

**EMBARGOED UNTIL 11/26/19 at
10AM**

YOUTH **Residential Placement Task Force**

Report and Recommendations

2019

The Youth Residential Placement Task Force is grateful for input from over 170 people which was received at two public comment sessions, as written feedback and particularly in conversations with the following youth and family advocacy groups:

- Department of Behavioral Health and Intellectual disAbility Services Family Member Committee
- Juvenile Law Center (Youth Fostering Change; Juveniles for Justice; authors of *Broken Bridges* publication)
- Keep Youth Free! A Virtual Reality Experience and Exhibit (hosted by Performing Statistics, Village of Arts & Humanities, Juvenile Law Center, and Youth First Initiative)
- Pennsylvania Youth Advisory Board
- Young Adult Leadership Committee

The voices and experiences of many of these individuals are featured throughout this report.

What is residential placement?

Residential placements, commonly known as “congregate care” in the child welfare and juvenile justice fields, include group homes, psychiatric residential treatment facilities (PRTFs), non-PRTF institutions, state-run detention centers for youth who are delinquent only, and emergency shelters for youth who are dependent only. Some residential facilities also offer on-grounds educational services. Residential placement providers operate 365 days a year and are expected to house youth in a safe, 24-hour supervised environment. They should also support behavioral health needs and overall youth well-being, including educational progress.

Task Force Co-Chairs

Estelle Richman, Former Secretary, Pennsylvania Department of Human Services

Patricia Fox, Former Deputy Commissioner, Philadelphia Police Department

Members

- Keir Bradford-Grey, Defender Association of Philadelphia
- Cherie Brummans, The Alliance of Community Service Providers
- Frank Cervone, Esq., Support Center for Child Advocates
- Donna Cooper, Public Citizens for Children and Youth (PCCY)
- Joan Erney, J.D. Community Behavioral Health
- Cynthia Figueroa, Philadelphia Department of Human Services (DHS)
- Deborah L. Freedman, Community Legal Services of Philadelphia (CLS)
- Chekemma J. Fulmore-Townsend, Philadelphia Youth Network (PYN)
- Vanessa Garrett Harley, Office of the Deputy Managing Director for Criminal Justice and Public Safety
- Kristen Gay, Ph.D., Silver Springs – Martin Luther School
- Eva Gladstein, Office of the Deputy Managing Director for Health and Human Services
- Helen Gym, Philadelphia City Council
- Stephanie Haynes, Philadelphia Family Pride
- Shyara Hill, Juvenile Law Center
- Melodie Jackson, Parent, Department of Behavioral Health and Intellectual disAbility Services (DBHIDS)
- Kenyatta Johnson, Philadelphia City Council, represented by Joshu Harris
- David T. Jones, Department of Behavioral Health and Intellectual disAbility Services
- Tyrone Jones, Young Adults Leadership Committee
- Gabe Labella, Disability Rights Pennsylvania
- Karen U. Lindell, Esq., Juvenile Law Center
- Robert Listenbee, Philadelphia Office of the District Attorney
- Karyn T. Lynch, School District of Philadelphia
- Maura McInerney, Education Law Center (ELC)
- Robert Schwartz, Temple University Beasley School of Law
- Raheemah Shamsid-Deen Hampton, Pennsylvania DHS – Bureau of Children and Family Services Southeast Region



CITY OF PHILADELPHIA
CITY COUNCIL

November 26, 2019

In June 2018, Philadelphia City Council established the Youth Residential Placement Task Force to address systemic abuses within the residential youth placement program and chart a bold new path to reduce the number of youth in residential settings and bring our children home. As councilmembers, we share a deep personal investment in this mission and in ensuring that our youth are first and foremost safe, educated, and cared for, and that we provide them and their families with the resources they need to flourish and meet their boundless potential.

The origins of the Task Force had two major drivers: the homicide of 16-year-old David Hess, who was killed at the former Wordsworth residential facility in 2016, and the concerted efforts of young people, their families, and advocates who had been working tirelessly to demand a full transformation of our child welfare, juvenile justice and behavioral health treatment systems.

In the aftermath, our city agencies got to work—visiting and assessing all facilities under contract. City Council held hearings led by young people in placement. The #SafelyHome campaign launched. It was the culmination of years of work by young people, families, and advocates. Media exposure highlighted the abuses within too many facilities. Eventually, a number of facilities would close down, and work was underway to create new alternatives to placement.

The Youth Residential Placement Task Force thus came into existence at a pivotal moment. Led by esteemed co-chairs Estelle Richman and Patricia Fox, the Task Force brought together leading institutions, advocates and families to commit to system-wide reform. After a year of research and collaboration, we are proud to present these findings. While all are critically important, we would like to emphasize the following three conclusions.

First and foremost, we must dramatically reduce the number of youth in institutionalization—across our child-welfare, juvenile-justice, and behavioral health treatment systems—and support families and young people long before institutional placement becomes an option.

Second, we must confront the racism and bias that fuels these systems and leads us to confine and segregate so many black, brown, and LGBTQ youth into residential settings. By ignoring racism and bias in evaluation, placement and treatment, we have allowed these factors to permeate our systems.

Finally, we are dedicated to creating alternatives to large residential facilities that are closer to home and prioritize mental and behavioral health, trauma-based treatment and supports, family engagement, educational quality and safety. We must stay intently focused on bringing our children safely home. This means building a system of community-based providers within city boundaries with the mission of reunifying families and ensuring all of our young people exit our systems stronger than when they entered.

During the course of the Task Force's existence, we have seen significant movement at the state and local level, and more work lies ahead. We hope that this report provides a roadmap and a moral charge for youth residential placement reform.

We present it in honor of the voices of young people who bravely stepped forward to speak their truths; in honor of their families and loved ones who called upon us to take action; and in memory of David Hess and the countless young people whose names we do not know.

Helen Gym
Councilmember At-Large

Kenyatta J. Johnson
Councilmember, 2nd District

Our Vision & Guiding Principles

Philadelphia's Youth Residential Placement Task Force seeks to reduce the reliance on—and improve the quality of—youth residential placement across three systems: child welfare, juvenile justice, and behavioral health treatment.

Members of the Task Force are committed to a vision that:

- **Prioritizes the health and long-term well-being of youth and their families**, ensuring that no child will be harmed and that every child will be cared for in a way that promotes their healing
- **Continues to greatly reduce the number of youth in residential placement settings**, using these settings only when public safety or treatment needs require doing so
- **Provides a high-quality continuum of community-based services** before, during, and after placement
- **Improves transparency** and ensures that all system decision makers—from youth and parents to judges—have the information they need to successfully support young people in the community
- **Recognizes and actively works to eliminate the racial, gender, and LGBTQ-GNC disparities** in our current system
- **Includes youth and families** as decision makers
- **Prioritizes a youth's right to educational success**
- **Ensures individualized youth needs are met**
- **Propels youth** to lifelong success

Members believe that, where residential placements remain necessary, such care will:

- **Be close to home**, in **small facilities**, and for the **shortest stay possible**
- **Keep families engaged and supported**, while offering services that help youth transition home successfully
- **Use effective, trauma-responsive, evidence-based practices** that are regularly evaluated
- **Protect youth** from the fear or experience of physical or emotional harm
- **Ensure a quality educational experience** for youth
- **Support youth re-entry** to the community
- **Ensure that all youth leave placement healthier and more resilient** than when they entered
- **Hold providers and system leaders accountable** for the physical and emotional safety of young people in their care

"I had an A-team of advocates who made sure I had the best care. My group home used a family style approach and this type of residential worked—it was the first time I fit in with other kids. I felt the therapeutic benefits from being in group therapy. Now, I see myself as an advocate and I'm about to finish my Master of Social Work degree."

Youth Advocate



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Reform efforts over the past decade, both nationally and locally, have focused on reducing the number of youth placed in residential settings through child welfare, juvenile justice, and/or behavioral health systems. Research highlights that residential placements should occur only when there are intensive behavioral health needs or safety concerns, and only as a time-limited, intensive intervention designed to stabilize youth [1]. As required by Pennsylvania law, Philadelphia continues to be committed, and is further driven, to ensure that youth are cared for in the least restrictive, most family-like setting possible, holding ourselves accountable for youth's safety and success.

The experience of residential care and the often traumatic life circumstances that precede it demand an investment in safety and restorative care for the youth receiving these services. When youth are able to remain with their families or in family-like settings, they can heal and envision a meaningful future for themselves. Providers must be properly resourced and supported, and must join the City in this shared vision of reform.

A Note About the Role of the State

Philadelphia cannot succeed in improving the quality and safety of youth without leadership from the State. Increased leadership from the Pennsylvania Department of Human Services (PA DHS), the Pennsylvania Department of Education (PDE), and the Administrative Office of Pennsylvania Courts (AOPC) is critical to making true system change possible. The recommendations presented here focus mainly on actions local leaders and stakeholders can take, but Philadelphia should not bear the burden alone, nor will the recommendations be fully effective without State changes in policy, oversight and monitoring. Therefore, this report includes a State Call to Action on page 18. The Task Force welcomes Governor Wolf's recent leadership on youth safety issues through his July 31, 2019, Executive Order on Vulnerable Populations [2].

Who Are the Youth

On April 30, 2019, approximately 861 Philadelphia youth were in residential placement, with 426 youth in child welfare (dependent) residential placements, 244 in juvenile justice placements (delinquent), and 191 youth in psychiatric residential treatment facilities (behavioral health, PRTF). Of the 191 youth in a PRTF, 83 were also in a dependent or delinquent placement. Over the Fiscal Year 2018 (FY18)¹, a total of 2,183 youth spent time in a residential placement [3].



Philadelphia's use of residential placement is similar to state and national rates. Approximately 9.5% of the young Philadelphians in dependent placement receive care in a residential placement [4], below the state average of 15% [5] and the national average of 12% [4]. Philadelphia's rate of juvenile delinquency as a proportion of the juvenile population (1.7%) is below the statewide average (1.9%), and its rate of delinquency placements is under the state average (5.4% vs. 6.2%) [6].²

Philadelphia's Department of Human Services (DHS) conducted an analysis of all youth who entered residential placement facilities during FY18 and analyzed two months of data on the Commissioner's Approval Process for residential placement in order to better understand this population's service needs, service history, and demographic composition. DHS found that requests for residential placements were primarily made via court orders. Common medical and behavioral considerations noted in placement requests included, but were not limited to: physical and mental health concerns, risk to run away, and truancy [7].

Additionally, in looking at the FY18 cohort's service history, DHS found that the vast majority had received services prior to their 2018 residential placement entry. Notably, dependent residential placement youth had a history of receiving family foster care services [7].

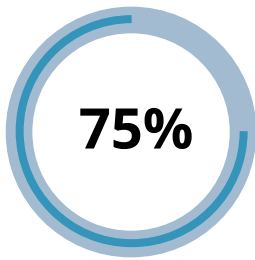
Youth who enter residential placement are more likely than other youth to have experienced trauma, such as physical, sexual, or emotional abuse; domestic violence; traumatic loss or bereavement; school and community violence; and having an impaired caregiver [8]. These experiences, left inadequately addressed, can manifest as aggression, self-harming behaviors, problem sexual behaviors, and other high-risk behaviors that make it difficult for the youth to be successful in the community.

Youth who are placed in PRTFs who are not child welfare- or juvenile justice system-involved often have complex clinical profiles, including Autism Spectrum Disorder, Intellectual Disability, complicated medical needs, or other serious behavioral concerns that make it difficult for their families to maintain them in their own homes.

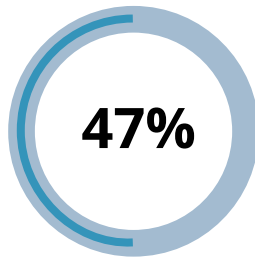
¹ City of Philadelphia Fiscal Year (FY) calendar is as follows: FY18 refers to July 1, 2017-June 30, 2018.

² Virtually all youth placed out of their home for juvenile delinquency are placed in residential placement facilities. Other out of home placement options include Delinquent Foster Care, Delinquent Supervised Independent Living (SIL), and the Philadelphia Juvenile Justice Center (PJJC). Foster Care and SIL populations compose less than 5% of the delinquent placement population, and the PJJC is considered and utilized as temporary placement. Non-placement alternatives and services for youth who are delinquent exist, such as Evening Reporting Centers and In-Home Detention. Youth receiving non-placement delinquent services are not included in measures featured in this report.

Philadelphia youth in residential placements across all three systems are disproportionately teens of color (approximately 91% black or Hispanic and 96% over the age of 11) [9]. For youth who entered a residential placement in FY18, 94% of youth who were delinquent and 91% of youth who were dependent were black or Hispanic [9].³ For this cohort, the gender disparity is most pronounced among youth in delinquent care, where boys comprise 91% of placements [9].⁴ There are fewer girls in detention and placement in the juvenile justice system. In addition, girls' needs are different than those of boys. Nationally, they tend to have less serious offenses, often related to peer conflict or family chaos; experience greater incidence of trauma and abuse; and have earlier ages of arrest [10].



Across residential placement in all three systems, approximately 75% of those in placement are black youth.



Blacks represent 47% of Philadelphia's under 18 population.

placement in all three systems, approximately 75% of those in placement are black youth [9], while blacks represent 47% of Philadelphia's under 18 population under 18 population [11].

Youth placed in PRTFs reflect similar disproportionality. Black youth make up 57% of the population of youth receiving any treatment funded by the Department of Behavioral Health and Intellectual disability (DBHIDS)/ Community

Behavioral Health (CBH) and 74% of the population in PRTFs [9].

Across residential

The Role of Poverty

34.6% of Philadelphia youth (under 18) live in poverty [11] and virtually all Philadelphia youth in residential placement are part of families who are living below or near the poverty level. The stress of struggling to meet one's basic needs clearly impacts youth's and their caretakers' resilience and ability to thrive. Actions that reduce and alleviate the effects of poverty and promote inclusive economic growth across the City will help reduce the need for residential placement.

