

# **Fiscal Year 2024-25 Needs- Based Plan & Budget**

Commonwealth of  
Pennsylvania

Office of Children, Youth  
and Families

**NEEDS-BASED PLAN AND BUDGET  
NARRATIVE TEMPLATE**

## Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative portion of the Fiscal Year (FY) 2024-25 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

**The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts and the Assurances in 5-1a. and the CWIS data sharing agreement in 5-1b. Avoid duplication within the narrative by referencing other responses as needed.**

**All text must be in either 11-point Arial or 12-point Times New Roman font, and all margins (bottom, top, left, and right) must be 1 inch.**

**Any submissions that exceed the maximum number of pages will not be accepted.**

**Note:** On the following page, once the County inserts its name in the gray shaded text, headers throughout the document will automatically populate with the county name. Enter the county name by clicking on the gray shaded area and typing in the name.

# Allegheny County

**NBPB**  
**FYs 2022-23, 2023-24 and 2024-25**

<b>Version Control</b>	
<b>Original Submission Date:</b>	<b>8/15/2023</b>
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## Section 2: NBPB Development

### 1-1: Executive Summary

- ➔ Respond to the following questions.

The mission of the Allegheny County Department of Human Services (ACDHS) Office of Children, Youth and Families (CYF) is to protect children from abuse and neglect, strengthen and preserve families, and promote child well-being. ACDHS's mission and system of care were developed with input from families, community members, service providers, judges, juvenile probation, and other stakeholders, as well as with information from county data analysis and local, State, and national research. This system is designed to treat individuals and families with dignity and respect and to provide accessible, culturally competent, and effective services for children, youth, and families.

Similarly, the mission of the Allegheny County Juvenile Probation Office (JPO) is to improve the welfare of youth and families served by the Court and thereby prevent crime and strengthen communities. Given the shared focus on strengthening families and improving the welfare of children and youth, ACDHS and JPO coordinate their systems and plans.

This Needs Based Plan and Budget (NBPB) supports this essential work by:

1. Preventing harm to children and youth
2. Addressing the underlying needs that most impact the safety and well-being of children and youth
3. Clearly directing the child welfare and juvenile probation systems toward a vital set of priorities
4. Allowing us to improve the quality of our programs for children, youth, and families
5. Building upon the strengths of families and leveraging the support and resources of community stakeholders

- ❑ Identify the top three successes and challenges realized by the CCYA since its most recent NBPB submission.

#### *Challenges*

1. **Challenge: Improving the service array for youth with complex needs.** In cases where child safety requires home removal, we work to ensure children and youth are placed in the least-restrictive, most family-like setting that meets their needs; that they experience stability in that placement; and that they achieve permanency as quickly as possible. Finding appropriate placements for youth with mental health and behavioral issues can be particularly challenging. Unfortunately, like jurisdictions across the State, Allegheny County lacks sufficient placement settings with appropriate services available to adequately serve youth with complex needs. In FY 22-23 alone, Allegheny County's Multisystem Team held over 3,000 meetings (Integration and Teaming, Complex Case, and Technical Assistance meetings) regarding 120 youth with complex needs. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS is investing in:

Treatment settings (HealthChoices-funded), including:

- **Adding a new Psychiatric Residential Treatment Facility (pRTF) and Diversion and Stabilization (DAS) program.** ACDHS, in partnership with Community Care

Behavioral Health, is contracting with Southwood Psychiatric Hospital to operate a new 20-bed program that will provide mental health stabilization/step-down for youth ages 13-17 with a mental health diagnosis in a short-term residential setting for approximately 30-90 days. This program will provide services to all Allegheny County youth that meet medical necessity criteria and are referred for this level of care, including those with multisystem involvement. Discharge from these short-term treatment facilities is often a barrier because the child does not have an appropriate therapeutic placement setting to return to.

Therapeutic Placement Settings, including:

- **Expanding the availability of residential placement settings with on-site therapeutic supports.** New and expanded contracts will increase residential placement capacity for CYF-active youth with complex needs who are the hardest to place, including those who have had long stays in psychiatric hospitals and those denied entry to Residential Treatment Facilities. Residential placement settings from ACDHS's prior NBPB have started to become available, and when complete, they will be able to serve 14 youths. ACDHS is also expanding emergency shelter capacity for adolescents transitioning to home or other levels of care. These shelters will expand bed capacity and add new services to meet the higher-level needs of youth within the ACDHS systems. When fully operational, these improved shelter services will be available for 14 youths, ages 13 through 19, who are referred to shelter placement, are court-ordered, have emergency placement arrangements, or have voluntary placement agreements for enhanced shelter care. Additional and expanded costs have been identified through the procurement and implementation of these facilities. The County is working on securing Medicaid funding for eligible services, but non-clinical cost increases persist. (Adjustment requested)
  - **Improving the capacity of family-based placement settings to accommodate the needs of youth with behavioral health needs by certifying more Therapeutic Foster Care homes and investing in in-home supports for Kinship Care.** Therapeutic Foster Care (TFC) is a vital support for meeting the mental health needs of youth in a less restrictive, family-like placement option. As part of its recent rebid of foster care services, ACDHS continues to expand the availability and capacity of TFC by requiring all Foster Care providers to recruit, train, supervise and support foster parents to care for children with significant emotional, behavioral and/or social needs. This approach has allowed ACDHS to place more complex cases in homes that are able to provide services. ACDHS is working to certify existing placements, train additional homes, and support provider agencies in problem-solving around staffing issues and expects to see a continued increase in TFC days of care. To improve the capacity of kinship placements to meet the needs of youth with complex needs, ACDHS has procured a new service to support emotional and behavioral issues that affect development, normalcy, and permanency within kinship homes. Clinicians conduct in-home agenda-driven sessions for the child, parent, or family necessary to maintain placement.
2. **Challenge: Addressing community violence, a threat to children and youth's safety and well-being.** According to data from the Allegheny County Courts, Emergency Services, and Office of the Medical Examiner, Allegheny County has been experiencing a consistent rise in homicides and non-fatal shootings since 2020. The recent increase in community violence is heavily concentrated in just a small number of

higher-need communities and overwhelmingly cuts short the lives of young Black men. Despite Black men making up only 6% of the County's population, they are victims in 66% of annual homicides on average. Of the 351 homicides in Allegheny County from 2020 through 2022, **36% percent of these victims were ages 24 and younger.** Strikingly, **55% of offenders were ages 24 and younger.**

Black people in Allegheny County have an average homicide victimization rate that is 21 times the rate for White residents, with young Black men most at risk of victimization. **Homicide victimization is the number one cause of death for young Black men (age 15-24)** and larger than the following nine reasons combined. These young men have often experienced significant trauma and violence, have prior criminal justice system involvement and a history of victimization, exhibit behavioral challenges, do not trust authorities to settle disputes, experience peer pressure to be involved with violence (or suffer social rejection among peers), and have easy access to a firearm. Among homicide victims from 2020 through 2022, 40% have a history of juvenile justice involvement, 21% have a history of child welfare involvement as a child, and 39% have a history of child welfare involvement as a parent. Among offenders during the same period, 63% have a history of juvenile justice involvement, 36% have a history of child welfare involvement as a child, and 48% have a history of child welfare involvement as a parent.

**The impacts of gun violence extend beyond those directly victimized.** Growing up in neighborhoods with high rates of gun violence threatens the welfare of children and increases their risk of child welfare involvement. Exposure to gun violence is associated with reduced cognitive performance<sup>1</sup> and poor mental health and physical health outcomes.<sup>2</sup>

ACDHS is committed to taking a multi-pronged, data and research-driven approach to violence prevention and interruption that addresses both root causes and symptoms. In addition to formally and regularly convening significant players in gun violence reduction in the city and County, ACDHS invests in evidence-based interventions, youth employment, and expanding out-of-school-time programs in highly impacted communities. In FY 21-22, ACDHS issued an RFP that asked stakeholders in these communities to come together to A) create a community violence reduction plan containing evidence-based interventions and B) choose a lead agency to coordinate and oversee violence reduction efforts on behalf of the community. In FY 22-23, ACDHS worked with these communities and model developers to begin implementing their chosen violence reduction program models with fidelity, including: Becoming a Man (BAM), Cure Violence, Rapid Employment and Development Initiative (READI), Hospital-Based Intervention, Victim and Family Support, and Shooting Review Boards. Initial staff teams were hired and trained at 12 community-based agencies serving highly impacted communities. In FY 23-24, these programs will begin to enroll participants and finish hiring staff. BAM counselors plan to serve around 330 at-risk youth across six high schools. Cure Violence outreach workers will serve around 200 highest-risk people for gun violence involvement across five sites. The three READI sites will serve 60 individuals at the highest risk of gun violence involvement in the first year. The HVIP will

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<sup>1</sup> Sharkey, P. 2010, June 29. "The Acute Effect of Local Homicides on Children's Cognitive Performance." Proceedings of the National Academy of Sciences of the United States of America.

<sup>2</sup> Smith, M. E. et al. (2020, February). The impact of exposure to gun violence fatality on mental health outcomes in four urban U.S. settings. Social Science and Medicine.

serve gunshot wound victims who consent to treatment in four major trauma centers in Allegheny County, which could range from 100 to a few hundred people per year. Lastly, 6 of the County's highest impacted regions will begin shooting reviews, collecting data on shooting incidents and identifying emerging trends. (Adjustment requested)

**3. Challenge: Expanding the availability of family-centered substance use treatment.**

Parental substance use affects not only the social, emotional, behavioral, and educational functioning of children but also the likelihood of maltreatment and family separation.<sup>3</sup> In addition, parents with substance use disorder are at greater risk for recurring child maltreatment allegations, and this risk may be particularly elevated in parents of young children.<sup>4</sup> This proves true in Allegheny County. From FY 18-19 through FY 22-23, 33% of home removals (4,658 removals) were associated with adult drug or alcohol use in Allegheny County. Looking only at young children under five, over the same period, 43% of home removals (1,909 removals) were associated with drug or alcohol use. Removals for adult drug or alcohol use lasted an average of 117 days longer than removals for other reasons, and these children and youth reentered care at a rate of 30%, triple the overall reentry rate (9%) in Allegheny County.<sup>5</sup>

To mitigate the effects of parental substance use and to help strengthen and preserve families, Allegheny County offers inpatient substance use disorder treatment for parents. However, many existing programs are for mothers only, limit the number of children a parent can bring, and/or cannot offer longer stays in treatment when needed. To address this gap in services, with support from state Health Choices reinvestment dollars, ACDHS acquired, renovated, and opened the Family Healing Center on June 26th, 2023.

The Family Healing Center will receive HealthChoices reimbursement for eligible services and families. Those non-HealthChoices reimbursable services and costs – including the cost of supportive services such as child care and transportation for families – will be sustained through Allegheny County's NBPB. (Adjustment requested).

With a capacity of only 15-20 families per year at the Family Healing Center, there is still a need for additional family-centered treatment options in Allegheny County. Family-centered treatment is the preferred treatment option for parents, especially mothers, because it results in improved treatment retention and outcomes for women as well as improved outcomes for children, such as improvements in parenting, family functioning, reunification, and permanency.<sup>6</sup>

**4. Challenge: Availability of High-Quality Legal Services for Parents.** Research shows that quality legal representation for parents has the potential to support more timely permanency (including reunification, adoption, and guardianship), increased parental engagement and perceptions of fairness, more individualized case plans and better access to services, more frequent and timely family visitation, better judicial decision-

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<sup>3</sup> Solis, J. M., Shadur, J. M., Burns, A. R., & Hussong, A. M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current drug abuse reviews*, 5(2), 135–147. <https://doi.org/10.2174/1874473711205020135>

<sup>4</sup> Murphy J, Jellinek M, Quinn D, Smith G. Substance abuse and serious child mistreatment: Prevalence, risk, and outcome in a court sample. *Child Abuse Negl.* 1991;15(3):197–211

<sup>5</sup> Duration and reentry statistics are for FY 18-19 through FY 20-21

<sup>6</sup> [https://www.samhsa.gov/sites/default/files/family\\_treatment\\_paper508v.pdf](https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf)

making, and cost savings for child welfare agencies due to reduced time in foster care.<sup>7</sup> PA OCYF echoed the importance of quality legal representation in its March 2021 Special Transmittal on the topic, adding, “High-quality legal representation helps to mitigate the trauma families experience during difficult times and keep these families together by making sure they are receiving the supports they need and that their voices are heard.”

Interdisciplinary legal teams enable a holistic approach to representing parents with dependency cases by bringing in the disciplines of social work and peer advocacy to assist in stabilizing families, leading to a quicker path to permanency and resulting in long-term savings. Research shows that interdisciplinary legal teams for parents hasten permanency for children in foster care by an average of 118 days.<sup>8</sup> Importantly, interdisciplinary team members can address issues outside the courtroom to support the family unit: applying for public benefits, employment training, mental health counseling, and substance abuse treatment, among others. With OCYF support and in partnership with Juvenile Court Project (JCP), ACDHS has piloted an interdisciplinary legal team. (Adjustment requested).

Challenges persist despite this incremental improvement to the quality of legal representation available to parents in Allegheny County. Newly available federal Title IVE reimbursement for parent attorney costs is limited, and there is a prohibition on using state funds for these expenses. While Title IVE is newly available for this purpose, Allegheny County expects it will support less than 25% of the total services cost. Inadequate funding causes challenges in hiring and retaining attorneys, leading to significant delays in legal representation, thereby extending time to permanency.

#### Successes:

1. **Success: Progress toward ensuring at-risk families can rapidly access what they need to keep their families strong and together without becoming involved in the child welfare system first.** ACDHS is making progress in reaching more at-risk families through the following:
  - **Hello Baby.** Hello Baby is a voluntary program for parents of new babies designed to strengthen families, improve child outcomes, and maximize child and family well-being. Through Hello Baby, ACDHS reaches the families who can most benefit from support, matches families to the right services to prevent child maltreatment, and ensures the most vulnerable families and babies have access to the best supports we can offer. With state and federal support, in FY 2020-21, ACDHS began universal outreach at birthing hospitals and piloted the program's services for families with higher levels of need in targeted regions. In FY 21-22, ACDHS began to scale the program to one additional region. In FY 22-23, ACDHS scaled this critical initiative to serve the entire County, expanded the Hello Baby Priority interventions to include the University of Pittsburgh's Family Check-Up, and enhanced outreach capacity. This

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<sup>7</sup> A summary of research can be found in the U.S. Department of Health and Human Services, Children's Bureau. (2017). ACYF-CB-IM-17-02: High Quality Legal Representation for All Parties in Child Welfare Proceedings. Retrieved from <https://web.archive.org/web/20201116003056/https://www.acf.hhs.gov/sites/default/files/cb/im1702.pdf> Also see <https://doi.org/10.1016/j.childyouth.2019.04.022>.

<sup>8</sup> Gerber, L. A., Pang, Y. C., Ross, T., Guggenheim, M., Pecora, P. J., & Miller, J. (2019). Effects of an interdisciplinary approach to parental representation in child welfare. *Children and Youth Services Review*, 102, 42-55.



resulted in record-high engagement: 1,990 at-risk families were connected to services in FY 22-23. Since the federal ACF grant supporting Hello Baby ends in FY 24-25, additional state investment is needed to sustain this vital program. (Adjustment requested).

- **Formula and Diaper Banks.** Families can now access the supplies they need to help care for their babies through our Family Center network. Each center holds a supply of diapers via a contract with Western PA Diaper Bank. In FY 22-23, family centers distributed over one million diapers to families in need, resulting in more than 21,000 sets of diapers given to children. In FY 22-23, four Centers established regional formula banks; since then, these banks have distributed nearly 5,000 units of formula, serving over 1,000 infants. In January 2023, five Centers began to offer cribs and car seats. Since then, 56 car seats and 29 cribettes have been provided to families. (Adjustment requested).
- **Basic Needs Fund.** Families whose basic needs are met are better equipped to ensure the safety and well-being of their children. Conversely, nearly half of families who experience child removal have trouble paying for basic necessities.<sup>9</sup> In FY 22-23, ACDHS built off of the success of its earlier Basic Needs Fund Pilot by establishing an ongoing Basic Needs Fund through Footbridge for Families. This Fund supports families referred through Hello Baby or a Family Center to stabilize by maintaining employment (e.g., through car repairs) and safe and stable housing (e.g., through repairs, extermination, or utility payments). The program's goal is to provide a brief financial intervention to families on the brink of crisis so they can stay on track.
- **Providing Services During Investigation.** Meeting a family's needs quickly can prevent a hardship from escalating into a crisis. Previously, many ACDHS CYF services, including in-home and concrete goods services, were only available to families once a case had been opened, causing a delay. In June 2023, ACDHS began providing services to families faster, starting during investigation. In the first month alone, families have newly been provided services during investigation, such as in-home, father support, parenting support, functional family therapy, daycare, and youth mentoring.

These advances are proving successful in addressing the longstanding issue that too many children and youth with open child welfare cases are not at risk of serious harm nor in need of clinical services. Indeed, from FY 21-22 to FY 22-23, ACDHS has reduced the percentage of open non-placement cases who received only concrete goods or transportation passes and no other CYF services from 20% to 13% (in absolute terms, from 250 cases to 124 cases). To remake our system into one where child welfare opens cases only for the small number of families at high risk for serious abuse/neglect and where low-risk families can be safely and effectively served through community-based services, ACDHS is continuing to invest in and expand access to primary prevention and diversion services that adequately meet families' basic needs.

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<sup>9</sup> Megan Martin and Alexandra Citrin. 2014. "Prevent, Protect & Provide: How Child Welfare Can Better Support Low-Income Families." Center for the Study of Social Policy. <https://firstfocus.org/wp-content/uploads/2014/11/Prevent-Protect-Provide-Brief.pdf>.

2. **Success: Supporting kinship caregivers.** To ensure that kinship caregivers, both informal and formal, have the resources they need to provide a safe, healthy, and nurturing home to the children in their care and to support the continued expansion of kinship care in Allegheny County, ACDHS has made progress in implementing:
  - **Grandfamilies Stipends Pilot.** Grandparents and older kin often care for children outside the child welfare system and therefore do not receive maintenance payments for foster care. ACDHS provided 901 of these caregivers with one-time \$1,000 stipends to assist in the cost of caring for children in FY 22-23 with the goal of preventing these children from entering the formal child welfare system.
  - **Kinship rate increase.** In FY 21-22, PA OCYF approved ACDHS's NBPB adjustment to correct the 67% disparity in maintenance payments between foster and kinship caregivers (previously, while foster caregivers received an average of \$34.90 per diem, kinship caregivers received an average of only \$20.90). In FY 22-23, ACDHS implemented an increase in maintenance payments for kinship caregivers. By creating parity between kinship and non-kinship caregivers, ACDHS is ahead of the proposed rule by the Administration for Children and Families and in compliance with the federal legal precedent set by *D.O. v. Glisson*, wherein a federal court ruled that children in state custody placed with approved kinship foster caregivers have a right to foster care maintenance payments at the same rate as children placed in licensed, non-relative foster homes.<sup>10</sup> This change benefits the many older, Black kinship caregivers in economically disadvantaged households who are overrepresented among kinship caregivers in Allegheny County. In FY 23-24 and 24-25, ACDHS will continue increasing adoption and PLC subsidies to parity (Adjustment Requested).

Importantly, this initiative promotes not only equity but also the sustainability and expansion of kinship care in the County. Kinship care is the preferred out-of-home placement option for children and youth because it maintains their connections with family and non-relative kin. These connections make it easier for children and youth to adjust to their new environment, and children in kinship care are less likely to experience school disruptions, moves, and behavioral problems than children in non-kin placement.<sup>11</sup> Allegheny County is proud that kinship care is the majority initial CYF placement type, with upwards of 60% of initial placements from 2017-2022 in kinship care (peaking in 2022 at 65.9% of initial placements). However, among home removals in January-April 2023, the proportion of first placements in kinship care appeared to decline, at 54%. Also concerning, in CY 2022, the percentage of kinship care placements experiencing a move began to increase slightly from a historical average of about 14% to 17%. The increased maintenance payments for kinship care (made available to all kinship caregivers in April 2023) are expected to help ensure the County can continue to maintain, stabilize, and expand kinship placements.

3. **Success: Improving staff well-being on the road to becoming a trauma-informed agency.** This aligns with the State's 3-phased plan to become trauma-informed, establish approaches to minimize trauma, and help people who have experienced trauma access resiliency. Trauma is extremely impactful to the populations ACDHS

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<sup>10</sup> [American Bar Association, 2017](#)

<sup>11</sup> "What Is Kinship Care?". 2020. The Annie E. Casey Foundation. <https://www.aecf.org/blog/what-is-kinship-care/>

serves and our staff. According to estimates from a recent PA Department of Health study<sup>12</sup>:

- Half of all Pennsylvanians have had at least one Adverse Childhood Experience.
  - Over 19% have experienced three or more.
- 38% of all Pennsylvanians have experienced emotional or physical abuse as a child.
- 3 out of 4 of us experience at least one potentially traumatic event.

Current efforts are focused on building a culture of wellness in CYF with activities like establishing a CYF choir, sending wellness tips, hosting educational events, and recruiting wellness champions and activity leaders who promote wellness and engagement in CYF offices and teams. Additionally, CYF began hosting monthly Vitality Cafés, which are meaningful gatherings of staff to learn about and discuss their perspectives and experiences around the six Domains of Vitality: Spiritual, Financial, Physical, Mental/Emotional, Social, and Environmental. This will also include staff-wide training to help staff move beyond self-awareness to social-emotional learning and self-management.

Other intervention efforts include programming and workforce initiatives that address trauma exposure. Supervisions are being infused with a trauma-informed lens; CYF is reaching out to support staff dealing with grief and loss both personally and professionally; and the agency is using information gathered by the 2021 class of Child Welfare Leadership Fellows to inform practices around supporting the wellness of older youth.

Finally, the crisis response efforts are designed to address ongoing stressors and trauma that may result from critical incidents and less common, but still potentially traumatic, events. CYF is establishing a 30-person Crisis Intervention Stress Management (CISM) Team to offer more staff the opportunity to check in or debrief to help at all levels of need, from prevention and intervention around chronic stress to critical incidents such as Act 33s (child deaths or near fatalities), threats, or assaults. Additionally, CYF has a Staff Support Workgroup, a Trauma Training Implementation Team, and other Wellness Workgroups comprised of individuals with a diverse array of trauma expertise and a passion for supporting staff.

- Provide any information, including findings related to the CCYAs annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR) findings that will impact the County's planning and resource needs for FYs 2023-24 and 2024-25.

See the response above and Section 1.3c for analysis of information, including CYF's annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR) findings, that impact Allegheny County's planning and resource needs for FYs 2023-24 and 2024-25.

- Identify the top three successes and challenges realized by JPO since its most recent NBPB submission.

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<sup>12</sup> <https://www.dhs.pa.gov/refugeesinpa/Documents/TraumaInformed%20PA%20Plan%20Presentation%201192021.pdf>

Allegheny County Juvenile Probation continues to face both challenges and success in many different areas. Our three biggest challenges are the same as last year, as there has been little to no real progress in finding solutions to the core issues. The three issues include: the closing of Shuman Detention Center, finding residential placements for aggressive youth who have low criminogenic needs with high mental health needs, and the inability of service providers (including OCYF BJJS) to adequately hire and maintain enough quality staff to meet the placement needs across Pennsylvania.

The most pressing challenge is the closing of Shuman Detention Center. Since 1996, Balanced and Restorative Justice (BARJ) has been the legislative mandate and mission of Allegheny County and Pennsylvania's juvenile justice systems, establishing community protection, accountability, and competency development as system goals. We must have the ability to safely house juveniles who have allegedly committed a delinquent act and who are also a threat to the community. Without access to a detention center, we cannot adequately protect juveniles, victims, or the community at large. We have temporarily been able to locate a few detention beds, but they do not come close to meeting our needs. Allegheny County JPO must have access to a sufficient number of detention beds to ensure we are not releasing any juvenile that should be detained. We currently have 14 guaranteed beds at Adelphoi Village and have been successful in accessing one or two beds in Jefferson County Detention Center at times. Recently, George Junior Republic opened an eleven-bed detention program. They have taken several Allegheny County youths, but they struggle to get to the full eleven-bed capacity because of a lack of available qualified staff. A related detention problem will be the funding of detention beds. Because of the very nature of a detention center, the facility must be staffed and prepared to accept a large number of intakes at any time. Therefore, it becomes extremely difficult, and not cost-effective, to fund detention using per diem funding. A typical residential program can predict, with some certainty, the number of staff they must have on-site for each unit because they can assume the population will not grow overnight. A detention center must have enough staff available not only to cover the youth in placement at that moment but a significant number of additional staff ready to accept any number of youths any time of day or night. The counties must have the ability to guarantee funding to the provider for detention beds, regardless if youth are currently occupying the beds.

Allegheny County Juvenile Probation continues to struggle finding residential placements for youth who present with aggressive behavior and mental health needs. Many of these youth are dually active with CYF. The County is actively working to address this problem through the procurement of a new juvenile detention provider, and through the expansion of CYF residential placements, including the shelter capacity expansion and new therapeutic settings referenced earlier in this document. (Additionally, Allegheny County is making several preventative investments through its NBPB, including funding community violence prevention and juvenile justice diversion programs.)

The third significant problem faced by JPO is the inability of service providers to adequately hire and maintain enough quality staff. There appear to be two issues. The child welfare and juvenile justice system has not had the proper funding mechanisms to provide adequate funding to providers. Therefore, the providers have responded by hiring less qualified staff. OCYF has set the minimum standards for direct care workers as a high school diploma or GED. Because both child welfare and juvenile justice have greatly reduced the number of youths entering residential services, the youth that are sent there are the most difficult youth with the most significant needs. We must provide significant increases to the providers so they can attract, hire, and maintain enough quality staff.

The second issue regarding staffing is the inability of providers, including OCYF BJJS, to find individuals that want to work in this field. Some efforts should be made statewide to recruit young people to work in the child-serving systems. Every major provider under contract with Allegheny County Juvenile Probation has at least one or more units closed, not because of a lack of need but because of a lack of qualified staff. The BJJS has a waiting list of at least six months for youth to enter placement. That puts extreme stress on counties, especially ours, since we can no longer hold the juveniles in detention while awaiting an open bed.

