

Fiscal Year 2020-21 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) 2020-21 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.

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NBPB
FYs 2018-19, 2019-20 and 2020-21

Version Control	
Original Submission Date:	
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

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Section 2: NBPB Development

2-1: Executive Summary

➤ Respond to the following questions.

❑ **Identify the top three successes and challenges realized by the County Children and Youth Agency (CCYA) since its most recent NBPB submission.**

The mission of Allegheny County's Department of Human Services (DHS) Office of Children, Youth and Families (CYF) is to protect children from abuse and neglect, preserve families whenever possible, and provide permanent and safe homes within a child's own family or by finding an adoptive home or other permanent setting for children who cannot be reunified with their families. DHS has developed a system of care to meet its mission, based upon guidance from family and community members, judges, juvenile probation, and other stakeholders, as well as with information from county data and analysis and state, national, and local research. This system is designed to treat individuals and families with respect and provide services that are high quality, inclusive, readily accessible, strengths-based and effective.

The Needs Based Plan and Budget (NBPB) advances DHS's mission by:

- Addressing documented needs
- Continuing to improve the quality of the system for children, youth, and families
- Building upon the strengths of families and leveraging the support and resources of community members, and stakeholders
- Clearly directing the child welfare system toward a set of vital priorities

Allegheny County's analysis, which includes findings related to the CCYAs annual inspection and Quality Services Review (QSR), input from community stakeholders, and internal data analytics, has identified a set of needs that directly impact the safety and well-being of children and youth. Many of these needs require additional support, which we will request via adjustments. During the Implementation Year (2019-20) and the Plan Year (2020-21), Allegheny County will respond to the *needs* outlined below, with the strategies reflected in this document.

A summary of needs/challenges:

1. **Need: Prevent referrals and re-referrals.** DHS is committed to developing a continuum of services that prevent families from ever needing the child welfare system and reaching caregivers and their children as early as possible, to strengthen, empower and preserve families. This family-serving continuum includes: sharing information and connecting to community supports, helping families already involved child welfare meet their goals and move towards independence, and preventing families with high needs from moving into crisis and risk of harming children. DHS is requesting additional resources for prevention at each aspect of the continuum of prevention services.
 - a. **Hello Baby.** The Hello Baby Program will provide every family of a newborn in Allegheny County with universal access to information and resources and voluntary support for families with complex challenges and needs. The program's goal is to reduce child fatalities and near fatalities. With the voluntary supports of Hello Baby, families start off feeling connected, supported and strong, with access to the information they need to find the right kind of help, should they want it. With state support, DHS has built the framework for Hello Baby, and, in FY 20-21, DHS will continue to invest in and expand this important initiative (Adjustment requested).

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- b. Family Support Centers.** DHS has built a strong network of family support centers, embedded in communities as welcoming, familiar, and accessible places. Family support centers now play a central role in DHS's prevention continuum, particularly with Hello Baby (see above) and Early Learning Resource Centers (ELRC)s (see below). Given these initiatives, we expect more families will be accessing the centers and taking advantage of the rich programming and connections offered there, which include Two-Gen models, evidence-based parenting programs, wellness activities and connections to supports and to other families. The state has helped us strengthen our family support network. In FY 20-21, we will continue to build and invest in these community hubs, as we build out complementary prevention initiatives. (Adjustment requested).
 - c. Early Learning Resource Center (ELRC).** On July 1, 2019, DHS became the ELRC for Region 5, and now provides information and services to families and early childhood professionals about high-quality childcare in Allegheny County. This includes: Child Care Works Subsidized Child Care Program, Keystone STARS, Early Learning Programs (like PA Pre-K Counts and Head Start) and Early Intervention. DHS is working with two community partners, the Alliance for Infants and Toddlers and Trying Together, to implement the ELRC. Since the program is a single-entry point for families to access quality care for their children, connect with important services such as family support and early intervention, and other supports, DHS anticipates that more families will access family support centers and other community family strengthening resources. (No adjustment requested, since OCYF supported this expansion in last year's request).
 - d. In-home services.** Despite a robust prevention program, DHS needs to take effective steps to reduce risk to children when referrals to the child welfare system do occur. When a referral occurs and a child is determined to be safe but at some level of risk, DHS works with community providers and the family to prevent home removal. Over the past year, we conducted an analysis of these services and found that we need to shift investments to more evidence-informed programs; and that CYF needs a decision support tool to match family needs with programs. During the planning year, DHS will be developing a tool that will combine information on family needs (from the caseworker's needs assessment and other data) and risk information—to identify the services that would best help strengthen the family. With better matching of need/risk and programs, caseworkers will be able to connect families to the right services, more quickly. DHS also is evaluating the pool of services that make up non-placement services to make sure that we invest in evidence-based services and supports with proven outcomes. (Adjustment requested).
- 2. Need: Respond to the Family First federal legislation.** DHS has been working to advance the principles of Family First—reducing congregate care, investing in evidence-based practices, and preventing placements into foster care—for years. To comply with the new law and to ensure that federal reimbursements do not diminish, we will continue to work to reduce congregate care placement. Since children do best in family-like settings, we have worked hard to ensure that congregate care is only used as a last resort for placement. We have succeeded in significantly reducing the number of children in care over the past five years; however, we still have a population in care with complex needs and for whom we have a difficult time finding placements. Under Family First, only the first 14 days of a child's stay in congregate care are billable through Title

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IV-E, unless the youth is in a specialized setting. To further reduce congregate care, we will:

- a. **Enhance and expand foster family recruitment efforts** and support for foster families. Figures continue to grow nationally around the limited supply of resource parents. DHS received a Diligent Recruitment Grant, and a state pick-up for the grant, to undergo this work for teens but will expand the work beyond teens in FY 20-21 and request an increase in per diems for families. A provider meeting held in June guided new strategies to help recruit and support future foster parents. (Adjustment requested).
 - b. **Employ strategies to prevent youth from running away** from placement, including new ways of incorporating youth voice into placement decisions, following the guidance of the Allegheny County Children's Cabinet (adjustment requested in the Independent Living Grant).
 - c. **Create a specialized setting for youth who are victims of Commercial Sexual Exploitation of Children (CSEC)** and invest in an evidence-based program, the CHANCE program, designed to specifically meet this population's unique needs. With support from the state, DHS has invested in a drop-in center for CSEC-involved youth; however, we have seen an emerging need for additional supports for this population (Adjustment requested).
- 3. Need: Strengthen caseworker supports at investigation.** The number of intake investigations has been steadily rising (increasing 29% from 2014-2015 to 2018-19, and up an additional 7% since last year) creating an increased workload for intake workers. Additionally, the number of children ages 0-3 who are CYF active went from 1,585 in FY 14-15 up to 1,896 in FY 18-19, a 20% increase. Faced with this increased demand, intake workers are conducting more visits and assessments and more children they see during those visits are ages 0-3. Experiencing maltreatment can negatively affect children at any age, but the implications for infants and toddlers are especially severe. Abuse and neglect during early developmental stages can permanently alter brain functioning, which has lasting effects into adulthood. Effective prevention and intervention approaches are critical to averting such harm.¹ Further, young children experience higher rates of maltreatment than older children. In 2017, children 3 and younger had a maltreatment rate of 15 per 1000, compared with 10 per 1000 for children ages 4 to 7, 8 per 1000 for ages 8 to 11, 7 per 1000 for ages 12 to 15, and 5 per 1000 for children ages 16 to 17.² To support the intake worker, and ensure that every child, especially vulnerable children ages 0-3, in the home receives a proper assessment of risk, safety, and development, and that the family receives the appropriate referral to supports, DHS is requesting funding for an Alliance for Infants and Toddlers worker to accompany a caseworker on home visits when there is a child age three or younger in the home (Adjustment requested).
- 4. Need: Strengthen the quality of our provider workforce by reducing turnover.** To protect children from abuse and neglect and keep families strong and together, we rely on a broad network of provider partners, who vary greatly in terms of size and

¹ <https://www.childtrends.org/infants-and-toddlers-are-more-likely-than-older-children-to-enter-foster-care-because-of-neglect-and-parental-drug-abuse>

² <https://www.childtrends.org/indicators/child-maltreatment>

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organizational structure. Against the backdrop of an increasing need for human services, driven by persistent poverty rates, income inequality, and the challenge of the opioid epidemic, the financial stability of community-based organizations is increasingly tenuous. According to the Bayer Nonprofit Center's 2017 Wage and Benefit Survey of South Western PA Non-profit organizations, local turnover is 18% for full time employees and 25% for part-time employees, compared to a 4.1% average turnover rate for employees in the private sector.³ To help the providers in our community thrive and continue to carry on the important work that they do, we will request rate increases for placement providers (Adjustment requested).

A summary of successes:

- 1.) **Children are moving to permanency more quickly** as a result of a series of initiatives that have reduced the length of time to finalize legal permanency, prepared families for finalization, and enhanced matching services. These include:
 - a. A new permanency practice model, Plummer Youth Promise, which began working with Allegheny County in 2017.
 - b. Better preparation for families. A Second Chance Inc. and CYF developed procedures to prepare resource families for finalizing permanency and for staff to gather the required documentation for the finalization to occur. Due to this change in practice, PLCs are now finalized within 90 days of referral to the permanency department. Before this improvement, it took an average of 270 days to finalize.
 - c. Increased post-permanency support. To reduce the number of disrupted PLC's finalizations, CYF's Permanency department provides post-permanency support to birth parents and PLC caregivers when a petition for modification of a PLC order has been filed. The Permanency department has successfully diverted 29 of the 31 children referred from re-entry.
 - d. Enhanced permanency planning. In 2018, CYF began conducting monthly Permanency Roundtables at the regional offices. The regional office directors choose which youth should receive a Permanency Roundtable based on several factors such as length of time in congregate care placement without a permanency plan, the age of the youth, and the complexity of youth's needs.
 - e. Better coordination. CYF developed a SWAN Coordinator position within the permanency department. The SWAN Coordinator ensures that each youth entering placement is referred for SWAN child preparation/child profile services within 60 days of their placement. The SWAN coordinator works to develop strategies to enhance permanency practices within CYF and system partners by using SWAN resources. This initiative led to a 38% increase in referrals to SWAN for child preparation/child profile and child specific recruitment in one year.

- 2.) **Investigative practices have improved.** In 2018, DHS developed an investigative practice standard manual and provided hands-on training and support to caseworker and supervisory staff. The manual outlines each step of an investigation process, highlighting not just compliance with timeframes but also best practices for interviewing, conducting assessments, providing quality supervision, and working in collaboration with system partners. The best practice team met with each unit throughout the agency, walking through a current investigation and highlighting the requirements and best practices. Following this walkthrough, the best practice team accompanied caseworkers

³ <https://www.bls.gov/news.release/pdf/jolts.pdf>

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in the field – providing hands-on coaching and support on engagement, assessments, and decision making. Further, DHS strengthened support team collaboration at regional offices. When a new investigation is assigned to the regional offices, the clinical manager notifies key support team members (i.e., behavioral health specialist, nurse, paralegal, peer coach, managed care liaison) and this team begins researching the child’s behavioral or physical health needs, paternity, physical health records, supports and connections for the family, and any prior CYF history. This team provides the caseworker with information and support so that they can conduct a holistic assessment (rather than focusing on just the allegations). The team further supports the caseworker/supervisor in decision-making about service needs and helps them navigate systems.

- 3.) We are actively seeking to improve workforce quality and tenure.** DHS is one of eight partnerships nationally to take part in a new Workforce Excellence initiative through the National Child Welfare Workforce Institute (NCWWI). As a Workforce Excellence site, DHS and other sites will participate in a 5-year plan to cultivate inclusive organizational leadership and high-performing staff. NCWWI will partner with DHS and our university partner, the University of Pittsburgh School of Social Work, in a system-wide, outcome-focused change effort.

DHS, with the University of Pittsburgh, is seeking to develop and support a child welfare workforce that is composed of dedicated, caring, and skilled professionals so CYF and its partners meet their mission of protecting children and strengthening families. These staff will:

- Possess the skills required for the highly complex and nuanced nature of the work
- Have the support and resources they need to effectively provide service
- Feel respected and valued for their contributions to the child welfare system’s important work
- Work within an environment that is inclusive, diverse and equitable

- Summarize additional 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 2019-20 and 2020-21.**

See above.

- Identify the top three successes and challenges realized by the Juvenile Probation Office (JPO) since its most recent NBPB submission.**

Allegheny County Juvenile Probation Department’s Mission since 1996 has been to achieve the goals of Balanced and Restorative Justice---to protect the community; to hold juveniles accountable to restore victims and communities; and to help juveniles develop competency skills that lead to law abiding and productive citizenship.

During the last 10 years, research has clarified “what works” to reduce the risk juvenile offenders pose to the community. Research and practice are interwoven as never before. While our sights remain firmly fixed on attaining the goals of Balanced and Restorative Justice, how

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we conduct business to attain those goals has been fundamentally transformed by evidence-based practices.

The foundation of this evidence-based effort is the Youth Level of Service (YLS), a validated risk/needs instrument that assesses a juvenile's likelihood to re-offend. Before any juvenile appears in Court for a delinquent charge, the probation officer must first conduct the YLS assessment, which considers the juvenile's attitudes/orientation, personality/behavior, peer relations, family circumstances, education/employment status and substance abuse. These factors, known as criminogenic needs, are dynamic and can be changed with the right intervention. The YLS also considers the juvenile's static risk factors, such as current offense and delinquent history, in the overall assessment of the juvenile's likelihood to reoffend. In Allegheny County, we implemented the YLS in 2011. In calendar year 2018 there were 1,986 YLS Assessments Completed. Our department has 14 YLS Master Trainers who train our staff to administer the YLS.

Allegheny County Juvenile Probation is 1 of 17 departments in Pennsylvania engaged in SPEP™ activities, which seek to improve programming for juveniles thereby reducing their risk to reoffend. The SPEP™ protocol analyzes specific provider services or interventions, reviewing the type, quality, and amount of service provided and the risk level of youth. Allegheny County has eight Level 1 SPEP™ specialists, more than any county in the state. The SPEP was developed by Dr. Mark Lipsey at Vanderbilt University and formulated through groundbreaking meta-analysis of the characteristics of effective delinquency interventions, with the goal of providing a solid foundation for improving delinquency programs and services. The SPEP is a validated, data-driven rating system for determining how well a program matches what research tells us is effective for that type of program in reducing recidivism and producing positive outcomes for youth.

Through 2018, Allegheny County's SPEP™ team has applied the SPEP™ process to 69 interventions at 14 residential and community-based provider locations for a total of 93 SPEPs™. Allegheny County will continue to work with agencies whose SPEP'ed services score consistently high to identify new services to evaluate. We also began applying SPEP to job readiness and remedial academic services that address criminogenic needs and meet competency development goals. The most critical component of the SPEP process is the development of an individualized performance improvement plan for each service that has gone through the SPEP process.

As we complete the SPEP, we consistently see issues with dosage and duration of intervention. Evidenced based programs must be delivered at the correct number of hours per week for a specific number of weeks. In many cases the juveniles are not in the program long enough to receive what is required as evidenced based. As a result, we now have youth staying in the program a little longer, so they receive the full benefit of the intervention. For some providers it continues to be necessary for us to provide additional funds so that they maintain fidelity to the model being used. The training costs and staff ratios have specifically increased the costs for services. Evidence based programs are known to be effective but are also costly to implement as changes to the model would result in loss of fidelity and therefore loss in anticipated positive outcomes. Provider staff must continue to receive ongoing training and acquire and maintain new certifications. Consultation from experts in specific interventions is costly, but research shows that as agencies maintain fidelity to a model the positive results of reduced recidivism is enhanced.

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A central tenet of our Balanced and Restorative justice mission is to ensure that juveniles are held accountable to repair the harm they have caused individual victims and the community at large. Toward that end, in 2017, probation officers oversaw the collection of over \$243,200 in total dollars, approximately \$150,000 of which went directly to victims as restitution for crimes committed; \$14,700 went to the Victim Compensation Fund; and over \$6,000 was directed to the Stipend Fund—money collected toward Failure to Comply charges certified from the Magisterial District Judges that eventually is paid to victims owed restitution.

Of the 1,044 juveniles whose cases were closed in 2018, 83 percent satisfied their restitution obligations in full and 95 percent completed all their required hours of community service. Much of this success stems from the probation officers' persistent attention to restoring victims.

Additional JPO and Court activities:

- Allegheny County was instrumental in the development of the Pennsylvania Academic and Career/Technical Training Alliance (PACTT). Today our six CISP Centers are all recognized PACTT affiliates. A variety of both academic and technical training skills are available for youth who participate in CISP. We have been successful at using OCYF/PCCD PACTT Grants to initiate several new offerings for youth, but the ongoing costs associated with such programs continue to be funded using the Needs Based Plan and Budget process.
- We have also strongly encouraged all our providers to become PACTT affiliates. At this time almost every provider of placement services are PACTT affiliates. Through their affiliation, they have been able to enhance their vocational and academic support services to youth. We believe this will have a direct result in reducing recidivism when the youth return to the community, however these increased services continue to increase costs to the providers and therefore impact the per diems paid by the Allegheny County. The PACTT services require provider staff to be specifically trained in delivering services where the youth can successfully earn industry recognized certifications. There are additional costs every time a youth tests for the certifications. The providers also have additional material costs such as workbooks and other handouts, all of which are copy written material which must be purchased.
- Allegheny County is one of four counties serving as a pilot for Pennsylvania's implementation of a comprehensive strategy to reduce the recidivism rates of youth returning from residential placements (Second Chance). Using OJJDP/PCCD Grant funds, we hired two Reintegration Specialists who have been helping youth successfully reintegrate into their community through educational and vocational advancement, youth competency development, and family engagement. According to data provided by the Juvenile Court Judges Commission (JCJC), youth who discharge from placement have a 45% recidivism rate. The rate for youth who were not in placement is less than 25%. It is not the fact that youth experience placement that increases recidivism but instead these are our most at-risk youth. We believe by targeting enhanced services that are initiated when these youth are in placement and then continue after they reintegrate back into the community, we will significantly reduce their recidivism rates. The specialists assist youth in completing appropriate educational and/or vocational programs. They help youth who have graduated or obtained their GED find and maintain gainful employment and/or pursue higher education. They help younger youth strengthen their academic skills and explore possible career paths. Their primary objective is ensuring that every

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youth receiving aftercare supervision at one of the six Allegheny County CISP Centers advances academically and/or successfully completes at least one vocational activity.

- Allegheny County has been utilizing Aggression Replacement Training (ART) as an evidence-based cognitive behavioral intervention that improves social skills, moral reasoning, and anger management while reducing aggressive behavior. The program runs 10 weeks and includes 30 1-hour sessions. Many of our contracted providers offer the service while the youth is in placement, but we also offer the service year-round for youth who are not in placement. Utilizing both our own staff and private providers the sessions are offered on Saturdays at the Courthouse. Depending on the number of youth registered for each cohort of 10 Saturdays, we offer up to four sessions each week. Since moving to this model, we have found our completion rate to have improved greatly. As we partner with our providers, we have also realized an increased cost associated with delivering the service while maintaining fidelity to the model. Ongoing staff training and fidelity assurance have added unbudgeted costs to the delivery of the service.
- Under the leadership of Judge DeAngelis, JPO and CYF have been collaborating for several years to implement a Crossover Youth Practice Model developed by the Center for Juvenile Justice Reform at Georgetown University. This model has improved services for juveniles involved in both the child welfare and juvenile justice systems. Implemented in January 2016, the Crossover Youth Protocol guides the day-to-day activities of probation officers and caseworkers working with dually-involved youth. Regular joint case reviews and joint supervisor cabinet meetings reinforce the Protocol. Joint training on the Protocol for newly hired staff, as well as booster training for current staff, occurs on a regular basis.
- Allegheny County Juvenile Probation has developed an array of Graduated Responses, both incentives and sanctions, to help move juveniles toward law abiding, productive citizenship. Research indicates that the incentive/sanction ratio of 4:1 can be an effective tool in positively shaping a juvenile's behavior. We have established a policy and matrix to ensure the responses are swift, certain, and proportionate.
- Motivational Interviewing (MI) a collaborative conversational style for strengthening motivation and commitment to change originally developed for the addictions field, has been adopted for use by probation officers to facilitate behavioral changes in juveniles. MI, a key part of professional alliance, is being implemented throughout our department in carefully designed cohorts consistent with our MI coaching capacity. All of the Department's probation and Community Intensive Supervision Program staff have completed MI training.
- Probation staff are also being trained on tools that assist youth in skill building targeted to identified criminogenic needs, including Four Core Competencies, Carey Guides, Brief Intervention Tools (BITS), BriefCASE, and the Effective Practices in Community Supervision (EPICS) model of supervision. To date, nearly half of our staff is trained in EPICS. EPICS helps translate the risk, needs, and responsivity principles into practice. Probation officers are taught to increase dosage for higher risk offenders, stay focused on criminogenic needs, especially the thought-behavior link, and to use a social learning, cognitive behavioral approach during their interactions.

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- The Probation Department recently began working with Keith Cruise, Professor and Director of Clinical Training at Fordham University, to implement the Trauma-Informed Decision Protocol (TIDP). Probation officers will be trained to administer the Child Trauma Screen (CTS) and, using the TIDP, incorporate the results into the Case Planning process as necessary. Juveniles with trauma symptoms will be referred for treatment.

These highlights illustrate our continued dedication to protecting the citizens of Allegheny County, ensuring that juvenile offenders are held accountable for the harm they have caused, and providing juveniles with opportunities to become law abiding and productive citizens of our community. These highlights also detail the increased costs associated with providing evidenced based interventions with fidelity. While Allegheny County Juvenile Probation has seen a reduction in the total number of new allegations received each year, the complexities of the youth and the level of risk is increasing.

- **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 2019-20 and 2020-21.**

See above.

2.2a&b: Collaboration Efforts and Data Collection Details

- **Summarize activities related to 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. 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 process by which input has been gathered and utilized in the planning process. Address engagement of the courts and service providers separately (see next two questions).**

In August 2019, DHS leadership presented an overview of the Needs-Based Plan and Budget to the CYF Advisory Board and met with the Administrative Judge of the Family Division of the Court of Common Pleas and the Family Division's Administrator to obtain their guidance. DHS and JPO also held a joint public hearing in the Human Services Building in downtown Pittsburgh to obtain comments to help inform the FY 2019-20 and FY 2020-21 Needs-Based Plan and Budget.

