of juveniles arrested for firearm charges has increased by 20-30% in Philadelphia County in any given month.

Philadelphia DHS and JPO are working to prevent youth from being gun violence victims and perpetrators. Gun violence mitigation has proven to be challenging even without addressing the root causes and factors that lead to gun violence.

Youth with firearms charges are being placed on formal court supervision and there is a lack of evidence-based community resources for these youth. Currently only one program exists, Don't Fall Down in The Hood. The Evening Reporting Centers were developed in 2020 and are providing evidence-based programming but cannot accommodate the increase in the number of youth. DHS is making further investments in primary and secondary prevention programming. This includes the expansion of the menu of programs and services for Intensive Prevention Services, and Pre- and Post-Evening Reporting Centers. DHS-DJJS is continuing to search for new models of preventive service to combat community-based gun violence. DHS and the JPO are conducting ongoing discussions concerning the development of evidence-based gun violence mitigation models and other potential preventive resources to employ in the community, specifically for our Intensive Prevention Services site-based programs.

More targeted intervention is needed to directly prevent youth from becoming perpetrators and victims of gun violence. DHS is seeking funding to help with research, planning, and evidence-based program implementation to address the sustained increase in youth gun violence and to address specific youth populations in the city of Philadelphia. We are requesting funding for gun violence prevention programming to be developed in multiple locations of the city of Philadelphia. This will prevent the mixing of youth from different areas and the ability to send youth from the same area to separate programming in another area when necessary to decrease conflict that can lead to violence.

2. Supporting innovative staff recruitment and retention: Recruitment and retention of staff at the Philadelphia Juvenile Justice Services Center (PJJSC) has historically been challenging and to this day remains so. Staff ratios are mandated, but the number of youth remanded to the Center can change quickly and the individual needs of the youth often require a higher staff ratio. JJS is also experiencing a significantly high rate of employee turnover, particularly of direct line staff. The high turnover rate is compounded by the number of staff who are injured on duty resulting in extended medical leave.

Various recruitment and retention strategies are actively being explored. We are reevaluating the credit requirements and considering adjusting the scheduled to better address employee wellness. Professional development and pathways for career enhancement are at the forefront of leadership's agenda. Through DHS University along with partnering stakeholders such as Community College of Philadelphia and Lincoln University, DHS-DJJS is not only actively recruiting from the graduating students but have memorandum of understanding in place by which our DHS-DJJS can hold career days on the campuses. DHS-DJJS has moved forward with a taskforce charged with assessing the Department's onboarding processes and making recommendations for improvement. Special emphasis is placed on recruiting. There is now dedicated staff charged to this purpose. In addition, HR has collocated one of their HR staff to the PJJSC to better assist in this focused on-boarding process.

3. Lack of mid-level congregate placements: Over the past several years, several contacted providers, offering congregate care placement, have closed. As a result, mid-level placement options have become sparse leaving very few alternatives for youth who need this level of care. JJS has lost 300-400 slots for youth and a significant degree of treatment and vocational programming. Subsequently, more youth are being committed to state institutions and oftentimes remain in juvenile detention waiting for available beds. Notwithstanding DHS' goal to have children remain home and in their communities, mid - level placement serves a viable purpose when youth are not able to return home and/or are court mandated to delinquent placement. Currently, Philadelphia has only three mid-level placement options with fewer than thirty to fifty (30 to 50) slots available to Philadelphia youth. As of the writing of this narrative, there are approximately 35 youth categorized as Act 96 (being charged as adults) and another 40 youth who have been committed to the state but are being held at the Philadelphia Juvenile Justice Center due to the lack placement options. Placement at PJJSC prolongs treatment and increases length of placement for youth.

- ❑ 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 2022-23 and 2023-24.

Philadelphia County continues move forward in its juvenile justice reform efforts. These efforts are 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). In FY2022, (December 2021) DHS hired a Juvenile Detention Alternative Initiative (JDAI) Coordinator to examine the use of secure detention in Philadelphia and interpret data to improve DHS practice and policy in collaboration with the Courts. Under the new MOU between JPO and the Courts (also established in FY2022), the Coordinator is working independently and in partnership with DHS' Performance Management and Technology (PMT) Division to develop sustainable reporting systems that allow for tracking and analysis of key metrics related to the use of secure detention and alternatives to detention. Moreover, the Coordinator is in the process of building the JDAI Collaborative Board, which will serve as the advisory body of all JDAI initiatives; the board will include leadership from JPO, the Defender's Association, DAO, FJD Court Operations, CBH, DBHIDS, and numerous DHS-JJS divisions. The Board, and related Committees, will be responsible for consistently reviewing reports and making data-informed policy and process changes aimed at reducing the inappropriate or unnecessary use of secure detention. DHS-DJJS has awarded the District Attorney's Office (DAO) additional funding to expand their restorative justice program to increase the capacity of providers in their network. This funding will support diverting youth from the juvenile justice system. The programs will also have a case management component that will better serve our youth. The DAO has also agreed to partner with us to collect more data regarding recidivism. We also have plans to collaborate on resource development to establish additional community-based services.

In FY2022 (August 2021), the Philadelphia SPEP team along with Dawn Karoscik, EPIS SPEP Implementation Specialist, began the SPEP process with Post ERC. After completing the Full Program Profile and Service Classification, two services were identified to be SPEPed: NCTI Crossroads and Community Service. The next step was to identify a cohort which has been completed. Currently we are in the data phase of SPEP as we are waiting for Post ERC to provide the data for the cohort. There has been a delay obtaining the data due to staffing shortages at the Post ERC. Once the data is obtained, the next steps would be to complete the Feedback Report and Performance Improvement Plan.

The SPEP team will also identify another provider to begin the SPEP process during the First Qtr. of FY2023 but no later than the 2nd Qtr.

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 tangible policy reforms. The implementation and ongoing evaluation of the Pennsylvania Detention Risk Assessment Instrument (PaDRAI) which objectively screens all newly arrested youth to determine who can be safely supervised in the community.

The continued success of the pre-adjudicatory Evening Reporting Center (ERC) has served 60 per-adjudicated youth in FY2022 as an alternative to detention. The Post Evening

Reporting Center served 65 post adjudicatory male youth during FY2022 providing nightly in person programming. DHS/JJS newest Evening reporting centers saw increasing referrals during FY2022. In FY2022, the Community Intervention Center provided nightly in-person programming for 60 youth on deferred adjudication. The Aftercare Evening Reporting Center, (AERC) provided nightly in person programming to 186 youth who were recently discharged from long term placements and assisted several youths in obtaining employment. Currently JJS has four In Home Detention Programs, (IHD) providers. IHD continues to operate and provide services to over 600 youth while at different stages of the adjudicatory process. Many of the ERC's reached capacity at different times of FY2022 requiring the creation of a waiting list further exemplifying the need to expand these effective alternatives to detention. Alternative to Detention Services as whole provided upwards of 1000 youth an opportunity to remain in their own home and communities and receive services instead of being held in secure detention. The availability of these services continues to reduce the ever-increasing population of youth being held in secure detention.

Our continued partnership with the Philadelphia Police Department to implement the School Police Diversion Program that diverts youth with minor offenses in the school environment to Intensive Prevention Services (IPS) to avoid formal penetration of the system. The School Police Diversion Program diverted 347 youth in FY2022, this represents a 7.76% or 8% increase over FY2020- FY2022.

The Juvenile Detention Alternatives Initiative (JDAI) Coordinator who was hired in the 2nd Quarter of FY2022 (December 2021) participated in the PJJSC Leadership Retreat where she shared her JDAI role with the PJJSC and Divisional Leadership. The JDAI Coordinator is dedicated and versed in data analysis and adept at articulating its potential capacity in aiding DHS-DJJS & the JPO in making data-informed decisions. As JJS works to extend evidence-based practices and further reduce the congregate care population, data specific to the fidelity of the DRAI; profiles of youth, program efficacy, and recidivism are critical in resource allocation and youth placement.

In FY2022, DHS is requesting additional funding to support a Pre-Arrest Diversionary Program for youth arrested with misdemeanor charges. This type of diversionary effort is aligned with the county's juvenile probation transformation of minimizing the number of black and brown youth involved in the juvenile justice system. This will expand on the current successful Police School Diversion program (58% Completed Contracts) to include youth that are arrested for misdemeanors that occur out-of-school. This effort will be aligned with the Pennsylvania's Juvenile Task Force recommendations to divert young people with misdemeanor charges away from the formal juvenile justice system and connect them to community-based interventions. The number of cases that would possibly be diverted at pre-arrest could range from 100-150 youth in FY2024. This aligns succinctly with programs such as Intensive Prevention Services (IPS), along with the expanded Youth Aid Panel and Restorative Justice program, of which all are designed to offer a youth the opportunity to avoid placement.

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

- Continued funding to support Graduated Response incentives.
- New Funding in the amount of (\$350K) to assist with a supplemental evidenced based/ community-based program, specifically, Gender-Specific programming which goes beyond simply focusing on girls. It will represent a concentrated effort to assist all girls (not only those involved in the juvenile justice system) in positive female development. It

will consider the developmental needs of girls at adolescence which is a critical stage for gender identity formation. DHS-DJJS is looking to incorporate this gender-specific program into the menu of services offered throughout its continuum of service providers that target juvenile offenders of violent crimes and/or gun violence. This program will be preventive as well as court stipulated and will include a case management component.

- New Funding in the amount of (\$100K) to develop a Gender-Responsive program at the PJJSC that will begin with an assessment for each offender's individual risks and needs and considers gender-specific variables particular to female youth detainees; such as parent-child relationships, familial reunification, substance abuse and mental and physical health needs germane only to this targeted population.
- New Funding for a Pre-Arrest Diversionary Program.
- New Funding in the amount of (\$15,500K) for (25) additional Global Positioning System (GPS) units to monitor shared case responsibility cases in the Crossover Unit who've been Court ordered to be placed on GPS monitoring. The portable electronic devices will allow GPS staff to monitor triangulations, alerts, violations received through tracker pal technologies. The ability to monitor youth on multiple screens allows staff to work with the Department of Human Services (DHS)/Community Umbrella Agencies (CUA) in locating youth quicker when they leave without permission. Along with locating youth that abscond from care, monitoring the youth on multiple screens at once allows staff to obtain pertinent information sooner than having to wait to log in too different systems one at a time. This will enable juvenile probation staff to assist other law enforcement agencies in identifying youth involved in gun violence based on area restrictions and areas of shooting incidents. Staff would be able to download the electronic platforms utilized to monitor all youth on supervision or in the adjudicatory phase and compare and confirm alerts/violations quicker than having access to only one electronic device. The portable electronic device would enable staff to demonstrate to the stakeholders and judiciary in a court room the actual location of a youth in real time. Identifying the location of a youth in real time will alleviate the need for private investigators on some shared case responsibility cases. Probation would be able to notify DHS/CUA of the youth's location in a timely manner.
- Funding in the amount of \$549,000 for gun violence prevention, including Research Planning (Project Manager); Evidence-based program implementation (Project Manager); and gun violence prevention programming to be developed and expanded in multiple locations within the city of Philadelphia.
- Funding to support an increase from \$10 per community-service hour to \$15 per community-service hour the dedicated Community Service and 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.
- Funding for 20 portable electronic devices to facilitate visitation and collaboration specifically for GPS and Crossover applications (\$15K). All shared case responsibility cases that are on formal court supervision and in the adjudicatory phase of a trial are supervised by the probation officers in the Crossover unit. At times, shared case responsibility cases are placed in congregate care settings that are a far distance from Philadelphia. Due to this distance, families may not always can visit their child in person. Portable electronic devices will allow the probation officer to conduct video conferencing with a youth and their family from the location of the family members home. Family engagement is key when developing successful discharge plans, so having

family participate in these meetings via a portable electronic device is paramount for a youth's successful discharge back to the community. Portable electronic devices allow the probation officer to go to a family member/foster care home and have the guardian participate in Joint Assessment Meetings, discharge planning meetings, individual service plans, master case plan meetings, family visitation, therapeutic sessions and allows the family to participate in disciplinary scenarios when necessary. Portable electronic devices will allow staff to assist youth in obtaining employment, completing applications with the assistance of the probation officer while in the home. Staff would be able to assist parents/guardians in applying for necessary resources if the probation officer had a portable electronic device in the community with them for home visits. The population we work with is one of the most vulnerable and may not know how to maneuver modern technology or have access to a portable electronic device aside from a cell phone. This will assist connecting families to more community resources and allow them to apply for employment or assistance.

- Funding in the amount of (\$50K) for Community Relations Unit(s) for both the Juvenile Probation office and DHS-DJJS' Court & Community Service. The funding would support their efforts in community engagement. In FY2022, the units held four (4) independent Gun Violence prevention resource fairs, where community partners and community-based program ventured to share resources in the community. Food baskets were provided to the families in the community for the Thanksgiving Holiday. The units are independent of one another, and their messaging differs in some respects. However, their overall message of gun violence mitigation is congruent.
- Additional funding in the amount of (500K) to increase and develop professional resources home for youth who are impacted by both delinquency and dependency and are not able to return home. This intervention will serve as a step down as well as a diversionary service that will prevent youth from penetrating the Juvenile delinquent system. DHS-JJS and DHS-CWO will work in tandem to conduct assessments; determine need of the youth with the family; and maximize resource.
- New Funding in the amount of (800K) is being requested to assist DHS-JJS in expanding community partnerships with existing programs that serve youth on probation and youth held in PJJSC. This work will promote a continuity of programming that begins in the PJJSC and will continue upon the discharge of the youth back to respective families and communities. The target population are youth adjudicated delinquent and lack(s) the necessary support to return home safely. Currently, the PJJSC has an array of providers who implement positive youth programming for youth while detained in DHS' custody. This new funding will be used to have youth continue programs at discharge and will serve to reduce recidivism. In FY2022, DHS-JJS initiated a multidiscipline team meeting, at PJJSC, that includes stakeholders, youth, and parents. This process provides recommendations for service linkages that supports positive youth development and family reunification. The DHS-JJS social work staff will work with the youth's family to provide service coordination for youth who need case-management.
- New funding of (500K) to assist DHS-DJJS with a system transformation of becoming trauma informed and Anti-Racist. DHS-JJS is actively in partnership with University of Pennsylvania (Hall Mercer Behavioral Health) to meet the mental and behavior health needs of youth placed at PJJSC. In FY2022, DHS Executive Leadership received a series of trainings sponsored by Casey Family Programs. The trainings served to increase leadership awareness of how organizations perpetuate racism and racial trauma at the detriment of the youth served. DHS-DJJS has prioritized anti-racism by embracing it as a core value and has committed to reversing organizational racism as

well as promoting trauma informed practices throughout the Juvenile Justice system. This work will include adopting evidence informed practices; critical review of policies and practices; elevation of youth and families voice; and facilitation of a cross system work group with subject matter expertise consultation.

- New Funding of (500K) to assist DHS-DJJS with the development of social and vocational trades skill programming. Due to the deep pockets of poverty in Philadelphia and neighborhoods that have been historically neglected, many of the older youth in the JJS system lack viable economic opportunities. As a strategy to divert youth from crime; reduce recidivism; and promote entrepreneurship, DHS-DJJS is partnering with community stake holders and institutions to offer older youth social and vocational trade skills building opportunities. In conjunction with the Philadelphia School District, who will expand its Career Tech Education, DJJS will solicit support for other organizations to promote a comprehensive array of supports for youth while at PJJSC and at discharge.

- ☞ **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. These monthly CWO meetings include joint DHS and CUA Supervisors' meetings, joint Social Work Administrator and CUA Case Management Directors meetings, and monthly DHS and CUA Directors meetings. 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. This meeting also provides system wide updates that include, information about new initiatives and steps that will be taken to implement changes across the child welfare system. Policy and Planning also discuss current policies and its impact on practice. DHS University staff supports transfer of learning surrounding practice concerns at the CWO Collaborative meetings and across the system. 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 (bi-monthly), in which data integrity issues are discussed with CUA staff and Practice Specialists.
- PMT CUA meetings, in which a multidisciplinary team of PMT workers visit CUAs to discuss IT, Philadelphia Family Data System and Reporting needs.
- AFCARS reconciliation calls in which we discuss discrepancies and missing AFCARS data (every quarter).
- Performance-Based Contracting (PBC) 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 and 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 and bio-parents, enhancing resource parent training system-wide, and elevating the integral voices of our resource parent partners.

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. These meetings continuously assess service delivery and make recommendations for program and allocation adjustments to respond to the needs of children, youth, and families.

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

DHS and the Office of Children and Families participated in the citywide Youth Residential Taskforce. 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 for 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 the Managing Director's Office have continued the work of the Taskforce and have implemented or are actively implementing the following recommendations:

- Recommendation #1: Develop a cross-system plan to further reduce residential placement and increase community -based alternatives – implemented.
- Recommendation #2: Issue a public annual Progress Report of the system with provider profiles for transparency – implemented.
- Recommendation #5: Expand/prioritize the use of prevention and diversion services for youth and their families in the juvenile justice system –implementing.
- Recommendation #7: Develop additional child welfare prevention programming and local community and family-based alternatives to dependent residential placement – implementing.
- Recommendation #8: Provide preventative supports at school for all youth and ensure the needs of youth at risk are addressed –implementing.
- Recommendation #9: Ensure that youth’s disabilities and/or special educational needs are identified and information about them is made available to system decision makers – implementing.
- Recommendation #10-Develop new, small, residential programs in Philadelphia to keep youth close to home – implementing.
- Recommendation #11-Ensure youth and families receive clear information on rights, grievance procedures, and key contact information – implemented.
- Recommendation #12-Make engagement with family a central component of program delivery – implementing.
- Recommendation #13-Expand paid peer advisor and credible messenger positions for youth and adults – implementing.

An annual report on system’s progress was released July 30, 2021 and is available to the public at: https://www.phila.gov/media/20210730083129/FINAL_YRPTF-2020.AnnualReport-July2021.pdf.

As standard practice for the past three years, 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.

JDAI Collaborative Board:

Core to JDAI is bringing stakeholders together to diagnose, understand, and work to address unnecessary confinement of youth in secure detention. Philadelphia is working towards these JDAI goals by reestablishing a JDAI Collaborative Board, Co-Chaired by DHS and JPO leaders. The Board will meet quarterly, with sub-committees addressing specific core strategies meeting more frequently. Data collected by the JDAI Coordinator and PMT will be foundational to the JDAI Collaborative Board discussions and decisions; efforts to develop systematic reports for real-time decision making and better understanding of the youth in JJSC and under community supervision are underway. A representative from DHS-PMT holds a seat on the board with the intent that she will be able to facilitate data access and development of systematic reporting systems. The Coordinator will be regularly collaborating with PMT on various data collection and analysis project to ensure the Board and other stakeholder convenings have the resources they need to make data-informed decisions. Further, Philadelphia JDAI will work to identify opportunities for youth and families

who have been directly impacted by the juvenile justice system to meaningfully engage in and actively contribute to JDAI efforts.

Georgetown Reducing Racial and Ethnic Disparities Certification:

Philadelphia County is currently participating in Georgetown University's reducing racial and ethnic disparities certification and capstone project. Under JPO leadership and alongside PPD, First Judicial District (FJD), Community partners, the District Attorney's Office (DAO), and Defender Association, DHS-DJJS is actively involved in the County's capstone project, which aims to specifically address racial and ethnic disparities in juvenile justice at the local level. The draft project proposal, at a high level, includes equitably expanding diversion opportunities for Philadelphia youth. The project team has been using data to determine the need for expanded diversions; also, ensuring effective data collection systems are in place for future monitoring and evaluation is a core component of the project.

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.

Among Philadelphia County's juvenile justice system's most significant strengths are the relationships Philadelphia DHS has built with the Philadelphia District Attorney's Office (DAO), 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.

- ❑ 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.

CWO meets with the CUAs, all out of home and prevention providers monthly to identify strengths, gaps, and challenges to service delivery. For the upcoming fiscal year, CWO will continue to have these meetings to further promote an integrated child welfare system.

The Office of Children and Families (OCF)-Performance Management and Technology (PMT), continues to participate in quarterly provider convenings for Congregate Care and Foster Care Providers and receives feedback on competency, practice, and training needs of providers. 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. Monthly and quarterly reviews of data to ensure gaps are being addressed and supports are provided when necessary

3. 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.
 4. Annual provider evaluation by OCF's Performance Management and Technology (PMT) division to ensure quality of services
- 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 the Juvenile Justice Division 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 Outcomes #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, in both DHS and CUA new hire Foundational Training. This is a collaboration between DHS, the City of Philadelphia Law Department, and the Court, to support newly hired staff in gaining familiarity with the court process and hearings. Staff are provided with the opportunity to meet with Dependency court Judges and observe court hearings. Staff also receive presentations from Child Advocates, Parent Attorneys and DHS City Solicitors.

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

In 2021, The Philadelphia Safety Collaborative renewed its "Statement of Commitment to Collaborative Practice", formerly, Memorandum of Agreement, by which The Philadelphia Department of Human Services (DHS) and the Philadelphia Police Department (PPD) Special Victims Unit have formalized interagency relationships for the multi-disciplinary coordination of investigative efforts for investigations of Child Abuse and prosecution. Our joint agencies work together as a team to ensure that children receive comprehensive and sensitive intervention in all aspects of the investigation and subsequent interventions.

DHS Specialty Investigations and the PPD Special Victims Unit, along with the Philadelphia Children's Alliance (PCA), members of the District Attorney's Office, mental health agents and our own Children's Collaborative Clinic, operated by chief child abuse physicians from St. Christopher's and Children's Hospital of Philadelphia and our DHS Nursing staff, are co-located in a one-stop, child-friendly facility known as the Philadelphia Safety Collaborative (PSC). As participants in the child abuse response system, the multi-disciplinary investigative partners agreed to implement, adhere to, and enforce collaboratively developed procedures and are committed to using a multi-disciplinary team approach in child sex abuse and child victims of human trafficking (CVHT) investigations.

There is a daily Morning Meeting where cases are referred for Forensic Interviewing, medical and/or victim support services. Case Conference Review occurs monthly. PCA will facilitate regular Program Committee meetings to review the operations at the PSC, to develop and revise protocols, improve MDT functioning, and address systems issues. All involved agencies agree to protocols set forward for forensic interviewing, electronic recording, medical assessments, victim support services, mental health treatment and referral, as well as case tracking. All of these protocols and supports have been mutually agreed upon to better enhance investigatory and prosecution efforts for each of our agencies, for the increased safety, healing, and restorative justice for abused and victimized children and youth. This fiscal year, CWO is working to develop increased supportive resources for CVHT to include expanded CVHT training for CWO staff, provider agencies, and resource parents, and development of placement resources to accommodate the specific complex needs of this vulnerable population.

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, 84% of children receiving dependent services were either Black or Hispanic, and 96% of youth receiving delinquent services were either Black or Hispanic.² According to a recent Children's Bureau publication, research suggests that once they are involved with child welfare, African-American children experience poorer outcomes compared with White children, such as higher rates of removal and more time spent in foster care.³

To inform prevention strategies, reduce out-of-home placement, and eliminate ethno-racial disparities, Philadelphia's Department of Human Services (DHS), the University of Pennsylvania, and Casey Family Programs partnered to conduct the Entry Rate & Disproportionality Study. Findings from this Study revealed that Black children are disproportionately reported to the Hotline, and four out of five reports to the Hotline are for neglect rather than for abuse. Neighborhoods with the highest rates of DHS reports had five times the proportion of children living in poverty, half the median household

² Data obtained from the Quarterly Indicators Dependent Children Demographics Report and Delinquent Children Demographics Report, both run on July 8, 2022.

³ https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf

income, and three times the unemployment rate of neighborhoods with the lowest reporting. In response to study findings, DHS developed a multi-pronged approach to address the harmful and ineffective use of the DHS Hotline as a response to resource deprivation concerns. Our implementation strategies include three components to be completed over a five-year period:

- Modifying and supplementing the statewide mandated reporter training to encourage a culture of support rather than surveillance.
- Ensuring prioritized service slots and creating streamlined referral processes with partnering agencies for families in neighborhoods with the highest percentages of DHS involvement.
- Supporting the expansion of the Philadelphia Department of Public Health's Philly Families CAN referral line to serve families with children ages 0-17 who have non-safety, well-being needs.

During FY2022, the University of Pennsylvania (Penn) completed data collection and analyses for the second phase of the study which included roughly 400 surveys with DHS and CUA staff and over 100 interviews with caseworkers, families of origin, and resource parents. During Q1 of FY2023, Penn will share findings from their study, including topics such as the quality of parents' interactions with and service receipt from DHS and its providers, the circumstances that led to their children entering placement, the role of existing policies and practices in either supporting or discouraging parents seeking reunification, and recommendations for system improvement. Building on the insights gleaned from families in this study, DHS will seek to mitigate systemic issues that hinder family well-being and will seek to build on what is working well.

In our efforts to become a trauma-informed system, which is consistent with Pennsylvania's 5-year Title-IV E Prevention Plan written in response to the Family First Prevention Services Act of 2018 (Family First) and aligned with the 2019 Executive Order issued by Governor Wolf to make Pennsylvania a trauma-informed, healing-centered state. Philadelphia recognizes the importance of understanding trauma and creating a trauma-informed child welfare system to serve children and families who have had adverse childhood or other serious, traumatic experiences. *See additional detail in 1-3k Family First Prevention Services Act.*

The Department also recognizes that there is insufficient data regarding needs of youth who identify as LGBTQ.

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

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 shows that since the restructure, there have been fewer reports accepted for investigation and more families safely diverted to Prevention. Specifically, in FY2022, 42% of referrals were

accepted for investigation compared to 64% in FY2017. 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.

DHS' new Hotline Call Center is a critical and innovative step toward the modernization of our Hotline 24/7 operations. The new solution offers all features that the current calling capability offers, in addition to some enhancements. The new Call Center:

- Is cloud based, meaning that it can be accessed from anywhere in the world and it's functioning is independent from issues impacting the City' building or IT infrastructures.
- Allows workers to work from wherever they are, using any phone line that they have access to (any landline, cell phone or soft cell) and does not rely on the City's ACD phone system, but can be used with those phones as well.
- Offers increased monitoring and reporting capabilities, as well as features such as two-way calling or listen-in ability, which can be useful in training staff and troubleshooting difficult cases.
- Guarantees call recording and storage for up to 90-days.
- Has an added feature for workforce and shift-scheduling, which does not currently exist.

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. 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. In FY2021, 11% of cases investigated were accepted for service compared to 17% in FY2017. Of cases screened out by Hotline and Investigations 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 (RPR)

In 2016, the Department adopted the Rapid Permanency Review (RPR) in an effort to facilitate more timely and safe 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. Findings from RPRs regarding barriers to permanency support the need for improved family engagement strategies, concrete resources, and more targeted permanency supports and resources for children, youth, and families.

