



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# **Fiscal Year 2026-27 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) 2026-27 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.

**Avoid duplication within the narrative by referencing other responses as needed.**

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

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

# ALLEGHENY

**NBPB**  
**FYs 2024-25, 2025-26 and 2026-27**

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

## Section 2: NBPB Development

### 1-1: Executive Summary

➤ Respond to the following questions.

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

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

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

The Needs-Based Plan and Budget (NBPB) supports this essential work by providing funds to prevent child maltreatment and preserve families, support healthy child and youth development, provide safe, high-quality out-of-home placements in the least restrictive setting possible – including with kin - and ensure children and youth experience normalcy and achieve permanency.

#### Challenges

Even as we've succeeded in safely reducing home removals wherever possible, ACDHS has identified the following challenges that are making it increasingly challenging – and costly – to meet child and family needs:

1. **Challenge: Rising acuity of need among youth and families in the system.** ACDHS is experiencing a significant and accelerating rise in the number of children and families with complex needs. In Fiscal Year (FY) 2024-2025 alone, the County's Multisystem Team facilitated 3,847 meetings—including Integration and Teaming, Complex Case, and Technical Assistance sessions—on behalf of 251 youth with complex needs. This represents a **61% increase** in the number of youth with complex needs served compared to the previous year, **more than doubling** the 30% increase observed from FY 2022-2023 to FY 2023-2024. This sharp upward trend underscores the urgent need for enhanced coordination, resources, and support, including:
  - a. **New and expanded specialized and intensive community-based interventions** are required to address the specific types of needs that we are seeing with increased frequency, including: parents with intellectual disabilities, children with autism, youth with aggressive behaviors, and youth who have experienced commercial sexual exploitation. (Adjustments requested.)
  - b. **Reducing the use of group placement for youth with complex needs through therapeutic foster care.** Therapeutic Foster Care (TFC) is a vital support for meeting the complex needs of youth in a less restrictive, family-like placement option. Following its recent rebid of foster care services, ACDHS continues to expand the availability and capacity of TFC by requiring all Foster Care providers to recruit, train, supervise, and support foster parents in caring for children with significant emotional, behavioral, and/or social needs. This approach has allowed ACDHS to place more complex youth in family-based settings. From FY 21-22 to FY 23-24, ACDHS **increased the number of youth in therapeutic foster homes by 163%**, representing 231 youth. ACDHS is working to certify existing placements, train additional homes, and

support provider agencies in problem-solving around staffing issues and expects to see a continued increase in TFC days of care (Adjustment requested).

- c. **Increasing Allegheny County's existing placement capacity with additional shelter, diagnostic and intensive residential program(s)/supports.** For those youth with complex needs who require home removal but cannot be served in a family-like setting, perhaps due to an emergency placement need; unknown, unclear or conflicting behavioral health recommendations; or not meeting the medical-necessity criteria for admission to a treatment facility, ACDHS seeks more local and high-quality placement capacity with additional shelter, diagnostic and intensive residential programs. In FY 25-26, ACDHS released a request for proposals to competitively procure this capacity.
- d. **Adding aftercare to the service array.** Aftercare is vital for youth with complex needs as they transition from placement back into their communities. ACDHS is committed to making out-of-home placements as brief and non-recurring as possible, and aftercare provides the essential continuity of care required to achieve this goal. Through structured aftercare planning, youth remain connected to behavioral and mental health supports—ranging from therapy to medication management—after leaving care. This continuity not only sustains the progress made during placement but also significantly reduces the risk of reentry.<sup>1 2</sup> Informed by this evidence, ACDHS will pilot a formal aftercare program in FY 26–27. (Adjustment requested.)

2. **Challenge: Responding to federal cuts to the safety net.** Federal cuts to the safety net—particularly to Medicaid and the Supplemental Nutrition Assistance Program (SNAP)—will have severe consequences for children and families in Allegheny County and will significantly increase the volume and complexity of cases entering the child welfare system.

- a. **Cuts to SNAP and Medicaid will drive more families into crisis and to CYF's front door.** Rollbacks to Medicaid eligibility and reductions in SNAP benefits, including stricter work requirements and benefit time limits, will disproportionately affect low-income families with children—many of whom are already struggling to meet their basic needs. In Allegheny County, over 90,000 children currently rely on Medicaid for healthcare,<sup>3</sup> and more than 45,000 households receive SNAP benefits<sup>4</sup> to help prevent hunger. Reductions in access to food and medical care will lead directly to increased hardship for families, fueling conditions that often result in child welfare involvement, including chronic neglect and untreated physical or mental health issues. Based on peer-reviewed studies and past local trends, ACDHS estimates that CYF could experience a 20-30% increase in neglect-related referrals within 12 months of the proposed benefit reductions. For example, a 2006 study found that cuts to income support programs led to a 20–30% increase in child neglect reports in affected jurisdictions<sup>5</sup> and research by Cancian et al. showed that economic hardship significantly raises CPS involvement risk, even when controlling for other factors.<sup>6</sup> Without additional support, this

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<sup>1</sup> Bellamy, J.L., Gopalan, G., & Traube, D.E. (2010). A national study of the impact of out-of-home placement on reunification for children in child welfare. *Children and Youth Services Review*, 32(6), 840–845. <https://doi.org/10.1016/j.childyouth.2010.02.004>

<sup>2</sup> Greeno, E.J., Lee, B.R., Uretsky, M.C., Moore, J.E., Barth, R.P., & Shaw, T.V. (2019). Effects of intensive aftercare for children and families following foster care: A quasi-experimental study. *Children and Youth Services Review*, 103, 42–51. <https://doi.org/10.1016/j.childyouth.2019.05.006>

<sup>3</sup> Pennsylvania Department of Human Services, Medicaid Enrollment Dashboard, Allegheny County data (2024).

<sup>4</sup> U.S. Census Bureau, American Community Survey (ACS) 2023 1-Year Estimates, SNAP Household Participation by County.

<sup>5</sup> Swann, C. A., & Sylvester, M. S. (2006). The foster care crisis: What caused caseloads to grow? *Demography*, 43(2), 309–335.

<sup>6</sup> Cancian, M., Yang, M. Y., & Slack, K. S. (2013). The Effect of Additional Child Support Income on the Risk of Child Maltreatment. *Social Service Review*, 87(3), 417–437.

anticipated rise in referrals would overwhelm existing caseworkers, delay service responses. (Adjustment requested.)

- b. **Cuts to the federal safety net will also lead to surging demand for eviction prevention and family stabilization services.** In the absence of federal rental assistance and with rising rent costs, eviction filings in Allegheny County are now 43% higher than pre-pandemic baselines.<sup>7</sup> Children in households facing eviction are at significantly higher risk of system involvement due to family instability, chronic absenteeism, and homelessness. SNAP and Medicaid benefits help prevent displacement by freeing up household resources for rent and utilities. Their reduction will accelerate housing instability, making it more difficult to keep children safely with their families. Without strategic investment, Allegheny County will be forced to triage families at the point of crisis (e.g., CYF referral due to homelessness), rather than stabilizing them upstream through targeted support (through eviction prevention and basic needs support). (Adjustment requested.)

3. **Challenge: Maintaining and supporting a high-quality agency and provider workforce in the face of significant economic and labor market shifts.** A quality and stable workforce is essential for a successful child welfare system. Unfortunately, recent economic and labor market shifts have left health and human service organizations, including child welfare and family-serving providers, at a significant disadvantage in attracting and retaining skilled workers. Allegheny County is committed to bolstering the recruitment and retention of critical human services and child welfare staff. In the past two years, we've streamlined HR processes, launched wellness programs, and undertaken a targeted effort to fill vacant positions. As we continue to adapt to the changing labor market, we are also pursuing opportunities to enhance caseworker career paths, invest in supervisory and managerial training, increase provider rates to improve staff wages, and more. (Adjustment requested.)

In summary, despite a declining number of youth in placement, **Allegheny County is facing unprecedented costs** to meet child and family needs—driven by inflation, workforce shortages, the rising acuity of youth, and the erosion of the broader safety net. These pressures have dramatically increased the cost of care. For example, the daily rate for our most intensive placement option has risen from **\$X in 2020 to over \$Y in 2025**, while the average cost of baby gear has increased by 24%, or **\$400 per new baby, from March-June 2025 alone** due to rising tariffs.<sup>8</sup> At the same time, youth entering care often present with more complex behavioral, medical, and mental health needs, requiring more intensive and specialized services. As a result, we are spending significantly more to serve fewer youth. This reality underscores the importance of our prevention efforts: reducing unnecessary removals and case openings is no longer just a best practice—it is essential to ensuring we can continue to meet the needs of the most vulnerable children in our care.

## Successes

1. **Success: Implementation of initiatives that prevent maltreatment and reduce the use of out-of-home placement.** ACDHS is making strategic progress toward building a child welfare system that prioritizes prevention and family preservation. We recognize that the earlier we reach families with meaningful supports, the more likely we are to keep them safely together. When families experience crises—whether related to housing, safety, or unmet basic needs—those moments carry risk. But with timely and effective support, crises can become turning points that strengthen resilience and reduce the likelihood of child welfare involvement.

<sup>7</sup> Allegheny County Magisterial District Court Records, *Eviction Filing Data Q1–Q2 2025*.

<sup>8</sup> U.S. Congress Joint Economic Committee June 2025 Report “New Parents Are Paying 24 Percent More for Five Common Baby Items Since Trump’s Tariffs” [https://www.jec.senate.gov/public/\\_cache/files/3504b51d-7046-4f30-bd8c-7176a43cef4e/new-parents-are-paying-24-percent-more-for-five-common-baby-items-since-trump-s-tariffs.pdf](https://www.jec.senate.gov/public/_cache/files/3504b51d-7046-4f30-bd8c-7176a43cef4e/new-parents-are-paying-24-percent-more-for-five-common-baby-items-since-trump-s-tariffs.pdf)

ACDHS attributes recent progress in reducing out-of-home placements to the following prevention-focused initiatives:

- a. **Hello Baby.** Launched in 2020, Hello Baby is a voluntary prevention program designed to proactively support families of infants and toddlers (ages 0–3) who are at highest risk of future child welfare involvement with intensive supports. Through sustained state and federal support, the program has grown from a pilot in FY 2020-21 to full countywide coverage by FY 2022-23. It now includes enhanced interventions, such as the University of Pittsburgh's Family Check-Up, and expanded outreach staffing. In FY 2024-25 alone, Hello Baby enrolled 1,830 high-risk families, with a total of 3,166 families now active. A 2025 independent evaluation by the Urban Institute and Chapin Hall found strong evidence that Hello Baby reduced both the number of child maltreatment investigations and the number of substantiated cases compared to pre-implementation baselines.<sup>9</sup>
- b. **Housing Specialists.** ACDHS Housing Specialists play a vital role in preventing homelessness and reducing child welfare system involvement by supporting families in maintaining or securing stable housing. These highly trained and well-networked staff assist with landlord negotiation, budgeting, relocation, liaising with housing authorities, and emergency assistance (e.g., one-time assistance for back rent or a security deposit). In FY 2023-24, Housing Specialists successfully stabilized housing for 66 families, resolving issues in place **for 39% and securing new housing for 61%**. This work has prevented deeper system involvement and leveraged funding from external sources, such as HUD and HAP. Currently, Housing Specialists only serve families referred by the Early Learning Resource Center (ELRC), Family Centers, or Hello Baby. Beginning in FY 2026-27, ACDHS plans to expand Housing Specialist capacity to serve families referred by CYF, allowing more at-risk families to avoid crisis-level involvement. (Adjustment requested.)
- c. **Providing services during investigation.** Meeting a family's needs quickly can prevent a hardship from escalating into a crisis. Historically, many services were only available after a formal child welfare case was opened, delaying support and increasing risk. To change this, ACDHS began offering services—such as in-home support, transportation, and concrete goods—during the investigation phase starting in 2023. In FY 23-24, 1,775 child welfare referrals were connected to services during an investigation, an increase of 451 service connections from the prior fiscal year. The proportion of child welfare investigations receiving services during investigation in FY23-24 was 24%, an increase of 4.8% over the prior Fiscal Year. We anticipate that the proportion of families provided services during investigation will continue to increase as we continue to train staff on this new practice.
- d. **Community Violence Reduction Interventions (CVRI).** To reduce the geographically concentrated gun violence that drives youth and families to the child welfare and juvenile justice systems, ACDHS invests in a suite of coordinated and comprehensive evidence-based interventions, youth employment, and out-of-school-time and teen programs in highly impacted communities. Programs like Becoming a Man, a school-based program that deploys full-time licensed counselors who work with at-risk young women from grades six to twelve five days a week through cognitive behavioral therapy, peer support, and developing future orientation, are contributing to real reductions in homicide levels. The results are promising: between 2023 and 2024, **youth homicides (ages 0–24) declined by 24% in CVRI-participating communities**,

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<sup>9</sup> <https://www.urban.org/research/publication/hello-baby-evaluation>

**while youth homicides in similar neighborhoods without intervention increased by 31%.<sup>10</sup>**

Because the BAM implementation has been a success, school staff have been asking for a similar intervention for young women. ACDHS will begin implementing Working on Womanhood (WoW) in FY 25-26 and scale up the program in FY 26-27. (Adjustment requested.)

