

OFFICE OF TRUANCY PREVENTION

PROCEDURAL GUIDE

**CITY OF PHILADELPHIA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF COMMUNITY-BASED PREVENTION SERVICES**

May 2001

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I. INTRODUCTION AND PHILOSOPHY OF SERVICE

The Office of Truancy Prevention is responsible for developing a comprehensive strategy to increase school attendance throughout the Philadelphia School District. We continue to work in collaboration with various city agencies, including but not limited to the School District of Philadelphia, Family Court, and the Police Department. In addition, we have developed significant relationships with a network of contracted providers that are providing direct community-based family support services. The primary partners in this effort, aside from the formal collaborators, are the children, families and other residents of the communities where we are engaged.

Although we are charged with increasing school attendance and reducing truancy, our mission is broader and perhaps more complex. The risk factors for truancy parallel those issues and problems so apparent in our child welfare system. These risks include but not limited to poverty, lack of family cohesion, child abuse/neglect, community violence, and behavioral and physical health problems. The Office of Truancy Prevention views truant behavior as an early warning that alerts formal support systems that the child and/or family and/or community is experiencing some measure of dysfunction requiring intervention that empowers and provides the resources to manage their lives.

The Office of Truancy Prevention will support the continuous development and capacity building of individuals, families and communities in order to develop and maintain a preventive net of support that any family may utilize to maximize their opportunity to succeed. Our primary relationship and equal partnership is with the family and community. Any other relationships we develop are determined by what is in the best interest of, and consistent with the family/communities goals and laws of the Commonwealth.

Our role in equal partnership with the family is to facilitate the development of positive relationships that individuals, families and communities require to receive the support to develop their assets and skills and address the challenges they are currently facing establish to achieve their goals. Paramount is our ability to facilitate the development and/or transformation of the appropriate relationships. Our ability to do this is enhanced only when we are aware of the challenges facing the family and the assets they have available to serve as their foundation for continuing development.

The Office of Truancy Prevention employs a “strengths-based case management” approach. Since the late 1980’s, strengths-based case management has increasingly been recognized as a variable service model for human service practitioners. Strengths-based case management is a client-driven service modality that stresses individual assets that can be harnessed to resolve their problems, countering other approaches that focus on a person’s deficits (Whitley, et al. 1999). According to Saleebey (1997), strengths case management help clients “ discover and embellish, explore and exploit (their) strengths and resources...” Our approach also develops and modifies existing relationships or by develops new relationships that are facilitated and supported by the Office of Truancy Prevention and its community based partners.

II. GOALS, OBJECTIVES, OUTCOMES AND MEASURES

The following objectives, outcomes and measures are for the period September 2001 to June 2002.

A. INTERVENTION

GOAL: *To provide community-based family support case management to 100% of the families referred by the Regional Truancy Court to the contracted provider.*

OBJECTIVES:

To increase communication between family and school

To increase family's compliance regarding the provision of written excuses for absences

To assist families to develop and implement a Family Development Plan.

To facilitate consistent, accurate, and timely record keeping by School District Philadelphia staff.

GENERAL OUTCOMES:

- An increase to 87% the percentage of days targeted children attend school
- Significant reduction in the number of days that children are absent with an excuse
- Significant reduction in the number of days that children are absent without an excuse
- Significant reduction in the identified family challenges contributory to child's truancy

MEASURES:

Primary Measures: Official School Attendance Records

Secondary Measures

- Documentation of family-school contact
- Documentation in increase in written excuses for absences
- Goal attainment on family development plan
- Family/child satisfaction surveys

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Secondary Measures

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- Documentation in increase in written excuses for absences
- Goal attainment on family development plan
- Family/child satisfaction surveys

III. CRITERIA FOR REFERRAL

A. INTERVENTION

The Office of Truancy Prevention will continue to support the Regional Truancy Courts via the provision of Community Based Family Support Activities that are designed to assist families in acquiring the support they require to establish and achieve their goals. The criteria for referral to the regional court remain twenty-five days of unexcused absences in the prior year and on track to repeat the behavior in the current year. The community-based providers recommend and accept families for support from their agency based on the following criteria:

Target

Population: Children and families attending Philadelphia Public elementary, middle and high schools who are subpoenaed by Philadelphia Family Court to appear in the Regional Truancy Court and are referred by the court for support services.

Screen #1

Children and their families are eligible for the community-based family support intervention services if they have reached the threshold of twenty-five unexcused absences in the prior year and are on track to repeat. In addition they must be subpoenaed to the Regional Truancy Court and referred for family support services.

Screen #2

The family is willing to cooperate with the community-based provider agency and make a commitment of their time (specific) in order to work as an equal partner with the provider to increase their capacity to achieve specific goals established in the Family Development Plan.

Screen #3

The family and/or child is not currently in the midst of crisis that puts them at imminent risk for abuse or neglect by others or themselves. Children at imminent risk of abuse or neglect by others **must be referred** to the Department of Human Services hotline immediately by the court, school and/or provider agency. Children and adults at imminent risk of self-inflicted physical abuse must be referred to the appropriate mental health services immediately.

Screen #4

The parents must be willing to sign releases of information for school records, and other formal services the family and its members receive that may have an indirect or direct impact on the child's school attendance.

Screen #5

The school the child (ren) attends must be willing to cooperate and work in collaboration with the family and the community-based providers to set goals, develop and implement action plans. In addition, there must be a commitment from the school to initiate and complete the CSP.

B. PREVENTION

The Office of Truancy Prevention will continue to fund at the three original sites: Congreso, United Communities and Youth Services Inc. for community-based family support focused on increasing school attendance. The target population for these supports is middle and elementary school children who have accumulated a minimum of 10 days of unexcused absences during the current school year. The providers of these services will utilize the following guidelines to determine the child/family's appropriateness for prevention support activities:

Targeted Clusters: This initiative is targeted toward children and their families, who are currently attending the Philadelphia Public elementary and middle schools in the Audenreid, Furness, South Philadelphia, Kensington, Edison, Olney, Overbrook University City and West Philadelphia Clusters.

