City of Philadelphia

EMBARGOED UNTIL 11/26/19 AT 10AM

YOUTH

Residential Placement Task Force

Report Appendices

2019

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APPENDIX A - Description of the Residential Placement Process

Youth may enter residential placement through various avenues, with a significant percentage involved in more than one service system.

In the child welfare system, youth may be placed at a residential site as opposed to other types of foster care for a variety of reasons, including lack of family-based alternatives, lack of available resource parents (common for older youth), the need for a structured setting with 24/7 supervision, or the need for a medical or psychiatric treatment. Many dependent residential placements occur after a disruption with a foster or kinship home, or when family-based options do not meet the youth's needs. Among other behavioral issues, truancy may be a contributor a judge's decision to send youth to a residential facility during the life of the case. In rare cases, a child might be placed in a residential placement as a first out-of-home placement, if there are significant behavioral or physical health needs or sexually reactive behavior.

In the juvenile justice system, youth who are arrested and awaiting an adjudicatory hearing may be temporarily held in detention at the Philadelphia Juvenile Justice Services Center (PJJSC) if detention is required to protect the community and/or the youth, or to keep the youth from leaving the jurisdiction. The Probation Intake Unit uses the Pennsylvania Detention Risk Assessment Instrument (PaDRAI) to assess whether custody is necessary. If a finding of delinquency is made, the youth may again be temporarily held at the PJJSC while awaiting placement into a group home, institution, or state-run detention facility. Youth may also be court-ordered to residential placement after probation violations, which could include the commission of another crime, substance abuse or failure to attend school.

Placements made through the behavioral health system are determined based on a psychiatric evaluation and demonstrated medical need, when community-based forms of treatment have not been successful or are not medically appropriate. Only youth who meet the medical necessity criteria can be admitted to a Psychiatric Residential Treatment Facility (PRTF). FY18 data on DBHIDS/CBH youth in PRTF for behavioral health needs show that the most common diagnosis was an externalizing disorder which may manifest as physical aggression for example. Sometimes, Family Court may request an assessment for whether PRTF placement is medically necessary for a youth already involved with child welfare or juvenile justice.

For Philadelphia resident youth in placement, the School District of Philadelphia's (SDP) roles and responsibilities include payment for educational services and, upon request, release of educational records. SDP is typically notified of a student's residential placement through either a request for educational records or through a 4605 form ("Determination of District of Residence for Students in Facilities or Institutions"). Form 4605 is submitted to SDP at the beginning of a placement for any youth who are educated in another district while they are in a residential placement. The form notifies SDP that a youth in a residential placement is enrolling in another district.

SDP also coordinates transition supports and services for youth returning from placement who plan to enter an SDP-operated school or program. The transition process looks different for youth returning from Psychiatric Residential Treatment Facilities (PRTFs) as compared to dependent or

delinquent only placements. For youth returning from a PRTF, SDP usually receives advance notification. Transition planning then begins in advance of the student's return to allow for continuation of appropriate services and supports. For students returning to SDP from non-PRTF placements, typically SDP is not notified in advance and/or not engaged in any advance-transition planning activities. Youth returning from non-PRTF placement should be directed to connect with SDP's Student Transition Center, return to their neighborhood school, or connect with the Re-engagement Center (REC). At the Student Transition Center, a student-specific transition plan is created, an SDP school or program is identified, and a case manager at the receiving school is assigned.

How are placement decisions made?

Philadelphia Family Court plays a central role in the decision to send a youth to a residential facility for child welfare and/or juvenile justice involvement. For child welfare cases, if the Court orders an out of home placement for safety reasons, DHS' Central Referral Unit completes a Level of Care Assessment to determine the necessary level of therapeutic support. If this assessment indicates the need for a residential placement, then the DHS Commissioner's Approval Process further reviews the case. Before a residential placement is approved, there must be evidence that all family-based options have been exhausted.

In cases where the youth has been adjudicated delinquent, the goal of the juvenile justice system in the Commonwealth of Pennsylvania is balanced and restorative justice. The system is tasked to equally address community protection, victim restoration through accountability, and youth rehabilitation through competency development. It is through this lens that the Court makes its decisions. Every effort is made for the least restrictive measures, however, at times, residential placement is necessary. When this occurs, the Juvenile Probation Officer (JPO) make referrals to residential programs that can address the youth's needs as indicated in the Youth Level of Service (YLS) and, at times, a behavioral health evaluation (BHE). All recommendations to a residential program are reviewed and approved by a JPO supervisor, and then presented to Court along with input from an Assistant District Attorney and Defense Counsel.