- 2. Success: Supporting young people.** ACDHS is committed to building a system where young people—particularly those with experience in foster care or at risk of system involvement—can successfully transition to adulthood. Through strategic investment and strong partnerships, we have developed one of the most comprehensive and youth-centered support systems in the state of Pennsylvania. In FY 2023-24, the County served over X youth through Independent Living (IL) programming, with services ranging from daily living skills to peer mentoring and specialized housing options for young adults transitioning to independence. In addition to IL, ACDHS strategically leverages Needs-Based funding to support Community Violence Reduction and teen out-of-school time programs that annually reach more than 10,000 youth, particularly in neighborhoods disproportionately impacted by poverty and violence. However, even with a robust foundation, we face rising demand for more responsive, equitable, and developmentally appropriate services that meet young people where they are—both geographically and developmentally. Targeted investments are necessary to close critical service gaps—particularly for younger teens, older youth transitioning out of care, and youth facing barriers to employment and safety.
  - a. Expand IL services to include 14- and 15-year-olds.** Currently, IL services are available only to youth ages 16 and up, despite evidence that earlier engagement leads to stronger adult outcomes. Youth in care who receive life skills and stability services before age 16 are significantly more likely to graduate high school, avoid homelessness, and remain employed by age 21.<sup>11</sup> Expanding eligibility to 14- and 15-year-olds would enable ACDHS to initiate skill-building and mentoring earlier—when youth are still in more stable placements and are more receptive to long-term planning. (Adjustment requested.)
  - b. Increase access to high-quality teen programming.** Many neighborhoods in Allegheny County—especially outside of Pittsburgh’s urban core—lack accessible, teen-specific recreational and enrichment programs. Structured out-of-school programming provides a protective environment for teens, reducing unsupervised time, increasing access to supportive adults, and improving developmental outcomes. ACDHS aims to expand access to quality programming, particularly in under-resourced areas, to foster social-emotional growth, connection to caring adults, and long-term engagement in school and employment pathways—all of which are proven predictors of youth stability and well-being.<sup>12</sup> (Adjustment requested.)
- 3. Success: Enhanced County budget support for child welfare.** In the face of increased costs and a tightening federal budget, Allegheny County is committed to leveraging all available resources to meet child and family needs. This includes using behavioral health system funding to address needs observed through our oversight of the County’s child welfare system (e.g., Allegheny County is using

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[https://tableau.alleghenycounty.us/t/PublicSite/views/ViolenceinAlleghenyCounty/HomicideTrends?%3AshowAppBanner=false&%3Adisplay\\_count=n&%3AshowVizHome=n&%3Aorigin=viz\\_share\\_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y#1](https://tableau.alleghenycounty.us/t/PublicSite/views/ViolenceinAlleghenyCounty/HomicideTrends?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y#1)

<sup>11</sup> Casey Family Programs. (2022). *Supporting older youth in foster care: Start early, stay engaged*. <https://www.casey.org/supporting-older-youth/>

<sup>12</sup> Afterschool Alliance. (2020). *The Evidence Base for Afterschool and Summer*. <https://www.afterschoolalliance.org/research.cfm>



Behavioral HealthChoices funding to fund residential SUD treatment for parents with children; to open a new pRTF program; and to improve access to community-based child and family mental health services). It also includes commitment of County revenue as local match to fully draw our state OCYF award.

In 2024, hundreds of clients, family members and other residents spoke with the Allegheny County Executive and County Councilors<sup>13</sup> about how critical NBPB-funded services are to families in Allegheny County. One parent captured the sentiment in their testimony to County Council: “These are the places that lift you when you’re down,” she said, referring to Family Centers. *“I don’t know where I’d be without it.”* Families reported measurable improvements in parent and child mental health, communication, and community belonging—core predictors of resilience and safety.

They made the case for increasing the “County match” in the 2025 budget so Allegheny County could collect all of the State and Federal funding allocated through the Needs Based Plan and Budget process and sustain existing programs. As a direct result of their advocacy, support from the County Council and the County Executive, and our partnership with the City of Pittsburgh, Allegheny County now has a sufficient County match allocated to draw down 100% of available funding.

- ❑ Summarize additional information, including findings, related to the CCYAs annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR) findings that will impact the county’s planning and resource needs for FYs 2025-26 and 2026-27.

See the response above and Section 1.3c for analysis of information, including CYF’s annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR) findings, that impact Allegheny County’s planning and resource needs for FYs 2025-26 and 2026-27.

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

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

### Challenges

1. **The most pressing challenge is the closing of Shuman Detention Center.** Since 1996, Balanced and Restorative Justice (BARJ) has been the legislative mandate and mission of Allegheny County and Pennsylvania’s juvenile justice systems, establishing community protection, accountability, and competency development as system goals. We must have the ability to safely house juveniles who have allegedly committed a delinquent act and who are also a threat to the community. Without access to a detention center, we cannot adequately protect juveniles, victims, or the community at large. We have temporarily been able to locate a few detention beds, but they do not come close to meeting our needs. Allegheny County JPO must have access to a sufficient number of detention beds to ensure we are not releasing any juvenile who should be detained. We currently have 14 guaranteed beds at Adelphoi Village and have been successful in accessing one/2025 or two beds in Jefferson County Detention Center at times. Recently, George Junior Republic opened an eleven-bed detention program. They have taken several Allegheny County youths, but they struggle to reach the full eleven-bed capacity due to a lack of available, qualified staff. A related detention problem will be the funding

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<sup>13</sup> <https://www.post-gazette.com/news/politics-local/2024/11/19/hundreds-support-innamorato-budget-tax-hike/stories/202411190110>

of detention beds. Due to the nature of a detention center, the facility must be staffed and prepared to accept a large number of intakes at any time. Therefore, it becomes extremely difficult, and not cost-effective, to fund detention using per diem funding. A typical residential program can predict with some certainty the number of staff they must have on site for each unit because they can assume the population will not grow overnight. A detention center must have enough staff available not only to cover the youth in placement at that moment, but a significant number of additional staff ready to accept any number of youths at any time of day or night. The counties must have the ability to guarantee funding to the provider for detention beds, regardless of whether the youth are currently occupying them.

2. **Allegheny County Juvenile Probation continues to struggle finding residential placements for aggressive youth who have serious mental health needs.** The majority of these youth are dually active with CYF, and they come to the attention of the courts when they commit an act of aggression in a dependency placement. As CYF strives to eliminate all use of “congregate care”, they no longer have facilities with staff that are adequately trained and prepared to serve these youth. It is not unexpected that when a youth with high mental health needs is placed into a program that is not equipped to meet those mental health needs, the youth will eventually strike out against staff. Because the youth has been placed there by the courts, the act of aggression is classified the same as if they had assaulted a police officer, a felony offense. A similar issue arises with youth who commit a serious crime but, after a competency evaluation, are deemed by the evaluator to be not competent to stand trial. Those youth should not be released to the community, but JPO does not have indefinite jurisdiction. Neither of these youth belongs in the juvenile justice system, but instead should be served by child welfare and/or mental health.
3. **The third significant problem faced by JPO is the inability of service providers to adequately hire and maintain enough quality staff.** There appear to be two issues. The child welfare and juvenile justice system has not had the proper funding mechanisms to provide adequate funding to providers. Therefore, the providers have responded by hiring less qualified staff. OCYF has established the minimum standard for direct care workers as a high school diploma or a GED. Because both child welfare and juvenile justice have greatly reduced the number of youths entering residential services, the youth who are sent there are the most difficult youth with the most significant needs. We must provide significant increases to providers so they can attract, hire, and retain sufficient quality staff.

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

### Successes

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

- ❑ 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 2025-26 and 2026-27.

### JJSES

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

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

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

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

**Diversion** is the second building block. We have been dedicated to diverting as many youths as possible from deeper system penetration. We currently divert about 45% of all allegations from the formal court dockets. We utilize Informal Adjustment for 6 months of counsel and supervision. We have created a robust intake policy that includes documenting the intake decision or system penetration decision, along with all the factors, such as YLS risk level, that inform this decision. The decisions are transparently documented and embrace fundamental fairness.

Current data shows that youth who have never been adjudicated are less likely to recidivate than youth who have been adjudicated. This is true across the state, with a 7% recidivism rate for youth who have never been adjudicated and a 22% rate for youth who have been formally adjudicated. Here in Allegheny County, our data aligns with state-level data, showing a 4% (31 out of 763 youth closed in 2020) recidivism rate for youth who have never been adjudicated, versus a 23% (87 out of 380 youth closed in 2020) rate for youth who have been formally adjudicated. Allegheny County is committed to diversion as a primary practice.

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

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

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

In 2016, Allegheny County initiated the Crossover Youth Practice Model. It has been fully implemented since 2017. Two individuals, one from the Court and one from Allegheny County Children, Youth and Family Services, coordinate monthly meetings with JPO and CYF Supervisors from various district offices. They also conduct ongoing case reviews with supervisors, POs, and Caseworkers from a specific case to review how it was handled and identify ways the JPO and Caseworker could have worked together differently to improve services for the juvenile and their family. We have also collaborated with the Allegheny County DHS to establish a live data link between JCMS (JPO Case Management System) and KIDS (CYF Case Management System). Each week, an automated report identifies every juvenile who is actively involved in both systems and provides contact information for both JPO and CYF.

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

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

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

**Continuous Quality Improvement** is the final Building Block. We have initiated the process to conduct an in-depth review of Quality Improvement (QI). We will measure both the quantity of new interventions and their quality in relation to fidelity. We are developing new reports, utilizing iDashboard and Tableau, to assist both administrators and supervisors in monitoring the implementation of various interventions.

#### YLS Data Trends

Our department has fully implemented the YLS. We utilize the YLS to inform intake decisions and determine system involvement based on risk and necessary interventions outlined in the case plan, tailored to individual needs. The YLS assesses overall risk level, identifies strengths, criminogenic needs and responsivity factors. It serves as the foundation of our EBP efforts. We currently have an entire unit (six POs and one supervisor) dedicated to conducting initial YLSs for all youth.

While our department has a solid foundation for using the YLS, we continue to implement continuous quality improvement measures to ensure that the assessment is conducted with fidelity and fundamental fairness. YLS Booster sessions occur at least 1 time per year, and we have 16 YLS Master Trainers tasked with completing Booster cases as issued by the Chiefs Assessment Committee and outlined in our updated YLS policy bulletin. We have one assistant chief and one supervisor who serve on the Chief's Assessment committee, and they deal with all issues YLS for the State of PA. Additionally, our Master Trainers audit, complete review and close YLS at a minimum of 2 per year for a given probation officer. We have created a comprehensive assessment and feedback form to guide this process. We continue to refine our policy annually and often implement the FAQ information we receive from our multiple booster sessions, which we conduct due to the size of our county. We have a rotation of supervisors who observe court to confirm that officers are presenting relevant information, including that of the assessment. Additionally, we utilize a CQI database from 2015 that includes each Probation Officer's performance for each Booster case. This has enabled us to demonstrate a high level of inter-rater reliability in YLS scoring.

