



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2025-26 Needs- Based Plan & Budget

Commonwealth of
Pennsylvania

Office of Children, Youth
and Families

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

PUBLIC DRAFT

Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative portion of the Fiscal Year (FY) 2025-26 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

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

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

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

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

PHILADELPHIA COUNTY

NBPB
FYs 2023-24, 2024-25 and 2025-26

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

Throughout this document “DHS” and “the Department” refer to Philadelphia Department of Human Services. 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 the Philadelphia Office of Children and Families/Department of Human Services (DHS) is to provide and promote safety, permanency, and well-being for children and youth at risk of abuse, neglect, and delinquency. The DHS’s goal is to provide services: to protect children from abuse and neglect; strengthen families to prevent dependency and delinquency; and empower families to provide for their children’s physical, education, and behavioral health needs.

DHS also aligns with the following Diversity, Equity, and Inclusion (DEI) vision:

- 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.

Collaboration with youth, families, community members, service providers, judges, juvenile probation, and other stakeholders was instrumental in developing this Needs-Based Plan and Budget (NBPB), which was informed by county data analysis and local, state, and national research to provide support to the goals of Improving Outcomes for Children:

- 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 placements.
 - Improved child, youth, and family functioning.
- Identify the top three successes and challenges realized by the CCYA since its most recent NBPB submission.

SUCSESSES

- a. **More children and youth maintained safely in their own homes and communities.**
DHS has **maintained 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. **There were 17% fewer youth in placement on December 31, 2023 (N=3,117) than there were on December 31, 2022 (N=3,723), and significantly (39%) fewer than on December 31, 2019 (N=5,111).** Our Hotline has seen a **significant increase in diversionary referrals**, rising from 2,595 in Fiscal Year 2020-21 (FY 21) to 3,081 in FY 22, with the trend continuing in FY 23 at 3,046 referrals. **The Family Engagement Initiative (FEI) has been a contributor in achieving this positive trend**

by enhancing meaningful family involvement, fostering collaboration between the Court and DHS, and prioritizing the well-being of children and families. FEI has played an important role in driving the positive trend of keeping more children safely in their homes or with relatives by promoting meaningful family engagement, strengthening collaboration between the Court and DHS, and prioritizing the overall well-being of children and families. **DHS is committed to sustaining this progress through ongoing collaboration with our stakeholders to further enhance these positive outcomes.**

- b. **Office of Children and Families (OCF) expanded Out-of-School Time (OST) program** using FY23 Needs-Based funding to increase provider reimbursement rates, hire full-time case managers, attend training, and offer competitive wages to staff. OCF made significant progress in building staff capacity by retaining and training current staff to support students with special or complex needs and hiring dedicated staff to provide direct support. During the 2022-23 school year, 7,441 youth were served at 129 OST sites. Since our last submission, OCF identified priority neighborhoods for FY23-24 OST sites based on community-level factors and existing free or low-cost OST programming. OCF prioritized placing programs in these neighborhoods to ensure more equitable access to programming. Moreover, OCF released a Request for Proposal (RFP) to identify new capacity-building resources for providers, aligning with current student needs such as literacy, social-emotional learning, accommodations for students with special or complex needs, and navigating the behavioral health system. As of March 31, 2024, OST afterschool programs served nearly 8,000 youth, an increase of approximately 500 additional youth since our last submission.
- c. **OCF expanded our Integrated Case Management model** into all Community Schools, initially piloted in nine schools during the 2021-22 school year. As a component of Philadelphia County's primary prevention strategy, the integrated case management model supports families by connecting them to resources to stabilize them and prevent them from formally entering the child welfare system. The Integrated Case Management model has yielded positive outcomes since the expansion to more schools by consolidating attendance and general case management, thereby improving service coordination, and reducing duplicate referrals. In FY23-24, over 1,000 students received general case management services via this model. Additionally, **OCF continued to support Early Intervention truancy services** at nearly 100 schools through the case management model. During the 2022-23 school year, over 1,000 Early Intervention truancy cases were successfully closed, addressing barriers to attendance through case management services. Over 400 Regional Truancy Court cases were closed as the student was no longer truant. In school year (SY) 22-23, only 5% of all youth with an Early Intervention truancy case were referred to Regional Truancy Court (a decrease from the previous school year), and only eight youth went on to Family Court.
- d. **Collaborating with Philadelphia Family Court on safety decisions for children and youth in custody cases not currently receiving formal services.** As part of the ongoing collaboration between DHS and Family Court to protect children and youth and preserve families, DHS continues to work with the Court to ensure it has the necessary resources for informed safety decisions regarding children and youth in custody matters. Serving as a primary prevention measure, this allocation assists the Court in obtaining parenting evaluations for custody proceedings; improves custody decisions by providing valuable insight into a parent's ability to safely care for their child; and reduces the need for formal child welfare involvement. Philadelphia DHS, on behalf of Family Court, seeks **continued funding** for required parenting evaluations to address the barriers related to health

insurance not covering these fees. Since these evaluations are conducted by an independent third party, the fees cannot be waived for low-income individuals as they can be for custody filings or mental health evaluations by Court psychologists.

1. **Prevention resources to better serve older youth.**

In preparation for this year's Needs-Based Plan and Budget submission, DHS met with young adults who received services through our Achieving Independence Center (AIC). Many of these young adults provided positive feedback, particularly regarding the AIC and the continuum of services for older youth. In FY23, AIC served 609 young adults. During the first half of FY24 (July 1, 2023, to December 31, 2023), AIC served 508 young adults which is almost as many served in the previous full fiscal year. Since our previous submission, our Fostering Youth Independence (FYI) program remains a key programmatic resource supporting young adults. It provides housing vouchers and support for up to 3 years to individuals aged 18-23 who have aged out of foster care and are now experiencing or at risk of becoming homeless. DHS received 75 FYI vouchers from HUD in FY 22 which are fully allocated. In this last year, the 50 additional vouchers received from HUD in FY23 have been distributed resulting in 50 older youth with safe and stable housing necessary to support their transition into adulthood.

2. **A reduction in the use of residential placements.** Philadelphia County continues to enhance our focus on kinship and foster care community-based alternatives and supportive services for dependent youth who cannot safely be served in their home. From December 31, 2019, to December 31, 2023, the number of dependent youth in residential care settings decreased by 56%, declining from 468 to 209. This reduction exceeds the overall decrease in youth in dependent placements (39%) during the same period, aligning with the county's goal of reducing reliance on residential care. Additionally, the 22% decrease from the previous year indicates sustained progress. As of December 31, 2023, only 6.7% of dependent youth were in congregate care placements, below the national average of 9.5%¹. This positive trend was further supported by full integration of the Professional Resource Parent Model and Kinship Navigator Model. See section 1-3c. *Service Array* for additional narrative on these programmatic strengths.

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*.

CHALLENGES

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

A skilled and dedicated workforce is essential for upholding high-quality child welfare services. However, shifts in the labor market have made it increasingly difficult to maintain and support Philadelphia County's child welfare workforce. Shortages in key positions such as social work service managers and case managers, combined with heightened competition for workers in other human service fields, remain a significant challenge for the county. These workforce issues are further exacerbated by high stress levels, burnout, turnover, and retirement attrition. Philadelphia County continues to work to eliminate

¹ Congregate Care national average was calculated by aggregating national institution and group home totals reported in AFCARS Reports. Current average is from AFCARS Report # 29, Preliminary Estimate for Federal Fiscal Year 2021, the most recent report available.

barriers to meeting statutory requirements, ensuring that every qualified potential employee can demonstrate that they meet the statutory clearance requirements, and no one is disqualified simply because they cannot afford to pay for necessary clearances. In Philadelphia's request for maintained funding, DHS aims to cover the costs of statutory clearances for all new hires. This will also allow DHS to compete with other organizations that cover hiring costs. To enhance workforce stability and attract new talent, we are making key investments in training and credentialing models that offer career advancement opportunities for current workers, as well as offering more competitive salaries to new hires. 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 sector and attracts others by offering clear career development prospects. Consistent and certified training, coaching, knowledgeable and skilled leadership, and professional development not only support in retaining our current workforce but also draw new talent to the profession. It remains essential for DHS to make further investments in strategies that support and sustain a high-quality workforce. Further demonstrated in section 3-1c *Complement* of this narrative.

2. **DHS continues to experience a challenge in reducing placement disruptions and minimizing Child Care Room 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. Adding to this complexity, DHS has observed a rising trend of youth declining placement within the already limited pool of available and appropriate options, exacerbating the difficulty of finding suitable matches. DHS recognizes the significance of collaborating closely with the youth, their families, and other stakeholders to uncover and address the root causes of their hesitation to accept placement. Children in foster care during FY23 who were in care for less than 12 months had an average of 2.7 moves per 1,000 days of care. Children in foster care during FY23 who were in care between 12 and 24 months had an average of 1.4 moves per 1,000 days of care. Children in foster care in FY23 who were in care greater than 24 months had an average of 1.1 moves per 1,000 days. For all categories of length of stay, Philadelphia was below the most recently available national average of 4.48 moves per 1,000 days. **The data findings from our most recent analyses will be made available in our final submission.**
3. **Overall permanency and timely reunification** continue to be an ongoing challenge for Philadelphia. Total children attaining permanency is lower than previous fiscal years and timeliness of permanency remains lower than previous years. Permanencies have decreased every full fiscal year since FY 2019. In the first half of Fiscal Year 2024, there were 537 total permanencies, which is lower than the first half of FY 2023 (596). According to our Performance Based Contracting metrics, the proportion of youth attaining permanency within specific timeframes has also decreased. Specifically, less than 1 in 6 (16%) youth who entered care in the first half of FY 2023 achieved permanency within a year, and less than 1 in 5 (18%) youth who entered care in FY 2022 attained permanency within 36 months. These figures underscore the ongoing challenge and highlight why addressing this challenge is a key priority for DHS. DHS remains committed to building an array of programs that support timely reunification and permanency, further increasing our ability to achieve positive outcomes in this area. This includes increased utilization in programs such as the Family Group Decision-Making (FGDM); Family Team Conferencing (FTC); as well as our proposed **Visitation House model** which is 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 2024-25 and 2025-26.

For the FY 23 Annual State Evaluation (ASE), the Pennsylvania Department of Human Services, Southeast Regional Office of Children, Youth, and Families assessed 85 cases and 558 Human Resources records, resulting in 32 citations. Philadelphia DHS' full license was renewed following the evaluation.

Recommendations from the ASE encompass various measures, including in-person visits to CUAs to address non-compliance areas, updating the grievance procedure policy for children in out-of-home care, addressing cited practice issues during supervision and ongoing training, conducting quality checks via case file reviews, using clearance trackers to ensure staff have necessary clearances, and establishing a process to connect new hires to Mandated Reporting training.

Regarding the CFSR, there are no new activities related to CFSR that have been incorporated this year as CFSR is not in practice this year. CFSR has historically been conducted in person. However, following the next round of CFSR (in approx. 2026), we are considering gathering input from CFSR family members/interview participants about their experience within the virtual format for CFSR case reviews. This will align with current family and youth voice engagement practices that are already being completed by Philadelphia's Performance Management and Technology office. Philadelphia has the highest number of families interviewed compared to the other seven counties in the state that participate in the CFSR. The number of families involved and interviewed during the CFSR is 21 in Philadelphia.

- ❑ Identify the top three successes and challenges realized by JPO since its most recent NBPB submission.

SUCSESSES

1. **Serving and supervising youth safely in their own homes and communities.** During the year 2023, Juvenile Probation encountered, intervened, provided services, and supported 1,911 juveniles, and 608 cases were closed during this period. Outcomes for Juvenile Probation continue to trend positively in our efforts to safely reduce the number of children and youth served and supervised safely in their homes and communities.
2. Although there was a 23.13% increase in the number of juveniles Juvenile Probation encountered, intervened, provided services, and supported in Calendar Year 2023 (n=1,911) compared to Calendar Year 2022 (n=1,552), the **Balanced Restorative Justice Approach** employed by Juvenile Probation continues to trend positively. In FY 23, notable outcomes were observed among the 608 juveniles whose cases were closed. Specifically, 96% of these juveniles completed a victim awareness curriculum during their supervision, reflecting JPO's commitment to victim restoration. Additionally, 78 youth attained their high school diplomas or GEDs while in congregate care or at their designated community schools, representing a significant educational milestone. Furthermore, 93.6% of juveniles completed their supervision without engaging in new offenses that would result in a Consent Decree or Adjudication of Delinquency. The median length of supervision was six months, indicating successful support and intervention strategies.
 - a. **The Global Positioning System (GPS) monitoring program** continues to serve as an alternative to secure detention or placement, enabling youth to remain safely in their

communities. As Juvenile Probation continues to strengthen community-based programming, the use of GPS remains increasingly important for at-risk youth. In 2023, the GPS unit monitored 1,720 youth, with 958 monitored as an alternative to detention and 731 as an alternative to placement. The utilization of GPS monitors may contribute to savings in juvenile justice secure detention. **We are requesting maintained funding for purchasing GPS units.**

- b. Additionally, **Community Supervision** continues to play a critical role in the treatment and rehabilitation of youth involved in the juvenile justice system. Philadelphia County maintains ten Juvenile Probation units created to ensure regular in-person meetings with youth and families occur within the community and at court ordered residential facilities. This supervision approach is essential because it provides more personalized and accessible supervision. Regular meetings in the community and at residential sites between probation officers, youth, and their families foster better communication, trust, and tailored support. In 2023, these units conducted a total of 12,012 field contacts. These field contacts included both community and residential interactions with youth and families, emphasizing the importance of in-person interconnections. In addition to established in-person community supervision protocols, Juvenile Probation also made 11,910 telephone contacts and 43 virtual contacts with youth in the community or in a court ordered residential facility. Virtual contacts have emerged as a valuable tool for communication with youth, treatment counselors, and support staff in residential placement settings.
3. **Serving Children and Youth in their Own Homes through the expansion of our diversionary and prevention Community Based Programs portfolio.**
 - a. Our **Community Evening Resource Centers (CERC)** continue to serve as safe havens, providing on-site support to at-risk youth who have come to the attention of the Philadelphia Police Department for curfew violations. Since 2021, we have successfully established six CERC locations situated in geographically sections within the county. These centers align with our commitment to fostering a community-driven environment for youth, promoting their well-being, and preventing further entanglement with the juvenile justice system. In the first half of FY 2024, Community Evening Resource Centers served 840 youth.
 - b. Our **Intensive Prevention Services (IPS)** program serves as a community-based prevention service designed for youth who may be at risk of involvement with the Juvenile Justice System. Tailored for individuals aged 10 to 19 facing challenges within their homes, schools, and communities, IPS offers meaningful on-site activities aimed at preventing further involvement with the juvenile justice system. The number of referrals to intensive prevention services rose from FY20 (N=686) to FY23 (N=975). However, during the first half of Fiscal Year 2024, IPS referrals (n=268) decreased by 29% compared to the same period in FY23 (n=376). Additionally, the percentage of youth and families voluntarily enrolling in IPS services declined to 34% in the first half of FY24, down from previous fiscal years (ranging from 56% in FY23 to 62% in FY20). With a focus on comprehensive family engagement, IPS continues to take a multifaceted approach to addressing the needs of the youth it serves.
4. **Creating a process for family engagement and community collaboration.** Philadelphia DHS and Juvenile Probation continues to make progress in implementing the processes and interventions that have been developed to foster intentional family engagement. Our primary focus remains on prioritizing the voices of parents, guardians, and juvenile justice-involved youth, while individualizing service and discharge plans to meet the unique needs of each family and young person. The following strategies continue to support this approach.

- 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. **Juvenile Probation Community Relations Unit** communicate with community partners, provide information about family court services, and gather resources for Juvenile Probation Officers, probationers, and their families with the aim of improving outcomes. This unit was an essential partner in a city-wide gun violence prevention resource fair, including over 60 community partners. Additionally, the unit actively participates in other youth engagement-focused sporting activities to promote adolescent physical health, teamwork, and positive social interactions among justice-involved youth, contributing to their overall well-being and personal development.
- c. **Parenting Café** at PJJSC provides a supportive environment for parents and guardians of juvenile justice-involved youth. It enables them to connect, share experiences, and learn effective parenting strategies. This space fosters the building of a support network and access to valuable resources, empowering them to navigate the challenges of their child's involvement in the juvenile justice system.

CHALLENGES

1. **Staff recruitment & staff retention at Philadelphia Juvenile Justice Service Center.**
A skilled and dedicated workforce is essential for upholding high-quality supervision and care of justice-involved youth at Philadelphia's Juvenile Justice Services Center (PJJSC). While we have made progress in stabilizing staffing at PJJSC since our last submission, overall shifts in the labor market continue to make it challenging to maintain and support Philadelphia County's juvenile justice workforce. These challenges include labor shortages in critical positions, such as Juvenile Detention Counselors and General Department Workers. Staffing complement is not reflective of the population at PJJSC; for instance, there is a large percentage of females applying for Detention Counselors' positions, however, the population at PJJSC is 86% male. To address these staffing challenges, it is important to maintain the investments made since our last submission, prioritizing the improvement of staffing levels and enhancing infrastructure across the Philadelphia DHS's Division of Juvenile Justice Services (JSS), as further demonstrated in section 3-1c *Complement* of this narrative.
2. **Increase in the census at the Philadelphia Juvenile Justice Services Center (PJJSC).**
Although Pa DHS has made strides in admitting youth committed to the state from PJJSC, the center still contends with a consistently high daily census. While there has been a decrease since the previous fiscal year, **PJJSC maintains an average population exceeding its licensed capacity of 184. The average population census from July 1, 2023, to May 28, 2024, stands at 195, with an average of 57 youth awaiting state placements beyond adjudication.** Various factors contribute to this, such as the average length of stay, treatment facility waitlists, and a higher rate of admissions compared to discharges. For example, the **Juvenile Justice Reform Act (JJRA)** mandates that all

juveniles, including those awaiting trial in adult court, be held in youth detention facilities unless ordered otherwise by a judge. Following changes in state law in December 2022, directing all youth facing adult charges to juvenile detention by default, the population of such youth has increased. At the end of FY24Q3, 52 youth faced adult charges, compared with 45 in FY23 and 38 in FY22. Before the law changed, in FY21 Q3, only eight youth faced adult charges. These youth typically have a longer stay due to the lengthier adult court process than those awaiting hearings in juvenile court, with **Act 96 and JJRA youth** averaging 129 and 134 days, respectively, compared to 49 days for juvenile court-involved youth. The juveniles governed by JJRA, must be kept separate from the general population, posing programming and space utilization challenges. Act 96 youth do not have to be kept separate. Philadelphia County remains actively engaged in seeking solutions to address this challenge. Since our last submission, we re-issued a dual residential-private residential Request for Proposal (RFP) with the aim of expanding the availability of residential beds tailored to accommodate detained youth. However, we have yet to identify a viable or qualified provider for these services. In response to this challenge, we are adjusting our approach by developing a **Delinquent Foster Care Model** to build upon our existing dependent Professional Resource Parent Model, tailored to meet the unique treatment needs of justice-involved youth. In addition, we have issued a Request for Proposals (RFP) for a **Community-Based Detention Shelter (CBDS) designated for females to address** the increased number of females detained at the PJJSC. Currently, we lack alternative detention options for females. We continue to utilize our **Safety Valve process**, established in FY 23-24, where a multidisciplinary team, called the Weekly Review Team, assesses cases of youth detained at the PJJSC three days per week. The objective is to identify youth eligible for release from detention and address specific action items before their next hearing. Consisting of representatives from DHS, Family Court, and the City Solicitor's Office, this process aims to remove barriers hindering release and case progression, enhance cross-system communication at the case management level, and identify system-level issues for targeted intervention. Additionally, we employ a data-informed decision-making process to produce multiple short-term reports and analyses, addressing the immediate needs related to the high population of youth in the Philadelphia Juvenile Justice Services Center. Furthermore, Philadelphia county's programmatic approach to address the challenges associated with youth experiencing prolonged detention at the PJJSC are further detailed in section 1-3c, *Service Array*.

- Increase in the rate of community gun violence involving youth.** The rate of community gun violence involving youth has shown fluctuations over the past few years. Data from the Philadelphia Office of the Controller and the Philadelphia Police Department indicate that while overall gun violence in Philadelphia declined in 2023 after a period of increases during the COVID-19 pandemic, the rate of youth victimization in gun crimes also decreased from 343 victims in 2022 to 243 victims in 2023. However, as of May 5th, 2024, according to the Philadelphia Police Department (PPD) and the Office of Controller's Interactive Mapping of Gun Violence, there have been 267 non-fatal shootings and 76 fatal shootings. Among these incidents, 73 (86%) victims were male, and 12 (14%) were female. Additionally, 71 (86%) victims were Black, 13 (15%) were Hispanic, and one (1%) was white. The age breakdown reveals that youth ages 0-18 accounted for 54% (46 victims).

Juvenile Probation's Violence Prevention Partnership (VPP) and the Juvenile Enforcement Team (JET) units are focused on youth who are most at risk of being involved in gun violence. In calendar year (CY) 23, in partnership with county law enforcement, 26 firearms in the possession of juveniles were removed from the streets. Throughout 2023, JPO expanded the use of technology to combat gun violence.

Philadelphia's Department of Human Services (DHS) and Juvenile Probation recognize the urgent need for strategic investments in community-based gun violence prevention programs. Integrating these programs into existing services like Intensive Prevention Services can significantly contribute to efforts aimed at addressing the concerning rise of gun violence involving youth. As we move forward, we are dedicated to exploring innovative and effective strategies. We will actively seek evidence-based approaches, collaborate with community stakeholders and youth and their parents, 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 mitigate 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 2023-24 and 2024-25.

The Philadelphia Juvenile Probation Office (Juvenile Probation) and DHS-Division of Juvenile Justice Services (JJS) have implemented various initiatives, activities, and strategies under the Juvenile Justice System Enhancement Strategies (JJSES) to improve the effectiveness and outcomes of the juvenile justice system. These initiatives prioritize evidence-based programs, addressing racial and gender disparities, enhancing rehabilitation services, and strengthening community-based alternatives to detention.

A core aspect of this strategy involves using evidence-based risk assessment tools such as the Youth Level of Service (YLS) and the Pennsylvania 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 utilization of these assessments has consistently shown promising results in reducing recidivism. Another essential element is the Graduated Response approach, which allows juveniles to earn incentives for meeting goals and receive interventions for non-compliance, aiming to minimize the need for secure detention and residential placements.

Additionally, Juvenile Probation and JJS actively participate in the Annie E. Casey Foundation's Juvenile Detention Alternative Initiative (JDAI). This initiative focuses on reducing reliance on secure confinement by implementing data-driven reforms and fostering collaboration among system partners. In 2023, 93.3% of youth released from the Philadelphia Juvenile Justice Center (PJJSC) to alternative detention services attended their first scheduled hearing without receiving any new arrests. Similarly, 92.7% of the released youth attended their first scheduled hearing and did not incur any new arrests. These figures demonstrate that a high percentage of released youth appeared for their initial hearings without facing new arrests, reflecting progress in the implementation of JDAI strategies.

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) served 251 youth, while the Post-adjudicatory Evening Reporting Center serves 170 youth. The Community Intervention Center served 114 youth, and the Aftercare Evening Reporting Center serves 210 youth. In total during FY 23-24, these centers served 745 youth, providing vital documents, skill-building techniques, counseling, mentorships, and positive recreational activities, contributing to reduced recidivism rates.

Juvenile Probation and Philadelphia DHS supports Pennsylvania’s Juvenile Task Force recommendation to expand the Police School Diversion program to include a pre-arrest diversion program for youth with misdemeanor charges. This initiative aims to reduce minority youth involvement in the justice system by diverting them to community-based interventions. By focusing on rehabilitation and support, the program addresses minor offenses through community-based solutions that tackle underlying issues and promote positive youth development. In addition to the programmatic investments in section 1-3c, *Service Array*. For FYs 25 and 26,

Juvenile Probation and Philadelphia-DHS have **requested continued funding** in several areas to support its initiatives, including:

- **Graduated Response incentives**, which provide incentives and interventions for juvenile offenders based on their compliance with goals.
- **Global Positioning System unit** an alternative to secure detention or placement, enabling youth to remain safely in their communities.
- **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.
- **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.
- **The Community Service and Restitution Fund**, to address the increase in restitution amounts of juveniles.
- **The Probation Community Relations Unit**, to support community engagement efforts.
- **Evening Resource Centers**, ERCs provide community based support for youth who are involved in the juvenile justice system. ERCs serve as a diversionary program aimed at a reduction in recidivism.
- **In Home Detention**, this program aims to provide diversion and intervention for youth residing in neighborhoods with high arrest rates. Increasing the IHD program capacity will provide alternatives to detention and congregate care treatment placements. **Intensive Prevention Services (IPS)**, this program serves to prevent crime and provide a safe haven for youth throughout the city of Philadelphia. Additional expanded allocation for staff will be needed to adjust to the influx of youth through the new citywide diversion programs pathways/initiatives.
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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.
- Structured presentations with 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 July 2024, DHS will hold a public hearing to discuss the Department's priorities for FY 26, 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 will be invited to provide feedback. The Department's strategic vision and the NBPB will be 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 included:

- Systems of Care work being led by the City's Department of Behavioral Health and Intellectual disabilities (DBHIDS), Office of Addiction Services (OAS).
- JJS 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 the Juvenile Court Judge's Commission (JCJC) Technology Committee, Graduated Response Committee, Local Regional Planning Groups, PA Justice Network, and PA System of Care.
- Philadelphia County participated in Georgetown University's Reducing Racial and Ethnic Disparities Certification and Capstone Project. **Led by Family Court Administration and Juvenile Probation, with partners such as the Philadelphia Police Department, community organizations, the District Attorney's Office, and the Defender Association**, the project aimed to address racial and ethnic disparities in the juvenile justice system. Implemented in late 2023, the capstone project expanded the School-Based Diversion program to include a pre-arrest diversion for community offenses. The project is now embedded within processes of the Juvenile Assessment Center (JAC) which is operated by the City of Philadelphia.