Screen #1 Children/families are eligible for the community-based family support prevention services if they have one or more children residing in their household who have accumulated between 10 to 24 days of un-excused absences during the current school year

Screen #2 In order for a referral to be accepted for these prevention services the children must be identified by the School District of Philadelphia. Prior to our involvement, we are requiring that these children receive supports initiated by the school's Comprehensive Support Process and reach the Tier II level of the SDP support process. Referrals to these prevention supports must be submitted in writing and be accompanied by current documentation of the CSP and other materials may assist the provider, in partnership with the family/child and school, in determining what is the best course of action to take.

Screen #3 The family is willing to cooperate with the community-based provider and makes a commitment of their time (specific) to work as an equal partner with the provider to increase their capacity to achieve specific goals established in the Family Development Plan. Reception of these supports is voluntary. There must be a written partnership agreement with the family, school and provider stating the willingness of all parties to work in collaboration for a minimum of 60 days and a maximum of 90 days.

Caseload: Once referred to and accepted for service, the families will receive support services for 60 to 90 days. We project that each provider will assist approximately 360-540 families based on hiring three social workers per agency and the provision of services for 60 to 90 days with a caseload ratio of 30 to one. Families requiring more intensive services will be connected to appropriate services based on the individual and family assessments.

IV. REQUIREMENTS FOR COMMUNITY-BASED FAMILY SUPPORT

A. PERSONNEL GUIDELINES

- Once a contract has been awarded, the provider will make and document good faith efforts to hire appropriate staff, purchase/acquire equipment necessary to support staff, participants and or programming within the following timelines
- Any new or open position will be advertised/posted and request applications within two weeks of confirmation of the allocation or opening.
- Interviews for the position should begin no later than six weeks of confirmation of the allocation or position becoming open.
- Hiring must be completed no later than eight weeks subsequent to confirmation of the allocation or position becoming open.
- Staff hired for and paid by funding designated for truancy will be utilized for truancy prevention or intervention services.
- The provider is responsible for fulfilling the entire scope of services as specified in the contract and providing documents, plans and other miscellaneous items as requested in the time frames provided by the Office of Truancy Prevention.

Caseload Expectations: The case managers will be expected to carry a maximum of twenty-five cases at a given time. Community based provider agencies will be expected to facilitate community based family support activities to a minimum of one hundred and fifty families from July 1, 2001 through June 30, 2002.

B. COURT GUIDELINES

1. Pre-Court Procedures:

- The provider who will receive the court list no later than one week prior to the court date is expected to make contact with family to inform them about the hearing, date, time and location, and the services that are available
- When new families that have not been to court previously are referred, the provider is required to do one home visit prior to the initial hearing and provide a preliminary report that includes a rudimentary assessment of the family, corrected demographics, and a recommendation that includes need for support what support and from whom.
- These visits are subject to the same standards as the post referral visits.
- For returning families that were previously referred, the provider is required to provide the court with a written report about the current status, the goal, the plan and the progress of the family. (See criteria for a court report.)

2. Court Protocol and Standards:

- Providers (and DHS) are required to appear in court by no later than 8:30 a.m.
- Provider agencies responsible for staffing a particular court are required to have an adequate number of staff/community based family support case managers present in the court each day the court is in operation.

- The provider agency is required to be present in the courtroom during the disposition of each case from a cluster they are contracted to support.
- The provider agency is responsible for being prepared, to participate in the testimony, recommendation and disposition of every case from the clusters they are contracted to support. (See the criteria for court reporting)
- The provider agency is required to confer with the responsible SDP staff prior to the hearing and develop a collaborative recommendation for each case from a cluster that they are contracted to support.
- The provider agency is responsible for providing a recommendation for support to the Master on all new cases and/or cases previously assigned to them
- The provider agency is required to assertively request referrals from the court, based upon the RTC "Criteria for Referral", and the residence of the family and the school the child (ren) attends.
- The provider is required to make every reasonable attempt to schedule a home visit with newly referred families at the bar of the court and/or prior to the family leaving the premises.

C. FAMILY DEVELOPMENT

1. Comprehensive Individual/Family Development Assessment:

- Must be completed on every family referred to the provider agency.
Must be current within three months so regular reviews and updates should occur within that time frame.
- The initial CFDA must be completed within four weeks of the initial referral.
- Information for the CFDA may be collected via observation, conversation, interview, and documentation and should include contacts with the children, parents, school, other providers, relatives and family associates.
- Must document the family's participation as the primary source of information and include their signature.
- The mode of contact may phone or in person contacts however Face to Face contacts are preferred.

2. Comprehensive/Collaborative Family Development Plan:

- Must be completed within six weeks of the initial referral.
- Must be completed with the family during a face to face contact
- All family members above the age ten who are included in the plan must be actively involved in the plan's development and sign off.
- Must be kept current within three months
- Must clearly relate to the CFDA and demonstrate how the individual, family and or community resources/assets are to be utilized to address the challenges and achieve the goal.

D. HOME VISITING

As a general policy of the Regional Truancy Court Family Support program, home visits are an essential component of the services we provide to the families who are referred to our community-based organizations for support and empowerment. The community-based social services we provide are designed to support the population we serve in the environment in which they live. We are working to build upon the assets of the individual, family and community. In order to accomplish this we will offer the opportunity for home visitation to all of the families we engage. These contacts provide us the opportunity to identify the assets and resources available to the individual/family including the informal supports that may not be evident without engaging the family in their natural environment. It also affords us the opportunity to observe the family and the social interactions that occur in the home and/or neighborhood, providing us with insights that may benefit the partnership between the family and the provider. The most compelling reason for home visits is they provide the family with the opportunity to interact in the comfort and familiarity of their environment and reduce the potential for artificial barriers and the challenges that may occur when office visits are the only option. Our goal is to maximize the potential for the development of a true partnership between the provider and the family.