Our most recent YLS data trends indicate that in 2022, JPO completed 702 Initial Assessments, 259 reviews, and 286 closing assessments, totaling 1,247 YLS Assessments. Of the 702 Initial Assessments, 29% of the youth scored as low risk to reoffend, 54% as moderate risk, 16% as high risk, and 0.4% as very high risk to reoffend. These percentages have remained relatively unchanged over the past several years.

**Recidivism.** Since 2011, the Juvenile Court Judges' Commission (JCJC) has undertaken the task of monitoring the annual statewide recidivism rates of juveniles who were closed for services from a Pennsylvania juvenile probation department. These studies establish an ongoing, consistent recidivism rate to examine the impact of the Pennsylvania Juvenile Justice System Enhancement Strategy (JJSES). In the most recent report, released in July 2025, the recidivism rate for juveniles closed in 2020 was 13% which represents a –41% change from the pre-JJSES implementation rate of 22%. This rate continues the trend of “post-JJSES initiation” rates being below the “pre-JJSES initiation” rate (21.6% for the years 2007-2010). The reduction in recidivism for Allegheny County is even more significant. The pre-JJSES initiation rate in Allegheny County was 25%, and the 2020 rate was down to 10%, representing a 60% decrease from the pre-JJSES implementation rate of 25%. The implementation of JJSES is having a significant impact on our ability to reduce recidivism.

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

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

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

in the planning process. Address engagement of the courts, service providers, and County Juvenile Probation Offices separately (see next three questions).

ACDHS engaged stakeholders, including staff, clients, and community groups, to determine how best to provide services and identify practice improvement areas using the following forums:

- **Quarterly CYF Advisory Board Meetings.** The CYF Advisory Board is an advisory group composed of 15 members reflecting a wide range of expertise, including mental health, youth advocacy, child welfare, lived experience in foster care, Latino community engagement, foster parenting, psychology, clinical services, medical child advocacy, legal systems, youth homelessness, and family law—among others. In 2024-25, the Advisory Board has focused on thoughtful onboarding and strengthening its governance structure. This included updating the bylaws and creating the Experience Mapping Subcommittee, which identifies gaps in the system by focusing on the lived experiences of youth involved with CYF. This work is laying the groundwork for more responsive and equitable system improvements.
  - **Quarterly Children's Cabinet meetings.** The Children's Cabinet is a community advisory group comprising nearly 100 members, including consumers, providers, and other stakeholders involved in child-serving programs across Allegheny County. The meeting topics are selected by the Cabinet members, and in 2024-25, have included housing supports for youth and workforce development supports for youth. Each meeting includes a data presentation, panel, and discussion.
  - **Client Experience Surveys.** The Client Experience (CX) team has set up an automated process to collect and report data about client experience in the CX system, including:
    - **Surveys of youth aged 13-18** who have been removed from their home. The surveys are sent at key points in the youth's experience, including: 1 week after being removed from home, regularly after a new placement (14 days, 30 days, 90 days, then quarterly), 1 week after a CYF permanency hearing, 1 week after a supervised visit, and 1 month after exiting care.
    - **Surveys of CYF-involved parents** at key points in the parent's experience including: 1 week after an investigation opening, regularly after a Family Plan is created (1 month and then every 6 months), 2 weeks after investigation closure, 2 weeks after case closure, and regularly after reunification (1 week, 1 month, and 6 months)
  - **Public Hearings.** ACDHS and JPO held a joint Needs Based Plan and Budget public hearing to obtain comments. Additionally, ACDHS held a virtual public hearing to discuss the State of Child Welfare, including a discussion of services essential to children and families served by ACDHS, whether funded by the Human Services Block Grant, NBPB or some other source. Participants included advocacy groups, contracted service providers, elected officials, and ACDHS staff, and their feedback was incorporated into the County Human Services Plan and the NBPB.
- Summarize activities related to active engagement of contracted service providers in identifying service level trends, strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts toward improvement in the engagement of service providers in the NBPB process.

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

- Ongoing
  - Contract monitoring activities.

- Frequent systems training for providers, including initial, ongoing, and refresher sessions provided by technical (case management applications) and professional (child welfare practice) staff.
- Monthly
  - Monthly recruitment collaborative meetings with foster care providers to share recruitment strategies and foster a shared learning environment among providers.
  - Monthly virtual provider calls, begun at the outset of the pandemic (at which time they were held weekly), hosted by the CYF leadership team to establish a standing communication channel with and monitor the health of the child welfare provider network.
- Quarterly:
  - Meetings of the advisory boards for Children and Youth, Intellectual Disabilities, Behavioral Health, Aging, Criminal Justice, and the HSBG.
  - Meetings between providers and CYF Provider Relations to discuss budget and resource needs.
  - PCCYFS quarterly meetings.
- Annual:
  - Annual meetings with all contracted service providers. CYF created a Business Office to support contracting and fiscal operations. The CYF Business Office met with 99 providers in February 2025 to review contracts, spending trends, and other service needs.
  - Over 60 providers were represented at the NBPB public hearing (mentioned in the previous response).
- Ad hoc
  - Ad hoc surveys to obtain information about system needs.
  - Ad hoc surveys to obtain information about system needs.
  - Meetings between individual service providers and the ACDHS and CYF Directors to discuss how the system can continue to improve and enhance services to children, youth, and families.
  - Case-centered meetings
- Summarize activities related to active engagement of the courts in the NBPB process, specifically identification of strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts aimed at improving engagement with the courts.

CYF leadership meets with the administrative and supervising judge regularly and holds monthly meetings with attorney systems at the Court. At the attorney systems meetings, CYF, JPO, conflict counsel, Court-Appointed Special Advocate (CASA) representatives, KidsVoice, parent advocates, and court representatives discuss practice changes, determine the best ways to address barriers, and update one another on developments. CYF also attends the Allegheny County Children's Roundtable with the courts to address system issues.

Specific to the NBPB process, ACDHS engaged with Juvenile Court in developing the County's adjustment requests. This engagement included kick-off meetings with each group and regular check-in meetings until the submission deadline.

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

The NBPB process provides both ACDHS/CYF and JPO with critical resources for services to children, youth, and families with the highest needs. Given this, ACDHS and JPO coordinate to develop their NBPB submission. Specifically, ACDHS/CYF staff work with JPO and the Allegheny County Budget Office to incorporate JPO's plans and resource needs into the NBPB narrative and budget. Also, JPO regularly



participates in quarterly meetings of the Children's Cabinet, which provides vital input into the NBPB submission. Finally, ACDHS/CYF and JPO co-present annually at the County's NBPB public hearing.

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

While we collaborate to develop the NBPB, ACDHS/CYF and JPO operate within separate organizational and decision-making structures. ACDHS operates under the oversight of the Allegheny County Executive, while JPO is responsive to the administration of the Fifth Judicial District.

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

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

### 1-3 Program and Resource Implications

#### 1-3b. Workforce

Please respond to the following questions regarding the county's current workforce recruitment and retention efforts:

- ☐ Identify successes the county has experienced implementing recruitment and retention strategies since its most recent NBPB submission.

As stated above, workforce recruitment and retention are areas of focus for Allegheny County CYF. In the face of challenging economic and labor market shifts, Allegheny County has succeeded in the following efforts:

- Strong Commitment from County and CYF Leadership: Allegheny County leadership has shown robust support and commitment to workforce development, which is crucial for implementing effective recruitment and retention strategies.
- Comprehensive Training Programs: The County has developed strong training and curriculum for frontline staff and supervisors, which enhances their skills and improves job satisfaction. This includes:
  - The National Child Welfare Workforce Institute (NCWWI) Leadership Academy, which provides extensive training and coaching for managers and leaders within the organization.
  - Monthly supervisory skill-building workshops.
  - Foundations of Leadership, a training and coaching program for non-supervisory staff seeking to grow their adaptive leadership skills.
- University Partnerships: Collaboration with the University of Pittsburgh has been beneficial.
  - The university awards stipends to Social Work students, helping to bring fresh talent into the system and support a recruitment pipeline towards a career in Child Welfare.
  - Through a dedicated internship coordinator, Allegheny continues to expand the pool of students and schools from which students are recruited for internships. This provides exposure to a career in Child Welfare through shadowing and hands-on learning activities for students from a



variety of undergraduate and graduate-level majors, resulting in several transitioning to casework positions post-graduation.

- Action Teams and Equity Initiatives: The creation of Action Teams focused on supervision and racial equity has been instrumental. These teams work on strategies to improve supervision and integrate inclusivity and racially equitable practices within the agency.
- Professional Development Opportunities: The initiative provides clear pathways for equitable and trauma-informed professional growth across all levels of the organization, which supports best practices and superior outcomes for staff, children, families, and communities.
- We have a Crisis Action Team that is a Peer mentoring crisis response. They are there for people experiencing secondary traumatic stress and to connect them with any other potential resources, like the EAP. They also provided debriefings to the office or agency after traumatic events. We are currently in the process of hiring a Wellness Manager to oversee this work.

- ☐ Identify major challenges impacting the county's workforce recruitment and retention experience since its most recent NBPB submission.

While the above-described efforts have contributed to a more stable and effective workforce in Allegheny County's child welfare system, like jurisdictions across the State and nation, recruitment and retention remain challenging in Allegheny County. Major challenges include:

- Employee Engagement and Satisfaction:
  - Workload and Job Stress: The high workload and associated job stress are significant factors leading to burnout and turnover among child welfare staff. The demanding nature of the work (e.g., managing complex cases and dealing with high emotional stress) makes retaining employees over the long term difficult.
  - Lack of Career Development Opportunities: Employees seek growth and development opportunities, and a lack of these can lead to dissatisfaction and turnover.
  - Work-Life Balance: Employees increasingly prioritize work-life balance, and failure to offer flexible working conditions can drive them away.
- Supervision and Support: Supervisors are not always available or accessible. Effective supervision is crucial for supporting frontline workers, providing guidance, and ensuring the delivery of high-quality services. The absence of sufficient supervisory support can lead to job dissatisfaction and higher turnover rates.
- Integrating Inclusivity and Racial Equity: Ensuring inclusive practices and integrating racially equitable policies within the agency remains a challenge. Staff require training and support to effectively engage with diverse communities and address implicit biases. Failure to do so can affect both the morale of the workforce and the quality of services provided to families.
- Economic and Compensation Factors: Competitive salaries and benefits are essential for attracting and retaining skilled workers. If compensation does not align with the job's demands or with what other sectors offer, it can lead to difficulties in both recruitment and retention.
  - Salary Expectations: Candidates often have high salary and benefits expectations, influenced by competitive offers from other employers.
  - Remote Work: The rise of remote work presents challenges in maintaining workers who want flexibility, with competing companies currently offering this.
- Talent Shortages/Competitive Job Market: Companies are competing for skilled candidates, making it difficult to attract top talent.

- ☐ Describe the county's efforts and strategies to address employee recruitment and retention challenges and needs since its most recent NBPB submission. Identify whether the county has obtained any data or collected feedback on efforts/strategies implemented to assess effectiveness.

