



Introduction

For over three decades, the Family Advocacy Unit at Community Legal Services has represented thousands of low-income parents in child welfare cases. We have a unique interdisciplinary practice model and a demonstrated commitment to holistic, high-quality parent representation. In addition to individual representation, Community Legal Services engages in systemic advocacy at the local, state and national level to foster positive outcomes for children and families in the child welfare system.

Community Legal Services was an active participant in the development of the Improving Outcomes for Children (IOC) initiative, and remains supportive of the goals of IOC, including improved, community-based services to families, a reduction in the number of children in foster care, and an increased use of kinship placement. Unfortunately, and despite the diligent efforts of current DHS leadership, since the implementation of IOC, many of its initial goals have not materialized, and on many key indicators the performance of Philadelphia's child welfare system has deteriorated significantly.

We remain supportive of the IOC model, and believe that reversing the progress made toward a community-based model of service provision would be damaging to families and children. However, in order for IOC to succeed, DHS needs to significantly reduce the number of families it is serving to ensure that high-quality services are accessible to families that are truly in crisis. The number of children in foster care in Philadelphia has reached numbers not seen in years, and DHS, via the Community Umbrella Agencies (CUAs), is also serving an incredibly high number of children in their homes. While it is admirable that DHS is endeavoring to assist so many needy families, the current model is unsustainable and creates a very real risk that overburdened case workers will miss or be unable to attend to serious safety threats posed by families that are truly in crisis. It is imperative that DHS refocuses on safety and limits its CUA referrals to families where safety threats are clearly documented.



**Placement and Permanency: Placement Rates Up,
Permanency Rates Down**

Philadelphia Already Has the Highest Rate of Child Removal of Any Large City in the Country. The Trend of Further Increased Rates of Foster Care Placement is Alarming.

Philadelphia has historically had a very high rate of child removal compared to other large cities, even controlling for the high rates of poverty in our city. A recent analysis shows that Philadelphia has the *highest rate of child removal of any large city in the country*.¹ When that data is controlled for poverty, we have the second highest rate of removal in the country, bested only by Maricopa County, AZ.² There has been a growing understanding among child welfare experts that foster care is an intervention that very frequently fails children, and should be avoided in favor of supportive, in-home interventions unless absolutely necessary. A landmark longitudinal study conducted by M.I.T. found that children placed in foster care “are far more likely than other children [at risk of foster care] to commit crimes, drop out of school, join child welfare, experience substance abuse problems, or enter the homeless population.”³ In recognition of the importance of keeping children safely at home whenever possible, Casey Family Programs has called on the child welfare system to reduce its foster care population by 50% by the year 2020.⁴

Unfortunately, Philadelphia is headed in the opposite direction. In the wake of the Danieal Kelly tragedy, Commissioner Anne Marie Ambrose committed to significant system

Philadelphia has the highest rate of child removal of any large city in the country. Children who have spent time in foster care are more likely than other at-risk children to commit crimes, drop out of school, and become homeless.

¹ <http://www.nccpr.org/reports/2015BigCityROR.pdf>

² Id. This measure looks at the rate of removal per 1000 impoverished children, and shows that Philadelphia removes more of its impoverished children than any city other than Maricopa County (Phoenix), AZ.

³ See Joseph J. Doyle, Jr., *Child Protection and Child Outcomes: Measuring the Effects of Foster Care*, 97 AM. ECON. REV. 1583, 1583-84, 1607 (2007).

⁴ <http://www.casey.org/about/>



reforms, with an emphasis on safely reducing the number of children in placement and a renewed focus on child safety. After a few successful years of a decline in the foster care population, the number of children in foster care rose significantly in 2014⁵ and rose even more dramatically in 2015. According to the October 16, 2015 report to the Community Oversight Board (attached), the foster care population has risen from 4,091 children in 2011 to 5,738 children as of September 2015. The report also reflects that the number of children receiving in-home CUA services has increased dramatically, from 3,543 as of September 30, 2014, to 5,408 as of September 30, 2015.

Untenable Workload for CUAs

This dramatic increase in the number of children in foster care was not anticipated or foreseen when the IOC model was developed, and indeed is contrary to one of the central goals of IOC, maintaining more children and youth safely at home. The result of this increase has been devastating to the goals of IOC because it has led to an untenable workload for the new and often inexperienced case workers who are tasked with serving our most vulnerable families. The initial goal of IOC was to ensure that each caseworker had manageable caseloads that ensured that families in crisis were provided with high-quality, supportive services. Each CUA worker was to have no more than 10 families on her caseload. In the wake of the increased foster care placements and in-home services, the maximum caseload for each CUA worker was increased to 13 families.

Given that each CUA worker is responsible for case management *and* direct service to each family⁶, a caseload of 13 families is not tenable if the goal is to ensure high-quality services and support to each child and parent. Even the initial recommended IOC caseload size determined by DHS, 10 families per caseload, exceeds the caseload size recommended by national experts, because it is calculated based on families and not on children. A CUA worker with a caseload of 10 families is often serving dozens of children, depending on the size of the families on her caseload. The Child Welfare League of America (CWLA) recommends a caseload of no more than 15 *children* per worker for foster care services.⁷ Prior to IOC, Philadelphia had a Performance Based Contracting model in which private providers carried caseloads of 13 children, and each of those children also had a DHS caseworker assigned. Treatment level foster care workers had a caseload of 8 to 9 children, and again these children each also had a DHS caseworker. In order to effectively focus on case

⁵ <http://www.porchlightproject.org/reports/socw15/data/2015%20SOCW%20Philadelphia.pdf>.

⁶ We support the model of a single case manager who is responsible for direct service to the family. We agree that a dual-worker system is confusing to families and can contribute to the concern identified in the wake of Danieal Kelly's death that "when everyone is responsible, no one is responsible."

⁷ <http://66.227.70.18/newsevents/news030304cwlacaseadload.htm>



outcomes, engaging families, retaining staff, and delivering quality services, the research indicates that caseload size must be kept at a manageable level.⁸

Even more troubling, many CUA workers are experiencing a caseload volume that far surpasses the 13 family maximum. The most recent COB report shows that 31% of CUA workers have a caseload of 14-16 families, and 11% have 17 or more families.⁹ This means that 42% of all CUA workers have a caseload exceeding the already-untenable maximum set by DHS.

Poor Outcomes for Children and Families

The result to families of overburdening CUA workers has been dramatic and alarming. Our families have seen caseworker turnover unlike anything that we have experienced in over 30 years of representing parents. It is not uncommon for a family to experience having 4, 5, or even more CUA workers over the life of their case. While data has not been released on the reason for the CUA turnover, we hear frequently from CUA workers that given their unreasonable caseloads, they are overwhelmed, over-stressed, and are having trouble meeting their obligations to the families that they serve. We have seen too many hard-working, capable CUA workers make the decision to leave their CUA agency abruptly, which only creates more stress for the remaining workers and the families they are serving.

Each time a new case worker enters the picture, the stress to the family compounds. The turnover of caseworkers has resulted in major gaps in service, frequent court delays and a feeling among parents that the goalposts to get to reunification or safe case closure are constantly shifting. Parents with children in foster care are already scared and overwhelmed, and building trust and providing reasonable efforts to support these families takes time and consistency. The toll of the high rates of CUA turnover are apparent in the permanency data. In Philadelphia, more children are entering care, and those that do enter are likely to stay

In Philadelphia, more children are entering care, and those that do enter are likely to stay longer. The number of children reunifying with their families within 12 months declined from 24.5% in 2013 to 21.3% in 2014.

⁸ “Caseload and Workload Management,” Child Welfare Information Gateway, Issue Brief, April 2010
https://www.childwelfare.gov/pubPDFs/case_work_management.pdf

⁹ Data Report to the Community Oversight Board, October 13, 2015 (attached)



longer. While 2015 data is not yet available, the number of children reunifying with their families within 12 months declined from 24.5% in 2013 to 21.3% in 2014.¹⁰ It is our understanding that other rates of permanency for children, including adoption and permanent legal custody, have also seen significant declines.

The consequences of caseworker turnover resulting from overwhelming caseloads, if not addressed immediately, will create a crisis for our children and families and significantly dim their chances of timely reunification or family stabilization. Indeed, research suggests that caseworker turnover is devastating for children: “According to a Milwaukee County caseworker turnover impact study, children who have one case worker achieve permanency 74.5 percent of the time. With two caseworkers the chance of permanency decreases to 17.5 percent. For those with six or seven case workers, the chances of leaving the foster care system before becoming an adult are almost nil.”¹¹

The Need to Refocus on Safety

The cause of the significant increase in children in foster care is unclear. Some at DHS point to the recent changes to the Child Protective Services Law (CPSL) to explain the influx. It is true that in the wake of the new CPSL provisions, many more mandated reporters have flooded the DHS hotline with calls alleging abuse or neglect. There has been a dramatic increase in the number of investigations in the past year, jumping from 11,560 investigations in 2014 to 14,369 investigations in 2015.¹² But despite the increase in investigations, when the final 2015 data is released, it appears likely that Philadelphia will stand out among Pennsylvania’s big cities in its dramatic rise in foster care placements. Indeed, despite the universal influx of hotline calls, other counties in Pennsylvania report that their foster care populations have remained relatively stable over the past year. It is

DHS must refocus and recommit to serving families with *active safety threats*, rather than families merely struggling with poverty or lack of resources.