Earlier in the year, as part of its planning to integrate services, DHS held two public hearings on April 26, 2019- one in the morning at the Father Ryan Arts Center in McKees Rocks and one in the afternoon at the Human Services Building in downtown Pittsburgh-- to discuss the FY 2019-20 Block Grant Plan, including a discussion of all services that are important to children and families served by DHS. Participants included advocacy groups, contracted providers, and staff from DHS, and their feedback was incorporated into the Block Grant and in the planning process for the NBPB.

DHS has a strong and active relationship with its contracted service providers and community stakeholders, continually gathering their input about emerging issues, families' service needs,

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and ways in which CYF and other parts of the human services system can address those needs. 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 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 Block Grant
 - Annual provider meetings with all contracted providers
 - Regular meetings between providers and the CYF Manager of Provider Relations to discuss budget and resource needs
 - Meetings between individual provider agencies and the CYF Deputy Director, to discuss ways in which 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.**

DHS continually engages with providers through contract monitoring activities, regularly-scheduled meetings (both case-centered and service-wide), and ad-hoc meetings (case- and monitoring-specific). DHS also requires providers to report regularly (i.e., daily, weekly, and/or monthly) to provide feedback about resource availability, needs and utilization. DHS holds regular 'Systems' training for providers, including initial, ongoing, and refresher sessions provided by technical (case management applications) and professional (child welfare practice) staff. These trainings provide feedback to DHS about provider and practice needs and issues while addressing gaps in knowledge and practice. DHS is working to enhance teamwork and collaboration with/among providers by improving communication about information and expectations, promoting networking, and encouraging feedback by issuing surveys after provider meetings.

- ❑ **Summarize activities related to active engagement of the courts in the NBPB process, specifically 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 judge and supervising judge on a regular basis and holds monthly meetings with attorney systems at the court. At the attorney systems meetings, CYF, JPO, conflict council, CASA representatives, KidsVoice, parent advocates and court representatives discuss practice changes, problem-solve best ways to address barriers, and update one another. The agency also co-chairs quarterly Allegheny Roundtables with the courts to address system issues.

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

DHS 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 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, DHS recently hired a CYF Child Abuse District Attorney Liaison, who reviews, identifies and classifies ChildLine reports and refers the reports to the appropriate county and law enforcement investigating agencies.

☐ Provide a detailed description of how data sources are selected and how the data is analyzed.

DHS has approximately 45 management-level child welfare reports available through a web-based portal as well as a child welfare dashboard and the SafeMeasures system that helps child welfare caseworkers and supervisors manage their caseloads and responsibilities. DHS uses these reports to examine trends and real-time changes in staff and provider practice.

DHS’s research office (ATP) analyzes information using the data sources listed above, as well as the results of program evaluations, results of quality reviews, recommendations of the Leadership Fellows, and the analyses of the impact of DHS services that ATP conducts throughout the year—to identify family and community needs and emerging issues and highlight potential solutions. ATP’s analytic, technology, and planning teams prepare briefings for DHS leaders so that they can:

- Quantify need, including by community and type of issue
- Determine areas for improvement
- Understand best practices and research
- Establish clear goals
- Develop action plans for meeting those goals
- Make decisions about resource allocations and management of those resources to attain DHS goals for the child welfare system

☐ Identify data sources used in service level, needs assessment, and plan development. Be specific about whether the data source permits unduplicated reporting.

Resource	Data Collected
U.S. Census	Population; poverty; public assistance; education; health
Adoption and Foster Care Analysis and Reporting (AFCARS)	Outcome Measures and Performance Indicators
Key Information and Demographics System (KIDS)	General Indicators, Client and Service Information
Historical Child Welfare Case Management System	General Indicators, Client and Service Information

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QSR, Child Near-Fatality and Fatality Reviews, Licensing reports, and Case Practice's case reviews	Specific areas for improvement/systems issues to address
Client Engagement Team surveys; and CART	DHS surveys of clients, caregivers and others who have used DHS services; and summaries of focus groups and other in-person interviews
Neighborland	DHS uses Neighborland as a communication platform to receive community feedback on key questions related to planning.
Allegheny County Data Warehouse	The Allegheny County Data Warehouse brings together and integrates client and service data from a wide variety of sources both internal and external to the County. For more information about the Data Warehouse, visit: https://www.alleghenycountyanalytics.us/index.php/dhs-data-warehouse/

2.3 Program and Resource Implications

2-3d. Proposed Overtime Rule

Please respond to the following questions regarding the county's general plan to address the proposed federal and/or state rules:

- If impacted by the new rule(s), briefly describe the CCYAs planned response; including any plans to evaluate and potentially realign workloads, compensate additional overtime, raise workers' salaries, and limit overtime by hiring additional staff.**

DHS evaluated internal fiscal impact through an agency-wide compensation time analysis, focusing on non-union County employees. Union employees' existing agreement for paid overtime leaves them exempt from the rule. Impact for non-union employees is estimated at \$20,000 annually. We will analyze this further should the rule become law.

- Describe the county's efforts to obtain and evaluate estimates from private providers regarding the impact from the proposed rule(s) on their program costs.**

DHS sent a survey to all CYF providers to obtain their estimates of the rule on their program costs.

- As of the date of this writing, provide the names of private providers who will be receiving an increase in their contracted rate of service for FY 2020-21 because of the new rule(s).**

DHS sent a survey to 175 CYF providers on 7/18/19 to obtain their estimates of the financial impact of the proposed rule on their agency. Thirty-four providers, 19%,

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responded to the overtime rule question. Of those that responded, 62% reported that the overtime rule would increase costs for their agency; many reported that they would have to address an escalation/ripple effect throughout their agencies, have to hire additional staff to reduce overtime on existing staff, and increase rates. Based on the percentage impacted of those that responded to the survey, a conservative estimate would be that the rule would increase the cost of services for 109 providers.

2-3e. Proposed Minimum Wage Increase

Please respond to the following questions regarding the county's general plan to address the proposed minimum wage increase:

- If impacted by the proposal, briefly describe the CCYA's planned response.**

The minimum wage increase would be of minimal impact to DHS.

- Describe the county's efforts to obtain and evaluate estimates from private providers regarding the impact from the proposal.**

DHS sent a survey to all CYF providers to obtain their estimates of the proposed increase on their program costs.

- As of the date of this writing, provide the names of private providers who will be receiving an increase in their contracted rate of service for FY 2020-21 because of the new rule(s).**

DHS sent a survey to 175 CYF providers on 7/18/19 to obtain their estimates of the financial impact of the proposed minimum wage increase on their agency. Thirty-eight providers, 22%, responded to the minimum wage question. Of those that responded, 79% reported that the minimum wage increase would increase costs for their agencies, potentially resulting in fewer employees and services unless DHS increased rates. Some foresaw a "domino effect" on all salaries/wages, as well as taxes and benefits; others reported an effect mainly for part time, seasonal, and youth employees. A few providers already pay their employees \$12-\$13 an hour and expressed concern over losing an advantage in attracting and retaining staff. Based on the percentage impacted of those that responded to the survey, a conservative estimate would be that the minimum wage increase would raise the cost of services for 138 providers.

2-3f. Continuous Quality Improvement (CQI)

For current CQI counties, please provide the month and calendar year the CCYA is considering for their next QSR.

October 2020

2-3g. Health Care Oversight and Coordination Plan

- Does the county conduct any trauma-based assessments for children being served by the agency?**

Yes.

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If so, please identify:

Who performs the trauma assessment?

Caseworkers, family support workers, and contracted service providers can all perform the trauma assessment.

Trauma-based assessment tool(s) used:

The assessment tools Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) include trauma screens.

Population of children/youth to whom these assessments are being applied:

Every member of a CYF-active family receives a FAST assessment, as well as children in placement and children receiving behavioral health service coordination. Every child in care is assessed using CANS.

At what point assessments are administered (i.e. at intake, within first 30 days of placement, etc.):

An intake worker conducts the FAST at investigation, and the family's caseworker updates the FAST once at least every 6-months. CANS assessments occur within 30 days of intake and are updated every 6 months.

Briefly describe how any findings from these trauma-based assessments may have changed or impacted practice and the selection of services.

During early implementation of the CANS/FAST, DHS received consistent feedback from caseworkers and service coordinators about the challenges of completing the trauma section of the assessment. Some workers felt that approaching the trauma experience module as part of a broader assessment did not result in people feeling comfortable or ready to disclose. Further, some workers reported feeling unequipped to assess for trauma, because they did not have the proper clinical training to talk about trauma and feared that talking about the trauma would be re-traumatizing. We addressed these issues by:

- Adapting training to provide more guidance on trauma assessment as well as opportunities to practice through role-play
- Creating a tip sheet and tip cards for guidance on talking about trauma
- Creating a training for non-clinical direct care staff focused on practical applications of trauma-informed care
- Developing a series of animated videos to serve as micro-trainings, including: 1. How to use the trauma tip cards 2. Trauma-informed engagement strategies and 3. How to use the trauma-experiences section of the CANS or FAST.

Does the CCYA consult with physicians or other appropriate medical professionals to assess the health and well-being of children in their own homes to determine the appropriate medical treatment? If so, briefly describe any specific contracted or consultation practices used by the agency to ensure the

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health and well-being of children residing in their own homes. Some examples of consultation practices might include contracting with psychiatrists to consult on complex cases or working with Medicaid managed care special needs units.

Yes. In addition to working with physical and behavioral health managed care special needs units under HealthChoices, DHS also partners with a child, adolescent, adult certified psychiatrist and pediatricians for clinical consultation and support. This specialized resource is underpinned with a variety of professional staff embedded in the regional offices and includes: nurses through Children's Hospital of Pittsburgh "Child Health Evaluation Coordination Support" (CHECs), which serves children in their own homes as well as children in out-of-home placement; master's-level licensed behavioral health specialists; and managed care liaisons. Nurses conduct record reviews and in-home consultations, translate medical information for case workers, and improve continuity of care for any case that comes into the office. A pediatrician with expertise in child abuse clinically supervises the nurses and provides consultation on cases where support is needed, including direct testimony and in-home visits. Similarly, the psychiatrist provides consultation and works in concert with the behavioral health specialists. These specialists support caseworkers and families in navigating the complexities of the behavioral health system. Managed care liaisons are also embedded in regional offices to facilitate health enrollment for children under HealthChoices and work with care coordinators at managed care organizations to coordinate care. Finally, the CHECs program includes monthly "lunch and learns" for CYF staff on a range of safety/health topics.

- ❑ **Briefly describe current policies, protocols and procedures related to the appropriate use and monitoring of psychotropic medication for children in out-of-home placement.**

Allegheny County was one of the original eight counties involved in the State of Pennsylvania's dashboard pilot in 2015, which provided agency-wide training on appropriate use and monitoring of psychotropic medication for children in out-of-home placement. We appointed managed care liaisons to monitor dashboard data and review clinicians' prescribing patterns. Their protocol includes oversight collaboration with the CHECs nurse and consulting psychiatrist and behavioral specialists.

- ❑ **Does the CCYA consult with physicians or other appropriate medical professionals to assess the health and well-being of children in foster care and determine the appropriate medical treatment and/or placement options? If so, briefly describe any specific contracted or consultation practices used by the agency to ensure the health and well-being of children in out-of-home placement. Some examples of consultation practices might include policies requiring engagement of child's health care provider in case planning, contracting with psychiatrists to consult on complex cases, working with Medicaid managed care special needs units or having nurses on staff to conduct level of care assessments for medically necessary services to support children with special health care needs to live in foster family care.**

Yes. See above response to the question above, which asked about children not in foster care. DHS uses the same practices for children in out-of-home placement as those described above for children residing in their own homes.

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2-3m. Services to Children Under Age Five

- Has the CCYA identified any gaps in the array of services available to meet the developmental needs of children under the age of 5 served by the CCYA? If yes, please describe where these gaps exist and whether these gaps are specific to any subset of the population of children under the age of 5 (ex. children under the age of 5 with complex medical needs, substance exposed infants, children under the age of 5 whose parent(s) are youth in foster care, etc.)**

Yes, we see gaps in the services available to meet the developmental needs of children under five who have complex medical needs, reside in a home with intimate partner violence, have experienced physical abuse and have traumatic brain injury, and who live with a caregiver with untreated mental health needs or unresolved trauma. In FY 2020-21, DHS is requesting additional funding so that an Alliance worker can accompany a caseworker to any intake investigation where a child lives in the home and is age three or under. In 2018, 45% of investigations involved homes where a child aged 0-3 resided; an increase of 5% over 2016 and 2017.

- OCYF Bulletin #3490-10-01 outlines requirements for developmental screening using the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire -Social Emotional (ASQ-SE) for children under three years of age who have been the subject of substantiated reports of child/abuse and neglect, living in residential facilities or who are homeless. OCYF recommended CCYAs consider extending developmental screening to include all children, under five years of age, who are accepted for services.**
 - Has the CCYA extended developmental screening to include all children under five years of age who are accepted for services?**

Yes.
 - If the CCYA does not currently implement the use of the ASQ and ASQ-SE beyond the requirements outlined in OCYF Bulletin #3490-10-01, what other screens or assessment tools are used by the CCYA to assess the developmental needs of children under age five who are accepted for services.**

N/A. DHS uses the ASQ, FAST and CANS.
 - Who currently administers the ASQ and ASQ-SE to the children served by the CCYA (ex. CCYA caseworker, contracted provider, etc.)?**

DHS contracts with the Alliance for Infants and Toddlers (The Alliance) to administer the ASQ. A Second Chance also administers the ASQ if the child is placed with kin.
 - At what point are the assessments administered (i.e. at intake, within first 30 days of placement, etc.)**

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Once a ChildLine report is substantiated for a child under the age of 5, the caseworker assigned to the case is responsible for making the following referrals within 30 days of the substantiation:

- **Child from birth to age 3:** Make a direct referral to The Alliance for Infants and Toddlers for developmental screening/evaluation
- **Child from age 3 to age 5:** Make a direct referral for developmental screening/evaluation by calling DART (Allegheny County Residents) or Pittsburgh Public Schools (City Residents).

2-3o. Family First Prevention Services Act

Title IV-E Prevention Services Program

- Describe the CCYAs engagement with the local Single County Authority (SCA) and mental health partner(s) to discuss implementation of this provision.**

DHS is an integrated agency that administers publicly-funded human services, including child welfare, mental health services, and drug and alcohol services. DHS has held multiple internal meetings with office leadership and staff of its Office of Children, Youth and Families and Office of Behavioral Health to explain and discuss this provision. Implementing this provision will allow us to continue current efforts to coordinate services between OBH and CYF and ensure they are complementary and evidence-based when appropriate.

- Describe the CCYAs engagement with community-based service providers regarding the selection and implementation of EBPs.**

DHS held a meeting with CYF providers to explain the provision and provide transparency into its planning. DHS is committed to investing in and expanding its use of evidence-based programs and will continue to do so under Family First. DHS solicits providers for new services through an RFP process, and plans to continue doing so to take advantage of the IV-E Prevention Services Program. Once DHS has more clarity on the EBPs in the Prevention Services Clearinghouse and guidance from the state and federal government, DHS will engage with providers to focus on the implementation and fidelity monitoring of new EBPs.

DHS has regular engagement with community partners through the Children's Cabinet and uses this and other venues to educate our stakeholders on the legislation and provide transparency on our planning efforts.

- Describe the anticipated practice and fiscal impact of this provision.**

Much of the impact of this provision is dependent upon the definition the state and federal government agree upon for how Pennsylvania will interpret and apply "candidates of foster care" and the specific programs and services that are approved in the Prevention Services Clearinghouse at the time of PA's implementation. Regardless of the eligible population, DHS will implement EBPs that are included in the Prevention Services Clearinghouse (we hope the list will expand expeditiously) and are the appropriate fit for the County's population and their needs, to take advantage of federal funding. DHS has been thoroughly reviewing and considering EBPs that will be the best match for our population and workforce. With the first group of programs rated by the Prevention Services Clearinghouse, DHS will use that input in the review and selection process, and benefit from knowing which programs are in the well-supported category. There will be many practice changes to meet

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the various federal requirements and DHS is preparing its plans now (including ways of supporting caseworkers in completing the Prevention Plan requirements and assessing IT/data needs). DHS will be able to describe the full scope of practice and fiscal impacts after the state makes some important decisions.

Congregate care funding limitation

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

DHS has held meetings with our judicial partners, including through a Judges meeting where staff from Casey Family Programs provided an overview of the legislation from a court and legal point of view followed by a presentation from the DHS Director on the vision for implementation. Additionally, a County Judge is leading a congregate care workgroup focused on bringing awareness to kids placed in congregate care settings and what their issues are, to ensure the use of these settings are ordered only when most appropriate. And finally, the County has established the Court Roundtable, a quarterly meeting of CYF and judicial stakeholders, where this provision has been explained and discussed.

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

In October 2015, Allegheny County Juvenile Probation Office and the Allegheny County Office of Children, Youth and Families established a Crossover Youth Protocol that outlines the day-to-day practices of staff from both offices when working with youth who are involved with both agencies. For these crossover youth, both agencies are committed to improving outcomes. The provision does not change this protocol or our practice model, which includes a commitment to ensure “that out-of-home placements are the least restrictive placement available to meet the treatment, supervision, rehabilitation and well-being needs of dually adjudicated youth while providing for the protection of the public...”

- Describe the engagement with placement service providers to determine their capacity to serve youth in family-based settings.**

DHS has ongoing conversation with providers who serve youth in family-based settings. In FY 20-21 DHS is requesting additional funding to support enhanced foster family recruitment and foster family support as well as a provider rate increase for placement providers.

- 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.**

Currently, congregate care placements are only used if appropriate on a case-by-case basis. However, to ensure staff are supported as best as possible, CYF is currently in the process of reviewing the placement system and procedures and looking to add additional supports to increase family finding and placement matching efforts. DHS’s Office of Analytics, Technology, and Planning built a dashboard for the judges, which can provide an instant snapshot of all their children placed in care to better address reducing congregate

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care. The agency holds weekly shelter meetings for all regional office directors and leadership to discuss all youth in those settings and make weekly plans for alternative placement or reunification. Each office has a monthly permanency roundtable meeting led by a case practice specialist for a youth in congregate care. The practice specialist works with the office leadership to go over and plan for all youth in congregate care and prioritize planning and services necessary to move them.

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

DHS will continue to focus on having an adequate supply of foster family and kin homes to ensure congregate care placements are used as a last resort and only when it's the appropriate placement for an individual child. In FY 2020-21, DHS is requesting additional funding to support enhanced foster family recruitment and foster family support. Even with the outstanding statewide decision on implementation of QRTPs, DHS is assuming lost federal revenue as a result of youth being in group home placement settings for longer than 14 days but is working to minimize impact based on further reducing the number of youth who are placed in group homes.

2-3t. Title IV-E Reimbursement for Legal Representation Costs for Children and Parents in Dependency Proceedings

- ☐ Report any amount expended by the county government in FY 2018-19 for legal representation costs for parents in dependency proceedings.**

DHS expended \$1,612,2238 for legal representation costs for parents in dependency proceedings in FY 18-19.

- ☐ If the cost is not part of the county government's expenses, who is financially responsible and what were the associated costs?**

N/A

- ☐ What is the average hourly rate for attorneys representing parents in dependency proceedings?**

The provider pays attorneys a yearly salary, but, given the number of hours worked per week and average salary, a rate for services is \$24 per hour.

- ☐ What are the strengths and challenges to advancing parental access to legal representation by making the costs the financial responsibility of the CCYA? Please describe how the court was engaged in this discussion.**

All parties involved in a child welfare case deserve fair representation and to feel heard and empowered during legal proceedings. Case studies of jurisdictions that support parental legal representation have shown better outcomes for families and that cases move more quickly through the court system. Supporting legal costs, however, has meant absorbing a high match.

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Section 3: General Indicators

3-1: County Fiscal Background

- Counties that exceeded their Act 148 allocation, resulting in an overmatch situation, in FY 2018-19 should describe the practice and fiscal drivers that impacted the county's level of resource need. Address the impact the FY 2018-19 program and spending history had on the projected utilization of the allocation and additional resource needs for FY 2019-20.**

DHS is delaying submission of 4th quarter close until we receive all provider invoices. At that time, we can determine if we are over or under on our allocation.

- Counties that did not spend all their Act 148 allocation in FY 2018-19 should describe the practice(s) that impacted the county's level of resource need and address any projections for underspending in FY 2019-20.**

DHS is delaying submission of 4th quarter close until we receive all provider invoices. At that time, we can determine if we are over or under on our allocation.

- Address any other changes or important trends that will be highlighted as a resource need through an ADJUSTMENT TO EXPENDITURE submission.**

DHS is responding to several significant trends in community need and service utilization as well as policy in its FY 2019-20, 2020-21 adjustments.

- 1. Prevent child fatalities and near-fatalities by strengthening families.** Over the past 3 years, DHS has seen an increase in referrals by 15%, meaning that more families are reaching child welfare's front door. Beyond improving family strengthening and preventive supports to more families reaching child welfare's front door, DHS wants to offer supports to any vulnerable family in the county, so that they never reach the point of crisis and trauma. DHS is committed to developing a continuum of services that prevent families from ever needing the child welfare system and reaching caregivers and their children as early as possible, to strengthen, empower and preserve families. To help us engage with families and get them to the supports they need, before they reach crisis or children are put at risk of abuse or neglect. We're asking for support to:
 - a. Continue to invest in Hello Baby.** The Hello Baby Program will provide every family of a newborn in Allegheny County with universal access to information and resources and voluntary support for families with complex challenges and needs. The program's goal is to reduce child fatalities and near fatalities. With the voluntary supports of Hello Baby, families start off feeling connected, supported and strong and with the information they need to find the right kind of help, should they want it. We will offer more intensive supports to families at medium to high risk, and in past NBPBs requested funding to support the initial roll-out and to pilot this intervention with 50-100 families. We now estimate up to 650 families could benefit from this service and request funding to expand supports so more families can utilize them, if they choose to.
 - b. Enhance and invest in more evidence-based family strengthening services.** When a referral occurs and a child is determined to be safe but at some level of risk, DHS works with community providers and the family to prevent home removal. Over the past year, we conducted an analysis of these services and

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found that we need to shift investments to more evidence-informed programs; and that CYF needs a decision support tool to match family needs with programs. During the planning year, DHS will be developing a tool that will combine information on family needs (from the caseworker's needs assessment and other data) and risk information—to identify the services that would best help strengthen the family. With better matching of need/risk and programs, caseworkers will be able to connect families to the right services, more quickly. DHS also is evaluating the pool of services that make up non-placement services to make sure that we invest in evidence-based services and supports with proven outcomes.