Addressing the above challenges requires a comprehensive approach that includes improving work conditions, enhancing supervisory support, offering competitive compensation, and ensuring ongoing training and professional development that focuses on inclusivity and equity. Allegheny County's efforts and strategies include:

- Leadership Development Programs:
  - Leadership Academy: CYF has established a Leadership Academy to train managers and leaders. This includes Leadership Academy Coaches and Trainers who support managers through intensive training programs. Ten managers completed the first cohort, with subsequent cohorts continuing the training efforts. This program helps build strong leadership, which is crucial for staff support and retention.
  - Foundations of Leadership: CYF established a leadership development program for non-supervisory staff, which was adapted from the Leadership Academy. This program consists of four instructor-led and four one-on-one coaching sessions to help participants develop their adaptive leadership skills, enabling them to lead from their seat and/or advance their careers within Allegheny County CYF. Allegheny County has successfully completed four cohorts of the Leadership Academy, with the fifth cohort underway. Alumni include caseworkers, Administrative Assistants, clerk typists, and support staff.
- University Partnerships and Stipend Programs:
  - Stipend Awards: The University of Pittsburgh awards stipends to Social Work students from participating Child Welfare Education for Baccalaureate (CWEB) schools in PA. This involves an intensive 9-month training program consisting of the same certification training program that newly hired caseworkers complete, followed by applied learning opportunities in casework over two academic semesters. Students receive a monthly stipend payment and tuition payment over their senior year in exchange for a contractual obligation to work for a county child welfare organization for one year post-graduation. This financial support helps attract new talent and encourages Social Work graduates to pursue careers in child welfare. This partnership aims to replenish the workforce with new, motivated professionals.
  - County-Paid Internships: Allegheny County attracts students from a variety of majors and schools for a paid internship opportunity. The pool of students has increased over recent years, resulting in many transitioning to employment with CYF post-graduation. These internships introduce students to a career in Child Welfare through a supportive learning experience.
- Supportive Work Environment:
  - Leadership Support and Commitment: Strong leadership commitment to workforce development and a supportive work environment are highlighted as strengths. Maintaining open communication, providing necessary resources, and addressing workload issues contribute to a more positive work culture.
- Action Teams and Racial Equity Initiatives:
  - Supervision and Racial Equity Focus: Action Teams meet regularly to develop strategies to improve supervision and integrate racial equity practices. These teams, some of which are also part of the Racial Equity Impact Assessment Team, work on planning and implementing strategies that address supervision challenges through a racial equity lens. These efforts aim to create a more inclusive and supportive work environment, which can help enhance employee retention and satisfaction.
- Wellness Manager: This new position has just been hired and will focus on...
- Continuous Learning and Development:

- Allegheny County just added a new Training Specialist position, through its university partnership, which will focus on creating an onboarding training program and ongoing education framework for staff in supportive roles (those who typically work behind-the-scenes to support frontline staff and their work with children, youth and families such as clerical, transportation, and other specialists).
- Assistance in creating and maintaining comprehensive, continuous learning and development programs can ensure that staff are consistently improving their skills and knowledge, which can lead to greater job satisfaction and retention

These strategies collectively aim to address workload, supervision, work conditions, inclusivity, and compensation challenges. By focusing on leadership development, university partnerships, professional development, and creating an inclusive work environment, Allegheny County is working to improve recruitment and retention within its child welfare system.

☐ Identify key areas where technical assistance may be needed in this area.

- Workload Management and Job Stress Reduction:
  - Workload Analysis and Optimization Assistance in analyzing and optimizing workload distribution can help reduce burnout. Implementing advanced case management systems and tools to streamline tasks and improve efficiency can alleviate stress on staff.
- Supervision and Support Enhancement:
  - Peer Support Networks: Establishing peer support networks or mentoring programs can provide additional layers of support for both new and existing staff, helping them navigate challenges and stay motivated
- Professional Development and Career Growth:
  - Career Pathway Programs: Designing clear career pathways with opportunities for advancement can help retain staff by providing long-term career prospects within the organization.
- Continuous Learning and Development:
  - Identifying e-learning resources and technology. We predominantly rely on live training, but want to have the capacity to offer asynchronous e-learning.

### 1-3c. Service Array

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

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

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

- **Data-informed screening decisions.** The Allegheny Family Screening Tool (AFST) is a data-driven model that ensures all available information that can predict a child's risk of maltreatment is effectively considered in call-screening decisions. Before the AFST was introduced, call screeners could access historical and cross-sector administrative data through Client View, a front-end application to the integrated data system. Call screeners were required to review all relevant information related to a referral and provide it to the call screening supervisor to make a screen-in/screen-out decision. However, it was challenging for call screeners to efficiently access, review and make meaning of all available records. The AFST provides a consistent way to access and weigh the available information to predict the risk of future adverse events for each child. Researchers found that the prior practice

screened out 1 in 4 children whom the AFST model scored as the highest risk. Nine in 10 of these children were re-referred (if screened out), and half were placed in foster care (if screened in) within two years. Forty-eight percent of the lowest-risk cases were screened in, with only one percent of these referrals leading to placement within two years. More information on the AFST is available in the FAQ.<sup>14</sup>

- **Kinship care.** Kinship care is the preferred out-of-home placement option for children and youth because it maintains their connections with family and non-relative kin. These connections make it easier for children and youth to adjust to their new environment.<sup>15</sup> Generally, children in kinship care are less likely to experience school disruptions, and ACDHS data from 2022 show that compared to traditional foster care and congregate care, they are less likely to experience involvement in the next year with juvenile probation, mental health crisis services, or mental health inpatient services.<sup>16</sup> Allegheny County has worked hard to increase its use of kinship care as a placement setting for children and youth who are removed from their homes, particularly for Black children and youth who are overrepresented in congregate care placement settings. In the late 1990s, only 20 percent of all placements in Allegheny County were with kinship families. Since 2017, 60 percent of children in an out-of-home placement were placed in kinship care. This trend results from ACDHS' strong commitment to kinship providers and our use of kinship navigators to identify and qualify kin.
- **Housing services and supports.** Families' ability to meet basic needs, like housing, is critical to child well-being. ACDHS – also the lead agency for our region's Continuum of Care for housing and homeless services – provides a robust array of supports that prevent homelessness and help families achieve housing stability, leveraging NBPB and other funding. Programs offered for families, including those funded through NBPB, include:
  - **Emergency Shelter** plays a critical role in a community's homelessness response system, providing a safe place to stay during a crisis while families reconnect to permanent housing. Family-focused accommodations are provided across ten shelters, three of which specialize in serving households who have or are experiencing domestic violence, dating violence, sexual assault, and/or stalking.
  - **Eviction prevention and housing stabilization programs** help families maintain stability in their housing by providing payments for rent, security deposits, and utilities and paying rental arrears that would otherwise result in eviction – and potentially cause child welfare involvement. These programs also provide support services like case management, landlord-tenant mediation, budgeting and other self-sufficiency services to reduce the likelihood of the household facing a future eviction.
  - **The NOVA program** provides one-time monetary, housing and basic assistance to CYF families who are housing unstable or at immediate risk for homelessness. The program employs mobile case managers (“Housing Specialists”) who help families address their housing needs and then deliver services and financial assistance to achieve stability in their current home or, if necessary, an alternate home. Caseworkers can connect families to the NOVA program as early as in investigation, and beginning in FY23-24, CYF can provide these services without a case being opened.
  - **The ARIA program** for CYF-active families impacted by substance use. The ARIA program provides short-term rental assistance and case management services to participants whose homelessness is a barrier to treatment.
- **Independent Living programs.** Youth transitioning out of foster care and into adulthood often do not have access to the same emotional and financial supports as their non-foster peers. Allegheny

<sup>14</sup> <https://www.alleghenycountyanalytics.us/wp-content/uploads/2017/07/AFST-Frequently-Asked-Questions.pdf>

<sup>15</sup> Miller, J. (2017, July 1). Creating a Kin-First Culture. American Bar Association. Retrieved April 4, 2023, from [https://www.americanbar.org/groups/public\\_interest/child\\_law/resources/child\\_law\\_practiceonline/child\\_law\\_practice/vol-36/july-aug-2017/creating-a-kin-first-culture/](https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/creating-a-kin-first-culture/)

<sup>16</sup> Child Welfare Information Gateway. (2022). Kinship care and the child welfare system. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/f-kinshi/>

County's Independent Living programs are designed with input from former foster youth, providing services to help youth live independently and develop life skills while planning for their future. These supports include:

- **Educational Liaisons**, who evaluate student interests and talents to develop academic and career goals; advise students on college majors, admission requirements, financial aid, and technical school options; ensure youth complete Chafee Education and Training Grant (ETG) application and are knowledgeable about Fostering Independence Tuition Waiver Program; organize and accompany students on college tours; and provide care packages to youth living on a college campus.
  - **Youth Support Partners**, who are peers with lived experience. They share their insights with youth currently in the system and advocate for and mentor them. Their personal lived experiences give them credibility and lend to the successful engagement of youth in planning and achieving success. Youth Support Partners also lead youth activities, like the Youth Advisory Board and Youth Involvement Committee.
  - **412 Youth Zone**, which is a safe and welcoming one-stop drop-in center for young people who are eligible for Independent Living services or young people who are homeless. The drop-in center provides an on-site medical clinic, outpatient therapy, laundry and showers, meals and a food pantry, programming that includes 6-8 activities per day (including weekly field trips). Youth Coaches at the drop-in center also provide case management and goal planning.
  - **KidsVoice Bootstrap Project and Two-Generation Advocacy Program** offer specialized attorneys that assist dependent/formerly dependent transition-age youth and their children (when applicable) with legal representation on issues related to housing, credit, health care, education, employment, driver's licensing, and expungement.
  - **Foundation for Independence**, a housing program specifically tailored for youth transitioning out of foster care that provides supervised living apartments in a state-of-the-art building in Pittsburgh's centrally located Uptown neighborhood. Youths ages 18-20 can apply for an apartment where they pay 30% of their net income as "rent," which is returned to them as savings when they move on. The housing program employs former residents as Resident Assistants. In addition to housing, the program offers an on-site Maker Space and classes in fashion design, carpentry, and painting.
  - **Resumption Housing**, a new specialized program for youth resuming care that provides young people with a home-like setting, as well as the support and encouragement they need when they return to the child welfare system. Homelessness is the number one reason young adults choose to resume dependency after age 18, and the Resumption Housing Program provides newly renovated apartments and therapeutic services to ensure youth resuming care feel safe, supported, and respected; and can heal and thrive.
  - **Therapeutic Boxing**, a new program that supports impulse control & behavioral modification to utilize aerobic therapy/activity and biofeedback to simulate the body's physiologic changes under stress. Participants are coached to develop skills to control their bodily changes (heart rate increase, racing thoughts, etc.), which can lead to negative behaviors in the classroom, community, home and work setting. The program provides the necessary skills to improve behaviors in all settings by reconditioning emotional intelligence and cognitive thinking.
  - **Asset Matching Program**—In FY 23/24, DHS provided financial education classes and matching funds to 210 youth between 14 and 23 years old who are eligible for Independent Living Services. Eligible young adults who completed the program received matching funds up to \$5,000, with the goal of helping them meet their basic needs and build toward financial stability.
- **Community-driven informal mental health supports**- There are many barriers to accessing mental health services, including the time it takes to find a provider, insurance requirements, finances, stigma and transportation. For marginalized communities – Black individuals, LGBTQIA+ individuals, and immigrants and refugees – a lack of culturally competent providers and a litany of other barriers exacerbate these challenges. Nationally, treatment usage for adults with mental health diagnoses was only 46%, and 37% for Black adults.<sup>17</sup> Allegheny County has 14 active providers that administer non-

<sup>17</sup> <https://www.nami.org/mhstats>

medical support for mental health through peers, friends and family, religious leaders, or other non-health professionals, including five providers that focus on children, youth, and families: Allegheny Family Network's Family Support Partner (FSP) Crisis Co-Response, Homewood Children's Village (HCV) Advocate Model, Infinite Lifestyle Solutions' (ILS) Restorative Practices and Teen Support, When She Thrives' Successfully Overcoming Adversity with Resilience (SOAR) Program, and Amachi's Hear4U. Informal Mental Health Supports aim to increase the availability of preventative and proactive supports that individuals or families can use for mental health and well-being, smooth pathways to more formal services, broaden how people connect to care, and/or reduce stigma and crises.