### **Successes**

Our biggest successes are the continued implementation of the Juvenile Justice System Enhancement Strategy (JJSES), which research has shown had a significant impact on reducing the recidivism rate for youth in the juvenile justice system. The details of our JJSES implementation are provided below.

- ❑ Summarize any additional areas, including efforts related to the Juvenile Justice System Enhancement Strategy (JJSES) and the data and trends related to the Youth Level of Service (YLS) domains and risk levels impacting the County's planning and resource needs for FYs 2023-24 and 2024-25.

### **JJSES**

Allegheny County Juvenile Probation continues our efforts to fully implement the Juvenile Justice System Enhancement Strategy (JJSES). We have successfully engaged **Stage 1 (Readiness)** and **Stage 2 (Initiation)**, although that work must continue as we train new staff and stakeholders in those areas. The majority of our staff have been trained in: Motivational Interviewing (MI), the Pennsylvania Detention Risk Assessment Instrument (PaDRAI), the Child Trauma Screen (CTS), our risk assessment, the Youth Level of Service (YLS) and Case Planning. We have trained all our assessment POs on the delivery of the MAYSI-2 screening instrument. The YLS, MAYSI – 2, and Child Trauma Screen are now administered for all intake cases.

**JJSES Stage 3** focuses on **Behavioral Change** in youth. Our staff have been fully trained in Four Core Competencies for Supervisors and Four Core Competencies for Line Staff. Staff are trained and regularly use the Brief Intervention Tools (BITS), and supervisors utilize the BRIEFCase as part of their standard supervision process. We have been ensuring the delivery of the Aggression Replacement Training (ART) curriculum, and the majority of our staff have been trained. ART is facilitated by a private provider four times a year. Each ten-week course is coordinated by the Training Unit to ensure that all youth attending are moderate or high risk based on their YLS Assessment. This curriculum is also delivered by our residential providers when youth are in placement. In the next fiscal year, we intend to also train staff on and utilize the Change Company Forward Thinking Workbooks. The majority of our staff have been trained in and utilize the Effective Practices in Community Supervision (EPICS), the Standardized Program Evaluation Protocol (SPEP), and Graduated Responses.

**JJSES Stage 4** focuses on **the Refinement** of the first three stages. We continue to work on refining our Policies and Procedures to ensure JJSES is fully implemented. We now use a Staff Performance Appraisal form that measures how well each probation officer is using and knows evidence-based practices. We have worked very closely with all our service

providers to ensure they understand the principles of JJSES and are using evidence-based interventions in their service delivery.

The last aspect of JJSES is referred to as the **Building Blocks**. These include activities that provide the foundation for JJSES. **Delinquency Prevention** is one building block. Allegheny County JPO has been providing funding for an evidence-based Delinquency Prevention program called SNAP® since 2013. SNAP® is designed for children ages 6-11 who have been having behavior difficulties at home, school, or in the community. SNAP® helps children and parents effectively deal with anger by teaching them how to respond in a way that makes their problems more manageable. With practice, children and parents are able to stop, calm down, and generate positive solutions at the “snap of their fingers.” Individualized support is provided by a SNAP® Child Worker; school advocacy; a homework club; crisis intervention; and victim restitution. Additionally, parents meet weekly to learn more effective child management techniques and how to help their child, as well as connect with other parents who face similar challenges.

**Diversion** is the second building block. We have been dedicated to diverting as many youths as possible from deeper system penetration. We currently divert about 45% of all allegations from the formal court dockets. We utilize Informal Adjustment for six months of counsel and supervision. We created a robust intake policy that includes documenting the intake decision or system penetration decision and all the factors, such as YLS risk level, that go into making this decision. The decisions are transparently documented and embrace fundamental fairness.

The Victim Offender Dialogue Program (VOD) is a process in which the victim of a crime can repair the damaged relationships or harm of a family/domestic violence case of a child against a parent, family member, and/or member of the household may be diverted to the Victim Offender Dialogue and Resolution Center.

Allegheny County assembled a cross-systems, cross-discipline team to implement a School-Justice Partnership (SJP) in Allegheny County. The team developed an SJP initiative with the core principles of pre-arrest diversion and behavioral health support. Each school has a unique climate and incorporates the ideals of SJP into a Memorandum of Understanding (MOU). Each MOU typically includes focus acts (delinquent offenses) that schools should refer to the SJP process. This is an inclusionary or exclusionary list of focus acts depending on school policy and code. This is true reform at the levels of Police, Superintendents, Principals, Teachers' Unions and MDJs.

In September of 2021, Allegheny County Juvenile Probation participated in the PCCD "Reducing Racial and Ethnic Disparities in Juvenile Justice" Certificate Program in collaboration with the Georgetown University McCourt School of Public Policy's Center for Juvenile Justice Reform (CJJR) and the Center for Children's Law and Policy (CCLP). We are now partnering with the Penn Hills Police Department and several community-based providers that are working to prevent youth from penetrating into the Juvenile Justice system if they are alleged to have committed one of the "focus acts ." Instead of the Police filing an allegation, the youth will be referred to a community-based provider for services.

In 2016, Allegheny County initiated the Crossover Youth Practice Model. It has been fully implemented since 2017. Two individuals, one from the Court and one from Allegheny County Children Youth and Family Services, coordinate monthly meetings with JPO and CYF Supervisors from various district offices. They also conduct ongoing case reviews with the Supervisors, POs and Caseworkers from a specific case to review how a specific case was handled and identify ways the JPO and Caseworker could have worked together

differently to improve services for the juvenile and their family. We have also worked with the Allegheny County DHS to establish a live datalink between JCMS (JPO Case management system) and KIDS (CYF Case management system). Each week, an automated report identifies every juvenile who is actively involved in both systems and provides contact information for both JPO and CYF.

**Family Involvement** is the third Building Block. Behavioral change efforts must include a juvenile's family and other key adults engaged in the juvenile's support system, such as clergy or coaches because they will assist in supporting and supervising the juvenile during probation (including helping the juvenile move through needed restorative actions, such as repairing harm to the victim, learning accountability, and developing competencies) and after completion of court involvement.

Families will have varying levels of awareness and understanding of adolescent brain development and of parenting approaches that foster healthy, safe behaviors. Juvenile justice professionals have the opportunity to facilitate families' access to information and supports that help them understand these critical and complex concepts and to ensure that they are engaging with families in a culturally sensitive manner. By including the family at this level, juvenile justice professionals reinforce that families are ultimately responsible for their children.

All POs and CISP Monitors have been trained on and utilize the Family Involvement Workbooks. These workbooks are used as needed and are voluntary for the parents.

**Continuous Quality Improvement** is the final Building Block. We have initiated the process to take an in-depth look at Quality Improvement (QI). We will measure both the quantity of new interventions and their quality as it relates to fidelity. We are developing new reports using iDashboard and Tableau to assist both administration and supervisors in monitoring the implementation of various interventions.

### **YLS Data Trends**

The Youth Level of Service (YLS) Risk/Needs Assessment has been adopted statewide as the risk/needs assessment instrument for juvenile justice. Since 2012, Allegheny County probation officers have assessed juveniles using the YLS prior to filing a delinquency petition. A validated instrument, the YLS produces an overall score and a classification of very high, high, moderate, or low risk, indicating the likelihood of recidivism if no intervention is used. The YLS also breaks down criminogenic needs within specific domains. The YLS also allows probation officers to assess the strengths of an individual youth while considering various responsivity factors, such as mental health, cultural, and gender issues. YLS results are considered at key decision points; for example, whether to informally adjust the case or file a petition to recommend community-based supervision or a more restrictive disposition to the Court.

The YLS results are also an essential component in developing the case plan for each juvenile under formal supervision. The Department's Juvenile Justice System Enhancement Strategy (JJSES) Unit conducts initial YLS assessments. These assessments are more time-consuming because they require a direct visit with the youth and family. The probation officer of record conducts reassessments at six-month intervals.

Our most recent YLS data trends show that in 2022, JPO completed 702 Initial Assessments, 259 reviews and 286 closing assessments for a total of 1,247 YLS Assessments. Of the 702 Initial Assessments, 29% of the youth scored as a low risk to re-

offend, 54% at a moderate rate, 16% at a high rate and .4% at a very high risk to re-offend. These percentages have not changed greatly over the past several years.

### **Recidivism**

Since 2011, the Juvenile Court Judges' Commission (JCJC) has undertaken the task of monitoring the annual statewide recidivism rates of juveniles who were closed for services by a Pennsylvania juvenile probation department. These studies establish an ongoing, consistent recidivism rate to examine the impact of the Pennsylvania Juvenile Justice System Enhancement Strategy (JJSES). In the most recent report, released in December 2022, the recidivism rate for juveniles closed in 2019 was 11.7%, the lowest since the JCJC began tracking recidivism. This rate continues the trend of "post-JJSES initiation" rates being below the "pre-JJSES initiation" rate (21.6% for the years 2007-2010). The reduction in recidivism for Allegheny County is even more significant. The pre-JJSES initiation rate in Allegheny County was 25%, and the 2019 rate was down to 10%. The implementation of JJSES is having a significant impact on our ability to reduce recidivism.

- **REMINDER:** This is intended to be a high-level description of county strengths, challenges, and forward direction. Specific details regarding practice and resource needs will be captured in other sections of the budget submission.

## **1-2: Determination of Need through Collaboration Efforts**

- Respond to the following questions.
  - ❑ Summarize activities related to the active engagement of staff, consumers, communities, and stakeholders in determining how best to provide services that meet the identified needs of children, youth, and families in the County. Describe the County's use of data analysis with the stakeholders to identify practice improvement areas. Counties must utilize a Data Analysis Team as described in the NBPB Bulletin Guidelines, Section 2-4: Program Improvement Strategies. The Data Analysis Team membership should be reflective of the entities identified. Identify any challenges to collaboration and efforts toward improvement. Counties do NOT need to identify activities with EACH entity highlighted in the instruction guidelines but provide an overview of activities and processes by which input has been gathered and utilized in the planning process. Address engagement of the courts, service providers, and County Juvenile Probation Offices separately (see the following three questions).

In preparing its Needs-Based Plan and Budget (NBPB), ACDHS engaged stakeholders, including staff, clients, providers and community groups, to share data analysis and identify areas for practice improvement.

ACDHS leadership presented an overview of the Needs-Based Plan and Budget (NBPB) to the CYF Advisory Board and met with the Administrative Judge of the Family Division of the Court of Common Pleas for her guidance. ACDHS and JPO also held a joint public hearing to obtain comments.

Additionally, ACDHS held a virtual public hearing to discuss the County Human Services Plan, including a discussion of services essential to children and families served by ACDHS, whether funded by the Human Services Block Grant, NBPB or some other source. Participants included advocacy groups, contracted service providers, elected officials, and



ACDHS staff, and their feedback was incorporated into the County Human Services Plan as well as the NBPB.

ACDHS has strong and active relationships with its contracted service providers and community stakeholders, continually gathering their input about emerging issues, families' service needs, and how CYF and other parts of the human services system can address them. In addition to the public hearings, forums for gathering this information include:

- Quarterly Children's Cabinet meetings. The Children's Cabinet is a community advisory group composed of consumers, providers, and other stakeholders involved with child-serving programs across Allegheny County. Several providers attend these meetings, including the provider chair of the local chapter of the Pennsylvania Council of Children, Youth and Family Services (PCCYFS).
  - PCCYFS quarterly meetings.
  - Meetings of the advisory boards for Children and Youth, Intellectual Disabilities, Behavioral Health, Aging, Criminal Justice, and the HSBG.
  - Annual meetings with all contracted service providers.
  - Regular meetings between providers and the CYF Manager of Provider Relations to discuss budget and resource needs.
  - Meetings between individual service providers and the CYF Deputy Director to discuss how the system can continue to improve and enhance services to children, youth, and families.
  - Quarterly roundtable meetings with the Courts
- Summarize activities related to active engagement of contracted service providers in identifying service level trends, strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts toward improvement in the engagement of service providers in the NBPB process.

ACDHS continually engages with, and solicits input from, providers through:

- Contract monitoring activities.
- Regularly scheduled and ad hoc meetings (both case-centered and service-wide).
- Frequent surveys to obtain information about system needs.
- Frequent systems training for providers, including initial, ongoing, and refresher sessions provided by technical (case management applications) and professional (child welfare practice) staff.
- Issuance of concept papers that preview ACDHS plans and request feedback (e.g., concept papers issued for a redesign of non-placement, in-home services and foster care).
- Monthly provider calls, begun at the outset of the pandemic (at which time they were held weekly), hosted by the CYF Deputy Director and leadership team to establish a standing communication channel with and monitor the health of the child welfare provider network.

Additionally, providers were represented at the NBPB public hearing (mentioned in the previous response).

- Summarize activities related to active engagement of the courts in the NBPB process, specifically the identification of strengths and gaps in service arrays and corresponding

resource needs. Identify any challenges to collaboration and efforts toward improved engagement with the courts.

CYF leadership meets with the administrative and supervising judge regularly and holds monthly meetings with attorney systems at the Court. At the attorney systems meetings, CYF, JPO, conflict counsel, Court Appointed Special Advocate (CASA) representatives, KidsVoice, parent advocates and court representatives discuss practice changes, figure out the best ways to address barriers, and update one another. CYF also co-chairs quarterly Roundtables with the courts to address system issues.

- ❑ Summarize activities related to active engagement of the County's Juvenile Probation Office in the NBPB process, specifically the identification of in-home, prevention or rehabilitative services needed to assist with discharge of delinquent youth from out-of-home care or decreasing recidivism. Identify any challenges to collaboration and efforts toward improved engagement in the NBPB process.

The NBPB process provides both ACDHS/CYF and JPO with critical resources for services to children, youth, and families with the highest needs. Given this, ACDHS and JPO coordinate to develop their NBPB submission. Specifically, ACDHS/CYF staff works with JPO to incorporate their plans and resource needs into the NBPB narrative and budget. Also, JPO regularly participates in quarterly meetings of the Children's Cabinet, which provides key input into the NBPB submission. Finally, ACDHS/CYF and JPO co-present annually at the County's NBPB public hearing.

ACDHS/CYF and JPO have also collaborated on critical initiatives, such as the Crossover Youth Practice Model (CYPM), to improve outcomes for dually involved youth. This model includes regular joint case reviews and joint supervisor cabinet meetings. There is joint training on the Protocol for newly hired staff, as well as booster training for current staff, which occurs regularly.

Despite shared aims and funding, ACDHS/CYF and JPO operate within separate organizational and decision-making structures. ACDHS operates under the oversight of the Allegheny County Executive, while JPO is responsive to the administration of the Fifth Judicial District.

- ❑ Identify any strengths and challenges engaging and coordinating with law enforcement on Multi-Disciplinary Investigative Teams (MDIT) and in joint investigations of child abuse.

ACDHS has well-established relationships with law enforcement and Allegheny County's nationally recognized pediatric medical centers that support joint investigations of child abuse and neglect as required by the Child Protective Services Law. Allegheny County is also fortunate to have two child advocacy centers that partner with the MDIT to ensure that children who are victims of maltreatment receive comprehensive, trauma-focused services. Further, ACDHS employs a CYF Child Abuse District Attorney Liaison to review, identify and classify ChildLine reports and refer the reports to the appropriate county and law enforcement investigating agencies. CYF has also joined a new MDIT organized by PA OCYF alongside the State Police Association to consider training and protocol enhancements.

### 1-3 Program and Resource Implications

- **Do not address the initiatives in Section 1-3 unless requested below;** address any resource needs related to all initiatives by identifying and addressing within the ADJUSTMENT TO EXPENDITURE request.

### 1-3c. Service Array

Please respond to the following questions regarding the County's current service array and identification of gap areas that will be addressed through the plan:

- Through the data analysis and stakeholder discussions in the development of the plan, identify any strengths in existent resources and service array available to address the needs of the children, youth and families served.

Allegheny County's data analysis and stakeholder discussions identified these strengths in existing resources and service array:

- **Data-informed screening decisions.** The AFST ensures that all available information that can predict a child's risk of maltreatment is effectively considered in call-screening decisions. The tool uses over 100 predictive factors to generate a risk score for each child referred to CYF. Before the AFST was introduced, call screeners could access historical and cross-sector administrative data through Client View, a front-end application to the integrated data system. Call screeners were required to review all relevant information related to a referral and provide it to the call screening supervisor to make a screen-in/screen-out decision. However, it was challenging for call screeners to efficiently access, review and make meaning of all available records. The AFST provides a consistent way to access and weigh the available information to predict the risk of future adverse events for each child. Researchers found that the prior practice screened out 1 in 4 children whom the AFST model would screen in due to their score. For these children, whom the model scored as the highest risk, 9 in 10 were re-referred (if screened out), and half were placed in foster care (if screened in) within two years. Forty-eight percent of the lowest-risk cases were screened in, with only one percent of these referrals leading to placement within two years. More information on the AFST is available in the FAQ.<sup>13</sup>
- **Kinship care.** Kinship care is the preferred out-of-home placement option for children and youth because it maintains their connections with family and non-relative kin. These connections make it easier for children and youth to adjust to their new environment.<sup>14</sup> Generally, children in kinship care are also less likely to experience school disruptions, and ACDHS data from 2022 show that compared to traditional foster care and congregate care, they are less likely to experience involvement in the next year with juvenile probation, mental health crisis services, or mental health inpatient services.<sup>15</sup> Allegheny County has worked hard to increase its use of kinship care as a placement setting for children and youth who are removed from their homes, particularly for Black children and youth who are overrepresented in congregate care placement settings. In the late 1990s, only 20 percent of all placements in Allegheny County were with kinship

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<sup>13</sup> <https://www.alleghenycountyanalytics.us/wp-content/uploads/2017/07/AFST-Frequently-Asked-Questions.pdf>

<sup>14</sup> Miller, J. (2017, July 1). Creating a Kin-First Culture. American Bar Association. Retrieved April 4, 2023, from [https://www.americanbar.org/groups/public\\_interest/child\\_law/resources/child\\_law\\_practiceonline/child\\_law\\_practice/vol-36/july-aug-2017/creating-a-kin-first-culture/](https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/creating-a-kin-first-culture/)

<sup>15</sup> Child Welfare Information Gateway. (2022). Kinship care and the child welfare system. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/f-kinshi/>

families. Allegheny County is proud that kinship care is the majority initial CYF placement type, with upwards of 60% of initial placements from 2017-2022 in kinship care (peaking in 2022 at 65.9% of initial placements). This trend results from ACDHS' strong commitment to kinship providers and our use of kinship navigators to identify and qualify kin.

- **Housing services and supports.** Families' ability to meet basic needs, like housing, is critical to child well-being. ACDHS – also the lead agency for our region's Continuum of Care for housing and homeless services – provides a robust array of supports that prevent homelessness and help families achieve housing stability, leveraging NBPB and other funding. Programs offered for families, including those funded through NBPB, include:
  - **Emergency Shelter** plays a critical role in a community's homelessness response system, providing a safe place to stay during a crisis while families reconnect to permanent housing. Family-focused accommodations are provided across ten shelters, three of which specialize in serving households who have or are experiencing domestic violence, dating violence, sexual assault, and/or stalking.
  - **Eviction prevention and housing stabilization programs** help families maintain stability in their housing by providing payments for rent, security deposits, and utilities and paying rental arrears that would otherwise result in eviction – and potentially cause child welfare involvement. These programs also provide support services like case management, landlord-tenant mediation, budgeting and other self-sufficiency services to reduce the likelihood of the household facing a future eviction.
  - **The NOVA program**, provides one-time monetary, housing and basic assistance to CYF families who are housing unstable or at immediate risk for homelessness. The program employs mobile case managers (“Housing Specialists”) who help families address their housing needs and then deliver services and financial assistance to achieve stability in their current home or, if necessary, an alternate home.
  - **The ARIA program** for CYF-active families impacted by substance use. The ARIA program provides short-term rental assistance and case management services to participants whose homelessness is a barrier to treatment.
  
- **Independent Living programs.** Youth transitioning out of foster care and into adulthood often do not have access to the same emotional and financial supports as their non-foster peers. Allegheny County’s Independent Living programs are designed with input from former foster youth, providing services to help youth live independently and develop life skills while planning for their future. These supports include:
  - **Educational Liaisons**, who evaluate student interests and talents to develop academic and career goals; advise students on college majors, admission requirements, financial aid, and technical school options; ensure youth complete Chafee Education and Training Grant (ETG) application and are knowledgeable about Fostering Independence Tuition Waiver Program; organize and accompany students on college tours; and provide care packages to youth living on a college campus.
  - **Youth Support Partners**, who are peers with lived experience. They share their insights with youth currently in the system and advocate for and mentor them. Their personal lived experiences give them credibility and lend to the successful

engagement of youth in planning and achieving success. Youth Support Partners also lead youth activities, like the Youth Advisory Board and Youth Involvement Committee.

- **412 Youth Zone**, which is a safe and welcoming one-stop drop-in center for young people who are eligible for Independent Living services or young people who are homeless. The drop-in center provides an on-site medical clinic, outpatient therapy, laundry and showers, meals and a food pantry, programming that includes 6-8 activities per day (including weekly field trips). Youth Coaches at the drop-in center also provide case management and goal planning.
- **KidsVoice Bootstrap Project and Two-Generation Advocacy Program** offer specialized attorneys that assist dependent/formerly dependent transition-age youth and their children (when applicable) with legal representation on issues related to housing, credit, health care, education, employment, driver's licensing, and expungement.
- **Foundation for Independence**, a housing program specifically tailored for youth transitioning out of foster care that provides supervised living apartments in a state-of-the-art building in Pittsburgh's centrally located Uptown neighborhood. Youths ages 18-20 can apply for an apartment where they pay 30% of their net income as "rent," which is returned to them as savings when they move on. The housing program employs former residents as Resident Assistants. In addition to housing, the program offers an on-site Maker Space and classes in fashion design, carpentry, and painting.
- **Resumption Housing**, a new specialized program for youth resuming care that provides young people with a home-like setting, as well as the support and encouragement they need when they return to the child welfare system. Homelessness is the number one reason young adults choose to resume dependency after age 18, and the Resumption Housing Program provides newly renovated apartments and therapeutic services to ensure youth resuming care feel safe, supported, and respected; and have the opportunity to heal and thrive.
- **Therapeutic Boxing**, a new program that supports impulse control & behavioral modification to utilize aerobic therapy/activity and biofeedback to simulate the body's physiologic changes under stress. Participants are coached to develop skills to control their bodily changes (heart rate increase, racing thoughts, etc.), which can lead to negative behaviors in the classroom, community, home and work setting. The program provides the necessary skills to improve behaviors in all settings by reconditioning emotional intelligence and cognitive thinking.
- **TAY Stipend Program-** In FY 22/23, DHS provided cash assistance to a targeted group of approximately 1,030 young adults between the ages of 18 and 22 who have involvement in the child welfare and homeless systems. Eligible young adults received a one-time payment of \$4,000 with the goal of helping them to meet their basic needs and build toward financial stability. The Opportunity Passport program encouraged eligible applicants to participate in financial education classes and matching towards an asset. Evaluation is being completed to examine participants' financial well-being, employment, housing, criminal justice involvement, and physical and behavioral health outcomes.

- Identify information on any specific populations determined to be under served or disproportionately served through the analysis.

Racial disproportionality and disparity are widely acknowledged problems in the child welfare system. The stage of system involvement with the most significant disparity is Referrals, where Black children and youth are 3.8 times more likely to be referred for investigation than White children and youth.

Once a case is opened, the racial makeup of clients receiving non-placement services in 2022 matched the overall CYF client population with CYF case activity in that year. Black individuals make up 54% of active clients and 54% of clients receiving services; white individuals make up 35% of active clients and 34% of clients receiving services; individuals of other single race or two or more races make up 1% of active clients and 2% of clients receiving services; and individuals with unknown race make up 10% of active clients and 10% of clients receiving services.

In 2022, a larger proportion of female clients received services (55%) compared to the proportion of female clients with an active CYF case (46%). Similarly, a larger proportion of clients receiving services were under 18 years of age (56%) compared to the proportion of those under 18 in the overall population of clients with active CYF cases (43%).

When looking at the intersection of client role and gender, we see that mothers and all children irrespective of gender are receiving a higher rate of services compared to the group of all CYF clients; and fathers are receiving services at a lower rate.

- Identify service array challenges for the populations identified and describe the County's efforts to collaboratively address any service gaps.
  - **The need for high-quality, effective community-based services that prevent formal system entry.** In FY22-23, 13% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other CYF services. Our current system is not yet tooled to support these families outside of CYF effectively. ACDHS envisions a future state where CYF serves a small number of high-risk families and where the majority of families – who are low-risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services.
  - **The need for interventions to prevent and address community violence – a threat to child safety that disproportionately impacts children and youth with child welfare and juvenile justice involvement.** Allegheny County is experiencing a rise in homicides and non-fatal shootings. The recent increase in community violence is heavily concentrated in just a small number of higher-need communities and overwhelmingly cuts short the lives of young Black men. Despite Black men making up only 6% of the County's population, they are victims in 66% of annual homicides on average. Black people in Allegheny County have an average homicide victimization rate that is 21 times the rate for White residents, with young Black men most at risk of victimization. Homicide victimization is the number one cause of death for young Black men (age 15-24) and larger than the following nine reasons combined. Of the 351 homicides in Allegheny County from 2020 through 2022, 36% percent of these victims were ages 24 and younger. Strikingly, 55% of offenders were ages 24 and younger.

Among homicide victims from 2020 through 2022, 40% have a history of juvenile justice involvement, 21% have a history of child welfare involvement as a child, and 39% have a history of child welfare involvement as a parent. Among offenders during the same

period, 63% have a history of juvenile justice involvement, 36% have a history of child welfare involvement as a child, and 48% have a history of child welfare involvement as a parent.

The impacts of gun violence extend beyond those directly victimized. Growing up in neighborhoods with high rates of gun violence threatens the safety of children and increases their risk of child welfare involvement. Exposure to gun violence is associated with reduced cognitive performance<sup>16</sup> and poor mental health and physical health outcomes.<sup>17</sup> ACDHS will address this through its expenditure adjustments by investing in evidence-based interventions, countywide supports, and an expansion of out-of-school time programs.