1. Home Visiting Requirement

- The contracted provider will conduct an initial pre-court home visit and assessment of the family/child situation prior to the court hearing.
- After three unsuccessful attempts to schedule a home visit, an unscheduled home visit must be made and documented.
- The initial home visit must be scheduled for no later than one week after receiving the referral for service.
- Home visits must occur at the reasonable convenience of the family and take into consideration the family's schedule.
- Home visits must include the parent/guardian, the child (ren), and other significant family/household members.
- Home visits must be documented and include but not necessarily be limited to the following:
 - Who was there including their relationship/role with family?
 - What was the purpose/content of the visit?
 - Where did it occur {if outside of the home why?}
 - When did the visit occur?
 - What was the outcome of the visit and how does it relate to the family goal and/or plan?
- Home visits must occur at least every two weeks.
- The initial home visit should include the initiation of the comprehensive family assessment.
- If one of the exceptions apply, a visit may occur outside of the actual residence. There should be specific documentation of the circumstances leading to this exception.

2. Home visits are not required if the following circumstances exist:

- The family denies you access to the home. The family has every right to request that you do not enter their home. It will be the responsibility of the agency responsible for providing the family support service to document this. In addition make every attempt to develop your relationship with the family so you may gain their trust. Please make certain the family is aware that it is a regular component of the services we provide and that the information acquired during these visits is confidential and will not be shared beyond the Department of Human Services without their permission.
- Please note that this does not absolve the provider of the responsibility for cultivating the community-based support the family requires to increase their capacity to resolve whatever underlying issues may contribute to the truant behavior. This will require visits to the neighborhood and familiarity with the asset and deficits present in that community that may be impacting the family.
- The situation in the residence presents a risk to the provider. A provider who is aware of circumstances they perceive as presenting risk to their safety or health must document this situation and consult with one of the two DHS social workers assigned to the regional truancy courts. If there is a situation which presents some risk to you it may also be possible that the children living in that home may also be at risk and we are mandated child abuse reporters which includes children at **imminent risk of abuse or neglect**.

Technical assistance will be provided on a case by case basis.

**Please note this does not include a provider denying home visitation because they are not comfortable with the environment. Some situations may occur that cause some discomfort, however it is the expectation of this office that the provider will act in a professional manner and work with the family to develop mutually acceptable expectations for visitation.*

E. Family Case Management

Truancy case management services are designed to organize, Coordinate and facilitate the delivery of family focused community based support services. Our focus is strengthening the individual via facilitating and supporting the development of the family thereby increasing the capacity of the family to manage their lives and achieve their goals. The engagement, development and coordination of the formal and informal individual, family and community assets and resources that support any family's growth and development is the foundation of community-based family support case management. Our goal is to assist families by helping them grow towards increased self--reliance. The primary objective is the development and maintenance of relationships necessary for individuals and families to stimulate, support and sustain their growth and development.

1. Case Records

Each case record must contain the following documented information: *(Please note that there is a likelihood of additional required case record documentation since we are working with our evaluator to determine what information we need to collect to effectively evaluate our efforts.)*

- 0 All contacts with the family, or other providers related to the support of a family or child including Phone, fax, e-mail, mail, in person, letter etc
- 0 Assessments of the individuals, family, and community.
- 0 Family Development Plan and revisions including information regarding responsibility for the planned activities.
- 0 Status of the family including family and individual demographics, school performance, compliance with services, and outcomes of services.
- 0 Referrals, linkages and follow up utilizing the social summary/referral form instituted in September 2000.

2. Assessments

The Office of Truancy Prevention is instituting a developmental assessment tool for the individuals and families involved with our contracted community based service providers. Each provider will be expected to use this tool for all parties on their caseload. It is being used primarily because we must be able to determine objectively where a family is at any given time and meets them there. The family is a primary partner in the completion of this tool and must be provided an opportunity to participate as an equal. In addition this particular tool is asset based and allows for the incremental measurement of families as opposed to an all or nothing approach.

In addition to utilizing this tool we will work in concert with the assessments of other disciplines for those areas of the child/families development that are appropriate and are consistent with their expertise or field of concentration including but not limited to:

a. Individual Assessments

- Academic development via the parents, School Counselor and documentation from the Comprehensive Support Process.
- Social development focusing on the child(ren)'s ability to function and interact with peers, adults via observation of the child(ren), interviews with parents and peers, School District counselors (with supporting documentation) and any other formal or informal supports that may be involved in the child(ren)'s life including the behavioral health system.
- Personal support systems that are, currently in place including the child's personal assets.

b. Family Assessment

- Knowledge of and capacity to locate and utilize resources successfully.
- Access to resources, i.e. are the resources required available? ; Does the family have reasonable physical access? ; Are they eligible to use the resources?
- The availability of informal resources both personal and general.
- Parenting, management, social and professional skills.
- Education formal and informal.
- Mental and physical health

c. Community Assessment

The community as the primary source of support for families is fundamental to developing community based prevention services. It is paramount that we are aware of

the assets, resources and challenges of the communities where our families/partners reside. Our responsibility is to build upon these assets and develop new resources to support the creation of the preventive/supportive net, which families, individuals and organizations may utilize when they require support. Assessment of the communities will be an essential tool for staff and families so that, each may be empowered with the information; provided with access to the resources and assets; and be made aware of the challenges facing the community. This information will be important for the family support component of the work as it will facilitate a more efficient and effective coordinated utilization of the available resources including our own. This information must be available to be utilized for the benefit of the family. In addition the information gathered will be critical to the community development components of community-based family support.

The information gathered should include but may not be limited to:

- Community-based services, organizations and programming along with their locations, availability, populations served, eligibility requirements, and appropriateness for the family being linked.
- Public resources, i.e., recreation center, libraries, health districts, family centers etc .
- Grass roots organizations, Home and School, advocacy groups, block captains, Neighborhood Advisory Committees, Neighborhood Watch groups, Community Development Corp., local politicians etc...
- Faith-based Organizations, electronic and print media, academic institutions(public and private) and any stable informal supports.
- *Documentation of the assessments including the community assessment is to be apart of each case record.*

3. Family Development Plan

The development plan is an essential tool for case management. It allows anyone reviewing the case or situation to know who is responsible for the planned actions and the time frames for their completion. In addition, it will assist the family in determining and knowing what is their responsibility and for accurate assessment of the appropriateness of the plan and the providers and family's progress toward the goal.