- **Community Violence Reduction programs.** ACDHS committed to taking a multi-pronged, data and research-driven approach to violence prevention and interruption that addresses both root causes and symptoms. In addition to formally and regularly convening significant players in gun violence reduction in the city and County, ACDHS and ACDHS invests in evidence-based interventions, youth employment, and expanding out-of-school-time programs in highly impacted communities. In FY 21-22, ACDHS issued an RFP that asked stakeholders in these communities to come together to A) create a community violence reduction plan containing evidence-based interventions and B) choose a lead agency to coordinate and oversee violence reduction efforts on behalf of the community. In FY 22-23, ACDHS worked with these communities and model developers to begin implementing their chosen violence reduction program models with fidelity, including Becoming a Man (BAM), Cure Violence, Rapid Employment and Development Initiative (READI), Hospital-Based Intervention, Victim and Family Support, and Shooting Review Boards. Staff teams were hired and trained at 12 community-based agencies serving highly impacted communities. In FY 23-24, these programs began to enroll participants. BAM counselors served at-risk youth across six high schools. READI and Cure Violence outreach workers served those at the highest risk for gun violence involvement across five sites. The HVIP served gunshot wound victims who consented to treatment in four major trauma centers in Allegheny County. Lastly, six of the County's most impacted regions began shooting reviews, collecting data on shooting incidents and identifying emerging trends. In 24/25, these programs will expand the number of participants served, and in 25/26, in-school programming will expand to include a program for at-risk young women in grades 6-12

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

There are observable disproportionalities by race, gender, age, Sexual Orientation, Gender Identity, and Expression (SOGIE) status, autism diagnosis, and income.

#### Race

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

Disparity contracts to a degree at Investigations, where, of all children referred, the rate of investigation is 1.2 times higher for Black children than it is for White children. Of those families investigated, those with Black children and youth are part of an Open Case is 1.4 times the rate of White children and youth. With Placements, the disparity does decrease—with Black children and youth with an open case, .77 times as likely to be placed in out-of-home as White children. AC DHS maintains a publicly available dashboard that displays information about the racial demographics of children involved with the child welfare system.<sup>18</sup>

<sup>18</sup> <https://www.alleghenycountyanalytics.us/2022/04/14/racial-disproportionality-in-allegheny-county-child-welfare-interactive-dashboard/>



## Gender and age

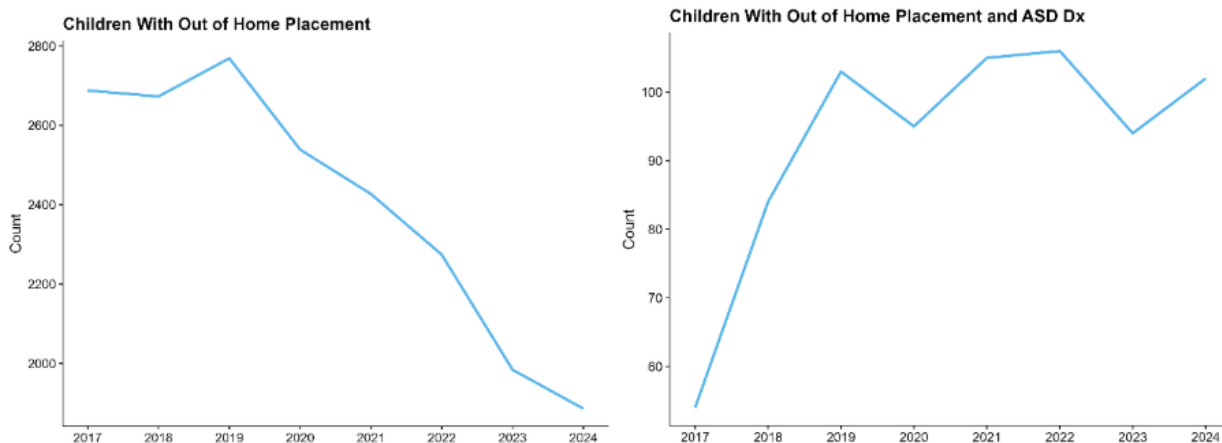
There are also some differences by gender and age. In 2023, a larger proportion of female clients received services (56%) than the proportion of female clients with an active CYF case (45%). Similarly, a larger proportion of clients receiving services were under 18 years of age (57%) than the proportion of those under 18 in the overall population of clients with active CYF cases (47%).

## Sexual Orientation, Gender Identity, and Expression (SOGIE)

Youth in Allegheny County's child welfare system are disproportionately impacted based on their Sexual Orientation, Gender Identity, and Expression (SOGIE). Although only 9% of youth ages 10–18 are documented as LGBTQ+, they are placed in care at higher rates than their non-LGBTQ+ peers—72% compared to 60%. Once in care, LGBTQ+ youth are less likely to be placed in family-based settings: only 67% are placed with kin or foster families, compared to 78% of non-LGBTQ+ youth. Instead, LGBTQ+ youth are more often placed in congregate care settings such as group homes or residential treatment facilities (22% vs. 18%) or independent living settings (11% vs. 2%). Limited placement options compound this disparity—while 63% of surveyed resource families report willingness to foster lesbian, gay, or bisexual youth, and 48% for transgender or gender nonconforming youth, only 14% are open to fostering teens, which further narrows options for LGBTQ+ adolescents. These inequities have been shared with leadership and staff through quarterly CYF updates and a SOGIE dashboard<sup>19</sup> that tracks demographic and placement trends for youth in care.

## Autism diagnosis

While overall involvement with CYF and rates of out-of-home placement have declined in recent years, the trend for children with autism is moving in the opposite direction. Between 2017 and 2019, the number of children with autism in out-of-home placement nearly doubled, from 55 to 105. Since then, while total placements have dropped by more than 40%, the number of children with autism in placement has remained steady at around 100. As a result, the proportion of children in out-of-home care with an autism diagnosis has more than doubled, rising from 2% in 2017 to over 5% today. This percentage now exceeds the estimated prevalence of autism among all children (3.2%) and continues to grow, highlighting a disproportionate impact on this population that demands targeted attention and support.<sup>20</sup>



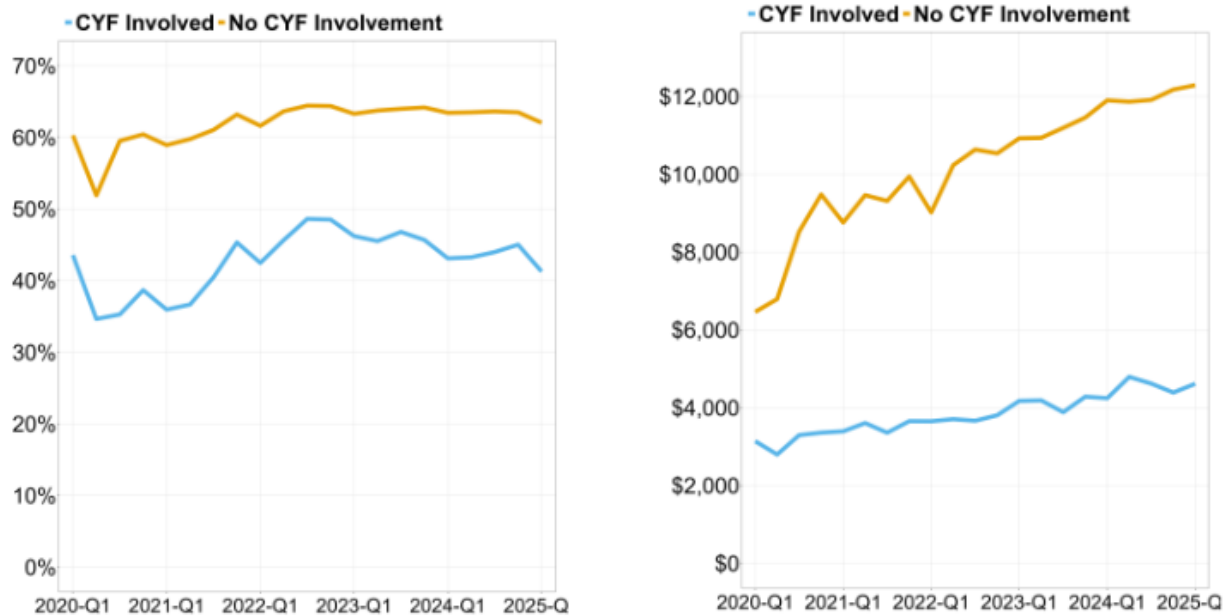
## Income

<sup>19</sup> [SOGIE Information for CYF Active Youth](#)

<sup>20</sup>

<https://www.cdc.gov/mmwr/volumes/74/ss/ss7402a1.htm#:~:text=Results:%20Among%20children%20aged%20,9%20or%20ICD%2D10%20code.>

Families involved with the CYF system in Allegheny County experience significantly greater economic hardship than other DHS clients and the broader county population. Between 2020 and 2025, only 40% of CYF-involved parents were employed, far below the 60% employment rate of other DHS clients and the countywide average of 65%. During this same period, their wages also lagged behind. By 2023, CYF parents earned an average of just \$4,000 per quarter, or \$16,000 annually, barely half of the federal poverty line for a family of four (\$30,000). In stark contrast, only 6% of Allegheny County residents had incomes below 50% of the poverty line that year.<sup>21</sup> This means CYF is disproportionately serving families in the county's very lowest income bracket—the poorest 6% of the population in Allegheny County—underscoring the deep economic inequities faced by those involved in the child welfare system.



- Identify service array challenges for the populations identified and describe the county's efforts to collaboratively address any service gaps.
- The need for high-quality, effective community-based services that prevent formal system entry.** In FY23-24, 19% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other new or invoiced CYF services. Our current system is not yet tooled to support these families outside of CYF effectively. ACDHS envisions a future state where CYF serves a small number of high-risk families and where the majority of families – who are low-risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services. We have made progress towards this goal by newly making services available during investigation (see Executive Summary, CYF Successes). However, this improvement does not go far enough upstream to achieve our vision. We aim to progress toward providing services earlier, during referral, and ultimately outside of CYF altogether, in the community.
  - The need for placement settings and services that address the complex needs of youth through appropriate therapeutic services.** Finding appropriate placements for youth with mental health and behavioral issues has become increasingly challenging. Current demand is above the supply of appropriate intensive care locations. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS invests in specialized placement settings with

<sup>21</sup> U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Poverty Status in the Past 12 Months. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*. Retrieved July 24, 2025, from <https://data.census.gov/table/ACSST5Y2023.S1701?q=+S1701&g=050XX00US42003>.



therapeutic supports integrated into the placement facility milieu. This is also compounded by the lack of appropriate secure detention facilities for youth that meet this criterion in addition to their mental and behavioral health needs.

- **The need for post-reunification services that prevent re-entry.** Allegheny County's re-entry rate after reunification is higher than the national benchmark for this performance measure (10.81% compared to the national 75th percentile of 8.3%). In 2022-23, teens were especially at risk for re-entry after reunification, with 15.24% of 13-15 year olds re-entering within 12 months. The services currently available to these families are primarily the same suite of in-home, non-placement services mentioned above. ACDHS' Client Experience unit is currently conducting surveys of reunified families to learn how post-reunification services and supports can be improved; the information is shared back with CYF staff through reports, dashboards, and visualizations.
- **The need to improve the quality of representation for parents in dependency proceedings.** Quality legal representation for parents in dependency court is critical because it supports increased parental involvement, more frequent visitation, better access to services and reduced length of stay in foster care.<sup>22</sup> Currently, the County provides legal services to indigent parents in dependency proceedings through the Allegheny County Bar Foundation's Juvenile Court Project (JCP). In cases where JCP can't represent a parent due to a conflict, the parent is represented by the Court's conflict panel, and the number of parents requiring representation by the conflict panel has increased significantly in recent years due to CYF's success engaging both parents. The conflict panel currently operates through part-time contracted staff and judge-appointed attorneys, but the current model cannot meet the need. A dedicated interdisciplinary conflict council office that will streamline operations and provide wraparound interdisciplinary services for clients is needed. In June 2024, ACDHS issued a Request for Proposals to provide interdisciplinary conflict counsel for parents involved in child dependency cases and expects to make an award in late 2024.

