

## Support Center for Child Advocates

### MEMORANDUM

FROM: Frank P. Cervone, Executive Director  
DATE: November 5, 2015  
RE: Child Welfare and the Mayoral Transition

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The Support Center for Child Advocates (*Child Advocates*) offers the following summary of selected topics, for consideration by Mayor-elect Jim Kenney and his Transition Team and others interested in child welfare and the Philadelphia Department of Human Services (DHS).

#### Executive Summary

In 2006, after the tragic death of Danieal Kelly, Mayor John Street convened a Child Welfare Review Panel (Panel) of local and national experts to review DHS.<sup>1</sup> As part of its review, the Panel learned that over 22 studies, reports and litigation about DHS practices had taken place over the past two decades, all of which contained similar themes, and most of which failed to lead to substantive change. The Panel undertook a comprehensive review of DHS and made thirty-six recommendations for systems improvements. The totality of recommendations led to current transformation in DHS through the initiative Improving Outcomes for Children (IOC).

IOC has been in intensive planning, design and implementation for at least seven years and has included hundreds of stakeholders. Implementation has been difficult but progress is being made. The learning curve of all system participants was understandably flat at the outset but has steepened considerably, and Community Umbrella Agency (“CUA”) workers and administrator practice seems to have improved. With more than 75% of cases already moved to CUAs, it is untenable to “go back” to the troubled pre-IOC model of centralized DHS case management and expansive private provider contracting.

The anticipated problems associated with such a major organizational transformation have been exacerbated by unexpected financial issues, (caused in part by a spike in child placements and disputes over funding with the state), and a significant increase in reports resulting from expansion of reporters mandated by new legislation. We must continue on this path, and not turn back, despite what may appear to be reason to do so. In spite of these complications, this reform initiative needs to get through its obviously-difficult transition and get on with being the only model of child welfare practice in Philadelphia.

It should be noted that a seamless and inclusive transition regarding the implementation of the recommendations and design of a new model took place from the administrations of Mayors Street to Nutter. We hope that the transition to and by Mayor Kenney will be similar in approach. Recommendations are summarized here and expanded in detail below:

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<sup>1</sup> *Child Advocates* Executive Director Frank P. Cervone served as a member of the Mayor’s Child Welfare Review Panel.

- Get through the transition to community-based case management
- Slow intake with focus on the Safety Model of Practice and meaningful alternative supports and child abuse prevention programs.
- Refine the CUA practice model.
- Improve social work practice through training, supervision, practice coaching and performance-monitoring.
- Fix the money problem with appropriate budgeting, Commonwealth contribution and staff right-sizing.
- Focus on permanency including reunification and adoptions.
- Use data to establish and monitor accountability
- Improve educational achievement for system-involved youth must improve,

## **I. Improving Outcomes for Children and the Community Umbrella Agencies (“CUAs”)**

Origin of IOC: IOC was born from the findings and recommendations of the Mayor’s Child Welfare Review Panel (“Panel”), a body of local and national experts which was convened by Mayor John Street following the death of the child Danieal Kelley in 2006. The Panel undertook a comprehensive review of DHS and made thirty-six recommendations for systems improvements, including the creation of a Community Oversight Board to monitor the implementation of the recommendations. <http://www.phila.gov/dhs/PDFs/childWelfare.pdf>. Through Executive Orders by former Mayor Street and current Mayor Michael Nutter, the Community Oversight Board was created and has monitored the implementation of the recommendations and provided yearly reports to the Mayor on progress.

Paramount among the recommendations was the need for a “safety model of practice.” In addition, themes regarding community involvement and engagement, transparency, and accountability are repeated through the recommendations. One specific recommendation, that “DHS must clarify the roles and responsibilities for DHS workers relative to private agency workers, at both the supervisory and the worker level”, resulted from the Panel’s finding that the dual case management system in place with both DHS and provider agencies providing case management services was dysfunctional. The Panel also concluded that DHS had grown too large and too ill-focused in the numbers and needs of children and families being served, too removed from the communities it is serving, and that there were far too many providers in the system (i.e., 200+ contract provider agencies) to have any reasonable chance at accountability in practice.