- **The need for placement settings and services that address the complex needs of youth through appropriate therapeutic services.** Finding appropriate placements for youth with mental health and behavioral issues has become increasingly challenging. Current demand is above the supply of appropriate intensive care locations. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS invests in specialized placement settings with therapeutic supports integrated into the placement facility milieu. This is also compounded by the lack of appropriate secure detention facilities for youth that meet this criterion in addition to their mental and behavioral health needs.
- **The need for secure detention beds that ensure the safety of the community, facility staff, and youth.** The closing of Shuman Detention Center has created a shortage of safe placements for youth who have allegedly committed a delinquent act and who may pose a threat to the community, as well as to the staff and other youth in less appropriate placement settings. Allegheny County is actively working to address this problem by reestablishing a detention center in the County as referenced earlier in this document. In the interim, the few detention beds the County has identified do not meet current needs.
- **The need for post-reunification services that prevent re-entry.** Allegheny County's re-entry rate after reunification is higher than the national benchmark for this performance measure (10.81% compared to the national 75<sup>th</sup> percentile of 8.3%). In 2021-22 teens were especially at risk for re-entry after reunification, with 20.51% of 13-15-year-olds re-entering within 12 months. The services currently available to these families are primarily the same suite of in-home, non-placement services mentioned above. ACDHS' Client Experience unit is currently conducting surveys and in-depth qualitative interviews of reunified families to learn how post-reunification services and supports can be improved.
- **The need to improve the quality of representation for parents in dependency proceedings.** Quality legal representation for parents in dependency court is critical because it supports increased parental involvement, more frequent visitation, better access to services and reduced length of stay in foster care.<sup>18</sup> Currently, the County

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<sup>16</sup> Sharkey, P. 2010, June 29. "The Acute Effect of Local Homicides on Children's Cognitive Performance." Proceedings of the National Academy of Sciences of the United States of America.

<sup>17</sup> Smith, M. E. et al. (2020, February). The impact of exposure to gun violence fatality on mental health outcomes in four urban U.S. settings. *Social Science and Medicine*.

<sup>18</sup> <https://www.casey.org/quality-legal-representation-topical-page/>

provides legal services to indigent parents in dependency proceedings through the Allegheny County Bar Foundation's Juvenile Court Project (JCP). In cases where JCP can't represent a parent due to a conflict, the parent is represented by the Court's conflict panel, and the number of parents requiring representation by the conflict panel has increased significantly in recent years due to CYF's success engaging both parents. The conflict panel currently operates through part-time contracted staff and judge-appointed attorneys, but the current model cannot meet the need. A dedicated interdisciplinary conflict council office that will streamline operations and provide wrap-around interdisciplinary services for clients is needed. (Adjustment forthcoming). Additionally, insufficient reimbursement mechanisms are a significant barrier to improving access to quality legal representation. While Allegheny County is taking advantage of newly available Title-IVE funds, this reimbursement, and the lack of state funding for parent attorney costs, is insufficient to meet the true cost of the service.

- **The need for family-centered substance abuse services** – In Allegheny County, parental substance use is a leading cause of child welfare referrals, including those stemming from the current opioid crisis. Consistently, 20% of reports received include allegations of adult drug or alcohol use; and upwards of 30% of home removals include adult drug or alcohol use as a reason for the removal. From FY 18-19 through FY 22-23, 33% of home removals (4,658 removals) were associated with adult drug or alcohol use in Allegheny County; this percentage increases to 43% (1,909 removals) for children under five. Additionally, child ingestion fatalities and near-fatalities have increased from 3 in 2019 to 6 in 2020, 8 in 2021 and 9 in 2022. Fentanyl was present in 73% of the cases in 2019–2022 and has been present in every ingestion in 2022. There is a critical need for more family treatment services to mitigate the effects of parental substance use disorders and to help strengthen and preserve families. Allegheny County currently offers inpatient substance use disorder treatment for parents throughout the County, but many programs are for mothers only, limit the number of children that a parent can bring, and may not allow for longer stays in treatment when necessary. The newly opened Family Healing Center will address this need by allowing families with multiple adults and up to four children to stay together while the addicted person receives treatment but can only support 15-20 families per year. There is still a need for additional family-centered treatment options in Allegheny County.
- **The need for community-driven informal mental health supports**- There are many barriers to accessing mental health services, including the time it takes to find a provider, insurance requirements, finances, stigma and transportation. For marginalized communities – Black individuals, LGBTQIA+ individuals, and immigrants and refugees – a lack of culturally competent providers and a litany of other barriers exacerbate these challenges. Nationally, treatment usage for adults with mental health diagnoses was only 46%, and 37% for Black adults.<sup>19</sup> Allegheny County has selected 16 providers through a competitive RFP to provide non-medical supports for mental health provided by peers, friends and family, religious leaders or other non-health professionals. Informal Mental Health Supports aim to increase the availability of preventative and proactive supports that individuals or families can use for mental health and well-being; smooth pathways to more formal services; broaden how people connect to care; and/or reduce stigma and crises.

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<sup>19</sup> <https://www.nami.org/mhstats>



- **The need to increase capacity to transport children and youth in care-** Children placed in care through CYF require safe, timely, and efficient transportation to participate in family visits, Court, and activities of daily living. Internal data analyses suggest that for youth in care, up to 40% of transportation needs are unmet due to a lack of provider and staffing capacity. To address this, ACDHS plans to procure a dedicated transportation provider. The selected provider will ensure the transportation needs of youth in placement are met.

- Identify key areas in which technical assistance may be needed.

ACDHS may benefit from technical assistance to support the development of placement rates, particularly for placement providers that operate in multiple counties across the state.

#### 1-3d. Continuous Quality Improvement (CQI)

- ☞ **For CCYAs interested in joining the statewide Quality Service Review, CQI effort during calendar year 2024,** answer the questions found below. Interested CCYAs will receive a follow-up communication requesting the County complete a self-assessment to help the state evaluate the CCYAs level of readiness to participate in the CQI effort. The CCYA can submit the self-assessment to OCYF later.

- Briefly describe the CCYA's interest in hosting a statewide Quality Service Review aimed at establishing or improving the CQI efforts in your County.

ACDHS/CYF is contracting with two technical assistance providers to support continuous quality improvement efforts: Mathematica and Collaborative Safety. Mathematica provides consultation related to continuous quality improvement, implementation of new programs, strategy development and action plans resulting from Act 33 reviews, development of a ChildStat (or similar) process, and other efforts to improve practice and outcomes. During the past year, Mathematica has led a CQI project alongside CYF to review and improve the processing of referrals on active families.

Additionally, Collaborative Safety supports the integration of safety science across CYF, including developing a critical incident review system using a nationally recognized model. In the upcoming year, ACDHS will implement the strategies recommended by these partners to improve the quality of service delivered to clients. Lastly, we will continue to network with the Western Region Quality Assurance work group to ensure our practices are aligned with the region.

- Any CCYA interested in hosting a Quality Service Review in calendar year 2024, please describe your interest and what month you would like to host below. Note: This includes all counties who are interested in calendar year 2024 regardless of their expressed interest or deferment in previous years.

ACDHS has a multi-pronged approach to address quality service review that includes:

**A standard quality assurance process** that uses targeted case reviews and monthly metrics to monitor the health of our CYF system and proactively identify trends of interest and opportunities for improvement. CYF holds a series of regular, integrated meetings that

bring key leadership together with unit managers to: analyze specific, previously-defined aspects of each unit's recent performance; provide feedback on recent progress compared with targets; follow up on previous decisions and commitments to produce results; examine and learn from each unit's efforts to improve performance; identify and solve performance deficits; and set and achieve the next performance targets.

**An in-depth critical incident case review process** to investigate the circumstances surrounding fatalities and near-fatalities and identify system issues that need to be addressed. ACDHS recently incorporated safety science into this review process modeled after systems in Tennessee, Arizona, Minnesota, Wisconsin, and other jurisdictions nationwide. The impetus for applying safety science to child protection is that it has the potential to promote learning and change through an approach that:

- Transitions from individual blame to overall systemic accountability.
- Applies systemic methods of learning and investigation.
- Addresses complex systemic issues rather than focusing on the application of quick, simplistic fixes such as firing staff.

**The development of a new CQI process** as described in section 1-3d.

- ☞ **If the CCYA is not a current CQI county and is not interested in joining the CQI efforts,** describe the agency's efforts to address quality service delivery.

### 1.3g Substance Affected Infants (SAI) and Plans of Safe Care (POSC)

- ☞ Respond to the following questions:

- Describe how the CCYA collects data related to POSC in which the CCYA acts as the lead agency

Providers serving families in the priority tier of Allegheny County's Hello Baby program serve as the lead agencies for all POSCs. As a result, CYF does not serve as the lead agency for any POSC. In cases where a family has a POSC and becomes active with CYF, CYF collaborates with the family and the POSC lead agency to engage in mutually supportive planning regarding the POSC and the family's CYF Family Plan.

- Describe how the CCYA collects data related to POSC in which the CCYA does NOT as the lead agency

Providers serving families in the priority tier of Allegheny County's Hello Baby program will serve as the lead agencies for all POSCs. This includes Healthy Start's Hello Baby Priority Program and the evidence-based parenting intervention, Family Check-Up, offered by the University of Pittsburgh Office of Child Development. Referrals are managed through ACDHS's Hello Baby data platform, so ACDHS has all referral data. After receiving referrals, plan information is maintained by the providers in their own case management databases, but data-sharing agreements with the agencies enabled ACDHS to receive necessary and relevant data regularly.

- Describe how the CCYA works with other county offices and community-based agencies to disseminate information related to SAIs and POSC to physical health care and drug and alcohol treatment providers

Recognizing the multiple systems that must work together for legal compliance and enhanced support to infants and their parents or caregivers, Allegheny County established a multisystem collaboration structure for initial POSC development and implementation that included:

- County Executive Team: Responsible for oversight and guiding direction of Allegheny County's cross-system processes for Plans of Safe Care. Executive team members led direction, provided the final level of review for implementation of recommendations, and coordinated with systems partners to develop and execute communication plans.
- County Work Group: The workgroup engaged in broad-based discussions pertinent to POSC planning, including service gaps and needs, coordination and communication opportunities, and process development. The Work Group provided recommendations for Plans of Safe Care implementation to the County Executive Team.
- Work Group Subcommittees: Subcommittees were utilized for developing recommendations about specific deliverables such as a memorandum of understanding, a release of information, protocols for sharing data among multi-disciplinary teams, a universal Plan of Safe Care template and a countywide communications strategy.

Each level of the planning structure consisted of stakeholders and subject matter experts from the system partners, including birthing hospitals, medical providers for pregnant women and infants, substance use disorder treatment providers, mental health providers, Early Intervention, managed care organizations, local government, and community organizations. County leadership represented, in addition to CYF as the CCYA, are ACDHS's Office of Community Services and Office of Behavioral Health (Bureau of Mental Health and Bureau of Drug and Alcohol Services, the County's SCA), and leadership from the Allegheny County Health Department.

The above planning structure facilitated cross-system planning, coordination, and information dissemination. Once POSC processes were established, ongoing coordination continued through the provision of Hello Baby.

A few points of highlight are specific to disseminating information related to SAIs and POSC to healthcare providers.

- Representatives from the PA Perinatal Quality Collaborative (PA PQC) and Pittsburgh Regional Health Initiative have been engaged in each level of the planning structure. This not only enhanced the ability for county planning processes to be up to date and consistent with statewide directions but also provided an added level of linkage with the birthing hospitals, as program managers and staff from PRHI are directly supporting all Allegheny County birthing hospitals in implementing and sustaining quality improvement strategies at the practice level, including processes and supports around POSC. ACDHS's Hello Baby lead staff member regularly participates in PA PQC meetings and planning sessions, continuing the engagement moving forward.
- Healthcare providers themselves are engaged as stakeholders. For example, a POSC Process Subcommittee was established to assess the implemented processes for POSC in Allegheny County. Included in this subcommittee were three birthing hospitals, including the County's highest-volume birthing hospital. This involvement informed process improvement opportunities (e.g., changing the approach to one in which a community organization, specifically a Hello Baby provider, services as POSC lead, rather than ACDHS CYF starting as POSC lead), and enhancements that would better support multi-disciplinary coordination and family supports.

- Finally, integrating POSC into Hello Baby supports coordination and information dissemination to healthcare providers. The administration of Hello Baby includes regular and ongoing meetings with healthcare providers. Through these collaborations, healthcare providers are regularly updated on information and processes and have further opportunities to inform system planning and enhancement efforts. For example, Hello Baby staff and leadership regularly coordinate with the designated POSC social worker at the County's largest birthing hospital around POSC referrals and service engagement.

- Describe how the CCYA engages other county offices and community-based agencies to support the ongoing implementation of POSC.

The above-described multisystem structure for POSC planning, coordination and administration speaks to how county offices and community-based agencies are engaged to support the ongoing implementation of POSC. Through the collaborative mechanisms of the Executive Team, Work Group, and Subcommittees, system partners, including birthing hospitals, medical providers for pregnant women and infants, substance use disorder treatment providers, mental health providers, Early Intervention, managed care organizations, local government, and community organizations were all actively engaged in the development and implementation of POSC processes and coordination. Service provision coordination supports the engagement of all stakeholders during the ongoing implementation of POSC.

- Describe how the CCYA works with other county offices and community-based agencies to disseminate information related to the effect of prenatal exposure to substances and POSC to pregnant and parenting people and other caregivers.

The above-described multisystem structure for POSC planning, coordination and administration speaks to how county offices and community-based come together to plan the implementation of POSC, including disseminating information to pregnant and parenting people and other caregivers. Through the collaborative mechanisms of the Executive Team, Work Group, and Subcommittees, system partners (including birthing hospitals, medical providers for pregnant women and infants, substance use disorder treatment providers, mental health providers, Early Intervention, managed care organizations, local government, and community organizations) were able to establish and carry out communication plans. For example, healthcare providers shared practices and specific resources that have effectively engaged parents and caregivers after birth, and other hospitals then utilized those tactics. In addition, home-visiting leadership spoke about the information their teams discuss with families and other stakeholders, and substance use treatment providers discussed effective means of engaging people who are pregnant and using substances in meaningful conversations about planning, including fears around potential child welfare involvement.

ACDHS CYF collaborates closely with the Allegheny County Health Department (ACHD) to conduct outreach, education, and distribution of harm reduction materials. The Departments are currently collaborating on a joint public education campaign with the goal of educating parents and caregivers on the safe storage of substances in the home. In 2022, ACHD Overdose Prevention staff conducted 116 trainings attended by 3,201 individuals on how to respond to an overdose, including how to administer naloxone (Narcan). Staff also

participated in 134 events where naloxone was distributed. 19,675 Narcan kits were distributed at venues ranging from Millvale Pride to Foot Outreach in downtown Pittsburgh to the Pitt Healthy U Fair. Since the legalization of fentanyl test strips in Pennsylvania in January 2023, the Overdose Prevention team has begun distributing these effective harm-reduction tools to residents who use substances. The test strips provide residents with information on whether their substance includes fentanyl. In the first quarter of 2023, more than 2,000 test strips were distributed within Allegheny County.

ACDHS' Office of Behavioral Health (OBH) and CYF service providers collaborate closely. OBH trains casework staff to inform them of recent regulations and developments. Since 2020, CYF has distributed over 1,000 medication/drug storage lock boxes.

- Describe any other anticipated practice and/or fiscal impact of this provision.

As Allegheny County continues the ongoing implementation of POSC, we anticipate an expansion of communication and service engagement needs. Whereas the initial implementation phase seeks to ensure that infants born affected by substances and their parents and caregivers are supported, there is a longer-term vision of strengthening this support through a broadening scope. The broader scope includes clarity around "affected by" at the time of birth and extending the focus on prenatal planning. Regarding the definition of "affected by" for infants, more universally moving towards exposure, for example, would increase the number of POSCs offered/required. Further, whatever specific definition is implemented, ongoing partnership work and education are needed so the various systems can work together optimally and support the families serviced most effectively. Hospitals continue to be concerned with notifications to Childline regarding the relationships they build with their patients and the ability to effectively engage the parents/caregivers in planning. That tension can grow as the scope of notifications grows, even when the mutual goal is providing resources and supports so infants and families can thrive. The other expanding area of scope is moving upstream to prenatal engagement. While prenatal engagement is already part of the planning discussions and consideration in current efforts, more focus on intervention points before birth will continue to grow, requiring additional practice changes and more resources.

- Identify areas of technical assistance needed by the CCYA related to POSC.

Consistent with ACDHS's efforts to expand support to families before they become formally involved in the child welfare system, POSC planning in Allegheny County continues to seek opportunities to help infants and their families thrive in their communities. Detangling notifications to Childline and the voluntary supports available via POSC from the fears and stigma of child welfare continue to be a challenge to family engagement. As previously described, this is true for the birthing hospital at the time of birth and also impacts substance use treatment providers' ability to engage people who are pregnant in POSC planning prenatally. For example, behavioral health treatment providers and hospitals have spoken to the consideration of some pregnant people who are on MAT considering stopping their treatment to avoid their infant showing signs of being affected.

### 1-3j. Family First Prevention Services Act

- Respond to the following questions:

### **Family First Transition Act Funds**

- Identify total cost and activities with which you have utilized your Family First Transition Act funds

N/a

- Do you anticipate having unspent FFTA funds? If so, please describe what efforts you have attempted to spend down those funds as well as an estimate of what your unspent funds will be.

Allegheny County has yet to expend any of its FFTA funding due to the availability of funds in our state allocation in SFY 2022-23. We have elected to extend FFTA funding into SFY 2023-24 when we expect our state allocation to be otherwise fully drawn. In SFY 2023-24, Allegheny County will use its FFTA funding for eligible expenses such as foster family recruitment and retention.

- If available, does your County have the ability to spend down additional funds, not originally allocated to you, by June 30, 2024?

Allegheny County does anticipate being able to spend additional funds in SFY 2023-24.

### ***Title IV-E Prevention Services Program***

- Describe the CCYAs engagement with community-based service providers regarding the selection and implementation of EBPs, regardless of their allowability under the Title IV-E Prevention Program.

ACDHS selects EBPs for implementation by identifying the factors that drive abuse and neglect, seeking EBPs shown to reduce those risk/need factors, and conferring with providers and the community about implementing these in our County. Formal opportunities for provider engagement include the NBPB public hearing, the annual NBPB presentation to the CYF Advisory Board and quarterly Children's Cabinet meetings.

- CCYAs may be considering engaging private providers or other human service agencies in the determination of eligible children and/or delivery of services under the Title IV-E Prevention Services Program as a diversion to formal child welfare involvement, known as Community Pathways (a.k.a. Innovation Zones). Share whether this is an option the CCYA is considering.

ACDHS has thoroughly reviewed the Innovation Zone opportunity and guidelines, and while ACDHS appreciates the option and flexibility, for a variety of reasons, most tied to the Family First core requirements, has decided not to pursue the implementation of an Innovation Zone at this time.

- Identify any areas of technical assistance that the County may need in this area.

As stated above, ACDHS will invest in fidelity monitoring and continuous quality improvement in alignment with FFSPA. Further, ACDHS is interested in learning how other counties approach these requirements.

Given that Triple P was rated as “Promising” by the Clearinghouse and cannot receive an evaluation waiver, ACDHS would like to better understand what will be asked/required for the statewide evaluation that must be conducted for the Family First Prevention Services Program to meet evaluation requirements.

### ***Congregate care funding limitation***

- Describe the CCYAs engagement with the courts and legal staff regarding this provision.

ACDHS regularly participates in and facilitates meetings with the Fifth Judicial District, sharing policy and practice change updates. This includes updates on FFSPA and the congregate care funding limitation. Reducing congregate placements has been a longtime focus of ACDHS and its system partners, and this remains an important aim under FFSPA.

- Describe the engagement with JPO regarding Shared Case Responsibility youth impacted by this provision.

In Allegheny County, CYF and JPO implement the Crossover Youth Practice Model developed by the Center for Juvenile Justice Reform at Georgetown University. The model aims to improve outcomes for dually-involved youth through cross-system collaboration, and it provides a strong foundation for efforts to reduce congregate placements in alignment with FFSPA.

- Describe the engagement with placement service providers regarding the voluntary option to become certified as a specialized setting.

CYF has communicated the state’s process and requirements for specialized settings to its placement providers. Seven providers have now become certified as specialized settings.

- Describe any practice changes being implemented at the county level to ensure that congregate care placement is appropriate based on the child or youth’s needs. For example, is agency leadership being involved in decisions regarding congregate care placement.

ACDHS uses congregate care as a last resort. To achieve reductions in congregate care placements, ACDHS has focused significant effort and resources on its foster care system, both kin and non-kin. Recently, ACDHS re-bid its non-kin foster care services to enhance foster family capacity, retention, and supports. Also recently, ACDHS increased kinship care per diems to parity to increase the availability and stability of kinship placements. ACDHS uses congregate care only for those cases when CYF cannot identify a foster home that meets youths’ needs; or when youth require a higher level of care or supervision than a foster home can provide (e.g., behavioral or physical health needs cannot be met in a family setting).

CYF takes a team approach to decision-making about placement. An office team—including a regional office director, clinical manager, supervisor, caseworker, and regional office

support staff—holds an internal meeting (pre-placement or staffing) to discuss each child's safety assessment and if that assessment requires a recommendation for placement outside a parent's care. If a child requires home removal to maintain their safety, the caseworker, with the parents and the youth (supported by the Kin Navigator), will identify kin available to provide a safe placement for the child/youth. If no kin can be identified, CYF works with its non-kin foster providers to identify the best placement. Congregate placements are considered a last resort, based on child/youth needs. The courts ultimately make final placement decisions.

When a child is adjudicated dependent by the Court, the Court conducts permanency reviews every three months to monitor progress toward reunifying the child and parent. Several groups within ACDHS convene to review a child's placement and discuss if a child is at the best and least restrictive placement available. ACDHS conducts these reviews within permanency roundtables, during conferencing and teaming, through congregate care work groups, and at child option, rapid response, and integrated team meetings.

ACDHS policies guide decision-making and are updated regularly to reflect continuous quality improvement review findings. These policies and practices include:

- **Out of Home Placement Planning** – a procedure for CYF caseworkers to plan for the most appropriate, least restrictive placement option that will provide Safe Permanency for youth with specific attention to race and SOGIE
- **Allegheny County Best Practice Guidelines on Family Finding** – guidelines for "ongoing diligent efforts between a county agency, or its contracted providers, and relatives and kin to search for and identify adult relatives and kin and engage them in children and youth social service planning and delivery AND gain commitment from relatives and kin to support a child or parent receiving children and youth social services." Increased Kin Navigator staff has afforded greater capacity and more in-depth family-finding efforts.
- **Allegheny County Juvenile Probation Office (JPO) and Allegheny County CYF Crossover Youth Protocol** – guide the day-to-day practices of staff from JPO and CYF when working with youth involved with both agencies.
- **Permanency Practice Guidelines** – guides staff on the importance of ensuring that every youth who enters care maintains family connections, is involved in family search and engagement and receives the support necessary for transitioning from congregate care into a family setting.
- **Preplacement (staffing) conference** – policy and procedure for team decision-making around which placement (if any) is in a child's best interest and includes regional office support staff: behavioral health specialist, child health evaluation and coordination services (CHECS) nurse, paralegal, kin navigator and managed care liaison
- **Rapid Response Team** – high-level multisystem team convened to assist children and youth who have complex needs but are struggling to have those needs met within the existing array of services across various systems (child welfare, behavioral health, developmental supports, and juvenile probation); this team reviews system barriers and develops recommendations for improvement. CYF representation in this discussion is being expanded to include provider relations so informed decisions regarding specialized placements, and immediate future planning are timely and fiscal impact is included. (Note: ACDHS does not make placement decisions based on funding implications.)



- Describe any other anticipated practice and/or fiscal impact of this provision.

Anticipated fiscal impacts of this provision include a loss of IV-E revenue for maintenance costs for congregate placements exceeding 14 days (for IV-E eligible youth) and higher per-diem rates for placements in specialized settings. In its prior NBPB, ACDHS included revenue and expenditure adjustments reflecting these anticipated fiscal impacts and is evaluating whether a revenue adjustment is again necessary in the 2024-25 year (if so, it will be reflected in the 9/1/23 budget submission).

- Identify any areas of technical assistance that the County may need in this area.

Allegheny County requests advance communication about PA OCYF's planned timing of Specialized Setting certifications, including when application cycles will occur and when OCYF will release the list of new certifications, as well as information about whether certifications can be revoked/paused so we can plan for Title IV-E invoicing processes and necessary system capacity.

### 1-3m. Title IV-E Reimbursement for Legal Representation Costs for Children and Parents in Dependency Proceedings

- Respond to the following questions:

- Is there interest by the county agency financially responsible for legal representation costs for parents in dependency proceedings in developing an MOU with the CCYA to draw down Title IV-E funds?

Allegheny County recognizes the importance of quality legal representation for parents in dependency proceedings. The County contracts with Allegheny County Bar Foundation Juvenile Court Project to provide representation for parents. Additionally, the Courts maintain a conflict panel for those parents who cannot be represented by the Juvenile Court Project (and ACDHS and the Courts have established an MOU). To improve quality, ACDHS, as the Allegheny County Children & Youth Agency (CCYA), has begun to seek Title IV-E reimbursement for parent legal representation costs.

- If yes, what change(s) will be made to improve the quality of legal representation in dependency proceedings?

As part of our work to improve the quality of legal representation in dependency proceedings, the CCYA has piloted an interdisciplinary model with the Juvenile Court Project. The Courts also plan to enhance the model for providing representation to 'conflict' parents (e.g., parents whom Juvenile Court Project does not represent because they are the second parent on a case and therefore have a conflict of interest). These enhancements aim to improve parental support and timelines for reunification with children when possible.

A remaining barrier to the quality improvement of legal representation services is the high cost and minimal reimbursement available to counties. While Title IVE is newly available for this purpose, Allegheny County expects it will support less than 25% of the total services cost. Unfortunately, there is no state funding available for parent attorney costs.

### 1-3q. Assessing Complex Cases and Youth Waiting for Appropriate Placement

- Please respond to the following questions regarding your County's local processes related to assessing service level needs for complex case children and youth:
- What is the cross-agency process developed in your County to support children and youth when the needs identified require the expertise of multiple systems? Please include information related identification of partner agencies who are a part of the County's integrated children's service planning team, the referral process and identification of team leads. Does your County have a dedicated employee who coordinates and/or facilitates planning efforts across all systems? If yes, how is that position funded and where is the position housed?