Unfortunately, insufficient reimbursement mechanisms are a significant barrier to improving access to quality legal representation. While Allegheny County is taking advantage of newly available Title-IVE funds, this reimbursement, and the lack of state funding for parent attorney costs, is insufficient to meet the true cost of the service. Inadequate funding causes challenges in hiring and retaining attorneys, leading to significant delays in legal representation, thereby extending time to permanency.

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

To address the **need for high-quality, effective, community-based services that prevent formal system entry**, ACDHS would appreciate the State's assistance with expanding the list of eligible programs for IVE Prevention funding. This could include editing the State's Prevention Plan to include a wider selection of programs and advocating to the Federal Government and the California Clearinghouse to include concrete and economic supports as a well-supported practice in the Clearinghouse. Despite the growing body of evidence, the County cannot use IVE prevention dollars for concrete or economic supports.

To address the **need to improve the quality of representation for parents in dependency proceedings**, ACDHS would appreciate the State's assistance in identifying additional funding for legal services for parents. While the County is accessing newly available Title IVE funds for this purpose, it is expected that this will support less than 25% of the total services cost. Additionally, there is a prohibition on using state OCYF funds for these expenses, so available funding is inadequate to meet the need.

To address the **need for placement settings and services that address the complex needs of youth through appropriate therapeutic services**, ACDHS would appreciate the State's assistance in managing provider capacity for complex case placements across the State. State-led management of the network of

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<sup>22</sup> <https://www.casey.org/quality-legal-representation-topical-page/>

providers with on-site therapeutic supports would benefit all children in the State, especially those with the highest acuity of needs. Currently, counties are competing for limited placement beds, bidding up the cost of placement and leaving the highest-need youth unserved. The State could limit or manage providers' ability to bid up prices and only accept the youth they want to serve (who are usually of relatively lower acuity).

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

Per PA requirements, birthing hospitals are required to make a notification to Childline when a baby is born affected by a substance. Based on the information provided in the notification, Childline designates if the notification is 'Information Only' or 'General Protective Services' (GPS) and forwards it to the Allegheny County Department of Human Services, Office of Children, Youth and Families (CYF). The birthing hospitals are expected to initiate the POSC, but counties have been given some latitude in developing their specific POSC policies from that point forward.

Allegheny County DHS decided to integrate POSC into Hello Baby referrals. As such, the Plans of Safe Care process in Allegheny County is:

1. Birthing Hospital:
  - a. Notifies ChildLine
  - b. Initiates POSC with family and refers to Hello Baby
    - i. Use Hello Baby Qualtrics Survey to make a referral
    - ii. Check 'Plan of Safe Care' as the reason for referral.
    - iii. If the hospital initiates the POSC plan, upload the POSC plan into the Hello Baby Qualtrics Survey.
2. Hello Baby Priority Provider:
  - a. Connects with families who agree to participate in a POSC and is designated as 'POSC lead.'
  - b. Documents POSC activity in the agency's care plan/assessment.
  - c. Sends monthly Status Report to DHS.
  - d. Collaborates with CYF when GPS-designated and appropriate.
3. CYF:
  - a. Receives referral from Childline with Information Only or GPS designation
    - i. If GPS is designated, a caseworker is assigned to complete a CYF assessment.
      1. Collaborates with Hello Baby Provider when appropriate.

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

Providers serving families in the Priority tier of Allegheny County's Hello Baby program serve as the lead agencies for all POSCs. These providers include Healthy Start's Hello Baby Priority Program and the evidence-based parenting intervention, Family Check-Up, offered by the University of Pittsburgh Office of Child Development. As a result, CYF does not serve as the lead agency for any POSC. In cases where a family has a POSC and becomes active with CYF, CYF collaborates with the family and the POSC lead agency to engage in mutually supportive planning regarding the POSC and the family's CYF Family Plan.

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

Providers serving families in the Priority tier of Allegheny County's Hello Baby program serve as the lead agencies for all POSCs. Referrals are managed through ACDHS's Hello Baby data platform, which means ACDHS has access to all referral data. After receiving referrals, the plan information is maintained by the providers in their own case management databases; however, data-sharing agreements with the agencies enable ACDHS to receive necessary and relevant data regularly.

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

Program managers and staff from Pittsburgh Regional Health Initiative (PRHI) directly support all Allegheny County birthing hospitals in implementing and sustaining quality improvement strategies at the practice level, including processes and supports around POSC. ACDHS regularly participates in the PA Perinatal Quality Collaborative (PA PQC) meetings and planning sessions, continuing the engagement moving forward.

Because Birthing Hospitals initiate the POSC and refer to Hello Baby, the Birthing Hospital is responsible for adding the POSC to the client's electronic medical record, which can be viewed by the client's physical health care and drug and alcohol treatment providers.

Hello Baby, as the POSC lead, supports coordination and information dissemination to healthcare providers. In many cases, at the client's request, the Hello Baby case manager liaises with the client's healthcare and/or drug and alcohol treatment provider.

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

Healthy Start's service provision coordination supports the engagement of all relevant county offices and community-based agencies during the ongoing implementation of POSC. ACDHS also contracts with drug and alcohol providers, including the Family Healing Center, Sojourner House, and Magee Women's Recovery Center, that commonly serve POSC families.

ACDHS is an integrated human services agency, enabling efficient coordination between its CYF, Mental Health, Drug and Alcohol, and Housing and Homelessness offices on shared clients.

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

POSC stakeholders do the following to disseminate information about prenatal substance exposure to pregnant and parenting people:

- ACDHS' Office of Behavioral Health (OBH) and CYF collaborate closely. OBH trains casework staff to inform them of recent regulations and developments. Since 2020, CYF has distributed over 1,000 medication/drug storage lock boxes.
- OBH trains substance use treatment providers to engage people who are pregnant and using substances in meaningful conversations about planning, including fears around potential child welfare involvement.
- Birthing Hospital healthcare providers engage parents and caregivers after birth
- Hello Baby Priority Providers' home-visiting workers conduct screenings and discuss with families during postnatal visits

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

As Allegheny County continues to implement POSC, we anticipate an expansion of communication and service engagement needs. Whereas the initial implementation phase has sought to ensure that infants born affected by substances and their parents and caregivers are supported, there is a longer-term vision of strengthening this support through a broadening scope. Ongoing partnership work and education are necessary to ensure that the various systems can work together optimally and support the families they serve most effectively.

Hospitals continue to be concerned about the impact of notifications to Childline on the relationships they establish with their patients and the ability to engage parents/caregivers in effective planning. That tension can grow as the scope of notifications expands, even when the mutual goal is to provide resources and support so that infants and families can thrive.

The other expanding area of scope is moving upstream to prenatal engagement. While prenatal engagement is already part of the planning discussions and considerations in current efforts, a greater focus on intervention points before birth will continue to grow, requiring additional practice changes and more resources.

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

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

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

- ➡ Respond to the following questions:

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

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

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

- ☐ Describe any barriers/challenges experienced by the CCYA in claiming Title IV-E reimbursement for prevention services. How is the CCYA working to address those barriers/challenges?

There are 9 programs in PA's prevention plan. Of these, Allegheny County currently operates three (Homebuilders, Positive Parenting Program ("Triple P"), and Parents as Teachers).

ACDHS has not yet submitted any claims for Title IV-E reimbursement for prevention services, but is actively working to address barriers to doing so. ACDHS conducted an in-depth review of service receipt data for two eligible programs, Homebuilders and Triple P, and developed the following action steps:

##### **Action Step 1: Update DHS' IVE Prevention Candidacy definition to include children and youth with an open referral to child welfare. (Completed)**

We analyzed current clients of Homebuilders and Triple P and found that **23% of Homebuilders clients and 47% of Triple P clients did not have an open CYF case at the time of service**, excluding them from our current definition of "candidacy" and therefore making them ineligible to claim for IV-E Prevention. **We propose expanding our candidacy definition to:**

AC DHS defines “candidates” as children and youth at “imminent risk” of entering foster care, but who can remain safely at home with prevention services. AC DHS defines “imminent risk” as having:

1. An open child welfare case
2. **An open referral to child welfare (new)**

### **Action Step 2: Create “prevention only” plans to document candidacy and eligibility. (Completed)**

In our analysis of current clients of Homebuilders and Triple P, we found a high rate of issues with the Family Service Plans (FSPs) that made them insufficient to use for IV-E eligibility documentation. Therefore, we created prevention-only plans to use alongside the FSPs.

### **Action Step 3: Use the per diem rates of \$214.33 for Homebuilders and \$49.52 for Triple P to claim back 20 months for all eligible recipients. (In Progress)**

To calculate the per diem rate, we divide the total expenditures by the total days of service over the three-year period. We will use the resulting per diem rate to determine how much to invoice for each “candidate” served based on the number of days they were enrolled in the program. We propose updating the rates once per year.

Over the three year period of 10/1/21-9/30/24 (3 years):

- \$2,715,073 was spent on 12,668 days of Homebuilders service, resulting in a **\$214.33** per diem.
- \$1,522,388 was spent on 30,739 days of Triple P service, resulting in a **\$49.52** per diem.

- ☐ Community Pathways support the delivery and planning for evidence-based prevention services for a child who does not have an open case with the child welfare agency and does not require immediate child welfare intervention but meets Pennsylvania’s definition of Candidate for Foster Care. County Children and Youth Agencies (CCYAs) must determine candidacy and eligibility for the selected prevention service. The CCYA may contract with approved community-based providers to develop or approve a child-specific prevention plan, provide prevention plan case management, conduct ongoing safety and risk monitoring and assessments, and/or deliver approved evidence-based prevention services as agreed upon in their contract. Processes set up by CCYAs must be reviewed and approved by OCYF. Share whether this is an option the CCYA is considering.

ACDHS is interested in collaborating with OCYF to establish Community Pathways to evidence-based IV-E prevention services, such as Parents as Teachers, which Family Centers deliver to families at risk of child welfare involvement but have not yet received a CYF referral.

ACDHS is also interested in further expanding access to prevention services offered through agencies outside of CYF. We have been working with 211/United Way to connect families to resources outside the CYF system.

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

We foresee a few barriers to implementing a Community Pathway model that we request technical assistance from OCYF to overcome.

First, ACDHS requests assistance in building the capacity of our community-based Family Centers to conduct the required safety and risk assessments and collect the data needed for prevention plans. These providers may require additional staffing, administrative infrastructure, and training to make this possible.

Second, the current contents of the Family First Clearinghouse and PA Prevention Plan severely limit the prevention services eligible for reimbursement, and do not match the services that families want and need,

like concrete and economic supports. Therefore, ACDHS would appreciate the State's assistance with expanding the list of eligible programs for IVE Prevention funding. This could include editing the State's Prevention Plan to include a wider selection of programs and advocating to the Federal Government and the California Clearinghouse to include concrete and economic supports as a well-supported practice in the Clearinghouse. Despite the growing body of evidence, the County cannot use IVE prevention dollars for concrete or economic supports.

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

➡ Please respond to the following questions regarding your county's local processes related to assessing service level needs for complex case children and youth:

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

ACDHS employs a unit of Multisystem Specialists to provide administrative technical assistance across systems for children and youth whose needs are complex. This team, co-located in each CYF Regional Office, uses strength-based, solution-focused planning to maximize all viable resources within the current system, tracks trends and service gaps, and offers recommendations/solutions to system administrators.

The Multisystem Team referral process steps include:

- The Multisystem team receives the initial referral via email, fax or KIDS case management system and enters it into the Synergy case management system within 24 hours of receipt.
- The Multisystem team reviews the referral and identifies the appropriate response: Technical Assistance, ITM or Complex level of planning (see descriptions of these approaches below).
- The referral is then assigned to the Multisystem team member co-located in the relevant CYF Regional Office. (If the referral has no CYF involvement, it is assigned to the specific Multisystem Specialist assigned to non-CYF referrals.)
- Referrals, meeting notes, and action steps are all documented in the Synergy case management system, which generates emails to the appropriate team members to share meeting notes, action steps, and follow-up satisfaction surveys.

