

Fiscal Year 2019-20 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) 2019-20 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. 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 2017-18, 2018-19 and 2019-20

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

- ❑ **Identify the top three successes and challenges realized by the County Children and Youth Agency (CCYA) since its most recent Needs-Based Plan and Budget (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 has identified a set of needs that directly impact the safety and well-being of children and youth. During the Implementation Year (2018-19) and the Plan Year (2019-20), Allegheny County will respond to the *needs* outlined below, with the strategies reflected in this document and the Adjustments.

A summary of needs/challenges:

1. **Need: Maintain consistency in casework staff by recruiting, supporting and retaining quality staff.** High caseworker turnover negatively impacts the children and families we serve. Fewer changes in caseworkers means increased chances of stability for families and permanency for children.¹ High caseworker turnover also drives up costs. Every time a caseworker leaves, the cost to the child welfare agency is 30–200 percent of the exiting employee's annual salary.² We know that not all turnover is preventable, but we want to work to address factors that are predictive of high turnover and implement strategies to mitigate those factors. We have set a goal to reduce our caseworker vacancy rate to 10 percent or lower by the end of 2019. Key strategies in support of our goal include:
 - **Increase caseworker salaries** to better compensate them for the difficult, important work that they do, because of a negotiated union contract increase.

¹ http://ncwwi.org/files/Why_the_Workforce_Matters.pdf

² http://ncwwi.org/files/Retention/Calculating_the_cost_of_Employee_Turnover.pdf

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- **Proactively recruit qualified caseworkers** to staff vacancies by building a pipeline of candidates through targeted recruiting, engaging in workforce planning, anticipating office needs, and building a brand as a cutting-edge human services employer (Adjustment requested).
- **Reduce the number of caseloads that caseworkers are responsible for** to mitigate burnout and give caseworkers the time they need to effectively do Conferencing and Teaming. We are requesting an additional casework unit as one way of lowering caseloads. (Adjustment requested)
- **Continuously improve hiring and selection processes and practices** to support new hire fit in the Caseworker role using a Predictive Index. The Predictive Index is an assessment which predicts primary personality characteristics and cognitive ability used to align workplace behaviors and on-the-job performance.
- **Improve new caseworker training** by creating specialized training units for new hires. New hires would spend the first few months of the job in these units with small caseloads and close mentorship by training supervisors. Further, DHS will create a simulation lab, a realistic environment that will enable us to better support training and focus on real world skill application. (Adjustment requested)
- **Support and grow supervisors** by creating tools to support supervision and dedicating training support for supervisors, so that they may support and grow their staff, including a simulation lab (Adjustment requested).
- **Use data to understand current workforce conditions and anticipate needs**, including expanding the “HR Dashboard” to broader workforce planning and integrating workforce and caseload data.

2. **Need: Respond to Families First federal legislation.** Families First will change the way that we receive federal child welfare dollars. DHS has been working toward the principles of Families First—reducing congregate care, investing in evidence-based practices (EBP), and focusing on prevention—for years. To comply with the new law and to ensure that our funding is not jeopardized, we will:

- **Continue to work to reduce congregate care.** We know that children do best in family-like settings and have worked hard to ensure that congregate care is only used as a last resort for placement. We’ve significantly reduced the number of children in care over the past five years; however, we still have a population in care that have complex needs and for whom we have a difficult time finding placements. Under Families First, only the first 14 days of a child’s stay in congregate care are billable through Federal IV-E. To further reduce congregate care, we will:
 - o **Diligently recruit foster families** for kids in congregate care (mainly teens and kids with very complex needs) by requesting a grant pick-up for the federal Diligent Recruitment grant expiring this year. (Adjustment requested)
 - o **Invest in services that support multi-system children and youth by:**
 - Placing multi-system specialists at each regional office who will help facilitate integrated Conferencing and Teaming meetings and consult on multi-system kids. (Adjustment requested)
 - Providing a mobile transition/crisis team that would support multi-system, high-risk children with very complex needs in their transition from higher levels of care to permanency. (Adjustment requested)

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- **Expand our use of evidence-based practices (EBP)s for prevention.** DHS believes in investing in programs that work, as evidenced by our successful investment in and implementation of EBPs, such as Homebuilders®. Families First encourages counties to invest in EBPs. To shift some of our existing programming to EBP and to expand the variety of EBPs available to families in our system, we will:
 - **Make EBPs available as additional tools for families who are receiving in-home supports.** (Adjustment requested)
 - **Offer an EBP for families who have experienced intimate partner violence (IPV).** We are working hard to train caseworkers to better identify IPV. Now, we need to offer an intervention that addresses the trauma associated with IPV for victims and their children. (Adjustment requested)
 - **Explore an intergenerational community housing model** for vulnerable young families and seniors. There are seven Generations of Hope communities in the country with eight additional ones in development. In these communities, seniors and vulnerable families reside near each other and support one another. (Adjustment requested)
 - **Offer an EBP support group intervention for parents at high-risk** of abusing their children or who have abused their children, led by trained parents with lived system experience (Adjustment requested).
- **Continue to invest in prevention.** Our Assistant Deputy Director of Prevention and Community Services is developing a plan to prevent child maltreatment and improve childhood outcomes that focuses on families whose children are at higher risk. The plan would provide high-risk families with supports that improve their well-being, safety and social connectedness. Families First complements this work by expanding the definition of eligibility for support with federal dollars beyond families whose children are at imminent risk for out-of-home placement, to include more children who could benefit from preventative supports. To address prevention needs, we plan to:
 - **Expand the Family Support Centers** that we anticipate will serve more families as a result of their involvement with Early Learning Resource Centers (which DHS will begin to manage next year). Five to six Family Support Centers in high-need communities will have satellite childcare, resource and referral staff, additional drug and alcohol specialists and outreach workers. We will also expand the hours that the centers are open. (Adjustment requested)
 - **Support the Allegheny County Babies and Families Prevention model** by providing a texting service and trained community health workers to engage new, vulnerable moms. This ask will support the broader Allegheny County Babies and Families initiative, designed to improve safety and well-being of families and prevent abuse and neglect of young children by reaching, engaging and assisting families with babies born at Magee Hospital. The initiative will provide universal outreach to all mothers and families through a “light touch” while they are in the hospital, so that each family knows where to turn if they need guidance or help through a visit from a hospital-based community health worker. It will also provide targeted outreach by community health workers to a subset of mothers and families with newborns who are likely to have the greatest need for support. Community health workers will be skilled at outreach and engagement and, with the family’s permission, meet families in their home and connect them to other available resources when appropriate. (Adjustment requested)

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- **Expand afterschool and summer programs for teens** in Penn Hills and other high-need communities. (Adjustment requested)
- **Support the afterschool network with social and emotional need coordinators**, per the request of the afterschool providers. (Adjustment requested)

3. Need: Improve time to permanency and reduce disruption in permanent legal custodianships (PLC). We know that kids do best in permanent homes, and that achieving timely permanency is an area where we can improve. Our data tells us that total time from adoption referral to adoption finalization – without a termination of parental rights (TPR) appeal – takes an average of over one year (median of 373 days). With a TPR appeal, time from adoption referral to adoption finalization takes almost two years (median of 624 days). The time for PLCs to be finalized is slightly faster due to fewer steps and barriers to the process, but the median time is still about six months with an average time of about seven months. Further, between 2015 and September 2017, 297 children were re-referred following PLC. One hundred fifty-eight (53%) of the referrals were screened for investigation and 72 of those investigations (46%) were accepted for services. In 2017, there were 82 removals of children who had previously finalized PLC; the primary reason for these removals was parent/child conflict (30% of cases). We can get kids in permanent placements faster, and help them maintain permanency, through the following strategies:

- **Increase the number of paralegals and attorneys on staff** to reduce the time to adoption finalization by speeding up the TPR process. (Adjustment requested)
- **Expand the matching unit** which works to move children in congregate care to permanency. (Adjustment requested)
- **Reduce disruptions in PLCs and adoptions** by contracting with a mediation expert to help resolve parent-child conflict (the primary reason for disruption). (Adjustment requested)
- **Continue to work with Plummer Youth** to:
 - Train matching workers on engagement skills that will encourage youth "buy in" to permanency and teach workers skills that will help with "family finding" during conversations with youth.
 - Strengthen the role of matching workers at the teaming meetings, particularly in identifying potential resources and concurrent planning. Planning for 2019 includes Plummer Youth helping matching workers learn the skills of recruitment of resource families.

4. Need: Support our provider community. Equipping our Community-Based Organization (CBO) provider partners with the resources they need to best serve families is integral to helping families stay strong and together, while reducing child welfare involvement. A recent report, *A National Imperative: Joining Forces to Strengthen Human Services in America*, commissioned by the Alliance for Strong Families and Communities and the American Public Human Services Association, stressed the critical role and value that human services CBOs play in communities across the nation by improving health outcomes and reducing health care costs; ensuring children are safe and live in supporting neighborhoods can succeed in school

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and have strong and economically secure families; and providing crucial mental health and substance abuse services, particularly in the face of the current opioid epidemic. Against the backdrop of an increasing need for human services, driven by persistent poverty rates, income inequality, an aging population, and the challenge of the opioid epidemic, the financial stability of CBOs is increasingly tenuous. To help the CBOs in our community thrive and continue to carry on the important work that they do, we will:

- **Fund providers to increase salaries for frontline staff.**
- **Ensure that providers receive compensation for additional transportation, resulting from the Every Student Succeeds Act (ESSA).**
- **More fairly compensate the organization that does the bulk of our legal and advocacy work for their increasing workload.**

A summary of successes:

1. **More children entering placement are living with kin.** The number of children receiving reimbursed Kinship Care increased by 28% between 2016-17 and 2017-18. This trend is a result of our strong commitment to using kinship providers whenever possible, and through the efforts of the kinship navigators. To ensure that all children who need to be removed from their homes have the chance to safely live with kin rather than in congregate care, DHS designated a “kin navigator” at each regional office. This navigator supports caseworkers in identifying and qualifying kin, including through criminal history checks early on in a family’s experience with CYF, so that kin can be easily located in the event of a removal. We 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 in case caseworkers need to find kin for placement. The Leadership Fellows developed these recommendations. This past year, DHS added an additional kin navigator to each regional office and one to the intake and permanency offices to meet the demand for these services.
2. **Investing in predictive analytics.** DHS continues to refine implementation of the Allegheny Family Screening Tool (AFST), a predictive risk model designed to improve call screening decision-making in the county’s child welfare system. The AFST is the result of a two-year process of exploration, research, ethical analysis and training. The AFST calculates a score by integrating and analyzing hundreds of data elements; the score predicts the long-term likelihood of re-referral, if the referral is screened out without an investigation, or home removal, if the referral is screened in for investigation. The Family Screening Score provides additional information – in conjunction with clinical judgement – to assist child welfare workers in making a difficult call screening decision. To generate the AFST scores, the AFST uses more than 100 predictive factors for each child on the referral. These factors are then weighted through a logistic regression model to calculate two AFST scores (ranging from 1–20) for each child: the risk of placement within two years if the referral is screened-in and the risk of re-referral within two years if the referral is screened-out. Call screeners and supervisors see the maximum AFST score from the referral. For example, if there are two children on the referral and one has a maximum risk score of 12 and the other has a maximum risk score of 16, the call screener will see a score of 16. It should be noted that while in some settings machines have been used to make decisions that were previously made by humans, this is not the case for the AFST. It was never intended or suggested that the algorithm would replace

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human decision-making. Rather, the AFST should help to inform, train and improve the decisions made by the child welfare staff. An impact evaluation is underway and set to be completed by the end of the year. To read more about the AFST, please visit the Allegheny County Analytics website: <https://www.alleghenycountyanalytics.us/>

- 3. Managing the Opioid Epidemic.** The opioid epidemic impacts every area of the human service system, exacerbating mental health issues, driving people to homelessness, jeopardizing the stability of families and safety of children, and threatening employment and income. Most importantly, Allegheny County has 737 reported overdose deaths in 2017. DHS is working across systems to implement a coordinated response to this epidemic, through a variety of partnerships and initiatives, that will improve and expand access to prevention, treatment and recovery services and help keep adults, children and families healthy and safe. According to the 2015-2016 Opioid-related Overdose Fatalities report, 27 individuals who overdosed were listed as a parent on an open child welfare case, 87 children were potentially affected by the person's death and 68 children were under 18 at the time of death. Today, nearly 35% of all kids in CYF paid placement are in care with adult drug-use as a removal reason, up from 25% in 2016. While the effects of the epidemic are devastating for children and families, DHS has worked hard to mitigate negative outcomes and has implemented innovative programs for children and families impacted. These include:
- **Providing recovery-oriented, trauma-informed, in-home substance use disorder treatment** using an evidence-based model originally developed for the Connecticut Department of Children and Families called "Family-Based Recovery" or "FBR." The FBR model uses in-home therapy and substance use disorder treatment to help parents overcome substance use disorders, while improving the parent-child relationship.
 - **Implementing an innovative, recovery-oriented, and trauma-informed residential drug treatment program** for families with a parent in critical need of treatment for unhealthy substance use.
 - **Providing rapid rehousing** for families who have a parent/caregiver with a history of substance abuse.
 - **Bridging the knowledge gap between child welfare and behavioral health** through the addition of a Substance Use Consultant Specialist and Behavioral Health Specialists who support each regional office, informing decisions and access to treatment for families struggling with substance use disorder or co-occurring disorders.
 - **Continuing to provide Care Coordination through the Children's Institute** that targets children from birth through five years old who were born to mothers suffering from substance use disorders.
 - **Expanding POWER Connections** program to provide peer support to fathers, in addition to mothers, suffering from a substance use disorder.
- ☐ **Summarize additional information, including findings, related to the CCYAs annual inspection. Quality Services Review (QSR)/Child Family Service Review (CFSR) findings that will impact the county's planning and resource needs for FYs 2018-19 and 2019-20.**

See above.

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

Since 1996, the legislative mandate and mission of the Juvenile Probation Office (JPO) has been to attain the goals of Balanced and Restorative Justice: to protect the community; to hold juveniles accountable for the harm caused to the victim and the community; and to help juveniles develop competencies that lead to law abiding and productive citizenship. During the past several years, JPO has incorporated a number of evidence-based practices and programs to help us achieve these goals. This effort, known statewide as the Juvenile Justice System Enhancement Strategy (JJSES), emphasizes evidence-based practices and structured decision-making at every key decision point in the juvenile justice process. The importance of this work was made clear in 2012 when the legislature amended the purpose clause of the Juvenile Act to require juvenile probation departments to employ evidence-based practices whenever possible.

The foundation of the 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 2017 there were 2,262 YLS Assessments Completed. 964 scored as Low Risk, 1,005 scored as Moderate Risk, 279 scored as High Risk and 14 scored as Very High Risk. Our department has 14 YLS Master Trainers who train our staff to administer the YLS.

In 2013, Allegheny County signed on with three other counties to work with the EPIS Center to fully implement the Standardized Program Evaluation Protocol (SPEP). Since that time, an additional seven counties have joined with the EPIS Center to conduct the SPEP. The SPEP was developed by Dr. Mark Lipsey at Vanderbilt University through a meta-analysis of the characteristics of effective delinquency interventions. The goal of SPEP is to help community-based and residential programs improve their ability to deliver services that reduce juvenile offenders' likelihood to reoffend. The SPEP is a validated, data-driven ratings system that determines how well a program matches what research tells us is effective for that particular type of program in reducing recidivism and producing positive outcomes for youth.

Allegheny County has eight staff, including two assistant chiefs and the juvenile justice planner, who are trained to conduct the SPEP with providers throughout the state. One of our POs is currently being trained as a Level Two SPEP Trainer to facilitate further SPEP expansion. Through 2017, Allegheny County's SPEP™ team evaluated 86 separate interventions at 14 residential and community-based provider locations using the SPEP™ protocol. Thus, nearly all of our community based and residential providers have had at least one service evaluated by SPEP. Allegheny County will continue to work closely with providers to expand the number of services involved in SPEP. We have 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.

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Evidence based programs are effective only when delivered with fidelity. As we complete the SPEP we consistently see issues with dosage and duration of intervention. Evidenced based programs must be delivered at the designated number of hours per week (dosage) for a specific number of weeks (duration). In many cases the juveniles were not in the program long enough to receive the dosage and duration indicated in the research. Consequently, the Court is increasingly ordering longer stays for youth to ensure they receive the necessary dosage and duration. Providers are incurring increased costs as they adjust staffing ratios and program delivery to ensure fidelity. In some cases, providers have had to hire trainers and consultants to improve program delivery. We have increased funding to cover these necessary provider costs.

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 \$256,000 in total dollars, approximately \$150,000 of which went directly to victims as restitution for crimes committed; \$17,300 went to the Victim Compensation Fund; and over \$12,000 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 1,172 juveniles whose cases were closed in 2017, 81 percent satisfied their restitution obligations in full and 93 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 will need to be funded using the Needs Based Plan and Budget process.
- We have also strongly encouraged all of 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

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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 continues after they reintegrate back into the community that 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 insuring that every youth receiving aftercare supervision at one of the six Allegheny County CISP Centers advances academically and/or successfully completes at least one vocational activity. This grant will expire December 31, 2017. OCYF approved the first six months direct costs of these staff in our funding beginning January 1, 2018. We will be requesting analyzation of the project in this years' request.

