

**REQUEST FOR PROPOSALS
For
Evaluation Firms
For the
City of Philadelphia**

Issued by:
THE CITY OF PHILADELPHIA ("City")
Mayor's Fund for Philadelphia

Responses must be received no later than 5 pm Philadelphia, PA, EST, on Friday, May 6th, 2016.

Proposals should be submitted (as a single document) to Mary Horstmann at
mary.horstmann@phila.gov

James F. Kenney, Mayor

I. Project Overview

A. Introduction; Statement of Purpose

The Mayor's Fund for Philadelphia (the Fund), in partnership with the Office of the Deputy Managing Director for Health & Human Services (HHS), is seeking proposals from a qualified evaluation and strategic planning organization or team of organizations to evaluate the effectiveness of the Improving Outcomes for Children (IOC) initiative managed by the Philadelphia Department of Human Services (DHS), and provide recommendations of how the model can be strengthened to meet the Initiative's goals of:

- More children and youth maintained safely in their own homes and communities.
- More children and youth achieving timely reunification or other permanence.
- A reduction in the use of congregate care.
- Improved child, youth, and family functioning.

This Request for Proposals (RFP) provides an overview of the project objectives, the scope of work, the project deliverables and the project time line. It also includes information on the proposal submission requirements and the contractor selection process.

B. Agency & Initiative Overview

The Fund works in close partnership with the City of Philadelphia and private sector partners to develop and run initiatives that reflect Mayoral priorities and seek to improve the quality of life for all Philadelphians. The Fund will serve as the fiscal administrator for this contracting opportunity. HHS will serve as the project manager for this effort on behalf of the Fund.

Philadelphia Department of Human Services. The child welfare system is the web of programs and providers, both public and non-profit, that work to ensure that children are living in safe communities. At times, this means that the government and its non-profit partners work with a family to ensure a child in that household is free from abuse, is well cared for and encouraged to grow and develop. Other times, the government finds that a home environment is contrary to the welfare of the child and seeks to provide appropriate temporary or permanent living conditions to protect that child.

The Philadelphia Department of Human Services (DHS) mission is to provide and promote safety, permanency, and well-being for children at risk of abuse, neglect, and delinquency. As part of its mandate, DHS investigates reports of child abuse and neglect; and works with partners to provide a wide range of prevention services, in home safety and non-safety services, foster care, and other placement services. DHS also operates the Philadelphia Juvenile Justice Services Center, the City's secure detention facility for youth. See Appendix A for an organizational chart of DHS.

Improving Outcomes for Children. In 2011 and 2012, the City began redesigning the service delivery structure for foster care and other services. After an extensive process of stakeholder engagement, the City designed a community-based model of service delivery known as Improving Outcomes for Children (IOC). Based on the premise that positive outcomes are achieved through child welfare services that are family-centered, community-based, culturally competent, integrated, timely and accountable for results, IOC transitioned City-provided case management services, home visiting, and to the extent possible, counseling and placement services to a set of providers known as Community Umbrella Agencies (CUAs). DHS continues to provide monitoring, oversight and quality assurance throughout the system and is responsible for holding the CUAs accountable for high-quality results for the children of Philadelphia.

Corresponding to the decentralization of direct case management services, DHS strengthened its Hotline (intake) and Investigation Service, developed capacity to integrate a family teaming process to support CUA case management, and enhanced its performance management and accountability structure.

Structural elements of the IOC System transition were anchored around a critical culture shift within the entire child welfare system in Philadelphia. Primary elements of the IOC shift are:

- Shifting from dual case management (DHS and Providers) to single case management delivered by CUAs.
- Maintaining DHS' Safety Model of Practice as core to the service delivery model.
- Adopting Strengthening Families: an evidence-informed approach focused on child and family well-being through the building of protective factors.
- Increasing focus on family-centered services and decision-making.
- Building community partnerships and neighborhood networks of supports (formal and informal) in geographic areas.
- Adopting a family team decision making model that includes the family (and youth where age-appropriate) and service and system partners convened at key decision points over the life of the case.
- Defining geographic areas serving as the primary contact and service coordinator for families.
- Enhancing services organized around the family, siblings, relative and kin connections.
- Emphasizing reunification whenever safe and possible.
- Strengthening performance management and quality improvement functions within DHS.