¹⁰ Report on Progress from the City of Philadelphia Community Oversight Board for the Department of Human Services, July 2015, <http://www.phila.gov/dhs/pdfs/cob2015.pdf>, p.28

¹¹ “New Foster Care Case Worker Program Improves Retention Rates,” *The Chronicle of Social Change*, June 5, 2015, <https://chronicleofsocialchange.org/opinion/new-foster-care-case-worker-program-improves-retention-rates/10320>

¹² Data Report to the Community Oversight Board, October 13, 2015 (attached)



important to note that while the CPSL does require more people to report abuse, and also lowers the threshold for a finding of abuse, nothing in the CPSL changes the *interventions* that DHS must offer at-risk families. By keeping the focus on family preservation whenever possible, other counties in Pennsylvania have been able to ensure that the CPSL has not meant that more children needlessly enter foster care.

In the wake of the Danieal Kelly tragedy, DHS took a careful look at its interventions with families and committed itself to a safety model of practice. This meant that DHS would be an agency serving families with *active safety threats*, rather than families merely struggling with poverty or lack of resources. We are concerned that the focus on safety has been diminished in the wake of the overwhelming volume of calls to the hotline, and the result has been too many children entering foster care when careful decision-making and quality services could have allowed them to stay at home. We recommend that this administration take a careful look at the operations of the hotline and intake units at DHS to ensure that the safety model of practice is being implemented and utilized effectively. We also recommend that there be a thorough, cabinet-level review of the child removals since the implementation of the CPSL changes in January 2015 to identify gaps in decision-making or service provision that may be contributing to the dramatic increase in placement numbers.

Finally, while we recognize that DHS and the CUAs have been working diligently to improve their performance with regard to permanency, we caution that a rush to permanency options like adoption and Permanent Legal Custody (PLC) could be damaging for children and families if not executed with thoughtful and individual consideration for their needs. For most children who enter foster care, the first and primary goal is family reunification. However, the law says that absent certain exceptions, if a family cannot achieve reunification within 15 months, DHS must file to terminate parental rights and move toward adoption. We are fearful that families and children who have not received the services they need to support reunification in the chaos of the IOC transition will be unnecessarily rushed toward adoption in order to “fix the numbers.” While timely permanency is of utmost value to children, reunification should not be ruled out for children

Children and families who have not received the services they need to support reunification in the chaos of the IOC transition should not be rushed toward adoption in order to “fix the numbers.”



until adequate support has been provided to the family and it is clear that adoption is truly in their best interests. Simply put, it hurts children to take them away from their families forever without first trying sincerely and diligently to help their families get stronger. It is therefore imperative that the next administration works to ensure that permanency decisions are made carefully and on an individual basis and evaluates whether reasonable efforts were truly offered to reunify each family before taking the dramatic step of permanently severing family bonds.

Housing: Children are Being Removed and Reunification Delayed Due to an Affordable Housing Crisis and Shortage of Shelter Beds

It is likely that the housing crisis in Philadelphia is significantly contributing to the increased number of children in placement. Family shelters in Philadelphia are filled beyond their capacity and parents seeking emergency family shelter are placed on waiting lists lasting weeks to months. Staff at the Office of Supportive Housing (OSH) reports that the wait list can exceed 200 families, and that DHS-involved homeless families must wait along with other families for placement in shelter, regardless of the threat that their children may be removed if they cannot secure immediate shelter. The dearth of adequate emergency shelter is driving children into foster care, and it is also keeping children in foster care longer than necessary. Five years ago, as family advocates we often made reunification plans that involved a parent entering the shelter with her child once all her other objectives were completed. Now, due to lengthy and unpredictable wait times to access emergency family shelter, that is not an option.

We urge this administration to make fully available, same-day emergency shelter for all families in need a top priority. It is imperative that children not be needlessly placed in foster care because their families have become homeless and shelter beds are unavailable. Foster care should be reserved for our most vulnerable children facing true abuse or neglect. Where the only reason for entry into foster care is the poverty and subsequent homelessness of the family, we are overwhelming an already overburdened system and needlessly traumatizing children and families.

We urge this administration to make fully available, same-day emergency shelter for all families in need a top priority.



We also strongly recommend increased and more transparent partnership between DHS and OSH. If immediate availability of emergency family shelter for all families is not possible, we urge DHS and OSH to work together to prioritize access to shelters for families who would otherwise be separated by foster care.

Older Youth: Lack of Quality, Targeted Prevention Services for Older Youth is Contributing to High Foster Care and Reentry Rates

We also believe that a lack of quality, targeted prevention services for older youth is unnecessarily driving high foster care rates in Philadelphia. Outcomes for older youth who enter foster care are extremely poor, and these youth are at significantly higher risk than their peers of criminal justice involvement, unemployment, and teen pregnancy, among other negative outcomes.¹³ Philadelphia has one of the highest rates of teen placement in the state, and currently 44.6% of all children in the custody of the Philadelphia Department of Human Services (DHS) are ages 12 or over.¹⁴ Philadelphia also has an unusually high rate of children reentering foster care within 12 months of reunification, and older youth are particularly vulnerable to this problem. Of the children in Philadelphia that reentered foster care within 12 months of returning home, 76.6% are ages 12 or over.¹⁵

These numbers make clear that Philadelphia struggles to preserve older youth safely in their homes, and that interventions designed to keep older youth at home after they leave foster care all too often fail. While there is much advocacy in Philadelphia and Pennsylvania on improving outcomes for teenagers once they enter the foster care system, there is a lack of coordinated effort and planning to prevent these children from entering the foster care system in the first place. Given the known challenges faced by older youth who do enter the

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¹³ Courtney, M.E., Dworsky, A., Lee, J.S., & Raap, M. (2010). Midwest evaluation of the adult functioning of former foster youth: Outcomes at ages 23 and 24. Chicago, IL: Chapin Hall at the University of Chicago. http://www.chapinhall.org/sites/default/files/Midwest_Study_Age_23_24.pdf

¹⁴ <http://www.porchlightproject.org/reports/socw15/data/2015%20SOCW%20Philadelphia.pdf>.

¹⁵ Id.



foster care system, it is critical that families are given adequate support to preserve older youth in their homes and communities. We therefore recommend that this administration renew the focus on preserving older youth in their homes, and convene a task force charged with making recommendations for improved prevention services, as well as improved coordination of existing services between DBHIDS, juvenile delinquent services, and truancy services.

Children of Incarcerated Parents & Reentry: CUA Workers Need Training, Resources, and Support to Ensure Engagement of Incarcerated and Reentering Parents Who Have Children in Foster Care

In 2011, the Stoneleigh Foundation awarded our current Managing Attorney Kathleen Creamer a 2-year fellowship aimed at improving reunification outcomes for children of incarcerated parents in foster care. As part of that fellowship, a task force comprised of DHS and PPS (Philadelphia Prison System) leadership worked diligently to improve services to incarcerated child-welfare involved parents during incarceration and upon reentry. The result of these efforts was an updated joint policy and protocol for engagement of incarcerated parents, and the implementation of video-conferencing between DHS and PPS so that incarcerated parents could be included in critical family meetings.

Despite these important steps, there remains much to be done to ensure that incarcerated parents are provided reasonable efforts and that their children have a real chance at reunification. By participating in QSRs for two years and taking a careful look at practice in cases involving incarcerated parents, it became clear that in cases involving incarcerated parents, DHS struggles to ensure early identification of incarcerated parents, adequate parent/child visitation, parent participation in case planning, and parent voice in decision-making for their children. Community Legal Services produced a 2014 report to the DHS Commissioner, making specific recommendations to ensure adequate family engagement for incarcerated and reentering parents.¹⁶ The following recommendations have

CUA workers need training, resources and support to ensure family connections and positive outcomes for children of incarcerated parents in foster care.

¹⁶ <http://clsphila.org/sites/default/files/issues/Final%20Report%20to%20DHS%20Commissioner%202014.pdf>



not yet been implemented and we urge this administration to take action to ensure the following changes:

- ❖ **Ensure training of all DHS, Community Umbrella Agency (CUA) and agency provider staff** on engaging incarcerated parents.
- ❖ **Develop in-house DHS and CUA expertise on engaging incarcerated parents.** Create a high-level cabinet position, or create a unit at DHS dedicated to providing training and ensuring identification, engagement and visits with incarcerated parents. Alternatively, require each CUA to have an in-house expert on working with incarcerated parents.
- ❖ **Maintain data on children of incarcerated parents.** This data should measure how many children have incarcerated parents, where the incarcerated parent is located, and whether the incarcerated parent is the mother or father. It should also track services provided to incarcerated parents, including whether they were provided visits and whether they participated in the development of their case plan. This data should also record permanency outcomes for these children.
- ❖ **Dedicate a Quality Service Review (QSR) to incarcerated parents** at least once every two years.
- ❖ **Implement video-conferencing between the CUAs and the Philadelphia Prison System to ensure all incarcerated parents participate in family meetings.**

Kinship: Philadelphia Should Continue to Increase its Use of Kinship Care, with a Goal of 50% of all Placements Being Kinship Placements

One positive result of IOC thus far has been an increased use in kinship care for children who have to be removed from their families. While in 2014, 38% of children in placement were in kinship care, by September 30, 2015, 41% of children in placement were in kinship.¹⁷ When children have to be removed from their parents, kinship care is very often the best option. Children in kinship care have more positive perceptions of their placements, are less likely to be maltreated, and display fewer behavioral problems.¹⁸ While Philadelphia is making positive strides in increasing its kinship numbers, it is still outpaced by comparable jurisdictions such as Allegheny County. We believe that Philadelphia can and should achieve a rate of 50% of all placements being kinship placements.

