



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# **Fiscal Year 2024-25 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) 2024-25 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.

# INSERT COUNTY NAME

**NBPB**  
**FYs 2022-23, 2023-24 and 2024-25**

<b>Version Control</b>	
<b>Original Submission Date:</b>	
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

Throughout this document “DHS” and “the Department” refer to Philadelphia Department of Human Services. In responses, JPO refers to Juvenile Probation Officers and the Juvenile Probation Office is designated as Juvenile Probation.

## Section 2: NBPB Development

### 1-1: Executive Summary

➔ Respond to the following questions.

The mission of Philadelphia County’s Department of Human Services (DHS) is to provide and promote safety and permanency for children and youth at risk of abuse, neglect, and delinquency. The Department’s goal is to strengthen and preserve families while empowering them to make choices that lead to safety, stability, and well-being.

As a city department within the Office of Children and Families, we also align with the Office's overarching Diversity, Equity, Inclusion (DEI) mission and vision, which is a workplace that commits to fighting racism within Black and Brown communities and other identity-based prejudices. A workplace that strives to acknowledge structural racism in our institutions and society; and demonstrates a commitment to change from within, standing against bias, intolerance, and discrimination of any kind. A workplace that engages in ongoing learning processes about discriminatory practices within the child welfare system and municipal government; and cultivates welcoming and inclusive work environments; while ensuring our internal and external work and deliverables represent diverse perspectives of the people we serve.

The collaborative effort involving families, community members, service providers, judges, juvenile probation, and other stakeholders was instrumental in creating this Needs Based Plan and Budget (NBPB), which was informed by county data analysis and local, state, and national research to provide support to:

- More children and youth maintained safely in their own homes and communities.
  - More children and youth achieving timely reunification or other permanency.
  - A reduction in the use of residential [congregate] care.
  - Improved child, youth, and family functioning.
- ☐ Identify challenges experienced by the County Children and Youth Agency (CCYA) and Juvenile Probation Office (JPO) as a result of the COVID-19 pandemic.

For Philadelphia DHS, the COVID-19 pandemic has exposed pre-existing challenges regarding recruiting and retaining a diverse workforce in child welfare, exacerbating labor shortages in critical positions, including Social Work Service Managers and Juvenile Detention Counselors, and presenting new hiring challenges for DHS. The pandemic has resulted in increased stress and burnout among employees, reduced job satisfaction, increased vacancies, and amplified personal and professional challenges. To effectively address recruitment and retention, it is necessary to provide ongoing staff support, equipping them with the resources needed to serve diverse families and children in a post-pandemic environment effectively.

Additionally, for DHS and the Juvenile Probation Office (Juvenile Probation), coordinating services outside the county child welfare and juvenile probation systems has been especially

challenging due to the COVID-19 pandemic. These key points illustrate the challenges faced by our system:

- **The increased demand for mental health services among children, youth, and families.** The heightened stress and psychological challenges caused by the pandemic have necessitated coordination with mental health systems and providers. However, due to resource constraints, meeting the rising demand and ensuring access to appropriate mental health services has become more critical yet more complex.
  - **Transportation services for students have also been disrupted or modified.** Finding alternative transportation options where traditional services were unavailable, such as during emergency child removal or placement disruptions, has been particularly challenging.
  - **Student Attendance and Household Stability:** The Office of Children and Families' (OCF) Prevention division collaborates closely with the School District of Philadelphia (SDP) to support families in improving student attendance and household stability, thus preventing involvement in Regional Truancy and Family Court. OCF continues to witness students facing challenges attending school regularly due to health and socioeconomic factors within their families. With the support of the SDP and sub-contracted Attendance/Truancy and General Case Managers, OCF Prevention continues to conduct home visits to help ensure increased attendance and family school stability. The goal of these services is to remove barriers to school attendance by connecting families to food, social services, and other economic resources.
  - **Juvenile Probation Office operations have been disrupted.** In-person services, including probation monitoring, have faced difficulties due to pandemic-related health guidelines. However, adjustments have been made to ensure the continuity of essential services. Utilizing GPS monitors and implementing virtual supervision and engagement strategies have helped the JPO adapt to the new circumstances.
  - **The Philadelphia Juvenile Justice Services Center (PJJSC) continues to experience positive COVID-19 exposures.** We have established strong partnerships with YesCare Health Services, the Children's Hospital of Philadelphia (CHOP), and the Philadelphia Department of Public Health to ensure effective COVID-19 mitigation protocols. Between July 1, 2022, and the present, we administered 1,991 tests. The population experienced 29 positive cases, leading to a 1.4% positivity rate. This rate demonstrates a decrease compared to the previous year's rate of 2.8% and falls below the CDC's recommended national rate.
- Identify the top three successes and challenges (excluding COVID-19) realized by the CCYA since its most recent NBPB submission.

## **SUCSESSES**

### **1. More children and youth maintained safely in their own homes and communities.**

DHS has made significant progress in safely reducing the number of children and youth in out-of-home placements, promoting their well-being within their own homes and communities. Our Hotline has witnessed a notable increase in diversionary referrals, rising from 2,595 referrals in Fiscal Year FY 2020-21 (FY 21) to 3,081 referrals in FY 22. The implementation of the Family Engagement Initiative (FEI) has played a vital role in achieving this positive trend. The FEI focuses on enhancing meaningful family involvement, fostering collaboration between the Court and DHS, and prioritizing the well-being of children and families. Baseline outcome measures were collected in Calendar Year 2020 (CY20) to assess the effectiveness of Crisis/Rapid Response Family Meetings (CRRFMs). The results showed that 72% (n= 26) of the 36 children who participated in CRRFMs were able to remain in their own homes (n=23) or be placed with kin (n=3), while 28% (n= 10) were

placed with non-kin. In CY22, the percentage of children who remained at home or were placed with kin increased by 18%, while the percentage of children placed with non-kin decreased by 19%. **Out of the 1,182 children who participated in CRRFMs in CY22:** 80% (n=950) remained in their homes. 10% (n=123) stayed with kin. 9% (n=109) were placed with non-kin.

a. **Office of Children and Families (OCF) expanded Out-of-School Time (OST) program** with FY23 Needs Based funding to increase provider reimbursement rates to hire a full-time case manager, attend training, and provide competitive wages to staff. OCF made significant progress in building staff capacity in the following ways 1) Retaining and training current staff to support students who have special or complex needs and 2) Hiring dedicated staff as needed to provide direct support. These additional investments are intended to lead to greater stability in each child's household, thereby allowing students to engage and attend programming and school more regularly. Staff will also work with the relevant city and community agencies to ensure students with disabilities and behavioral challenges receive the support they need to equitably participate in and benefit from OST services. Research shows that the benefits of OST include increased opportunities for skill building, building positive relationships, and increased goal setting. These expanded services will ensure that all students can reap these benefits. As of March 31st of this school year OST served 7,184 youth in Out of School Time across 129 sites.

2. **More children and youth achieving timely reunification or other permanence.**

As of the first day of FY23, there were a total of 820 children receiving support through the Subsidized Permanent Legal Custody (SPLC) program, which represents a 16.8% increase compared to FY19. Similarly, the number of children receiving adoption assistance on the first day of the fiscal year increased by 15.5% between FY 19 and FY 23, rising from 5,785 to 6,684 children. Furthermore, the number of youths who aged out with a life connection increased by 45% between FY 18 and FY 22, and the proportion of youth with a life connection rose from 47% in FY 18 to 64% in FY 22. Based on the proportion of youth with a life connection in FY 23 as of March 31st, 2023 (56.7%), we anticipate that the proportion of youth with a life connection will remain relatively stable in 2023 compared to FY 22. These statistics demonstrate our ongoing efforts to establish lasting connections and support systems for youth, ensuring that they continue to have vital connections throughout their lives. By collaborating with community partners, including foster care agencies and other stakeholders, we identify and engage potential permanent placements that can provide a nurturing and stable environment for children and youth. As described in Section 1-3c- Service Array, we aim to streamline processes and implement services through ongoing assessment, monitoring, and continuous collaboration with families.

3. **A reduction in the use of congregate care.**

The total number of youth in dependent placement declined by 13% from June 30, 2021, to June 30, 2022. Based on the total number of children in dependent placement as of March 31<sup>st</sup>, 2023, (N=3,439), the total number of children in dependent placement is expected to continue declining in comparison to FY 22.<sup>1</sup> Based on the total number of children receiving dependent traditional (non-kinship) foster care on the first day of FY 23 (N=1,478) compared to FY 22 (N=1,675), the number of children receiving non-kinship, traditional foster care is expected to decrease from FY 22 to FY 23. Overall, the total number of children receiving dependent traditional (non-kinship) foster care on the first day of FY 23 decreased by 34.2% compared to FY 19. Additionally, the total number of children in dependent Kinship Care receiving services on the first day of FY23 was 27.1% lower than FY19. That non-kinship

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<sup>1</sup> DHS Data obtained from the Quarterly Indicators Report on Placement Census for Recent Year, run on July 8, 2022.

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. This positive trend in Philadelphia DHS was further supported in FY 23 when the Professional Resource Parent Model and Kinship Navigator Model were successfully integrated into the system.

## CHALLENGES

### 1. **Ensuring a high-quality agency and provider workforce is sustained and supported despite profound labor shifts.**

A skilled and dedicated workforce is crucial for maintaining high-quality child welfare. However, changes in the labor market have made it challenging to sustain and support such a workforce. Some of these changes include labor shortages in critical positions such as social work service managers and case managers and increased competition for workers in other human service disciplines. The workforce challenges are exacerbated by factors such as high-stress levels, burnout, and turnover. Research shows that workers in the child welfare fields experience higher levels of stress and burnout due to the nature of the work.<sup>2</sup> To enhance workforce stability and attract new talent, we have invested in training and credentialing models that offer career advancement opportunities for current workers. By building upon their existing credentials through additional training or education, we provide a structured path for professional growth. This approach encourages current workers to stay in the field and entices others to join by offering clear career development prospects. Consistent and certified training, coaching, knowledgeable and skilled leadership, and professional development not only retain our current workers but also attract new talent to the profession. It is essential for DHS to make further investments into strategies that support and sustain a high-quality workforce. Further demonstrated in section 3-1c of this narrative,

- a. **Increase CUA wages and benefits.** The child welfare field faces an alarming issue with high turnover rates, estimated at 20-40 percent overall.<sup>3</sup> Extensive research has demonstrated that the consequences of high turnover in child welfare agencies are associated with increased costs. When a caseworker decides to leave, the agency is burdened with expenses ranging from 30 to 200 percent of the departing employee's annual salary<sup>4</sup>. These costs encompass various aspects, such as overtime payments, separation costs, recruitment and training expenses for new staff, increased workload and administrative tasks for existing employees, and the potential risk in meeting performance standards. In November 2022, the Philadelphia Child Welfare Workforce Task Force<sup>5</sup> was established through collaboration among providers, including community umbrella agencies, and advocates. The task force's purpose was to reevaluate various workforce-related aspects of Philadelphia's child welfare system and identify opportunities for system improvements. In the spring of 2022, the task force conducted a survey specifically targeting the community umbrella agencies (CUAs), which provided crucial data. The survey results indicated that CUAs estimated an average turnover rate exceeding 45 percent. When workers were asked about the primary factors that influenced their consideration to leave the profession, an overwhelming majority of respondents, 80.1 percent, cited inadequate pay. This reason significantly outweighed all others. To ensure the best outcomes for vulnerable children,

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<sup>2</sup> Casey Family Programs. (2017). *How does turnover affect outcomes and what can be done to address retention?*, [https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO\\_Turnover-Costs\\_and\\_Retention\\_Strategies-1.pdf](https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO_Turnover-Costs_and_Retention_Strategies-1.pdf)

<sup>3,4</sup> Casey Family Programs. (2017). *How does turnover affect outcomes and what can be done to address retention?*, [https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO\\_Turnover-Costs\\_and\\_Retention\\_Strategies-1.pdf](https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO_Turnover-Costs_and_Retention_Strategies-1.pdf)

<sup>5</sup> A publication of the Philadelphia Child Welfare Workforce Task Force: *Findings and Recommendations*. (2022). <https://pccyfs.org/wp-content/uploads/2022/11/PHL-CWTF-Report-FINAL.pdf>.

youth, and families, it is imperative that we make significant investments in our child welfare workforce. A well-trained, highly skilled workforce supported by the coaching of skilled and knowledgeable leadership is essential for Philadelphia DHS to deliver effective services.

2. **DHS continues to experience a challenge in reducing placement disruptions and minimizing childcare utilization.**

Providing appropriate placement options for youth in the child welfare and juvenile justice systems can be challenging, especially when they have complex social, emotional, and behavioral needs. To further compound this challenge, DHS has experienced an increased trend of youth who refuse to accept placement within the limited number of available and suitable options, making it even more challenging to find the right match. Overall, the most recent analyses indicate that the rate of placement moves for all children who entered foster care between April 1, 2021, and March 31, 2022, in Philadelphia County was 3.11 per 1,000 days of foster care. This rate is lower than the national standard of 4.12 placement moves per 1,000 days of foster care. DHS understands it is important to work closely with the youth, their families, and other stakeholders to identify and address the underlying reasons for their reluctance to accept a placement. Future directions include increased utilization of the programs and strategies to address this challenge identified in section 1-3c. Service Array.

3. **Building an array of programs to further decrease use of congregate care.**

Reducing the use of congregate care and providing appropriate placement options for youth in the child welfare and juvenile justice systems is a key priority for DHS. DHS remains committed to building an array of programs that support kinship, family-based and community-based placements, as well as evidence-based practices that promote positive outcomes for youth. This includes increased utilization in programs such as our Professional Resource Parent Model, Kinship Navigator, and the Crisis Access Link Model (C.A.L.M), as well as providing training and support for kinship, foster families and other caregivers, further described in section 1-3c. Service Array.

- ❑ 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 FY 22 Annual State Evaluation (ASE), the Pennsylvania Department of Human Services, Southeast Regional Office of Children, Youth, and Families and Families randomly selected and reviewed 250 cases and 364 Human Resources records. Sixty-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 on a regular basis, refresher trainings, case file compliance reviews and usage of ticklers for documentation completion tracking.

For the FY 22 Child and Family Service Review (CFSR), Philadelphia OCF's Performance Management and Technology (PMT) was required to coordinate and facilitate all CFSR activities working with DHS Permanency staff and Community Umbrella Agencies (CUA). Activities included training on using teams to collaborate, communicate and store essential documentation with the CUAs; scheduling weekly meetings; and hosting meetings with the CFSR project team to orient about the CFSR process. A total of 21 families were selected and engaged by four PMT social work staff through telephone calls, home visits, and letters requesting their participation in the CFSR interview process. A variety of internal debriefing



occur to ensure continuous quality improvement throughout the process. Additionally, CUAs were made aware of service concerning issues that arise with selected families.

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

### **SUCSESSES**

1. **Serving and supervising youth safely in their own homes and communities:** Outcomes for Juvenile Probation continue to trend positivity in our efforts to safely reduce the number of children and youth serviced and supervised safely in their homes and communities.
  - a. The **Balanced Restorative Justice Approach** employed by Juvenile Probation has positively impacted 1,552 juveniles through interactions, interventions, services, and support. Encouraging outcome measures are evident among the 663 juveniles whose cases were closed. Notably, 95.8% of these juveniles successfully completed a victim awareness curriculum, emphasizing the focus on victim restoration. Additionally, the commitment to youth redemption is demonstrated by the completion of 4,029 hours of community service. Furthermore, 94 youth accomplished the significant milestone of earning their high school diplomas or a G.E.D., during their time in residential (congregate) care or at their designated community schools. 95.8% of juveniles successfully completed their supervision without engaging in new offenses that would result in a Consent Decree or Adjudication of Delinquency.
  - b. **The GPS monitoring program** is an alternative to secure detention or placement, allowing youth to remain safely in their communities. As Juvenile Probation reduces reliance on residential placement services, the utilization of GPS becomes increasingly important for at-risk youth in their communities. In FY 22, the GPS unit monitored 1,976 youth. Notably, 1,191 youth were placed on GPS as an alternative to secure detention. By utilizing GPS monitors, potential savings in juvenile justice secure detention costs can continue to be achieved.
  - c. Furthermore, **Community Supervision** plays a vital role in the treatment and rehabilitation of youth involved in the juvenile justice system. In Philadelphia County, ten Juvenile Probation units are dedicated to regular meetings with youth and families within the community. In 2022 alone, these units conducted 12,516 field contacts with youth and families, emphasizing the importance of in-person interactions; 12,754 telephone contacts and 132 virtual contacts were utilized to supervise youth in residential care. Virtual contacts have emerged as a valuable tool for communication with youth, treatment counselors, and support staff in residential placement settings.
2. **Serving Children and Youth in their Own Homes through the expansion of our diversionary and prevention Community Based Programs portfolio.**
  - a. In FY 22, Philadelphia DHS achieved successful scalability of our **Intensive Prevention Services (IPS) program**. IPS serves as a community-based prevention initiative designed for youth who may be at risk of involvement with the Juvenile Justice System. The program offers meaningful site-based activities to young individuals between the ages of 10 and 19 years old, who are experiencing challenges within their homes, schools, and communities. IPS adopts a holistic approach that emphasizes comprehensive family engagement.
  - b. Philadelphia DHS has taken significant strides in expanding our **Community Evening Resource Centers (CERC)**. These centers serve as safe havens, offering on-site support to at-risk youth who have come to the attention of the Philadelphia Police Department due to curfew violations. Since 2021, we have successfully launched four CERC location, and we anticipate opening two more by the end of FY 23. The

establishment of these CERCs demonstrates our commitment to providing a community-driven environment for vulnerable youth, promoting their well-being, and preventing further involvement with the juvenile justice system.

3. **Creating a process for family engagement and community collaboration.**

In FY 22, Philadelphia DHS and Juvenile Probation achieved significant progress in developing processes and interventions that aim to foster deliberate family engagement. The primary focus is prioritizing the voices of parents/guardians and juvenile justice-involved youth while tailoring service and discharge plans to meet the unique needs of each family and young person. To support this approach, we have implemented several initiatives, including the Multidisciplinary Discharge Planning (MDP), Parenting Café, and Community Relations Units (CRU).

- a. **Multidisciplinary Discharge Planning (MDP)** meetings exemplify our commitment to strategic collaboration with various cross-agency and system stakeholders. These meetings serve the purpose of supporting successful reintegration of youth while effectively reducing recidivism rates. Key participants in these meetings include justice-involved youth, parents/caregivers, juvenile probation officers, representatives from the Defenders Association and District Attorney's Office, the School District of Philadelphia, Court & Community representatives, the Mayor's Office of Violence Prevention, Community Behavioral Health (CBH), Behavioral Health Provider-Hall Mercer, and members of the Dependent and Delinquent Case Management Teams. By bringing together these diverse stakeholders, we promote comprehensive discussions and decision-making processes that address the holistic needs of youth and families.
- b. **Parenting Café** as a supportive space for parents and guardians of juvenile justice-involved youth. This serves as a supportive space for parents and guardians of juvenile justice involved youth to connect with each other, share experiences, and learn effective parenting strategies. By providing this space, we enable parents and guardians to build a network of support and gain access to valuable resources, empowering them to navigate the challenges associated with their child's involvement in the juvenile justice system.
  - 1) In the third quarter of FY 22, DHS-DJJS organized a collaborative effort across city departments and child-serving systems to host a Parent & Youth Resource Fair. The purpose of this event was to provide a platform for parents and youth/teens to explore a wide range of free safe engagement programming opportunities and services available in the City of Philadelphia. The Fair was a great success. With over 60 vendors participating and showcasing their offerings, the fair saw a significant turnout.
- c. **Community Relations Units (CRU)**. These units are responsible for reaching out to community partners, sharing information about the services and supports offered by family court, and gathering resources to assist Juvenile Probation Officers, probationers, and their families. The CRU also collaborates with the Philadelphia Juvenile Justice Service Center to facilitate restorative justice circles, engaging youth in custody.

## **CHALLENGES**

1. **Staff recruitment & staff retention at Philadelphia Juvenile Justice Service Center.**

A skilled and dedicated workforce plays a pivotal role in ensuring the high-quality supervision and care of justice-involved youth at Philadelphia's Juvenile Justice Services Center (PJJSC). Similar to the challenges faced by the child welfare sector, the labor market dynamics have presented significant hurdles in sustaining and supporting the juvenile justice workforce. These challenges include labor shortages in critical positions, such as Juvenile Detention Counselors and General Department Workers. To address these challenges, it is

imperative to prioritize the improvement of staffing levels and enhance infrastructure across the Philadelphia DHS's-Division of Juvenile Justice Services (DJSS). By ensuring adequate staffing, we can maintain optimal supervision, provide comprehensive services, and promote positive outcomes for the youth and families served by the division, as further demonstrated in section 3-1c of this narrative.

2. **Increase in the census at the Philadelphia Juvenile Justice Services Center (PJJSC)**

This increase is influenced by various factors and addressing them requires a comprehensive approach. One significant factor contributing to the rise in population is the implementation of the Juvenile Justice Reform Act, which mandates that all juveniles, including those awaiting trial in adult court, be held in youth detention facilities unless specifically ordered otherwise by a judge. Consequently, the number of juveniles facing adult charges at PJJSC has substantially increased, and the offenses they are held for, such as violations of the Uniform Fire Act, carjacking, shootings, attempted murder, murder, and aggravated assault, indicate a rise in more serious crimes. Another contributing factor is the greater behavioral and mental health needs of the youth entering PJJSC, resulting from their exposure to complex trauma. As a result of these two factors, the length of stay at the facility has increased. The lack of residential beds available for detained youth awaiting state placement further impacts the census. This shortage in bed capacity has led to an increase in the length of stay for youth at PJJSC. To address this challenge, the city of Philadelphia is actively seeking solutions, including the implementation of dual residential-private residential Request for Proposals (RFPs). These RFPs aim to increase the availability of residential beds specifically designed to accommodate detained youth. Through partnerships with both public and private entities, the city aims to expand the capacity of residential facilities, ensuring more appropriate placements for youth involved in the juvenile justice system. To respond to the crisis and improve services provided to the youth, several action steps have been initiated. One such step is the introduction of the Safety Valve process, which involves daily case expediting by a multidisciplinary team called the Daily Review Team (DRT). Comprised of representatives from DHS, Family Court, and the City Solicitor's Office, the DRT identifies and expedites cases requiring court-ordered release or addressing specific action items before the next hearing. This process aims to remove barriers hindering release and case progression, enhance cross-system communication at the case management level, and report system issues for intervention. The division of Performance Monitoring and Technology (PMT) produces multiple short-term reports and analyses to help address the immediate needs related to the high population of youth in the Philadelphia Juvenile Justice Services Center in FY 23.

3. **Increase in the rate of community gun violence involving youth.**

Gun violence involving youth in Philadelphia has reached an alarming level, with children increasingly becoming targets of this crisis. In the past year, the city has witnessed 220 shootings of children under the age of 18, marking a ten percent increase from the previous year. While the number of homicides may have decreased, the persistent rate of gun violence remains a significant concern. Gun injuries have now become the leading cause of death among children and teenagers aged 1-19 years in the United States, underscoring the urgent need for initiatives to prevent and address the involvement of young people in violent pathways. Analysis of shooting data from the Philadelphia Police Department reveals that gun violence is concentrated within a few specific ZIP codes. Recently released research examined the mental health-related emergency room visits of children living within four to five blocks of shootings.<sup>6</sup> The study revealed that children living near areas where shootings

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<sup>6</sup> <https://chibe.upenn.edu/news/penn-medicine-news-gun-violence-exposure-associated-with-higher-rates-of-mental-health-related-visits-by-children/>

occurred were 134% more likely to visit the emergency room for mental health issues. The odds of children living two to three blocks away from a shooting visiting the ER were almost 1.9 times higher in the two weeks following the incident. These findings highlight the immediate impact of exposure to gun violence on the mental well-being of children and youth. Furthermore, gun violence disproportionately affects Black children and families in Philadelphia, exacerbating existing health disparities.

Philadelphia's DHS and Juvenile Probation recognize the urgent need for strategic investments in community-based gun violence prevention programs. Integrating these programs into existing initiatives like Intensive Prevention Services, can have a significant impact on reducing violence within the population. Although specific studies on gun violence programs for juveniles are limited, as we move forward, we are dedicated to exploring innovative and effective strategies to address the concerning rise of gun violence involving youth in our city. We will actively seek out evidence-based approaches, collaborate with community stakeholders, and leverage partnerships to develop and implement targeted interventions. By focusing on prevention, intervention, and support, we aim to create safer environments for our youth and reduce the devastating impact of gun violence on their lives.

- ❑ **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.**

The Philadelphia Juvenile Probation Office ("Juvenile Probation") and DHS-Division of Juvenile Justice Services (DJJS) has implemented various initiatives, activities, and strategies as part of the Juvenile Justice System Enhancement Strategies (JJSES) to improve the effectiveness and outcomes of the juvenile justice system. These efforts are focused on implementing evidence-based programs, addressing racial and gender disparities, enhancing rehabilitation services, and strengthening community-based alternatives to detention.

One key aspect of the strategy is the use of evidence-based risk assessment tools such as the Youth Level of Service (YLS) and the PA Detention Risk Assessment Instrument (PaDRAI). These tools assist probation officers in identifying criminogenic needs and determining appropriate levels of supervision and services for juveniles based on their risk level. The use of these assessments has shown promising results in reducing recidivism. The practice of the Graduated Response approach is another important component of the strategy. This approach allows juveniles to earn incentives for meeting goals and receive interventions for non-compliance. It is designed to reduce the utilization of secure detention and residential placements.

In addition to these efforts, Juvenile Probation and DJJS actively participate in the Annie E. Casey Foundation's Juvenile Detention Alternative Initiative (JDAI). This initiative is focused on safely reducing the dependence on secure confinement by implementing data-driven reforms and fostering collaboration among system partners. Notable progress has been made in areas such as system assessment, the establishment of collaborative boards, and active participation in strategy committees.

Evening Reporting Centers (ERCs) play a significant role in providing community-based alternatives for youth involved in the juvenile justice system. Philadelphia has four ERCs that cater to different stages of juvenile justice involvement. The Pre-adjudicatory Evening Reporting Center (ERC) serves 75 youth, while the Post-adjudicatory Evening Reporting Center serves 76

youth. The Community Intervention Center serves 37 youth, and the Aftercare Evening Reporting Center serves 55 youth. In total during FY 22, these centers serve 243 youth, providing vital documents, skill-building techniques, counseling, mentorships, and positive recreational activities, contributing to reduced recidivism rates.

Juvenile Probation and DJJS support the recommendation of Pennsylvania’s Juvenile Task Force to expand the successful Police School Diversion program to include a pre-arrest diversionary program specifically designed for youth with misdemeanor charges. This proactive approach aligns with the goal of reducing the number of minority youth in the justice system and diverting them towards community-based interventions. By diverting young people with misdemeanor charges away from the formal juvenile justice system, the department aims to provide them with alternative pathways that prioritize rehabilitation and support over punitive measures. This approach recognizes that minor offenses can often be better addressed through community-based interventions that address underlying issues and promote positive youth development.

FYs 24 and 25, Juvenile Probation and DJJS have requested funding in several areas to support its initiatives, including:

- **Continued funding for Graduated Response incentives**, which provide incentives and interventions for juvenile offenders based on their compliance with goals.
- **New funding to incorporate a gender-specific program into the services offered to juvenile offenders involved in violent crimes or gun violence.** This program aims to address the unique needs and vulnerabilities of female youth in the juvenile justice system, including those who have experienced trauma, poverty, sexual violence, and school suspension or expulsion.
- **Continued funding for gun violence prevention**, including research planning-project manager, evidence-based program implementation-project manager, and the development and expansion of gun violence prevention programs throughout the city.
- **Increase in funding for the Community Service and Restitution Fund**, specifically raising the restitution rate from \$10 per hour to \$15 per hour, to address the substantial increase in restitution amounts due to automobile theft and vandalism.
- **Funding for Community Relations Units in both Juvenile Probation and the Court & Community Service division**, to support community engagement efforts.
- **New funding to establish a trauma-informed and anti-racist system within the Juvenile Justice system.** This includes partnering with Hall Mercer Behavioral Health to meet the behavioral health needs of youth at the PJJSC and adopting evidence-informed practices, reviewing policies, elevating the voices of youth and families, and facilitating cross-system collaboration.
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- ➔ **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 use 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, service providers, and County Juvenile Probation Offices separately (see next three questions).