The IOC System intends to combine intensive safety and quality practice efforts with the strength of community partnerships and networks that create a web of support for families.

Since 2012, the City has identified 10 CUAs to provide services in geographically distinct portions of the City. All 10 have fully implemented the IOC delivery model, although DHS is still managing services for roughly 800 cases. Most of these are expected to transfer to CUAs by April 2016. DHS expects to no longer provide direct case management by July 2016.

Community Oversight Board. The Community Oversight Board (COB) was first established in June 2007 by Mayor John Street. The creation of the COB was one in a series of recommendations to improve the performance of the Department of Human Services (DHS) made by the Child Welfare Review Panel (CWRP). Those recommendations are included in the report, *Protecting Philadelphia's Children: The Call to Action*, issued on May 31, 2007 (for full report see: <http://www.phila.gov/dhs/pdfs/childwelfare.pdf>). In 2010, the Child Welfare Advisory Board (CWAB) was abolished and its regulatory functions transferred to the COB. The COB is charged with:

- Monitoring the implementation of the recommendations of the CWRP in *The Call to Action*
- Assessing whether additional reforms are necessary to increase DHS' ability to improve the safety, permanency, and well-being of children and families
- Advising DHS on the development of the Children and Youth Division (CYD) Services Plan and Budget Estimate
- Making recommendations regarding operations, programs, and policies of the CYD

Since that time, the COB has monitored the implementation of the recommendations from the CWRP. IOC is intended to be a single case management system designed to address the concerns identified in the CWRP recommendations. See Appendix B for a list of COB members.

Pennsylvania Department of Human Services. The Pennsylvania Department of Human Services (PA DHS) administers services through county child welfare agencies that provide care and support to Pennsylvania's most vulnerable citizens. The mission of the Pennsylvania Department of Human Services (PA DHS) is to improve the quality of life for Pennsylvania's individuals and families.

Through the department's Office of Children Youth and Families, PA DHS serves children and families, oversees adoption and foster care services, and works with counties on child abuse prevention and juvenile justice issues.

Locally, PA DHS provides more than \$425 million in funding annually to support the child welfare system, representing more than 60% of the DHS annual budget. It also provides significant technical assistance and monitoring to support improvements to the local system.

Office of the Deputy Managing Director for Health & Human Services. The Office of the Deputy Managing Director for Health & Human Services oversees and provides strategic direction to the City agencies primarily focused on combating poverty and supporting vulnerable individuals. This includes the following departments: Human Services, Behavioral Health, Public Health, Supportive Housing, and Community Empowerment and Opportunity.

For more information about the Philadelphia Child Welfare system, visit <http://www.phila.gov/dhs//pdfs/cob2015.pdf>

C. Project Background

The evaluation services solicited through this RFP will assess the effectiveness of the IOC initiative and how to strengthen the model to reduce the number of Philadelphia children at-risk and increase the number of children in a safe and permanent home.

Starting in 2013, DHS began to transfer case management services to private provider agencies (or CUAs) responsible for service delivery in one of ten geographic territories across the city. To support this transfer of work in FY 2015-16, DHS executed \$205 million in contracts with the seven agencies (three agencies provide services in two of the geographic areas). Additionally, substantial additional funds have been spent on training for the community agency staff, creating an IT system to support the shift to localized services and other related costs. In addition, DHS is still managing services for approximately 800 cases, 13% of all active cases. DHS expects roughly half of these cases to be transferred to CUAs by April 2016 and the others to achieve permanency by the end of FY 16.

At the same time as the system has been transitioning to this new structure, several developments have impacted the child welfare system. New state laws went into effect in January 2015, expanding the number of cases referred for intake and investigation. Since the CUA system has been rolled out, the number of investigations by DHS has increased by more than 3,000 cases annually.