¹⁷ Data Report to the Community Oversight Board, October 13, 2015 (attached)

¹⁸ Child Welfare Watch. Vol 15. Winter 2008. Against the Clock: The struggle to move kids into permanent homes. *What Happened to Kinship Care?* Available at: <http://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/54138d23e4b0a43a9043ddfa/1410567459097/CWW-vol15.pdf>



Community Legal Services recently released a report entitled “Philadelphia Should Expand its Kinship Care Program to Better Support Vulnerable Children and Families.”(attached) The report identifies a number of barriers to kinship that could be addressed immediately. One major barrier is delays in moving children to kinship care while relatives are undergoing the foster care licensing process. When relatives come forward *at the time* of removal, under our emergency kinship care program children are immediately placed with the relatives under a provisional license and the relatives are then given 60 days to complete the licensing process. But if a relative is notified or comes forward even very shortly *after* a child enters foster care, emergency licensing is not made available and the child must wait for weeks or months in stranger foster care while the relative completes the licensing process. An OCYF bulletin permits emergency, provisional kinship licensing *any time* a kinship caregiver comes forward¹⁹, and we therefore recommend that when an appropriate relative comes forward at any point in the case, DHS use its emergency kinship care program and allow the child to move to their relative’s house immediately. Our report also emphasizes the need for enhanced family finding practices at the beginning of the case so that relatives are identified at the time of removal, thereby avoiding the child having to endure the trauma of being placed with strangers while DHS searches for family.

Our kinship report includes the following key recommendations to increase our use of kinship care in Philadelphia:

- ❖ Consider it an emergency placement any time a kinship caregiver comes forward or is identified as a placement resource.
- ❖ Empower caseworkers with tools they need to find family immediately.
- ❖ Support implementation of the ABA model licensing standards.

¹⁹ Pennsylvania Office of Children, Youth and Families (OCYF) Bulletin 00-03-03. Available at: <http://swantoolkit.org/wp-content/uploads/OCYF-Bulletin-00-03-03-Kinship-Care-Bulletin.pdf>

Improving Outcomes for Children has shown some success in improving kinship rates. Philadelphia can and should aim to find kinship homes for at least 50% of all children in placement.



- ❖ Create a streamlined, simple process to request a waiver for a non-safety licensing requirement and encourage workers to request waivers.

Economic Barriers Unnecessarily Impede Family Reunification

TANF Extension for Parents with Children in Foster Care

Many families who become involved with the child welfare system receive TANF cash assistance to help support their families. When DHS places a child in foster care, all TANF ends with little, if any, notice and no time for the parents to seek other sources of income.

The loss of TANF impedes parents' ability to reunify with their children because it predictably leads to a loss of basic needs like housing, utilities, and transportation. The result is that families have the economic rug pulled out from under them at an extremely vulnerable time when they must prioritize focusing on remedying the safety concerns that triggered removal of their children and achieve the goals set by DHS and courts in order to reunify with their children.

This current policy is also at odds with the larger goals of the child welfare system and inconsistent with the best interest of vulnerable children and families. In most cases, it is in the best interest of the child to safely reunify with their family without unnecessary delay, and the law accordingly requires that "reasonable efforts" be provided to help the family reunify. Strict federal timelines for permanency planning reflect the policy rationale that children should spend limited time in foster care. With meaningful and timely support and services, most parents are able to remedy the safety concerns and reunite. However, the complete loss of cash assistance upon removal adds economic related obstacles to reunification, making reunification more difficult and resulting in needlessly lengthy stays in foster care for children. Additionally, upon reunification, there are often delays to getting TANF reinstated which is counterproductive to ensuring the transition back home is stable and successful. Other states have successfully implemented a 180-day TANF extension for families where reunification could reasonably be attained within 6 months of removal, which is permissible under federal law but has not been uniformly implemented by PA-DHS.

DHS should work to eliminate, and avoid contributing to, economic barriers that keep children in foster care or destabilize newly-reunified families.



Child Support Obligations for Parents of Children in Foster Care Undermine Reunification Efforts

When a child enters foster care, DHS often sues the parent for child support while the parent is working on meeting their goals and addressing the issues that brought the child into placement. In our experience, particularly when the parent is employed (usually at a very low wage job), DHS aggressively pursues child support, resulting in serious economic destabilization for a family and unnecessary delays in reunification as a parent struggles to meet their child support obligation, maintain employment, maintain housing, and meet the goals on their case plan. We have seen the reunification efforts of parents significantly undermined by the aggressive pursuit of child support by DHS, and we suggest that there be a thorough review of child support collection policies to ensure that already-struggling families don't face additional barriers to reunification.

- ❖ Work with PA-DHS to explicitly provide for the extension of TANF for 180 days after removal of children for child welfare-involved families where reunification may occur in that timeframe. We believe that applicable federal and state laws and regulations allow for this type of extension of TANF in Pennsylvania.
- ❖ Where TANF has ended, restart TANF at least 30 days prior to the anticipated reunification date.
- ❖ Review DHS child support collection policies and consider declining to pursue child support where doing so would undermine the goal of reunification or destabilize a recently reunified family.

Targeted, Strategically Located Prevention Services

The shift to a community-based model of service that is the hallmark of the IOC model is a welcome one. There is much value in serving families in their own communities and keeping children who must enter foster care close to their home, school, and all that is familiar to them. However, the IOC model was designed to shift our services for families *already* in crisis. While the CUAs have worked to implement some community outreach, including the well-received Parent Cafes, the vast majority of the work done by the CUAs is reactive rather than proactive. Families come to the CUAs only *after* they have been identified by DHS as having an active safety threat.

If we are going to safely reduce our foster care population, it's critical that we help connect families to services *before* they are in crisis. DHS strategically rolled out IOC first in Police Districts 24, 25, and 26, where some of our most at-risk families live. It's not clear that a similar approach is being used to thoughtfully deploy our prevention services. There are concrete services that could help families stabilize before they descend into crisis, including childcare centers, after school programs, and drug and mental health treatment with on-site



childcare and flexible hours. We recommend a thorough review of prevention services to ensure they are employed strategically in locations and in ways that meet the needs of families most vulnerable to crisis.

Summary of Recommendations

If the goals of IOC are to be realized, we must ensure that case managers with reasonable caseloads are able to provide individualized, high-quality services to families. It is imperative that there be a significant reduction in our foster care population and a renewed focus on serving families in crisis. Child welfare services should be reserved for families and children facing documented safety threats. While prevention services should be targeted and strategically located in neighborhoods most vulnerable for child welfare involvement, DHS intervention (i.e., “accept for service”) must be limited to our most needy families in crisis.

We believe the following recommendations are critical to the success of IOC:

❖ Renewed Focus on Safety and Decreased Foster Care Population

- Make reducing the number of children in foster care an urgent priority. Review the operations of the hotline and intake units at DHS to ensure that the safety model of practice is being implemented and utilized effectively.
- Undertake a thorough, cabinet-level review of the child removals since the implementation of the CPSL changes in January 2015 to identify gaps in decision-making or service provision that may be contributing to the dramatic increase in placement numbers.
- While working to improve permanency outcomes for children, work to ensure that family bonds are not unnecessarily severed by adoption for families that have not received adequate CUA services during this chaotic transition.
- Reinstate the caseload cap of 10 families per CUA worker.

❖ Housing

- Ensure adequate, same-day emergency shelter for all families in need.
- DHS and OSH should work together to prioritize access to shelters for families who would otherwise be separated by foster care.

❖ Older Youth

- Prioritize tailored prevention services geared at preserving older youth in their homes.



- Convene a task force charged with making recommendations for improved prevention services, as well as improved coordination of existing services, between DHS, DBHIDS, juvenile delinquent services, and truancy services.

❖ **Children of Incarcerated Parents/Reentry**

- Ensure training of all DHS, Community Umbrella Agency (CUA) and agency provider staff on engaging incarcerated parents.
- Develop in-house DHS and CUA expertise on engaging incarcerated parents. Create a high-level cabinet position, or create a unit at DHS dedicated to providing training and ensuring identification, engagement and visits with incarcerated parents. Alternatively, require each CUA to have an in-house expert on working with incarcerated parents.
- Maintain data on children of incarcerated parents. This data should measure how many children have incarcerated parents, where the incarcerated parent is located, and whether the incarcerated parent is the mother or father. It should also track services provided to incarcerated parents, including whether they were provided visits and whether they participated in the development of their case plan. This data should also record permanency outcomes for these children.
- Dedicate a Quality Service Review (QSR) to incarcerated parents at least once every two years.
- Implement video-conferencing between the CUAs and the Philadelphia Prison System to ensure that all incarcerated parents participate in family meetings.

❖ **Kinship**

- Consider it an emergency placement any time a kinship caregiver comes forward or is identified as a placement resource.
- Empower caseworkers with tools they need to find family immediately.
- Support implementation of the ABA model licensing standards.
- Create a streamlined, simple process to request a waiver for a non-safety licensing requirement and encourage workers to request waivers.

❖ **Eliminating Economic Barriers to Reunification**

- Work with PA-DHS to explicitly provide for the extension of TANF for 180 days after removal of children for child welfare-involved families where reunification may occur in that timeframe.



- Where TANF has ended, restart TANF at least 30 days prior to the anticipated reunification date.
- Review DHS child support collection policies and consider declining to pursue child support where doing so would undermine the goal of reunification or destabilize a recently reunified family.

❖ **Targeted, Strategically Located Prevention Services**

- Review available prevention services to ensure they are employed strategically in locations and in ways that meet the needs of families most vulnerable to crisis.