Hence the notion emerged in the post-Panel period that a smaller number of providers, located in the community and responsible for services, and executing the new “safety model of practice” that calls for intervention/placement only where are manifest safety threats, would be the new face of child welfare in Philadelphia. All along, DHS was envisioned as continuing to provide the “front end” functions of intake and investigations, including collaborative investigation of all child sex abuse cases at the co-located Philadelphia Safety Collaborative, as well as performance management and oversight through an expanded Division of Performance Management and Accountability (PMA).

It should be noted that in the post-Danieal Kelley period DHS made other important changes that remain in place, including: Hotline Guided Decision Making; the hiring nurses and a medical

director, and a complete redesign of In-Home Protective Services (IHPS) to replace Services to Children in Own Homes (SCOH). The complex but essentially well-regarded Performance Based Contracting (PBC) for “general” foster care as well as much of the former Treatment Foster Care (TFC) program have been replaced by the new IOC model – and the impact of these last two changes remains unclear and needs further study.

IOC Design and Implementation: In November 2010, DHS leadership convened a large and diverse contingent of professionals and community leaders to plan IOC, in a process that went on for about two years. Leadership studied and visited similar service models of single case management and community-based delivery of services, including in Florida and New York City. Members of the provider, advocacy and other communities were involved as both leaders and participants in six Workgroups, each of which was co-led by a DHS Senior Leader (essentially an “insider” and Community Leader (“outsider”).<sup>2</sup> The process was consultative and deliberative, and most of the elements of the plan that emerged and that were subsequently embedded in the CUA Request for Proposals (RFP) and the subsequent IOC Practice Manual – both public documents – came directly from the planning process. In the September 2011 memorandum “Key Elements for Continued IOC Planning” (attached), DHS made clear that IOC would be phased in from 2012 to 2016.

Prospective CUA agencies then participated in the City’s competitive bidding process, and the two top-ranked candidates (NET and APM) for the respective regions were selected in 2012. Those two agencies then negotiated their contracts with DHS over the next 6-9 months. A similar model of bidding and selection was later used in successive rounds. The regional division of the CUAs, drawn to coincide with Police Districts and Detective Divisions, was one of several possible configurations, and continues to be relatively sensible.

IOC continues the century-old Pennsylvania model of joint public-private provision of child welfare and juvenile justice services; in this sense, the privatization of services is not new, but rather simply changed and perhaps expanded. It should be noted that DHS, the CUA agencies and their subcontractors remain subject to both federal and state licensure and regulatory requirements. DHS is participating in a five-county federal regulatory waiver program which has allowed some flexibility in funding as well as movement to the Single Case Plan (and away from the multiplicity of service plans and reports that were problematic under the old model).

It is our understanding that the DHS labor unions supported the overall goals of IOC and the movement to community-based private-provider case management. The plan included transitioning DHS staff into performance management, training and practice-coach roles. Both supervisor and worker representatives, including the late, much-respected Rita Urwitz, participated in the Workgroups and Steering Committee throughout the planning period. Ms. Urwitz was a frequent participant at meetings of the Community Oversight Board (COB)<sup>3</sup> where she shared her views on the IOC design and process.

Other important and promising features in the current Philadelphia child welfare reform – some being implemented outside of the IOC structure – include the Single Case Plan, Parenting Cafes, the availability of life skills coaches for youth, trauma-focused treatment, expansion of delinquent-dependent Shared Case Responsibility or “crossover cases”, Education Support Center, Achieving Independence Center (AIC) and the Quality Service Review (QSR).

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<sup>2</sup> *Child Advocates* Executive Director Frank P. Cervone co-chaired the Workgroup on Data, Performance Management and Accountability.