During the transition to the IOC model, there has been a 7% drop in children moving to permanency as well as an increase in the number of children in the caseload more than a year. Caseload growth could, in part, be attributable to the growth in intakes and could suggest the need to strengthen the intake and investigation processes to more appropriately triage cases. At the same time, the IOC transition has seen increases in the number of children and youth for formal in home services, an

increase in the number of children in placement, and a decrease in the number of children exiting placement. In line with the goals of IOC, the percentage of placements in kinship care has increased and the percentage of youth in congregate care has declined. As it has been four years since beginning the implementation of IOC, HHS would like to look carefully at how the model is working to achieve the IOC goals and how the City can strengthen the approach to better serve Philadelphia's children.

D. Request for Proposals

HHS is soliciting proposals from qualified evaluation and strategic planning consultants or consultant teams. Proposals should be submitted by email as a single document to Mary Horstmann at mary.horstmann@phila.gov no later than **Friday, May 6th at 5 pm.**

Key dates related to this RFP:

- Webinar on RFP – Wednesday, April 13th at 10 am
- Final questions submitted about RFP – Friday, April 15th at 5 pm
- Answers to submitted questions posted – Wednesday, April 20th
- Deadline to submit proposal – Friday, May 6th at 5 pm
- Final selection is made – Week of May 16th
- Work commences – Week of June 6th

Upon selection through this RFP process and pending the successful negotiation of contract terms, these services will be provided to HHS under a contract to begin on or about Monday, June 6th, 2016.

E. General Disclaimer of the City

This RFP does not commit the City of Philadelphia or the Fund for Philadelphia to award a contract. This RFP and the process it describes are proprietary to the Fund and the City and are for the sole and exclusive benefit of the Fund/City. No other party, including the Applicant, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFP shall become the property of the City and may be subject to public disclosure by the City, or any authorized agent of the City. The Fund/City is not liable for any costs incurred by Applicants in preparing and submitting a proposal in response to this RFP or for any costs and expenses incurred in meeting with, or making oral presentations to the Fund/City if so requested.

II. Scope of Work

A. Project Details

Project Goals. The goal of this project is to recommend improvements to the operating and fiscal procedures of the IOC model to enable the child welfare system to continue to improve the delivery of services to at-risk children and their families, and to fully realize the promise that shifting from a dual to a single case management system and shifting more services to communities and neighborhoods will deliver better outcomes for children. The consultant's role will be to conduct an analysis of these components of the child welfare system and produce actionable recommendations for improvement. A critical component of this assessment will be to interview key stakeholders in the system.

The consultant will gather data including an understanding of national best practices, information and data on key DHS statistics, outputs and outcomes, and a full understanding of the response of clients, the community and stakeholders to the Improving Outcomes for Children model in order to produce a detailed plan for achieving the following objectives:

- Ensure the IOC service delivery model, including the CUA casework model, is designed to maximize the goals of safety, well-being and permanency for children and families.
- Achieve alignment and effective collaboration between and among DHS and the CUAs to increase efficiency, transparency, and accountability, including clearly defining the roles, responsibilities and collaboration points for each entity.
- Improve data, fiscal and contracting systems to ensure transparency, accountability and performance management to encourage continuous improvement.
- Ensure DHS and CUAs are maximizing resources to serve at-risk children and support the development of a stable home environment in which to grow and thrive.
- Strengthen the CUAs' ability to develop localized child welfare support systems to address challenges and overcome obstacles.

To achieve these goals, HHS is seeking to conduct an independent evaluation of the Improving Outcomes for Children (IOC) initiative to understand the following (broken down by goal):

The consultant will produce a detailed plan for achieving the following objectives:

- Maximize the goals of safety, well-being and permanency. *Key Questions:*
 - How can the system create a culture deeply focused on permanency at DHS, the CUAs and among subcontractors?
 - What are the barriers to achieving permanency? How can the system reduce the time spent in the child welfare system before achieving permanency? How can we create a system of effective monitoring to increase rates of permanency?
 - What is the level of family engagement in CUA managed cases? How can we strengthen processes to ensure engagement and buy-in of the family, CUA staff, subcontractor staff, and other stakeholders supporting the family?
 - Are the assessment tools and services provided effective in helping families to achieve the goals of their case plan?
 - Are CUA case plans effective and are families successfully linked to services?
 - How can the City and its partners increase kinship placements?
 - How can the City increase availability and strengthen the network of family-based foster care placements within each community to ensure the safety and well-being of children while in care?
- Achieve alignment and effective collaboration to increase efficiency, transparency, and accountability. *Key Questions:*
 - Is there a clear delineation of roles between the CUAs and DHS? Between CUAs and subcontractors? Are there roles being played by DHS that the CUAs are structurally better equipped to play? Are there roles being by CUAs that DHS is structurally better equipped for?
 - Are there opportunities to adjust staffing to improve outcomes? Eliminate unnecessary or duplicative positions? Adjust roles to improve performance?
 - Is the transfer of cases from DHS to the CUAs being done in the most seamless and effective way? What are the barriers and how can they be resolved?