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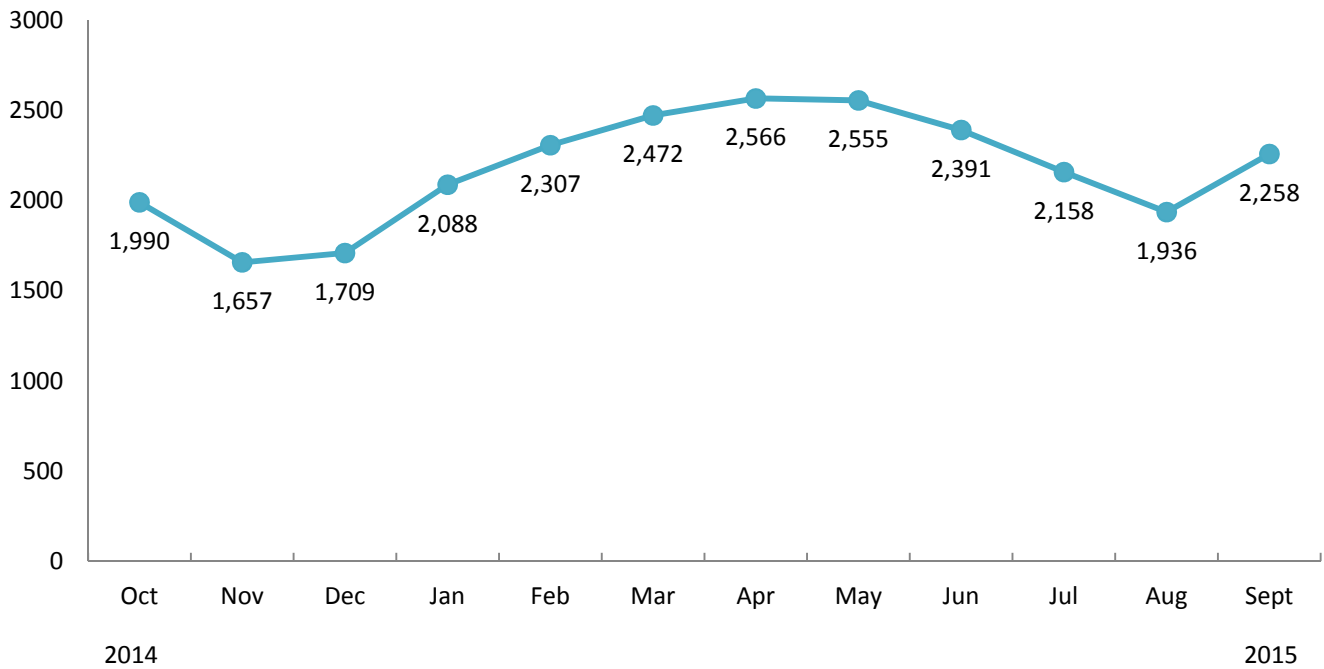
Data Report to the Community Oversight Board

October 13, 2015



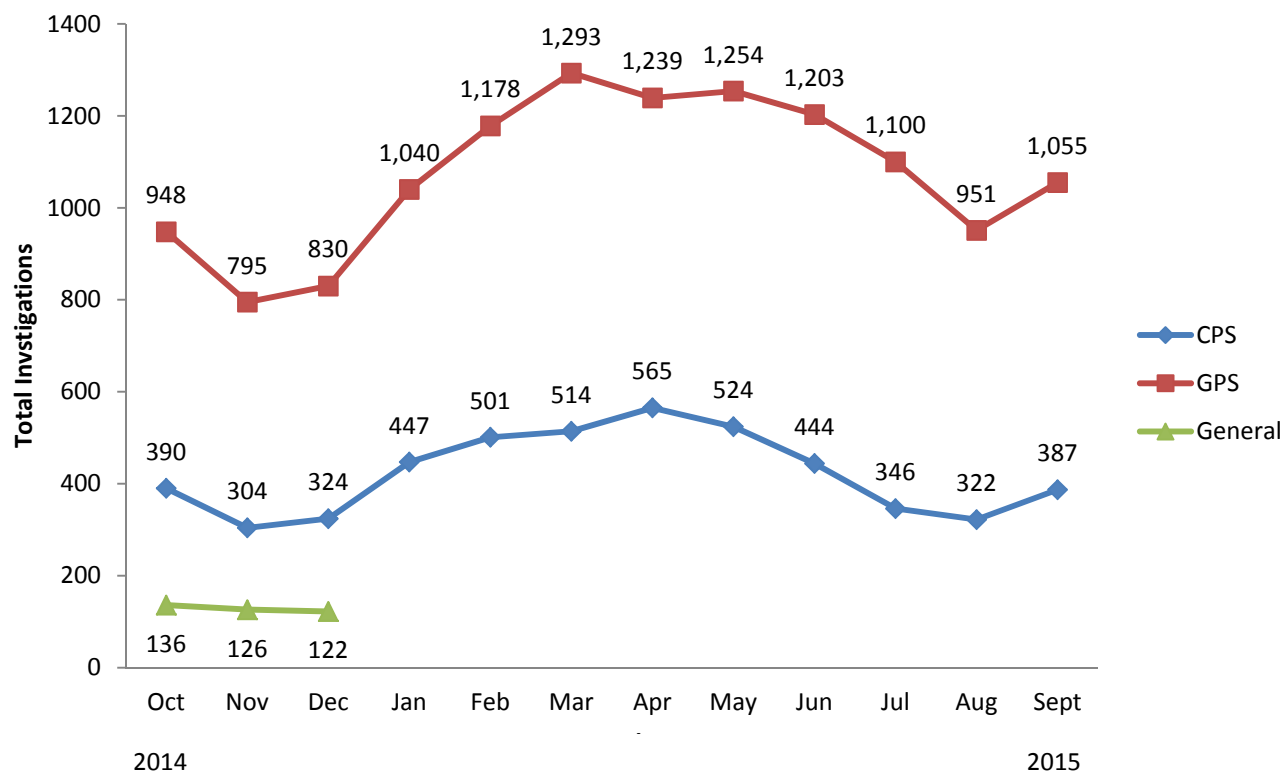
Data Source for Report: FACTS2 Database

Hotline Report Activity - All Reports



*Hotline Report Activity is defined as the number of reports that are taken by the Hotline in a given month. These reports could then be forwarded for investigation, added to a report for supplemental information or forwarded to the Police Department as a report with allegations that are not considered a child protective services report.

Investigations Totals



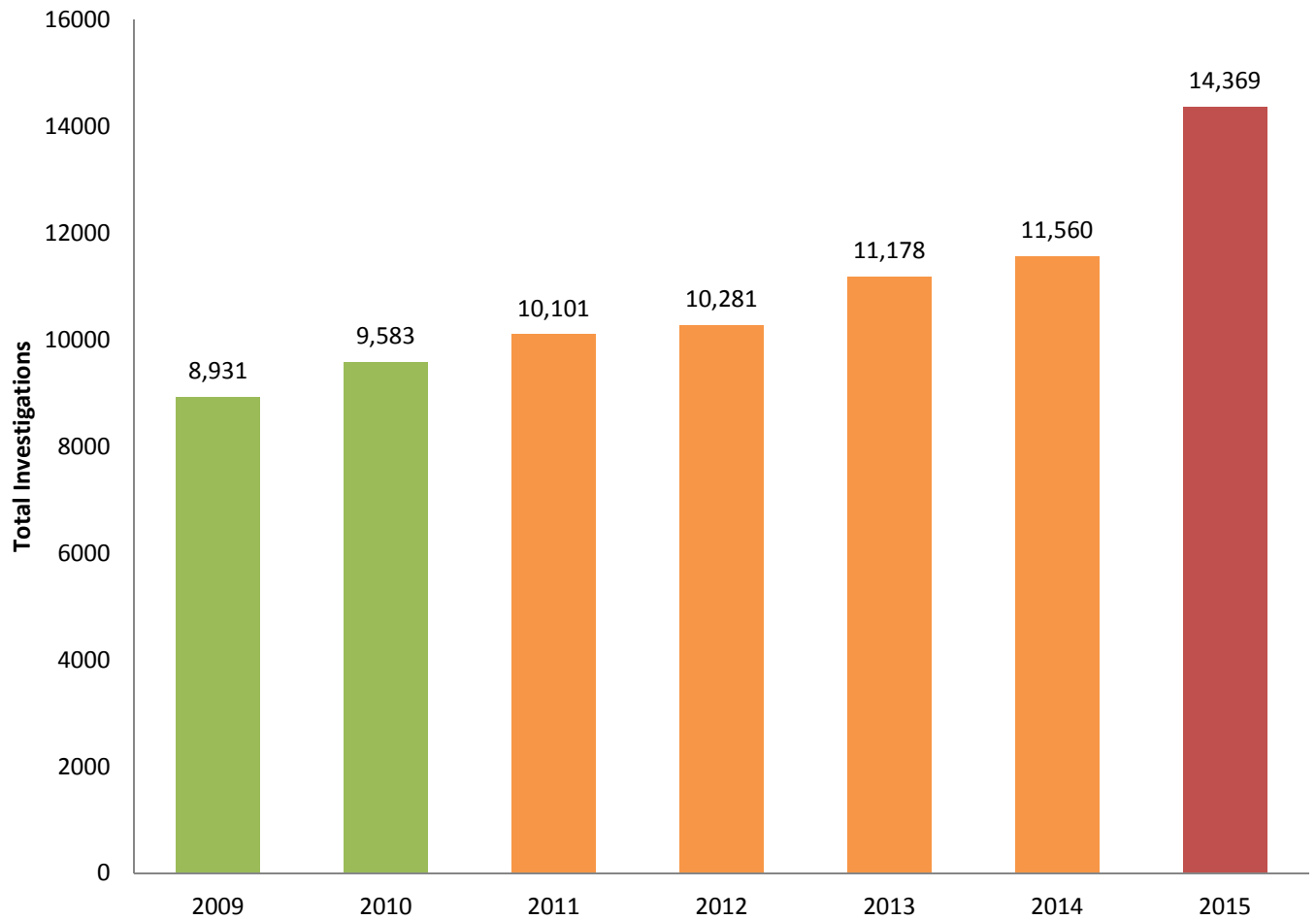
*A Child Protective Service (CPS) Report alleges abuse or neglect as defined by the term child abuse in the Child Protective Service Law (CPSL). There must be reasonable cause to suspect that the evidence regarding the incident or the circumstances surrounding the injuries or harm were caused by the acts or omissions of an alleged perpetrator as defined by the CPSL, and cannot be explained by available medical history as being accidental.