Although data on sexual orientation and gender identity among youth in residential placement are not collected locally, national studies have estimated that LGBTQ youth make up roughly 25% of the child welfare population, despite comprising only 5% to 7% of the general youth population [12] [13] [14]. On the juvenile justice side, court-involved girls are more likely to report being LGBTQ (27% vs 11% for boys) [10]. LGBTQ youth may be more likely to be placed in residential facilities due to lack of accepting, family-based homes [15].

Youth in placement may be involved in multiple systems. For instance, young people in the child welfare system may be placed in PRTFs if they have a medical need for behavioral health services. Likewise, youth in the child welfare system may enter the juvenile justice system if they are found to have committed a delinquent act. Of the youth aged 13 and above who received dependent services in FY15, 15% were subsequently served in the delinquent system in the three years that followed [9]. Looking at the youth who entered residential treatment during FY18, 53% had both child welfare or juvenile justice involvement and had previously received behavioral health treatment [9].

³ Excludes delinquent and dependent placements that are also psychiatric residential placements, as those are discussed separately.

⁴ Excludes delinquent and dependent placements that are also psychiatric residential placements, as those are discussed separately.

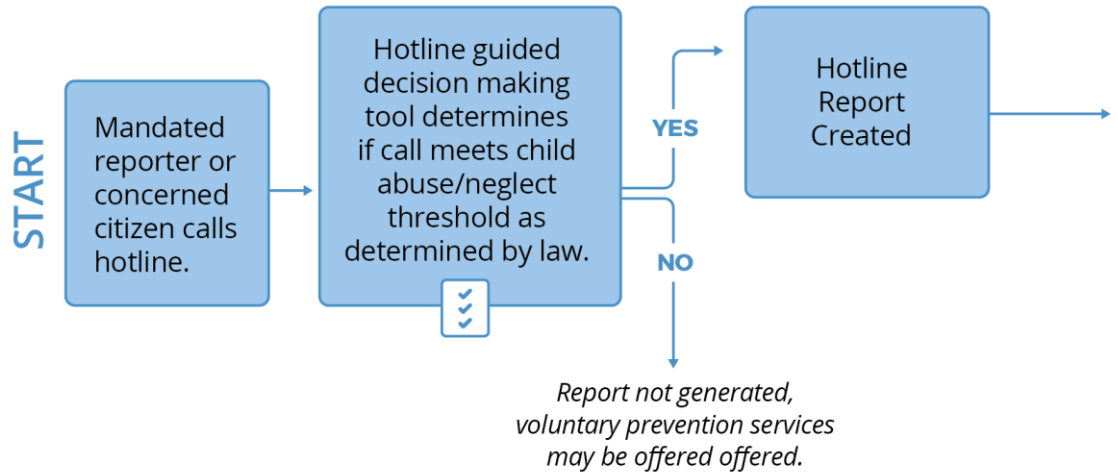
PLACEMENT PROCESS

STRUCTURED
TOOL USED:



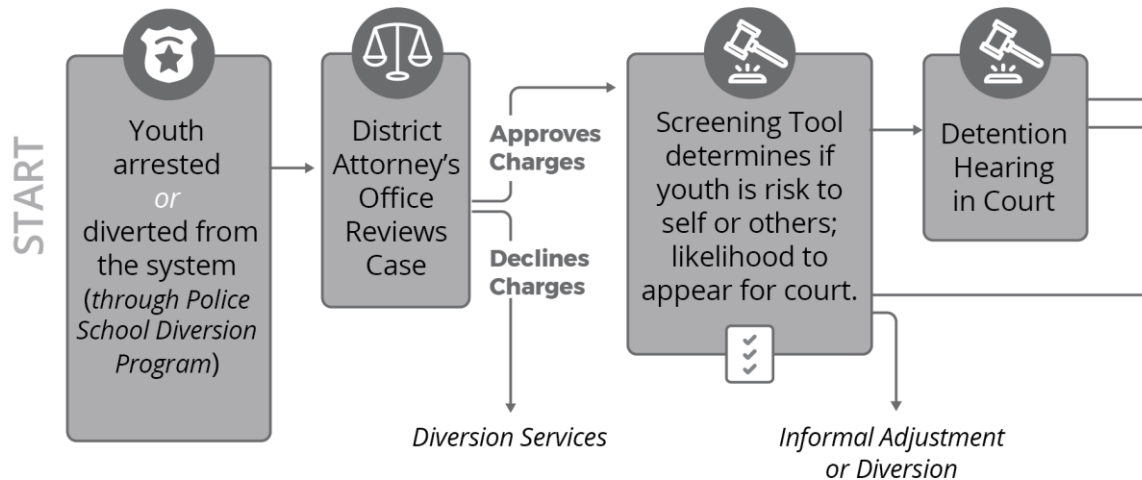
Child Welfare

Families become known to DHS through the hotline; most are referred to prevention services and some for in-home case management. When youth are unsafe in their home, DHS prioritizes placement with kin or another family-like setting. All residential placement requests are reviewed through the Commissioner's Approval Process.



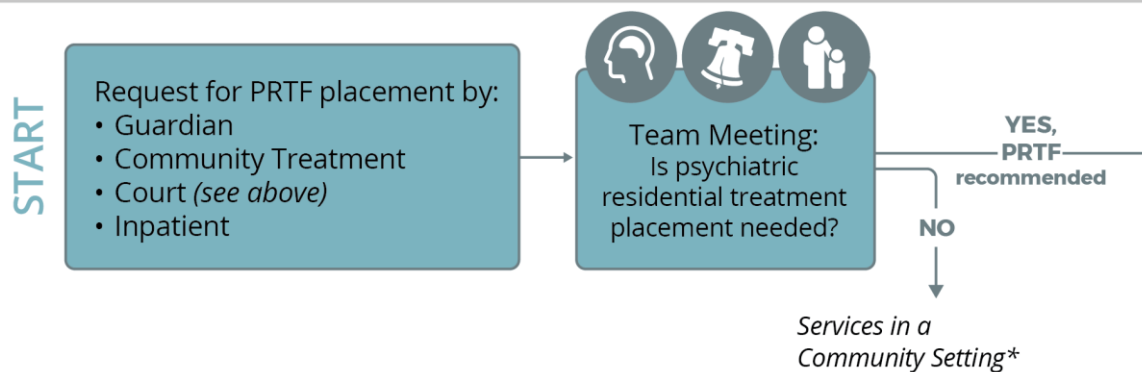
Juvenile Justice

Youth may be diverted to services in the community at any step.



Psychiatric Residential Treatment Facility

Youth can be referred for an evaluation at any point from the child welfare, juvenile justice, or mental health systems.



DECISION MAKERS:



POLICE



DA'S OFFICE



GUARDIAN & YOUTH



DHS



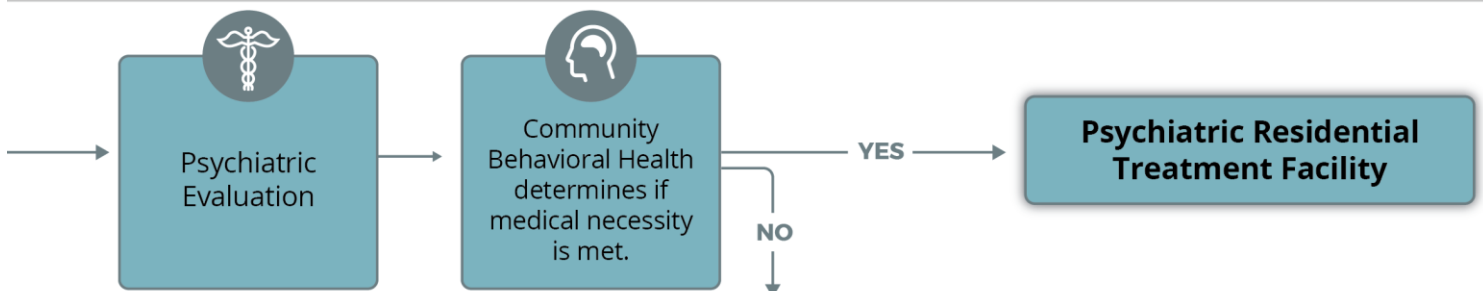
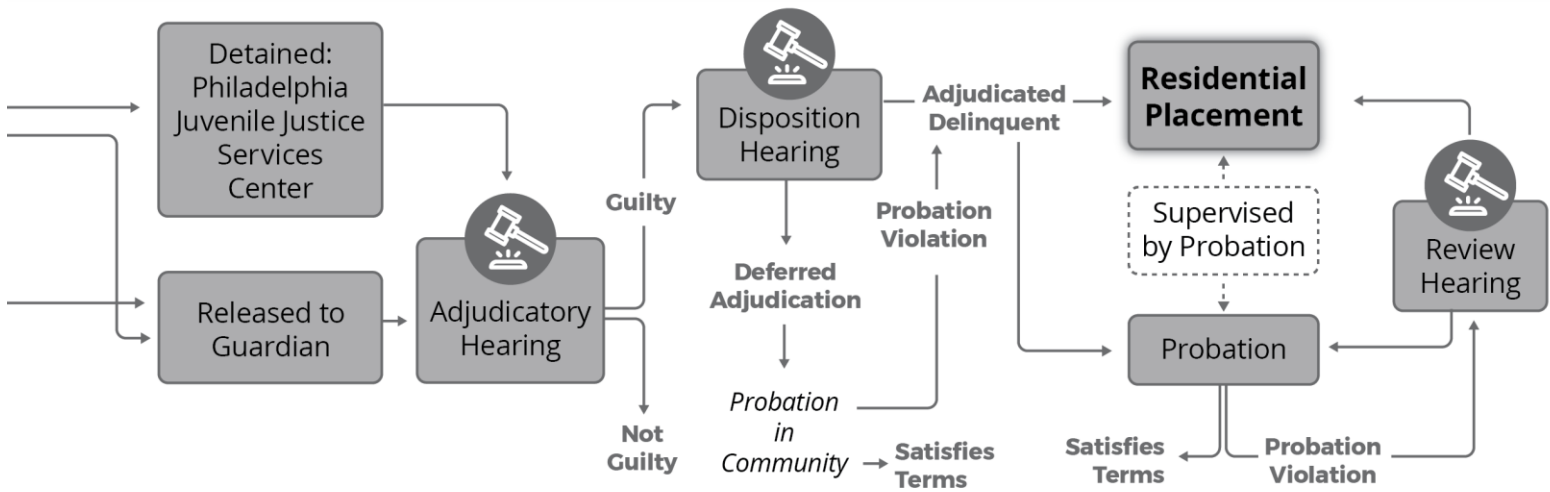
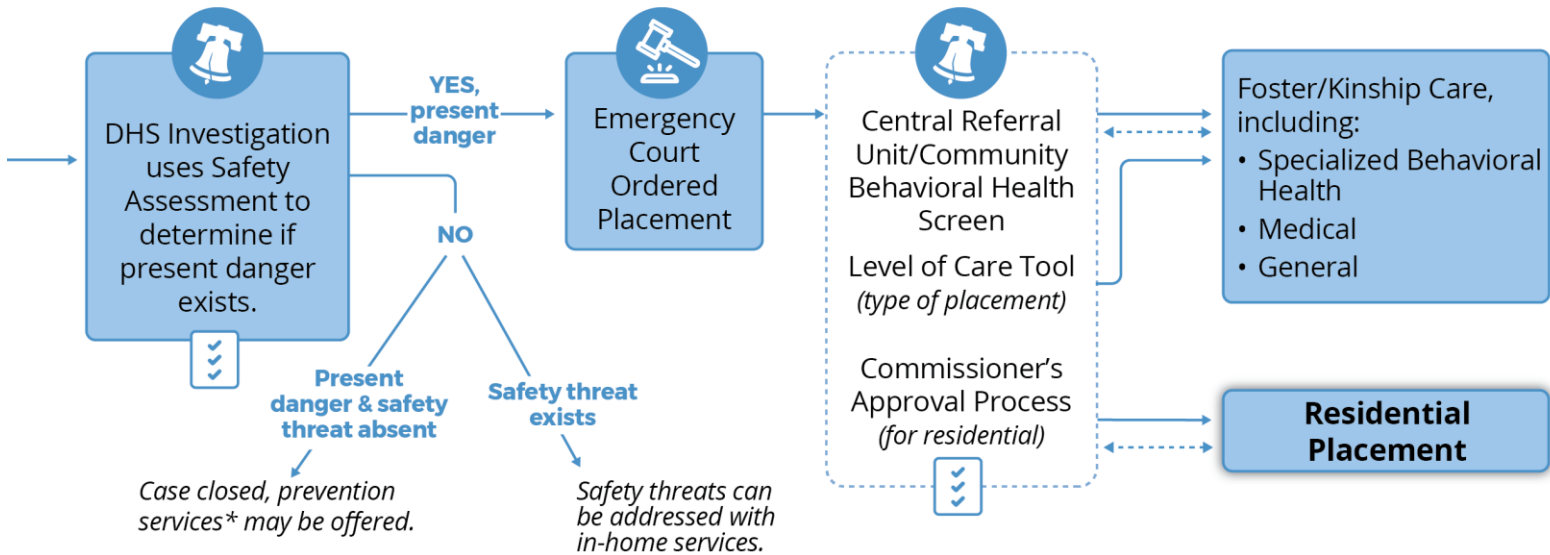
COURT/PROBATION



PSYCHIATRIST



CBH



Services in a Community Setting*

*See appendix B for samples of these services.

The Challenges

Residential placement is intended to provide youth with the supervision, care, treatment, and, in some cases, the education they need to successfully transition back to their homes and communities as soon as possible. Beyond providing a safe place to live, a stay should cultivate healing so that youth leave placement better off than when they entered. In residential placement, the challenge is to meet the needs of youth without exposing them to greater trauma, undermining attachments to family, and disrupting their education. Too often, placements fail to meet that challenge.