By examining various data points, including rates of child maltreatment, participation in family strengthening programs, foster care placements, resource usage, and outcomes, DHS has acquired valuable insights into areas necessitating enhancement to support children, youth, and families effectively. Engagement with stakeholders has been paramount as it provides a more complete understanding of the challenges. It ensures that solutions are tailored to meet the needs of families in Philadelphia County. Through this utilization of data analysis, DHS has outlined in this NBPB submission our strategies and measures aimed at ongoing practice

enhancement, which we anticipate will result in improved 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 Analytics 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, such as Closing the Loop meetings, quality assurance sessions, site visits, and AFCARS reconciliation calls, complement contract monitoring and annual evaluations to ensure service quality. These engagements are crucial in customizing services to meet the needs of children, youth, and families while optimizing resource allocation. Furthermore, all contracted program providers specific to PJJSC are mandated to attend monthly meetings with PJJSC leadership. These sessions focus on addressing concerns, reviewing service trends, identifying strengths and gaps in service arrays, and discussing corresponding resource requirements.

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 maintain regular meetings with court officials, including the Administrative Judge, Supervising Judge of Family Court, Chief of Juvenile Probation, and Court Administration. These meetings serve to pinpoint both strengths and gaps within the current service continuum, along with corresponding resource requirements. By engaging in ongoing discussions and consultations, both parties strive to enhance service delivery and outcomes by scrutinizing trends in service utilization and identifying areas ready for improvement.

The Court actively participates in various activities, such as providing feedback on competency, practice, and training needs, and engaging 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 (JPO) 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.

Since our last submission, DHS and JPO have significantly improved coordination efforts between Juvenile Probation and JJS, addressing the previously identified challenge. Both parties have enhanced communication and collaboration, implementing processes to streamline information exchange and enhance the overall effectiveness of the system.

- 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 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. The goal of this collaboration is to promote 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.

1-3b. Workforce

Please respond to the following questions regarding the county's current workforce recruitment and retention efforts:

- Identify successes the county has experienced implementing recruitment and retention strategies.

Despite the ongoing challenge of ensuring a high-quality agency and provider workforce amid profound labor shifts, Philadelphia County has implemented several successful recruitment initiatives over the past year. These efforts have particularly focused on enhancing the hiring

and retention of key positions, including Social Work Services Trainees (SWS), Juvenile Detention Counselor Trainees (JDC), and related roles. Specific initiatives include the development of a comprehensive employee recruitment booklet that provides an overview of benefits, the hiring process, and career ladders, helping attract candidates with clear, detailed information about job opportunities. DHS is committed to offering applicants competitive salaries and investing in their professional development. DHS has attended various community events and job fairs at area colleges and universities, notably holding a job fair at the Philadelphia Juvenile Justice Services Center (PJJSC) where candidates were interviewed and processed on the spot, resulting in immediate hires. Continuous civil service exams for positions such as Social Work Services Trainees and Social Work Services Manager 2, along with periodic exams (3-4 times a year) for Juvenile Detention Counselors, have increased the frequency of available candidate lists, facilitating quicker hiring processes. Additionally, DHS covers the costs and processes all required clearances for new hires, offers hiring bonuses for Juvenile Detention Counselors, and has increased the starting pay for Social Work Services Trainees, making these positions more attractive to potential candidates. A targeted ad campaign promoting DHS hiring opportunities across social media, public transportation, and radio has further increased visibility and interest in DHS roles. The impact of these initiatives is seen in the increase in new hires, especially for Juvenile Detention Counselors, whose turnover rate decreased from 50.98% in FY23 to 15.49% in FY24, with retention improving from 51.49% to 80.99%. Social Work Services Manager (SWSM) and Social Work Services (SWS) positions also saw improved retention rates, with SWSM retention rising from 88.27% to 96.58% and SWS retention increasing from 93.06% to 98.61%. For CUAs, the retention of Case Management and Case Management Supervisor staff has increased in FY24 after previous declines. These strategic initiatives and adjustments, and those further demonstrated in section 3-1c Complement of this narrative, have collectively supported our efforts to address the challenge of maintaining a more stable and well-staffed workforce within DHS.

- Identify major challenges impacting the county's workforce recruitment and retention experience.

In addition to the national labor trends impacting the human service sector and despite our incremental progress over the last year, Philadelphia County continues to analyze recruitment and retention to sustain a stable workforce. Based on exit interview and survey data, the most common reasons for employee departures include personal reasons, such as family commitments and health issues. Voluntary resignations occur, often due to employees finding better job opportunities elsewhere, highlighting the competitive job market. In FY23, an unhealthy work-life balance was a notable issue, suggesting the need for more flexible work arrangements. These factors collectively underscore the need for funding maintenance for our key strategies in section 3-1c Complement of this narrative to support efforts to address these challenges.

- Describe the county's efforts and strategies to address employee recruitment and retention challenges and needs.

Philadelphia has taken a multi-pronged approach to addressing recruitment and retention of qualified staff as detailed in the responses to the above questions about successes and challenges. Additional information can be found in the response in Section 3-1c *Complement*.

- Identify key areas where technical assistance may be needed in this area.

None at this time.

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:

The Professional Resource Parent Model (PRP), implemented in FY 23 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 residential placements. Professional Resource Parent homes provide intensive highly coordinated, trauma-informed, and individualized foster care services for children up to age 18 who have complex emotional and behavioral needs. The PRP goals include: providing clinical and social support for children's emotional, behavioral, and medical needs in specialized Resource Homes; improving mental health and placement stability outcomes; reducing the restrictiveness of placement settings; progressing personalized goals identified by the client and their family; and facilitating family reunification. Currently, there are 18 certified PRP Parents and 17 PRP placements and planned placements. DHS will continue to expand the capacity of PRP homes, ensuring they are fully prepared and equipped to support our youth. **DHS is requesting funding Expansion** of this service due to the ongoing need for youth with complex emotional and behavioral needs. Our current provider is nearing the capacity of 20 homes, yet we still have a waiting list of 15 youth in need of PRP homes. With our current FY 24 budget allocation, the allocated total number of homes will remain at 20, which is insufficient to meet the current demand. An expansion of capacity is required to adequately support the needs of the youth who are best served by this model.

The Family Engagement Initiative (FEI) framework- FEI has played an important role in driving the positive trend of keeping more children safely in their homes or with relatives by promoting meaningful family engagement, strengthening collaboration between the Court and DHS, and prioritizing the overall well-being of children and families. Building on the baseline data from Calendar Year 2020 (CY20), which revealed that 72% of children participating in Crisis/Rapid Response Family Meetings (CRRFMs) were able to remain at home or be placed with kin, DHS continued its efforts in CY23 and conducted 963 CRRFMs, serving 1,436 children. Of those children who started at home (n=1,119) at the time the CRRFM was conducted in CY23, 80% (n=893) remained at home, 8% (n=90) stayed with kin. **DHS is committed to sustaining this progress through ongoing collaboration with our stakeholders to further enhance these positive outcomes.**

Aligning prevention resources: To better serve older youth, DHS has established an integrated leadership and management structure within the Older Youth Services Region. This ensures comprehensive oversight of all aspects of our work with this demographic, including 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, Community-Based Older Youth Contracts, and the Achieving Independence Center (AIC). As part of our commitment to support older youth, we continue to leverage the Fostering Youth

Independence (FYI) program, which has remained a strong resource supporting young adults providing housing vouchers and support for up to three years to individuals aged 18-23 who have aged out of foster care and are now experiencing or at risk of homelessness. In FY23, AIC served 609 young adults. In the first half of FY24 (July 1, 2023, to December 31, 2023), AIC served 508 young adults, nearly matching the total number of youth served at AIC, for the previous full fiscal year. In FY25-26, DHS is **requesting additional funding to expand the existing resources related to the older youth allowance**. Currently, resource families who care for youth ages 13 and older receive an extra \$10 per day due to the extra cost of caring for older youth. The expansion we are requesting would raise the per diem for families caring for older youth by an additional \$5. This increase will be accompanied by a requirement to use the additional money to provide an allowance for youth ages 13 and older. This allowance will allow youth to learn healthy financial management, strengthening their financial literacy and overall well-being and increasing positive outcomes for older youth.

Kinship Navigator Program Model - Implemented in FY 23-Q3, this program aims to establish a strong network of kinship supports for youth in out-of-home placements. Its purpose is to identify and engage kinship options for children and youth, both in residential placement 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 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, thus reducing trauma and enhancing the overall well-being of children and youth. Diligent efforts are made to support kin caregivers by identifying and removing barriers to service receipt, including accessing eligible benefits, legal services, and community resources. These efforts aim to promote safe and stable placements for children and youth. As of the first week of May 2024, 379 referrals have been made for kinship navigation. The program has aided in re-engaging 34 birth parents with reunification goals, identified 60 kinship caregivers, provided kinship support for 131 youth, assisted with 16 interstate compacts, and supported five youth on their SIL journey with kinship support. **In FY25-26, DHS is requesting funding for the maintenance of this service.**

The Crisis Access Link Model (CALM) is a collaborative initiative between DHS and the Philadelphia Department of Behavioral Health and Intellectual disability Services (DBHIDS). CALM is designed to provide essential support for children navigating removal and placement disruptions. Operating under the purview of DBHIDS, CALM aims to mitigate trauma and foster stability for children entering out-of-home placements. Through CALM, services are swiftly deployed whenever a child experiences placement changes, offering psychosocial education, rapid solutions-focused interventions, and "Coping Kits" to enhance attachment, learning, and emotional stability. Since its inception, CALM has assisted a total of 263 cases, serving 216 unique youths. Additionally, only 29 youth (those with complex emotional and behavioral health needs) have received support multiple times through CALM, with some accessing the service more than twice. Presently, CALM is operational in 6 out of the 10 geographical areas served by Community Umbrella Agencies (CUAs). A full system integration is anticipated by the fiscal year's end. **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.

The Food and Wellness Network (FAWN) helps to maintain children in their own homes and divert families from formal child welfare services by serving families in Philadelphia affected by food insecurity and in need of additional wellness resources. FAWN's model revolves around establishing a comprehensive wellness hub, offering personalized support services, health and wellness programs, and connections to community resources to address the root causes of food insecurity. By utilizing food as a starting point, FAWN challenges traditional food pantry approaches and moves towards providing trauma-informed, equity-focused services to empower communities to improve their health, resilience, and self-sufficiency.

FAWN is currently implemented in two locations in Philadelphia: the Tilden Community School Model, located in Tilden Middle School in Southwest Philadelphia in an area served by one of our Community Umbrella Agencies (CUAs), and the Rising Sun Community Wellness Hub Model at the Rising Sun Health Center in the Olney/Logan section of Philadelphia in an area served by four of our CUAs. The FAWN models provide three main pillars of service: food distribution, case management, and health and wellness programming. Both locations include food pantries and formula/diaper/wipes distribution, connection with community resources, and workshops such as cooking and nutrition classes, financial literacy, chronic disease management, and wellness and wellbeing workshops related to the social determinants of health. A case management program is set to begin in 2024 including six-month one-on-one support to improve self-efficacy and self-sufficiency and increase family stability. Case management will initially serve ten clients.

In 2023, FAWN served a total of 1,011 unique clients through its food distribution services, including 492 new clients. Additionally, FAWN conducted a total of 46 workshops in 2024, with plans to track client attendance starting in Summer 2024. While aspects such as health monitoring and client feedback surveys are not currently tracked, they are planned for the future. Recognizing the consistent need for food resources and support in systematically disinvested communities, FAWN strives to provide ongoing assistance and empowerment to build healthier and more resilient communities. **In FY 25-26, DHS is requesting an expansion of funding for this existing service to serve more families across the county.**

OCF-Prevention: OCF's Prevention services encompass various programs, including Truancy Intervention and Prevention Services, Out-of-School Time programming, Youth Employment Services, and Education Stability Services.

OCF regularly analyzes data to discern the specific needs of children and families participating in or eligible for programming. This analysis considers factors such as population density, poverty levels, areas requiring attention, and overall socioeconomic status. Collaborating closely with the School District of Philadelphia (SDP), OCF identifies schools in greatest need of support, aligning resources accordingly on an annual basis. This meticulous process ensures that services are distributed equitably to schools with the highest demand. By addressing the needs of families and students in these high-need schools, OCF and SDP can tackle factors impacting children's vulnerability to abuse, neglect, and delinquency, as well as improve opportunities for educational attainment. For instance, OCF utilized data to pinpoint areas and schools with the greatest demand for Out-of-School Time services, strategically targeting OST services for FY 25 to maximize positive and equitable impact for Philadelphia's children and youth involved with or at risk of involvement with DHS.

The OCF Education Support Center (ESC) evaluates and facilitates resources essential for maintaining educational stability when children and youth enter out-of-home care. These efforts

contribute to smoother placements and discharges, potentially reducing the number of children in care and enhancing outcomes for those remaining in care.

Juvenile Probation Community Supervision: As mentioned in the Executive Summary, a community supervision approach continues to play a critical role in the treatment and rehabilitation of youth involved in the juvenile justice system. This supervision approach provides more personalized and accessible supervision fostering better communication and engagement through regular meetings between probation officers, youth, and families. Of the youth discharged from probation supervision in 2023, 68.2% were attending school and passing their classes, 14% obtained their high school diploma or general education diploma (G.E.D), and 17.7% of youth were employed at least part time. These achievements highlight the significance of the JPO's multi-pronged approach, which includes community supervision to support juveniles within their homes and communities.

Resources to Divert Youth from JJS Residential placement - These resources have ensured that alternatives to group settings within the juvenile justice system can be provided to youth when it is deemed safe. Utilizing standardized screening tools, such as the PaDRAI and the Youth Level of Service (YLS) facilitate the utilization of community-based services. Community-based services, such as Evening Reporting Centers (ERCs) and In Home Detention (IHD), offer various benefits, including increased family involvement, enhanced youth engagement, and improved outcomes. Additionally, youth under probation can engage in the DHS Community Service and Restitution initiative, enabling them to perform service and earn money to settle restitution fines and close their cases. Additionally, strategies include expanding slots at the Evening Reporting Centers (ERCs) to reduce the census count at the Philadelphia Juvenile Justice Services Center (PJJSC).

The system partnerships, outlined below, allows DHS to systematically improve outcomes for youth involved in dependency proceedings. We are able to promote well-being and independence of older youth in the child welfare system and strengthen our existing service array.

- **The Defenders Association of Philadelphia's Peer Mentor/Advocate 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 and role models, the Defenders Association can provide advocates who understand the unique challenges faced by their clients. The CAU's holistic representation approach, which pairs lawyers, social workers, and peer mentors/advocates has proven to be effective in achieving positive outcomes for children and youth involved in Family Court proceedings. The Defenders Association's goal is to provide comprehensive support and guidance to their clients through the peer mentor program.
- **The Support Center for Child Advocates (Support Center) 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 objective is to aid these individuals in accessing essential services, achieving stability in family or independent living arrangements, engaging in educational and vocational endeavors, and transitioning successfully into independent adulthood. Of the nearly 1,000 clients served by the Support Center, approximately 200 are older youth aged 16+ who have experienced abuse and neglect, lack familial support, and need the additional attention we provide. During FY23, the Support Center served 33 youth who aged out of care, ensuring they received adequate

support in alignment with the older youth project.

DHS continues to support these programs through the following funding request:

- **DHS is seeking funding maintenance for the Defenders Association of Philadelphia's Peer Mentor/Advocate program.**
- **DHS is seeking funding expansion for the Support Center for Child Advocates (Support Center) Empowering Older Youth Project.**

Journey to become an Anti-Racist Organization - Embarking on a transformative journey towards becoming an anti-racist organization has been a cornerstone of Philadelphia DHS's efforts to address systemic inequities within our child welfare system. This commitment to equity for Black and Brown children and families is evident in our ongoing efforts to integrate anti-racist principles across all operational functions.

Sustaining this critical work requires continued funding support for FY 24 and FY 25. In FY 24, the Center for the Study of Social Policy (CSSP) is supporting DHS in implementing key strategies, such as establishing an anti-racist practice model and proactive policy development utilizing race equity impact assessment tools. Moving forward, **we seek to maintain funding support for FY 25 and FY 26** to embed division-specific anti-racist strategies across all facets of DHS. CSSP will continue to provide technical assistance and support in various areas of this system and practice enhancement.

Since our last submission, Philadelphia DHS has initiated a comprehensive training curriculum focused on racism in child welfare practice and the adoption of anti-racist principles. Beginning Phase 1 of this training in March 2024 marked a significant milestone in this journey. Furthermore, DHS in partnership with the Center for the Study of Social Policy (CSSP) has conducted a policy training to strengthen equity in our ongoing policy development. Moreover, with the continued support of CSSP, we have revised our mission, vision, and values through an equity lens, ensuring the operationalization of these core principles in our service delivery to children and families.

Becoming a Trauma Informed Organization: In alignment with the Commonwealth's objective of fostering a trauma-informed and healing-centered environment, Philadelphia DHS initiated a multi-year system enhancement endeavor in FY23-24 to address the intricate needs of children in our care and cultivate a robust trauma-informed culture within DHS. Throughout the initial year of implementation, DHS staff and leaders have demonstrated a keen understanding of the necessity to adopt a trauma-informed approach. They have responded positively to the preliminary components of the initiative, including the system-wide environmental scan, which encompasses the Trauma Informed Culture Assessment (TICA) survey, key stakeholder interviews, and a pilot of the Workforce Wellness and Resilience (WWR) Training. Initial efforts have shown positive responses from staff to the Trauma Informed Culture Assessment (TICA) survey and pilot Workforce Wellness and Resilience (WWR) Training. Analysis of the TICA survey identified strengths and areas for growth, with recommendations for Year 2 focusing on addressing secondary traumatic stress (STS) through continued WWR Training. This mandatory training aims to foster a positive environment and apply trauma-informed practices with all 2,100 DHS and CUA staff scheduled to complete it by June 2025. Establishing a trauma-informed framework is crucial for effectively meeting the complex needs of children in our care, **DHS is requesting annualization of this funding allocation** to support and sustain the multi-year system enhancement.

Juvenile Justice Services Data Analysis - Philadelphia County previously faced challenges in analyzing data within the Juvenile Justice System (JJS), leading to a reliance on external partnerships for data collection. To address this, Philadelphia hired a data analysis professional in FY 21. Over the next fiscal year, significant projects were completed, including streamlining reporting processes for Evening Reporting Centers (ERCs) and Community Evening Resource Centers (CERCs), and analyzing JCMS data through an MOU with the First Judicial District. Additionally, an analysis of JCMS data aimed at defining recidivism for Philadelphia youth was conducted. Furthermore, in FY 23, a new Juvenile Justice Research and Evaluation Associate was brought on, expanding the scope of work. This included implementing the evaluation template in additional program areas, producing a comprehensive report on Community-Based Programs, and supporting a Detention Utilization Study. Additionally, data analysis for two research projects on juvenile recidivism and PaDRAI detention screening assessment trends was conducted. New program evaluations were initiated for Community-Based Detention services at the Philadelphia Juvenile Justice Services Center (PJJSC). Planning for FY 25 includes continued maintenance funding and an exploratory study on Dependent-Delinquent crossover cases.

- 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 this narrative's Program Improvement Strategies section reveals significant disparities within the child welfare system. Research from a recent Children's Bureau publication confirms these disparities, showing that Black children in the system experience poorer outcomes than their White counterparts, including higher removal rates and longer stays in foster care.

To address these concerns, in 2019, the Department teamed up with the University of Pennsylvania and Casey Family Programs to launch the Entry Rate and Disproportionality Study. This study aimed to understand and address ethno-racial disparities in children entering placement, particularly in Philadelphia. The findings were striking: Black children are over-represented among those reported to the Hotline, while White children are under-represented. In Philadelphia, although Black children make up 42% of the total child population, they constitute 66% of those reported to DHS. Conversely, White children, comprising 35% of the child population, account for only 12% of DHS reports. These findings underscore the urgent need for concerted efforts to promote equitable outcomes for all children and families.

Furthermore, DHS routinely collects and reports data on youth's ethno-racial identity as part of our Quarterly Indicators Report. As of December 31, 2023, dependent and juvenile justice-involved youth had a similar ethnic-racial composition, with an over-representation of Black youth for all services. While juvenile justice-involved youth had a slightly larger proportion of Black youth and a slightly smaller proportion of White youth, the majority of dependent youth were Black (65%), followed by Latino (18%) and White (11%). In contrast, the majority of juvenile justice-involved youth were Black (82%), with only 3% being White. Ethnicity data was unavailable for a small number of youths.

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. 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 placement through the Giving Youth a Voice Survey (GYVS). In FY 23, DHS administered the survey, with a total of 22 youth completing some portion of it, and only 6 choosing to answer the SOGIE-related questions. This limited response highlights the necessity for LGBTQIA+ inclusive data collection. Despite the relatively small sample size, very few youth were willing to share their sexual orientation and gender identity through the survey. These findings underscore the urgent need to develop more comprehensive methods for LGBTQIA+ inclusive data collection and programming.

In FY 23, DHS released a Request for Proposal seeking a qualified consultant to assist in developing training, policy and practice guidance, enhancing data collection methods, fostering a more affirming workplace culture, and providing training to both internal and external partners. DHS is currently in the final stages of awarding the contract to the selected provider.

- 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. Building on the data mentioned above in the Executive Summary Section. To address this challenge, DHS is focusing on the utilization of the following programs and strategies:

- **Older Youth Engagement Room-** DHS actively engages 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, employment, vital documents and Life Set services. Since our last submission, 73 young adults have been engaged with the goal of empowering them and ensuring they are aware of and can access the support available to meet their needs.
- **Salvation Army New-Day to Stop Human Trafficking:** This program continues to provide 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.
- **Merakey Engagement Center:** In collaboration with CBH (Community Behavioral Health), the Merakey Engagement Center continues to provide 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.

- ⊖ **Child Care Room Alternative for Males:** Building upon the successful integration of a similar model for females, **in FY 25-26, DHS is seeking an expansion of funding allocation for this service.** This expansion program aims to establish a temporary shelter for male youth aged 13-18 who are awaiting longer-term placement. The primary goal is to divert this population from staying overnight in the DHS Child Care Room by providing a specialized setting for assessments, interventions, and supports on a short-term basis, ensuring their safety until suitable placement or reunification can be arranged. Mirroring the female model, this service must operate 24/7 and adhere to all state licensing standards.

This facility will be able to accommodate 12 to 15 male youth.

Building an array of programs to further decrease use of residential placement: Reducing the use of residential placement 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** --See description above regarding service array strengths.
- **Crisis Access Link Model (C.A.L.M)** - See description above regarding service array strengths.
- **Training and support for foster parents.** DHS is requesting a **New Program Service allocation for our Foster Parent Training Support (SOW)/DBT Training strategy.** The Foster Care Training Support aims to assist foster families who regularly face various challenges while caring for youth with complex emotional and behavioral health needs. Integrated into this training strategy is the evidence-based clinical modality - Dialectical Behavior Therapy (DBT). Incorporating DBT will aid Foster Parents in skill development that is crucial to navigate the unique challenges associated with caring for youth with higher needs. This training will impart core DBT skills and behavioral principles to help resource parents enhance communication, manage emotions, and cope with stress. Initially, this pilot Foster Care training approach will be implemented with Resource parents already certified by an existing foster care service provider. The training will commence with 15 families, with plans to increase participation to at least 100 families during this pilot phase. The aim is to equip resource parents with essential DBT skills to improve communication, manage emotions, tolerate stress, and maintain placement stability.

Permanency, especially timely reunification, remains a challenge for Philadelphia. The total number of children achieving permanency is lower than in previous fiscal years, with the timeliness of permanency also falling below previous benchmarks. Timely reunification or other forms of permanency is a key objective of the DHS. **An enhancement to DHS's permanency planning programmatic approach is parent and child visitation.** Visitation Houses will provide environments conducive to developing healthy family relationships, situated in neutral and least restrictive settings possible. The department recognizes the importance of consistent, meaningful, and nurturing parent-child visitation for successful and timely reunification. Research indicates that early and frequent visitation not only increases the likelihood of children being reunified with their parents but also mitigates the trauma experienced during placement. **The Department is currently in the final stages of the Request for Proposal (RFP) process to identify a provider to support and implement these efforts.**

Navigating challenges in finding suitable placements for shared case youth with firearm charges and displaying "aggressive" or delinquent behavior remains a significant concern for the DHS. On April 17th, there were 10 youth in PJJSC considered "releasable to DHS/CUA," with an average length of stay of 80 days from admission (median = 72 days) and 42 days from the date of being made releasable (median = 35 days). These youths faced initial rejections due to the nature of their delinquent charges, particularly gun charges, assault or sexual offenses, along with assessments of aggressive behavior and previous difficulties adjusting in dependent placements. Moreover, some were deemed ineligible due to special needs, such as being too young (under 13 years old) or having an IQ below 70. **Response to this challenge**, we plan to continue seeking a provider for our dual residential-private residential placement model. Concurrently, we are adapting our strategy by developing a Delinquent Foster Care Model tailored to meet the complex needs of justice-involved youth. Furthermore, we have issued a Request for Proposals (RFP) for a Community-Based Detention Shelter (CBDS) specifically to accommodate the increasing number of females detained at the PJJSC. Additionally, we continue to utilize our Safety Valve process to proactively manage this challenge.