Placement in psychiatric residential treatment facilities (PRTFs) must be based on an identified medical need. In order to establish medical necessity, the youth receives a diagnosis by a Certified Child and Adolescent Psychiatrist or Licensed Psychologist. A psychiatric or psychological evaluation must be conducted 60 days prior to admission, and it documents:

- Evidence that residential treatment is the least restrictive and most clinically appropriate service that can meet the youth's mental health treatment needs.
- Placement in a psychiatric residential treatment facility is required due to the safety risk the youth poses to themselves or others.
- A less restrictive setting (such as outpatient treatment) has been attempted or rejected upon consideration, with specific reasons for rejection.
- The evaluation is strengths-based and takes family, community, and cultural strengths into consideration.

Family Court may also recommend a psychiatric or psychological evaluation for youth who are in the dependent or delinquent system. Whether a PRTF placement is recommended through the youth's own psychiatrist/psychologist or through a behavioral health evaluation at Family Court, a CBH child

psychiatrist reviews the evaluation and residential treatment request and decides if the medical necessity criteria are met.

If so, PRTF placement is approved. The Clinical Management team at CBH then reviews the youth's clinical profile and refers the youth to facilities that provide the most appropriate program based on the youth's clinical needs. Families and youth are encouraged to tour all accepting facilities when possible and can choose admission to the facility they feel is the best for them.

For every youth entering a residential placement, educational needs must also be coordinated. The federal *Fostering Connections to Success and Increasing Adoptions Act* (2008), the *Uninterrupted Scholars Act* (2013), and the *Every Student Succeeds Act* (2015) require child welfare agencies to collaborate with local school districts and other stakeholders to improve educational stability and continuity for children and youth in out-of-home placement. Pennsylvania State Code (§1306) further requires that a nonresident youth living at a residential facility has the right to attend the local district in which the placement site in located.

The Best Interest Determination (BID) process allows child welfare and education stakeholders to review factors that may warrant a school move and determine the most appropriate educational setting, including when youth are in residential placement. Decision makers might also include representatives from the placing agency (e.g., Philadelphia DHS), the residential provider, youth's current school, the local educational agency where the provider is located, case managers or Probation Officers, mental health resources, advocates, parents, or other caring adults. For youth placed by DHS, the Education Support Center convenes the BID meeting, though this may not occur if the judge orders the youth to attend an on-grounds school. The host school district also has responsibilities to convene discussion about the best education setting for youth with special education needs, which can supersede the BID process. Priorities include minimizing educational disruptions and ensuring immediate enrollment in the least restrictive appropriate educational setting.

Pennsylvania Code Rule 1148 (dependency) and 148 (delinquency), in effect as of May 2019, re-affirm that children and youth must remain in the same school (school of origin) after any placement or placement change, unless determined not to be in the student's best interest and approved by the Court. Further Court review is also now required for a move to any setting other than a public school.

APPENDIX B - System Landscape and Continuum of Supports/Services

The child welfare, juvenile justice, and behavioral health systems each offer an array of community-based services to keep youth in their own homes and communities and limit the use of residential placement.

DHS contracts with community-based providers who deliver prevention and intervention services designed to prevent involvement in the child welfare and juvenile justice systems. These include

case management support services such as Family Empowerment Services, Truancy Services, and Rapid Service Response Initiative. Additionally, DHS also funds parenting programs, domestic violence services, and work ready programs for older youth. Philadelphia's Out-of-School Time (OST) system also provides 131 community-based locations for activities that support and advance literacy, school engagement, career preparation, athletics, and creative expression for youth grades K-12.

For youth involved with the delinquent system, DHS funds Intensive Prevention Services, in-home detention, E3 Power Centers, and Evening Reporting Centers to prevent placement into detention or residential placement.

For families that have been accepted for formal child welfare services, DHS contracts with a network of Community Umbrella Agencies (CUA), which are responsible for case management services for all youth and families involved in the child welfare system within the agency's designated region. The CUAs directly provide in-home services with the goal of keeping children in their own homes, and work with kinship, foster care, and specialized behavioral health foster care providers when children cannot be maintained safely in their home of origin. Finally, the CUA will work with residential placement providers to support youth who require a higher level of care.