Safety: At the most basic level, residential placement providers are responsible for providing youth with a safe environment that supports health and well-being. Unfortunately, numerous studies have documented that maltreatment and abuse are too common, especially in large, institutional youth placements [16] [17] [18] [19]. Recent reports by the local youth and advocate communities (*Broken Bridges* from Juvenile Law Center Juveniles for Justice and *Unsafe and Uneducated* from Children’s Rights Education Law Center) have documented abuse in residential placements, including violent assaults, sexual victimization, verbal humiliation, and maltreatment by both staff and other youth [20] [21]. In these reports, youth describe being assaulted by staff, placed in solitary confinement, and threatened by staff—and being fearful of retaliation for attempts to report abuse.



“In my group home, I got jumped and my head got stomped into the ground. I was unconscious and sent to the hospital but my mom wasn’t informed until hours later when she happened to call the facility to check on me and that’s when they told her. [...] My mom never would’ve known what happened to her child if she hadn’t called.”

Youth Advocate

One specific area of safety-related concern is the use of restraints. PA DHS’ 3800 regulations ban the use of mechanical and chemical restraints and the use of certain manual (physical) restraints [22]. While Pennsylvania has sought to reduce such activity for many years, inappropriate use of restraints still occurs too often. Youth have reported that staff in residential facilities have used restraints inappropriately for convenience, as a substitution for treatment, and/or in a dangerous manner. Improper restraints can result in injury and, in extreme cases, death [18] [19] [23].

Separation from Family & Community: Placing youth in residential settings outside their home communities disrupts their connections to family, peers, schools, and supportive adults in their lives [20]. At a time when youth are forming their own identities, these relationships and community connections are especially important [24] [25]. While in placement, youths’ home visits may be highly regulated, and individuals may have difficulty seeing their loved ones on a regular basis. These weakened ties sometimes leave youth without strong support networks when they return home.

While investment in services to help support families early in their need has been increasing, more access to preventive supports is needed—and, if placement occurs, communities would benefit from an increased focus on treating not just the youth, but the whole family. Residential placement is traumatic for both youth and their families, and parents and caretakers need help with that trauma, as well as the opportunity to develop concrete skills to handle difficult situations with their youth when they return [26].

“I felt totally alone when I was in placement. The only person I had was my grandmother and I was separated from her. I felt very homesick. My grandmother had no understanding of what was happening and what her rights were to see me. I snuck out of the group home to call her because I didn’t think there was any other way to see her.”



Youth Advocate

Education: Residential placement impacts educational achievement for youth who may already face barriers to academic success. National research suggests such barriers can include multiple educational moves, enrollment delays or obstacles, over- or under-prescribed special education services, challenges with credit attainment and transfer of credits, and difficulties connecting to a post-placement educational option [21] [27]. Youth in residential placements have a legal right to attend the local public school, unless a court order specifies that a particular youth must attend the school operated on-grounds at the residential placement [28]. Even so, youth often are educated in an on-grounds school. National research and Philadelphia stakeholders echo similar concerns: course offerings at these schools frequently are limited; schools assign work not appropriate to grade-level or rely on cyber programs exclusively; teacher qualifications vary; mandated special education supports and services are not delivered for youth who require them; data tracking and accountability are weak; and accumulating transferable credits is difficult. As a result, youth may lose months’ or even years’ worth of progress and skill building toward high school graduation [29] [30].

In February 2019, DHS surveyed providers that had both on-grounds schools and more than 10 Philadelphia youth at the facility at the time.

Of the 533 youth who were placed at such a facility, **448** or **more than 8 out of 10 were receiving on-grounds educational services**, which are not subject to state oversight, often offering inferior instruction.⁵



⁵ DHS collected exploratory data about 900 youth who were dependent and delinquent and who were in residential placement facilities to better understand the educational services provided by residential placement facilities and inform future research. To collect this information, DHS surveyed providers that had **both** on-grounds schools **and** more than 10 Philadelphia youth at the facility at that time. Because of lack of administrative data collected on on-grounds schools, comprehensive data surrounding type, quality, and volume of educational services offered for the entire residential placement population is not available. The above data only represents the facilities and youth surveyed at that point in time.

PROGRESS & COMMITMENTS to Date

Residential placements are intended to be short-term, intensive interventions for youth with needs that cannot be met appropriately in less restrictive care.

Casey Family Programs advocates that right-sizing the system includes efforts to provide the “right service at the right dosage and at the right time [...]—and for the shortest amount of time necessary—to achieve key therapeutic and permanency planning outcomes [8].” Philadelphia’s public systems have been deploying a variety of strategies so that youth can receive the supports they need while remaining in their own homes and communities whenever possible (see Appendix B). Additionally, the goal is to reduce the amount of time a youth spends at a residential placement for both a singular stay and over the course of their adolescence.

Changes in the DEPENDENT System

- **Instituting Commissioner-level sign-off** in 2012 on any child welfare residential placement.
- **Increasing the use of kinship placements** significantly. In 2019, over 49% of dependent placements were with kin, up from 41% four years earlier [4].
- **Targeting recruitment efforts** to resource parents willing to care for and welcome teens into their homes to expand available community placements.
- **Refining prevention services**, such as establishing a partnership with the School District of Philadelphia (SDP) to better support school stability and prevent truancy.
- **Closing intake** at poor performing providers.
- **Providing more intensive monitoring and supports** with training and technical assistance.

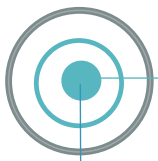
Changes in the DELINQUENT System

- **Operating the Police-School Diversion program** in partnership with SDP and DHS to reduce juvenile arrest rates, improve school retention, and prevent the consequences of justice system involvement for first-time, low-level delinquent acts committed on or about school premises since 2014 [31].
- **Beginning the state-wide Juvenile Justice System Enhancement Strategy (JJSES):**
 - Using the Pennsylvania Detention Risk Assessment Instrument designed to provide structured decision-making regarding detaining a youth at intake.
 - Determining a youth's needs and matching services to their risk factors using Youth Level of Service Case Management Inventory (YLS-CMI) assessments.
 - Collaborating with youth and families and their legal advocates to create an individualized case plan with short- and long-term goals.
 - Implementing a Graduated Response System comprised of incentives and interventions to foster pro-social behavior.
- **Implementing the new juvenile justice reform policies from the District Attorney's Office** with the goal of keeping youth with low-level delinquent acts out of the Court system [32].

Changes in the TREATMENT System

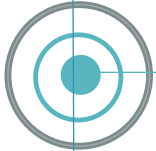
- **Enhancing monitoring**, including increased on-site DBHIDS/CBH presence, increased clinical oversight of youth in PRTFs, and increased restraint monitoring.
- **Consulting with the Building Bridges Initiative** in Spring 2017, which includes network-wide training in *The Six Core Strategies to Reduce the Use of Seclusion and Restraint*.
- **Releasing of a Request for Proposal (RFP) for Small Psychiatric Residential Treatment Facility in Philadelphia** in October 2017.
- **Expanding and strengthening the continuum of community-based services**, including performance standards for Applied Behavior Analysis, expansion of family-based services, expansion of High Fidelity Wraparound for families with multi-system involvement [33], and the development of a new, resolution-focused Children's Crisis Continuum.
- **Creating new performance standards** for PRTF contracts, effective 2019.

Timeline of Key Events



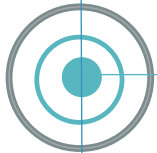
• 2012

- Began Commissioner's Approval Process for all dependent residential placements
- Began Juvenile Detention Alternatives Initiative with Family Court



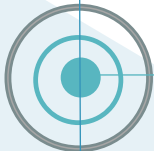
• 2014

- Began Police School Diversion Program



• 2016

- Revoked Wordsworth Academy license (*State action*)
- Hosted CBH System-wide Training
- Enhanced CBH and DHS joint monitoring strategy



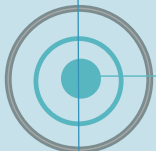
• 2017

- Released CBH Request for Proposals for a small Psychiatric Residential Placement Facility in Philadelphia
- Initiated a large-scale foster care recruitment strategy focused on finding families for older youth



• 2018

- Began use of a new DHS Residential Placement Monitoring Tool
- Launched the Youth Residential Placement Task Force



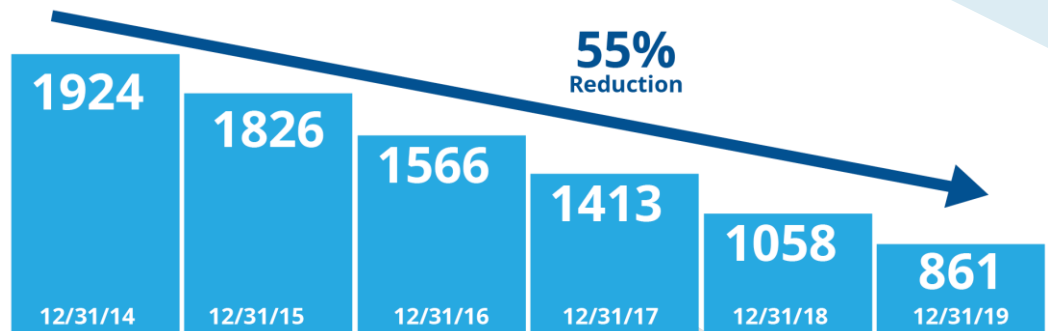
• 2019

- Revoked Glen Mills license (*State action*)
- Signed agreement between the School District of Philadelphia and Philadelphia Police Department prohibiting arrests of youth under 12 (with an exception for very serious crimes) and partnered with DHS to provide diversion services
- Created new DBHIDS/CBH Psychiatric Residential Treatment provider contract standards
- Held a Juvenile Justice Summit on Trauma-Informed Practices for dependent and delinquent judges, probation staff, and other stakeholders, hosted by the First Judicial District

System Trends Over the Past Five Years

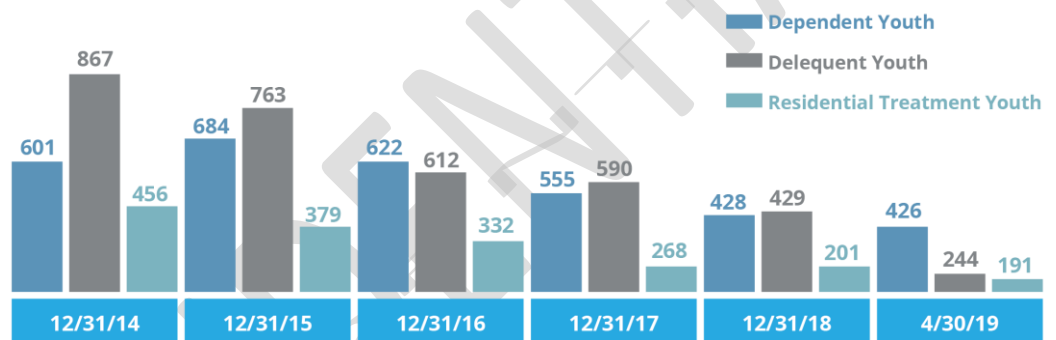
Over the past four and a half years, the number of youth in residential placement has declined by **55%** (See Figure 1) [3].

Figure 1. Total Youth in Residential Placement as of Dec. 31⁶



The population who were delinquent saw the largest drop over the past four and a half years, with a **72% decrease**. Over this same time period, the population who were in a PRTF dropped 58% and the population who were dependent dropped 29% (See Figure 2).

Figure 2. Total Youth in Residential Placement as of Dec. 31, by Service Category⁷



These charts demonstrate the size of the system by looking at point-in-time data. The number of youth who experience a residential placement over the course of a year is, of course, larger. In FY18, for example, 2,183 youth entered residential placement [9].

In addition to working to reduce the number of youth going into placement, City systems have moved over the past several years to increase the quality of residential services. DBHIDS/ CBH and DHS have worked together to conduct joint unannounced monitoring visits at providers when mutual service concerns are present. They have worked in close collaboration with the Courts to make decisions about intake closure of providers who were not able to provide safe, high quality care to youth. In the last year, DHS developed a new evaluation tool for all residential placement providers that assesses both compliance and quality, provides actionable feedback, reflects provider practice, and incorporates youth voice through surveys. DBHIDS/CBH published new performance standards in August 2019 that describe expectations for quality in service delivery for youth and families being served by PRTFs whose treatment services are funded by DBHIDS/CBH. These standards explain how providers are expected to design and monitor their programs and for DBHIDS/CBH to evaluate the quality of PRTF services.

⁶ This report was published before 12/31/19 data was available as a comparison and uses 4/30/19 to show an updated count. DBHIDS/CBH Medicaid behavioral health claims allow for a 90-day lag for providers to submit claims for services delivered to Medicaid-eligible members. These data reflect the most complete claims processed for Medicaid-funded PRTF services received through April 30, 2019.

⁷ Service categories are mutually exclusive with PRTF taking precedence for DHS-involved youth.