Reentry of youth back into PJJSC, In FY23, there were 1,256 youth who entered the PJJSC. Of the youth who entered the PJJSC, 5.4% had received a juvenile justice service in FY23, and 32% had at least one previous juvenile justice service before FY23. ^[2] Repeat entry into the PJJSC was also common: two in five youth (40%) entered the PJJSC one time in their service history, and 60% entered the PJJSC more than once. In response to this identified challenge, **DHS is requesting an expansion of this funding allocation** for our Cornerstone Community Pathways for Reintegration service. This request aims to expand our capacity to support reintegrated youth and their families. This service specifically targets 12 youth and their families who have been released from secure detention without court or child welfare oversight. Utilizing the Massachusetts Youth Screening Instrument (MAYSI-2), the program identifies potential mental/emotional distress and behavior problems that may require immediate intervention from a behavioral provider or a more intensive response, as well as informing post-discharge case management. This initiative works towards enhancing our delinquency prevention approach to prevent reentry into PJJSC, primarily focusing on youth released from the PJJSC without probation supervision. Moreover, additional supportive interventions provided by Cornerstone providers will further facilitate successful discharge processes from PJJSC and promote family and community reintegration.

- **Juvenile Justice Reform Act (JJRA) and ACT 96** - The implementation of the JJRA and Act 96 provisions, the waitlist for state secure institutions and the shortage of placement resources and community services, has led to a notable increase in the population at the PJJSC. Data derived from the JJRA and ACT 96 underscores the persistent challenges. By the end of FY24Q3, 52 youths faced adult charges, a substantial increase from 45 in FY23 and 38 in FY22. In contrast, before the enactment of these legal changes, FY21Q3 saw only 8 youth facing adult charges detained. Notably, these youth endure longer stays than those awaiting adjudicatory hearings in juvenile court. A snapshot analysis conducted as of February 22, 2024, revealed that ACT 96 and JJRA youths experienced average lengths of stay of 129 and 134 days, respectively, compared to 49 days for youths solely involved in juvenile court proceedings. Additionally, JJRA youths, known as Sight & Sound youth, averaged 10.16 individuals per day from July 1, 2023 to May 22, 2024, while ACT 96 youths had an average daily census of 36.44 over the same period.
- **Youth awaiting state placement, which now includes around 46 residents.** Consequently, there have been significant delays lasting several months for transfers to placement, leading to prolonged stays for some individuals with open adult/criminal matters. Additionally, the population of youth adjudicated delinquent and awaiting state placements

has increased compared to previous years. Further data integration is necessary to provide a detailed report on trends within this population. A point-in-time analysis conducted on July 5, 2023, revealed that 75 youth were awaiting state-committed placements, with an average length of stay of 119 days, including an average of 64 days spent waiting for their state placement to commence. However, in more recent months, the state-committed population at the PJJSC has decreased, remaining between 40 and 50 youth.

- **Implementation of technology-based communication and educational resources within our juvenile justice facility.** DHS is **requesting new funding** to support providing digital devices such as tablets and modern wall-phones to youth in custody. These devices offer communication opportunities, access to educational materials, and entertainment options. Additionally, features like translation support and content monitoring enhance accessibility and security. In accordance with Pennsylvania's 3800 Regulations, our PJJSC facility is mandated to provide phone call access to all youth in custody. Presently, our analog phones necessitate staff intervention for call transfers after verifying contact information, potentially causing delays in communication between youth and their parents, family members, or advocates if staff assistance is not readily available. However, Via Path phones allow for the preloading of each resident's approved contacts, limiting other calls and preventing three-way calls for security purposes. The system generates detailed reports on each youth's phone history, including numbers dialed, dates, start/end times, and call duration. Additionally, calls can be recorded to address stakeholder concerns regarding accusations against youth. Moreover, equipping all youth with access to tablets loaded with essential facility information documents (e.g., daily schedule, medical request forms), educational content, and entertainment materials empowers them and supports their independent study. These media related programs are secure and can be monitored to control app usage. The Via Path Program also offers translation support for documents and subtitles for media content, addressing language barriers. This enhancement aims to modernize communication and education services, while also addressing stakeholder concerns and promoting positive youth development at PJJSC.
- **The CWU Redaction Project** is a crucial initiative that supports the DHS Law Department's obligation to provide client files to requestors in accordance with relevant laws. The CWU manages requests from external entities for files within the DHS, including records maintained by Community Umbrella Agencies (CUAs) serving DHS-involved families. The Pennsylvania Child Protective Services Law restricts access to family records and investigation files to specific individuals and entities. In 2021, the CWU handled approximately 1,499 requests, with the workload distributed among unit attorneys. However, in 2022, the workload surged to around 3,420 requests due to the resumption of hearings in Domestic Relations and Criminal Courts, many of which were pending from before the pandemic. The expansion of the program is necessary to address the increased volume of requests. This surge has strained the legal staff's capacity to manage their caseloads effectively. Beginning in 2023, the CWU started utilizing document review services from contractors to handle DHS records requests. Three contract attorneys were engaged full-time, but despite their efforts, a significant number of requests remain outstanding. From July 24, 2023, to April 15, 2024, the CWU received 1,101 requests, with the contractor handling 987 of them. **We anticipate that the approval of new funding allocations for the expansion will alleviate this challenge, allowing staff attorneys to focus on advancing the department's priority of timely permanency and reunification for families.**

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 2025,** 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 DHS acts as the lead agency, and the Substance Affected Infant (SAI) indicator is selected by the Childline, POSC-specific data fields become visible in our Philadelphia Family Data System (PFDS), and DHS 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 our data system related to the POSC has been limited since implementation. 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 accurately in our data system.

The POSC-specific data fields in our system cannot be populated unless the SAI indicator is checked. Due to this limitation, DHS tracks POSC-specific data manually in an Excel spreadsheet, which is updated monthly. DHS cannot collect data directly from the POSCs, as they are sent in PDF or Microsoft Word formats. DHS then distributes the POSC to the

appropriate party (e.g., DHS investigator, CUA case management team, or prevention provider), and the document is added to 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 on the Substance Affected Infant (SAI) indicator as selected by PaDHS ChildLine when generating General Protective Services (GPS) or Information Only (INO) reports. When the SAI indicator is selected, the Plans of Safe Care (POSC) data fields become visible in our data system-PFDS, allowing POSC-specific data to be collected. Additionally, ChildLine collects the SAI Notification Reason (which identifies the type of substance affecting the infant) and the reporting source (usually the birth hospital) at the time of report generation. Generally, the reporting source creates the POSC and sends a copy to the DHS for distribution to the appropriate party (e.g., 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 Child Abuse Prevention and Treatment Act (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.

Philadelphia DHS issued a request for proposals in FY22 for an additional Healthy Families America program and Maternity Care Coalition was awarded. Implementation has included a presentation to the Child Welfare Operations Collaborative meetings, direct referral conversation with individual Community Umbrella Agencies, and promotional emails being sent system wide to education case workers about the service and encourage referral. In addition, in partnership with our primary Independent Living Older Youth provider, we have targeted this program for parenting youth as well. A presentation was provided to Older Youth staff and at a housing program for parenting youth (Northern) to encourage and support referral.

DHS engaged with internal and external stakeholders, including community-based service providers, through targeted conversations. In FY 22-23, Philadelphia DHS completed a global provider readiness analysis to determine what implementation and infrastructure support our provider community required 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 residential placement providers to adopt the residential placement specialized setting requirements associated with Family First implementation in Pennsylvania. The insights gained from this readiness assessment continue to be instrumental in guiding our planning and implementation strategies to support the needs of our provider community.

Over the past fiscal year, DHS has continued to take strategic steps to prepare for the implementation of Evidence Based Practices (EBPs) in response to the Family First Prevention Services Act (FFPSA). 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.

- Identify whether your county has a unit or staff dedicated to diversionary services. If so, describe the infrastructure in place including the process on how services are referred and subsequently monitored by the agency.

Philadelphia County's Diversionary Division within our Child Welfare Operations is comprised of dedicated workers, supervisors, managers, and directors focused on providing diversionary services. These services, including Family Empowerment Services (FES), Rapid Service Response (RSR), and Family Empowerment Centers (FEC), are tailored to support families at risk of formal child welfare involvement.

The referral process begins with the Department of Human Services (DHS), utilizing our Hotline diversionary screening process to assess families and direct them to the appropriate program based on their needs. Family Empowerment Centers (FEC) serve as community-based prevention centers, specifically catering to families referred by DHS. Through time-limited engagement and support, FECs strive to enhance family stability and prevent the need for further intervention. Family Empowerment Services (FES) focus on enhancing families' caregiving abilities through case management and access to services such as parenting education and housing assistance. Rapid Service Response (RSR) works with DHS Investigations and provides short-term, intensive case management (including home visits and safety assessments) with the goal of mitigating the safety threats and risk concerns that causes families to formally come to the attention of the Department.

Our FEC, FES, and RSR service providers conduct regular assessments and home visits and generate progress reports to ensure the services meet the family's needs and foster long-term stability and self-sufficiency. This structured approach helps maintain the safety of children while leveraging community resources and family strengths. Lastly, our provider monitoring and evaluation mechanisms further enhance our ability to meet the evolving needs of families and maintain child safety.

Through the use of electronic data systems, DHS effectively monitors and evaluates contracted diversion provider agencies. Through the use of our databases, we are able to monitor a referral from creation until case closure to ensure continuity. Additionally, we utilize a structured evaluation process which measures compliance with state, federal, and local regulations and quality indicators to reflect on key areas of practice. The complementary use of administrative data allows us to augment case file reviews with additional process and outcome metrics for diversion programming.

- Community Pathways support the delivery and planning for evidence-based prevention services for a child who does not have an open case with the child welfare agency and does not require immediate child welfare intervention but meets Pennsylvania's definition of Candidate for Foster Care. County Children and Youth Agencies (CCYAs) must determine candidacy and eligibility for the selected prevention service. The CCYA may contract with approved community-based providers to develop or approve a child-specific prevention plan, provide prevention plan case management, conduct ongoing safety and risk monitoring and assessments, and/or deliver approved evidence-based prevention services as agreed upon in their contract. Processes set up by CCYAs must be reviewed and approved by OCYF. 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 Philadelphia.

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

None at this time.

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 County, a multi-disciplinary service planning team has been established as part of a collaborative cross-agency process to support children and youth with complex needs that require expertise from various systems. This team comprises representatives from partner agencies such as the Department of Human Services (DHS), the Office of Behavioral Health and Intellectual disability Services, the School District of Philadelphia, Juvenile Probation, Courts, the Department of Public Health, Community Behavioral Health (CBH), and other relevant agencies as needed. 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 foster collaboration, Philadelphia's cross-agency process incorporates monthly meetings between DHS and CBH to discuss behavioral health services for dependent children. These regular gatherings help ensure that children receive suitable care and enable prompt resolution of any issues or concerns.

In instances where a satisfactory 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 regional or state-level partners to tackle these complex situations. When a child or youth's needs necessitate more intricate planning beyond the capacities of individual agencies, it is recommended that all human services agencies/providers in the county, alongside 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. If the county complex planning team has exhausted all local/county options, solutions, and resources and still cannot 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 2023-24, how many children were served through your county complex case planning process?

To date, there have been three formal reviews of a youth. The team convenes on a weekly basis, collaboratively developing action steps to address the complexities of the case.

We are continuing our effort 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?

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. The request for new programmatic investments, the Child Care Room Alternative for Males, and the Delinquent foster care model, demonstrates the innovative services being developed to meet the needs of complex children in Philadelphia County.

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

Because DHS works very closely with the OCYF Southeast Regional Office on complex cases, no technical assistance is needed at this time.

1-3s. Family Reunification Services

➔ Respond to the following questions:

- What are the current services and activities provided to support family reunification efforts?
 - **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 2023-24?

Note: Updated cost of services and activities for SFY 23-24 will be added in our Final Submission template.

For total costs of services and activities to provide family reunification services in SFY 23-24 is pending final calculations:

- Achieving Reunification Center (ARC) in FY23 was \$2,618,451.

Section 2: General Indicators

2-1: County Fiscal Background

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

Note: Updates regarding underspending for FY 23-24 will be added in our Final Submission template. Spending year is not complete.

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

Note: Updates regarding underspending for FY 23-24 will be added in our Final Submission template. Spending year is not complete.

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

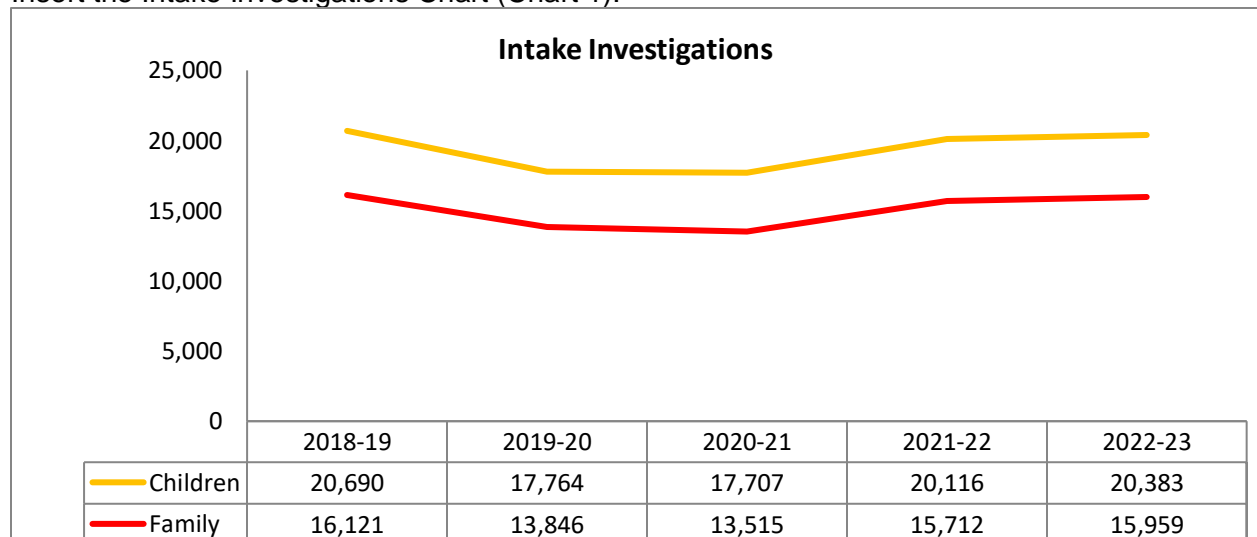
Note: Updates regarding underspending for FY 23-24 will be added in our Final Submission template. Spending year is not complete.

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

NOTE: General Indicator data and charts are not available until after July 1, 2024. The charts below are based on the General Indicator data from last year's FY 24-25 submission, to give an indication of trends, and will be replaced with FY 25-26 charts in the final submission.

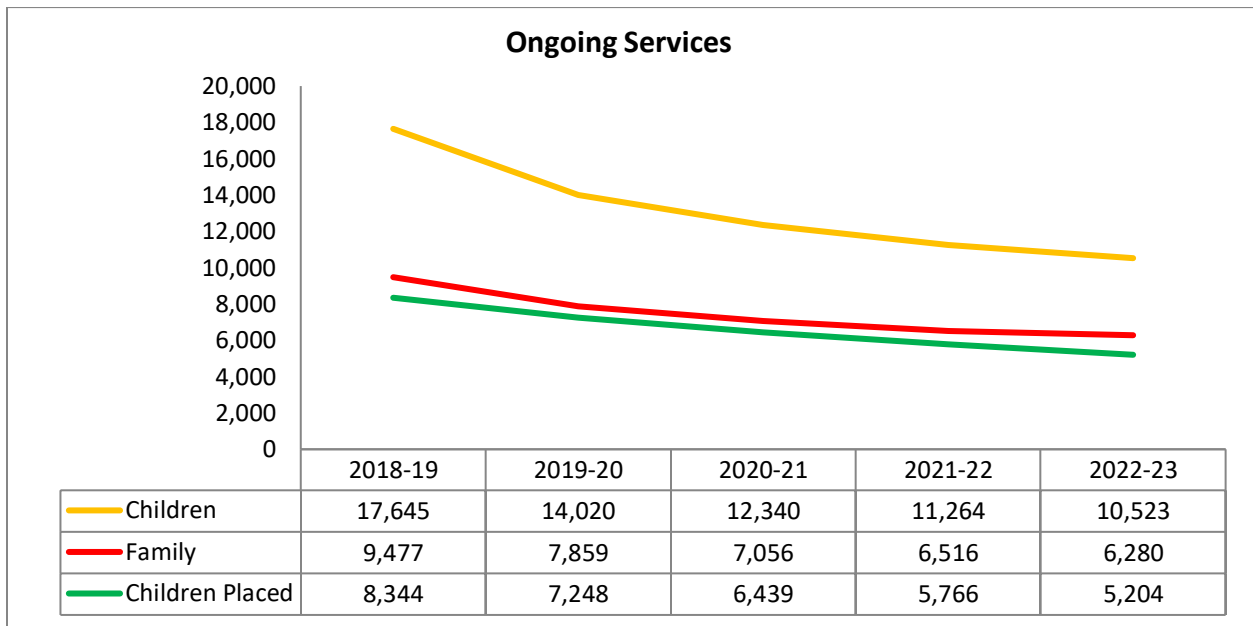
2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).



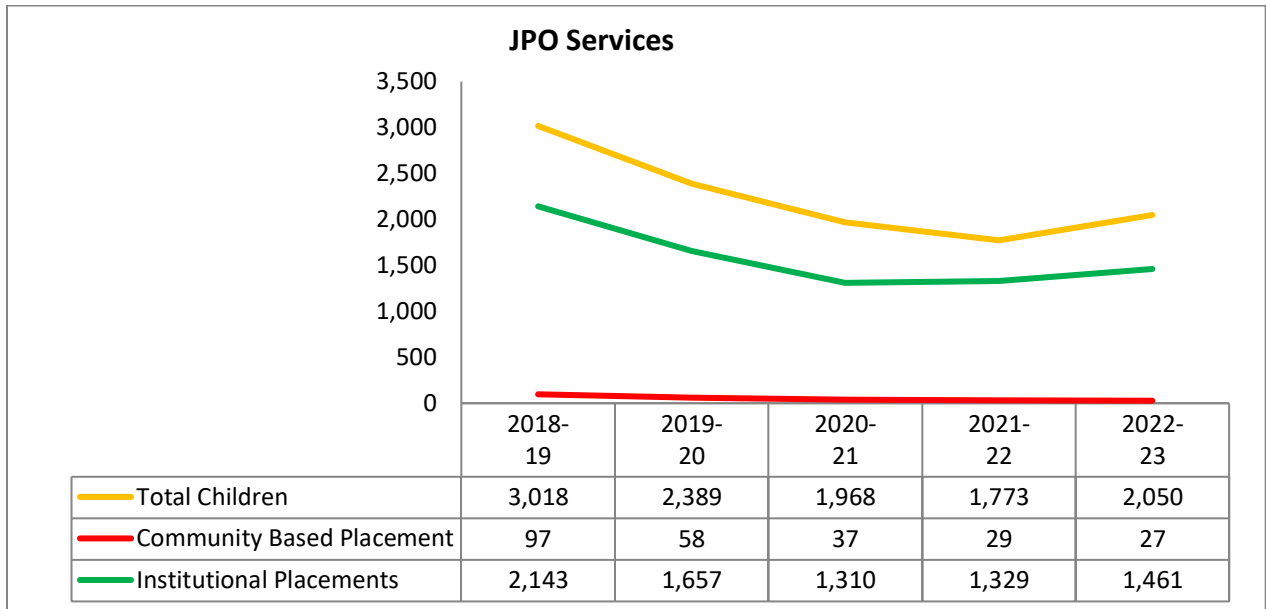
2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).



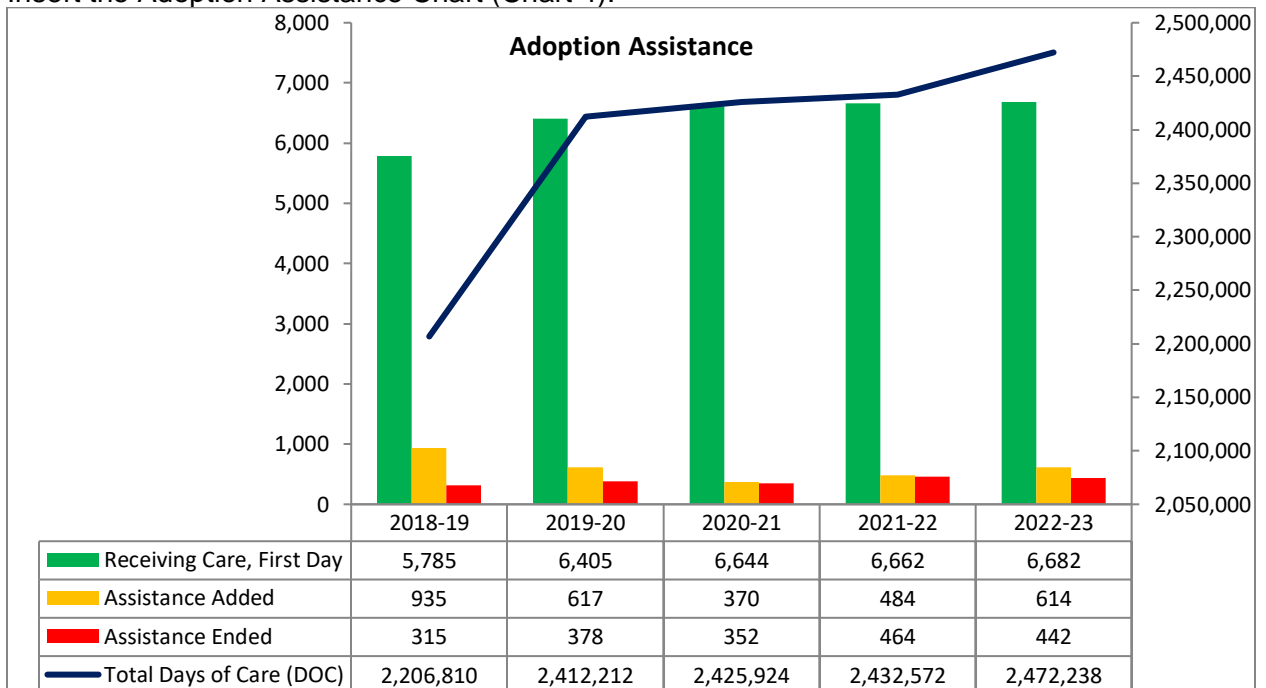
2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



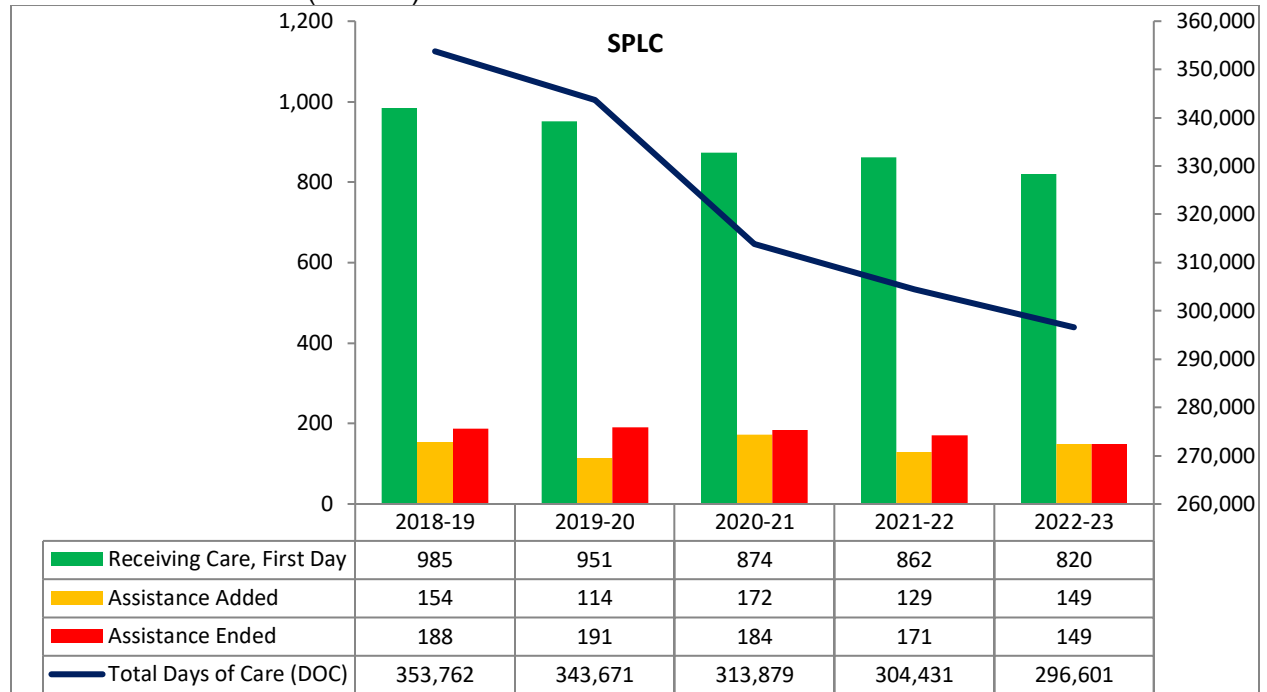
2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).