Psychiatric Residential Treatment Facilities (PRTF) sit within a broad continuum of behavioral health supports available to DBHIDS/CBH members meant to support at all levels of need. This continuum ranges from non-clinical supports such as case management, up through the most restrictive acute inpatient hospitalization, and offers developmentally appropriate interventions from early childhood through adulthood.

The DBHIDS/CBH continuum of services includes office-based outpatient individual, group and family therapy for all ages, as well as Behavioral Health Rehabilitation and Family Based Services that can be delivered in the home, school, or community. The goal is to provide treatment in the least restrictive setting possible, and to keep children with their families and in their communities. However, Partial Hospitalization, Acute Inpatient Hospitalization, Psychiatric Residential Treatment Facilities and Residential Substance Abuse programs are available as time-limited interventions for youth who need a more intensive level of treatment. DBHIDS also supports the Evidence-based Practice and Innovation Center (EPIC), which works to increase positive outcomes through the use of evidence-based practices.

The School District of Philadelphia (SDP) also provides preventative supports for youth. To address truancy, SDP provides attendance coaches and partners with DHS to have contracted truancy providers work with students, families, and school partners to address barriers to regular attendance and represent cases of chronic school absences. The District also recently conducted an assessment with input from community partners on tiered supports for students to improve attendance. In partnership with DHS and DBHIDS/CBH, SDP works to meet student's social-emotional and behavioral health needs through initiatives such as the Support Team for Education Partnerships program. SDP also receives real-time information for child welfare system involved students and provides this information to school-based counselors and social workers to best support systems-involved students' academic achievement and social-emotional learning.

School District of Philadelphia (SDP) Supports

Supports and services available to system-involved youth or youth at risk of placement provided by SDP include:

- Re-engagement Center (in collaboration with DHS)
- Student Transition Center (in collaboration with DHS, DBHIDS/CBH and probation)
- Attendance Coaches
- Prevention and Intervention Specialists assigned to each network of SDP schools
- ELECT Program for pregnant and parenting teens
- Transition and Case Management services for students returning from placement
- Positive Behavior and Interventions Supports (PBIS)
- Student Attendance Improvement Plans
- Multi-Tiered Systems of Support (MTSS) Specialists assigned to each learning network
- Targeted staffing including Clinical Coordinators at Comprehensive Support and Improvement schools

Department of Human Services
CITY OF PHILADELPHIA

Continuum of Community-Based Services for Children & Adolescents - Fiscal Year 2018

	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Number of Youth Served*	Dollars Spent	Number of Providers
Prevention-- Dependent			Truancy Intervention & Prevention Services (TIPS)			3,550	$5,357,095	10
Dependent In-Home CUA	In - Home CUA -- Non- Safety					6,857	N/A**	
	In - Home CUA -- Safety					4,330	N/A**	
	Total Dependent In- Home CUA					11,187	N/A**	6
Dependent Foster Care Services	Kinship Care					4,407	$45,272,000	
	Foster Care					3,851	$31,079,963	
	Total Dependent Foster Care Services					8,258	$76,351,963	32
Treatment -- Dependent -- Specialized Behavioral Health (SBH)	SBH Foster Care					1,095	$25,269,571	
	SBH Kinship Care					283	$7,021,529	
	TOTAL SBH					1,378	$32,291,100	21
Prevention -- Delinquent			Intensive Prevention Services			704	$39,312,629	5
Diversion -- Delinquent				In-Home Detention		1,631	$6,475,367	4
				Evening Reporting Centers		170	$524,090	2

Notes:

*Number of Youth Served -- youth are included if they received services at any point throughout Fiscal Year 18. Youth are counted distinctly within services, but may be duplicated across services.

** Dollars Spent for In-Home services are not individually billable, they are one part of the broader duties of CUA Case Managers. Therefore, specific amounts are not available.