- Allegheny County has been utilizing Aggression Replacement Training (ART) as an evidenced based intervention to youth under supervision. 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. The initial training curriculum was delivered to all CYF caseworkers and Juvenile probation officers in the fall of 2015 and was fully implemented effective January 1, 2016. Since that time the Crossover team has continued to train both CYF and JPO staff and they conduct ongoing case reviews. Our Crossover Project was just selected as the Juvenile Court Judges Commission (JCJC) Court Operated Program of the Year and was recognized at the James E Anderson Conference in November 2017.
- 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. By the end of

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2017, 100% of the Department's probation and Community Intensive Supervision CISP) staff 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 with youth.

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.

- ❑ **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 2018-19 and 2019-20.**

See above.

2.2a&b: Collaboration Efforts and Data Collection Details

- ❑ **Summarize activities related to active engagement of staff, consumers, communities, and stakeholders. 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.**

DHS presented an overview of the Needs-Based Plan and Budget to the CYF Advisory Board on July 11, 2018. DHS leaders 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 then held a joint public hearing on July 31, 2018 in the Human Services Building in downtown Pittsburgh to obtain comments, which will be incorporated into the FY 2018-19 and FY 2019-20 Needs-Based Plan and Budget.

Earlier in the year, as part of its planning to integrate services, DHS held two public hearings- one in the afternoon of April 17, 2018 in the Human Services Building in downtown Pittsburgh and a second the morning of April 20, 2018 at the Father Ryan Arts Center in McKees Rocks to discuss the FY 2018-19 Block Grant Plan, including a discussion of all services that are important to children and families served by DHS. Participants included consumers, 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.

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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, 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

❑ 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 (DARE), which includes strategic planning, 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 DARE conducts throughout the year—to identify family and community needs and emerging issues and highlight potential solutions. DARE prepares briefings for DHS leaders so 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

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- ☐ **Identify data sources used in service level, needs assessment, and plan development.**

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
QSR, Child Near-Fatality and Fatality Reviews, Licensing reports, and Case Practice's case reviews	Specific areas for improvement/systems issues to address
CART	DHS surveys of caregivers and others who have used DHS services; and summaries of focus groups and other in-person interviews
Neighborland	DHS began using Neighborland as a communication platform to receive community feedback on key questions related to planning.

2.3 Program and Resource Implications

2-3e. Overtime Rule

Requests for resources should be included as an Expenditure Adjustment. Please respond to the following questions regarding the county's general plan to address the proposed rule:

- ☐ **If impacted by the new rule, briefly describe the CCYA's 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 about \$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 on their program costs.**

When the DOL proposed new overtime regulations (that would have gone into effect in December 2016), DHS sent a survey to CYF providers to assess the impact of the rule. The results of this survey showed that providers would need an additional \$2.5-\$8.8 million to meet the requirements of the rule. DHS intended to continue to refine its assessment of these costs during the remainder of the year, requesting \$1.5 million through the NBPB. However, the ask was ultimately denied because the rule did not take effect. An updated survey has been sent out to providers to assess the impact of the proposed rule on program costs.

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- ☐ **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 2019-20 as a result of the new rule.**

The updated survey was sent to 140 providers. Approximately 26% of providers responded to the survey. Of those that responded, 75% reported that the changes in overtime eligibility rules would significantly increase their costs to provide services and negatively impact their agency. 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 105 providers. This was a similar response to our last survey.

2-3g. Continuous Quality Improvement (CQI)

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

October/November, 2020

2-3n. Family First Prevention Services Act

- ☐ **Describe the anticipated practice and fiscal impact of this legislation assuming the state opts in to the use of Title IV-E for prevention services and there are no delays requested in implementation.**

DHS has been moving toward the key tenets of Family First Prevention Services for years—reducing congregate care, investing in prevention, expanding the use of evidence-based practices, encouraging and supporting placement with kin where possible, serving older youth, and better integrating child welfare and behavioral health services. However, the way the law is written and how it will be interpreted could allow for some unintended fiscal impacts.

Congregate Care: Under Families First, a child can remain in congregate care for 14 days and receive Title IV-E reimbursement. DHS makes every effort to use congregate care as a last resort for children who cannot be placed with kin or in another family setting. A recent analysis showed that over 80% of kids who spent at least one day in congregate care in 2017 were teens, aged 13-18, and 77% of them were black or multi-racial. We know that not many children typically stay in foster care for 14 days or less. Of all children who had at least one day in congregate care in 2017, 13% stayed for 14 days or less. Another 13% stayed for at least 15 days over the 14-day limit and 74% stayed over 15 days past the 14-day limit. This means, that under Families First, about 87% of children stayed in congregate care past the 14-day limit in 2017, making at least part of their stay ineligible for IV-E reimbursement. While we are committed to reducing the number of children in congregate care, we continue to face the challenge of a lack of available resource families willing to accept teens and a lack of appropriate placements for kids with highly complex needs.

We are working to address both challenges through adjustments requested for FY 19-20: picking up the diligent recruitment grant and expanding diligent recruitment efforts and putting in place additional supports for children with complex, multi-system needs to help them transition from congregate care to permanency. We have seen an overall increase in intake investigations, increasing about 30% from 2013-2014 to 2017-18 (largely due to increases in mandated reports and the opioid epidemic) and a 34% increase in placements from FY 16-17 to

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FY 17-18, largely attributable to the opioid epidemic. While we are working hard to locate enough resource families to meet the growing demand, we have not been able to keep up. Further, we know that most of our placements do not meet the criteria of QRTPs, and to equip providers with what they need to provide this intensity of service, we would need to pay higher rates to bring existing programs that could become QRTPs or new QRTPs up to par. We would see fiscal impacts not only in being able to bill fewer days of congregate care to IV-E, but also in seeing increasing rates to support the high-level of care required for QRTPs.

Investing in Prevention: DHS is committed to investing in services that prevent children from entering placement, increasing system involvement or system entry and that strengthen families and keep them together. We have built a strong network of family support centers and afterschool and summer programs to support this work. Further, we are planning on implementing Allegheny Babies and Families, a model that helps any family with a baby born at the largest women's hospital in the county, and especially those moms at highest risk, receive in-home and texting supports. We have also helped to coordinate and act as a central portal for home visiting programs in the County, and recently were awarded the Early Learning Resource Center for Allegheny County.

Under Families First, Title IV-E will reimburse up to a year of evidence-based prevention programming for mental health or drug and alcohol prevention or treatment and in-home parent skill-based services that include parenting skills training, parent education and individual and family counseling for "candidates." A "candidate" for foster care is defined as a child identified in a prevention plan as being at imminent risk of entering or reentering foster care (without regard for eligibility for Title IV-E foster care, adoption assistance or SPLC payments) but who can remain safely in the child's home or in a kinship placement if services or programs that are necessary to prevent the entry of the child into foster care are provided. It is DHS's hope that the definition of candidate be interpreted as inclusively as possible, so that any child at-risk of system entry (and therefore placement) can receive services that are IV-E eligible. For example, if a child flagged as high-risk by the Allegheny Babies and Families model and his or her parent receives evidence-based in-home supports, the child is more likely to remain safely at home and less likely to enter care.

Further, we know that many families in our county are struggling with opioid addiction. If a parent utilizes a family support center and receives an evidence-based support from a drug and alcohol specialist, this parent is more likely to be placed on a path to recovery and to provide a safe home for their child, making their child less likely to enter placement. Most of our prevention efforts are around preventing children from entering placement and the child welfare system at all. We also have a large in-home support program for families who are reunifying with their child or who have an open case and need additional supports to stay together. Interpreting the definition of candidate in a narrow way would hamper our ability to bill these important initiatives that speak to the spirit of the law- preventing children from entering care and keeping families together- to Title IV-E. DHS is requesting additional supports in FY 19-20 to add more evidence-based programs to the type of in-home services offered to these families, as well as EBPs for families experiencing intimate partner violence.

- *Defining Evidence-based.* DHS is committed to expanding the pool of evidence-based and promising practices that it utilizes, providing families with services and supports of proven quality. Over the past several years we have made large investments in Homebuilders®, Parents and Children Together (PACT), Strength-Based Family Workers, Conferencing and Teaming, High Fidelity Wrap Around, Ages and Stages,

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Family-Based Recovery, Triple P, Kin Navigators and Immigrants and International initiatives to name a few. Under Families First, some of these programs, which have evidence to support their effectiveness, would not meet the least stringent criteria for an EBP (promising practice):

- Superior to an appropriate comparison practice using conventional standards of statistical significance as established by the results of outcomes of at least one study that:
 - Was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; and
 - Utilized some form of control (such as an untreated group, a placebo group, or a wait list study)

This strict definition of EBP would limit the number of EBPs that we can bill to Title IV-E. As noted above, DHS has requested several EBPs that would meet the criteria listed in the law for FY 19-20.

- *Finding Kin.* DHS is committed to finding kin and placing children with kin when placement is the only option. To ensure that all children who need to be removed from their homes have the chance to safely live with kin rather than in congregate care, DHS designated a “kin navigator” at each regional office. This navigator supports caseworkers in identifying and qualifying kin, including through criminal history checks, early on during a family’s experience with CYF, so that kin can be easily located in the event of a removal; and 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 in case caseworkers need to find kin for placement. The Leadership Fellows developed these recommendations. In FY 18-19, DHS requested and received resources to add an additional kin navigator to each regional office and one to the intake and permanency offices to meet the demand for these services. Under Families First, DHS can expand the activities of kin navigators and the type of supports available to kin to better support kin caregivers.
- *Mental Health and Drug & Alcohol prevention and treatment.* As a DHS, we continue to work to meet the needs of families holistically and integrate systems whenever possible. Giving DHS the ability to bill preventative, behavioral health treatment to Title IV-E will allow us to best meet the holistic needs of families and keep more children out of placement, especially given the volume of the children entering the system or vulnerable to entering the system due to the opioid epidemic. Further, DHS issued an RFP in 2017 for Family-Based Residential Treatment, a residential addiction and mental health treatment program for parents that provides therapeutic supports for children and comprehensive dual diagnosis services to help parents struggling with substance use disorder, as well as employment and life skills training. Families First would allow us to utilize IV-E dollars to support this program.
- *Workload.* To meet the criteria associated with receiving Title IV-E prevention services, the law dictates that candidates must have a prevention plan in place, with identified prevention supports. This would be a new workload requirement for caseworkers, who are already overloaded and experiencing high caseloads and would require additional funding to lower caseloads and expand staff.

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- *Serving older youth:* DHS has been a leader in providing services to transition-age youth, implementing the 412 Youth Zone, a safe and welcome one-stop center for young people ages 16-23 that are transitioning out of the foster care system and are eligible for independent living services or are experiencing unstable housing; Youth Villages Lifeset, an evidence-informed model that helps disconnected youth (ages 17-22 who have foster care experience) transition to adulthood; and Youth Support Partners, youth with lived service system experience who return to DHS as paid staff to mentor youth currently involved in the system and connect them to resources. Families First will allow DHS to use Chafee dollars to support financial, housing, counseling, employment, education and other appropriate supports and services to former foster care youth to age 23 (was only available 18-21) and extends eligibility for Education and Training Vouchers to youth to age 26 (was available up to age 23). This will widen the net of youth that DHS can sustain connection with, but the law does not attach additional dollars to the expansion of age group.

This is DHS's current understanding of law, knowing the state intends to release guidance on Families First in the Fall.

As a result of this legislation, states are now required to describe activities to reduce the length of time to permanency for children under age 5 and the activities undertaken to address the developmental needs of all vulnerable children under age 5 who receive services under Title IV-B or Title IV-E funding.

- ☐ **Has the county experienced any challenges over the course of the past fiscal year related to achieving timely permanency for children under the age of 5? If so, please briefly describe these challenges and, if available provide any supporting data.**

The challenges to achieving timely permanency for children under five, and all of our children, are as follows:

- *Complying with ASFA timeframes.* ASFA gives parents 15 months to regain custody of their children before we are required to proceed with the concurrent permanency goal. The opioid epidemic has made compliance with this rule challenging; we know that part of recovery is relapse and that it often takes an individual longer than 15 months to reach stability in their recovery. Goal changes are not occurring at the 15-month mark, allowing individuals additional time to participate in their recovery and regain custody of their children.
- *Court scheduling.* Hearings are typically scheduled 4-5 months after a TPR is contested. If TPRs could be scheduled sooner, we could expedite permanency.
- *Superior Court decisions.* Appeal decisions for TPR's can take up to 12 months. Further, the Court ruled that KidsVoice cannot act as legal counsel and guardian ad litem, causing TPRs to continue until separate counsel was appointed and sometimes resulting in the need for retrial.
- *Gathering the necessary documentation from providers.* DHS cannot proceed with PLC until we receive documentation (written home studies, clearances, certification documents) from foster care agencies. This can cause delay in finalizing a PLC.
- *Length of time from referral to the permanency department to finalization.* Our data tells us that total time from adoption referral to adoption finalization – without a termination of parental rights (TPR) appeal – takes an average of over one

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year (median of 373 days). When there is a TPR appeal involved, time from adoption referral to adoption finalization takes almost two years (median of 624 days). The time for PLCs to be finalized was slightly faster due to fewer steps and barriers to the process, but the median time was still about six months with an average time of about seven months. Further, between 2015 and September 2017, 297 children were re-referred following PLC. One hundred fifty-eight (53%) of the referrals were screened for investigation and 72 of those investigations (46%) were accepted for services. In 2017, there were 82 removals of children who had previously finalized PLC; the most common primary reason for these removals was parent/child conflict (30% of cases).

- *Lack of resource families.* DHS continues to work to build the pool of resource families available, as increasing numbers of children enter care due to the opioid epidemic.

□ If the county has experienced challenges, please briefly discuss any strategies the county has put in place to help improve time to permanency for children under the age of 5. You may refer to the *Program Improvement Strategies* section of the Narrative Template if these strategies are discussed there.

We have several requests in this year's NBPB to improve the time to permanency for children, and help them maintain permanency, including:

- increasing the number of paralegals on staff to reduce time to adoption finalization and speed up the TPR process;
- expanding the matching unit to move children out of congregate care and to permanency;
- reducing disruptions in PLC and adoptions through mediation;
- diligently recruiting foster families for kids in congregate care (mainly teens and kids with very complex needs) by requesting a grant pick-up for the federal Diligent Recruitment grant expiring this year.

Strategies DHS is currently implementing include:

- *Training staff on "safety vs. risk" and requiring office leadership to conduct staffings on all cases prior to making a decision to remove a child.* This year, we helped staff gain an understanding that parental use of illicit substances does not necessarily mean that the child needs to be removed from their home and put in place an in-home D&A treatment model that addresses the needs of the parent experiencing substance abuse and the child. Regional office support staff (i.e. behavioral health specialist, drug and alcohol specialist, IPV specialist) now attend staffings to assist in decision making and support the caseworker in identifying the most appropriate intervention to address the family's needs while ensuring safety of the child.
- *Re-structuring the permanency department.* All referrals now go through the department director for assignment and are assigned within 5 business days.
- *Contracting with Plummer Youth Promise,* with the support of Casey Family Programs, to enhance the skills of the workers within the permanency department.
- *Developing a Family Profile* which will be used by all contracted provider agencies as well as the permanency department. The standardized profile will assist in matching efforts, as well as in assessing the ability of a resource family to meet a child's needs.

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- ☐ **Please identify and provide a brief description of any specific services/programs the county is utilizing (or plans to utilize) to help address the developmental needs of children under the age of 5 who receive in-home or out-of-home child welfare services. You may refer to the *Program Improvement Strategies* section of the Narrative Template if these services/programs are discussed there.**

All children under the age of 5 who are involved with CYF and who do not already receive Early Intervention services receive the Ages & Stages Questionnaire. This is conducted by Early Childhood Liaisons who are embedded at the Regional Offices, through a partnership with the Alliance, 2-3 days per week. The Liaisons also support direct service staff needs in the office. Children who remain at home receive referrals for screens, supported through the Child Welfare Demonstration Project. Children in care receive screens through the Alliance and ASCI Inc. Due to the efforts of the Liaisons and our commitment to ensuring that children under 5 in need receive Early Intervention, the number of CYF-active children who received Early Intervention services increased by 8.4% from 2016 to 2017.

Children birth through age three have the following early intervention service referral options through the Alliance: at-risk tracking for children with prenatal drug exposure, in out-of-home care, in the NICU, with a birth weight under 3.5 ounces, experiencing homelessness and with lead levels over 5.

Referrals to the Alliance are made through KIDS and 100% of children under 5 are referred upon Acceptance for Service.

2-3o. Educational Success and Truancy Prevention

- ☐ **Describe the impact Every Student Succeeds Act (ESSA) has had on the agency since implementation.**

In school year 2017-18, DHS began tracking detailed metrics pertaining to ESSA. As of the end of the school year, approximately 1,000 best-interest decisions (BID) have been documented. 79% of these decisions resulted in the child attending school of origin (i.e., school stability). This compares favorably to national data suggesting that school stability occurs in 25%-44% placements. Achieving this outcome has required DHS to incur costs related to dedicated staff, business process and casework practice changes, information systems design and development, contracting and fiscal changes, and direct costs for transportation.

DHS has seen additional costs in terms of:

- Dedicating staff time to working on implementing ESSA- tasks include: designing the best interest decision process including forms and training materials, negotiating with schools around transportation costs, facilitating best interest decisions including various email and conference call activity, documenting best interest decisions in an electronic database, ensuring immediate enrollment and transfer of school records with support from a partnership with the Allegheny Intermediate Unit (AIU), arranging transportation including short-term temporary transportation immediately after placement, training caseworkers and other staff, ensuring accuracy of invoices received from school districts, and coordinating transportation with our internal transportation group.