*A General Protective Service (GPS) Report may be a report with allegations of child abuse and/or neglect that do not rise to the level of a CPS report. It may also be a non-specific report of neglect, lack of supervision, or allegations of failure on the part of the parent(s) or person responsible for the child's care to provide the essentials of life.

*A General Report was a non-protective assessment, in that allegations do not meet the criteria for either a CPS Report or a GPS Report. Pursuant to changes in CPSL, effective December 2014, General Reports are now being accepted as GPS reports for investigation.

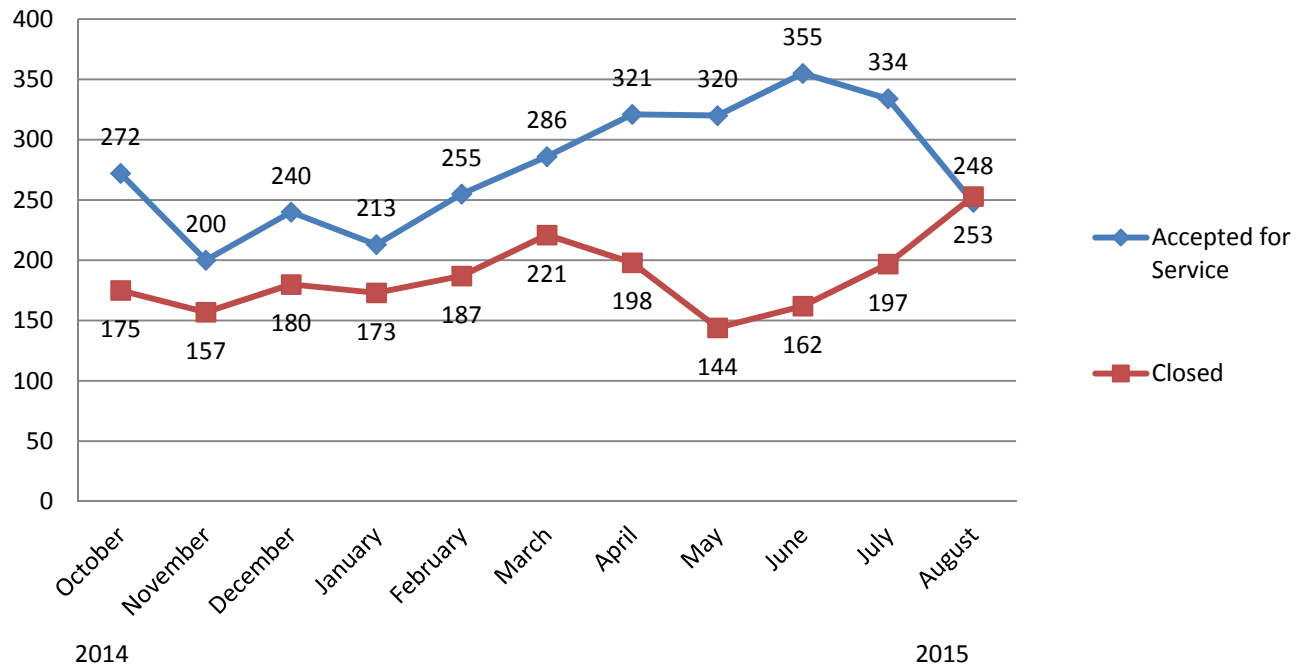
Total Investigations Calendar Year-to-Date

January - September



- There is a 61% increase in Investigations from 2009 to 2015 and a 24% increase from last year to date (+2,809).

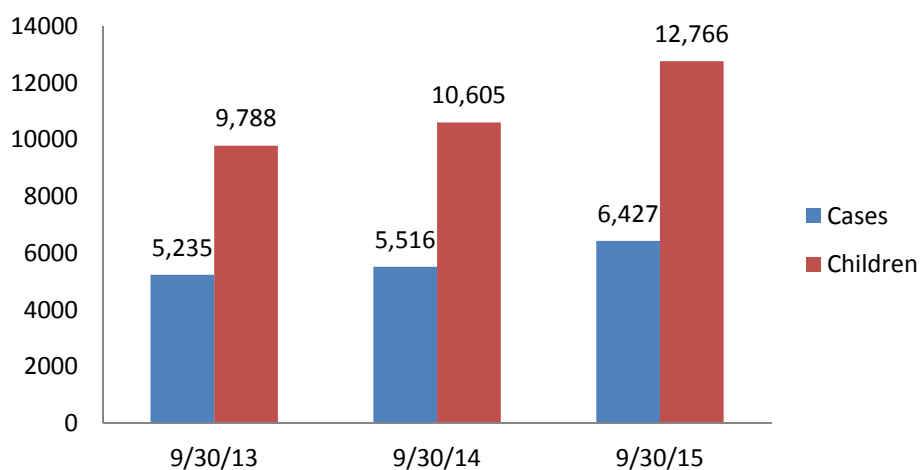
Monthly Case Accept for Service and Closures



Accept for Service and Case Closures

Case Activity	Jan through Sept 2014	Jan through Sept 2015	Percent Change
AFS	2,142	2,544	19%
Closures	1,503	1,650	10%
Net Gain of Cases	639	894	

Active Case/Child Totals*



* Count of all children and cases that have a status of "Open for CYD Service"

Worker Caseload* Distribution on 9/30/15

	Total Workers	Median Caseload	Average Caseload	0-5 Cases	6-10 Cases	11-13 Cases	14-16 Cases	17+ Cases
CYD (n=1,476)	144	11	10	17%	31%	31%	13%	8%
CUA (n= 4,765)	389	13	12	10%	14%	35%	31%	11%

*Does not include cases in Intake that have yet to be assigned to CYD or CUA or cases assigned to Supervisors

Total Active Children and Cases with CYD and CUA on 9/30/15

	Cases	%	Children	%
CYD	1,571	24%	2,628	21%
CUA	4,856	76%	10,138	79%
Total	6,427	-	12,766	-

Dependent Services

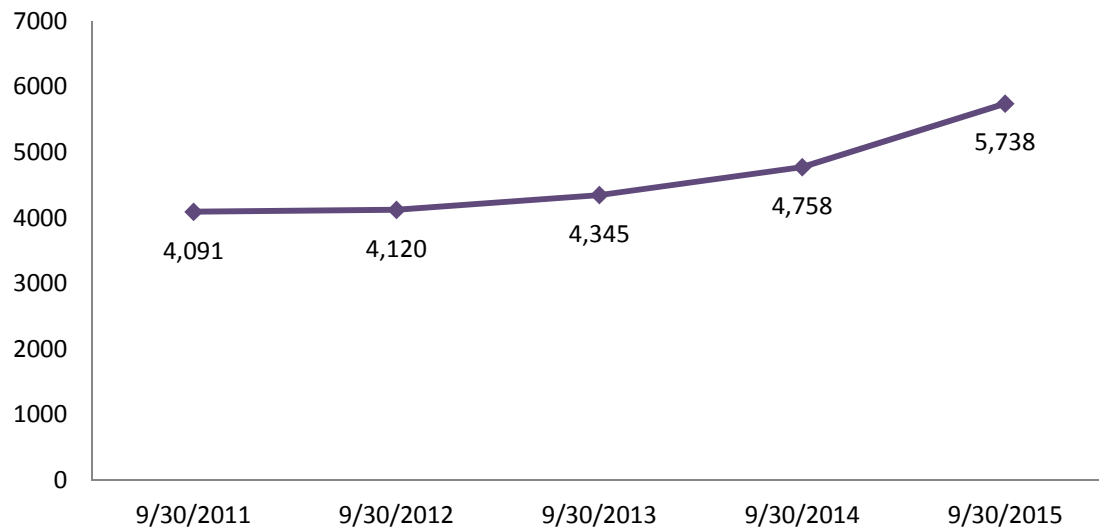
Children Receiving In-Home Services			
	September 30, 2014	September 30, 2015	Percent Change
CYD	1,242	121	
CUA	2,301	5,287	
Total	3,543	5,408	53%

Distribution of CUA Service Duration for Children Receiving In-Home Service on 9/30/15

Duration	Children	Percent
3 months or less	2,231	42%
4-6 months	1,273	24%
7-9 months	852	16%
10-12 months	389	7%
13+ months	542	10%
Total	5,287	

Children Receiving Placement Services			
	September 30, 2014	September 30, 2015	Percent Change
CYD	3,348	1,705	
CUA	1,423	4,033	
Total	4,771	5,738	20%

5 Year Dependent Placement Population Growth



Dependent Placement by Service Type

	9/30/2014		9/30/2015	
	#	%	#	%
Foster Care	2,100	44%	2,363	41%
Kinship Care	1,811	38%	2,273	40%
Group Home	330	7%	384	7%
Institution	387	8%	428	7%
SIL	113	2%	69	1%
Shelter	14	0%	43	1%
Pending*	16	0%	178	3%
Total	4,771		5,738	