In the preparation of this year's Needs-Based Plan and Budget (NBPB), Philadelphia DHS engaged stakeholders, including staff, clients, providers, legal advocates, and community advocates, to share our data analysis and identify areas for practice improvement in the following venues:

- Monthly Child Welfare Operations (CWO) Collaborative meetings, which include both DHS and Community Umbrella Agency (CUA) operations.
- Quality Parenting Initiative (QPI), which brings together resource parents, youth, biological parents, CUAs, provider agencies, attorneys, and staff across several DHS divisions.
- PCCYFS quarterly meeting.
- Individual meeting with members of the legal community and community advocates.

In June 2023, DHS organized a virtual public hearing to discuss the department's priorities for FY 25, including the NBPB and crucial services for families and children served by DHS and Juvenile Probation. Advocacy groups, elected officials, contracted service providers, and DHS staff were among the participants who provided feedback. The department's strategic vision and the NBPB were updated based on the feedback received during the hearing.

In addition to the above core meeting and public hearings, other venues for gathering this information include:

- Systems of Care work being led by the City's Department of Behavioral Health and Intellectual disabilities (DBHIDS), Office of Addiction Services (OAS).
- The DHS Commissioner and her Executive team met quarterly with child and parent advocates to discuss systemic issues related to case planning, reunification, and other permanencies.
- The DHS Commissioner and other members of her cabinet met quarterly with the Child Welfare Oversight Board, which consists of experts in the field of child welfare, juvenile justice, medical professionals, academics, advocates, and people with lived experience.
- DHS and the Office of Children and Families (OCF) participates in the citywide Youth Residential Placement Taskforce. The Taskforce consisted of a group of stakeholders including advocates, City government partners and City Council with the charge to oversee to oversee assessment of congregate care placement quality, collaboration, educational programming, and positive outcomes for youth.
- The DHS-DJJS leadership team reconvenes bi-weekly Youth Review Meetings which include participation by line JPOs, DHS Child Welfare Operation representatives, Defender Association, the District Attorneys' Office, CBH, and others.
- DJJS collaborated 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).
- Philadelphia's Juvenile Probation management team collaborated with county and state committees, including Juvenile Court Judge's Commission (JCJC) Technology, Graduated Response, Regional Planning, PA Justice Network, and PA System of Care.

- Philadelphia County is actively involved in Georgetown University's Reducing Racial and Ethnic Disparities Certification and Capstone Project. Led by the Family Court Administration and Juvenile Probation, along with partners like the Philadelphia Police Department, community organizations, the District Attorney's Office, and the Defender Association, the project focuses on addressing racial and ethnic disparities in the local juvenile justice system. It aims to expand equitable diversion opportunities for youth in Philadelphia by analyzing data and establishing effective data collection systems for ongoing monitoring and evaluation.

DHS has utilized data analysis to gain valuable insights into areas that require improvement to better serve children, youth, and families. Through analyzing data such as child maltreatment rates, family strengthening program participation rates, foster care placement rates, resource utilization, and outcomes. Stakeholder engagement is crucial to this process as it provides a more complete understanding of the challenges and ensures that solutions are tailored to meet the needs of families in Philadelphia County. By utilizing data analysis in this way, DHS has prepared in this NBPB submission our future direction and strategies to continuously improve practices, in which we believe will lead to better services and outcomes for children and families.

- 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.

Philadelphia's Office of Children and Families (OCF) – Performance Management and Technology (PMT) Data Analysis team actively engages contracted service providers in various activities to identify service level trends, strengths, and gaps, as well as corresponding resource needs. They hold regular meetings with providers to discuss progress, service delivery issues, and potential expansion. Monthly and quarterly data reviews are conducted to address gaps and provide necessary support. Contracted providers are also responsible for engaging clients to gather feedback and ensure services align with community needs. Annual evaluations by PMT division further ensure service quality.

Additional activities include Closing the Loop meetings to discuss CUA scorecards and improvement strategies, quality assurance meetings, CUA site visits, and AFCARS reconciliation calls. Contract monitoring and annual evaluations are also conducted to ensure service quality. These engagement efforts help tailor services to meet the needs of children, youth, and families while effectively allocating resources.

DHS has not encountered any challenges in collaborating with our contracted provider community regarding improving service provider engagement in the NBPB process.

- 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 DHS Commissioner and other cabinet members regularly meet with court officials, such as the Administrative Judge and Supervising Judge of Family Court, Chief of Juvenile Probation,

and Court Administration. The purpose of these meetings is to identify strengths and gaps in the current service arrays, as well as corresponding resource needs. Regular discussions and consultations between the Court and DHS aim to improve service delivery and outcomes by analyzing trends in service utilization and identifying areas for improvement.

Specific activities that the Court participates in may include providing feedback on competency, practice, and training needs, as well as participating in data review and analysis. Overall, this process enables DHS to allocate resources effectively and continuously improve service delivery and outcomes.

- ❑ Summarize activities related to active engagement of the County’s Juvenile Probation Office in the NBPB process, specifically the identification of in-home, prevention or rehabilitative services needed to assist with discharge of delinquent youth from out-of-home care or decreasing recidivism. Identify any challenges to collaboration and efforts toward improved engagement in the NBPB process.

DHS has actively engaged the Juvenile Probation Office (“Juvenile Probation”) in the NBPB process by working collaboratively to identify in-home, prevention, or rehabilitative services needed to support the discharge of delinquent youth from out-of-home care or decrease recidivism. This collaboration involves identifying gaps and challenges in the service array and developing solutions to address those gaps.

One identified challenge is better coordination of efforts between Juvenile Probation and DJJS. This challenge has been addressed through increased communication and collaboration efforts, as well as the development of processes to facilitate the exchange of information and improve the system’s overall effectiveness.

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

DHS maintains a well-established relationship with law enforcement on facilitating Multi-Disciplinary Investigative Teams (MDIT) and in joint investigations of child abuse. Our Philadelphia Safety Collaborative (PSC) model is a one-stop, child-friendly facility where the Philadelphia Department of Human Services (DHS) Specialty Investigations, Philadelphia Police Department (PPD) Special Victims Unit, Philadelphia Children’s Alliance (PCA), the District Attorney’s Office, behavioral health agencies, Children’s Collaborative Clinic, and DHS Nursing staff are co-located. These multi-disciplinary investigative partners are committed to adhering to collaboratively-developed procedures and using a team approach to investigate reports of child sex abuse and child victims of human trafficking (CVHT).

PCA conducts regular Program Committee meetings to evaluate and enhance the operations of the PSC, including the developing and revising protocols, and addressing systems issues. All participating agencies adhere to established protocols for forensic interviewing, electronic recording, medical assessments, victim support services, mental health treatment and referral, and case tracking, with the goal of promoting investigatory and prosecution efforts, as well as safety, healing, and restorative justice for children and youth who have experienced abuse and victimization.

### 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.

DHS's data analysis and stakeholder discussions identified these STRENGTHS in existing resources and service array:

**Journey to become an Anti-Racist Organization** - Over the past few years, Philadelphia DHS has embarked on a multi-phased approach to address the inequities within our child welfare system. Central to our commitment to equity for children and families of color is the adoption of an anti-racist perspective throughout all operational and supportive functions. This transformative process involves reviewing, assessing, and revising our policies and procedures, as well as integrating anti-racist principles into our day-to-day practice.

In FY 22, the Philadelphia Department of Human Services (DHS) initiated the Anti-Racist Organization - Phase 1 "Champion" cohort in collaboration with the Center for the Study of Social Policy (CSSP) and Casey Family Programs. Through this partnership, we successfully trained a cohort of 30 employees from various sectors of our child welfare, juvenile justice services, and support and administrative services. This diverse group of professionals underwent extensive training and together will serve as our system's anchor as we continue to implement other strategies from the action plan to drive the evolution of our practice activities, with a primary focus on promoting equitable outcomes for youth of color.

Our efforts to address ethno-racial disparities and disproportionality associated with children entering out-of-home care are guided by a comprehensive action plan developed in collaboration with the University of Pennsylvania, CSSP, and Casey Family Programs. This three - phase action plan utilizes research and evidence-based interventions to eliminate the disproportionate removal of African American youth due to allegations of neglect, juvenile justice contact, and socio-economic factors. Key strategies include enhanced mandated reporter training, the development of a cross-departmental Philly Families CAN HELPLINE, city-wide poverty alleviation efforts, policy assessment projects, the Family First Prevention Services Act (FFPSA), and ongoing research and study. To establish a solid foundation for our ongoing journey towards becoming an anti-racist organization, we will continue to work with CSSP. In FY 23, CSSP will support DHS in the implementation of key action plan recommendations. These recommendations include the establishment of a sustainable practice model that guides consistent, anti-racist practice with families, proactive policy development and review using race equity impact assessment tools and community engagement, the creation of an accountability structure within DHS, and mandatory training on anti-racism, systemic and implicit bias, and key equity concepts.

**Implementation of the Crisis Access Link Model (CALM)** is a collaborative service between DHS and the Philadelphia Department of Behavioral Health and Intellectual disAbility Services

(DBHIDS), aimed at providing stabilizing support for children during removal and placement disruptions. CALM is inspired by New Jersey's Mobilization Response and Stabilization Services and is housed within DBHIDS. Its goal is to reduce traumatization and support placement stabilization by dispatching services every time a child enters an out-of-home placement. CALM offers psychosocial education, rapid solutions-focused interventions, and "Coping Kits" to help with attachment, learning, and emotional stability. Phase 1 of CALM was successfully launched in the second quarter of FY 23. Phase 2 is planned for the first quarter of FY 24, with full system integration expected by the end of FY 24. Funding maintenance is required for non-Medicaid reimbursable components, such as the Coping Kits and a program analyst for the Philadelphia Crisis Line, who will coordinate across agencies and providers and handle quality assurance, program evaluation, and performance management of CALM.

In FY 23, Philadelphia DHS implemented the **Professional Resource Parent Model**, with the goal of ensuring that youth with complex behavioral health needs have access to stable and nurturing environments. This model prioritizes placing these youth in least restrictive therapeutic foster care homes instead of congregate care or delinquent placements. Professional Resource Parent homes provide short-term, 24/7 care and support for children, with caregivers specifically trained in trauma and behavioral health. The initial number of identified and certified Professional Resource Parents is ten. DHS plans to increase utilization by 100%, the projected total number of homes will be 20 within our current FY 24 budget allocation.

**Continued implementation of the Family Engagement Initiative (FEI)** - FEI aims to ensure more children remain safely in their own home or placed with family by enhancing meaningful family involvement, increasing collaboration between the Court and DHS, and focusing on child and family wellbeing. Baseline outcome measures were collected for Calendar Year 2020 (CY20) to understand, of the Crisis/Rapid Response Family Meetings (CRRFM) held, how many resulted in children being kept safely in their own homes and how many resulted in children being placed with kin. The results showed that 72% (n= 26) of the 36 children who participated in CRRFMs were able to remain in their own homes (n=23) or be placed with kin (n=3), while 28% (n= 10) were placed with non-kin. In CY22, the percentage of children who remained at home or were placed with kin increased by 18%, while the percentage of children placed with non-kin decreased by 19%. Of the 1,182 children who were home at the time of the CRRFM in CY22: 80% of children remained in the home (n=950) 10% remained with kin (n=123) 9% were placed with non-kin (n=109).

**Aligning prevention resources.** To better serve older youth, the DHS Child Welfare Operations' Prevention section - Older Youth Services Region has taken on the responsibility of overseeing all aspects of our work with older youth. This includes managing Older Youth Transition meetings, Resumption of Jurisdiction, National Youth in Transition Database (NYTD)/Credit Check, mentoring programs facilitated through Girls Track, Boys Track, and the Philadelphia Youth Leadership Council, Independent Living Services, and Community Based Older Youth Contracts. In line with our commitment to supporting older youth, we have implemented the Fostering Youth Independence (FYI) program. This program offers housing vouchers and support for up to three years to young adults aged 18-23 who have aged out of foster care and are either experiencing homelessness or at risk of becoming homeless. As part of our efforts, we have provided rental assistance to 48 unique youth through the Older Youth Rental Assistance program, ensuring they have access to safe and stable housing. These initiatives aim to empower older youth and provide them with the necessary support and resources to transition successfully into adulthood. In FY 22, HUD granted DHS an additional 75 FYI vouchers, which are currently being distributed to eligible young adults.

**OCF-Prevention.** OCF Prevention services include Truancy Intervention and Prevention Services programming, Out-of-School Time programming, Youth Employment Services programming, and Education Stability Services programming.

OCF routinely analyzes data to identify the needs of its population. Reviewed data includes population density, levels of poverty, areas of need, and overall socio-economic status. OCF works closely with the School District of Philadelphia (SDP) to determine schools that need the most support. Once schools are identified and agreed upon, resources are aligned. This process is conducted annually. The strength of this process is the ability to ensure equitable services within schools with the most need. By assessing the needs of families and students in high-need schools, OCF and SDP can address the factors that affect both children's risk of abuse, neglect, and delinquency, and educational success. As an example, OCF analyzed areas and schools with the highest needs for Out of School Time. This data included where SDP invests in OST so that OCF could determine where to target OST services in FY 25 to have the most positive and equitable impact for Philadelphia's children and youth who are involved with DHS or at risk of becoming involved with DHS.

The OCF Education Support Center (ESC) assesses and supports the resources needed for educational stability when children and youth enter out of home care. These efforts can lead to more successful placements and discharges, which can ultimately lead to a decrease in the number of children in care and improve outcomes for those who remain in care.

**Resources to Divert Youth from JJS Congregate Care Placements-** These resources have decreased reliance on congregate settings within the juvenile justice system. Tools like PaDRAI and Youth Level of Service (YLS) facilitate the utilization of community-based services, which offer several advantages: including increased family involvement, greater youth engagement, and improved outcomes. Additionally, youth on probation can participate in the DHS Community Service and Restitution initiative, which allows them to perform service and earn money to pay restitution fines and close their cases. The longer a youth remains on probation due to unpaid fines, the higher the likelihood of probation violations and deeper involvement in the juvenile justice system. Plans are underway to implement a mid-level placement, utilize all beds at the Community-Based Detention Shelter (CBDS) to reduce the census count at the Philadelphia Juvenile Justice Services Center (PJJSC), and expand slots at the four ERCs.

DHS has the following funding request for programs and initiatives with the goal of improving outcomes for youth involved in dependency proceedings and promoting the well-being and independence of older youth in the child welfare system.

- **DHS is seeking continued support for the Defenders Association of Philadelphia's Peer Mentor program.** This program has allowed the Child Advocate Unit (CAU) to enhance their interdisciplinary model of representation. By incorporating older youth with lived experience as peer mentors, the Defenders Association can provide role models and advocates who understand the unique challenges faced by their clients. The CAU's holistic representation approach, which pairs lawyers and social workers, has proven to be effective in achieving positive outcomes for children and youth involved in Family Court proceedings. Drawing from best practices established by the Children's Law Center of California, the Defenders Association's goal is to provide comprehensive support and guidance to their clients through the peer mentor program.
- **DHS is seeking to support the Support Center for Child Advocates (Support Center) to expand their Empowering Older Youth Project.** This project is designed to provide

specialized legal representation and social service advocacy to older youth in the child welfare system. The goal is to assist older youth in accessing necessary services, becoming stable in family or independent residences, participating in education and vocational programs, and transitioning into independent adulthood successfully. To achieve these objectives, the Support Center is requesting funding for three new full-time staff positions. The first position is the Youth Attorney Specialist, who will focus on legal issues specific to older youth and young adults in the child welfare system. The second position is the Child Advocate Social Worker (CASW) Youth Specialist, who will provide crucial social service advocacy and support to help youth navigate the system effectively. The third position is a Peer Mentor, who will utilize their expertise and lived experiences as someone who has successfully transitioned from the child welfare system to adulthood. This Peer Mentor will serve as a role model and provide guidance to older youth and young adults, empowering them to achieve positive outcomes as they transition into independent living.

- Identify information on any specific populations determined to be under served or disproportionately served through the analysis.

### **Ethno-racial Disparities and Disproportionality**

The data analysis in the Program Improvement Strategies section of this narrative highlights significant disparities in the child welfare system. These disparities align with research from a recent Children's Bureau publication, indicating that African-American children in the child welfare system experience inferior outcomes compared to their White counterparts. These outcomes include higher rates of removal and longer durations in foster care.

To address these concerns, in 2019 the Department collaborated with the University of Pennsylvania and Casey Family Programs to initiate the Entry Rate and Disproportionality Study to examine and understand the ethno-racial disparities and disproportionality in children entering placement. The ultimate goal of the study was to inform targeted efforts to reduce the placement entry rate placement in Philadelphia. The study's findings were significant, revealing that Black children are over-represented among all children reported to the Hotline, while White children are under-represented. Specifically, in Philadelphia, Black children constitute 42% of the total child population but comprise 66% of children reported to DHS. Conversely, White children represent 35% of the child population but only 12% of children reported to DHS. These findings underscore the urgent need for concerted efforts to address the disparities and promote equitable outcomes for all children and families as outlined in this narrative.

### **Sexual Orientation, Gender Identity and Expression (SOGIE) Efforts**

There is a lack of data specific to youth who identify as LGBTQ across systems. 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 to recommend approaches for short- and long-term system change. The review resulted in a report with four main recommendations: dedicate full-time staff to Sexual Orientation, Gender Identity and Expression (SOGIE) efforts, develop policy and practice guidance, build a more affirming workplace culture, and train internal and external partners.

During FY 22, 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 a significant 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).

The Office of Children and Families - Division for Performance Management & Technology (PMT) currently collects SOGIE data of youth in congregate care through the Giving Youth a Voice Survey (GYVS). DHS administered the survey in FY 22 with a total of 129 youth completing some portion of it (n=48 youth answered the demographic question about identifying their gender and n=47 youth answered the demographic question about identifying their sexual orientation). In the demographics section of the survey, youth were asked to voluntarily share their sexual orientation and gender identity. The results clearly demonstrate the need of LGBTQIA+ inclusive data collection and programming. Of the youth (n=60) who responded to this section, 19% identified as LGBTQIA+. Specifically, the representation based on:

- Gender identity categories were 58% male, 34% female, 6% self-describe, 1% transgender male, and 1% gender non-conforming
- Sexual orientation categories were 66% heterosexual, 10% Bisexual, 5% Lesbian, 4% Gay, 7% self-describe, 3% unsure, and 5% preferred not to answer.

- Identify service array challenges for the populations identified and describe the county's efforts to collaboratively address any service gaps.

DHS's data analysis and stakeholder discussions identified these CHALLENGES in existing resources and service array:

**Reducing placement disruptions and effectively providing appropriate placement options** for youth with complex social, emotional, and behavioral needs. To address this challenge, DHS is focusing on the utilization of the following programs and strategies:

- **Older Youth Engagement Room-** DHS Prevention staff actively engage with older youth, addressing their unique needs and providing targeted interventions to stabilize their situations. This includes communication, engagement, and education about available services, with a specific focus on independent living supports, mentoring, and LifeSet services. The goal is to empower older youth and ensure they are aware of and have access to the support they are entitled to.
- **Merakey Engagement Center:** In collaboration with CBH (Community Behavioral Health), DHS has launched a pilot cross-agency partnership with the Merakey Engagement Center. This center provides evaluations and short-term therapy to identified youth, focusing on stabilizing their behavioral health needs. The center's objective is to offer comprehensive services that remove barriers to care and enhance access to high-quality treatment. It functions as a six-month bridge program for medication management and does not handle crises or provide inpatient care.
- **Salvation Army New-Day to Stop Human Trafficking:** This program provides technical assistance and clinical support to youth who are survivors of or at risk of sexual and/or labor trafficking. Program services are available to all DHS-involved youth, aged 12-20, regardless

of gender identity or expression. The duration of services is based on the individual's needs and desire for support while served by DHS.

**Building an array of programs to further decrease use of congregate care:** Reducing the use of congregate care and providing appropriate placement options for youth in the child welfare and juvenile justice systems is a key priority for DHS. DHS remains committed to building an array of programs that support kinship, family-based and community-based placements, as well as evidence-based practices that promote positive outcomes for youth. This includes the following programs and strategies:

- **Professional Resource Parent Model** - See description above regarding service array strengths.
- **Kinship Navigator Program Model** - Launched in FY 22- Q3, the intent of this program is to establish a strong network of kinship supports for youth in out-of-home placement. Its purpose is to identify and engage kinship options for children and youth, both in congregate care and non-emergency situations. The program screens potential kinship caregivers to determine their suitability and availability to care for the child in need. By utilizing tools such as Family Finding and interviews, the Kinship Navigator provides a structured approach to prioritize family value and kinship placements. The goal is to increase the use of kinship care as the primary placement for children, improving placement stability and supporting timely reunification or the establishment of a permanent home when reunification is not possible, reducing trauma and enhancing children and youth's overall well-being.
- **Crisis Access Link Model (C.A.L.M)** - See description above regarding service array strengths.
- **Training and support for kinship, foster families and other caregivers.**

**Juvenile Justice Services Data Analysis-** Philadelphia county has struggled with data analysis in the juvenile justice system. DHS has been limited with the collection of JJS data, and consequently, has depended on our partnerships with our external stakeholders to provide data that can inform program improvement. However, it is imperative that we collect our own data to ensure quality and accuracy. To address this issue, Philadelphia hired a data analysis professional in FY 21. In the past fiscal year, this individual completed important projects that provided valuable information to the city. These projects included creating an evaluation template for Juvenile Justice Services Community-Based Programs, piloting new evaluation tools for the Evening Reporting Centers and Community Evening Resource Centers and conducting a study on neighborhood-level disparities in juvenile arrests (currently under review).

With the approval of a new Juvenile Justice Research and Evaluation Associate position starting in FY 23, we anticipate the team to continue ongoing projects. These include implementing the evaluation template in additional program areas, producing a comprehensive report on Community-Based Programs and their evaluation results, supporting a Detention Utilization Study with the Juvenile Detention Alternatives Initiative (JDAI) Coordinator, and conducting data analysis for two research projects: establishing a juvenile recidivism rate for Philadelphia and examining local trends in the use of the PaDRAI detention screening assessment. Additionally, we plan to identify further necessary studies and initiate new program evaluations for our Community-Based Detention program and services at the Philadelphia Juvenile Justice Services Center (PJJSC) in the upcoming year.

**The challenges associated with the increase in the census at the PJJSC,** as mentioned in the Executive Summary, are significant. The fluctuating population at PJJSC becomes evident when comparing the average counts on March 31st of each year. The population grew from 103

on March 31st, 2019, to 130 on March 31st, 2020. However, it subsequently decreased to 115 on March 31st, 2021. In the following years, there was a significant increase, with the population reaching 163 on March 31st, 2022, and further rising to 216 on March 31st, 2023. These figures indicate a noticeable upward trend in recent years, highlighting the challenges posed by the changing population dynamics at PJJSC.

#### **Factors contributing to the Length of Stay at the PJJSC:**

- **Challenges in finding suitable placements for shared case youth with firearm charges and displaying "aggressive" or delinquent behavior.** This specific group of youth poses unique challenges for service providers who have expressed concerns about accepting youth into dependent placement with these complexities due to the unique challenges and potential risks associated with these cases.

A snapshot of cases reviewed by the Daily Review Team shows that 34 youth were made releasable to DHS/CUA between February 23, 2023, and May 22, 2023, and released during this period. All of these youth were youth of color, with an equal gender distribution (50% male and 50% female), and an average age of 15 years old. Among these youth:

- The average LOS between the date they were made releasable to DHS/CUA and their release from PJJSC was 40 days (with a median of 17 days).
- In the context of gun charges, of the 34 youth awaiting dependent placement, seven had gun charges. These seven youth had an average length of stay (LOS) of 42 days at the PJJSC, with a median stay of 30 days. Comparatively, for youth without gun charges who were released for dependent placement, the average LOS was 44 days, with a median stay of 30 days. Although youth with gun charges had a slightly lower average LOS, both groups had similar median stays at the PJJSC. Additionally, the group without gun charges presented additional complexities related to behavioral health needs.
- In a separate analysis of youth at the PJJSC on June 8, 2023, who were not on Act 96/JJRA orders and were not committed to state or residential placement, the following observations were made: Out of the 120 youth held at the PJJSC awaiting adjudication, disposition, or review, 43 had alleged and/or adjudicated gun charges in their open cases. The youth with alleged gun charges had an average LOS to date of 33 days, with a median stay of 20 days. On the other hand, the 77 youth without alleged gun charges had an average LOS to date of 28 days, with a median stay also at 20 days. Although the youth with alleged gun charges had a slightly longer average LOS, both groups had the same median length of stay.

The following summary also contribute to understanding a juvenile justice involved youth's reentry back into PJJSC

- Of the 12 youth released to the community, one youth was re-detained at the PJJSC due to a technical violation of probation.
- Ten of the 20 youth released to dependent placement either went on bench warrant status (eight youth) or were rearrested (two youth) and are likely to be detained again.
- Seven of the 34 youth had gun charges. Two of the seven were released to dependent placement after 21 and 47 days at PJJSC and/or CBDS, while the remaining five were released to the community after varying lengths of stay at PJJSC and/or CBDS.

The recently established Daily Review Team has recognized this barrier to placement and its impact on the overall system. Moreover, analysis of the Length of Stay (LOS) for crossover youth at the Philadelphia Juvenile Justice Services Center (PJJSC) and/or

Community-Based Detention Shelter (CBDS), along with their outcomes in dependent placement, sheds light on the systemic challenges faced by these youth.

- **Juvenile Justice Reform Act and ACT 96** - the implementation of the Juvenile Justice Reform Act and Act 96 provisions, as well as lack of placement resources and community services, has resulted in a significant increase in the population at PJJSC, reaching a high peak of 231 residents. The population of juveniles in the facility has experienced a substantial increase, reaching a peak of 231 individuals during FY 23. Currently, within this population, there are 12 individuals governed by the Juvenile Justice Reform Act (JJRA), who are being held for a combination of adult and juvenile charges. Furthermore, there are approximately 40 individuals under the purview of Act 96, also detained for both adult and juvenile charges. Among the 12 JJRA residents, the average length of stay is 142 days, indicating a considerable duration spent in the facility for this group. Similarly, the 32 Act 96 residents have an average length of stay of 169 days, signifying a significant period of time within the facility for this particular group.
- **Youth awaiting state placement, which now includes around 70 residents.** In consequence, there are delays of six to nine months for transfers to placement, and some individuals who may have open adult/criminal matters have even been waiting for up to two years.

**Building Evaluation Capacity for Juvenile Justice Services (JJS)**- From FY 17 to FY 21, there was an 89% decrease in the number of youth placed in delinquent community residential settings. However, as of December 31, 2022, the number of youth in delinquent congregate care (n=119) increased by 34% from the December 31, 2021 population (n=89). The number of youth detained at the PJJSC has also increased by 71% from the previous fiscal year. Given the recent increases in youth detained in the PJJSC and confined in delinquent congregate care settings, it is important that we assess which programs or combination of programming produce the greatest impact for juvenile justice system involved youth. National Juvenile Justice research confirms that a robust array of community-based prevention programs helps prevent initial Juvenile Justice involvement and reduce exposure to community violence.<sup>7</sup> The number of referrals and participation in JJS prevention/diversion programs is also increasing in response to DHS's increased focus on reducing recidivism and serving more youth in their communities. As DHS increases its use of community-based programs, increased evaluation capacity is needed to assess program quality and continuously use data to improve services.