Depending on the nature of the referral, the Multisystem team may employ the following planning approaches:

- **Integration and Teaming Meeting (ITM).** ITM is a forum for problem-solving and coordinating the provision of appropriate services and resources for youth, families, and adults involved in multiple human services systems. The meetings provide action plans and next steps to ensure the appropriate services are coordinated to address the specific needs of that youth, family or adult. The ITM Team is responsible for all aspects related to ITM meetings. An ITM Specialist facilitates the meetings. Participants include the family and team supporting the client, as well as a core group of system matter experts from relevant ACDHS offices (ODS, CYF, AAA, OBH, OCS).
- **Complex Case planning.** Complex Case meetings bring a core team together to focus on the emergent needs of youth involved with multiple human services systems. These meetings are urgent by nature. They are arranged and led by a Complex Case Specialist who receives a call or referral from sources such as hospitals, mental health providers, program offices within ACDHS, child welfare, juvenile probation and schools. At the point of referral, the Complex Case Specialist gathers the case crisis information and then schedules an immediate call with the respective team members on that specific case within 24 hours of the initial referral.

The Multisystem Team is responsible for developing and implementing a comprehensive plan in collaboration with the entire team to ensure that immediate intervention is established. This plan is shared with the team and administration (as needed) immediately after the meeting.

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

- Providing technical assistance to conferencing and teaming meetings.
  - Assisting with difficult-to-place foster youth by liaising with agencies and ACDHS staff and fostering positive relationships.
  - Managing admission, participating in teaming meetings, monitoring and providing technical assistance for specialized group placements, including the Respond program.
  - Providing technical assistance to Community Care Behavioral Health (CCBH) for youth discharged from Residential Treatment Facilities (RTF). This includes participating in disposition planning calls and following up with youth who lack discharge resources.
  - Facilitating referrals and providing monitoring to the CYF RTF step-down program.
- ☐ Identify how the county has engaged systems outside of the county human services system, including for example the education and physical health systems, in this cross-agency planning process. How is child specific information shared across systems?

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

- ☐ In FY 2024-25, how many children were served through your county complex case planning process?

In Fiscal Year 2024-2025 alone, the County's Multisystem Team facilitated 3,847 meetings—including Integration and Teaming, Complex Case, and Technical Assistance sessions—on behalf of 251 youth with complex needs. This represents a **61% increase** in the number of youth with complex needs served compared to the previous year, **more than doubling** the 30% increase observed from FY 2022-2023 to FY 2023-2024.

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

Over the past year, ACDHS has developed the following creative services to meet the complex needs of children in our care:

- Office of Behavioral Health (OBH) and Office of Developmental Supports (ODS) teams are currently working with OMHSAS and providers to develop new **reinvestment-funded residential mental health settings**, including:
  - A Short-term Psychiatric Residential Treatment Facility (ST-PRTF), Southwood, with a capacity of 18 youth needing acute stabilization and diversion or step-down from inpatient mental health treatment, aged 12-17 (40 youth annually), will begin operation in August 2025.

- A second PRTF with a capacity of 10 youth aged 6-21 with dual ASD and/or ID and BH diagnoses (15-20 youth annually)
- A Crisis Residential facility with a capacity of up to 10 youth aged 6-13 experiencing a mental health crisis (90-120 youth annually)
- CYF is issuing an RFP for additional placement capacity for youth with complex needs for the following placement types, with an expected publication date of August 2025:
  - A short-term, 4-to-8-bed (up to 4 boys, up to 4 girls), 24/7 **shelter** for youth awaiting a longer-term placement.
  - A short-term, 6 to 12-bed (up to 6 boys, up to 6 girls) **residential diagnostic program** that offers youth multiple types of comprehensive evaluation to inform placement and service planning for youth
  - A 6 to 12-bed (up to 6 boys, up to 6 girls) **intensive residential program** to support youth with mental health needs who need a step down from a Residential Treatment Facility (RTF),; also appropriate for youth who aren't recommended for residential treatment care but require 24/7 supervised care due to their complex mental health and/or behavioral needs
- CYF continues to expand the availability and capacity of Therapeutic Foster Care (TFC) by:
  - Requiring all Foster Care providers to recruit, train, supervise, and support foster parents in caring for children with significant emotional, behavioral, and/or social needs. This approach has allowed ACDHS to place more complex youth in family-based settings. From FY 21-22 to FY 23-24, ACDHS **increased the number of youth in therapeutic foster homes by 163%**, representing 231 youth. ACDHS is working to certify existing placements, train additional homes, and support provider agencies in problem-solving around staffing issues and expects to see a continued increase in TFC days of care.
  - Expanding therapeutic services to kin placements through A Second Chance's Clinical and Response Engagement Services (CARES) Program. The program provides in-home services to kinship families caring for youth with complex needs. Services include psychosocial assessments and treatment planning; counseling services, including individual and family counseling, treatment plan review, and crisis services; and educational advocacy
- Identify any areas of technical assistance the county may need in development, or improvement, of its cross-system integrated children's team.

ACDHS is fortunate to have a strong, cross-system integrated teaming model and an equally strong partnership with PA OCYF, which helps us support youth with complex needs. ACDHS meets with the Western Regional Office semi-monthly for technical assistance.

ACDHS requests continued assistance from PA OCYF to:

- Explore and develop new relationships with providers of services tailored for youth with complex needs.
- Play a leadership role in partnering with other counties to ensure adequate placement capacity and reasonable rate-setting practices at a regional scale

### 1-3r. Family Reunification Services

➞ Respond to the following questions:

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

ACDHS currently supports family reunification efforts through in-home services (including Homebuilders™), coached visitation, counseling services (including Functional Family Therapy), parenting education, father engagement services (Dads Assisting Dads), and systems navigation/advocacy provided by the Youth Support Partner unit. CYF caseworkers also assist with family reunification by providing transportation for child and family visits. Additionally, CYF collaborates with local public housing authorities



to connect families to HUD's Family Unification Program (FUP) vouchers when housing is a barrier to family preservation or reunification.

- ☐ What were the total costs of services and activities to provide family reunification services in SFY 2024-25?

To estimate the total cost of family reunification services in FY 2024-25, we considered:

- The proportion of cases referred to Homebuilders for reunification support. (29 of 71 cases, 41% or \$317,800)
- The estimated proportion of families receiving other non-placement services to support reunification. (70% or \$8,435,359)
- The total cost of coached supervised visitation services. (\$1,496,409)

The resultant estimate of the total costs of services and activities to provide family reunification services in FY 2024-25 is \$10,249,568.

## Section 2: General Indicators

### 2-1: County Fiscal Background

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

The County was underspent in SFY 2024-25 due to slower-than-anticipated detention center expenses. We expect to draw down our allocation fully in future years.

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

Allegheny County anticipates spending our entire certified amount in the Implementation Year as detention expenses are incurred.

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

- **Trend: The expiration of temporary benefits and lack of affordable housing threaten family housing stability.** Many temporary, pandemic-related policy changes that kept the most vulnerable families out of crisis — such as SNAP Emergency Allotment, Medicaid continuous enrollment, and the Emergency Rental Assistance Program (ERAP)—have or will soon end. At the same time, as families are experiencing an end of critical economic supports, there is a shortage of affordable housing in Allegheny County. According to the Housing Alliance of PA, for every 100 extremely low-income families, seniors, and people with disabilities renting in Allegheny County, only 36 affordable rental homes are available to them. These trends have a disproportionate impact on Black and other families of color.<sup>23</sup> For example, while Black residents represent 14% of Allegheny County's population, they represent 65% of FY23-24 ERAP applicants and 77% of families in shelter.<sup>24</sup> In response, ACDHS is implementing new

<sup>23</sup> <https://assets.aecf.org/m/resourcedoc/aecf-kidsfamiliesandcovid19-2020.pdf>

<sup>24</sup> <https://www.alleghenycountyanalytics.us/2024/02/08/families-using-emergency-shelters-in-allegheny-county/>

and expanded programs to meet basic needs and promote housing stability among families, including tenancy-sustaining services and rental assistance support for eviction prevention.

- **Trend: Significant economic and labor market shifts have led to CYF and provider recruitment and retention challenges.** A quality and stable workforce is essential for a successful child welfare system. Unfortunately, recent economic and labor market shifts have left health and human service organizations – including child welfare and family-serving providers – at a steep disadvantage in attracting and retaining skilled workers. Due to inflation and a tight labor market, average caseworker pay has not only fallen 40% behind other occupations with the same education and training requirements (a bachelor's degree and a considerable amount of on-the-job training) but also 20% below occupations that require less education and training (an associate's degree). Caseworkers are only paid 5% more on average than occupations requiring only a high school degree.

Pennsylvania Average and Median Wages by Job Zone

Job Zone	Average Annual Wage (5/2023)	Median Annual Wage (5/2023)	CW Variance from Job Zone (Average Wage)	CW Variance from Job Zone (Median Wage)
1	\$39,912	\$38,927	26.5%	21.9%
2	\$48,110	\$46,460	4.9%	2.1%
<b>CCYA Caseworker*</b>	<b>\$50,481</b>	<b>\$47,453</b>	<b>-</b>	<b>-</b>
3	\$63,621	\$60,505	(20.7%)	(21.6%)
<b>4</b>	<b>\$86,091</b>	<b>\$79,100</b>	<b>(41.4%)</b>	<b>(40.0%)</b>
5	\$115,905	\$89,856	(56.4%)	(47.2%)

\* Reflects Caseworker 1, 2, and 3 data as of June 2023

- **Trend: Community violence is concentrated in communities disproportionately impacted by the child welfare system.** Gun violence is heavily concentrated in a small number of communities in Allegheny County, and these are *largely the same communities who are disproportionately involved in the child welfare system*. ACDHS compared the rate of referrals to child welfare to the rate of homicide by community and found that communities with the highest CYF referral rates also had the highest homicide rates (see Optional Charts section for more information).

Gun violence is a form of trauma with severe consequences for children, youth, and families in impacted communities. Youth and adults exposed to gun violence have significantly higher levels of psychological distress, depression, suicidal ideation, and/or psychotic experience.<sup>25</sup> Because of this, exposure to violence is considered an Adverse Childhood Experience (ACE). ACEs are demonstrably linked to child welfare and juvenile justice involvement. For example, recent studies have shown that compared with the general population, Child Welfare-involved children are far more likely to have experienced at least four ACEs (42 percent vs. 12.5 percent)<sup>26</sup>. ACDHS will address this through its expenditure adjustments by investing in evidence-based interventions, countywide supports, and expanding out-of-school time programs in highly impacted communities.

- **Trend: Racial disproportionality across child welfare and juvenile justice systems, beginning at each system's front door.** The stage of system involvement with the most significant disparity is Referrals, where Black children and youth are 3.8 times more likely to be referred for investigation than White children and youth. 41% of children referred to child welfare were Black, even though only 18% of

<sup>25</sup> Smith, M. E. et al. (2020, February). The impact of exposure to gun violence fatality on mental health outcomes in four urban US settings. *Social Science and Medicine*

<sup>26</sup> Clarkson Freeman, P. A. (2014). Prevalence and relationship between adverse childhood experiences and child behavior among young children. *Infant Mental Health Journal*, 35(6), 544-554.

Allegheny County's child population is Black.<sup>27</sup> Similarly, an analysis done by Allegheny County's Black Girls Equity Alliance pointed to stark disproportionality at the front door of the juvenile justice system where Black girls are ten times more likely than white girls to be referred and Black boys are seven times more likely than white boys to be referred (rates that far exceed national averages). ACDHS will address these trends through its expenditure adjustments impacting potential contributors to disproportionality, including economic/housing security, community violence reduction, and more.