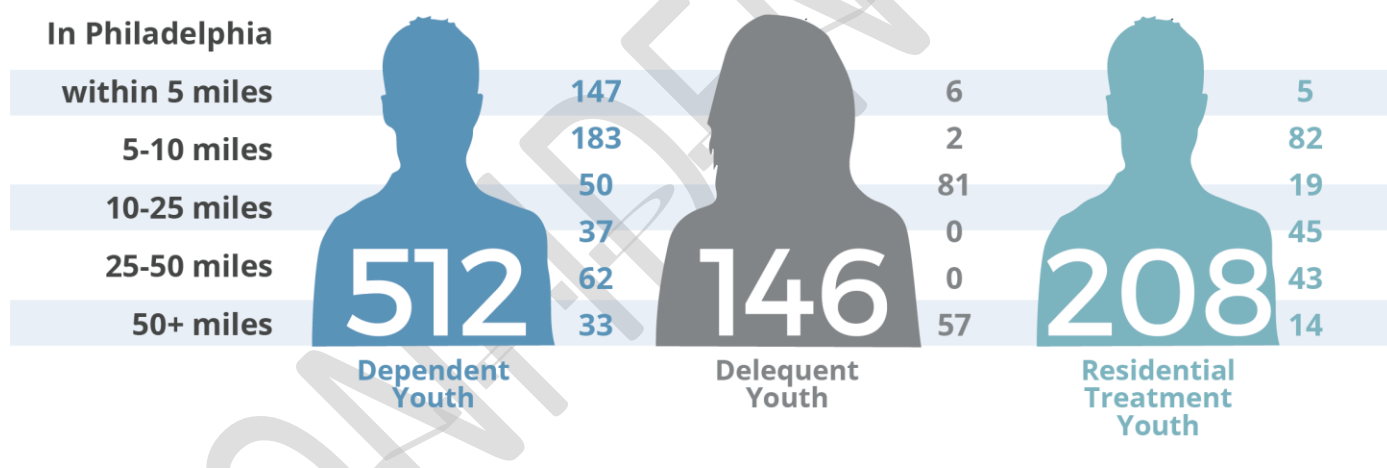
Targeting Close to Home Placements

Geographically close placements with appropriate monitoring and programming can maintain normalcy for youth through critical emotional, social, and educational connections. Meaningful family involvement—a core piece of the vision for residential placement—is best facilitated with regular interactions, treatment involvement, and communication without the hindrance of transportation barriers to distant placements [34]. Additionally, closer placements prevent educational disruption and allow for City agencies to provide stronger oversight and monitoring to ensure safety and adherence to contractual expectations. Finally, while placing youth close to home should almost always be the goal, a youth’s unique needs must be considered, and there are some specific instances when it might be clinically best for youth to be physically separate from their prior home (e.g., youth who have experienced sex trafficking).

The latest data on youth and facility distance from Philadelphia reveals the number of distant placements is declining. As of June 30, 2019, two thirds (66%) of youth in residential placement (excluding youth in state-run facilities) were in facilities located in Philadelphia or within 10 miles of Philadelphia’s city limits [35]. But about one in four (24%) youth were still at least 25 miles from Philadelphia. Placements in distant states are rare; all juvenile justice-placed youth were placed in facilities in Pennsylvania or New Jersey.

Distance between Youth and City Limits⁸

Distance between Youth and City Limits



While it would be optimal to locate all residential placements inside Philadelphia, such efforts often face zoning challenges and neighborhood resistance, which are barriers to address in future work. One jurisdiction that has successfully moved their residential placements within city bounds is New York City, specifically for their juvenile delinquent population [36]. This “Close to Home” reform was supported by New York State legislation requiring this new approach to youth placement. Representatives from the New York City Administration of Children’s Services presented to the Task Force on their model and implementation (see Appendix C). Although it is difficult to introduce placements in residential communities, New York City found existing buildings and city resources could be repurposed to provide “close to home” services with few zoning challenges. When New York City encountered neighborhood resistance, officials found that working closely with neighbors could result in partnerships [37]. It took several years, but new placement sites were opened successfully in New York City.

⁸Dependent and Delequent numbers are from 6/30/19 and Residential Treatment numbers are for 12/31/18 due to claims processing. Delequent numbers do not include state-run institutions. Residential placement facilities for this report are defined as agency sites. Therefore, if an agency has a campus with separately designated buildings/cottages with their own street address, then each site is counted uniquely.

Our Findings

System Oversight and Transparency:

1. **State monitoring by the Department of Human Services (PA DHS) and the Department of Education (PDE) are inadequate and have led to profound failures to protect the safety and educational well-being of Philadelphia youth in residential placements.** [See pages 18, 21, 34, Appendix D] [Additional sources: *Unsafe and Uneducated*]
2. **Key stakeholders—including entities making placement decisions—lack vital information about the quality of individual providers or the needs of individual youth.** [See pages 18, 21, 26]
3. **Substantial funding is invested into residential placements, totaling over \$35 million for PRTFs, \$39 million from the School District of Philadelphia, and \$102 million for dependent and delinquent placements.** [See Appendix D]
4. **The rate at which African-American youth are placed is highly disproportionate to their share of the overall city population.** [See pages 7, 22]

Use of Residential Placements:

1. **School-related issues, including truancy, are a substantial driver of dependent and delinquent residential placements.** [See pages 6, 24, Appendix B]
2. **More family-based placement options for older youth who are dependent are needed.** [See pages 7, 12, 25, Appendix A]
3. **Most young people in placement are placed outside of the city.** [See pages 16, 27]
4. **Most youth who are in a delinquent residential placement are there after a dispositional review (vs. for the original offense), and many others are there for misdemeanors and other nonviolent offenses.** [See page 24]

Safety, Quality, and Education Within Residential Placements:

1. **Philadelphia youth have been harmed in residential placements through assaults, solitary confinement, threats, and inappropriate use of physical restraints.** [See pages 10, 33] [Additional sources: *Broken Bridges; Unsafe and Uneducated; Conversations with youth; Philadelphia City Council Committee on Children and Youth Hearing*]
2. **Youth in placement feel they do not have a clear pathway for raising concerns and reporting issues in placement.** [See pages 18, 32] [Additional sources: *Broken Bridges; Conversations with youth*]
3. **The default educational environment for most youth in residential placement is the on-grounds school, where there is no state monitoring.** [See pages 11, 18, 34-35, Appendix D] [Additional sources: *Broken Bridges; Unsafe and Uneducated*]
4. **Residential providers struggle to hire and retain high-quality and diverse staff.** [See pages 31] [Additional sources: Residential Placement Provider Panel]
5. **It is difficult for youth in placement to maintain strong support networks with family and community.** [See pages 10-11, 28-29] [Additional sources: *Broken Bridges*]

Call to Action for State Entities

While the Task Force has focused on the areas where local leaders and stakeholders have the power to make change, the responsibility for the well-being of youth in residential placement is shared with the State (see Appendix D). The Task Force believes that comprehensive, fundamental reform of State processes is needed to prevent additional harm to the children entrusted to the residential placement system. The Task Force makes the following recommendations to State partners:

1) The Pennsylvania Department of Human Services (PA DHS) must update its system standards, increase its capacity for monitoring, and make data about system safety more transparent, including data regarding the use of restraints in educational and non-educational settings.

The Task Force is encouraged by Governor Wolf's Executive Order on Vulnerable Populations and by PA DHS' efforts to begin revising the regulations for residential facilities [2] [38]. PA DHS regulations and guidance in PA Code 3800 have not been updated for many years, nor are State-operated placements required to comply with the rules [22]. The revised standards should reflect recent research on adolescent brain development and childhood trauma; consider therapeutic approaches and child safety; and ensure the well-being of youth who attend on-grounds schools. The standards should apply to both licensed facilities and State-operated facilities, going beyond keeping kids safe to promoting effective treatment and healing from trauma. State-operated facilities should be subject to independent oversight outside of PA DHS.

PA DHS must also increase resources for regular monitoring of licensed providers. The Department can create safer, higher quality facilities by making system and provider data more transparent. Data about incidents, citations, and provider quality should be available to all system partners, and the bulletin issued in August 2019 is a good first step [39]. In addition, the State should review and adjust the appeals and investigations process for child abuse reports in residential placements in a way that affirms the rights of youth.

2) The Pennsylvania Department of Education (PDE), together with PA DHS, must monitor, evaluate, and collect data on the education youth receive while in residential placements. Such monitoring should include ensuring that youth have access to public school and that on-grounds schools provide youth with a quality education that keeps them on track to graduate.

PDE and PA DHS have issued joint guidance regarding the rights of youth in placement to education in local schools, but there is no compliance mechanism [40]. PDE should require local school districts to report the number of children in their district in residential placement, the number accessing local public school resources, and the use of alternative education for youth in placement. All of this should be made public.

PDE currently conducts no on-site monitoring of on-grounds schools except for site visits for Special Education Monitoring once every six years [41]. PDE must begin to monitor all on-grounds schools annually and devote additional resources to do so. Monitoring elements should include curriculum alignment with State standards in order to maximize credit transferability, teacher quality, instruction modalities, provision of special education services and programs, accommodations for students with qualifying disabilities, and language instruction programs for English learners. The Department should publish the results of this monitoring and make sure that parents and the public understand whom to contact with concerns and complaints about on-grounds schools.

3) The Pennsylvania Supreme Court and the Administrative Office of the Pennsylvania Courts (AOPC) should continue to lead collaborative efforts, including training for judges, and support system improvements.

The AOPC coordinates a statewide task force dedicated to reducing residential placements. The state Supreme Court and the AOPC should continue to provide leadership and support, including training, to local courts to foster an environment in which all partners work together to help Philadelphia's youth.

4) Across all State entities, the State must commit to adequately fund community services and placements based on need, including investing the savings from reducing the use of residential placement into programming that supports youth in their communities and provides alternatives to residential placement.

As reforms shift to prioritizing community services and smaller placements, the City will need financial support from the State. The Task Force urges the State to work with the City to ensure adequate funding mechanisms to sustain this shift. Funding will be needed both for new alternatives to placement and also to ensure that smaller, higher quality placement facilities are sustainable.

Recommendations

The participating City government agencies and other entities represented on the Task Force are committed to implementing these recommendations to the extent that resources and legal authority allow.

SYSTEM LEVEL IMPROVEMENTS

1. Develop a comprehensive cross-system plan to further reduce the number of youth in residential placement and increase the number of community-based alternatives.
 2. Issue a public Annual Progress Report of the system with provider profiles for transparency.
 3. Expand the use of integrated data to increase coordination and communication among all services received by a youth, including education.
 4. Develop and make public strategies to eliminate racial, gender, and LGBTQ-GNC overrepresentation in placements.
-

REDUCE THE USE

5. Expand and prioritize the use of prevention and diversion services for youth and their families in the juvenile justice system.
 6. Monitor, minimize, and make public the number of youth sent to placement for nonviolent offenses or technical probation violations.
 7. Develop additional child welfare prevention programming and local community- and family-based alternatives to dependent residential placement.
 8. Provide preventive supports at school for all youth and ensure the needs of youth at risk are addressed.
 9. Ensure that youth's disabilities and/or special education needs are properly identified and information about them is made available to system decision makers.
-

IMPROVE THE QUALITY

10. Develop new small residential programs in Philadelphia to keep youth close to home.
 11. Ensure youth and families receive clear information on rights, grievance procedures, and key contact information.
 12. Make engagement with family a central component of program delivery.
 13. Expand paid peer advisor/credible messenger positions for youth and adults.
-

IMPROVE THE SAFETY

14. Require contracted providers to improve the quality of frontline residential program staff through wages, benefits, and training improvements.
 15. Establish an independent Youth Services Ombudsperson office to receive and investigate concerns from youth and families about safety or services.
 16. Require providers to adopt evidence-based models to reduce or eliminate manual restraints and install video cameras.
-

EDUCATION QUALITY

17. Ensure youth have access to the full range of educational opportunities available to other students in public schools, as well as school stability or immediate enrollment when placed in a residential setting.
18. Establish mechanisms for local monitoring and oversight of education facilities, including on-grounds schools.
19. Improve timely information sharing and collaboration to prevent harm to educational progress and to support youth's educational transitions.



System Level Improvements

1. Develop a comprehensive cross-system plan to further reduce the number of youth in residential placement and increase the number of community-based alternatives.

City and Court leadership, advocates, and families agree on the goal of safely reducing the use of large, far-away institutions in favor of family- and community-based alternatives to meet the needs of Philadelphia's youth. A comprehensive cross-system strategy built from agency-specific plans will be created by April 2020 to outline the steps needed to achieve, over the next three years, additional appropriate reduction in residential placement and the simultaneous creation of community-based alternatives to support youth in their communities.

- City agencies and other system stakeholders, including Family Court, will develop specific strategies designed to further reduce the number of youth in residential placement. The work will build upon the cross-system workgroups in place and create agency-specific plans.
- The plans will detail numeric goals and practice principles designed to achieve these reductions. The Task Force recognizes the independence of the judiciary, which is not bound by numeric goals, but rather the specific needs of each youth.
- The plans will be data-driven to inform what community supports and diversion programming are needed.
- The Managing Director's Office will work with partners to make the reports publicly available, with regular progress reports. There will be opportunities for review and input, with specific opportunities for feedback from youth and families.
- The plans will include details on how the agencies can continue cross-system collaborations and agency programs to achieve the outlined goals and resource the effective strategies currently in place.
- The planning process will identify new resources that are needed and report to City and City Council leadership on the new resources required for implementation of the recommendations.
- The City will work with the State to ensure adequate funding for needed services.

What do quality services in the community look like?

- A mom and her 14-year-old are visited in the evening at home weekly by a mobile therapist
- A 16-year-old who did not go to class and was caught smoking marijuana goes to an afterschool program that offers help from a case manager and computer programming lessons
- A teen who has been discharged after a month in residential placement is able to text a peer counselor about how to handle conflicts at school, and his caretaker can do the same with a family peer counselor

EMBARGOED UNTIL 11/26/19 AT 10AM**2. Issue a public Annual Progress Report of the system with provider profiles for transparency.**

At present, stakeholders—including parents, youth, the Court, Probation, DHS, DBHIDS/CBH, advocates, attorneys, and clinical staff—do not have detailed information about residential placement providers' quality, educational services, or outcomes. The State should share information with stakeholders regarding critical incidents, safety, and license violations. Additionally, an annual report published by City agencies will allow all parties to make better data-informed placement decisions based upon knowledge of the conditions and outcomes at provider facilities. Provider-specific data and data on progress to reduce the use of residential placement will help drive accountability for system improvements.