**Philadelphia DHS is seeking an external evaluation consultant** to develop an extensive evaluation plan for DHS's Division of Juvenile Justice Services (DJJS). DHS operates the county's juvenile detention facility, manages contracts for court-ordered youth programs, and works to divert youth from the formal juvenile justice system through intensive prevention services. DHS contracts with a diverse group of provider agencies that deliver an array of services that includes residential programs, In-Home Detention, the Intensive Supervision Program, Intensive Prevention Services, four Evening Reporting Centers (ERC), and four Community Evening Resource Centers (CERC). The evaluation consultant, hired through this

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<sup>7</sup> Espinosa, E. M., Sass, D., Creswell Báez, J., & Harper, C. (2020). Examining What Works for Youth with Moderate Risk Involved With the Juvenile Justice System: Comparing the Effect of the Community Connections Program and a Vocational Support Program Over a 9-Year Time Period. *Criminal Justice Policy Review*, 32(3), 300–325. <https://doi.org/10.1177/0887403420916222>



funding, would develop and support the implementation of system-wide and provider level evaluation processes to 1) better understand which of our DJJS programs promote positive outcomes for youth, 2) better understand what contextual factors impact youth outcomes, 3) set target outcomes and performance standards for service providers , 4) establish policies, systems, and tools for providers to collect and report data, and 5) recommend a formal service review that establishes accountability and improvement processes. Contracting with an outside expert will help to advance the current DJJS evaluation work.

### **Consultation for the Integration of Community-Informed Practice in Data Processes-**

Philadelphia DHS seeks funding to contract with a consulting firm with expertise in engaging individuals impacted by the child welfare system to more intentionally and strategically elevate the voice of youth and families throughout the lifecycle of data and reporting, including the co-design of data collection systems and processes, the co-creation of data projects and reports, the co-interpretation of analyses, and the co-construction of deliverables and dissemination processes. Co-creation supports our journey to become an anti-racist organization through the cultivation and repair of relationships with Philadelphia residents and implementing an inclusive community-based approach to support families. Co-creation design is linked to family, community, and system level outcome changes such as:

- Youth and parent empowerment
- Improved navigation of resources
- Increased likelihood of family preservation
- Improved community well-being
- Increased opportunities for positive interactions between families and providers
- Increased rapport and trust between families and providers
- System learning and improvement

Although DHS recognizes the importance of co-creating with families, the Division of Performance Management and Technology (PMT) does not have the expertise or the infrastructure to effectively incorporate co-creation with families in its current data processes in a sustainable way. PMT is committed to building trust and rapport with the families who have been or are currently involved with the DHS as we consider that many families may not want to work with the system directly based on their experiences. PMT also continues to seek guidance and training from external resources for support with enhancement our community-informed practice as we aim to authentically engage families. Currently, PMT engages families to share their stories and experiences with child welfare services, and this information is included in evaluation and reporting deliverables. This work is aligned with DHS commitment to becoming an anti-racist organization, this work will cultivate and repair relationships, co-develop, and execute a community-based approach to support families.

**Consultation for Provider Evaluation Review** - Philadelphia DHS is seeking expert consultation to conduct an assessment of our current provider evaluation infrastructure to improve and align all provider evaluation processes to ensure that: (1) evaluation methods are robust and rigorous, (2) leading indicators are associated with quality services and best practices, (3) continuous quality improvement processes are connected to evaluation findings, and (4) communication and reporting processes promote transparency and accountability.

Over the past four years, PMT has developed a strong portfolio of evaluations for contracted provider services and programs. PMT has also begun to utilize more quality metrics on evaluation tools rather than just compliance measures. However, PMT does not have the internal capacity to conduct a holistic assessment of our evaluation processes while also

conducting ongoing monitoring and evaluation activities. Given the extent of work to revise and improve the provider evaluations, PMT is well positioned to have an external consultant review and provide feedback on the provider evaluation processes. This external review and editing process will strengthen the evaluations and continue to build the infrastructure for PMT to conduct high quality provider evaluations that hold providers accountable and continue to promote improved services and programming.

The Children's Bureau strongly supports the use of continuous quality improvement amongst child welfare jurisdictions and encourages jurisdictions to engage in a continuous review and improvement of services and programs. Philadelphia's request new funding to have an expert consultation review of its current evaluation processes is consistent with this guidance and will support improved evaluation processes to identify and address pain points in programming to improve services to children and families.

**Monitoring and Evaluation of Truancy and General Case Management (GCM) Services -** Truancy Intervention Prevention Services (TIPS) and GCM services provide supports to students and families to ensure that they attend school and are ready to learn. TIPS services are for children who attend a School District of Philadelphia public or charter school and have accrued multiple absences. General Case Management services are for students who attend 12 School District of Philadelphia public Community Schools and require student and family supports to improve family functioning and school achievement. These prevention services divert families from formal child welfare services due to allegations of educational neglect and truancy. Additionally, school attendance is associated with positive life outcomes. Over 6,000 students receive TIPS services annually, and approximately 1,800 students and families are expected to receive GCM services.

There is currently limited monitoring of programs to ensure provider compliance with service delivery, improve programming based on best practices, and measure program impact to assess program efficacy and outcomes. Currently, under 200 TIPS cases are reviewed annually, less than 3% of cases, and no GCM cases are evaluated. To meet best practices and sample approximately 15% of all cases, PMT would need to review approximately 1,000 cases. PMT is requesting new funding for additional staff to support program evaluations for OCF's TIPS and GCM.

PMT expects that regular monitoring of these programs can achieve three outcomes: 1) ensure provider compliance and initiate accountability measures for providers out of compliance, 2) engage in continuous quality improvement by tracking program quality and implementing best practices, and 3) evaluating program outcomes to determine how the program might be improved and/or expanded to support more children and families.

**Need for Integrated Case Management in 20 Community Schools -** The goal of this integrated case management model is to decrease the number of young people entering the child welfare system. Early data has shown that the early intervention model is reaching its intended goal. For example, in schools without the early intervention model the number of young people going to Regional Truancy Court averages about 800 students. In schools with the early intervention model the number entering regional truancy court averages 140 (2019-2022 data). All Community Schools in Philadelphia already have a case manager dedicated to focusing on student barriers to attendance. However, what we have uncovered through regular provider and school principal convenings is that additional resources are needed that are not solely focused on the student. These additional resources include additional case managers

focused on supporting families and caregivers so that the stability of the household can be increased. The Integrated Case Management model also has a single service multi-faceted provider in the school building including a supervisor to manage the scope of service and staff in the building instead of multiple providers with single focused contracts.

The case management model not only supports increasing household stability but also improves the conditions that allow students to attend school more regularly and be more successful academically. This expansion will provide a full case management team to give the school additional capacity to support families that face barriers to attending school regularly. Each team will be assigned to a specific school and will be cross-trained to support families with attendance barriers or health or socioeconomic barriers faced in the home. The team also works closely with the School Leadership to implement family forums at the school to encourage regular attendance, educating families on city resources like housing resources or how to implement walking school buses in their community. The sessions are based on the request of the school leadership and the families.

Through this program, we expect to see student attendance increase in the long term and reduce the barriers to attending school regularly. This will lead to fewer student referrals to Regional Truancy and Family Court. This will ultimately reduce the need for formal DHS services for these students and increase the capacity for truancy case managers to focus on families who might be in more need for these services.

**Expansion of Out of School Time Programming** - The Office of Children and Families (OCF) aims to expand Philadelphia's Out-of-School Time (OST) program through primary prevention to serve more children and youth safely in their homes and communities. This program focuses on promoting overall well-being and safety by providing services that facilitate healthy development.

To address the challenge of ensuring access to OST programming, Philadelphia has implemented two key strategies: the General Out-of-School Time Strategy and the Specialized Activities Strategy. The General Strategy offers after-school and full-day summer programming, while the Specialized Activities Strategy provides focused programming during non-school hours. These strategies cater to different age groups and incorporate various models such as early literacy practices and career preparation.

Expanding OST services requires increasing the number of available slots for children and youth. Philadelphia identifies underserved neighborhoods based on poverty level, school performance, and youth crime to target investments. The program prioritizes enrollment and retention of children and youth involved in the child welfare system and those affected by poverty, truancy, poor academic performance, limited English proficiency, or other adversities. The goal is to support their success in school and life and improve family functioning.

Quality summer programs play a crucial role in narrowing the achievement gap. Philadelphia aims to expand summer-only OST programs, allowing youth to engage with anchor institutions like science and art-based organizations. These programs offer rich curriculum experiences that may be limited to one-day field trips, benefiting students academically and providing valuable experiences.

To meet the demand and provide full capacity, through this expansion allocation the county plans to move providers to 100% of their total capacity, resulting in an expansion of 355 slots

across the Provider Network. Additionally, the request includes operating approximately 10 sites with 50 slots each for a summer camp at anchor institutions in the city. This allows youth to access zoological, art, cultural, scientific, and environmental institutions and experience enriching curricula.

Identify key areas in which technical assistance may be needed.

None at this time.

### 1-3d. Continuous Quality Improvement (CQI)

➤ **For CCYAs interested in joining the statewide Quality Service Review, CQI effort during calendar year 2024**, 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 hosting a statewide Quality Service Review aimed at establishing or improving the CQI efforts in your county.

- Philadelphia DHS is currently a CQI county.

Any CCYA interested in hosting a Quality Service Review in calendar year 2024 please describe your interest and what month you would like to host below. Note: This includes all counties who are interested in calendar year 2024 regardless of their expressed interest or deferment in previous years.

- 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.

### 1.3g 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 the Philadelphia Family Data System (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 POSC-specific data fields in PFDS are not available for the DHS Hotline to populate unless the SAI indicator is checked. Because of this, 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.

The Philadelphia County Plans of Safe Care Steering Committee is exploring several strategies to advocate for alignment of the PaDHS definition of "affected" with the reporting sources shared definition.

- 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 PaDHS 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). Generally, the reporting source acts as the lead agency, 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 physical health care and drug and alcohol treatment providers

In Philadelphia, POSCs are developed collaboratively by county systems, including referrals to early intervention and drug and alcohol services. Other county-based services are also involved based on family needs. Information is shared at monthly POSC Steering Committee meetings, covering healthcare provider referrals, engagement with CAPTA providers, and discussions regarding Substance Affected Infants (SAIs) and POSCs. These meetings facilitate coordination and decision-making to meet family needs and provide appropriate services.

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

A monthly POSC Steering Committee is led by a community-based prevention provider. The committee invites participation not only from the medical community but also from the mental health and drug and alcohol community, early intervention services, and other providers involved in the well-being of infants. Importantly, a parent with lived experience also contributes

to the committee, ensuring that the perspectives of those directly affected are heard and considered.

- 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

Philadelphia DHS collaborates with the Philadelphia Department of Public Health, the Philadelphia Department of Behavioral Health and Intellectual disAbilities, the Office of Homeless Services, and other community-based services to facilitate the sharing of information regarding substance exposure and Plans of Safe Care (POSC).

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

There is a need for increased collaboration and coordination in the delivery of intervention services to children and families, prioritizing the least restrictive approach.

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

None at this time.

### 1-3j. 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, analytic frameworks for conducting process and outcome evaluations of selected EBPs were successfully completed. In FY 22, 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. 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. In line with this priority and the results of the FY 22 global provider readiness analysis, PMT's Implementation

Science team has focused in FY 23 on the creation of tools to support the identification, vetting, and preparation for implementation of new EBPs, including a readiness assessment as well as selection framework and pathway to the inclusion of participatory methods in selection and implementation of EBPs.

- 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 Community Pathways (aka Innovation Zones). Share whether this is an option the CCYA is considering.

DHS is currently assessing the fit and feasibility of implementing Community Pathways (aka Innovation Zones) in the local Philadelphia context, based on discussions with community-based service providers. Both internal and external stakeholders have voiced apprehension about the Title IV-E Prevention Services Program as a means of diverting eligible children from formal child welfare involvement, citing concerns about how this aligns with DHS' broader priorities and our commitment to being an anti-racist organization.

### ***Congregate care funding limitation***

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

DHS is actively engaging with courts and legal staff to ensure readiness regarding the congregate care funding limitations. In alignment with its efforts to build a range of community-based alternatives to placement and prioritizing Family Finding, DHS keeps the Court informed about the different Evidence-Based Prevention Programs available and their appropriateness in the continuum of services. DHS has made significant investments in Family Engagement Initiative (FEI) to prevent out-of-home placements and expand family supports and connections for youth, in line with the Commonwealth's and DHS's goal to safely reduce the number of children and youth in out-of-home care.

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

The engagement with the Juvenile Probation Office (JPO) regarding Shared Case Responsibility for youth has been significantly improved through Weekly Joint Assessment Meetings (JAM). These meetings serve as a crucial platform where key participants, including justice-involved youth, parents/caregivers, juvenile probation officers, representatives from the Defenders Association and District Attorney's Office, Court & Community representatives, City Solicitors, members of the Dependent and Delinquent Case Management Teams, and other relevant stakeholders actively participate.

The primary objective of the Joint Assessment Meetings is to foster collaboration and develop a comprehensive, coordinated single case plan with valuable input from all involved members. During these meetings, probation officers work closely alongside the Dependent Case Management Teams (DHS/CUA) to ensure the highest quality services for juveniles in both community settings and dependent residential facilities.

In 2022, a total of 132 juveniles were reviewed in Crossover Court, resulting in 1,236 hearings. Among them, 93 juveniles were discharged from Crossover Court, and 54 were completely

discharged from probation supervision. Thirty-three juveniles were on deferred status, and one had a Consent decree preventing an adjudication from being recorded on their record.

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

DHS has engaged with placement service providers regarding becoming certified as a specialized setting under FFPSA. DHS has provided information about the certification process. DHS has also offered opportunities for technical assistance and support to help placement service providers navigate the certification process and ensure that they meet the necessary requirements.

During the engagement process, providers expressed their concern in pursuing the voluntary certification process. Concerns were raised regarding labor shortage, workforce capacity, and the reimbursement rate compared to the cost of program delivery. Providers expressed a need for fair reimbursement rates that reflect the actual cost of providing services and enable them to maintain their programs and staff, resulting in their apprehension about moving forward with the voluntary certification process.

**❑ 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.**

DHS has several practices in place to ensure appropriate congregate care placements for children and youth in Philadelphia. The Commissioner's Approval Process, which reviews a child's history before placement in any dependent congregate care facility, has been used since 2012 and has significantly reduced the percentage of youth in congregate care as reflected in our residential (congregate) care data mentioned in this narrative.

The Family Engagement Initiative (FEI) has also been implemented in all six core dependency courtrooms in Philadelphia. The Philadelphia Law Department's Child Welfare Unit (CWU) is crucial in advocating for DHS to meet FEI goals. CWU attorneys work closely with DHS and CUA workers to prevent placements from court, when possible, advocate for reunification with family members when appropriate, and advocate for children to move to a less restrictive form of care at the earliest possible moment if placed in congregate care and cannot be reunified with their parents. 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.**

DHS and Juvenile Probation acknowledge that the Family First Prevention Act's limitation on congregate care funding is promoting the shift towards family-based care in the child welfare system.

Philadelphia continues to invest in recruiting and training foster families and supporting kinship caregivers, which may involve additional costs but be offset by savings from reduced reliance on congregate care. Additionally, Philadelphia has implemented or expanded utilization of programs such as the Resource Home Model, Family Engagement Initiative, Crisis Access Link



Model (CALM), and Intensive Prevention Services (IPS) diversion to improve family-based care, resulting in better outcomes for children and families in the long run.

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

None at this time

### 1-3m. 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. 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?

**Community Legal Services- Family Advocacy Expansion** - To better support families in Court, DHS is requesting funding to increase utilization of Community Legal Services (CLS) Multidisciplinary team model. By integrating social work practices and peer advocacy, DHS aims to improve the overall experience and outcomes for parents and families navigating the child welfare system. In line with this goal, DHS also supports CLS in seeking additional funding to enhance their capacity for pre-petition advocacy. CLS plans to add two dedicated staff members to represent parents during the investigation stage. This expansion aligns with the objectives of the Family Engagement Initiative (FEI) and DHS's broader objective of rightsizing the system and offering early support to stabilize families, reducing unnecessary separations.

Additionally, DHS intends to expand the social worker-peer support/parent advocate team to cases handled by independent attorneys and legal offices to enhance the quality of legal representation to families. These strategic changes are intended to increase permanency rates and encourage greater family involvement within the child welfare system.

To support CLS's commitment to improving legal representation, they plan to expand their enhanced capacity by adding nine additional staff members in FY 25. This investment will allow CLS to implement a team model, significantly increasing their ability to handle up to 1,200 cases per year once the new teams are fully trained and integrated. It's worth noting that in cases involving parent representation, a "case" encompasses all children of a parent client, and some clients require legal assistance for multiple years.

### 1-3g. 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. Does your county have a dedicated employee who coordinates and/or facilitates

planning efforts across all systems? If yes, how is that position funded and where is the position housed?

In Philadelphia, the county has established a multi-disciplinary service planning team as a cross-agency process to support children and youth with complex needs that require the expertise of multiple systems. This team includes representatives from partner agencies such as the Department of Human Services, the Office of Behavioral Health and Intellectual disAbility Services, the School District of Philadelphia, Juvenile Probation, Courts, the Department of Public Health, and other relevant agencies as necessary. The team works collaboratively to identify and address the needs of children and youth, developing comprehensive service plans that encompass all required resources and supports. This coordinated approach ensures that all agencies involved work towards common goals. To further enhance collaboration, Philadelphia's cross-agency process includes monthly meetings between the Department of Human Services (DHS) and Community Behavioral Health (CBH) to discuss behavioral health services for dependent children. This regular meeting helps ensure that children receive appropriate care and allows prompt addressing of any issues or concerns.

If a viable solution cannot be reached for a child or youth with multi-system needs who is receiving services from multiple county agencies or organizations, Philadelphia DHS collaborates with the regional or state level partners to address these complex situations. In cases where the child or youth's needs require more intricate planning beyond the capabilities of individual agencies, it is recommended that all human services agencies/providers in the county, along with the child or youth's family or guardian, come together as a unified team to address their needs. This joint county team approach aims to resolve challenging issues at the local level. When the county complex planning team has exhausted all local/county options, solutions, and resources and is still unable to address all the needs, the case is then referred for assistance from the appropriate department's regional office.

In Philadelphia, a dedicated staff member from the Deputy Commissioner's team for Child Welfare Operations is responsible for overseeing the coordination and facilitation of planning efforts across all systems.

- Identify how the county has engaged systems outside of the county human services system, including for example the education and physical health systems, in this cross-agency planning process. How is child specific information shared across systems?**

Please see the response immediately above this question, which explains how our county has engaged partner agencies from multiple systems, including the School District of Philadelphia and the Department of Public Health, in our multi-disciplinary service planning team to provide support for children and youth with complex needs.

- In FY 2022-23, how many children were served through your county complex case planning process?**

The Complex Case Review is a recently introduced process that began in November 2022. At this time, there has been one formal review of a youth. The team convenes on a weekly basis, collaboratively developing action steps to address the complexities of the case.

We are currently in the planning stages to establish an official policy for the Complex Case Review process. This policy will ensure that staff are informed about the availability of this teaming process and its benefits. By formalizing the process, we aim to spread awareness among staff members and encourage their participation in this valuable initiative.

- What creative processes or services has your county developed to meet the needs of the complex children in your care?

In alignment with the Commonwealth's goal of creating a trauma-informed, healing-centered state, DHS has planned the launch its multi-year full system enhancement in FY 23 to meet the complex needs of the children in our care. The first phase of this effort involves developing a **Trauma-Informed framework** for DHS, which includes a unified training program on trauma-informed care for both staff and the provider community. This specialized training offers a consistent approach and establishes a learning community for providers, equipping staff with the knowledge and skills necessary to provide the support that is sensitive to the unique needs of each child who has experienced trauma. We recognize that trauma can significantly impact a child's emotional, behavioral, and physical well-being, and our approach aims to create a supportive environment for healing by maintaining a skilled workforce. Prioritizing this training as part of our system enhancement represents significant progress toward creating a trauma-informed system that effectively addresses the complex needs of the children in our care. As we progress with this effort, we will request continued support from the state to sustain and advance this system-level work.

Additionally, see response above and Section 1-3c. Service Array analysis of information, which identifies our strengths in existent resources and service array available to address the complex needs of the children, youth and families served.

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

**Response will be included in final submission.**

### 1-3s. Family Reunification Services

➡ Respond to the following questions:

- What are the current services and activities provided to support family reunification efforts?
- **The Family Reunification (FR) program**, is a specialized and intensive intervention aimed at promoting timely reunification for youth aged 9-17 who are experiencing their first out-of-home placement. FR focuses on identifying and addressing the underlying issues that led to the placement, such as parent-youth conflict, substance use, mental illness, school-related problems, medical conditions, domestic violence, housing instability, sexual identity, and poor living conditions.

Family Reunification services are specifically designed for eligible youth, providing support and interventions to facilitate successful reunification. To ensure older youth in placement also receive necessary assistance for reunification, the FR grant allocation is utilized since DHS does not receive Needs Based Plan and Budget (NBPB) funding to offer an enhanced FR service for older youth.

The FR Service Coordinators complement the county-assigned case managers by offering additional core support to the youth and their reunification resource. They do not duplicate or replace the county-assigned case managers' responsibilities.

The desired outcomes of the FR program are to:

1. Reduce the length of time spent in out-of-home placement.
2. Decrease the number of placement moves while in care.
3. Increase the rate and timeliness of reunification

The duration of the service has been extended beyond six months but will not exceed a year, with the review being completed on a case-by-case basis. After reunification, aftercare services are provided to offer additional family supports and stabilization.

- **Family Finding** is a service designed to identify, locate, and engage relatives of children in out-of-home care to establish lifelong connections and a sense of belonging. It focuses on finding permanent connections within a kinship system to support the transition from care to adulthood.
  - **Family Group Decision-Making (FGDM)**: involves bringing together family members and professionals to make decisions regarding the care of children. It emphasizes a strengths-based approach, including outreach to family members and private time for families and support networks to discuss options and plan interventions.
  - **Family Team Conferencing (FTC)**: facilitates discussions among family, friends, and child welfare professionals to explore options, plan interventions, and make crucial safety and permanency decisions for children.
  - **Family Unification Program (FUP)/Rapid Re-housing for Reunification**: a targeted program focuses on providing rapid re-housing services to families to eliminate housing as an obstacle to reunification. By ensuring stable housing, it works to reduce delays in the reunification process and prevent children from returning to DHS care.
- What were the total costs of services and activities to provide family reunification services in SFY 2022-23?

For total costs of services and activities to provide family reunification services in SFY 2022-23, DHS spent \$2,831,603:

- Achieving Reunification Center (ARC) \$2,626,603
- Family Reunification (formerly, Time Limited Family Reunification) \$205,000

## Section 2: General Indicators

### 2-1: County Fiscal Background

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

Philadelphia county expects to have unspent funds in the current fiscal year (FY 23) due to difficulties in hiring staff. Despite budgeting for both private providers and county-funded positions, many of them remained vacant throughout the year, resulting in underutilized funds. Despite the implementation of improved recruitment and retention strategies, many agencies still struggled to fill their vacancies. Additionally, a decrease in the number of children in need of placement further contributed to the underspent allocation in FY 23.

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

Philadelphia DHS plans to fully utilize its allocation in FY 24. As a result of successfully reducing the population requiring out-of-home services, the department is reallocating resources away from placement. The funds will instead be used to expand and provide additional prevention services. The department will also support its providers as they are currently facing a hiring crisis, with the funds being used to address this issue.

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

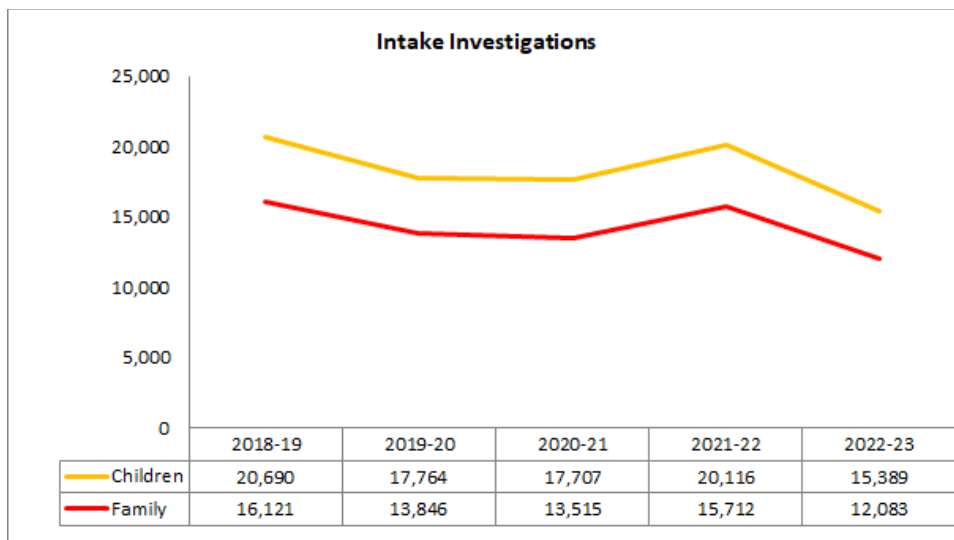
The main trends affecting changes in expenditure are a decrease in placements, an increase in the need for prevention services, and rising administrative costs among providers, such as higher wages and insurance. One significant change this year is the large increase in rate requests due to salary increases for contracts and retention bonuses. The issue of hiring has now expanded to the retention of staff, making workforce a major theme for this year. The increased need for staff and retention incentives is becoming a significant concern, and this will be reflected in our expenditure adjustment submission.

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

**Charts below include data through March 31, 2023. Data for the final submission will include data through the end of the fiscal year, FY 23. Trends indicated by the current data may change with the inclusion of the full fiscal year data.**

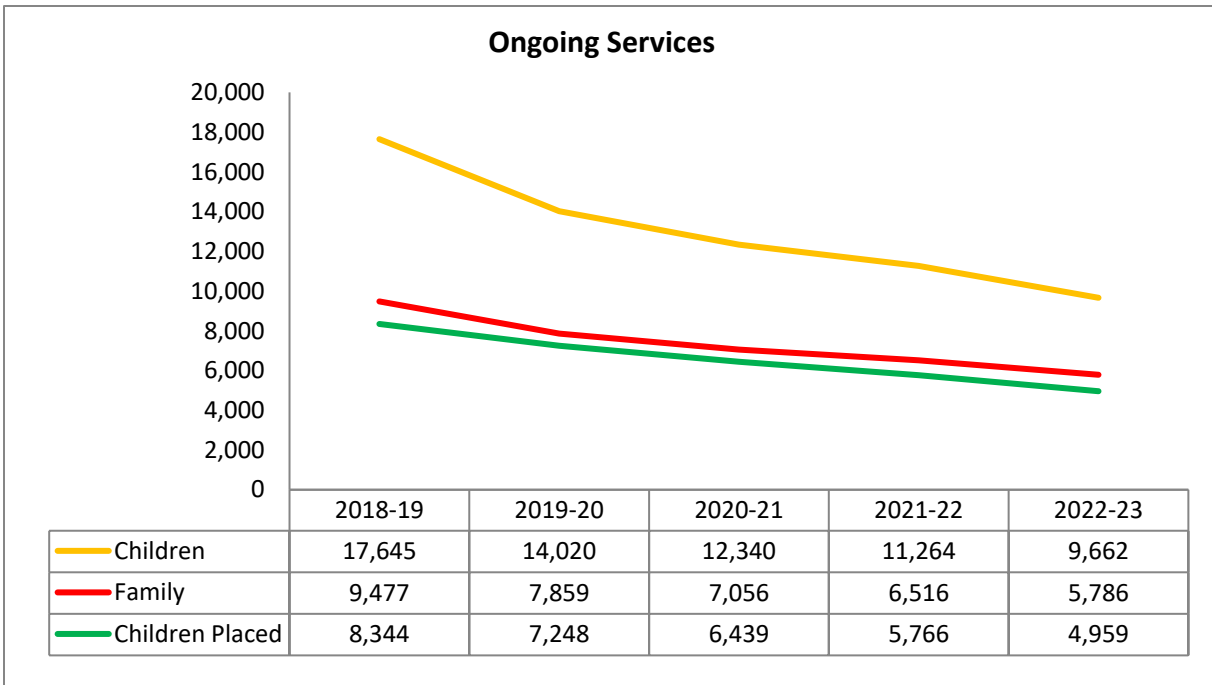
**2-2a. Intake Investigations**

Insert the Intake Investigations Chart (Chart 1).