<sup>3</sup> The Child Welfare Review Panel was transformed into the Community Oversight Board in its second year.

Money Problems and the Dual System: Soon after the August 2014 transition in DHS Commissioner leadership, it became clear that money was going to be an issue for the CUAs. According to our sources, a major accounting or computer error by DHS resulted in a multi-million dollar shortfall in funding to DHS from the Commonwealth of Pennsylvania Department of Human Services (PA-DHS) for FY15. Coupled with costs associated with the large increases in investigations and in the placement population, discussed below, Commissioner Vanessa Garrett Harley determined that financial support for the CUAs needed to be stretched, and so she increased the caseload cap/requirement for CUA case managers.

The CUAs have identified the large caseloads as a significant barrier to improved practice, especially in light of the structural combination of case management (i.e., referrals), long-term permanency planning, and direct service (i.e., home visiting). PA-DHS has also barred the CUA subcontractors from providing direct services (i.e., transporting child to appointments), out of concern for double-billing. The division of labor and tension about funding for services remains a sore point for many CUAs and subcontractors.

The continued operation of what is essentially a dual child welfare system – that is, DHS and the CUAs both performing post-intake case management (albeit on different cases), with DHS continuing to maintain a large direct service workforce – has complicated both finances and administration. While many former DHS case managers have left the agency or transitioned to Intake or to CUA-support roles, the right-sizing of the DHS workforce that has been long anticipated by the public, has not yet occurred. Reduction in staff was not, to our knowledge, stated as an essential component of the success of IOC. Yet most observers believe that the IOC model cannot be sustained unless and until DHS gets out of case management, and presumably until DHS employs fewer people.

Too quick or not quick enough?: Though the planning process extended over five years and involved the participation of hundreds of professionals and community members, some observers believe that the transition from DHS to CUA case management was “too quick”. To wit: CUA staffing numbers/capacity did not rise as quickly as their caseloads needed; creation of a mostly-new workforce of case managers is relying on inexperienced workers; and simultaneously, the numbers of children referred for investigations and services increased dramatically following the broadscale legislative revisions of 2013-14. The learning curve of all system participants was understandably flat at the outset but has steepened considerably, as agencies moved into areas of service (i.e., kinship care, etc.) that they may not have specialized in previously.

From the beginning, the burdens of operating the dual child welfare system have pressed for movement forward. The plan to phase-in new CUAs – citywide there are 10 CUAs – from 2012 to 2016 is reportedly ahead of schedule, and CUAs are receiving all new cases post-intake/ investigation. But transfer of some existing cases has slowed or stopped in favor of allowing those cases to simply close out under DHS case management. It is unclear how a slower or paused approach to full-scale implementation would have been sustainable.

Current Practice Issues in IOC: While there are frequent criticisms leveled at the IOC model, it is difficult to determine whether the problems that practitioners, judges and others perceive are exceptional or normative. It is clear that the IOC process is considerably more transparent than ever existed so that the problems are more publicly known and discussed. There are several categories of IOC structural and practice problems that seem to appear with some frequency, as outlined below. To their credit, DHS and CUA leadership have been addressing each of these elements:

1. Transition Delays (i.e., from DHS to CUA): There are still frequent breakdowns in communication involving the moving of a case from DHS to a CUA, a protocol known as the “flip” of a case, and for which there is generally supposed to be a “hand-off” meeting.
2. Meeting Scheduling Concerns: IOC features a host of interagency and family meetings. Scheduling and invitation to the meetings has been spotty at best. Technology supports such as conference phones have not always been available. DHS and CUA leadership have reportedly invested additional staff resources to improve these mechanisms.
3. Training/Inexperience/Retention of CUA workers: Many CUA cases have already experienced turnover within the team assigned to the particular case. Staff turnover and assignment of inexperienced workers creates gaps in information-sharing and completion of tasks. The strain on the newly assembled workforce in each CUA is complicated by high caseloads – many of more than 15 families and 40+ children – and by the bundling of case management, direct service and long-term permanency planning tasks.
4. Practice Model Design: The structural design and continued improvement of the Practice Model are key issues needing attention. The sometimes confusing division of labor between DHS, the CUAs and the subcontractors reminds some of the role-confusion and potential gaps and conflicts in responsibilities from earlier days. For example, the transformation of treatment foster care (TFC) under IOC seems problematic, with frequent questions arising about who is ensuring that the child is in therapy, or assisting with needed services, or providing support for the “resource” foster parents. Whether the subcontractor or the CUA – and which CUA – controls any particular foster home has been cited frequently as a design problem. Likewise, practitioners have questioned whether it is prudent to separate social work that is provided, respectively to the foster parent and to the child, especially with higher levels of behavioral or medical care. For topics such as these, continued refinement of the Practice Model seems essential.
5. Court Practice Issues: Some CUA workers seem uncomfortable with courtroom testimony, and some have failed to implement or follow court orders.
6. Collaboration with/connection to child and parent advocates, family members and subcontractors: The reduction in number of professionals involved in a case has not yet been realized and needs closer scrutiny. Communication problems have continued to be vexing and frustrating across all sectors. One knowledgeable administrator observed that “kids are being moved by CUA workers without including the resource home worker. We have a process for stabilizing placements, but are not able to utilize it when we are not included in the process and sometimes told after the fact that a child has been moved. There seems to be little effort on their part in resolving issues between foster parents and children.” Child Advocates (and, we assume, Parent Advocates) are often left out of planning processes and meetings.
7. Referral process and lack of placement resources: There seems to be a shortage of services including resource families (i.e., foster families). The programmatic boundaries between CUAs get messy when one CUA cannot locate a family resource for a child, or the CUA has too few licensed resource-family homes. DHS recently announced that the Central Referral Unit (CRU) will resume control of the referral process in some placement cases.
8. Gap in relationship between City Law Department and CUAs: City lawyers present the CUA workers as their fact witnesses in many cases, but the CUAs and the Law Department are supposed to work together about bringing already-active cases to court for both review hearings and returning to court when there are new problems. While this relationship is somewhat opaque to outside observers, there appear to be breakdowns in communication and planning. There have been

numerous court cases in which a senior DHS or CUA administrator was summoned to court, or in which “no reasonable efforts” findings have been made or considered by the court.

9. Adoption process was poorly implemented with IOC: the process of moving a child from foster care and into adoption – often in the same family – has not gone well in many cases inside IOC nor in the cases remaining in DHS case management. Each case can possibly have some or all of the following units and agencies involved: DHS Adoption Unit, CUAs, CUA sub-contractors that license the home for foster care, licensed adoption service providers that complete Child and Family profiles, and Statewide Adoption Network (SWAN). The respective roles of the several units and agencies seem confused and inconsistently applied. Delays are long and widespread in both case process and provider payments.

## **II. Children in Placement and DHS Population**

For much of the last decade, and following another set of recommendations by the Child Welfare Review Panel and the COB, DHS leadership has worked to right-size both the placement population and the overall caseload of children and families receiving services from/through Children & Youth Division (CYD) of DHS. This local goal is consistent with the nationwide strategy of “reduction” being advanced by Casey Family Programs (CFP) – to reduce by 50% the total number of children in out-of-home placement by 2020 – and funding provided by CFP has aided the local process, which was measured by a reduction to about 4,200 children in out-of-home care in early 2014. Placement numbers for older youth and for out-of-state placements recently reached historic lows.

However the Philadelphia child welfare system has swelled in numbers in 2015. We believe there are at least 4 substantial and interconnected factors contributing to the increase in number of both intake and placement cases: practice problems within the CUAs (as outlined above); increase in intake (i.e., calls to the Hotline, etc.) as a result of/response to legislative reforms (see DHS data on intake and investigations); loss of focus on the safety model of practice at the “front end” of intake and investigations; and delays in the court process that keep cases involved with court too long and otherwise clog the “back end” of the system.