- City agencies will publish provider-specific data obtained through monitoring.
 - Specific data points will include measures to assess safety, therapeutic outcomes, education outcomes, and compliance (see Appendix E).
 - Metrics will build from DHS' new residential placement assessment and monitoring tool.
- In order to keep youth safe, the state must adjust its communication protocols to ensure real-time sharing of the following:
 - Serious incidents
 - Licensing violations
 - Pending and confirmed child abuse reports
 - Licensing status
 - Annual progress of providers
 - Notification to all counties when one county decides to remove their youth from that facility

3. Expand the use of integrated data to increase coordination and communication among all services received by a youth, including education.

When a youth enters the child welfare, juvenile justice, or behavioral health system, many individuals become involved, including DHS and Community Umbrella Agency (CUA) workers, DBHIDS/CBH care managers, contracted behavioral health providers, teachers and school district officials, legal advocates, police officers, probation officers, and judges. Often, those helping a youth or family do not have the complete, necessary information about the youth's history to support the best decision-making, or a way to coordinate all team members. Similarly, when system leaders are planning policies and resource allocation, they may be doing so based on data from their own agency, without the means to know how their population intersects with other system partners. The City's CARES Integrated Data System has the potential to provide a platform for cross-system data analysis. Currently, the CARES system integrates City Health and Human Services data regularly and Police data as needed but does not include court or education data.

- The City will work with the Courts and the School District to integrate juvenile justice data (e.g., risk scores, charge data, etc.) and education data (e.g., school enrollment, credit transfer, graduation data, suspensions, and expulsions) with City data to allow for cross-system planning to support reducing residential placement and increasing local alternatives (Recommendation #1).
- The integrated data will be used to determine the need for additional preventive, diversion, placement, and post-placement services; identify where those services will be located; and support requests for additional resources that may be needed.

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- System partners will explore options to create integrated data solutions to support child-specific care coordination for youth at risk for residential placement, as well as those already in placement.
- All data sharing will be done in ways that protect the rights and safety of youth and are consistent with federal and state law, including the Juvenile Act and Rules of Juvenile Court Procedure, the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and the Mental Health Procedures Act.

4. Develop and make public strategies to eliminate racial, gender, and LGBTQ-GNC overrepresentation in placements.

Available data show that there is overrepresentation of African-Americans in residential placement. Currently, 72-76% of youth in residential placements are African-American, compared to 47% of Philadelphia's under 18 population [9] [11].⁹ There are no local data on sexual orientation, but national data indicate that LGBTQ-GNC individuals also are overrepresented in residential placement. Engaging national experts to work with leaders from across the local systems will help Philadelphia isolate areas for change by doing a detailed analysis of disparities at each decision point and implementing short-term initiatives, such as implicit bias training. The experts will work closely with individuals with lived experience to help Philadelphia identify and implement specific short- and long-term strategies to reduce the numbers of African-Americans (particularly males) and LGBTQ-GNC individuals in residential placement.

- The City will engage national experts to work with local system leaders, as well as youth and families with lived experience, to identify and oversee the development and implementation of strategies to reduce disparities.
- The work will use best practices to collect local LGBTQ-GNC data so that disparity analysis can be completed.
- Based on expert recommendations, the City will design and implement strategies to address disparities in race, gender, and LGBTQ-GNC status, and to support programming that meets each group's needs.
- As strategies are implemented, the impact will be reported in the annual report (see Recommendation #2).

⁹ 76% of youth in a delinquent non-PRTF, 74% of youth in a dependent non-PRTF and 72% of youth in a PRTF.



Reduce the Use

5. Expand and prioritize the use of prevention and diversion services for youth and their families in the juvenile justice system.

Philadelphia juvenile justice system partners are committed to greatly expanding the availability of prevention and diversion programming, and making sure that pathways to those alternatives are clear for all. To achieve the next level of reforms and ensure that all youth at risk for involvement in the juvenile justice system are properly matched with appropriate preventive and rehabilitative interventions, system partners will work toward strength-based approaches that incorporate restorative justice principles and collaborative decision-making.

Youth from Young Adults Leadership Committee (YALC) shared that they were hurt by the lack of dedicated time to speak in court proceedings and felt only able to speak when initiated by the judge. The Juveniles for Justice youth advocacy group recommended that there be guaranteed time for youth to speak at each hearing.

- The City will bring all stakeholders (e.g., youth, families, communities, probation, prosecutors, public defenders, community supports, victims, educators, judges, etc.) together to further examine the decision-making process from pre-arrest to placement to identify and implement additional system and decision-making improvements.
- System partners will identify policy and practice changes that would prioritize diversion for all youth under 12 and for all misdemeanors.
- System partners will increase diversion efforts, such use of Intensive Prevention Supports and Evening Reporting Centers to minimize the need for detention and placement.
- The Courts and Juvenile Probation will work to increase the consistent use of validated assessment tools to inform juvenile delinquent dispositions and decision-making, while prioritizing necessary community-based services.
- Court and other system representatives will acknowledge and take into consideration the perspective of youth and families at every court hearing and incorporate youth/family asset-based models when determining diversion or placement options.
- The City will determine gaps in services and invest in additional diversion and community-based options which keep youth in community settings both before and after Court involvement.

6. **Minimize, and make public, the number of youth sent to placement for nonviolent offenses or technical probation violations.**

In Philadelphia, the most common path for a juvenile justice-involved youth to enter residential placement is through a disposition review (as opposed to a new allegation), and often the issue prompting placement is violation of probation conditions [6]. The youth has been previously arrested, found guilty of a delinquent act, and subsequently adjudicated delinquent and placed on probation. Probation may include requirements related to school attendance, specified curfew, and drug testing. If violations occur, the youth may be court-ordered to a residential placement.

Philadelphia will commit to collecting data and making it public beginning in 2020, with the goal over the next three years of keeping as many youth as possible out of placements due to nonviolent offenses or technical probation violations (defined as violations where the noncompliance by an offender under supervision is not by itself a delinquent act).

- System partners will explore options for matching youth with programs to which they might be referred, either voluntarily or involuntarily, based on individual-specific needs and strengths. Partners will explore the creation of a resource unit within Juvenile Probation or DHS, developed with youth, family, judge, and advocate input. Partners will work together to continue to move beyond supervising and surveilling youth toward a culture of supporting and connecting youth to community resources and supports.
- System partners will examine and improve policies related to the use of GPS monitoring and drug testing to ensure they do not inappropriately result in placement decisions.
- Courts, Probation, the District Attorney's Office, and advocates will ensure that no youth has more than three conditions of probation and that school attendance is not inappropriately used as a requirement of probation that can result in placement.
- System partners will explore whether the law and available resources will allow Philadelphia to end probation supervision for youth in the event that the remaining conditions are only payment of fines and costs. Partners will also examine options to reduce the number of youth who remain on probation because of failure to make payments.
- SDP, DHS and DBHIDS/CBH will work with Courts to ensure decision makers are aware of the resources available to youth who are at risk of placement, including those who are struggling with truancy, with the goal of reducing placements.



“[T]he City can adopt a myriad of ways to effectively eliminate placement of youth for nonviolent offenses and for technical violations, such as marijuana use, truancy, curfew violations. . . These are all typical adolescent behaviors. Unfortunately, [a] disproportionate number of youth . . . are not given the opportunity to make the same mistakes as many other non-black or brown youth in the region.”

Public commenter

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7. Develop additional child welfare prevention programming and local community- and family-based alternatives to dependent residential placement.

One of the key priorities of child welfare work nationally and in Philadelphia is to increase the use of community-based and family-based options for dependent placement. Most child welfare-involved young children can be served in these settings and never need a residential placement. The picture is a bit different for teens. 90% of youth in residential placement in the child welfare system are over 13 years old [35], partially because fewer resource parents feel able to address adolescents' behavioral needs. Continuing to increase funds for family homes for teens and supporting those caregivers with skills and resources to address challenging behaviors can bolster the success of local alternatives to placement.

- DHS will increase recruitment and retention supports for quality kinship and foster care families and build cultural competence and caregiver skills to support older youth with complex needs.
- Consistent with the multi-year plan described in Recommendation #1, DHS and DBHIDS/CBH will expand home and family-based behavioral health interventions designed to prevent the need for residential placement, including exploring the New Jersey model of targeted support at the time of the first out-of-home placement [42] (see Appendix C).



8. Provide preventive supports at school for all youth and ensure the needs of youth at-risk are addressed.

For many youth, school problems result in contact with the juvenile justice system and, ultimately, residential placement. With the right supports available at school, youth who are struggling academically, socially, or emotionally can receive the assistance they need to stabilize, stay enrolled, and succeed. In recent years, the School District and its partners—DHS, DBHIDS/CBH, and the Court—have expanded preventive supports available in schools by adding counselors at every school. They are implementing the STEP (Support Team for Education Partnership) Program, making changes to truancy processes, and making new resources available at Comprehensive Support & Improvement (CSI) schools. The District will continue to work toward ensuring that all schools have preventive, evidence-based, and data-driven interventions.

- SDP will continue, as part of its annual planning and budgeting cycle, to review the need for preventive supports to improve school climate and address the social and emotional needs of youth at-risk, especially those already involved in child welfare, juvenile justice, and/or behavioral health systems.

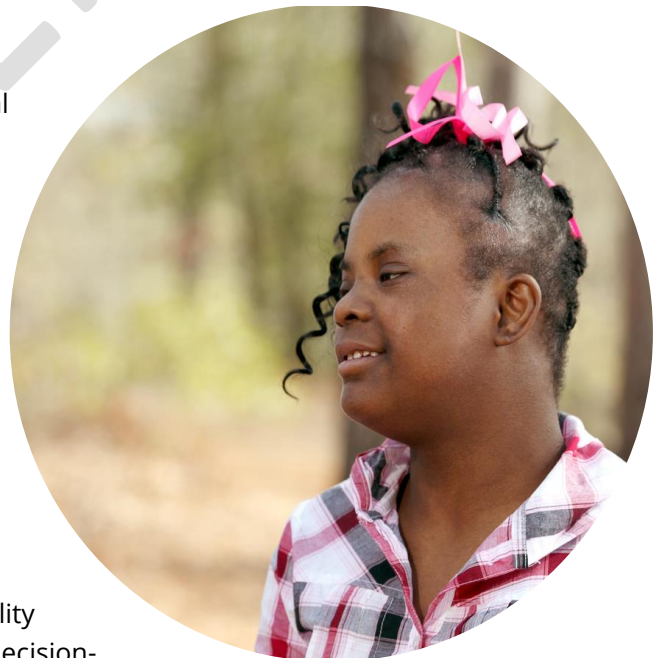
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- SDP will continue to work to prevent placements among SDP students by ensuring suspensions and expulsions follow regulatory requirements.
- SDP has developed a Trauma Plan that assesses schools' needs, determines which trauma training will be implemented, and commits to providing resources to implement the plan.
- SDP will ensure that resources to address truancy are targeted in ways that can be most effective in reducing the need for placement.
- DHS will continue to enhance its Out-of-School Time program to provide high-quality afterschool programming options for youth, including a renewed focus on high school transition, career exposure, and college preparedness to support youth in their communities.

9. Ensure that youth's disabilities and/or special education needs are properly identified and information about them is made available to system decision makers.

Youth who are interacting with the court system, as part of juvenile justice or child welfare involvement, often have a disability that requires special education services or accommodations. Information about these needs is not always apparent to judges when they are determining whether a youth should be placed in residential placement. Systems partners will work together to ensure that all youth who have such needs are assessed and appropriately identified; are evaluated and re-evaluated for Individualized Education Programs (IEP) and/or 504 Plans as needed; and receive services. This information must also be available to decision makers—particularly judges and probation officers.

- System leaders will work together to ensure processes that allow for all youth with special education needs to be promptly and appropriately identified, receiving services in the least restrictive environment.
- In addition, system partners will collaborate to develop processes to ensure that judges and other decision makers receive information about a youth's disability or special education status and can probe whether any identified behavior of the youth is resulting from their disability or health condition (e.g., behavioral or mental health).
- Data to be shared include IEP and 504 disability data with the purpose of improving shared decision-making.
- The goal is to make special education and disability information available in the pre-adjudication period, as well as during a youth's time in placement.





Improve the Quality

10. Develop new small residential programs in Philadelphia to keep youth close to home.

The best residential programs are small in size and accessible to the communities they serve, and help youth maintain family relationships and achieve successful community reintegration. The City is committed to providing residential care within or as close to Philadelphia as possible, but implementation is challenging. As of December 31, 2018, only 22 of 130 dependent sites, two of 36 delinquent sites, and one of 48 behavioral health sites were within the city [35].¹⁰ While Philadelphia's

system leaders have taken steps to support the development of best practice programs, providers seeking to open new smaller, community-based programs have faced community and political barriers. Successful national efforts demonstrate that the goal of bringing placement sites close to youths' communities and establishing smaller sites can be accomplished with collective will, effective practices, and quality programming.

- Consistent with the multi-year plan described in Recommendation #1, DHS and DBHIDS/CBH will work with providers to develop new programs while also aligning current and future programs with federal Family First Prevention Services Act requirements [43] (see Appendix D).
- SDP and other local educational entities will work to strengthen their capacity to serve youth placed in Philadelphia residential placements.
- The City will help providers increase their understanding of City zoning and licensing processes.
- The City will facilitate the opening of new service sites by exploring flexibility in zoning and changes to policy and practice.
- City Council, the Zoning Board of Adjustment, and City leadership will work collaboratively to prioritize the development of these programs across all districts.
- The City will work with the State to determine feasible mechanisms for funding smaller facilities.

¹⁰ Residential placement facilities for this report are defined as agency sites. Therefore, if an agency has a campus with separately

designated buildings/cottages with their own street address, then each site is counted uniquely.

11. Ensure youth and families receive clear information on rights, grievance procedures, and key contact information.

In conversations, families and youth with lived experience reported that they did not know how to address concerns that arose before, during, and after placement. Although information on rights, whom to contact with concerns, and whom to go to for help is already required, changes are needed to ensure that such information is always easily accessible for families and youth.