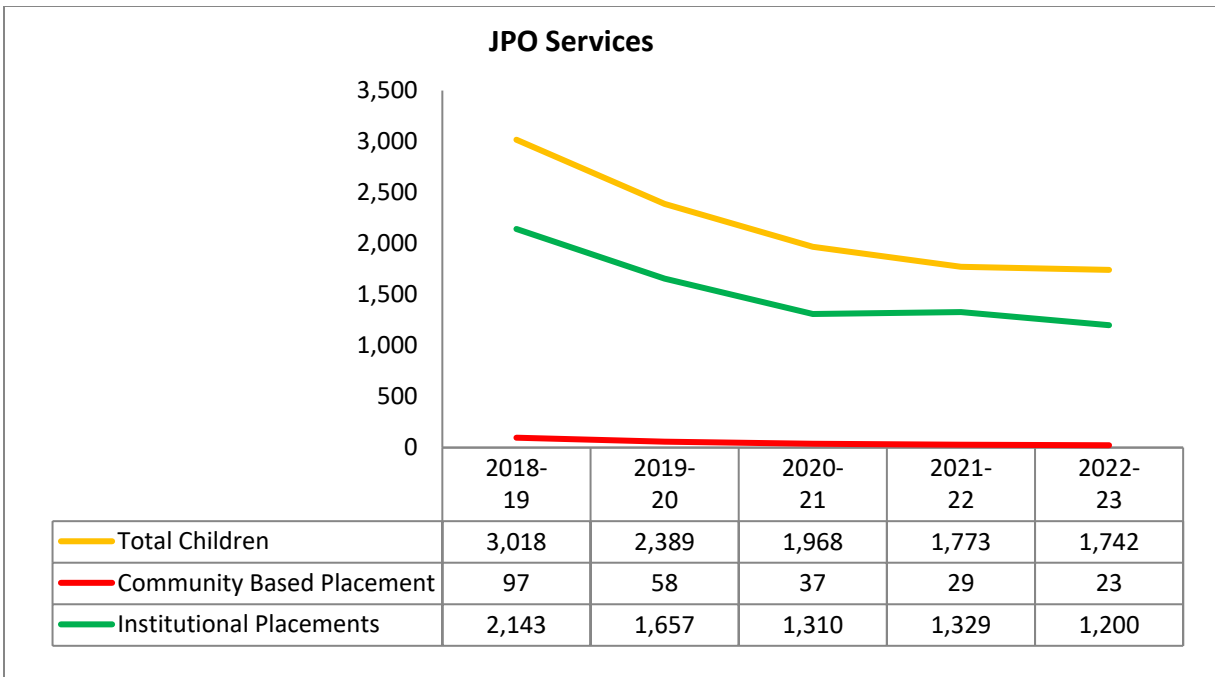
## 2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).



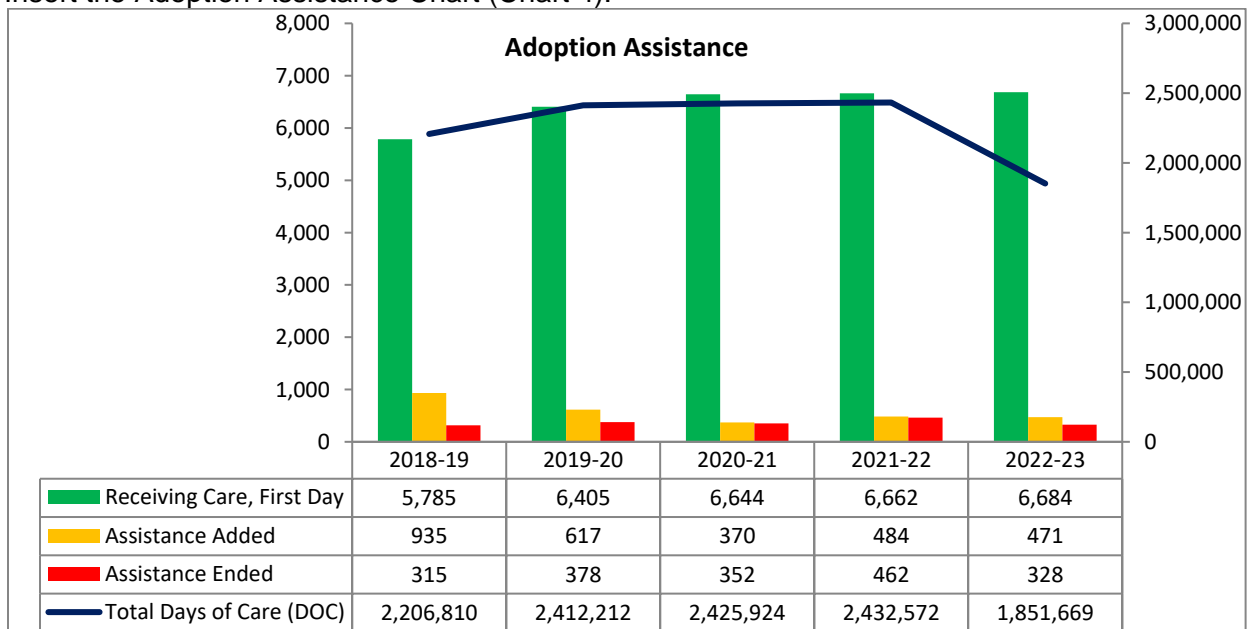
## 2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



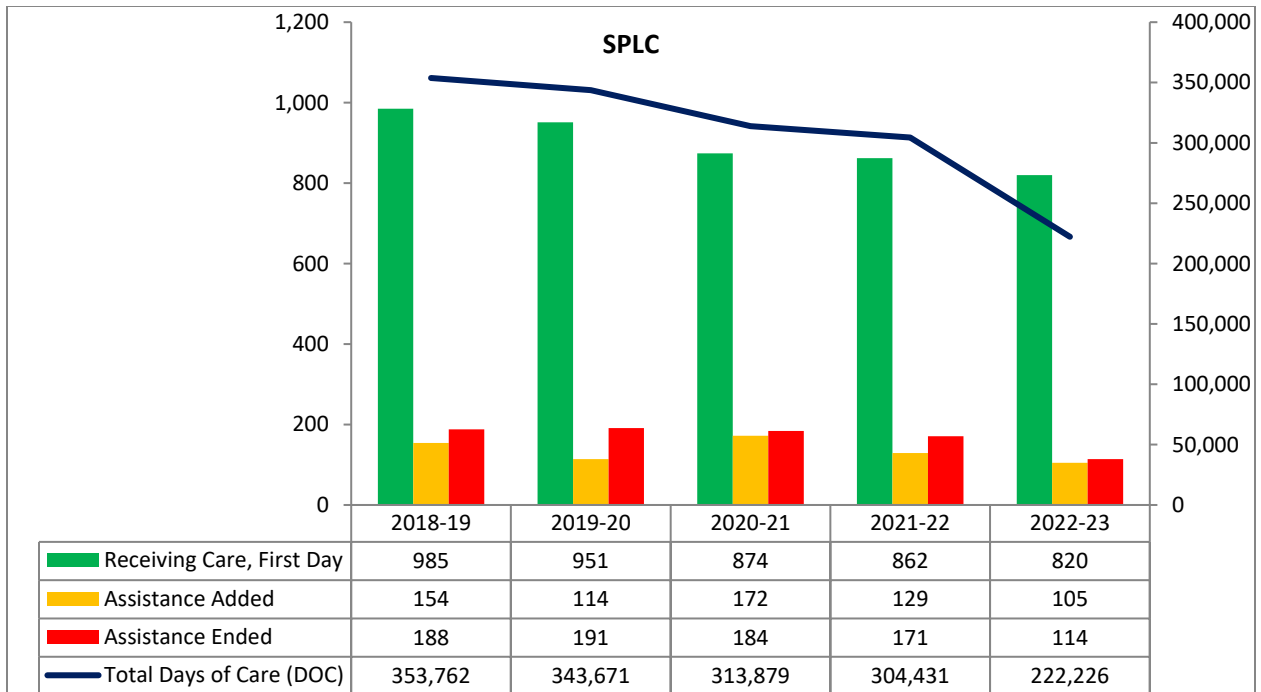
## 2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).



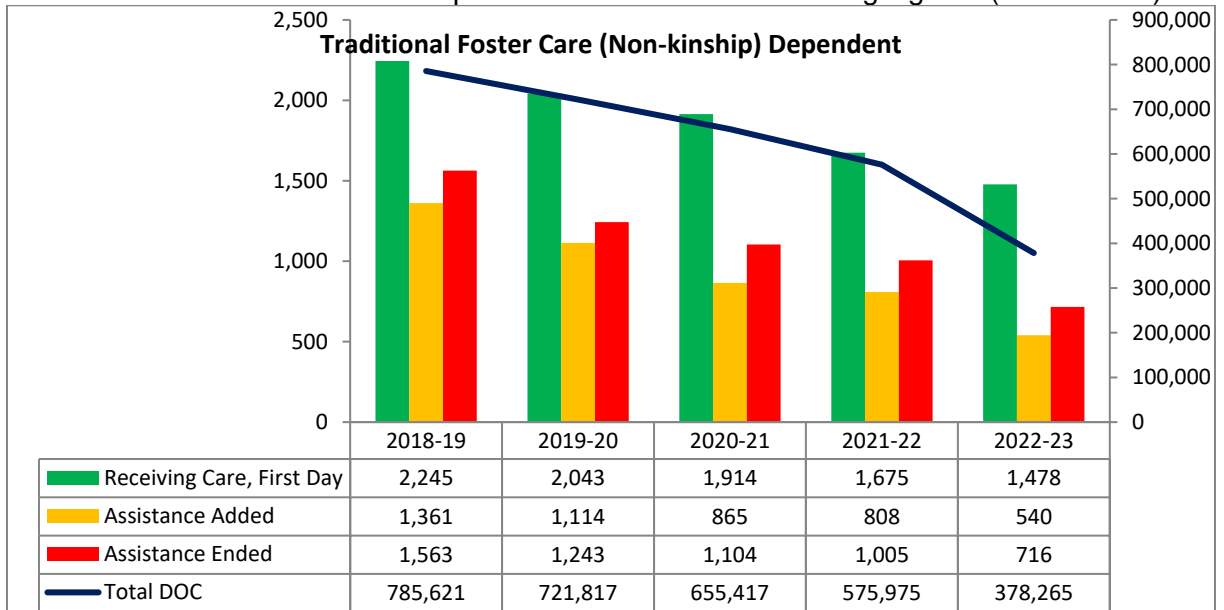
## 2-2c. Subsidized Permanent Legal Custody (SPLC)

Insert the SPLC Chart (Chart 5).

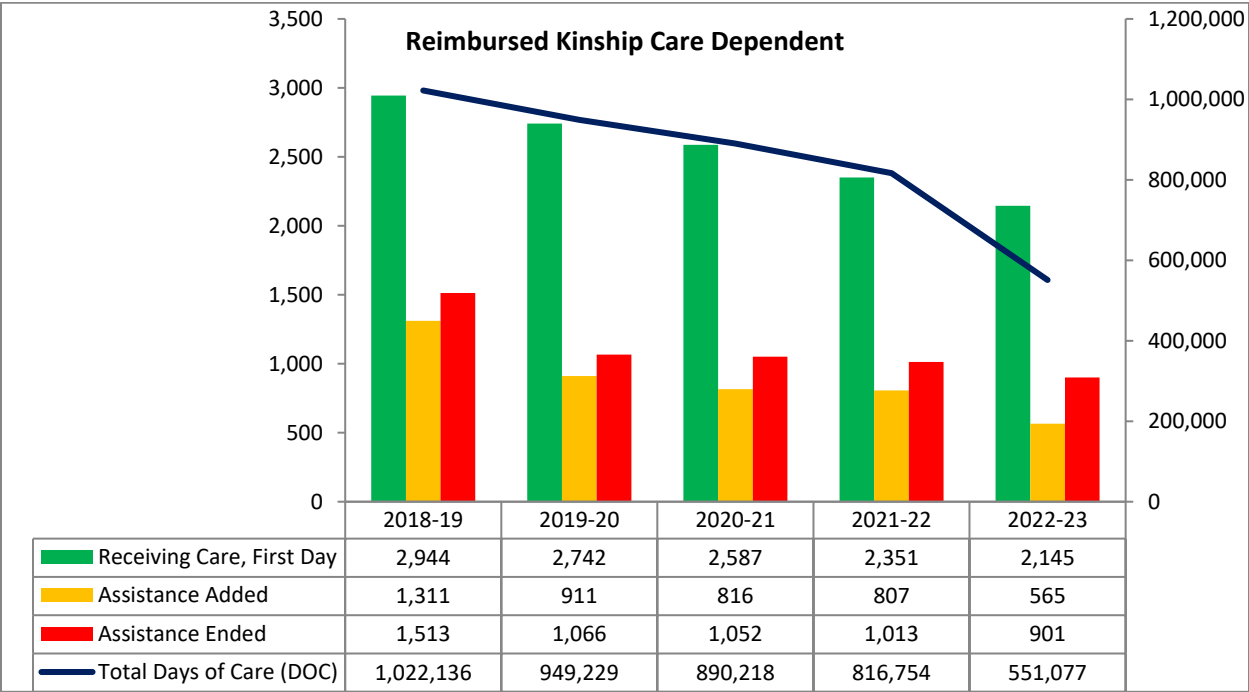
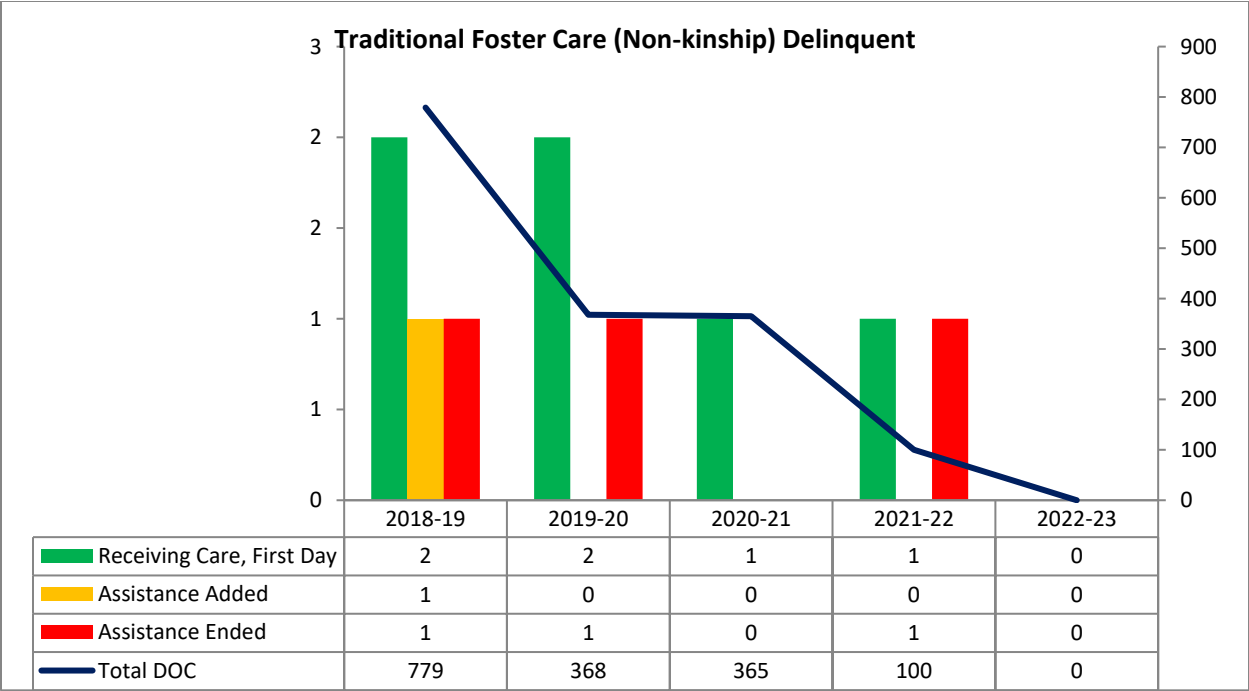


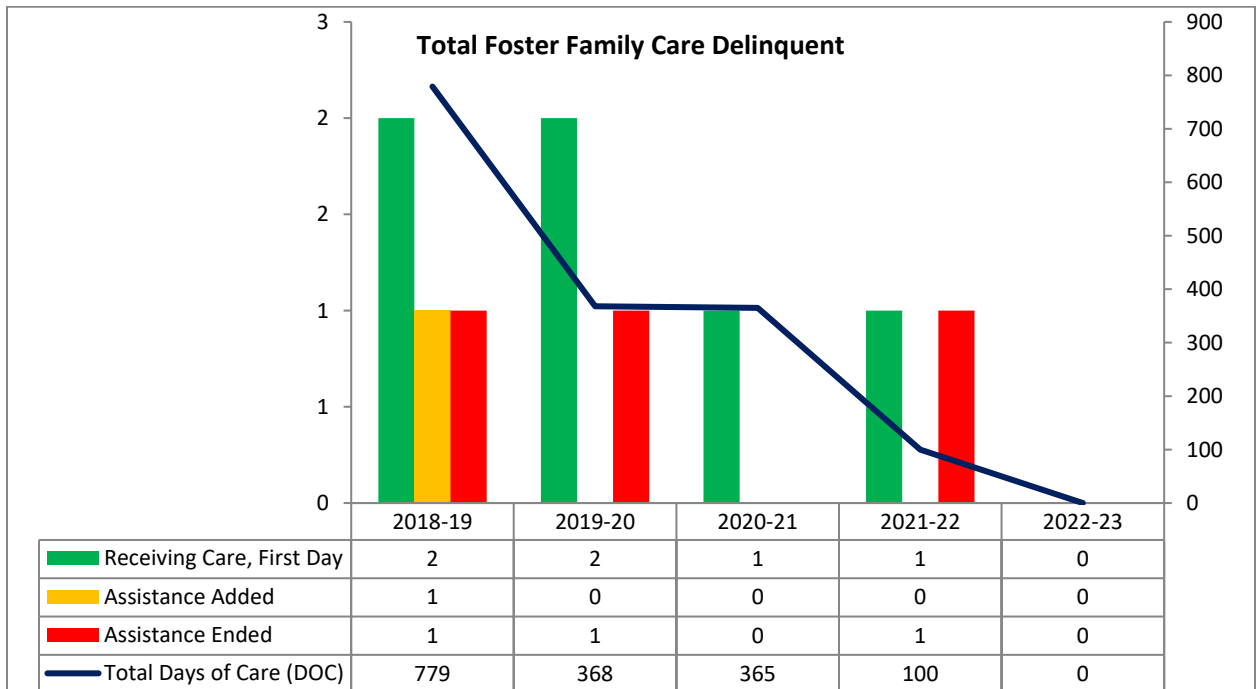
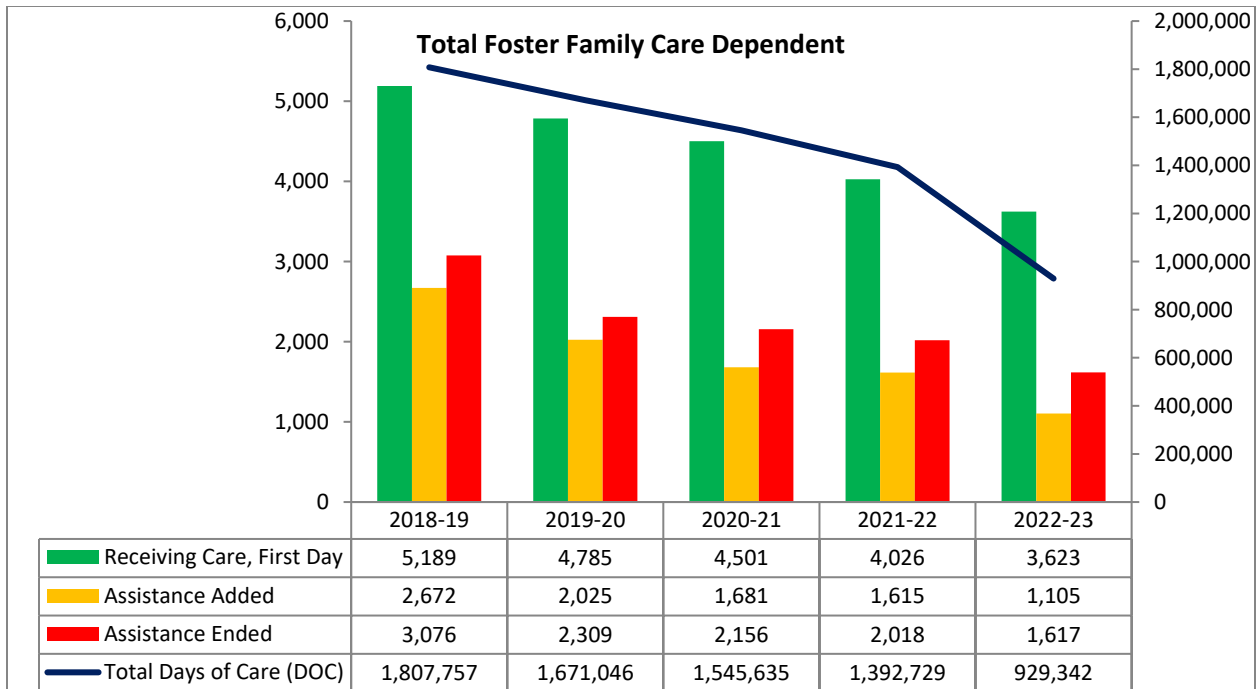
**2-2d. Out-of-Home Placements: County Selected Indicator**

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



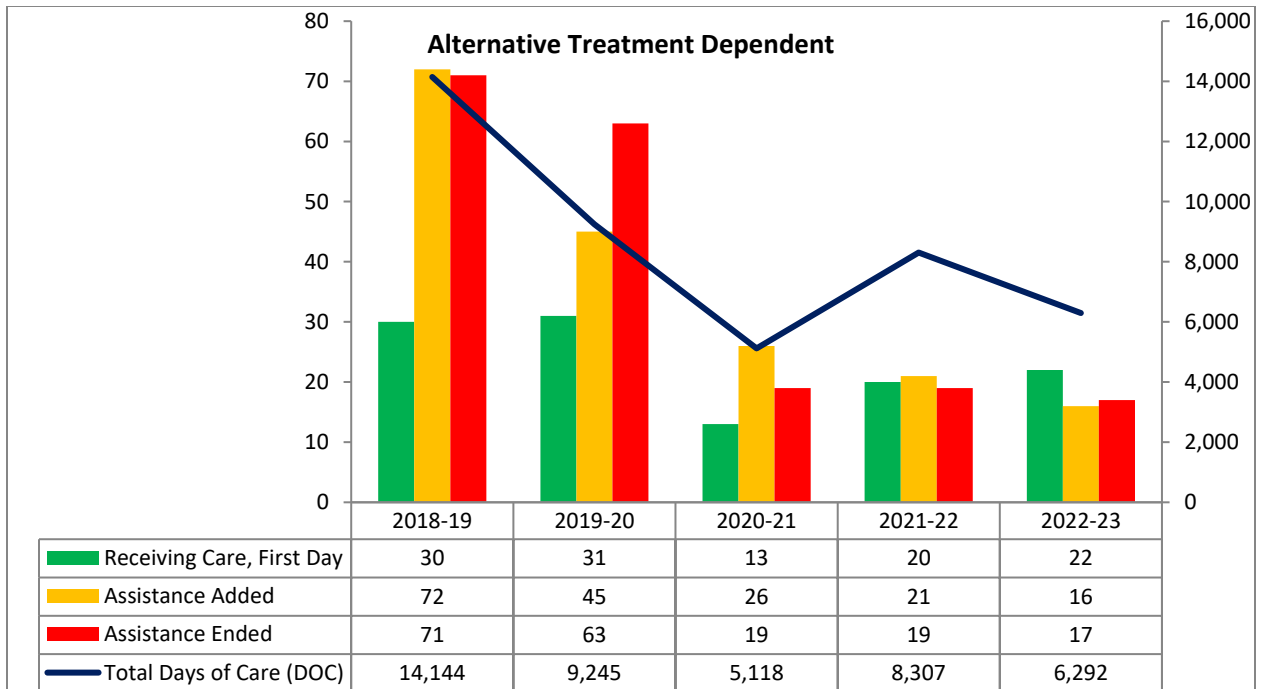






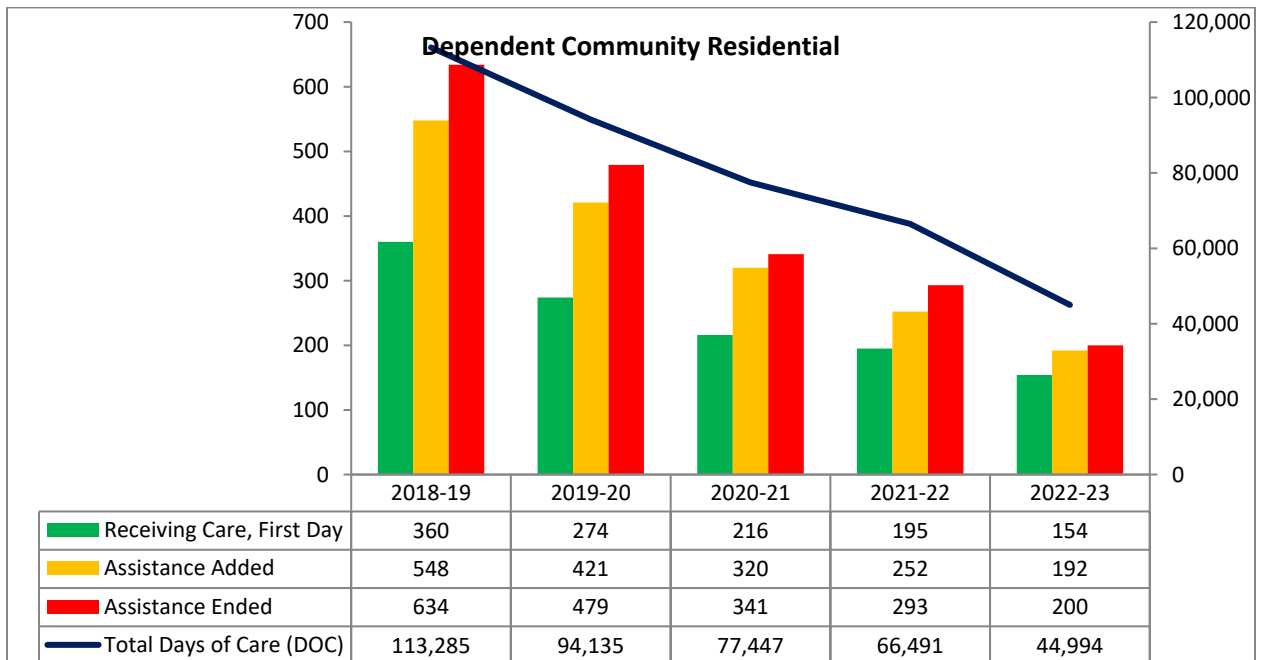
**2-2d. Out-of-Home Placements: County Selected Indicator**