Safety Model of Practice: A shift toward emphasizing the subject child’s safety and well-being began with the federal Adoption and Safe Families Act in 1997. The intensive study following Danieal Kelley’s death returned to the issue; among the key observations of the Panel, the recommendation to focus on safety as the core tenet of DHS mission and practice became paramount. It was concluded that Danieal died, in large part, because the ‘good’ workers on the case (as distinguished from the now-criminally convicted ‘bad’ workers) were focused on too many important but collateral issues such as school enrollment and immunizations of her siblings, and lost sight of the fundamental need to protect the safety of this most vulnerable child. As a result, now in every dependency hearing, someone who has personally seen the child in the last 30 days must testify as to whether the child is safe and whether his or her needs are being met. “Do you have safety testimony” has become an important and routine element of court review, and is required by federal law as well.

More broadly, DHS needed to move away from “being everything to everyone” and no longer attempt to be “the anti-poverty agency” for our City’s demonstrably poor population. To achieve this focus, some important tools must be used – and used well – in particular the Safety Assessment. Also, at the “front end” of Intake & Investigations, some interventions in low safety-threat cases simply would be declined, or in alternative referred to other forms of response (i.e., schools, behavioral health, housing assistance, parenting education programs, etc.).

It is possible and indeed likely that the increase in placements and accepted-for-service cases can be attributed to a slide back from a focus on safety. At present it is unclear whether DHS has continued to maintain focus on the Safety Model of Practice as the controlling rubric of its front-end practice.

Visitation – seeing a child in his/her home – was another important feature of the Panel’s safety recommendations and IOC goals. DHS and CUA visitation data are presented regularly to the COB and seems adequate but not complete, with CUA visitation rate slightly better than the DHS rate (according to COB August 2015 Report).

Delays at Court: For about two years, and perhaps many more, there have been substantial delays in the progress of cases in court, including very long days of hearings with many cases not reached. The introduction of 90-day hearings, circa 2013, was intended to increase judicial involvement and speed the movement to permanency, but the latter outcome has not yet been realized. The community of advocates has been in dialogue with Family Court and DHS Administration since at least 2013, expressing grave concern that cases are not being disposed in a timely manner in Dependency Court, with ill effects on family permanency, overall docket-crowding, court waiting times for all persons involved, and serious damage to our own volunteer attorney program. Work is underway at Court to address many of these problems and concerns.

The November 2014 data published by the Administrative Office of Pennsylvania Courts (“AOPC”) on “Length of Court Supervision By Year” (see attached) confirm this tale: over the 3 years from 2011 through 2013, the percentage of cases staying under court supervision for more than one year has increased substantially (45.5 % in 2011, to 51.5% in 2012, to 54.9% in 2013) while the percentage of cases completed in 24 months or less has decreased substantially (78.6% in 2011, to 79.1% in 2012, to 72.2% in 2013). See <http://www.pacourts.us/news-and-statistics/research-and-statistics/dashboard-table-of-contents> .

As we study DHS, AOPC and First Judicial District (“FJD”) data more closely, we may learn more about the rate of discharges, etc. The deleterious impact on children and families, and on the ability of our several programs & agencies to fulfill our important missions, cannot be overstated. To fully assess the problem, we need court data on “wait-times,” numbers of listings per case, continuances, “ready-not-reached” cases, and other performance and outcomes data.

Recently-announced changes by Court Administration are targeted to many of these problems, including assignment of two additional judges to hear dependency reviews and related cases. As well, the City Law Department has revised how it will move cases to goal change/termination of parental rights, and DHS Administration is reviewing long-term kinship cases in an attempt to bring these to closure.

DHS Data Warehouse: Having sound data, entered in real time by CUAs and analyzed by PMA and other administrators, was a key feature of IOC for both accountability and transparency. But sometime in 2014-2015, the City’s Data Warehouse was reported to have broken down, and for the last year or more, comprehensive data reports have been less available for DHS leadership, the COB and the IOC Steering Committee. Still, DHS leadership has provided some meaningful data to the leadership groups on visitation, caseload, case intake and closings, permanency outcomes and other measures.