“Parents don’t know their rights. I really felt by myself.”

Parent

lawyer, food, sanitation, religious observance, restrictions against isolation, and how any behavior issues will be handled. Providers will also publish this information on their websites.

- City agencies will ensure that provider staff are trained and adopt new protocols that ensure youth are supported, nurtured, and appropriately informed about why they are being placed, their rights, and how they can reach out for help beyond the staff of the facility.
- A newly created office, the Philadelphia Youth Services Ombudsperson Office (described in Recommendation #15), will review and respond to grievances about information access.

- City contracts will require providers to ensure that youth and families get information about their rights and responsibilities within the program, as well as names and contact information for key people involved in their care, both within the program and across systems. All system partners must enforce the expectation of a timely response to youth and families under their care.

- All youth will receive written and oral information, provided plainly and in their primary language, outlining their rights regarding physical safety, communication with family and their

12. Make engagement with family a central component of program delivery.

Residential placement disconnects youth from their families, homes, and communities. While family involvement is an expectation in all settings, what that means is not clear enough. Distant or inaccessible placements too often prevent regular visitation and involvement in therapies, and families report that sometimes contact has been denied or limited based on a youth’s behavior.

Research confirms that guardians should be involved throughout the entire process of placement to best support lasting youth outcomes [26] [34] [44]. Frequent time with family provides the opportunity for practicing the new approaches learned in treatment. Youth must continue to be a vital part of everyday family life. Family members must be viewed as guiding stakeholders, with their feedback sought and incorporated into the youth’s services and ongoing program development. Providers will demonstrate that family involvement is an active and foundational piece of their program delivery.



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“My recommendation is that all youth should remain in contact with their family members. Guardians should have the right contact information and [...] also have involvement in our education, medical, and behavioral or mental health decisions.”

Youth Advocate

- DHS and DBHIDS/CBH contracts will require providers to implement programs or policies that elevate family involvement including:
 - Providing coaching and training to parents to ensure that they develop the skills needed for their child to be successful at home. Providers should maintain contact with families after discharge to support a successful transition and ongoing stability.
 - Developing staff capacity to interact with families and youth in a culturally competent and supportive way that removes blame and focuses on mutual respect, parent capacity, and skill building.
- Providers will adopt practices that allow youth to communicate with their families without undue conditions, including assisting youth and families with transportation to and from the placement location as clinically appropriate and providing translation services when needed. Tele- and video-conferencing options should be made accessible to supplement, but not replace, in-person visitation.
- Access to family interaction will not to be restricted for disciplinary reasons, nor will it be a privilege to be earned.
- System partners will develop a set of family engagement quality standards and measures for accountability and program monitoring for all three systems.

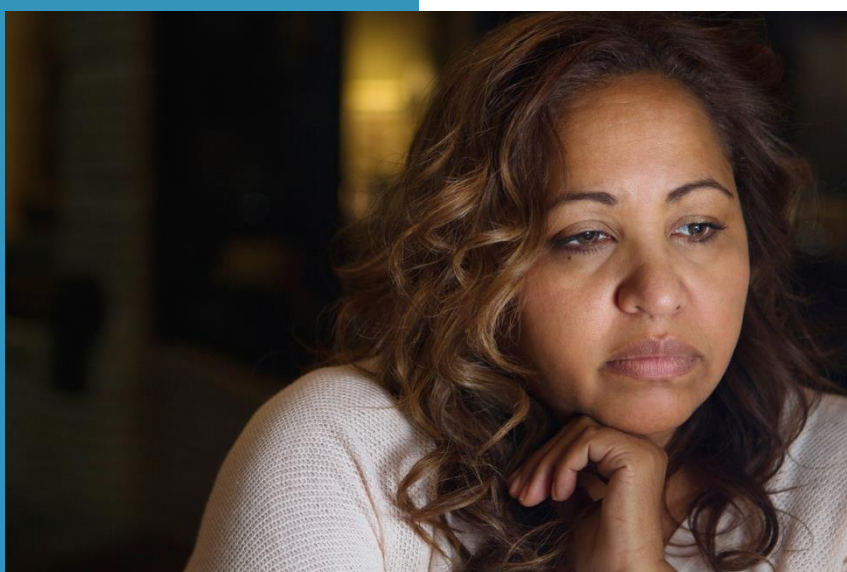
GUARDIANS' VOICE

“It’s not that we don’t love our children; we don’t love the behavior and want help.”

Guardian

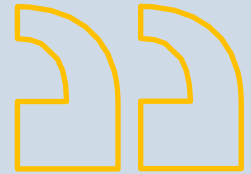
“I asked the facility to teach me skills to help my son. I shouldn’t have had to even ask.”

Guardian



What do guardians think family involvement looks like?

- Our strengths are worked into care and treatment plans.
- We are kept in the communication loop regarding our child.
 - At least weekly, adult staff give us detailed status and progress updates.
 - We get notified in real time if our child runs away from placement.
 - We can always reach staff at the placement in cases of emergency.
- We participate in a pre-admission orientation meeting hosted by providers to:
 - have a conversation about program expectations, components, policies, and outcomes.
 - answer our questions and share contact information for future questions.
- We can expect to communicate regularly with our child through in-person visits, calls, and/or video communication—and when something unexpected comes up.
- Our culture is seen as central to our identities and is respected.
- Providers recognize the impact of placement on our whole family and support us through efforts like groups, sibling support, and peer support partners.
- We are educated on strategies for our child to successfully transition back home through pre-discharge meetings with all family members.
- The time we spend during visits are spent on bonding activities with our child, not conversations about any poor behavior.



Created by DBHIDS Family Member Committee, September 2019

13. Expand paid peer advisor/credible messenger positions for youth and adults.

In the behavioral health system, the use of peers is essential to success. “Peers” are those with lived experience who have personally faced similar challenges, either directly or as a family member. Peers provide advice, information, support, guidance, and comfort to youth in residential placements and to their families. They help youth and families make informed decisions; assist in obtaining services; serve as advocates, mentors, and facilitators for resolution of issues; aid in community reintegration; and help improve functioning and coping skills. In the child welfare system, these peers can assist with the trauma of out-of-home placement and with pathways to independence. In the juvenile justice system, such individuals (often referred to as “credible messengers”) connect with youth who are at risk for juvenile justice involvement or have chronic involvement. The addition of peers/credible messengers at provider programs and across the wider system strengthens authentic partnerships across all levels of service.



“How can we make asking for help not shameful?”

Parent

- The City will increase the use of peer advisors/credible messengers throughout the system.
- All residential providers will be required to have on-staff paid peer advisors/credible messengers for youth and their families as part of a cultural shift toward family and youth-driven services.
- Peer advisors/credible messengers will:
 - engage with youth and families prior to admission.
 - coach family members to advocate for their children.
 - be included in the hiring of residential staff.
 - be a valuable member of the youth’s treatment team.



Improve the Safety

14. Require contracted providers to improve the quality of frontline residential program staff through wages, benefits, and training improvements.

Staff quality is critical to creating a culture of emotional, physical, and behavioral safety. Frontline staff at residential facilities have challenging and high stakes jobs for which they often receive low pay and insufficient training. Improper restraint usage and cases of abuse toward youth may occur as the result of poor training or lack of support [45]. Wage increases, competitive benefits, supervision, coaching, and training can help increase staff competency and quality, attracting and retaining compassionate staff. As much as possible, staff should reflect the demographics of youth in their care, so that youth may feel better supported and understood. Annual reporting and data collection will increase transparency into the ability of staff to maintain youth safety.

- DBHIDS/CBH and DHS will work with providers so that, by July 2024, all residential providers, contingent on available resources, raise the minimum wage for direct service employees to \$18 an hour and offer competitive benefits.
 - Even with an increase to a minimum wage of \$18 an hour, many frontline staff will still have income at or near the poverty level. Providers will need to help recognize and address the effects of poverty on frontline staff.
- Contracted providers will employ strategic hiring practices to:
 - implement a plan to hire diverse staff at all levels of the agency who reflect the population served.
 - involve youth and families in setting up criteria for staff qualifications.
 - identify candidates who support the shared mission to provide compassionate, nonrestrictive care.
 - give prospective candidates the opportunity to spend time on the units before hiring, to provide exposure to the realities and requirements of the work.



“To make these suggestions successful, we need to first:

- **hire caring and dedicated direct service staff, and**
- **compensate those staff adequately, by not paying them pennies but expecting them to do dollars’ worth of care for our loved ones.”**

Guardian

EMBARGOED UNTIL 11/26/19 AT 10AM

- Providers will deliver consistent supervision to all staff, including real-time, on-the-job coaching and feedback.
- Providers will create a robust training plan for all levels of staff that includes training and ongoing coaching using evidence-based or nationally recognized models wherever possible (see Appendix F).
- Providers will meet specified benchmarks related to vacancies, turnover, and staff diversity.
- To prevent incidents, providers will adopt such practices as requiring a licensed therapist on staff 24/7 and/or allowing a direct-care staff member to “tap out” by swapping places with a less emotionally elevated coworker, thereby supporting conflict de-escalation.

15. Establish an independent Youth Services Ombudsperson office to receive and investigate concerns from youth and families about safety or services.

Currently, no single point of contact exists for addressing concerns about services in youth residential placement. In conversations with multiple advocacy groups, youth said they felt there was no safe way to report mistreatment while in placement. DHS has the Commissioner’s Action Response Office (CARO), which is responsible for addressing complaints about DHS, CUAs, or other providers [46]. Additionally, CARO responds to family concerns about DHS services. DBHIDS/CBH, too, has processes to receive and investigate complaints and concerns in accordance with State standards and requirements. Establishing one independent office would clarify where youth and families should report their concerns and would improve the City’s ability to receive, investigate, and act on information quickly.

- The City will identify national models for this role, including operating authority, funding, and staffing.
- The City, working with youth and families, will design a response process that is safe, user-friendly, accessible (i.e., offering multiple modes of communication, including email), anonymous, fast, and secure.
- DHS and DBHIDS/CBH will establish provider contract requirements and oversight to ensure youth can speak openly away from facility staff or other youth, and that families receive information on how to contact the office.

“We need the person to listen and give the same energy to everyone, treating all the youth the same without favoritism. There needs to be someone on your team who takes the report and know that the report won’t fall on deaf ears, so we can be confident that in the next 24 hours, someone follows up.”



Youth Advocate

EMBARGOED UNTIL 11/26/19 AT 10AM

16. Require providers to adopt evidence-based models to reduce or eliminate manual restraints and install video cameras.

The use of manual restraints—deployed when a youth is in imminent danger of hurting themselves or others, usually as a last resort—is traumatic for the youth being restrained, other youth in that facility, and staff [47] [48]. It can diminish an individual's sense of control and sometimes result in physical harm. Even when physical restraints are administered correctly, significant injuries and even deaths have occurred in residential treatment placements across the United States [18] [23] [49].

Youth from YALC urged that video footage be protected, unable to be modified, and reviewed by the right people outside of their provider.

As an alternative, DBHIDS/CBH is supporting its network of PRTFs in using an evidence-based and trauma-informed model, *The Six Core Strategies to Reduce the Use of Seclusion and Restraint* developed by the National Association of State Mental Health Program Directors [50]. In addition, installing video cameras (to be used consistent with federal and state law) throughout placements would enable better monitoring of all individuals and would capture any restraint use or injuries, which can be used for oversight and later training.

- Residential providers will:
 - update program policies to reflect advanced restraint elimination practices so that restraint use is reduced by 25% by 2021.
 - adhere to benchmarks for reducing or eliminating restraints and report data against those benchmarks, with contract consequences for not achieving the restraint goals.
 - contingent upon available resources, install cameras in all common areas with multiple views to monitor and document interactions between staff, youth, and visitors.
 - preserve videos for at least one year and provide them promptly upon request to DBHIDS/CBH and DHS as part of incident reporting and oversight monitoring.
- Providers will implement quality monitoring and improvement to include:
 - appropriately training staff who review videos of restraints.
 - ensuring required staff ratios and youth supervision protocols are followed.
 - ensuring that the daily program schedule is adhered to.



Improve the Education Quality

17. Ensure youth have access to the full range of educational opportunities available to other students in public schools, as well as school stability or immediate enrollment when placed in a residential setting.

Removing a youth from their school is disruptive and harmful to their educational progress. Too often, when a youth goes into residential placement, the default assumption or court order directs that they attend an on-grounds school [21]. However, federal law and state guidance affirm a youth's right to remain in their school of origin, including when placed in a residential setting [40] [51] [52] [53] [54] [55]. State law also provides that a youth has the right to attend the local public school where the residential placement is located (except if court ordered otherwise or if an IEP Team identifies a different placement) [28]. Deciding where a youth will attend school is important to ensuring that they stay on track to graduate and have access to the full range of public school opportunities. This decision must be made in the best interest of each youth.

A "Best Interest Determination" (BID) conference is currently used to make school stability decisions when a youth enters foster care or changes living placements [51]. This is a good vehicle for shared decision-making regarding all school changes and should be used to ensure that youth in residential settings have access to education that is in their best interest, with a priority placed on public school.

- SDP, DHS, and DBHIDS/CBH will work to ensure that youth enrolled in SDP schools who are ordered to be placed in residential placement receive a Best Interest Determination conference to identify the school placement best suited to their needs and to support an educational transition from their school of origin, if necessary. Participants in the conference will include stakeholders (SDP, DHS, and DBHIDS/CBH), parents (or educational decision makers), youth (if age-appropriate), the local host school district, and the residential provider.
- Prompt enrollment in the least restrictive setting with appropriate supports will be prioritized during these conferences. In order to initiate the Best Interest Determination process promptly, residential providers must timely report all new residential

EMBARGOED UNTIL 11/26/19 AT 10AM

placements to the local host district as soon as possible (no longer than one business day after the student is admitted). This puts the host district on notice of its responsibility to participate in the BID conference, and, as appropriate, to educate the youth in the regular school setting, as required by state guidance [40].