RPRs have transitioned from project management to a sustainability plan embedded into the infrastructures of our Child Welfare Operations. This living process uses a monthly

report of youth who meet RPR eligibility criteria to initiate a data pull, analysis, ongoing tracking and monitoring of youth to achieve, safe, timely and successful permanency outcomes.

Rapid Re-housing

Rapid Re-housing for Reunification continues to be another successful targeted program. The Rapid Re-housing for Reunification Program has served 18 families over the last 11 months. The program capacity of the program is reducing due to increased rental costs in FY2023 from 14 families to 12 families. Families can be served for up to 12 months at a time with a program capacity of 12. Some families need less time allowing for program turnover.

Reduction in Congregate Care

From FY2018 to FY2022, there was a 71% decrease in the number of youth receiving dependent residential services (e.g., institution-level) and a 59% 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 (9.5%) with just 6.7% of children and youth who are in out-of-home placement residing in congregate care settings.^{4,5}

Family Engagement Initiative Implementation

With the implementation of the Family Engagement Initiative (FEI), the Department has put measures in place to improve meaningful family engagement and create and involve supportive connections for youth. In addition to other benefits of FEI for children, youth, and families, increased kin involvement increases the likelihood of children and youth remaining in their own homes or being placed with kin if out-of-home placement is necessary.

Family Engagement Initiative has been fully implemented as of December 2021. This strategy supports our efforts to reduce out of home placements as well as create a pathway for youth to be placed with kin and or a fit and willing relative.

Development of Community-Based Juvenile Justice Services Options

In stakeholder discussions, development and utilization of Philadelphia county's community-based options have 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. This is true only in theory i.e., Community-Based options are only as good as the referring entity. Philadelphia County's reliance on tools such as the PaDRAL and the YLS should facilitate utilization of community-based assets. The availability of community-based options has allowed the juvenile justice system to reduce the use of congregate settings. Community-based options have many

⁴ Congregate care state average was calculated by aggregating state institution and group home totals reported in the Annie E. Casey Foundation Kids Count Data Center, which uses a Pennsylvania Partnerships for Children analysis of AFCARS longitudinal data and is the most recent report available. Congregate care national average was calculated by aggregating national institution and group home totals reported in AFCARS Reports. Current average is from AFCARS Report # 28, Preliminary Estimate for Fiscal Year 2020, the most recent report available.

⁵ DHS Data obtained from the Quarterly Indicators Report on Point in Time Dependent Placements, run on July 8, 2022.

advantages including greater family cohesiveness and participation in interventions. Studies have shown that youth are more receptive to interventions rendered in a community-based setting and have far better outcomes as a result. Another advantage is 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. The longer a youth is on probation due to their inability to satisfy these court-imposed restitution fines, the greater the probability of the youth committing a technical violation of their probation which can result in a deeper penetration of the juvenile justice system. DHS-DJJS is planning a mid-level placement by the first quarter of FY2023. There is also a plan to utilize all 8 beds at the Community-Based Detention Shelter (CBDS) to reduce the census count at the PJJSC. Finally, there will be an expansion of slots at the four (4) ERCs by 10 slots each which will bring the system to a total of 120 slots between four (4) programs.

Disproportionality remains a critical problem. DHS, in collaboration with University of Pennsylvania 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 racial, ethnic, and sexual orientation disparities. DJJS moving towards a more racially and social equitable organization will mitigate the various forms of disproportionality it currently experiences. DJJS will continue to support and sustain this work and create interventions to address disparate outcomes for youth concerning arrests, court dispositions, length of placement, and quality of treatment.

Philadelphia Office of Children and Families (OCF)-Prevention Services

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

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

OCF routinely analyzes data to identify the needs of its population. Reviewed data includes population density, levels of poverty, student attendance data, provider caseloads, 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 to ensure the most sizable impact.

This process is conducted annually and ensures equitable services within schools facing 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.

In response to the emerging findings regarding ethno-racial disparities, DHS developed a Cross-Agency Disproportionality Workgroup, whose purpose is to coordinate resources across City agencies to design bold strategies 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.

As part of the Department's Cross-Systems Disproportionality Effort, major steps have been made towards the development of the following identified strategies:

- With the support of the Primary Prevention Grant, through the Children's Bureau, we continue to enhance our efforts on the Cross-Departmental HELPLINE (expansion of the Department of Public Health's Philly Families CAN Line)
- Received technical assistance from the Center for the Study of Social Policy (CSSP) to enhance the Department's Anti-Racist strategies to positively impact Child Welfare practice in order that our placement decisions are racially, culturally, and economically sensitive.

Sexual Orientation, Gender Identity and Expression (SOGIE) Efforts

There is a lack of data specific to youth who identify as LGBTQ across systems. Data on foster youth, particularly LGBTQ foster youth, are lacking in several overlapping areas, including health care, mental health care, juvenile justice, and education. Without reliable information about the service population, a lack of front-end awareness compromises the well-being of LGBTQ youth. In 2017, DHS contracted with a consultant through Case Family Programs to review current Philadelphia DHS systems and practices related to gender and sexuality and develop a set of recommendations for DHS about how to approach system change in the short and long term. The review consisted of stakeholder interviews, document/system review, best practices research, and staff focus groups and resulted in a report with three main recommendations:

1. **Dedicate Full-Time Staff to SOGIE Efforts:** Like any other Department-wide change effort, moving a system as large and complex as the Philadelphia child welfare and juvenile justice system requires sustained, focused energy over time. Dedicated staff are needed to effectively drive the work.
2. **Develop Policy & Practice Guidance:** Developing written policy and practice guidance is the most impactful content creation DHS could complete at this time. Written guidance will strengthen existing activities and assets, and policy is the most common foundational piece needed to inform other high-impact activities.
3. **Build a More Affirming Workplace Culture:** Because of unaddressed bias in the workplace, many LGBTQ staff across the organization are not open about their identities at work. Addressing the workplace culture is a priority as it influences both staff and client experience, and it will influence all aspects of project implementation.
4. **Develop or adopted existing Training Curriculum:** Developing or adopting existing SOGIE curriculum to train internal and external partner on SOGIE and how to incorporate best practices.

During FY2022, DHS completed a Provider Readiness Assessment to assess providers regarding their current practice related to the LGBTQ population and their readiness to implement SOGIE recommendations. Results from the survey indicate the need for capacity building across provider types for SOGIE-inclusive programming and services. Less than half of all respondents indicated having SOGIE-inclusive sexual health education (44%), SOGIE-specific preventative or treatment mental health services (44%), SOGIE training for staff (33%), and services for survivors of human trafficking (19%). Of note, no prevention programming provider reported having SOGIE-inclusive human trafficking services and education, and most providers reported they do not

collect data related to whether their clients identify as LGBTQ. Regarding diversity and inclusion in foster parent recruitment, most respondents indicated having a clear, welcoming message to LGBTQ couples and individuals. However, there were lower levels of readiness related to inclusion around gender identity and expression (e.g., gender neutral paperwork, the inclusion of trans people in recruitment campaigns).

Parent/Youth Advocate Specialist

Aligned with CSSP recommendations, DHS is creating a new position to meaningfully include the voice of older youth and biological parents with lived experience in the Philadelphia child welfare and juvenile justice systems. This will be a paid, civil service position and the youth and parents who fill the positions will participate in the service, training, policy development, consultation, and other professional activities of DHS. These new staff will give specific attention to enhancing the service delivery and continuum of care for children, youth, and families in areas such as responsiveness to complaints or questions (the Commissioner's Action Response Office), child welfare professionals' training (DHS University), performance management (Performance Management and Technology), and policy development (Policy and Planning). The expectation is that embedding those with lived experience will improve our ability to have a positive impact on child and family safety and well-being.

The Crisis Access Link Model (CALM)

The Crisis Access Link Model (CALM) is a cross-system collaborative service between DHS and the Philadelphia Department of Behavioral Health and Intellectual disAbility (DBHIDS) with assistance from the Philadelphia Managing Director's Health and Human Services Office (MDO-HHS) inspired by New Jersey's Mobilization Response and Stabilization Services. The service will be housed in DBHIDS.

CALM's goal is to provide stabilizing support for children through initial removal and any placement disruption, reducing traumatization, and supporting placement stabilization. Every time a child enters an out-of-home placement, CALM services are dispatched.

The Crisis Access Link Model (CALM) will create critical paths of connection between the child welfare and behavioral health systems for youth/caregivers experiencing heightened stressors when a youth enters a new kin/foster resource home. The new capacity and processes will provide psychosocial education and rapid solutions-focused interventions to maintain psychological safety and help a child and caregiver stabilize and get connect to any desired community-based care. A key CALM support includes "Coping Kits" employed to help with attachment, learning, and emotional stability.³ CALM seeks to provide individualized coping kits based on chronological age and differing emotional responses youth may exhibit due to a change or traumatic experience.

CALM is initially being funded by a local grant for "innovative projects that transform (or create) a process or service that benefits Philadelphia residents and improves government efficiency and impact" in the amount of \$500,000. The anticipated grant-funded launch for Phase 1 is December 2022. Full system integration is anticipated by FY 2024 and will require funding for non-Medicaid reimbursable components – the Coping kits and the Philadelphia Crisis Line program analyst who will coordinate across agencies and providers, and engage in quality assurance, program evaluation, and performance management of the CALM service.

Child Welfare Challenges

To tackle the challenges to the child welfare system and meet our goals, the Department needs to first strengthen case management services in order to empower families to achieve the goals set in their single case plans. The Department must also ensure that staff have all the resources needed to address the overall safety and well-being of children youth and families.

Although the Department has been successful in reducing the use of congregate care, there is still much required effort to manage youth with complex medical and behavioral health concerns. We feel that the Department must enhance the array of services and linkage opportunities for these youth in the community.

Lastly, Child Welfare Operations (DHS and CUA) specifically, has struggled with retaining employees at critical operations levels (investigations, case management, supervisory). With vacancies, existing staff have felt the strain of more responsibility. There continues to be a struggle with addressing the question of how to manage attrition.

Technical Assistance

Philadelphia DHS supports strong case management services through skill development and practice improvement, by providing an array of support services. The support services are provided through Technical Assistance. They are offered monthly to Child Welfare staff, through a monthly calendar notification system throughout the year. The supportive services are termed Refreshers and Boosters. They include the following trainings:

Refreshers

- Case Management Documentation
- Safe Crisis Management
- Family Engagement Initiative
- Single Case Plan
- Engagement
- Permanency
- Older Youth/ Board Extension
- Adverse Childhood Experiences (ACEs)
- Kinship

Booster Workshop

- 1300- Pennsylvania Risk Assessment: A Closer Look at the Factors and Summary Booster Shot
- 1300- Protective Capacities for In-home Safety Assessment Booster
- 1300-In Home Safety Assessment: A Closer Look at the Fourteen Safety Threats Booster Shot

Additionally, Technical Assistance is provided system-wide for internal, and external case consultations.

Family Team Conferencing revision

DHS has revised the Family Team Conferencing policy and procedures to clarify roles between CUA CM, DHS Investigations Staff and 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.

The Family Team Conferencing unit has been restructured to accommodate the integration of FEI into our work. The FEI Team primarily focuses on facilitating Crisis Rapid Response Meetings both during and after-hours. Facilitation is focused on mitigating the emergent concerns in the moment, in an attempt to keep the family intact. The facilitator is accompanied by an Engagement Specialist who works to engage the family and their supports within 24 hours to 72 hours of the identified need to possibly remove the youth from the home. In the event that removal has to occur and the family needs to have ongoing case management services, the case will transition to our ongoing conference Practice Facilitators and Engagement Specialist for monitoring and revising of the Single Case Plan.

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. 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.

DHS continues to utilize a variety of strategies to promote reunification and permanency. Family Group Decision Making (FGDM) and Family Engagement Initiative (FEI) are a few of the strategies that we continue to integrate into our daily practice.

Services to support the further decrease in congregate care

As the Department continues to reduce the number of youth in congregate care, those who are placed in these settings have more complex medical and behavioral health needs. The Department must build an array of services and linkage opportunities to support children and youth with complex needs in the community. To support this strategy, CWO is moving forward in FY2023 with the Administration and Management regarding city-wide posting for positions to staff an Extended Assessment unit. The target date for posting the positions is September 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. The Department has awarded an RFP for the Professional Resource Parent model. The goal of the model is to support the needs of youth with complex behavioral health needs and/or sexual reactive behaviors in home like settings. Finally, the Department is continuing to explore how we can use the Kinship Explorers Program to assist in identifying appropriate kinship care options and kin supports for youth in congregate care settings

Services to improve older youth outcomes:

In addition to the Pandemic Relief programming completed, Philadelphia Prevention has continued to operate the Older Youth Rental Assistance Program, increased funding for the Lifeset Program to better serve youth with complex needs and implemented FYI and FUP vouchers during fiscal year 2022. Housing assistance, related housing supports, and youth-focused case management through Lifeset continue to be our focus with the continuing housing and pandemic crisis to respond to older youth needs.

Services to support youth with emergency mental health needs:

CWO continues to work with Community Behavioral Health and the Philadelphia Department of Behavioral Health and Intellectual disAbility Services to address and support the emergency mental and behavioral health needs of the Department's dependent children.

Juvenile Justice Services data analysis

Data analysis for the juvenile justice system has been an ongoing challenge for the county. Most of the current information about strengths and challenges in existing resources and service array come from regular stakeholder discussions. Philadelphia recently addressed the need for data analysis by hiring a data analysis professional in FY2021. During the past fiscal year, the Juvenile Justice Services data scientist completed a number of important projects that have provided useful information to city systems. These projects include designing a template for Juvenile Justice Community-Based Program evaluation tools, guiding pilot implementation of new evaluation tools for all Evening Reporting Centers and Community Evening Resource Centers, and completed a study (now in final reviews) of neighborhood-level disproportionality in juvenile arrests.

With a new Juvenile Justice Research and Evaluation Associate position approved to begin in FY2023, we expect the team supporting data analysis and evaluation activities in Juvenile Justice to expand and differentiate. We expect to complete several projects that are in process, including further implementation of the Community-Based Program evaluation template in more program areas, a comprehensive report of Community-Based Programs and their evaluation results, support of a Detention Utilization Study with the Juvenile Detention Alternatives Initiative (JDAI) Coordinator, and data analysis work in support of two research projects: a study establishing a juvenile recidivism rate for Philadelphia, and a study of local trends in use of the PaDRAI detention screening assessment. We expect in the coming year to identify additional necessary studies and begin work to implement new program evaluations for our Community-Based Detention program and services at the PJJSC.

Detention Utilization Study

Under best practices defined in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) project, a detention utilization study and system assessment is conducted when a new jurisdiction becomes a JDAI site. Philadelphia completed a DUS/System assessment in 2012 but has yet to do a robust qualitative and quantitative report on the state of the JJ system since. The JDAI Coordinator, in partnership with PMT, is conducting a multi-tiered system assessment, including 1) a point-in-time "snapshot" analysis that looks at the PJJSC population on one specific day (including, demographics of youth detained, reasons for being held, how long they were held, and specific characteristics of the youth), 2) a series of systematic stakeholder interviews that offer a qualitative assessment of the state of the system and 3) led my PMT, a detention utilization study that looks at metrics such as average daily population, average length of stay, etc., over defined periods of time to help identify trends in detention use.

Juvenile Justice Reform Act

In FY2022 (December 2021), the Juvenile Justice Reform Act of 2018 went live. It requires youth who are charged as adults be held in juvenile detention/the PJJSC on a

specific sight and sound unit, secluded from the general population while they await an interest of justice hearing held weekly. The interest of justice hearing determines if the resident can be made an ACT 96 who can be placed in general population or be sent to CFCF in adult custody. While a resident is in sight and sound all movement within the facility is ceases when they need to travel to various areas. These residents are currently impacting the census and available manpower at the PJJSC. The unintended consequence of the JJRA on the PJJSC is that the daily census has trended upwards and now averages between 165-172 youth per day up from an average of 135 per day which amounts to a 27.4% increase in the average population in just 6 months without benefit of having the full budgeted staffing complement at the PJJSC. This is a potentially dangerous milieu for both youth and staff alike.

- Identify key areas in which technical assistance may be needed.

Response will be included in final submission.

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.

The proposed new rule is anticipated to be announced by the Department of Labor in October 2022. DHS Human Resources will work with the City of Philadelphia Office of Human Resources on any impacts.

- 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 FY2022 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 2023-24 because of the new rule(s).

The City's living wage is \$15.00. 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.

Response will be included in final submission.

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

Response will be included in final submission.

1-3f. Continuous Quality Improvement (CQI)

➤ **For new CCYAs interested in joining the CQI effort during calendar year 2023**, 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 2023 if approved to join the CQI effort? Please note if you are interested in in-person or virtual reviews.

Philadelphia DHS is currently a CQI county.

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

Philadelphia DHS is 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 plans to have a QSR during FY2023 but does not yet have the date set.

1.3h Substance Affected Infants (SAI) and Plans of Safe Care (POSC)

- Respond to the following questions:

- Describe how the CCYA collects data related to POSC in which the CCYA acts as the lead agency

When the Substance Affected Infant (SAI) indicator is selected by Childline, POSC-specific data fields become visible in PFDS, and the DHS Hotline may enter Yes/No to the following questions: “Was a Plan of Safe Care Developed?” and “Was a referral made as a result of the Plan of Safe Care?”

DHS’s ability to collect data in PFDS related to the POSC has been limited since implementation on March 1, 2021. Nearly three-quarters of families receiving a POSC do not have the SAI indicator checked. There are discrepancies between how reporting sources (such as the birth hospitals) and Childline define an “affected” infant. Reporting sources are defining “affected” as being exposed to substances in utero and the identified child may or may not be experiencing physical symptoms from the exposure. The SAI indicator, however, is most often assigned only to the infants who are experiencing physical symptoms. Thus, reporting sources are developing POSC based upon exposure due to maternal substance use independent of the infant’s physical response to the exposure. In absence of the SAI indicator, POSC data cannot be collected in PFDS.

The Philadelphia County Plans of Safe Care Steering Committee is exploring several strategies to advocate for alignment of the PA-DHS definition of “affected” with the reporting sources shared definition.

Because the DHS Hotline does not have access to the POSC-specific data fields in absence of the SAI indicator, a Hotline Administrator has been tracking POSC-specific data in an Excel spreadsheet. An updated version of the spreadsheet is provided to PMT monthly and upon request.

DHS is not able to collect data from the POSCs themselves as they are being sent to the DHS Hotline as PDFs or Microsoft Word documents. The DHS Hotline is disseminating the POSC to the appropriate party (i.e., DHS investigator, CUA case management team, or prevention provider) and the document is incorporated into the family’s case record.

- Describe how the CCYA collects data related to POSC in which the CCYA does NOT as the lead agency

PFDS collects data regarding the Substance Affected Infant (SAI) indicator as selected by PA-DHS Childline at the time the General Protective Services (GPS) report or Information Only (INO) report is generated. When the indicator is selected, the Plans of Safe Care (POSC) data collection fields become visible in PFDS and POSC-specific data can be collected. Additionally, at the time of report generation, Childline also collects the SAI Notification Reason (identifies the type of substance that has affected the infant) and the reporting source (most commonly the birth hospital). The reporting source creates the POSC and then sends a copy to the DHS Hotline for dissemination to the appropriate party (i.e., DHS investigator, CUA case management team, or prevention provider).

- Describe how the CCYA works with other county offices and community-based agencies to disseminate information related to SAIs and POSC to health care providers

The POSC in Philadelphia is a collaborative effort between county systems with hardwired referrals to early intervention and drug and alcohol services. Other county base services are solicited based on the service needs of the family.

- Describe how the CCYA engages other county offices and community-based agencies to support the on-going implementation of POSC.

In Philadelphia County, there is a monthly POSC work group that is spearheaded by a community-based prevention provider and attendance is solicited, not only from the medical community, but also from the mental health and drug and alcohol community, as well as early intervention and other well-baby serving providers. There is also participation on the steering committee by a parent with lived experience.

- Describe how the CCYA works with other county offices and community-based agencies to disseminate information related to the effect of prenatal exposure to substances and POSC to pregnant and parenting people and other caregivers

Response will be included in final submission.

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

Greater collaboration in coordination of service delivery is needed regarding providing intervention services to children and families from the least restrictive perspective.

- Identify areas of technical assistance needed by the CCYA related to POSC.

None at this time.

1-3k. Family First Prevention Services Act

- ➔ Respond to the following questions:

Title IV-E Prevention Services Program

- 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, DHS has continued to take strategic steps to prepare for the implementation of EBPs in response to the Family First Prevention Services Act (FFPSA). Our System Enhancement and Research and Data Analytics Units successfully engaged with internal and external stakeholders, including community-based service providers, through our annual provider convening and targeted conversations. Additionally, Philadelphia DHS completed 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 this fiscal year. Results revealed: (1) a need for systematized use of trauma assessment tools and comprehensive trauma training, particularly for non-direct staff; (2) knowledge of and positive attitudes toward EBPs among staff coupled with a need for capacity-building to support EBP implementation; (3) the need for integrated data systems across providers to support CQI efforts in place; and (4) a need for more congregate care providers to adopt the congregate care specialized setting requirements associated with Family First implementation in Pennsylvania.

Given the high threshold for inclusion in the Title IV-E Prevention Services Clearinghouse, DHS 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.

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

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

Philadelphia's existing practices are largely aligned with the Family First Prevention Services Act. In the upcoming fiscal year, Philadelphia 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 and prevention planning, and the need for prevention workers. Philadelphia's DHS University is presently finalizing an interactive, online FFPSA training curriculum on DHS' Learning Management System. DHS will provide technical assistance for staff for Family First Prevention Services, including refreshers and boosters on assessments and information gathering needed to make the candidacy decision and appropriate documentation of the analysis and decision. Additionally, DHS anticipates costs associated with evaluating new programming through Family First, particularly as the contract with Mathematica has concluded.

Using Family First Prevention Services Act Transition Grant funds in State FY 2023, DHS intends to issue a Request for Proposals (RFP) to advance its efforts to become a trauma-informed system consistent Commonwealth priorities.

For FY2024, DHS is requesting support to extend this effort into a multi-year project in which a qualified consultant can provide training, train the trainer model, provide technical assistance, and facilitate a learning community for DHS to enhance a trauma-informed service delivery model across the system. Additionally, the investment will create expectations and an infrastructure to support child welfare, juvenile justice, and other community-based support service providers with the integration of a trauma-informed framework into their organization's practices. The consultant will support the evaluation of the current trauma informed trainings, practices, and programs being implemented and make recommendations of appropriate policies, processes, and trauma informed curricula or trainings that can be implemented with frontline staff and providers.

This multi-year system enhancement will include establishing a Trauma Informed Framework for child welfare service delivery that aligns with DHS' mission, priorities, and values. The hired consultant and newly integrated Project Management Team staff will support DHS, CUA and providers with the implementation of assessment, tools, and resources to support the integration of this framework into their organization's practices. See *Chart Analysis question regarding staff ratios and resource allocations for Project Management Team detail*.

- 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, known as Innovation Zones. Share whether this is an option the CCYA is considering.

For initial implementation, county staff will maintain the responsibility for determining who is a candidate for foster care. DHS is currently exploring whether Innovation Zones fit and are feasible within Philadelphia. In doing so, we are engaging internal and external system stakeholders, and consulting with the Center for the Study of Social Policy to ensure that the potential expansion of eligible children is consistent with DHS' larger priorities and commitment to become an anti-racist organization.

Congregate care funding limitation

- Describe the CCYAs 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 DHS is requesting continued funding for Family Finding. As DHS develops and expands an array of Evidence-Based Prevention Programs, the Court will be briefed on the types of programs and when they are most appropriate 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.

In FY2022 (December 2021), JJS leadership successfully reconvened the weekly Youth Review Meetings i.e., Joint Assessment Meetings (JAM), with a total of 30 youth receiving a review during this past fiscal year. The meetings are a collaboration with a youths assigned JPO, Court and Community Services SWS, CWO SW's, JJS SW's, City Solicitors, Defenders Association, District Attorney's Office, and other stakeholders. This meeting works to identify viable strategies to assist JPO and DHS with locating appropriate placements for youth who may have severe mental health and behavioral health needs as well as crossover and older youth. Each department has the goal of reducing the amount of time the youth remain held in secure detention at PJJSC. In FY2022, the Shared Case Responsibility Unit, (SCR) in addition to the Delinquent Dependent Unit, (DDU) conducted 146 Joint Assessment Meetings. The information obtained during these JAM's are disseminated to all parties by SCR and DDU to assist with appropriate planning. The meeting notes are then uploaded to a SharePoint system to ensure the information is conveniently accessible. Youth on interim probation or deferred adjudication also receive Joint Assessment Meetings to assist with appropriate planning. The meetings are conducted by the Shared Case Responsibility Unit and the Delinquent/Dependent Unit.

In FY2023, 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 and communities can help in making 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 planning, we continue to further our understanding of the need to provide services within the continuum that follow recognized principles of a trauma-informed approach to address trauma's consequences and facilitate healing in our shared case and delinquent populations.

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

DHS engaged 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 6.7% in 2022.⁶

As part of the move toward improved practice, DHS continues to work with its partners towards the reduction in the use of congregate care and toward timely, safe, and appropriate discharges from congregate care. Cases are reviewed to determine if community-based resources can help reduce the length of stay for youth in congregate care.

The Family Engagement Initiative (FEI) is a comprehensive court initiative designed to reduce the number of children entering care and, where placement is necessary, identifying kin resources versus placement in other forms of substitute care such as congregate care. FEI has now been implemented in all six of the core dependency court rooms in Philadelphia. The Child Welfare Unit (CWU) of the City of Philadelphia Law Department plays a critical role in advocating for DHS in terms of meeting FEI goals. CWU Attorneys work carefully with DHS and CUA workers to prevent placements from Court if at all possible and, where children are placed, they advocate for reunification with family members when appropriate. If children are placed in congregate care and cannot be reunified with their parents, 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.

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, 2022, 90% 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, 2022, just 110 youth were placed in delinquent congregate care placement, compared to over 550 youth four years ago. Despite these successes, work continues to be done to reduce the residential placement population even further.

While DHS continues to reduce the number of children and youth in traditional congregate care placements, we will move to transition those who require congregate care to specialized trauma-informed settings that offer programming and staff training tailored to the needs of children and youth with special circumstances. In FY 2024, DHS will update its Congregate Care provider scope to include the priority for all Congregate Care providers adjust their service model to align with the enhanced services outlined in the specialized

⁶ DHS Data obtained from the Quarterly Indicators Report on Point in Time Dependent Placements, run on July 8, 2022.

residential setting guidance for youth who are, or are at risk of becoming, child victims of human trafficking.