ACDHS employs a unit of multisystem specialists to provide administrative technical assistance across systems for children and youth whose needs are complex. Currently, this unit sits within the Office of Developmental Supports. However, this unit works across all ACDHS program offices. They are strength-based, solution-focused planners, maximizing all viable resources within the current system, tracking trends and service gaps, and offering recommendations/solutions to administration. Over the past two years, the Multisystem unit has expanded and restructured into the Integrated Team Meeting (ITM) and Complex Case teams. These teams partner together and are co-located in each CYF office.

#### *ITM Team*

The ITM Team is responsible for all aspects related to ITM meetings. ITM is a forum to problem-solve and coordinate appropriate services and resources for youth, families and adults involved in multiple human services systems. The meetings provide action plans and next steps to ensure the appropriate services are coordinated to address the specific needs of that youth, family or adult. An ITM Specialist facilitates the meetings. Participants include the family and team supporting the youth, family or adult and a core group of system matter experts from relevant ACDHS offices (ODS, CYF, AAA, OBH, OCS).

#### *Complex Case Team*

The Complex Case Team focuses on more emergent needs of youth involved with multiple human services systems. Complex Case meetings are urgent by nature. They are arranged and led by a Complex Case Specialist who receives a call or referral from sources such as hospitals, mental health providers, program offices within ACDHS, child welfare, juvenile probation and schools. At the point of referral, the Complex Case Specialist gathers the case crisis information and then schedules an immediate call with the respective team members on that specific case within 24 hours of the initial referral. Like ITM meetings, the complex case team comprises a core team from various program offices. However, due to the complexity of needs, this core team consists of supervisors and/or assistant deputies.

The Complex case team is charged with developing and implementing a comprehensive plan in collaboration with the entire team to ensure immediate intervention is established. This plan is shared with the team and administration (as needed) immediately after the meeting.

In addition to the duties outlined above, the Multisystem team is responsible for the following:

- Providing technical assistance to conferencing and teaming meetings.

- Coordinating Specialized GH placements, including Respond admission, tracking progress, and assisting with discharge.
- Assisting with complex planning. Supporting providers and ACDHS staff to ensure all needed services and supports are in place.
- Assisting providers and staff with education and navigation of ID Waiver or CYF funding issues with providers.
- Facilitating conversations with contract monitors, fiscal, and the ACDHS resolution team.
- Facilitating options meetings.
- Providing technical assistance to Community Care Behavioral Health (CCBH) for youth discharged from Residential Treatment Facilities (RTF). Participating in disposition planning calls and follow-up with youth with no discharge resources.
- Managing admission, participating in teaming meetings, monitoring and providing technical assistance for the specialized GH placements Respond programs.
- Monitoring and tracking multisystem-involved youth by providing technical assistance and brokering resources as needed across program areas when called upon.
- Assisting with difficult-to-place foster youth by liaising with agencies and ACDHS staff and fostering positive relationships.
- Facilitating referrals and providing monitoring to the CYF RTF step-down program.
- Track and facilitate specialized, individualized planning and resource development for youth with complex needs.

The Multisystem Team Referral & Documentation process steps include:

- Multisystem team receives the initial referral via email, fax or KIDS case management system and enters it into the Synergy case management system within 24 hours of receipt.
- The multisystem team reviews the appropriateness of the referral and triages the need- Technical Assistance, ITM or Complex. It is then assigned to the appropriate staff member.
  - In cases where it is a Complex need, a meeting is scheduled within 24-48 hours.
  - If ITM is deemed appropriate, the Multisystem team schedules ITM within 5-7 days.
- In all cases, the Multisystem team:
  - Enters all ITM referral information in Synergy.
  - Enters meeting notes and action steps in Synergy no more than 24 hours after the meeting.
- Synergy generates an email to the appropriate team members with meeting notes and action steps.
- Synergy generates a satisfaction survey for ITM attendees within 48 hours.
  - Schedules follow-up ITMs
  - Enters updates in Synergy after each follow-up ITM.
  - If an ITM is not deemed appropriate, the multisystem team can:
    - Complete a Technical assistance call.
    - Participate in a CYF Conferencing and Teaming call.
    - Provide support, feedback or recommendation as needed.

- Identify how the County has engaged systems outside of the County Human Services system, including for example the education and physical health systems, in this cross-agency planning process. How is child specific information shared across systems?

The Multisystem Team and the protocols described above are specifically designed to facilitate cross-systems engagement – including engagement with education and physical health systems. The Multisystem team ensures all relevant systems and family supports are invited to these meetings and enables engagement via scheduling and virtual participation options. Additionally, ACDHS employs staff who are embedded within program offices to assist with engagement and relationship building. Those staff include Managed Care Liaisons, Behavioral Health Specialists, Behavioral Health Education Liaisons, and Behavioral Health Education Specialists. In addition, ACDHS maintains a shared database that members of our core team (outlined above) can access to view the referral, notes and updates. We are working within ACDHS to explore sharing that information when applicable back to the KIDS system. Finally, the Placement Stability Unit leads a monthly recruitment collaborative with all foster care providers to improve shared access to information across systems.

- In FY 2022-23, how many children were served through your County complex case planning process?

There were 120 children served through the complex case planning process in FY 22-23.

- What creative processes or services has your County developed to meet the needs of the complex children in your care?

In the past year, ACDHS/CYF has worked with providers to develop new settings and services to address the complex needs of youth in our care. For example, ACDHS/CYF has worked with providers to develop new trauma-informed residential services for youth between 10 and 21 years old, who are diagnosed with a mental illness and need a step-down or diversion from a Residential Treatment Facility (RTF) or Psychiatric Hospital, or who are otherwise in need of specialized residential care. This program also aims to support youth who may have been denied access to RTF or inpatient programs. These new residential settings are designed to provide on-site mental health services and coordination of clinical and rehabilitative interventions and support services for youth diagnosed with mental illness and their families.

ACDHS/CYF has also worked with providers to increase emergency shelter capacity for youth at risk of abuse, neglect, homelessness, or other crises. Newly contracted programs offer a structured schedule, supervision, individualized supports, case management and community linkages. Shelter services support adolescents with urgent needs for shelter while transitioning to home or other care levels.

- Identify any areas of technical assistance the County may need in development, or improvement, of its cross-system integrated children's team.

ACDHS is fortunate to have a strong cross-system integrated teaming model and an equally strong partnership with PA OCYF that helps us support youth with complex needs.

ACDHS's Multisystem team has grown by four staff in the past 12 months, with the onboarding of two additional staff anticipated by the end of the year: one specific to the Specialized Group homes and Admin support to help with the tracking of data, documentation and support of the larger team.

Staff from PA OCYF have been especially supportive of ACDHS's efforts to serve youth with complex needs adequately. ACDHS requests continued assistance from PA OCYF to explore and develop new relationships with providers of services tailored for youth with complex needs.

### 1-3s. Family Reunification Services

➡ Respond to the following questions:

- What are the current services and activities provided to support family reunification efforts?

ACDHS currently supports family reunification efforts through in-home services (including Homebuilders™), coached visitation, and systems navigation/advocacy provided by the Youth Support Partner unit. CYF caseworkers also support family reunification by providing transportation for child/family visits. Additionally, CYF partners with our local public housing authorities to connect families to HUD's Family Unification Program (FUP) vouchers in cases where housing is a barrier to family preservation/reunification.

- What were the total costs of services and activities to provide family reunification services in SFY 2022-23?

To estimate the total cost of family reunification services in FY 2022-23, we considered:

- The proportion of cases referred to Homebuilders for reunification support. (17 of 68 cases, 25% or \$212,749)
- The estimated proportion of families receiving other in-home, non-placement services to support reunification. (50% or \$1,822,089)
- The total cost of coached supervised visitation services. (\$904,629)

The resultant estimate of the total costs of services and activities to provide family reunification services in FY 2022-23 is \$2,939,467.

## **Section 2: General Indicators**

### 2-1: County Fiscal Background

- Indicate whether the County was over or underspent in the Actual Year and reasons why.

ACDHS was underspent in FY 2022-23. A primary cause of the County's underspend is the closure of Shuman Detention Center. Another key driver is vacancies among CYF caseworkers and supervisors, as well as within provider agencies. As Allegheny County works to address the need for detention and reduce staff vacancies, we expect to fully draw our allocation in future years (and have already seen overall spending increase significantly between FY 2021-22 and FY 2022-23).

- Is over or underspending anticipated in the Implementation Year? Explain why.

Allegheny County anticipates spending our entire certified amount in the Implementation Year as we work to fill critical staff vacancies and support our provider network in doing the same. Additionally, Allegheny County has new investments planned to address critical child and family needs, as detailed in our FY 2023-24 Expenditure Adjustments.

- ❑ Address any changes or important trends that will be highlighted as a resource need through an ADJUSTMENT TO EXPENDITURE submission.
- **Trend: Increased child and family needs as evidenced by measures of unemployment, food insecurity, and housing instability.** As stated in the executive summary of this document, high unemployment and lost income have left many families unable to meet their basic needs. Further, food and housing insecurity is worse among families of color.<sup>20</sup> While Black residents represent 13% of Allegheny County's Population, they represent 62% of FY22-23 ERAP applicants. Allegheny Housing Stabilization (AHSC) funds will end in FY 24-25. Unfortunately, many temporary policy changes that prevented more significant hardship — such as the Child Tax Credit, ERAP, and Medicaid continuous enrollment—have ended. Over 90% of low-income families spent their Child Tax Credit payments on necessities — food, housing, clothing, utilities — and education, data from the Census Bureau's Household Pulse Survey show.<sup>21</sup> On average, for center-based child care in Pennsylvania in 2021, single mothers pay 35% of their income to child care, and families pay 10%.<sup>22</sup> In response, ACDHS is implementing new and expanded programs to help families meet their basic needs.
- **Trend: Increased community violence, disproportionately impacting Black boys and young men.** Allegheny County is experiencing a rise in homicides and non-fatal shootings. The recent increase in community violence is heavily concentrated in just a small number of higher-need communities and overwhelmingly cuts short the lives of young Black men. Despite Black men making up only 6% of the County's population, they are victims in 66% of annual homicides on average. Black people in Allegheny County have an average homicide victimization rate that is 21 times the rate for White residents, with young Black men most at risk of victimization. Homicide victimization is the number one cause of death for young Black men (age 15-24) and larger than the following nine reasons combined. Of the 351 homicides in Allegheny County from 2020 through 2022, 36% percent of these victims were ages 24 and younger. Strikingly, 55% of offenders were ages 24 and younger.

Among homicide victims from 2020 through 2022, 40% have a history of juvenile justice involvement, 21% have a history of child welfare involvement as a child, and 39% have a history of child welfare involvement as a parent. Among offenders during the same period, 63% have a history of juvenile justice involvement, 36% have a history of child welfare involvement as a child, and 48% have a history of child welfare involvement as a parent.

The impacts of gun violence extend beyond those directly victimized. Growing up in neighborhoods with high rates of gun violence threatens the safety of children and increases their risk of child welfare involvement. Exposure to gun violence is associated

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<sup>20</sup> <https://assets.aecf.org/m/resourcedoc/aecf-kidsfamiliesandcovid19-2020.pdf>

<sup>21</sup> <https://www.cbpp.org/blog/9-in-10-families-with-low-incomes-are-using-child-tax-credits-to-pay-for-necessities-education>

<sup>22</sup> <https://www.aecf.org/resources/2023-kids-count-data-book>

with reduced cognitive performance<sup>23</sup> and poor mental health and physical health outcomes.<sup>24</sup> ACDHS will address this through its expenditure adjustments by investing in evidence-based interventions, countywide supports, and an expansion of out-of-school time programs.

- **Trend: Racial disproportionality across all decision points of Allegheny County’s child welfare and juvenile justice systems, beginning at each system’s front door.** In 2022, 41% of children referred to child welfare were Black, even though only 18% of Allegheny County's children population is Black. Similarly, an analysis done by Allegheny County's Black Girls Equity Alliance pointed to stark disproportionality at the front door of the juvenile justice system where Black girls are ten times more likely than white girls to be referred and Black boys are seven times more likely than white boys to be referred (rates that far exceed national averages). ACDHS will address these trends through its expenditure adjustments by piloting new pre-citation and pre-arrest interventions to divert low-level youth offenders with human services needs from the juvenile justice system.
- **Trend: Decreased entries to care and increased complexity of youth in the system.** Referrals, entries to care, placements, and non-placement service utilization have all declined since the beginning of the pandemic. Decreases in entries to care since the pandemic's onset were initially attributable to a reduction in referrals by mandated reporters, whose proximity to children and youth declined with school closures. Even as referrals have rebounded to pre-pandemic levels, ACDHS has seen an increase in the severity of the need from system-involved youth. This decrease in entries is attributed to a focus on accepting for service those high need youth. This then has a downstream effect on the utilization of ongoing services. The result is a smaller ACDHS focused on achieving the enhanced system capacity necessary to meet child and family needs.
- **Trend: Increased behavioral health needs among children and families.** National data indicates that the long-term impact of the pandemic has caused poor mental health outcomes for children, youth, and their caregivers. This trend has hit girls especially hard, and the CDC estimates that 3 in 5 girls felt persistently sad or hopeless in 2021.<sup>25</sup> Similarly, research shows that the pandemic led to widespread increases in fear, anxiety, depression, loneliness, and behavioral issues in PK–12 students, with disproportionate effects based on race/ethnicity, socioeconomic status, and previous mental health or disability diagnosis. This national trend is reflected locally among all children and families and is of particular concern among children and youth in care. Reports from placement providers indicate a higher level of need for behavioral health services among children and youth in out-of-home care (though behavioral health service utilization is not increasing proportionally, likely due to widespread service shortages in the behavioral health system). ACDHS will address this trend through its expenditure adjustments by investing in therapeutic placement settings and informal mental health supports for youth.

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<sup>23</sup> Sharkey, P. 2010, June 29. "The Acute Effect of Local Homicides on Children’s Cognitive Performance." Proceedings of the National Academy of Sciences of the United States of America.

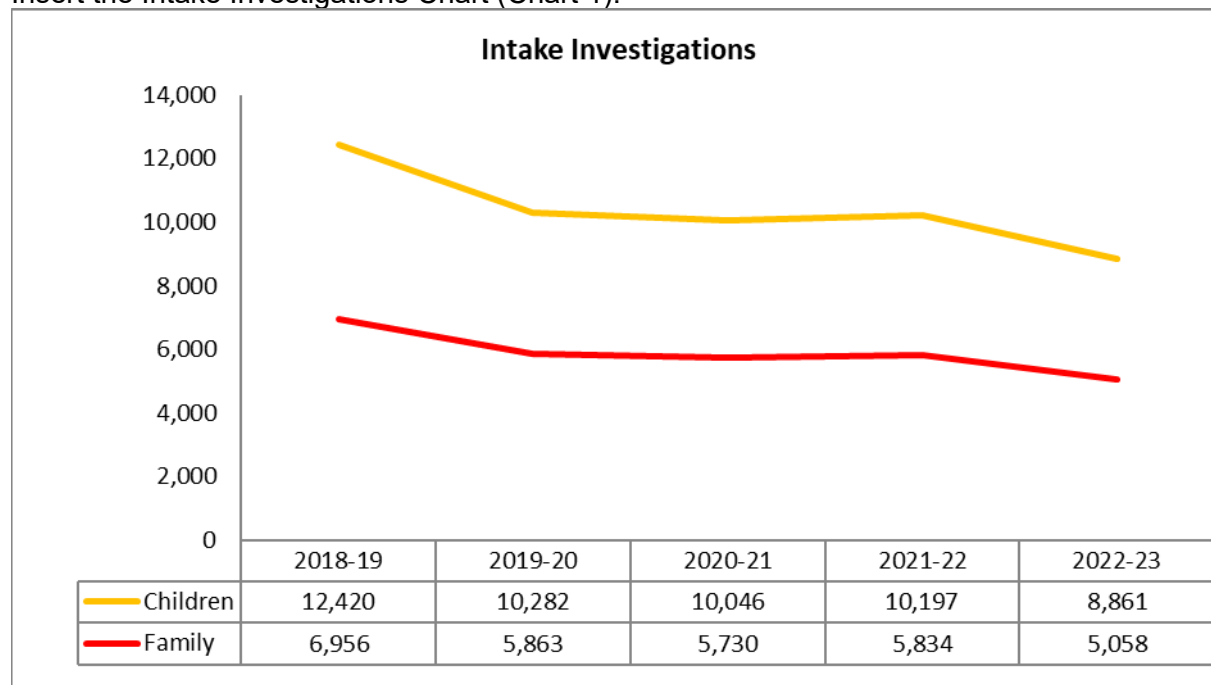
<sup>24</sup> Smith, M. E. et al. (2020, February). The impact of exposure to gun violence fatality on mental health outcomes in four urban U.S. settings. *Social Science and Medicine*.

<sup>25</sup> <https://www.cdc.gov/media/releases/2023/p0213-yrbs.html>

- Trend: Time to permanency within 12 months of entering care does not meet the national standard.** ACDHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). The national performance standard is 40.5%, and Allegheny County's percentage was 19.16%. ACDHS will address this through its expenditure adjustments by investing in kinship care and its array of services designed to resolve child and family needs. *\*NOTE\** this trend is based on data from PCG from packages 22A & 22B. This is because 23A data packages were not sent to counties prior to the NBPB submission in 2023.
  - Trend: Re-entry rates after reunification higher than the national standard.** Allegheny County's percentage of children and youth re-entering care within 12 months after reunification (10.81%) is higher than the national benchmark (8.3%). Re-entry to care after reunification can indicate that the services delivered did not adequately address families' needs and remediate safety concerns. ACDHS is addressing this by surveying reunified families to improve its post-reunification services and supports. *\*NOTE\** this trend is based on data from PCG from packages 22A & 22B. This is because 23A data packages were not sent to counties prior to the NBPB submission in 2023.
- **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 2-4)**

**2-2a. Intake Investigations**

Insert the Intake Investigations Chart (Chart 1).



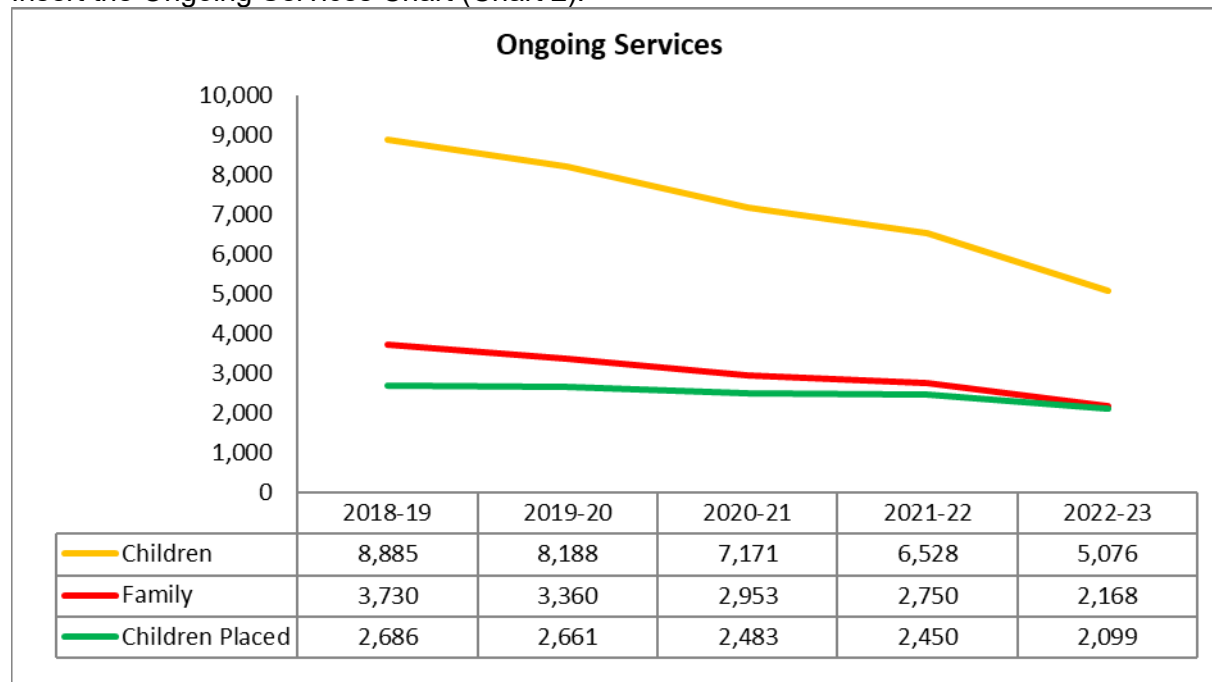
Intake investigations declined in FY2022-2023, despite overall incoming referral volume rising and beginning to approach pre-pandemic levels. This discrepancy is mainly due to the County's screen-in rate for GPS referrals declining by about ten percentage points from the prior fiscal



year. In FY 2021-2022, about 3,906 out of 9,905 distinct GPS referrals (39.4%) on non-active families were screened in to be investigated. In FY 2022-2023, this denominator of distinct incoming GPS referrals rose to 10,419, but only 3,043 (29.2%) were screened-in for investigation. Investigations might be expected to remain stable or rise in the coming fiscal years, as the call screening rate is unlikely to decline further – and could revert to prior levels – while referral volume is likely to continue to rise.

**2-2a. Ongoing Services**

Insert the Ongoing Services Chart (Chart 2).

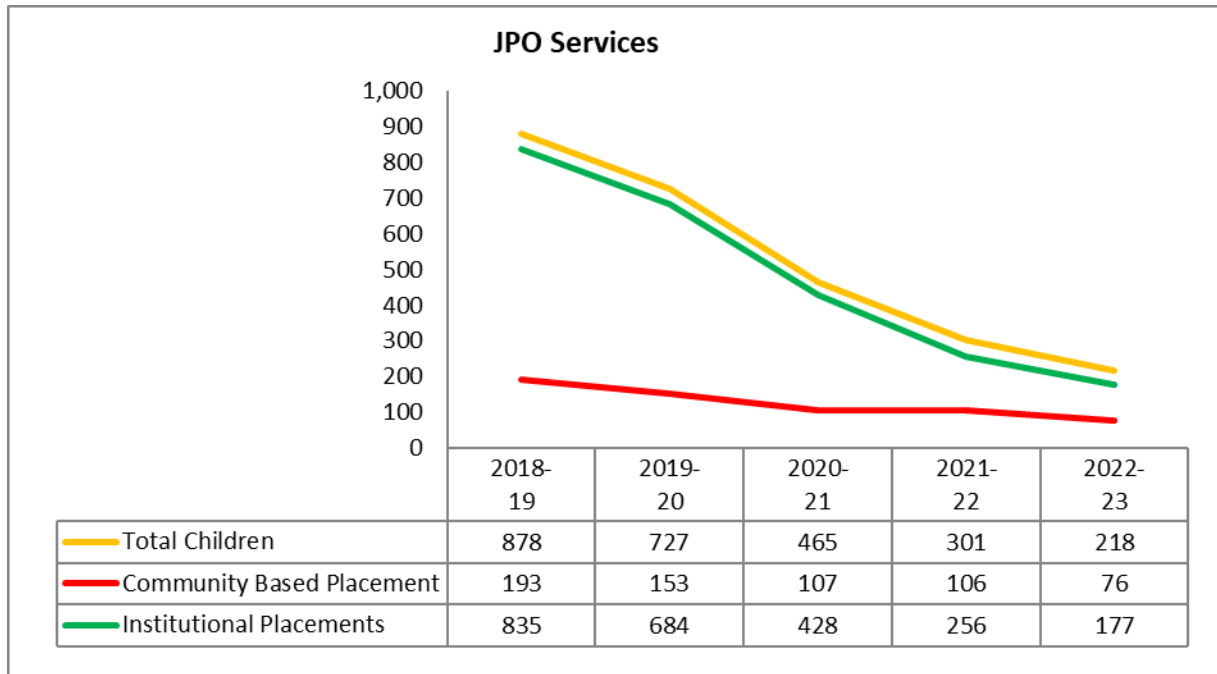


The number of children and families receiving ongoing services has declined steadily over the past five fiscal years. One factor in this trend was the decline in incoming referral volume during the COVID-19 pandemic. However, the County's accept-for-service rate conditional upon investigation has also been declining steadily, and in the past year, the rate of referrals being screened in for investigation also declined steeply, so this has been a function of both upstream volume and CYF decision-making. Levels of ongoing services are expected to remain fairly stable or continue declining.

Placement counts have remained steadier than overall served client counts but have still declined some in conjunction with the decline in CYF cases.

**2-2a. JPO Services**

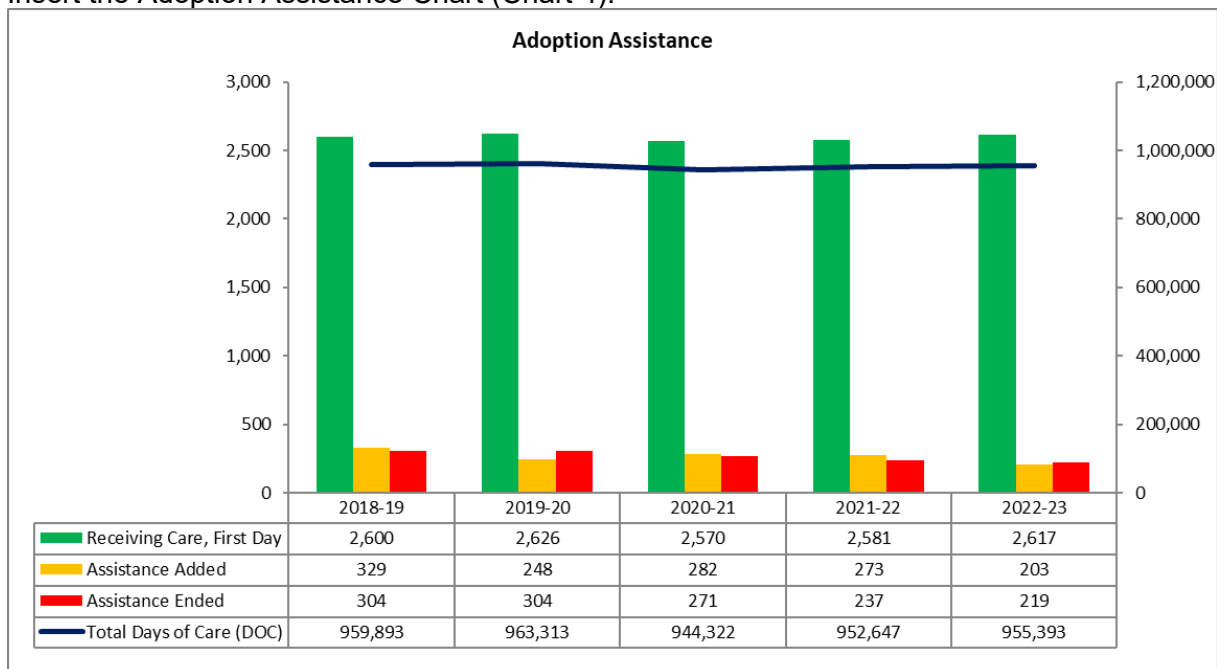
Insert the JPO Services Chart (Chart 3).