- How can the system reduce vacancies and turnover in key positions at both the CUAs and DHS?
- How can the local child welfare system streamline the system, reduce duplications and reduce costs (without impacting the system's ability to achieve positive outcomes)?
- Improve data, fiscal and contracting systems to ensure transparency, accountability and performance management. *Key Questions:*
 - How can DHS strengthen performance monitoring of CUAs and subcontractors? What systems should be in place to monitor and support underperforming CUAs and subcontractors?
 - How can DHS reduce revenue-timing issues to ensure accurate accounting for expenses and reduced delay in receiving invoices?
 - How can DHS proactively identify and elevate issues that are systemic problems that cut across CUAs?
- Maximize resources to serve at-risk children. *Key Questions:*
 - Is there meaningful integration of other (non-DHS funded) supportive services at the CUA level? At the City agency level?
 - How can the City improve the intake process to ensure that cases are appropriately referred for management, families that need are in need of child welfare supports can access them and families in need of different supports (such as supports related to issues of poverty) can access them from other systems?
 - How can the City improve prevention services to ensure DHS is maximizing those resources to serve at-risk children and families and make impact?
- Develop localized child welfare support systems. *Key Questions:*
 - Is there consistency across community umbrella agencies in the implementation of IOC, particularly in the provision of services to family and allocation of caseworker time? If not, how do they differ? How do they compare with best practice standards? What approaches should be consistent and which should be flexible?
 - How can practices be improved to align more closely with best practice?
 - What supports do CUAs need to address new challenges as they arise?

An important part of the evaluation will be using the discovery process to gain an understanding of the response of DHS and CUA staff, subcontractors, clients, the community and key stakeholders to IOC, and how that can provide opportunities to strengthen the model. For example, does staff have concerns about child safety, practice protocols, community outreach, training, and preparedness? Do they have ideas for how to maximize safety, well-being and permanency? What is the response of families to IOC and community-based supports? What concerns or problems do families being served by CUAs express? What are the responses of community stakeholders to IOC?

The consultant will also be asked to work with partners to define other key questions in service of the goals as part of the scope of their work.

B. Services and Tangible Work Products

The Contractor selected through this RFP will deliver a report with concrete, actionable recommendations for short, medium, and long term strategies and actions to meet the objectives as

outlined above no later than 180 days from the date of the execution of this agreement. The report must contain the following elements:

- An overview of the Philadelphia child welfare system and report on the state of that system that provides:
 - An assessment of assets and challenges, and gaps in addressing needs, based on the identified challenges in the current Philadelphia landscape
 - A synthesis of results of staff, family, and stakeholder interviews and engagement work
 - An assessment of data tracking and management
 - An assessment of performance for each CUA
 - A map of support services available at each CUA and how they are funded
 - An analysis of staffing levels at both DHS and the CUAs, identifying potential structural changes, redeployment and/or training needs
 - Information addressing the questions identified in the project goals section above and others that arise from stakeholder interviews
- Review of Best Practices from other successful urban jurisdictions that have successfully addressed similar challenges and objectives. This would include an inventory of City policy options to define the opportunities for government to augment state and federal efforts to improve child welfare. These challenges include:
 - Streamlining the intake process to determine how to investigate cases and which cases should be accepted for service
 - Resolving lack of clarity around roles between central DHS staff and community partners (including DHS to CUAs and subcontractors to CUAs)
 - Simplifying complex organizational structures
 - Client-facing operations that lack consistency (including difference in approaches and payments among community-based partners)
 - Aligning programming to avoid supporting activities that do not relate to the City's broader child welfare and anti-poverty agendas
- Recommendations for improvements: Recommendations should be tied to specific challenges, address the objectives of this evaluation, as articulated during meetings with City leadership and system stakeholders, and should have a clear path to achieving completion. It should also be clear how the recommendations relate to what was learned through the discovery process, including best practices, feedback from stakeholders, and data on the child welfare system. Recommendations should be organized by anticipated time frame for implementation, and sorted by short, medium and long-term timeframes. Recommendations should not be limited to actions at the local level, but rather should consider new solutions that require cooperation across levels of government. This deliverable would include the development of a set of draft recommendations for review and feedback by key stakeholders, and the development of a set of final recommendations.
- Articulation of goals and development of goal-related metrics: Goals should be quantifiable and should have identified metrics for measuring progress against the implementation of recommendations. Metrics should be geared toward data already collected and reported, but may include data that would require new systems for collections. Any new metrics should also include a plan for how to collect the new data.