C·B·H
Community Behavioral Health

Continuum of Community-Based Services for Children & Adolescents

	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Young Adult	Number of Youth Served*	Dollars Spent*	Number of Providers *~
Prevention			Student Assistance Program				1,661	$841,899	3
			Substance Use Early Intervention				293	$954,378.24	8
			School Based Prevention Programs				30,000	$4,155,136.00	13
Community Treatment Supports		Case Management					2,456	$8,478,216.85	15
			HiFidelity Wraparound				87	$589,025	1
Assessment		Crisis Assessment					1,671	$ 1,821,775	7^
		Outpatient Assessment Access Centers					Included in totals for Outpatient		
		Provider Based Assessments					Included in totals for Outpatient		
Crisis Intervention		Children's Mobile Crisis (Mobile Crisis Teams and Mobile Intervention Services)					71	$ 556,498	3
Community Based Child	Mental Health Outpatient Treatment (Individual, Family, Group)						28,876	$ 51,988,599	115
			Behavioral Health Rehabilitation Services (BSC, MT, TSS, STS)				11,145	$ 115,705,037	42
	Family Services						1,665	$ 16,644,308	18
			Partial Hospitalization Programs				1,655	$ 8,519,711	8
Alcohol & other Drug Treatment				Outpatient			629	$ 346,772	19
				Intensive Outpatient Treatment			262	$ 495,210	7

Notes:

*** Prevention** services reflect youth served, dollars spent, and number of providers in Fiscal Year 2018.

Treatment services reflect youth served, dollars spent, and number of providers in Calendar Year 2017.

It should also be noted that CBH supports a **HiFidelity Wraparound** team , specifically targeting young adults who are in an inpatient psychiatric program and residential treatment facilities with minimal to no family/community connections.

~ Represents a combination of in-network and out-of-network providers.

^ Represents the closure of the children's CRC at Germantown on 9/4/2017. This # includes the interim crisis plan that was in place such as hospital-based emergency room assessments.

The Children's Mobile Crisis Teams (CMCT) launched in November 2017.

The Children's Mobile Intervention Services (CMIS) launched in December 2017.

APPENDIX C - Summary of National Best Practices and Models Presented to the Task Force

The Task Force's work was influenced by the work of other state and local municipalities and best practices from national experts in the field.

Consultants from Annie E. Casey Foundation, and Building Bridges Initiative presented at Task Force meetings on foundational research and evidence-based practices, including the need to:

- maintain a family-centric focus at every stage of residential placement.
- integrate, partner, and collaborate across systems and within systems.
- utilize strong community-based services and supports.
- decrease the length of stay at residential placements.
- increase the use of preventative, therapeutic, trauma-informed and evidence-based policies and practices.
- collect and use data to inform practices.

The Task Force also heard presentations from New Jersey and New York City agencies that have succeeded in transforming their residential placement systems.

Motivated to reduce a far-away, large, institution-based juvenile delinquency system, New York City's Administration for Children's Services committed to creating small, rehabilitative residential programs at or near the communities of the children they serve, spurred by New York State legislation. Named "Close to Home," this model currently operates 31 total juvenile justice sites within city boundaries, through seven providers offering placement and aftercare services. A benefit of this singular jurisdiction model allows New York City to be the sole caretaker and enforcer of standards for accountability, monitoring, and approved practices as compared to working with multiple jurisdictions across the state.

Key lessons from New York City's Administration for Children's Services presentation to Philadelphia include:

- Successful implementation took nearly 10 years and required a strong state-city partnership, and a strong commitment to the Close to Home vision in order to withstand challenges.
- A partnership with the NYPD resulted in fewer juvenile arrests (decreased 70% from 2008-2017) and increased use of Alternatives to Placement. In 2018, only 106 youth were in delinquent residential placement within New York's system (89% non-secure placement), allowing for higher quality services for youth with more complex needs.
- Continuity of care between placement and aftercare is essential to successful reintegration to the community.
- Proximity permits youth in limited secure placements to attend approved off-site specialized schools, compliant with NYC standards and curriculum, ensuring educational stability.

- Smaller facilities and youth enrollment allow providers the ability to deliver evidence-based programs with fidelity, maintain low staff-youth ratios, and involve guardians in treatment.
- There are key differences between the structures in the two cities. In New York City, probation services are managed by the City and staff have much lower caseloads. Additionally, in New York City, judges don't order provider-specific placements.

Sharing New York City's commitment to supporting youth in placements that are closer to homes and communities, Philadelphia will consider the lessons shared by New York City as implementation of Philadelphia's recommendations moves forward.

New Jersey created a program of strong partnership between the child welfare and behavioral health systems to reduce placements. In the past ten years, New Jersey's Division of Children's System of Care (CSOC) reduced the number of children in residential placement by 45% and maintained a high level of stability in out-of-home placement. A crucial component of New Jersey's behavioral health partnership with child welfare has been the Mobile Response and Stabilization Services (MRSS) program. MRSS is dispatched within 72 hours of a child welfare out-of-home placement. The goal of this early contact is to mitigate the trauma of out-of-home placement, normalize emotional or behavioral responses, and provide the caregiver with resources for help in responding to behavioral health needs.