- 2. Responding to the Family First federal legislation.** DHS has been working to advance the principles of Family First—reducing congregate care, investing in evidence-based practices (EBP), and preventing placements into foster care—for years. To comply with the new law and to ensure that federal reimbursements do not diminish, we will continue to work to reduce congregate care placement. Since children do best in family-like settings, we have worked hard to ensure that congregate care is only used as a last resort for placement. We have succeeded in significantly reducing the number of children in care over the past five years; however, we still have a population in care with complex needs and for whom we have a difficult time finding placements. Under Family First, only the first 14 days of a child's stay in congregate care are billable through Title IV-E unless the youth is in a specialized setting. To further reduce congregate care, we are asking for support to:
 - a. Enhance and expand foster family recruitment efforts** and support for foster families. Figures continue to grow nationally around the limited supply of resource parents. DHS received a Diligent Recruitment Grant to undergo this work for teens but will expand the work beyond teens in FY 20-21 and request an increase in per diems for families. A provider meeting held in June guided new strategies to help recruit and support future foster parents.
 - b. Employ strategies to prevent youth from running away** from placement, including new ways of incorporating youth voice into placement decisions, following the guidance of the Allegheny County Children's Cabinet (requested in the Independent Living Grant).
 - c. Create a specialized setting for youth who are victims of Commercial Sexual Exploitation of Children (CSEC)** and invest in an evidence-based program, the CHANCE program, designed to specifically meet this population's unique needs. With support from the state, DHS has invested in a drop-in center for CSEC-involved youth; however, we have seen an emerging need for additional supports for this population.
 - d. Enhance casework clinical expertise** through purchased clinical supervision, so that they have better capacity to help children and families on their caseloads with complex behavioral health needs.
 - e. Provide court mediation** for families active with CYF where there has been an application of dependency filed but no children yet been adjudicated dependent. The mediator will work with CYF and parents to come up with a plan that both parties agree upon, with the goal of avoiding placement.

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- 3. Responding to an increase in intake investigations and increase in children ages 0-3 who are CYF active.** The number of intake investigations has been steadily rising (increasing 29% from 2014-2015 to 2018-19, and up an additional 7% since last year) creating an increased workload for intake workers. Additionally, the number of children ages 0-3 who are CYF active went from 1,585 in FY 14-15 up to 1,896 in FY 18-19, a 20% increase. Faced with this increased demand, intake workers are conducting more visits and assessments and more children they see during those visits are ages 0-3. Experiencing maltreatment can negatively affect children at any age, but the implications for infants and toddlers are especially severe. Abuse and neglect during early developmental stages can permanently alter brain functioning, which has lasting effects into adulthood. Effective prevention and intervention approaches are critical to averting such harm.⁴ Further, young children experience higher rates of maltreatment than older children. In 2017, children 3 and younger had a maltreatment rate of 15 per 1000, compared with 10 per 1000 for children ages 4 to 7, 8 per 1000 for ages 8 to 11, 7 per 1000 for ages 12 to 15, and 5 per 1000 for children ages 16 to 17.⁵ To support the intake worker, and ensure that every child, especially vulnerable children ages 0-3, in the home receives a proper assessment of risk, safety, and development, and the family receives the appropriate referral to supports, DHS is requesting funding for an Alliance for Infants and Toddlers worker to accompany a caseworker on home visits when there is a child age three or younger in the home.
- 4. Strengthening the quality of our provider workforce by reducing turnover.** To protect children from abuse and neglect and keep families strong and together, we rely on a broad network of provider partners, who vary greatly in terms of size and organizational structure. Against the backdrop of an increasing need for human services, driven by persistent poverty rates, income inequality, and the challenge of the opioid epidemic, the financial stability of community-based organizations is increasingly tenuous. According to the Bayer Nonprofit Center's 2017 Wage and Benefit Survey of South Western PA Non-profit organizations, local turnover is 18% for full time employees and 25% for part-time employees, compared to a 4.1% average turnover rate for employees in the private sector.⁶ To help the providers in our community thrive and continue to carry on the important work that they do, we will request rate increases for placement providers.
- 5. Responding to the high rate of removals due to parental substance use.** Parents substance use remains the most frequent reason for removal, resulting in 34% of removals of children entering care in 2018. DHS is requesting funding in FY 2020-21 to continue its work to help parents receive the support and help they need so that families can remain strong and together. DHS is requesting support to:

 - a. Expand the POWER Positive Pilot Program** which provides supports and connections to services and assessments at hospitals or birthing centers for mothers who test positive at delivery and newborns born exposed/NAS.
 - b. Expand the ARIA Program** (requested through special grants) which provides housing for families for child welfare involved families with a parent or caregiver

⁴ <https://www.childtrends.org/infants-and-toddlers-are-more-likely-than-older-children-to-enter-foster-care-because-of-neglect-and-parental-drug-abuse>

⁵ <https://www.childtrends.org/indicators/child-maltreatment>

⁶ <https://www.bls.gov/news.release/pdf/jolts.pdf>

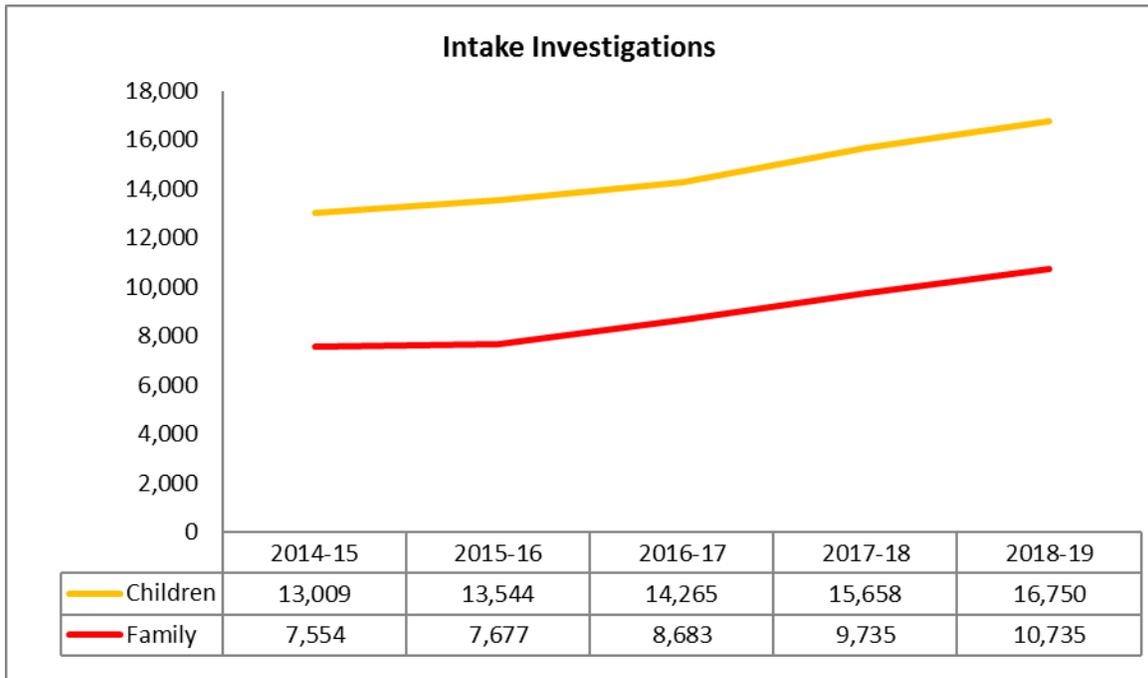
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who has needs around substance use disorder and who are experiencing housing instability or with a parent who is exiting treatment.

- 6. Promoting timely permanency by developing a multi-disciplinary, high-quality legal team to support parents**, consisting of an attorney, social worker, and parent advocate, along with paralegal and administrative service supports and access to experts, investigators and interpreters as needed on a case-by-case basis. As evidenced in chart 3-b, DHS did meet the national performance indicator around percentage of children and youth who enter care in a 12-month period and who are discharged to permanency within 12 months of entering care. The national performance standard is 42.7% and Allegheny County's performance is 37.8%. This funding request will enable DHS to work with local legal offices to move to this multidisciplinary approach by expanding their staffing structure, which will help children reach permanency through quicker reunifications and custodianship arrangements.
- 7. Improving our IT capacity for case management and data modeling**, so that we can have the information we need to figure out what children and families need and respond to those needs in the best way, through a modern technology solution to replace KIDS.

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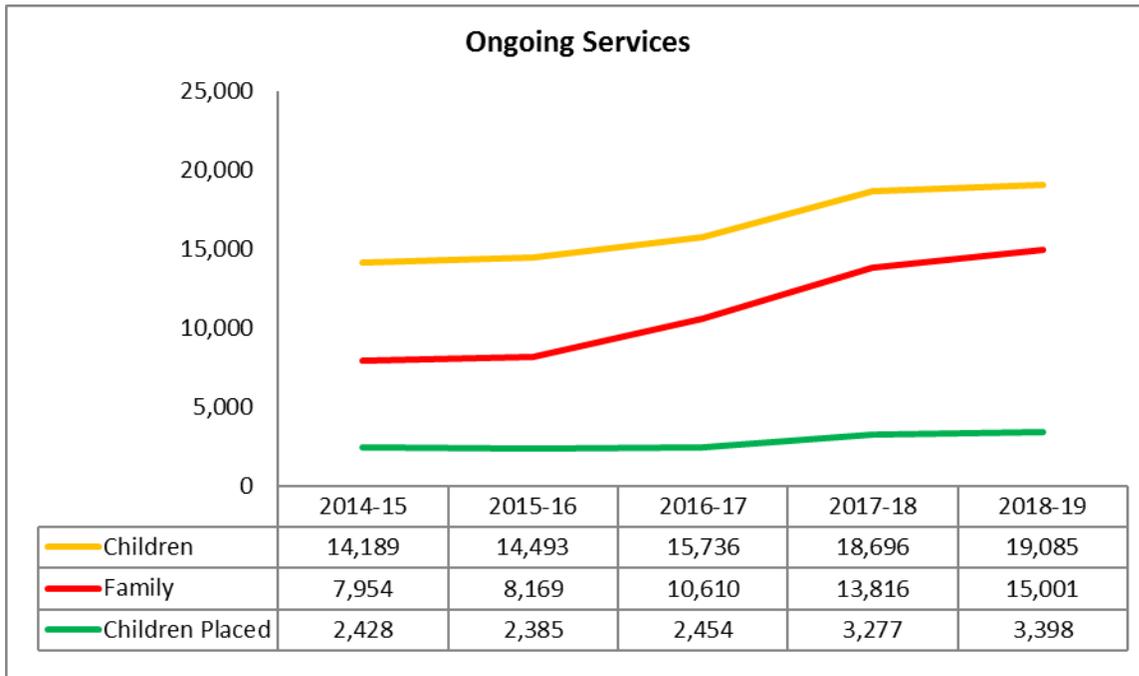
3-2a. Intake Investigations



Intake investigations for children have been steadily rising, increasing 29% from 2014-2015 to 2018-19. DHS continues to attribute this increase to the passage of Pennsylvania’s child abuse and mandated reporting reform legislation, as well as the increase in families affected by the opioid epidemic in Allegheny County. DHS anticipates that this upward trend will continue.

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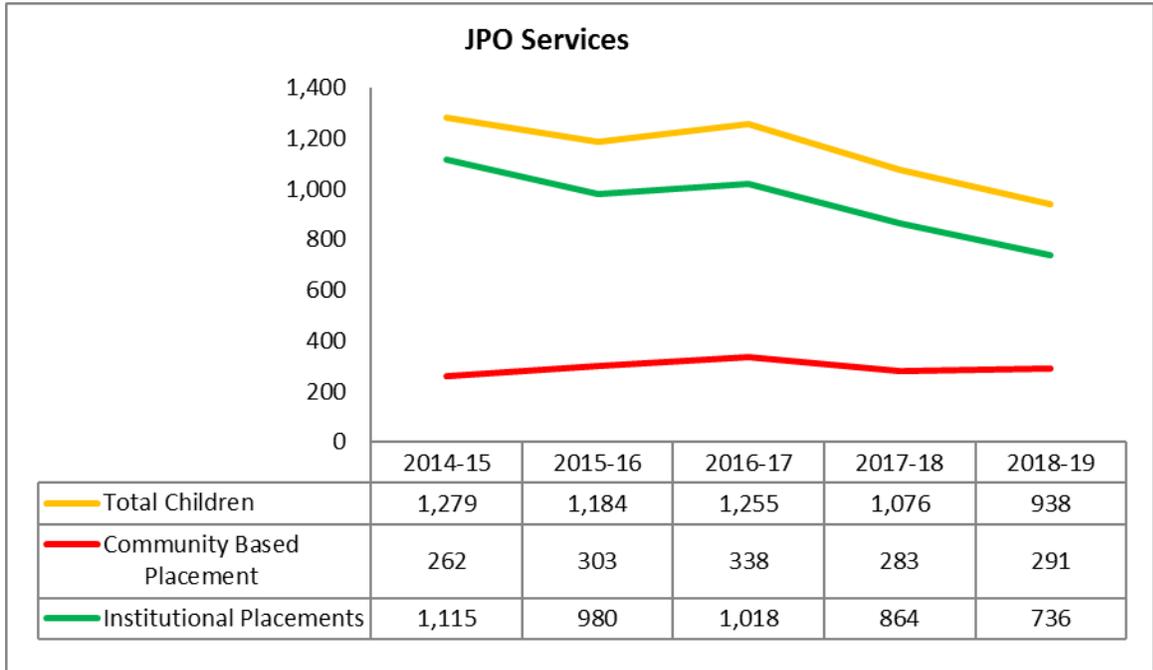
3-2a. Ongoing Services



The number of children receiving ongoing services (active on a case or investigation during the fiscal year) increased from 14,189 in FY 14-15 to 19,085 in FY 18-19. While the prior fiscal year saw a substantial increase from the year before, this past fiscal year had a more modest increase.

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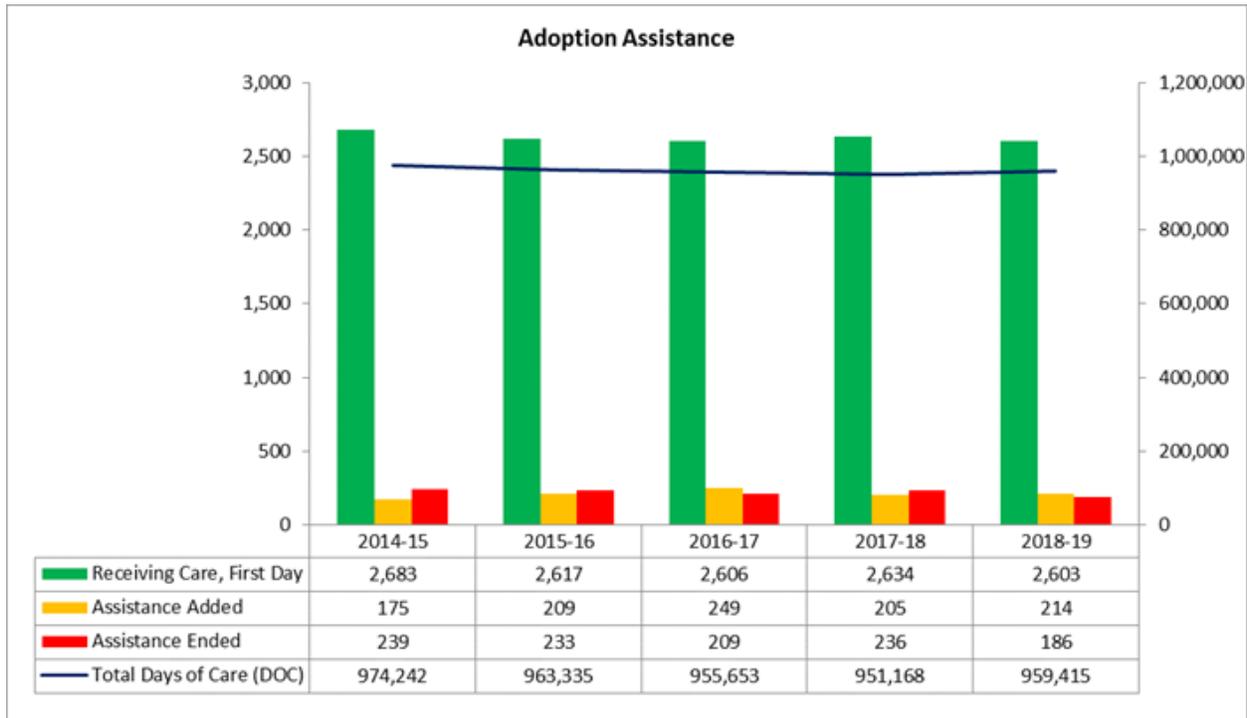
3-2a. JPO Services



Allegheny County saw a 27% reduction in the number of juveniles served by probation (where Act 148 funds are used for services) between 2014-15 and 2018-2019, and a similarly steep reduction (34%) in institutional placements. This placement data shows the number of individuals, not the days of care. Community-based placements have been more stable, rising about 11 percentage points in the same timeframe

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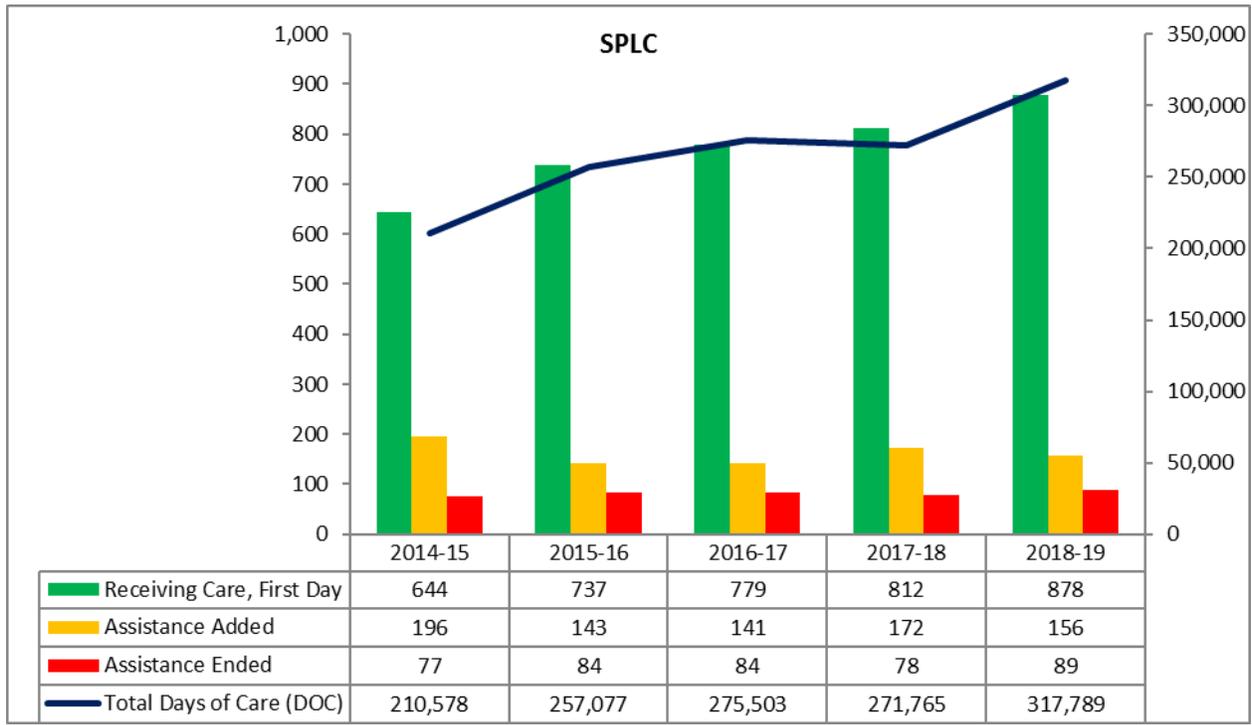
3-2b. Adoption Assistance



The number of children Receiving Care, First Day has been mostly stable in recent years, decreasing approximately 3% between 2014-2015 and 2018-2019. Total Days of Care over the reporting period has also been stable. DHS anticipates that the number of children receiving care will increase over the next few years as it continues to implement the requirements of Fostering Connections, which allows young adults to receive the adoption subsidy for longer periods of time.

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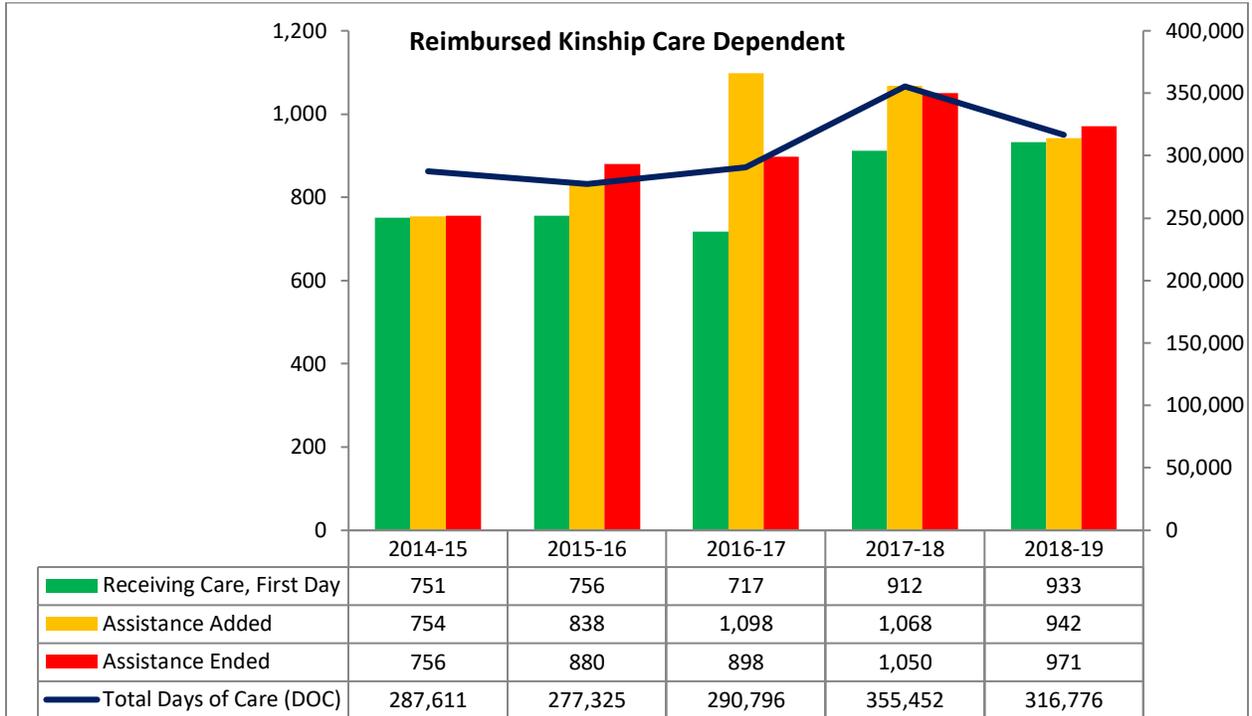
3-2c. Subsidized Permanent Legal Custody (SPLC)



From 2014-15 to 2018-19, there was an increase in the number of children Receiving Care, First Day for Subsidized Permanent Legal Custody (SPLC), Assistance Added, and Total Days of Care. DHS expects these trends to continue during the next few years as it continues to implement the requirements of Fostering Connections (i.e., allowing young adults to receive the SPLC subsidy until they turn 21).