### **III. DHS in the Schools**

Over the last decade, the educational needs of children involved with the courts have received much attention by administrators, advocates and researchers both locally and nationally. A landmark 2005 Philadelphia study by Project U-Turn demonstrated that more than 75% of children and youth

involved with child welfare services and more than 90% of juvenile justice youth did not graduate high school.<sup>4</sup> There is some good news however, as the recently released update on the Project U-Turn study, conducted by CHOP PolicyLab, reports some improvement in graduation rates for system-involved youth, though rates continue to lag behind their peers.<sup>5</sup>

Child well-being including educational opportunity and success must be the ultimate goal of any child-friendly community. It is well documented that poor educational outcomes result in poorer long-term outcomes such as unemployment, homelessness and incarceration.<sup>6</sup> Children and youth in dependent care exhibit higher drop-out rates and higher rates of grade retention, absenteeism and truancy, and lower academic achievement.<sup>7</sup> Poor educational outcomes also undermine permanency outcomes in part because youth in care who are struggling academically are far more likely to be suspended and/or expelled from school programs. A Midwest study by Chapin Hall found that two-thirds (67%) of youth in out-of-home care had been suspended from school at least once compared to 28% in a national sample of general population youth.<sup>8</sup> These behavioral challenges in school have been proven to lead to longer lengths of stay in foster care and more disruptions in current placements leading to more involvement with the judicial system. In contrast, children in care who succeed in school are more likely to establish permanent, stable placements.

More recent studies by CHOP Policy Lab and the DHS Quality Service Review (QSR) have recommended:

- Support for increased systems integration between DHS and the School District of Philadelphia is a necessity due to concentration of students involved with DHS in Philadelphia schools.
- Ongoing Quality Service Review (QSR) is needed to continue to identify areas of improvement for DHS and the School District of Philadelphia.
- It is essential to align resources with level of need (associated with providing education for DHS-involved youth) within the District.

The DHS Education Support Center provides useful connections between DHS, the School District of Philadelphia and other public and private schools, working in partnership with CUAs and advocates to ensure that children in DHS care attend school every day and take advantage of all education opportunities offered by the school.

It is unclear to us whether placement of DHS or CUA workers inside some schools would be an efficacious move to achieve increased systems integration. Certainly neither DHS nor the School District has the resources for such a large expansion in staffing. However with the high frequency

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<sup>4</sup> Ruth Curran Neild and Robert Balfanz, *Unfulfilled Promise: The Dimensions and Characteristics of Philadelphia's Dropout Crisis, 2000-2005*, Project U-Turn 2006.

<sup>5</sup> Julia Ransom et al., *A Promise Worth Keeping: Advancing the High School Graduation Rate in Philadelphia*, Project U-Turn 2015.

<sup>6</sup> *The Silent Epidemic: Perspectives of High School Dropouts*. See also National Conference of State Legislatures: Children's Policy Initiative (December 2003) available at <http://www.ncsl.org/programs/cyf/cpieducate.pdf>.

<sup>7</sup> See National Working Group on Foster Care and Education, *Educational Outcomes for Children and Youth in Foster and Out of Home Care* (December, 2008), available at [http://www.casey.org/NR/rdonlyres/A8991CAB-AFC1-4CF0-8121-7E4C31A2553F/598/National\\_EdFactSheet\\_2008.pdf](http://www.casey.org/NR/rdonlyres/A8991CAB-AFC1-4CF0-8121-7E4C31A2553F/598/National_EdFactSheet_2008.pdf).