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- Developing forms, databases, and training materials. To date, ACDHS has trained over 30 providers as well as hundreds of caseworkers across 6 regional offices. Some training of school staff has also occurred and is ongoing. These efforts are ongoing and require continual updates and development.
- Reimbursing invoices submitted by school districts. As of 6/26/2018, DHS received transportation invoices from school districts for approximately 60 children for an average of 60 school days each.

❑ Provide the number of children who attended their home school district under ESSA in FY 2017-18.

In late 2017, DHS designed and implemented a database to record activity related to ESSA. The database is now populated with over 1,000 best interest decisions from the 2017-18 school year. These data show that 79% of decisions, about 600 children, resulted in school stability (child attending the school of origin).

❑ Describe any barriers your agency has encountered since the implementation of ESSA and/or technical assistance needs the agency has related to these provisions.

DHS has encountered several challenges in implementing ESSA:

- Fixed-route public transportation is limited in Allegheny County. The topography of rivers and mountains limits accessibility. In addition, budget cuts in recent years have reduced service in many communities.
- As the law is new and application to practice is evolving, this requires on-going training and one-on-one meetings with stakeholders including schools, parents, and attorneys.
- DHS is incurring new costs, including transportation reimbursement requested from school districts in 2017-18.
- Some schools face shortages of bus drivers and school busses generally operate on fixed routes. Some school districts do not have the capacity to transport children when doing so would require a new route. Furthermore, on average it has taken schools 1-2 weeks to respond to a request for a new location. Sometimes it takes several weeks or months. Someone has to transport the child while this is being worked out. Caseworker staff are increasingly transporting children and this has diverted their time away from casework. ACDHS also employs drivers as part of a transportation unit. The unit is operating at full capacity during the hours when school transportation is needed.
- Information flow is challenging given the large number of stakeholders involved.

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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 2017-18 should describe the practice and fiscal drivers that impacted the county's level of resource need. Address the impact the FY 2017-18 program and spending history had on the projected utilization of the allocation and additional resource needs for FY 2018-19.**

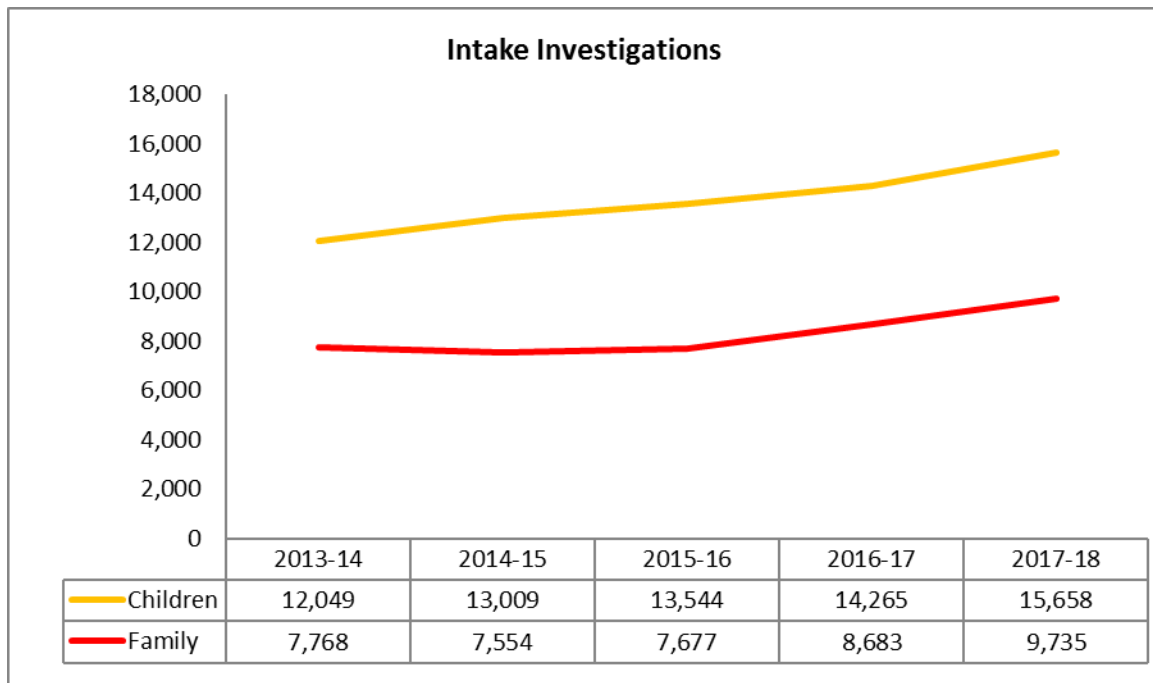
DHS is delaying submission of 4th quarter close until we receive all provider invoices. At that time, we can determine if we are over or under on our allocation.

- ☐ **Counties that did not spend all their Act 148 allocation in FY 2017-18 should describe the practice(s) that impacted the county's level of resource need and address any projections for underspending in FY 2018-19.**

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.

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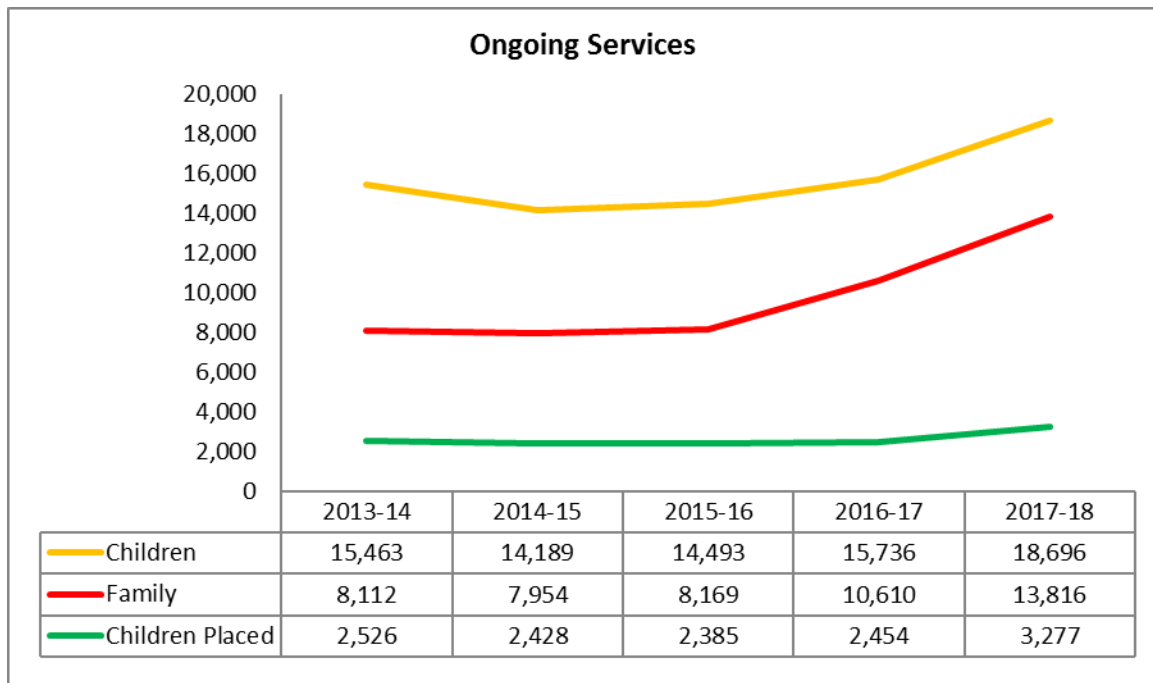
3-2a. Intake Investigations



Intake investigations for children have been steadily rising, increasing about 30% from 2013-2014 to 2017-18, and 10% from 2016-17 to 2017-18 alone. DHS attributes this to passage of Pennsylvania's child abuse and mandated reporting reform legislation as well as the increase in families impacted by the opioid epidemic in Allegheny County. DHS anticipates this upward trend will continue.

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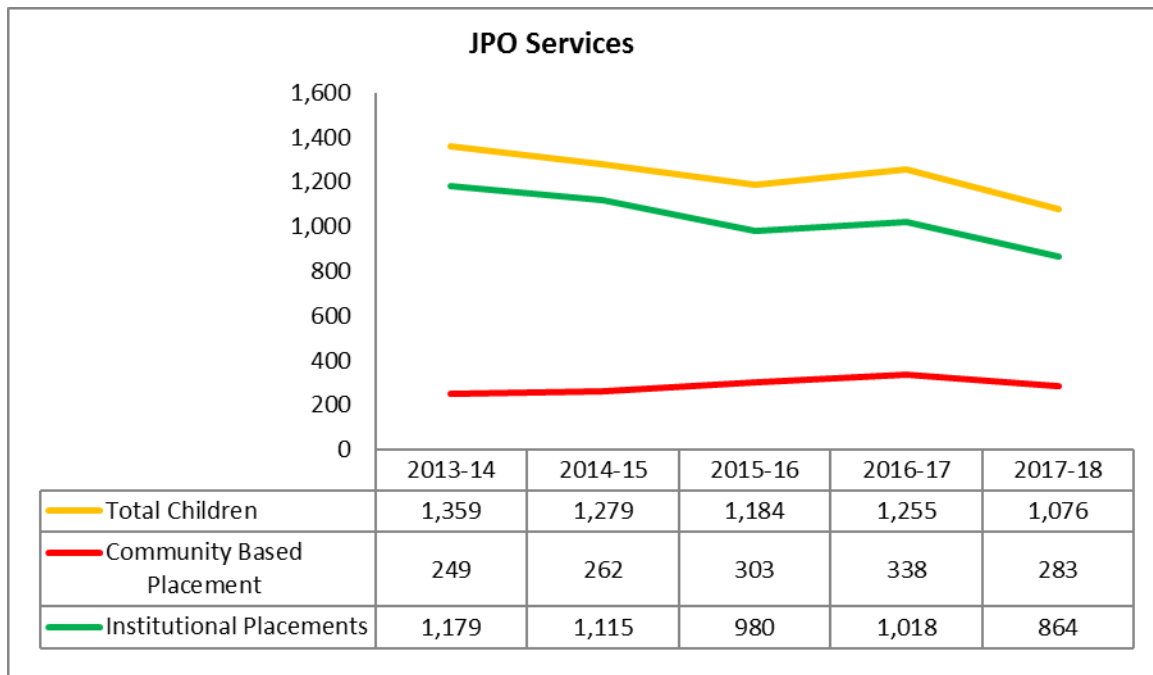
3-2a. Ongoing Services



The number of children receiving ongoing services has increased by 19% from FY 16-17 to FY 17-18. The rise in placements suggests that the system is growing. This is attributed to the opioid epidemic in the county placing more children's safety at risk, warranting removal. Because of the increase in call activities and investigations, DHS anticipates the need for ongoing services will also increase.

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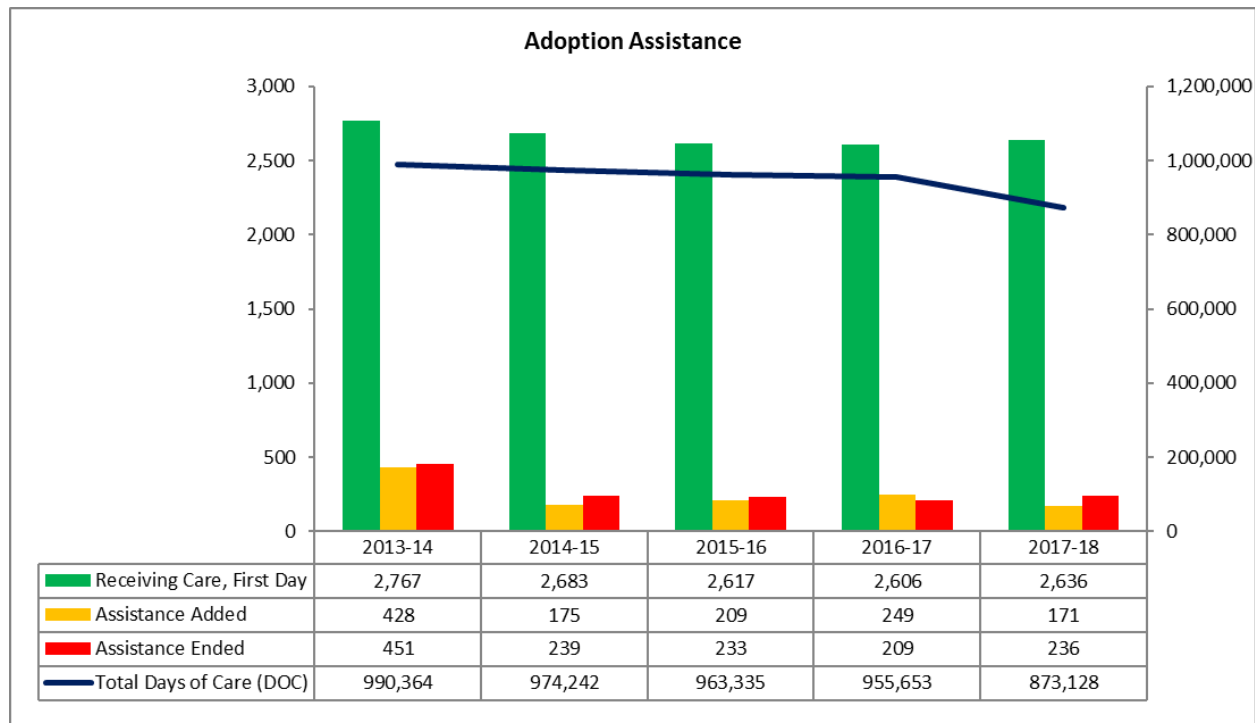
3-2a. JPO Services



Allegheny County has seen an overall 21% reduction in the total number of juveniles served by probation between 2013-2014 and 2017-2018. The number of community placements increased by 14% between 2013-2014 and 2017-2018, while the number of institutional placements decreased by 27% over the same period. Allegheny County expects the current year's numbers to remain stable in the future.

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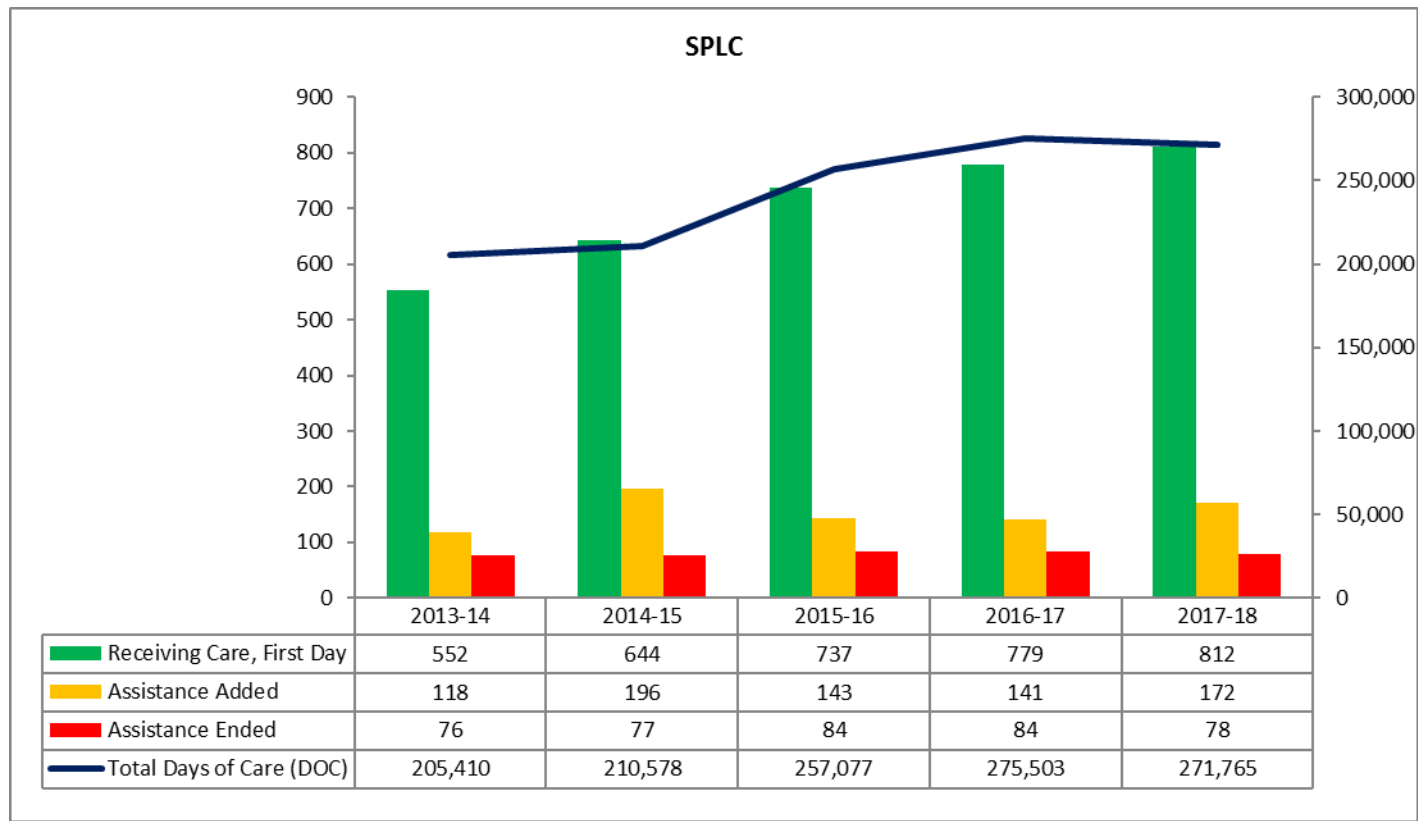
3-2b. Adoption Assistance