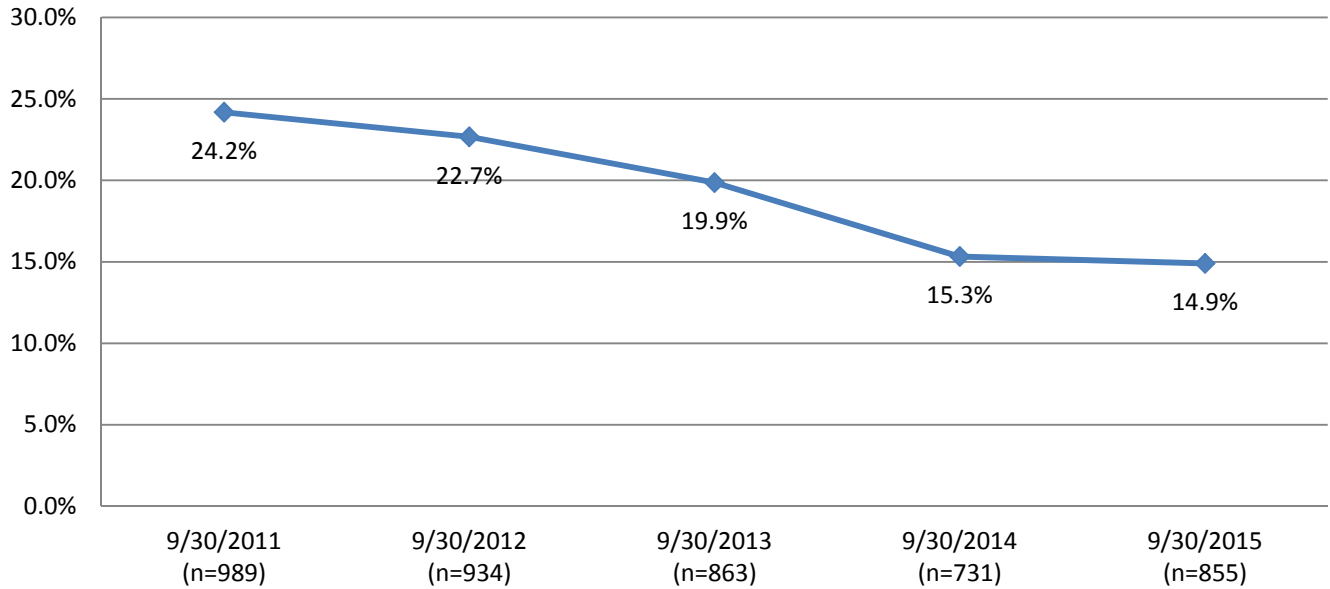
*Placement service type had yet to be determined for these children

Distribution of Length of Stay for Children in Placement

	9/30/2014		9/30/2015	
	#	%	#	%
6 months or less	1,327	28%	1,370	24%
7-12 months	779	16%	1,092	19%
13-24 months	1,186	25%	1,437	25%
25-36 months	713	15%	857	15%
37+ months	766	16%	982	17%
Total	4,771		5,738	

Congregate Care

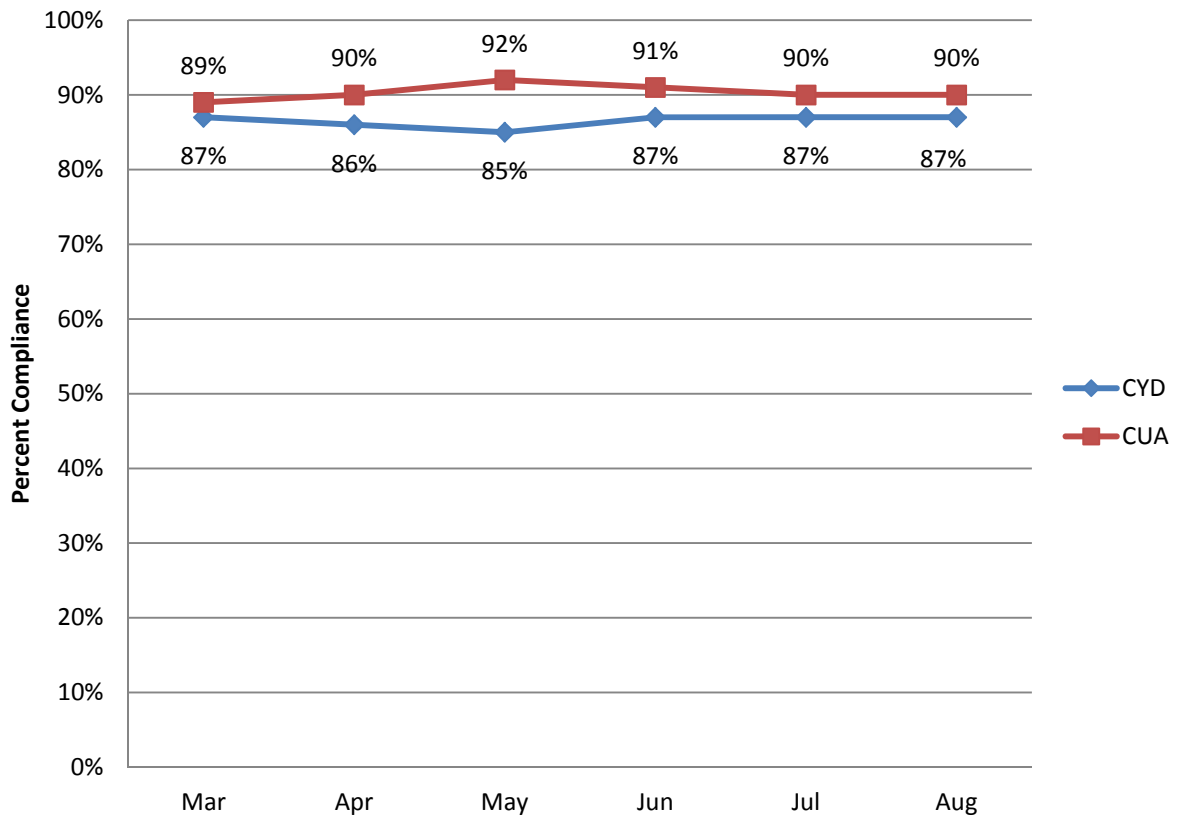
Percentage of Placement Population* in Congregate Care



*Does not include P1GN children who have yet to be assigned a service type

Goal: The current goal is for Congregate Care to be 13 % or less of the total placement population.

CYD and CUA 6 Month Visitation Trends



Visitation for August 2015 on 9/17/15

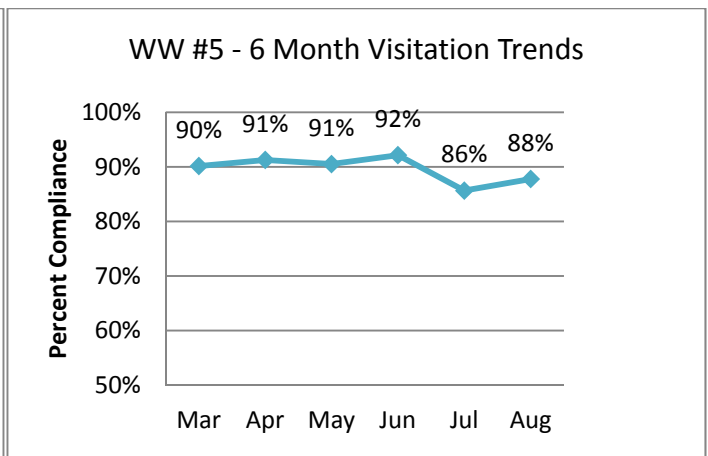
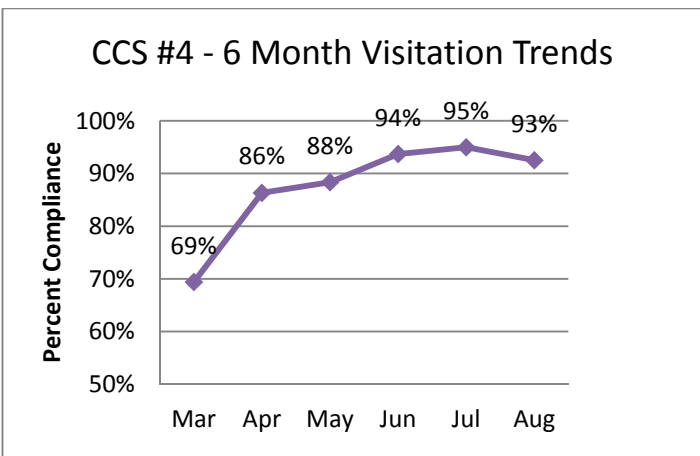
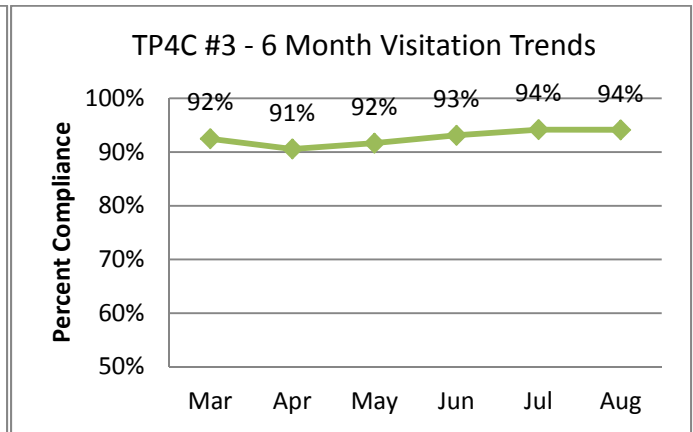
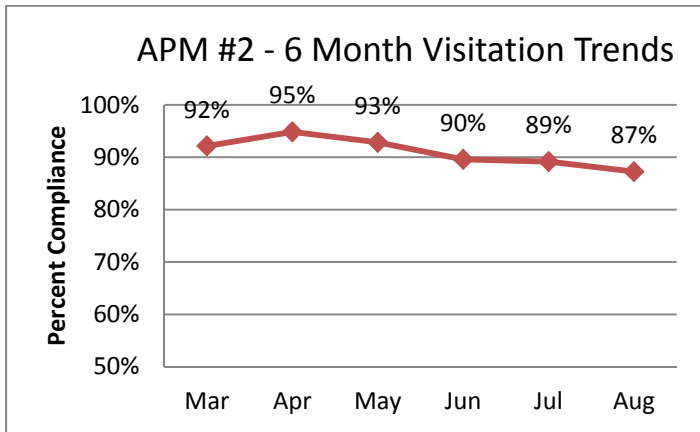
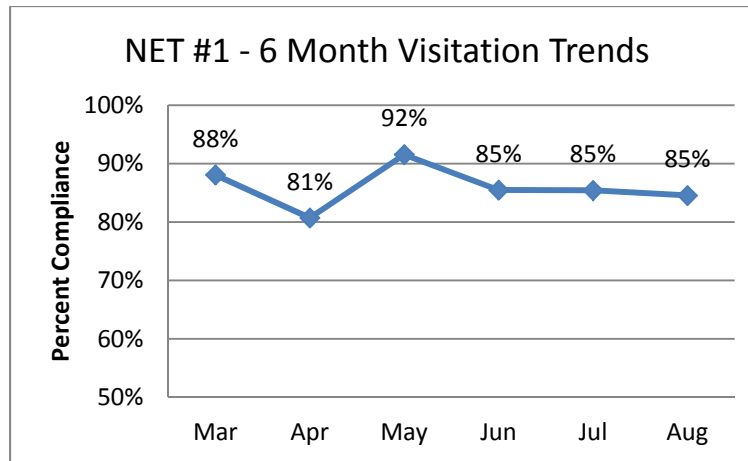
	Visitation Complete	Visitation Incomplete	Total Children	Visitation Ratio
DHS	2,226	340	2,566	87%
CUA	8,810	987	9,797	90%