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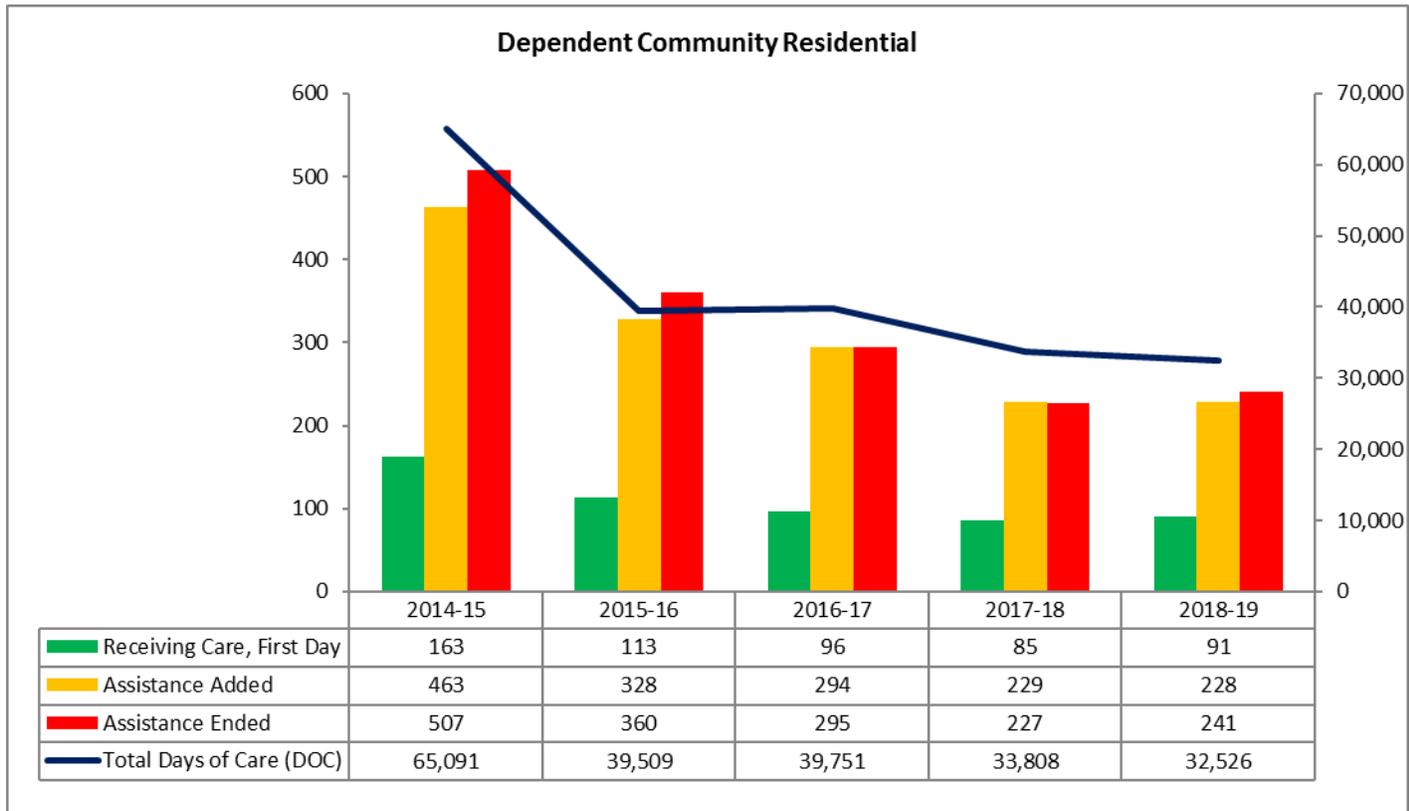
3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Reimbursed Kinship Care Services has generally increased over the last five fiscal years. This trend is because of a strong 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.

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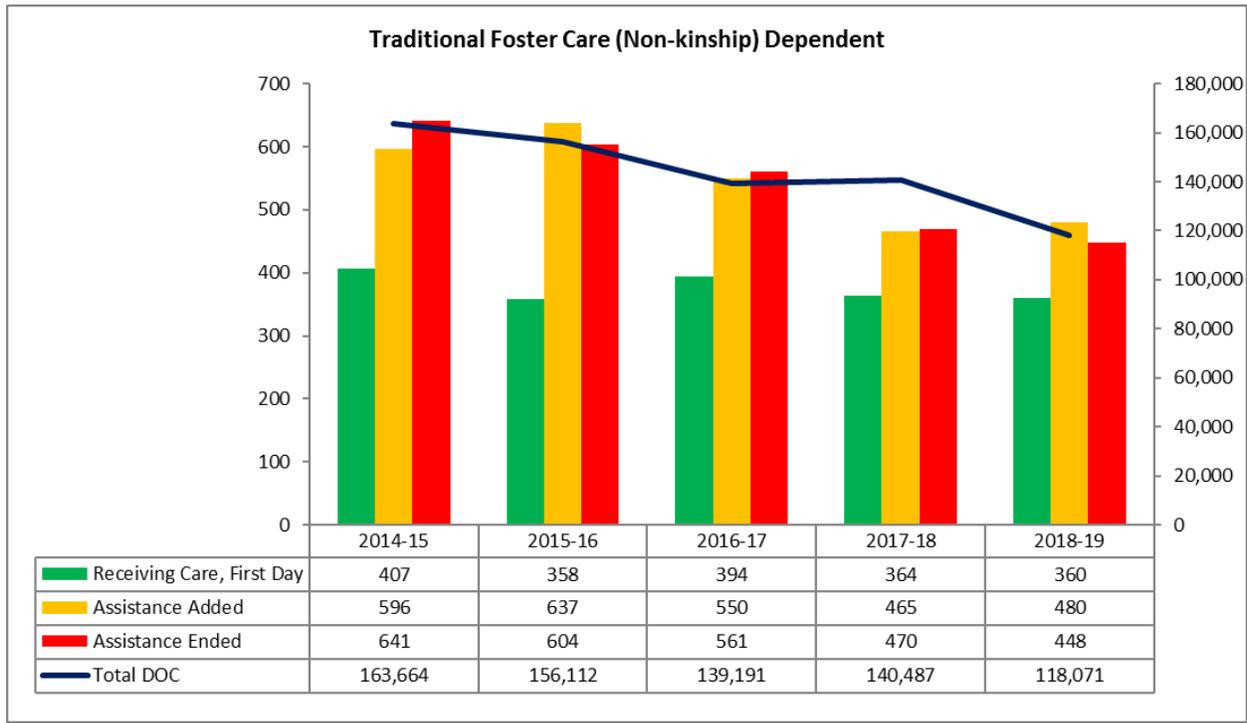
3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Dependent Community Residential has decreased considerably during recent fiscal years, showing a 44% reduction between 2014-2015 and 2018-2019. This is the continued result of numerous initiatives and changes in contracted providers to safely reduce the group care population. DHS projects that the number of children and youth in Dependent Community Residential will continue to decrease, as it rolls out more initiatives to keep children in family settings, in accordance with DHS’s longstanding goals and Family First. Despite the decrease in the number of children in congregate care, however, DHS continues to see high costs, since the children who need community residential are among the most complex and resource-intensive to serve.

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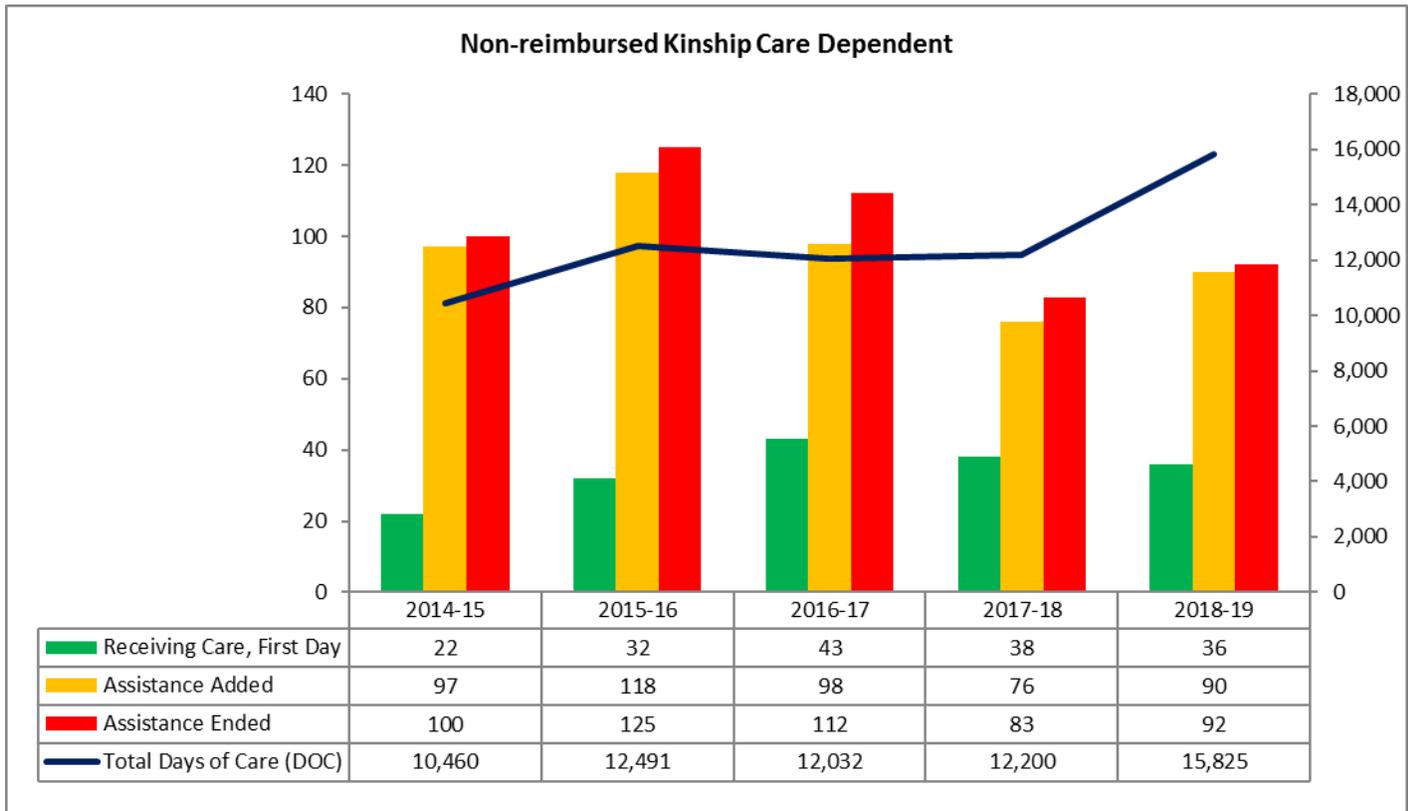
3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Traditional Foster Care Services has remained stable (slightly decreasing) over the last fiscal year, despite increasing intake investigations and ongoing services. This is likely the result of DHS doing a better job of locating kin and placing more children in kinship settings. Total Days of Care also decreased over the reporting period, indicating that youth are experiencing less time in care overall. DHS will continue to seek ways of reducing the population of youth in group care, but this is contingent on family setting homes being available, particularly for older youth who have been removed from their homes.

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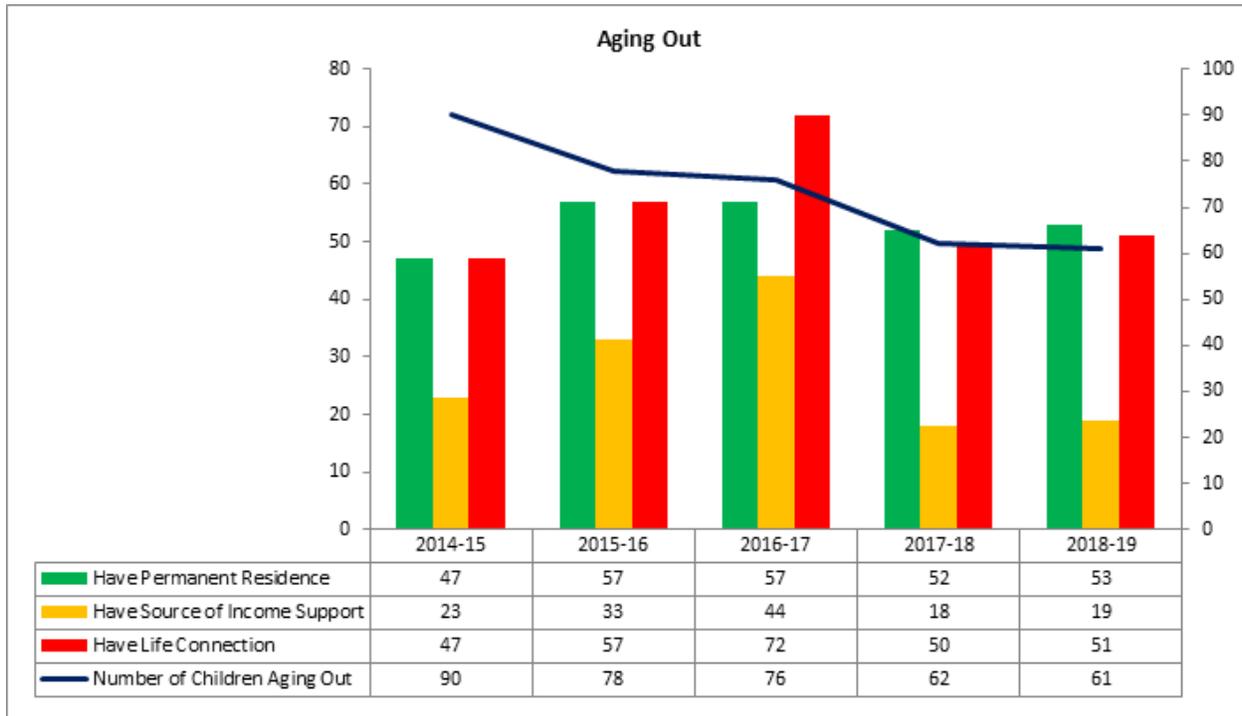
3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Non-reimbursed Kinship Care Services remained relatively stable from 2015-16 through 2017-18, but Total Days of Care increased by 30% over the last year. DHS expects to remain at the current levels of non-reimbursed kinship care.

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3-2e. Aging Out



The number of children aging out had gradually declined, from 90 in FY 14-15 to 61 in FY 18-19 (a 32% change). 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, DHS anticipates this number remaining flat or continuing to decline in upcoming years.

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3-2f. General Indicators

3-2: General Indicators

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County Number:

Class:

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3-2a. Service Trends

Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	2014-19 % Change	2014-19 CAGR
Intake Investigations							
Children	13,009	13,544	14,265	15,658	16,750	28.8%	6.5%
Family	7,554	7,677	8,683	9,735	10,735	42.1%	9.2%
Ongoing Services							
Children	14,189	14,493	15,736	18,696	19,085	34.5%	7.7%
Family	7,954	8,169	10,610	13,816	15,001	88.6%	17.2%
Children Placed	2,428	2,385	2,454	3,277	3,398	40.0%	8.8%
JPO Services							
Total Children	1,279	1,184	1,255	1,076	938	-26.7%	-7.5%
Community Based Placement	262	303	338	283	291	11.1%	2.7%
Institutional Placements	1,115	980	1,018	864	736	-34.0%	-9.9%

3-2b. Adoption Assistance

Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	2014-19 % Change	2014-19 CAGR
Adoption Assistance							
Receiving Care, First Day	2,683	2,617	2,606	2,636	2,603	-3.0%	-0.8%
Assistance Added	175	209	249	171	214	22.3%	5.2%
Assistance Ended	239	233	209	236	186	-22.2%	-6.1%
Total Days of Care (DOC)	974,242	963,335	955,653	873,128	959,415	-1.5%	-0.4%

3-2c. SPLC

Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	2014-19 % Change	2014-19 CAGR
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	644	737	779	812	878	36.3%	8.1%
Assistance Added	196	143	141	172	156	-20.4%	-5.5%
Assistance Ended	77	84	84	78	89	15.6%	3.7%
Total Days of Care (DOC)	210,578	257,077	275,503	271,765	317,789	50.9%	10.8%

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3-2d. Placement Data							
Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	2014-19 % Change	2014-19 CAGR
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	407	358	394	364	360	-11.5%	-3.0%
Assistance Added	596	637	550	465	480	-19.5%	-5.3%
Assistance Ended	641	604	561	470	448	-30.1%	-8.6%
Total DOC	163,664	156,112	139,191	140,487	118,071	-27.9%	-7.8%
Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	751	756	717	912	933	24.2%	5.6%
Assistance Added	754	838	1,098	1,068	942	24.9%	5.7%
Assistance Ended	756	880	898	1,050	971	28.4%	6.5%
Total Days of Care (DOC)	287,611	277,325	290,796	355,452	316,776	10.1%	2.4%
Foster Family Care - Dependent (Total of 2 above)							
Receiving Care, First Day	1,158	1,114	1,111	1,276	1,293	11.7%	2.8%
Assistance Added	1,350	1,475	1,648	1,533	1,422	5.3%	1.3%
Assistance Ended	1,397	1,484	1,459	1,520	1,419	1.6%	0.4%
Total Days of Care (DOC)	451,275	433,437	429,987	495,939	434,847	-3.6%	-0.9%
Non-reimbursed Kinship Care - Dependent							
Receiving Care, First Day	22	32	43	38	36	63.6%	13.1%
Assistance Added	97	118	98	76	90	-7.2%	-1.9%
Assistance Ended	100	125	112	83	92	-8.0%	-2.1%
Total Days of Care (DOC)	10,460	12,491	12,032	12,200	15,825	51.3%	10.9%
Dependent Community Residential							
Receiving Care, First Day	163	113	96	85	91	-44.2%	-13.6%
Assistance Added	463	328	294	229	228	-50.8%	-16.2%
Assistance Ended	507	360	295	227	241	-52.5%	-17.0%
Total Days of Care (DOC)	65,091	39,509	39,751	33,808	32,526	-50.0%	-15.9%
Delinquent Community Residential							
Receiving Care, First Day	63	62	70	57	52	-17.5%	-4.7%
Assistance Added	194	180	218	154	150	-22.7%	-6.2%
Assistance Ended	204	192	226	160	155	-24.0%	-6.6%
Total Days of Care (DOC)	21,842	20,949	26,485	20,183	22,985	5.2%	1.3%
Supervised Independent Living Dependent							
Receiving Care, First Day	34	32	36	21	18	-47.1%	-14.7%
Assistance Added	54	65	55	38	27	-50.0%	-15.9%
Assistance Ended	53	64	65	36	31	-41.5%	-12.5%
Total Days of Care (DOC)	19,040	17,437	17,902	13,103	10,273	-46.0%	-14.3%

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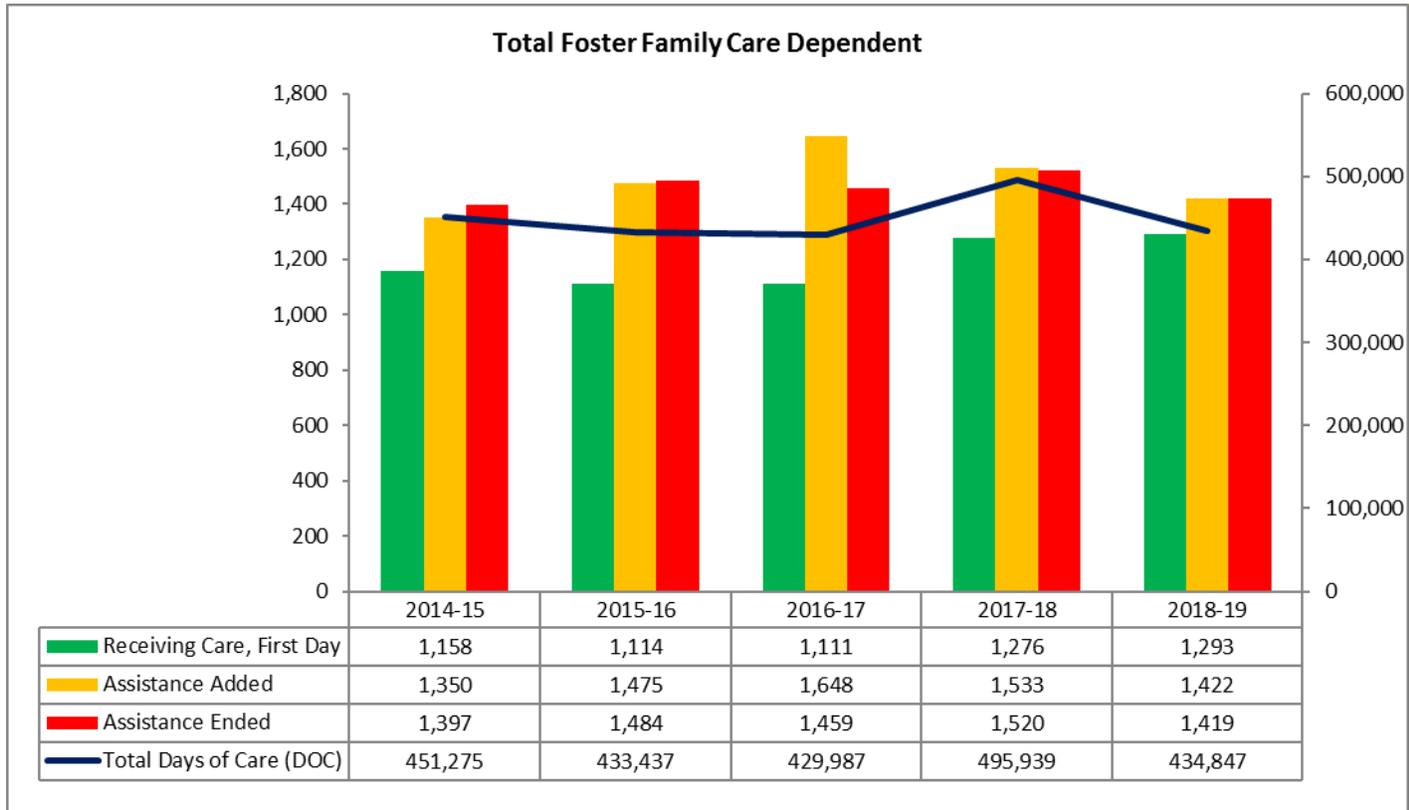
Dependent Residential Services							
Receiving Care, First Day	51	46	31	30	29	-43.1%	-13.2%
Assistance Added	90	75	49	45	56	-37.8%	-11.2%
Assistance Ended	99	92	55	47	55	-44.4%	-13.7%
Total Days of Care (DOC)	18,683	15,838	12,287	8,466	13,340	-28.6%	-8.1%

Delinquent Residential Services							
Receiving Care, First Day	160	163	155	163	116	-27.5%	-7.7%
Assistance Added	647	619	600	534	427	-34.0%	-9.9%
Assistance Ended	654	628	616	549	442	-32.4%	-9.3%
Total Days of Care (DOC)	61,929	51,179	58,399	53,935	43,616	-29.6%	-8.4%

3-2e. Aging Out Data							
Indicator	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	2014-19 % Change	2014-19 CAGR
Aging Out							
Number of Children Aging Out	90	78	76	62	61	-32.2%	-9.3%
Have Permanent Residence	47	57	57	52	53	12.8%	3.0%
Have Source of Income Support	23	33	44	18	19	-17.4%	-4.7%
Have Life Connection	47	57	72	50	51	8.5%	2.1%

ALLEGHENY 3-2g. through 3-2i. Charts

- **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.**



The number of children receiving care in foster and kinship settings continued to tick upward in FY1819, consistent with the county’s prior expectations. This is partly related to the ongoing efforts to recruit additional foster family homes for older youth, and to utilize Kinship Navigators for identifying kin placement resources.