The number of children Receiving Care, First Day increased slightly from 2016-17 to 2017-2018 and has remained relatively stable during the reporting period. Total Days of Care over the reporting period decreased. 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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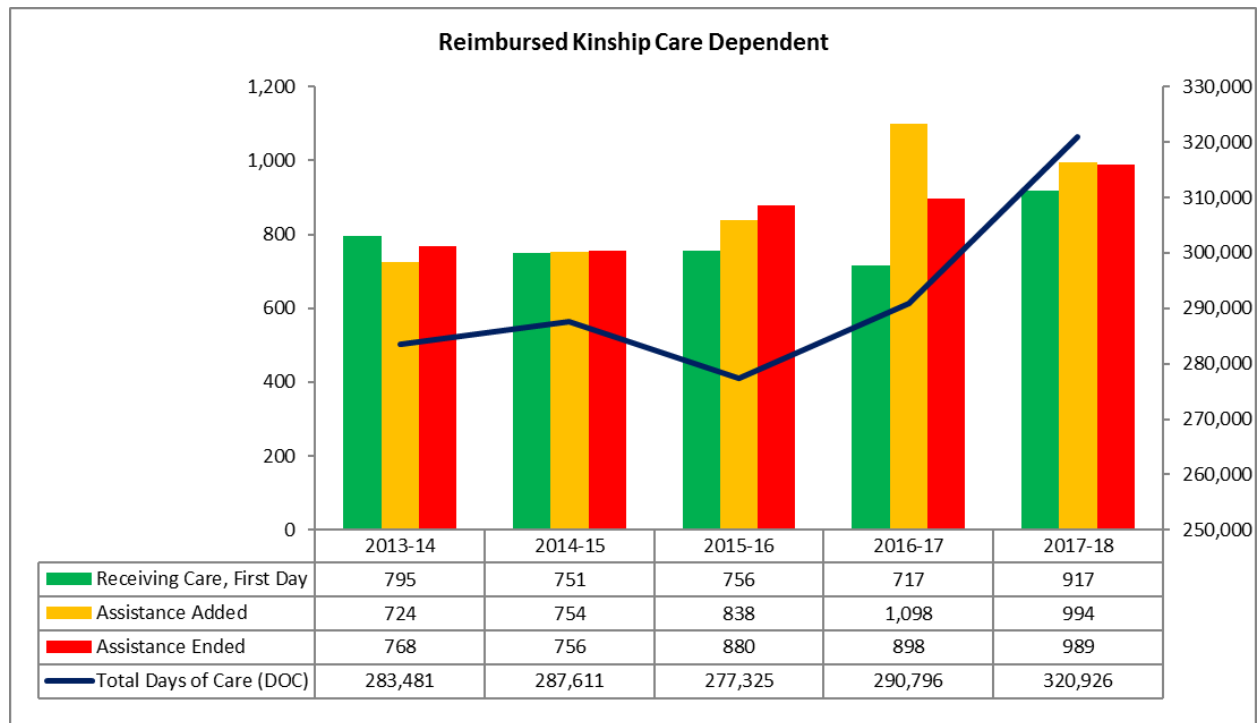
3-2c. Subsidized Permanent Legal Custody (SPLC)



From 2013-14 to 2017-18, there has been 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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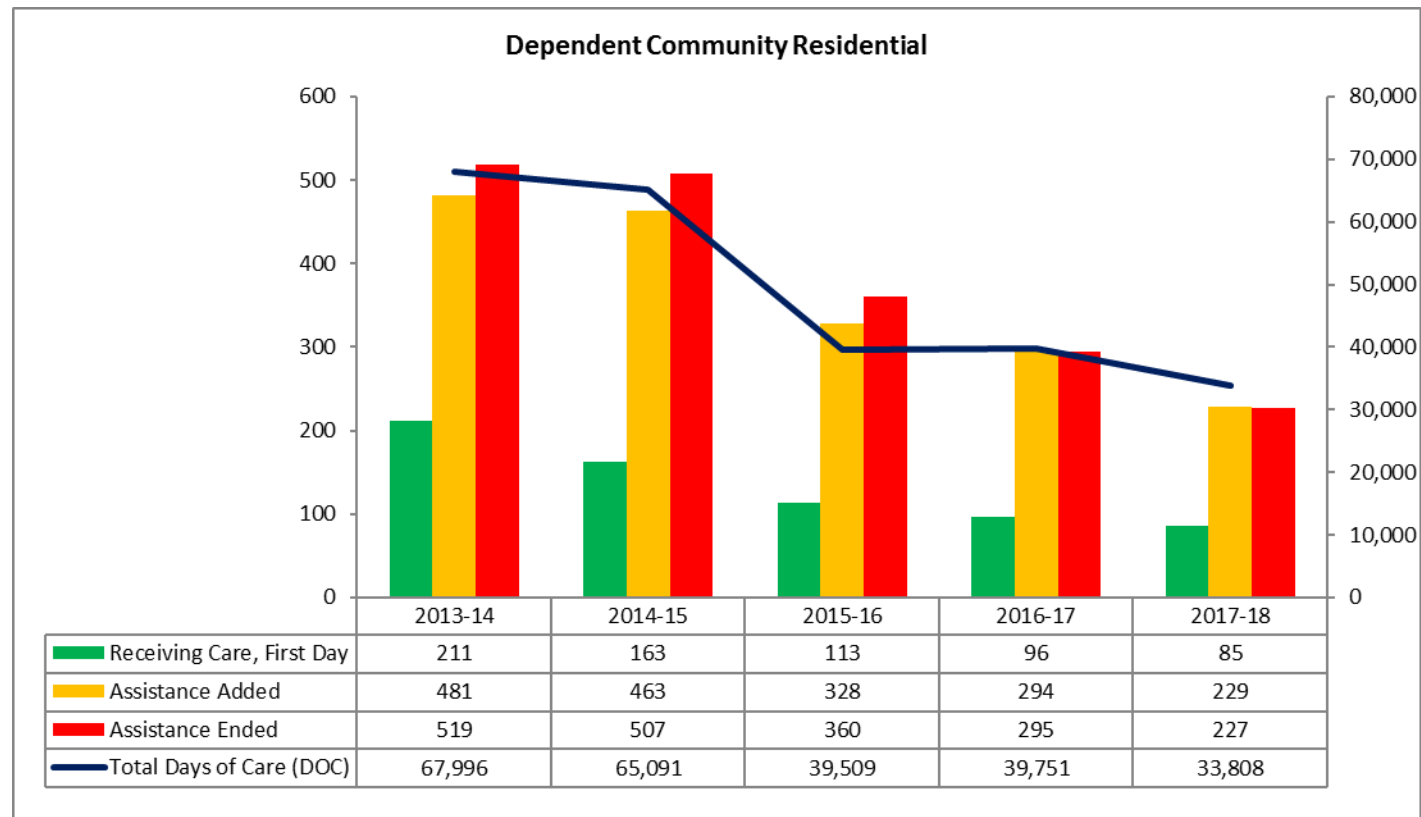
3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Reimbursed Kinship Care Services increased by 28% percent between 2016-17 and 2017-18. 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 start working to locate kin as soon as a case is opened.

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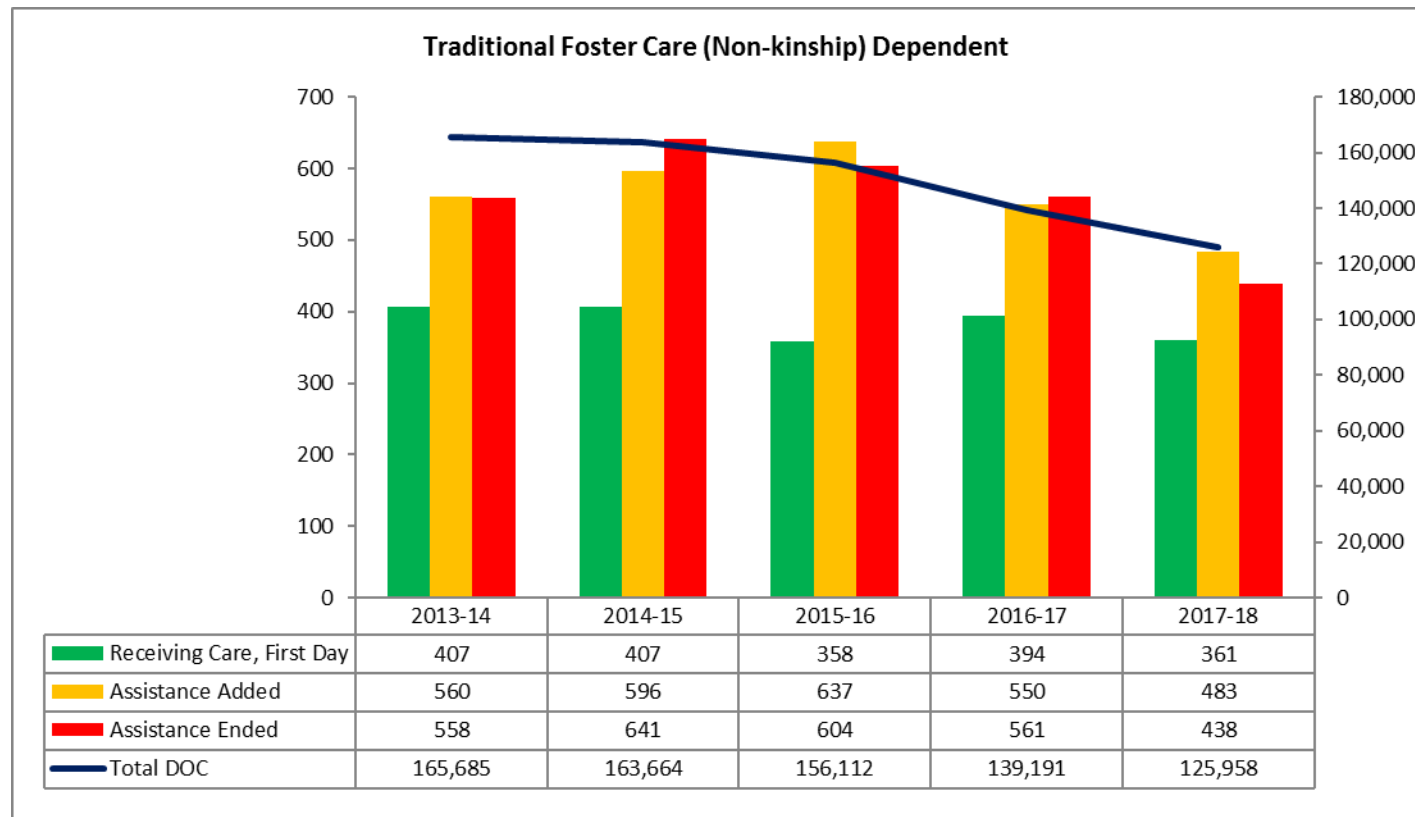
3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Dependent Community Residential has decreased remarkably during the reporting period, showing a 60% reduction between 2012-2013 and 2017-2018. This is the result of a multitude of 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 and to comply with Families First legislation. Despite the decrease in the number of children in congregate care, DHS continues to see high costs, as the remaining children are among the most complex and resource intensive to serve.

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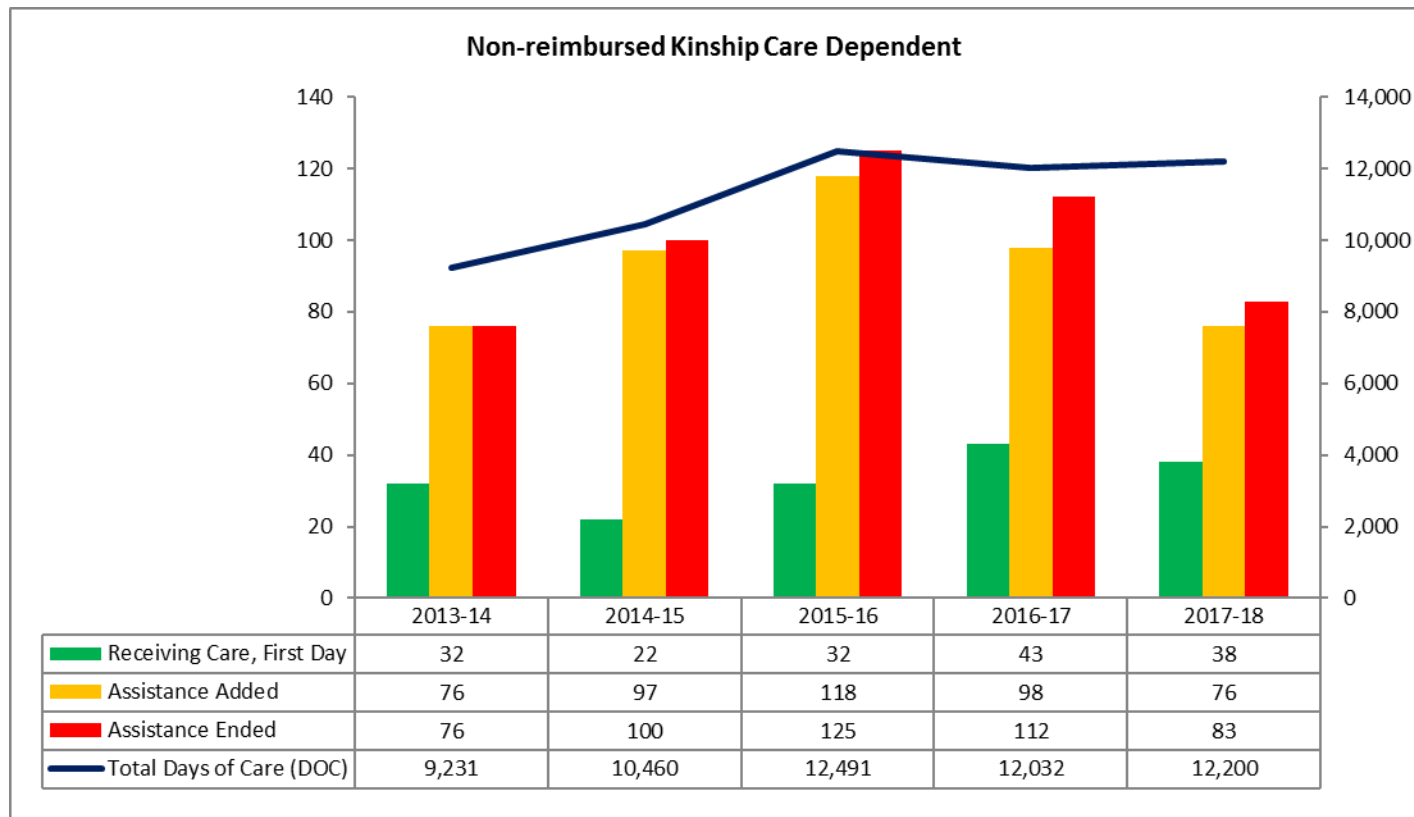
3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Traditional Foster Care Services decreased by eight percent over the last fiscal year, despite intake investigations and ongoing services increasing. 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 decreased ten percent 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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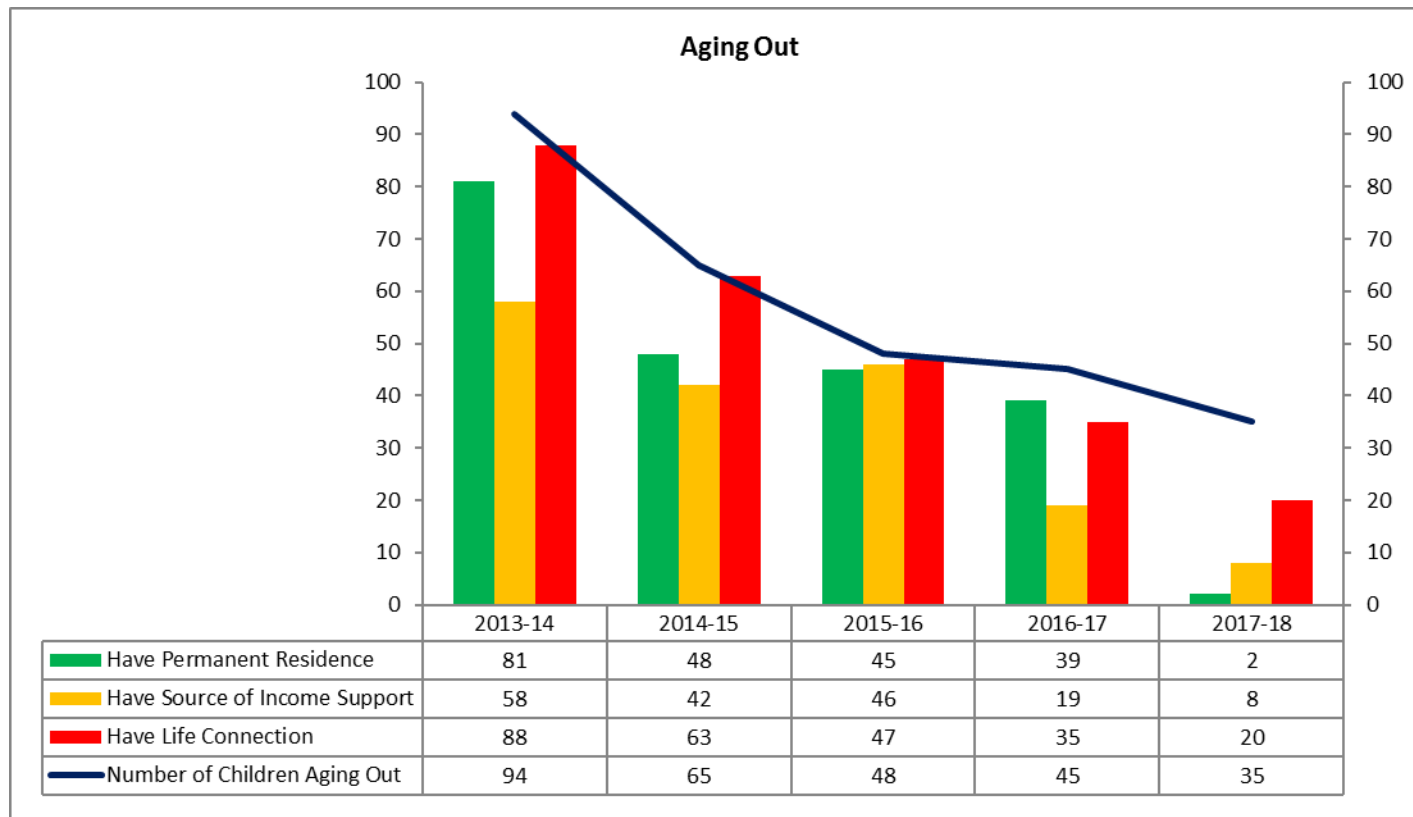
3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Non-reimbursed Kinship Care Services has remained relatively stable from 2012-13 to 2017-18, with numbers remaining at lower than 40 individuals this past year. DHS expects to remain at the current levels of use of non-reimbursed kinship care.