- Identify any areas of technical assistance that the county may need in this area.

Response will be included in final submission.

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

➤ Respond to the following questions:

- 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 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 team 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.

1-3r. 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.

Children Welfare Operations has several processes:

- Executive Reviews facilitated by Deputy Commissioner's Office that brings multi-disciplinary teams together to provide a neutral setting for collaboration and planning for case permanency. From this meeting actions steps are developed to include responsible parties and expected dates for completion.
 - The Central Referral Unit (CRU) facilitates multi-disciplinary meetings that comprises of Dependent Youth, DHS Nursing, DHS Psychology, Education, CBH, Law, CUA and Providers in an effort to address challenging placement matters.
 - Family Team Conferencing pulls together children, families, and multi-disciplinary teams to create, revise, and review single case plans.
 - DHS / CBH cross collaboration monthly meetings to discuss behavioral health services for dependent children.
 - PJJSC monthly meetings to review juvenile / dependent shared cases.
 - State Roundtable meetings where we confer with Pennsylvania Department of Human Services, Office of Children and Families in Courts / Administrative Office Courts as well as neighboring county jurisdictions on State Child Welfare matters.
 - Act 33 Team meetings to review certified child Fatality / Near Fatality cases for local systemic concerns.
- 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.

Education, Physical and Behavioral Health Systems partners are included in the cross-agency team and planning meetings listed above.

- Identify any areas of technical assistance the county may need in development, or improvement, of its cross-system integrated children's team.

PA-DHS is integrated in the majority of CWO cross-systems team efforts. Technical assistance is built into those processes.

1-3t. Family Reunification Services

- ☛ Respond to the following questions:

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

CWO efforts to support reunification include new case reviews that happen at all our Community Umbrella Agencies to determine the family's 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 tasks to complete and or need the agreement of all parties to reunify and close the case.

The Family Reunification (FR) program serves youth ages 9-17 who are entering out-of-home placement for the first time through DHS. The youth may be placed at a Philadelphia based youth shelter or traditional foster care. The service promotes timely reunification when

well-being issues such as parent/child conflict, behavioral health concerns, truancy and housing instability and issues related to identity are the primary reasons for placement. The FR Team works in conjunction with the Philadelphia Department of Human Services (DHS), and Community Umbrella Agencies (CUA) to identify the well-being issues present on the case. The FR Team provides targeted support to address these issues as CUA remains the driver of permanency and day-to-day case management responsibilities. The duration of the service has been extended beyond six months but not to exceed a year (reviewed per case), aftercare services are offered when reunification occur for additional family supports and stabilization.

The implementation of Family First Prevention Act in 2020 (FFPSA) further supports the delivery of evidence-based services by enhancing the child welfare systems to keep children safe with their families. FFPSA, family-first approach is for children and youth to receive time limited prevention services in their home and communities. It underscores the importance of strengthening families. Families deserve to stay together in a crisis whenever it is safe to do so. FFPSA expanded opportunities for program such as Family Reunification to service families in natural like settings. The following revision were made to meet the needs of FFPSA; An extension of family services, if appropriate, beyond six months with an aftercare component to reduce re-entry into care. Secondly, the service has been extended all to youth placed in traditional foster care who meet the requirements for the program.

FR services address an array of well-being needs due to poverty, such as the purchase of concrete goods (e.g., beds, furniture, major appliances), food, housing assistance, transportation assistance, the purchase of school uniforms, etc. The FR team has assisted families with securing funding through the City's emergency and prevention funds to address many of these concrete needs and to assist with the impact COVID contributed to these barriers.

The desired outcomes are to: 1) Reduce the length of time in out-of-home placement. 2) To reduce the number of placement moves while in care. 3) An increased rate and timeliness of reunification.

- What were the total costs of services and activities to provide family reunification services in SFY 2021-22?

The total costs for FY2021-22 are \$205,000.

Response will be included in final submission.

13u. Universal Assessment Tool (FAST)

- ☛ Respond to the following questions:

- Does the county currently utilize the FAST tool? If yes, what version of the tool?

Yes, Philadelphia uses the FAST 3.0 version.

- If the county is using the FAST, is the tool currently integrated with the county case management system?

For youth serviced by diversionary prevention providers a paper version of the FAST is used. For In-home services cases the FAST tool is integrated into the Philadelphia Family Data System.

Section 2: General Indicators

2-1: County Fiscal Background

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

Response will be included in final submission.

- Is over or underspending anticipated in the Implementation Year? Explain why.
Response will be included in final submission.

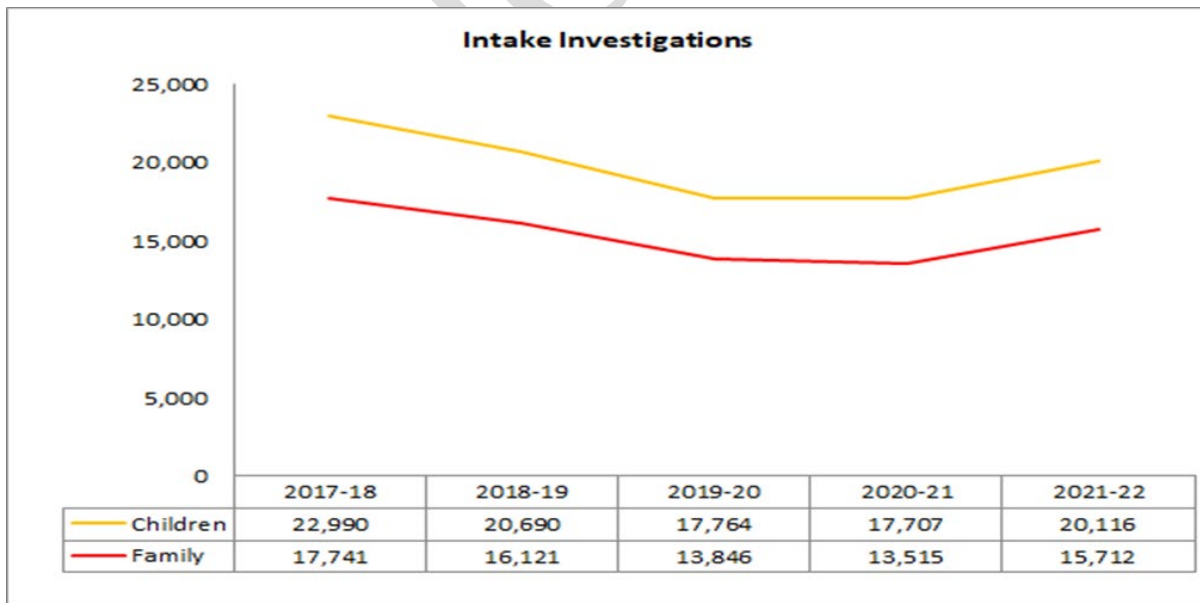
- Address any changes or important trends that will be highlighted as a resource need through an ADJUSTMENT TO EXPENDITURE submission.

Response will be included in final submission.

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

2-2a. Intake Investigations

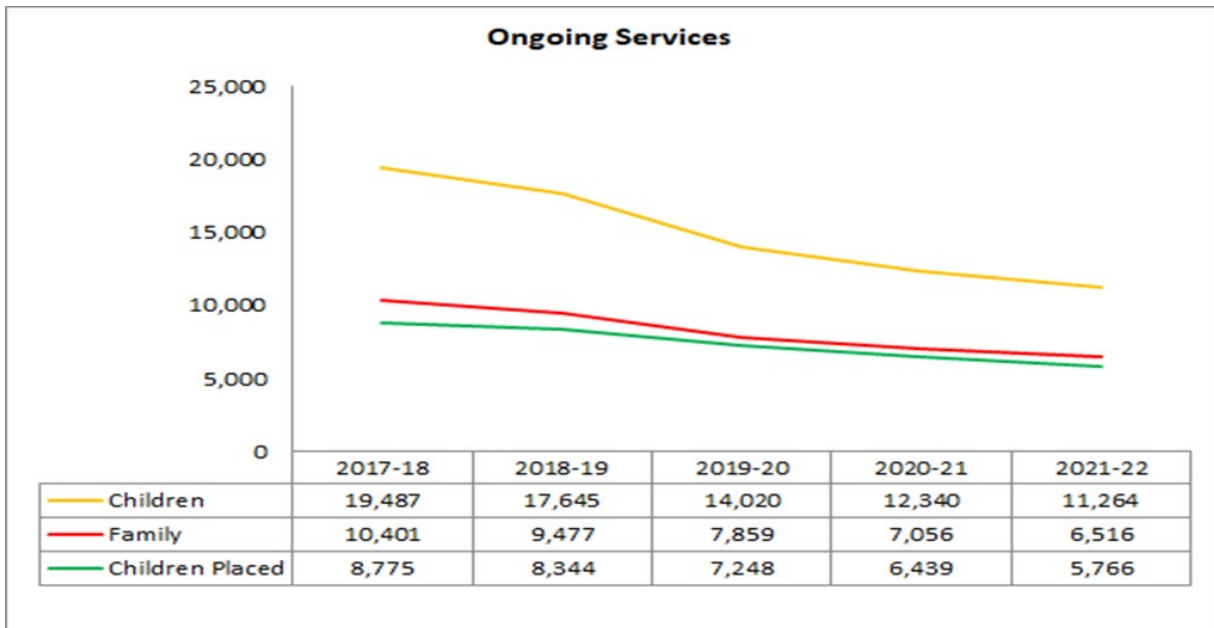
Insert the Intake Investigations Chart (Chart 1).



Click to Paste HZA chart

2-2a. Ongoing Services

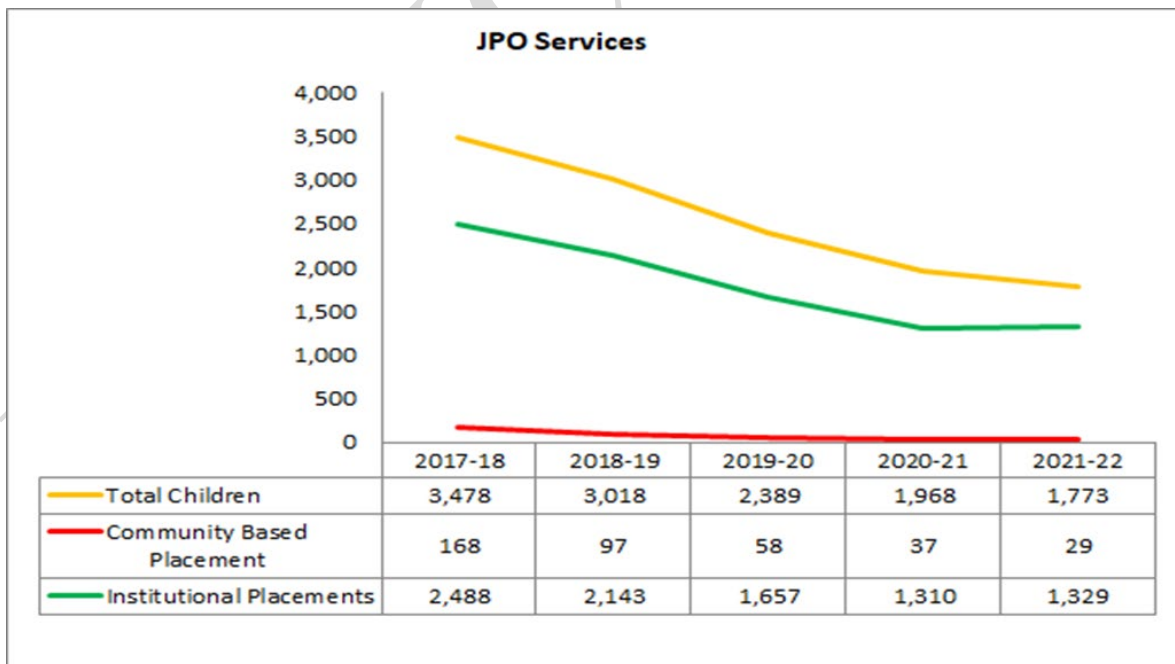
Insert the Ongoing Services Chart (Chart 2).



Click to Paste Chart

2-2a. JPO Services

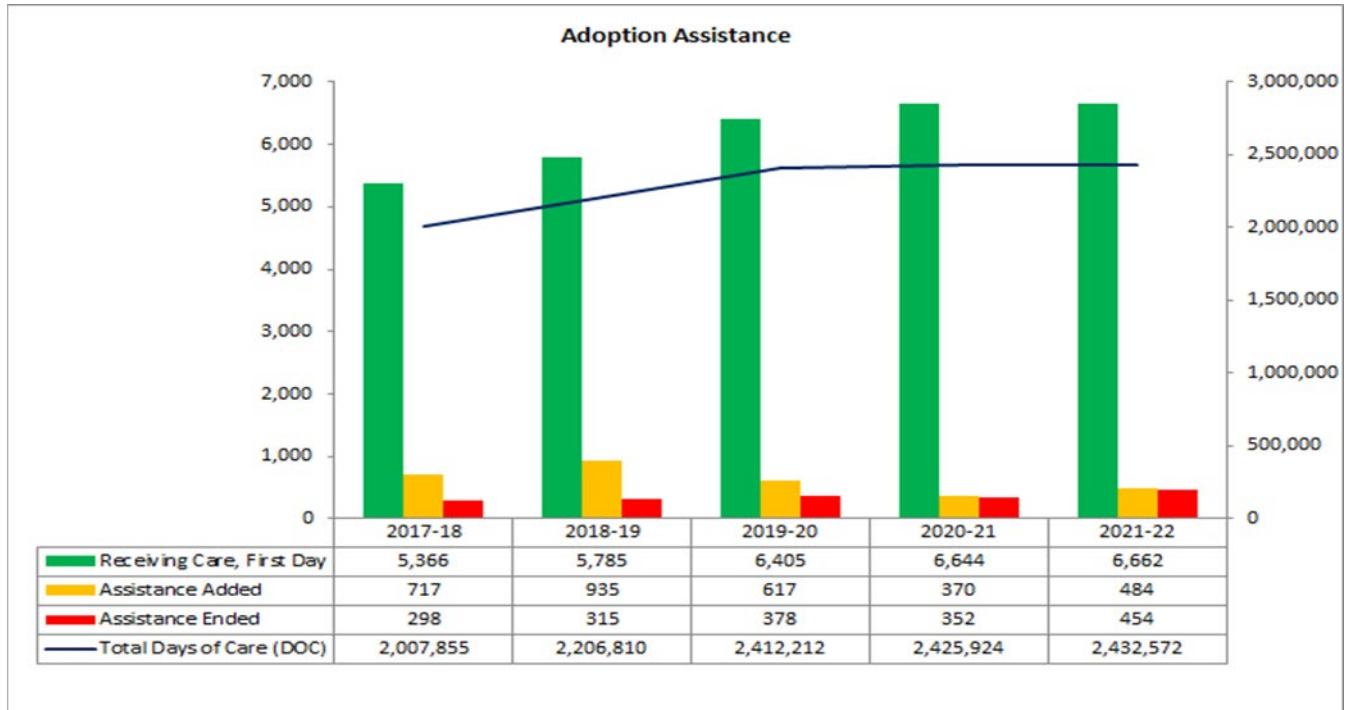
Insert the JPO Services Chart (Chart 3).



Click to Paste Chart

2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).

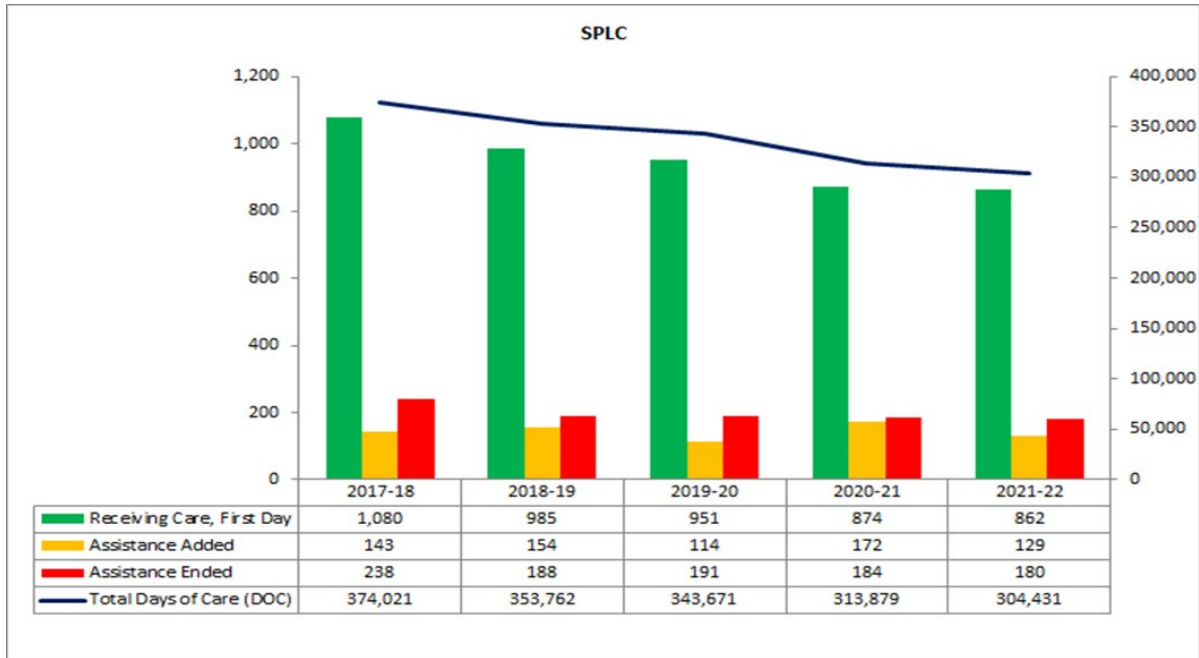


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2-2c. Subsidized Permanent Legal Custody (SPLC)

Insert the SPLC Chart (Chart 5).

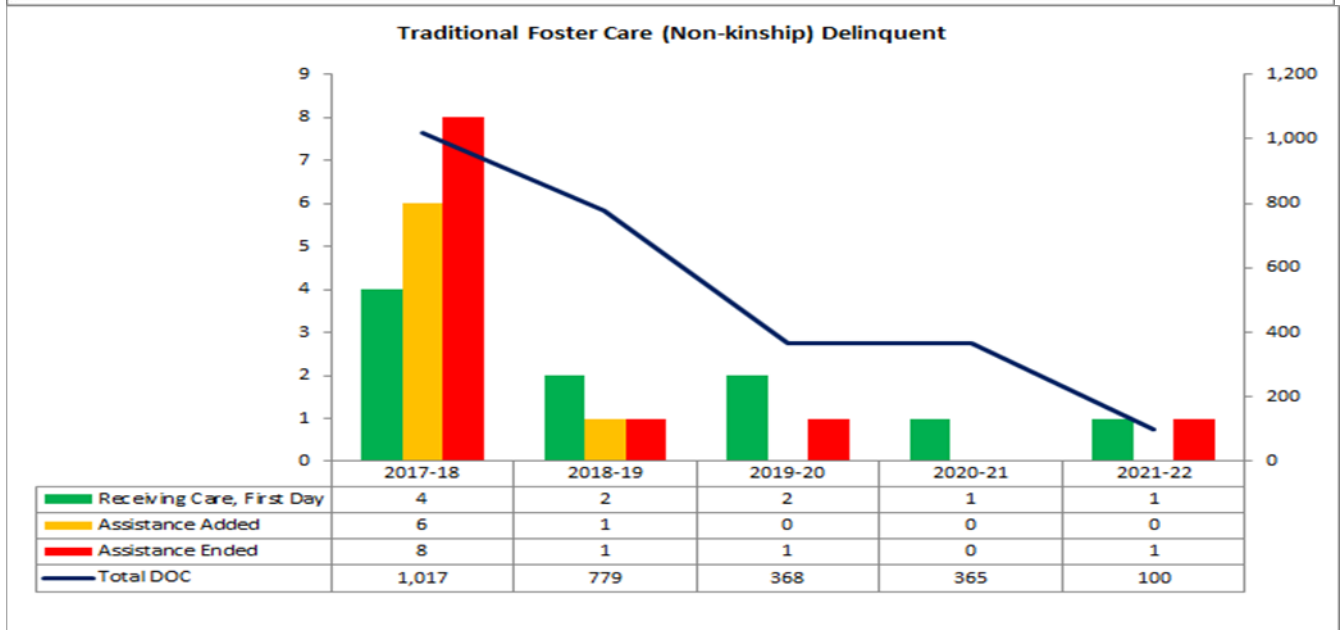
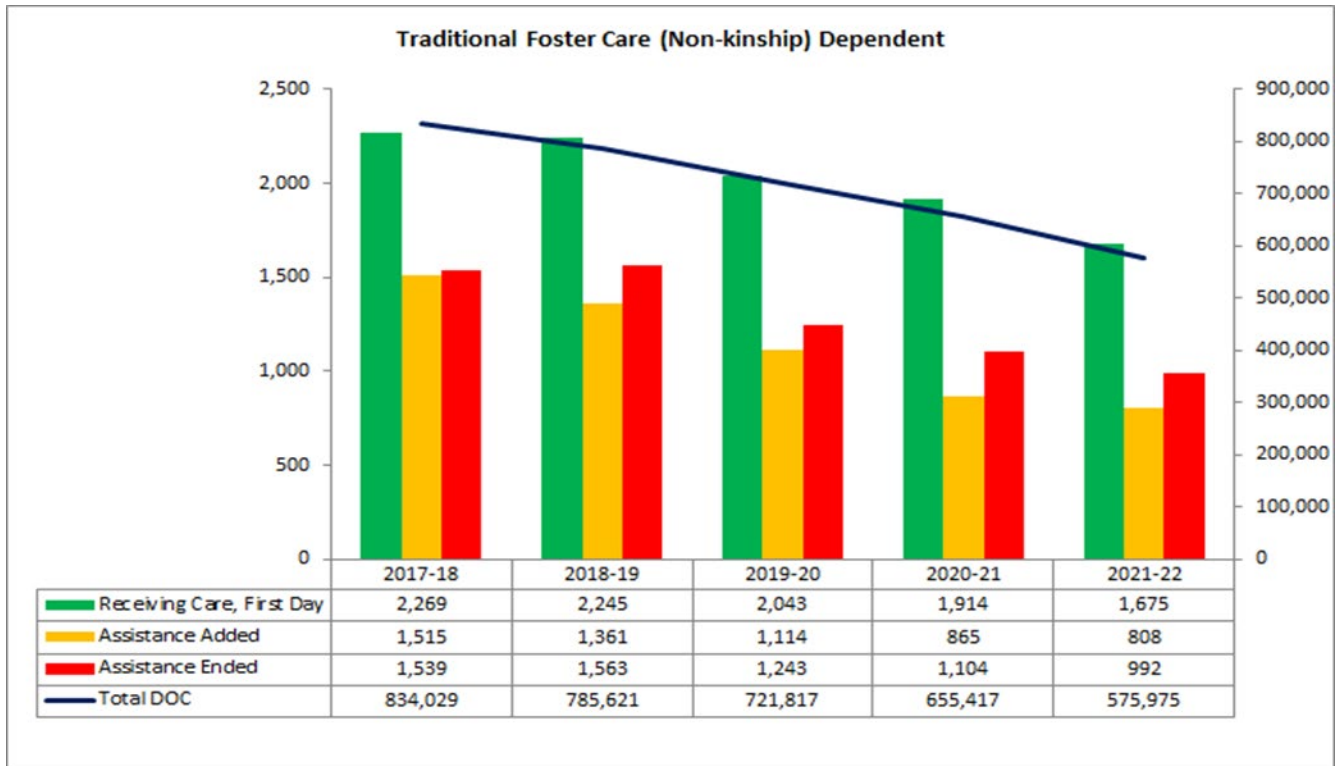


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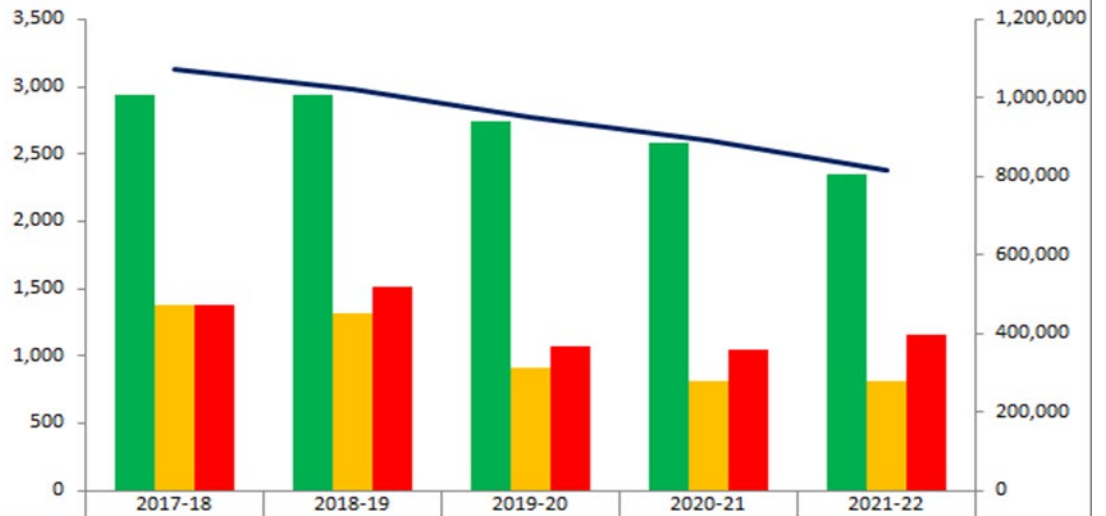
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2-2d. Out-of-Home Placements: County Selected Indicator