- Providers and system partners will inform youth and families of their educational rights and engage them in the school decision-making process (through both BID conferences and IEP meetings), while ensuring that a caregiver or other adult decision maker participates on behalf of the youth. Data in this area from providers and others will be collected and shared by DHS and DBHIDS/CBH.
- Child advocates and the Defender Association will work with systems to ensure staff and volunteers are trained to elevate youth rights and support educational continuity in court hearings and placement decision-making.
- Through BID conferences, SDP and DHS will support transportation to quality schools within the School District for youth in placements within 10 miles of Philadelphia.
- DHS and DBHIDS/CBH will gather data related to timely educational placement at on-grounds schools, in the local public school of the host districts, and in special education settings. This information will be shared in the annual report referenced in Recommendation #2.

18. Establish mechanisms for local monitoring and oversight of education, including on-grounds schools.

Most on-grounds schools at residential facilities are licensed through the Pennsylvania Department of Education State Board of Private Licensed Schools. There are no common curricula nor staffing standards governing on-grounds schools and no requirement that these schools align with all State standards [56]. Many schools also fail to provide individualized special education services to students with disabilities. In addition, monitoring of the overall academic program only includes submission of documentation [56]. The only on-site monitoring of these schools is related to compliance with special education requirements, and that happens just once every six years [41]. As a result, the quality of education at on-grounds schools is highly variable, and youth can lose months or years of learning time—and sometimes the chance to graduate. The City does not have explicit authority to oversee the quality of education at these schools. However, DHS and DBHIDS/CBH hold the contracts for social services with the providers and are responsible for youth well-being, which includes educational progress. Additionally, under state law, SDP is responsible for paying for all educational services a youth receives (regardless of quality) while outside of the district, whether at an on-grounds school or in the local host district school. SDP has education expertise that can be utilized, for example, in acting as an external evaluator assessing quality as a required term of DHS and DBHIDS/CBH contracts. SDP can also ensure that students who return to Philadelphia schools, particularly those with disabilities, receive the quality education they need in accordance with a robust IEP.

- DHS and DBHIDS/CBH will work with provider partners to incorporate education quality measures into residential provider contracts, including, but not limited to, curriculum alignment with graduation requirements, teacher qualifications, instructional methods (e.g. teacher-led, technology-based, etc.), provision of mandated special education services (including parent and youth voice in the process), and credits awarded.

EMBARGOED UNTIL 11/26/19 AT 10AM

- SDP will also work with DHS and DBHIDS/CBH to establish mechanisms to assess education quality at on-grounds schools. SDP, DHS, and DBHIDS/CBH will develop a plan by September 2020 that identifies resources and structure for a local evaluation of on-grounds schools, targeted to launch by September 2021.
- The City will continue advocating that PDE also begin to monitor on-grounds schools on an annual basis. The information from the State monitoring should be made available to the Judiciary and the County Child Welfare Administrators. This monitoring should include an examination of both compliance and quality measures. For entities that cannot meet the minimum education standards, the City will continue advocating that PDE take licensing or other corrective action.
- Findings from future local educational monitoring will be shared directly with PDE and may identify areas of potential corrective action and/or contract renewal criteria with both the City and the State.
- The findings of the local evaluation will be shared with the Court and other local stakeholders in order to aid in decision-making regarding placements and enrollment in on-grounds schools.

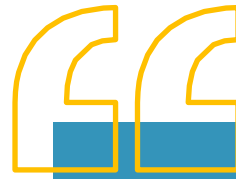
19. Improve timely information sharing and collaboration to prevent harm to educational progress and to support youth's educational transitions.

Too often, youth who attend school or take classes while in residential placement discover upon returning to Philadelphia that they do not have enough core subject credits to return to their expected grade level [57]. National research suggests challenges to educational progress for youth placed in residential facilities, including multiple educational moves, enrollment delays, barriers securing education records (including special education and behavioral evaluations), the ability to connect to an appropriate school upon return from placement, and timely credit transfers. Research shows that students lose 4-6 months of academic progress with every school change, and youth sent to residential facilities have often experienced multiple school changes prior to their current placements [58]. When youth change schools during a residential placement, the law states that child welfare agencies and local educational agencies must collaborate to ensure immediate enrollment and transfer of academic records [51]. Comprehensive academic records should inform school decisions and roster assignments for youth, but key pieces can sometimes be missing or delayed. The School District of Philadelphia will ensure consistent implementation of established procedures for expedient transfer of academic records, for shared planning when youth return from residential placements, and for assessment and transfer of credits when youth return.

- For any new school enrollment, SDP and providers will continue to ensure prompt transfer of education records, appropriate rostering, and credits earned. Charter schools must also do the same.
- DHS, the Court, and providers will work to institute timely discharge planning back to SDP (and charters) for all placement types, building on DBHIDS/CBH-SDP protocols for PRTFs.

EMBARGOED UNTIL 11/26/19 AT 10AM

- SDP will grant credits for students returning from placement consistent with its published policies and procedures, including consideration of graduation eligibility based on completion of IEP goals for students with an IEP.
- SDP will double its case management services to support transitioning students back into schools, and coordinating their access to school-based and community services with the goal of ensuring their academic success.
- System partners will identify and pursue strategies for youth to complete credits started in SDP if enrolled mid-year in schools outside SDP, and complete credits begun in schools outside SDP if re-enrolled in an SDP school mid-year.
- The District will work with all SDP high school principals to create a defined, student friendly “on-ramp” for students returning from any residential setting that includes, as needed, remedial help and counseling support to enable the student to choose the classes needed to earn mandatory credits for graduation. SDP will also enable youth to fully engage in student activities, including sports and extracurriculars, as a contributing member of the school community. The City will work to assist students returning from placement with accessing needed DHS and/or DBHIDS/CBH supports.



“My son was told he had zero school credits even though he was in the 11th grade. They sat there and told him that. If I hadn’t kept the paperwork and advocated on his behalf, he would have no high school credits.”

Guardian

“When I got home, my credits transferred from the facility to my neighborhood school. This was great, so I went to a neighborhood school first and returned to my grade level. I didn’t do well, though. I couldn’t keep up with the pace of the work because I hadn’t learned the things the other kids learned. I had to leave my neighborhood school to attend an alternative school. [...] I believe if I was prepared to stay in my neighborhood school, if I didn’t have to go to the alternative school, I would probably would have graduated on time.”

Youth Advocate

EMBARGOED UNTIL 11/26/19 AT 10AM Making It Happen

Protecting and ensuring that Philadelphia youth thrive is a shared responsibility, and implementation of the recommendations will require the concerted effort of leaders and staff across many organizations.

This report makes recommendations that have the potential to further reduce the number of youth placed in residential facilities and to improve the safety and quality of services for youth who are placed.

The participating City government agencies and other entities represented on the Task Force are committed to implementing these recommendations to the extent that resources and legal authority allow. The members of the Task Force strongly encourage all organizations referenced in the recommendations to commit to do the same. Additionally, the Task Force members, including City entities, commit to providing regular updates on implementation progress to all bodies charged with the oversight of entities referenced in these recommendations. The Task Force urges City-related and State entities and the boards of directors of system partner nonprofits to also take up this charge.

The participating City and City-related entities are committed to using existing cross-system forums to continue facilitating multi-agency collaboration to implement program and policy changes, and to support coordinated data collection, analysis and reporting. Additionally, the Managing Director's Office will convene, at minimum, bi-annual implementation check-in meetings for all agencies and participating stakeholders to facilitate this cross-system communication, seek input, and support progress on the implementation of these recommendations. Continued input from youth, families, and community members will be key to ensuring the work is successful, and the City commits to using new and existing community advisory structures to ensure regular dialogue with those most impacted by the changes.

Finally, the Task Force will reconvene annually to hear updates on the progress implementing the recommendations and to further support the work.

90 Day Action Items

- Complete process of opening a new small psychiatric residential treatment facility (PRTF) in Philadelphia.
- Develop and release the Department of Human Services Residential Placement Provider Assessment Report.
- Implement a Trauma Responsive Plan in the School District of Philadelphia.
- Make additional investments in Evening Reporting Centers to allow more youth to stay in their homes while receiving supervision, as well as positive supports.
- Release the elements and processes for the School District of Philadelphia student-friendly on-ramp (described in Recommendation #19) for all students returning to school from residential placements.
- Implement onsite technical assistance training for The Six Core Strategies to Reduce the Use of Seclusion and Restraint at PRTFs.
- Provide clear documents to youth and families on their rights, grievance procedures, and key contact information.
- Meet with State leadership to advocate for partnership in implementing the recommendations.

Recommendations and Metrics

Recommendation Timeline		Agencies Responsible	Potential Metrics
S (Short) <1 Year M (Medium) <2 Years L (Long) <4 Years		(Lead in Bold)	
System Level Improvements	1. Develop a comprehensive cross-system plan to further reduce the number of youth in residential placement and increase the number of community-based alternatives. (S)	MDO, DHS, DBHIDS/CBH, SDP, FJD, DAO, Def. Assoc.	<ul style="list-style-type: none"> • Release of annual report • # of youth in residential placement • # of youth in community-based alternatives
	2. Issue a public Annual Progress Report of the system with provider profiles for transparency. (S/M)		
	3. Expand the use of integrated data to increase coordination and communication among all services received by a youth, including education. (M)		
	4. Develop and make public strategies to eliminate racial, gender, and LGBTQ-GNC overrepresentation in placements. (L)		
Reduce the Use	5. Expand and prioritize the use of prevention and diversion services for youth and their families in the juvenile justice system. (L)	FJD, DAO, DHS, MDO, Def. Assoc., DBHIDS/CBH, SDP	<ul style="list-style-type: none"> • # of youth in delinquent placement • # of children in community-based alternatives to delinquent placement
	6. Monitor, minimize, and make public the number of youth sent to placement for nonviolent offenses or technical probation violations. (S/M)	FJD, DAO, MDO, DHS, Def. Assoc., DBHIDS/CBH, SDP	<ul style="list-style-type: none"> • # of youth entering residential placement because of a probation violation • # of youth entering residential placement because of a non-violent offense
	7. Develop additional child welfare prevention programming and local community- and family-based alternatives to dependent residential placement. (M/L)	DHS, DBHIDS/CBH, SDP, FJD	<ul style="list-style-type: none"> • # of youth in dependent placement • # of youth in community-based alternatives to dependent placement
	8. Provide preventive supports at school for all youth and ensure the needs of youth at risk are addressed. (M)	SDP, MDO, DBHIDS/CBH, DHS	<ul style="list-style-type: none"> • # of children at schools with preventive supports • % change of children referred to behavioral health crisis services
	9. Ensure that youth's disabilities and/or special education needs are properly identified and information about them is made available to system decision makers. (S)	SDP, FJD, MDO, DBHIDS/CBH	<ul style="list-style-type: none"> • # of youth with an IEP or 504 plan who are in residential placement, and changes over time • # of youth with a change in IEP status while in placement

EMBARGOED UNTIL 11/26/19 AT 10AM

	Recommendation Timeline S (Short) <1 Year M (Medium) <2 Years L (Long) <4 Years	Agencies Responsible (Lead in Bold)	Potential Metrics
Improve the Quality	10. Develop new small residential programs in Philadelphia to keep youth close to home. (M/L)	DHS, DBHIDS/CBH, MDO, City Council	<ul style="list-style-type: none"> # of facilities sited in Philadelphia County # of slots at Philadelphia-based residential programs
	11. Ensure youth and families receive clear information on rights, grievance procedures, and key contact information. (S)	DHS, DBHIDS/CBH, FJD Prob. and Parole, Def. Assoc., and Advocates	<ul style="list-style-type: none"> # of providers meeting contract requirements related to receipt of information about rights and grievance processes % of youth and families reporting on a survey that they are familiar with their rights and who to call
	12. Make engagement with family a central component of program delivery. (S)	DHS, DBHIDS/CBH, FJD Prob. and Parole	<ul style="list-style-type: none"> % of family surveys reporting an increase in families' self-perceived capacity to positively interact with the youth
	13. Expand paid peer advisor/credible messenger positions for youth and adults. (S/M)	DHS, DBHIDS/CBH, SDP	<ul style="list-style-type: none"> # of peer advisors/credible messengers employed throughout the system
Improve the Safety	14. Require contracted providers to improve the quality of frontline residential program staff through wages, benefits, and training improvements. (M/L)	DHS, DBHIDS/CBH	<ul style="list-style-type: none"> Retention rate of frontline staff # of providers paying at least \$18 an hour
	15. Establish an independent Youth Services Ombudsperson office to receive and investigate concerns from youth and families about safety or services. (M)	MDO, DHS, DBHIDS/CBH	<ul style="list-style-type: none"> # of calls and reviews
	16. Require providers to adopt evidence-based models to reduce or eliminate manual restraints and install video cameras. (M/L)	DHS, DBHIDS/CBH	<ul style="list-style-type: none"> # of providers with video cameras installed in all common areas # of restraints % decrease in the use of restraints over time
Education Quality	17. Ensure youth have access to the full range of educational opportunities available to other students in public schools, as well as school stability or immediate enrollment when placed in a residential setting. (M)	SDP, DHS, DBHIDS/CBH	<ul style="list-style-type: none"> % of youth placed in residential facilities who attend local schools % of those youth who meet credit attainment goals % of youth who remain in the same school
	18. Establish mechanisms for local monitoring and oversight of education facilities, including on-grounds schools. (M/L)	MDO, DHS, DBHIDS/CBH, SDP	<ul style="list-style-type: none"> # of providers with on-grounds schools that meet education quality measures % of youth in placement who attend on-grounds schools who meet credit attainment goals
	19. Improve timely information sharing and collaboration to prevent harm to educational progress and to support youth's educational transitions. (S/M)	SDP, DHS, DBHIDS/CBH	<ul style="list-style-type: none"> Credits recognized and counted toward graduation while youths were in residential placement

How We Worked

In the wake of a child death at the hands of staff at a Philadelphia residential facility in 2016 [23], DBHIDS and DHS conducted reviews of all PRTFs contracted with DBHIDS/CBH and DHS and made a summary report available to City Council. In Spring 2018, Philadelphia City Council’s Committee on Children and Youth held hearings focusing on the broader scope of residential placements [59]. During these hearings, the Committee heard from courageous youth who formerly resided in residential placement, along with education and youth advocates, and City officials regarding challenges with residential placement. Following the hearings, City Council passed a resolution creating the Youth Residential Placement Task Force [60] (see Appendix G).