Since its inception in 2004, MRSS has consistently maintained 94% of children in their living situation at the time of service. In 2017, 97.5% of crisis calls that were addressed by an MRSS team resulted in the child being able to stay in their current living arrangement.

APPENDIX D - Facility Licensing, Oversight, Monitoring & Financing

Responsibility for licensing and monitoring residential facilities utilized by the child welfare, juvenile justice and behavioral health systems is complex. The state maintains licensing and regulation authority and has the power to cite providers for violations; however, at the local level, DHS and DBHIDS/CBH maintain contractual oversight and monitor contractual agreements with providers. Funding is a combination of federal and state funds, with a smaller share of City dollars.

State Role in Licensing and Monitoring

Residential facilities are licensed by the Commonwealth of Pennsylvania Department of Human Services (PA DHS) through the Office of Children, Youth and Families. A provider cannot operate in Pennsylvania without a license. PA Code 3800 spells out facility, staff, service and safety

requirements for residential providers, and PA-DHS monitors compliance through inspections, both annually and incident or complaint-based.

If, during an inspection, PA DHS determines a provider does not meet regulatory requirements, PA DHS notifies the provider of its violations through a formal Inspection Summary. Providers are required to submit a Plan of Correction to propose how they will fix the violation. The Plan of Correction is then used to monitor provider efforts to address deficiencies.

State licensure and local service contracts also require providers to complete voluntary incident reporting through Pennsylvania's Home and Community Services Information System (HCSIS). Concerns of abuse or youth self-harm must immediately be reported to Childline.

Many facilities are licensed to provide some type of therapeutic, behavioral health services—most often outpatient counseling—through the PA DHS' Office of Mental Health and Substance Abuse Services (OMSHAS). OMSHAS' Bureau of Children's Behavioral Health Services, Division of Operations and Service Delivery, is responsible for working with OMHSAS Field Offices, County Mental Health/MR Programs, Behavioral Health Managed Care Organizations, and provider agencies to develop and monitor children's behavioral health services.

Pennsylvania Department of Education (PDE) is responsible for licensing education providers and for overseeing children's right to a free and appropriate public education. Responsibility for the delivery of quality educational programming and transition is also distributed across multiple School Districts or Local Education Agencies (LEAs)—the host district and the sending district.

PDE has issued guidance to all local education agencies aligning with federal legislation requirements from the Every Student Succeeds Act which affirms youth's right to learn in a local school and the Individuals with Disabilities Education Act (IDEA) regarding special education rights and responsibilities. However, PDE does not currently do any data collection regarding access to local schools for youth in placement, and only monitors adherence to the IDEA law.

Some providers run schools at their placement location, falling under a myriad of license types. On-grounds schools may be operated:

- By local school district(s),
- As cyber charters,
- As licensed and/or approved private schools under the State Board of Private Licensed Schools, or
- By private religious associations as unlicensed, nonpublic schools.

For non-religious schools, PDE collects annual documentation of facility compliance, teacher licensure, and curriculum offerings but does not do any onsite monitoring, except for complaint investigation. PDE's Special Education unit conducts cyclical onsite monitoring every six years.

City Role in Monitoring

Philadelphia DHS and DBHIDS/CBH have set their own standards for provider performance in provider contracts, then regularly monitor performance. In recent years, City agencies have enhanced the level of coordination for these monitoring and oversight functions for providers contracted through both systems.

Providers under contract with DBHIDS/CBH must develop a Quality Improvement Plan to respond to identified concerns and bring services to an acceptable standard of care. CBH reviews all reportable incidents, including every restraint, and examines data on restraints for patterns.

Within 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. The Department is also implementing a new Plan of Improvement (POI) process, which provides a more specific timeframe, action steps, and submission structure, and allows for the incorporation of more quality and safety measures.

DBHIDS/CBH and DHS conduct joint unannounced monitoring visits when mutual service concerns are present. When one or more critical incidents take place, such as credible allegations of abuse and improper restraints, closure of admissions may occur. DBHIDS/CBH, DHS and Family Court work together to make decisions about intake closure in the best interests of all youth.

Funding of Residential Placement Services

Residential placements are funded primarily through federal and state funds, with some local funds. Medically necessary placements for Medicaid-eligible children are funded by DBHIDS/CBH with federal and state Medicaid dollars. Child welfare related placements that are not medically necessary are funded using federal Title IV-E dollars (with state dollars matching as required). Juvenile justice placements may also be funded through federal IV-E reimbursement.