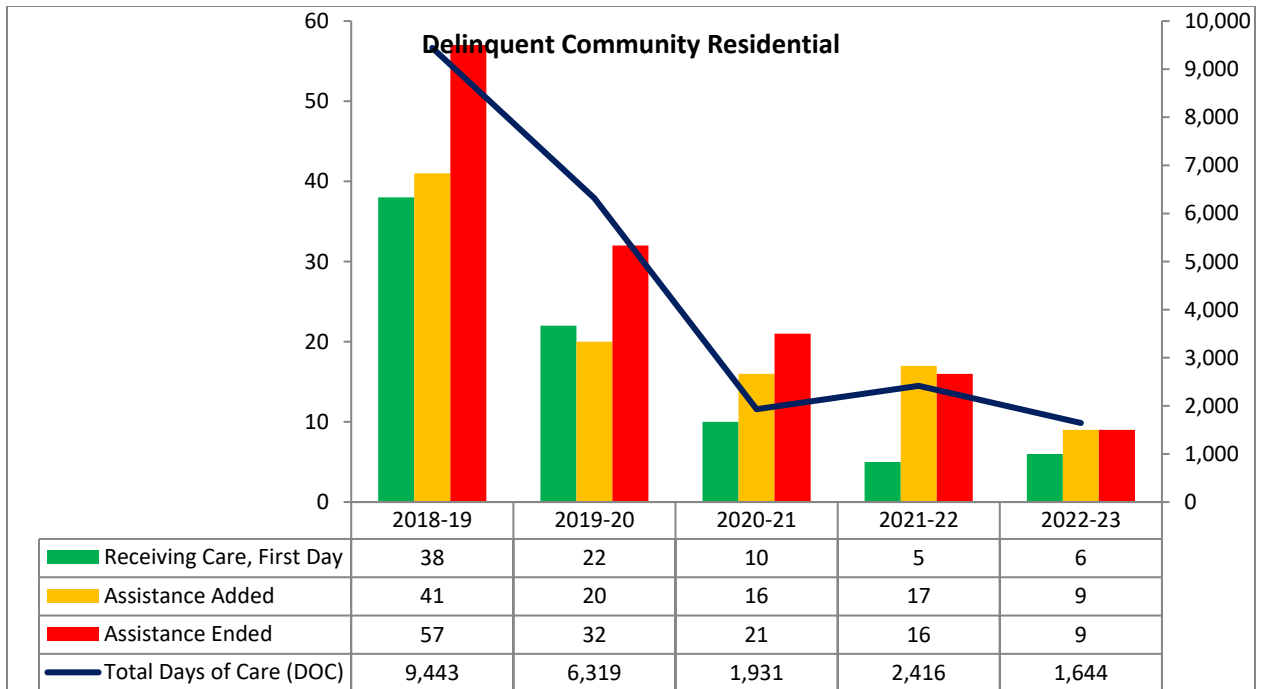
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



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

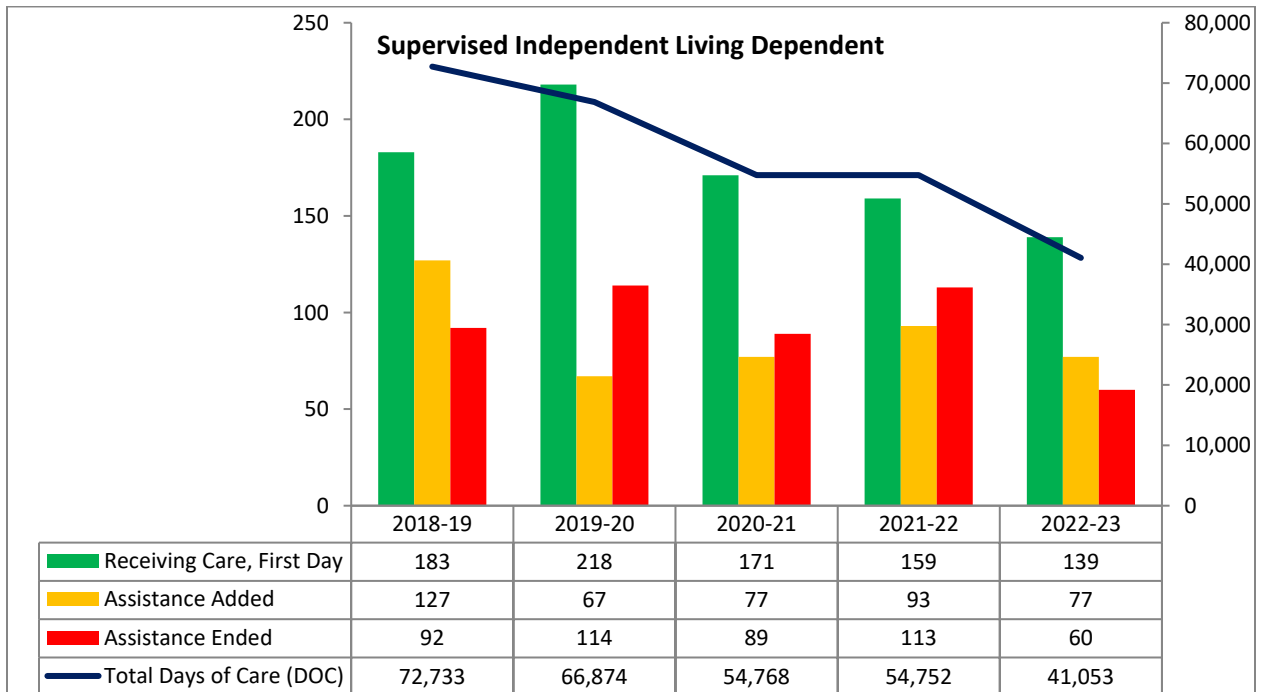
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

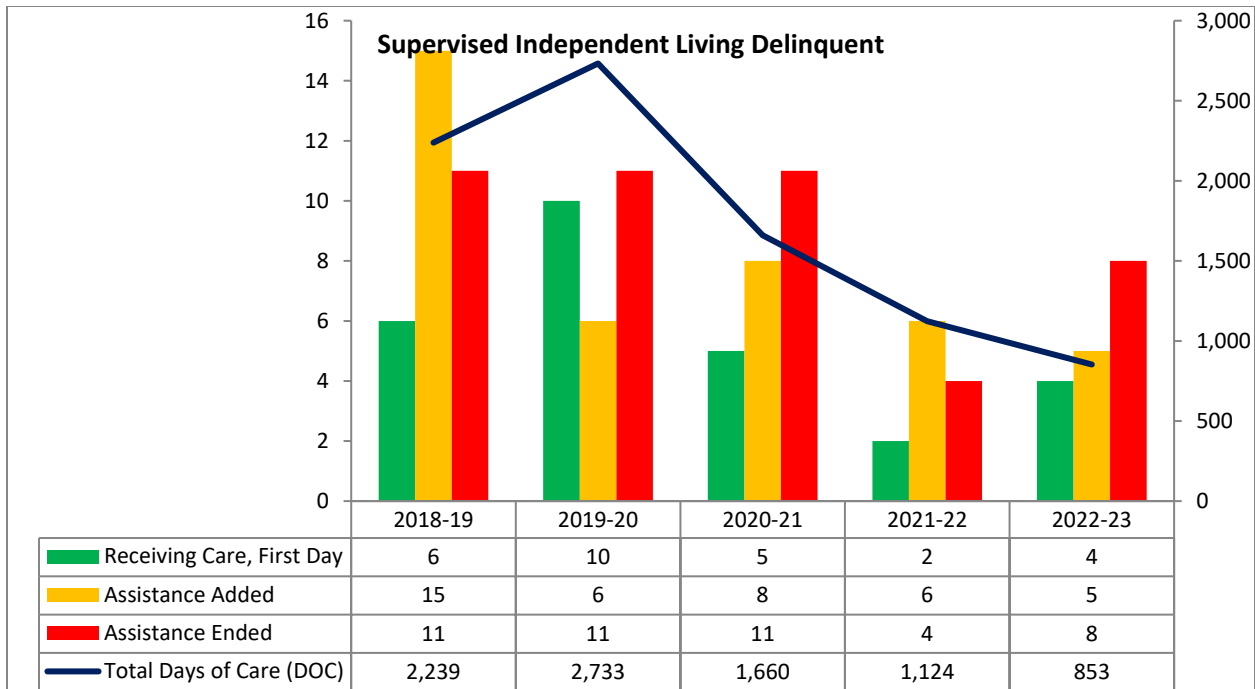




## 2-2d. Out-of-Home Placements: County Selected Indicator

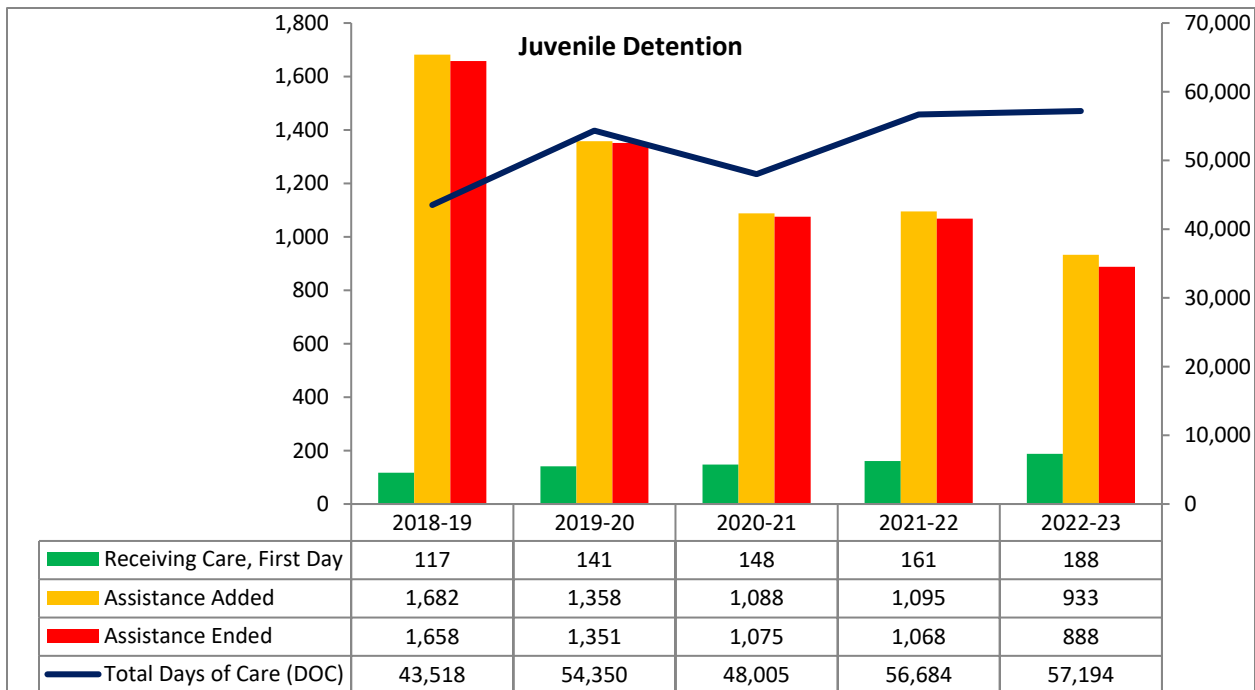
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

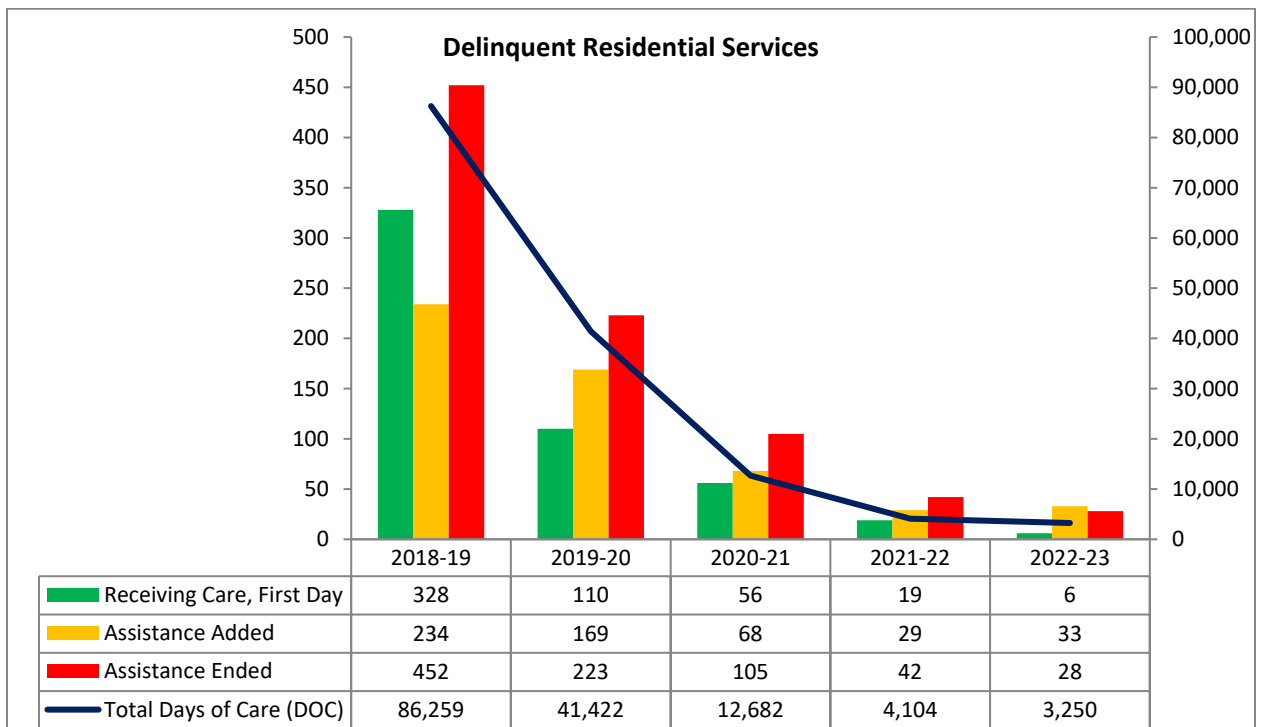
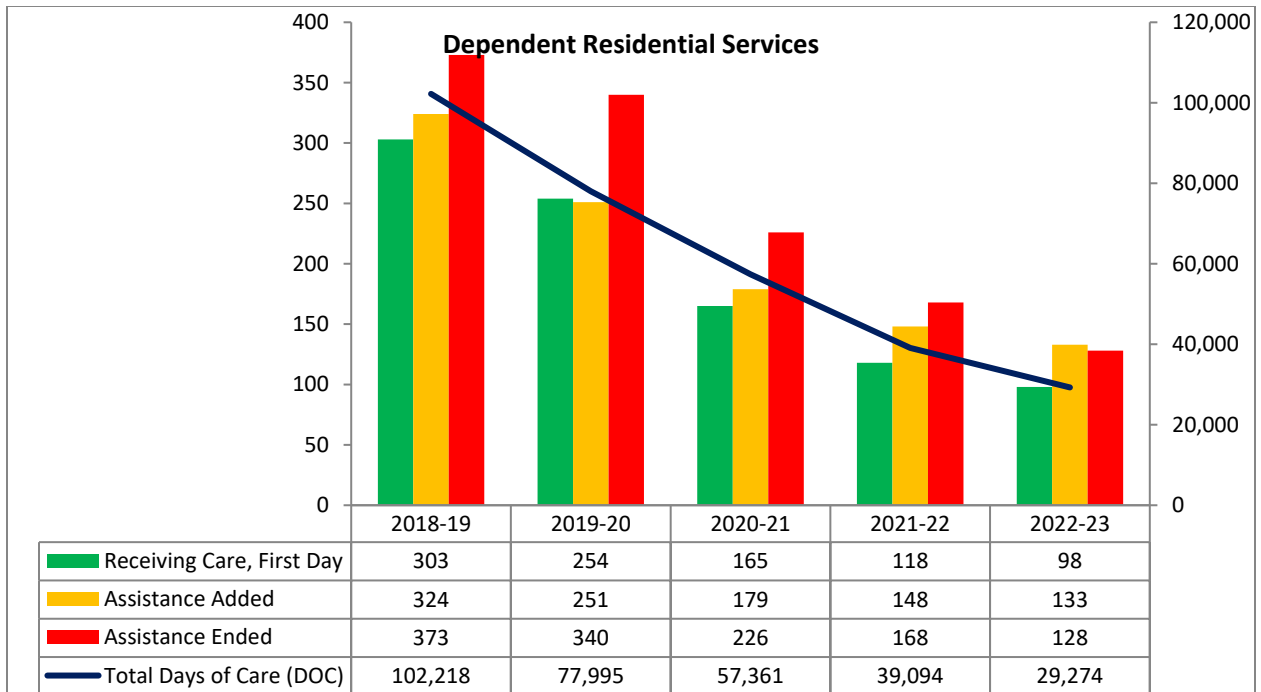


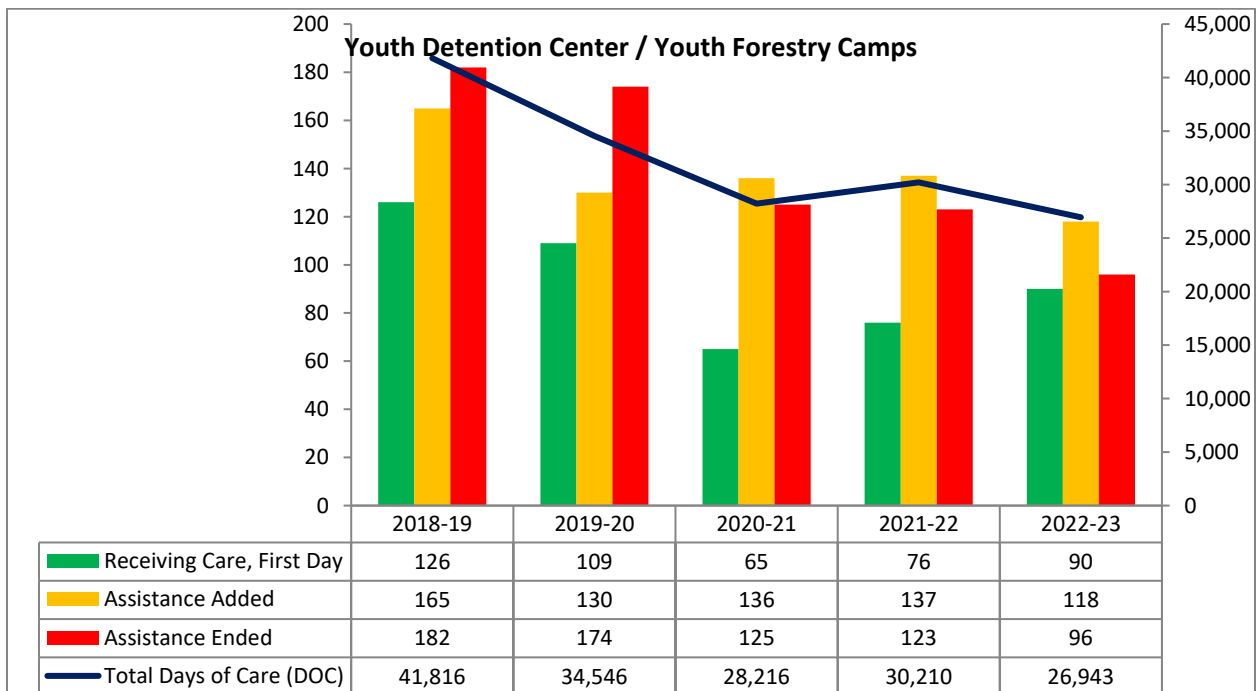
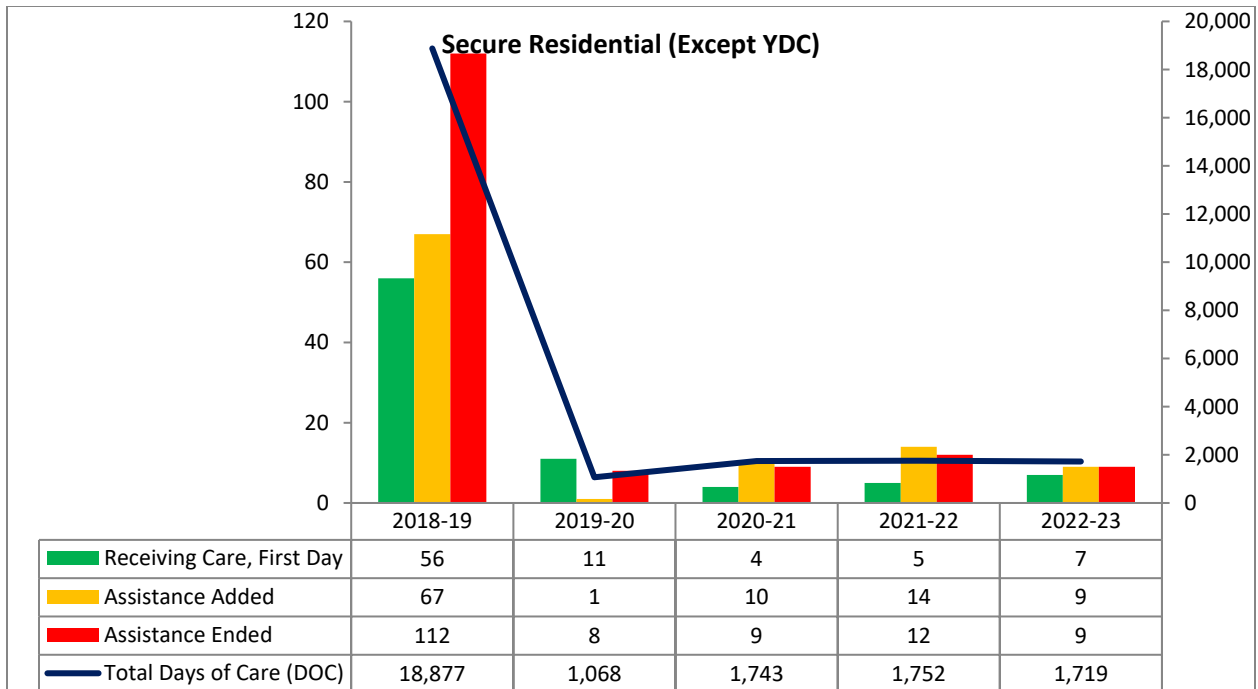


**2-2d. Out-of-Home Placements: County Selected Indicator**

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

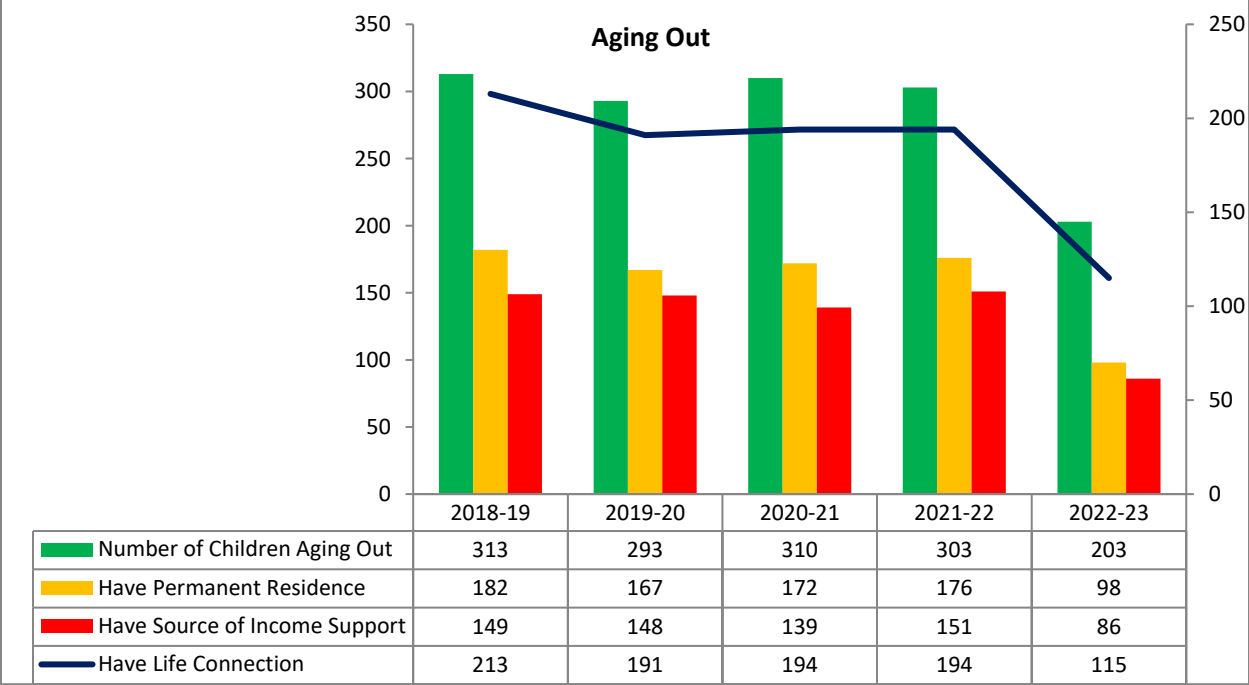






**2-2e. Aging Out**

Insert the Aging Out Chart (Chart 23).