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3-2e. Aging Out



The Number of Children Aging Out decreased 63% between 2013-2014 and 2017-2018. DHS anticipates the numbers of aging out youth will remain flat over the next two years. Allegheny County has committed to reducing the Number of Children Aging Out in the system, providing the needed supports to this population. The Fostering Connections legislation allows youth to remain in care until 21 years of age and provides the system greater opportunities to ensure permanent residences, income, and lifelong connections. The number of youth aging out is decreasing because of Allegheny County's efforts to engage older youth to remain in CYF for ongoing support and benefits and because we are working hard to help youth achieve permanency before they turn 18.

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3-2f. General Indicators

3-2: General Indicators

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County Number:

Class:

Allegheny County

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3-2a. Service Trends

Indicator	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	2013-18 % Change	2013-18 CAGR
Intake Investigations							
Children	12,049	13,009	13,544	14,265	15,658	30.0%	6.8%
Family	7,768	7,554	7,677	8,683	9,735	25.3%	5.8%
Ongoing Services							
Children	15,463	14,189	14,493	15,736	18,696	20.9%	4.9%
Family	8,112	7,954	8,169	10,610	13,816	70.3%	14.2%
Children Placed	2,526	2,428	2,385	2,454	3,277	29.7%	6.7%
JPO Services							
Total Children	1,359	1,279	1,184	1,255	1,076	-20.8%	-5.7%
Community Based Placement	249	262	303	338	283	13.7%	3.3%
Institutional Placements	1,179	1,115	980	1,018	864	-26.7%	-7.5%

3-2b. Adoption Assistance

Indicator	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	2013-18 % Change	2013-18 CAGR
Adoption Assistance							
Receiving Care, First Day	2,767	2,683	2,617	2,606	2,636	-4.7%	-1.2%
Assistance Added	428	175	209	249	171	-60.0%	-20.5%
Assistance Ended	451	239	233	209	236	-47.7%	-14.9%
Total Days of Care (DOC)	990,364	974,242	963,335	955,653	873,128	-11.8%	-3.1%

3-2c. SPLC

Indicator	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	2013-18 % Change	2013-18 CAGR
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	552	644	737	779	812	47.1%	10.1%
Assistance Added	118	196	143	141	172	45.8%	9.9%
Assistance Ended	76	77	84	84	78	2.6%	0.7%
Total Days of Care (DOC)	205,410	210,578	257,077	275,503	271,765	32.3%	7.2%

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3-2d. Placement Data							
Indicator	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	2013-18 % Change	2013-18 CAGR
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	407	407	358	394	361	-11.3%	-3.0%
Assistance Added	560	596	637	550	483	-13.8%	-3.6%
Assistance Ended	558	641	604	561	438	-21.5%	-5.9%
Total DOC	165,685	163,664	156,112	139,191	125,958	-24.0%	-6.6%
Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	795	751	756	717	917	15.3%	3.6%
Assistance Added	724	754	838	1,098	994	37.3%	8.2%
Assistance Ended	768	756	880	898	989	28.8%	6.5%
Total Days of Care (DOC)	283,481	287,611	277,325	290,796	320,926	13.2%	3.2%
Foster Family Care - Dependent (Total of 2 above)							
Receiving Care, First Day	1,202	1,158	1,114	1,111	1,278	6.3%	1.5%
Assistance Added	1,284	1,350	1,475	1,648	1,477	15.0%	3.6%
Assistance Ended	1,326	1,397	1,484	1,459	1,427	7.6%	1.9%
Total Days of Care (DOC)	449,166	451,275	433,437	429,987	446,884	-0.5%	-0.1%
Non-reimbursed Kinship Care - Dependent							
Receiving Care, First Day	32	22	32	43	38	18.8%	4.4%
Assistance Added	76	97	118	98	76	0.0%	0.0%
Assistance Ended	76	100	125	112	83	9.2%	2.2%
Total Days of Care (DOC)	9,231	10,460	12,491	12,032	12,200	32.2%	7.2%

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Dependent Community Residential							
Receiving Care, First Day	211	163	113	96	85	-59.7%	-20.3%
Assistance Added	481	463	328	294	229	-52.4%	-16.9%
Assistance Ended	519	507	360	295	227	-56.3%	-18.7%
Total Days of Care (DOC)	67,996	65,091	39,509	39,751	33,808	-50.3%	-16.0%

Delinquent Community Residential							
Receiving Care, First Day	51	63	62	70	57	11.8%	2.8%
Assistance Added	169	194	180	218	154	-8.9%	-2.3%
Assistance Ended	178	204	192	226	160	-10.1%	-2.6%
Total Days of Care (DOC)	18,506	21,842	20,949	26,485	20,183	9.1%	2.2%

Supervised Independent Living Dependent							
Receiving Care, First Day	46	34	32	36	21	-54.3%	-17.8%
Assistance Added	77	54	65	55	38	-50.6%	-16.2%
Assistance Ended	87	53	64	65	36	-58.6%	-19.8%
Total Days of Care (DOC)	17,475	19,040	17,437	17,902	13,103	-25.0%	-6.9%

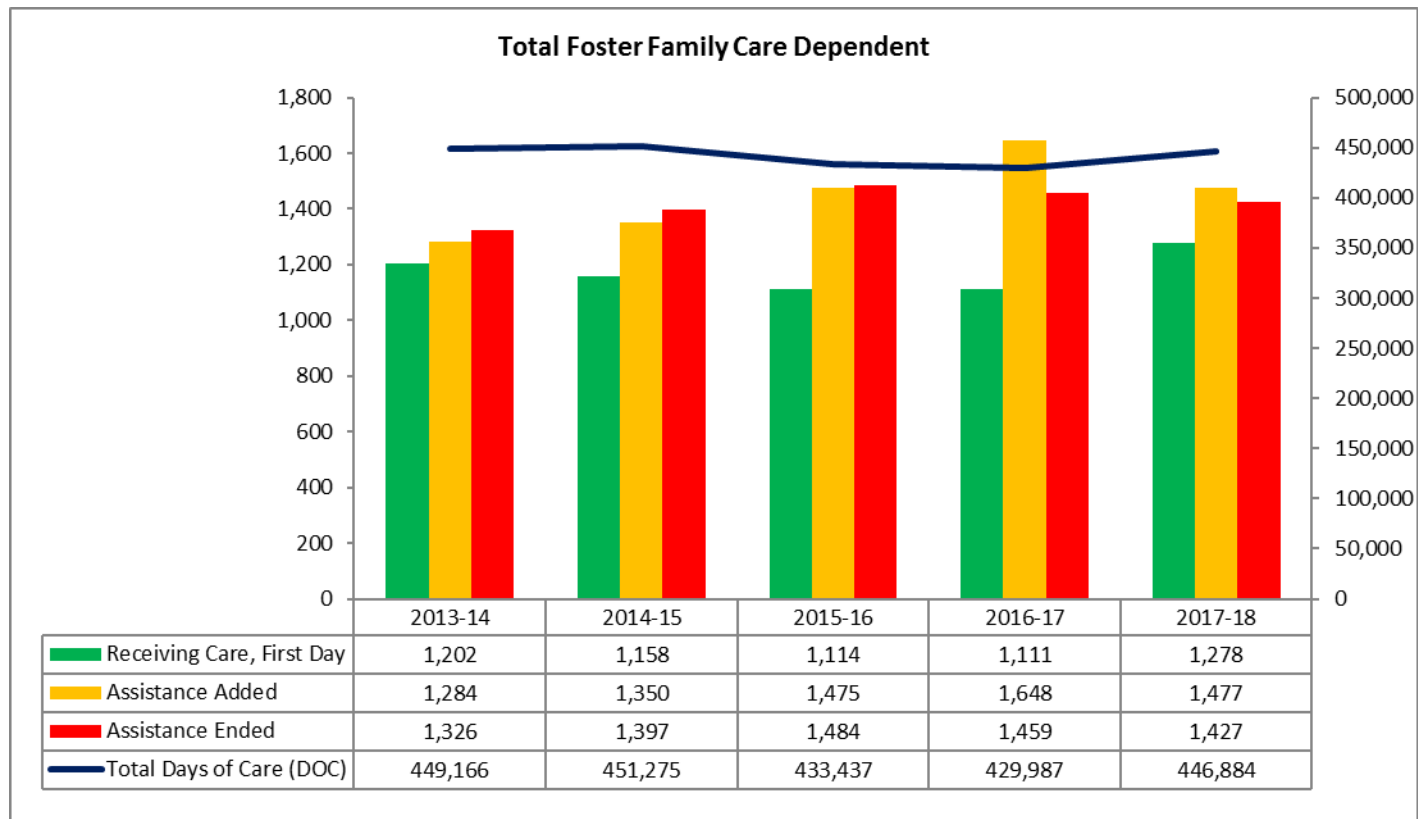
Dependent Residential Services							
Receiving Care, First Day	51	51	46	31	30	-41.2%	-12.4%
Assistance Added	100	90	75	49	45	-55.0%	-18.1%
Assistance Ended	108	99	92	55	47	-56.5%	-18.8%
Total Days of Care (DOC)	18,061	18,683	15,838	12,287	8,466	-53.1%	-17.3%

Delinquent Residential Services							
Receiving Care, First Day	199	160	163	155	163	-18.1%	-4.9%
Assistance Added	695	647	619	600	534	-23.2%	-6.4%
Assistance Ended	707	654	628	616	549	-22.3%	-6.1%
Total Days of Care (DOC)	58,278	61,929	51,179	58,399	53,935	-7.5%	-1.9%

3-2e. Aging Out Data							
Indicator	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	2013-18 % Change	2013-18 CAGR
Aging Out							
Number of Children Aging Out	94	65	48	45	35	-62.8%	-21.9%
Have Permanent Residence	81	48	45	39	2	-97.5%	-60.4%
Have Source of Income Support	58	42	46	19	8	-86.2%	-39.1%
Have Life Connection	88	63	47	35	20	-77.3%	-31.0%

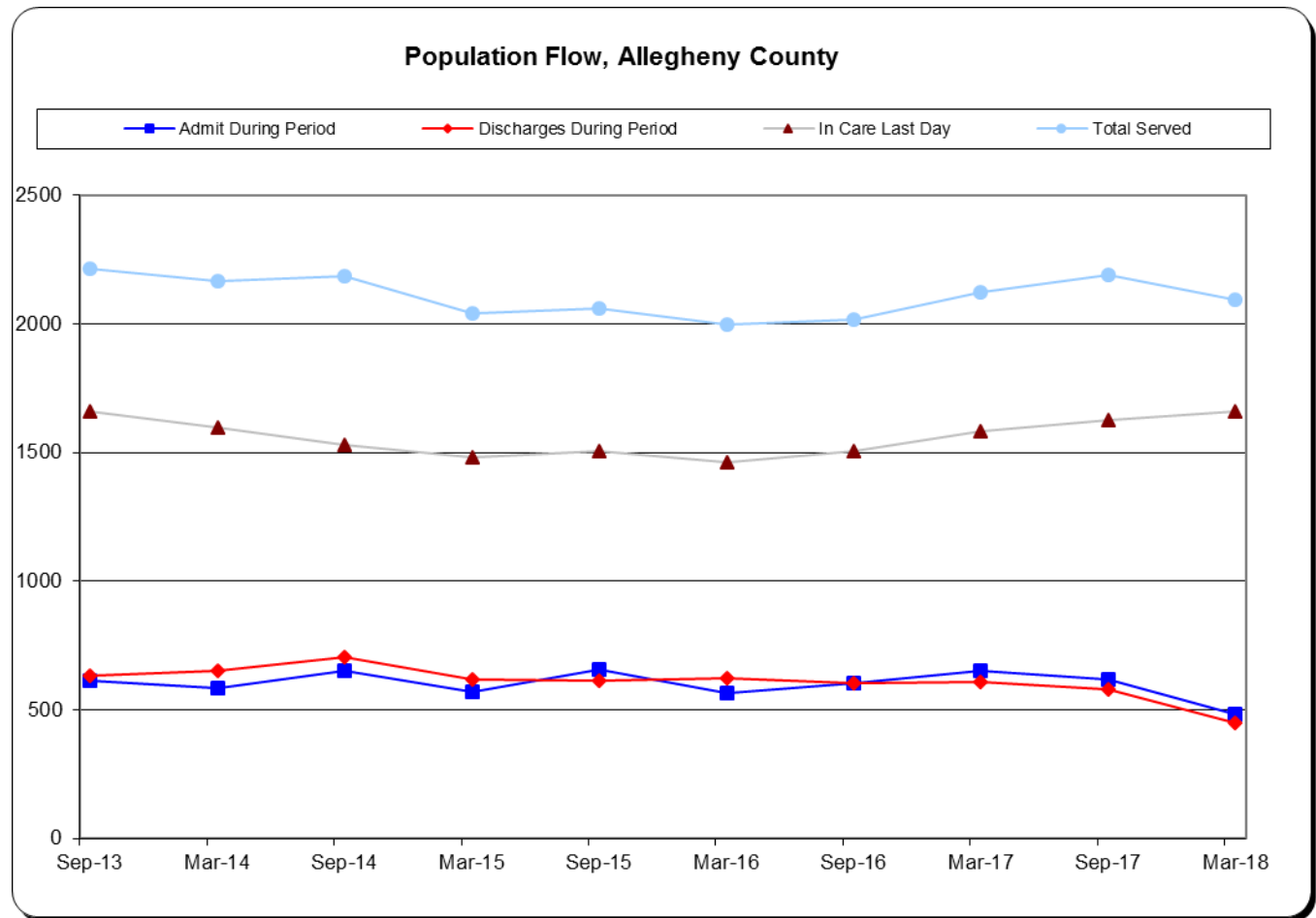
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3-2g. through 3-2i. Charts



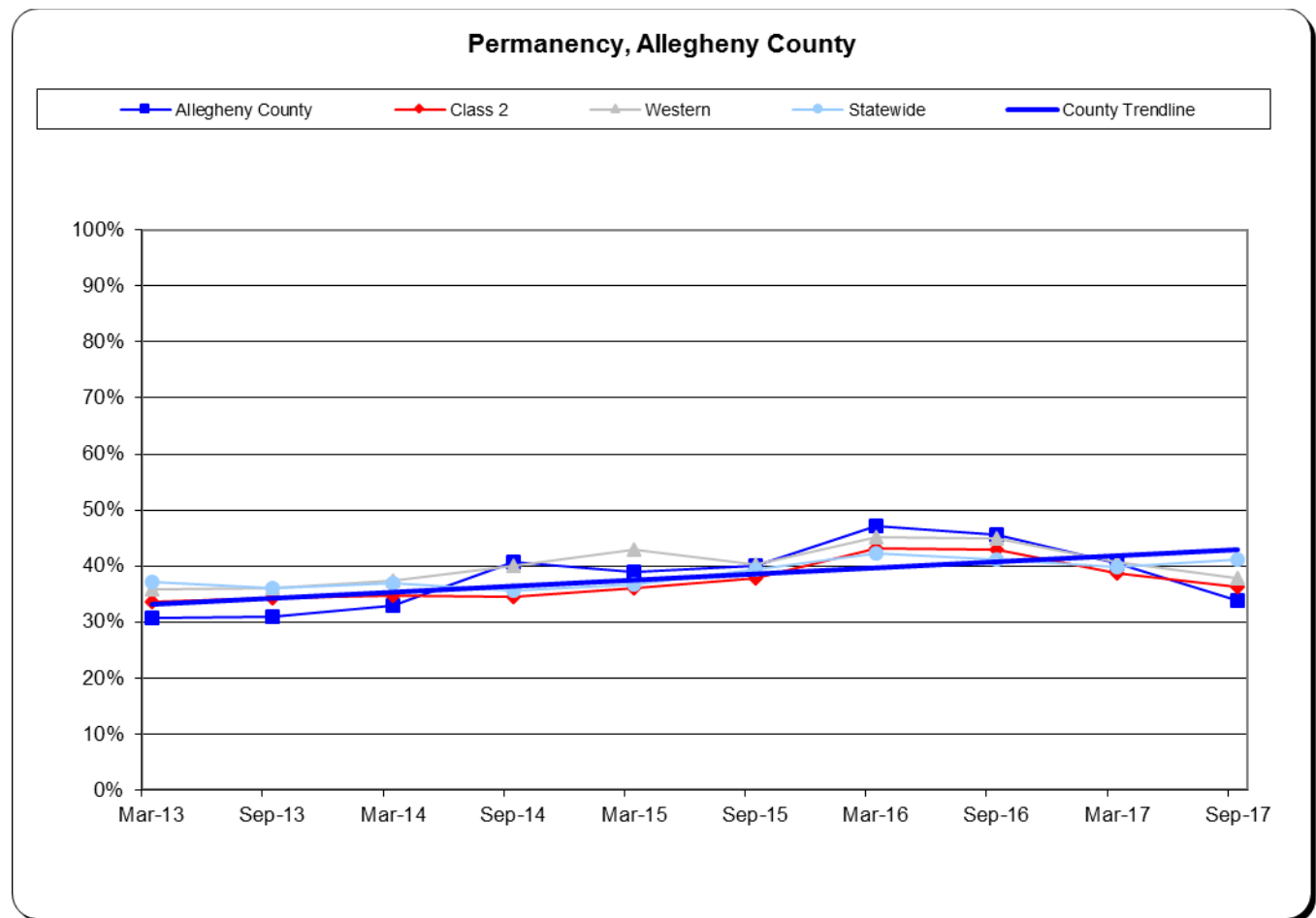
The overall population in care in Allegheny County has declined by 6% since 2013-2014. DHS expects the population in care to increase, driven by the opioid epidemic. This will be demonstrated in foster and kinship care increases rather than congregate settings. This also is coupled with the work around recruiting more foster family homes for older youth, who would have typically been placed in a congregate care facility, and the Kinship Navigator positions who will identify more kin as placement resources.