The cost of residential services for youth in DHS care at dependent and delinquent residential facilities in Fiscal Year 2018 was over $100 million. DBHIDS/CBH spending on residential placement in the same time period was over $35 million in Medicaid funds. In 2016, roughly 63% of psychiatric residential treatment facility spending—approximately $26 million—went towards supporting the treatment needs of youth identified as DHS-involved through dependency or delinquency.

The School District of Philadelphia pays for the education services a child receives either at another local education agency (i.e. another school district) or at an on-grounds school. Invoices for educational services are typically sent to the resident school district. In FY2018 these costs, including pending invoices, are expected to total approximately $39 million.

Upcoming Federal Funding Changes -- Family First Legislation and its impact

Passed in 2018, The Family First Prevention Services Act (FFPSA) limits the timeframe for federal reimbursements for residential placement in order to incentivize further reductions in such placements. Pennsylvania will begin implementation on October 1, 2020.

Currently, average stays are 6-9 months for dependent and delinquent placements. However, under FFPSA, child welfare systems will only be able to utilize federal funding for youth placed in "child-care institutions" for two weeks. Placements that meet defined criteria or serve specialized populations, such as pregnant or parenting youth or victims of sex trafficking, are an exception to the two-week period.

Supervised independent living settings for youth over 18 will still be reimbursable, along with an enhanced model for psychiatric care known as qualified residential treatment program (QRTP). Building on current psychiatric residential treatment facility requirements, this new level of care would also institute additional quality measures and provide funding for six months of aftercare services.

Provisions in the act seek to guard against shifting youth placed in residential settings into juvenile justice involvement or over-diagnosing them to meet mental health requirements. Philadelphia is working with local, state, and national partners to prepare for FFPSA's implementation.

APPENDIX E - Data Requests Associated with Recommendation #2

Data collection and analysis are valuable for improving the quality of decision-making, service delivery, and efforts to increase community options for youth and families. Specific data points may include:

System and Per Provider:

- Services offered
- Census
- Length of stay
- Number and type of incidents
- Educational licenses
- Average cost per child per stay
- *As available:*
    - Percentage of children at on-grounds school and other school settings
    - Results of City-required educational assessment
    - Percentage of credits transferred after discharge
    - Number of educational placements per youth
    - Readmission rate into same level of care
    - Quality measures

Demographics on Youth in Placement

- Number of children placed by placement type
- By placement type
    - Race, age, gender, diagnosis, any disability category

    - Home zip code
- As *available*:
    - Reason for placement
    - LGBTQ-GNC status

Court System

- Number of youth in diversion programs
    - Pre-arrest
    - Pre-petition (e.g., Youth Aid Panel)
    - Post-petition
- Arrests under 18 years old
- Detention rate
- Placement rate
- Number of youth on probation
- Type and rate of override of the Pennsylvania Detention Risk Assessment Instrument ("PaDRAI") during:
    - Pre-adjudication period
    - Post-adjudication period
- Youth Level of Service (YLS) score for youth placed
- Percentage placed at initial disposition
- Percentage placed due to technical probation violations (TPV)

- *As available:*
    - Percentage placed where truancy is a factor
    - Amount spent on GPS monitoring
    - Number of GPS monitors in use
    - Number of youth who enter residential placement due to violations of GPS monitoring

Philadelphia Police Department and Philadelphia Juvenile Justice Services Center

- Youth stop rate, arrest rate per precinct
- Youth's zip code/police precinct breakdown
- Number of youth detained in pre- and post-adjudication status
- Length of stay
- *As available*
    - Percentage detained on original charge
    - Percentage detained on TPV
    - Percentage detained for other reasons

APPENDIX F - Staff Training Components from Recommendation #14

- Listening/communication skills
- Relationship building with youth/families
- Conflict resolution
- Negative effects of seclusion and restraint
- Less restrictive alternatives to use of seclusion and restraints
- Proper application of restraints
- De-escalation and therapeutic techniques
- Risk assessments
- Debriefing techniques

- Science of how trauma affects judgement and impulse control
- Principles of trauma and responsible communication
- Methods of promoting self-healing
- Trauma-informed care, appropriate documentation
- Cultural diversity, implicit bias, and specialty populations
- Principles of the Building Bridges Initiative