Allegheny County has seen a steep reduction in the number of juveniles served by probation (where Act 148 funds are used for services) between FY 2018-19 and FY 2022-23 and a similarly large reduction in institutional placements.

### 2-2b. Adoption Assistance

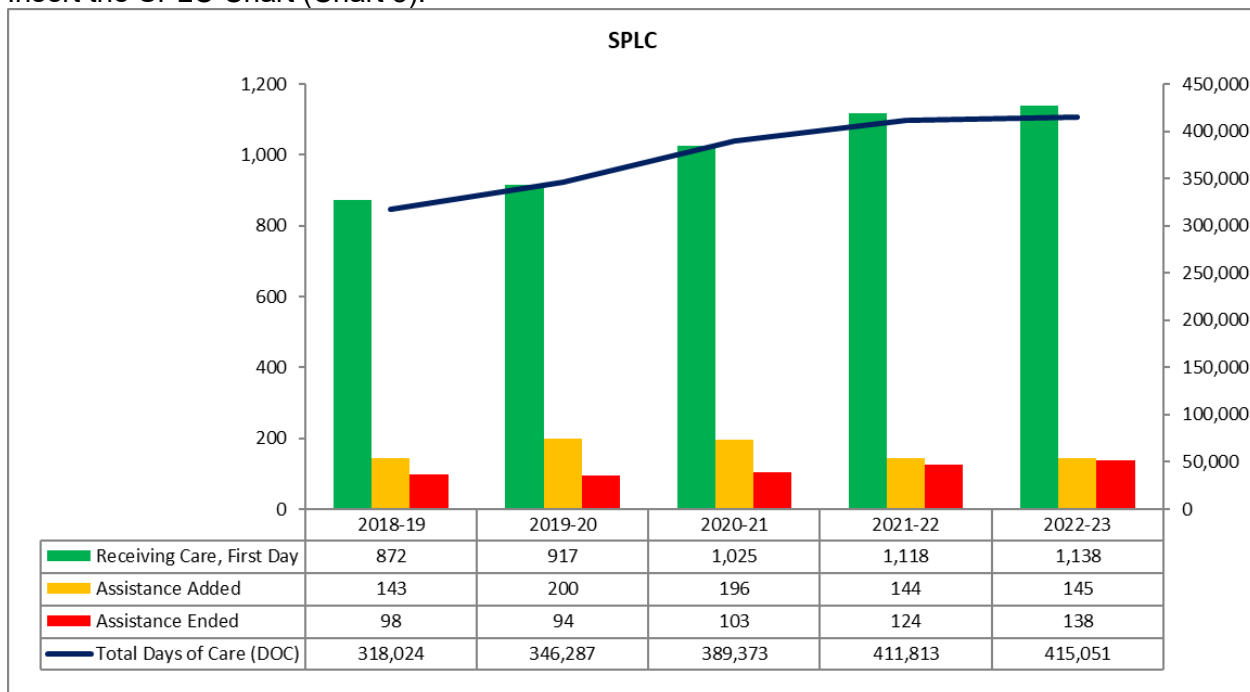
Insert the Adoption Assistance Chart (Chart 4).



Counts of adoption assistance added and ended have generally been declining in scale – possibly due to child welfare placements declining overall, upstream - but this has not yet led to changes in the point-in-time receiving care counts of total days of care.

**2-2c. Subsidized Permanent Legal Custody (SPLC)**

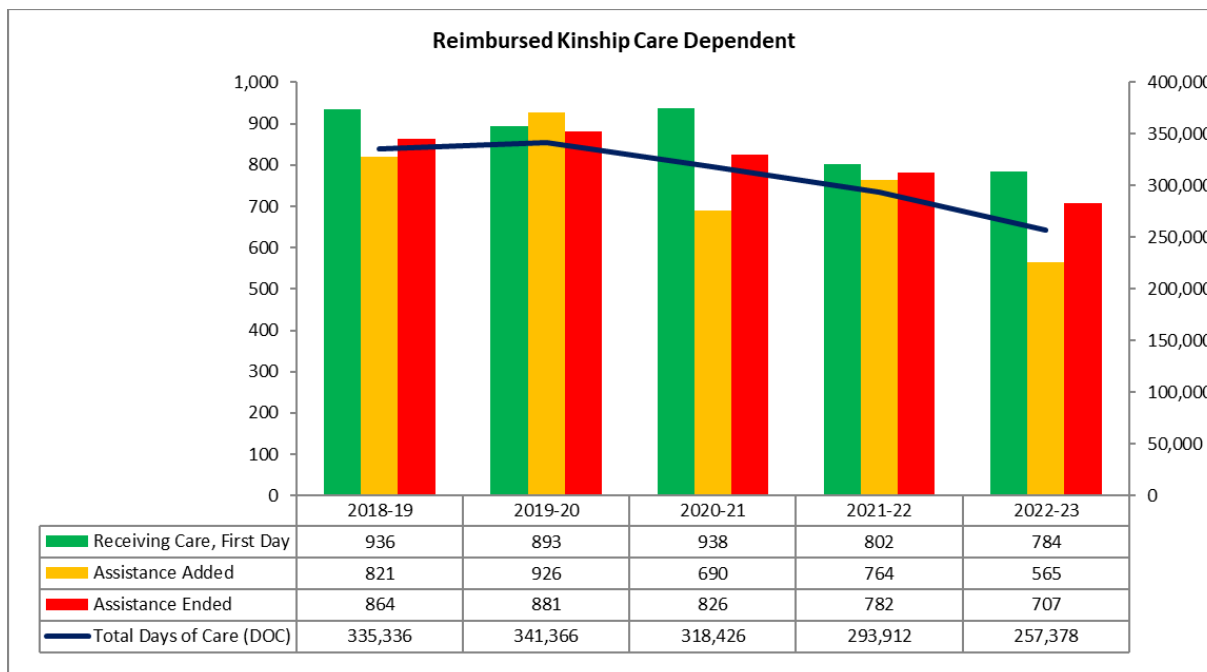
Insert the SPLC Chart (Chart 5).



In recent fiscal years, there has been a consistent increase in the number of children receiving care through Subsidized Permanent Legal Custodianship, in counts of Assistance Added, and in aggregate days of care. This increase may start to slow as the child welfare placement system grows smaller.

**2-2d. Out-of-Home Placements: County Selected Indicator**

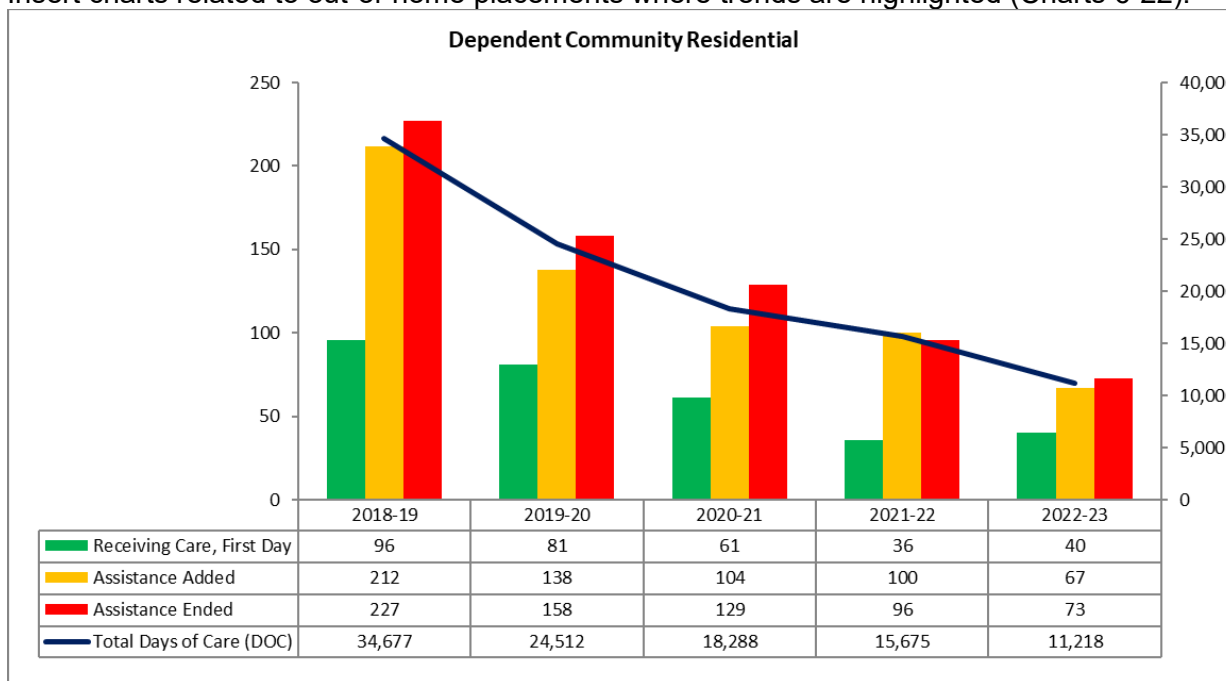
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The number of children receiving Reimbursed Kinship Care Services and the aggregate days of care have generally remained high in recent fiscal years, although there has been a clear downward direction in the point-in-time census as a downstream result of fewer CYF cases opening. Kinship Care remains the majority care type due to ACDHS’s commitment to using kinship providers whenever possible, and through the efforts of the kinship navigators in the regional offices, who begin locating kin as soon as a case is opened.

#### 2-2d. Out-of-Home Placements: County Selected Indicator

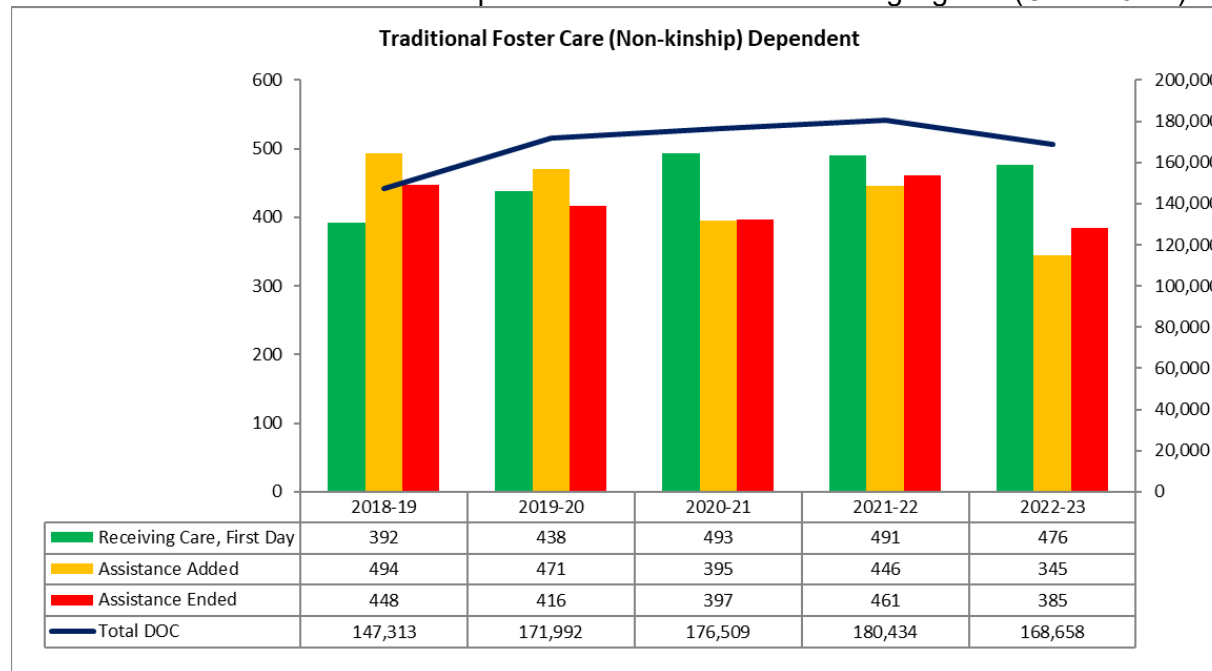
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The number of children receiving Dependent Community Residential care has decreased considerably during recent fiscal years. This is the continued result of numerous initiatives and changes in contracted providers to safely reduce the group care population – although the onset of the COVID-19 pandemic probably also contributed to dynamics in recent years.

**2-2d. Out-of-Home Placements: County Selected Indicator**

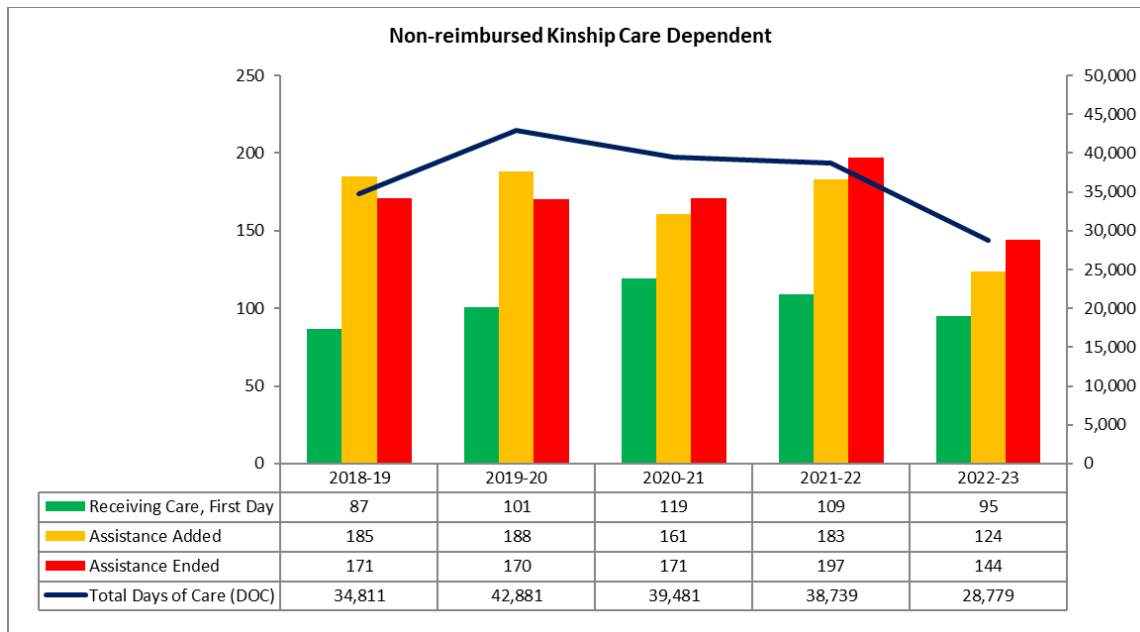
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The number of children receiving care through Traditional Foster Care Services has remained fairly stable over recent fiscal years, even as placement counts, in general, have trended downward, resulting in the proportion of placed youth in foster care growing relative to other care types.

**2-2d. Out-of-Home Placements: County Selected Indicator**

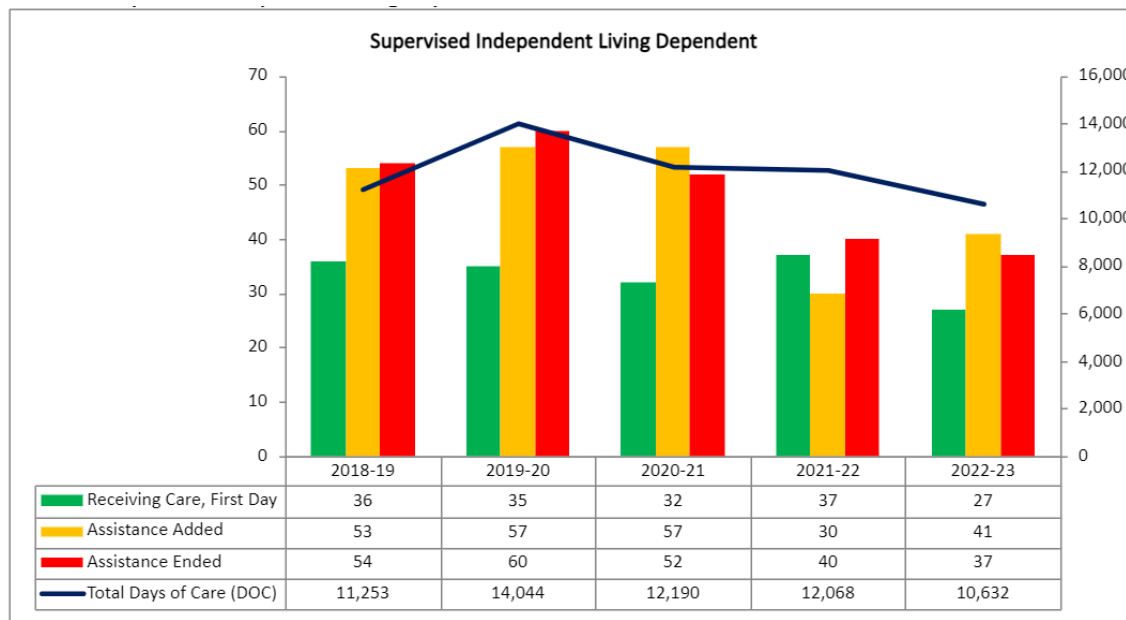
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The number of children receiving care through Non-reimbursed Kinship Care Services comprises a small percentage of placements overall, and it is trending slightly downward (similarly to reimbursed Kinship Care).

**2-2d. Out-of-Home Placements: County Selected Indicator**

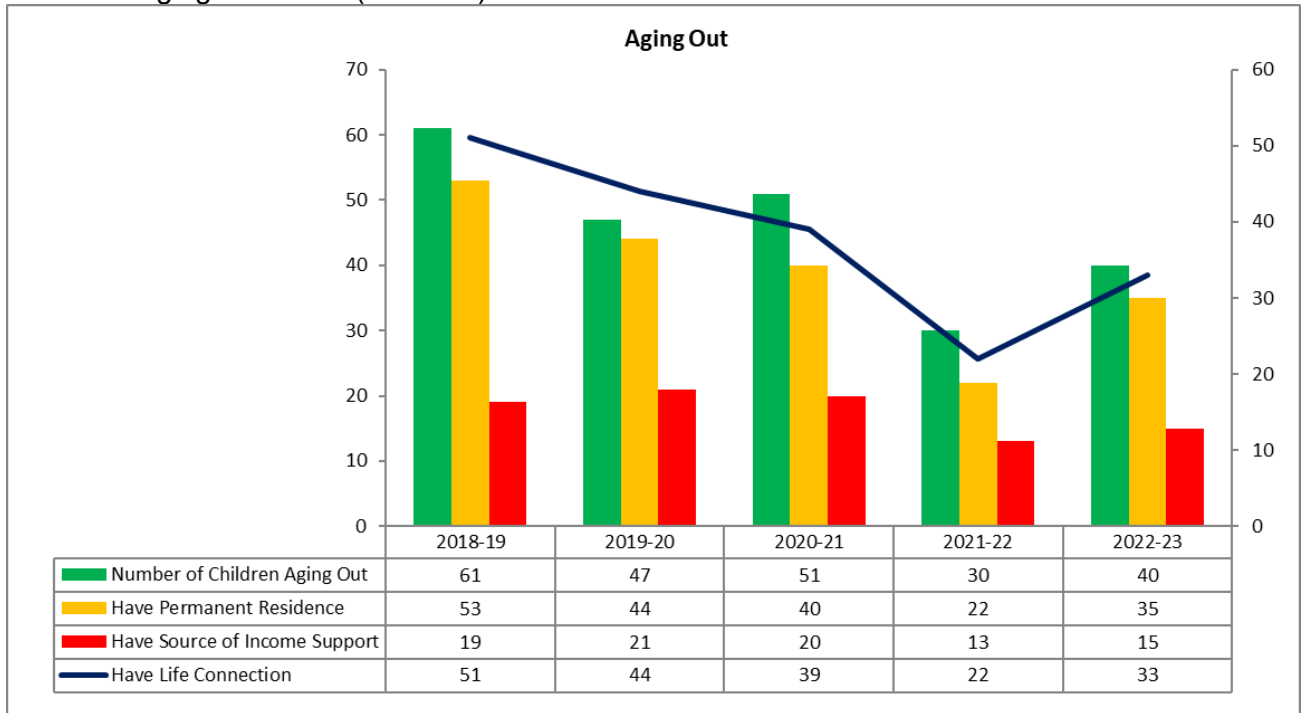
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The number of children receiving care through Supervised Independent Living Dependent services also comprises a small percentage of placements overall, and has also trended slightly downward as placement counts have overall.

**2-2e. Aging Out**

Insert the Aging Out Chart (Chart 23).



The number of children aging out has gradually declined in the long run, despite an uptick of 10 youth in 2022-23 compared to the prior year. As Allegheny County continues to work to enhance supports for older youth, to find family settings for teens, and to generally increase rates of achieving permanency, ACDHS anticipates this number remaining flat or continuing to decline in upcoming years.

**2-2f. General Indicators**

Insert the complete table from the *General Indicators* tab. **No narrative** is required in this section.

**2-2: General Indicators**

"Type in BLUE boxes only"

County Number:

Class:

Note: % Change and CAGR are calculated using the oldest reported figure (not 0) and the most recent fiscal year.

Copy Part 1 for

Copy Part 2 for

Copy Part 3 for  
Narrative insertion

**2-2a. Service Trends**

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
<b>Intake Investigations</b>							
Children	12,420	10,282	10,046	10,197	8,861	-28.7%	-8.1%
Family	6,956	5,863	5,730	5,834	5,058	-27.3%	-7.7%
<b>Ongoing Services</b>							
Children	8,885	8,188	7,171	6,528	5,076	-42.9%	-13.1%
Family	3,730	3,360	2,953	2,750	2,168	-41.9%	-12.7%
Children Placed	2,686	2,661	2,483	2,450	2,099	-21.9%	-6.0%
<b>JPO Services</b>							
Total Children	878	727	465	301	218	-75.2%	-29.4%
Community Based Placement	193	153	107	106	76	-60.6%	-20.8%
Institutional Placements	835	684	428	256	177	-78.8%	-32.1%

**2-2b. Adoption Assistance**

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
<b>Adoption Assistance</b>							
Receiving Care, First Day	2,600	2,626	2,570	2,581	2,617	0.7%	0.2%
Assistance Added	329	248	282	273	203	-38.3%	-11.4%
Assistance Ended	304	304	271	237	219	-28.0%	-7.9%
Total Days of Care (DOC)	959,893	963,313	944,322	952,647	955,393	-0.5%	-0.1%

**2-2c. SPLC**

Indicator	FY	FY	FY	FY	FY	% Change	CAGR
	2018-19	2019-20	2020-21	2021-22	2022-23		
<b>Subsidized Permanent Legal Custodianship</b>							
Receiving Care, First Day	872	917	1,025	1,118	1,138	30.5%	6.9%
Assistance Added	143	200	196	144	145	1.4%	0.3%
Assistance Ended	98	94	103	124	138	40.8%	8.9%
Total Days of Care (DOC)	318,024	346,287	389,373	411,813	415,051	30.5%	6.9%



2-2d. Placement Data								
Indicator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	% Change	CAGR	
<b>Traditional Foster Care (non-kinship) - Dependent</b>								
Receiving Care, First Day	392	438	493	491	476	21.4%	5.0%	
Assistance Added	494	471	395	446	345	-30.2%	-8.6%	
Assistance Ended	448	416	397	461	385	-14.1%	-3.7%	
Total DOC	147,313	171,992	176,509	180,434	168,658	14.5%	3.4%	
<b>Traditional Foster Care (non-kinship) - Delinquent</b>								
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total DOC						0.0%	0.0%	
<b>Reimbursed Kinship Care - Dependent</b>								
Receiving Care, First Day	936	893	938	802	784	-16.2%	-4.3%	
Assistance Added	821	926	690	764	565	-31.2%	-8.9%	
Assistance Ended	864	881	826	782	707	-18.2%	-4.9%	
Total Days of Care (DOC)	335,336	341,366	318,426	293,912	257,378	-23.2%	-6.4%	
<b>Reimbursed Kinship Care - Delinquent</b>								
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total Days of Care (DOC)						0.0%	0.0%	
<b>Foster Family Care - Dependent (Total of 2 above)</b>								
Receiving Care, First Day	1,328	1,331	1,431	1,293	1,260	-5.1%	-1.3%	
Assistance Added	1,315	1,397	1,085	1,210	910	-30.8%	-8.8%	
Assistance Ended	1,312	1,297	1,223	1,243	1,092	-16.8%	-4.5%	
Total Days of Care (DOC)	482,649	513,358	494,935	474,346	426,036	-11.7%	-3.1%	
<b>Foster Family Care - Delinquent (Total of 2 above)</b>								
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%	
Assistance Added	0	0	0	0	0	0.0%	0.0%	
Assistance Ended	0	0	0	0	0	0.0%	0.0%	
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%	
<b>Non-reimbursed Kinship Care - Dependent</b>								
Receiving Care, First Day	87	101	119	109	95	9.2%	2.2%	
Assistance Added	185	188	161	183	124	-33.0%	-9.5%	
Assistance Ended	171	170	171	197	144	-15.8%	-4.2%	
Total Days of Care (DOC)	34,811	42,881	39,481	38,739	28,779	-17.3%	-4.6%	
<b>Non-reimbursed Kinship Care - Delinquent</b>								
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total Days of Care (DOC)						0.0%	0.0%	
<b>Alternative Treatment Dependent</b>								
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total Days of Care (DOC)						0.0%	0.0%	
<b>Alternative Treatment Delinquent</b>								
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total Days of Care (DOC)						0.0%	0.0%	