**2-2f. General Indicators**

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

**2-2: General Indicators**

"Type in BLUE boxes only"

County Number:

Class:

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

Copy Part 1 for Narrative insertion

Copy Part 2 for Narrative insertion

Copy Part 3 for Narrative insertion

**2-2a. Service Trends**

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
<b>Intake Investigations</b>							
Children	20,690	17,764	17,707	20,116	15,389	-25.6%	-7.1%
Family	16,121	13,846	13,515	15,712	12,083	-25.0%	-7.0%
<b>Ongoing Services</b>							
Children	17,645	14,020	12,340	11,264	9,662	-45.2%	-14.0%
Family	9,477	7,859	7,056	6,516	5,786	-38.9%	-11.6%
Children Placed	8,344	7,248	6,439	5,766	4,959	-40.6%	-12.2%
<b>JPO Services</b>							
Total Children	3,018	2,389	1,968	1,773	1,742	-42.3%	-12.8%
Community Based Placement	97	58	37	29	23	-76.3%	-30.2%
Institutional Placements	2,143	1,657	1,310	1,329	1,200	-44.0%	-13.5%

**2-2b. Adoption Assistance**

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
<b>Adoption Assistance</b>							
Receiving Care, First Day	5,785	6,405	6,644	6,662	6,684	15.5%	3.7%
Assistance Added	935	617	370	484	471	-49.6%	-15.8%
Assistance Ended	315	378	352	462	328	4.1%	1.0%
Total Days of Care (DOC)	2,206,810	2,412,212	2,425,924	2,432,572	1,851,669	-16.1%	-4.3%

**2-2c. SPLC**

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		

<b>Subsidized Permanent Legal Custodianship</b>							
Receiving Care, First Day	985	951	874	862	820	-16.8%	-4.5%
Assistance Added	154	114	172	129	105	-31.8%	-9.1%
Assistance Ended	188	191	184	171	114	-39.4%	-11.8%
Total Days of Care (DOC)	353,762	343,671	313,879	304,431	222,226	-37.2%	-11.0%

**2-2d. Placement Data**

	FY	FY	FY	FY	FY	%	
	2018-19	2019-20	2020-21	2021-22	2022-23	Change	CAGR
<b>Traditional Foster Care (non-kinship) - Dependent</b>							
Receiving Care, First Day	2,245	2,043	1,914	1,675	1,478	-34.2%	-9.9%
Assistance Added	1,361	1,114	865	808	540	-60.3%	-20.6%
Assistance Ended	1,563	1,243	1,104	1,005	716	-54.2%	-17.7%
Total DOC	785,621	721,817	655,417	575,975	378,265	-51.9%	-16.7%

<b>Traditional Foster Care (non-kinship) - Delinquent</b>							
Receiving Care, First Day	2	2	1	1	0	-	-100.0%
Assistance Added	1	0	0	0	0	-	-100.0%
Assistance Ended	1	1	0	1	0	-	-100.0%
Total DOC	779	368	365	100	0	-	-100.0%

<b>Reimbursed Kinship Care - Dependent</b>							
Receiving Care, First Day	2,944	2,742	2,587	2,351	2,145	-27.1%	-7.6%
Assistance Added	1,311	911	816	807	565	-56.9%	-19.0%
Assistance Ended	1,513	1,066	1,052	1,013	901	-40.4%	-12.2%
Total Days of Care (DOC)	1,022,136	949,229	890,218	816,754	551,077	-46.1%	-14.3%

<b>Reimbursed Kinship Care - Delinquent</b>							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%

**Foster Family Care - Dependent (Total of 2 above)**

Receiving Care, First Day	5,189	4,785	4,501	4,026	3,623	-30.2%	-8.6%
Assistance Added	2,672	2,025	1,681	1,615	1,105	-58.6%	-19.8%
Assistance Ended	3,076	2,309	2,156	2,018	1,617	-47.4%	-14.9%
Total Days of Care (DOC)	1,807,757	1,671,046	1,545,635	1,392,729	929,342	-48.6%	-15.3%

Foster Family Care - Delinquent (Total of 2 above)							
Receiving Care, First Day	2	2	1	1	0	-	-100.0%
Assistance Added	1	0	0	0	0	-	-100.0%
Assistance Ended	1	1	0	1	0	-	-100.0%
Total Days of Care (DOC)	779	368	365	100	0	-	-100.0%

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	30	31	13	20	22	-26.7%	-7.5%
Assistance Added	72	45	26	21	16	-77.8%	-31.3%
Assistance Ended	71	63	19	19	17	-76.1%	-30.0%
Total Days of Care (DOC)	14,144	9,245	5,118	8,307	6,292	-55.5%	-18.3%

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	360	274	216	195	154	-57.2%	-19.1%
Assistance Added	548	421	320	252	192	-65.0%	-23.1%
Assistance Ended	634	479	341	293	200	-68.5%	-25.1%
Total Days of Care (DOC)	113,285	94,135	77,447	66,491	44,994	-60.3%	-20.6%

<b>Delinquent Community Residential</b>							
Receiving Care, First Day	38	22	10	5	6	-84.2%	-37.0%
Assistance Added	41	20	16	17	9	-78.0%	-31.6%
Assistance Ended	57	32	21	16	9	-84.2%	-37.0%
Total Days of Care (DOC)	9,443	6,319	1,931	2,416	1,644	-82.6%	-35.4%

<b>Supervised Independent Living Dependent</b>							
Receiving Care, First Day	183	218	171	159	139	-24.0%	-6.6%
Assistance Added	127	67	77	93	77	-39.4%	-11.8%
Assistance Ended	92	114	89	113	60	-34.8%	-10.1%
Total Days of Care (DOC)	72,733	66,874	54,768	54,752	41,053	-43.6%	-13.3%

<b>Supervised Independent Living Delinquent</b>							
Receiving Care, First Day	6	10	5	2	4	-33.3%	-9.6%
Assistance Added	15	6	8	6	5	-66.7%	-24.0%
Assistance Ended	11	11	11	4	8	-27.3%	-7.7%
Total Days of Care (DOC)	2,239	2,733	1,660	1,124	853	-61.9%	-21.4%

<b>Juvenile Detention</b>							
Receiving Care, First Day	117	141	148	161	188	60.7%	12.6%
Assistance Added	1,682	1,358	1,088	1,095	933	-44.5%	-13.7%
Assistance Ended	1,658	1,351	1,075	1,068	888	-46.4%	-14.5%
Total Days of Care (DOC)	43,518	54,350	48,005	56,684	57,194	31.4%	7.1%

<b>Dependent Residential Services</b>							
Receiving Care, First Day	303	254	165	118	98	-67.7%	-24.6%
Assistance Added	324	251	179	148	133	-59.0%	-20.0%
Assistance Ended	373	340	226	168	128	-65.7%	-23.5%
Total Days of Care (DOC)	102,218	77,995	57,361	39,094	29,274	-71.4%	-26.8%

<b>Delinquent Residential Services</b>							
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Receiving Care, First Day	328	110	56	19	6	-98.2%	-63.2%
Assistance Added	234	169	68	29	33	-85.9%	-38.7%
Assistance Ended	452	223	105	42	28	-93.8%	-50.1%
Total Days of Care (DOC)	86,259	41,422	12,682	4,104	3,250	-96.2%	-55.9%

<b>Secure Residential (Except YDC)</b>							
Receiving Care, First Day	56	11	4	5	7	-87.5%	-40.5%
Assistance Added	67	1	10	14	9	-86.6%	-39.5%
Assistance Ended	112	8	9	12	9	-92.0%	-46.8%
Total Days of Care (DOC)	18,877	1,068	1,743	1,752	1,719	-90.9%	-45.1%

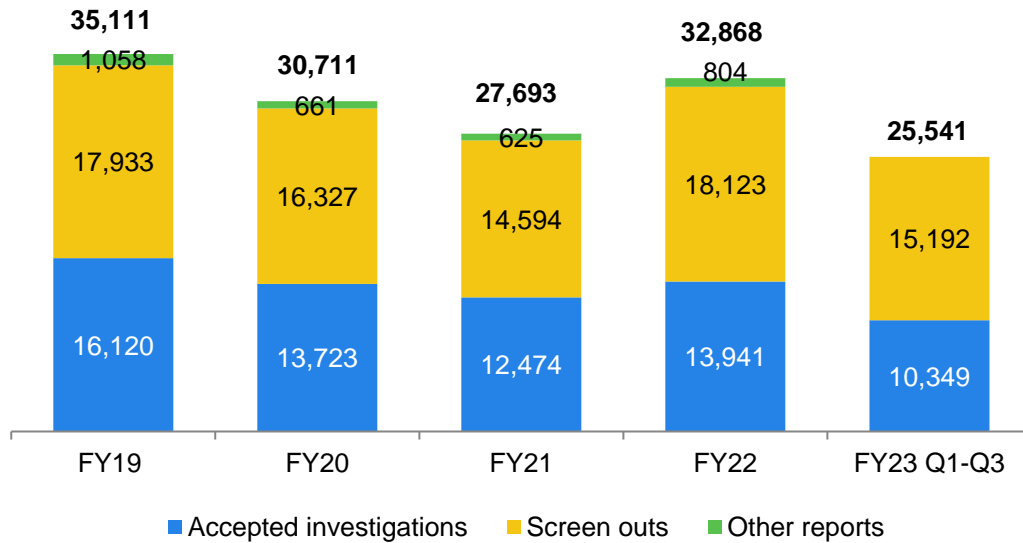
<b>Youth Detention Center / Youth Forestry Camps</b>							
Receiving Care, First Day	126	109	65	76	90	-28.6%	-8.1%
Assistance Added	165	130	136	137	118	-28.5%	-8.0%
Assistance Ended	182	174	125	123	96	-47.3%	-14.8%
Total Days of Care (DOC)	41,816	34,546	28,216	30,210	26,943	-35.6%	-10.4%

<b>2-2e. Aging Out Data</b>							
	FY	FY	FY	FY	FY	%	
Indicator	2018-19	2019-20	2020-21	2021-22	2022-23	Change	CAGR
<b>Aging Out</b>							
Number of Children Aging Out	313	293	310	303	203	-35.1%	-10.3%
Have Permanent Residence	182	167	172	176	98	-46.2%	-14.3%
Have Source of Income Support	149	148	139	151	86	-42.3%	-12.8%
Have Life Connection	213	191	194	194	115	-46.0%	-14.3%

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

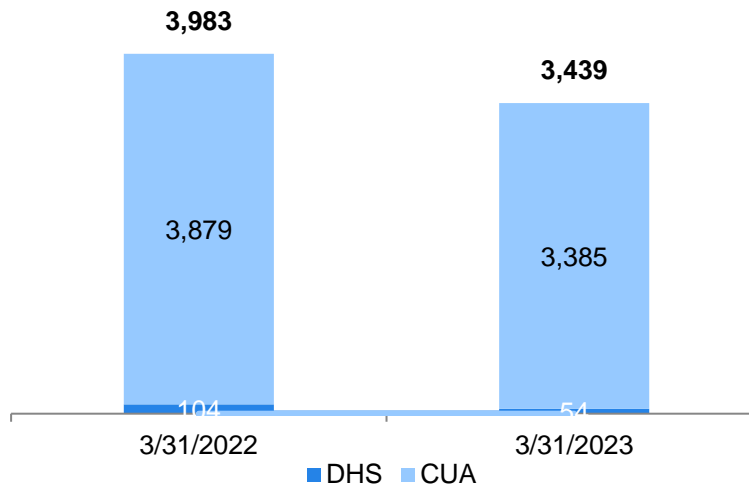
- NOTE: The section is optional and applies to CCYAs and/or JPOs.
- NOTE: If inserting charts, identify the data source and parameters and include only one chart per page.
- ❑ Insert up to three additional charts that capture the drivers of county services and supports the county’s resource request. 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.

**Hotline Decisions<sup>8</sup>**



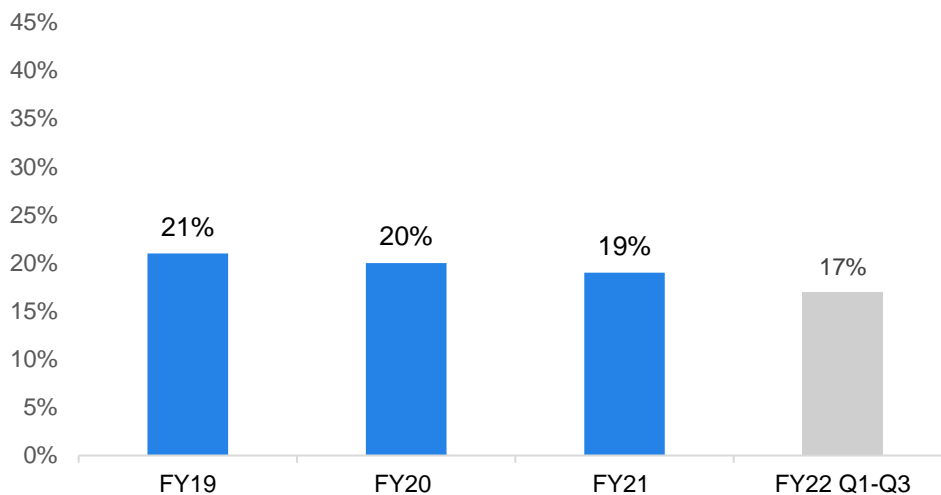
<sup>8</sup> DHS data obtained from Quarterly Indicators Report on Hotline Decisions, run on May 31, 2023.

### Total Children with Placement Services<sup>9</sup>



### Performance Based Contracting: Timeliness of Permanency Measures

#### Timeliness Measure 1: Percentage of Youth Who Obtain Permanency within 12 Months<sup>10</sup>

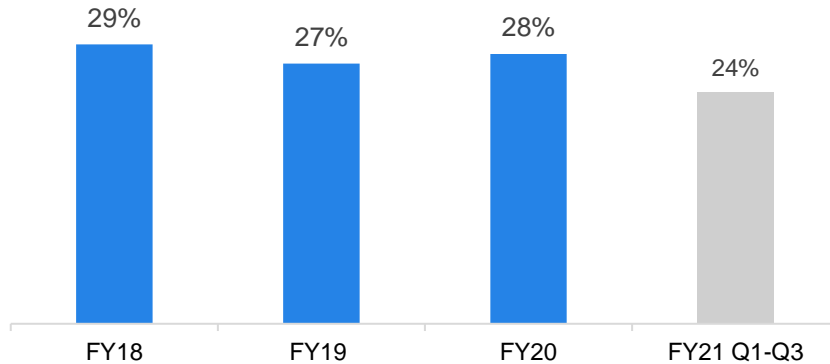


T1 measures the percentage of youth who achieved permanency within a year of entering care. Slightly over 1 in 6 youth (17%) who entered care in FY2022 through Q3 achieved permanency within a year – a smaller proportion compared to previous years.

<sup>9</sup> DHS data obtained from Quarterly Indicators Report on Placement Census, run on May 4, 2023.

<sup>10</sup> DHS data obtained from Quarterly Indicators Report on Performance Based Contracting Measures, run on May 11, 2023.

**Timeliness Measure 2: Percentage of Youth Who Obtain Permanency in 36 Months after being in Care for 12 Months<sup>11</sup>**



T2 measures the percentage of youth achieving permanency within 36 months for youth in care for at least 12 continuous months. Nearly 1 in 4 youth (24%) who entered placement during FY2021 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 FY 18 to FY 22. While the number of children accepted for intake investigations has decreased steadily in previous fiscal years since FY 18, the number increased this fiscal year in comparison to the last (from 17,707 in FY 21 to 20,116 in FY 22). Specifically, the number of children accepted for intake increased by 14% from FY 21 to FY 22. The number of families accepted for investigations has had a similar trend, decreasing by 11% from FY 18 to FY 22 but increasing by 16% from FY 21 to FY 22. **Based on the number of children and families accepted for investigation in FY 23 (N= 15,389 children, N=12,083 families) as of March 31<sup>st</sup>, 2023, we expect total investigations for the full Fiscal Year 2023 to be roughly equal to what they were in FY 22.**

<sup>11</sup> DHS data obtained from Quarterly Indicators Report on Performance Based Contracting Measures, run on May 11, 2023.



Since FY 18, 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 FY 18 to FY 22. The number of children placed has also decreased from FY 18 to FY 22 by 34%. **Based on the number of children and families receiving ongoing services in FY 23 (N= 9,662 children, N= 5,786 families) as of March 31<sup>st</sup>, 2023, we expect total ongoing services to decrease for the full Fiscal Year 2023 in comparison to FY 22.**

During the COVID-19 pandemic and associated public health restrictions to mitigate transmission, Hotline reports and investigations declined, likely due to families having less contact with mandated reporters. Following the Stay-at-Home Order, DHS Hotline reports dropped 40% in March and April 2020, and lower reports for the rest of FY 20 and FY 21. In FY 22, Hotline reports and Investigations returned to pre-COVID levels. So far in FY 23, the number of families reported to and investigated by DHS remain at pre-COVID levels. Although reports and investigations have increased, DHS continues to reduce the number of families, children, and youth, receiving compulsory safety services. After an increase in FY 22 for the first time since FY 18, Hotline reports have stabilized (see Figure 8). Following COVID-19 restrictions, DHS' Hotline experienced a roughly 40% drop in reports from March to April 2020. Reports steadily increased in the two years that followed but remained below pre-COVID levels, until FY 22. In the first half of FY 23, Hotline reports remained roughly equal to the same time period a year prior.

Following large observed decreases in Hotline reports during the height of COVID-19 pandemic mitigation efforts, Hotline reports increased by 19% between FY 21 and FY 22. However, the total number of hotline reports in FY 22 was still 8% lower than the total number of hotline reports in FY 18.<sup>12</sup> **Based on the total number of Hotline reports received for FY 23 as of March 31<sup>st</sup>, 2023, (N=25,541), we expect total number of Hotline reports to remain roughly equal to FY 22.**<sup>13</sup>

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 22.<sup>14</sup> **This trend is expected to continue for full fiscal year, FY 23, since, as of March 31<sup>st</sup>, 2023, the total number of cases accepted for service (N= 315) remains lower than the total cases closed (N=431).**<sup>15</sup> Additionally, there was a 16% decrease in the overall number of children receiving formal in-home services from June 2021 to June 2022. **Based on the total number of children receiving formal in-home services as of March 31<sup>st</sup>, 2023, (N=1,962 children) the total number of children receiving formal in-home services for the full fiscal year, FY 23, is expected to remain roughly the same as FY 22.** 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%.<sup>16</sup> **Based on the total number of children receiving in-home non-safety services in FY 23 as of March 31<sup>st</sup>, 2023, (N= 1,024)**

<sup>12</sup> DHS Data obtained from the Quarterly Indicators Report on Hotline Decisions, run on July 8, 2022.

<sup>13</sup> DHS Data obtained from the Quarterly Indicators Report on Hotline Decisions, run in April 2023

<sup>14</sup> DHS Data obtained from the Quarterly Indicators Report on Accepted and Closed Cases, run on July 8, 2022.

<sup>15</sup> DHS Data obtained from the Quarterly Indicators Report on Accepted and Closed Cases, run in April 2023

<sup>16</sup> 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.

the total is expected to decrease in comparison to March 31<sup>st</sup>, 2022 (N=1,132). On the other hand, the total number of children receiving in-home safety services is expected to increase from FY 22 to FY 23 based on the total number of children receiving in-home safety services as of March 31<sup>st</sup>, 2023 (N= 929) compared to March 31<sup>st</sup>, 2022 (N=829).<sup>17</sup>

The total number of youth in dependent placement declined by 13% from June 30, 2021 to June 30, 2022.<sup>18</sup> **Based on the total number of children in dependent placement as of March 31<sup>st</sup>, 2023, (N=3,439), the total number of children in dependent placement is expected to continue declining in comparison to FY 22.**<sup>19</sup>

The number of youth receiving Juvenile Probation services has steadily declined from 3,478 youth in FY 18 to 1,773 youth in FY 22, representing an overall decrease of 49%. **Based on the total number of children receiving Juvenile Probation services as of March 31<sup>st</sup>, 2023, (N=1,742), the total number for the full Fiscal Year 2023 is expected to increase in comparison to FY 22.**

The number of children in community-based placements also steadily declined from FY 18-FY 22, decreasing by 83%. **The total number of children in community-based placements is also expected to increase in full fiscal year, FY 23, based on the total number of children in community-based placements as of March 31<sup>st</sup>, 2023, (N=23).** While the number of children in institutional placements steadily decreased from FY 18 to FY 21, there was a slight increase in the number of children with institutional placements from FY 21 to FY 22. **Based on the total number of children with institutional placements as of March 31<sup>st</sup>, 2023, (N=1,200), the total number of children is expected to increase from FY 22 to FY 23.** Overall, the number of children in institutional placements still decreased by 47% in FY 22 compared to FY 18.

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

The number of children receiving adoption assistance on the first day of the fiscal year increased between FY 19 and FY 23 by 15.5% from 5,785 to 6,684 children. Total days of care for children receiving adoption assistance increased by 21% from FY 17-18. **Based on the total days of care for children receiving adoption assistance as of March 31<sup>st</sup>, 2023, (N=1,851,669), the total for full FY 23 is expected to remain roughly the same as FY 22.**

The number of children with a subsidized permanent legal custodianship (SPLC) in placement has consistently decreased over time, with an overall decrease of 20% from FY 18 to FY 22; the total days of care decreased by 19% in this period. Between FY 20 and FY 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). **This trend is expected to continue through full fiscal year, FY 23.** There was a total of 820 children receiving SPLC on the first day of FY23, which is a 16.8% compared to FY 19. **The total days of care is also expected to decrease from FY 22 to FY 23, based on the total days of care as of March 31<sup>st</sup>, 2023 (N= 222,226).**

#### **Placement Data**

Between FY 18 and FY 22, the number of dependent children and youth receiving dependent family foster care decreased overall by 23%. **Based on the number of children receiving**

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<sup>17</sup> DHS Data obtained from the Quarterly Indicators Report on In Home Census by Safety and Non-Safety for Recent and Past Year, run in April 2023

<sup>18</sup> DHS Data obtained from the Quarterly Indicators Report on Placement Census for Recent Year, run on July 8, 2022.

<sup>19</sup> DHS Data obtained from the Quarterly Indicators Report on Placement Census for Recent Year, run in April 2023

**dependent family foster care services on the first day of FY 23 (N=3,623) in comparison to FY 22 (N=4,026), the total number of children receiving these services in full fiscal year, FY 23, is expected to be lower than FY 22.**

Similarly, between FY 18 and FY 22, there was a 26% decline in traditional (non-kinship) foster care and a 20% decrease in kinship care. **Based on the total number of children receiving dependent traditional (non-kinship) foster care on the first day of FY 23 (N=1,478) compared to FY 22 (N=1,675), the number of children receiving non-kinship, traditional foster care is expected to decrease from FY 22 to FY 23.** Overall, the total number of children receiving dependent traditional (non-kinship) foster care on the first day of FY 23 decreased by 34.2% compared to FY 19. Additionally, the total number of children in dependent Kinship Care receiving services on the first day of FY 23 was 27.1% lower than FY 19. That non-kinship care has declined at a higher rate than has kinship care is consistent with DHS' goal to place more children with family and kin rather than with unfamiliar caregivers.

From FY 18 to FY 22, there was a 67% decrease in the number of youth 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. **The total number of youth receiving dependent residential services has continued to decrease.** On the first day of FY 23, there was 98 youth receiving dependent residential services, which is a 67.7% decreased compared to FY 19. Similarly, from FY 19 to FY 23, there was a 57.2% decrease in youth placed in dependent community residential settings on the first day of the fiscal year. **Based on the total days of care in FY 23 as of March 31<sup>st</sup>, 2023, (N=44,994), the total days of care is expected to continue decreasing from FY 22 to FY 23.**

From FY 18 to FY 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. Similarly, from FY 19 to FY 23, there was a 98.2% decrease in the number of youth receiving delinquent residential services on the first day of the fiscal year. The total number of youth placed in dependent community residential settings on the first day of the fiscal year decreased by 84.2% from FY 19 (N=38) to FY 23 (N=6). **The total days of care for youth receiving delinquent residential services is also expected to decrease from FY 22 to FY 23 based on the total days of care as of March 31<sup>st</sup>, 2023 (N=3,250). The total days of care for youth receiving delinquent community residential services is expected to decrease from FY 22 to FY 23 based on the total days of care as of March 31<sup>st</sup>, 2023 (N=1,644).** These decreases coincide with DHS's goal to reduce the use of congregate care for both dependent and delinquent youth committed to DHS.

Between FY 18 and FY 22, placements in dependent Supervised Independent Living (SIL) settings have decreased by 2%; total days of care also decreased in this interval by 11%. **Based on the total number of youth in dependent Supervised Independent Living as of March 31<sup>st</sup>, 2023, (N=139) the expected total for full FY 23 is expected to decrease from FY 22. Similarly, the total days of care for this population is expected to decrease from FY 22 to FY 23 based on total days of care as of March 31<sup>st</sup>, 2023 (N=41,053).**

Placements in delinquent SILs have decreased by 85% to just 2 youth in FY 22; total days of care decreased by 65%. **Based on the total number of youth placed in delinquent SIL as of March 31<sup>st</sup>, 2023 (N=4), the expected total for full FY 23 is expected to increase slightly compared to FY 22. However, total days of care, as of March 31<sup>st</sup>, 2023, (853) is expected to increase compared to FY 22 for this population.**

Over the past five fiscal years, total days of care for youth receiving dependent alternative treatment has been reduced, **and this trend is expected to continue for full FY 23 based off of the total days of care as of March 31<sup>st</sup>, 2023 (N=6,292).**

### **Aging Out Youth**

The number of youth aging out of care increased by 7% from FY 18 to FY 22. **Based on the number of youth aging out of care as of March 31<sup>st</sup>, 2023 (N=203), the total number of youth aging out of care for full FY 23 is expected to decrease in comparison to FY 22.**

The number of youth aging out with a permanent residence decreased by 5% from FY 18 to FY 22, and the proportion of youth with this support out of all youth aging out has decreased (65% had a permanent residence in FY 18 compared to 58% in FY 21). **Additionally, as of March 31<sup>st</sup>, 2023, of all youth aging out, 48% have a permanent residence. This indicates the proportion of youth aging out with permanent residence is expected to decrease from FY 22 to full FY 23, similar to previous fiscal years.** Compared to FY 18, the number of youth with a source of income in FY 22 decreased by 6%; the proportion also decreased (57% had a source of income support in FY 18 compared to 50% in FY 22). **Similarly, the proportion of youth aging out with a source of income support as of March 31<sup>st</sup>, 2023, is 42%-- indicating the proportion will continue to decrease from FY 22 to full FY 23.** However, the number of youth who aged out with a life connection increased by 45% between FY 18 and FY 22. Similarly, the proportion of youth who had a life connection increased from 47% in FY 18 to 64% in FY 22. **Based on the proportion of youth who had a life connection in FY 23 as of March 31<sup>st</sup>, 2023, (56.7%), the proportion of youth who have a life connection is expected to remain roughly the same in 2023 compared to FY 22.**

- 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.

These changes include:

**Reducing CUA CM caseloads:** DHS has focused on ensuring that only cases with identified safety threats are accepted for ongoing services. This practice has helped reduce caseloads for Community Umbrella Agency (CUA) case managers. Reduction in caseloads allows CUAs to make better use of such strategies as guided case reviews and monthly reports have been implemented to monitor and review cases, ensuring that ongoing formal case management services are provided when needed for reunification or safe case closure.

**Prevention Diversion and successful case closures:** DHS, in collaboration with CUA partners and Juvenile Probation, has worked on preventing cases from being accepted for ongoing services when they are not necessary or have successfully closed cases that no longer require intensive oversight. Administrative court reviews and targeted case reviews are used consistently to support efforts in safely discharging children and youth from care and closing families' cases.

**Family Engagement Initiative (FEI) and Crisis Rapid Response Meetings:** DHS has taken steps to enhance significant family engagement and establish supportive connections for young

people through FEI. This initiative promotes kin involvement, which increases the likelihood of children and youth remaining in their own homes or being placed with kin if out-of-home placement is necessary

**Implementation of a public health approach:** DHS and JPO prioritize community and youth safety through a public health lens, addressing underlying factors that contribute to justice involvement. This proactive approach reduces the need for youth to enter or remain in care.

**Expansion of primary prevention efforts:** Efforts are focused on preventing youth from entering the formal juvenile justice system by providing targeted resources and interventions to at-risk youth and their families.

**Emphasis on community-based programs and partnerships:** Prioritizing community-based programs and establishing partnerships allows for tailored services that meet the specific needs of youth, while promoting their connection to supportive community networks.

**Addressing ethno-racial disproportionality:** Agencies strive to reduce disparities in the juvenile justice system by addressing systemic biases and implementing fair and unbiased practices, ensuring equitable treatment and outcomes for all youth

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

The Department continues to reduce use of congregate care and aims to keep youth in their own homes and communities, the youth placed in congregate care settings tend to require more structured services to address complex needs. Many youth who are in congregate care placement have been exposed to various sustained forms of abuse, neglect, and maltreatment. Some may 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 may exhibit a variety of specialized behavioral health needs including behaviors associated with acute or complex trauma resulting from simultaneous or sequential exposure to various forms of child maltreatment, including physical abuse, sexual abuse, emotional abuse, exposure to domestic violence, etc. Many youth experience symptoms of trauma and are navigating social and emotional instability that make safety an ongoing challenge.

Of youth placed in dependent congregate: **Sex:** Three in five (59%) were male. **Age:** Nearly three quarters (73%) were between the ages of 11 and 17 years old, and nearly a quarter (22%) were 18 or older. **Race/Ethnicity:** Nearly seven in ten (68%) were Black and one in six (16%) were Latino. **Placement Type:** Almost half of youth (46%) were placed in group homes and a third (32%) were placed in an institution that was not a residential treatment facility. Of youth placed in delinquent congregate care **Sex:** Nearly all (94%) were male. **Age:** Seven in ten (68%) were between the ages of 11 and 17, and one in five (19%) were 18 or older.

**Race/Ethnicity:** Nearly all youth were Black (86%) or Latino (12%). **Placement Type:** Nearly all youth (84%) were placed in a state institution.

☞ 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 community-based group homes, institutional facilities, or psychiatric residential treatment facilities, require specific services and treatments to address their behavioral health needs. These services aim to support their overall well-being and facilitate their successful transition into adulthood. The following elements are crucial for meeting the service and treatment needs of these youth:

- **Behavioral Health Services:** Youth in congregate care often require access to comprehensive behavioral health services. This includes individual therapy, group therapy, family therapy, and psychiatric evaluations. These services are essential for addressing emotional and behavioral challenges and promoting positive mental health.
  - **Trauma-Informed Care:** Many youth in congregate care have experienced trauma. Therefore, it is important to provide trauma-informed care to address their specific needs. This involves specialized interventions, such as trauma-focused therapy or expressive arts therapy, to help them process their experiences, develop healthy coping mechanisms, and promote healing.
  - **Medication Management:** Some youth may require psychotropic medications to manage mental health symptoms. Proper medication management, including psychiatric evaluations, medication monitoring, and coordination with prescribing professionals, should be included in their treatment plan.
  - **Educational Support:** Collaborating with educational professionals is crucial to address the educational needs of youth in congregate care.
  - **Transitional Planning:** As youth in congregate care approach the age of transitioning out, it is important to develop a comprehensive plan for their successful transition into adulthood. This involves life skills training, vocational support, assistance with housing, and connections to community resources that can support their independence and long-term stability.
  - **Family and Community Engagement:** Involving families and supportive community members in the treatment process is crucial for the well-being of youth in congregate care. Collaborating with families, conducting family therapy sessions, and facilitating connections with positive support systems in the community promote a sense of belonging and contribute to their overall growth and development.
- ☞ 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.