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The above chart indicates that the population flow of total children served in Allegheny County has been reduced by about 6% over the time period. Counts of children in care were declining in recent years until they began to rise again in early 2016; children in care at the end of March 2018 were comparable to counts in September 2013. The recent rise is possibly related to growing caseloads and the increasing risk on children's safety as it relates to increasing drug use in Allegheny County.

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Allegheny County's permanency rates in recent periods have fallen to around 34% from a high point of 47% in March 2016. However, it's important to highlight that the rate's underlying denominator of total children in care 24+ months has fallen dramatically in Allegheny County from 512 to 304 (a decline of 41%) since March 2013, so the county's permanency rate is measured out of an increasingly small number of children staying in care past 24 months.

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

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

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

Allegheny County has experienced an increase in intake investigations (up 10% from FY 16-17 to FY 17-18) and ongoing services (up 19% from FY 16-17 to FY 17-18), 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. However, as our system grows, we require additional supports to expand and support our workforce and to connect families to the supports and services that they need to stay strong and together. 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. Despite the influx of children entering the system, we have seen foster care numbers and congregate care 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.

The increase in kinship care is because of a strong commitment to using kinship providers whenever possible, and through the efforts of the kinship navigators. To ensure that all children who need to be removed from their homes have the chance to safely live with kin rather than in congregate care, DHS designated a "kin navigator" at each regional office. This navigator supports caseworkers in identifying and qualifying kin, including through criminal history checks, 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 in case caseworkers need to find kin for placement. The Leadership Fellows developed these recommendations. This past year, DHS added an additional kin navigator to each regional office and one to the intake and permanency offices to meet the demand for these services.

The decrease in congregate care can be attributed to DHS's diligent process for placing children in congregate care only as a last resort, and utilizing a STRIKE team to continuously strategize ways to move kids out of congregate care during their stay (see below).

- ☐ Describe the county's use of congregate care – provide an overview description of children/youth placed in congregate care settings and describe the county's process related to placement decisions.

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In the year 2017, about 13.4% of children in CYF placements (either in care on the first day of the year, or entering a placement at some point in the year) spent at least one day in a congregate care placement setting – and in terms of aggregate care days, about 7.6% of CYF placement days were in a congregate care setting.

2017 CYF Care Days, and Congregate Care Subset							
	Client Count	2017 CYF Care Days		2017 CYF Congregate Care Experiences			
		Cumul. 2017 CYF Care Days	2017 CYF Care Days Per Child	2017 CYF Cong. Care Days	Pct. Care Days in Cong. Care	Distinct Clients with 1+ Cong. Care Day	Pct. Clients with 1+ Cong. Care Day
In CYF Care: <i>Began 1/1/17 in a CYF placement</i>	1,433	373,389	260.6	28,565	7.7%	176	12.3%
Entries: <i>Entered into a CYF placement in 2017</i>	1,262	189,453	150.1	13,988	7.4%	184	14.6%
	2,695	562,842	208.8	42,553	7.6%	360	13.4%

Of the 360 children who experienced 1 or more days of CYF congregate care in 2017, over 85% were age 13 or over. About 61% were identified as black, and a slight majority were male.

A group of direct service staff, the Regional Office Director, the clinical manager and the direct service staff supervisor convene a pre-placement conference to make the placement decision. At the conference, they review the case to see what other means they can utilize to divert the child from congregate care. This includes reviewing the kinship navigator's findings on kin. If they cannot determine any other means of placement, they issue the recommendation to the Assistant Deputy and the Director of Clinical Practice and Permanency, who also review the case and strategize around alternative resources. If they cannot identify another option, the child is referred to congregate care. While the child is in congregate care, a team (the STRIKE Team) reviews every child in congregate care placement to continuously strategize how to move them out of congregate care and address any needs that are not addressed.

- ☐ 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 influx of children and families entering the system because of the opioid epidemic, DHS requested and received additional casework units in last year's NBPB. To better support these caseworkers, as well as existing caseworker staff, and to retain these staff, DHS is working on implementing a comprehensive recruitment and retention strategy that involves increasing staff pay, reducing caseload size, providing more robust training, supporting supervisors and expanding an HR dashboard. See 3-4 Program Improvement Strategies and 4-1c Complement for more information about DHS's recruitment and retention strategies. Despite these efforts, one regional office is still seeing high caseloads. To help reduce the size of caseloads at this regional office so that caseworkers can focus more on implementing Conferencing and Teaming and providing quality, intensive services to the families on their caseload, we are requesting one more casework unit in FY 19-20.

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3-4 Program Improvement Strategies

- ☐ **Identify the Program Improvement Areas of focus for your county for FYs 2018-19 and 2019-20.**

DHS's 3 priority areas for program improvement

<i>Allegheny County DHS Priority area</i>	<i>Current state priority</i>	<i>Relevant CWDP design elements</i>
1. Provide Quality Services	✓	<ul style="list-style-type: none"> - Engage, assess, and connect families - Engage families in evidence-based services
2. Safely reduce the number of re-entries	✓	<ul style="list-style-type: none"> - Reduce number of children entering or re-entering placement
3. Safely reduce the number of children in out-of-home care	✓	<ul style="list-style-type: none"> - Reduce congregate care - Increase use of most appropriate, least restrictive placements

- They align with the Office of Children Youth and Families' priorities for improving the quality, effectiveness, and efficacy of the child welfare system;
- Allegheny County is one of the counties in the state that does not meet the national standard for re-entry and therefore must implement a plan to safely reduce reentries; and
- They reflect the county's targeted outcomes for CWDP design.

These are the county's primary strategies, but DHS also will advance several other state priorities to respond to significant needs of children and families and to respond to Families First (see below).

- ☐ **Briefly describe the strategies being planned and/or implemented to address the improvement areas and timeframes of implementation.**

DHS will improve the quality of services to children and families, safely reduce reentries, and safely reduce out-of-home placements during 2019-20 and/or 2018-19 through the following strategies. (Those strategies that require additional resources to meet a documented need are noted.)

Priority 1: Provide quality services

DHS will improve the quality of its services to children, youth, and families by:

- *Improving casework.* DHS will do this by increasing the number of families who are fully engaged in making decisions and designing their family plans; who find their team meetings with DHS to be clear and useful; and who receive support from staff who are skilled in casework. DHS will accomplish this by:

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- Fully implementing the DHS practice model, Conferencing and Teaming--by providing staff supervision and monitoring as they use the model, to ensure it improves case practice and family outcomes and is fully adopted. (No additional resources are required now.)
- Increasing other professional development through focused training on solution-based casework, on Predictive Analytics, and through leadership development in the Leadership Fellows program. (No additional resources are required now.)
- *Improving recruitment and retention.* With the continued increase in calls from mandated reporters and number of families affected by opioids as well as the number of cases screened-in for investigations because of DHS's use of Predictive Analytics, DHS needs to recruit and retain qualified staff to support the demand for services.
 - To more adequately compensate caseworkers for the difficult and important work they do, DHS negotiated a union raise in caseworker salary, including retroactive pay. The hope is that with a fairer salary, talented individuals will choose to work for and stay in Allegheny County casework positions. Further, we know that less casework turnover is conducive to good outcomes for families; with a more livable wage, families will see consistency in their caseworker and hopefully feel more supported and able to achieve their goals. (Adjustment requested).
 - The influx of children and families entering and staying in the system means a need for more caseworkers to support families. We asked for and received an increase in the number of casework units last year to reduce caseload size. However, we are still seeing high caseloads at one of the regional offices. To help lower caseload sizes at this regional office, improving the quality of service that caseworkers can provide to families and reducing caseworker burnout, we hope to retain casework staff and provide better supports for families (Adjustment requested).
 - To better train and support caseworkers as they prepare to take on full caseloads, DHS will create two specialized training units for new casework hires. This will involve hiring two supervisors. The supervisors will manage teams of new caseworkers with small caseloads, and provide intensive mentorship and training for the first few months of their tenure. After this period, the caseworker will transition to a regular unit and assume a regular size caseload and the training unit will receive a new batch of caseworkers. (Adjustment requested).
 - To expand the caseworker intern program (a major pipeline into fulltime casework) and oversee casework interns, DHS will create a full-time position that's dedicated to increasing the number of students who participate in the CWEB program, where students do a 9-month internship with DHS in exchange for reimbursement of their last year of college. This individual will expand the program to schools outside of the University of Pittsburgh and other relevant areas of study within Pitt. They will also provide career counseling, outreach and mentor staff, discussing career pathways within CYF. (Adjustment requested).
 - To better prepare caseworkers for real life casework scenarios and to continue to refine and advance the skills of staff, DHS will invest in a simulation lab- a realistic environment that enables supervisors and trainers to support training in real work application. (Adjustment requested).
 - To identify staffing needs at the department and office levels and plan for position postings, interviews, and training, DHS will continue to refine and expand its use of dashboards to help management make decisions and stay in tune with the needs and patterns of the workforce. (No adjustment requested).
 - To improve the information we share with potential candidates (e.g., we have done this in our recruitment videos), DHS will leverage the results of exit interviews to

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identify key factors that contribute to casework turnover and help retain staff (No adjustment requested).

- To improve the fit in our selection of new hires and promotions, DHS will continue to refine and expand use of the Predictive Index Tool. This tool allows us to identify the primary characteristics and abilities that are associated with good on-the-job performance—for caseworker, supervisor, and other positions in the organization—and then determine how closely the candidates align with those characteristics. (No adjustment requested).
 - To understand and address secondary trauma, DHS will continue the Secondary Trauma Workgroup. (No adjustment requested).
- *Improve quality of programming by investing in more evidence based practices.* DHS has flagged several populations that require additional supports- families experiencing intimate partner violence, young families who are child welfare involved and who lack natural supports and disconnected parents who are at-risk of abuse and would benefit from support groups led by peers- and identified evidence-based interventions that will meet their needs (Adjustment requested).

Priority 2: Safely reduce reentries

DHS will safely reduce reentries (the number of children and youth who exit to reunification or to live with kin who then reenter out-of-home care within one year). Its strategies include:

- *Fully implementing the DHS practice model, Conferencing and Teaming,* both by increasing the share of staff who reach proficiency and by supporting staff in using the model, through supervision and monitoring. As more staff are proficient in Conferencing and Teaming and use it to determine their casework, they will use all available resources to prevent out-of-home placements and, when necessary, find kin placement instead of congregate care; support parents in visiting with their children and youth more often when they do need to be cared for out-of-home, to maintain and build bonds; make sure families and children are receiving the supports and treatment they need prior to reunification; planning carefully for reunification; and providing support and services after children and youth return home. (No additional resources requested at this time.)
- *Diligent recruitment of resource families.* Since reentries are higher when children and youth have been in congregate care, DHS will request a grant-pick for the Diligent Recruitment grant, which funds activities related to actively recruiting resource families for youth, for whom there are often fewer kinship homes available. (Adjustment requested).
- *Utilizing Kin Navigators.* To ensure that all children who need to be removed from their homes have the chance to safely live with kin rather than in congregate care, DHS designated a “kin navigator” at each regional office. This navigator supports caseworkers in identifying and qualifying kin, including through criminal history checks, early on during a family’s experience with CYF, so that kin can be easily located in the event of a removal; and 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 in case caseworkers need to find kin for placement. The Leadership Fellows developed these recommendations. In last year’s NBPB submission, DHS requested resources to add an additional kin navigator to each regional office and one to the intake and permanency offices to meet the demand for these services (No additional resources are requested at this time).

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Priority 3: Safely reduce out-of-home placements

DHS will safely reduce out-of-home placements through enhanced prevention efforts, and, when placement is required, work to reduce the length of stay. It will accomplish this by:

- *Developing a robust prevention strategy.* In 2017, DHS hired a specialist to devote full-time efforts to coordinating and enhancing child welfare prevention work. Under her leadership, DHS is re-envisioning and strengthening prevention efforts so that fewer children enter care. (No additional resources required now.)
- *Improving prevention services by:*
 - Addressing childhood and family trauma and assisting children and families in building family functioning and self-sufficiency through a two-generation approach, which focuses on creating opportunities for and addressing needs of both vulnerable children and their parents together. The two-gen approach prevents maltreatment and strengthens families over time, through supports like social connections, natural supports, employment, child care and housing. (No adjustment requested).
 - Operating the Early Learning Resource Center (ELRC). DHS was selected to run the regional ELRC, starting next year. ELRCs are designed to improve the quality of and access to early learning services in the region and help families identify the best child care options that meet the needs of the child, while offering connections to additional services, such as a child care subsidy. DHS's goal is to leverage Family Support Centers to connect families who utilize the ELRC to additional community resources and prevent them from system entry. To do this, DHS has selected six Family Support Centers in high-need neighborhoods that will have satellite child care, additional resource and referral staff, D&A specialists on site and expanded outreach staff and hours. (Adjustment requested).
 - Supporting the Allegheny County Babies and Families Prevention model. Through this model, DHS will improve the safety and well-being of young children by reaching, engaging and assisting families with babies born at the hospital with half of the county's deliveries- with a focus on families with the greatest need of support. DHS asked for and received supports for this model in last year's NBPB submission, as we move closer to implementation, we have a better picture of cost that will require expanded resources, especially around staffing (Adjustment requested).
 - Expanding afterschool and summer programs for teens in Penn Hills and other high-need communities and supporting the afterschool network with social and emotional need coordinators who will help support children and youth who utilize these programs with high needs (Adjustment requested)
- *Expanding crisis in-home so that families have additional support when they are most vulnerable to separation* by continuing to invest in Homebuilders®, an evidence-based practice designed to preserve families who have children at imminent risk of placement. DHS currently has three Homebuilders® teams. Of the families who completed Homebuilders last year, 87% remained together at home at the 3-month follow-up. DHS will work to ensure that all appropriate families can participate in the evidence-based Homebuilders Program, which provides intensive, in-home crisis intervention, counseling, and life-skills education, and new problem-solving skills to prevent future crises. (No additional resources required.)
- *Using available short-term stabilization programs and other evidence-based programs* that improve family functioning. DHS will work to ensure that each family that is at risk of out-of-home placement is receiving the appropriate program. (No additional resources requested now.)

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- *Adding additional evidence-based practices to the repertoire of in-home services* available to families designed to prevent further system involvement or re-entry to the system (Adjustment requested)
- *Meeting the needs of high-risk, multi-system involved children* (especially those in high levels of care) by 1.) placing multi-system specialists at each regional office who will help facilitate integrated Conferencing and Teaming meetings and provide expert consultation on multi-system kids and 2.) providing a mobile transition/crisis team that would support this population in addressing their complex needs as they transition from inpatient/RTF to permanency (Adjustment requested).

Other Priorities

Meeting the growing demand placed on providers:

- *Meeting federal requirements for transporting children in placement to their school of origin or school of best interest.* The Every Student Succeeds Act (ESSA) requires that child protective services organizations and schools work together to transport children in placement to their school district of origin. Complying with this law has resulted in greater costs than anticipated, in terms of staffing, reimbursements to schools and providers and technology. (This is a change; up until 15-16, this was an expense of the school district). DHS covers a portion of these expenses, as negotiated with the school district. DHS costs exceeded the amount requested in a previous NBPB and is requesting additional resources to meet this mandate. (Adjustment requested).
- *More fairly compensating front-line staff.* DHS has worked hard to give caseworkers a raise and make sure that they are compensated more fairly for their difficult, crucial work. We believe that this same recognition should extend to the front-line staff at our provider partner agencies, who also do the hard work of supporting and keeping families together. DHS has requested additional funding to support salary increases for provider partner frontline staff. (Adjustment requested).
- *Meeting the needs of a key partner to advocate for and represent child welfare-involved kids in court.* KidsVoice is a key partner who tirelessly advocates for and meets the legal needs of children in our system. Since the time of their contract award, they have substantially expanded the services offered to clients, with dependency cases increasing by more than 300 (11% over the past 24 months) from 3,073 to 3,400, largely due to the opioid epidemic, and an 82% increase in the number of educational cases where KidsVoice is appointed as Educational Decision Maker from 2016. DHS is requesting additional funding to help sustain KidsVoice's critical work for children and families. (Adjustment requested).