The provider agency is responsible for assisting the family in determining short and long term goals and a plan for achieving those goals. The Family Development Plan must reflect and be consistent with the Family Developmental assessment. The family must be provided an opportunity to participate in this process so that they are invested and it reflects their agenda for their children and other family members. They are required to sign off on the plan and to implement it with our support.

4. Referrals and Linkages

The provider agency is responsible for insuring linkages with other support systems as determined by the family's development plan. The provider must insure that the service required is available and appropriate for the family taking into consideration, culture and race, individual and family capacity, location and efficacy. The provider is also responsible for assisting the family in determining what services are needed, identifying

resources, engaging the provider, and linking the family to the provider, monitoring the relationship between the family and the provider, and acting as liaison between the family and the provider if necessary. Depending upon the capacity of the consumer this will require different levels of advocacy and/or intervention on behalf of the consumer. However it is important to note that a delicate balance must be achieved and evaluated regularly as we focus upon the facilitating the growth and development and eventual self-reliance of the consumers we engage.

Referral and Linkage Principles

Referrals and linkage to community-based supports should be consistent with:

- The challenge facing the family/individual
- The family's willingness and capacity to utilize the support
- The goals the family/individual have established
- Is the support culturally appropriate?
- Is the support facilitating capacity building relationships and/or activities for the family/individual?

Referrals & Linkages must be documented in the case record and contain the following information.

- Who made the referral? And when?
 - What organization(s) received and/or accepted referral? And when?
 - What is the type of support requested, and for whom?
 - What challenge or goal does this support address, and how is it building upon the assets of the family/individual?
 - What is the intended outcome for the family/individual from the customer perspective, and from the case managers, if different than the customer?
 - What is the outcome whether intentional or unintentional?
 - What was the date of the referral, linkage, and discharge?
 - Reason for discharge from the support?
 - Follow-up contacts regarding the referral and quarterly updates.
-
- Once the initial referral is made, the case manager is required to follow-up to secure intake appointment and or linkage at least every 72 hours.
 - Community-based provider is required to be available to accompany the family/individual to initial contact and support intake process.
 - The community-based provider is required to maintain at least quarterly contact with the source of support and request updates.
 - The community-based provider is required to negotiate and document agreements of support with the external support providers they are referring and linking customers to.

Please keep in mind that our mission is to facilitate the development of support with relationships that promote growth and development among our families, individuals, and communities. To do so consistently we must be conscious of where the family/individual is and make certain we are supporting rather than serving whenever possible. It is

paramount that we work as a team in equal partnership with all involved and request the same from the individuals, families and supportive organizations with whom we are developing relationships.

5. Follow Up

The provider is responsible for maintaining regular contact, subsequent to the referral and intake, with ancillary providers to insure that the consumer is receiving the services requested and that those services actually are appropriate in relation to the child/family's capacity to utilize the service and the achievement of their goals. Follow up contacts may be by phone, in writing or in person but they must be documented.

6. Direct Service

The provider agency is responsible for providing direct service supports that are available to them through their agency, family center and/or other services directly connected to and managed by their agency. A primary component of this service is home visiting. Home visits are to be offered to every consumer we engage. (Refer to written policy for more information.) Service provision is to be consistent with the family goals and focused on developing the capacity of the consumers to care for them.

V. CASA START

(For Lincoln, Frankford, George Washington, and W. Philadelphia Clusters)

CASASTART, Striving Together to Achieve Rewarding Tomorrows, is a community-based, school-centered program with the central goal of preventing substance abuse and delinquency among high-risk 8- to 13-year-olds. The program brings together three types of organizations – schools, law enforcement agencies and social service agencies – to achieve this common purpose. The collaboration of these key stakeholders in a community or neighborhood is integral to the success of the *CASASTART* model.

~ Core *CASASTART* Program Components ~

Case managers coordinate a menu of comprehensive services:

Social Support: Working with a small group of families, case managers ensure that the needs of the child and family are met through a direct intervention or referral to a more appropriate service provider. During the period of program participation, intensive efforts take place for three-to-four months and are followed by on-going monitoring, support and crisis intervention.

Family Services: Services include counseling, parenting skills training, stress management/coping skills, and identification and treatment of substance abuse and other health or mental health problems. Referrals are made to education and training programs, job search skills and employment services, and income and social support resources. Case managers make home visits to each family on a monthly basis.

Education services: Tutoring or homework assistance is available for all children in the program. Remedial classes or other specialized courses aimed at reducing the chance of academic failure are provided.

After-school and summer activities: All youth are offered cultural and recreational programs, life skills/youth development programs, and training or educational opportunities to ensure that their leisure time is spent in positive and productive activity.

Mentoring: The program arranges with local organizations (i.e. colleges, high schools, police departments, faith organizations, Big Brothers/Big Sisters programs) to provide mentors for youth in the program.

Community Policing/Enhanced Enforcement: Police officers directly serve as members of the *CASASTART* team, participating at case conference meetings, working one-on-one with children and families, and collaborating with case managers on strategies to help individual children and families. Additional law enforcement activities in the target neighborhood may include posting police along "safe corridors" on routes frequently used by the youth to and from school, establishing neighborhood stations to ensure safety in the community, and building relationships with community residents. Stepped-up supervision and sanctioning of drug offenders also reduces their influence in the target neighborhoods.

Juvenile Justice Intervention: Case managers work with juvenile court personnel to provide community service opportunities and enhanced supervision of children involved in the juvenile justice system.

Incentives: Refreshments, gifts and special events are examples of incentives used to engage youth, build morale and foster attachment to the goals of the program. Stipends may also be provided for goal achievement or community service.

VI. COMMUNITY DEVELOPMENT

The Office of Truancy Prevention's efforts to increase school attendance throughout the School District of Philadelphia is anchored by the community development activities we are initiating via the Community Stakeholders' groups attached to each Regional Truancy Court. Our immediate objectives are to stimulate, support and facilitate community efforts to organize themselves, identify and prioritize challenges, plan collaboratively and implement action plans that will address challenges that retard the social, intellectual and physical development of the children, families and communities. Our ultimate goal is to create a preventive net of support, utilizing all of the resources available, that any family may access void of arbitrary barriers.