DHS's process for determining the appropriateness of congregate care placement for youth involves two main processes: the Level of Care (LOC) Assessment and the Commissioner's Approval Process. The LOC tool is completed by the DHS's Central Referral Unit (CRU) for all children and youth who require placement with the exception of those being placed in kinship care, while the Commissioner's Congregate Care Team (CCCT) determines whether to approve or deny the congregate care placement based on a comprehensive summary from the CRU. DHS aims to exhaust kinship care and foster care options before considering congregate care; youth can provide input during the interview process and identify potential kinship caregivers.

Congregate care placement decisions for shared case youth require close collaboration between the Commissioner's Approval Process, Courts, and the Juvenile Probation Office

(JPO). These stakeholders work together to ensure that the decision regarding congregate care placement is made in the best interest of the youth involved.

- ☞ 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.

The placement decisions for youth are made solely based on their individual needs and interests, without considering the availability of reimbursement. DHS and Juvenile Probation are dedicated to supporting a range of community-based resources and diversion programs to ensure that youth are kept out of the system. Both DHS and Juvenile Probation will continue their plans for implementing practice changes at the County level to prevent dependent children from entering the juvenile justice system, specifically addressing the funding limitations of congregate care under FFPSA. This will be achieved through the ongoing expansion and scaling of programs and services outlined in the 1-3c Service Array.

- ☐ 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?

In response to changes in the population of children and youth needing out-of-home care, Philadelphia has made adjustments to staff ratios and resource allocations. DHS and Juvenile Probation have increased staffing levels in certain areas, such as case management and youth detention counselors, to better serve the increased number of children and youth in need of care. Additionally, Philadelphia County is making funding requests to meet the projected needs of both child welfare and juvenile justice systems and has adjusted financial resource allocations to support increased services and programs to meet the needs of this population.

Philadelphia has also implemented strategies to address staff turnover and vacancies, such as offering competitive compensation packages and professional development opportunities (see *response to 3-1c. Complement for further detail*). Philadelphia regularly monitors staffing levels and resource allocations to ensure that they are appropriate to address projected needs. It should be noted, despite these efforts, Philadelphia continues to face challenges in meeting labor shortages at the county and across the provider network. Philadelphia recognizes the need to continually evaluate and adjust its resource allocation strategies to best meet the needs of the children and youth in its care.

The county recognizes the significance of training and professional development in maintaining a skilled workforce. The addition of Adjunct Trainers has played a vital role in supporting training capacity and addressing staffing shortages. These trainers are responsible for delivering crucial trainings on new initiatives, legislative changes, and anti-racist curriculum. Their primary focus is ensuring the transfer of knowledge to DHS staff, Community Umbrella Agencies (CUAs), and other stakeholders, thereby contributing to the retention of a skilled and well-informed workforce

capable of effectively meeting the needs of children and families. One of the notable challenges the county has faced is the shortage of staff, which directly impacts training capacity and staff retention. DHS will request a maintenance funding allocation to support the continued utilization of Adjunct trainers.

### 2-3a Population Flow

Insert the Population Flow Chart

These data are not available at this time. Philadelphia DHS is awaiting further guidance from Pa DHS/OCYF regarding this year's data package.

**Detailed explanation:** The Needs Based Plan and Budget (NBPB) data package provides performance measure outcomes for youth in placement. Several charts from the data package are utilized in the NBPB narrative to show trends over time and to compare performance outcomes with other counties in the state. The Public Consulting Group (PCG), formerly Hornby Zeller Associates (HZA), previously provided the data package to the Department. For the upcoming NBPB, The production of the data package will be completed by the Pennsylvania Office of Children, Youth, and Families (OCYF). The data behind the package comes from the county Adoption and Foster Care Analysis and Reporting System (AFCARS) submission. New AFCARS 2.0 reporting requirements were implemented as of the period ending March 2023 increasing the data elements to be collected and submitted to the state and federal governments. The initial AFCARS 2.0 submission contained some errors and discrepancies that the state would like us to address. Therefore, we will resubmit the March 2023 report in August or September. OCYF has informed the Department that we will not receive the data package until after the resubmission. Because the NBPB data package utilizes the AFCARS report to produce the outcomes, OCYF is discussing how this will impact the NBPB Narrative submission requirements. We are waiting for their guidance.

Click to Paste Chart

### 2-3b Permanency in 12 Months (Entry)

Insert the Permanency in 12 Months (Entry) Chart

Click to Paste Chart

These data are not available at this time. Philadelphia DHS is awaiting further guidance from Pa DHS/OCYF regarding this year's data package.

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?

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



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

Click to Paste Chart

These data are not available at this time. Philadelphia DHS is awaiting further guidance from Pa DHS/OCYF regarding this year's data package.

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?

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

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

Click to Paste Chart

These data are not available at this time. Philadelphia DHS is awaiting further guidance from Pa DHS/OCYF regarding this year's data package.

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?

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

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

Click to Paste Chart

These data are not available at this time. Philadelphia DHS is awaiting further guidance from Pa DHS/OCYF regarding this year's data package.

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?

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

Insert the Re-entry (in 12 Months) Chart

Click to Paste Chart

These data are not available at this time. Philadelphia DHS is awaiting further guidance from Pa DHS/OCYF regarding this year's data package.

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?

## 2-4 Program Improvement Strategies

For FY 2024-25, counties will fully evaluate their performance in achieving permanency and stability for children and youth who enter placement. The analysis of current practices and services toward meeting the national performance standard for timeliness to permanence, re-entry and stability in placement will identify areas in which targeted program improvement is warranted. This analysis will also help to identify areas of technical assistance needed at the county level to address challenges identified. In addition, the areas of technical assistance identified on the county level across all counties in the commonwealth will help to identify areas that need addressed through a statewide focus. As part of the analysis, counties should take a holistic view of the data available to them, including information in the data packages provided, county-specific data, general indicators, etc.

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

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

Counties that do not meet or exceed national performance standard must identify program improvement strategies based on their analysis. Based on the county analysis of the data presented in 2-2a through 2-2i and 2-3a through 2-3f, as well as other county data reviewed, counties may also choose to 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. 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.

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.

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

The following information was reported in last year's submission and 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 Stability**

The following information was reported in last year's submission and 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.

- **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 Care**

The following information was reported in last year's submission and 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%.

- b. 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).

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

As reported in last year's submission, 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.

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%).

d. 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

e. 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).

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.

The results of the data analysis will lead the county in further root cause analysis in which root causes are identified.

- a. What are the resulting root causes identified by the county analysis.

The understanding of root causes resulting from the county data analysis has been further enhanced by the findings of the Entry Rate and Disproportionality study. These findings shed light on significant factors contributing to the challenges faced by the child welfare system. The study revealed that Black children and families were over-represented in Hotline reports and subsequent system involvement, indicating a racial disparity within the system. Additionally, predominantly Black neighborhoods experienced higher rates of social and structural risk factors and reports to the Hotline, highlighting the impact of neighborhood context on system involvement.

Another key finding was that the majority of reports for children were related to neglect rather than abuse, indicating a need for stabilizing supports for families. The study further highlighted that neighborhood with the highest levels of poverty and resource deprivation also had the highest number of reports to the Hotline, emphasizing the intersection of poverty and child welfare involvement.

Moreover, the study identified a cyclical pattern of intergenerational DHS involvement, indicating that families with historical disenfranchisement and systemic disadvantages continue to experience disproportionate involvement with the child welfare system. These findings point to systemic racism, historical disinvestment, and poverty as the root causes behind these disparities and challenges. The child welfare system primarily serves families and youth who have been historically denied access to resources necessary for family preservation, both before and after their formal involvement with the system. The high prevalence of housing needs, mental/behavioral health challenges, and limited economic opportunities among families brought to the attention of DHS further substantiates this understanding. It is evident that Black families experience these challenges at disproportionate rates and across multiple generations, underscoring the need for primary prevention efforts and a commitment to becoming an antiracist organization. Embracing antiracism efforts becomes imperative in addressing these root causes and creating meaningful change within the child welfare system.

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

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

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

Related performance measures, if applicable:

Strategy:	Ensure that only families in need of child welfare and juvenile justice involvement are accepted for investigation or entry into the juvenile justice system.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Existing strategy identified in prior year NBPB
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ Train new DHS Social Work Services Managers in Hotline Guided Decision Making when they are assigned to the Hotline <i>(ongoing)</i>.</li> <li>○ Implement Transfer of Learning Activities for DHS Social Work Services Managers in Hotline Guided Decision Making to ensure fidelity to the model <i>(ongoing)</i>.</li> <li>○ Continue using Field Screening units to safely divert families reported to the Hotline from being accepted for investigation <i>(ongoing)</i>.</li> <li>○ Maintain a quality assurance process to ensure appropriate screening out of reports. <i>(ongoing)</i>.</li> <li>○ Require Social Work Administrators to review any family that has had two previous screen-outs within the past year. <i>(ongoing)</i>.</li> <li>○ Conduct monthly reviews of a sample of screen-outs by Social Work Administrators. <i>(ongoing)</i>.</li> <li>○ Provide training for staff to demonstrate knowledge of the Family First Prevention Services Act law and guidance. Apply knowledge of Evidence-Based Services to facilitate the selection of services that match the distinct needs of the family.</li> <li>○ Provide training in the Family Engagement Initiative (FEI) to all new hires and ongoing staff <i>(ongoing)</i>.</li> <li>○ Reinforce protocols that requires investigation staff, when appropriate, to refer cases to prevention programs when a preliminary safety threat is identified with the goal of mitigating the threat during the investigation. <i>(ongoing)</i>.</li> <li>○ Increase the capacity of prevention providers to engage and serve families during the investigation process.</li> <li>○ Maintain and support the role of Family Empowerment Centers in serving families diverted from the Hotline and supporting families during the investigation process. <i>(ongoing)</i>.</li> <li>○ Continue and expand research to develop evidence-based programs in the prevention arena designed to prevent placement and support reunification and reduction of congregate care. <i>(ongoing)</i>.</li> <li>○ Increase the 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. <i>(ongoing)</i>.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Support youth in the juvenile justice system who are required to pay restitution to victims by offering paid community service options.</li> <li>○ Expand the use of the Youth Aid Panel and associated services for youth arrested with the goal of avoiding the filing of a delinquency petition.</li> <li>○ Develop and issue an RFP for a trauma informed, evidence-based, community-based gun violence prevention program for JJS-involved youth.</li> <li>○ Develop and issue an RFP for a community-based evidence-based program that offers Cognitive Behavior Training for JJS-involved youth.</li> <li>○ Develop and fund a Restorative Justice Program as an alternative to adjudication/placement. This program holds individuals accountable, gives victims a voice, and promotes healing and reconciliation for all involved.</li> </ul>
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> <li>○ Sustainability of Hotline Guided Decision-Making training and transfer of learning activities integrated into DHS Hotline supervision and management.</li> <li>○ Regular review of a sample of screened out reports to ensure quality decision-making and tracking of families, including re-reporting or acceptance for service.</li> <li>○ Continued acceptance of referrals by Family Engagement Centers (FECs) and meeting performance standards.</li> <li>○ Increased engagement of families in the CAPTA program, with successful completion and reduced re-entry into the system.</li> <li>○ Availability of Family First practice-focused training in the DHS Learning Management System (LMS) for all CWO &amp; JJS staff on all levels.</li> <li>○ Demonstrate knowledge of establishing determination and redetermination decisions of candidacy during the life of the case (<i>ongoing</i>).</li> <li>○ Increased involvement of youth in Youth Aid Panels and decreased petition filing.</li> <li>○ Increased diversion of youth from the system instead of arrest.</li> <li>○ Reduction in the number of youth adjudicated delinquent and placed in congregate care.</li> <li>○ Higher rate of satisfaction of restitution obligations.</li> <li>○ Implementation of a community-based gun violence prevention program for JJS-involved youth. <ul style="list-style-type: none"> <li>● At least 50% of youth show evidence of non-gang/social media involvement.</li> <li>● At least 50% of youth participate in the youth development component of the program.</li> <li>● At least 70% of youth score between 80%-100% in the Pre &amp; Post Testing on navigating their environments/neighborhoods around gun violence.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Implementation of a community-based, evidence-based program offering Cognitive Behavior Training for JJS-involved youth. <ul style="list-style-type: none"> <li>● 90% of youth able to see a therapist within five (5) days of program enrollment.</li> <li>● 75% of youth participating in their individual weekly therapy sessions.</li> <li>● At least 85% of youth reporting improvement/reduction in stressors.</li> </ul> </li> </ul>
Evidence of Completion:	More children and youth maintained safely in their own homes and communities.
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> <li>○ Increase in funding for the Community Service and Restitution Fund, specifically raising the restitution rate from \$10 per hour to \$15 per hour, to address the substantial increase in restitution amounts due to automobile theft and vandalism.</li> <li>○ Continued funding for Graduated Response incentives, which provide incentives and interventions for juvenile offenders based on their compliance with goals.</li> <li>○ Continued funding to incorporate a gender-specific program into the services offered to juvenile offenders involved in violent crimes or gun violence. This program aims to address the unique needs and vulnerabilities of female youth in the juvenile justice system, including those who have experienced trauma, poverty, sexual violence, and school suspension or expulsion.</li> <li>○ Continued funding for gun violence prevention, including research planning-project manager, evidence-based program implementation-project manager, and the development and expansion of gun violence prevention programs throughout the city.</li> <li>○ Funding for Community Relations Units in both Juvenile Probation and the Court &amp; Community Service division, to support community engagement efforts.</li> <li>○ New funding to establish a trauma-informed and anti-racist system within the Juvenile Justice system. This includes partnering with Hall Mercer Behavioral Health to meet the behavioral health needs of youth at the PJJSC and adopting evidence-informed practices, reviewing policies, elevating the voices of youth and families, and facilitating cross-system collaboration.</li> <li>○ Increase funding Acquire 20 portable electronic devices (tablets) to facilitate conducting virtual visits with youth and families via videoconferencing platforms 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.</li> <li>○ Funding to acquire an additional 50 GPS devices as an alternative to secure detention for lower offending youth, creating room/space within the PJJSC.</li> </ul>

	<ul style="list-style-type: none"> <li>○ New Funding for an external evaluation consultant to develop an extensive evaluation plan for DHS's-Division of Juvenile Justice Services (DJJS).</li> <li>○ New funding for expert consultation to assess our current provider evaluation infrastructure to improve and align all provider evaluation processes.</li> </ul>
Current Status:	Various- demonstration of need, implementation, increased utilization, or maintenance
Monitoring Plan:	<ul style="list-style-type: none"> <li>○ Implement a process to gather feedback from program stakeholders, such as clients, staff, and community partners, to assess their satisfaction and identify areas of improvement.</li> <li>○ Conduct periodic quality assurance reviews of program operations, including documentation, procedures, and compliance with regulations and best practices.</li> <li>○ Analyze data collected from various sources, including surveys, assessments, and program records, to identify trends, patterns, and areas requiring intervention or additional support.</li> <li>○ Provide ongoing training and professional development opportunities to program staff to enhance their skills, knowledge, and effectiveness in delivering services.</li> <li>○ Utilize reports to provide regular updates on key program metrics, outcomes, and trends to stakeholders and decision-makers.</li> <li>○ Conduct regular case reviews and audits to ensure adherence to program protocols, identify areas of non-compliance, and implement corrective actions as needed.</li> <li>○ Foster collaboration and information sharing between different departments and agencies involved in delivering related services to ensure coordination, efficiency, and alignment of efforts.</li> <li>○ Conduct program evaluations and research studies to assess the effectiveness of interventions, identify best practices, and inform program improvements and policy decisions.</li> <li>○ Utilize a systematic approach for continuous improvement, including regular review of monitoring data, stakeholder feedback, and best practices, and implementation of evidence-based strategies to enhance program outcomes.</li> </ul>
Identify areas of Technical Assistance Needed:	

<b>Strategy 2:</b>	<b>Engage children, youth, and families in targeted prevention programs aimed at diverting them from entering the child welfare system and juvenile justice system.</b>
Identify if this is an existing strategy identified	Existing strategy identified in prior year NBPB

in prior year NBPB or a new strategy:	
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ Continue to improve recruitment and retention strategies for Out-of-School Time (OST) programs. OCF recently released a Request for Proposal (RFP) through their Intermediary to identify new capacity building resources for providers that are in alignment with current needs of students: literacy, social emotional learning, accommodations for students with special or complex needs, navigating behavioral health system, etc.</li> <li>○ OST will continue to integrate and monitor newly added supports and staff to increase access to OST and support families throughout their enrollment in OST.</li> <li>○ Expand Out-of-School Time (OST) program through primary prevention efforts.</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>○ Increased family engagement through truancy providers, resulting in a decrease in truancy referrals to Regional Truancy and Family Court.</li> <li>○ Reduction in Hotline calls related to truancy and social/economic barriers, leading to household stability and decreased need for child welfare and juvenile justice services.</li> <li>○ Achieve a measurable increase in school attendance, learning engagement, and graduation rates among youth enrolled in evidence-based after-school programs.</li> <li>○ Increase in Academic Outcomes for Youth in Evidence-Based After-School Programs</li> </ul>
Evidence of Completion:	Elimination of barriers to regular school attendance is achieved. Families are diverted away from the court system and formal child welfare services for educational barriers.
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> <li>○ Increased funding for Integrated Case Management in 20 Community Schools- The goal of this integrated case management model is to decrease the number of young people entering the child welfare system. Early data has shown that the early intervention model is reaching its intention which is to reduce the number of young people who enter the formal child welfare system.</li> <li>○ New funding for additional staff to support program evaluations for OCF’s Truancy Intervention Prevention Services (TIPS) and General Case Management (GCM) Services</li> <li>○ Increase funding for Out of School Time (“OST”) programming</li> </ul>
Current Status:	○ In progress
Monitoring Plan:	Continuously evaluate, monitor, and expand case management services to effectively address the specific needs of the school community and provide targeted support.

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

Related performance measures, if applicable:

Strategy:	Strengthen Family Engagement and Improved Practice for Timely Reunifications and Permanency
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Existing strategy identified in prior year NBPB
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ Continuously streamline procedures and practices to minimize the time between termination of parental rights and finalization, ensuring a prompt and efficient process.</li> <li>○ Philadelphia DHS embraced the Administrative Office of the Pennsylvania Court's Family Engagement Initiative (FEI) to increase timely reunification and other permanency indicators.</li> <li>○ Continue expanding the provision of quality parent representation in dependency proceedings through the Enhanced Legal Representation efforts. This will ensure that parents have adequate support and advocacy throughout the legal process.</li> <li>○ The Performance Based Contracting (PBC) with CUAs should be fully implemented to incentivize timely permanency and stability for all eligible youth entering out-of-home placement. Monitoring CUA performance on meeting identified benchmarks for timely permanency and stability should be conducted on a quarterly basis, with regular engagement to ensure updated data and effective collaboration.</li> <li>○ Expand the family voice portfolio to strengthen accountability and consistent engagement of biological families.</li> <li>○ To ensure the successful implementation of the Rapid Permanency Review process, DHSU will actively monitor and provide consulting and technical assistance. This involvement will help address any challenges and promote continuous improvement in the review process.</li> <li>○ Enhance the completion of Rapid Permanency Reviews for children in placement for more than two years by implementing a structured timeline and accountability measures. This ongoing process will ensure that the reviews are conducted efficiently and effectively.</li> <li>○ Collaborate with Family Finding &amp; FGDM partners to align the scope of work with FEI, enhancing practice in keeping</li> </ul>

	<p>families engaged in the planning process and securing viable family supports for kinship. Streamline the submission of CRRFM &amp; Family Finding reports through the Law Department to the court, facilitating the provision of necessary services for children involved in the dependency system.</p> <ul style="list-style-type: none"> <li>○ Monitor the newly incorporated Kinship Navigator Program developed to identify appropriate kinship care options for youth in congregate care settings, reduce the rate of placement disruptions for children and youth, increase the number of children and youth placed in kinship care settings, enhance family engagement, and leverage community resources.</li> <li>○ Collaborate with Family Finding &amp; FGDM partners to align the scope of work with FEI, enhancing practice in keeping families engaged in the planning process and securing viable family supports for kinship. Streamline the submission of CRRFM &amp; Family Finding reports through the Law Department to the court, facilitating the provision of necessary services for children involved in the dependency system.</li> </ul>
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> <li>○ Increase the number of youth who are reunified.</li> <li>○ Increase the number of youth reunified within 12 months of placement.</li> <li>○ Decrease reentry into care after reunification.</li> <li>○ Decrease placement moves so that reunification/permanency can happen in a timelier manner.</li> <li>○ Increase the number of youth adopted or awarded permanent legal custody within 24 months.</li> <li>○ Shorten time between termination of parental rights and finalization.</li> <li>○ Increase the family engagement scores in the CUA scorecard.</li> <li>○ Increase use of kin.</li> <li>○ Increase in the number of timely and focused transition plans for older youth.</li> <li>○ Increase the number of resource parents who can care for youth with complex behavioral and physical health concerns.</li> <li>○ Decrease the number of youth re-entering care after reunification.</li> <li>○ Reduce the average caseload for each attorney by 20%.</li> </ul>
<p>Evidence of Completion:</p>	<p>More children and youth achieving timely reunification or other permanency.</p>
<p>Resources Needed (financial, staff, community supports, etc.):</p>	<ul style="list-style-type: none"> <li>○ Increase allocation to expand quality parent representation in dependency proceedings through Enhanced Legal Representation (component of FEI) efforts. An additional four (4) attorneys are needed, resulting in a total of six members on each team.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Maintenance funding for Family Unification Program (FUP)/Rapid Re-housing for Reunification.</li> <li>○ Maintenance funding for Kinship Navigator Program Model</li> <li>○ Increase utilization of the Rapid Rehousing for Reunification Program to meet the needs of families in housing programs, allowing for timely reunification.</li> <li>○ Increased funding to Community Legal Services program of parent support workers to assist parents involved in the system in navigating the placement and court process. These support workers will provide guidance and resources to help parents better understand and engage in the child welfare process.</li> </ul>
Current Status:	Various- demonstration of need, implementation and In progress.
Monitoring Plan:	<ul style="list-style-type: none"> <li>○ Streamlined Reporting-Implement a standardized reporting process to ensure consistent and timely reporting of benchmark results. Strengthen the reconciliation process between PMT and CUAs to address any issues or missing information in a timely manner. Regular communication and collaboration should be established to resolve discrepancies and ensure accurate data for monitoring.</li> <li>○ Conduct an annual reconciliation of the final benchmark list with CUAs before calculating the reinvestment. This step ensures that the reinvestment calculation is based on accurate and verified data, promoting transparency and accountability.</li> <li>○ Improve communication channels between PMT and each CUA to share the benchmark results effectively. This can include providing comprehensive reports that highlight the achievements and areas for improvement, along with actionable recommendations.</li> <li>○ Establish clear criteria for program reinvestment allocation based on exceeding PBC benchmarks and achieving a mark of "competent" or above on the overall CUA scorecard and practice domains. Finance should allocate program reinvestment funds to incentivize and reward CUAs that demonstrate exceptional performance.</li> <li>○ Adjust the provider evaluation frequency to a biannual basis for providers with a high number of service concerns. This more frequent evaluation ensures that ongoing issues are addressed promptly and providers receive the necessary support and monitoring.</li> <li>○ Conduct regular reviews of case files to ensure the consistent utilization of Family Finding and Accurant. These reviews should be performed systematically and provide feedback to CUAs on areas for improvement and best practices.</li> <li>○ Foster a culture of continuous improvement by soliciting feedback from CUAs and providers regarding the monitoring process. Regularly assess the effectiveness of the</li> </ul>

	monitoring system, identify bottlenecks, and implement necessary enhancements to streamline operations.
Identify areas of Technical Assistance Needed:	

Strategy 2	Utilize practices and resources/programs to assist older youth and families in successfully exiting the child welfare and juvenile justice systems.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Existing strategy identified in prior year NBPB
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ Continued utilization of the Fostering Youth Independence (FYI) program that includes clear indicators, data collection methods, and reporting mechanisms.</li> <li>○ Monitoring activities to assess the program's effectiveness in providing housing vouchers and support to young adults aged 18-23 who have aged out of foster care.</li> <li>○ Continue collaboration among stakeholders involved in supporting older youth through various programs such as Older Youth Transition meetings, Resumption, NYTD/Credit Check, mentoring programs, Independent Living Services, and Community Based Older Youth Contracts. Facilitate regular communication, joint planning sessions, and sharing of best practices to ensure a seamless and integrated approach to supporting young adults in their transition to independence.</li> <li>○ Continue utilization of LifeSet to reach youth who are not engaged in Achieving Independence Center independent living activities. This program will ensure that older youth aging out of care can establish supportive connections and gain the necessary skills for independent living, including education, employment, housing, and basic life skills.</li> <li>○ Maintain support for the Achieving Independence Center. These resources are crucial for improving outcomes for older youth transitioning out of the child welfare system.</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>○ Increased engagement of the county's children and youth in educational systems.</li> <li>○ Increased number of youth aging out with successful permanency and/or housing stability in the community.</li> </ul>
Evidence of Completion:	More children and youth achieving timely reunification or other permanency.
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> <li>○ New funding to expand the Empowering Older Youth Project. This project is designed to provide specialized legal representation and social service advocacy to older youth in the child welfare system. The goal is to assist older youth in accessing necessary services, stabilizing in family or independent residences, participating in education and</li> </ul>

	<p>vocational programs, and transitioning into independent adulthood successfully.</p> <ul style="list-style-type: none"> <li>○ Increased funding for Peer Mentor program. This program is designed to enhance the interdisciplinary model of representation in the Defender Associations' Child Advocate Unit (CAU). A program of peer support partners for older youth in the system. These peer mentors will assist youth in navigating the trauma of out-of-home placement and help them develop pathways to independence.</li> <li>○ New Funding for the development of the Support Center for Child Advocates to add mentors/advocates to their interdisciplinary teams representing older youth.</li> <li>○ Maintain funding for older youth housing up to age 24 to assist youth who age out of the system with sustained housing support into adulthood.</li> </ul>
Current Status:	In progress
Monitoring Plan:	Collect feedback to assess participant satisfaction, identify areas for improvement, and gather success stories. Use this feedback to inform program enhancements, identify gaps in service delivery, and make necessary adjustments to ensure the program effectively meets the needs of young adults aging out of foster care.
Identify areas of Technical Assistance Needed:	

**Outcome #3: Reduction in the Use of Congregate Care (including CFSR indicators not met or exceeded by Phila DHS related to timeliness to permanency)**

Related performance measures, if applicable:

Strategy:	Enhanced Assessment, Monitoring, and Timely Discharge to Reduce the Use of Congregate Care
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Existing strategy identified in prior year NBPB
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ Continuing the use of the Commissioner's Approval Process, which ensures that key decisions are made at a higher level to maintain accountability and consistency.</li> <li>○ Increase the number of referrals for Family Finding for youth placed in Congregate Care. This proactive approach will help identify and engage extended family members or other significant connections for these youth, promoting placement stability and long-term support.</li> <li>○ Utilization of Accurint searches as part of the process to identify relatives for family-based placement. This search tool will aid in locating potential kinship caregivers and facilitate the placement of children in familiar and supportive environments.</li> </ul>