Using a multidisciplinary approach against opioid use by:

- *Providing an in-home approach to both parenting support and substance use treatment* for parents who have infants and/or small children using a model developed in Connecticut and recognized by the 2016 White House's Office of National Drug Control. The program provides in-home treatment for parents at risk of losing their children. The parent-child therapy takes place in the client's home to reduce barriers like transportation and child care. (No additional resources requested).
- *Building an evidenced based residential addiction and mental health treatment program* for parents that provides therapeutic supports for children and comprehensive dual diagnosis services to help parents struggling with a mental health disorder, as well as employment and life skills training. (No additional resources requested).

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- *Providing rental assistance that allows families to remain together during the period after treatment and during recovery.* Given the high rate of substance use in CYF-involved families, DHS addressed this gap in services by working with providers to expand their capacity, including that fathers and their dependent children can also participate in this housing model. (No additional resources requested).
- *Ensuring that babies and children impacted by parental substance use are receiving early intervention services and care coordination.* DHS contracts for Care Coordination for infants born addicted to substances, to the age of five. (No additional resources requested).
- *Participating in a multi-stakeholder collaborative for preventing and treating opiate addictions.* Allegheny County DHS, with the Allegheny County Health Department, managed care organizations, local, regional, and state partners in community health and health care, with people in recovery have designed a targeted strategy for preventing drug abuse, providing quick access to treatment and recovery supports, and ensuring that the D&A system provides evidence-based services, including Medication Assisted Treatment, where this is indicated. (This strategy leverages resources from several organizations, including DHS's D&A funding and CCBH.) (No additional resources requested).
- *Training CYF staff.* DHS continues to work with its partners to train staff in using the UNCOPE assessment to identify and respond to family needs for treatment; and for staff training in the use of Narcan in emergencies. (No additional resources requested).

Increasing timely exits to permanency by:

- *Continuing to support the Permanency Roundtable process.* (No additional resources requested now)
- *Increasing the number of paralegals on staff to reduce the time to adoption finalization by speeding up the TPR process.* The TPR process requires that a diligent search for all absent parents has been conducted (i.e. that we have exhausted all efforts to find absent parents). Paralegals are responsible for conducting this diligent search, however at current capacity, they do not have time to do this efficiently while balancing their other responsibilities of redacting documents and writing dependency petitions among other tasks. Adding 5 additional paralegals to the department would reduce the current delay in diligent searches, which is prolonging the time to adoption finalization. (Additional resources requested).
- *Expanding the matching unit to move more kids in congregate care to permanency.* The matching unit currently has 93 kids assigned (with 5 matching caseworkers). Previously, matching would only receive referrals when a pre-adoptive home was needed. With the changes in practice, matching is now receiving referrals for the following, which requires additional staff (Adjustment requested):
 - All youth in congregate care- every child in a congregate care placement without an identified discharge family setting.
 - All children in shelter care without an identified long-term resource.
 - All children who are CYF active and brought to the attention of the Rapid Response Team
 - Any child in need of emergency placement
- *Reducing disruption in PLCs with mediation.* In 2017, there were 82 removals of children who had previously finalized PLC; the primary removal reason was parent/child conflict (30% of cases). Conflict can destabilize people under the best of circumstances. For families who have complicated trauma histories and are experiencing on-going exposure to adversity or stress, any conflict or challenging task can exacerbate existing tensions, stress, mistrust, and defensiveness. To reduce disruptions and decrease the number of re-entry to placements following PLCs, DHS is requesting the utilization of Conflict Resolution and

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Mediation services to resolve/mitigate parent/child conflict that occurs after PLC finalizations. DHS would partner with Center of Victims (CV) to carry out these mediation services; a neutral third-party facilitator can model healthy ways to manage conflict and restore and strengthen relationships that can be a support to that child and the primary care givers for years to come. (Adjustment requested).

- *Partnering with Plummer Youth* to help matching workers understand their role at the teaming meetings when it comes to identifying a potential resource and for concurrent planning. Planning for 2019 includes Plummer Youth helping matching workers learn the skills of recruitment of resource families. Plummer Youth is also training matching workers on engagement skills with the youth to understand permanency. Plummer Youth will be teaching the matching workers the skills of family finding during conversations with the youth (No additional resources requested).

☐ **Briefly describe identified resources needed toward implementation and sustainability.**

Any priority requiring additional resources through an adjustment and sustainability efforts are described above.

Counties whose re-entry outcomes fall above the national standard of 9.9% must respond to the following questions:

☐ **Identify the characteristics of the children and youth re-entering the child welfare placement system.**

The primary reason for re-entry into the child welfare system is parent/child conflict (33% of reentries last year). DHS hopes that the mediation adjustment request for children who have been adopted or SPLC will help mitigate this number. Another key reason for reentry is Drug Use/Abuse – Caretaker (18%). The opioid epidemic continues to have a devastating impact on the communities in Allegheny County. DHS is working hard to help keep kids safe and families together in its wake.

Of children re-entering care, 52% were African American, 25% were white, 18% were multiracial and 5% were race unknown. More boys (52%) than girls (48%) re-entered care. Most kids who re-entered care were teens: 16-year-olds (13%), 15-year-olds (12%), and 14-year-olds (9%). Babies age one and under accounted for 15% of children re-entering care.

☐ **What aftercare services and/or placement prevention services are currently available and utilized?**

DHS will fund placement providers to provide aftercare services for any child in placement for up to three months after discharge. The placement provider may provide up to 15 hours of aftercare starting at 30 days pre-discharge, creating a return home plan and helping the child to transition back home to the community by identifying school/community resources with the family. Caseworkers must approve placement provider aftercare or in-home services and connect families to their local family support center, community hubs where parents with young children can attend programs, access resources, and connect with other parents. The caseworker may also refer high-risk families to Homebuilders®, an EBP with the goal of removing the risk of harm to the

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child instead of removing the child. The program gives families the chance to learn new behaviors, and helps them make better choices for their children. Child safety is ensured through small caseloads, program intensity, and 24-hour a day service availability.

❑ What strategies are being planned and/or being implemented to address the re-entry to children and youth in to care?

Providers must begin working on a discharge plan as soon as the child enters placement. The discharge plan breaks down what a child needs to successfully return home. DHS utilizes its practice model, Conferencing and Teaming, to ensure that all supports (both natural and professional) are in place to help the child and family feel secure in their transition back home. This includes assuring continuity of services received during placement, like mental health treatment, and working to avoid school changes whenever possible and in the best interest of the child.

❑ What resources are needed to support the identified practice and service level needs?

- Since reentries are higher when children and youth have been in congregate care, DHS will request a grant-pick for the Diligent Recruitment grant, which funds activities related to actively recruiting resource families for youth, for whom there are often fewer kinship homes available and expand diligent recruitment efforts.
- DHS will add several evidence based practices to the inventory of in-home services that families can receive post-placement, to better support them as they transition back together.
- DHS will provide more robust supports to children with multi-system, complex needs as they move toward permanency by adding Multisystem Specialists and the regional office and offering a specialized response team who will stay with youth use as they transition from higher levels of care/placement to permanency.

Counties whose September 30, 2017 AFCARS report identified children under the age of 16 in care with a goal of Long-Term Foster Care (APPLA) must respond to the following questions:

❑ Identify the characteristics of the children and youth in the county for whom APPLA remains a permanency goal.

No children under the age of 16 had Long-Term Foster Care (APPLA) as their primary permanency goal. Twenty-three children under the age of 16 (2% of children under 16) in care had a concurrent permanency goal of Long-Term Foster Care (APPLA).

Forty-eight percent of the children under 16 for whom APPLA remains a concurrent permanency goal are white, 43% are African American, and 9% are unknown. Fifty-two percent of the children were male, 48% were female. Forty-eight percent of the children under 16 for whom APPLA remains a concurrent permanency goal are placed in kinship care, 35% in non-kinship foster care, and the remaining 17% in residential, shelter foster, and shelter group care.

The median length of stay for children with APPLA as their concurrent permanency goal was 8 months (minimum was 1 month; maximum was 112).

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- ❑ What is the rationale used to establish or maintain the goal of APPLA for these children? Provide specific action steps toward establishment of an appropriate permanency goal for each child to be established at the next permanency hearing.**

Per Allegheny County CYF Best Practice Guidelines: Choosing Other Planned Permanent Living Arrangement as a Permanency Option:

Urgency is even more imperative when considering permanency for older youth. Life-long connections should be in place, and stable, long before a youth transitions out of care to young adulthood. The need for permanency does not end at age 18. Successful transition to adulthood requires connections with supportive and trusted individuals.

Documentation must justify compelling reasons why Reunification, Adoption, or Permanent Legal Custody are not a permanency option for a child. "Compelling reasons" not to provide a child with the highest level of permanency available must be convincing. A compelling reason must be supported with very strong, case-specific facts and evidence which includes justification for the decisions and reasons why all other more permanent options for a child are not reasonable, appropriate, or possible.

CYF will NOT recommend a goal of Other Planned Permanent Living Arrangement (OPPLA/APPLA) for children under the age of 16 who are in placement. If a youth is over the age of 16 and is in a non-kinship placement, the agency must complete the following:

- 1.) Make all efforts to reunify the youth to their parent(s) or secure a placement for the youth with a fit and willing relative, a legal guardian, or an adoptive parent.**
 - Permanency planning is to occur as soon as the child enters care. A primary permanency goal and concurrent goal must be established within the first 30 days of placement. Make the first placement the best placement and possible permanent placement if the child cannot safely return home.
 - If safety can be assured at home, a recommendation for return should be made
 - Build trust, be transparent! Always involve the child and both parents in identifying permanency goals. At the initial conference and each teaming meeting share with them the required ASFA timelines and promote their ownership of assuring a permanent home for the youth.
 - Throughout the life of a case, assess the level of permanence and progress towards achieving permanency. Unless permanency has been achieved, there is no time in the life of the case that we should not be focusing on permanency for a child.
 - Every effort should be made to keep siblings together and find a family that will commit to lifelong care of all the children in a family.
 - Help youth understand permanency. Youth have very specific ideas about who loves them and where they might wish to grow up.
 - Many older children do not want to be adopted for two reasons: they are fearful of another failure or rejection; and they do not want to lose connection with their parents or siblings. When either one of those fears are successfully addressed, it often frees a child to have a permanent family.
 - Utilize SWAN (State Wide Adoption and Permanency Network) Services to assist in "unpacking the no" for a child and locating a permanency resource. Referrals for SWAN services are to be made at the following intervals:

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- Within 30 days of placement: Child Profile referral should be made. A child profile is a comprehensive summary of the child's life history
- Within 30 days but no later than 60 days: Child Preparation referral should be made. Child preparation is a process which helps children and youth work through the difficulties that can often become barriers for them in finding a permanent home.
- Within 90 days of placement: Child Specific Recruitment referral, along with a referral to the OCYF Matching Department, should be made for youth who are in out of home care with no family like setting available to provide permanency or a lifelong connection.

2.) Identify at least one supportive adult with whom the youth has significant connections.

- Conduct a very thorough review of the child's record to see that "no stone is left unturned" in terms of identifying significant relationships from the child's past and present.
- Engage the youth. Ask them what they want, who is important to them.
- Conduct extensive Family Finding (not just an Accurant Search). Utilize all available tools to locate extended family (i.e. social media, web searches, record reviews, conversations with youth and family)

3.) Outline how each identified supportive adult has formalized the connection with the child.

- During a teaming meeting, develop an action step for how the identified supportive adult will maintain their connection with the youth. This may also be outlined in the youth's transition plan.

4.) Identify the specific services that will be provided by the agency to support and maintain the connection between the youth and identified supportive adults.

5.) Be prepared to report to the Court at the youth's Permanency Hearing as to steps 1-4 above.

- Documentation of ongoing and successful/unsuccessful efforts for family placement, including efforts to locate biological family members must be outlined on all court addendums for permanency review hearings.
- Documentation specifying steps taken to ensure the reasonable and prudent parent standard is being followed, and that the child has regular, ongoing opportunities to engage in age or developmental appropriate activities must be outlined on all court addendums for permanency review hearings.
- The court will make a judicial determination if APPLA is still the best permanency plan and why reunification, adoption, or permanent legal custody is not in the best interest of the child.

If the Court changes the goal to OPPLA/APPLA for youth 16 and older, the agency must continue with the efforts above until permanency is achieved. DHS is required to report to the Court at each hearing the efforts that were made during the time between permanency review hearings.

☐ **Identify resources needed to achieve permanency for these children and youth.**

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Properly training staff and ensuring that caseloads are low enough that they have time to follow the practice model, Conferencing and Teaming, with accuracy is imperative to helping children and youth identify natural supports, flag unaddressed needs and figure out how to meet them and plan for permanency. Beyond Conferencing and Teaming, Youth Support Partners and Youth speakers are critical for helping youth have a voice in the system and understand/advocate for a path to permanency. Further, to find strong placement options, we must rely on kinship navigators to locate kin that youth could be placed with and a strong pool of resource families. The matching department aids this process, by putting all resources they can into finding an appropriate family-like placement for youth. The process is also informed and improved through convening Permanency Round Tables.

- ☐ **Describe what practice changes the agency has planned and/or implemented towards eliminating the use of APPLA as a goal for children and youth under the age of 16.**

See Choosing Other Planned Permanent Living Arrangement as Permanency Option Best Practice Guidelines outlined above.

- ☐ **What resources are needed to support the identified practice and service level needs?**

DHS is requesting adjustments to expand the matching unit, which works tirelessly to move kids in congregate care, shelter care or in need of emergency placement to permanency and to reduce disruptions in PLCs and promote permanency/prevent system re-entry through conflict resolution and mediation services for placements at risk of destabilization. See Program Improvement Strategies section above.

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Section 4: Administration

4-1a. Employee Benefit Detail

- ☐ **Submit a detailed description of the county's employee benefit package for FY 2017-18. Include a description of each benefit included in the package and the methodology for calculating benefit costs.**

2017- 2018 NBB Projected Fringe Rate - Allegheny County CYF					
Object Code	Char Code	Object Title	Actuals Per ReportsNow 7/1/17 to 12/31/17	Projected 1/1/18 to 6/30/18	Total 7/1/17 to 6/30/18
51101.51102	20	Salaries	12,577,021	12,954,332	25,531,353
51104	20	Overtime	990,339	1,020,049	2,010,388
51105	20	Other Compensation	20,000	-	20,000
51107	20	Sick Pay-Buy Back	204,603	-	204,603
51109	20	Health Benefit Bonus	16,500	-	16,500
51118	20	Settlement	3,200	2,983	6,183
Total Personnel			13,811,663	13,977,364	27,789,026
52501	25	Fringe Benefit Allocation	4,893	2,428	7,321
52502	25	County Pension Fund	1,194,975	1,327,566	2,522,541
52503	25	FICA & Medicare	1,032,079	1,069,040	2,101,119
52504	25	Group Life Insurance	3,207	3,303	6,510
52505	25	Highmark Select POS	3,155,453	3,344,780	6,500,232
52506	25	Unemployment Compensation	17,914	18,500	36,414
52508	25	Vision Allocation	4,683	4,665	9,348
52511	25	Dental Plus	90,155	92,860	183,015
52513	25	Dental Flex	32,989	33,978	66,967
52530	25	Employee W/C Medical	7,087	25,000	32,087
52531	25	Employee W/C Indemnity	17,926	32,500	50,426
52532	25	Employee W/C Admin	57,008	67,277	124,284
52599	25	Employee Cost Sharing (Health Care)	(276,961)	(384,295)	(661,256)
Total Fringe Benefits			5,341,408	5,637,601	10,979,009
			38.67%	40.33%	39.51% Projected 17/18 Fringe

#52502, County Pension Fund-

The County contributes 9.50% of employees' gross salary as match for pension benefits. This percentage became effective on January 1, 2018. Contrary to prior year notes, pension contribution is not expected to increase for 2019 or 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. A 3% increase in County cost is projected in 2019 and 2020.

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

Monthly benefits are based upon the number of family members covered under the insured individual's policy. The County recovered 2.5% in 2017 and 2.75% beginning in January 1, 2018 of the employee's base wage to offset medical benefit coverage costs. We project the

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County will recover 2.75% of these costs beginning in 2019 and 2020, and health insurance to increase by 6% in 2019 and 2020.

#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, 2018, the cost to the County is \$19.56 per month for an individual and \$58.72 per month for a family. We project a 3% increase in cost for 2019 and 2020.