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

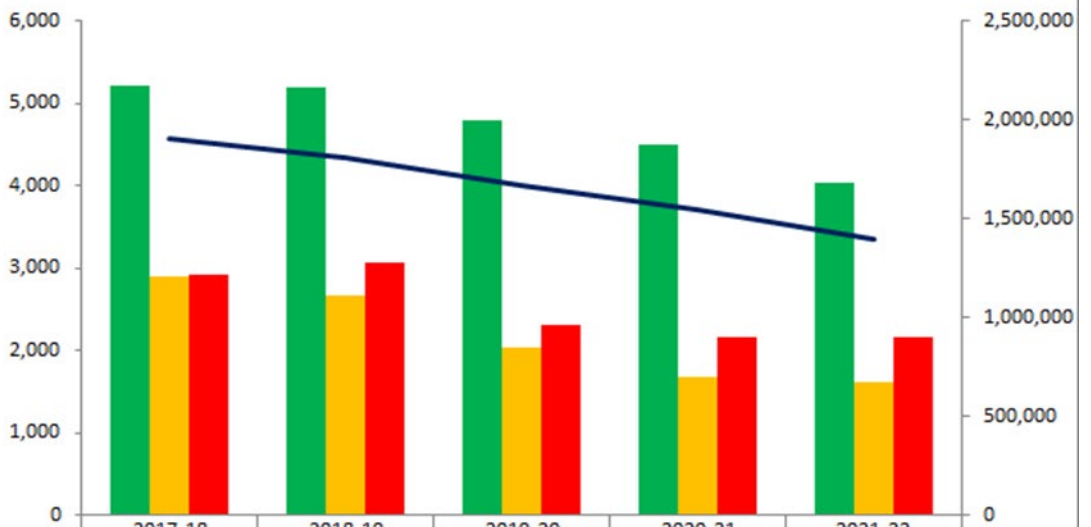


Reimbursed Kinship Care Dependent

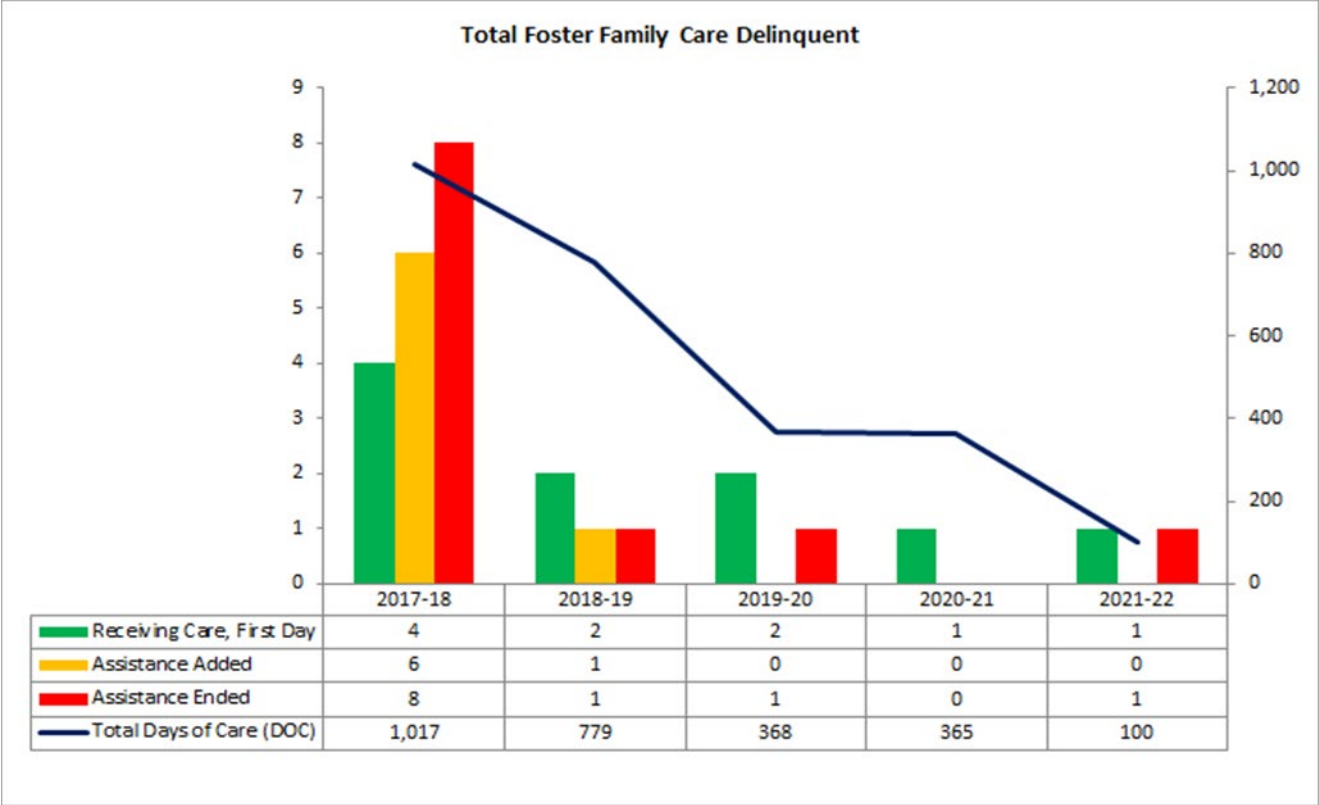


| | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---------------------------|-----------|-----------|---------|---------|---------|
| Receiving Care, First Day | 2,942 | 2,944 | 2,742 | 2,587 | 2,351 |
| Assistance Added | 1,380 | 1,311 | 911 | 816 | 807 |
| Assistance Ended | 1,378 | 1,513 | 1,066 | 1,052 | 1,162 |
| Total Days of Care (DOC) | 1,073,700 | 1,022,136 | 949,229 | 890,218 | 816,754 |

Total Foster Family Care Dependent



| | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---------------------------|-----------|-----------|-----------|-----------|-----------|
| Receiving Care, First Day | 5,211 | 5,189 | 4,785 | 4,501 | 4,026 |
| Assistance Added | 2,895 | 2,672 | 2,025 | 1,681 | 1,615 |
| Assistance Ended | 2,917 | 3,076 | 2,309 | 2,156 | 2,154 |
| Total Days of Care (DOC) | 1,907,729 | 1,807,757 | 1,671,046 | 1,545,635 | 1,392,729 |

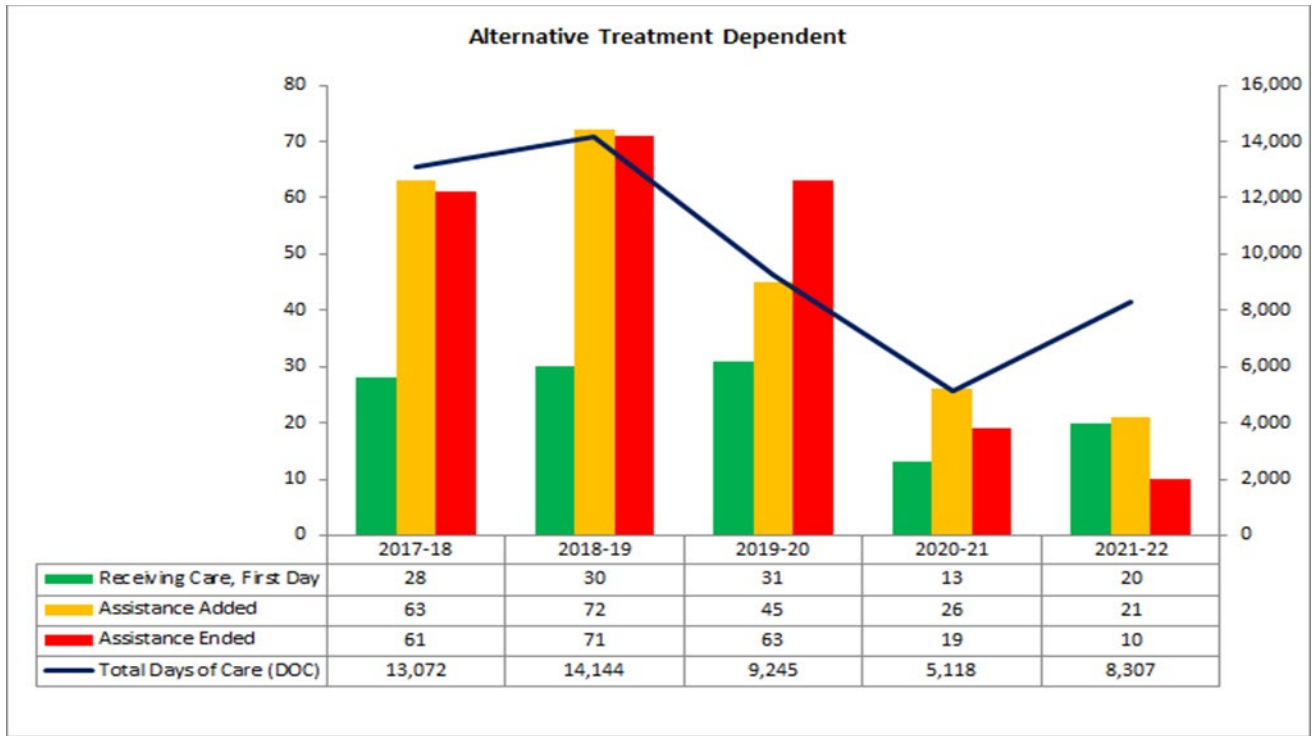


Click to Paste Chart

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

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

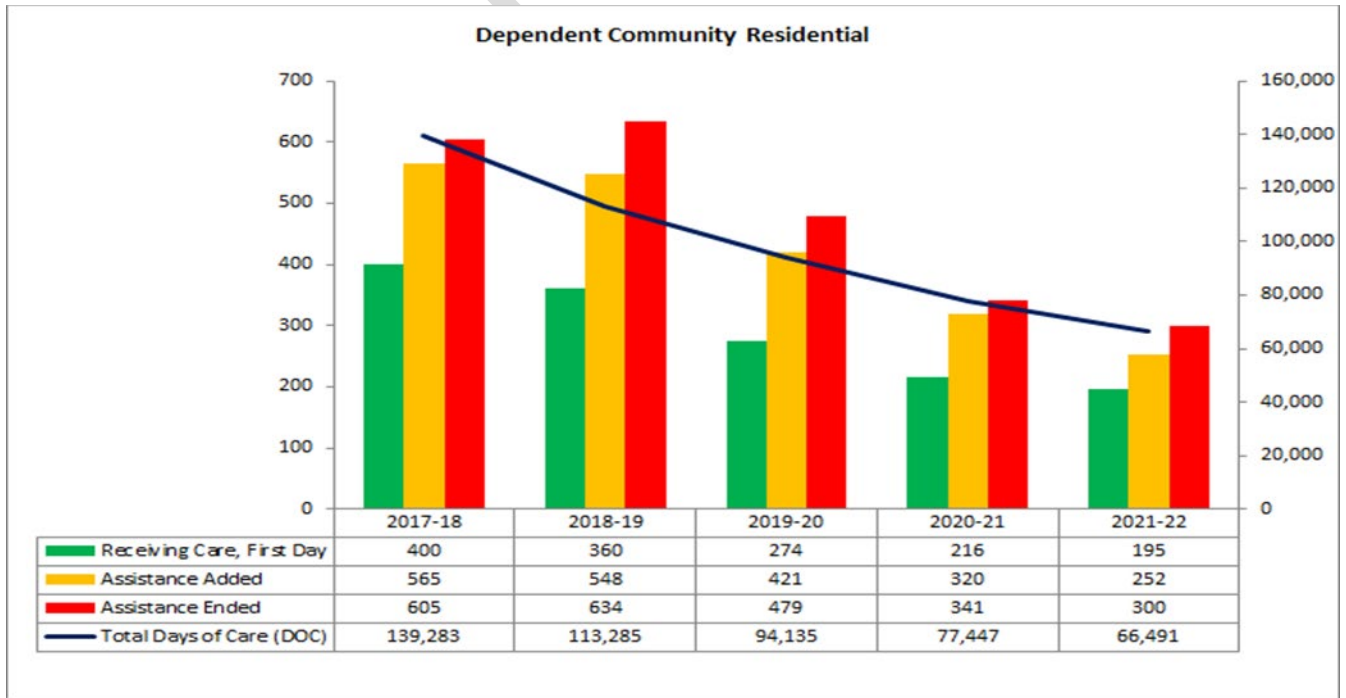
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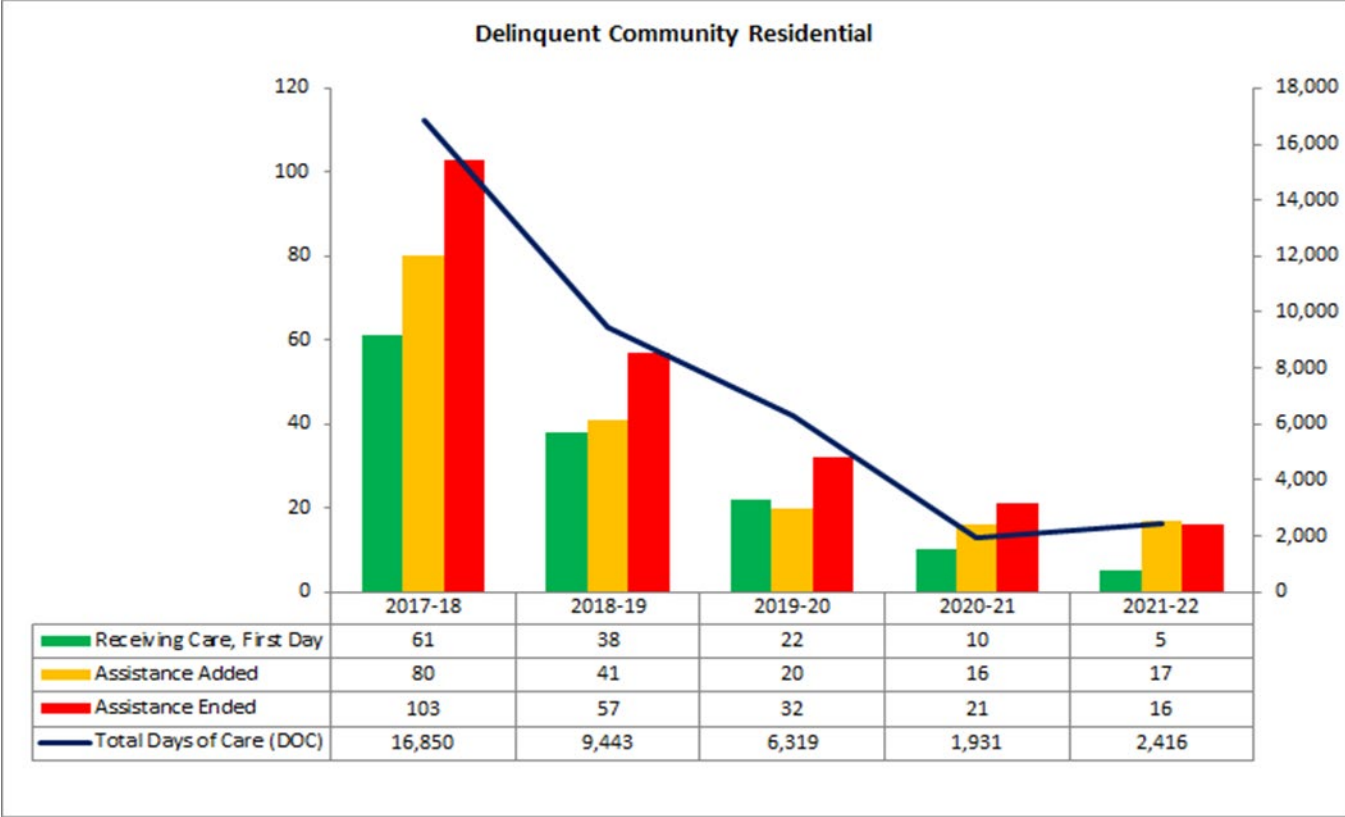


Click to Paste Chart

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

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





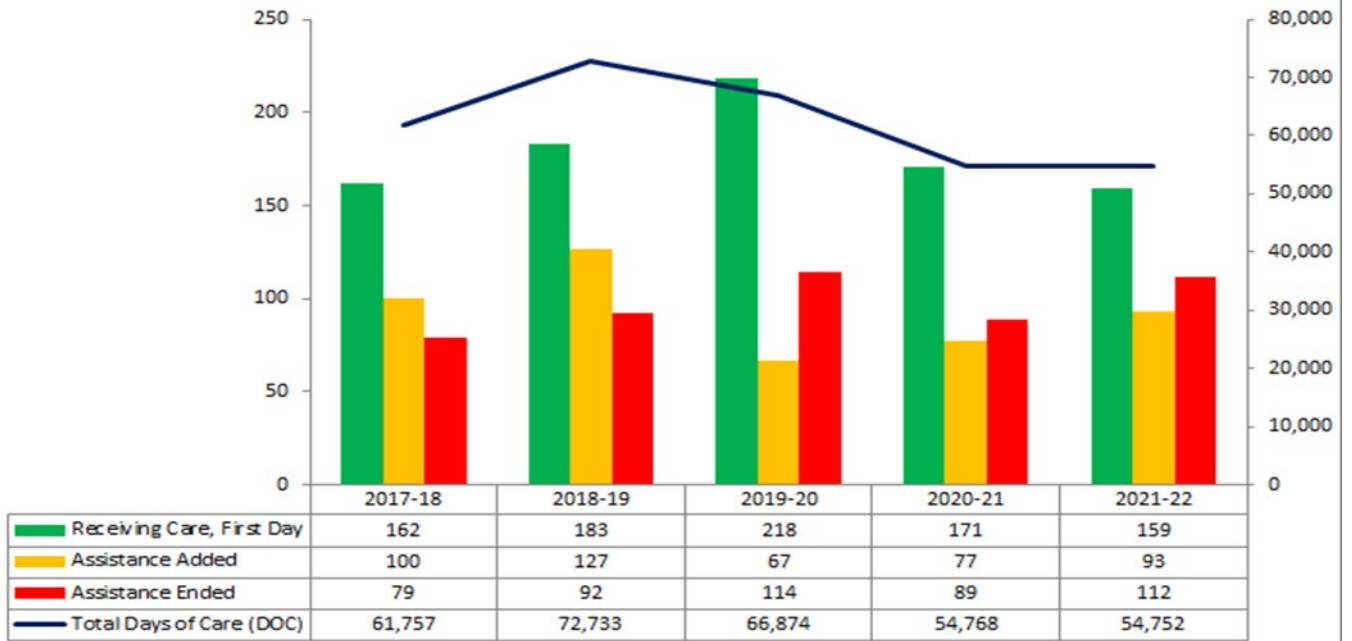
Click to Paste Chart

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

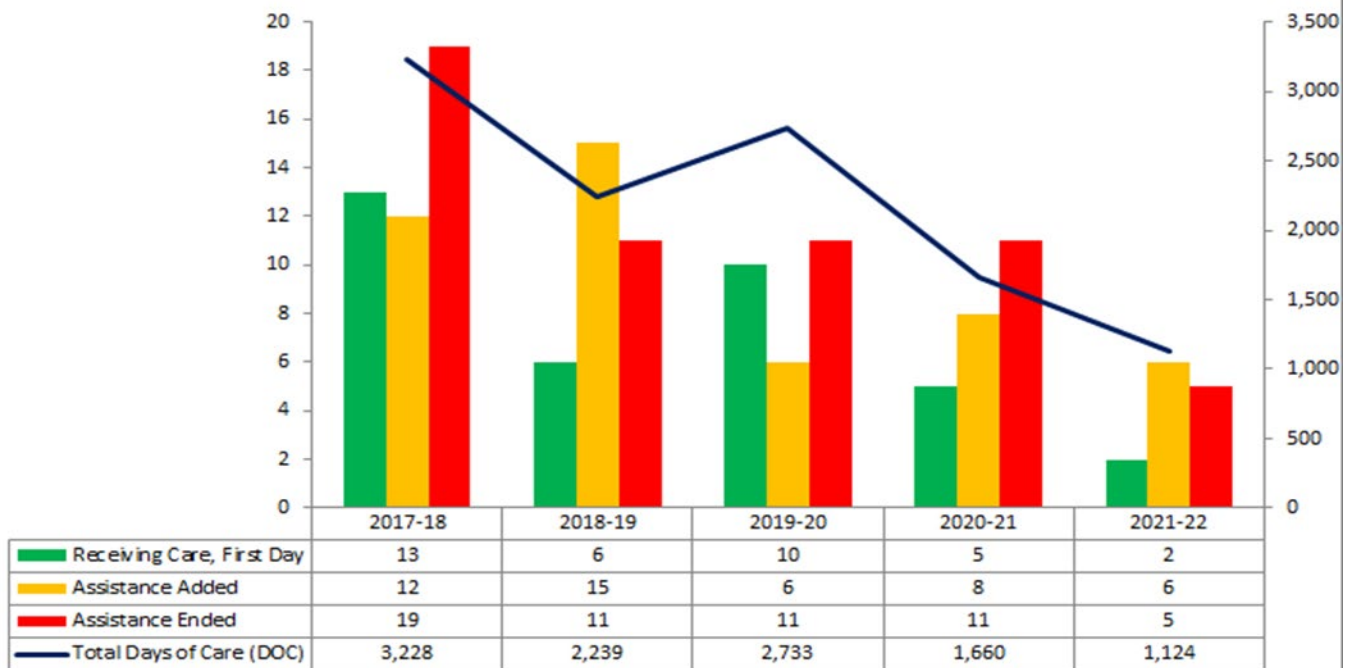
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

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Supervised Independent Living Dependent



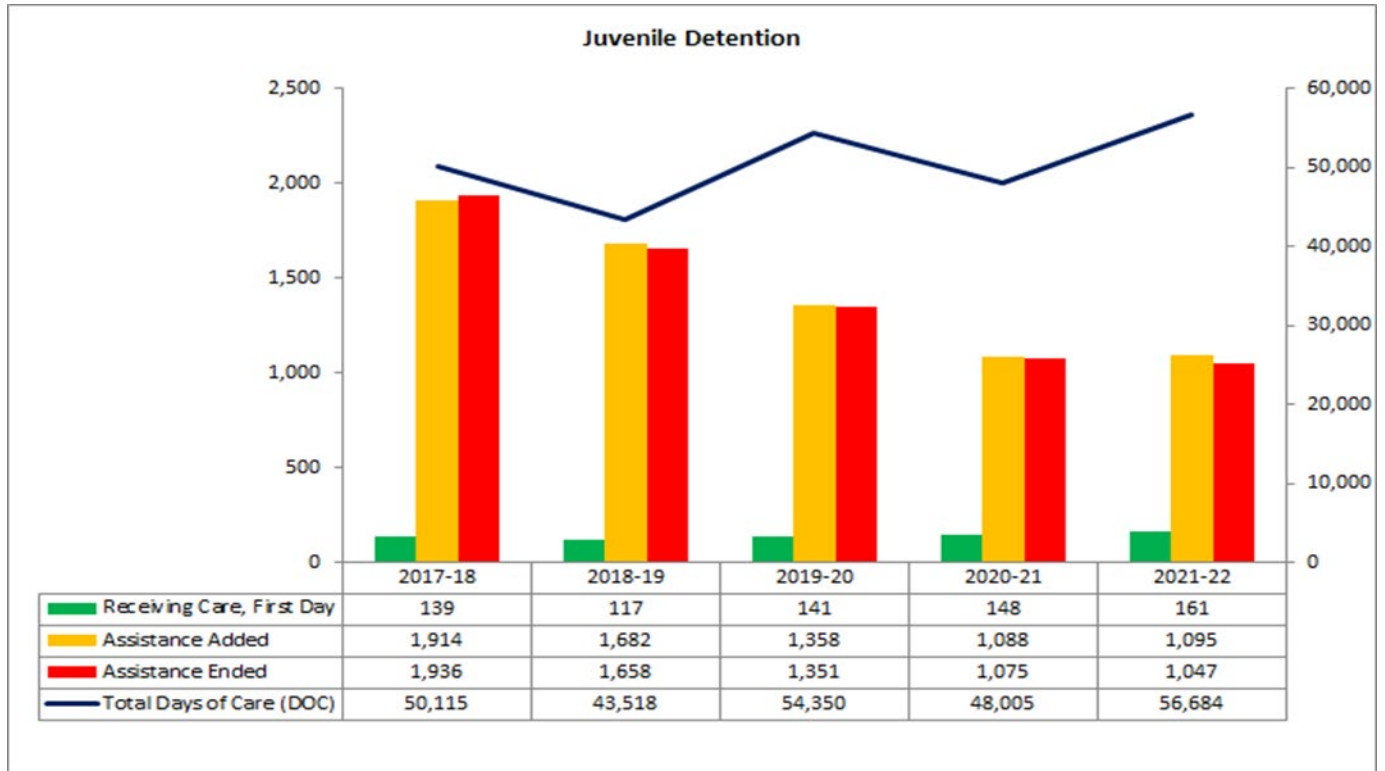
Supervised Independent Living Delinquent



Click to Paste Chart

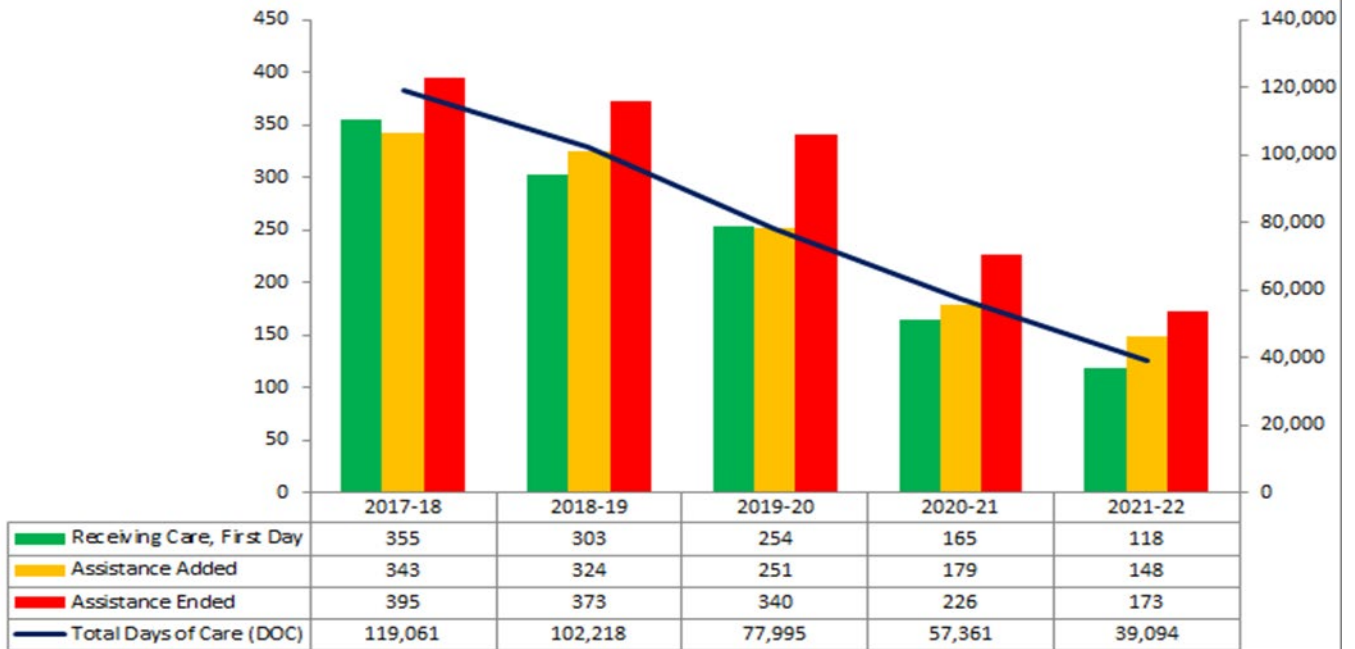
2-2d. Out-of-Home Placements: County Selected Indicator