	<ul style="list-style-type: none"><li>○ Monitor the effectiveness of the newly incorporated Kinship Navigator Program, which aims to identify suitable kinship care options for youth in congregate care. Regular evaluation should focus on reducing placement disruptions, increasing kinship placements, enhancing family engagement, and leveraging community resources.</li><li>○ Maintain regular congregate care reviews to identify opportunities for timely discharge planning. This proactive approach will facilitate the transition of youth from congregate care to family-based settings or other appropriate placements.</li><li>○ Strengthen collaboration with the behavioral health system to ensure that necessary services are provided to stabilize family-based placements. This partnership will enhance the well-being and success of children and youth in these placements.</li><li>○ Ensure that each dependent youth receives a coping kit at the time of initial removal or subsequent placement moves as part of the CALM services. These kits will provide essential resources and tools to help youth cope with the challenges and stress of being in out-of-home care.</li><li>○ Continue the full implementation of CALM services to reach every youth entering placement or moving to a new kinship, foster, or congregate care placement. This comprehensive approach will provide the necessary support and services to promote stability and well-being for these youth.</li><li>○ Implement trauma-informed specialized settings as a priority for Congregate Care providers. The Department will update scopes to align with enhanced services outlined in the specialized residential setting guidance, specifically tailored to youth who are, or at risk of becoming, victims of sex trafficking.</li><li>○ Strengthen resource parent recruitment efforts to identify homes specifically for youth with specialized behavioral health needs, LGBTQ+ or gender non-conforming youth, and those with physical health needs. This targeted approach will ensure that these youth are placed in supportive and understanding environments.</li><li>○ Increase recruitment efforts for resource parents who are willing to have only one child or youth in their home at any given time to comply with court orders. This will address the specific needs of youth requiring individualized attention and support.</li><li>○ Identify foster care providers who are capable of recruiting and retaining professional resource parents willing to care for children and youth with sexually reactive behaviors resulting from sexual abuse or other complex behavioral health needs. This specialized recruitment strategy will ensure appropriate support and care for these vulnerable populations.</li></ul>
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<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> <li>○ Reduced placement disruptions: Decrease the frequency of placement disruptions or changes experienced by dependent youth.</li> <li>○ Enhance the process of placing children and youth with suitable and compatible kin, or non-related caregivers considering their unique needs and preferences.</li> <li>○ Provide comprehensive support services to children, youth, and kin/caregivers, including access to resources, training, and assistance, to maintain stable placements.</li> <li>○ Foster effective communication and collaboration among all stakeholders involved in the placement process, including individuals, caregivers, caseworkers, and relevant professionals.</li> <li>○ Promote consistent and enduring relationships between children/youth and their kin/caregivers, facilitating trust, attachment, and continuity of care.</li> <li>○ Continue efforts to incorporate youth voices into quality improvement strategies and practice development by pursuing survey opportunities. This ongoing engagement will provide valuable insights and perspectives to inform decision-making and enhance services.</li> <li>○ Continue utilizing assessment instruments such as the Youth Level of Service and the Pennsylvania Detention Risk Assessment Instrument to inform Juvenile Probation Officers' recommendations to the court regarding the level of supervision, program selection, and length of stay for youth involved in the juvenile justice system.</li> <li>○ Increase the availability of community-based delinquent placement settings as an outcome of priority. This expansion will provide more appropriate and effective alternatives to secure detention, promoting rehabilitation and successful reintegration into the community.</li> <li>○ Continue efforts to incorporate youth voices into quality improvement strategies and practice development by pursuing survey opportunities. This ongoing engagement will provide valuable insights and perspectives to inform decision-making and enhance services.</li> <li>○ Ensure the availability of emergency resource homes for children and youth in need of placement to prevent overnight stays in the DHS Child Care Room.</li> </ul>
<p>Evidence of Completion:</p>	<ul style="list-style-type: none"> <li>○ More children and youth achieving timely reunification or other permanency.</li> <li>○ A reduction in the use of residential [congregate] care.</li> </ul>
<p>Resources Needed (financial, staff, community supports, etc.):</p>	<ul style="list-style-type: none"> <li>○ Maintenance funding for Crisis Access Link Model (CALM), Kinship Navigator Program Model</li> <li>○ Increased funding for Professional Resource Parent Model to provide comprehensive care for youth with multi-complex behavioral health needs.</li> <li>○ New funding to contract with a consulting firm with expertise in engaging individuals impacted by the child welfare system</li> </ul>

	<p>to elevate the voice of youth and families more intentionally and strategically throughout the life cycle of data and reporting, including the co-design of data collection systems and processes, the co-creation of data projects and reports, the co-interpretation of analyses, and the co-construction of deliverables and dissemination processes.</p> <ul style="list-style-type: none"> <li>○ Increased funding for CVHT/CSEC Specialized Therapeutic Foster Care (PROMISE CVHT STFC) service is designed to meet the complex needs of child/youth survivors of sexual exploitation.</li> </ul>
Current Status:	JJS is currently finalizing the RFP process for Mid-level placement. We plan to award the contract by July 1, 2023. The ideal awardee will have a facility within Philadelphia County. We have also completed the RFP process for a Community Based Detention Shelter (CBDS). If approved, it will also be in Philadelphia County. The goal is to have it opened by July 1, 2023.
Monitoring Plan:	Increase monitoring of congregate care providers that have a high number of serious incidents or service concerns on a bi-annual basis. This intensified oversight will address any issues promptly and ensure the safety and well-being of the youth in their care.
Identify areas of Technical Assistance Needed:	

**Outcome #4: Improved child and family functioning and well-being (including CFSR indicators not met or exceeded by Phila DHS related to timeliness to permanency)**

Related performance measures, if applicable:

Strategy:	<p>Enhancing Child and Family Well-being and Support by:</p> <ul style="list-style-type: none"> <li>○ Supporting parents, children, and youth through the traumatic experience of child removals from home.</li> <li>○ Supporting educational needs of children in care.</li> </ul>
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Existing strategy identified in prior year NBPB.
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ Continue support for Healthy Families America, which provides in-home services for families with young children. Enroll DHS-involved families with children up to one year old to promote positive parenting practices, healthy child growth, and strong parent-child relationships.</li> <li>○ Expand mental health first aid training to include biological and resource parents, foster care providers, and congregate care providers. This training will equip caregivers with the necessary skills to recognize and respond to mental health challenges in children and youth.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Increase the number of trainers for youth and adult mental health first aid to expand the reach of this critical training program and ensure broader access to mental health support and resources.</li> <li>○ Identify evidence-based programming to be provided at the PJJSC for youth charged with crimes as adults, with longer lengths of stay and higher-end needs. Issue an RFP to procure the necessary programming that will address their needs.</li> <li>○ Develop and fund a multi-year system enhancement focused on a trauma-informed child welfare system that enhances a trauma-informed service delivery model for all DHS providers. This includes evaluating current trauma-informed trainings, practices, and programs implemented by DHS frontline staff and provider agencies and making recommendations for appropriate policies, processes, and trauma-informed curricula or trainings.</li> <li>○ OCF Prevention's Education Support Center (ESC) supports DHS, CUA, family finding and kinship care with its Best Interest Determination (BID) processes and interagency Teamings. ESC assesses supports at the time of child placement and ensures educational stability is supporting.</li> <li>○ ESC and School District of Philadelphia (SDP) continue to look at trends and evaluate how technology can support youth when their placement is disrupted and avoid when possible changing schools.</li> <li>○ Continued integration of DHS Nursing program to support a more robust on call system to meet the immediate needs of children and youth brought to the DHS Child Care Room for placement, such as monitoring and administering children's medication on schedule.</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>○ Reduction of the waiting list for representation of youth by appointed Education Decision Makers at IEPs and school Best Interest Determinations.</li> <li>○ Percentage of DHS frontline staff and provider agencies trained in trauma-informed practices.</li> <li>○ identification and implementation of evidence-based programming at the PJJSC for youth charged as adults.</li> </ul>
Evidence of Completion:	Improved child, youth, and family functioning.
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> <li>○ Fund and develop community home model placements for female and female-identifying youth who have experience or high-risk indicators for involvement in commercial sexual exploitation and trafficking.</li> <li>○ Provide specialized therapeutic resource home care for survivors of commercial sexual exploitation and trafficking.</li> <li>○ Continued funding for the Mental Health First Aid Training. We administer the evidence-based Mental Health First Aid (MHFA) training program.</li> </ul>
Current Status:	In progress

Monitoring Plan:	<ul style="list-style-type: none"> <li>○ Conduct a thorough examination of the statistical validity of the current well-being data and identify additional indicators as needed. This process will ensure that accurate and comprehensive data is used to assess the well-being of children and youth in the child welfare system.</li> </ul>
Identify areas of Technical Assistance Needed:	

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

Related performance measures, if applicable:

Strategy:	<ul style="list-style-type: none"> <li>○ 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: <ul style="list-style-type: none"> <li>● Improve candidate selection at both the Civil Service exam and during the interview process.</li> <li>● Implement an incentive pay program to attract and retain staff.</li> <li>● Solicit feedback at all levels to determine areas that require improvement.</li> <li>● Provide tools and services to support work, wellness, and employee recognition.</li> </ul> </li> <li>○ Ensure sufficient infrastructure to support innovative system-level programmatic growth and development.</li> </ul>
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Existing strategies identified in prior year NBPB
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ Divisions through increased marketing, collaboration with the City of Philadelphia's Central Office of Human Resources for job postings and updates and building relationships with universities and colleges to create employment pipelines. These ongoing efforts will help attract and retain talented professionals.</li> <li>○ Collaborate with the Office of Human Resources to revise job specifications and Civil Service exams, ensuring better screening of candidates and matching their skills to job requirements. This collaboration will help identify the most qualified individuals for available positions.</li> <li>○ Collaborate with operating divisions to develop a behavioral-based assessment tool. Led by the Onboarding task force, this initiative is currently in progress and will enhance the selection process by evaluating candidates based on their behavioral competencies.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Continue conducting stay interviews of high-performing staff and their supervisors who have been with the Department for at least 5 years. These interviews provide valuable insights into employee satisfaction and help identify areas for improvement.</li> <li>○ Solicit feedback from new hires and their chain of command to inform the onboarding process. Ongoing feedback collection will enable continuous improvement of the onboarding experience and better support the integration of new staff members.</li> <li>○ Maintain frequent training sessions for new DHS Social Work Services Managers and CUA case managers. These sessions will ensure that new managers receive the necessary training and support to excel in their roles.</li> <li>○ Build an additional simulation room to train new DHS and CUA staff, allowing for increased capacity from 24 to 48 staff members trained at one time. This expansion will reduce the time required to obtain the Direct Worker Certification (DSW) from 13 weeks to 9 weeks.</li> <li>○ Purchase modern and usable open furniture to replace outdated cubicles in large open spaces. This will create a more modern and collaborative work environment that better meets the needs of the staff. <i>(ongoing)</i></li> <li>○ Continue enhancing network infrastructure and implementing network assessment recommendations to enhance security features. Ongoing efforts will help maintain a secure and efficient network infrastructure.</li> <li>○ Completed the migration of ECMS (Electronic Case Management System) into a new platform and developed the system to meet CWIS (Child Welfare Information System) requirements. This ensures compliance with regulatory standards and enhances case management capabilities.</li> <li>○ Continue building and modernizing the DHS case management system to improve efficiency and effectiveness in managing cases and supporting client services.</li> <li>○ Create the position of a paraprofessional Social Work Aide and hire staff to fill the position. These aides will provide administrative assistance to DHS Social Work Services Managers in completing investigations, allowing managers to focus more on critical case work. <i>(implementation)</i>.</li> <li>○ Allocate funding to establish a Hotline Monitoring unit consisting of program analysts and a supervisor. This unit will monitor Hotline calls, providing valuable call-related data to assist managers in their decision-making and improve overall efficiency. <i>(implementation)</i>.</li> <li>○ Continue recruitment and retention efforts across the agency and all divisions.</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Hire a Parent/Youth Advocate Specialist to provide specialized support and advocacy for parents and youth involved in the child welfare system.(implementation).</li> <li>○ Expand Employee Recognition efforts to include monthly morale events, promoting a positive work environment and acknowledging the contributions of the staff.</li> <li>○ Develop an implementation science framework and position descriptions in preparation for hiring Implementation Science Teams. These teams will support data-driven programming, new initiative implementation, and monitoring to ensure evidence-based practices (ongoing).</li> <li>○ Continued integration of CQI associates to build greater capacity within DHS to more effectively use data to inform management, system improvements, and strategic planning (<i>implementation</i>).</li> </ul>
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> <li>○ Increase in diverse qualified applicants and staff retention to actively promote diversity and create an inclusive work environment that attracts and retains a diverse range of talented individuals.</li> <li>○ Improvement in recruitment and onboarding process to streamline the recruitment and onboarding process, resulting in higher employee satisfaction, better performance, and reduced turnover.</li> <li>○ Enhancements in training infrastructure and quality to provide ample training resources, improve the quality of trainings, and ensure staff members have the necessary knowledge and skills to perform their roles effectively.</li> <li>○ Enhanced work environment and IT system to provide a conducive work environment and efficient IT infrastructure that enhances staff performance and data utilization.</li> <li>○ Average Salary Growth Rate to ensure competitive compensation and reward staff members for their dedication and contribution to the organization.</li> </ul>
<p>Evidence of Completion:</p>	<p>A Stable and Skilled Workforce.</p>
<p>Resources Needed (financial, staff, community supports, etc.):</p>	<ul style="list-style-type: none"> <li>○ Hire additional staff, such as Clerks, Supervisors, and Program Analysts, to support the training needs of new CUA case managers and DHS Social Work Service Managers. These additional resources will ensure comprehensive support during the training process (ongoing).</li> <li>○ Employee well-being- Requesting new funding for the implementation of the Critical Traumatic Response (CTR) program. The CTR program aims to support the psychological safety of DHS workers who experience traumatic events while performing their duties.</li> <li>○ Hire additional HR staff to support hiring efforts, ensuring a smooth and efficient recruitment process to meet staffing needs (<i>ongoing</i>)</li> <li>○ New funding request for the Alumni Coach Training Program plays a significant role in enhancing our retention efforts.</li> </ul>

	<ul style="list-style-type: none"> <li>○ DHS is requesting Increase CUA wages and benefits.</li> <li>○ Continued funding for the: Philadelphia Trauma Training Conference.</li> <li>○ Continued funding for the: National Staff Development and Training Association (NSDTA)</li> <li>○ Maintained funding for Training Consultants</li> </ul>
Current Status:	In progress
Monitoring Plan:	The Executive Cabinet will oversee the monitoring of these items and provide regular updates during their meetings.
Identify areas of Technical Assistance Needed:	

**Outcome #6: Eliminate the Disproportionate Out-of-Home placement of African American children and youth (in response to our root cause analysis, and the findings of the 2019 Entry Rate and Disproportionality study)**

Related performance measures, if applicable:

Strategy:	To design interventions focused on eliminating the disproportionate out-of-home placements and child welfare contact specifically for African American children and youth.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Existing strategy
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Modifying and supplementing the statewide mandated reporter training to encourage a culture of support rather than surveillance.</li> <li>○ Continued system work on a multi-phased approach to address the inequities within our child welfare system. Central to our commitment to equity for children and families of color is the adoption of an anti-racist perspective throughout our actions. This transformative process involves reviewing, assessing, and revising our policies and procedures, as well as integrating anti-racist principles into our day-to-day practice. In FY 22, the Philadelphia Department of Human Services (DHS) initiated the Anti-Racist Organization-Phase 1 "Champion" cohort in collaboration with the Center for the Study of Social Policy (CSSP) and Casey Family Programs.</li> </ul>



Indicators/Benchmarks (how progress will be measured):	<p>Decrease in the proportion of Black children reported to the DHS Hotline.</p> <ul style="list-style-type: none"> <li>○ Reduction in the number of GPS (General Protective Services; neglect-related) reports.</li> <li>○ Decrease in the proportion of parents reported to the DHS Hotline with intergenerational involvement.</li> <li>○ Increase in the implementation of neighborhood-level factors and investments to address families' concrete needs and enhance resource connections.</li> </ul>
Evidence of Completion:	Equity for children and families of color is the adoption of an anti-racist perspective throughout our actions.
Resources Needed (financial, staff, community supports, etc.):	
Current Status:	In progress
Monitoring Plan:	<ul style="list-style-type: none"> <li>○ Utilize time series analysis to assess the impact of interventions and determine evidence of completion.</li> <li>○ Assess major outcomes, trend lines over the past ten years for key outcomes, including:</li> <li>○ Proportion of children reported to the Hotline by ethno-racial identity: Monitor changes in the percentage of African American children reported to the Hotline.</li> <li>○ Percentage of neglect-related reports: Track the percentage of GPS (General Protective Services) reports related to neglect.</li> <li>○ Percentage of parents with inter-generational reports: Monitor changes in the proportion of parents reported to the Hotline with intergenerational involvement.</li> <li>○ Assess the city-wide impacts of interventions on DHS contact and cyclical surveillance among African American families for non-safety concerns.</li> <li>○ Ensure that the employed metrics are relatively stable for accurate time series analysis.</li> <li>○ Continuously monitor and evaluate the impact of interventions to inform decision-making and improvements.</li> <li>○ Establish a process for continuous quality improvement and strategic process evaluation. Additionally, DHS will receive support from top experts in the field of child welfare analysis and equity research to provide technical assistance.</li> </ul>
Identify areas of Technical Assistance Needed:	

For Program Improvement Areas that were identified in the FY 2023-24 NBPB Submissions, please review them and incorporate the ones that fit with one or more of the outcomes identified above. 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 2022-23. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

<b><u>Non-Uniformed Employees</u></b>					
The following fringe benefit costs for non-uniformed employees are effective as of July 1, 2022, and should be added to all FY2023 costs which are chargeable to other city agencies, other governmental agencies and outside organizations:					
<b>Municipal Pensions (Percentage of Employee's Pension Wages)</b>					
<b><u>Plan</u></b>	<b><u>Employee Classification</u></b>	<b><u>Normal Cost</u></b>	<b><u>Unfunded Liability</u></b>	<b><u>Pension Obligation Bond</u></b>	<b><u>Total</u></b>
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	4.983%	32.297%	6.913%	44.193%
Y	All non-uniformed employees hired after 10/1/1992	4.983%	32.297%	6.913%	44.193%
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	4.983%	32.297%	6.913%	44.193%
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,	4.983%	32.297%	6.913%	44.193%
16	Stacked Hybrid Plan D.C 33 and Correctional Officers hired after 8/20/2016 D.C 47/Exempts /Non-Reps hired after	4.983%	32.297%	6.913%	44.193%

	12/31/2018. Compensation used in calculating benefits is capped at \$65,000				
<b><u>Employee Disability</u></b>					
				<b><u>Cost per Employee Per Month</u></b>	
Worker's Compensation				\$ 208.76	
Regulation 32 Disability				\$ 0.49	
<b><u>Social Security / Medicare</u></b>					
	Calendar Year Earnings Covered	Effective Period	Percentage		
Social Security	Gross Earnings not to exceed \$147,000	07/01/22 - 12/31/22	6.20%		
	Gross Earnings not to exceed \$160,200	01/01/23 - 06/30/23	6.20%		
Medicare	Unlimited Gross Earnings	07/01/22 - 12/31/22	1.45%		
	Unlimited Gross Earnings	01/01/23 - 06/30/23	1.45%		
<b><u>Group Life Insurance</u></b>					
All full-time employees except those hired as emergency, seasonal or temporary help					
<b><u>Employee Classification</u></b>	<b><u>Coverage</u></b>		<b><u>Per Month</u></b>		
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		
<b><u>Employee Health Plans</u></b>					
These plans are available to all non-uniformed employees except emergency, seasonal, temporary and part-time employees					
<b><u>Employee Classification</u></b>				<b><u>Cost Per Employee Per Month</u></b>	
D.C. 33				\$ 1,500.00	
D.C. 47				\$ 1,100.00	
<b><u>Exempt &amp; Non-Rep Personnel in City Administered Plans:</u></b>					
	<b><u>Single</u></b>	<b><u>Single + One</u></b>	<b><u>Family</u></b>		
Keystone HMO 2	\$ 617.78	\$1152.57	\$1813.09		

Personal Choice PPO 2	564.59	1054.76	1658.59
Dental PPO 3	37.35	69.84	109.47
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			
<b>Unemployment Compensation</b>			
<b>Employee Classification</b>		<b>Cost Per Employee Per Month</b>	
All non-uniformed employees		\$6.51	
<b>Group Legal Services</b>			
<b>Employee Classification</b>		<b>Cost Per Employee Per Month</b>	
D.C. 33		\$15.00	
D.C. 33 Correctional Officers		12.00	
D.C. 47		15.00	

### 3-1b. Organizational Changes

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

There have been no changes to the county's organizational chart.

### 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 has implemented various steps to promote the hiring of staff, whether to fill vacancies or for newly created positions. DHS Human Resources collaborates with divisions twice a year to plan for hiring, classification, and examination needs. These plans are submitted to the City of Philadelphia Office of Human Resources to establish eligible candidate lists. Regular monthly meetings are held with each division to review staffing needs and provide updates.

To address the majority of vacancies in Social Work Services Managers and Youth Detention Counselor positions, an aggressive onboarding plan is being implemented. An onboarding task force has been created by DHS to streamline and expedite the hiring process. Strategies include special pay incentives, updates to job specifications and exams, group block appointments for background clearances, collaboration with local universities to expand the candidate pool, new hire mentor programs, behavioral interviews, and simulated training. A waiver has been granted by DHS to allow a substitution of two years of relevant experience working with children in programs involving juvenile offenders for the completion of 60 credit hours at an accredited college or university. Additionally, employees are now eligible for a lump-sum hiring bonus of \$1,000 to incentivize hiring. Aggressive recruitment efforts have been

implemented by DHS, including running ads on platforms like Monster.com, YouTube, Facebook, Instagram, Twitter, SEPTA bus backs, digital signage, and bus shelters. These efforts aim to direct potential candidates to job application links and raise awareness about job opportunities in the agency.

DHS has implemented various strategies to promote staff hiring. One significant step is the improvement of staffing at the PJJSC by assisting applicants in navigating civil service regulations. They have obtained a waiver from PA DHS to relax education requirements, allowing relevant job experience to be considered. DHS has also worked with the Office of Human Resources to streamline hiring and background check processes, including discontinuing pre-employment indebtedness checks for PJJSC candidates.

To attract potential candidates, DJJS has hosted and attended multiple job fairs. They interviewed 85 potential candidates at one job fair, attended job fairs at a local community college where interested applicants could apply on-site. They also have plans to attend a career fair at a community college in April 2023.

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

- **Updating Job Specifications and Examinations:** DHS's HR department collaborates with the Office of Human Resources to regularly update Civil Service job specifications and examinations. This ensures that the recruitment process accurately captures candidates who possess the necessary competencies for mission critical positions of Social Work Service Manager and Juvenile Detention Counselor. Additionally, the interview process has been enhanced to include a behavioral-based assessment, allowing for a more comprehensive evaluation of candidates.
- **Stay Interviews:** DHS conducts stay interviews at all levels within the organization to identify areas for improvement and address concerns related to retention. These interviews will resume in FY2023, providing an opportunity for employees to express their feedback and concerns, ultimately helping DHS enhance retention efforts.
- **Philadelphia Child Welfare Leadership Academy (CWLA):** DHS is expanding the CWLA across all levels within the organization, including emerging leaders. This initiative aims to develop leadership skills and competencies throughout DHS's entire workforce. Plans are underway to implement a Directors' CWLA program, further strengthening leadership within DHS.
- **Employee Professional Development:** Funding request for maintaining the following professional growth opportunities:
  - Continued funding for the National Staff Development and Training Association (NSDTA). We participate in this national network, which focuses on building professional and organizational capacity in human services. Through membership in NSDTA, we gain access to valuable resources and ideas for organizational development, staff development, and training. The trainings offered annually provide opportunities for leadership enhancement and professional and workforce development.
  - Continued funding for the Philadelphia Trauma Training Conference. This conference is designed to provide an intensive and collaborative learning experience for providers, educators, leaders, and community members invested in promoting health across disciplines. By participating in this conference, our employees gain valuable knowledge and skills related to trauma-informed care, enhancing their effectiveness in supporting individuals and families.

- Continued funding for the Mental Health First Aid Training. We administer the evidence-based Mental Health First Aid (MHFA) training program, facilitated by the National Council for Mental Wellbeing. This program equips our employees with the skills to identify, understand, and respond to signs of mental health and substance use challenges in adults, youth, and teens. By providing this training, we empower our workforce to support individuals experiencing mental health difficulties and contribute to overall community well-being.
- New Funding to address retention concerns. Providing employees with valuable coaching skills and support, through the Alumni Coach Training Program. A four-month program, developed with Performance Plus International (PPI) based on the International Coach Federation (ICF) Standards, builds internal coaching capacity, and integrates coaching practices into our agency's culture. By investing in coaching skills and support, we aim to retain a stable and effective workforce, improving engagement and practices for better outcomes.
- **Supervising for Excellence Training:** DHS is committed to enhancing practice and addressing professional development needs. To achieve this, the Supervising for Excellence training program is offered to supervisors, administrators, and directors. This program equips them with the necessary skills and knowledge to excel in their roles and contribute to the overall success of DHS.
- **Partnership with Child Welfare Educational Leadership Program (CWEL):** DHS has established a partnership with the CWEL program, which is an Employee Education Program. This collaboration supports retention efforts and fosters internal growth of leadership within DHS. Staff members who obtain their master's degree through this program become eligible to apply for the supervisor's test, creating opportunities for career advancement.
- **Progressive Recruitment Efforts:** DHS is actively engaged in progressive recruitment efforts. This includes collaborating with local Historically Black Colleges and Universities to enhance staffing at the Philadelphia Juvenile Justice Services Center. DHS is also considering special pay incentives and establishing partnerships with universities such as Temple, Bloomsburg, Widener, Lock Haven, and Kutztown. Additionally, examinations for Social Work and Juvenile Detention Counselor positions are posted twice a year during graduation seasons to attract qualified candidates.
- **Community Umbrella Agencies (CUAs) Recruitment and Retention:** DHS is focusing on recruitment and retention efforts for case managers within the Community Umbrella Agencies. To support this, DHS is requesting additional funding for salary increases. Mentor Initiative Program: DHS has established a Mentor Initiative Program specifically for new hires. This program facilitates monthly formalized meetings between mentors and mentees and encourages one-on-one sessions outside of the regular meetings. These mentorship interactions can take place through face-to-face chats, virtual meetings, or conference calls. The program aims to provide valuable support and guidance to new hires during their 6-month probationary period, ensuring a smooth transition and increasing retention rates.
- **Infrastructure Enhancement:** DHS recognizes the need to be agile in supporting the onboarding of new hires and is actively seeking additional funding to invest in training infrastructure improvements. This investment includes the creation of additional classroom and simulation room spaces to accommodate the growing workforce. By expanding these facilities, DHS can effectively train and onboard staff members. To stay at the forefront of training methods, DHS is integrating advanced technology into its training programs. This includes the use of smartboards, cameras, and virtual software such as WebEx Training. By leveraging these tools, DHS can embrace hybrid workforce models, providing training

opportunities for both in-person and remote participants. This approach ensures flexibility and enhances the overall training experience for staff members. To support the increasing demand for training, DHS is committed to providing more frequent training sessions and accommodating larger class sizes. Additionally, additional simulation training rooms are necessary for the PA-Direct service worker certification (Foundations) training program. This expansion will support the implementation of COVID-mitigation strategies and the evolving hybrid workforce. Adjustments to cohort sizes for the Foundations simulation modules will be made to accommodate more staff members, ensuring that training resources are accessible to a wider audience. Recognizing the importance of minimizing training delays, DHS is actively seeking the establishment of another simulation room. This additional space will enable simultaneous training for up to 48 participants, further reducing any potential training bottlenecks. By enhancing training infrastructure and expanding capacity, DHS can efficiently onboard new hires and provide ongoing professional development opportunities for its staff members.