Due to the diversity of culture, attitude and environment the activities may look different from one community to the next. However, it is necessary to utilize the same process, An Equal Partnership In Change, across the various communities. By utilizing the same process, we provide potential stakeholders with a sense of continuity and the security of the familiar. In addition, we can create the opportunity for everyone to participate in the same manner and avoid the specter of impropriety while enhancing the potential for the active and equal participation of all potential stakeholders.

Scope of Services:

For the purposes of this office and this reapplication, the term community stakeholder is defined as individuals, organizations, institutions or other entities who either reside or have a consistent presence or interest in the development and growth of community, specifically as it regards increasing the opportunity for the community's members to grow, develop and achieve their goals and reduce the challenges that promote poor school attendance and other unacceptable outcomes. These include, but are not limited to:

- ! School District of Philadelphia
- ! Department of Human Services
- ! Philadelphia Family Court
- ! Community Residents
- ! Institutions and Organizations
- ! Faith-Based Community
- ! Public Services

The contracted community-based provider is responsible for facilitating the community development process via the following activities:

- ! Identification, Relationship Building and Recruitment of Potential Stakeholders
- ! Staffing the stakeholders group including communication, scheduling, record keeping, securing meeting space, and organization and facilitation of the meeting.
- ! Identification of assets, resources and challenges
- ! Resource Development

- ! Collaborative Planning and Implementation
- ! Marketing

Standards for Community Development:

- ! The community stakeholders' meetings are to occur monthly during the week court is in session.
- ! The Primary Regional Truancy Court collaborators, School District of Philadelphia, Philadelphia Family Court, Philadelphia Department of Human Services, and the Home & School Association representative must be invited to participate.
- ! Recruitment must consist of at least one documented in-person contact with a potential stakeholder and at least one follow-up contact.
- ! Written notices for meetings must be delivered to invitees; and the notices are to be delivered at least one week prior to the meeting date; all stakeholders are to be provided minutes from the previous meeting and an agenda for the upcoming and all supporting documents that may promote active, equal participation.
- ! Documentation of stakeholders meetings must be provided to the Office of Truancy Prevention, including
 - Who attended the meeting (name, organization, address, telephone and fax numbers, and e-mail addresses)
 - Where the meeting was held
 - What occurred at the meeting? What is the plan (status), what is the challenge(s), what resources are accessible and the purpose
 - When the meeting occurred
 - What was the outcome of the meeting
 - Agenda for the meeting
 - Next steps

Marketing Scheduling:

- ! Every six months the provider will facilitate an open stakeholders meeting and distribute invitations via mass mailing to the community as a whole. This invitation packet should include:
 - Background information about truancy and the various efforts to reduce and prevent it
 - Summary of the stakeholder group activities
 - A tentative agenda for the meeting

VII. INCREASING SCHOOL ATTENDANCE INITIATIVE

Goal: *To identify, engage and support the children and their families who are currently attending Philadelphia public elementary and middle schools and have accumulated between ten and twenty-four days of unexcused absences so that these individuals and their families may have the opportunity to build upon and utilize the supports and assets available to them presently to increase their capacity to optimize their growth and development.*

Methodology: *The Department of Human Services and its agents will work in close collaboration with the School District of Philadelphia, community based organizations, residents and other stakeholders to identify, coordinate and provide community based family support prevention services to the identified children and their families that is consistent with goals and aspirations of these consumers and which supports school attendance.*

Family Support Service Delivery:

In order to create an environment that enhances independence via capacity building we provide family support services that take into account the assets of the consumer and the community where they reside and build upon those assets and skills by challenging and supporting all involved to stretch beyond our comfort zones working together with the families and other stakeholders in equal partnership as we work towards self reliance.

A. CASE MANAGEMENT:

The provider is responsible for providing case management services for the families/consumers referred by the School District of Philadelphia via their Comprehensive Support Process. The case management support is designed to facilitate the delivery of family focused, and community based family support services. Our approach will be focused on strengthening the individual by building the capacity of the family via the engagement and development of the formal and informal community assets and resources that support the family's growth and development towards the achievement of their goals.

The caseloads for the social work staff managing cases referred from the courts should not exceed thirty cases at a time. The objective of this initiative is to provide short-term (60-90 days) intensive community-based family-support services to the family, once a child is identified as at risk for truancy. The goal is to increase the capacity of the individual, family and community to provide protective support that enhances the child's ability to reach developmental goals and function more effectively in their personal and academic environments. **The primary objective is the development of those relationships necessary for individuals and families to sustain and support their growth and development.**

Each case record must contain the following information and documentation: *(Please note that there is a likelihood of additional required case record documentation since we are working with our evaluator to determine what information we need to collect to effectively evaluate our efforts.)*

- All contacts with the family, or providers. (Phone, fax, e-mail, mail, in person, letter etc.)
- Up to date (within three months) assessments of the individuals, family, and community.
- Family Development Plan and revisions including information regarding responsibility for the planned activities.
- Referrals, linkages and follow up utilizing the social summary/referral form instituted in September 2000.

1. ASSESSMENTS

a. Individual Assessments

Once a case is accepted for service by the provider they will be expected to conduct a thorough assessment of the child (ren)'s that includes but is not limited to:

- Academic development via the parents, School Counselor and documentation from the Comprehensive Support Process.
- Social development focusing on the child (ren)'s ability to function and interact with peers, adults via observation of the child (ren), interviews with parents and peers, School District counselors (with supporting documentation) and any other formal or informal supports that may be involved in the child (ren)'s life.
- Personal support systems that are currently in place including the child's personal assets.

b. Family Assessment

Once a case is accepted for service by the provider, they will be expected to conduct a more thorough assessment of the family to determine their capacity that includes but is not limited to:

- Knowledge of and capacity to locate and utilize resources successfully.
- Access to resources, i.e. Are the resources required available? ; Does the family have reasonable physical access? ; Are they eligible to use the resources?
- The availability of informal resources both personal and general.
- Parenting, management, social and professional skills.
- Education formal and informal.
- Mental and physical health

c. Community Assessment

Our premise that **the community is the primary source of support for families** is fundamental to developing community based preventive social services. Therefore it is paramount that we, the individuals and organizations, make ourselves aware of the assets and resources of the communities where our families/partners reside. We will build upon these assets and support to create the preventive/supportive net that families, individuals and organizations may utilize

when they require support. The assessment of the communities will be an essential tool for staff and families so that each may be empowered with the information; provided with access to the resources and assets; and be made aware of the challenges facing the community. This information will be important for the family support component of the work as it will facilitate a more efficient and effective utilization of the available resources including our own. In addition the information gathered will be critical to the community development components.