<sup>8</sup> C. Smithgall, et al. *Educational Experiences of Children in Out-of-Home Care*, University of Chicago, Chapin Hall Center for Children, Chicago, IL (2004), available at [http://www.chapinhall.org/article\\_abstract.aspx?ar=1372](http://www.chapinhall.org/article_abstract.aspx?ar=1372)



of DHS-involved children in some schools, and with CUAs designed to provide more localized connections to the community, focus on CUA connections to schools seems attractive.

#### **IV. Recommendations:**

1. Get through the transition: With more than 75% of cases already moved to CUAs (i.e., as of 7/31/15: 9,705 children assigned to CUA, 2,942 children assigned to DHS-CYD), it seems untenable to go back to the troubled pre-IOC model of DHS case management and expansive private provider contracting. Pausing the transition of case management responsibilities will exacerbate problems related to the operation of dual systems. This reform initiative needs to get through its obviously-difficult transition and get on with being the only model of child welfare practice in Philadelphia.

2. Slow intake: Fix the “front door” by focusing on the Safety Model of Practice. For those children and families still needing supportive services, offer realistic and meaningful referrals for prevention, clinical and other non-CYD services. Encourage CUAs to develop meaningful community-based prevention programs.

3. Refine the practice model: The CUA practice model needs continued adjustment that is conducted in a collaborative manner. The issues of caseload size and composition, subcontractor service and the division of labor need to be resolved.

4. Improve practice: The middle months or years of a case – featuring permanency planning, service referrals and enrollments, home visitation by workers, parent and sibling visitation, and court appearance and reporting – need continued improvement in social worker practice. Training, supervision, practice coaching and performance-monitoring should all continue at robust levels to increase skills and performance of the CUA workforce.

5. Fix the money problem: The needs-based budget process is supposed to be responsive and flexible. The increase in intake & investigation services should be accounted for, and the drain on resources from higher placement costs needs to be arrested. The financial confusion over the structural combination of case management and direct service, and the PA-DHS bars to subcontractor services, can and should be resolved to allow greater flexibility and innovation at both CUA and subcontractor levels. Right-sizing of the DHS workforce must occur soon.

6. Focus on permanency: Fix the “back door” by focusing on permanency and other safe closures. The assignment of tasks and timelines – “who-is-responsible-for-what-and-when” – should be among the more accessible and concrete elements of a “fix” in case procedure, especially for adoptions.

7. Use data: Accountability needs a new set of norms, both to make clear what we are doing right, and what is unacceptable and or needs to improve, Administrative oversight at DHS and the CUAs was supposed to have authority and teeth, informed by on-line real-time data on referrals for service and wait times, while also setting up performance appraisal. Regular and transparent reporting, management review of performance data, and measured adjustments in practice should be normative features in DHS, CUA and Court Administration. The entire community needs to know with assurance that children are safe and their needs are being met. We believe the management adage that “what gets measured gets improved”.

8. Improve educational achievement: The educational needs of children involved with the courts must continue to receive special attention. Both attendance and graduation rates for system-involved youth must improve,

9. Seamless transition: While change in public policy and practice can be difficult in any field, large-scale systems transformations in child welfare are notably difficult to create or sustain, and often fall victim to the differing priorities of new administrations. It should be noted that a seamless transition regarding the implementation of the Panel's recommendations took place from the administrations of Mayors Street to Nutter. The process has also been marked by broad, inclusive participation of stakeholders throughout design and implementation. We hope that the next transition will be similar in approach by Mayor Kenney, maintaining the best of the new model while making the refinements that we and others have suggested.

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*Child Advocates* is Philadelphia's lawyer pro bono program for abused and neglected children. At *Child Advocates*, we work to change the story for children. For 38 years, we have offered the skills and dedication of lawyer-social worker teams, and this year we will represent a record-high number of children, more than 1,025 young people aged from birth to 21. While our direct service work is Philadelphia-focused, we work with partners across the Commonwealth of Pennsylvania and the nation on the development of effective policy and practice for vulnerable children. We attempt to offer a balanced, candid and constructive assessment of what our children need and how we are all doing for our kids.

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