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Chart Analysis for 3-2a. through 3-2i.

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

Allegheny County has experienced an increase in intake investigations (up 7% from FY 17-18 to FY 18-19) and ongoing services (up 9% from FY 17-18 to FY 19-20), indicating that more children are entering our system and requiring child welfare supports. We attribute this largely to the opioid epidemic's impact on families in the county. Further, children discharged to reunification re-enter at a rate of 11.65%, which is higher than the national standard (9.9%). To ensure that the families utilizing our system access the right supports, so that they remain strong and together, we are requesting additional funding in FY 20-21 to invest in a decision support tool for non-placement services and in additional evidence-based programs. Due to an investment in kinship navigators and an agency-wide commitment to placing children with kin (when placement must happen) whenever possible, we have seen our kinship numbers grow by 28% from FY 16-17 to 17-18 and remain stable in 18-19. Despite the increase in the number of children entering the system, we have seen foster care and congregate care numbers decline (slightly), due to our commitment to placing children with kin. While the number of children in congregate care has decreased significantly over the past five years, we are finding that the kids in congregate care are more difficult to place than ever before, requiring more intensive and costly placements and supports.

- 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.**

We attribute the decrease in congregate care to a strong commitment to using kinship providers whenever possible, and the efforts of the kinship navigators to find families to care for kin. These kin navigators, based at each of the regional offices, support caseworkers in identifying and qualifying kin early on during a family's experience with CYF, so that kin can be easily located in the event of a removal. DHS also changed the information technology system so that during each investigation (which may or may not lead to CYF involvement), staff enter emergency contact information for the children and youth. This information is in the system when caseworkers need to find kin for placement. (The Leadership Fellows developed these recommendations.) DHS also added an additional kin navigator to each regional office and one to the intake and permanency offices to meet the demand for these services.

DHS's process places children in congregate care only as a last resort, and continuously strategizes ways to move kids out of congregate care during their stay.

- Provide a description of children/youth placed in congregate care settings.**

In fiscal year 2018, 12% of children in CYF placements spent at least one day in a congregate care placement setting. (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.) Of the 333 children who experienced 1 or more days of CYF congregate care that year, 86% were age 13 or older; 58% were identified as African American; and 54% were male.

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		Congregate Care (N=333)	Kinship Care (N=1813)	Foster Care (N=816)
Age at Entry	Less than 1	0%	16%	22%
	1 to 3 years	0%	19%	19%
	4 to 6 years	0%	16%	14%
	7 to 9 years	3%	13%	14%
	10 to 12 years	11%	14%	12%
	13 to 15 years	46%	12%	11%
	16 to 18 years	40%	10%	9%
Race	African American	58%	45%	46%
	White	28%	39%	34%
	Two or More Races Identified	12%	14%	15%
	Unknown	2%	2%	4%
	Other Single Race Identified	0%	1%	1%
	Gender	Female	46%	51%
	Male	54%	49%	53%

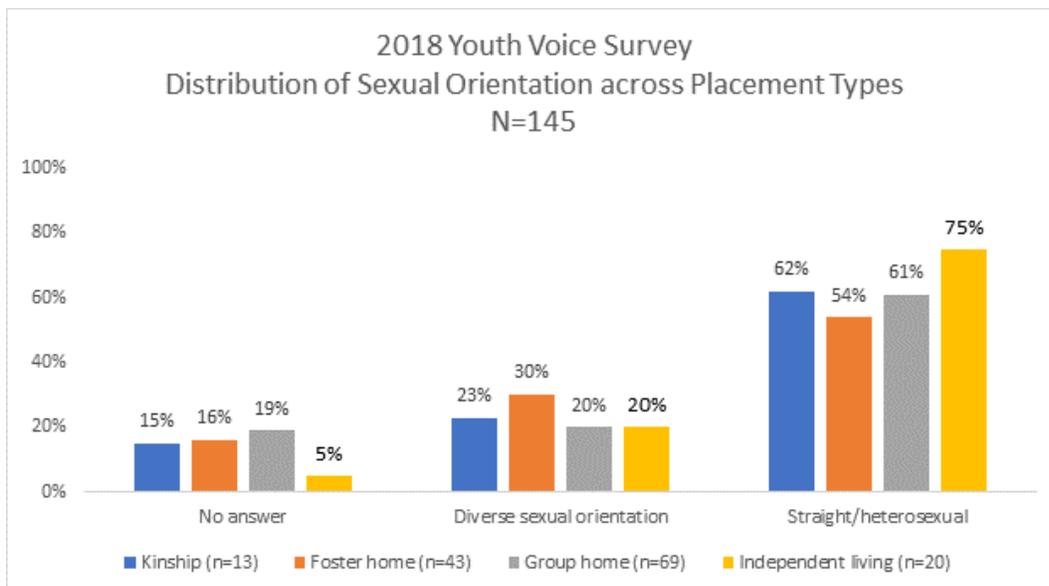
The table below shows that 8% of all children in Congregate Care (333 children and youth) have an intellectual disability or autism; 93% have been involved with mental health services; 33% have been involved with drug and alcohol services; and 54% of been involved with JPO.

	Congregate Care (N=333)	Kinship Care (N=1813)	Foster Care (N=816)
Intellectual Disabilities	8%	1%	2%
Drug and Alcohol Services	33%	6%	6%
Juvenile Probation	54%	9%	7%
Mental Health Services	93%	45%	44%

Of the 333 children who experienced 1 or more days of CYF congregated care in fiscal year 2018, over 90% received mental health services, and just over 54% were involved with juvenile probation services.

A 2018 survey conducted by Allegheny County DHS collected information about youth in child welfare out-of-home placement. The survey included multiple questions, one of which asked youth about their sexual orientation. Youth who identified any way other than “heterosexual/straight” or “prefer not to answer” were coded as “orientation diverse.” Twenty percent of youth in congregated care identified as “orientation diverse”.

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☐ Identify the service and treatment needs of the youth counted above with as much specificity as possible.

An analysis of youth in congregate care shows that many youth have cross-system needs, especially needs related to behavioral health. Of all youth in congregate care placement in FY 2018-2019, 8% also received intellectual disability services, 70% also received a mental health service and 9 percent received an inpatient mental health service.

The analysis also showed that most youth (64%) received family strengthening or enrichment services, including connection to a youth support partner, normalcy/self-care, parent-teen mediation, drug and alcohol counseling, educational support and mentoring. The families of youth in care also most commonly received housing support assistance and counseling.

☐ Please describe the county’s process related to congregate care placement decisions.

DHS 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 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 – guides the day-to-day practices of staff from JPO and CYF when working with youth who are involved with both agencies

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- Permanency Practice Guideline – provides guidance to 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
- Use of the Placement Assessment Tool (PAT) – caseworkers must fill out this screening tool in KIDS, which determines the placement level of that child
- 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 towards 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 occur within permanency roundtables, during conferencing and teaming, by congregate care work groups, and at child option, rapid response, and integrated team meetings.

DHS is reviewing the placement system and procedures to increase family finding and placement matching efforts. DHS is requesting funding to support expanding recruitment and retention of foster care families in FY 20-21.

- 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.**

DHS does not make placement decisions based on funding implications and does not intend for that to change.

- 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?**

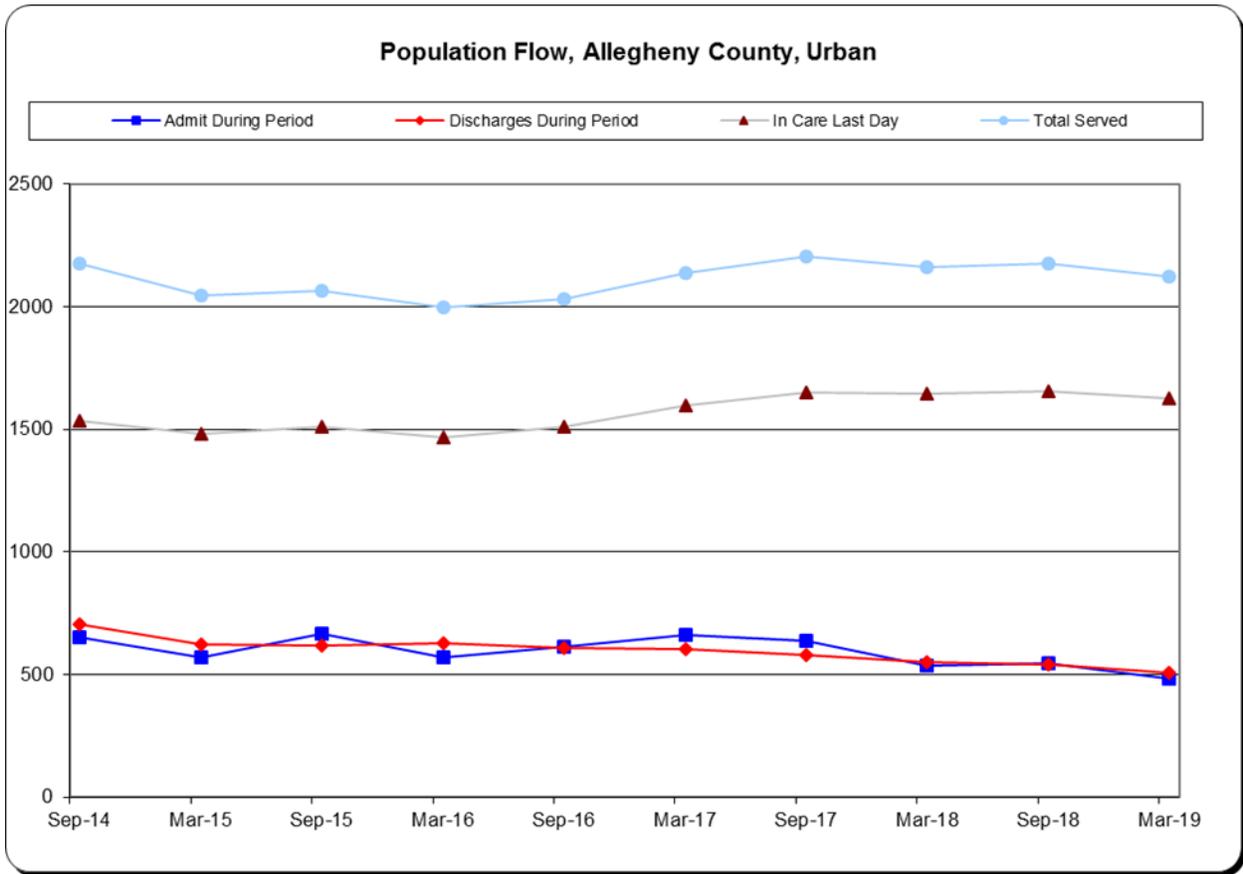
Due to the number of children and families entering the system due to the opioid epidemic, DHS requested and received additional casework units in prior NBPB. We also received support to implement a comprehensive recruitment and retention strategy that included a training and simulation lab where caseworkers could gain situational experience, as well as a salary increase for frontline staff. Our provider agencies, however, have not had the opportunity to focus on recruitment and retention, even though they are a fundamental part of the child welfare system. To adequately support our provider network, we need to provide them with resources

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so that they can pay their own frontline staff fairly. This is particularly crucial in agencies whose staff work closely with children who need out-of-home-care. Their current salaries cannot retain talented, compassionate and highly-skilled workers. In this NBPB, we are requesting a rate increase for out-of-home placement providers, for employee salaries and associated benefits.

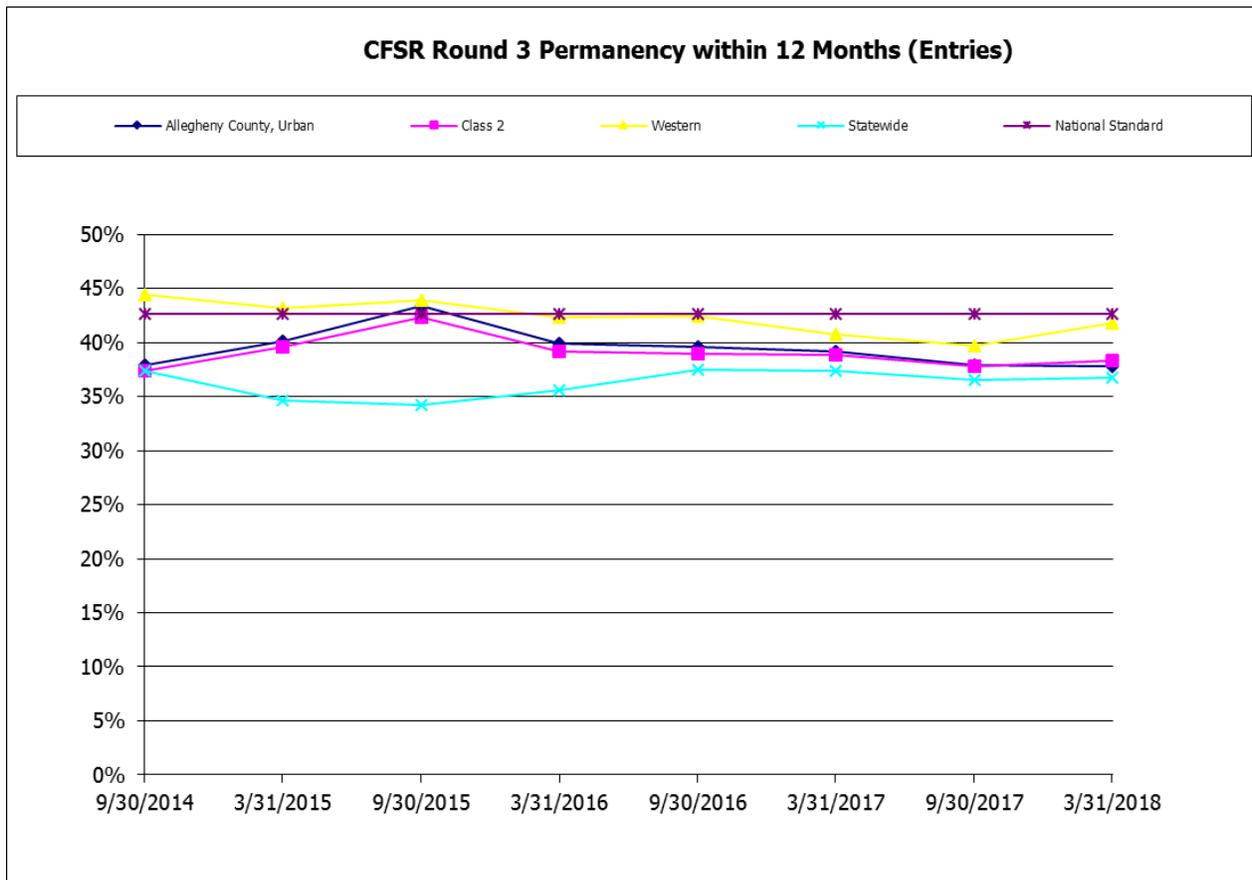
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3-3a Population Flow



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3-3b Permanency in 12 Months (Entry)

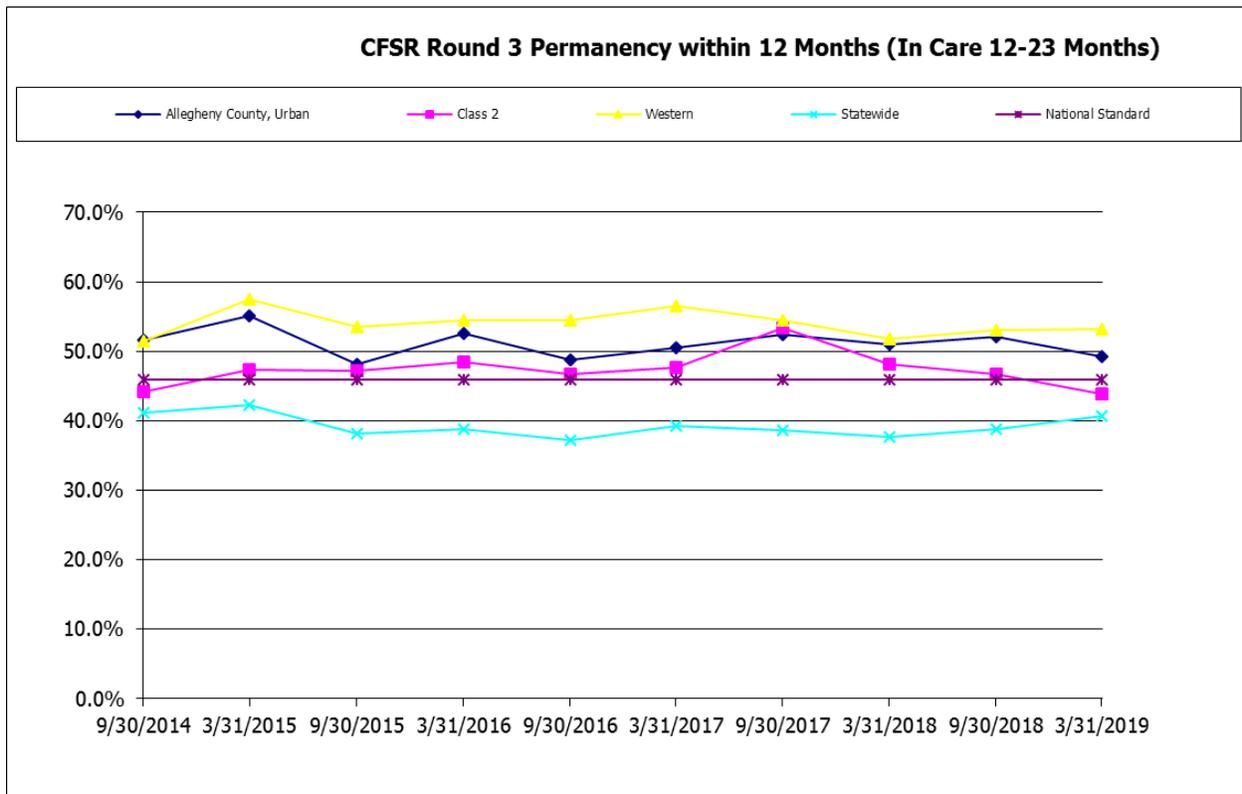


This indicator reports on the percentage of children and youth who enter care in a 12-month period and who are discharged to permanency within 12 months of entering care. The national performance standard is 42.7% and Allegheny County's performance is 37.8%. (For this indicator, a higher number is desirable.)

Does the county meet or exceed the national performance standard? ***The county does not meet/exceed the national performance standard for this metric.*** See Section 3-4 Program Improvement strategies for our plan to work towards meeting this measure.