The information gathered should include but may not be limited to:

- Community-based services, organizations and programming along with their locations, availability, populations served eligibility, and appropriateness for the family being linked.
- Public resources, i.e., recreation centers, libraries, health districts, family centers etc . . .
- Grass roots organizations, Home and School, advocacy groups, blocks captains, Neighborhood Advisory Committees, Neighborhood Watch groups, Community Development Corp., local politicians etc.
- Faith-based Organizations, electronic and print media, academic institutions (public and private) and any long-term informal supports.

** Documentation of the assessments including the community assessment (resources related to the family's goal or supporting increased school attendance) is to be a part of each case record.*

2. DIRECT SERVICE:

The provider agency is responsible for providing direct service supports to the family that are available to them through their agency, family center and/or other service oriented relationships they have developed within the communities where they are engaged. A primary component of this service is home visiting. **Home visits are to be offered to every consumer we engage.** (Refer to the OTP home visiting policy for specific guidelines) Service provision is to be consistent with the family goals and focused on **developing the capacity of the consumer, to care for himself or herself.**

a. Family Development Plan

The development plan is a tool for case-management, which allows anyone reviewing the case or situation to know who is responsible for actions and the time frames for their completion. In addition, it will assist the family in determining and knowing what is their responsibility and for accurate evaluation of the provider's and family's progress toward the goal.

The assessments of the family, individual(s), and community must be shared with the family in developing a plan with the family and establishing their goal(s). The provider agency is responsible for assisting the family in determining short and long term goals and a plan for achieving those goals. The family must participate in this process so that

they are invested and it reflects their agenda for their children and other family members. The family is also required to sign off on the plan and to implement it with our support.

b. Referrals and Linkages

The provider agency is responsible for insuring linkages with other support systems as determined by the family's development plan. Depending upon the capacity of the consumer this activity will require different levels of advocacy and/or intervention on behalf of the consumer. However it is important to note that a delicate balance must be achieved and evaluated regularly as we focus upon the growth and development of the consumers we engage.

c. Follow Up

The provider agency is responsible for maintaining regular contact, subsequent to the referral and intake, with ancillary providers to insure that the consumer is receiving the services requested, and that those services are both appropriate in relation to the consumers' capacity to utilize the service, and pertinent to the achievement of their goals. Follow up contacts may be by phone, in writing or in person but **they must be documented.**

B. COMMUNITY DEVELOPMENT:

Community development is the foundation of the community based family support services. It is the community development work that will allow families and communities to sustain the work *beyond* our involvement and eventually make our continued involvement unnecessary. Building capacity via the development of the community is crucial if we are to assist families in caring for themselves, encourage them to make decisions about their priorities, and enable families to develop and utilize resources in a manner consistent with their goals. It also supports our prevention work by creating an environment that is supportive and lends itself to the successful development of individuals families and organizations within the community.

1. COMMUNITY ASSESSMENT: (see assessments section III)

2. RELATIONSHIP BUILDING/COLLABORATION:

The provider agency is responsible for the development and maintenance of the collaborative relationship with our primary partners at the local level. **The primary partners are the School District of Philadelphia and the Philadelphia Family Court,** however the provider is not limited to these partners. These particular relationships are primary to the functioning of the courts, and therefore, identifying and engaging essential school personnel, and working with them to coordinate the activities of the court is essential. In addition, providers are also to encourage and support the schools' involvement in the community development efforts.

Secondary relationships with other stakeholders in your community are necessary in order to build broad-based support and collaborative activities that is consistent with reducing and preventing truancy and its related outcomes. *Informal* and *formal* partnerships are to be developed with all stakeholders interested in supporting the work we are doing **if their activities are directly or indirectly impacting truancy reduction,**

a related outcome or contributor to truant behavior. This *must* include developing relationships with the **community residents** in a way that enhances their capacity to care for their community and enhances your capacity to reduce and prevent the rate of truancy.

a. Planning

The provider agency is expected to facilitate the development of the Stakeholders Group via the relationship building. A primary component of this work is the *monthly collaborative meeting* (Stakeholders meeting) which you are required to schedule (at a minimum) monthly during the week court is in session. The purpose of the collaborative process is to:

- Identify and coordinate the available resources in your community and develop additional resources.
- Identify the challenges facing the community and prioritize their importance.
- Identify the strengths within the community.
- Develop objectives and actions that are consistent with building the capacity of the community to reduce and prevent truancy.
- Formulate a plan of action and implement it.

b. Implementation of Plans

The ultimate goal of the community development process (EPIC) is to implement actions that will facilitate capacity building in the communities where we are providing services to families. The provider agency is required to play a pivotal role in the development of an ongoing, community-wide process that supports enhancement of the community's capacity to manage and support the development of individuals, families and the community, thereby preventing truancy and its related issues. The role you play may change from one moment to the next and include but not necessarily be limited to Legitimate Initiator, Network Entrepreneur, Product Champion (marketing), and Gatekeeper. All of these facets are essential to the effort to bring residents, organizations, institutions and other stakeholders together for the purpose of facilitating the creation of a preventive net that is sustainable beyond our official involvement.

Please note that all activities require documentation and that the Office of Truancy Prevention will be reviewing records and requesting documentation of all activities related to the community development process.

VIII. JOB DESCRIPTIONS

CASE MANAGEMENT SUPERVISOR/PROGRAM COORDINATOR

Qualifications:

The preferred candidate will have at least a Bachelor's degree, although a Master's degree in a related field is preferred, and a minimum of three years facilitating community-based family support activities and at least two years of supervisory experience.