Dependent Community Residential							
Receiving Care, First Day	96	81	61	36	40	-58.3%	-19.7%
Assistance Added	212	138	104	100	67	-68.4%	-25.0%
Assistance Ended	227	158	129	96	73	-67.8%	-24.7%
Total Days of Care (DOC)	34,677	24,512	18,288	15,675	11,218	-67.7%	-24.6%

[View Chart](#)

Delinquent Community Residential							
Receiving Care, First Day	53	55	43	28	22	-58.5%	-19.7%
Assistance Added	116	77	55	72	50	-56.9%	-19.0%
Assistance Ended	114	89	70	78	57	-50.0%	-15.9%
Total Days of Care (DOC)	19,813	15,905	10,880	8,349	6,599	-66.7%	-24.0%

[View Chart](#)

Supervised Independent Living Dependent							
Receiving Care, First Day	36	35	32	37	27	-25.0%	-6.9%
Assistance Added	53	57	57	30	41	-22.6%	-6.2%
Assistance Ended	54	60	52	40	37	-31.5%	-9.0%
Total Days of Care (DOC)	11,253	14,044	12,190	12,068	10,632	-5.5%	-1.4%

[View Chart](#)

Supervised Independent Living Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

[View Chart](#)

Juvenile Detention							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

[View Chart](#)

Dependent Residential Services							
Receiving Care, First Day	36	33	34	25	37	2.8%	0.7%
Assistance Added	65	61	40	57	39	-40.0%	-12.0%
Assistance Ended	68	60	49	45	49	-27.9%	-7.9%
Total Days of Care (DOC)	14,283	13,205	11,623	13,617	12,607	-11.7%	-3.1%

[View Chart](#)

Delinquent Residential Services							
Receiving Care, First Day	197	139	83	74	60	-69.5%	-25.7%
Assistance Added	662	569	352	191	121	-81.7%	-34.6%
Assistance Ended	720	625	361	205	133	-81.5%	-34.4%
Total Days of Care (DOC)	67,628	54,291	30,866	22,267	20,408	-69.8%	-25.9%

[View Chart](#)

Secure Residential (Except YDC)							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

[View Chart](#)

Youth Detention Center / Youth Forestry Camps							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

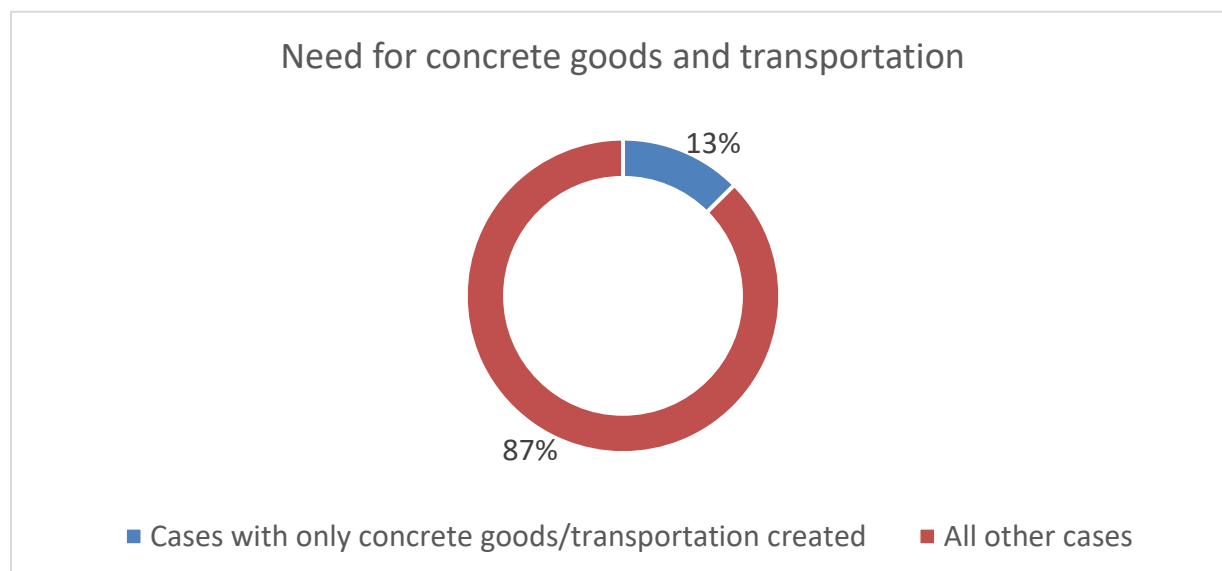
[View Chart](#)

2-2e. Aging Out Data							
Indicator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	% Change	CAGR
<b>Aging Out</b>							
Number of Children Aging Out	61	47	51	30	40	-34.4%	-10.0%
Have Permanent Residence	53	44	40	22	35	-34.0%	-9.9%
Have Source of Income Support	19	21	20	13	15	-21.1%	-5.7%
Have Life Connection	51	44	39	22	33	-35.3%	-10.3%

[View Chart](#)

**2-2g. through 2-2i. Charts**

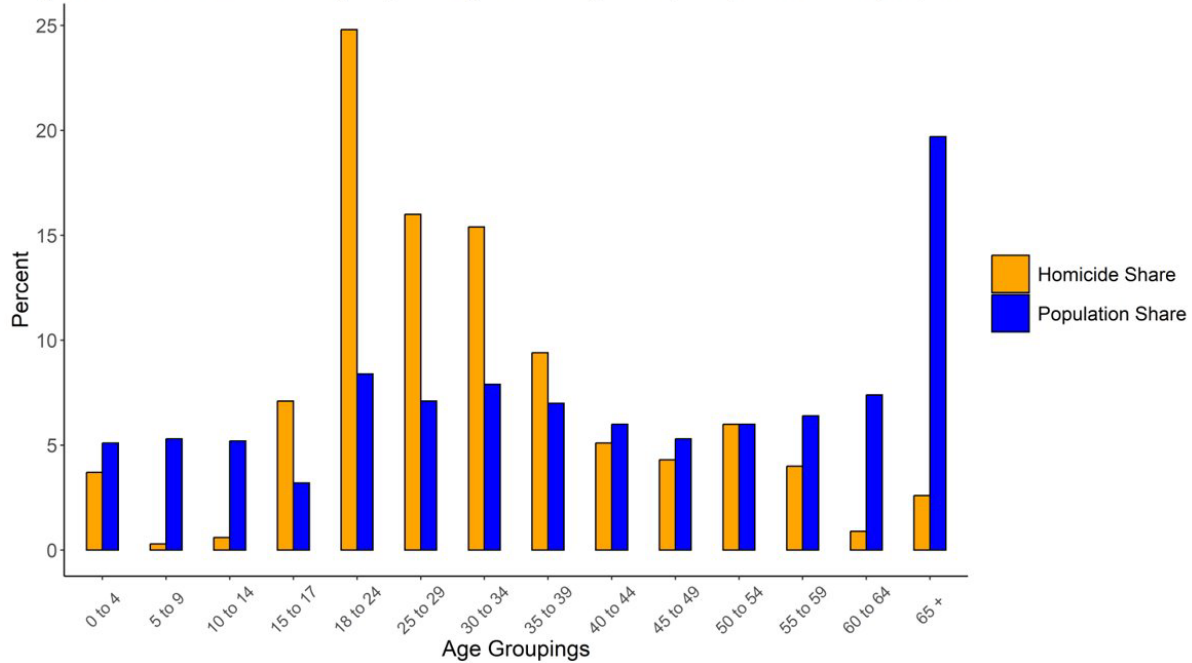
- ☞ NOTE: The section is optional and applies to CCYAs and/or JPOs.
  - ☞ NOTE: If inserting charts, identify the data source and parameters and include only one chart per page.
  - ☐ Insert up to three additional charts that capture the drivers of county services and supports the County's resource request. For example, these charts may be related to prevention or diversion activities or may be specific to areas or demographics that are driving influences on county resources and practices.
  - ☐ Counties may use data charts as provided by PCG or any other county data available. County specific charts outside of PCG data charts must clearly identify the source of the data.
- 1) Open, non-placement cases that receive new requests for concrete goods or transportation support only**



This chart demonstrates the potential for Allegheny County to further reduce the number of CYF active families through investments in primary prevention and diversion services that adequately meet families' basic needs. About 13% of non-placement CYF cases in Allegheny County open at any point in 2022 (124 cases) had only concrete goods or transportation services started in 2022, compared to 362 cases with other non-placement services started in 2022 and 499 cases with no new non-placement services in 2022.

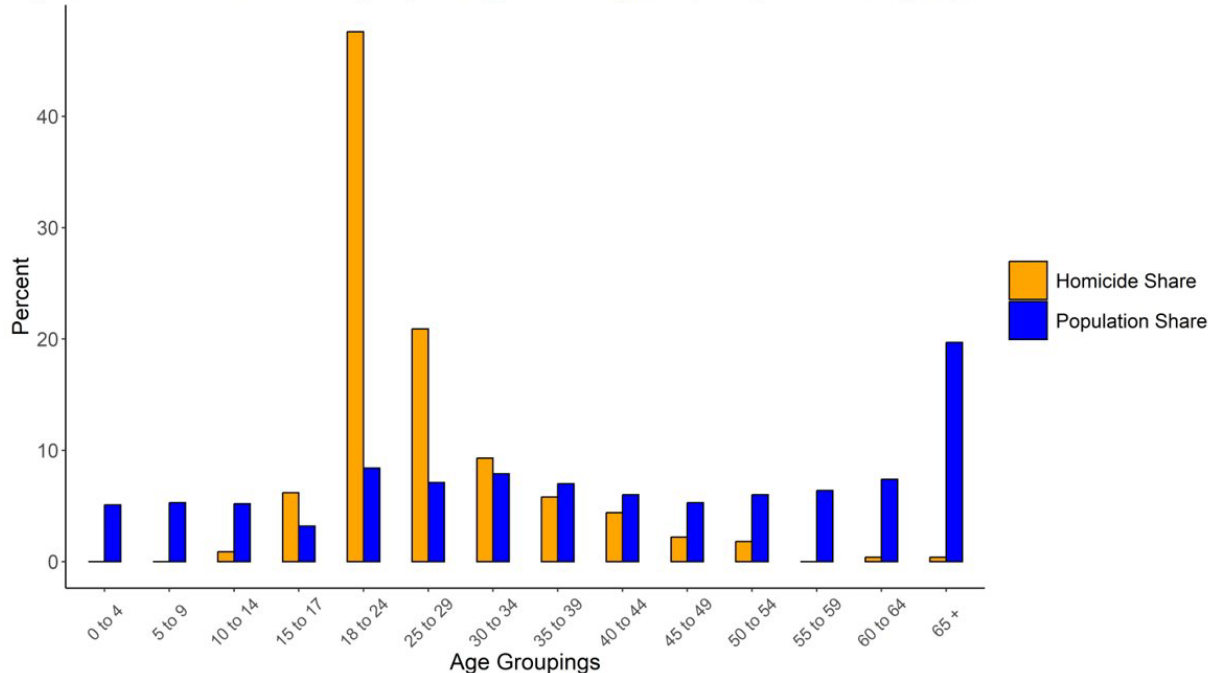
## 2) Age of Homicide Victims and Offenders 2022

Age of Homicide Victims in Allegheny County, 2020 through 2022, Compared to County Population



Data sources: Allegheny County Courts and Allegheny County Office of the Medical Examiner

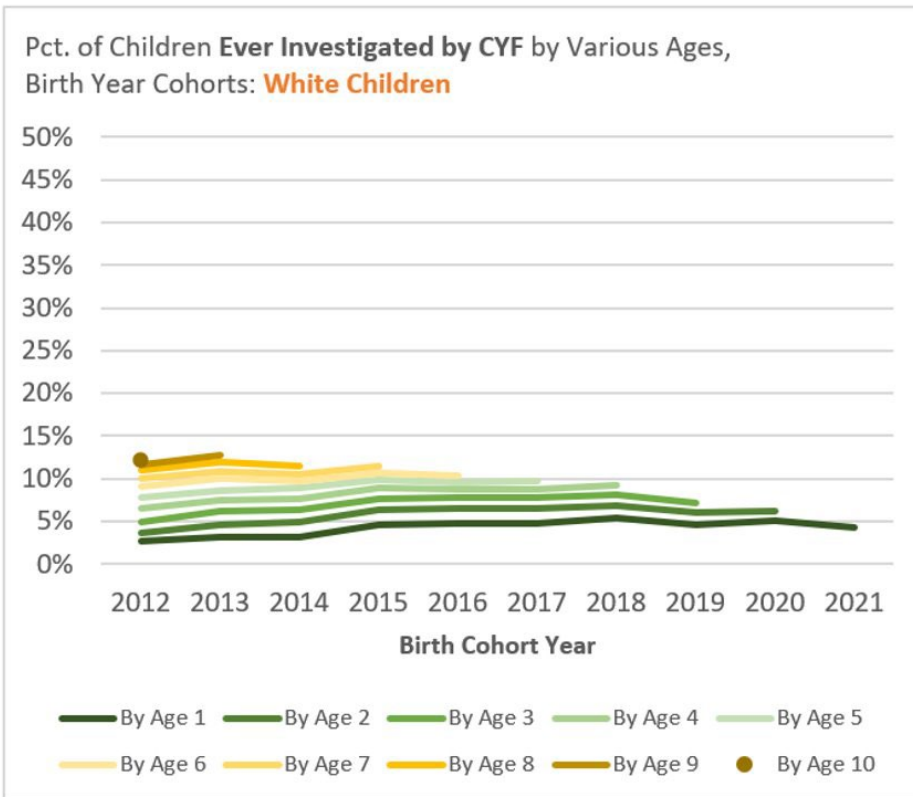
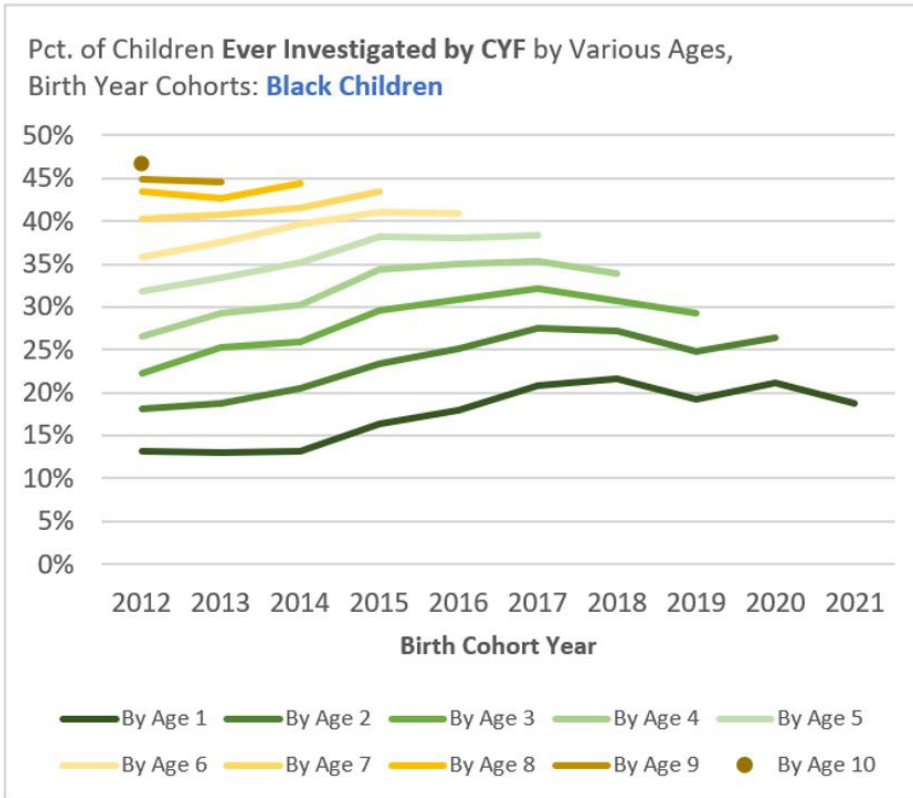
Age of Homicide Offenders in Allegheny County, 2020 through 2022, Compared to County Population



Data sources: Allegheny County Courts and Allegheny County Office of the Medical Examiner

This data shows how youth are affected by violence at an outsized rate than other age groups. Youths aged 18-24 are most likely to be homicide victims and offenders in 2022. This group outnumbers its population share as offenders by more than four times.

### 3) Referral Likelihood by Age and Race



Racial disproportionality within the child welfare system persists as a challenge for ACDHS. By age 10, 57% of Black babies born in 2012 had appeared on at least one referral, and 47% had been investigated. By comparison, 18% and 12% of White babies born in 2012 were referred and investigated, respectively. As a percentage of births, fewer White children are referred, investigated, or removed at least once by CYF by age ten (per the 2012 birth cohort) than Black children are by age one (per the 2012-2021 birth cohorts).

#### Chart Analysis for 2-2a. through 2-2i.

⇒ **NOTE:** These questions apply to both the CCYA and JPO.

- Discuss any child welfare and juvenile justice service trends and describe factors contributing to the trends noted in the previous charts.

The volume of incoming CYF referrals has continued to increase since the low point of the COVID-19 pandemic. Across all types, FY 2022-2023 saw a combined 15,102 distinct incoming referrals. This volume stands about 11% higher than FY 2021-2022 (13,667) and about 14% behind the most recent fiscal year prior to the pandemic (FY 2018-2019), which saw 17,568 incoming referrals.

Decision-making rates have evolved at the two main decision points that follow a referral's receipt by CYF: the call-screening decision of whether to investigate an incoming referral, and the decision regarding whether to open a CYF case upon completion of an investigation.

While referrals with CPS allegations must be investigated, call-screening rates on referrals with only GPS allegations have a higher degree of discretion. In recent fiscal years prior to the past year, the rate of GPS referrals screened in for further investigation was relatively stable at about four in ten. However, in FY 2022-2023, this rate saw its largest shift in many years, with the percentage of GPS referrals resulting in investigation falling from 39.4% in FY 2021-2022 to 29.2% in FY 2022-2023.

Unlike the call-screening rate, the decision (conditional upon investigation) of whether to accept a family for CYF services and open a full CYF case has been declining gradually and consistently since early 2017. Among GPS investigations, over 40% were accepted for services in the early months of 2017; in the last few months, this rate has dipped to under 15% of GPS investigations.

The aggregate effect of the changes in call screening and investigation decision-making is that much fewer CYF cases are opening than in prior years – both in an absolute sense and relative to referral volume. Ultimately, a crude but simple way of visualizing the overall effect is to calculate the percentage of incoming referrals resulting in a CYF case opening. In FY 2016-2017, 1,875 CYF cases opened due to the screening and/or investigation of 14,841 incoming referrals, meaning about 12.6% of referrals resulted in a newly opened CYF case. In FY 2022-2023, 623 CYF cases have opened out of 15,102 incoming referrals – meaning about 4.1% of referrals resulted in a case. (Note: Some investigations from June 2023 referrals are still pending, and this 623 number could rise slightly)

Further downstream, the impacts on the out-of-home placement census have been less pronounced than the changes in case opening. This is partly because analyses have shown

that, while case-opening has declined, the percentage of open CYF cases with a child removed from the home has steeply risen – or, alternately, the CYF cases that are “no longer being opened” are perhaps those without risk and safety needs requiring child welfare placement. In January 2017, about 49% of open CYF cases had at least one child in placement; by November 2022, this rate was about 66%.

- ❑ Describe what changes in agency priorities or programs, if any, have contributed to changes in the number of children and youth served or in care and/or the rate at which children are discharged from care.

The declines in the number and children and youth served or in care are attributable to a focus on accepting for service only those youth with the highest need; this then has a downstream effect on ongoing services. These often-complex youth require a higher intensity of services (as described throughout this narrative and in our Expenditure Adjustments). At the same time, Allegheny County is focused on family preservation and reducing congregate care placements, and these priorities are also reflected in the data trends described above.

- ❑ Provide a description of children/youth placed in congregate care settings.
- ➡ Consider the children and youth who have the following characteristics, by race, age, and gender:
  - *Intellectual disability or autism;*
  - *A behavioral health impairment;*
  - *A physical disability;*
  - *Involvement with JPO; and*
  - *Identify as LGBTQ.*

In FY 2022-23, 6% of children in out-of-home placement had at least one stay in congregate care; 125 children were placed in a congregate care setting at some point during the fiscal year. This statistic includes children either in care on the first day of the fiscal year or entering a placement at some point in the fiscal year; in total, 2099 children were in care this fiscal year.

The table below provides characteristics for children and youth placed in congregate care in FY 2022-23, compared with their counterparts in Foster and Kinship Care placements.

	<b>Congregate Care (n=125)</b>	<b>Foster Care (n=773)</b>	<b>Kinship Care (n=1362)</b>
<b>Age Group</b>			
Less than 1 year	1%	18%	12%
1-3 years	0%	24%	22%
4-6 years	0%	14%	15%
7-9 years	2%	13%	12%
10-12 years	8%	9%	11%
13-15 years	55%	12%	15%
16-18 years	31%	8%	12%

19 years or older	2%	1%	1%
<b>Race</b>			
African American	54%	43%	47%
Other Single Race Identified	1%	0%	0%
Two or More Races Identified	10%	17%	15%
Unknown	7%	4%	5%
White	29%	35%	32%
<b>Sex</b>			
Female	50%	46%	52%
Male	50%	54%	48%
Other	0.0%	0.0%	0.0%

- Identify the service and treatment needs of the youth counted above with as much specificity as possible.
- ☞ The below questions may assist in development of a response:
    - *What are the service and treatment needs?*
    - *Why can those services and treatment needs not be met in the community?*
    - *What barriers exist to accessing service and treatment needs in the community?*

An analysis of services received in FY 2022-23 shows that over three-quarters of the 125 children in congregate care received outpatient mental health services and over one-third received mental health crisis intervention.

Office	Cost Center	Count	% of Congregate Care Clients
MH	Outpatient	101	81%
MH	Mental Health Crisis Intervention	44	35%
MH	Administrative Management	43	34%
MH	Unclassified	32	26%
MH	Not yet defined in DW	27	22%
MH	Psychiatric Inpatient Hospital	24	19%
DA	Outpatient	20	16%
MH	Family-based Mental Health Services	19	15%
MH	Community Residential Services	14	11%
MH	Targeted Case Management	7	6%
DA	Inpatient Non-hospital Treatment and Rehabilitation	7	6%
MH	Partial Hospitalization	7	6%
MH	Family Support Services	6	5%
MH	Emergency Services	2	2%
MH	Transitional and Community Integration Services	1	1%



*Note: Youth can receive more than one service, so percentages do not add up to 100.*

Diagnostically, youth in congregate care were most often diagnosed with ADHD, adjustment disorder, depressive disorder, acute stress reaction, and oppositional defiant.

<b>Diagnosis</b>	<b>Count</b>	<b>% of Congregate Care Clients</b>
ADHD	52	42%
Adjustment D/O	42	34%
DX Deferred	37	30%
Depressive D/O	35	28%
Acute Stress RX	33	26%
Oppositional Defiant	31	25%
Conduct D/O	27	22%
Cannabis	22	18%
Anxiety Disorder	15	12%
Maj Depression	13	10%
Unspecified DX	12	10%
Autism Spectrum D/O	10	8%
Bipolar D/O	10	8%
Schizophrenia	3	2%
Unspecified Psychosis	3	2%
Alcohol	2	2%
Bord Pers D/O	2	2%
Other	2	2%
Cocaine	1	1%
ID	1	1%
Opioid	1	1%
Org Mental D/O	1	1%

*Note: Youth can receive multiple diagnoses, so percentages do not add up to 100.*

- ❑ Please describe the County's process related to congregate care placement decisions.
  - ⇒ The below questions may assist in development of a response:
    - *What policies are in place to guide decision making?*
    - *Who oversees and is part of the decision?*
    - *Are youth involved in the decision-making? If so, how?*
    - *How is the decision reviewed?*

ACDHS uses congregate care as a last resort when 1) we cannot identify a foster home that meets the child's needs or 2) when the child requires a higher level of care or supervision than a foster home can provide (e.g., behavioral health needs cannot be met in a family setting).

Several policies guide decision-making, including:

- **CYF Out of Home Placement Planning** – a procedure for CYF caseworkers to plan for the most appropriate, least restrictive placement option that will provide Safe Permanency for a youth
- **Allegheny County Best Practice Guidelines on Family Finding** – guidelines for "ongoing diligent efforts between a county agency, or its contracted providers, and relatives and kin to search for and identify adult relatives and kin and engage them in children and youth social service planning and delivery AND gain commitment from relatives and kin to support a child or parent receiving children and youth social services."
- **Allegheny County Juvenile Probation Office (JPO) and Allegheny County CYF Crossover Youth Protocol** – guide the day-to-day practices of staff from JPO and CYF when working with youth involved with both agencies.
- **Permanency Practice Guideline** – guides staff on the importance of ensuring that every youth who enters care maintains family connections, is involved in family search and engagement and receives the support necessary for transitioning from congregate care into a family setting.
- **Preplacement conference** – policy and procedure for team decision-making around which placement (if any) is in the child/ren's best interest
- **Rapid Response Team** – high-level multi-system team convened to assist children and youth who have complex needs but are struggling to have those needs met within the existing array of services within the various systems (OBH, OID, JPO, CYF); this team reviews system barriers and develops recommendations for improvement.

CYF takes a team approach to decision-making. An office team—including a clinical manager, regional office director, caseworker, supervisor, and regional office support staff—holds an internal meeting to discuss the assessment of a child's safety and if that assessment requires a recommendation for placement outside a parent's care. The courts ultimately make the final decision. If a child requires out-of-home placement to maintain their safety, the caseworker works with the parents and the youth to determine kin who could provide a safe placement for the child/youth. When a child is adjudicated dependent by the court, the court conducts permanency reviews every three months and determines the progress made toward reunifying the child with a parent. Several groups within DHS convene to review a child's placement and discuss if a child is at the best and least restrictive placement available; these reviews can occur within permanency roundtables, during conferencing and teaming, by congregate care work groups, and at child option, rapid response, and integrated team meetings.