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

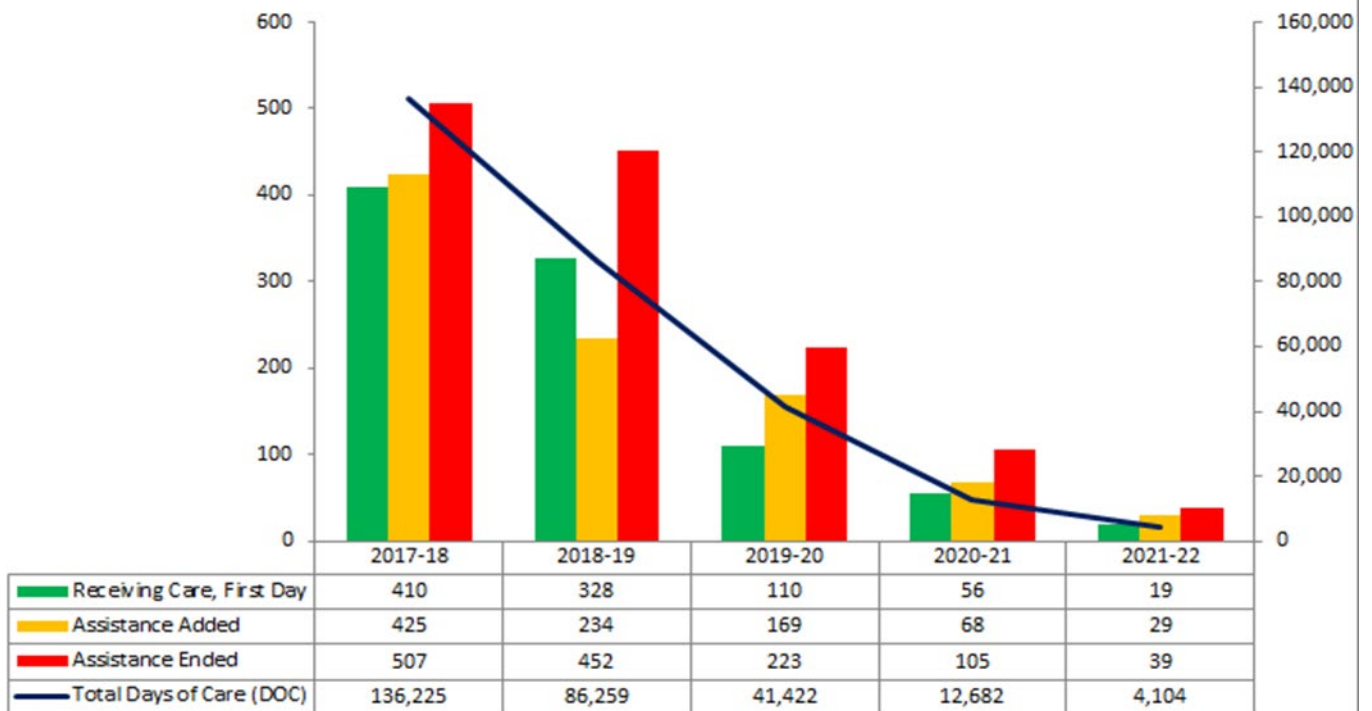


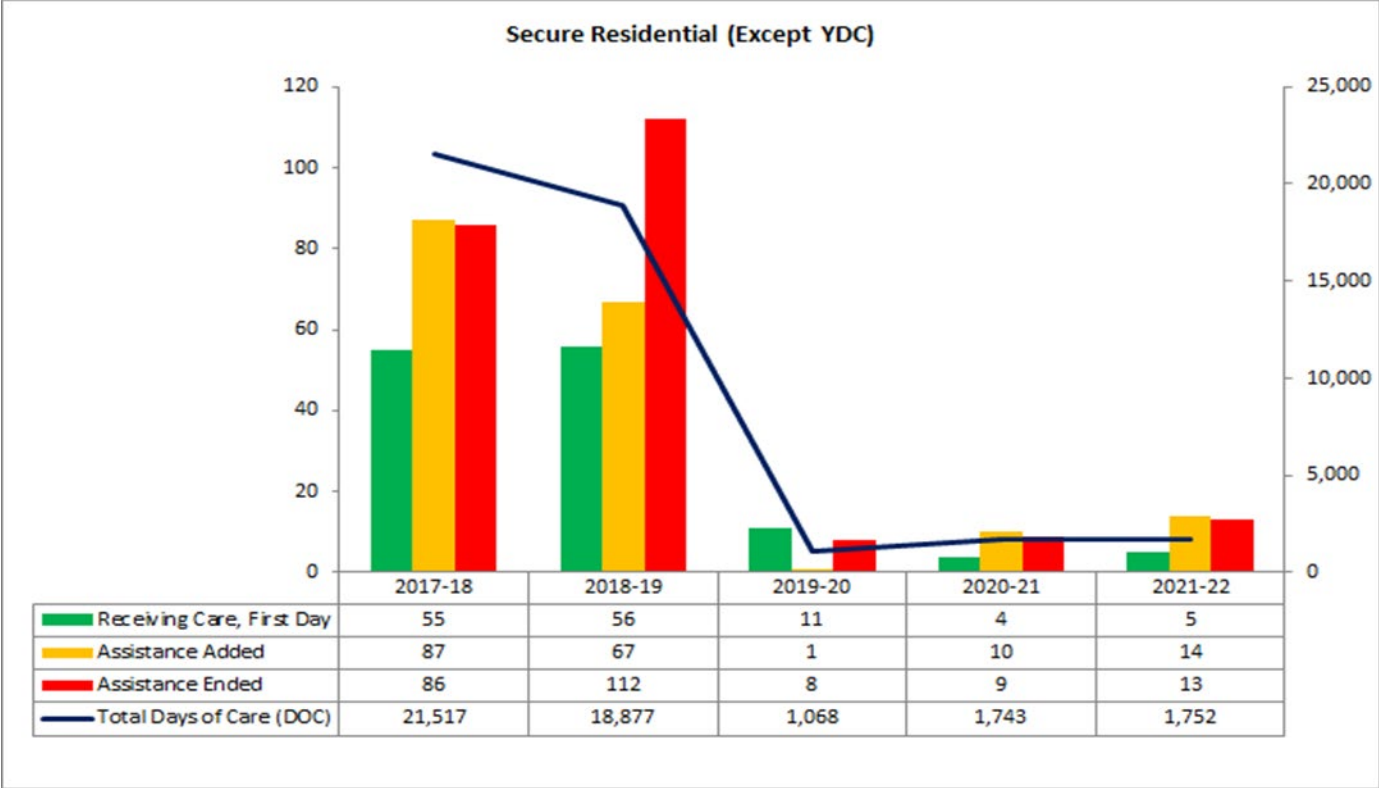
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Dependent Residential Services

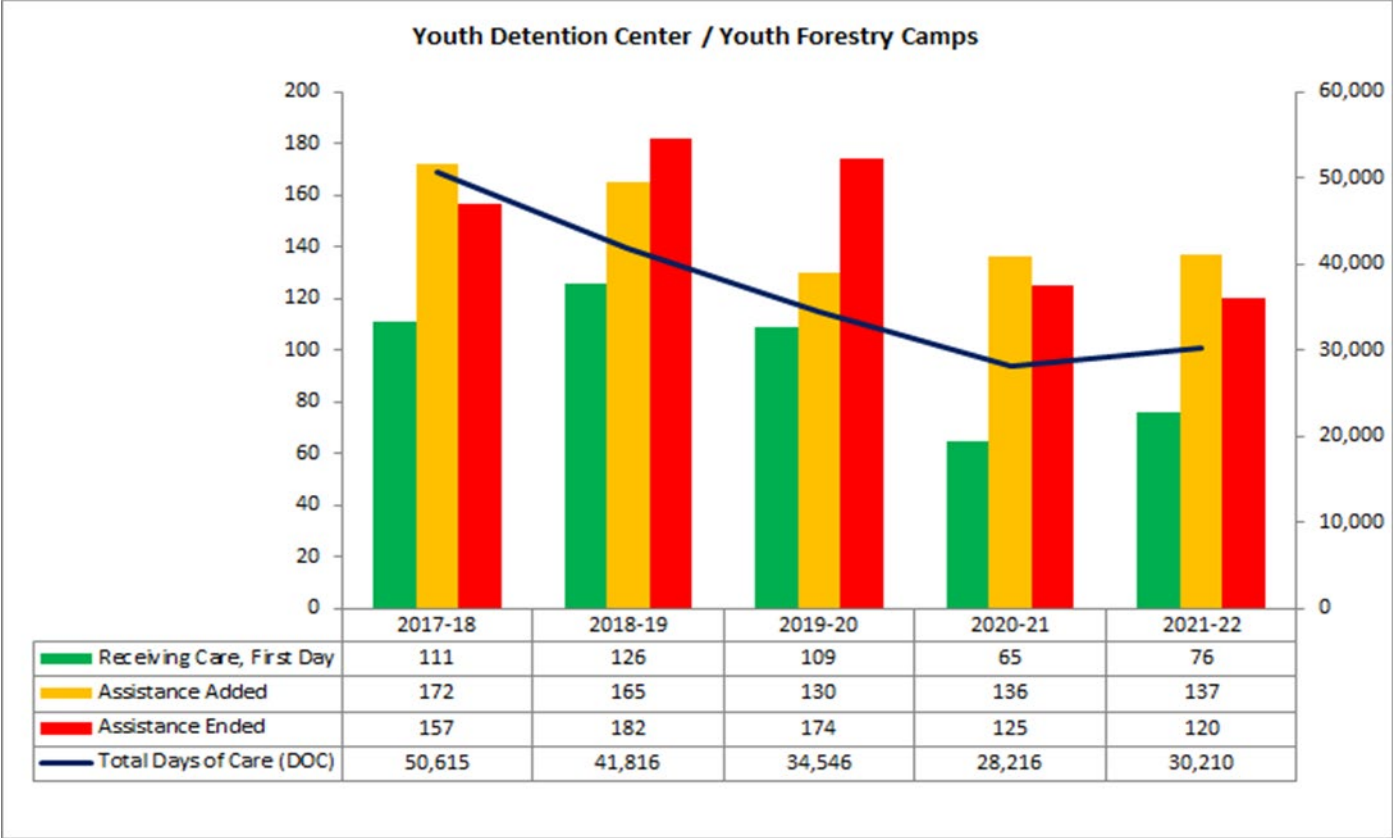


Delinquent Residential Services





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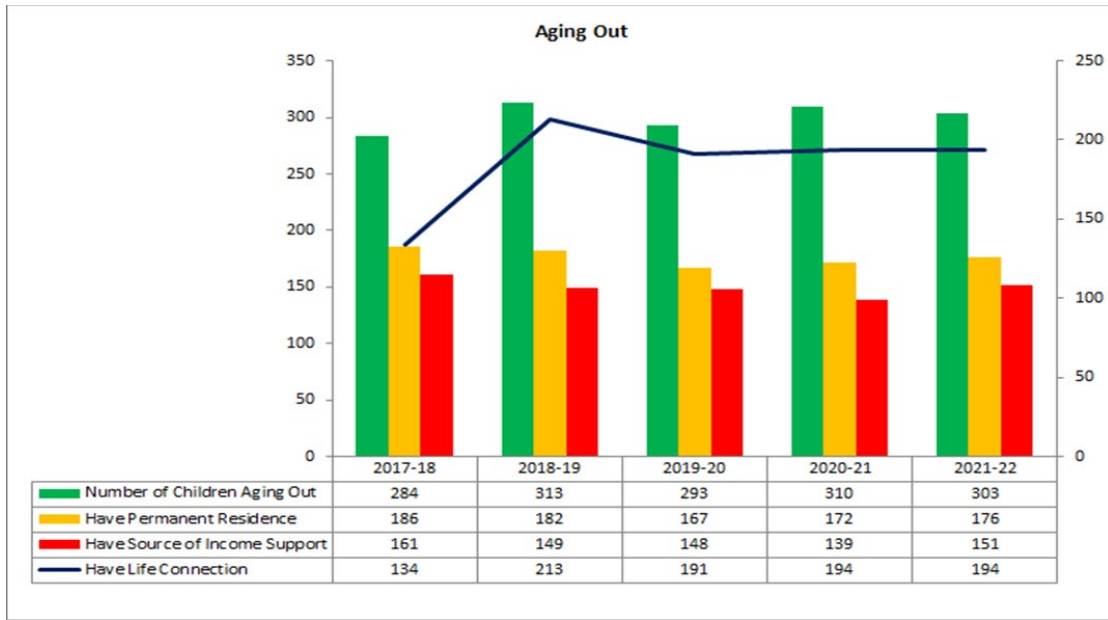


Click to Paste Chart

2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).

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Click to Paste Chart

PUBLIC DRAFT

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: <input type="text"/> | | | Class: <input type="text"/> | | | | |
| Note: % Change and CAGR are calculated using the oldest reported figure (not 0) and the most recent fiscal year. | | | | | | | |
| Copy Part 1 for Narrative insertion | | Copy Part 2 for Narrative insertion | | | Copy Part 3 for Narrative insertion | | |
| 2-2a. Service Trends | | | | | | | |
| Indicator | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | % Change | CAGR |
| Intake Investigations | | | | | | | |
| Children | 22,990 | 20,690 | 17,764 | 17,707 | 20,116 | -12.5% | -3.3% |
| Family | 17,741 | 16,121 | 13,846 | 13,515 | 15,712 | -11.4% | -3.0% |
| Ongoing Services | | | | | | | |
| Children | 19,487 | 17,645 | 14,020 | 12,340 | 11,264 | -42.2% | -12.8% |
| Family | 10,401 | 9,477 | 7,859 | 7,056 | 6,516 | -37.4% | -11.0% |
| Children Placed | 8,775 | 8,344 | 7,248 | 6,439 | 5,766 | -34.3% | -10.0% |
| JPO Services | | | | | | | |
| Total Children | 3,478 | 3,018 | 2,389 | 1,968 | 1,773 | -49.0% | -15.5% |
| Community Based Placement | 168 | 97 | 58 | 37 | 29 | -82.7% | -35.5% |
| Institutional Placements | 2,488 | 2,143 | 1,657 | 1,310 | 1,329 | -46.6% | -14.5% |
| 2-2b. Adoption Assistance | | | | | | | |
| Indicator | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | % Change | CAGR |
| Adoption Assistance | | | | | | | |
| Receiving Care, First Day | 5,366 | 5,785 | 6,405 | 6,644 | 6,662 | 24.2% | 5.6% |
| Assistance Added | 717 | 935 | 617 | 370 | 484 | -32.5% | -9.4% |
| Assistance Ended | 298 | 315 | 378 | 352 | 454 | 52.3% | 11.1% |
| Total Days of Care (DOC) | 2,007,855 | 2,206,810 | 2,412,212 | 2,425,924 | 2,432,572 | 21.2% | 4.9% |
| 2-2c. SPLC | | | | | | | |
| Indicator | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | % Change | CAGR |
| Subsidized Permanent Legal Custodianship | | | | | | | |
| Receiving Care, First Day | 1,080 | 985 | 951 | 874 | 862 | -20.2% | -5.5% |
| Assistance Added | 143 | 154 | 114 | 172 | 129 | -9.8% | -2.5% |
| Assistance Ended | 238 | 188 | 191 | 184 | 180 | -24.4% | -6.7% |
| Total Days of Care (DOC) | 374,021 | 353,762 | 343,671 | 313,879 | 304,431 | -18.6% | -5.0% |

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| 2-2d. Placement Data | | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|----------|---------|
| Indicator | FY | FY | FY | FY | FY | % Change | CAGR |
| | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | | |
| Traditional Foster Care (non-kinship) - Dependent | | | | | | | |
| Receiving Care, First Day | 2,269 | 2,245 | 2,043 | 1,914 | 1,675 | -26.2% | -7.3% |
| Assistance Added | 1,515 | 1,361 | 1,114 | 865 | 808 | -46.7% | -14.5% |
| Assistance Ended | 1,539 | 1,563 | 1,243 | 1,104 | 992 | -35.5% | -10.4% |
| Total DOC | 834,029 | 785,621 | 721,817 | 655,417 | 575,975 | -30.9% | -8.8% |
| Traditional Foster Care (non-kinship) - Delinquent | | | | | | | |
| Receiving Care, First Day | 4 | 2 | 2 | 1 | 1 | -75.0% | -29.3% |
| Assistance Added | 6 | 1 | 0 | 0 | 0 | -100.0% | -100.0% |
| Assistance Ended | 8 | 1 | 1 | 0 | 1 | -87.5% | -40.5% |
| Total DOC | 1,017 | 779 | 368 | 365 | 100 | -90.2% | -44.0% |
| Reimbursed Kinship Care - Dependent | | | | | | | |
| Receiving Care, First Day | 2,942 | 2,944 | 2,742 | 2,587 | 2,351 | -20.1% | -5.5% |
| Assistance Added | 1,380 | 1,311 | 911 | 816 | 807 | -41.5% | -12.6% |
| Assistance Ended | 1,378 | 1,513 | 1,066 | 1,052 | 1,162 | -15.7% | -4.2% |
| Total Days of Care (DOC) | 1,073,700 | 1,022,136 | 949,229 | 890,218 | 816,754 | -23.9% | -6.6% |
| 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 | 5,211 | 5,189 | 4,785 | 4,501 | 4,026 | -22.7% | -6.2% |
| Assistance Added | 2,895 | 2,672 | 2,025 | 1,681 | 1,615 | -44.2% | -13.6% |
| Assistance Ended | 2,917 | 3,076 | 2,309 | 2,156 | 2,154 | -26.2% | -7.3% |
| Total Days of Care (DOC) | 1,907,729 | 1,807,757 | 1,671,046 | 1,545,635 | 1,392,729 | -27.0% | -7.6% |
| Foster Family Care - Delinquent (Total of 2 above) | | | | | | | |
| Receiving Care, First Day | 4 | 2 | 2 | 1 | 1 | -75.0% | -29.3% |
| Assistance Added | 6 | 1 | 0 | 0 | 0 | -100.0% | -100.0% |
| Assistance Ended | 8 | 1 | 1 | 0 | 1 | -87.5% | -40.5% |
| Total Days of Care (DOC) | 1,017 | 779 | 368 | 365 | 100 | -90.2% | -44.0% |
| 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 | 28 | 30 | 31 | 13 | 20 | -28.6% | -8.1% |
| Assistance Added | 63 | 72 | 45 | 26 | 21 | -66.7% | -24.0% |
| Assistance Ended | 61 | 71 | 63 | 19 | 10 | -83.6% | -36.4% |
| Total Days of Care (DOC) | 13,072 | 14,144 | 9,245 | 5,118 | 8,307 | -36.5% | -10.7% |
| 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 | 400 | 360 | 274 | 216 | 195 | -51.3% | -16.4% |
| Assistance Added | 565 | 548 | 421 | 320 | 252 | -55.4% | -18.3% |
| Assistance Ended | 605 | 634 | 479 | 341 | 300 | -50.4% | -16.1% |
| Total Days of Care (DOC) | 139,283 | 113,285 | 94,135 | 77,447 | 66,491 | -52.3% | -16.9% |

| Delinquent Community Residential | | | | | | | |
|----------------------------------|--------|-------|-------|-------|-------|--------|--------|
| Receiving Care, First Day | 61 | 38 | 22 | 10 | 5 | -91.8% | -46.5% |
| Assistance Added | 80 | 41 | 20 | 16 | 17 | -78.8% | -32.1% |
| Assistance Ended | 103 | 57 | 32 | 21 | 16 | -84.5% | -37.2% |
| Total Days of Care (DOC) | 16,850 | 9,443 | 6,319 | 1,931 | 2,416 | -85.7% | -38.5% |

| Supervised Independent Living Dependent | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|-------|
| Receiving Care, First Day | 162 | 183 | 218 | 171 | 159 | -1.9% | -0.5% |
| Assistance Added | 100 | 127 | 67 | 77 | 93 | -7.0% | -1.8% |
| Assistance Ended | 79 | 92 | 114 | 89 | 112 | 41.8% | 9.1% |
| Total Days of Care (DOC) | 61,757 | 72,733 | 66,874 | 54,768 | 54,752 | -11.3% | -3.0% |

| Supervised Independent Living Delinquent | | | | | | | |
|--|-------|-------|-------|-------|-------|--------|--------|
| Receiving Care, First Day | 13 | 6 | 10 | 5 | 2 | -84.6% | -37.4% |
| Assistance Added | 12 | 15 | 6 | 8 | 6 | -50.0% | -15.9% |
| Assistance Ended | 19 | 11 | 11 | 11 | 5 | -73.7% | -28.4% |
| Total Days of Care (DOC) | 3,228 | 2,239 | 2,733 | 1,660 | 1,124 | -65.2% | -23.2% |

| Juvenile Detention | | | | | | | |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|
| Receiving Care, First Day | 139 | 117 | 141 | 148 | 161 | 15.8% | 3.7% |
| Assistance Added | 1,914 | 1,682 | 1,358 | 1,088 | 1,095 | -42.8% | -13.0% |
| Assistance Ended | 1,936 | 1,658 | 1,351 | 1,075 | 1,047 | -45.9% | -14.2% |
| Total Days of Care (DOC) | 50,115 | 43,518 | 54,350 | 48,005 | 56,684 | 13.1% | 3.1% |

| Dependent Residential Services | | | | | | | |
|--------------------------------|---------|---------|--------|--------|--------|--------|--------|
| Receiving Care, First Day | 355 | 303 | 254 | 165 | 118 | -66.8% | -24.1% |
| Assistance Added | 343 | 324 | 251 | 179 | 148 | -56.9% | -19.0% |
| Assistance Ended | 395 | 373 | 340 | 226 | 173 | -56.2% | -18.6% |
| Total Days of Care (DOC) | 119,061 | 102,218 | 77,995 | 57,361 | 39,094 | -67.2% | -24.3% |

| Delinquent Residential Services | | | | | | | |
|---------------------------------|---------|--------|--------|--------|-------|--------|--------|
| Receiving Care, First Day | 410 | 328 | 110 | 56 | 19 | -95.4% | -53.6% |
| Assistance Added | 425 | 234 | 169 | 68 | 29 | -93.2% | -48.9% |
| Assistance Ended | 507 | 452 | 223 | 105 | 39 | -92.3% | -47.3% |
| Total Days of Care (DOC) | 136,225 | 86,259 | 41,422 | 12,682 | 4,104 | -97.0% | -58.3% |

| Secure Residential (Except YDC) | | | | | | | |
|---------------------------------|--------|--------|-------|-------|-------|--------|--------|
| Receiving Care, First Day | 55 | 56 | 11 | 4 | 5 | -90.9% | -45.1% |
| Assistance Added | 87 | 67 | 1 | 10 | 14 | -83.9% | -36.7% |
| Assistance Ended | 86 | 112 | 8 | 9 | 13 | -84.9% | -37.6% |
| Total Days of Care (DOC) | 21,517 | 18,877 | 1,068 | 1,743 | 1,752 | -91.9% | -46.6% |

| Youth Detention Center / Youth Forestry Camps | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|
| Receiving Care, First Day | 111 | 126 | 109 | 65 | 76 | -31.5% | -9.0% |
| Assistance Added | 172 | 165 | 130 | 136 | 137 | -20.3% | -5.5% |
| Assistance Ended | 157 | 182 | 174 | 125 | 120 | -23.6% | -6.5% |
| Total Days of Care (DOC) | 50,615 | 41,816 | 34,546 | 28,216 | 30,210 | -40.3% | -12.1% |

| 2-2e. Aging Out Data | | | | | | | |
|-------------------------------|------------|------------|------------|------------|------------|----------|-------|
| Indicator | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | % Change | CAGR |
| Aging Out | | | | | | | |
| Number of Children Aging Out | 284 | 313 | 293 | 310 | 303 | 6.7% | 1.6% |
| Have Permanent Residence | 186 | 182 | 167 | 172 | 176 | -5.4% | -1.4% |
| Have Source of Income Support | 161 | 149 | 148 | 139 | 151 | -6.2% | -1.6% |
| Have Life Connection | 134 | 213 | 191 | 194 | 194 | 44.8% | 9.7% |

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

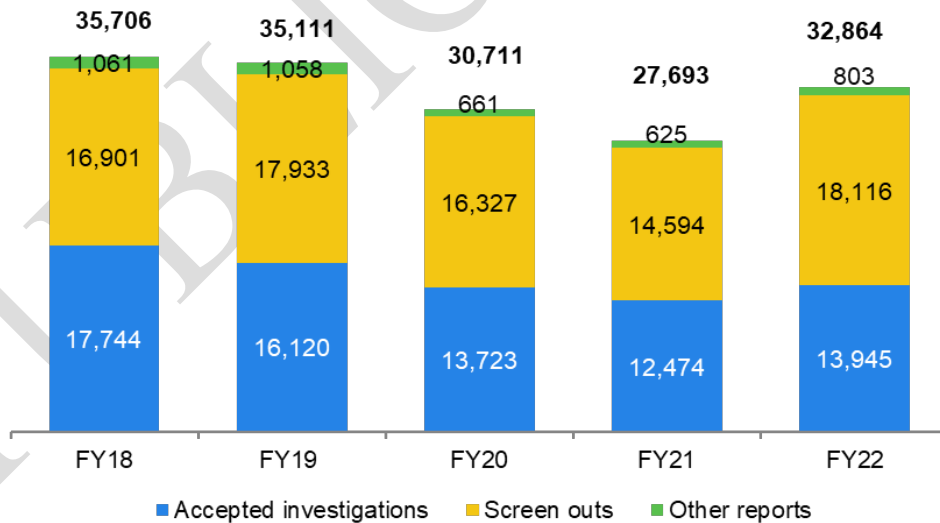
- ☞ NOTE: The section is optional and applies to CCYAs and/or JPOs.
- ☞ NOTE: If inserting charts, identify the data source and parameters and include only one chart per page.

- ☐ 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 three 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.