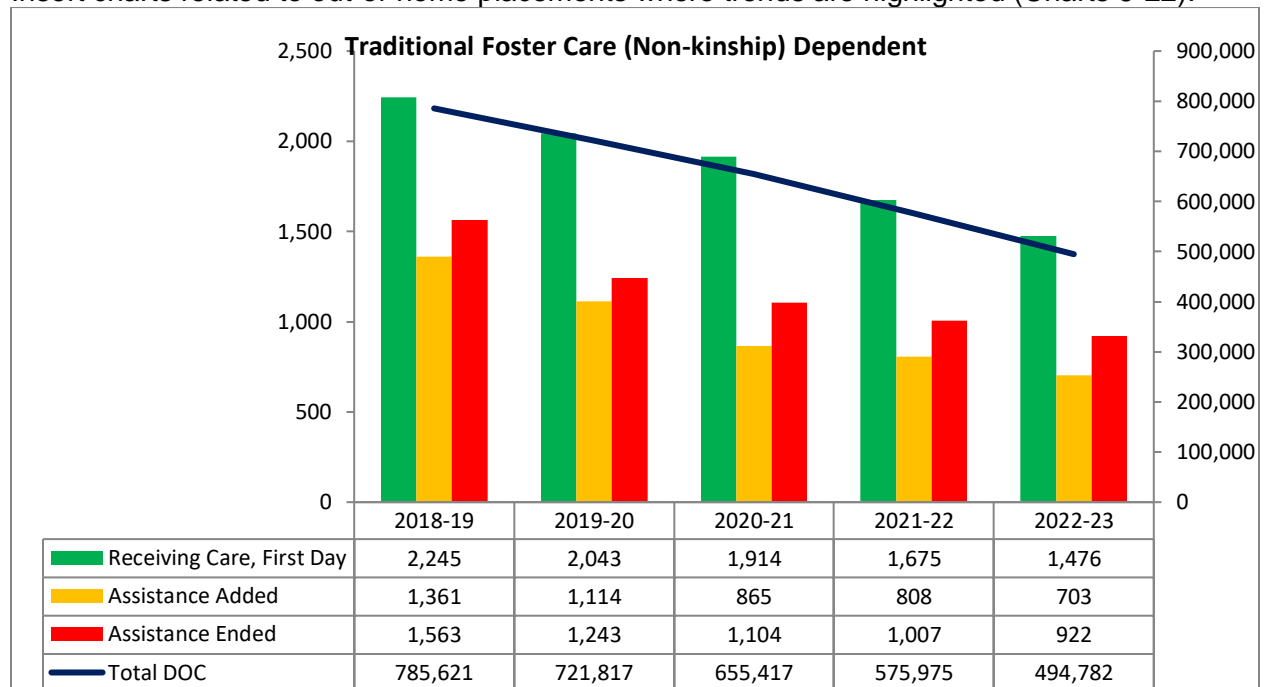
2-2c. Subsidized Permanent Legal Custody (SPLC)

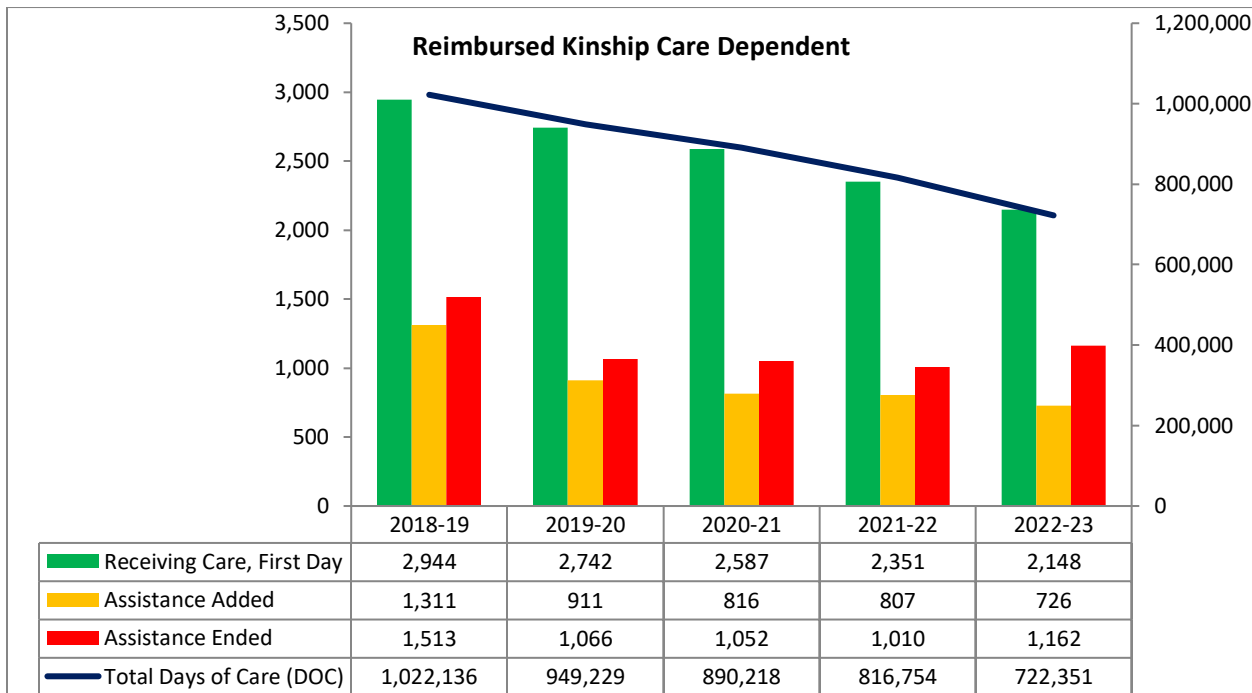
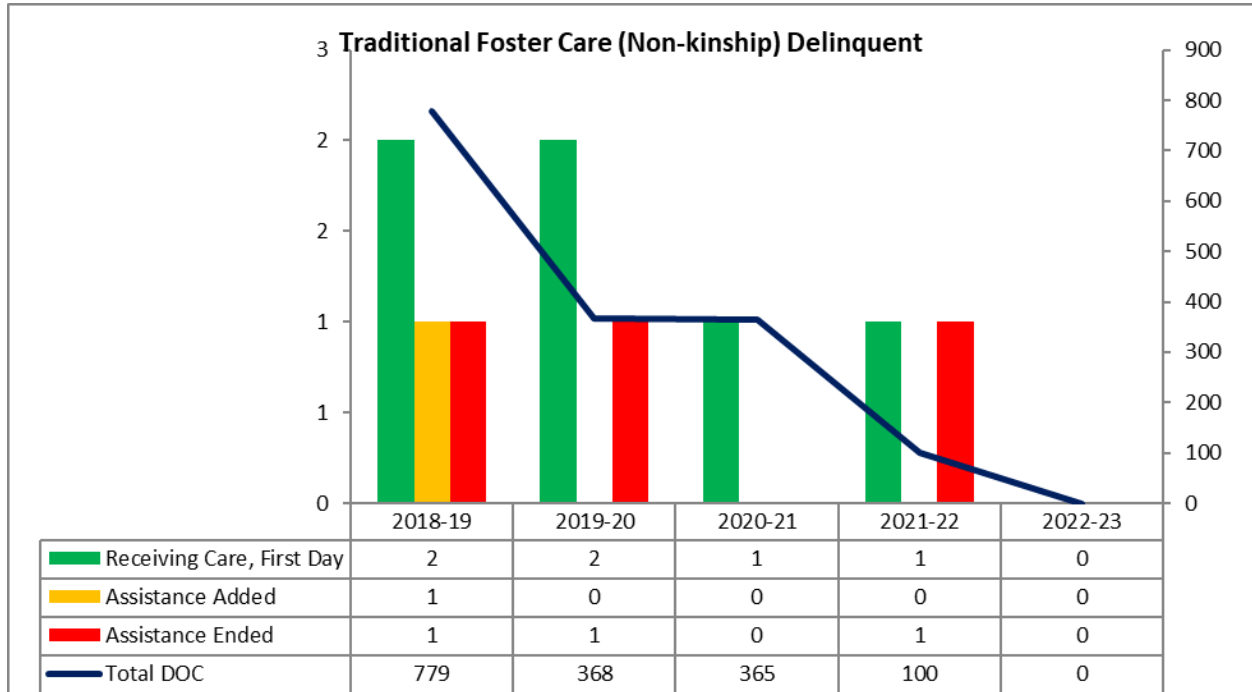
Insert the SPLC Chart (Chart 5).

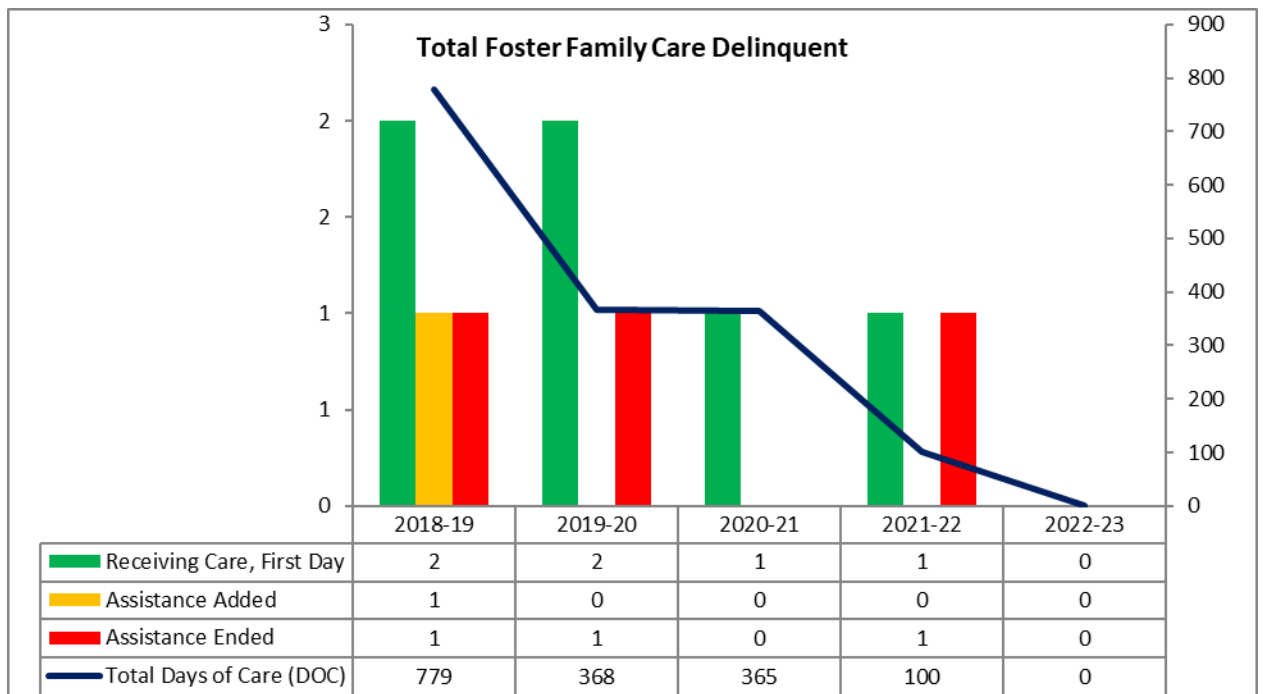
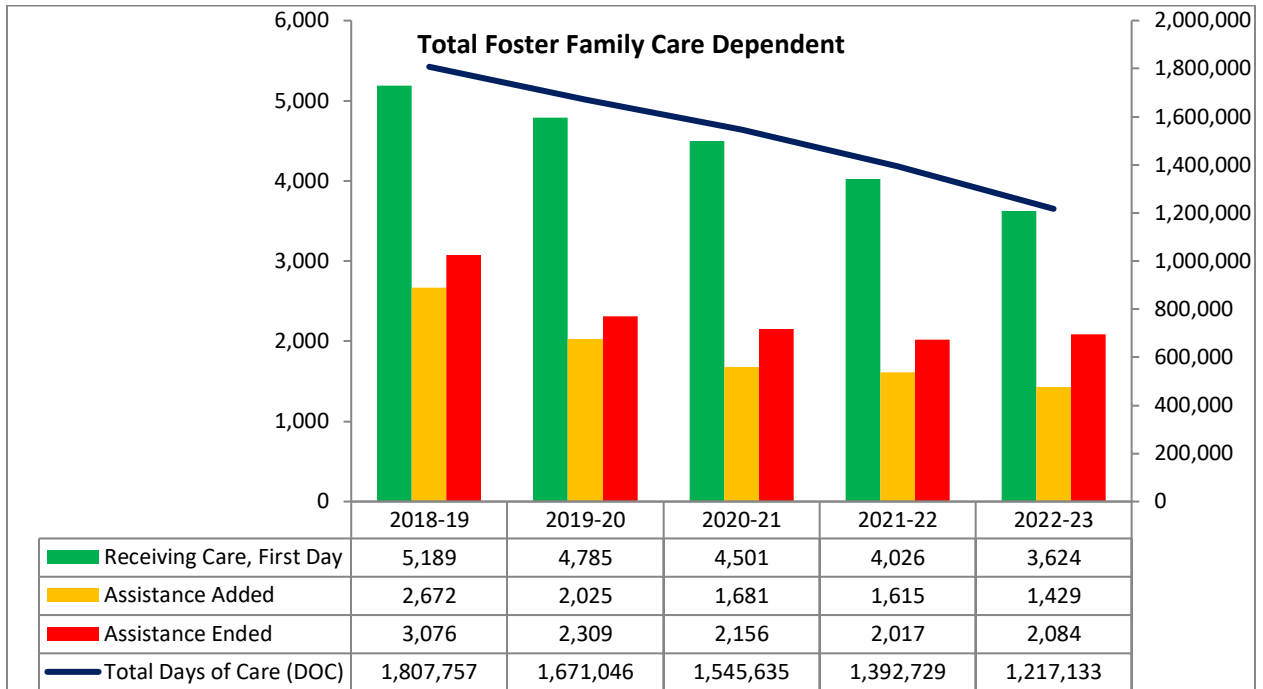


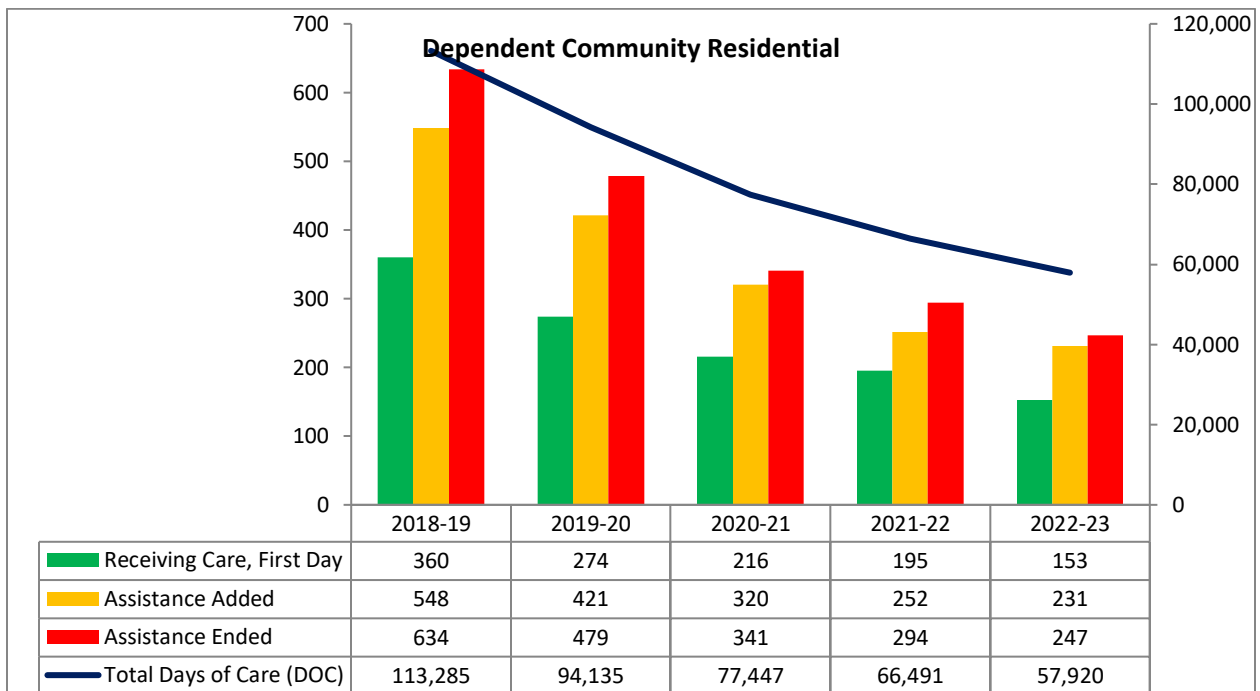
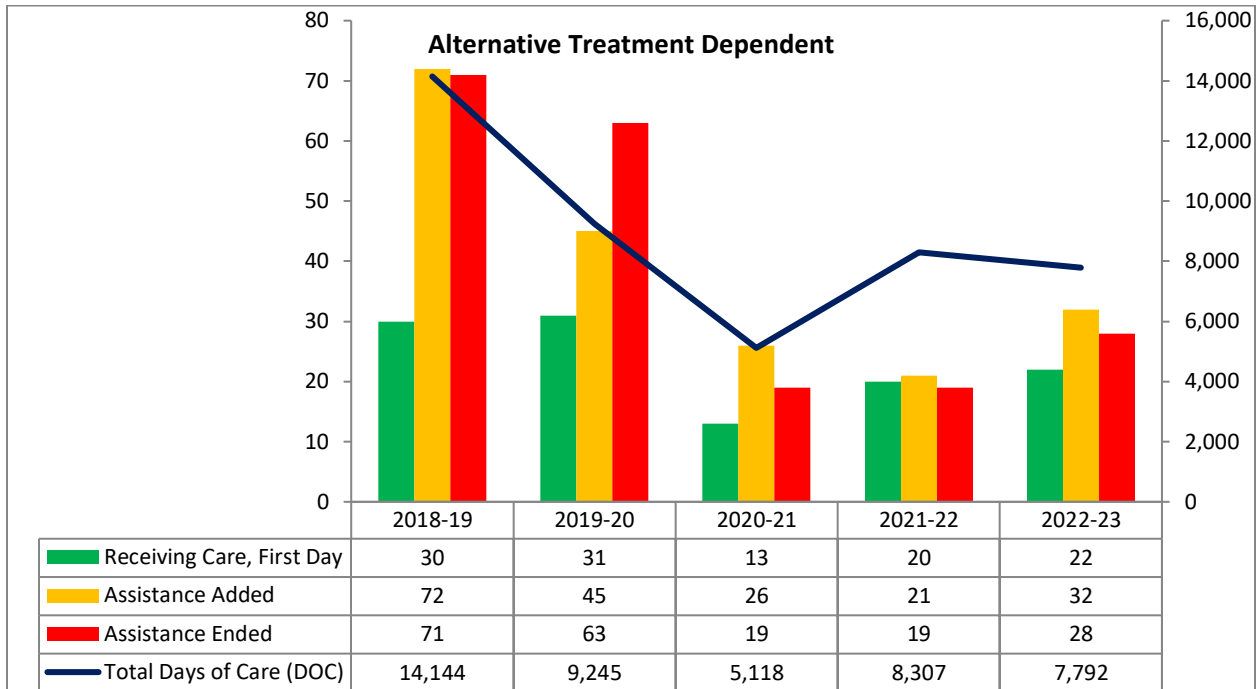
2-2d. Out-of-Home Placements: County Selected Indicator

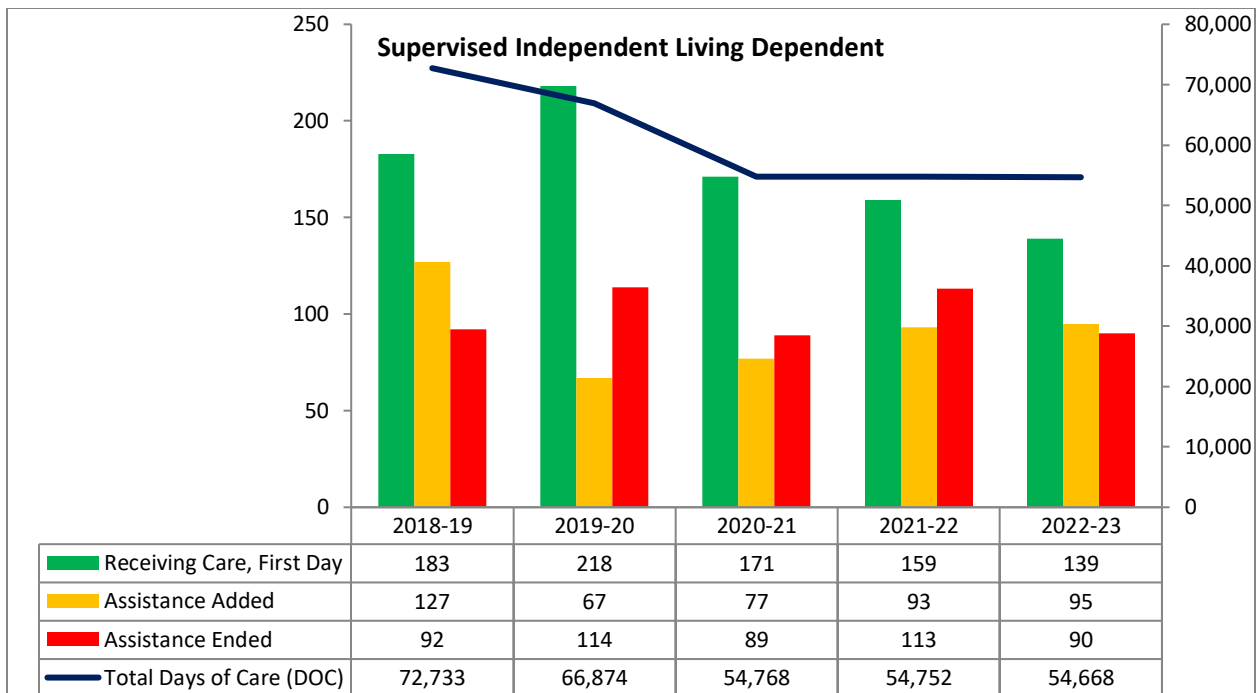
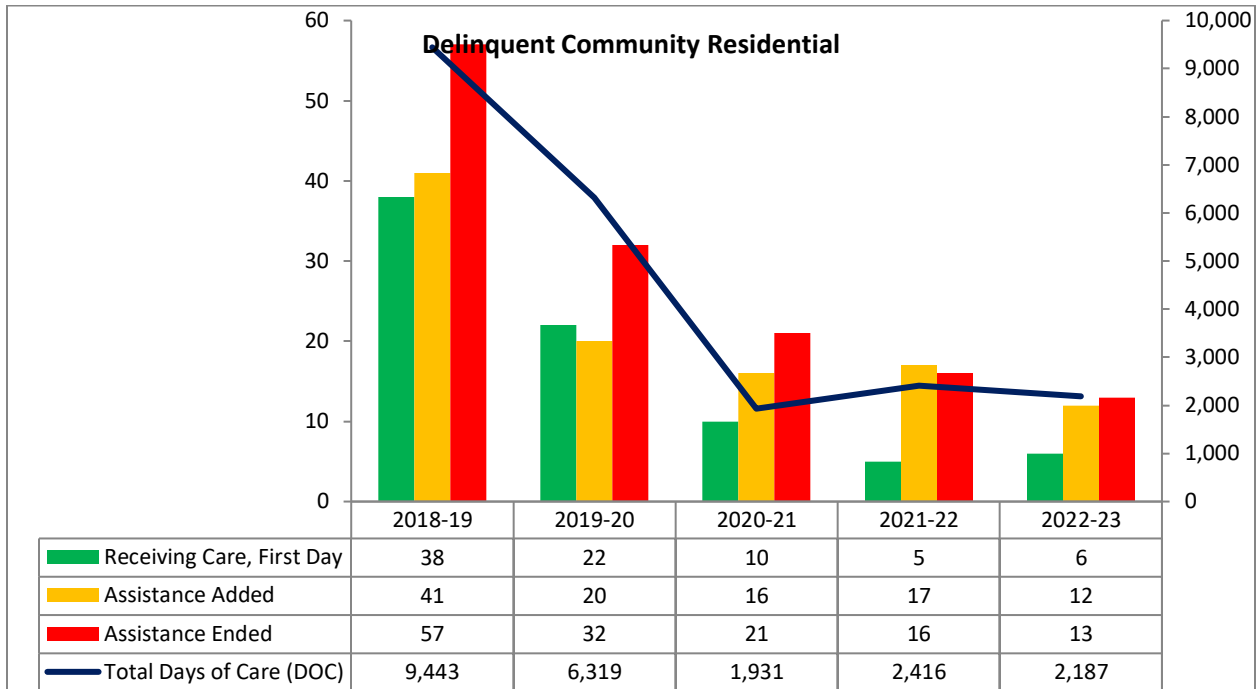
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