Candidates must also have excellent organizational and communication skills (written and verbal); demonstrated experience and success in community organizing, collaborative planning and development; experience in resource development; good management skills including working knowledge of personal and professional development; demonstrated ability to support staff; experience in multi-disciplinary community-based case management; demonstrate a working knowledge of the community's culture, assets, resources, challenges and barriers; demonstrate the willingness and capacity to work in equal partnership with the community.

Responsibilities include, but may not be limited to;

- ! Supervising the facilitation of community-based family support activities and multi-disciplinary case management record keeping, staff development, etc....
- ! Developing and maintaining relationships with the community-based formal and informal supports, i.e., churches schools, residents, CDC's, NAC's, Public & Private systems, etc.
- ! Supervising the facilitation of the community development/stakeholders process via the utilization of the Equal Partnership In Change model.
- ! Responsible for facilitating collaborative planning and development and implementation with other community stakeholders.
- ! Responding to the Office of Truancy Prevention's request for data, general information, meetings, training, and other related matters.
- ! Insuring that there is complete compliance with the scope of services and all related activities; the standards for case management, home visiting; community development and related activities.

COMMUNITY BASED FAMILY SUPPORT CASE MANAGER

Qualifications:

The preferred candidate for this position will have at least a Bachelor's degree (preferably in Human Services) and a minimum of three years experience providing community based Social Support. Candidates who do not have a Bachelors degree must have at least seven years experience providing direct case management Social Support with at least four of those years providing community based social support. Documentation is required, to be submitted to the Office of Truancy Prevention for approval. In addition to the education and experience required, candidates for this position must have excellent communication skills; organizational skills; have a working understanding of child development and family development; have an understanding of community and resource development; have experiential knowledge of personal/professional transformation; be able to work collaboratively in a multi-disciplinary environment.

Responsibilities:

The responsibilities of the truancy case managers include but are not limited to the following activities:

- ! Support the children and families in a manner that fosters independence, growth and development and will facilitate the children and families achieving their stated goals.
- ! Engaging individuals and organizations for the purpose of working in partnership and collaboration.
- ! Documentation of activities directly or indirectly related to the consumers, or their caseload or truancy prevention.
- ! Home visits to families and children when the families and children are available.
- ! Consistent communication with the families, organizations and other providers (both formal & informal) including the SDP for the purpose of coordination of service and collaborative activities.
- ! Facilitate the organization and development of community residents, organizations and institutions for the purpose of developing and implementing a collaborative plan of action.
- ! Accurately assessing the strengths, supports, and requirements of the identified children, families and communities in which they live.
- ! Facilitate the development of an action plan in partnership with the family.
- ! Insure that referrals are completed promptly and confirm that a linkage between the family and provider is secured.

IX. OVERVIEW OF DIVISION OF COMMUNITY-BASED PREVENTION SERVICES

In November 2000, DHS established the Division of Community-Based Prevention Services to better coordinate the Department's wide array of services designed to prevent the abuse, neglect and delinquency of children in Philadelphia. For the first time, programs that had been implemented by the Children and Youth and Juvenile Justice divisions have been brought together in one administrative unit to allow for more coherent planning and more efficient use of resources. This division will be key to implementing and tracking our prevention efforts and will serve as an anchor for our reform efforts. The Community-Based Prevention Services (CBPS) Division is comprised of:

- The **Office of Community Family Centers**, which provides a variety of preventive services for children and families in 19 locations throughout the city,
- The **Office of School and Community-Based Truancy Prevention**, which helps families of children who are truant both before and after referral to truancy courts, and facilitates a broad truancy prevention partnership involving the police, the courts, the school district and other city departments,
- The **Office of Delinquency Prevention**, which provides day treatment and other alternative programs for children and youth whose circumstances put them at special risk of more intensive involvement with the juvenile justice system,
- The **Parenting Collaborative**, a new effort involving our longstanding Parent Action Network as well as new community-based programs, and
- The **School-Linked Behavioral Health Initiative**, which provides intensive case management services for children with behavior problems in 80 public schools, and ongoing staff development for school personnel.

The CBPS division is working in collaboration with the Division of Social Services, Philadelphia Safe and Sound and other key collaborators on the implementation of several of the Mayor's initiatives for children and families including: the **expansion and enhancement of after-school programs**, the implementation of **home-visiting programs for new mothers**, and the expansion of the **School Attendance Improvement Project** to provide social service support to absent students before they are excessively truant.

The development of our reinvigorated prevention effort has involved community leaders, parents, youth, and local and national experts, as we plan services that are able to maximize our relatively limited resources in this area. A major goal of this new effort is to design and deliver services in the communities where we know our children are at most risk, while also continuing to support community-based efforts to make all of our neighborhoods safe and supportive of children. Further, we are currently investigating new models of service delivery that will link the Community-Based Prevention Services (CBPS) Division more directly with DHS' intake system. This will allow for direct referrals between intake and community-based services to enable families to get help through programs without becoming a formal part of the child welfare system – a more

effective and less costly alternative to DHS placement. Similarly, by front-loading more services and delivering them more quickly, we intend to not only divert families from the DHS system but also shorten the time of involvement in that system for those who require more intensive interventions.

After-School Programs. In the coming fiscal year, with expanded funding awarded through the state's Temporary Assistance for Needy Families (TANF) program, we plan to dedicate significant new financial resources to an expansion of community-based prevention. In the area of **after-school programs**, we have budgeted \$5 million of the expected new TANF funds to support the Mayor's commitment to continued enhancement and expansion of after-school programs throughout Philadelphia's neighborhoods. These funds will be used to expand the new network of City funded community-based after-school programs, which this year saw the creation of 28 new programs. We anticipate that the new funding will create at least 2,000 new after-school program slots for Philadelphia school children and help solidify the efforts to provide quality after-school programming. Besides budgeting the TANF funds for use throughout the community, we will work on improving our after-school programs in our Family Centers to meet the new City-approved standards.