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

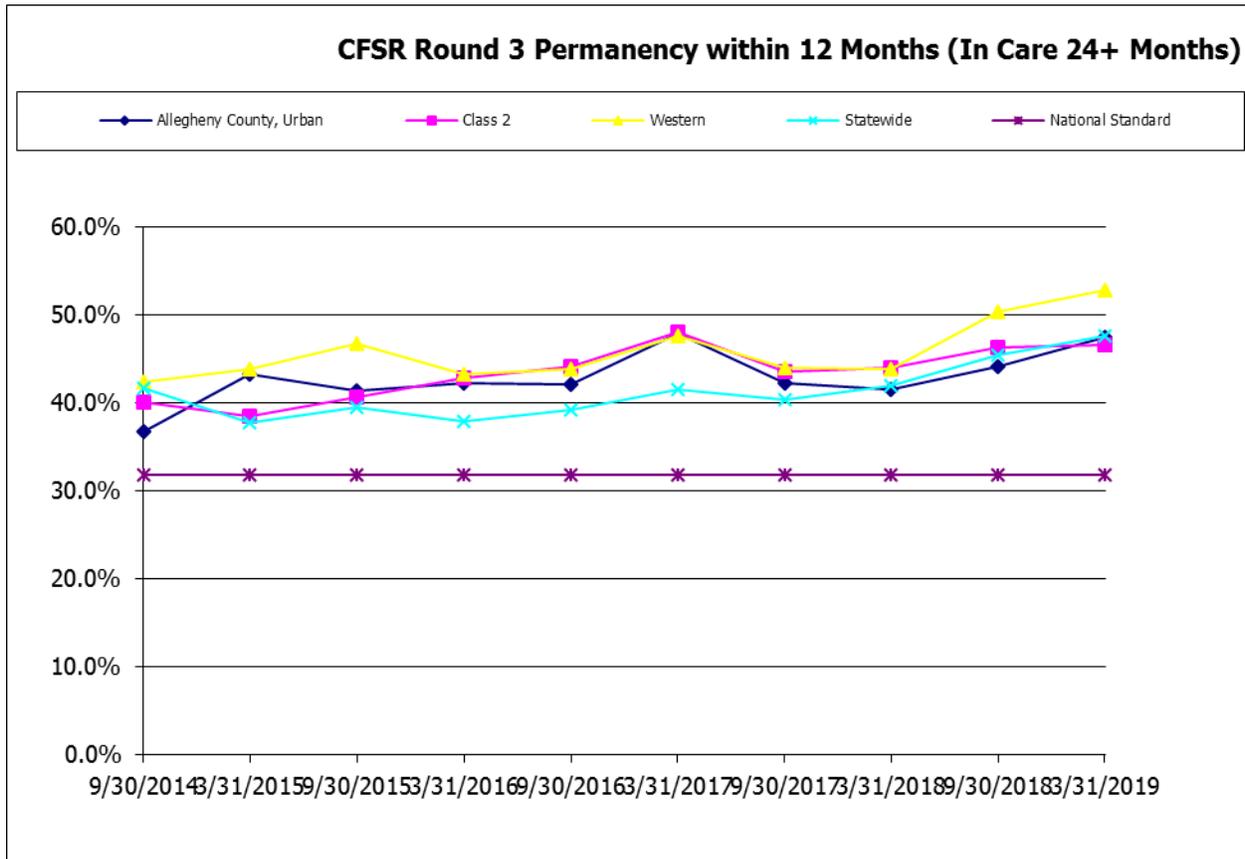


This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6%; the percent in Allegheny County is 49.3 (A higher percentage is desirable in this indicator.)

- Does the county meet or exceed the national performance standard? ***The county does meet/exceed the national performance standard for this metric.***

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3-3d Permanency in 12 Months (in care 24 Months)

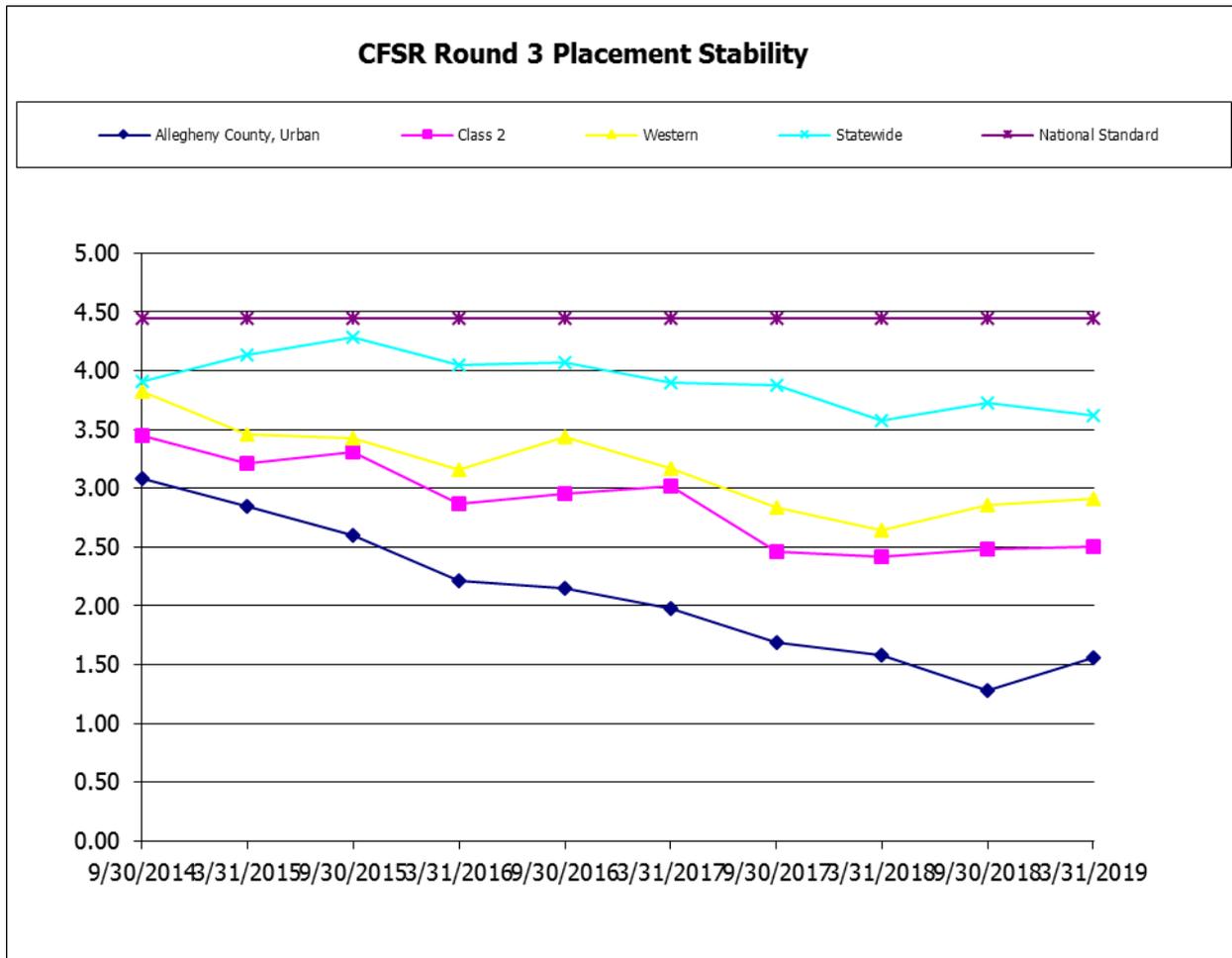


This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 31.8%; the percent in Allegheny County is 47.4. (The higher the percentage, the better, for this indicator.)

- Does the county meet or exceed the national performance standard? ***The county does meet/exceed the national performance standard for this metric.***

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

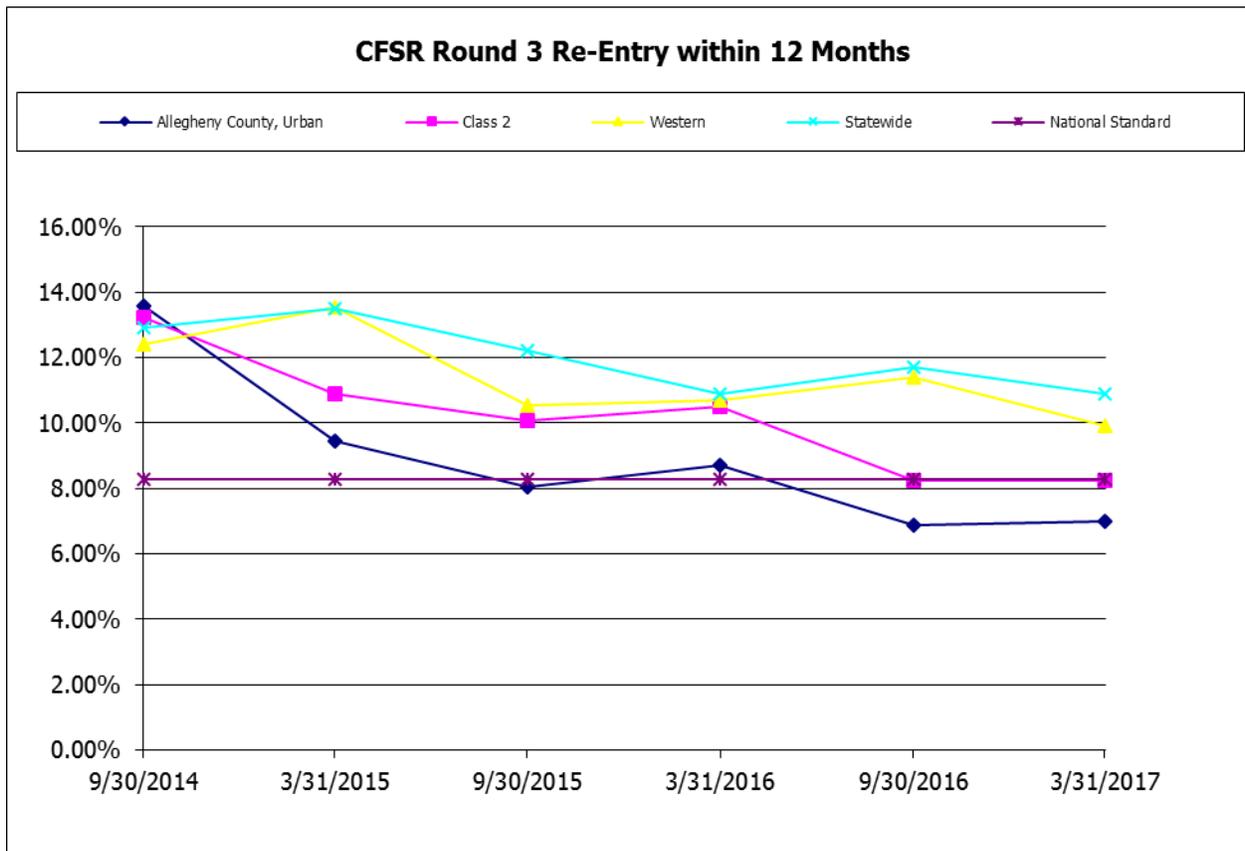


This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.44 moves; in Allegheny County, the rate is 1.56 moves. (A lower number of moves is desirable in this indicator.)

- Does the county have less placement moves than the national performance standard? ***The county does meet/exceed the national performance standard for this metric.***

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



This indicator measures the percent 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%; in Allegheny County, the percent is nearly 7. (A lower percentage is desirable in this indicator.)

- Is the county's re-entry rate less than the national performance standard? ***The county does meet/exceed the national performance standard for this metric.***

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3-4 Program Improvement Strategies

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 3-2a through 3-2i and 3-3a through 3-3f, as well as other county data reviewed, counties should also 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. DATA ANALYSIS TEAM MEMBERS

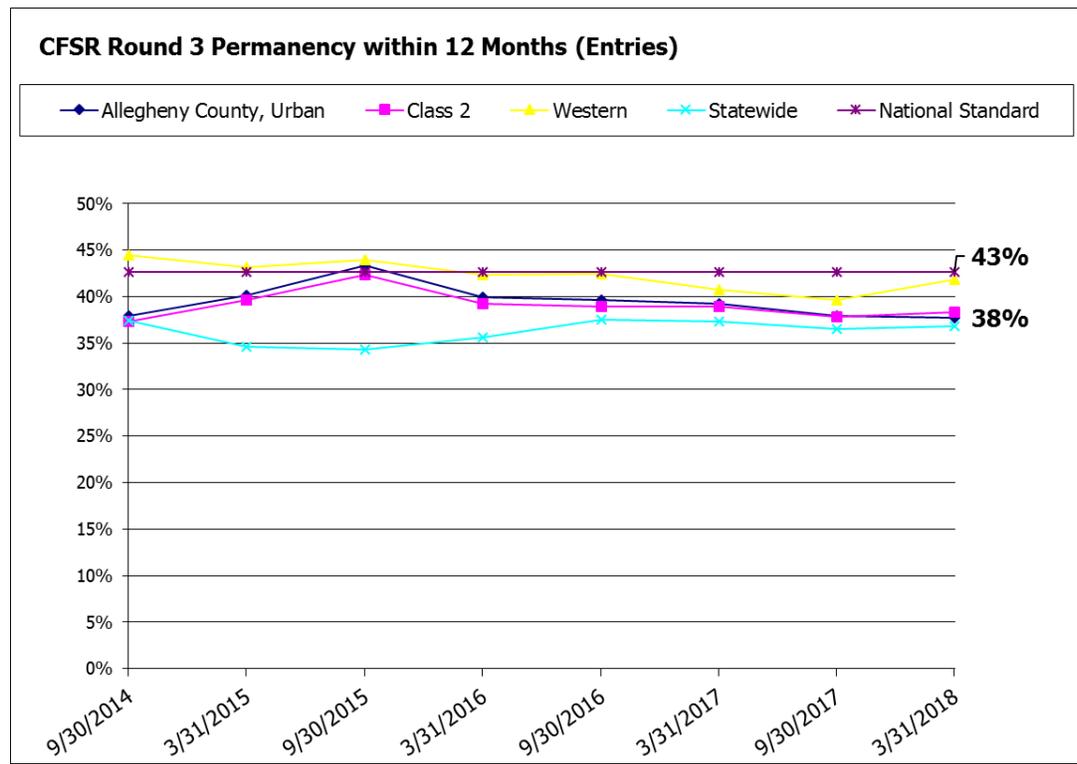
Data Analysis team members include: CYF program leadership, including the director, deputy director and manager of provider relations; child welfare data analysts, the chief analytics officer; planning analysts and the chief planning officer.

2. ANALYSIS

DATA ANALYSIS

Timeliness to Permanency/Reunification

Allegheny County’s rates of permanency achieved within 12 months have slightly trailed the state average and national standard. Children in Allegheny County entering care between October 1st, 2017 and March 31st, 2018 went on to achieve permanency within the subsequent 12 months 38% of the time, compared to the national standard of 43%.



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In the most recent CFSR data on this measure (children entering care between October 1st, 2017 and March 31st, 2018):

- Overall, it seems that the biggest reason why of Allegheny County did not meet the permanency benchmark is due to the high percentage of children on track for adoption or legal custodian exits, which take longer to occur than reunification exits.
- Kinship Care, Non-Kinship Foster Care, and Group Home placements had similar rates of permanency being achieved within 12 months (ranging between 47% and 50%).
- The CFSR data separates out “Pre-Adoptive Home” placements from Foster and Kinship settings – which comprised 22% of placements in the most recent period. These had a vastly lower rate of permanency being achieved within 12 months (~6%), due largely to the typical length of time that adoption processes inherently take. That is, because we have many children pursuing adoption, and adoption takes longer than other exit types to process, rates of timely permanency are lower.
- A small number of children (~4%) were in Institutional or Supervised Independent Living placements, which also had low rates of 12-month permanency (31% and 9%, respectively).
- Demographic factors such as race and legal sex did not seem to have statistically meaningful differences in rates of permanency,
- Children between the ages of 0 and 5 seem to have slightly lower rates of permanency within 12 months relative to children between the ages of 6 and 15 – but this is very likely a function of care type differences and the increased frequency of utilizing adoption or permanent legal guardianship for younger children.

ROOT CAUSE ANALYSIS

- ❑ **Counties should describe how their analysis process progressed, including what data was reviewed, how the data was analyzed, and resulting findings as well as the identified root causes.**

DHS’s review of data available pinpointed exit type (and specifically the length of time adoption and PLC exits take to finalize) as being highly related to the timeliness of permanency. Other research also suggest that congregate care is less likely to result in eventual permanency than family settings, even though it performs somewhat similarly in the 12-month metric. With these understandings in mind, the county pursued the strategies below with an emphasis on both increasing the likelihood of permanency and making its achievement more expedient where possible.

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

Outcome: Improved timeliness to permanence

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<p>Strategy:</p>	<ul style="list-style-type: none"> -Reduce the length of time to finalize legal permanency -Prepare families for finalization -Enhance Matching Services
<p>Action Steps with Timeframes (may be several):</p>	<p>Plummer Youth Promise: Plummer Youth Promise began their work with Allegheny County in 2017. With the assistance of Plummer, we have developed a permanency practice model to shape permanency practices in Allegheny County, standardize frontline practice and supervision.</p> <ul style="list-style-type: none"> • Redesign the Permanency Department in terms of staff structure and practice. <ul style="list-style-type: none"> • The permanency department redesign is almost complete. Staff positions have been filled (clinical manager and support teams). • The matching department expanded the number of children matched by locating resource homes for infants coming into care, children in congregate care, and all children who need a forever home. They have fully embraced the “first placement is best placement” value. • Integrate permanency within Conferencing and Teaming at the “front door” • Integrate child preparation and parent/family preparation regarding permanency from the initial date of placement <ul style="list-style-type: none"> • In Fall 2019, we will strengthen our focus on coaching the resource family and the birth family working together to develop a permanency plan for the child. • Customize list of permanency competencies for frontline staff and supervisors <ul style="list-style-type: none"> • We began this work within the permanency department and plan to do so for direct service staff in Fall 2019. • Continue to review permanency CYF training curricula and recommend opportunities to integrate core permanency competencies into practice. <ul style="list-style-type: none"> • This is completed; the training department and Plummer Youth Promise worked closely in enhancing curriculum with conversations and simulations of permanency practices competencies. • Develop and deliver interactive, skills-based training such as: concurrent planning, supervising permanency practice, specialized child/family matching, and the importance of sibling relationships <ul style="list-style-type: none"> • Plummer Youth Promise provided this training to the permanency staff, best practice team, peer

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coaches, and clinical managers. They will train direct service staff in Fall 2019.

- Assist in integration of any ongoing supervisory model efforts
 - We will work on this in 2020.
- Work with Youth Support Partners to develop new strategies to engage youth around the idea of permanency and connection earlier within case assessment.
 - Plummer Youth Promise will begin working with Youth Support Partners in 2019, continuing into 2020.

Permanent Legal Custody (PLC) Practice Changes

Standardizing the practice of the PLC workers was key to reducing the length of time it takes to finalize a PLC for a child. We have developed a collaboration with A Second Chance Inc. to prepare resource families for finalization as well as to gather required documentation for the finalization to occur. We expect PLC's to be finalized within 90 days of referral to the permanency department, a reduction from the 270 days on average it took to finalize taking prior to this change in practice.

Permanent Legal Custodian Successors and Mediation

To divert cases from returning to CYF's front door and to reduce the number of disrupted PLC's finalizations, the Permanency department provides post permanency support to birth parents and PLC caregivers when a petition for modification of a PLC order has been filed. The permanency department has successfully diverted 29 of the 31 children referred from re-entering the CYF and dependency system. The permanency department continues outreach to the PLC caregivers to name a successor in the event of their death or incapacitation. They then assess the successor and ensure that the record names a to prevent the children from re-entering the system.

Transition Age Youth/Reduction of Congregate Care Initiatives

In 2018, CYF began conducting Permanency Roundtables that occur in each of the regional offices monthly. The regional office directors chose which youth should receive a permanency roundtable based on several factors such as, length of time in congregate care placement with no permanency plan, age of youth, and complex needs of youth. We assigned matching caseworkers to all children in congregate care settings. Matching workers engage the youth in permanency/placement planning, continue family finding work, utilize SWAN support, and solicit certified families in hopes of matching the youth with a family. With the utilization of the permanency roundtable process and the support of the Youth Support Partners, Youth Speakers Bureau, and System Transformation Through Youth (SITY)

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	<p>board, CYF developed standards of practice for enhancing permanency for transition age youth.</p> <p>SWAN CYF developed a SWAN coordinator position within the permanency department. This individual is a caseworker III responsible for overseeing and ensuring that each youth entering placement is referred for SWAN child preparation/child profile services within 60 days of their placement. The SWAN coordinator meets on a regular basis with SWAN liaisons to develop strategies to enhance permanency practices within CYF and system partners by utilizing SWAN resources. In 2018, CYF increased our referrals to SWAN for child preparation/child profile and child specific recruitment by 38% from 2017.</p> <p>Conferencing and Teaming Practice Model In 2018 CYF began planning for enhancements to the Conferencing and Teaming Practice Model with the assistance of the CWPPG and Plummer Youth Promise. Peer Coach specialists developed coaching techniques that incorporate permanency discussions at each initial conference and ongoing teaming meetings. We also developed a plan to begin coaching the practice model to permanency staff. We will require staff to bring a pre-permanency family to a conference prior to finalizing the permanency plan. At the conference, we will plan for the child and families ongoing needs after finalization when all system partners end involvement. We will include post permanency support and ongoing birth family contact on the conference agenda.</p>
<p>Indicators/Benchmarks (how progress will be measured):</p>	<p>Permanency is a key indicator of system health that CYF leadership looks at regularly. CYF leadership will continue to look at permanency data, at least weekly as the initiatives roll out.</p>
<p>Evidence of Completion:</p>	<p>See above.</p>
<p>Resources Needed (financial, staff, technical assistance, etc.):</p>	<p>DHS received funding for an ask around permanency in last year's NBPB that helped to support this work. This year, DHS is asking for additional resources to move children out of congregate care and into permanency and to help support parents during the legal process. See pages 21-14.</p>
<p>Current Status:</p>	<p>In implementation</p>
<p>Monitoring Plan:</p>	<p>Improving time to permanency is one of CYF's key strategic initiatives and as such is monitored directly by the Director of DHS and the CYF Director.</p>

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Section 4: Administration

4-1a. Employee Benefit Detail

51104	20	Overtime	1,798,722.85	D	
51105	20	Other Compensation	18,125.00	D	
51107	20	Sick Pay-Buy Back	173,958.76	D	
51109	20	Health Benefit Bonus	13,000.00	D	
51118	20	Settlement	134.27	D	
Total Personnel			28,350,906.91		
52501	25	Fringe Benefit Allocat	4,318.86	D	
52502	25	County Pension Fund	2,671,531.88	D	
52503	25	FICA & Medicare	2,113,716.64	D	
52504	25	Group Life Insurance	5,845.86	D	
52505	25	Medical Allocation	6,672,551.56	D	
52506	25	Unemployment Compensat	42,358.81	D	
52508	25	Vision Allocation	7,145.41	D	
52511	25	Dental Plus Allocation	163,510.69	D	
52513	25	Dental Flex Allocation	69,859.86	D	
52530	25	Employee W/C Medical	155,459.28	D	
52531	25	Employee W/C Indemnity	50,885.66	D	
52532	25	Employee W/C Admin	108,893.57	D	
52599	25	Employee Contrib - Health	-657,674.61	D	
Total Fringe Benefits			68,110,217.29		
			41.97%		Projected 19/20 Fringe

#52502, County Pension Fund-

The County contributes 10% of employees' gross salary as a match for pension benefits. This percentage became effective on January 1, 2019, up from 9.5% in 2018. Contrary to prior year notes, pension contribution was not expected to increase for 2019 or 2020. It is unknown if the pension will increase beginning January 1, 2020.