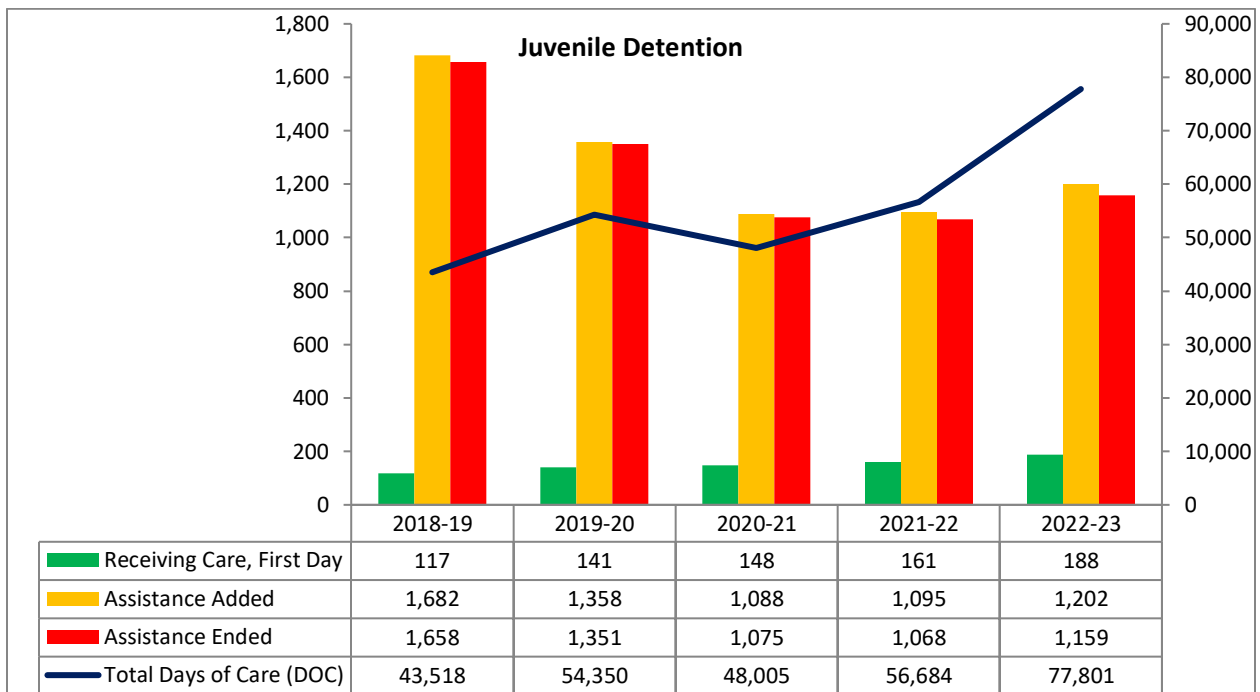
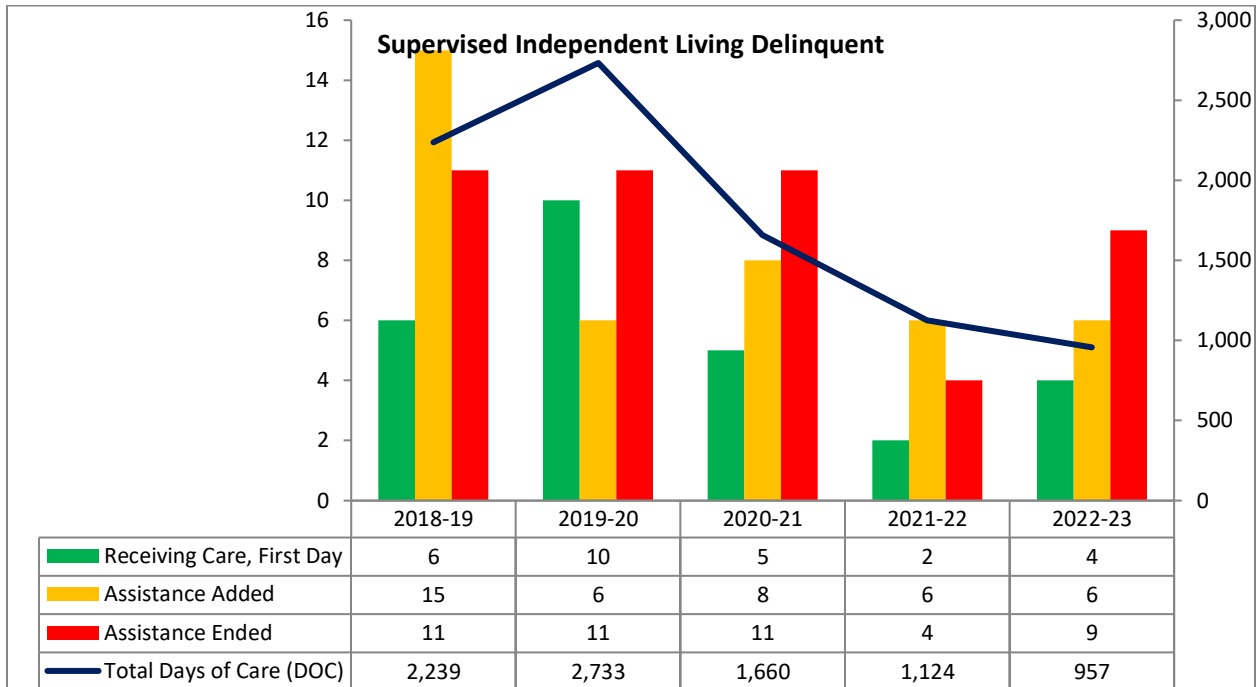


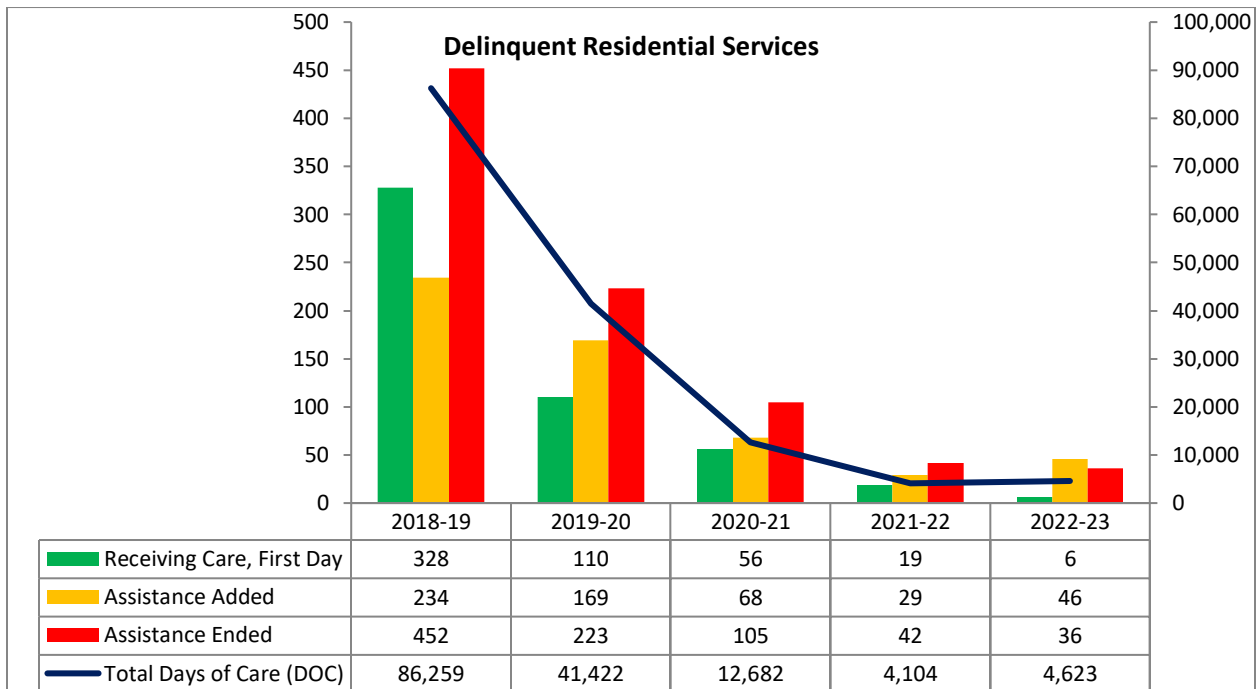
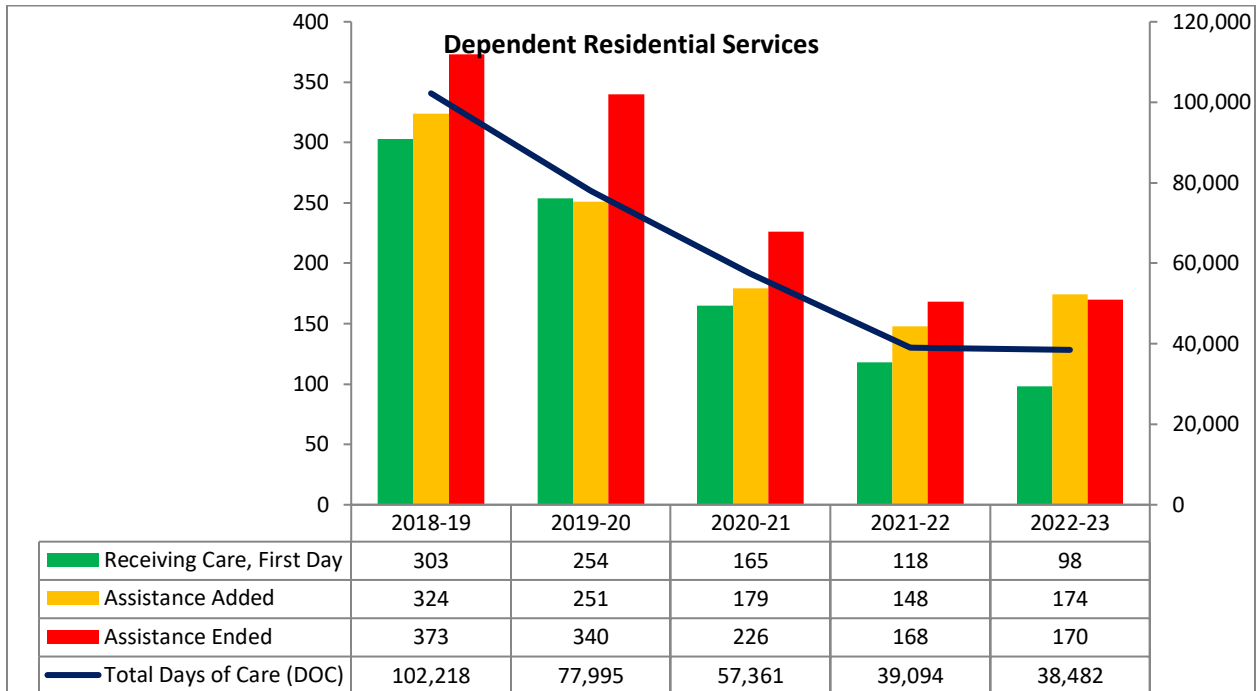


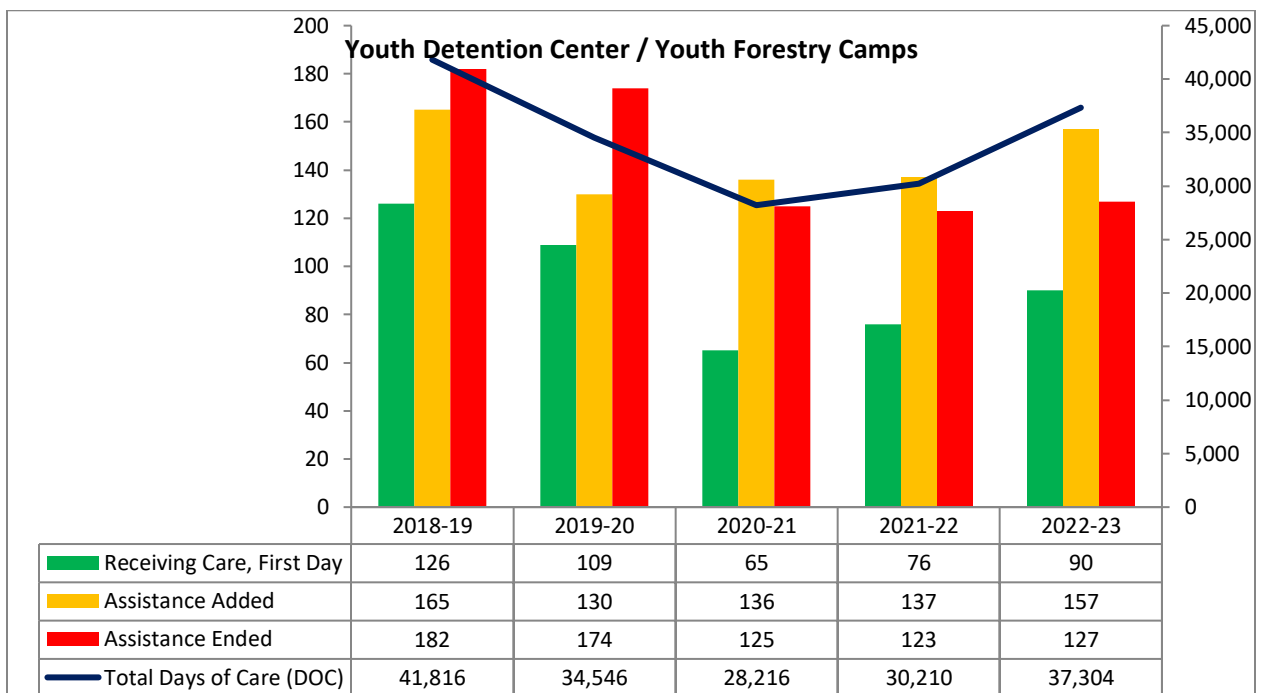
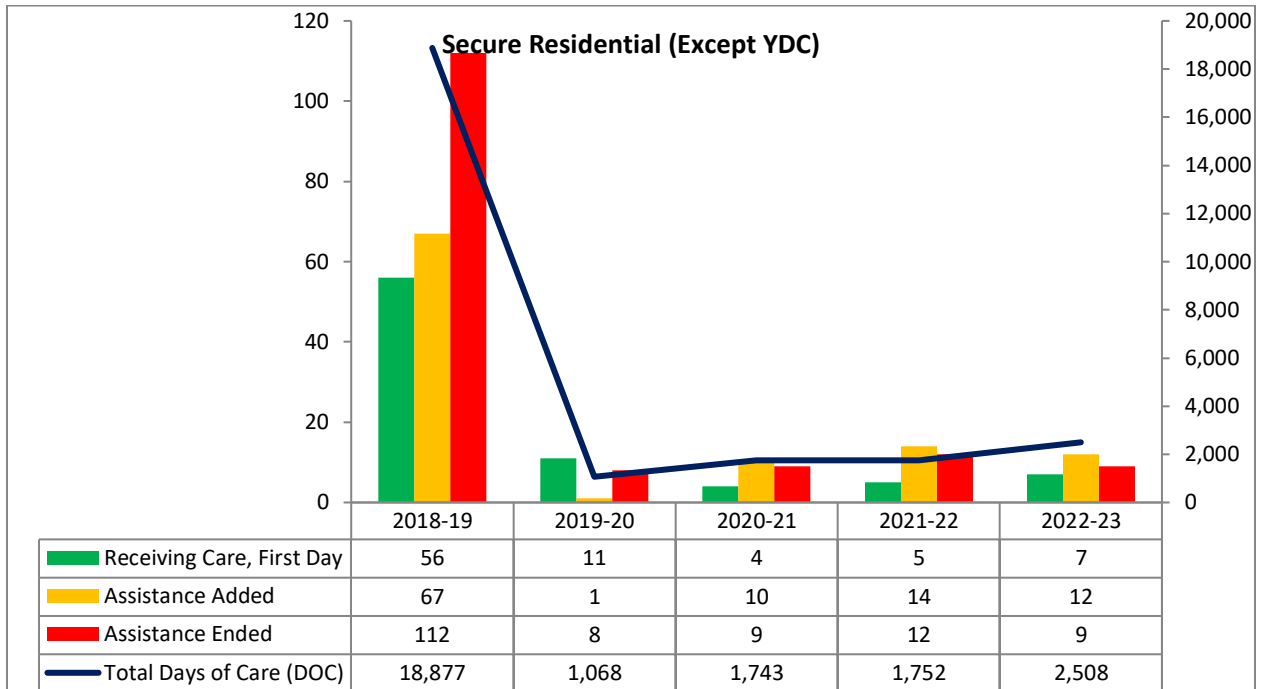






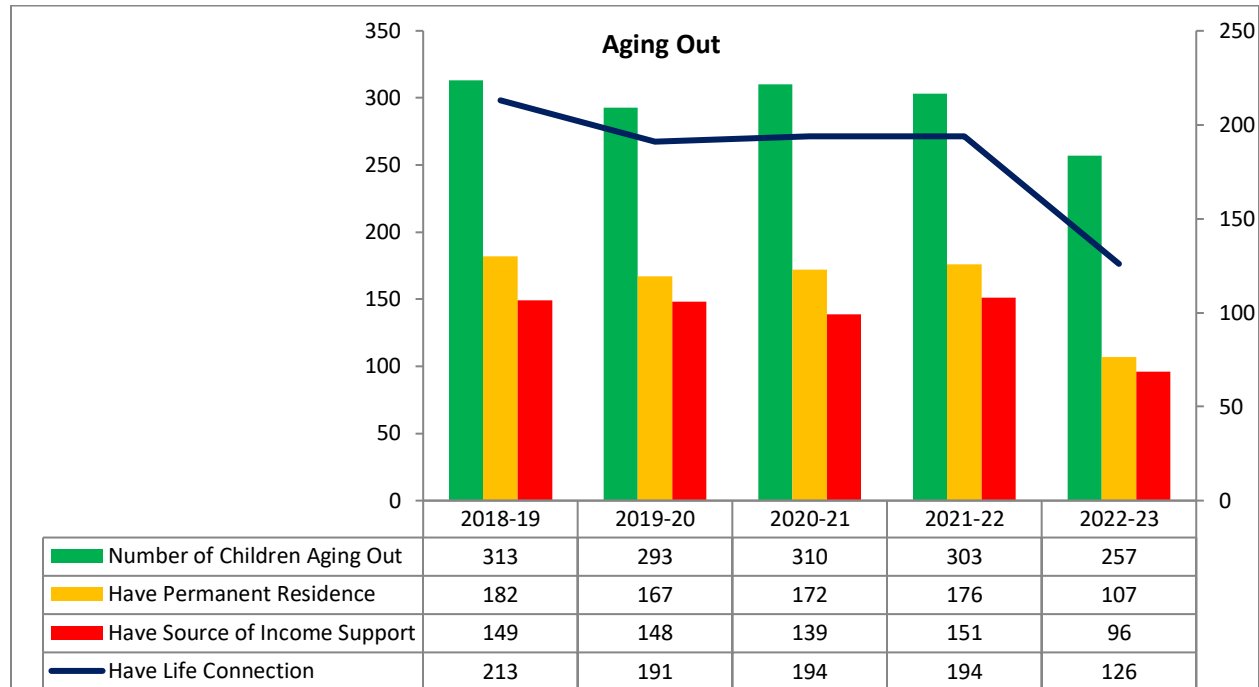






2-2e. Aging Out

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.

2-2a. Service Trends

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
Intake Investigations							
Children	20,690	17,764	17,707	20,116	20,383	-1.5%	-0.4%
Family	16,121	13,846	13,515	15,712	15,959	-1.0%	-0.3%
Ongoing Services							
Children	17,645	14,020	12,340	11,264	10,523	-40.4%	-12.1%
Family	9,477	7,859	7,056	6,516	6,280	-33.7%	-9.8%
Children Placed	8,344	7,248	6,439	5,766	5,204	-37.6%	-11.1%
JPO Services							
Total Children	3,018	2,389	1,968	1,773	2,050	-32.1%	-9.2%
Community Based Placement	97	58	37	29	27	-72.2%	-27.4%
Institutional Placements	2,143	1,657	1,310	1,329	1,461	-31.8%	-9.1%

2-2b. Adoption Assistance

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
Adoption Assistance							
Receiving Care, First Day	5,785	6,405	6,644	6,662	6,682	15.5%	3.7%
Assistance Added	935	617	370	484	614	-34.3%	-10.0%

Assistance Ended	315	378	352	464	442	40.3%	8.8%
Total Days of Care (DOC)	2,206,810	2,412,212	2,425,924	2,432,572	2,472,238	12.0%	2.9%

2-2c. SPLC

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	985	951	874	862	820	-16.8%	-4.5%
Assistance Added	154	114	172	129	149	-3.2%	-0.8%
Assistance Ended	188	191	184	171	149	-20.7%	-5.6%
Total Days of Care (DOC)	353,762	343,671	313,879	304,431	296,601	-16.2%	-4.3%

2-2d. Placement Data

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	2,245	2,043	1,914	1,675	1,476	-34.3%	-10.0%
Assistance Added	1,361	1,114	865	808	703	-48.3%	-15.2%
Assistance Ended	1,563	1,243	1,104	1,007	922	-41.0%	-12.4%
Total DOC	785,621	721,817	655,417	575,975	494,782	-37.0%	-10.9%

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

Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	2,944	2,742	2,587	2,351	2,148	-27.0%	-7.6%
Assistance Added	1,311	911	816	807	726	-44.6%	-13.7%
Assistance Ended	1,513	1,066	1,052	1,010	1,162	-23.2%	-6.4%
Total Days of Care (DOC)	1,022,136	949,229	890,218	816,754	722,351	-29.3%	-8.3%

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

Foster Family Care - Dependent (Total of 2 above)							
Receiving Care, First Day	5,189	4,785	4,501	4,026	3,624	-30.2%	-8.6%
Assistance Added	2,672	2,025	1,681	1,615	1,429	-46.5%	-14.5%
Assistance Ended	3,076	2,309	2,156	2,017	2,084	-32.2%	-9.3%
Total Days of Care (DOC)	1,807,757	1,671,046	1,545,635	1,392,729	1,217,133	-32.7%	-9.4%

Foster Family Care - Delinquent (Total of 2 above)							
Receiving Care, First Day	2	2	1	1	0	-100.0%	-100.0%

Assistance Added	1	0	0	0	0	-100.0%	-100.0%
Assistance Ended	1	1	0	1	0	-100.0%	-100.0%
Total Days of Care (DOC)	779	368	365	100	0	-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	32	-55.6%	-18.4%
Assistance Ended	71	63	19	19	28	-60.6%	-20.8%
Total Days of Care (DOC)	14,144	9,245	5,118	8,307	7,792	-44.9%	-13.8%

Alternative Treatment Delinquent							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%

Dependent Community Residential							
Receiving Care, First Day	360	274	216	195	153	-57.5%	-19.3%
Assistance Added	548	421	320	252	231	-57.8%	-19.4%
Assistance Ended	634	479	341	294	247	-61.0%	-21.0%
Total Days of Care (DOC)	113,285	94,135	77,447	66,491	57,920	-48.9%	-15.4%

Delinquent Community Residential							
Receiving Care, First Day	38	22	10	5	6	-84.2%	-37.0%
Assistance Added	41	20	16	17	12	-70.7%	-26.4%
Assistance Ended	57	32	21	16	13	-77.2%	-30.9%
Total Days of Care (DOC)	9,443	6,319	1,931	2,416	2,187	-76.8%	-30.6%

Supervised Independent Living Dependent							
Receiving Care, First Day	183	218	171	159	139	-24.0%	-6.6%
Assistance Added	127	67	77	93	95	-25.2%	-7.0%
Assistance Ended	92	114	89	113	90	-2.2%	-0.5%
Total Days of Care (DOC)	72,733	66,874	54,768	54,752	54,668	-24.8%	-6.9%

Supervised Independent Living Delinquent							
Receiving Care, First Day	6	10	5	2	4	-33.3%	-9.6%

Assistance Added	15	6	8	6	6	-60.0%	-20.5%
Assistance Ended	11	11	11	4	9	-18.2%	-4.9%
Total Days of Care (DOC)	2,239	2,733	1,660	1,124	957	-57.3%	-19.1%

Juvenile Detention							
Receiving Care, First Day	117	141	148	161	188	60.7%	12.6%
Assistance Added	1,682	1,358	1,088	1,095	1,202	-28.5%	-8.1%
Assistance Ended	1,658	1,351	1,075	1,068	1,159	-30.1%	-8.6%
Total Days of Care (DOC)	43,518	54,350	48,005	56,684	77,801	78.8%	15.6%

Dependent Residential Services							
Receiving Care, First Day	303	254	165	118	98	-67.7%	-24.6%
Assistance Added	324	251	179	148	174	-46.3%	-14.4%
Assistance Ended	373	340	226	168	170	-54.4%	-17.8%
Total Days of Care (DOC)	102,218	77,995	57,361	39,094	38,482	-62.4%	-21.7%

Delinquent Residential Services							
Receiving Care, First Day	328	110	56	19	6	-98.2%	-63.2%
Assistance Added	234	169	68	29	46	-80.3%	-33.4%
Assistance Ended	452	223	105	42	36	-92.0%	-46.9%
Total Days of Care (DOC)	86,259	41,422	12,682	4,104	4,623	-94.6%	-51.9%

Secure Residential (Except YDC)							
Receiving Care, First Day	56	11	4	5	7	-87.5%	-40.5%
Assistance Added	67	1	10	14	12	-82.1%	-34.9%
Assistance Ended	112	8	9	12	9	-92.0%	-46.8%
Total Days of Care (DOC)	18,877	1,068	1,743	1,752	2,508	-86.7%	-39.6%

Youth Detention Center / Youth Forestry Camps							
Receiving Care, First Day	126	109	65	76	90	-28.6%	-8.1%
Assistance Added	165	130	136	137	157	-4.8%	-1.2%
Assistance Ended	182	174	125	123	127	-30.2%	-8.6%
Total Days of Care (DOC)	41,816	34,546	28,216	30,210	37,304	-10.8%	-2.8%

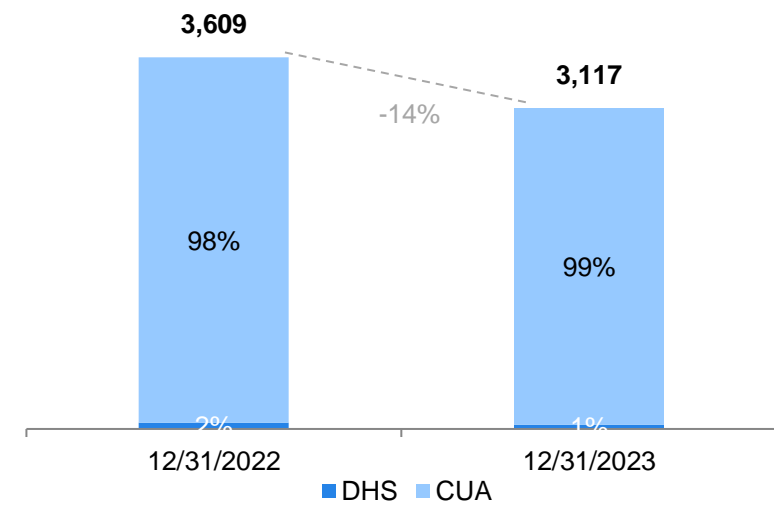
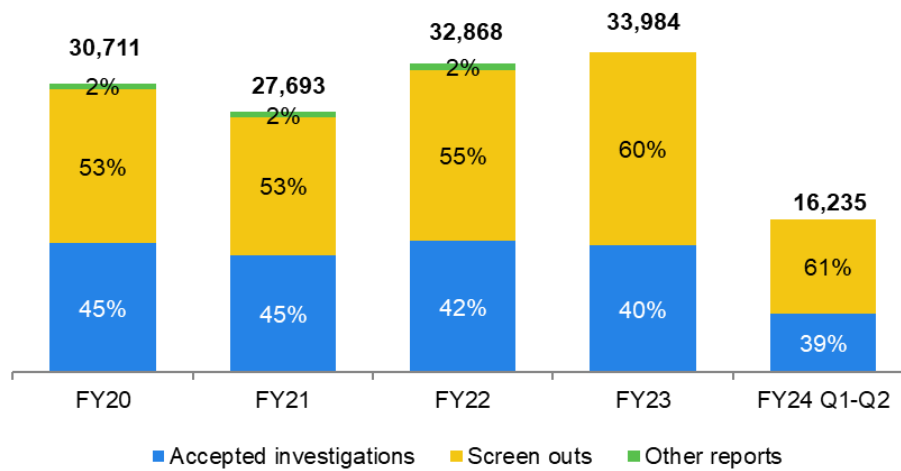
2-2e. Aging Out Data							
	FY	FY	FY	FY	FY	%	
Indicator	2018-19	2019-20	2020-21	2021-22	2022-23	Change	CAGR
Aging Out							
Number of Children Aging Out	313	293	310	303	257	-17.9%	-4.8%
Have Permanent Residence	182	167	172	176	107	-41.2%	-12.4%
Have Source of Income Support	149	148	139	151	96	-35.6%	-10.4%
Have Life Connection	213	191	194	194	126	-40.8%	-12.3%

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.