Hotline Decisions⁷

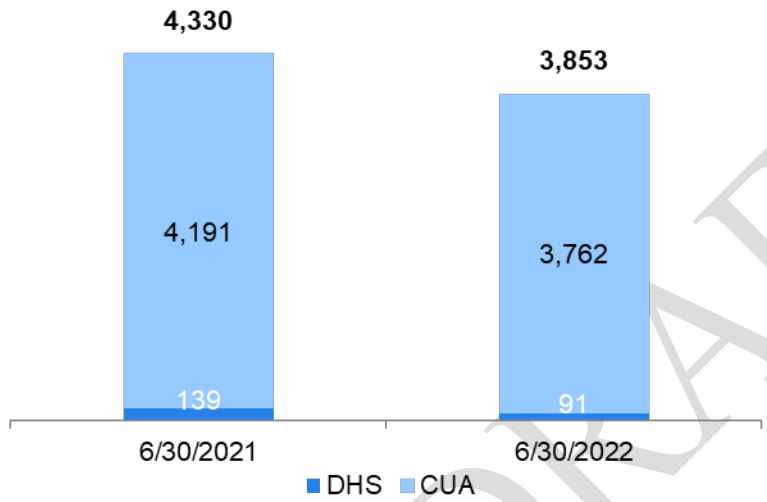


Click to Paste Chart

⁷ DHS Data obtained from the Quarterly Indicators Report on Hotline Decisions, run on July 8, 2022.

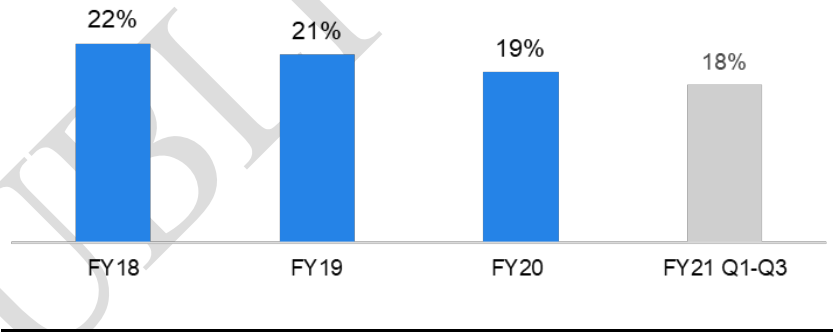
Total Children with Placement Services⁸⁹

Click to Paste Chart



Timeliness to Permanency¹⁰

Timeliness Measure 1: Percentage of Youth Who Obtain Permanency within 12 Months



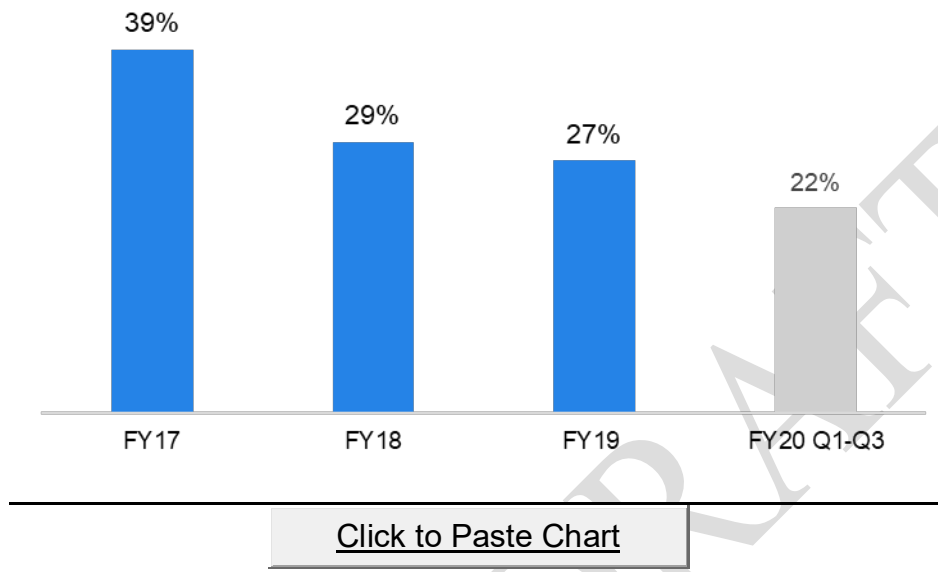
T1 measures the percentage of youth who achieved permanency within a year of entering care. Slightly over 1 in 6 youth (18%) who entered care in FY2021 through Q3 achieved permanency within a year – a smaller proportion compared to previous years.

⁸ Total children with placement services reported for 2021 differ from the total reported in last year's NBB submission because these numbers were run again at a later date after children's records were updated in our electronic case management system.

⁹ DHS Data obtained from the Quarterly Indicators Report on Placement Census for Recent Year, run on July 8, 2022.

¹⁰ DHS Data obtained from the Quarterly Indicators Report on Performance Based Contracting Permanency Measures, run on July 8, 2022.

Timeliness Measure 2: Percentage of Youth Who Obtain Permanency in 36 Months after being in Care for 12 Months



T2 measures the percentage of youth achieving permanency within 36 months for youth in care for at least 12 continuous months. Over 1 in 5 youth (22%) who entered placement during FY2020 through Q3 and remained in care for at least 12 months reached permanency within 36 months.

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.

Unless otherwise noted using footnotes, the trends described below are summarized from data contained in the General Indicators charts and table in sections 2.2a-2.2f.

Service Trends

The number of children accepted for intake investigations decreased by 13% from FY2018 to FY2022. While the number of children accepted for intake investigations has decreased steadily in previous fiscal years since FY2018, the number increased this fiscal year in comparison to the last (from 17,707 in FY2021 to 20,116 in FY2022). Specifically, the number of children accepted for intake increased by 14% from FY2021 to FY2022. The number of families accepted for investigations has had a similar trend, decreasing by 11% from FY2018 to FY2022 but increasing by 16% from FY2021 to FY2022.

Since FY2018, the number of children and families receiving ongoing services has been declining. Overall, the number of children served has decreased by 42% and the number of

families served has decreased by 37% from FY2017-18 to FY2022. The number of children placed has also decreased from FY2018 to FY2022 by 34%.

There are several important contextual factors to consider during the period of FY2015 to FY2019. 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 the DHS Hotline. From FY2015 to FY2018, 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 at the front end from formal system involvement. For more than two years, Rapid Permanency Reviews (RPRs) were conducted for children in placement to identify and address barriers to permanency. Since implementing these initiatives, the number of children and families receiving investigations and ongoing services has decreased. Following large observed decreases in Hotline reports during the height of COVID-19 pandemic mitigation efforts, Hotline reports increased by 19% between FY2021 and FY2022. However, the total number of hotline reports in FY2022 was still 8% lower than the total number of hotline reports in FY2018.¹¹

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 2022.¹² Additionally, there was a 16% decrease in the overall number of children receiving formal in-home services from June 2021 to June 2022. During this same period, the number of youth receiving in-home non-safety services, which are formal child welfare services provided in the home to youth without active safety threats (e.g., court-involved truancy cases), decreased by 7%. During this period the number of youth receiving in-home safety services, which are formal child welfare services designed to safely keep children in their own homes while mitigating any active safety threats, decreased by 30%.¹³

The total number of youth in dependent placement declined by 13% from June 30, 2021 to June 30, 2022.¹⁴

The number of youth receiving JPO services has steadily declined from 3,478 youth in FY2018 to 1,773 youth in FY2022, representing an overall decrease of 49%. The number of children in community-based placements has also steadily declined during this period, decreasing by 83%. While the number of children in institutional placements steadily decreased from FY2018 to FY2021, there was a slight increase in the number of children with institutional placements from FY2021 to FY2022. Overall, the number of children in institutional placements still decreased by 47% compared to FY2018.

¹¹ DHS Data obtained from the Quarterly Indicators Report on Hotline Decisions, run on July 8, 2022.

¹² DHS Data obtained from the Quarterly Indicators Report on Accepted and Closed Cases, run on July 8, 2022.

¹³ DHS Data obtained from the Quarterly Indicators Report on In Home Census by Safety and Non-Safety for Recent and Past Year, run on July 8, 2022.

¹⁴ DHS Data obtained from the Quarterly Indicators Report on Placement Census for Recent Year, run on July 8, 2022.

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 FY2017-18 and FY2021-22 by 24% from 5,366 to 6,662 children. Total days of care for children receiving adoption assistance has increased by 21% over the same period. The number of children with a subsidized permanent legal guardianship in place has consistently decreased over time, with an overall decrease of 20% from FY2017-18 to FY2021-22; the total days of care decreased by 19% in this time period. Between FY2019-20 and FY2020-21, there was a 1% decrease in the number receiving care (to 862) and a 3% decrease in the total days of care (to 304,431).

Placement Data

Between FY2017-18 and FY2021-22, the number of dependent children and youth receiving dependent family foster care decreased overall by 23%. Similarly, in this same time period there was a 26% decline in traditional (non-kinship) foster care and a 20% 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 FY2017-18 to FY2021-22, there was a 67% decrease in the number of youths receiving dependent residential services (e.g., institution-level) and a 67% decrease in the total days of care. During this same time, there has been a 51% decrease in the number of youths placed in dependent community residential settings (e.g., group home level), and a 52% decrease in the total days of care during this period.

From FY2017-18 to FY2021-22, there was a 92% decrease in the number of youth placed in delinquent community residential settings and a 95% 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 decreased by 86% and 97%, respectively. These decreases coincide with DHS's goal to reduce the use of congregate care for both dependent and delinquent youth committed to DHS.

Between FY2017-18 and FY2021-22, placements in dependent Supervised Independent Living (SIL) settings have decreased by 2%; total days of care also decreased in this interval by 11%. Placements in delinquent SILs have decreased by 85% to just 2 youth in FY2021-22; total days of care decreased by 65%. Over the past five fiscal years, total days of care for youth receiving dependent alternative treatment has been reduced by 37%.

Aging Out Youth

The number of youth aging out of care increased by 7% from FY2017-18 to FY2021-22. The number of youth aging out with a permanent residence decreased by 5% from FY2017-18 to FY2021-22, and the proportion of youth with this support out of all youth aging out has decreased (65% had a permanent residence in FY2017-18 compared to 58% in FY2020-21). Compared to FY2017-18, the number of youth with a source of income in FY2021-22 decreased by 6%; the proportion also decreased (57% had a source of income support in FY2017-18 compared to 50% in FY2021-22). However, the number of youths who aged out with a life connection increased by 45% between FY2017-18 and FY2021-22. Similarly, the proportion of youth who had a life connection increased from 47% in FY2017-18 to 64% in FY2021-22.

Through both qualitative and quantitative inquiry, DHS continues to focus efforts on improving its understanding of risk and protective factors associated with youth aging out of care. In late FY2018-19, 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 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 FY2020-21 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; and we are committed expanding our primary prevention efforts. 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.

This practice continues by way of integration into our daily work. This review is included in new and ongoing case reviews. Additionally, we have integrated the utilization of Administrative Agreement Orders for cases that are ready for reunification and there is no critical need to await the next court hearing.

Efforts to Increase Use of Kinship Care and Family Finding:

DHS is requesting continued funding for Family Finding to bring additional focus to finding permanency for older youth, and kinship resources for youth in congregate care settings. Currently we are utilizing our Family Finding providers to locate kin to transition youth out of congregate care and to support our FEI efforts in connecting youth to kin while in placement.

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.

Counts below reflect the number of referrals that were assigned and processed by a Family Finding agency in FY2022.

- 758 referrals were sent to a Family Finding agency (either TPFC or ASCI) and received some level of service (i.e., completed the full service or were withdrawn because services were no longer needed).
- These referrals were for 730 unique families; 28 families were referred for Family Finding twice during FY2022 YTD.

Currently the Department has two contracted providers responsible for Family Finding, Turning Points for Children and A Second Chance. DHS is requesting continued funding for Family Finding services for FY2023 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:

- Increase focus on identifying permanency resources for older youth including family finding and timely and increased focus on creating meaningful and timely discharge plans.
- To best meet the needs of FEI, Philadelphia County needs to continue utilization of our Family Finding providers when further reach is needed to locate kin resources to support family planning and provide kinship whenever placement is considered.
 - The components of FEI are (1) enhanced Family Finding, (2) Crisis and Rapid Response meetings to prevent placement or where placement is necessary, to place children with relatives and (3) enhanced representation for parents.
- Increase referrals for Family Finding for youth placed 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. This practice has assisted with the reduction of CUA caseloads. Caseloads remained steady throughout the pandemic and through the end of FY2022 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.

Despite our many challenges during this fiscal year, the Department, in partnership with our CUA partners, have either prevented cases from being accepted for ongoing services and /or have successfully closed those cases that no longer need the heavy oversight of the child welfare system. Utilizing our various strategies including administrative court reviews and targeted case reviews consistently as part of our practice will further support our efforts to reduce case load sizes for our CUA CM partners.

Juvenile Justice Services:

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 Calendar year 2021; FY2022, petitions filed decreased by 19% from 2,020 to 1,995. Twenty percent (20%) of those petitions were for firearms.

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 FY2022, calendar year 2021, 848 YLS assessments were completed.

Pennsylvania Detention Risk Assessment Instrument (PaDRAI):

In 2020, JCMS programmers added a PaDRAI outcomes screen to assess the validity of the instrument. This screen applies to all youth released to the community or released to an alternative to detention to the community at intake. The questions are based on if the youth appeared for the first scheduled court hearing and if the youth remained arrest free by the first scheduled court hearing. This will help the state determine if the PaDRAI is in fact instructing to release youth that present the least amount of risk to the community. For FY2022, Philadelphia's successful outcomes rate was 94 %. In addition, 92% of youth that were released on an alternative to detention appeared for their first scheduled hearing and did not acquire a new arrest by that first scheduled hearing. Ninety-five percent (95%) of youth released appeared for their first scheduled hearing and did not acquire a new arrest by the first scheduled hearing.

Global Positioning System Unit:

The JPO's Global Positioning System (GPS) Unit/program serves as an alternative to secure detention or placement and allows youth to remain safely in their communities. The GPS component is an invaluable tool in that it serves as a valuable community supervision oversight tool that allows for youth to remain at home while under strict monitoring conditions. As the system reduces its reliance on residential placement services, we find that utilization of GPS provides that additional monitoring capabilities to at-risk-youth in their communities. In FY2022 there were 1,854 youth monitored by the JPO's GPS unit. One-Thousand and nineteen (1,019) of those youth were placed on GPS at a per diem rate of \$6.65 as opposed to a secure detention placement at the PJJSC in which a daily per diem rate can run as high as \$800 per day, per youth. GPS potentially saved \$13,160,503 in secure detention costs. In FY2023, fifty-50 additional GPS monitors will be deployed as a means of furthering this alternative to detention initiative. DHS is requesting funding for an additional 25 GPS monitors. With the rise in violence, more youth are being held at the PJJSC which is more often reaching capacity. Some of these youth could be sent home with GPS monitors allowing more space for youth who must be maintained at the PJJSC.

Post-Adjudicatory Evening Reporting Center (ERC):

The ERCs are 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 or Aftercare Evening Reporting Center (AERC) 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. The AERC, in FY2022, provided nightly programming to 186 youth, several of the youth were assisted in obtaining employment. In addition to addressing BARJ principles, the AERC aligns with the JPO'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:

Is a vital concept for the Philadelphia Juvenile Justice System and in particular DHS-DJJS. Having not only a plethora of data but quality data, leads to accurate data which essential for information sharing, and appropriate statistical analysis for all stakeholders across the system. This is paramount 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 expand diversion for Philadelphia youth. Currently, the DAO is expanding Youth Aid Panels (YAP).

During FY2022, YAP served twenty-one percent (21%) of all Juvenile Justice Population in Philadelphia. FY 2022, 347 youth were accepted into YAP diversion. Of those 347 youth, 203 completed their YAP contracts. For FY 2022, there were 83 % of youth who remained arrest free for six months following their completed contract. Furthermore, just only 4% or 9 of those 203 youth were re-arrested 6 months after program completion. The DAO indicates that their proposed FY2023 numbers will be between 350 - 450 youth served. The average YAP contract was extended this past fiscal year. The Yap contracts are now a mandatory 3–6-month range for each youth to complete stipulations of their contract. The contracts formerly were 60-90 days.

For FY2023, the Youth Aid Panel (YAP) will undergo expansion in terms of initiatives. The District Attorney’s Office (DAO) continues to be a strong partner to JJS in its commitment to have young people avoid placement. Primary to the expansion and the removal of barriers is by adding additional case managers, a transportation component, behavioral counseling support, and tutoring. The goal is to strengthen and further supplement the Restorative Circle work within the diversion process continuum. Additionally, both YAP and Restorative Justice Diversion (RJD) will benefit from specialized targeted time interventions during after school hours when youth are most likely to commit a crime. The DAO will partner with community Providers such as Philly Connect and PAAN to assist with this specialized diversion work.

| | | | | |
|-----------------------------|--------|--------|--------|----------|
| | | | | Proposed |
| Diversion (Citywide) | FY2019 | FY2021 | FY2022 | FY2023 |

| | | | | |
|---------------------|-----|-----|-----|---------|
| Youth Served | 246 | 232 | 347 | 375-450 |
|---------------------|-----|-----|-----|---------|

Restorative Justice Diversion

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 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.

In FY2022, YASP and an organization called Collective Climb are currently providing restorative justice support. RDJ referred 20 youth in FY2022. Sixty percent (60%) of the youth referred twelve (12) youth completed the program; Seven (7) youth are still actively participating in the program going into FY2023; One (1) youth failed out of the program; Two (2) youth rejected the program.

The backing partners/stakeholders currently have some funding for the RDJ which has proven to be, limited, state funding from PCCD through 2024 for part of the restorative justice work. They have developed relationships with a few private foundations that are potentially interested in continuing the funding, especially if RDJ is able to meet its program goals. The national foundation, Impact Justice, had initial “pass through” funding for the pilot, but this funding will no longer continue into RDJ’s second year. RDJ’s partners are committed to further developing their donor network to ensure that the program can continue. Therefore, funding through DHS, seed funding from the private foundation, and the current PCCD funding will be sustainable through FY2023 and FY2024.

- ❑ 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 care placement have been exposed to various sustained forms of abuse, neglect, 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.

- 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.

Many youth who are placed in congregate care settings (including those described above) require behavioral health services. If a youth is placed in a community-based group home, they receive behavioral health services in the community as needed. Youth who are placed in an Institutional or Psychiatric Residential Treatment Facility, receive all their behavioral health services on-site at their placement. Not all youth with emotional or behavioral health needs require congregate care 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.

- 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 (five years and older) 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 the referral 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 Commissioner's Approval Process is 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, court-ordered

evaluations, 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.

It is recommended that youth 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 can 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. Youth are also able to identify potential kinship caregivers.

There is an ongoing review of youth who are placed in congregate care settings which is completed by the Congregate Care Reduction Task Force who determines whether there is a continued need for this level of care.

☞ 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 evidence 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?

Staffing

DHS continues to focus on recruitment and retention for both Social Work Services Managers (SWSM) and Juvenile Detention Counselors (JDC) to ensure continuity of services and to meet minimum staffing levels at the Philadelphia Juvenile Justice Services Center. To expedite filling vacant positions, DHS has increased the number of hires per class and the frequency of the classes.

In FY2022, DHS-DJJS has implemented a direct human resources liaison on site to assist with the hiring hurdles and expediate the potential candidates hurdle that occur during the application and interview process which is precisely tracked. We also are implementing college recruitment on career days. DHS-DJJS has developed a schedule in place to announce the Social Worker and Juvenile Detention Counselor Trainee positions quarterly on the City of Philadelphia Job Announcement site. This also allows for early outreach to possible candidates that are given to us from current employees and prepare them for the hiring/application process. There is currently a request to expanded certifications for the Juvenile Detention Counselor position to have a wide range of candidates which will allow a larger class size.

Executive leadership has the discretion to look at an individual's prior convictions and decide whether the potential candidate can move forward with the onboarding process in order not to not eliminate them arbitrarily from the hiring field.

DHSU leads an Onboarding 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 of supporting staff retention of 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.

Like the rest of the economy, OCF Prevention has felt the pinch of both attracting and retaining talent within our sub-contracted provider pools. To address this need, we have taken concrete steps and adjusted resource allocations to attract and retain a quality workforce. This included increasing truancy case manager salaries from \$37,000 to between \$40,000 and \$44,000 per year. This will allow us to employ a full complement of sub-contracted provider staff to fully serve the number of children and families that we have the capacity to serve.

Current Resource Allocation

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 addressing disparities in DHS reporting and involvement by supporting Black parents and strengthening Black families, overrepresentation of very young children failing to be diverted from DHS involvement and entering care, 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. Complete actions and resource needs can be found in the Program Improvement Strategies section of this Narrative. Particularly, we have invested in recruiting resource parents to serve specialized populations and increase family engagement with a focus towards working to permanency.

Sustaining the Expansion of Diversionary Prevention Programming

Philadelphia DHS has expanded 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 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 is requesting support to sustain the expansion 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, craft 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.

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 to develop a centralized resource parent application form to maintain the application in one central location, which would allow for easy transfer amongst agencies. We also plan to use radio and digital platforms in addition to participating in community-based events in our efforts to recruit Resource Caregivers during this upcoming fiscal year.

Resource Development

The Department has awarded the Professional Resource Parent Model RFP. We expect to launch in September 2022. An RFP for Specialized Behavioral Health Resource Homes will be issued this fiscal year.

The Department 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 a structure that is aligned with the needs of the Crisis/Rapid Response Family Meetings of the Family Engagement Initiative.

CWO's Family Team Conferencing Region continues to facilitate targeted task completions for goals and objectives noted in the SCP (Single Case Plan). Virtual Conferences have continued as they have served to increase family and youth participation and provide opportunities for families to enter into a virtual room together to discuss concerns and come up with strategies that will move the family towards safe case closures. Reviews continue on a six-month cycle which affords the family ample time to get connected and begin participating in needed services that will support reunification.

Kinship Explorer Program

As DHS continues to enhance our family engagement efforts, we are requesting funding to develop a Kinship Explorer Program to identify appropriate kinship care options for youth in congregate care settings, reduce the rate of placement disruptions of children and youth, increase the number of children and youth placed in kinship care settings, enhance family engagement, and build on our community resources. This program supports efforts of both the Family Engagement Initiative and implementation of the Family First Prevention Services Act.

The Kinship Explorers would be a select group of trained staff who would help build a circle of support around children and youth, connect children and youth with prospective kinship caregivers, assist families and kin by educating them about available resources, and provide hands on assistance in navigating service program requirements. This program will assist Kinship Caregivers in learning about and assessing programs and resources to meet the needs of the children they are caring for, and to aid the family as whole to safeguard stability and promote partnerships among public and private providers.

Professional Resource Parents

The Department believes that youth with multi-complex behavioral health needs have a right to be in stable, safe, nurturing environments that will support healing and coping skills in response to their trauma. Professional Parent 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 has awarded an RFP and expects to launch this program in September 2022.

Extended Assessment Unit

The Department 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 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, the Department utilizes the expertise of a DBHIDS/CBH/DHS Liaison who completes home visits with DHS Investigation and CUA Case Management staff. In addition to completing home visits, the DBHIDS/CBH/DHS Liaison 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 is not adequate to address the significant numbers of children, youth, and families that present with behavioral health, substance abuse, and intellectual disability needs. The Department will be increasing the capacity and addressing this increased need.

CWO is moving forward in FY2023 with the Administration and Management regarding city-wide posting for positions to staff an Extended Assessment unit. The target date for posting the positions is September 2022.

CALM

To support the sustainability and full system integration of the CALM service, DHS will make use of a Program Analysis to coordinate across agencies and providers, and engage in quality assurance, program evaluation, and performance management of the CALM service. *See 1-3c Service Array, response for more detail.*

Juvenile Justice Services

DHS-DJJS will continue supporting the supervision of youth receiving in-home delinquent services. The JPO's contact with youth during the health and other emergencies which may limit visitation, and family involvement with youth placed at a distance shall be facilitated by requesting funding for portable electronic devices and licenses for virtual meeting platforms. Each of these factors can affect whether a youth's interventions can make a difference and keep youth from penetrating further into the juvenile justice system.

A Community Based Detention Service (CBDS) resource became operational in FY2022 (September 2021). The NET is the contracted provider for what is currently an 8-bed community-based detention service for juvenile males. DHS-DJJS developed messaging congruent that speaks to this newly added community-based option to our menu of services. This messaging is intentional and targeted at our Juvenile Justice external stakeholders and partners, i.e., Judges, JPO, District Attorney Office (DAO) and the Public Defender. Each has had and will continue to have a presentation from Court and Community Services to

learn additional information about this resource that provides an alternative to secure detention at PJJSC.

DHS-DJJS has implemented positive youth programming for residents held at the PJJSC. The Division has assigned committed staff to oversee this work. The staffing complement includes a Program Director and Program Managers. The team establishes and maintains relationships with numerous community partners that allows the residents within the facility to maximize their potential of a future, career and/or employment once discharged from the PJJSC. The programs are certificate based and allow for a robust schedule to keep the residents engaged and interactive while they are awaiting placement or adjudication. The PJJSC currently has the following programs on site: "A Better Way" Anger Management program; CHOP Adolescent Initiative/Healthy Relationships; Cease Fire; Clay mobile; Cognitive Behavioral Intervention for Trauma in Schools; CommuniPower; Covered the Salon; "What Success Looks Like"; Credible Messengers; Educating Communities For Parenting; Religious Services, including EMOC; Girls Inc; Lutheran Settlement House; Mural Arts; Rock to the Future Program; and Barber services. The PJJSC has plans and have made outreach to community partners to offer certificate-based programs in video production; dental assistant; e-sport gaming; manufacturing and automation; production training; electrician; concrete masonry; freight broker; and steam/sprinkler/pipefitting. These programs once they begin will be hands on for groups of residents if interested following a robust schedule and a certificate that will be beneficial at discharge.

Project Management Teams

To support the implementation of Trauma-Informed Child Welfare System, EBPs and new innovative and best practices initiatives, DHS is seeking funding for two (2) three (3)-person Project Management Teams that support the implementation, sustainability, and scale-up of EBPs, training, and family engagement enhancements so that programs are implemented with fidelity and intended outcomes are realized. To support the oversight of the implementation of Family First projects, the Project Management team will provide a systematic approach and application of knowledge, tools, and resources to deal with change, including the development of trainings, contracts, and tools to support practice. As well as collaborating on detailed work plans and adhering to deadlines to successfully implement new processes, and business strategies.