#52513, Concordia Flex-

Concordia Flex is a Choice Plan that is associated with the Highmark dental network. As of January 1, 2018, the cost to the County is \$20.54 per month for an individual and \$54.08 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-

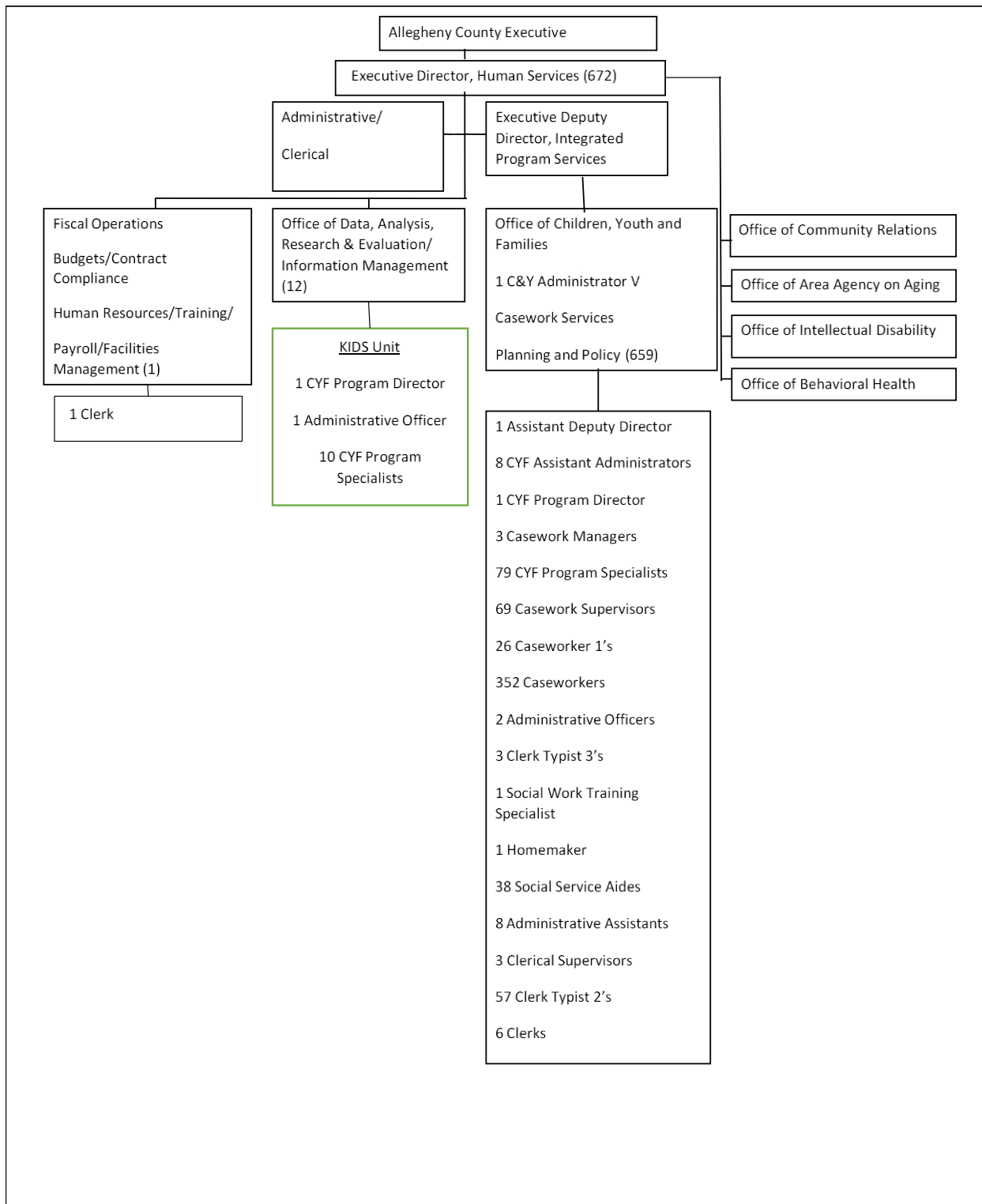
Payments made to CYF employees who are on Worker's Compensation. Cost is based upon actual experience.

#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



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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 has developed a Talent Acquisition Strategy to promote the hiring of staff. Steps that DHS has taken to execute this strategy include:

- Spotighting individual caseworkers and their efforts to help child and families in internal and external communications
- Hosting quarterly Open Houses on-site at DHS promoting each department and the positions available to both internal and external candidates
- Updating the company career website to include a specific page for casework positions
- Creation of an HR webpage
- Participating in a variety of community events with the goal of educating the community on DHS opportunities
- Posting job vacancies on job aggregator sites, including indeed, jobgateway.pa.gov, zip recruiter, LinkedIn, Nonprofitallent.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
- Creation of a diversity video
- Creation of a Realistic Job Preview of the CPS and GPS casework positions
- Building relationships with key community stakeholders/educational institutions and initiating dialogue about DHS employment opportunities
- Building a culture of recruitment by encouraging and rewarding employee referrals
- Designing marketing materials about casework positions, including flyers, palm cards and banners
- Implementing the usage of SMS technology to enhance communications between the recruiter and applicants
- Utilization of student interns in the creation of relevant social media video postings to enhance our social media presence

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

- Improving recruitment through the strategies listed above, as well as through improved workforce planning:
 - using dashboards to identify staffing needs at the department and office levels and plan for position postings, interviews, and training
 - using exit interviews and caseworker interviews to improve the information we share with potential candidates (e.g., we have done this in our recruitment videos)
- Improving retention by:
 - Improving the fit in our selection of new hires and promotions:
 - by using the Predictive Index Tool. This tool allows us to identify the primary characteristics and abilities that are associated with good on-the-job performance—for caseworker, supervisor, and other positions in the

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organization—and then determine how closely the candidates align with those characteristics.

- Improving understanding of secondary trauma through the Secondary Trauma Workgroup
- Improving communications:
 - With leadership in CYF, through “Straight Talk” sessions with CYF leaders and caseworkers and other staff
 - With other caseworkers, through “Have you Heard?” videos.
 - With judges and others who have an impact on caseworker stress and efficiency
- Developing career trajectories and information about career pathways, so caseworkers and supervisors see that they can advance within DHS
- Conducting exit interviews and caseworker interviews to identify issues that are contributing to turnover; and implementing a quality improvement approach to addressing these issues.
- Leading the implementation of this retention strategy through monthly meetings among director, deputies, human resources, training, and the CYF Workforce Team

4-1d. Audit Compliance

- ☐ **Describe any changes in county practice regarding contract monitoring over the last two years. 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.**

DHS is currently engaged in an initiative to integrate monitoring efforts across the various offices within the Department. The process started in 2015 with the goal of improving the quality, efficiency and collaboration of monitoring. Monitoring practices varied across DHS’s program offices (Aging, Behavioral Health, CYF, Contract/Fiscal Compliance, Intellectual Disability, and the Bureau of Homeless/Housing) including how monitoring occurred, how often it occurred, the depth of assessment and scope of content. Disjointed monitoring hampered our ability to efficiently assess how a contracted provider performed across multiple scopes of services from different offices and placed a burden on providers. DHS saw an opportunity for improving communication between and across program offices, especially when multiple offices visit the same provider. To do address this issue, DHS developed a common tool to summarize monitoring results (DHS has over 80 tools in use across multiple program areas, complicating effective cross-office communication). The tool is a web-based application that provides a central location to summarize and share monitoring information across all DHS offices. It captures visit dates and activities (i.e. file review, service observation, fiscal review and result summaries). DHS created 6 common monitoring areas (administration, policy and procedure, staffing and personnel, service delivery, environment and outcomes) to provide a format and common language for monitors to summarize and share their findings, even when the services offered are not the same. It also includes a document upload feature which streamlines the monitoring process and supports transparency. DHS also developed Monitoring Standards of Practice which support common practice across monitoring visit processes, provide base

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requirements for conducting monitoring, include expectations around scheduling, on-site visit procedures, follow-up and monitor conduct/professionalism.

Over the past two years, the Compliance/Fiscal monitoring team do not report any major practice changes, beyond participating in integrated monitoring. They continue to audit based on risk-based assessment, looking at the past three years of certified audits and past 2-3 site visit findings.

CYF Program Monitors will continue to conduct monthly reviews, that include randomly calling providers to check-in, ask about services and compare services performed with contract work statements and will also institute a cumulative annual review using contract mandates and the DHS Monitoring Standards and Procedures.

- ☐ **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.**

CYF Program Monitors conduct yearly reviews to assure that all provider staff have Act 33 and FBI Clearances.

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

N/A

- ☐ **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.**

DHS's most recent single audit report did not have any findings relative to CYF.

- ☐ **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.**

The most recent AG report found that DHS: "Failed to Execute Purchase of Service Agreements with Multiple Providers and To Adhere to the Contract Provisions with Other Providers Costs." This finding was specific to the type of agreements (letter agreements vs. contracts) for Allegheny County Family Court Division appointed attorneys. DHS's response was that Court appointed attorneys are selected by the Allegheny County Family Court Division on a case by case basis. The presiding judge appoints an attorney most qualified to handle the case based upon the current family environment or adoption criteria. Every effort will be made by CYF to enter into the proper written agreement with legal representation where ever possible.

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4-3. Accurint

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

Accurint Administrator

Jill Brant, Jill.Brant@allegheycounty.us

Accurint Users:

Michelle Cicero, Michelle.Cicero@allegheycounty.us

Karen Gongaware, Karen.Gongaware@allegheycounty.us

Kristina Kezmarsky, Kristina.Kezmarsky@allegheycounty.us

Jena Pascarella, Jena.Pascarella@allegheycounty.us

Kaneisha Robinson, Kaneisha.Robinson@allegheycounty.us

Westri Stalder, Wes.Stalder@allegheycounty.us

Lauren Russell, Lauren.Russell@allegheycounty.us

Ruth Szpanka, Ruth.Szpanka@allegheycounty.us

Bruce Noel, Bruce.Noel@allegheycounty.us

- ☐ **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 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 daily.

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

Yes. Family Finding has continued to improve with the use of Accurint and other techniques, such as Kinship Navigators. Family Court judges have a more defined and enhanced expectation of what successful family finding looks like. Accurint is an integral part of our efforts. We will continue to increase the skill of our users to provide efficient and concise reports, which will be used by casework staff to locate and engage kin and youth.

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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 2018-19 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 2019-20 Children and Youth Needs-Based Plan and Budget Estimate; and

_____ Fiscal Year 2018-19 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;
- 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 guardianship 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.

I/We assure that representatives of the community, providers, and consumers have been given the opportunity to participate in the development of this Plan.

I/We assure that the county programs that affect children (e.g. Mental Health, Intellectual Disabilities, and Drug and Alcohol) have participated in the development and review of this Plan.

I/We understand that the accompanying budget projections are based on estimates and that the amounts may change when the state budget is adopted and final allocations are made.

I/We understand that substantial changes to the Plans subsequent to Departmental approval must be submitted to the Regional Office of Children, Youth and Families for approval.

I/We assure that all new Guardians Ad Litem (GAL) have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.

I/We assure that the County Children and Youth Agency is in compliance with all credit reporting agency requirements regarding the secure transmission and use of confidential credit information of children in foster care through electronic access for operation by counties where no agreement exists between the county and credit history agency. This also includes limiting online access to users approved by the Office of Children, Youth and Families for the explicit use of obtaining credit history reports for children in agency foster care.

**COUNTY ASSURANCE OF COMPLIANCE AND PARTICIPATION
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

**THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN
ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND
EXECUTIVE ASSURANCES CONTAINED IN THE PRECEDING PARAGRAPHS**

County Human Services Director

Marc Cherna
Name


Signature

8/13/18
Date

County Children and Youth Administrator

Marc Cherna
Name


Signature

8/13/18
Date

County Chief Juvenile Probation Officer

Russell Carlineo
Name


Signature

8/13/18
Date

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 EATON
Name

[Signature]
Signature

8/14/18
Date

Name

Signature

Date

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 D. McKain
Name

William D. McKain
Signature

8.13.18
Date

County Commissioners

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date



CWIS Data Sharing Agreement
October 1, 2018 – September 30, 2019
CWIS Data Sharing Agreement

1.0 Statutory Basis

This Agreement establishes the terms and conditions in which 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 67 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 (CPSL) (23 Pa. C.S., Chapter 63).

These requirements were expanded with the passage of Act 29 of 2014 which amended the CPSL at 23 Pa. C.S. § 6336 (relating to information in the statewide database). Act 29 of 2014 allows DHS 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 DHS 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 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 CPSL, 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 CCYA Case Management Information Systems are accessed and maintained in accordance with the applicable Commonwealth and DHS Security Policies.

CWIS Data Sharing Agreement

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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 by and between the Commonwealth of Pennsylvania (Commonwealth) and the respective CCYA as noted by the signature lines in Section 5 of this Agreement and is effective for the time period October 1, 2018 through September 30, 2019. The following information is included as appendices:

- Appendix A – CWIS Overview
- Appendix B – State and Federal Laws Regarding Confidential Records
- Appendix C – Referenced Commonwealth and Department of
Human Services (DHS) IT Policies
- Appendix D – General Password Policies and Recommendations

As a user of the CWIS data, CCYAs 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.

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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 CPSL 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 of Children, Youth and Families.

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)**

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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.

3.3 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.
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 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 upon request.
13. Coordinate any planned system disconnection 60 working days prior to the actual disconnection with DHS, the CCYA, and the County Information System Owner.



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4.0 Applicable Dates

- A. *Effective Date.* The effective date of this agreement is October 1, 2018.
- B. *Term.* The term of this agreement shall be for the period through September 30, 2019.
- 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 CWIS, CCYAs, 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 CWIS, CCYAs, and County IT System Owners. For each agency signatory to this agreement, 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.**



CWIS Data Sharing Agreement
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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 Executive Director
8/28/14
Date


County Manager
5-3-18
Date


County Solicitor
5/2/18
Date


Assistant County Solicitor
5/2/18
Date



CWIS Data Sharing Agreement October 1, 2018 – September 30, 2019 CWIS Data Sharing Agreement

Appendix A

CWIS Overview

The Pennsylvania DHS CWIS is an electronic data exchange with 67 CCYAs using seven 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

State and Federal Laws 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, DHS, 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 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	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,

State or Federal Law	Description
Office of Victim Advocate	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: (1) Individual identifying information about patients and caregivers. (2) Certifications issued by practitioners. (3) Information on identification cards. (4) Information provided by the Pennsylvania State Police under Section 502(b).2 (5) Information relating to the patient's serious medical condition.
11 P.S. § 876-7 Confidentiality of Records in the Infant Hearing, Education, Assessment, Reporting and Referral Act	Data obtained directly from the medical records of a patient shall be considered confidential and shall be for the confidential use of DHS 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.
Pa.R.J.C.P. No. 173 Retention of Specific Information from Juvenile Records	All information retained according to this rule shall be confidential. This information is not eligible for inspection pursuant to Rule 160.
23 Pa. C.S. § 6344(n) Employees Having Contact with Children; Adoptive and Foster Parents	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) known as the Right-to-Know Law. This information shall not be released except as permitted by DHS through regulation.
23 Pa. C.S. § 6344.2 Volunteers Having Contact with Children	Information provided and compiled under this section by DHS 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. This information shall not be released except as permitted by DHS through regulation.
55 Pa. Code § 105.1 Policy; Safeguarding Information Relating to Individual Applicants and Recipients of Public Assistance	Information to be safeguarded. DHS will safeguard the following information: (1) The names of applicants and recipients. (2) The address of any applicant or recipient and the amount of assistance any recipient is receiving except as provided in § 105.4. (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 DHS, 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.
55 Pa. Code § 5100.31 Confidentiality of Mental Health Records	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
55 Pa. Code § 5100.37 Records Relating to Drug and Alcohol	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

State or Federal Law	Description
Abuse or Dependence Under the Confidentiality of Mental Health Records	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).
55 Pa. Code § 3680.34 Confidentiality of Client Records in Administration and Operations of a Children and Youth Social Service Agency	(a) Information that may identify a child or the family, as well as other information contained in the client record, is confidential. (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.
55 Pa. Code § 3130.44 Confidentiality of Family Case Records in Administration and Operations of County Children and Youth Social Service Programs	(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.
55 Pa. Code § 3490.242 Confidentiality of General Protective Services records	Information obtained by the county agency or DHS 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 DHS in the course of the official's duties.
55 Pa. Code § 3290.183 Confidentiality of Records of Family Child Day Care Homes	(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 DHS.
55 Pa. Code § 601.121 Confidentiality for Federal Low Income Home Energy Assistance Program	Information about a LIHEAP applicant or recipient is confidential
55 Pa. Code § 3490.91 Persons to Whom Child Abuse Information Shall be Made Available	Reports, report summaries, and other accompanying information obtained under the CPSL and this chapter in the possession of DHS 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.
55 Pa. Code § 3490.94 Release of the Identity of a Person Who Made a Report of Child	(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

State or Federal Law	Description
Abuse or Cooperated in a Subsequent Investigation	<p>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 for DHS finds that the release will not be detrimental to the safety of the person.</p> <p>(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>
55 Pa. Code § 5310.142 Confidentiality of Client Records for Children's Services in Community Residential Services for the Mentally Ill	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 if the child is 14 years of age or older.
HIPAA Privacy Rule, 45 CFR Part 160 and Subparts A and E of Part 164	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.
42 U.S.C. § 290dd- 2, 42 C.F.R. Part 2 Substance Abuse And Mental Health Services Administration	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.)
18 U.S.C. § 2701, et seq. Stored Communications Act	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.



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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

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 consecutive, unsuccessful attempts to enter a password, the involved account is to be suspended until reset by a system administrator. Reset process may be

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9. delegated to the help desk or similar function approved by the 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.
10. Data encryption is required for all electronic password repositories.
11. 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.
12. Least privileged. By default, all accounts 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).



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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.