APPENDIX G - Task Force Resolution

The Youth Residential Placement Task Force was created by a City Council Resolution in 2018. Together, stakeholders in the child welfare, behavioral health, juvenile justice, and education communities were charged with ensuring Philadelphia's youth are increasingly supported in their communities, and when receiving services at a residential placement, the environment promotes their health, safety, and well-being. The full resolution can be found here: https://phila.legistar.com/LegislationDetail.aspx?ID=3537295&GUID=3A882362-9756-4FAE-AD1F-1159C3D9E60E&Options=ID%7cText%7c&Search=180719

APPENDIX H - Task Force Members & Acknowledgements

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- DawnLynne Kacer

APPENDIX I - Community Perspective from Focus Groups and Public Comment Sessions

The Task Force held two public comment and draft report feedback sessions with those invested in reducing and improving residential placement. Additionally, the co-chairs met with youth and family members that had experienced forms of residential placement and two executive Task Force meetings featured the voices of youth and providers. Youth and family members represented the child welfare, juvenile justice, behavioral health, LGBTQ-GNC, and parent communities, as well as those experiencing homelessness. In total, the Task Force heard input from 170 individuals. Their voices were critical in the development of this report and recommendations. The Task Force would particularly like to thank:

- 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 Adults Leadership Committee

APPENDIX J - Summary of Contracted Residential Placement Sites

Below is a provider census for all youth in residential placement care as of June 30, 2019. Please note that Psychiatric Residential Treatment Facility (PRTF) numbers are an estimate based on data from two sources and may not reconcile completely at the individual level.

Provider	Dependent	Delinquent	Dep./Del. PRTF	PRTF only	Total
CATHOLIC CHARITIES	93	81			174
STATE INSTITUTION		104			104
CHILD FIRST SERVICES	92				92
DEVEREUX FOUNDATION	10		29	43	82
WOODS SCHOOL	46		4	14	64
CARSON VALLEY CHILDREN'S	28		14	13	55
BRIDGE THERAPEUTIC CENTER	30	3			33
SILVER SPRINGS			14	13	27
PEDIATRIC SPECIALTY CARE	19				19
THE SUMMIT ACADEMY		19			19
FORGET ME KNOT	18				18
KIDSPEACE			6	11	17

Provider	Dependent	Delinquent	Dep./Del. PRTF	PRTF only	Total
ALTERNATIVE REHAB.		14			14
YOUTH SERVICES, INC.	12				12
WOMEN OF EXCELLENCE	11				11
THE VILLAGE	3		3	8	11
BANCROFT	1		1	9	11
PATH INC			7	3	10
CAPITAL ACADEMY			6	4	10
MID-ATLANTIC YOUTH SERVICES		9			9
NORTHEAST TREATMENT CTRS	9				9
NORTHERN CHILDREN'S SVS	8				8
ADELPHOI VILLAGE		7			7
QUANN HOME FOR GIRLS	6				6
CHILDREN HOME OF EASTON	5				5
PEDIA MANOR	5				5
THE ACADEMY SANCTION UNIT	1	4			5
PINKNEY'S VINEYARD	4				4
BEING BEAUTIFUL	4				4
ELWYN				4	4
MELMARK				4	4
CHAMBERS FOUNDATION	3				3
CORNELL ABRAXAS	1	2			3
SANDYPINES			3		3
CALLAHAN HOME FOR GIRLS	3				3
LEGACY			2	1	3
MILLCREEK BEHAVIORAL HEAL			1	2	3
BRADLEY CENTER			2		2
CHILDWAY PEDIATRIC SERVICES	2				2
FIRELY PEDIATRIC SERVICES	2				2
GEORGE JR. REPUBLIC IN PA		2			2
ST. EDMOND'S HOME			2		2
DBA PAHRTNERS DEAF SERVICES			1	1	2
WARWICK HOUSE				2	2
HORIZON HOUSE, INC			1		1
KEN CREST PHILA C & Y	1				1
MANOS HOUSE			1		1
SPECTRUM SERVICES	1				1
TRI COUNTY RESPITE, INC.			1		1

Provider	Dependent	Delinquent	Dep./Del. PRTF	PRTF only	Total
VALLEY YOUTH HOUSE	1				1
FBH				1	1
CHILDREN'S HOME OF READING				1	1
MHY FAMILY SERVICES				1	1
Total	**419**	**245**	**98**	**135**	**894**

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