Note: The following measure includes data from the first half of FY24 and will be updated to include the full fiscal year for the final submission.

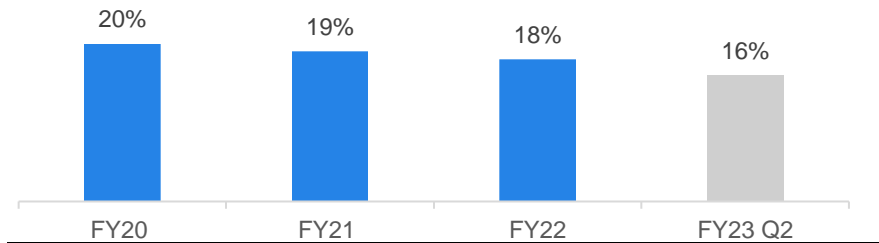


Performance Based Contracting: Timeliness of Permanency Measures

Note: The following measure includes children who entered care in the first half of FY 23 and will be updated to include the full fiscal year for the final submission.

Timeliness Measure 1: Percentage of Youth Who Obtain Permanency within 12 Months²

T1



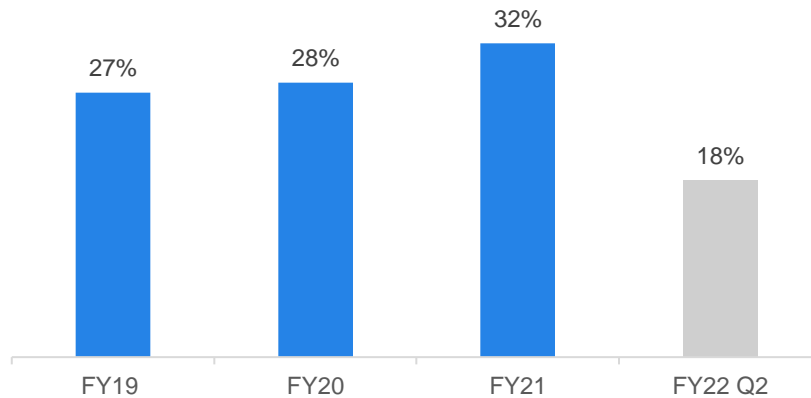
T1 measures the percentage of youth who achieved permanency within a year of entering care. About 1 in 7 youth (16%) who entered care in the first half of FY 23 achieved permanency within a year – a smaller proportion compared to previous years.

Note: The following measure includes children who entered care in the first half of FY 22 and will be updated to include the full fiscal year for the final submission.

² DHS data obtained from Quarterly Indicators Report on Performance Based Contracting Measures, run on August 9, 2023. The data for FY22 are preliminary and may fluctuate slightly as data are reconciled.

Timeliness Measure 2: Percentage of Youth Who Obtain Permanency in 36 Months after being in Care for 12 Months³

T2



T2 measures the percentage of youth achieving permanency within 36 months for youth in care for at least 12 continuous months. Nearly 1 in 5 youth (18%) who entered placement during the first half of FY 22 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.

Note: DHS is unable to run data to update the General Indicators section for the Needs Based Plan and Budget until after the Fiscal Year ends on 6/30/24. In order to assess trends in service delivery and usage, DHS has instead used figures and information from its Quarterly Indicators Report (QIR). The QIR is a public facing report that summarizes trends in across all major areas of child welfare and juvenile justice services provided by DHS. Quarterly Indicators Reports can be found at: <https://www.phila.gov/documents/community-oversight-board-data-report/Each>. Each subsection of the General Indicators section provides figures and narrative derived from the QIR for the corresponding program area. Each figure section contains narrative to ease interpretation. Trends are highlighted in the chart analysis sections. All data is through the end of the second quarter of Fiscal Year 2024 (December 31, 2024). Once Fiscal Year 2024 ends, DHS will update data and figures to include the full fiscal year. However, using the first two quarters as well as the historical data, these figures and associated narrative provide a good description of system metrics and DHS does not anticipate these trends to change significantly at the end of the year.

³ DHS data obtained from Quarterly Indicators Report on Performance Based Contracting Measures, run on August 9, 2023.

Service Trends

The number of reports accepted for intake investigations increased by 2% from FY 20 to FY 23. The number of reports accepted for intake investigations increased from 12,474 in FY 21 to 13,941 in FY 22. However, the number of reports accepted for investigation decreased in FY 23 to 13,476. Philadelphia exhibits this trend in fewer Hotline reports accepted for investigation to continue: There were 7% fewer investigations in the first half of FY 2024 (N=6,265) than in the first half of FY 2023 (N=6,712).⁴

Since FY20, the number of children and families receiving ongoing services has been declining. Overall, the number of families open for service has decreased by 40% from FY 20 to FY 24.⁵ The number of children with in home services decreased by 6% from the end of the second quarter of FY 23 to the end of the second quarter of FY 24.⁶ The number of children placed has also decreased from the end of the second quarter of FY 20 to the end of the second quarter FY 24 by 39%.⁷

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, and FY 23 Hotline reports and Investigations returned to 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 19, Hotline reports stabilized in FY23 and have decreased slightly in the first half of FY24. (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 FY 23, Hotline reports remained roughly equal to FY 22 (Increase of 3%). In the First half of FY 24 Hotline reports increased 2% as compared to the first half of FY 23⁸.

Following large observed decreases in Hotline reports during the height of the COVID-19 pandemic mitigation efforts, Hotline reports increased by 23% between FY 21 and FY 23. However, the total number of Hotline reports in FY 23 was still 3% lower than the total number of hotline reports in FY 19.⁹

DHS has continued to close more cases than it has accepted for service; there were 334 more cases closed than accepted for service in FY 23.¹⁰ Additionally, there was a 1% increase in the overall number of children receiving formal in-home services from June 2022 to June 2023. During this same period, the number of youths 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 16%. During this period the number of youths

⁴ DHS data obtained from Quarterly Indicators Report "Investigations", run on January 30, 2024.

⁵ DHS data obtained from Quarterly Indicators Report "Cases Open", run on January 30, 2024

⁶ DHS data obtained from Quarterly Indicators Report "In Home Services", run on January 30, 2024

⁷ DHS data obtained from Quarterly Indicators Report "Dependent Placements of December 31st of each Year", run on January 30, 2024

⁸ DHS data obtained from Quarterly Indicators Report "Call Volume", run on January 30, 2024

⁹ DHS Data obtained from the Quarterly Indicators Report on Hotline Decisions, run on Aug 8, 2023.

¹⁰ DHS Data obtained from the Quarterly Indicators Report on Accepted and Closed Cases, run on Aug 8, 2023

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, increased by 29%.¹¹ The total number of youths in dependent placement declined by 14% from June 30, 2022 to June 30, 2023.¹²

DHS has continued to close more cases than it has accepted for service; there were 230 more cases closed than accepted for service in the first half of FY 24.¹³ Additionally, there was a 6% decrease in the overall number of children receiving formal in-home services from December 2022 to December 2023¹⁴. 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 9%. 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, increased by 2%.¹⁵

The total number of youth in dependent placement declined by 16% from December 31, 2022 to December 31, 2023.¹⁶

The number of youth receiving Juvenile Probation services has steadily declined from 3,018 youth in FY 19 to 2,050 youth in FY 23, representing an overall decrease of 32%. The number of children in community-based placements also steadily declined from FY 20 to FY 24, decreasing by 56%.¹⁷ While the number of children in institutional placements steadily decreased from FY 20 to FY 22, there was a 127% increase in the number of children with institutional placements from December 31, 2021 to December 31, 2023. Overall, the number of children in institutional placements on December 31, 2023 is still 9% less than on December 31, 2019.¹⁸

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 16% from 5,785 to 6,682 children. Total days of care for children receiving adoption assistance increased by 12% from FY 19 – FY23.

The number of children with a Subsidized Permanent Legal Custodianship (SPLC) in placement has consistently decreased over time, with an overall decrease of 17% from FY 19 to FY 23; the total days of care decreased by 17% in this period.

The total number of children attaining permanency has decreased every fiscal year between FY 20 and FY 23, and this trend expected to continue in FY 24 based on first half of the fiscal year

¹¹ DHS Data obtained from the Quarterly Indicators Report on In Home Census by Safety and Non-Safety for Recent and Past Year, run on Aug 8, 2023.

¹² DHS Data obtained from the Quarterly Indicators Report on Placement Census for Recent Year, run on July 8, 2022.

¹³ DHS Data obtained from the Quarterly Indicators Report on Accepted and Closed Cases, run on January 30, 2024

¹⁴ DHS data obtained from Quarterly Indicators Report "In Home Services", run on January 30, 2024

¹⁵ DHS Data obtained from the Quarterly Indicators Report on In Home Census by Safety and Non-Safety for Recent and Past Year, run on Aug 8, 2023.

¹⁶ DHS Data obtained from the Quarterly Indicators Report, "Dependent Placements on December 31st of Each year", run on January 30, 2024.

¹⁷ DHS Data obtained from the Quarterly Indicators Report, "Juvenile Justice Involved Youth Placed Outside of the Home on December 31, 2023, by Location" run on January 30, 2024

¹⁸ DHS Data obtained from the Quarterly Indicators Report, "Delinquent Congregate Care Totals on December 31st" run on January 30, 2024

data.¹⁹ While the number of children who reunified with their families of origin has decreased every year from FY 21 to FY 23, the number of children who are adopted and granted PLC has fluctuated.²⁰

Placement Data

The number of children and youth in all dependent placement types decreased by 39% from December 31, 2019 to December 31, 2023.²¹ Similarly, December 31, 2019 to December 31, 2023, there was a 37% decrease in non-kinship dependent foster care and a 39% decrease in kinship care.²² The total number of children kin congregate care placements of all types decreased by 56% during this period.

From December 31, 2019 to December 31, 2023, on the first day of the fiscal year, there was a 52% decrease in the number of youth receiving dependent residential services (e.g., institution-level). During this same time, there has been a 50% decrease in the number of youths placed in dependent community residential settings (e.g., group home level). **The total number of youth receiving dependent residential services has continued to decrease.**²³

From December 31, 2019 to December 31, 2023, there was an 85% decrease in the number of youth placed in delinquent community residential settings, but a 24% increase in youth receiving delinquent residential services (state placements).²⁴

From December 31, 2019 to December 31, 2023, placements in dependent Supervised Independent Living (SIL) settings have decreased by 16%.²⁵ Placements in delinquent SILs have decreased by 56% to 4 youth in as of December 21, 2023.²⁶

Over the past five fiscal years, total days of care for youth receiving dependent alternative treatment has decreased by 45%.

Aging Out Youth

Note: The data required below is full fiscal year data which will not be available until after July 1, 2024. The discussion below is from last year's submission.

The number of youth aging out of care decreased by 18% from FY 19 to FY 23.

The number of youth aging out with a permanent residence decreased by 41% from FY 19 to FY 23, and the proportion of youth with this support out of all youth aging out has decreased (58% had a permanent residence in FY 19 compared to 42% in FY 23). Compared to FY 19, the number of youth with a source of income in FY 23 decreased by 36%; the proportion also

¹⁹ DHS Data obtained from the Quarterly Indicators Report, "Permanency Totals by Permanency Type" run on January 30, 2024

²⁰ DHS Data obtained from the Quarterly Indicators Report, "Permanency Totals by Permanency Type" run on January 30, 2024

²¹ DHS Data obtained from the Quarterly Indicators Report, "Dependent Placement Totals on December 31st of Each Year" run on January 30, 2024

²² DHS Data obtained from the Quarterly Indicators Report, "Dependent Placement Totals on December 31st of Each Year" run on January 30, 2024

²³ DHS Data obtained from the Quarterly Indicators Report, "Children in Dependent Congregate Care on Dec. 31, 2023" run on January 30, 2024

²⁴ DHS Data obtained from the Quarterly Indicators Report, "Children in Delinquent Congregate Care on Dec. 31, 2023" run on January 30, 2024

²⁵ DHS Data obtained from the Quarterly Indicators Report, "Children in Dependent Placements on Dec 31, 2023" run on January 30, 2024

²⁶ DHS Data obtained from the Quarterly Indicators Report, "Juvenile Justice Involved Youth Placed Outside of the Home on December 31, 2023, by Location" run on January 30, 2024

decreased (48% had a source of income support in FY 19 compared to 37% in FY 23). Similarly, the number of youth who aged out with a life connection decreased by 41% between FY 19 and FY 23. Also, the proportion of youth who had a life connection decreased from 68% in FY 19 to 49% in FY 23.

- ❑ 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:

- **Diverting Families who are reported to the Hotline:** Continued training in Hotline Guided Decision Making and use of Field Screening Units has served to safely divert families from being accepted for investigation. To increase support for safe diversion DHS established a Hotline Monitoring unit consisting of program analysts and a supervisor. This unit monitors Hotline calls, providing valuable call-related data to assist managers in their decision-making and improve overall efficiency.
- **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 significantly enhance our family engagement activities 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. Additionally, supportive connections for children help to reduce the impact of trauma and stabilize both placement and in-home situations.
- **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 child welfare and 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:** DHS strive to reduce disparities in the child welfare and 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 prioritize reducing the use of residential placements, aiming to keep youth in their own homes and communities. However, youth placed in residential settings often require more structured services to address their complex needs. Many of these youth have been exposed to sustained forms of abuse, neglect, and maltreatment, leading to significant emotional and behavioral health challenges. The circumstances that necessitated placement often exacerbate these issues. Youth identified for residential services may exhibit specialized behavioral health needs, including behaviors associated with acute or complex trauma from various forms of child maltreatment such as physical, sexual, or emotional abuse, and exposure to domestic violence. These youth frequently experience symptoms of trauma and face social and emotional instability, making their safety an ongoing concern.

Of youth placed in dependent congregate on December 31, 2023: **Sex:** 60% were male. **Age:** 71% were between the ages of 11 and 17 years old, and slightly under a quarter (23%) were 18 or older. **Race/Ethnicity:** Nearly seven in ten (68%) were Black and one in six (15%) were Latino.²⁷ **Placement Type:** Over half of youth (56%) were placed in group homes and over a quarter (28%) were placed in an institution that was not a residential treatment facility.²⁸ Of youth placed in delinquent residential placement **Sex:** Nearly all (93%) were male. **Age:** 16% were between the ages of 16 and 18, and 17% were 19 or older. **Race/Ethnicity:** Most youth were Black (86%) or Latino (12%).²⁹ **Placement Type:** 69% were placed in a state institution.³⁰

- 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.
 - 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?*

Many youth who are placed in residential placement 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 residential placement often require access to comprehensive behavioral health services. This includes individual therapy, group therapy,

²⁷ DHS Data obtained from the Data Book, "Dependent Congregate Care Demographics" run on January 30, 2024

²⁸ DHS Data obtained from the Quarterly Indicators Report, "Children in Dependent Congregate Care on Dec. 31, 2023" run on January 30, 2024

²⁹ DHS Data obtained from the Data Book, "Delinquent Congregate Care Demographics" run on January 30, 2024

³⁰ DHS Data obtained from the Quarterly Indicators Report, "Children in Delinquent Congregate Care on Dec. 31, 2023" run on January 30, 2024

- 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 residential placement 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 residential placement.
 - **Transitional Planning:** As youth in residential placement 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 residential placement. 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.
- Please describe the county's process related to congregate care placement decisions.
- The below questions may assist in development of a response:
 - *What policies are in place to guide decision making?*
 - *Who oversees and is part of the decision?*
 - *Are youth involved in the decision-making? If so, how?*
 - *How is the decision reviewed?*

DHS's process for determining the appropriateness of residential 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 residential placement; youth can provide input during the interview process and identify potential kinship caregivers.

Residential 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 residential placement is made in the best interest of the youth involved.

- 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 is making adjustments to staff ratios and resource allocations. DHS is working to address staffing levels in key areas, such as case management and youth detention counselors, to better serve the 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.

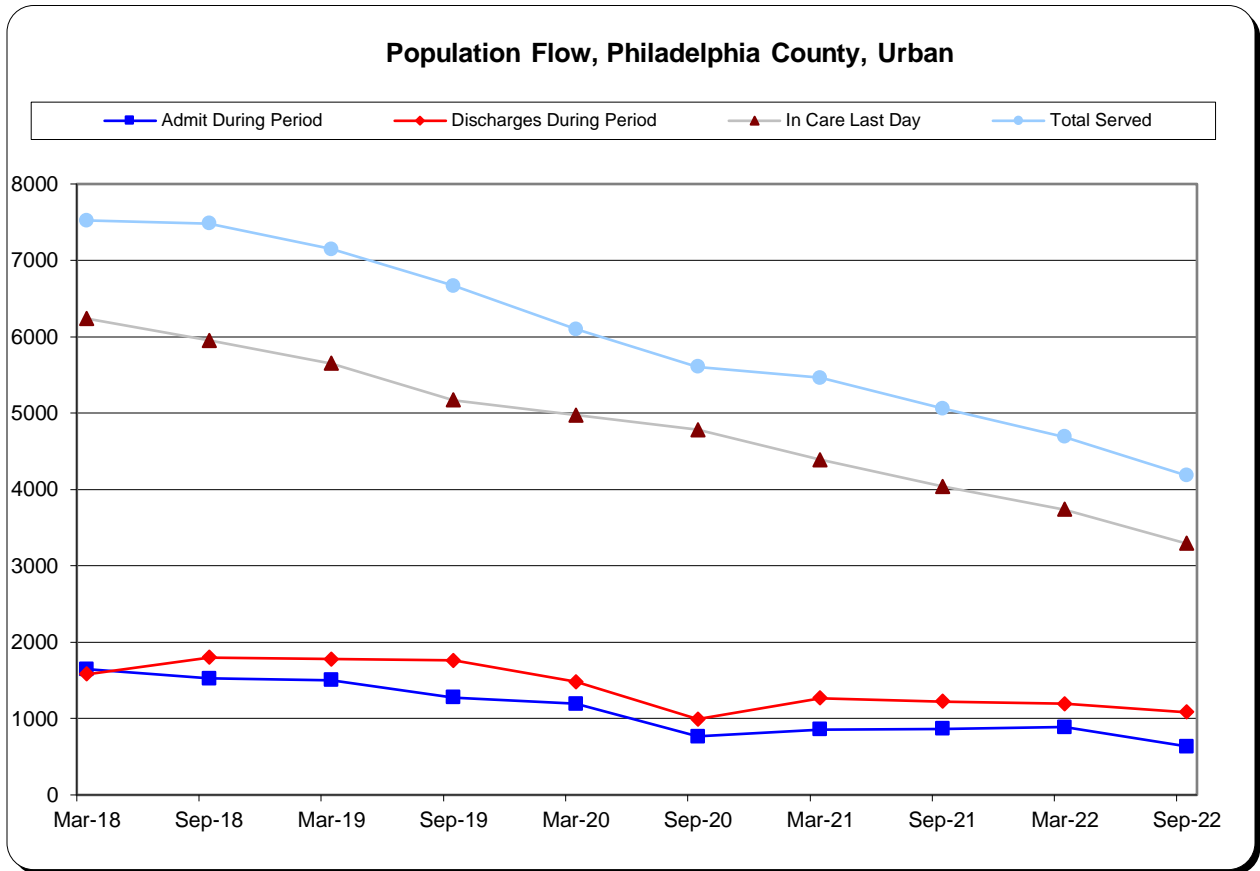
Philadelphia has also implemented strategies to address staff turnover and vacancies, such as offering competitive compensation packages and professional development opportunities (see *response to 3-1c. Complement for further detail*). Philadelphia regularly monitors staffing levels and resource allocations to ensure that they are appropriate to address projected needs. Despite these efforts, the county continues to face challenges in addressing labor shortages both at the county level and across the provider network.

Finally, to move forward in our anti-racist journey, the Center for the Study of Social Policy has given us recommendations regarding the need for simple, clear, easily accessible policies to guide our work from an equity lens. We will seek funding to engage a consultant to assist with reviewing, revising, and organizing our policies and making them accessible through the use of technology.

Note: The charts and responses below are from last year's submission. The data for these charts and responses is received by the counties from the state and has not yet been received. The charts and responses below will be updated for the final submission.

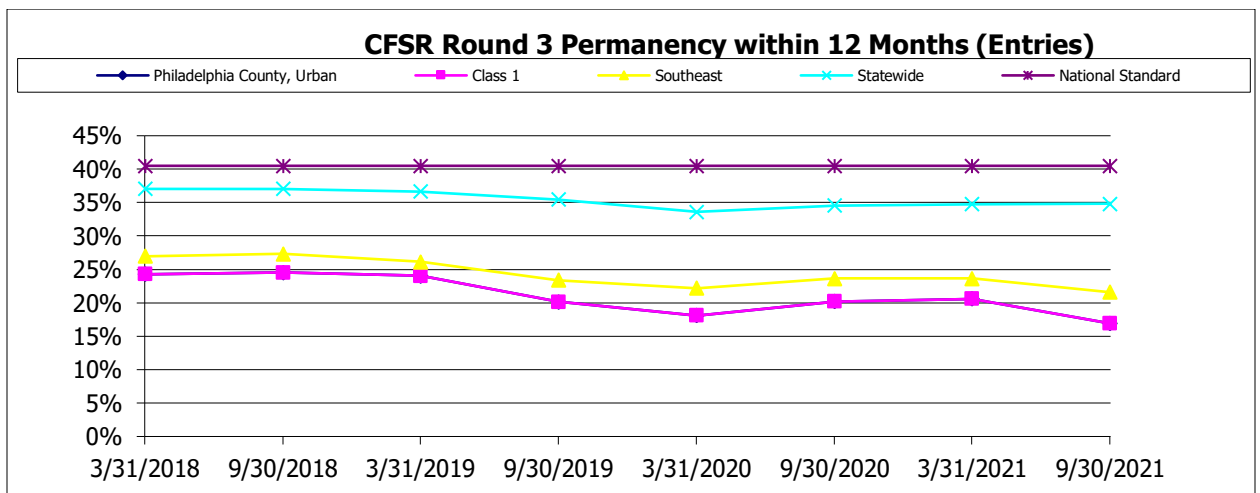
2-3a Population Flow

Insert the Population Flow Chart



2-3b Permanency in 12 Months (Entry)

Insert the Permanency in 12 Months (Entry) Chart

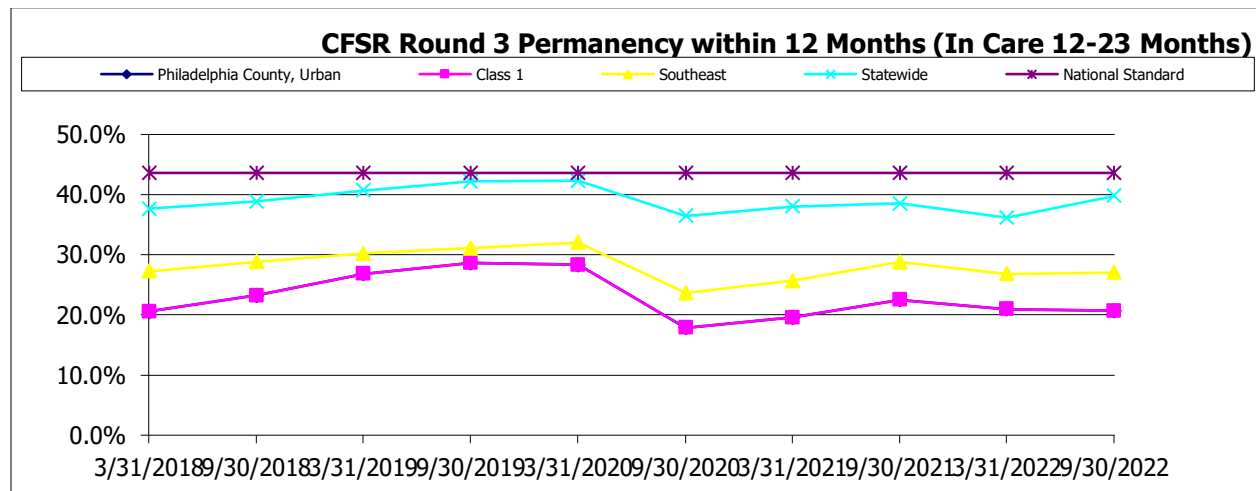


This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national performance standard is 40.5%. A higher performance of the measure is desirable in this indicator.