Visitation for Children 5 and Under - August 2015 on 9/17/15

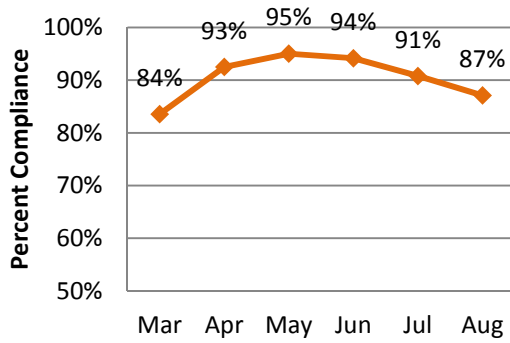
	Visitation Complete	Visitation Incomplete	Total Children	Visitation Ratio
DHS	600	103	703	85%
CUA	3,095	276	3,371	92%

*Visitation is documented by the entering of a Structured Progress Note (SPN) into the Electronic Case Management System. Visitation that occurs without a documented SPN is not captured in the percentages.

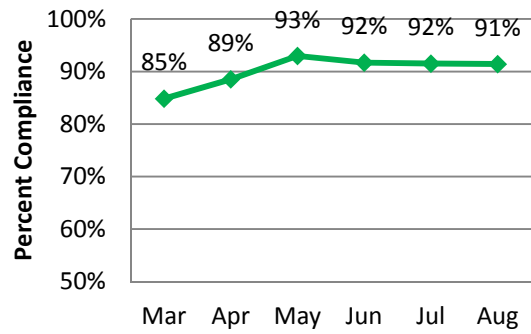
CUA Visitation



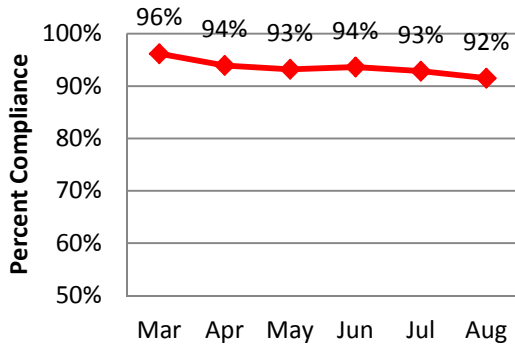
TNCP #6 - 6 Month Visitation Trends



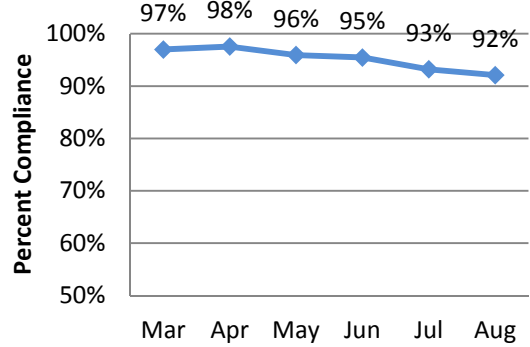
NET #7 - 6 Month Visitation Trends



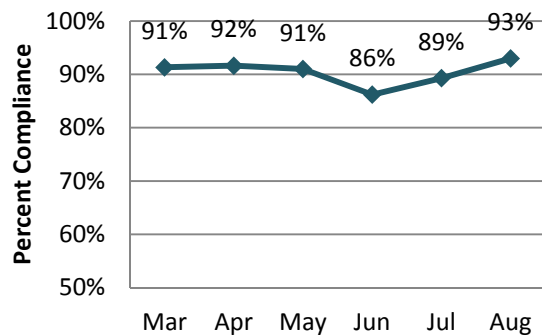
BETH#8 - 6 Month Visitation Trends



TP4C#9 - 6 Month Visitation Trends



WW #10 - 6 Month Visitation Trends





Philadelphia Should Expand its Kinship Care Program to Better Support Vulnerable Children and Families

About this Report

Community Legal Services' (CLS) Family Advocacy Unit represents individual parents involved with the Department of Human Services who are seeking to keep their children at home or to have them returned safely home from foster care. We also advocate on the national, state and local level for improvements in child welfare practices, services to families, and the dependency court system. When a child is removed from his or her home, CLS advocates that the child be placed with family members, to ensure stability, comfort, and safety for the child, while the parent addresses whatever issue has put the family in crisis. This report provides recommendations for improving and expanding Philadelphia's kinship care program, in order to serve the best interests of Philadelphia's vulnerable children.

Contact

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COMMUNITY LEGAL SERVICES
OF PHILADELPHIA

November 2015

We all know instinctively, and it is borne out in the research, that children do better with their families. Removal from home is a serious intervention into a child's life, one of the most serious that our society allows. It should only happen for the most important reasons, to ensure a child is safe while the parent addresses whatever issue has put the family in crisis, whether that is housing, mental health, addiction, or some other challenge. In these desperate situations, extended family can step in and offer that warmth, familiarity, tradition and comfort that helps stabilize children's lives and prevents unnecessary trauma to these vulnerable youth.

In order to increase stability for children and families, Philadelphia's Department of Human Services (DHS) should implement the following recommendations:

- Consider it an emergency placement any time a kinship caregiver comes forward or is identified as a placement resource.
- Empower caseworkers with tools they need to find family immediately.
- Support implementation of the ABA model licensing standards.
- Create a streamlined, simple process to request a waiver for a non-safety licensing requirement and encourage workers to request waivers.

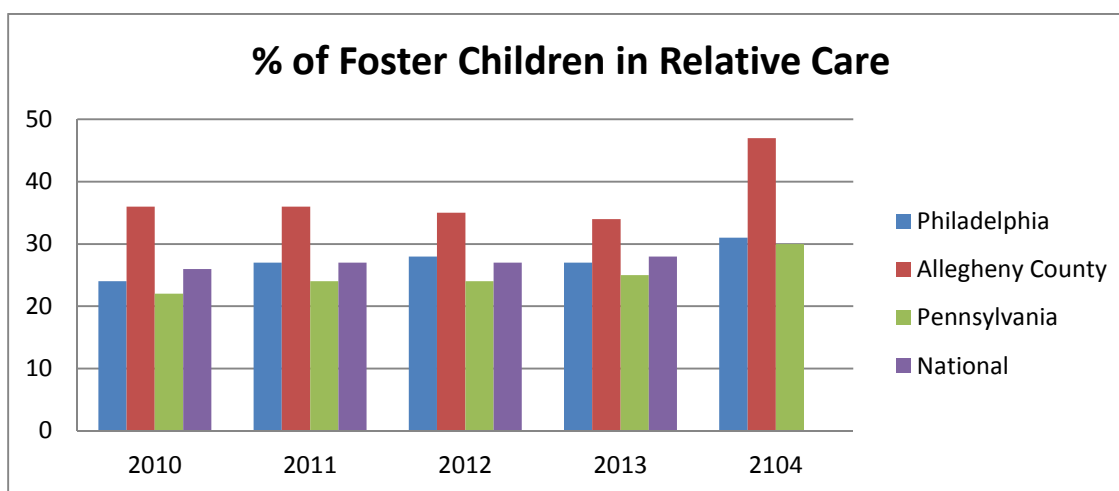
A kinship caregiver opens her home to a child who needs a place to stay temporarily when the court decides a parent is not currently able to care for the child. The caregiver receives a subsidy from the county (supported by federal Title IV-E funding), which helps cover the cost of food, supplies, transportation, and other material needs a child may have. The kinship caregiver also looks out for the child's well-being, the same way she would care for one of her own children: bringing them to medical appointments or therapy as needed, enrolling them in school and any after school or extracurricular activities, and meeting their emotional needs.