- Describe any practice changes that will be implemented to ensure that the congregate care funding limitation in FFPSA will not result in dependent children entering the juvenile justice system.

CYF will ensure that the funding limitation in FFPSA for placements in group home settings does not result in dependent children entering the juvenile justice system by working to prevent home removals and, when home removals must occur, by working to reduce reliance on congregate care as a placement setting.

CYF works to prevent congregate care placements by reducing home removals at the outset. CYF is improving its prevention efforts at case opening by replacing the separate Risk, Safety, and FAST assessments with a single, universal assessment that will identify families' holistic needs early on in our involvement and assist in selecting appropriate evidence-based services that meet those needs. To prevent home removals of adolescents, who are more likely than other age groups to end up in congregate care when placed, CYF will continue to employ Conferencing and Teaming and connect adolescents and their families to programs like Parent-Teen Mediation and Triple P.

When home removals must occur, CYF works to place youth in family-like settings. Strategies we employ to reduce congregate placements include:

- Using kinship navigators to identify and engage potential kin caregivers.
- Recruiting and maintaining an adequate supply of foster family homes.
- Working with providers and families to support placement matching efforts.
- Maintaining a dashboard for judges, which provides an instant snapshot of all their children placed in care to ensure visibility and better address reducing placements into a congregate care setting.
- Facilitating monthly permanency roundtable meetings in each CYF Regional Office. A case practice specialist works with office leadership to go over and plan for all youth in congregate care and prioritize planning and services necessary to move them.

Additionally, CYF's recent Foster Care redesign was undertaken with the goals of promoting placement stability, reducing time to permanency, ensuring foster care families and providers have the support and resources they need to deliver high-quality services, and creating accountability measures to emphasize service quality – the achievement of which will strengthen Allegheny County's foster care system and help to reduce congregate care placements further.

Youths with significant mental and behavioral health needs are of particular concern due to the difficulty in finding these youth placements in and maintaining stability in family settings. To support high-need youth and prevent them from entering JJS, we are:

- Continuing to deploy our multi-specialist team, which provides cross-system expertise and technical assistance for children and youth with complex needs.
- Requiring foster care providers to increase the availability/capacity of homes providing Therapeutic Foster Care.
- Supporting kinship caregivers and youth in kinship placements with in-home behavioral and emotional supports.
- Establishing residential placements with integrated therapeutic supports.

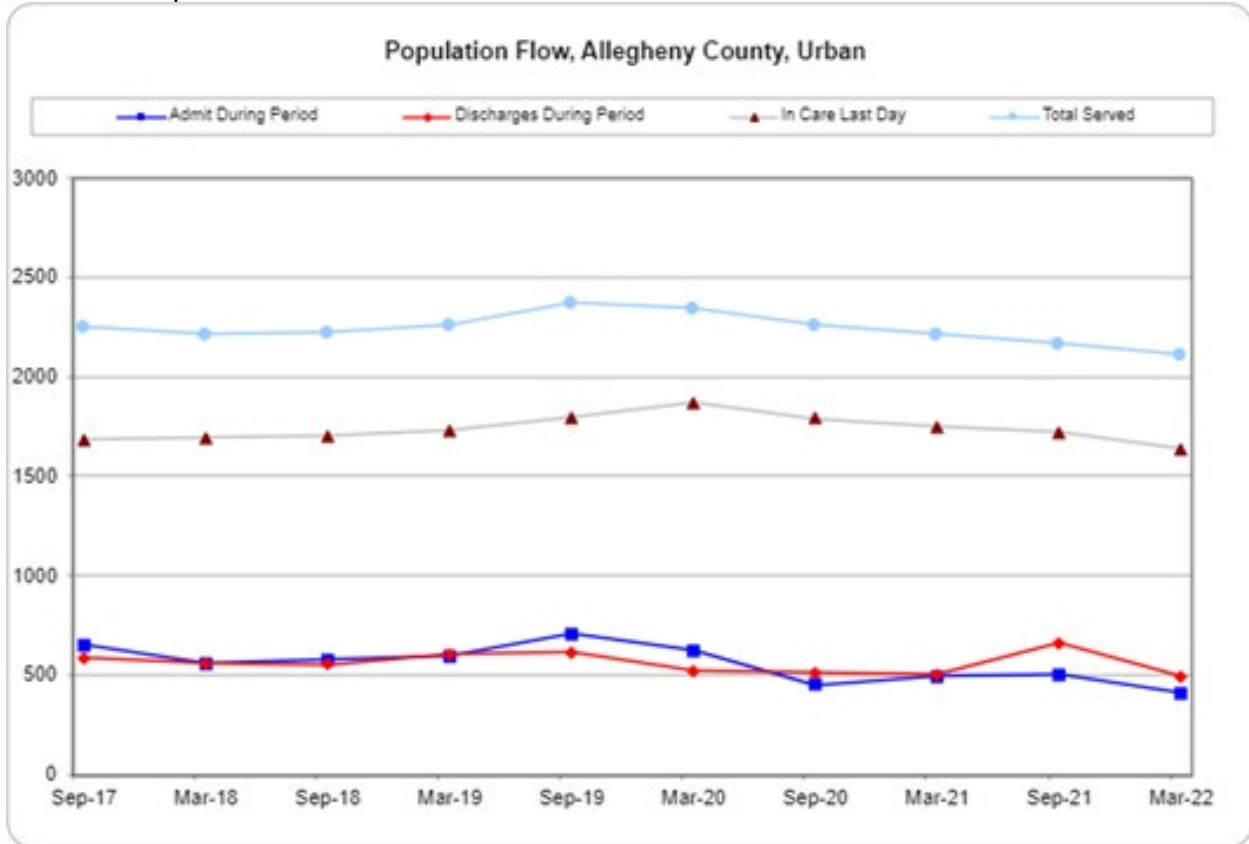
- How has the County adjusted staff ratios and/or resource allocations (both financial and staffing, including vacancies, hiring, turnover, etc.) in response to a change in the population of children and youth needing out-of-home care? Is the County's current resource allocation appropriate to address projected needs?

Allegheny County's resource allocation plan is developed with the projected need for out-of-home care in mind. Through recent NBPB submissions, ACDHS requested and received funds to fill caseworker vacancies, increase rates for non-kin and kin foster care placement services, and strengthen supports for kinship caregivers. New Expenditure Adjustments included in this NBPB include support for transportation for youth in placement, additional

placement settings for youth with complex needs and additional resources for adoption and PLC subsidies for youth finalized at the new higher kinship and foster care rates.

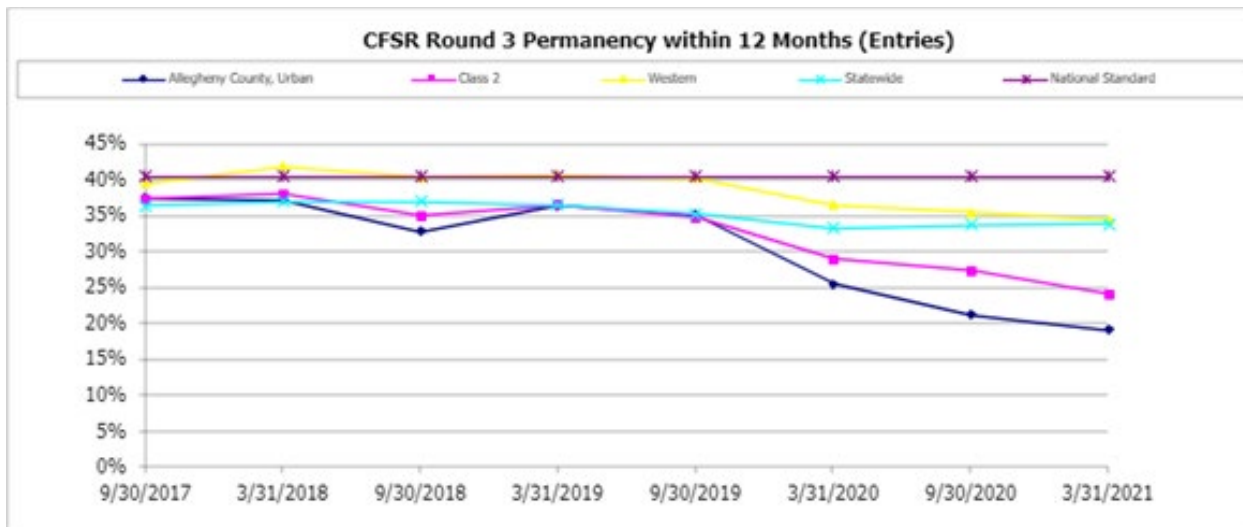
**2-3a Population Flow**

Insert the Population Flow Chart



**2-3b Permanency in 12 Months (Entry)**

Insert the Permanency in 12 Months (Entry) Chart

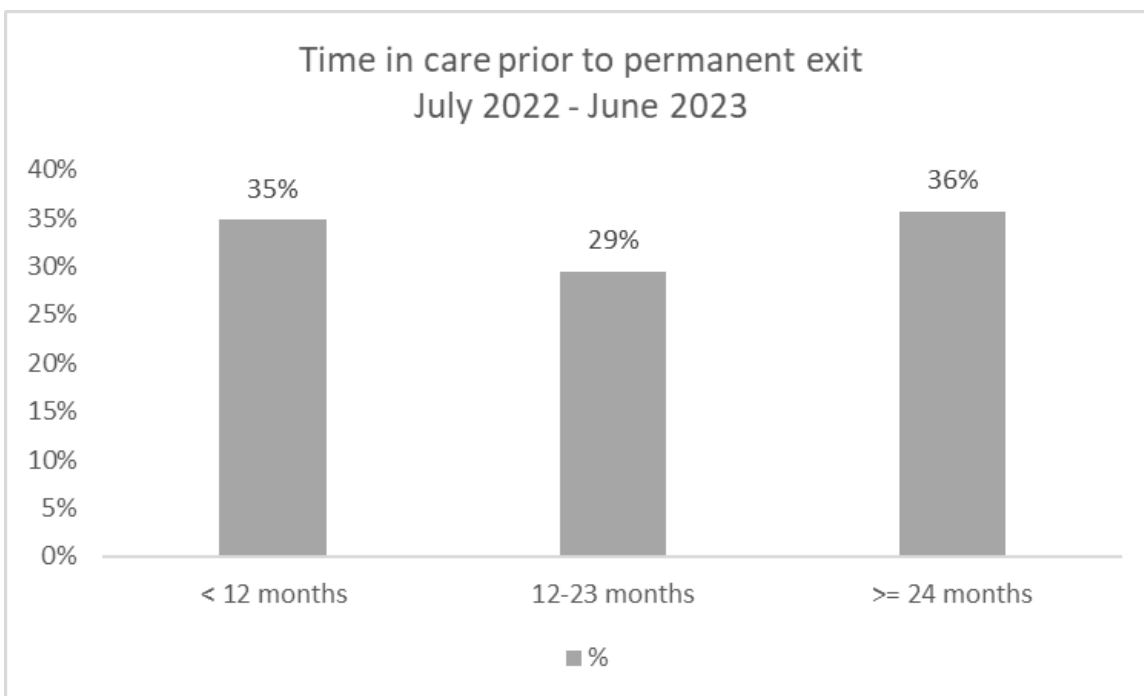


This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national performance standard is 40.5%. Higher performance is desirable in this indicator.

- Does the County meet or exceed the national performance standard?

No, Allegheny County did not meet the national performance standard in FY2122.

While Allegheny County did not receive data from the state to indicate whether the standard was met for time to permanency for the prior fiscal year, the County completed its own analysis on time to permanency based on permanent exits during FY2223:

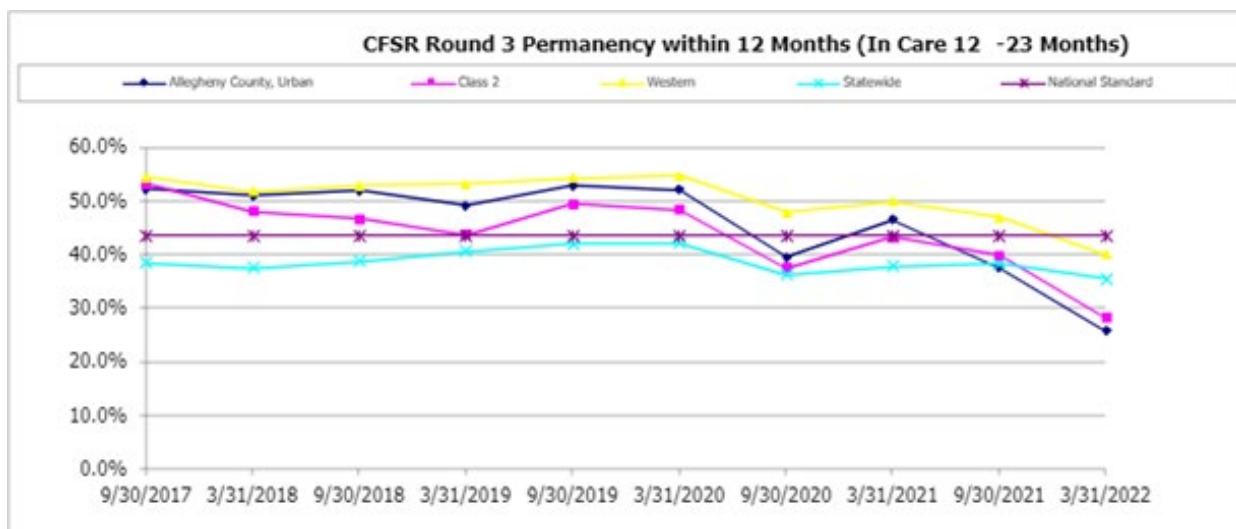


Among the 787 children who exited to a permanent placement (return home, adoption or permanent legal custodianship), 35% (n=274) had been in care for less than 12 months, 29% had been in care between 12 – 23 months (n=232) and 36% had been in care for 24 months or more (n=281).

Among those who were in care on June 30, 2023, there was a similar distribution of time in care: 33% (n=420) had been in care for less than 12 months, 36% (n=457), and 31% (n=393) had been in care for 24 months or more.

**2-3c. Permanency in 12 Months (in care 12-23 months)**

Insert the permanency in 12 Months (in care 12-23 months) Chart



This indicator measures the percentage of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6%. A higher percentage is desirable in this indicator.

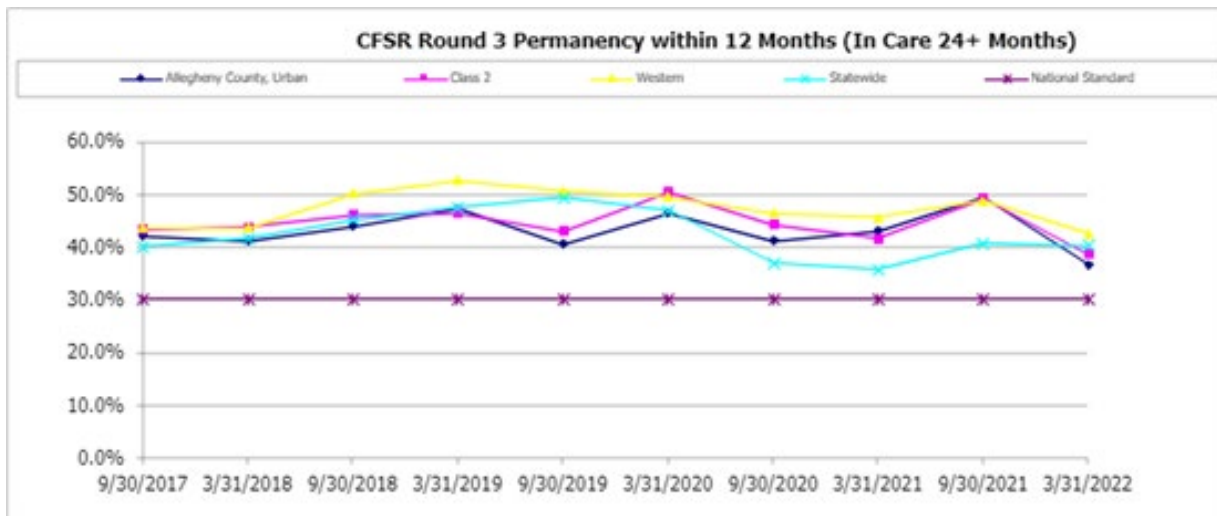
- Does the County meet or exceed the national performance standard?

No, Allegheny County did not meet the national performance standard in FY2122.

While Allegheny County does not have data to indicate whether the standard was met for time to permanency for the prior fiscal year, an analysis on time to permanency was completed based on permanent exits during FY2223 (see chart under 2-3b for data).

**2-3d permanency in 12 Months (in care 24 Months)**

Insert permanency in 12 Months (in care 24 Months) Chart



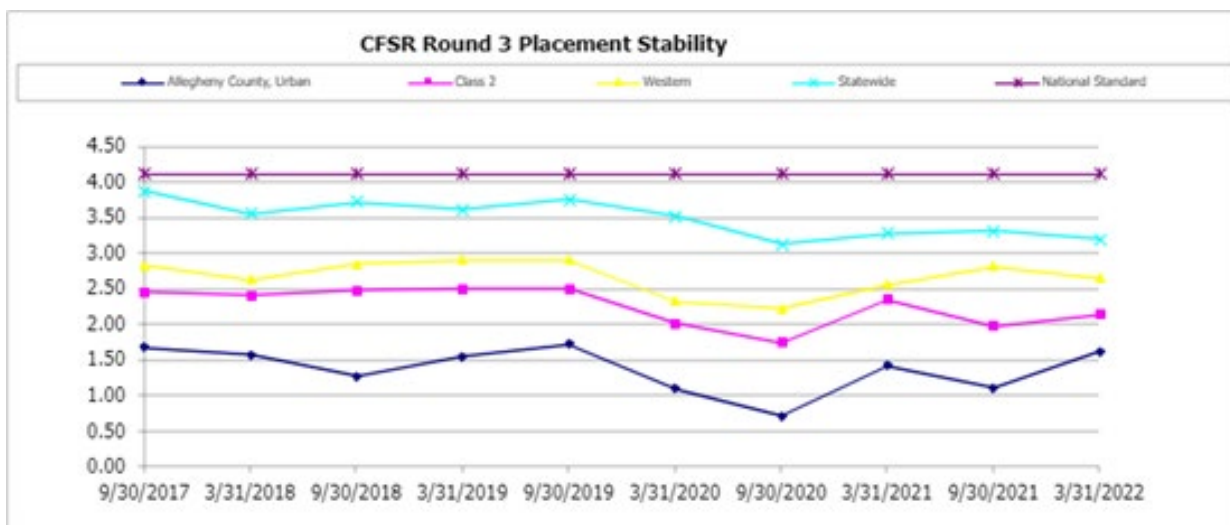
This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3%. A higher percentage is desirable in this indicator.

- Does the County meet or exceed the national performance standard?

Yes, Allegheny County exceeded the national performance standard in FY2122.

**2-3e Placement Stability (Moves/1000 days in care)**

Insert the Placement Stability (Moves/1000 days in care) Chart



This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves. A lower number of moves is desirable in this indicator.

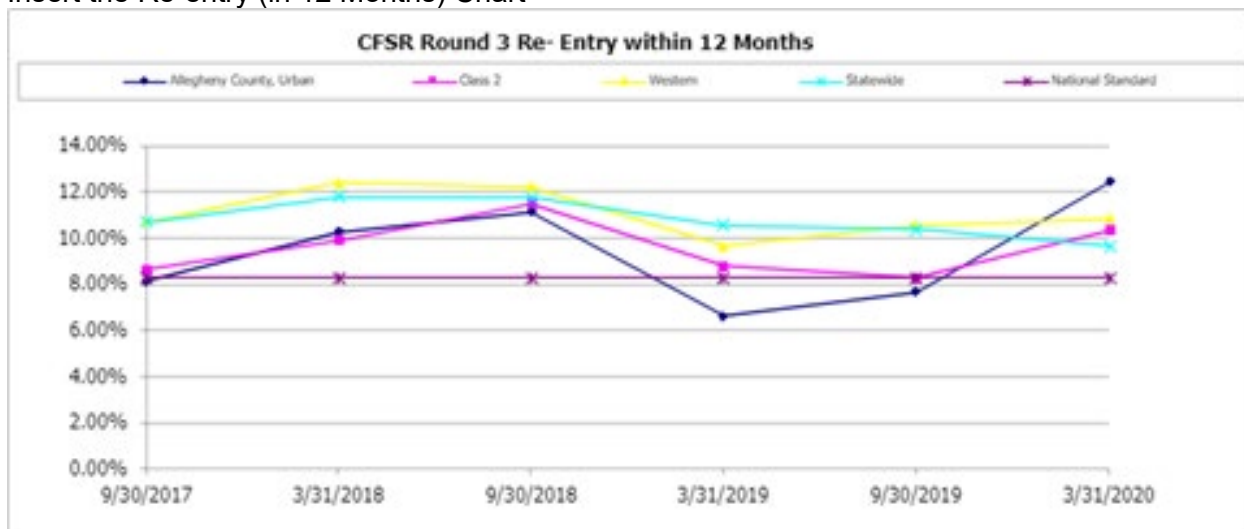
- Does the county have less placement moves than the national performance standard?

Yes, Allegheny County exceeded the national performance standard in FY2122.

While Allegheny County does not have data to indicate whether the standard was met for time to permanency for the prior fiscal year, an analysis of placement stability was completed based on children in care during FY2223. Based on 3,146 distinct placements, the number of moves per 1,000 placement days was 1.7.

**2-3f Re-entry (in 12 Months)**

Insert the Re-entry (in 12 Months) Chart



This indicator measures the percentage of children and youth who re-enter care within 12 months of discharge to reunification, live with a relative, or guardianship. The national performance standard is 8.3%. A lower percentage is desirable in this indicator.

- Is the county's re-entry rate less than the national performance standard?

No, Allegheny County did not meet this standard in FY2122.

While Allegheny County does not have data to indicate whether the standard was met for re-entry for the prior fiscal year, an analysis on re-entry was completed based on permanent exits during FY2122 and the percent of children who re-entered CYF placement within a year.

Of the 631 exits to reunification or permanent legal custodianship in FY2122, 12% (n=76) re-entered a CYF placement within one year of the exit date.

**2-4 Program Improvement Strategies**

For FY 2024-25, counties will fully evaluate their performance in achieving permanency and stability for children and youth who enter placement. The analysis of current practices and services toward meeting the national performance standard for timeliness to permanence, re-entry and stability in placement will identify areas in which targeted program improvement is warranted. This analysis will also help to identify areas of technical assistance needed at the



county level to address challenges identified. In addition, the areas of technical assistance identified on the county level across all counties in the commonwealth will help to identify areas that need addressed through a statewide focus. As part of the analysis, counties should take a holistic view of the data available to them, including information in the data packages provided, county-specific data, general indicators, etc.

As part of the data packages, counties were also provided data regarding:

- ☉ re-entry and reunification for dependent children and youth only (no SCR);
- ☉ children whose placement stay was 30 days or less;
- ☉ the number of children entering foster care for the first time who were in previous adoptions; and
- ☉ removal reasons for children and youth in placement.

**Counties that do not meet or exceed national performance standard must identify program improvement strategies based on their analysis.** Based on the county analysis of the data presented in 2-2a through 2-2i and 2-3a through 2-3f, as well as other county data reviewed, counties may also choose to consider other areas in which program improvement strategies have been identified. The following questions and steps outlined below will assist counties in identifying priority outcomes and identification of practice improvement strategies.

## 1. ANALYSIS

The analysis phase consists of two iterative steps: data analysis and root cause analysis. Initial data analysis can begin the root cause analysis process and the root cause analysis process often requires additional data analysis as one continues to seek more information about why a problem exists.

In addition to utilizing the analysis of the national performance standard for timeliness to permanence, re-entry and stability in placement, the county should consider conducting additional analysis to define problems to be addressed. The county may consider conducting analysis to determine if children and youth who do not achieve permanency in 12 months, do not have placement stability (less than four moves), and do not re-enter care differ from those who DO. The following questions should be considered in this analysis.

- a. Are there any distinctions in age, gender, race, disabilities, etc.?
- b. Are there differences in family structure, family constellation or other family system variables (for example, level of family conflict, parental mental health & substance use)
- c. Are there differences in the services and supports provided to the child/youth, family, foster family or placement facility?
- d. Are there differences in the removal reasons for entry into placement?
- e. Are there differences in the initial placement type?

The results of the data analysis will lead the county in further root cause analysis in which root causes are identified.

- a. What are the resulting root causes identified by the county analysis.

**\*NOTE\* Data, analysis and root cause analysis in this section are based on data from PCG from packages 22A & 22B. This is because 23A data packages were not sent to counties prior to the NBPB submission in 2023.**

## 1. ALLEGHENY COUNTY DATA ANALYSES

### Time to Permanency

#### A) *Distinctions in age, gender, race, disabilities, etc.?*

Permanency within 12 months (Entries)

- Age: No group meets the standard of 40.5%, but this measure improves by older age groups, with older kids faring better than younger kids on this measure
- Race: Slightly worse for White exits (16.97%) compared to Black exits (21.07%)
- Gender: There was not a meaningful difference by gender.