Does the county meet or exceed the national performance standard?
No, Philadelphia does not meet this standard. Of all children who entered foster care in Philadelphia between October 1, 2020 and September 30, 2021, just 17% were discharged to permanency within 12 months. This is below the national performance standard of 40.5%.

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

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

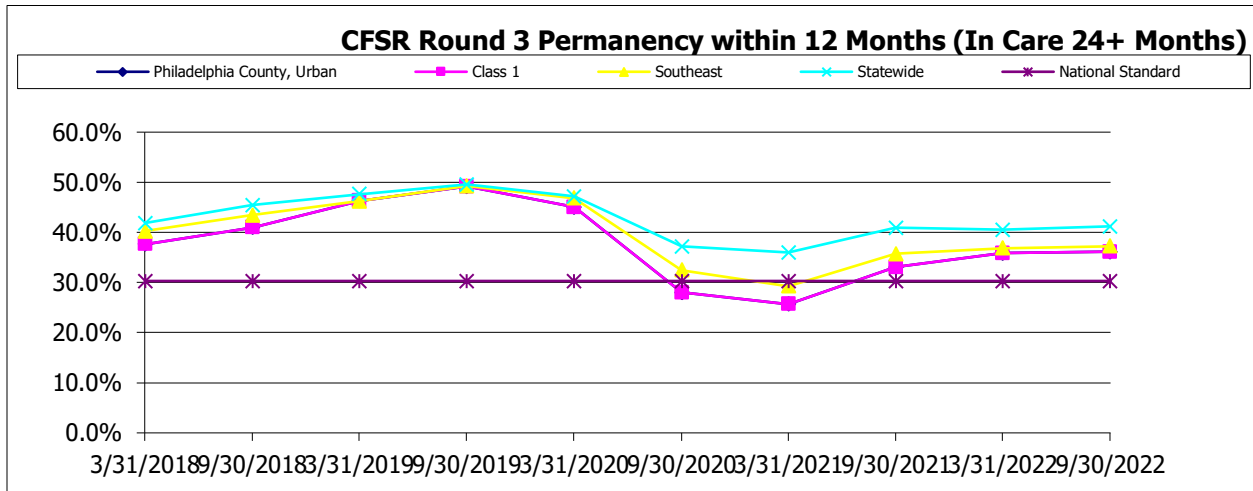


This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6%. A higher percentage is desirable in this indicator.

Does the county meet or exceed the national performance standard?
No, Philadelphia does not meet this standard. Of all children and youth who were continuously in foster care for 12 and 23 months on October 1, 2021, only 20.7% were discharged to permanency within 12 months. This is below the national performance standard of 43.6%.

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

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

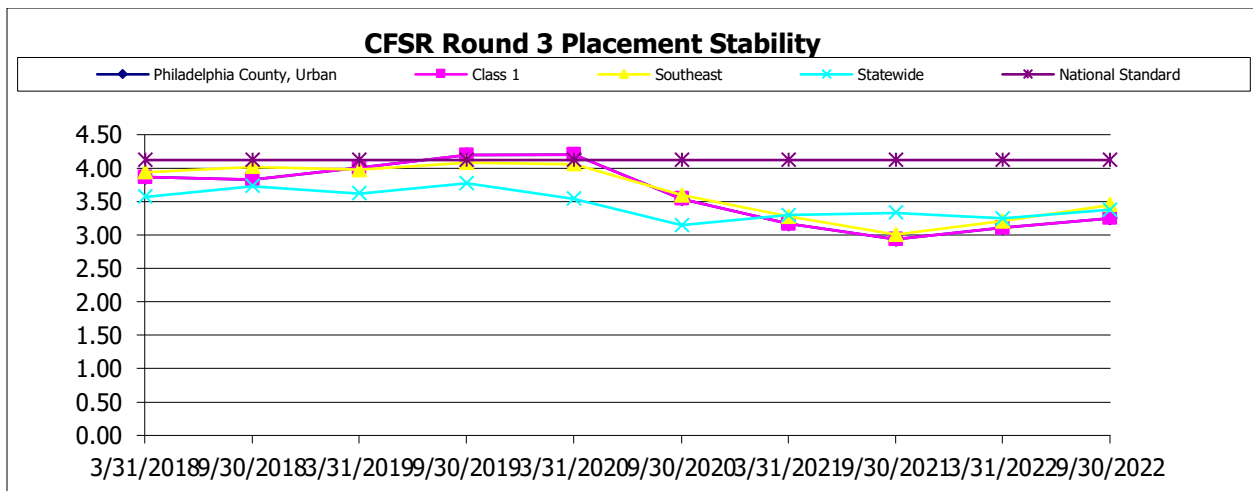


This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3%. A higher percentage is desirable in this indicator.

- Does the county meet or exceed the national performance standard?
Yes, Philadelphia meets and exceeds this performance standard. Of all children and youth in care in Philadelphia on October 1, 2021, 36% were discharged to permanency by September 30, 2022. This exceeds the national performance standard of 30.3%.

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

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

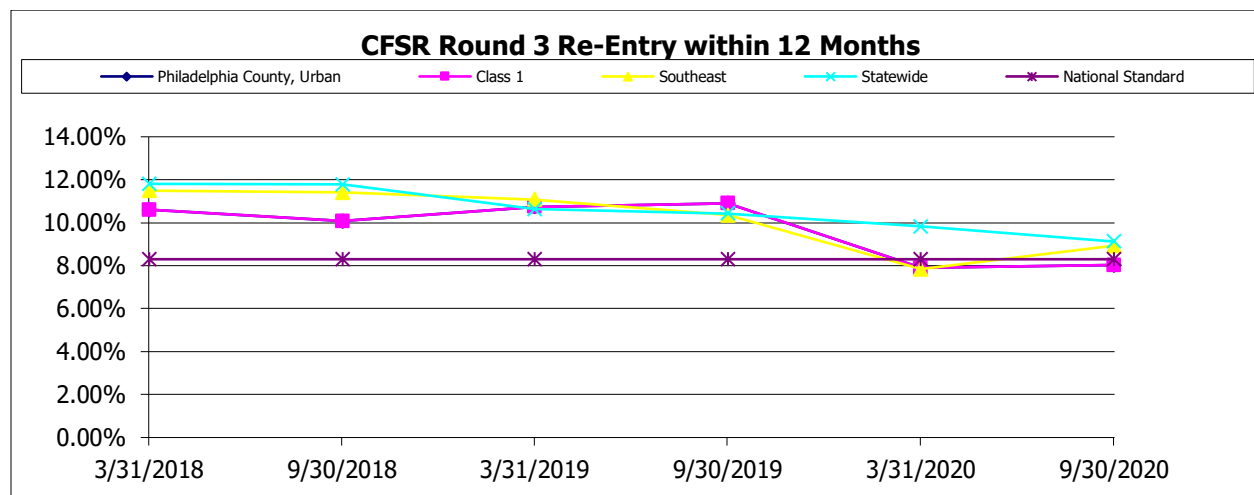


This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves. A lower number of moves is desirable in this indicator.

- Does the county have less placement moves than the national performance standard?
Yes, Philadelphia has fewer placement moves than the national performance standard. For children who entered care between October 1, 2021 and September 30, 2022, they experienced 3.25 moves per 1,000 days of foster care. This is below the national performance standard of 4.12 moves per 1,000 days of foster care.

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

Insert the Re-entry (in 12 Months) Chart



This indicator measures the percent of children and youth who re-enter care within 12 months of discharge to reunification, live with a relative, or guardianship. The national performance standard is 8.3%. A lower percentage is desirable in this indicator.

- Is the county's re-entry rate less than the national performance standard?
Yes. Philadelphia's re-entry rate is less than the national performance standard. Philadelphia 12-month re-entry rate for this cohort ending on March 31st, 2020 is 8.03%, which is lower than the national standard of 8.3%.

2-4 Program Improvement Strategies

For FY 2025-26, 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.?

Note: The data to respond to this question is received from the state and has not yet been received. Philadelphia DHS does not have internal data to respond to this question.

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 October 1, 2020, and September 30, 2021, children aged 6-12 more frequently achieved permanency within 12 months of entry compared with children aged 13-17 and 0-5. For this cohort, 16.2% of children aged 0-5 achieved permanency; 16.8% of children aged 13-17 achieved permanency; and 18.4% of children aged 6-12 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 10/1/22, children aged 0-5 and 6-12 more frequently achieved permanency within the next 12 months compared to children aged 13-17 (22.6% and 22.2% vs. 15.7%, respectively).

- **Gender:** Between October 1, 2020, and September 30, 2021, children who were identified as male achieved permanency within 12 months of entry at a slightly higher rate than children identified as female (17.73% vs. 16.17%, 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 10/01/21, 16.62% of male children achieved permanency within the next 12 months compared to 24.17% of female children.
- **Race/Ethnicity:** Between October 1, 2020 and September 30, 2021, children identified as Black or Hispanic more frequently achieved permanency than children who identified as White (17.69% vs. 14.29% vs. 9.68% 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 10/01/21, 15.96% of Black children achieved permanency within the next 12 months, compared with 20.00% of Hispanic children and 32.41% of White children.

Placement Stability

Note: The data to respond to this question is received from the state and has not yet been received. Philadelphia DHS does not have internal data to respond to this question. The following is a calculation of placement stability without reference to age, gender, or race/ethnicity:

To calculate placement stability for each agency, PMT used the following combination of former and current Child and Family Services Review (CFSR) measures:

1. Of all children in foster care during FY23 who were in care for less than 12 months (as of the last day of FY23), what is the rate of placement moves per 1,000 days of care?
2. Of all children in foster care during FY23 who were in care for at least 12 months but less than 24 months (as of the last day of FY23), what is the rate of placement moves per 1,000 days of care?
3. Of all children in foster care during FY23 who were in care for at least 24 months (as of the last day of FY23), what is the rate of placement moves per 1,000 days?

Children in foster care during FY23 who were in care for less than 12 months had an average of 2.7 moves per 1,000 days of care. Children in foster care during FY23 who were in care between 12 and 24 months had an average of 1.4 moves per 1,000 days of care. Children in foster care in FY23 who were in care greater than 24 months had an average of 1.1 moves per 1,000 days. For all categories of length of stay, Philadelphia was below the most recently available national average of 4.48 moves per 1,000 days.³¹

Re-entry to Care

Note: The data to respond to this question is received from the state and has not yet been received. Philadelphia DHS does not have internal data to respond to this question. The following is a calculation of re-entry into care without reference to age, gender, or race/ethnicity:

For youth who were re-unified in the first half of FY 23, less than 1 in 15 (6.5%) youth re-entered dependent placement within one year. This represents a decrease of 6.3 percentage points since 2019. The re-entry rate for the first half of FY 23 was lower than the PA state rate (13.6%) and the national median (7.4%).³²

³¹ <https://capacity.childwelfare.gov/states/resources/cfsr-r4-swdi-placement-stability>

³² DHS Data obtained from the Quarterly Indicators Report, "Children in Delinquent Congregate Care on Dec. 31, 2023" run on January 30, 2024

- 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 as of December 31, 2023. For both dependent in-home and placement services, roughly half of the children identify as male and half as female. However, older youth more frequently receive dependent placement services than in-home services. For in-home services, about a third (31%) of the children are aged five and under; a quarter (26%) are aged six-ten; 41% are aged 11-17; and only 2% are 18 or older. Comparatively, for children in dependent placement, a third (33%) are aged five and under; 23% are aged six-ten; about a third (33%) are aged 11-17, and 11% 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 December 31, 2023 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 were identified as male and only 9% were identified as female. In terms of age, the majority of children receiving dependent services were aged ten or younger (58%), whereas 71% receiving delinquent services were aged 16 or older. Regarding race and ethnicity, 81% of children receiving dependent services identified as either Black (65%) or Hispanic (16%), whereas 95% of youth receiving delinquent services identified as either Black (82%) or Hispanic (13%).^{33 34}

- 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 residential placement 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).

³³ DHS Data obtained from the Quarterly Indicators Report, "Sex of Dependent Youth on Dec. 31, 2023," "Age of Dependent Youth on December 31, 2023," Race/Ethnicity of Dependent Youth Dec. 31, 2023" run on January 30, 2024

³⁴ DHS Data obtained from the Quarterly Indicators Report, "Juvenile Justice Involved Youth Demographics Dec. 31, 2023" run on January 30, 2024

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. We confirmed ethno-racial disproportionality in hotline reporting based on the distribution of children by their racial-ethnic identity. During this period, 42% of all Philadelphia children were Black, but 66% of DHS-involved children were Black; and 35% of all Philadelphia children were White, but 12% of DHS-involved children were White.
- **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 residential placement 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 residential placement 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 residential placement as a first placement, none were aged 0-5, 19% were aged 6-13, and 82% were aged 14 or older.
- **Socio-Economic Status:** Of all reports to the Hotline nearly 4 in 5 were General Protective Services (GPS) reports and only 1 in 5 were Child Protective Services (CPS) reports, highlighting the prevalence of neglect-related concerns in our system. The majority of report allegations were related to neglect (70%), followed by physical abuse (29%), and then sexual abuse (11%). This data highlights the effects of poverty on DHS involvement.
- **Intergenerational Involvement:** 28% of mothers with children reported to the DHS' Hotline were involved with DHS as children. 33% of mothers whose children received non-placement services were involved with DHS as children. 40% of mothers whose children received placement services were involved with DHS as children. The proportion of mothers with prior DHS involvement as children increased along each step of the trajectory of system involvement.

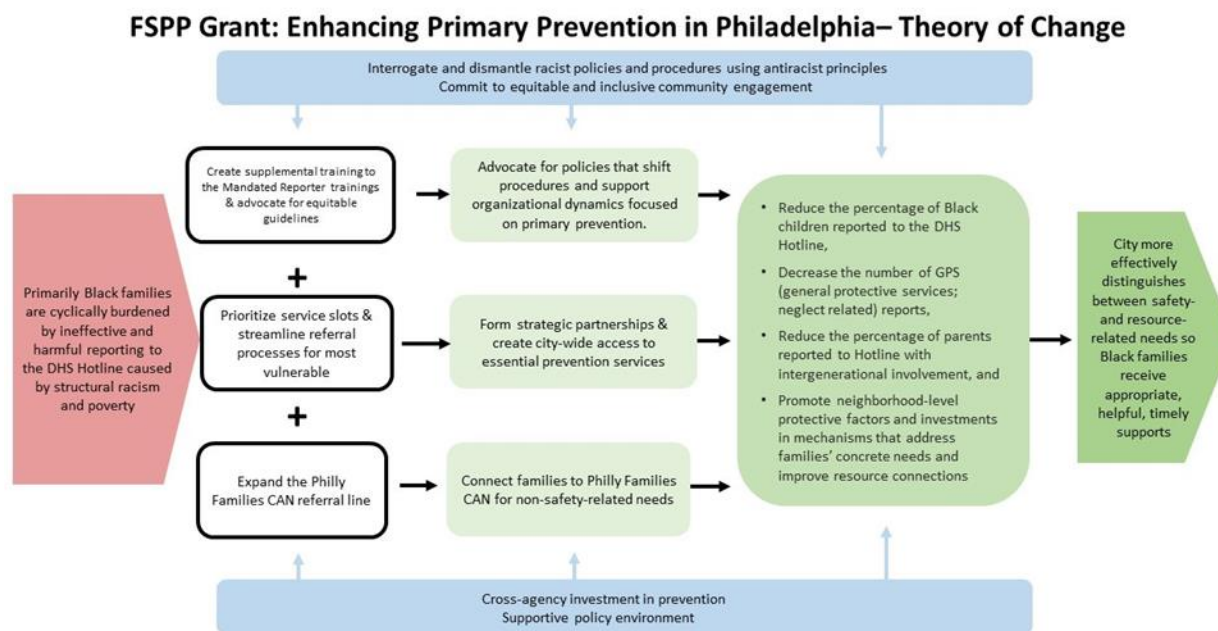
The results of the data analysis will lead the county in further root cause analysis in which root causes are identified.

- 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 and the evaluation of the Family Support Through Primary Prevention Grant which aims to address the disparities identified in 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 neighborhoods 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. Taken together we can see that primarily Black families are cyclically burdened by ineffective and harmful reporting to DHS Hotline by mandated reporters caused by structural racism and poverty. This relationship and strategies to address it are detailed in the FSPP Theory of Change Below.



Time Series Analyses: In order to evaluate our FSPP work, we have been conducting our time series analysis for General Protective Services (GPS), which are neglect-related reports, and Child Protective Services (CPS), which are abuse-related reports for each quarter from FY18 to FY23. Our assumption is that as implementation for the grant progresses, GPS calls to the DHS Hotline will reduce as calls to PF-CAN increase. Overall, the baseline findings suggest that GPS and CPS reports have been stable over time. We are confident that this trend is stable enough for us to be able to identify the proposed impact of the implementation strategies.

On average, GPS reports are 89% of the Hotline reports we receive across each fiscal year while 11% are CPS reports. Both CPS and GPS reports have a range of 10 percentage points with a standard deviation of 3 percentage points across the five-year period (Figures 1 and 2). The percentages remain relatively stable despite the fluctuation of the number of reports received during COVID. As a result of the government shutdown in response to COVID in the Spring of 2020 the raw count of CPS and GPS reports decreased by 50%. Between Spring 2020 and Spring 2022 the percent change in GPS and CPS reports have stayed stable while reports have gradually increased to where they were prior to COVID-19. This indicates that the

impacts of COVID-19 will have little to no impact on the change in reports as we move to full implementation.

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

The following Program Improvement Strategies were presented in last year's submission. Updated grids will be included in the final FY 25-26 submission.

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"> ○ Train new DHS Social Work Services Managers in Hotline Guided Decision Making when they are assigned to the Hotline <i>(ongoing)</i>. ○ 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>. ○ Continue using Field Screening units to safely divert families reported to the Hotline from being accepted for investigation <i>(ongoing)</i>. ○ Maintain a quality assurance process to ensure appropriate screening out of reports. <i>(ongoing)</i>. ○ Require Social Work Administrators to review any family that has had two previous screen-outs within the past year. <i>(ongoing)</i>. ○ Conduct monthly reviews of a sample of screen-outs by Social Work Administrators. <i>(ongoing)</i>. ○ To protect children and youth and to preserve families, DHS is working with the Family Court to ensure that the Court has adequate resources to inform its safety decision regarding children and youth involved in custody matters through mandated parental custody evaluations. These parenting capacity evaluations will assist the Court in making a custody decision that 1) protects the safety of the child; 2) potentially preserves a child's ability to remain with a parent or kin; 3) potentially reduces the number of children that would enter the formal child welfare system. ○ 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.

	<ul style="list-style-type: none"> ○ Provide training in the Family Engagement Initiative (FEI) to all new hires and ongoing staff (<i>ongoing</i>). ○ 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>). ○ Increase the capacity of prevention providers to engage and serve families during the investigation process. ○ 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>). ○ Continue and expand research to develop evidence-based programs in the prevention arena designed to prevent placement and support reunification and reduction of residential placement. (<i>ongoing</i>). ○ 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>). ○ Support youth in the juvenile justice system who are required to pay restitution to victims by offering paid community service options. ○ 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. ○ Develop and issue an RFP for a trauma informed, evidence-based, community-based gun violence prevention program for JJS-involved youth. ○ Develop and issue an RFP for a community-based evidence-based program that offers Cognitive Behavioral Training for JJS-involved youth.
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> ○ Sustainability of Hotline Guided Decision-Making training and transfer of learning activities integrated into DHS Hotline supervision and management. ○ 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. ○ Continued acceptance of referrals by Family Engagement Centers (FECs) and meeting performance standards. ○ Increased engagement of families in the CAPTA program, with successful completion and reduced re-entry into the system. ○ Availability of Family First practice-focused training in the DHS Learning Management System (LMS) for all CWO & JJS staff on all levels. ○ Demonstrate knowledge of establishing determination and redetermination decisions of candidacy during the life of the case (<i>ongoing</i>). ○ Increased involvement of youth in Youth Aid Panels and decreased petition filing.

	<ul style="list-style-type: none"> ○ Increased diversion of youth from the system instead of arrest. ○ Reduction in the number of youth adjudicated delinquent and placed in residential placement. ○ Higher rate of satisfaction of restitution obligations. ○ Implementation of a community-based gun violence prevention program for JJS-involved youth. <ul style="list-style-type: none"> ● At least 50% of youth show evidence of non-gang/social media involvement. ● At least 50% of youth participate in the youth development component of the program. ● At least 70% of youth score between 80%-100% in the Pre & Post Testing on navigating their environments/neighborhoods around gun violence. ○ Implementation of a community-based, evidence-based program offering Cognitive Behavior Training for JJS-involved youth. <ul style="list-style-type: none"> ● 90% of youth able to see a therapist within five (5) days of program enrollment. ● 75% of youth participating in their individual weekly therapy sessions. ● At least 85% of youth reporting improvement/reduction in stressors.
<p>Evidence of Completion:</p>	<p>More children and youth maintained safely in their own homes and communities.</p>
<p>Resources Needed (financial, staff, community supports, etc.):</p>	<ul style="list-style-type: none"> ○ In support and on behalf of the Philadelphia Family Court, is requesting funding for legally mandated parenting capacity evaluations when parties to a custody matter, or their household members, are found to have a record of one of the enumerated offenses and the Court deems it necessary to assess whether a risk of harm to the child or youth may exist if access to the child or youth is granted. ○ 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. ○ Continued funding for Graduated Response incentives, which provide incentives and interventions for juvenile offenders based on their compliance with goals. ○ 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. ○ Continued funding for gun violence prevention, including research planning-project manager, evidence-based program implementation-project manager, and the

	<p>development and expansion of gun violence prevention programs throughout the city.</p> <ul style="list-style-type: none"> ○ Funding for Juvenile Probation Community Relations Units in both 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. ○ Funding to acquire an additional 100 GPS devices as an alternative to secure detention for lower offending youth, creating room/space within the PJJSC. ○ New funding for an external evaluation consultant to develop an extensive evaluation plan for DHS's-Division of Juvenile Justice Services (JJS). ○ New funding for expert consultation to assess our current provider evaluation infrastructure to improve and align all provider evaluation processes.
<p>Current Status:</p>	<p>Various- demonstration of need, implementation, increased utilization, or maintenance</p>
<p>Monitoring Plan:</p>	<ul style="list-style-type: none"> ○ 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. ○ Conduct periodic quality assurance reviews of program operations, including documentation, procedures, and compliance with regulations and best practices. ○ Analyze data collected from various sources, including surveys, assessments, and program records, to identify trends, patterns, and areas requiring intervention or additional support. ○ Provide ongoing training and professional development opportunities to program staff to enhance their skills, knowledge, and effectiveness in delivering services. ○ Utilize reports to provide regular updates on key program metrics, outcomes, and trends to stakeholders and decision-makers. ○ Conduct regular case reviews and audits to ensure adherence to program protocols, identify areas of non-compliance, and implement corrective actions as needed. ○ Foster collaboration and information sharing between different departments and agencies involved in delivering related services to ensure coordination, efficiency, and alignment of efforts. ○ Conduct program evaluations and research studies to assess the effectiveness of interventions, identify best practices, and inform program improvements and policy decisions.