#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.

#52505, Highmark Blue PPO or UPMC Business Advantage PPO-

Monthly benefits are based upon the number of family members covered under the insured individual's policy. Beginning in January 1, 2018, the County recovered 2.75% of the employee's base wage to offset medical benefit coverage costs, up from 2.5% the year prior. We project the County will recover 2.75% of these costs beginning in 2019 and 3.25% for January 1, 2020. The health fee has not been determined for January 1, 2021. Future increase is currently unknown.

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#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, 2019, the cost to the County is \$21.26 per month for an individual and \$63.82 per month for a family. Future increase is currently unknown for 2019 and 2020.

#52513, Concordia Flex-

As of January 1, 2019, the cost to the County is \$22.83 per month for an individual and \$60.10 per month for a family. We project a 3% increase in cost for 2019 and 2020.

#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-

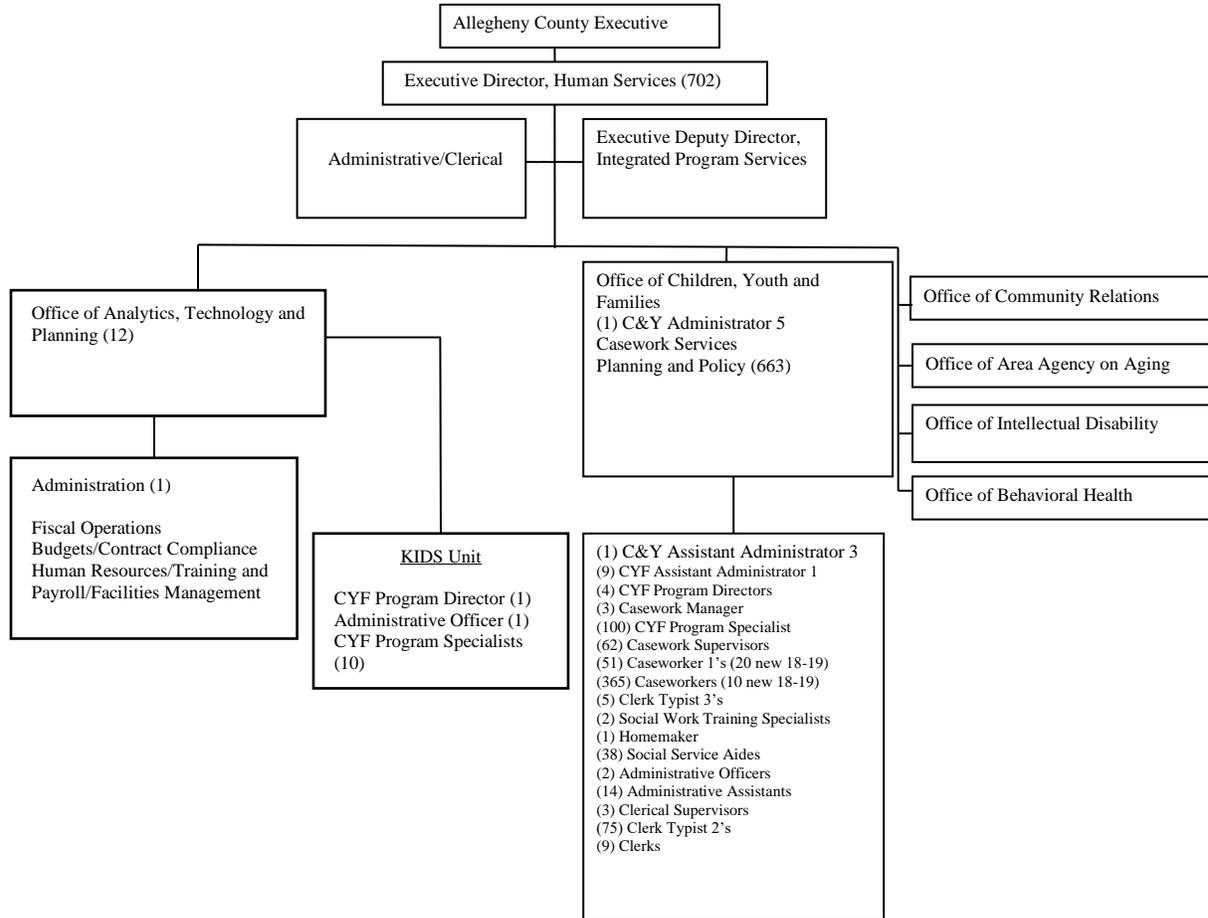
Payments made to CYF employees who are on Worker's Compensation. Cost is based upon actual experience.

#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.

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4-1b. Organizational Changes



4-1c. 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.

DHS's talent acquisition strategy includes:

- The Workforce Excellence (NCWWI) initiative (see Executive Summary)
- Targeting new graduates by attending recruitment events at local colleges and universities
- Educating the community about positions available at DHS through engagement at local events including the South Hills Community Center, East Side Neighborhood Employment Center and Kingsley Association
- Holding on-site application opportunities at regional offices and Partner 4 Work/Career Link sites

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- Developing realistic job preview videos that give a glimpse into a day in life of a caseworker and sharing them on social media
- Establishing a casework careers webpage:
www.alleghenycounty.us/dhs/CYFcaseworkcareers
- Spotlighting individual caseworkers and their efforts to help child and families in internal and external communications
- Posting job vacancies on job aggregator sites, including indeed, jobgateway.pa.gov, zip recruiter, LinkedIn, Nonprofitalent.com and local University webpages
- Posting positions on diversity job boards and on social networks
- Hosting focus groups with minority staff to build a diverse applicant pool
- Building a culture of recruitment by encouraging and rewarding employee referrals
- Implementing SMS technology to enhance communications between the recruiter and applicants
- Using student interns to create social media video postings to enhance our social media presence

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

DHS developed strategies to mitigate issues with the newly adopted NEOGOV applicant tracking system the Civil Service Commission uses. The new system greatly reduced the number of applications for positions because it requires applicants to follow a very strict protocol when applying and testing for a county caseworker position. If the protocol is not followed precisely, the applicant is deemed ineligible and unable to apply to a current vacancy. Before implementing the new system, we regularly received civil service lists of 50 applicants; now the lists average 22 applicants, and once, only 12.

To combat this issue, we developed marketing materials designed to walk applicants through the process step-by-step and increased our social media presence to inform interested job seekers of opportunities in child welfare. We also created a video promoting our CWEB program to increase the number of social work students who take advantage of this opportunity. Our recruiter has worked to build relationships with the PA Office of Administration for Health and Human Services and has elevated our concerns and findings as they relate to NEOGOV. The OA has been responsive and is currently working to address our concerns.

We also increased CW1 & CW2 salaries, which is likely a reason for the decrease in the number of staff resignations per month. Our workforce group continues to meet monthly to discuss recruitment, retention and review workforce data. With the implementation of the Workforce Excellence project, our scope of work will be guided by the results of the Comprehensive Organizational Health Assessment (COHA), which will be available in October 2019. This project will also strengthen our relationship with the University of Pittsburgh's School of Social Work through a new fellowship program for MSW students within CYF.

4-1d. Audit Compliance

- Describe any changes in county practice regarding contract monitoring since last year. For example, identify any changes in identification of sub-recipients, implementation of risk-assessments, identification of the sub-award to sub-recipients; development of internal controls, implementation/increased level of review activities, documentation of activities, use of corrective action plans, etc.

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There have not been any changes in practice regarding contract monitoring since last year.

- Describe the monitoring activity performed (including who completes it, how often, sample size, etc.) to assure that private service providers delivering prevention, reunification and after-care services under contract with the agency adhere to the Child Protective Services Law requirements regarding certifications.**

The Fiscal Compliance Department has 12-15 compliance officers who conduct site visits. We rotate the site visits to ensure agencies are monitored annually. The sample size for a Fee-For-Service provider is approximately 20% of each service claim submitted. The provider determines the attributes tested, which may consist of: Sign-In Sheets, Begin and End Times, Case Notes, Encounter Forms, Safety Assessments and Monthly Reports.

- Highlight any overlapping findings/adjustments that exist in the most recent single audit report and Auditor General (AG) report.**

In the single audit report, for the Calendar Year Ending 12/31/17, DHS had 13% of children enrolled in Head Start Program above 130% of the federal poverty level; 10% is allowable.

- Provide a corrective action plan to address findings in the most recent single audit report, including what levels and types of controls will be strengthened, and/or implemented to prevent repeat adjustments and findings in the current year.**

The County will ensure the new ChildPlus database contains accurate and timely data for FY 2017-18 and that all enrollment guidelines are adhered to.

- Provide a corrective action plan to address findings in the most recent AG report, including what levels and types of controls will be strengthened, and/or implemented to prevent repeat adjustments and findings in the current year.**

N/A

4-3. Accurint

- Please identify the name and email addresses of the Accurint Administrator in your county and each Accurint User.**

Jill Brant, Jill.Brant@AlleghenyCounty.US ***Administrator**
Kristina Kezmarsky, Kristina.Kezmarsky@AlleghenyCounty.US
Robert Lawler, Robert.Lawler@AlleghenyCounty.US
Westri Stalder, Westri.Stalder@AlleghenyCounty.US
Stephanie Kass, Stephanie.Kass@AlleghenyCounty.US
Bruce Noel, Bruce.Noel@AlleghenyCounty.US
Samantha Poteste, Samantha.Poteste@AlleghenyCounty.US
Liana Pears, Liana.Pears@AlleghenyCounty.US
Taryn Stewart, Taryn.Stewart@AlleghenyCounty.US
Ruth Szpanka, Ruth.Szpanka@AlleghenyCounty.US
Hesper Nelson, Hesper.Nelson@AlleghenyCounty.US
Danielle Parylak, Danielle.Parylak@AlleghenyCounty.US

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- Please explain any underutilization of Accurint services in the prior year, i.e. explain why it was not used in locating kin, tracking NYTD youth, or other search efforts.**

Any underutilization from previous years has been addressed. We have adjusted our user roster to get the most use from our Accurint Service. All but two users are LSI SWAN paralegals who use Accurint for daily tasks. Due to increased referrals to our Permanency Department, the department now benefits from a full-time paralegal with Accurint access. This improvement guarantees timely finalization.

- Will Accurint be used in any program improvement strategies during this fiscal year? If yes, explain how.**

Family Finding has continued to improve with the use of Accurint and other techniques. Family Court judges have a more developed expectation of what successful family finding looks like. Accurint has been an integral part of our efforts throughout the life of a case. We will continue to increase the skill of our users to provide efficient and concise reports, which will be used by casework staff for engagement purposes.

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Section 5: Required & Additional Language

5-1a. Assurances

The following pages include assurance forms to be completed by counties. These forms are included:

- Assurance of Compliance/Participation
- Documentation of Participation by the Judiciary
- Assurance of Financial Commitment and Participation

The following forms must be signed and submitted in hard copy to:

Office of Children, Youth and Families
Division of County Support
Health and Welfare Building, Room 131
625 Forster Street
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

And

Mr. Richard Steele
Juvenile Court Judges' Commission
Pennsylvania Judicial Center
601 Commonwealth Avenue | Suite 9100
Harrisburg, Pennsylvania 17102-0018

**ASSURANCE OF COMPLIANCE/PARTICIPATION FORM
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

The Assurance of Compliance/Review Form provided in this bulletin must be signed by the County Executive or a majority of the County Commissioners, the Juvenile Court Judge(s) or his/her designee, the County Human Services Director, the County Children and Youth Administrator, and the County Chief Juvenile Probation Officer, and submitted with the FY 2020-21 Needs-Based Plan and Budget submission.

The Assurance of Compliance/Review Form has two signatory pages. The first page is for the County Human Services Director, the County Children and Youth Administrator, the County Chief Juvenile Probation Officer, and the Juvenile Court Judge(s) or his/her designee. This page must be submitted at the time of the county's implementation plan and needs based plan submissions. The second page is for the signatures of the County Executive or a majority of the County Commissioners. It must be submitted at the time of the county's financial budget submission and must contain the financial commitment of the county.

COUNTY: ALLEGHENY

These assurances are applicable as indicated below.

 Fiscal Year 2020-21 Children and Youth Needs-Based Plan and Budget Estimate; and

 Fiscal Year 2019-20 Children and Youth Implementation Plan

Note: A separate, signed Assurance of Compliance/Participation form must accompany the Children and Youth Implementation Plan and the Needs-Based Plan and Budget when they are submitted separately. This Assurance of Compliance/Participation form cannot be modified or altered in any manner or the Children and Youth Implementation Plan and the Needs-Based Plan and Budget will not be accepted.

COMMON ASSURANCES

I/We hereby expressly, and as a condition precedent to the receipt of state and federal funds, assure that in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Federal Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, the Pennsylvania Human Relations Act of 1955 as amended, and 16 PA Code, Chapter 49 (Contract Compliance Regulations):

1. I/We do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, or disability:
 - a. In providing services or employment, or in our relationship with other providers;
 - b. In providing access to services and employment for handicapped individuals.
2. I/We will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/We assure that these documents shall constitute the agreement required by Title IV-E of the Social Security Act 42 U.S.C. § 672 (a)(2) for foster care maintenance, adoption assistance, and subsidized permanent legal custodianship payments.

I/We assure:

- The County Children and Youth Agency and Juvenile Probation Office have the responsibility for placement and care of the children for whom Title IV-E foster care maintenance, adoption assistance, and subsidized permanent legal custodianship payments are claimed; _____

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- The County Children and Youth Agency/Juvenile Probation Office will provide each child all of the statutory and regulatory protections required under the Title IV-E agency, including permanency hearings, case plans etc.;
- The agreement between the Office of Children, Youth and Families and the County Children and Youth Agency/Juvenile Probation Office shall be binding on both parties; and
- The state Title IV-E agency shall have access to case records, reports, or other informational materials that may be needed to monitor Title IV-E compliance.

I/We understand that any Administration for Children and Families disallowance incurred as a result of county noncompliance with Title IV-E foster care maintenance, adoption assistance, subsidized permanent legal custodianship, or Title IV-E administrative claim requirements will be the responsibility of the county.

I/We assure that all information herein is true to the best of my/our knowledge and belief based on my/our thorough review of the information submitted.

EXECUTIVE ASSURANCES

In addition to the Common Assurances,

I/We assure that I/we have participated in the development of the Plan, are in agreement with the Plan as submitted and that all mandated services if funded by the Plan will be delivered.

I/We assure that these Plans comply with the "Planning and Financial Reimbursement Requirements for County Children and Youth Social Services Programs" as found in 55 PA Code Chapter 3140.

I/We assure that, when approved by the Department of Human Services, the attached Children and Youth Implementation Plan and Needs-Based Plan and Budget, including any new initiatives, additional staff and/or increased services and special grants that are approved, shall be the basis for administration of public child welfare services for all children in need under Article VII of the Public Welfare Code, 62 P.S. § 701 et seq., as amended.

I/We assure that, where possible, the county will cooperate with state efforts to maximize the use of federal funds for the services in this Plan.

I/We assure that all contracts for the provision of services addressed herein will require the providers to comply with Chapter 49 provisions (contract compliance regulations).

I/We assure that expenditure of funds shall be in accordance with these Plans and estimates, and Department of Human Service regulations.

I/We assure that services required by 55 PA Code 3130.34 through 3130.38 will be made available as required by 55 PA Code 3140.17 (b)(2).

I/We assure that the capacity of both the county and the providers has been assessed and it is my/our judgment that it will be adequate to implement the Plan as presented.

I/We assure all Title IV-E foster care maintenance, adoption assistance, and subsidized permanent legal custodianship payment eligibility requirements are met for the specified children, not merely addressed by the agreement.

I/We assure that the County Children and Youth Advisory Committee has participated in the development of this Plan and has reviewed the Plan as submitted.

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DOCUMENTATION OF PARTICIPATION BY THE JUDICIARY

In addition to the Common Assurances:

I/We assure that I/we had the opportunity to review, comment, and/or participate to the level desired in the development of the Children, Youth and Families' Needs-Based Plan and Budget.

I/We assure that the plan accurately reflects the needs of children and youth served by the juvenile court.

I/We assure that the Juvenile Probation Office has actively participated in the development of the Children, Youth and Families' Needs-Based Plan and Budget.

Judicial Comments:

Juvenile Court Judge(s)/ Designee

Kim D. Eaton

Name



Signature

8-6-19

Date

Name

Signature

Date

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COUNTY ASSURANCE OF FINANCIAL COMMITMENT AND PARTICIPATION

THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND EXECUTIVE ASSURANCES CONTAINED IN THE PRECEEDING PARAGRAPHS AS WELL AS COUNTY COMMITMENT TO PROVIDE THE LOCAL FUNDS SPECIFIED IN THE PLAN AS NECESSARY TO OBTAIN THE MATCHING STATE AND FEDERAL FUNDS BASED ON THE COUNTY'S PROPOSAL. THE LOCAL FUND COMMITMENT AS PROVIDED IN THE COUNTY'S PROPOSAL TOTAL \$ _____.

Signature(s)

County Executive/Mayor

William McKenna
Name

William McKenna
Signature

7-30-19
Date

County Commissioners

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

ALLEGHENY

ALLEGHENY COUNTY
2019 JUL 29 PM 3

COUNTY OF ALLEGHENY

APPROVED AS TO FORM:


ALLEGHENY COUNTY SOLICITOR


ASSISTANT ALLEGHENY
COUNTY SOLICITOR

5-1b. CWIS Sharing Agreement

DocuSign Envelope ID: 4C5C4463-D815-4977-8089-0B256AF9B88C

CWIS DATA SHARING AGREEMENT

**COUNTY OF ALLEGHENY
FOR THE DEPARTMENT OF HUMAN SERVICES
AND
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

COUNTY OF ALLEGHENY

DocuSigned by:
William D. McKain 8/12/2019
BY: _____ Date
07CED7258E474
William D. McKain
County Manager

APPROVED BY DIRECTOR

DocuSigned by:
Marc Cherna 8/8/2019

AD3E8D72C054E
Marc Cherna, Director Date
Allegheny County Department of Human Services

APPROVED AS TO FORM

DocuSigned by:
Andrew Szefi 8/12/2019

332E29D03D8843E
Allegheny County Solicitor Date

DocuSigned by:
George Janosko 8/9/2019

48463FEA20C0444
Assistant Allegheny County Solicitor Date



ALLEGHENY
CWIS Data Sharing Agreement
October 1, 2019 – September 30, 2020
CWIS Data Sharing Agreement

1.0 Statutory Basis

This Agreement establishes the terms and conditions in which the Child Welfare Information Solution (CWIS) will disclose and exchange certain information to the County Children and Youth Agencies (CCYA) via one (1) of the six (6) approved case management systems utilized by the sixty-seven CCYA's in accordance with the Child Welfare Act of 1980, the Child Abuse Prevention and Treatment Act (CAPTA -Public Law 93-247) and the Child Protective Services Law (23 Pa. C.S., Chapter 63).

These requirements were expanded with the passage of Act 29 of 2014 which amended the Child Protective Services Law at 23 Pa. C.S. § 6336 (relating to information in the statewide database). Act 29 of 2014 allows the Department of Human Services to establish a Statewide Database of Protective Services and to collect reports of child abuse and children in need of general protective services from the CCYAs via an electronic database. The reports shall include information relating to the subject of the report, the nature of the occurrence, information on the family, services provided, legal actions initiated, and other details required by the department to track the safety and welfare of Pennsylvania's children. Act 29 of 2014 also provides for the establishment of a pending complaint file and dispositions of complaints received. Access to information in the CWIS is limited to persons authorized as defined under 23 Pa. C. S. § 6335 (related to access to information in the Statewide database).

Both the CCYAs and County IT System Owners will use the data in order to fulfil their roles and responsibilities in delivering services required by the Child Protection Services Law, the Juvenile Act, CAPTA program requirements, and, in later CWIS phases, for making eligibility determinations for the federal Title IV-E programs and supporting case planning and other requirements of Title IV-B programs.

This Data Sharing Agreement helps ensure that all users access and maintain CWIS data in accordance with applicable Commonwealth of Pennsylvania Information Technology policies and procedures as set forth in the Commonwealth Business Partner Account Registration Policy. All individuals registering for a Commonwealth Business Partner Account must read and acknowledge *Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy*. In addition, this Data Sharing Agreement ensures that all County Children and Youth Agency Case Management Information Systems are accessed and maintained in accordance with the applicable Commonwealth and Department of Human Services Security Policies.



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CWIS Data Sharing Agreement
October 1, 2019 – September 30, 2020
CWIS Data Sharing Agreement

2.0 DEFINITIONS

Authorized User – Commonwealth of Pennsylvania employees, contractors, consultants, volunteers or any other user who utilizes or has access to IT resources. This includes all users with business partner accounts.

Business Partner - Generally, a user belonging to a non-Commonwealth entity whose access to Commonwealth systems is required as part of a contract with or legal requirement placed on that entity.

IT Resources – Any commonwealth computer system, Electronic Communication System, or electronic resource used for electronic storage and/or communications including but not limited to: servers; laptops; desktop computers; copiers; printers; wired or wireless telephones; cellular phones or smartphones; tablets; wearables; pagers; and all other mobile devices.

Information Technology Systems or Systems - Information Technology Systems or Systems include computer applications, servers, laptops, databases, routers, switches, wireless devices, mobile devices and other computer related hardware and software.

3.0 CWIS Data Sharing Agreement

This CWIS Data Sharing Agreement is entered into by and between the Commonwealth of Pennsylvania (Commonwealth) and the respective CCYA as noted by the signature lines on page 5 of this Agreement and is effective for the time period October 1, 2019 through September 30, 2020. The following information is included as appendices:

- Appendix A – CWIS Overview
- Appendix B – Federal and State Laws Regarding Confidential Records
- Appendix C – Referenced Commonwealth and DHS IT Policies
- Appendix D – General Password Policies and Recommendations
- Appendix E – Screen Prints from the Commonwealth IT Security Awareness Training

As a user of the CWIS data, County Child and Youth Agencies must meet the following terms and conditions:

3.1 CWIS Use Policy & Related OA Policies

1. Understand that CWIS resources are intended for business use and should be used only for that purpose.
2. Ensure that use of CWIS data is compliant with the provisions of Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy.
3. Retain a signed copy of this agreement which may be stored in an electronic format.
4. Understand and comply with the provisions of DHS’s Incident Reporting and Response Policy. **(DHS POL-SEC004)**
5. Understand the permissible and non-permissible uses of CWIS data as defined by the Child Protective Service Law, as amended in 2014, and other state and federal laws that provide for the confidentiality of information including health related and other personal identifying information.
6. Only access information in the Statewide Database for purposes authorized under the CPSL.
7. Complete any CWIS specific training if requested by DHS’s Office Children, Youth, and Families.