In Pennsylvania, the definition of who can be a kinship caregiver is very broad, including relatives age 21 or older who are related to the parent or stepparent of a child within the fifth degree of consanguinity; or any individual age 21 or older who is a godparent of the child recognized by an organized church, a member of the child's tribe or tribal organization, or most broadly, any individual with a significant positive relationship with the child or family.ⁱ

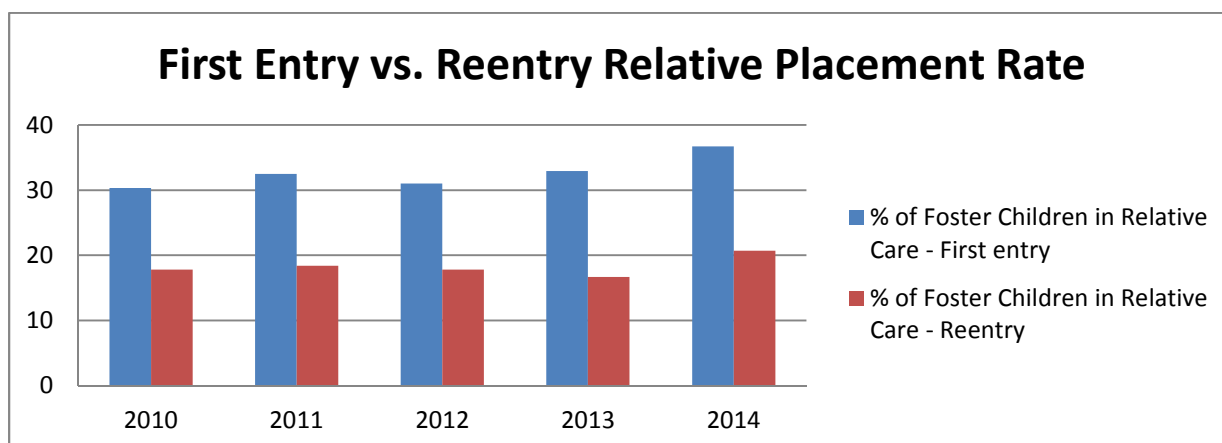
There is consensus nationally and in Pennsylvania that kinship care is the preferred placement option when a child needs to be placed out of a parent's care for safety reasons. The PA Kinship Care Act, Act 25 of 2003, requires that relatives be given first preference for placement options.ⁱⁱ Children in kinship care have more positive

perceptions of their placements, are less likely to be maltreated, and display fewer behavioral problems.ⁱⁱⁱ

As the graph below indicates, Philadelphia places children in relative caregiver homes more often than the state average, although the national rate^{iv} marginally outpaced Philadelphia^v in 2013, the most recent year that both national and local data is available. Allegheny County, where Pittsburgh is located, has consistently outperformed Philadelphia in rates of kinship care placements.^{vi} Philadelphia has demonstrated an incremental increase in kinship placements over the past five years, increasing from 24% in 2010 to 31% in 2014.^{vii} However, Philadelphia can do much better on this performance outcome and should be reaching at least 50% kinship placements.



One additional consideration is that Philadelphia does better with kinship placements on first time entries into care, as the graph below shows, reaching as high as 37% in 2014. This is in part because many re-entries in Philadelphia are older youth who are more often being placed in congregate care settings.^{viii}



Recommendations to Improve Kinship Placement Rates:

- **If a Family Home Becomes Available at Any Time, It Should be Considered an Emergency Placement.** Pennsylvania regulations allow for the temporary or provisional approval of a home on an emergency basis. When a kinship caregiver is identified at initial removal, the child is able to move in with that person immediately. However, in Philadelphia, if a relative comes forward even shortly after the initial placement has already occurred, the child may have to wait in stranger foster care for months while the kinship relative completes the certification process. If a family home becomes available at any time, it should be considered an emergency to move that child without delay to the family home, and then complete all the necessary paperwork within a reasonable timeframe (the law requires certification within 60 days, but a judge's order can extend this deadline).^{ix}

Philadelphia DHS and foster care agencies should consider it an emergency placement any time a kinship caregiver comes forward. Language supporting this practice is already part of the OCYF bulletin 00-03-03 Kinship Care Policy, where it states that "a placement made pursuant to Chapter 3700.70(a) [referring to emergency placements] may occur when a kinship caregiver becomes known after a child has been placed in substitute care."^x

- **Ensure a Child's Family Members Are Located by Enhancing Family Finding Efforts.** Finding and reaching out to more relatives up front would help boost the numbers of children in relative care. Family Finding is a national model through which caseworkers urgently and diligently search out and uncover family connections for a child, especially those who would be willing to be a lifelong connection. Community Umbrella Agency (CUA) workers should have access to the same tools as DHS, including the Accurint database, in order to be able to search for and locate any possible relative resources. PA has strengthened state laws requiring that Family Finding be conducted at every stage of the case.^{xi} DHS should provide ongoing training and technical assistance to its workforce and contract agencies about Family Finding.

- **Support State Implementation of ABA Model Licensing Standards.** A national model of foster home licensing would promote fair and flexible standards that work for a variety of families. The ABA, with the National Association for Regulatory Administration, the Annie E. Casey Foundation and Generations United, has developed a set of model licensing standards for all family foster homes, recognizing the need for safe, appropriate homes for foster children and the dramatically varied standards currently used across the country.^{xii} The standards are flexible, achievable, and culturally sensitive. The families of many children coming into kinship care may be relatively low income, and their homes may have less space than the typical middle class home.

- **The Request Process for a Foster Home Licensing Waiver Should be Streamlined and Simple.** Using the waiver process will help prevent potential kinship caregivers from being excluded on the basis of a minor technicality. Historically, prospective kinship families could be denied because homes did not meet technical licensing standards, such as vehicle ownership, upper age limitations, or a square footage requirement for bedrooms. As part of the 2008 “Fostering Connections to Success” Act’s efforts to strengthen family connections and support increased use of kinship care, states were given the option to waive non-safety licensing standards on a case by case basis for relative caregiver homes.^{xiii}

In a 2011 federal report looking at non-safety licensing waivers in FY 2009, Pennsylvania reported obtaining a mere 47 waivers^{xiv} – when more than 31,500 children were in foster care in Pennsylvania in calendar year 2008.^{xv} The process for requesting a non-safety licensing waiver should be streamlined and easy to access. DHS should promote this option and educate its workforce and contract agencies about this possibility.

Additional State and Federal Recommendations

- **The federal government should financially incentivize placement of children with kinship caregivers.** As it currently stands, there is a disincentive to placing children in a home with kin due to the need to complete the home certification process in a timely manner or risk losing federal funding, as compared to placing the child in an already certified home. The federal government should amend the Social Security Act to establish financial rewards for increasing the number/percentage of kinship homes certified.
- **The federal government should encourage the use of non-safety licensing waivers by making the process streamlined and smooth.** Federal agencies should provide training and technical assistance to states to ensure that agency staff are aware of and feel empowered to use the waiver process. The federal government should also encourage states to adopt the Model Standards.

- ⁱ Pennsylvania Act 80 of 2012. Available at:
<http://www.legis.state.pa.us/WU01/LI/LI/US/HTM/2012/0/0080..HTM>
- ⁱⁱ Pennsylvania Act 25 of 2003. Available at:
<http://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2003&sessInd=0&act=25>
- ⁱⁱⁱ Child Welfare Watch. Vol 15. Winter 2008. Against the Clock: The struggle to move kids into permanent homes. *What Happened to Kinship Care?* Available at:
<http://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/54138d23e4b0a43a9043ddfa/1410567459097/CWW-vol15.pdf>
- ^{iv} Kids Count Data Center. Children in Foster Care by Placement Type. Available at:
<http://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type#detailed/1/any/false/36,868,867,133/2623,2620,2622,2625,2624,2626,2621/12995>
- ^v PA Porchlight Project. State of Child Welfare 2015 Report, Philadelphia County. Available at:
<http://www.porchlightproject.org/reports/socw15/data/2015%20SOCW%20Philadelphia.pdf>
- ^{vi} PA Porchlight Project. State of Child Welfare 2015 Report. Allegheny County. Available at:
<http://www.porchlightproject.org/reports/socw15/data/2015%20SOCW%20Allegheny.pdf>
- ^{vii} PA Porchlight Project. State of Child Welfare 2015 Report, Philadelphia County.
- ^{viii} PA Porchlight Project. State of Child Welfare 2015 Report, Philadelphia County.
- ^{ix} Pennsylvania Code. Title 55. Chapter 3700. Available at:
<http://www.pacode.com/secure/data/055/chapter3700/chap3700toc.html>
- ^x Pennsylvania Office of Children, Youth and Families (OCYF) Bulletin 00-03-03. Available at:
<http://swantoolkit.org/wp-content/uploads/OCYF-Bulletin-00-03-03-Kinship-Care-Bulletin.pdf>
- ^{xi} Pennsylvania Child Welfare Resource Center, Act 55: Family Finding and Kinship Care. Available at:
http://www.pacwrc.pitt.edu/curriculum/209_CncrrntPlnng1/TrnrRsrcs/TR01_Act55FmlyFndngKnshpCr.pdf
- ^{xii} Model Family Foster Home Licensing Standards. Available at:
<http://www.grandfamilies.org/Portals/0/Model%20Licensing%20Standards%20FINAL.pdf>
- ^{xiii} Children's Bureau, Administration for Children and Families. Implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008 Working Document. Available at:
<http://www.acf.hhs.gov/programs/cb/resource/implementation-of-the-fostering-connections>
- ^{xiv} Report to Congress of States' Use of Waivers of Non-Safety Licensing Standards For Relative Foster Family Homes. Available at: http://www.acf.hhs.gov/sites/default/files/cb/report_congress_statesuse.pdf
- ^{xv} PA Porchlight Project. State of Child Welfare 2010 Report. Available at:
<http://www.porchlightproject.org/reports/socw10/StateofChildWelfare10.pdf>