- **Work plan for implementation:** Work plan must be prepared that includes specifics with regard to each of the objectives stated in the original request for proposals and as articulated by City leadership, Community Oversight Board, CUA leadership, and other key system stakeholders, including strategies and activities related to implementation. Additionally, the work plan should include information pertaining to costs (direct and indirect) for strategies and implementation activities. This should identify clear roles for City government, CUA officials, State leadership, and other leaders and agencies in meeting defined targets.
- **Data Dashboard:** Development of a data dashboard that can be used to track progress on implementation on an ongoing basis.
- **Executive Summary:** An executive summary that includes top line information and is suitable for public dissemination.

Other Deliverables:

- **Summaries of interviews and focus groups with key stakeholders:** Interviews should include (at a minimum) families involved in the child welfare system, DHS workers at a variety of levels, CUA workers at a variety of levels, subcontractors at a variety of levels, members of the Community Oversight Board, child and family advocates, and PA DHS leadership and staff.
- **Briefings:** Regular and ongoing briefing sessions to City leadership, the Community Oversight Board and appropriate stakeholders, as determined by the Managing Director's Office, including the development and sharing of briefing tools (including PowerPoint slides and/or survey instruments) as needed.
- **Monthly reporting:** Monthly updates (1-2 pages) on the progress of the evaluation, including the status of information collection, problems encountered, and mid-stream recommendations.
- **Planning documents:** A workplan to detail the phases of the evaluation and planning process and the individuals responsible for each component. The workplan should include a detailed community engagement component that describes how you would integrate key stakeholders, particularly parents and guardians of DHS-involved children and service providers, into the evaluation process.

III. Proposal Format, Content, and Submission Requirements; Selection Process

A. Proposal Format

Respondents to this RFP should submit a proposal that is no longer than 15 single spaced pages (excluding resumes, references, and work samples), using a 12-point font and one inch margins, that addresses each of the following topics in the order that they are listed below:

1. **Understanding of the project and the evaluation and planning challenges.** Briefly describe your understanding of project goals, challenges around evaluation and recommendations, and your proposed approaches to meeting those challenges. Applicants are required to demonstrate expertise in child welfare.

2. **Proposed Services and Deliverables.** Include a description of the proposed approach to this evaluation. Identify likely challenges and discuss your responses to meeting any challenges. Describe as well methods for providing feedback to HHS and the project team, including the products to be delivered such as reports and briefings.
3. **Time-phased Work Plan.** Include a time-phased work plan and schedule for the study including key tasks, timeline, a description of your civic engagement approach, when drafts and final copies of all deliverables are to be submitted, and consultant or HHS time required for each activity.
4. **Qualifications.** Describe the lead consultants' qualifications. Include a description of your approach to project management. Also include an identification of your firm's key staff (or others you will partner with on this project). Identify the individuals assigned to the project, and qualifications that align with this project, including resumes, responsibilities for the project, and percentage of time devoted to the project.
5. **Budget.** Provide a deliverables-based budget that shows how costs are allocated by task, and estimates staff time.
6. **References.** Provide three to four references who are recent clients for whom the applicant has conducted similar evaluations, ideally projects in which the key staff for this proposal have played similar roles. Please provide the name and contact information for each reference, work product samples, and a brief description of the project completed. We will be contacting these references in order to discuss working relationships with the client program and ability to complete projects on time, within budget, at high levels of rigor and quality.