Law Department Support for the Family Engagement Initiative and Permanency

As a direct result of expansion of the Philadelphia Family Court to include a new dependency courtroom to accommodate the Family Engagement Initiative (FEI) the Child Welfare Unit (CWU) leadership team believes this new restructuring warrants the addition of three (3) legal assistants to draft and file dependency and permanency petitions. This will allow the CWU to continue the Court Team Structure that was implemented in 2005 to ensure greater continuity of representation and ultimately, increased permanencies. Each core dependency courtroom team presently has at least one legal assistant assigned. When Courtroom 4D was implemented, no legal assistants were budgeted for assignment to that room. Further, the implementation of FEI across all the dependent courtrooms has led to the need for more monitoring of FEI documents and more required activities for the legal assistants, necessitated by the filing of legal documents pertinent to FEI for each court hearing.

Legal assistants are directly involved in and are necessary to uninterrupted processing of permanency matters. They compose and file the petitions that initiate a case in Court. Once the petition is filed, the permanency timelines begin to run.

One of the most critical functions that the legal assistants perform is the preparation of Goal Change/Termination petitions that allow DHS children to be freed for adoption. Additionally, the legal assistants prepare Permanent Legal Custodianship petitions in instances where reunification cannot occur. Without the additional supports of the legal assistants the work of the attorneys in fostering the purpose of the creation of the additional courtroom under FEI will be negatively impacted. Our current Court Team structure assigns one legal assistant per two attorneys. In order to support the five (5) attorneys assigned to courtroom 4D, we are requesting three (3) new legal assistants. The three additional legal assistants will enhance the quality of preparation of pretrial material and outreach for the attorney prior to court, diminish actual time spent in court by attorneys, CUA staff and DHS staff and result in increased permanency. In contrast, without the additional staff, continuances of permanency hearings may occur which will lengthen time in care and decrease permanencies for children.

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. CUA and DHS have tracked permanency and stability for PBC eligible youth beginning in FY2019. To date DHS and CUA continue to track permanency and stability for youth in the FY2020, FY2021, FY2022 and FY2023 cohorts. Three CUA agencies were eligible for programs reinvestment for exceeding the T2 timeliness benchmark. Additionally, eight CUA agencies are eligible for program reinvestment for exceeding the FY 2019, S1 stability benchmark.

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 FY2021, 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 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 207 parent voice interviews were completed and since October 2021, 129 youth surveys 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:

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 and new best practice initiatives, DHS will make use of Implementation Science Teams, supervised by the recently hired Director of Implementation Science. The Implementation Science Teams will investigate and integrate key evidence using data, research, and policy into the design and implementation of programs. Each team will be dedicated to a specific process of gathering and utilizing evidence. The job descriptions for two Implementation Science Project Managers and two Implementation Science Associates will be posted during the first quarter of FY2023. See *1-3 Program and Resource Implications, 1-3I Family First Prevention Services Act* response for more detail.

Grant Officer

DHS received funding as of July 1, 2022 to hire a Grants Officer to support in the identification, development, and writing of grant proposals to foundations and government agencies to obtain funding to support strategic initiatives across DHS that are not otherwise funded. The Grant Officer will be responsible for writing, developing, and implementing grant proposals and 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. The job description for this position is written and will be posted during the first quarter of FY2023.

Continuous Quality Improvement Associates

DHS received funding as of July 1, 2022 to fill positions for three Continuous Quality Improvement (CQI) Associates. The job description for this position is written and will be posted during the first quarter of FY2023.

Each CQI Associate will be assigned to one of the Operations Directors in Child Welfare Operations (CWO). These positions are needed, because the CWO Operations Directors oversee an expansive and diverse portfolio of work, including Diversionary Prevention, Hotline and Investigations, the Ongoing Service Region, the Central Referral Unit, the Teaming Staff, the Adoptions Region, as well as Well-Being and other Support Teams. CWO also oversees case practice within the contracted Community Umbrella Agencies (CUAs) and Provider Agencies. The CQI Associates will serve as liaisons between the Divisions of Child Welfare Operations and Performance Management and Technology to ensure that the data tools are best used within CWO to support management and drive strategic planning. The role of the CQI Associate will be critical in connecting data to practice and in translating reports and data tools to management teams and system leaders.

CQI Associates will work closely with the Division of Performance Management and Technology to support the CWO Operations Directors in the use of data to support the management of staff and strategic system-level planning. CQI Associate responsibilities include to: (1) regularly review management reports, data tools, and study findings; (2) identify and implement Continuous Quality Improvement (CQI) strategies to improve practice among case management staff; and (3) make recommendations to CWO leadership for

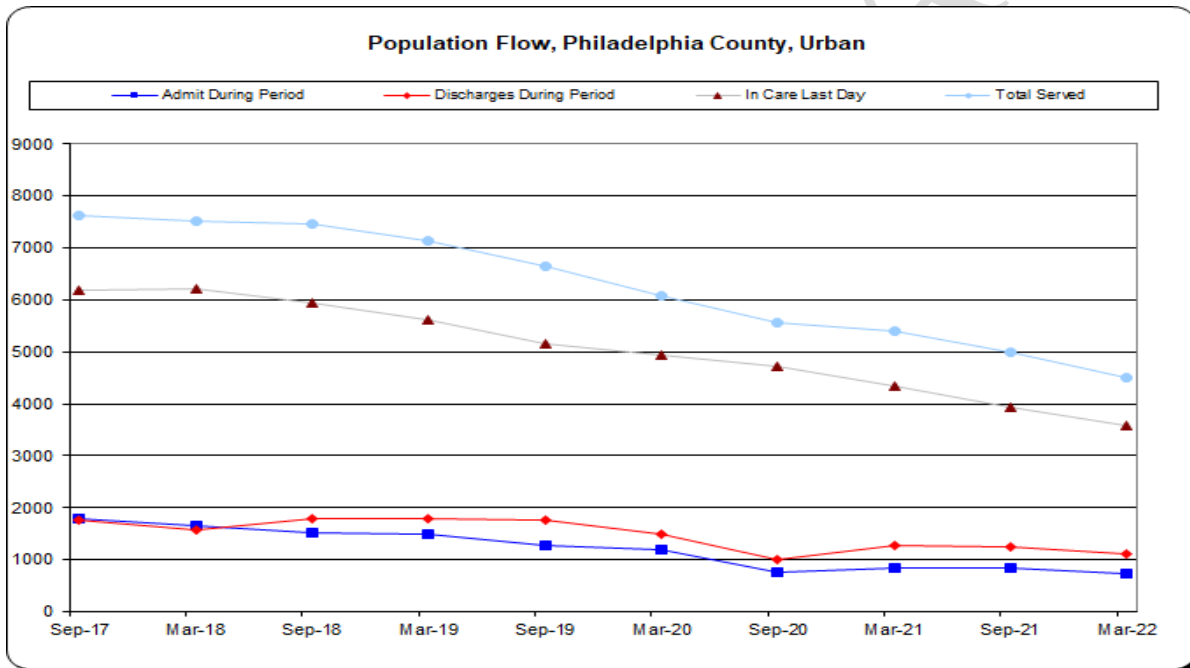
system-level supports that facilitate and support best practice, such as development of policies, training, and technical assistance. The CQI Associate will also provide technical assistance to CWO Directors and their program analysts to make use of available reports and reporting tools.

Infrastructure investment

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

2-3a Population Flow

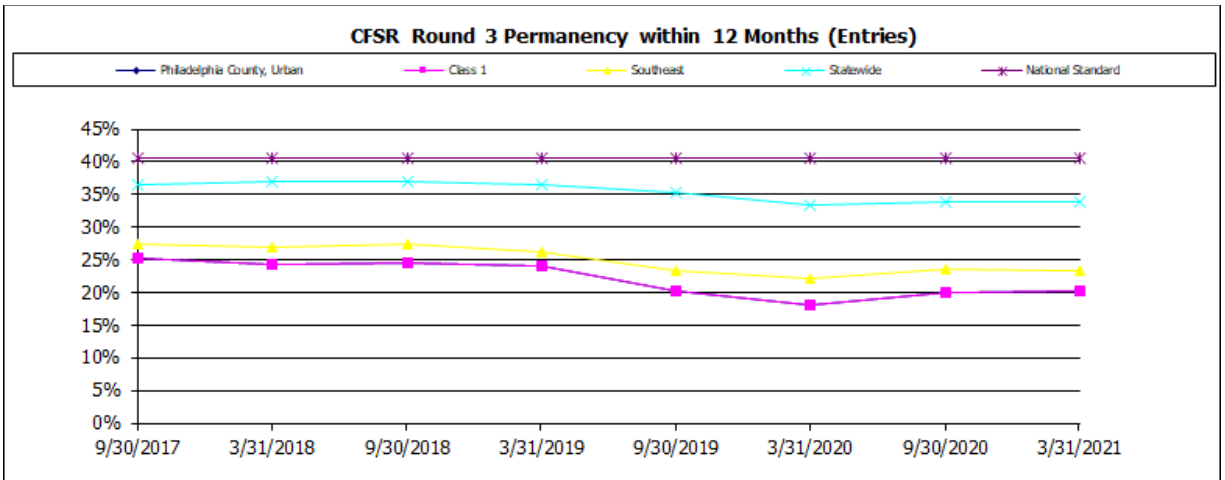
Insert the Population Flow Chart



Click to Paste Chart

2-3b Permanency in 12 Months (Entry)

Insert the Permanency in 12 Months (Entry) Chart



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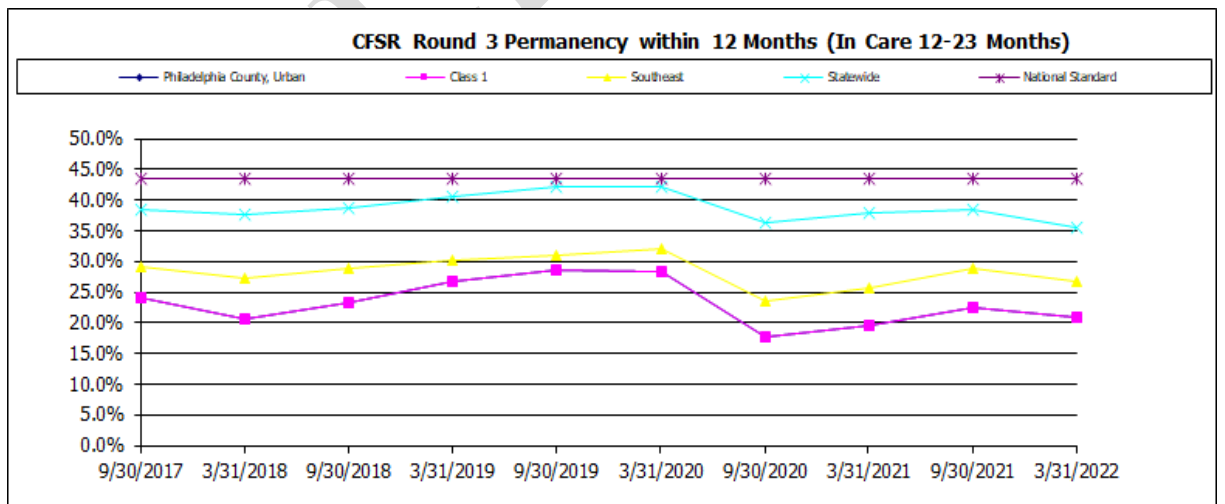
This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national performance standard is 40.5%. A higher performance of the measure is desirable in this indicator.

Does the county meet or exceed the national performance standard?

No. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2021 is 20.3%, 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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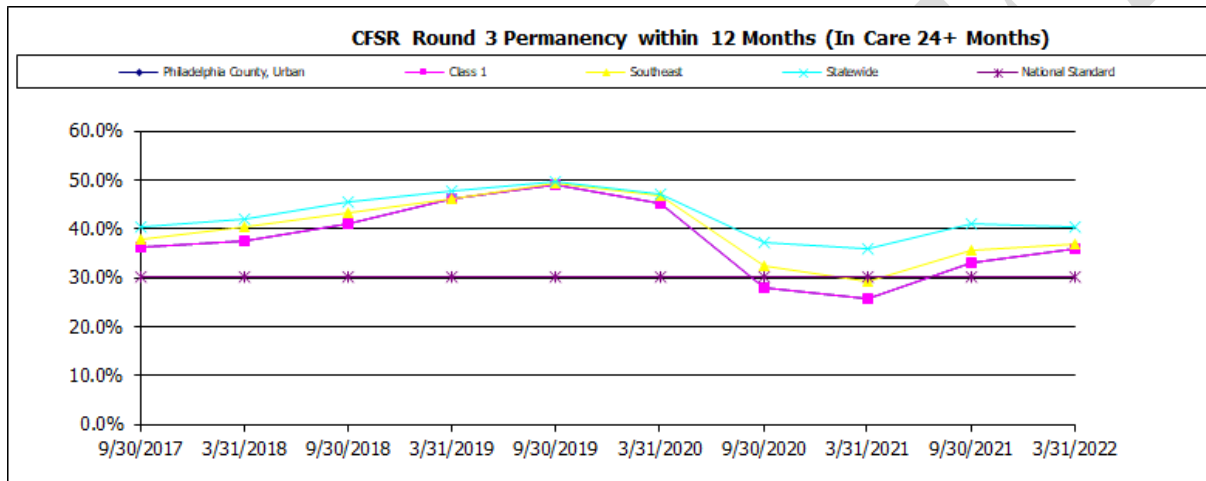
This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6%. A higher percentage is desirable in this indicator.

Does the county meet or exceed the national performance standard?

No. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2022 is 20.9%, 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



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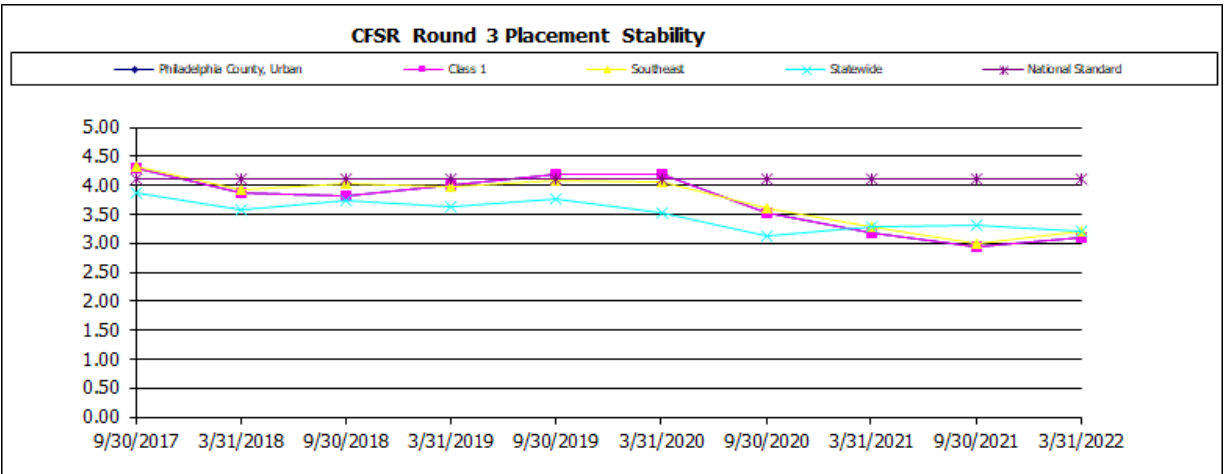
This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3%. A higher percentage is desirable in this indicator.

Does the county meet or exceed the national performance standard?

Yes. Philadelphia 12-month permanency rate for this cohort ending on March 31st, 2022 is 35.9%, which is higher than the national standard.

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

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



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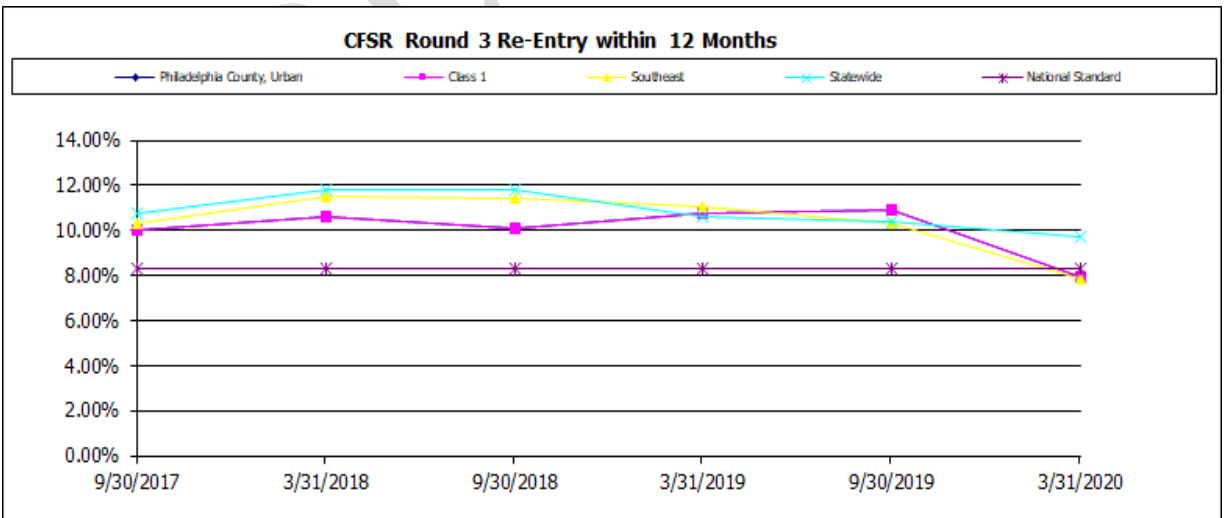
This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves. A lower number of moves is desirable in this indicator.

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, 2022, is 3.11. A lower number is better, and Philadelphia’s rate of placement moves is 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?

Yes. Philadelphia 12-month re-entry rate for this cohort ending on March 31st, 2020 is 7.9%, which is lower 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 2023-24, 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:

Brittan Hallar, Chief, Office of Families and Children Performance and Technology
Ana Ramos-Hernandez, 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. The DHS 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 the DHS Executive Cabinet rely on the reports, studies, and data provided by DAU to guide and assess system improvement strategies and to inform and advise on the development of the Needs Based Budget. Main sources of data that are produced include the Quarterly Indicators Report, the Weekly Indicators Report, and the CUA Scorecard.

2. ANALYSIS

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

DATA ANALYSIS

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

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

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

The following information was derived using the analyses conducted by HZA for Philadelphia county. Specifically, DHS asked: Of the children who enter care in a 12-month period, what percentage discharged to permanency within 12 months of entering care and did this percentage vary by age, gender, and race/ethnicity?

Age: Between April 1, 2020 and March 31, 2021, children aged 13-17 more frequently achieved permanency within 12 months of entry compared with

children aged 6-12 and 0-5. For this cohort, 19.3% of children aged 0-5 achieved permanency; 20.3% of children aged 6-12 achieved permanency; and 21.8% 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 4/01/21, children aged 0-5 less frequently achieved permanency within the next 12 months compared to children aged 6-12 and children aged 13-17 (19.9% vs. 22.7% and 20.2%, respectively).

Gender: Between April 1, 2020 and March 31, 2021, children who identified as male achieved permanency within 12 months of entry at a rate similar to children identified as female (20.78% vs. 19.81%, respectively). For children who remained in care beyond 12 months, male children achieved permanency at roughly the same frequently as female children. Among children who were in care continuously for 12-23 months on 4/01/21, 20.74% of male children achieved permanency within the next 12 months compared to 20.97% of female children.

Race/Ethnicity: Between April 1, 2020 and March 31, 2021, children who identified as Hispanic or Black more frequently achieved permanency than children who identified as White (21.63% vs. 20.96% vs. 10.34% 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 4/01/21, 19.53% of Black children achieved permanency within the next 12 months, compared with 17.39% of Hispanic children and 30.34% of White children.

Placement Stability¹⁵

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 3.11 for all children who entered foster care between April 1, 2021 and March 31, 2022 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, 2021 and March 31, 2022 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 1.87 moves per 1,000 days of foster care compared to 2.26 moves for children aged 2-5; 2.88 moves for children aged 6-9; 3.29 moves for children aged 10-12; 4.56 moves for children aged 13-15; and 5.01 moves for children aged 16-17.

Gender: Male and female children experienced a similar number of placement moves (3.32 vs. 2.93 per 1,000 days of foster care, respectively), and the number of placement moves has fluctuated over time for both male and female children. There is not a clear trend suggesting that placement stability differs by gender.

¹⁵ Data obtained from HZA data package_06.29.21

Race/Ethnicity: Black and Hispanic children on average experienced more placement moves than White children (3.37 and 3.00 vs. 2.13 moves per 1,000 days, respectively). However, the distribution of placement moves by race/ethnicity has fluctuated over time.

Re-entry to Care¹⁶

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 7.90%, representing a decrease of 2.1 percentage point since 2017. Philadelphia's re-entry rate is comparable to the rest of the region (7.84%), slightly lower than the rest of the state (9.69%), and lower 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, 2019 and March 31, 2020, what percentage re-entered care within 12 months? Below, data is presented for this cohort of children who entered foster care between April 1, 2019 and March 31, 2020 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 7.9%, ranging from 0% (ages 6-9) to 11.11% (ages 0-1). Children entering at ages 13-15 had a re-entry rate of 11.39%. However, older teenagers aged 16-17 entering care had a re-entry rate of 10.13%.

Gender: Male children in this cohort had a lower re-entry rate than female children (i.e., 5.77% vs. 9.83%, 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 (8.41% vs. 7.02%). White children experienced higher re-entry rates than both Black and Hispanic children at 9.52%.

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

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

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

¹⁶ Data obtained from HZA data package_06.29.21

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, a third (33%) of the children are aged five and under; about a quarter (26%) are aged six-ten; 40% are aged 11-17; and only 1% are 18 or older. Comparatively, for children in dependent placement, just over a third (37%) are aged five and under; 23% are aged six-ten; about a third (30%) are aged 11-17, and 10% are aged 18 or older.¹⁷

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, 2022 indicates that the proportion of male and female children receiving dependent services was similar (i.e., 52% female, 48% male), whereas 90% of youth receiving delinquent services identified as male and only 10% identified as female. In terms of age, the majority of children receiving dependent services were aged ten or younger (59%), whereas 79% receiving delinquent services were aged 16 or older. Regarding race and ethnicity, 84% of children receiving dependent services identified as either Black (66%) or Hispanic (18%), whereas 96% of youth receiving delinquent services identified as either Black (83%) or Hispanic (13%).¹⁸

- 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 "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).¹⁹

¹⁷ DHS Data obtained from the Quarterly Indicators Reports on Dependent Children Demographics and Delinquent Children Demographics, run on July 8, 2022.

¹⁸ DHS Data obtained from the Quarterly Indicators Reports on Dependent Children Demographics and Delinquent Children Demographics, run on July 8, 2022.

¹⁹ 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 and 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 period, 12% identified as White, 66% identified as Black, 17% identified as Hispanic, and 5% identified as Other. The proportion of racial and ethnic 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 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 and Disproportionality Study in partnership with the University of Pennsylvania and Casey Family Programs to better understand and address racial and ethnic 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 to improve timeliness to permanency and align our outcomes with federal standards, such as the CUA Scorecard, Rapid Permanency Reviews, Performance-Based Contracting, and caseload reduction of City Solicitors.