Home Visiting Programs. TANF funding will also be used to support a project targeted to 400 women who are pregnant with their first child in the neighborhoods with very high rates of reported abuse and neglect. This project, using a nationally-recognized model that research has shown leads to reductions in abuse and neglect in the short term and delinquency in the long run, provides nurse home visitation to new mothers during pregnancy and for the first two years after birth. Services provided through this program include direct linkage to health and human services, medical screenings, counseling, transportation, etc. In addition to directly impacting on reports of abuse and neglect in these neighborhoods, the project is expected to reduce the rate of infant mortality, low birth weight, child illness among the families served, and support new mothers in achieving self sufficiency. The **home visitation initiative** will also expand the Health Intervention Program (HIP), which uses a multi-disciplinary team approach to the prevention of abuse and neglect. The HIP program will target families where the parent has mental retardation issues that inhibit their ability to care for their children appropriately. Other intensive intervention models are also being considered for implementation in FY 2002, with the goal of reducing child abuse and neglect for families with very young children.

Community Family Centers. Our new Community-Based Prevention Services Division is also in the process of evaluating the impact of our network of 19 **community-based Family Centers**. In FY '00 11,493 children participated in services and activities offered by the Community Family Centers, and that number is projected to increase by 1,000 in FY '01, with a broader goal of serving 13,000 children through the Family Centers in FY '02. In collaboration with the providers who run services in these Family Centers and their community advisory boards, the CBPS division has developed a description of "core" services that we expect will be available either directly or through linkages at every Family Center in the city. These core services will include programs that are able to assist families already referred to DHS for help but whose situation does not require

Services to Children in their Own Homes (SCOH), out of home placement, or juvenile justice system intervention. The Family Center core services will also include programs that address the critical unmet needs identified through the **Philadelphia Coalition for Kids Report Card** in the areas of access to health insurance, immunizations, STD screening, and other threats to the health and safety of our children.

Truancy Initiatives. In the area of **truancy services**, DHS this year has continued its support of social services to youth referred to the Cluster-based Truancy Courts, which handles students, whose level of unexcused absences reach 25 or more in a school year. These regional truancy courts provided community-based family support services to the 656 school children and their families referred by Court Masters in 2000. These comprehensive services include case management, referral linkages and follow-up, home visiting, and advocacy efforts. Early evaluation efforts indicate that a statistically significant improvement in attendance can be seen among students provided services as part of their Truancy Court referral as compared to students not referred to Truancy Court.

In the past, many students brought before Truancy Courts have been placed with DHS and others have been referred to community-based services – our CBPS Division is in the process of addressing the lack of coordination of this process within DHS to ensure that we are utilizing our resources more efficiently and directing the young people to appropriate services. Our hope is that by instituting a more integrated response to truancy within DHS, we can reduce the number of children placed with DHS solely because of truancy and improve the array of services that will support them in returning to school. However, it is obvious that waiting for a child to have 25 absences or more before we intervene as a system is not the best way to address the underlying causes of truancy and dropping-out. This year, we have piloted the **School Attendance Improvement Project** in some Clusters to provide early intervention case management and social services to families of children in elementary schools who have a smaller number of unexcused absences. Our goal is that none of the children we serve in this project will be referred to Truancy Court because we have linked them to other services in the community before the situation has worsened to that point. In FY 2002, we expect to serve approximately 1800 elementary school students with this project, which will be subjected to intensive evaluation through our partnership with the University of Pennsylvania.

Parent Education/Support. In the area of **parenting education and support**, we are publishing the City's first comprehensive guide to parenting education and support services, which we will issue as part of our recognition of Child Abuse Prevention Month on April 20th. This guide will be regularly updated and made available free of charge through Family Centers, libraries, and community organizations, as well as through a new parenting information line to be established at DHS and on the Internet. A public information campaign highlighting the availability of the guide, our information and referral line (which is 215-PARENTS), and other parenting resources, will also begin this April and continue through the coming year. With the help of national experts who are identifying parenting education and support programs that have proven effective in urban settings like Philadelphia, our Community-Based Prevention Division is also expected to

be able to invest in a variety of new, community-based parenting education and support programs in FY 2002. This "best practices" research is still in process and we will be sharing its findings with parent educators and advocates for their feedback and advice prior to developing our priorities for community-based funding in the coming year.

Delinquency Prevention. The prevention of delinquency is another major focus of our prevention work. The Department's efforts in this area include support for 19 community-based day treatment programs as well as mentoring programs and other projects aimed at supporting our young people in choosing alternatives to criminal and delinquent behavior. In FY 2002, we expect to expand the number and variety of these programs and utilize research and data to target them to the neighborhoods with the highest involvement of our children in the juvenile justice system.

Other Programs. The Department also supports hundreds of community-based programs offering educational, athletic and other alternative activities for youth at risk of delinquency through the **Support Community Outreach Program (SCOP)**, which has now become a project of our new Community Based Prevention Division. Working with the SCOP Advisory Board this spring, we will develop new guidelines to make the small grants available through SCOP more effective by targeting them (based on data) more directly to children most in need. In addition, DHS is also exploring models that provide more employment, training and mentoring opportunities for our youth as positive alternatives to delinquency and crime. Lastly, the Department is participating in the **Philadelphia Youth Violence Reduction Project (YVRP)**, a collaborative effort among Philadelphia Safe and Sound, DHS, representatives from the religious community, the District Attorney's Office, the Police Department, Juvenile and Adult probation, community-based organizations, the Philadelphia Anti-Drug/Anti-Violence Network, and Public/Private Ventures. YVRP selects youth who are most at risk of being perpetrators or victims of violence and develops restrictions related to curfew, peer association and geographic locations. Police and probation officers conduct targeted patrols several nights per week to ensure compliance with these restrictions. YVRP also offers a variety of services and supports to the targeted youth and their families. These include educational alternatives, drug and alcohol counseling, job training and placement services, and services offered by neighborhood-based outreach workers and clergy. YVRP was piloted in the 24th Police District and has had some dramatic results, including a reduction in youth homicides from 12 in 1999 to 2 in 2000. The project is now expanding to the 25th Police District, which has the highest juvenile crime rate in the entire city.

XI. MANAGEMENT INFORMATION FORMS (MIF)

A. Regional Truancy Court Initial Assessment Form

B. Family/Individual/Community Development Plan

C. Home Visitation Monthly Report

D. Referral/Social Summary

E. Providers Report to Court