	<ul style="list-style-type: none"> ○ 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.
Identify areas of Technical Assistance Needed:	
Strategy 2:	Engage children, youth, and families in targeted prevention programs aimed at diverting them from entering the child welfare system and 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"> ○ Continue to improve recruitment and retention strategies for Out-of-School Time (OST) programs. 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. ○ Expand Out-of-School Time (OST) program through primary prevention efforts. ○ Deeper collaboration with the School District of Philadelphia to ensure programs remain distributed throughout the city to allow youth to connect to programs in their home communities.
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> ○ Increased family supports through truancy providers, resulting in a decrease in truancy referrals to Regional Truancy and Family Court. ○ Increased presence of out-of-school time programs in priority neighborhoods ○ Increased attendance in out-of-school time programs. ○ For the summer, OST programming, we will collect program quality information via surveys and program observations.
Evidence of Completion:	<ul style="list-style-type: none"> ○ Elimination of barriers to regular school attendance is achieved. During the 2022-23 School Year, over 1,000 Early Intervention cases were successfully closed, meaning that barriers to attendance were addressed through case management services. Additionally, over 400 Regional Truancy Court cases were closed due to the student no longer being truant. ○ Families are diverted away from the court system and formal child welfare services for educational barriers. To date, of the 3,201 youth who had Early Intervention cases during the 2022-23 school year, only 268 students (8%) had a subsequent Regional Truancy Court case. This means that the vast majority of students (92%) did not escalate to truancy court.
Resources Needed (financial, staff,	<ul style="list-style-type: none"> ○ Increased funding for Integrated Case Management in 20 Community Schools- The goal of this integrated case

<p>community supports, etc.):</p>	<p>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. <i>OCF was able to leverage other City dollars to fully fund the program. No future request.</i></p> <ul style="list-style-type: none"> ○ Full-year funding for additional staff to support program evaluations for OCF’s Truancy Intervention Prevention Services (TIPS) and General Case Management (GCM) Services (partial request granted last fiscal year) ○ Increase funding for Out of School Time (“OST”) programming. <i>OCF is submitting a request for the additional slots.</i>
<p>Current Status:</p>	<ul style="list-style-type: none"> ○ Increased family engagement through truancy providers, resulting in a decrease in truancy referrals to Regional Truancy and Family Court. In progress. During the 2022-23 School Year, over 1,000 Early Intervention cases were successfully closed, meaning that barriers to attendance were addressed through case management services. Additionally, over 400 Regional Truancy Court cases were closed due to the student no longer being truant. ○ Increased presence of out-of-school time programs in priority neighborhoods. In FY22-23, OCF identified priority neighborhoods for FY23-24 OST sites based on community-level factors and the presence of existing free or low-cost OST programming. OCF prioritized placing programs in these priority neighborhoods to ensure more equitable access to programming. ○ Increased attendance in out-of-school time programs. As of March 31, 2024, afterschool programs served nearly 8,000 youth. ○ For the summer, OST programming will collect program quality information via surveys and program observations. In preparation for the summer, staff have received trainings on validated tools and identified schedules for program observation and survey distribution. ○ In progress
<p>Monitoring Plan:</p>	<p>Continuously evaluate, monitor, and expand services, including out-of-school time and case management services, to effectively address the specific needs of the school community and provide targeted support.</p>
<p>Identify areas of Technical Assistance Needed:</p>	

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

Related performance measures, if applicable:

Strategy:	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"> ○ Philadelphia DHS embraced the Administrative Office of the Pennsylvania Court's Family Engagement Initiative (FEI) to increase timely reunification and other permanency indicators. ○ 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. ○ 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. ○ Expand the family voice portfolio to strengthen accountability and consistent engagement of biological families. ○ Collaborate with Family Finding & 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 & Family Finding reports through the Law Department to the court, facilitating the provision of necessary services for children involved in the dependency system. ○ Monitor the newly incorporated Kinship Navigator Program developed to identify appropriate kinship care options for youth in residential placement 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. ○ Continuously streamline procedures and practices to minimize the time between termination of parental rights and finalization, ensuring a prompt and efficient process.
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> ○ Increase the number of youth who are reunified. ○ Increase the number of youth reunified within 12 months of placement. ○ Decrease reentry into care after reunification. ○ Decrease placement moves so that reunification/permanency can happen in a timelier manner.

	<ul style="list-style-type: none"> ○ Increase the number of youth adopted or awarded permanent legal custody within 24 months. ○ Shorten time between termination of parental rights and finalization. ○ Increase the family engagement scores in the CUA scorecard. ○ Increase use of kin. ○ Increase in the number of timely and focused transition plans for older youth. ○ Increase the number of resource parents who can care for youth with complex behavioral and physical health concerns. ○ Decrease the number of youth re-entering care after reunification. ○ Reduce the average caseload for each attorney by 20%.
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"> ○ Increase allocation to expand quality 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. ○ Maintenance funding for Family Unification Program (FUP)/Rapid Re-housing for Reunification. ○ Maintenance funding for Kinship Navigator Program Model ○ Increase utilization of the Rapid Rehousing for Reunification Program to meet the needs of families in housing programs, allowing for timely reunification. ○ 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.
Current Status:	Various- demonstration of need, implementation and in progress.
Monitoring Plan:	<ul style="list-style-type: none"> ○ 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. ○ 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. ○ Improve communication channels between PMT and each CUA to share the benchmark results effectively. This can include providing comprehensive reports that highlight the

	<p>achievements and areas for improvement, along with actionable recommendations.</p> <ul style="list-style-type: none"> ○ 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. ○ 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. ○ Conduct regular reviews of case files to ensure the consistent utilization of Family Finding and Accurint. These reviews should be performed systematically and provide feedback to CUAs on areas for improvement and best practices. ○ Foster a culture of continuous improvement by soliciting feedback from CUAs and providers regarding the monitoring process. Regularly assess the effectiveness of the 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"> ○ Continued utilization of the Fostering Youth Independence (FYI) program that includes clear indicators, data collection methods, and reporting mechanisms. ○ 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. ○ 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. ○ Continue utilization of LifeSet to reach youth who are not engaged in Achieving Independence Center independent

	<p>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.</p> <ul style="list-style-type: none"> ○ Maintain support for the Achieving Independence Center. These resources are crucial for improving outcomes for older youth transitioning out of the child welfare system.
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> ○ Increased engagement of the county's children and youth in educational systems. ○ Increased number of youth aging out with successful permanency and/or housing stability in the community.
<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"> ○ 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 vocational programs, and transitioning into independent adulthood successfully. ○ Hire Certified Peer/Youth Specialists to provide specialized support and advocacy for parents and youth involved in the child welfare system by consulting with older youth and former biological parents with lived experience in the Philadelphia child welfare and/or juvenile justice system to inform programs and services. ○ 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. ○ New Funding for the development of the Support Center for Child Advocates to add two peer mentors to their interdisciplinary teams representing older youth. ○ 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.
<p>Current Status:</p>	<p>In progress Hired two Certified Peer/Youth Specialists as civil service/city employees; plans to hire two additional Certified Peer/Youth Specialists.</p>
<p>Monitoring Plan:</p>	<p>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.</p>

Identify areas of Technical Assistance Needed:	
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Outcome #3: Reduction in the Use of Residential placement (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 Residential placement
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"> ○ 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. ○ Increase the number of referrals for Family Finding for youth placed in Residential placement. 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. ○ 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. ○ Monitor the effectiveness of the newly incorporated Kinship Navigator Program, which aims to identify suitable kinship care options for youth in residential placement. Regular evaluation should focus on reducing placement disruptions, increasing kinship placements, enhancing family engagement, and leveraging community resources. ○ Maintain regular residential placement reviews to identify opportunities for timely discharge planning. This proactive approach will facilitate the transition of youth from residential placement to family-based settings or other appropriate placements. ○ 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. ○ 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. ○ Continue the full implementation of CALM services to reach every youth entering placement or moving to a new kinship,

	<p>foster, or residential placement. This comprehensive approach will provide the necessary support and services to promote stability and well-being for these youth.</p> <ul style="list-style-type: none"> ○ Implement trauma-informed specialized settings as a priority for Residential placement 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. ○ 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. ○ 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. ○ 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.
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> ○ Reduced placement disruptions: Decrease the frequency of placement disruptions or changes experienced by dependent youth. ○ Enhance the process of placing children and youth with suitable and compatible kin, or non-related caregivers considering their unique needs and preferences. ○ Provide comprehensive support services to children, youth, and kin/caregivers, including access to resources, training, and assistance, to maintain stable placements. ○ Foster effective communication and collaboration among all stakeholders involved in the placement process, including individuals, caregivers, caseworkers, and relevant professionals. ○ Promote consistent and enduring relationships between children/youth and their kin/caregivers, facilitating trust, attachment, and continuity of care. ○ 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. ○ Continue utilizing assessment instruments such as the Youth Level of Service and the Pennsylvania Detention Risk Assessment Instrument to inform Juvenile Probation

	<p>Officers' recommendations to the court regarding the level of supervision, program selection, and length of stay for youth involved in the juvenile justice system.</p> <ul style="list-style-type: none"> ○ 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. ○ 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.
Evidence of Completion:	<ul style="list-style-type: none"> ○ More children and youth achieving timely reunification or other permanency. ○ A reduction in the use of residential placement.
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> ○ Maintenance funding for Crisis Access Link Model (CALM), Kinship Navigator Program Model ○ Increased funding for Professional Resource Parent Model- to provide comprehensive care for youth with multi-complex behavioral health needs. ○ New funding to contract with a consulting firm with expertise in engaging individuals impacted by the child welfare system 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. ○ Increased funding for Child Victims of Human Trafficking/Commercial Sexual Exploitation of Children (CVHT/CSEC) Specialized Therapeutic Foster Care (PROMISE CVHT STFC) service is designed to meet the complex needs of child/youth survivors of sexual exploitation.
Current Status:	<p>We have reissued RFPs to increase the continuum of placements to include: Community Based Detention Shelter (CBDS), Secure Detention Services, and institutional placements. The goal is to select providers in the winter of 2024.</p>
Monitoring Plan:	<p>Increase monitoring of residential placement 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.</p>
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:

<p>Strategy:</p>	<p>Enhancing Child and Family Well-being and Support by:</p> <ul style="list-style-type: none"> ○ Supporting parents, children, and youth through the traumatic experience of child removals from home. ○ Supporting educational needs of children in care.
<p>Identify if this is an existing strategy identified in prior year NBPB or a new strategy:</p>	<p>Existing strategy identified in prior year NBPB.</p>
<p>Action Steps with Timeframes (may be several):</p>	<ul style="list-style-type: none"> ○ 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. ○ Expand mental health first aid training to include biological and resource parents, foster care providers, and residential placement providers. This training will equip caregivers with the necessary skills to recognize and respond to mental health challenges in children and youth. ○ 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. ○ 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. ○ Establish a comprehensive Fatherhood Parenting program for young fathers who are currently detained in secure detention at the Philadelphia Juvenile Justice Services Center (PJJSC). ○ Establish a Substance Abuse Intervention program for youth who are currently detained in secure detention at the PJJSC. ○ 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. ○ 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. ○ 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.

	<ul style="list-style-type: none"> 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.
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> Completion of school Best Interest Determinations. Percentage of DHS frontline staff and provider agencies trained in trauma-informed practices. identification and implementation of evidence-based programming at the PJJSC for youth charged as adults.
Evidence of Completion:	Improved child, youth, and family functioning.
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> 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. Provide specialized therapeutic resource home care for survivors of commercial sexual exploitation and trafficking. Continued funding for the Mental Health First Aid Training. We administer the evidence-based Mental Health First Aid (MHFA) training program. New funding to establish a comprehensive Fatherhood Parenting program for young fathers who are currently detained in secure detention at the Philadelphia Juvenile Justice Services Center (PJJSC). New funding to establish a Substance Abuse Intervention program for youth who are currently detained in secure detention at the PJJSC.
Current Status:	<p>In progress</p> <p>Completion of school Best Interest Determination conferences. During the first half of Fiscal Year 2023-24 (July – December 2023), there were 358 Best Interest Determination conferences. This was a slight decrease from the same period during the previous fiscal year (431 conferences).</p>
Monitoring Plan:	<ul style="list-style-type: none"> OCF monitors the number of Best Interest Determination conferences quarterly and has improved its system for sharing Best Interest Determination forms with the School District of Philadelphia.
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"> Ensure sufficient quality staffing through improved screening process and retention efforts, training, simulation space, and
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	<p>IT supports to manage the child welfare and juvenile justice system efficiently through the following approaches:</p> <ul style="list-style-type: none"> • Improve candidate selection at both the Civil Service exam and during the interview process. • Implement an incentive pay program to attract and retain staff. • Solicit feedback at all levels to determine areas that require improvement. • Provide tools and services to support work, wellness, and employee recognition. <ul style="list-style-type: none"> ○ Ensure sufficient infrastructure to support innovative system-level programmatic growth and development.
<p>Identify if this is an existing strategy identified in prior year NBPB or a new strategy:</p>	<p>Existing strategies identified in prior year NBPB</p>
<p>Action Steps with Timeframes (may be several):</p>	<ul style="list-style-type: none"> ○ 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. ○ 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. ○ 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. ○ Pay for necessary clearances for new hires in order to eliminate a barrier to hiring. ○ 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. ○ 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. ○ 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. ○ 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

	<p>time required to obtain the Direct Worker Certification (DSW) from 13 weeks to 9 weeks.</p> <ul style="list-style-type: none"> ○ 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> ○ Continue enhancing network infrastructure and implementing network assessment recommendations to enhance security features. Ongoing efforts will help maintain a secure and efficient network infrastructure. ○ 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. ○ Continue building and modernizing the DHS case management system to improve efficiency and effectiveness in managing cases and supporting client services. ○ 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>. ○ 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>. ○ Continue recruitment and retention efforts across the agency and all divisions. ○ Hire two additional Certified Peer/Youth Specialists to provide specialized support and advocacy for parents and youth involved in the child welfare system.<i>(implementation)</i>. ○ Expand Employee Recognition efforts to include monthly morale events, promoting a positive work environment and acknowledging the contributions of the staff. ○ 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 <i>(ongoing)</i>. ○ 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>.
<p>Indicators/Benchmarks (how progress will be measured):</p>	<ul style="list-style-type: none"> ○ 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.

	<ul style="list-style-type: none"> ○ Improvement in recruitment and onboarding process to streamline the recruitment and onboarding process, resulting in higher employee satisfaction, better performance, and reduced turnover. ○ 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. ○ Enhanced work environment and IT system to provide a conducive work environment and efficient IT infrastructure that enhances staff performance and data utilization. ○ Average Salary Growth Rate to ensure competitive compensation and reward staff members for their dedication and contribution to the organization.
Evidence of Completion:	A Stable and Skilled Workforce.
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> ○ New funding to pay for necessary clearances for new hires to reduce/eliminate a barrier to hiring. ○ 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). ○ Hire additional HR staff to support hiring efforts, ensuring a smooth and efficient recruitment process to meet staffing needs (ongoing). ○ New funding request for the Alumni Coach Training Program plays a significant role in enhancing our retention efforts. ○ DHS is requesting increase CUA wages and benefits as well as an increase to the Foster Care Administrative rate which will increase provider salaries. ○ Continued funding for the Philadelphia Trauma Training Conference. ○ Continued funding for the National Staff Development and Training Association (NSDTA). ○ Maintained funding for Training Consultants.
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"> ○ Supporting the expansion of the Philadelphia Department of Public Health’s existing Philly Families CAN referral line to become a resource for families and mandated reporters for non-safety concerns. Ensuring family connections to prioritized service slots and streamlined resources through referrals to organizations that address the most common needs. ○ Modifying and supplementing the statewide mandated reporter training to encourage a culture of support rather than surveillance. ○ 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 23, 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.
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"> ○ Reduction in the number of GPS (General Protective Services; neglect-related) reports. ○ Decrease in the proportion of parents reported to the DHS Hotline with intergenerational involvement. ○ Increase in the implementation of neighborhood-level factors and investments to address families' concrete needs and enhance resource connections.
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.):	Funding to support the sustainability of our anti-racist work. In 2024, the Center for the Study of Social Policy (CSSP) will continue its active collaboration with the Department of Human Services (DHS) to finalize the development of our anti-racist curriculum training suitable for all levels of our organization's staffing structure. This training aims to support DHS in examining institutional and systemic oppression faced by people of color due to both their race and identities, particularly in relation to their involvement in the child welfare system. This effort aligns with DHS's priority to address the disproportionate number of

	<p>Black children involved with Philadelphia's Child Welfare System.</p> <p>Moreover, CSSP will maintain its commitment to providing technical assistance (TA) and support to the Divisions of DHS on their identified strategic goals around their specific work on becoming an anti-racist organization, for example, working with PDSE, Policy Development within DHS, by offering guidance and expertise on equity-focused training practices and policies. This approach aims to create a holistic framework for creating, reviewing, and revising departmental policies through an equity lens. Additionally, ongoing discussions will occur related to another cohort of Champions, where individuals will be selected to further support our system enhancement efforts and ensure the sustainability of racial equity priorities across our system.</p> <p>Through our continued partnership, CSSP is dedicated to supporting DHS throughout the process of updating the department's mission, vision, and values by integrating an equity lens. This integration is geared towards operationalizing core values and policy implementations in our everyday practices and services to children and families.</p>
<p>Current Status:</p>	<p>In progress. Phase 1 of the anti-racist training began in March 2024, marking a significant milestone in our anti-racist journey.</p>
<p>Monitoring Plan:</p>	<ul style="list-style-type: none"> ○ Utilize time series analysis to assess the impact of interventions and determine evidence of completion. ○ Assess major outcomes, trend lines over the past ten years for key outcomes, including: ○ Proportion of children reported to the Hotline by ethno-racial identity: Monitor changes in the percentage of African American children reported to the Hotline. ○ Percentage of neglect-related reports: Track the percentage of GPS (General Protective Services) reports related to neglect. ○ Percentage of parents with inter-generational reports: Monitor changes in the proportion of parents reported to the Hotline with intergenerational involvement. ○ Assess the city-wide impacts of interventions on DHS contact and cyclical surveillance among African American families for non-safety concerns. ○ Ensure that the employed metrics are relatively stable for accurate time series analysis. ○ Continuously monitor and evaluate the impact of interventions to inform decision-making and improvements. ○ 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.

Identify areas of Technical Assistance Needed:	
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For Program Improvement Areas that were identified in the FY 2024-25 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.

Non-Uniformed Employees					
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:					
Municipal Pensions (Percentage of Employee's Pension Wages)					
Plan	Employee Classification	Normal Cost	Unfunded Liability	Pension Obligation Bond	Total
M	Exempt & Non-Rep employees and D.C. 47 Local 2186 members hired on or after 1/8/1987 and before 10/2/1992	5.002%	32.425%	7.668%	45.095%
Y	All non-uniformed employees hired after 10/1/1992	5.002%	32.425%	7.668%	45.095%
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	5.002%	32.425%	7.668%	45.095%
10	D.C. 47 members hired after 3/5/2014; Civil	5.002%	32.425%	7.668%	45.095%

	service non-rep employees hired after 5/14/2014; D.C 33 members; Exempt,				
16	Stacked Hybrid Plan D.C 33 and Correctional Officers hired after 8/20/2016 D.C 47/Exempts /Non- Reps hired after 12/31/2018. Compensation used in calculating benefits is capped at \$65,000	5.002%	32.425%	7.668%	45.095%
Employee Disability		Cost per Employee Per Month			
Worker's Compensation		\$ 198.66			
Regulation 32 Disability		\$ 0.65			
Social Security / Medicare					
	Calendar Year Earnings Covered	Effective Period		Percentage	
Social Security	Gross Earnings not to exceed \$147,000	07/01/23 - 12/31/23		6.20%	
	Gross Earnings not to exceed \$160,200	01/01/24 - 06/30/24		6.20%	
Medicare	Unlimited Gross Earnings	07/01/23 - 12/31/23		1.45%	
	Unlimited Gross Earnings	01/01/24 - 06/30/24		1.45%	
Group Life Insurance					
All full time employees except those hired as emergency, seasonal or temporary help					
Employee Classification	Coverage	Per Month			
D.C. 33 (except Local 159 B)	\$25,000	\$ 3.92			
D.C. 33 Correctional Officer Classes of Local 159B	25,000	3.92			
D.C. 47	25,000	3.92			
Exempt & Non-Rep	20,000	3.13			
Employee Health Plans					
These plans are available to all non-uniformed employees except emergency, seasonal, temporary and part time employees					

Employee Classification		Cost Per Employee Per Month	
D.C. 33		\$ 1,500.00	
D.C. 47		\$ 1,100.00	
Exempt & Non-Rep Personnel in City Administered Plans:			
	Single	Single + One	Family
Keystone HMO 2	\$ 640.11	\$1195.50	\$1881.45
Personal Choice PPO 2	582.99	1090.51	1715.50
Dental PPO 3	39.32	72.75	114.03
Dental HMO 3	16.90	33.37	60.70
Optical 3	3.40	6.11	8.66
2 Based on self-insured conventional rates for calendar year 2021.			
3 Based on fully insured premium rates for calendar year 2021			
Unemployment Compensation			
Employee Classification		Cost Per Employee Per Month	
All non-uniformed employees		\$5.51	
Group Legal Services			
Employee Classification		Cost Per Employee Per Month	
D.C. 33		\$15.00	
D.C. 33 Correctional Officers		12.00	
D.C. 47		15.00	

3-1b. Organizational Changes

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

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 internal 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. Since our last submission, DHS continues to streamline and expedite the hiring process by leveraging the strategies established by our Onboarding Taskforce; 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. **DHS is seeking increased funding** for FY 25-26 to cover the costs of clearances for both new hires and renewals of existing staff every five years, aiming to remove this barrier to hiring and retention. Compliance with the Child Protective Services Law (CPSL) mandates that all employees with direct contact must obtain all three clearances. Additionally, all new hires must undergo a Sterling background check to validate their employment and education history before being employed.

PaDHS has continued to grant a waiver for Juvenile Detention Counselors, allowing two years of relevant experience working with children in juvenile offender programs to substitute for completing 60 credit hours at a college or university. DHS continues to leverage the hiring and retention bonus for New Juvenile Detention Counselors. To improve staffing at the PJJSC, DHS also assists applicants in navigating civil service regulations. This approach has yielded positive outcomes, as staffing, while still challenging, has shown signs of stabilization through improved recruitment and retention efforts.

- Describe the agency's strategies to address recruitment and retention concerns.
 - **Updating Job Specifications and Examinations:** DHS collaborates with the City's Office of Human Resources to regularly review Civil Service job specifications and exams. This ensures that the recruitment process accurately identifies candidates with the necessary skills for key positions such as Social Work Service Manager and Juvenile Detention Counselor. Additionally, DHS conducts frequent reviews of job specifications to reflect changes in duties and minimum requirements, aiming to attract a broader range of applicants. Exams are regularly reviewed to ensure exams are testing for the requisite skills and in some cases eliminating exams.
 - **Ongoing Recruitment Efforts:** DHS maintains an aggressive recruitment effort, including ads on job platforms, social media, SEPTA bus backs, digital signage, and bus shelters, aimed at directing potential candidates to job application links and raising awareness about job opportunities in the agency.
 - **Starting pay and hiring bonus:** Starting pay for Social Work Services Trainee was increased and Juvenile Detention Counselors receive a hiring bonus.
 - **Educational Waivers:** Applicants for Juvenile Detention Counselors can qualify with high school diploma with experience in lieu of the 60 college credit hours.
 - **Job Information and Fairs:** Job information pamphlets provide prospective applicants with information about jobs, career ladders, benefits, and training information. Candidates receive a real job preview prior to and during the interview process. HR representatives participate in job fairs at area colleges and universities.
 - **Streamline the Onboarding Process:** Candidates receive a link to provide personal information to expedite the hiring hurdles. All clearances are processed by the HR team and the department covers the cost of all clearances.

- **Establishment of New Hire Bridge Units:** Newly hired Social Work staff receive additional support through transitional bridge units designed to ease the transition from training to full work responsibilities during the probationary period. The aim is to facilitate continuous learning, knowledge transfer, and to help staff acclimate themselves to the organization's work.
- **New Job Classification:** To address retention and support the increased demands of job The Social Services Aid position was established to provide support to the Social Work staff on administrative duties
- **Philadelphia Child Welfare Leadership Academy (Leadership Academy):** DHS has expanded the Leadership Academy across all levels within the organization, including emerging leaders. This initiative aims to develop leadership skills and competencies throughout DHS's entire workforce.
- **Employee Professional Development:** DHS continues to utilize the professional development opportunities provided via the continued funding for the National Staff Development and Training Association (NSDTA) for Program Development and System Enhancement (PDSE) staff. The purpose is to update knowledge and skills of PDSE staff needed to enhance all staff abilities to implement the goals of Improving Outcomes for Children (IOC). Continued funding is also needed for the Philadelphia Trauma Training Conference. Mental Health First Aid Training and the evidence-based Mental Health First Aid (MHFA) training program, facilitated by the National Council for Mental Wellbeing. Both of these are available to all staff.
- **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) and Child Welfare Education for Baccalaureates (CWEB):** 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.

Philadelphia County also utilizes the Child Welfare Education for Baccalaureates (CWEB) program to provide educational opportunities for undergraduate social work majors preparing for employment in the county's Child Welfare and Juvenile Justice system. This core recruitment and retention strategy is used to support our priority of maintaining a stable and skilled workforce.

- **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 and DHS. 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.
- **The Employee Recognition Program** is currently under review with the intention of expanding its scope to incorporate team recognition. This extension aims to acknowledge and celebrate the collaborative efforts of teams within DHS, highlighting their collective achievements and contributions to the overall success of projects and initiatives. By recognizing teams, the program seeks to foster a culture of teamwork, camaraderie, and

mutual appreciation among colleagues, further enhancing morale and motivation within the workforce.