The Managing Director’s Office and City Council appointed the Task Force co-chairs and the 25 members with expertise in the child welfare, juvenile justice, child behavioral health, and education fields, including advocates, youth, and families with lived experience, service providers, and government leaders (see Appendix H). Although the First Judicial District Family Court Division was not a formal member of the Task Force, Court Administration participated in the development of this report.

The Task Force met 13 times, beginning in November 2018 and concluding with the release of this report in November 2019. Task Force members also had the opportunity to visit a residential placement site in December 2018 and talk with national experts and government leaders who presented at meetings (see Appendix C). The Task Force prioritized the areas of discussion on topics that are addressed in this report, acknowledging that further examination is needed in several areas including, for example, further understanding the role of marijuana use and truancy, and specific needs of girls,

To ensure these recommendations address the needs of those who are most impacted by residential placement, the Task Force welcomed community involvement through multiple avenues. Compelling reports released by the local advocate and youth communities—*Unsafe and Uneducated* from Children’s Rights and Education Law Center and *Broken Bridges* from Juvenile Law Center Juveniles for Justice—spoke to the depth of challenges youth face in residential placement. Two public sessions were held with community members and stakeholders who shared testimony surrounding placement and provided feedback on the draft recommendations. Additionally, the co-chairs held five smaller conversations with youth and family representatives whose experiences and suggestions were instrumental in the creation of these recommendations (see Appendix I). In total, more than 170 community members, youth, family members, and stakeholders participated in conversations which informed the recommendations and reflected their hopes for reducing and improving the experience of residential placement for Philadelphia’s youth.

Who's Who

Across the city and state, multiple agencies, organizations, and programs provide services and supports to youth, particularly those at-risk and vulnerable.

Pennsylvania Department of Human Services (PA DHS)

PA DHS is responsible for the regulation (under 55 Pa Code 3800: Child Residential and Day Treatment Facilities), licensing and monitoring of the safety and quality of child welfare and juvenile justice services, including residential placement facilities. PA DHS is also the funder of child welfare and juvenile justice services and serves as the state Medicaid agency. PA DHS operates the State's 24-hour, 365 day per year child abuse hotline.

Pennsylvania Department of Education (PDE)

PDE is responsible for regulating and monitoring school districts across the state, and licensing private academic and nonpublic, non-licensed schools. The Department ensures that all Pennsylvania school districts comply with a youth's legal right to attend the public school district in which the residential placement is located. PDE is also responsible for monitoring school districts' compliance with special education license requirements.

Department of Behavioral Health and Intellectual Disability Services and Community Behavioral Health (DBHIDS/CBH)

DBHIDS is a City department providing behavioral health care, intellectual disability supports, and early intervention services. CBH is a division of DBHIDS and a nonprofit 501c(3) corporation contracted by the City of Philadelphia to manage the delivery of behavioral health services for Medicaid recipients in Philadelphia County. Services are delivered in accordance with Pennsylvania's HealthChoices Program, administered through the PA DHS Office of Mental Health and Substance Abuse Services (OMHSAS).

Philadelphia Department of Human Services (DHS)

Philadelphia Department of Human Services, the county child welfare agency, operates a 24/7, 365 day a year child abuse hotline and investigates reports of child abuse and neglect. DHS also provides a continuum of prevention, intervention, and placement services delivered through contracted providers, for youth who are dependent and those who are delinquent. DHS operates the County youth detention center (Philadelphia Juvenile Justice Services Center).

Contracted Providers

A non-profit or for-profit entity that has a contract with the City of Philadelphia or CBH to provide care, rehabilitation or treatment to a youth from the City of Philadelphia (see Appendix I).

The First Judicial District, Family Court, Juvenile Division ("The Court")

The Family Court, Juvenile Division, has jurisdiction over cases involving juvenile delinquency where minors have been accused of delinquent acts; dependency cases, arising from allegations of neglect or abuse; truancy petitions and those alleging incorrigibility; and adoptions. Juvenile Probation is a department of Family Court that is responsible for the supervision of youth involved in the juvenile justice system.

Philadelphia District Attorney's Office (DAO)

The Philadelphia DAO Juvenile Division is responsible for making decisions regarding youth who are arrested, including approving delinquent charges, filing delinquent petitions, and prosecuting cases. The Division also is involved in recommending the appropriate level of supervision for each youth in the juvenile justice system. The DAO operates several diversion programs.

Defender Association of Philadelphia

The Children and Youth Justice Unit of the Defender Association of Philadelphia represents youth charged with delinquent acts in the city. The Defender Association provides legal representation, court room advocacy, and a connection to social services. The Child Advocate Unit of the Defender Association represents children in dependent matters, and the legal team advocates for the most beneficial outcomes for youth.

School District of Philadelphia (SDP)

The School District of Philadelphia is responsible for the education of Philadelphia youth. When a youth is in residential placement, this involves paying for the education received either at the on-grounds school or the local public school. SDP also provides education services at the PJJSC.

The Administrative Office of the Pennsylvania Supreme Court

The Administrative Office of Pennsylvania Courts (AOPC) supervises and administers Pennsylvania's judicial branch of government. The Administrator is appointed by the Pennsylvania Supreme Court and is responsible for the prompt and proper disposition of the business of all Courts, including ensuring accessible and safe courts for all citizens and recommending court system improvements and program innovations.

Glossary

504 Plan: An agreement between a parent and the school detailing the accommodations to be provided to a youth with a health condition or physical, mental, or behavioral impairment that substantially limits a major life activity and needs. The plan is designed to provide the help required for the youth to participate in or benefit from education or extracurricular programs.

3800 Regulations: The Pennsylvania State Code regulations outlining the requirements, rights, and procedures for child residential and child day treatment facilities. These regulations do not apply to facilities operated by the PA Department of Human Services, residential camps, or on-ground schools.

Adjudicated Delinquent: The judicial decision in juvenile court that a youth has committed a delinquent act and requires treatment, supervision, or rehabilitation.

Alternative Education/School: A combination of intense, individual academic instruction and behavior modification counseling in an alternative setting to assist students in returning successfully to their regular classroom.

Behavioral Health: The promotion of mental health, resilience and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities, with a commitment to recovery and self-determination.

Best Interest Determination (BID): A collaborative decision-making process, per federal education and child welfare guidelines, for stakeholders to review factors that may warrant a school move when a youth is in out-of-home placement, including residential placement.

City-Related: A term used in reference to agencies that work closely with City departments and serve Philadelphia citizens, such as the School District of Philadelphia, the District Attorney's Office, and the First Judicial District.

Child Welfare System: A group of organizations consisting of the City of Philadelphia Department of Human Services and its contracted providers who provides services to children and families at risk of abuse or neglect. The goal of the City's child welfare system is to keep children and families together and in their own communities.

The City: The term used in reference to the City of Philadelphia and agencies and/or departments under the authority of the Mayor.

Community-Based Alternatives: The programs and services within youth's natural community setting used to prevent youth's involvement in placement or the judicial system.

Community Behavioral Health Member: A Philadelphia County resident who is eligible for behavioral health services through Medicaid.

Community Supports: The services or individuals available in a youth's natural community setting which support their well-being, stability, rehabilitation, and treatment. Examples

include outpatient counseling, truancy prevention, recreation opportunities and foster/kinship care.

Data-driven: The process of using data to inform best practices and system decisions.

Deferred Adjudication: The Court has delayed making a finding of delinquency or dependency.

Delinquent Act: An act designated a crime under the law if committed as an adult.

Delinquent Child: A child ten years of age or older whom the court has found to have committed a delinquent act and is in need of treatment, supervision and rehabilitation.

Dependent Child: A child who is without proper parental care or control, subsistence, education as required by the law, or other care or control necessary for his physical, mental, or emotional health, or morals.

Dependency Court: The portion of juvenile court presiding over child welfare matters.

Disposition: The Court's decision on the type of treatment, supervision, or rehabilitation a youth needs and where those services will be delivered.

Direct Service Staff: The people who work at residential placements who are the main caretakers of the youth.

Diversion: A program or service that redirects youth and families away from formal or further involvement in either the child welfare system or the juvenile justice system. For youth diverted from the juvenile justice system, the interventions provide programming, supervision, and support while holding the youth accountable for their actions.

Evidence-Based Practices: The programs, curricula, or system practices that have been proven effective at creating positive outcomes through rigorous research.

Family Involvement: The active participation in a youth's rehabilitation by someone with a vested interest in said youth's well-being and productive future, whether biologically related or not.

Host District: The school district where a residential placement facility is located. The district is required by law to serve the youth during their time in placement, providing the same services as they do to all other youth residing in that area.

Individualized Education Program: A legally binding document required for any public school student who receives special education and related services.

Inappropriate Use of Restraints: The use of restraints in violation of the PA Code 3800 regulations.

Integrated Data: The data collected from multiple agencies that, when combined, provide a more complete understanding of information and patterns.

Juvenile Justice: The area of criminal law applicable to youth offenders. The main purpose of the juvenile justice system is community protection, accountability, and competency development using restorative practices.

EMBARGOED UNTIL 11/26/19 AT 10AM

Juvenile Probation: After disposition, the Court may impose restrictions or conditions such as restitution, treatment or community service on the juvenile who is under the supervision of juvenile probation.

Licensing: The process by which State agencies such as PA DHS and PDE measure whether facilities or educational programs follow regulations and can operate a program. Licensing is the mechanism to monitor and oversee the safety and quality of residential facilities and educational programs.

Least Restrictive Environment: An environment and/or services that offer the least level of intervention needed to support a youth's goals and safety, permanency, and/or medical needs.

Ombudsperson: An individual or office appointed to receive and follow up on complaints or concerns made about placements or services.

On-Grounds School: A school physically located at a residential placement facility and run by the provider under various operating licenses.

Other Community Placements: An out-of-home placement but not a residential placement. This includes foster care, kinship care, and supervised independent living.

Provider: A non-profit or for-profit entity that has a contract with the City of Philadelphia or CBH to provide care, rehabilitation or treatment to a youth from the City of Philadelphia.

Psychiatric Residential Treatment Facilities: A placement that provides comprehensive, trauma-informed, and individualized mental health services for youth who, due to medical necessity, require treatment that can only be provided in a residential setting and for whom alternative, community-based forms of treatment have been unsuccessful or are not medically indicated.

Residential Placement: An out-of-home placement for youth in the child welfare, juvenile justice and/or behavioral health systems. Please see full definition on the inside cover of this report.

Restrain: The involuntary immobilization of a person through the use of chemical, physical, or mechanical means.

Secure Detention: A type of secure care located in a temporary 24-hour living setting, in which one or more delinquent or alleged delinquent children are detained, generally in a pre-adjudication status.

State-Operated Facility: The facilities operated by the Pennsylvania Department of Human Services, Bureau of Juvenile Justice Services, who are considered a danger to themselves or public safety, for youth who have been adjudicated delinquent by their county judicial system. Placements may be at Youth Development Centers, typically a secured setting with locking doors, or Youth Forestry Camps.

Technical Probation Violation: A violation where the noncompliance by an offender under supervision is not by itself a delinquent act.

Trauma-Responsive Care: An approach to treatment and case management that recognizes that many youth, families, and staff have been exposed to adverse childhood experiences and/or other traumatic events or stress. Trauma-responsive care requires that providers and agency staff be trained on symptoms of trauma as well as how to effectively respond and treat behavior that emerges from a history of trauma.

Youth Residential Placement Task Force: A Task Force authorized by Philadelphia City Council to make recommendations to safely reduce the number of Philadelphia youth in residential placements and improve the quality and safety of placements that remain necessary.

Acronyms

- AOPC = Administration Office of the Pennsylvania Courts
- BID = Best Interest Determination
- CBH = Community Behavioral Health
- CUA = Community Umbrella Agency
- DA = District Attorney
- DBHIDS = Department of Behavioral Health and Intellectual disAbility Services
- DHS = Philadelphia Department of Human Services
- IEP = Individualized Education Program
- LGBTQ-GNC = Lesbian, Gay, Bisexual, Trans, Queer – Gender Nonconforming
- OMHSAS = Office of Mental Health and Substance Abuse Services
- PA-DHS = Pennsylvania Department of Human Services
- PDE = Pennsylvania Department of Education
- PJJSC = Philadelphia Juvenile Justice Services Center
- PRTF = Psychiatric Residential Treatment Facility
- YLS = Youth Level of Service instrument

IF YOU SUSPECT CHILD ABUSE AT A RESIDENTIAL PLACEMENT, YOU HAVE OPTIONS.

- 1) **Report it by calling ChildLine at 1-800-932-0313** (*required for mandated reporters and encouraged for concerned citizens*),
- 2) **File a report with the police.**

The Pennsylvania Whistleblower Law (43 P.S. 1421-1428) protects state and local government employees and employees of publicly funded placements from retaliation resulting from good faith reports of abuse.

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**FOR MORE INFORMATION
ON THE REPORT AND TO
VIEW THE FULL APPENDIX
AND CITATIONS, PLEASE
VISIT:**

<http://www.phila.gov/hhs>