Permanency within 12 Months (In Care 12-23 Months)

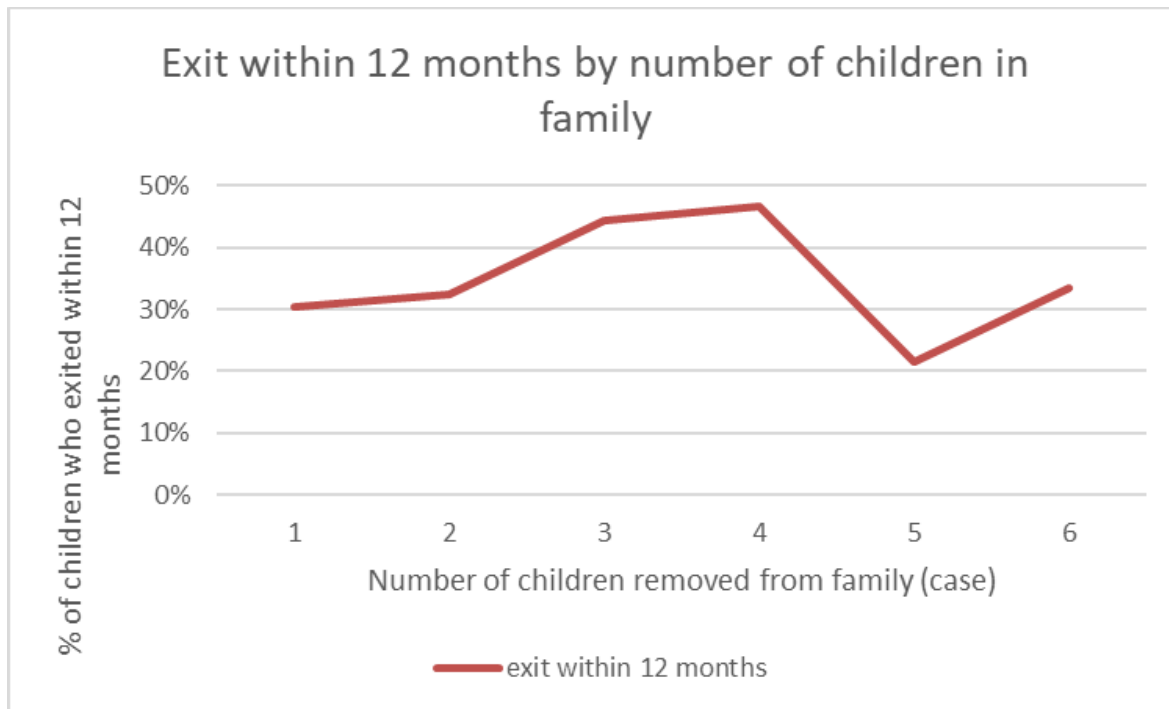
- Age: While no group met the standard of 43.6%, children aged 6-9 came closest to the standard (36.75%).
- Race: White children's exits came closer to the standard (30.5%), while Black/ African American exits (25.97%) and multi-racial (21.37%) were lower than White children.
- Gender: There were no meaningful differences by gender.

#### B) *Differences in family structure, family constellation, or other family system variables*

Permanency within 12 months (Entries):

The number of children removed from a family was examined to identify differences between children who exited within 12 months. Among children who exited to permanency within 12 months, the average number of children removed was 2.3 compared to 2.2 among children who did not exit to permanency within 12 months.

There did not appear to be a linear relationship between the percentage of children who exited from placement within 12 months and the number of children removed from the family (see chart below). Children who had 3-4 children removed from the family during the period had a slightly higher share of children who exited within 12 months than children with only one child removed.



#### Permanency within 12 months (12 – 23 months in care)

The number of children removed from a family was examined to identify whether larger families were more likely to remain in care beyond 12 months. Almost half (44%) of the children in this group were removed without any siblings, and 27% were removed with one other sibling. Among the children where three or more children were removed from the family during the period, exits to permanency took longer than children removed from home alone or with one sibling.

#### C) Differences in the services and supports provided to the child/youth, family, foster family or placement facility?

The standard was unmet regardless of placement facility type:

- Permanency within 12 months (Entries): All placement types did not meet the national standard. The largest share of children (53%) were in kinship care (n=365) or pre-adoptive homes (n=176). Among children in kinship care, 25.75% exited to permanency within 12 months. However, among children in pre-adoptive homes, only 1.7% exited to permanency in 12 months.
- Permanency within 12 Months (In Care 12-23 Months): All placement types did not meet the national standard. The largest share of children (46%) were in kinship care (n=341), and 25.9% of children exited to permanency within 12 months. The next largest group of children was in pre-adoptive homes (n=245), and 30.2% of children exited to permanency in 12 months.

#### D) Differences in the removal reasons for entry into placement?

- Permanency within 12 months (Entries):\_While there were differences in the percent of children who exited to permanency within 12 months by removal reasons, the only removal reason that met the standard was the small group of children (n=8) who entered

care due to the death of a parent. Half of these children exited to permanency within a year. The plurality of children who entered care during the period had removal reasons that included 'Neglect' (n=291) and 'Drug Abuse – Parent' (n=211). 13.27% of children who were removed due to parental substance use and 17.87% of children who were removed due to neglect exited to permanency within 12 months.

- Permanency within 12 Months (In Care 12-23 Months): While there were differences in removal reason in the percent of children who exited to permanency within 12 months, none of the groups broken out by removal reason met the standard. The largest number of children were removed due to 'Neglect' (n=352), 26.42% of whom exited within 12 months, while 30.56% of children removed due to 'Drug Abuse – Parental' exited within 12 months.

*E) Differences in the initial placement type?*

Kinship placement was the most common first placement type (62% of all entries during the period), followed by foster care (28%). While there were differences in initial placement type, none of the subgroups met the standard for entries that exited within 12 months to permanency or those in placement 12-23 months who exited within 12 months to permanency.

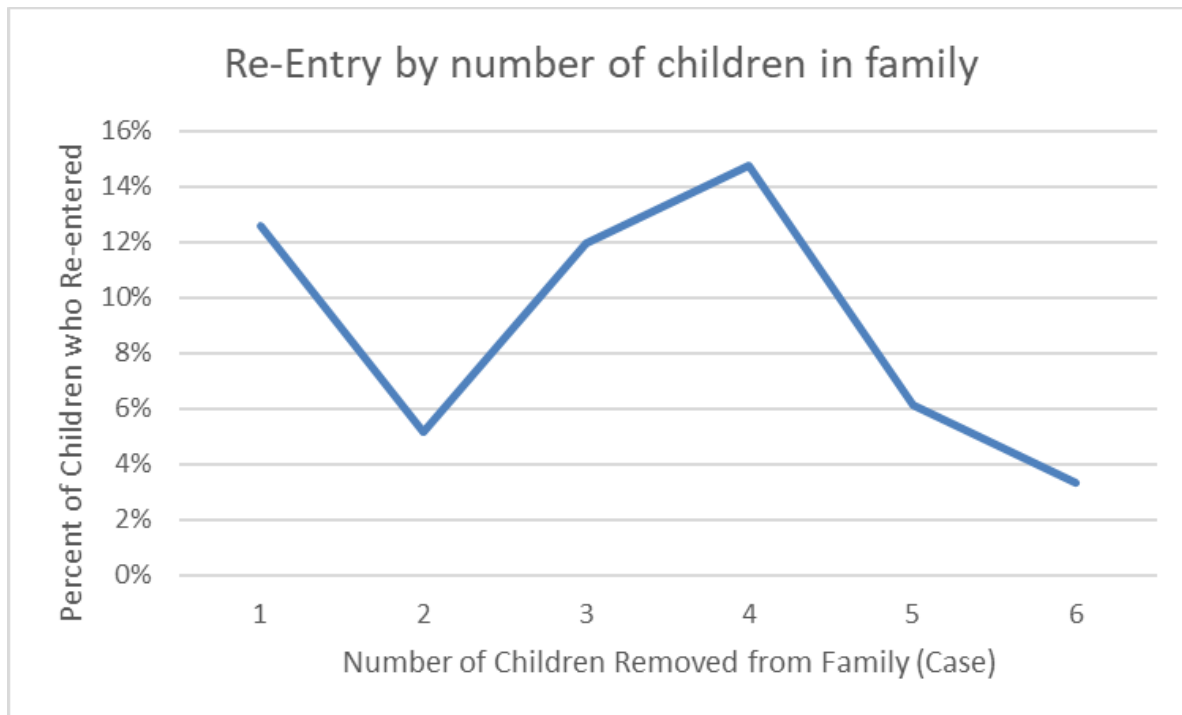
Re-entries

*A) Distinctions in age, gender, race, disabilities, etc.?*

- Age: Only children 0 – 1 years old at exit met the standard (4.76% reentry). The highest re-entry rate was among 13-15-year-olds (20.51% reentry).
- Race: Only Multi-racial children re-entered at a rate below the standard (6.90%). A larger percentage of White children re-entered within 12 months (15.48%) compared to Black children (12.78%). More than half of the children in this measure were Black (52%), 33% were White, and 11% were Multiracial.
- Gender: There were no meaningful differences by gender

*B) Differences in family structure, family constellation or other family system variables*

The number of children in a family who were removed did not have a clear relationship with whether the child would re-enter within 12 months. Children with one sibling had a lower re-entry rate than children who were not removed with a sibling, but children where three or four children were removed had a higher rate of re-entry.



*C) Differences in the services and supports provided to the child/youth, family, foster family or placement facility?*

While none of the three most common placement types (kinship care, foster care, and congregate care) met the standard for re-entry, the re-entry rate was lowest for kinship care (10.81%), then foster care (17.5%) and then congregate care (21.43%).

*D) Differences in the removal reasons for entry into placement?*

While there were differences in re-entry rates by initial removal reason, few of these subgroups met the standard for re-entry. The highest re-entry rate (23.81%) was among children who had previously been in care due to parental incarceration, although this represented only ten re-entries out of 42 exits. The largest number of children re-entering were removed due to 'Neglect' (n=106); of those, 14.15% re-entered within a year.

*E) Differences in the initial placement type?*

While there were differences in re-entry rates based on the initial placement type, with kinship care having the lowest re-entry rates, then foster care and then congregate care having the highest, none of these groups met the standard for re-entry within a year.

## 2. ALLEGHENY COUNTY'S ROOT CAUSE ANALYSES

### Time to Permanency

The data analysis described above did not provide evidence that this benchmark was missed due to failure to meet the needs of a specific demographic or subpopulation. Additional analysis revealed systemic challenges that likely contributed to Allegheny County's underperformance on

permanency measures. In particular, an analysis of service referral data illustrated families' increased needs for substance use services, childcare, parent-child mediation, and transportation. See the chart below, which demonstrates that referrals to services designed to support and stabilize families increased from CY2020 to CY2021.

Service Referrals	2020	2021	% Change
Transportation	2636	4510	71%
Substance Use Assessment	1671	2060	23%
Early intervention assessments	837	1067	27%
Kinship Navigator	453	836	85%
IPV- Family Violence Services	427	553	30%
Truancy Prevention	216	498	131%
Forensic Evaluation Request	333	465	40%
Daycare	260	340	31%
IPV Battering Intervention Program	245	323	32%
FamilyLinks NOVA Homeless Prevention	164	263	60%
Youth Support Partner (YSP) Unit	161	208	29%
Coached Supervised Visitation	116	145	25%
Truancy Intervention PACT	96	145	51%

Unfortunately, *the capacity to deliver these services during the same period decreased* due to higher-than-typical staff vacancies impacting both CYF casework and service provider staff. Increased referrals without a commensurate increase in capacity delays families' receipt of services. For example, while referrals to Drug and Alcohol Counseling increased by 23% from 2020 to 2021, the primary provider of assessments (POWER) struggled to complete them in a timely way: In November 2020, 23% of the 163 people referred to POWER were assessed within the month; and in April 2021, only 15% of the 205 people referred were assessed within the month. Delays in service delivery can delay exits to permanency because reunification cannot occur until the risk factors that resulted in the child's out-of-home placement have been resolved.

Similarly, our agency struggled to accommodate the 71% increase in transportation requests during this period. Transportation services enable families to engage in visitation, attend school and daycare, and help parents comply with their Family Plan. Inadequate transportation can result in a slower resolution of issues that families face and therefore delay permanency. Unfortunately, driver shortages made it impossible to meet this increase in demand adequately.

The same staffing shortage that has delayed families' receipt of services has also increased caseloads for CYF caseworkers, which slows down the pace of contacts with families, assessments, and updating family plans. During July, three out of five regional offices had more than a quarter of caseworkers carrying caseloads above 20. CYF best practice strives for caseloads of 8 – 12, including investigations, because current cases are so complex that a smaller caseload is desirable to serve families best. In turn, this could lead to a slower pace in supporting families to address issues that create safety risks for their children. During the last year, there were 187 vacancies in the CYF offices.

Among children whose goal was changed from reunification to adoption, legal staff shortages led to increased workloads among existing staff and slowed the pace of moving through the multiple steps for children to become adopted.

Re-entries

Allegheny County has continually worked to decrease the rate of reentries after exit. Prior years' analyses have pointed to youth behavior problems, parental substance use, and neglect reports as the most significant root causes of re-entry. In re-visiting this analysis for the current plan year, we additionally noted that children exiting from kinship care had a significantly lower reentry rate (10.81%) when compared with children exiting from foster care (17.5%) and children exiting from congregate care (21.43%).

**2. PROGRAM IMPROVEMENT STRATEGIES AND ACTION STEPS TO BE IMPLEMENTED AND MONITORED:**

The table below must be completed to describe any NEW strategies the county will implement to achieve the national performance standards. The analysis conducted toward identifying root causes should be used for strategy selection. Provide rationale for planned approach and how the strategy will contribute toward achieving the outcome. It is recognized that multiple strategies may be identified. The table can be copied and pasted if desired. Communication with staff and partners should be considered critical action steps, as should the analysis of county and provider capacities in implementing change.

Outcome #:

Related performance measures

*Outcome # 1: Decrease time to permanency.*

Strategy(ies):	Improve the availability of, and capacity to deliver, needed services for children and families; reduce the length of time to finalize legal permanency; prepare families for finalization; and enhance Matching Services.
Identify if this is an existing strategy identified in the prior year NBPB or a new strategy:	New and existing
Action Steps with Timeframes (may be several):	<p><b>Address gaps in services and capacity</b> through:</p> <ul style="list-style-type: none"> <li>• Expansion in transportation services and support for CYF active families (current NBPB request; anticipated RFP release date in FY 23-24)</li> <li>• Enhanced CYF caseworker recruitment and retention activities that include open houses and coffee talks to attract new candidates and use of a new HR information system (Bamboo HR) to drive traffic to the state application portal (ongoing)</li> <li>• Family preservation services well matched to family needs (includes implementation of Functional Family Therapy-Child Welfare, which began in late July 2022)</li> </ul>

	<ul style="list-style-type: none"> <li>• In-home behavioral health supports for youth in kinship placements (current NBPB request)</li> </ul> <p><b>Taking action to improve timeliness of TPR petition filings.</b>        It is essential that Termination of Parental Rights (TPR) petitions are filed expeditiously so that children who can't be reunified with their parents can exit to permanency via adoption. Allegheny County has historically relied on two different legal services groups for TPR petition filings. Internal analyses showed that one of these two groups took significantly longer to file TPR petitions – filing only 10% of petitions within 60 days of receiving a referral from CYF. Further investigation revealed different processes at work in each group, leading to the different processing times. After engaging all partners, including PA OCYF, Allegheny County is expanding the use of the streamlined process shown to result in faster TPR filings, so that all referrals are processed this way. Next steps toward this goal include the state's completion of a budget adjustment for these services, after which Allegheny County expects a full transition to occur within 30 days.</p> <p><b>Enhance Transition Age Youth/Reduction of Congregate Care Initiatives:</b>        ACDHS is partnering with Annie E Casey Foundation on an initiative called “Ending the Need for Group Placements” that seeks to reduce the need for group placements alongside the people who are most impacted. Initial steps include the development of a shared workspace where community-based organizations and ACDHS will establish shared values, identify and understand factors and root causes, prioritize, plan and implement strategies, and determine resources needed to support the work and regular collaboration opportunities. Additionally, ACDHS is redesigning its Transitional Age Youth (TAY) unit to better meet the needs of youth. This includes additional navigator staff to reduce caseloads and establish one clear lead caseworker to support youth.</p>
<p>Indicators/Benchmarks (how progress will be measured):</p>	<p>Permanency is a key outcome measure of system health that CYF leadership reviews regularly. CYF leadership will continue to monitor permanency data, at least weekly, as the initiatives described above move forward. Our analytics team created dashboards to provide real-time placement data to CYF leadership and CYF casework supervisors.</p> <p>Process measures associated with increased service availability will include monitoring the time to complete</p>



	POWER assessments (substance use) and the number of service referrals.
Evidence of Completion:	See above.
Resources Needed (financial, staff, community supports, etc.):	Funding needs for transportation, in-home behavioral/emotional supports for children in kinship placements, and services/placement settings for youth with complex needs are all reflected in Allegheny County's 2024-25 NBPB request.
Current Status:	The activities are in various stages of implementation. See above for details.
Monitoring Plan:	Improving time to permanency is one of CYF's key focal areas and, as such, is monitored directly by the ACDHS and CYF Directors. Additional metrics reviewed regularly include caseworker vacancy rates and caseload size.
Identify areas of Technical Assistance Needed:	Technical assistance for many aspects of permanency practice is accessible via partner agencies such as Plummer Youth Promise. As the primary contractor for behavioral health managed care in Allegheny County, ACDHS would benefit from additional TA that helps us leverage Medicaid dollars to better connect child welfare-involved families with behavioral health services.

*Outcome #2: Reduce re-entries to care*

Strategy:	Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports); and further increase the proportion of kinship placements.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New and existing
Action Steps with Timeframes (may be several):	<p><b>Provide effective services well-matched to child and family needs</b> through:</p> <ul style="list-style-type: none"> <li>Enhanced universal assessment and implementation of interventions to address gaps found in the service array (i.e., Functional Family Therapy-Child Welfare)</li> <li>Services aimed at resolving parent/child conflict, including Parent-Teen Mediation and Triple P (ongoing)</li> <li>Services aimed at supporting parents with substance use disorders in recovery, such as the newly opened Family Healing Center</li> </ul> <p><b>Enhance supports for kinship caregivers</b> to promote this placement type through:</p>

	<ul style="list-style-type: none"> <li>• Increase in caregiver per diem rates for kinship care to match non-kinship foster care, implemented in 2023</li> <li>• Kinship Navigator referral for all children within 30 days of accept for service, regardless of removal (current policy; monitored ongoing)</li> <li>• In-home behavioral health supports for youth in kinship placements</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<p>Re-entry is a key outcome measure of system health that CYF leadership reviews regularly. CYF leadership will continue to monitor re-entry data, as well as first placement type and current placement type, at least weekly as the initiatives described above are implemented.</p> <p>Referrals to Kinship Navigators are monitored monthly in CYF leadership meetings, and a real-time Kinship Navigator dashboard has been created to help supervisors and staff identify children in need of a Kinship Navigator referral.</p> <p>Placement data on kinship care is in a dashboard created by the analytics team and provides real-time data on children in care, including placement type.</p>
Evidence of Completion:	See indicators/ benchmarks above
Resources Needed (financial, staff, community supports, etc.):	Supports for families with substance use challenges and services/placement settings for youth with complex needs are all reflected in Allegheny County's 2024-25 NBPB request.
Current Status:	The activities are in various stages of implementation. See above for details.
Monitoring Plan:	See indicators/ benchmarks above. In addition, contract monitors will ensure that the referenced kinship per diem increase is passed on to kinship families/caregivers.
Identify areas of Technical Assistance Needed:	None at this time.

For Program Improvement Areas that were identified in the FY 2023-24 NBPB Submissions, please review the strategies and provide a progress update. Please identify which stage of implementation applies to the strategy (Exploration/Planning; Installation; Initial Implementation) and summarize activities planned for FYs 2023-24 and 2024-25

Program Improvement Areas from FY 2023-24 NBPB

*Outcome #1: Decrease time to permanency.*

Strategy	Stage	Planned Activities
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Improve the availability of, and capacity to deliver, needed services for children and families	Planning	CYF Transportation RFP has been drafted by an internal team, which sought input from providers and internal stakeholders. It is currently being planned for release in fall 2023 and is reflected in an expenditure adjustment.
Reduce the length of time to finalize legal permanency	Installation	In-home behavioral/emotional supports for children in kinship placements are being contracted with the provider, and a plan is being developed for hiring. Implementation should start in FY 23/24, with full staffing continuing into FY24/25.
Reduce the length of time to finalize legal permanency	Planning	Improved legal services for parents through JCP pilot program detailed above and through an expenditure adjustment. This work will continue in the coming fiscal years.
Prepare families for finalization	Implementation	Collaborations with Plummer Youth Promise to integrate the model and improve time to permanency are ongoing and will continue in the coming fiscal year
Enhance Matching Services	Implementation	CYF has created a Placement Stability Team that works with kinship navigators. The team is focused on using matching at the outset for all placements

*Outcome #2: Reduce re-entries to care*

Strategy	Stage	Planned Activities
Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports)	Implementation	Increased foster care maintenance payments have been operationalized for kinship caregivers, giving them more financial ability to support youth. This continues to have a financial impact as more children in kinship placements exit to Adoption or PLC at a higher subsidy (expenditure adjustment).
Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports)	Installation	In-home behavioral/emotional supports for children in kinship placements are being contracted with the provider, and a plan is being developed for hiring. Implementation should start in FY 23/24, with full staffing continuing into FY24/25.
Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use,	Initial Implementation	ACDHS opened the Family Healing Center to its first families in 2023. As the program ramps up, additional families will be served, with a capacity of 15-20 per year. Ongoing financial considerations are discussed in an expenditure adjustment.

concrete and economic supports)		
Further increase the proportion of kinship placements.	Implementation	Recruiting kinship families is a top priority, with the goal of reaching 70% of placements. Our kinship care partner and caseworkers are dedicated to finding the right kin through navigation at the outset of placement.

**Section 3: Administration**

**3-1a. Employee Benefit Detail**

- Submit a detailed description of the county’s employee benefit package for FY 2022-23. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

#52502, County Pension Fund-  
 The County contributes 10.5% of employees’ gross salary as a match for pension benefits.

#52503, FICA/Medicare-  
 The County contributes 7.65% for all eligible wages per requirements of the Social Security Administration.

#52504, Group Life Insurance-  
 Full-time employees are afforded up to \$10,000 of life insurance at no cost to them. A future increase is currently unknown for 2024.

#52505, Highmark Blue PPO or UPMC Business Advantage PPO-  
 The County recovers 3.25% of the employee’s base wage to offset medical benefit costs.

#52506, Unemployment Compensation- Cost is based upon actual experience for CYF employees.

#52511, Concordia Plus-  
 The County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employee and dependents to select a primary dental office. As of January 1, 2023, the cost to the County is \$24.514 per month for an individual and \$73.57 per month for a family. Future increase is currently unknown for 2024.

#52513, Concordia Flex-  
 As of January 1, 2023, the cost to the County is \$31.61 per month for an individual and \$77.51 per month for a family. Future increase is currently unknown for 2024.

#52530, Employee Worker’s Comp Medical-  
 Medical claims paid by the County for CYF employees who have filed Worker’s Compensation claims. Cost is based upon actual experience.

#52531, Employee Worker’s Comp Indemnity-

Payments made to CYF employees who are on Worker's Compensation. Cost is based upon actual experience.

#52532, Employee Worker's Comp Administration-  
Payments made to a third-party Worker's Compensation Administrator per contract with Allegheny County and costs paid for legal fees. Cost is based upon actual experience.

### 3-1b. Organizational Changes

- Note any changes to the county's organizational chart.

The following changes are reflected in the county's organizational chart.

- Subtracted one (1) Casework Manager
- Added one (1) Casework Supervisor
- Subtracted four (4) Clerk Typist 2s
- Added four (4) Clerk Typist 3s

### 3-1c. Complement

- Describe what steps the agency is taking to promote the hiring of staff regardless of whether staff are hired to fill vacancies or for newly created positions.

ACDHS utilizes a variety of recruitment strategies to build pipelines of candidates interested in working with ACDHS, whether to fill vacancies or newly created positions. Additionally, our recruiters help potential candidates understand which positions may best match their interests and qualifications.

- Describe the agency's strategies to address recruitment and retention concerns.

ACDHS's recruitment strategy includes the following:

- Launching Mission Recruit, a one-year, targeted recruitment effort, with the goal of generating 1,500 warm leads and 300 new hires. Mission Recruit will utilize several strategies, including:
  - Implementing a marketing campaign.
  - Building on existing relationships with colleges and professional organizations.
  - Working with external, community-based recruiters.
  - Streamlining HR processes.
- Utilizing social media to promote vacancies.
- Expanding the internship program at Community College of Allegheny County to target Casework interns.
- Partnering with the Department of Defense Skillbridge Training Program to recruit veterans in active duty with the goal of building a pipeline for filling full-time vacancies.
- Participating in the Workforce Excellence Initiative in partnership with the National Child Welfare Workforce Institute.
- Participating in the Leadership Academy.
- Utilizing Handshake to promote jobs among colleges/universities.
- Attending college/university career fairs, in-person and virtually.

- Partnering with local non-profits such as PA Women Work, PA Career Link, Pittsburgh Technology Council, and Vibrant Pittsburgh.
- Utilizing LinkedIn Professional to promote jobs and source candidates.
- Promoting, cultivating, and tracking Caseworker candidate interest via ACDHS's internal HR system.

ACDHS's retention strategies include:

- Promoting an equitable and inclusive workplace culture by:
  - Sponsoring Employee Resource Groups: Black Empowerment Committee, Veterans ERG, Hispanic/Latino Organization for Leadership and Advancement (HOLA), and LGBTQIA+ and Allies ERG.
  - Partnering with Government Alliance on Race and Equity (GARE) to participate in training about Advancing Racial Equity and Sexual Orientation, Gender Identity, and Gender Expression (SOGIE).
  - Embarking on a 3-year Racial Equity Training program with MMG Earth.
  - Embarking on a 3-year Sexual Orientation, Gender Identify, and Expression (SOGIE) with Hugh Lane Wellness Foundation.
- Supporting employee health and well-being by:
  - Promoting vast resources available through the Employee Assistance Program.
  - Offering monthly mindful gatherings to support individual and collective wellness, Vitality Cafes.
- Investing in employee learning and development by:
  - Offering instructor-led and e-learning resources.
  - Offering an Educational Program which provides reimbursement for employees attending post-high school educational classes at colleges, universities, and other educational institutions.
- Continuing to enhance the new employee orientation and onboarding experience.
- Developing a compensation plan to create transparent and equitable compensation practices.
- Conducting a classification study to ensure employees are classified appropriately, and career pipelines are clarified.
- Strengthening performance management and the performance review process.
- Promoting the following CYF-specific activities:
  - A Healthy Habits Model Initiative was implemented with monthly educational sessions, challenges, and awards.
  - Crisis Action Team to support staff with significant stressors and trauma.
  - Wellness Champions who support staff daily by being available for impromptu conversations.
  - Employee luncheons put on by the Crisis Action Team or Wellness Champions.
  - Wellness workshops, including yoga and tea sessions.