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 and 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 (PDPH), 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:

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| Strategy: | <p>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.</p> <p>Understanding trauma and creating a trauma-informed child welfare system to serve children and families who have had adverse childhood or other serious, traumatic experiences.</p> |
| Identify if this is an existing strategy identified in prior year NBPB or a new strategy: | The strategy to understand trauma and create a trauma-informed child welfare system is a new strategy. The other strategies are existing strategies identified in prior year NBPB. |

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| <p>Action Steps with Timeframes (may be several):</p> | <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). • Training for staff to Demonstrate knowledge of the Family First Prevention Act law and Guidance; Apply knowledge of Evidence Based Services and how this will facilitate the selection of services to match the distinct needs of the family. Demonstrate knowledge of establishing determination and redetermination decisions of candidacy during the life of the case. • 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. • 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 an additional 22 sub-contracted truancy case managers and 4 sub-contracted supervisors to increase the engagement of children and youth in schools as we have seen a sizable decline in student attendance in the middle and high school grade bands • Increase the capacity of the county to hire two liaisons to support these expanded truancy case managers and supervisors in meeting the stipulations of their contract and serving student and families in line with the standard operating procedures for the truancy case management program. • Continue CAPTA funding to support families with newborns exposed to substances. |
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| | <ul style="list-style-type: none"> • 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. (Ongoing) • Develop a Kinship Explorer Program to identify appropriate kinship care options for youth in congregate care settings, reduce the rate of placement disruptions of children and youth, increase the number of children and youth placed in kinship care settings, enhance family engagement, and build on our community resources. • Fund increases utilization of Rapid Rehousing for Reunification Program to meet the needs of the families 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-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. • 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. Restorative Justice Programs have been increased for FY2023 • 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. • 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. Increase the Community Service Credit hour rate from \$10 per hour to \$15 per hour in FY2023. • Acquire (20) portable electronic devices (tablet,) to facilitate conducting virtual visits with youth and families via platforms |
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| | <p>that allow for videoconferencing, and to allow JPOs to complete the Youth Level of Service (YLS), Case Plan and Graduated Response documentation while in the field with the youth and family.</p> <ul style="list-style-type: none"> • 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. This was completed and additional (25) GPS devices are being requested. • 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. • Develop and fund a multi-year system enhancement centered on a trauma informed child-welfare system that enhance a trauma-informed service delivery model for all DHS providers. And support the evaluation of the current trauma informed trainings, practices, and programs being implemented by DHS frontline staff and provider agencies (including CUA, foster care, residential (congregate) care, and juvenile justice providers), and make recommendations of appropriate policies, processes, and trauma informed curricula or trainings that can be implemented with frontline staff and providers. |
| <p>Indicators/Benchmarks (how progress will be measured):</p> | <ul style="list-style-type: none"> • Sustainability for Hotline Guided Decision-Making training and transfer of learning activities built into DHS Hotline supervision and management. • 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, particularly in the middle and high school grade bands. • 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. • 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. |

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| | <ul style="list-style-type: none"> • Reduction in the number of youth adjudicated delinquent and placed in congregate care. • More restitution obligations satisfied. Increase rate of restitution • 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. • Family First practice-focused training will be available in our DHS Learning Management System (LMS) and will be open to all CWO & JJS staff on all levels. |
| Evidence of Completion: | <p>Successful completion of above indicators including more children and youth residing in the own homes or with kin in their communities, reunifying families in housing, continued success of FEC sites, and increasing enrollment in Truancy Prevention Services.</p> |
| Resources Needed (financial, staff, community supports, etc.): | <ul style="list-style-type: none"> • Maintain funding for Truancy Case Managers and operating costs (IT infrastructure and emergency fund assistance for families). • Increase funding for 22 sub-contracted Truancy Case Managers, 4 sub-contracted Truancy Supervisors, and 2 DHS Liaisons positions to oversee the expanded work. • Funding expanded for rapid rehousing slots to serve 5-10 additional families per year. (25 - 30 families). • Funding to develop a Kinship Navigator program. See also PIS grid for Outcome #3. • 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. (completed) • 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. This was completed • Funding for 20 portable electronic devices and licenses for virtual meeting platforms for FY 2024. • Funding for global positioning devices (25-GPS). for FY 2024. • Additional funding in the amount of 500K to increase and develop professional resources home for youth who are impacted by both delinquency and dependency and are not able to return home. |

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| | <ul style="list-style-type: none"> • Funding in the amount of \$549,000 for gun violence prevention, including Research Planning (Project Manager); Evidence-based program implementation (Project Manager); and gun violence prevention programming to be developed and expanded in multiple locations within the city of Philadelphia. • New funding of 500K to assist DHS-DJJS with a system transformation of becoming trauma informed and Anti-Racist. • New Funding of 500K to assist DHS-DJJS with the development of social and vocational trades skill programming • Funding for gender specific programming. • Continued funding for Healthy Families America. |
| <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 JJS Data position. • Hotline leadership receives a list of screened-out reports to review monthly. 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. • In FY2021 93.5% of juveniles completed their assigned community service which translated into 5,828 man-hours of community service rendered to various communities. Resulting in \$118,788.16 in restitution paid. • DHS-DJJS opened two Evening Resource Centers in January of 2022. The centers serve as primary diversionary programs for youth who violate curfew and who are disconnected from formal programming. DHS is in the process of completing an RFP process to select two additional ERCs. • The Healthy Families America program is in progress. After further consideration, including obtaining input from parents with lived experience, DHS has determined that the Effective |

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| | <p>Black Parenting Program is not the best fit for our community and we will not be pursuing this program further.</p> |
| <p>Monitoring Plan:</p> | <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> <p>DHS has a comprehensive plan to monitor the Health Families America EBP program for fidelity, collect outcome data, and analyze data to support continuous quality improvement (CQI) efforts. This includes the work of DHS' Division of Performance Management & Technology (PMT) two newly hired PMT staff dedicated for data collection and reporting for Family First and PMT's Director of Implementation Science to embed CQI processes throughout the EBP evaluation activities. The infrastructure created to support data collection and reporting for the initial EBP can be replicated to monitor, evaluate, and embed CQI processes for future EBPs implemented in Philadelphia, regardless of funding source.</p> |
| <p>Identify areas of Technical Assistance Needed:</p> | <p>Response to be included in final submission.</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:

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| Strategy: | Increase Family Engagement and Improve Practice to achieve an increase in timely reunification and other permanencies |
| Identify if this is an existing strategy identified in prior year NBPB or a new strategy: | This is an existing strategy identified in prior year NBPB. |
| Action Steps with Timeframes (may be several): | <ul style="list-style-type: none"> • Completion of Rapid Permanency Reviews for children in placement for more than two years. (ongoing) • FEI was fully implemented December 2021. • 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 beginning in FY2019. <ul style="list-style-type: none"> - Monitor CUA performance on meeting identified benchmarks for timely permanency and stability on a quarterly basis. Engage CUAs on a quarterly basis to ensure that they have updated data on their permanency and stability benchmarks for each cohort. • Expand family voice portfolio to incorporate an additional layer of measurement of accountability to ensure consistent engagement of biological families. During FY2021, this work was expanded to launch the Parent Voice tool, a standardized, evidence-informed mixed-methods tool is used to collect information directly from birth parents about their 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 148 parent voice interviews were completed. Feedback from parents represent an important perspective that is critical to enhancing family engagement systematically. (ongoing) • Alignment of FEI scope of work with our Family Finding & FGDM partners to enhance practice with keeping families engaged in their planning process and securing more viable family supports for kinship (whenever placement is determined). CRRFM & Family Finding reports are submitted and streamlined through our Law Department to |

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| | <p>the court to enhance services necessary for children involved in the dependency system.</p> <ul style="list-style-type: none"> • RFP was awarded for the Professional Parent Resource Model to care for youth with multi-complex behavioral health needs. • Older Youth Director and Older Youth Supervisor are in place to oversee all services for the Department's older youth. • 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. • Continue to expand quality parent representation in dependency proceedings through Enhanced Legal Representation (component of FEI) efforts. • 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 2020 and has been fully implemented as of 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. • Hire 3 additional legal assistants to provide appropriate support for attorneys in all courtrooms in processing of permanency matters and in filing documents pertinent to FEI prior to each hearing. |
| <p>Indicators/Benchmarks (how progress will be measured):</p> | <ul style="list-style-type: none"> • Increase the number of youth who are reunified. • Increase the number of youth reunified within 12 months of placement. • Decrease reentry into care after reunification. • Decrease placement moves so that reunification/permanency can happen in a timelier manner. • Increase the number of youth adopted or awarded permanent legal custody within 24 months. • Shorten time between termination of parental rights and finalization. |

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| | <ul style="list-style-type: none"> • 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"> • Explore funding capacity for Parent/Child Visitation Houses. • Issue RFP for Specialized Behavioral Health Resource Homes. • Continue to expand quality parent representation in dependency proceedings through Enhanced Legal Representation (component of FEI) efforts. • Philadelphia Family Court has established a new courtroom (4D) which has required a redeployment of DHS attorneys to address FEI. • 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 per team (currently the teams have been diminished to only 5 attorneys per team). The reduction of attorneys in each courtroom greatly and adversely impacts achieving a more efficient rate of permanency. • Funding to hire 3 additional legal assistants to draft and file dependency and permanency positions. • Continued funding for family finding and continued funds for Accurint. |
| 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- |

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| | <p>trained regarding roles and responsibilities. All consistent with FEI.</p> <ul style="list-style-type: none"> • FEI has been fully implemented as of December 2021 and includes all six core Dependency Court Rooms. • Family finding and Accurint are being used and emphasis will be made to increase use of these services. Presently we have two family finding providers: A Second Chance and Turning Points for Children. • PMT is currently monitoring four cohorts under the new PBC model which include all PBC eligible youth who have entered care since FY2019. <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. • DHS has hired an Older Youth Director. • 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. |
| <p>Monitoring Plan</p> | <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. • 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. • Continued evaluation of providers (ongoing)—moved to a biannual basis for providers with a high number of service concerns. |

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| | <ul style="list-style-type: none"> Continued review of case files to ensure the utilization of Family Finding and Accurint |
| Identify areas of Technical Assistance Needed: | Response to be included in final submission. |

Outcome #3: Reduction in the Use of Congregate Care

Related performance measures, if applicable:

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| 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. |
| Identify if this is an existing strategy identified in prior year NBPB or a new strategy: | This is an existing strategy identified in prior year NBPB. |
| 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. Develop a Kinship Navigator program to program to assist in identifying appropriate kinship care options and kin supports for youth in congregate care settings 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. Continue 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. Develop an Extended Assessment Unit with goal to prevent placement in congregate care and help identify community resources for youth who could exit congregate care with the right supports. |

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| | <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.) • Additional funding needed to Increase by two the number of and use of Evening resource Centers to assist with diverting youth from entering placement. JJS will have a total of 6 CRCs by FY2024. • Acquire additional GPS devices as alternative to secure detention increases for lower offending youth in an ancillary effort to create room/space within the PJJSC. • Transitioning to trauma-informed Specialized Settings- DHS will update its scopes to include its priority to have all Congregate Care providers adjust their service model to align with enhance services outlined in the specialized residential setting guidance for youth who are, or at risk of becoming, sex trafficking victims. |
| <p>Indicators/Benchmarks (how progress will be measured):</p> | <ul style="list-style-type: none"> • Decrease in the proportion of youth in congregate care. • Decrease in the number of youth entering care. • Increase in the proportion of youth exiting congregate care. • 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. |
| <p>Evidence of Completion:</p> | <p>Proportionally fewer youth in congregate care.</p> |
| <p>Resources Needed (financial, staff, technical assistance, etc.):</p> | <ul style="list-style-type: none"> • Continued funding for resource family recruitment. • Funding to develop a Kinship Navigator program. • Additional funding needed to increase by two the number of and use of Evening resource Centers to assist with diverting youth from entering placement. JJS will have a total of 6 CRCs by FY2024. |

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| Current Status: | <ul style="list-style-type: none"> • Commissioner’s approval process currently being used for all dependent congregate care requests. • Family finding and Accurint are being used and emphasis will be made to increase use of these services. RFP was issued to expand Family Finding and another provider was identified. • Resource parent recruitment is ongoing. • Plans are still in process for development of civil service job descriptions for the Extended 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 FY2017 to FY2021, 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. |
| Identify areas of Technical Assistance Needed: | Response to be included in final submission. |

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

Related performance measures, if applicable:

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| Strategy: | Increase child and family well-being by supporting parents, children, and youth through the traumatic experience of child removals from home, by supporting educational needs of children in care, and improving outcomes for former foster youth. |
| Identify if this is an existing strategy identified in prior year NBPB or a new strategy: | This is an existing strategy identified in prior year NBPB. |

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| <p>Action Steps with Timeframes (may be several):</p> | <ul style="list-style-type: none"> • Provide a coping kit to each dependent youth at the time of initial removal, and/or subsequent placements moves as part of the CALM services. • Continue full implementation of CALM services to reach each youth entering placement or moving to new a Kin/Foster or congregate care placement. • 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. • Continue full implementation of LifeSet 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. • Fund the Older Youth Rental Assistance program for older former foster youth, ages 20 through 23, to improve their outcomes around housing-related trauma. • 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 and adult 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 |
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| | <p>lengths of stay and higher-end needs and issue an RFP for the programming.</p> <ul style="list-style-type: none"> • Expand community partnerships with existing programs that serve youth on probation and youth held in PJJSC. |
| <p>Indicators/Benchmarks (how progress will be measured):</p> | <ul style="list-style-type: none"> • Number of peer support partners hired for parents and youth. • AIC numbers of youth served. • AIC Mentoring – number of mentors recruited and matches. • AIC Housing – number of youth engaged in housing stability planning. • Older Youth <ul style="list-style-type: none"> - Compliance with quality transitional planning incorporated into the Single Case Plan for Older Youth ages 14-21 - % of Older Youth in Kin/Foster setting, % in Supervised Independent Living, and % in Congregate Care (Group Home/Institution) - Of all Older Youth in Care, % of Older Youth who achieved Permanency (Reunification, PLC or Adoption) - Of Older Youth aging out to a non-permanency - <ul style="list-style-type: none"> ○ # (%) that have a permanent residence ○ # (%) that have a life connection ○ # (%) that have a source of income support - Utilization of Resumption of Jurisdiction (ROJ) • CALM: Decrease the number of youths in out-of-home placements and higher levels of care, specifically residential placements. • CALM: Increase resource/kinship home placement stability. • CALM: Increase the number of youths in local community- and family-based alternatives to dependent placement |
| <p>Evidence of Completion:</p> | <ul style="list-style-type: none"> • Matches between peers and parents/youth. • Improved outcomes for youth involved in AIC and LifeSet. • Youth charged with crimes as adults, detained at the PJJSC, receiving evidence-based programming. • Improved outcomes for former foster youth related to stable housing. • CALM: Increased placement stability in kin/foster resource homes or residential (congregate) care. • CALM: Decrease in placement moves for youth who are in a kin/foster resource home or congregate care. • Improved child/youth well-being and increase the likelihood of timely permanency. |
| <p>Resources Needed (financial, staff, technical assistance, etc.):</p> | <ul style="list-style-type: none"> • Funding for contracts to hire a provider to support and train peer mentors. • Continue funding for LifeSet program to engage youth city wide who would benefit from the program. |

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| | <ul style="list-style-type: none"> • Funding for mentoring specialist, housing counselor and staff for mobile AIC. • Funding for trainers for Youth and Adult 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 two 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. • Funding to support the Older Youth Rental Assistance program. • New Funding in the amount of 800K is being requested to assist DHS-JJS in expanding community partnerships with existing programs that serve youth on probation and youth held in PJJSC. • Funding for CALM Philadelphia Crisis Line (PCL) Program Analyst. • Funding for non-Medicaid eligible expenses for Coping Kits. |
| <p>Current Status:</p> | <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 FY2020. Philadelphia DHS wishes to continue this work to ensure that older youth have lasting adult and housing connections. • LifeSet 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. • Older Youth Rental Assistance Program - Philadelphia DHS initially had this funded through a local dollar amount to assist with youth facing COVID related housing issues. In the first 6 months, 51 youth entered the program and qualified for the rental assistance. • 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. |

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| | <ul style="list-style-type: none"> • LifeSet served 217 youth in fiscal year FY2021. There have been 72 successful discharges, with a remaining number of participants still being served. In addition: <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. • In FY2021, PMT completed a project to identify how major well-being constructs are captured in DHS data. • 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. • CALM partners - MDO-HHS, CBH, DBHIDS, and DHS - are currently in the planning phase. CALM is initially being funded by a local grant for “innovative projects that transform (or create) a process or service that benefits Philadelphia residents and improves government efficiency and impact” in the amount of \$500,000. The anticipated grant-funded launch for Phase 1 is December 2022. Full system integration is anticipated by FY2024 and will require funding for non-Medicaid reimbursable components. |
| Monitoring Plan: | <ul style="list-style-type: none"> • PMT will monitor. |

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| | <ul style="list-style-type: none"> Philadelphia Office of Children and Families' Finance Division will monitor the costs associated with the Coping kits for CALM. |
| Identify areas of Technical Assistance Needed: | Response to be included in final submission. |

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

Related performance measures, if applicable:

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| 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 pay program to attract and retain staff. Solicit feedback at all levels to determine areas that require improvement. Provide tools and services to support work, wellness, and employee recognition. Ensure sufficient infrastructure to support innovative system-level programmatic growth and development. |
| Identify if this is an existing strategy identified in prior year NBPB or a new strategy: | This is an existing strategy identified in prior year NBPB. |
| 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 and colleges to create pipelines for employment. (Ongoing) 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. Currently led by the Onboarding taskforce and is in progress. Continue conducting stay interviews of high performing staff and their supervisors who have been with the Department for at least 5 years. Solicit feedback from new hires and their chain of command to inform the onboarding process. (ongoing). |

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| | <ul style="list-style-type: none"> • Continue frequent classes for new DHS Social Work Services Managers and CUA case managers. • Build an additional simulation room to train new DHS and CUA staff. The addition of a new room would allow the City of Philadelphia to increase the number of staff trained at one time from 24 to 48. This addition would also reduce the amount of time spent obtaining the Direct worker certification (DSW) from 13 weeks to 9 weeks. • Hire additional staff (Clerks, Supervisors, Program Analyst) to support the training needs for new CUA case managers and DHS Social Work Service Managers. • Engage a staff consultant to assist with developing a blocking and restacking plan of workspace at the One Parkway building due to the fact that staff in the same program areas are situated in fragmented locations and there are small pockets of underutilized vacant spaces. • Purchase more modern usable open furniture to use in large open spaces and move away from cubicles because the existing cubicles are outdated and are no longer manufactured. • 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 Project Management Teams to support the implementation of Trauma-Informed Child Welfare System, EBPs and new innovative and best practices initiatives. • Hire Parent/Youth Advocate Specialist. • Develop an implementation science framework and position descriptions to prepare for hiring Implementation Science Teams to support data and evidence driven programming and new initiative implementation and monitoring. • Hire a Grants Officer to support grant application submissions and development opportunities. • Hire three, contracted, Continuous Quality Improvement (CQI) assistants; one for each of the Operations Directors in Child Welfare Operations. • Expand Employee Recognition to include monthly morale events. • Hire additional HR staff to support hiring efforts. (completed) |
| <p>Indicators/Benchmarks (how progress will be measured):</p> | <ul style="list-style-type: none"> • Increase in diverse qualified applicants and staff retention. • Fewer vacancies. • Engaged new hires and supervisors. • Improvement in performance evaluation ratings. |

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| | <ul style="list-style-type: none"> • 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. • Increased quality staffing practices rating via CUA Scorecard; as of FY2020Q3, 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 FY2020Q3, Intake teams had improved their scores compared to baseline data. • CQI associates will build greater capacity within DHS to more effectively use data to inform management, system improvements, and strategic planning for CWO leadership. |
| Resources Needed (financial, staff, technical assistance, etc.): | <ul style="list-style-type: none"> • Funding for training, positions, space and IT systems. • Funding for tools and services to support 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. |

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| | <ul style="list-style-type: none"> • Funding for Project Management Teams. • Funding for Implementation Science Teams. • Funding for Grant Officer. • Funding to contract to hire three CQI associates. |
| <p>Current Status:</p> | <ul style="list-style-type: none"> • Recruitment and retention efforts are ongoing. • Stay interviews with staff with 5+ years and their chain of command will resume in FY2023 • Reviewing available data in OnePhilly to determine improvements in performance ratings. • 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 seasons. This is ongoing. • 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 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. Currently working with Department of Public Property to post the RFP for the consultant. • Submitted pay incentive program proposals to Finance for a cost analysis. |
| <p>Monitoring Plan:</p> | <ul style="list-style-type: none"> • These items will be monitored by Executive Cabinet and reported out regularly during meetings. |

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| Identify areas of Technical Assistance Needed: | Response to be included in final submission. |
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Outcome #6: Eliminate the Disproportionate Out-of-Home placement of African American children and youth.

Related performance measures, if applicable:

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| Strategy: | <p>Design Interventions focused on Eliminating the Disproportionate Out of Home placements and child welfare contact of African American children and youth.</p> <p>In response to the findings of the Entry Rate and Disproportionality study and exploratory focus groups with mandated reporters, it is evident that many of the reports made to the DHS hotline that do not result in a formal safety service are for poverty related needs. DHS will be leading a multi-pronged approach to address the ineffective use of the DHS Hotline as a response to resource deprivation concerns and shift child welfare to focus on primary prevention. The work that we are currently doing through collaborations with other partnering city agencies and community organizations will be transformative for our system.</p> |
| Identify if this is an existing strategy identified in prior year NBPB or a new strategy: | This is an existing strategy identified in prior year NBPB. |
| Action Steps with Timeframes (may be several): | <p>The primary goals align with work we were already doing through cross-agency collaboration and the shift to become an antiracist organization. Action steps to begin in FY2023 include:</p> <ul style="list-style-type: none"> • Supporting the expansion of the Philadelphia Department of Public Health’s existing Philly Families CAN referral line to become a resource for families and mandated reporters for non-safety concerns • Ensuring family connections to prioritized service slots and streamlined resources through referrals to organizations that address the most common needs • Modifying and supplementing the statewide mandated reporter training to encourage a culture of support rather than surveillance |

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| <p>Indicators/Benchmarks (how progress will be measured):</p> | <ul style="list-style-type: none"> • Reduction in the percentage of African American children reported to the DHS Hotline. • Decrease in the number of GPS (General Protective Services; neglect-related) reports. • Reduction in the percentage of parents reported to the DHS Hotline with intergenerational involvement. • Increase in the neighborhood-level factors and investments in mechanisms that address families' concrete needs and improve resource connections. |
| <p>Evidence of Completion:</p> | <p>We will use a time series analysis to assess the impact of our activities and determine evidence of completion. Time series analyses are useful in assessing the effect of major system interventions that impact the population. Because these analyses are most effective when the employed metrics are relatively stable, we conducted preliminary analyses to assess the trend lines over the past ten years for our major outcomes of interest, including the proportion of children reported to the Hotline by their ethno-racial identity, the percentage of neglect-related reports, and the percentage of parents with inter-generational reports to the Hotline. Because our interventions are universal across the city, we anticipate City-level impacts in the form of reduced DHS contact and decreased cyclical surveillance among African American families for non-safety concerns.</p> |
| <p>Resources Needed (financial, staff, technical assistance, etc.):</p> | <p>The Department will need to contribute to staffing the expansion on the support line as well as resources to focus on retraining strategies as part of the modifying the Mandated Reporter trainings.</p> |
| <p>Current Status:</p> | <p>We are currently planning for implementation and building capacity to launch the key initiative activities. As of FY2023 Q1, we have finalized agreements with the Philadelphia Department of Public Health to manage the support line, hired key administrative staff for project management, held collaborative meetings with key partners across City agencies and with key community partners.</p> |
| <p>Monitoring Plan:</p> | <p>This monitoring and evaluation responsibilities will be led by the PMT Research and Implementation Science Teams. There is a collaborative evaluation team which also includes members from the PDPH department.</p> <p>A continuous quality improvement process has been developed as well as a strategic process evaluation. DHS will also receive</p> |

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| | technical assistance from a leading child welfare analysts as well as leading equity researchers. |
| Identify areas of Technical Assistance Needed: | Response to be included in final submission. |

For Program Improvement Areas that were identified in the FY 2021-22 and FY 2022-23 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 2021-22. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

| <u>Non-Uniformed Employees</u> | | | | | |
|---|---|---------------------------|----------------------------------|---------------------------------------|---------------------|
| The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2020, and should be added to all FY2021 costs which are chargeable to other city agencies, other governmental agencies, and outside organizations: | | | | | |
| Municipal Pensions (Percentage of Employee's Pension Wages) | | | | | |
| <u>Plan</u> | <u>Employee Classification</u> | <u>Normal Cost</u> | <u>Unfunded Liability</u> | <u>Pension Obligation Bond</u> | <u>Total</u> |
| M | Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992 | 4.864% | 31.790% | 5.279% | 41.933% |

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| Y | All non-uniformed employees hired after 10/1/1992 | 4.864% | 31.790% | 5.279% | 41.933% |
| J | All D.C. 33 members & D.C. 47 Local 2187 members hired before 10/2/1992; and all other non-uniformed employees hired before 1/8/1987 | 4.864% | 31.790% | 5.279% | 41.933% |
| 10 | D.C. 47 members hired after 3/5/2014; Civil service non-rep employees hired after 5/14/2014; D.C 33 members; Exempt, | 4.864% | 31.790% | 5.279% | 41.933% |
| 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 | 4.864% | 31.790% | 5.279% | 41.933% |

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| Employee Disability | Cost per Employee Per Month |
| Worker's Compensation | \$ 160.92 |
| Regulation 32 Disability | \$ 0.64 |

| Social Security / Medicare | | | |
|-----------------------------------|--|---------------------|------------|
| | Calendar Year Earnings Covered | Effective Period | Percentage |
| Social Security | Gross Earnings not to exceed \$142,800 | 07/01/21 - 12/31/21 | 6.20% |
| | Gross Earnings not to exceed \$147,000 | 01/01/22 - 06/30/22 | 6.20% |
| Medicare | Unlimited Gross Earnings | 07/01/21 - 12/31/21 | 1.45% |
| | Unlimited Gross Earnings | 01/01/22 - 06/30/22 | 1.45% |

Group Life Insurance
All full-time employees except those hired as emergency, seasonal or temporary help

| Employee Classification | Coverage | Per Month |
|--|-----------------|------------------|
| 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 | 20,000 | 3.13 |

Employee Health Plans

These plans are available to all non-uniformed employees except emergency, seasonal, temporary, and part-time employees

| Employee Classification | Cost Per Employee Per Month |
|--------------------------------|------------------------------------|
| D.C. 33 | \$ 1,500.00 |
| D.C. 47 | \$ 1,100.00 |

| Exempt & Non-Rep Personnel in City Administered Plans: | Single | Single + One | Family |
|---|---------------|---------------------|---------------|
| Keystone HMO 2 | \$ 611.51 | \$1,140.53 | \$1,793.91 |
| Personal Choice PPO 2 | 559.43 | 1,044.72 | 1,642.62 |
| Dental PPO 3 | 37.31 | 69.02 | 108.19 |
| Dental HMO 3 | 16.90 | 33.37 | 60.70 |
| Optical 3 | 3.24 | 5.82 | 8.25 |

2 Based on self-insured conventional rates for calendar year 2021.

3 Based on fully insured premium rates for calendar year 2021

Unemployment Compensation

| Employee Classification | Cost Per Employee Per Month |
|--------------------------------|------------------------------------|
| All non-uniformed employees | \$8.91 |

Group Legal Services

| Employee Classification | Cost Per Employee Per Month |
|--------------------------------|------------------------------------|
| D.C. 33 | \$15.00 |
| D.C. 33 Correctional Officers | 12.00 |
| D.C. 47 | 15.00 |

3-1b. Organizational Changes

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

The Child Welfare Operations Division created a new focus area, Child and Family Services, which includes Central Referral Unit/Data Support Services, the Behavioral Health Assessment Units, Health Management Unit, Court Unit/ Ongoing Service Region, DHS Nurses and Psychologists. The new area of responsibility is led by Benita King, Operations Director. Additionally, an Older Youth Director was appointed to report to the Operations Director in Prevention. The Older Youth Director is responsible for planning, organizing, streamlining older youth services, and enhancing resources for DHS' older youth population. The Older Youth Director is also responsible for building additional supports for youth prior to aging out of the system that include housing and rental assistance programming. The Older Youth Director also provides leadership over the Older Youth Transition Unit. This unit is designed to develop transition plans for youth that are on the brink of exiting the system without a solidified plan and are in need of coordinating adult services.

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 is currently implementing an aggressive onboarding plan to fill social work and Youth Detention Counselor vacancies. An onboarding taskforce has been created to help identify and implement strategies to streamline and expedite hiring of new staff. Strategies include but not limited to the following: special pay incentives; updates to job specifications; updates to exams; group block appointments for background clearances; collaboration with local universities to expand pool of candidates; new hire mentor programs; behavioral interviews and simulated training.

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 pay incentives 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 and Juvenile Detention Counselor examinations will be posted twice a year during graduation seasons.

Additionally, the CUAs are intensely 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. The requirements of the Foundations simulation modules limit the number of staff that can go through them. As a result, the original cohorts with Charting the Course (CTC) had to be readjusted. The simulation modules have a limit of 12 participants because each participant must demonstrate the skill they have learned and receive feedback. New hire cohorts went from 30 participants to 24. Another simulation room will allow cohorts to run simultaneously without delaying the start of another cohort, increasing to a total of 48 participants.

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

To improve the talent pool for mission critical positions, HR continues to collaborate with the Office of Human Resources to update the Civil Service job specifications and examinations to capture candidates who possess the competencies needed to be successful in the jobs. To further update the interview process to include a behavioral based assessment.

As it relates to retention, HR will conduct stay interviews at all levels to determine improvement areas. Stay interviews will resume in FY2023.

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 planning to implement a Directors' CWLA as well as exploring the addition of a Youth Leadership Academy. This Youth Leadership Academy will serve committed and/or formerly committed Older Youth ages 16 – 21 years 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.

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