B. Selection Criteria

The selection criteria for this RFP will focus on four major elements: (1) demonstrated expertise in evaluation and strategic planning (with experience in research, evaluation and analysis; developing strategic priorities and workplans; and identifying clear metrics), (2) deep understanding of the key goals of the project, (3) ability to work as a productive and flexible partner, (4) demonstrated ability to deliver high quality, rigorous evaluation on time and within budget.

Competitive proposals will show that key project staff has sufficient time allocated to carry out the proposed evaluation methodologies.

Specifically, the criteria for selection of the evaluator will include:

- High levels of expertise with regard to evaluation and strategic planning
- Knowledge of issues related to: (1) child welfare; and (2) community-based interventions.
- Demonstrated success in working as part of a project team as productive, trusted partners and the ability to explain complex evaluation issues in simple, clear English.
- Implementation timeline for the full duration of the six-month project that shows how the organization will approach the work.
- Cost-effective budget that explains how expenses relate to evaluation design.
- Ability to begin work in May 2016

C. Project Timetable

Working on this will begin in June and conclude no more than 180 days from the start.

D. Hours and Location of Work

The Office of the Deputy Managing Director for Health and Human Services, which will serve as the key point of contact for consultants, is located at 1401 John F. Kennedy Boulevard, Philadelphia, with office hours operating from 8:30 am to 5:00 pm.

E. Monitoring; Security

By submission of a proposal in response to this RFP, the Applicant agrees that it will comply with all contract monitoring and evaluation activities undertaken by the City of Philadelphia, and with all security policies and requirements of the City/Fund.

F. Reporting Requirements

The successful Applicant shall report to the project manager at HHS on a regular basis regarding the status of the project and its progress in providing the contracted services and/or products. At a minimum, the successful Applicant shall submit a monthly invoice detailing the services and/or products provided, the goals/tasks accomplished, and the associated costs. If hourly rates are charged, the invoice must also detail the number of hours, the hourly rate, and the individual who performed the service. Upon review and approval of deliverables by the project manager, the invoice will be submitted for payment by the Fund.

G. Cost Proposal

Cost proposals must be “fixed price” proposals. The proposed price must include all costs that will be charged to the City/Fund for the services and tangible work products the Applicant proposes to perform and deliver to complete the project. Any contract resulting from the RFP will provide for a not-to-exceed amount in the compensation section of the contract.

Appendix A: Community Oversight Board Members

CHAIR:

David Sanders, Ph.D.

Executive Vice President of Systems Improvement
Casey Family Programs

Marc Cherna, MSW

Director, Department of Human Services
Allegheny County

W.Wilson Goode, Sr., Min.D.

Senior Fellow
National Director, Amachi

Todd Lloyd

Senior Policy Associate, External Affairs
Jim Casey Youth Opportunities Initiative
The Annie E. Casey Foundation

Linda Mauro, DSW

Professor Emerita
Temple University College of Health Professions and Social Work

Kathleen G. Noonan, JD

Associate Vice President of Board Relations
Children's Hospital of Philadelphia (CHOP)

Judith Silver, Ph.D.

Associate Director, Leadership Education in Neurodevelopmental Disabilities Program and Director of
Starting Young Program
Children's Hospital of Philadelphia

Phyllis Stevens

Independent Non-Profit Organization Management Professional

Ameera Sullivan

Life Skills Coach, Therapist
Northeast Treatment Centers

Carol Tracy, JD

Executive Director
Women's Law Project

Tracey Williams

Member
The Achieving Reunification Center

Shelly Yanoff

Retired Executive Director
Public Citizens for Children and Youth

EX-OFFICIO MEMBERS:

Cindy W. Christian, MD

Chair, Child Abuse and Neglect Prevention
Children's Hospital of Philadelphia

Arthur C. Evans, Jr., Ph.D.

Commissioner
Philadelphia Department of Behavioral Health Intellectual Disability Services

Jessica Shapiro

Acting Commissioner
Department of Human Services

City of Philadelphia
Department of Human Services

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Ongoing Services 2
Ongoing Services 3
Adoptions
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Family & Youth
Engagement
Teaming

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