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CWIS Data Sharing Agreement
October 1, 2019 – September 30, 2020
CWIS Data Sharing Agreement

3.2 Security Requirements - Management & Operational Requirements

1. Comply with the Commonwealth and DHS policies and procedures on IT security as outlined in this section.
2. Establish and maintain a strong password and logon consistent with DHS policy. **(DHS POL-SEC012)**
3. Do not disclose a password used to access any system that maintains or stores CWIS data. **(COPA MD 205.34)**
4. Make every effort to ensure that privileged user access to any system containing CWIS data will be restricted to only staff that require access to perform operational work.
5. Secure all electronic CWIS communications (e.g. encrypted email or similar security measures) when exchanging system-derived confidential or restricted data. **(COPA ITP-SEC008)**
6. Retain a list of authorized county users who have access to any system that maintains or stores CWIS data and the contact information for the County IT Security Officer. Provide this list to DHS upon request.
7. Ensure that county users participate in annual security awareness training and sign a data privacy, confidentiality, and usage agreement which shall be maintained onsite for review and inspection by DHS officials upon request. **(DHS POL-SEC010)** An example of security awareness training used by the commonwealth is provided and may be adapted for use by counties. Successful completion of annual training includes user’s annual acknowledgment of Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy.

3.3 Security Requirements - Technical Security Controls

1. Ensure that system connectivity to CWIS and all end users sessions are secure and can be electronically audited at all times. **(COPA MD 205.34)**
2. Ensure that County system owner(s) notify DHS CISO (ra-itsecurity@pa.gov) within one hour of determining a security/privacy incident related to their county case management systems and submit a follow-up investigative report within 24 hours. A security incident includes any unauthorized user accessing or obtaining CWIS data **(DHS POL-SEC004)**
3. Maintain required firewall settings as well as virus and intrusion protection at all times as defined in the Commonwealth and DHS Security Policies. **(DHS POL-SEC007)**
4. Notify DHS CISO at ra-itssecurity@pa.gov in the event of disaster or other contingency that disrupts normal operation of the county networks.
5. Monitor county compliance with Commonwealth and DHS security policies and procedures referenced in this agreement and keep records in a format that is conducive to periodic audits.

3.4 Records Access/Data Sharing

1. Comply with CWIS records access and data sharing policies, procedures, and standards as defined in **Commonwealth Management Directive 205.34.**
2. Understand that there is no expectation of CWIS user privacy when using any system that maintains or stores CWIS data.
3. Subject CWIS data to monitoring or other access by authorized Commonwealth personnel.
4. Safeguard all CWIS data including CWIS data which could be cached, stored, and/or printed.
5. Limit data usage to “official purposes” and not for personal use under any circumstances.



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6. For any system that maintains or stores CWIS data, users shall not have unauthorized data and should take measures to protect the security of their data.
7. Ensure that contractors do not to disclose, duplicate, disseminate, or otherwise release CWIS data without obtaining prior written approval from DHS.
8. Ensure that CWIS data is maintained and provided consistent to the requirements of 23 Pa. C.S. § 6301 *et seq.*
9. Be mindful of penalties associated with the inappropriate release of data, including those set forth under 23 Pa. C.S. § 6349.
10. Disseminate information only for legitimate and official purposes consistent with all federal, state, and local laws.
11. Do not distribute CWIS derived data to the public or to unauthorized recipients, unless otherwise specified in CWIS policy and procedures.
12. Maintain documentation as required by agency or CWIS (e.g. dissemination logs) to track who has had access to any system that maintains or stores CWIS data over the prior three year period. Documentation must be available to DHS upon request.
13. Coordinate any planned system disconnection sixty (60) working days prior to the actual disconnection with the DHS, the County Children and Youth Agency, and the County Information System Owner.

3.5 Expunction of CWIS Data

County Children and Youth Agencies and CWIS business partner users must adhere to the requirements in the Child Protective Services Law (CPSL) related to the expungement of reports of child abuse and children in need of general protective services. It is the requirement of DHS to notify the County Children and Youth Agencies when information is expunged from the Statewide Database. Expungement notices are sent from the DHS to all agencies that have received a copy of a report and to any CCYA that has a user that as viewed a report in CWIS. The recipient of the expungement notice is responsible for ensuring their records and those of their employees are expunged within 10 days of the notice from DHS per the CPSL. The OCYF Regional Offices and the Attorney General Office monitor compliance of expungement rules and are responsible for addressing non-compliance.



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4.0 Applicable Dates

- A. *Effective Date.* The effective date of this agreement is October 1, 2019.
- B. *Term.* The term of this agreement shall be for the period through September 30, 2020.
- C. *Renewal.* This agreement shall be renewed annually as part of the annual Needs Based Plan and Budget Process.
- D. *Modification.* The Parties may not modify this Agreement at any time either by verbal or by written modification.
- E. *Termination.* The confidential and privacy requirements shall survive any decision to terminate this agreement.

5.0 Signatory Approvals

This Agreement constitutes the entire CWIS Data Sharing Agreement and supersedes all other data exchange agreements between the DHS Office of Children, Youth, and Families Parties that pertains to the disclosure of data between the CWIS, County Children and Youth Agencies, and the County IT System Owners for the purposes described in this Agreement. Neither Party has made representations, warranties, or promises outside of this Agreement. This Agreement takes precedence over any other documents that may be in conflict with it. The terms and conditions of this CWIS Data Sharing Agreement will be carried out by authorized officers, employees, and contractors of the CWIS, County Children and Youth Agencies, and County IT System Owners. For each agency signatory to this agreement, the CWIS and the relevant entities are each considered to be a “Party” and collectively they are known as “the Parties.” By entering into this Agreement, the Parties agree to comply with the terms and conditions set forth herein and any other unstated applicable laws.

Access to CWIS Data may be suspended or revoked for:

- 1. Violating this agreement.**
- 2. Violating Agency, Commonwealth, or Federal laws, regulations, policies, and/or procedures.**
- 3. Failing to cooperate with investigators during a misuse investigation.**

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The undersigned hereby represent that they are authorized to execute this agreement and bind the parties, their representatives, and their agents here below:

Signatories

DHS Deputy Secretary Date

County Executive/Solicitor Date

County Children and Youth Agency Director Date

County Commissioner (if applicable) Date

County Commissioner (if applicable) Date

County Commissioner (if applicable) Date

**SEE ATTACHED COUNTY
SIGNATURE PAGE**



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Appendix A

CWIS Overview

The Pennsylvania Department of Human Services (DHS) Child Welfare Information Solution (CWIS) is an electronic data exchange with sixty-seven County Children and Youth Agencies using six diverse county systems. DHS uses data collected from the county systems for state level data sharing and program coordination for child welfare services.

Current CWIS functionality is divided into seven modules listed below. Additional functionality will be added over the next few years.

- The Referral Intake module supports the recording of referrals that come in to the 24x7 ChildLine Hotline and need disseminated to the counties for follow-up.
- The Investigation and Assessment module supports the receipt of outcomes for Child Protective Services and General Protective Services referrals from counties and regions.
- The Investigation Review module provides system validations and worker review of the investigation summaries received from the counties or regions. It supports a mandated expungement process.
- The Appeals module supports the management of perpetrator appeals of the status determination of an investigation.
- The Clearance module supports the Child Abuse History Certification process for the general public who are required to acquire a clearance in order to work with children.
- The Self-Service module supports the electronic transmission of reports of suspected child abuse by mandated reporters and the submission of child abuse history clearance application.

The Reports and Dashboards module provides operational reports for DHS and county users to monitor the status of referrals.



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Appendix B

Federal and State Laws and Regulations Regarding Confidential Records

Below is a list of state and federal laws that may impact CWIS data. This list is not exhaustive and does not include any laws which may go into effect during the term of the Data Sharing Agreement.

State or Federal Law	Description
28 Pa. Code § 28.5 Screening and Follow-up for Diseases of the Newborn	A health care provider, testing laboratory, the Department or any other entity involved in the newborn screening program may not release any identifying information relating to any newborn child screened in the newborn screening program to anyone other than a parent or guardian of the newborn child or the health care provider for the newborn child designated by a parent or the guardian except in delineated circumstances.
35 P.S. § 7607 Confidentiality of HIV-Related Information Act	No person or employee, or agent of such person, who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a release of confidential HIV-related information under subsection (c) may disclose or be compelled to disclose the information, except to specific people or entities.
71 P.S. § 1690.108 PA Drug and Alcohol Abuse Control Act	All patient records and all information contained therein relating to drug or alcohol abuse or drug or alcohol dependence prepared or obtained by a private practitioner, hospital, clinic, drug rehabilitation or drug treatment center shall remain confidential and may be disclosed only with the patient's consent and only (i) to medical personnel exclusively for purposes of diagnosis and treatment of the patient or (ii) to government or other officials exclusively for the purpose of obtaining benefits due the patient as a result of his drug or alcohol abuse or drug or alcohol dependence except that in emergency medical situations where the patient's life is in immediate jeopardy, patient records may be released without the patient's consent to proper medical authorities solely for the purpose of providing medical treatment to the patient.
50 P.S. § 7111 Mental Health Procedures Act	All documents concerning persons in treatment shall be kept confidential and, without the person's written consent, may not be released or their contents disclosed to anyone except to specifically listed individuals or entities.
71 P.S. § 1690.112 Consent of minor under the PA Drug and Alcohol Abuse Control Act	Any physician or any agency or organization operating a drug abuse program, who provides counseling to a minor who uses any controlled or harmful substance may, shall not be obligated to inform the parents or legal guardian of any such minor as to the treatment given or needed.
23 Pa.C.S.A. § 6703 Address Confidentiality Program through the Office of Victim Advocate	Through the Office of Victim Advocate, eligible people shall receive a confidential substitute address. All records relating to applicants and program participants are the property of the Office of Victim Advocate. These records, including program applications, participants' actual addresses and waiver proceedings, shall be kept confidential.
35 P.S. § 10231.302 Confidentiality in the Medical Marijuana Act	All information obtained by the department relating to patients, caregivers and other applicants shall be confidential and not subject to public disclosure ... including: including: (1) Individual identifying information about patients and caregivers. (2) Certifications issued by practitioners.

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	<p>(3) Information on identification cards.</p> <p>(4) Information provided by the Pennsylvania State Police under section 502(b).2</p> <p>(5) Information relating to the patient's serious medical condition.</p>
<p>11 P.S. § 876-7 Confidentiality of records in the Infant Hearing, Education, Assessment, Reporting and Referral Act</p>	<p>Data obtained directly from the medical records of a patient shall be considered confidential and shall be for the confidential use of the department in maintaining the tracking system and in providing appropriate services. The information shall be privileged and may not be divulged or made public in any manner that discloses the identity of the patient.</p>
<p>Pa.R.J.C.P. No. 173 Retention of Specific Information from Juvenile Records</p>	<p>All information retained according to this rule shall be confidential. This information is not eligible for inspection pursuant to Rule 160.</p>
<p>23 Pa. C.S. § 6344(n) Employees having contact with children; adoptive and foster parents</p>	<p>The information provided and compiled under this section, including, but not limited to, the names, addresses and telephone numbers of applicants and foster and adoptive parents, shall be confidential and shall not be subject to the act of February 14, 2008 (P.L. 6, No. 3),⁴ known as the Right-to-Know Law. This information shall not be released except as permitted by the department through regulation.</p>
<p>23 Pa. C.S. § 6344.2 Volunteers having contact with children</p>	<p>Information provided and compiled under this section by the department shall be confidential and shall not be subject to the act of February 14, 2008 (P.L. 6, No. 3), known as the Right-to-Know Law.¹ This information shall not be released except as permitted by the department through regulation.</p>
<p>55 Pa. Code § 105.1 Policy; Safeguarding Information relating to individual applicants and recipients of public assistance</p>	<p>Information to be safeguarded. The Department will safeguard the following information:</p> <p>(1) The names of applicants and recipients.</p> <p>(2) The address of any applicant or recipient and the amount of assistance any recipient is receiving except as provided in § 105.4.</p> <p>(3) Information in applications, reports of investigations, financial and medical records, correspondence and other recorded or unrecorded information, related to the condition or circumstances of applicants and recipients. This applies to information in the offices of the Department, the Department of the Auditor General, the Treasury Department and other agencies concerned with the administration of public assistance. Information that does not identify a particular individual is not included in the class of material to be safeguarded.</p>
<p>55 Pa. Code § 5100.31 Confidentiality of Mental Health Records</p>	<p>Persons seeking or receiving services from a mental health facility are entitled to do so with the expectation that information about them will be treated with respect and confidentiality by those providing services</p>
<p>55 Pa. Code § 5100.37 Records relating to drug and alcohol abuse or dependence under the Confidentiality of Mental Health Records</p>	<p>Whenever information in a patient's records relates to drug or alcohol abuse or dependency, as defined in 71 P. S. § 1690.102, those specific portions of the patient's records are subject to the confidentiality provisions of section 8(c) of the Pennsylvania Drug and Alcohol Abuse Control Act (71 P. S. § 1690.108(c)), and the regulations promulgated thereunder, 4 Pa. Code § 255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information).</p>
<p>55 Pa. Code § 3680.34 Confidentiality of client records in Administration and Operations of a Children and Youth Social Service Agency</p>	<p>(a) Information that may identify a child or the family, as well as other information contained in the client record, is confidential.</p> <p>(b) The legal entity shall ensure that no staff person discloses or makes use of information, directly or indirectly, concerning a child or the family, or both, other than in the course of the performance of his duties.</p>

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<p>55 Pa. Code § 3130.44 Confidentiality of family case records in Administration and Operations of County Children and Youth Social Service Programs</p>	<p>(a) Information that may be used to identify the child or the parents by name or address, and information contained in the case record, is confidential. A staff person may not disclose or make use of information concerning the child or the parents other than in the course of the performance of his duties.</p>
<p>55 Pa. Code § 3490.242 Confidentiality of General Protective Services records</p>	<p>Information obtained by the county agency or Department in connection with general protective services may only be released as follows: (1) Under § 3130.44 (relating to confidentiality of family case records). (2) To another county agency. (3) To an official of an agency of another state that performs general protective services analogous to those services performed by county agencies or the Department in the course of the official's duties.</p>
<p>55 Pa. Code § 3290.183 Confidentiality of records of Family Child Day Care Homes</p>	<p>(a) A child's record is confidential. (b) A facility person may not disclose information concerning a child or family, except in the course of inspections and investigations by agents of the Department.</p>
<p>55 Pa. Code § 601.121 Confidentiality for Federal Low Income Home Energy Assistance Program</p>	<p>Information about a LIHEAP applicant or recipient is confidential</p>
<p>55 Pa. Code § 3490.91 Persons to whom child abuse information shall be made available</p>	<p>Reports, report summaries and other accompanying information obtained under the CPSL and this chapter in the possession of the Department and a county agency are confidential. Except for the subject of a report, persons who receive information under this section shall be advised that they are subject to the confidentiality provisions of the CPSL and this chapter, that they are required to insure the confidentiality and security of the information and that they are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information.</p>
<p>55 Pa. Code § 3490.94 Release of the identity of a person who made a report of child abuse or cooperated in a subsequent investigation</p>	<p>(a) Except for the release of the identity of the persons who made a report of suspected child abuse or cooperated in the investigation under § 3490.91(a)(9) and (10) and 3490.92(a)(3) (relating to persons to whom child abuse information shall be made available; and requests by and referrals to law enforcement officials), the release of data that would identify the person who made a report of suspected child abuse or person who cooperated in a subsequent investigation is prohibited, unless the Secretary finds that the release will not be detrimental to the safety of the person. (b) Prior to releasing information under subsection (a) to anyone other than a law enforcement official under subsection (a), the Secretary will notify the person whose identity would be released that the person has 30-calendar days to advise the Secretary why this anticipated release would be detrimental to the person's safety.</p>
<p>55 Pa. Code § 5310.142 Confidentiality of Client Records for Children's Services in Community Residential Services for the Mentally Ill</p>	<p>All client records and information are confidential and may not be disclosed directly or indirectly without the written consent of the child's parent or the agency having custody of the child, if applicable, and the child if the child is 14 years of age or older.</p>
<p>HIPAA Privacy Rule, 45 CFR Part 160 and Subparts A and E of Part 164</p>	<p>The Rule assures certain individual rights in health information, imposes restrictions on uses and disclosures of protected health information, and provides for civil and criminal penalties for violations.</p>

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<p>42 U.S.C. § 290dd- 2, 42 C.F.R. Part 2 Substance Abuse And Mental Health Services Administration</p>	<p>Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under this section. (only applies to federally assisted programs)</p>
<p>18 U.S.C. § 2701, et seq. Stored Communications Act</p>	<p>Prohibits unauthorized access of electronic communications and provides civil and criminal remedies for violations, including a private right of action for aggrieved individuals. Also requires notice in the event of unauthorized access to a consumer’s electronic records.</p>



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Appendix C

Referenced Commonwealth and DHS IT Policies

Commonwealth and DHS IT Policies referenced in this agreement are listed below and included as attachments.

Incident Reporting

1. Incident Reporting & Response Policy - POL-SEC004
2. IT Security Incident Reporting Form – to be used by county to report an IT security incident

Security/Privacy/Access

1. Commonwealth of Pennsylvania Information Technology Acceptable Use Policy 205.34
2. Network Security Policy - POL-SEC007
3. IT Policy – Enterprise Email Encryption ITP008
4. Security Awareness Training Policy - POL-SEC010
5. User Identity and Access Management - POL-SEC012



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Appendix D

General Password Policies and Recommendations

General Password Policies

1. Maintain a historical record of all issued account IDs. This record is to identify the person associated with the user ID, and the timeframe during which the account ID is/was valid.
2. Multi-user systems are to employ unique user IDs and passwords, as well as user privilege restriction mechanisms. Network-connected, single-user systems are to employ hardware or software mechanisms that control system booting and include a no-activity screen blanker.
3. Computer and communication system access control is to be achieved via a minimum of user ID/password combinations that are unique to each individual user. Shared accounts or passwords are prohibited when the intent is to access files, applications, databases, computers, networks, and other system resources. Anonymous system login is not permitted.
4. Systems software is to be used to mask, suppress, or otherwise obscure all password fields to prevent the display, capture, and printing of passwords. Additional precautions may be necessary to prevent unauthorized parties from observing and/or recovering passwords. All passwords are to be encrypted or hashed both in storage and during transmission.
5. Policy does not prevent the use of default passwords--typically used for new user ID assignment or password reset situations--which are then immediately changed when the user next logs into the system.
6. Systems software is to limit validity of initial password(s) to the new user's first session log-on. At first log-on of a new account or after the password has been reset by an administrator or help desk, the user is to be required to choose a new password.
7. All vendor-supplied default passwords are to be changed before any computer or communications system is connected to a commonwealth network or used for commonwealth business. This policy applies to passwords associated with end-user IDs, as well as passwords associated with system administrator and other privileged users.
8. Incorrect password attempts are to be strictly limited, to prevent password-guessing attacks. Upon five (5) consecutive, unsuccessful attempts to enter a password, the involved account is to be suspended until reset by a system administrator. Reset process may be delegated to the Help Desk or similar function approved by Systems Administrator. When dial-up or other external network connections are involved, the session is to be disconnected. System administrators are to monitor access reports, logs and other system activity for login attempts and report discrepancies.

9. Data encryption is required for all electronic password repositories.
10. Whenever there is a convincing reason to believe that system security has been compromised, the involved system administrator is to immediately (a) reassign all relevant passwords and (b) require all passwords on the involved system to be changed at the time of the next login. If systems software does not provide the latter capability, a broadcast message is to be sent to all users instructing them to change their passwords.
11. Least privileged. By default, all account should be assigned the lowest level of permissions. If elevated permissions are required a change request should be submitted and approved before elevated permissions are granted to any account.

General Password Recommendations

Passwords are an essential component of PC security. The more complicated the password, the more difficult it is for unauthorized users to gain access to an authorized user's system.

Users are to choose passwords that are difficult to guess. Passwords are NOT to be related to a user's job function or personal life. Users are not to incorporate a car license plate number, a spouse's name, or fragments of an address into their passwords. A password is to neither contain any word found in the dictionary, nor any proper names, places, technical terms, or slang. When available, systems software is to block and prevent usage of easily guessed passwords.

Users are to apply the following techniques to prevent unauthorized parties from guessing passwords. When choosing passwords:

- String several words together (the resulting passwords are also known as "pass- phrases").
- Shift a word up, down, left, or right one row on the keyboard.
- Bump characters in a word a certain number of letters up or down the alphabet.
- Transform a regular word according to a specific method, such as making every other letter a number reflecting its position in the word.
- Combine punctuation or numbers with a regular word.
- Create acronyms from words in a song, a poem, or another known sequence of words.

- Deliberately misspell a word (but not a common misspelling).

Users are not to construct passwords that are identical (or substantially similar) to previously employed passwords. When available, systems software is to block and prevent password reuse.

Users are not to construct passwords using a basic sequence of characters that is then partially changed based on the date or some other predictable factor. For example, users are NOT to employ passwords like "X34JAN" in January, "X34FEB" in February, etc.

Readable-form passwords are not to be stored in: batch files, automatic login scripts, software macros, terminal function keys, computers without access control, or in other locations where unauthorized persons might discover them. Passwords are to be assigned to specific, authorized users and are not to be accessible by anyone other than the authorized user. Non-repudiation depends upon the unavailability of a password to anyone other than the authorized user. Administrator passwords can be archived in a secured location with access limited only to authorized users.

Passwords are not to be written down and left in a place where unauthorized persons might discover them, except for initial password assignment and password-reset situations. If there is reason to believe a password has been disclosed to someone other than the authorized user, the password is to be immediately changed.

Passwords are never to be shared or revealed to anyone but the authorized user, regardless of the circumstances. Revealing a password exposes the authorized user to the responsibility for actions that another party takes with the disclosed password.



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Appendix E

Placeholder for copy of training