- **Trend: Decreased entries to care and increased complexity of youth in the system.** Referrals, entries to care, placements, and non-placement service utilization have all declined since the beginning of the pandemic. Decreases in entries to care since the pandemic's onset were initially attributable to reduced referrals by mandated reporters, whose proximity to children and youth declined during virtual learning. While the system is shrinking, ACDHS has seen not only an increase in the number of multi-system-involved youth but also in their acuity of need. The number of youth the Multisystem Team serves is increasing, with a 30% year-over-year increase from FY 22-23 to FY 23-24. Continued decreases in entries to care are now attributed to a focus on accepting for service those high-need youth. This then has a downstream effect on the utilization of ongoing services. The result is a smaller CYF focused on achieving the enhanced system capacity necessary to meet higher acuity child and family needs. ACDHS will address this trend through its expenditure adjustments by investing in therapeutic placement settings.
- **Trend: Increased behavioral health needs among children and families.** National data indicates that although the pandemic contributed to rising youth mental health needs, this trend pre-dated the pandemic: According to the CDC, in the ten years leading up to the pandemic, feelings of persistent sadness and hopelessness—as well as suicidal thoughts and behaviors—increased by about 40% among young people. This national trend is reflected locally among children and families and is of particular concern among children and youth in care. Reports from placement providers indicate a higher level of need for behavioral health services among children and youth in out-of-home care. A lack of access to treatment compounds this challenge. Nationally, Mental Health America found that in 2023, 60% of youth with major depression received no mental health treatment. Locally, providers report that chronic understaffing and long waitlists make treatment inaccessible. ACDHS will address this trend through its expenditure adjustments by investing in therapeutic placement settings and informal mental health supports for youth.
- **Trend: Time to permanency within 12 months of entering care does not meet the national standard.** ACDHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). The national performance standard is 40.5%, and Allegheny County's percentage was 19.16%. ACDHS will address this through its expenditure adjustments by investing in kinship care and its array of services designed to resolve child and family needs. \*NOTE\* this trend is based on data from PCG from packages 22A & 22B. This is because new data packages were not sent to counties prior to the NBPB submission in 2024.
- **Trend: Re-entry rates after reunification are higher than the national standard.** ACDHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). Allegheny County's percentage of children and youth re-entering care within 12 months after reunification (10.81%) is higher than the national benchmark (8.3%). In 2022-23, teens were especially at risk for re-entry after reunification, with 15.24% of 13-15 year olds re-entering within 12 months. Re-entry to care after reunification can indicate that the services delivered did not adequately address families' needs and remediate safety concerns. ACDHS is addressing this by surveying reunified families to improve its post-reunification services and supports. \*NOTE\* this trend is based on data from PCG from packages 22A & 22B. This is because new data packages were not sent to counties prior to the NBPB submission in 2024.

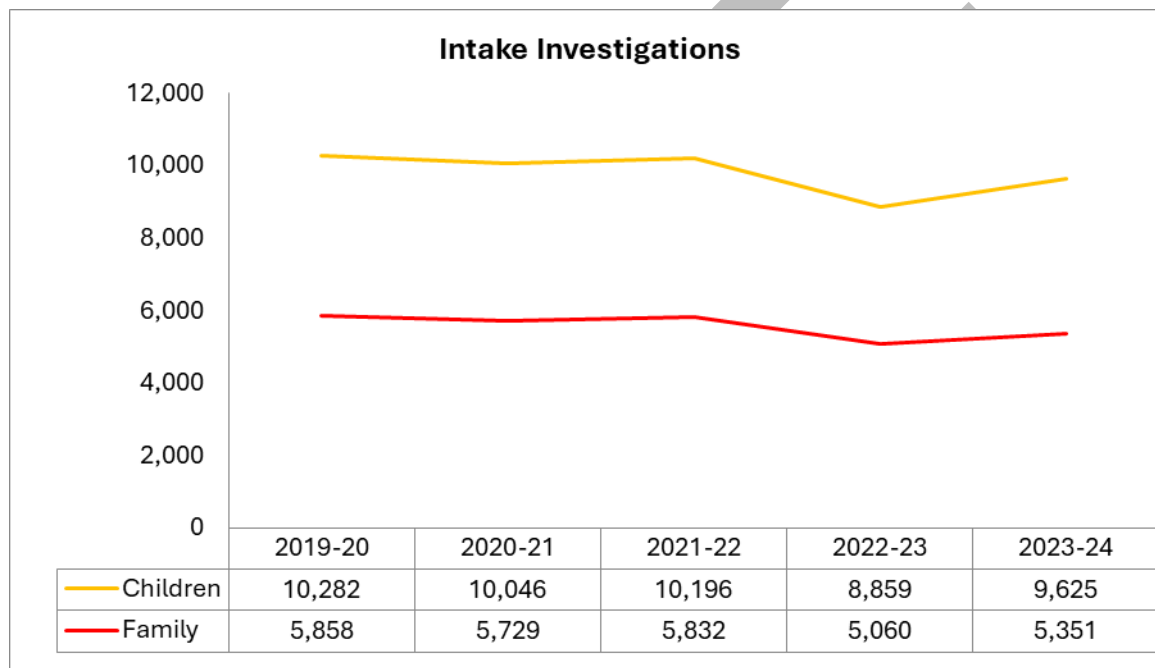
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<sup>27</sup> <https://www.alleghenycountyanalytics.us/2022/04/14/racial-disproportionality-in-allegheny-county-child-welfare-interactive-dashboard/>

- **Trend: CYF is receiving referrals and opening cases for families that only need concrete and economic supports.** In FY23-24, 19% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other new or invoiced CYF services. Our current system is not yet tooled to support these families outside of CYF effectively. ACDHS envisions a future state where CYF serves a small number of high-risk families and where the majority of families – who are low-risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services. We have made progress towards this goal by strengthening our network of primary prevention supports and making it easier for families to access those supports *before* a crisis leads them to CYF. Once a family reaches CYF's front door, we've also made progress in meeting families' need for concrete and economic supports by newly making services available during investigation (see Executive Summary, CYF Successes). An area for continued focus and improvement is diverting families referred to CYF who only need concrete and economic supports to the network of providers that offer them *outside* of CYF.

## 2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).

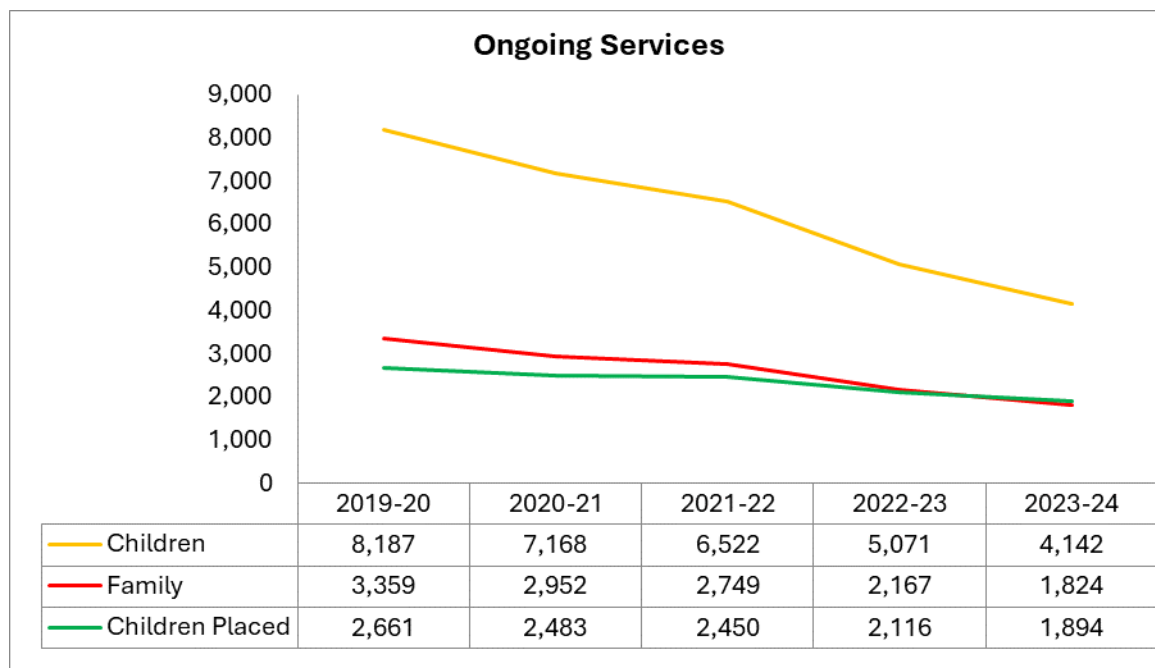


Intake investigations increased in FY2023-2024 over the prior year, driven by a continued increase in the volume of incoming referrals. As a percentage of incoming referrals, call screening rates remained similar to the prior year. In FY2023-24, about 31% of GPS referrals on new families were screened-in for investigation – a rate lower than the roughly 4-in-10 GPS screening rate observed in FYs 2019-2020 through 2021-2022.

Investigations might be expected to remain stable or slightly rise in the coming fiscal years, as the call screening rate seems unlikely to decline further – and could increase to prior levels – while referral volume is likely to remain stable or continue to rise.

## 2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

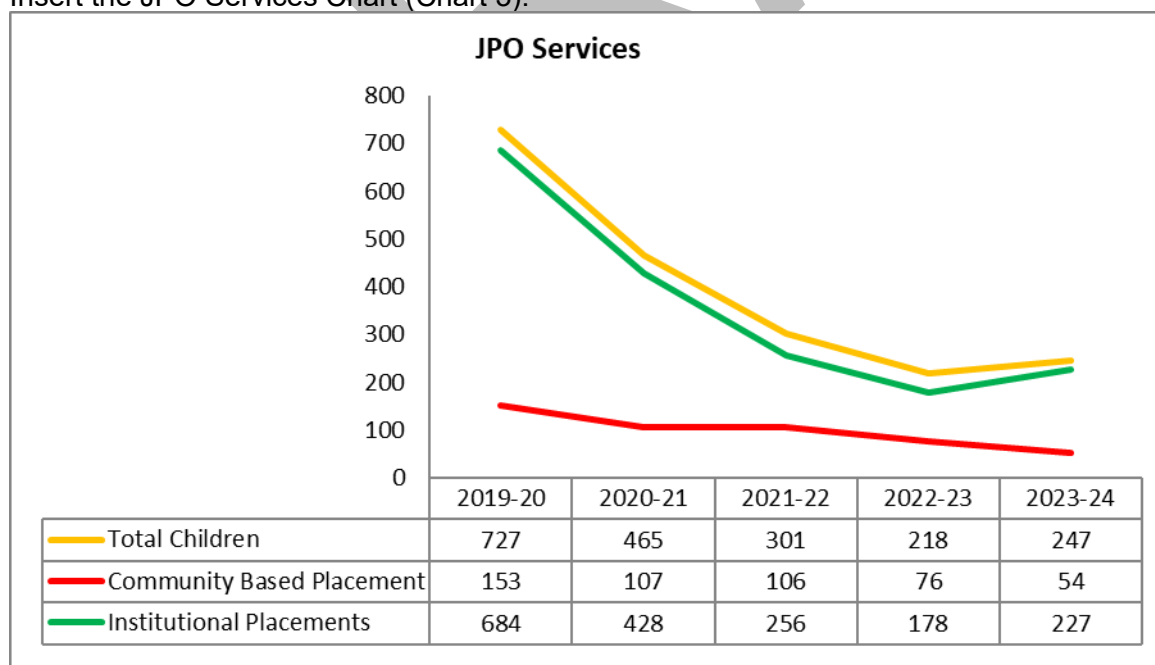


The number of children and families receiving ongoing services has declined steadily over the past five fiscal years. One initial factor in this trend was the decline in incoming referral volume during the COVID-19 pandemic. However, even as referral volume has reversed direction and trended toward pre-pandemic levels, the County's rates of investigation and acceptance for services have declined significantly. Levels of ongoing services are expected to remain stable going forward.

Placement counts have declined alongside overall CYF cases, but less steeply. This reflects the fact that, as the existing CYF caseload and rates of acceptance for CYF services have declined, those cases remaining are increasingly likely to be those characterized by serious risk and safety situations.

## 2-2a. JPO Services

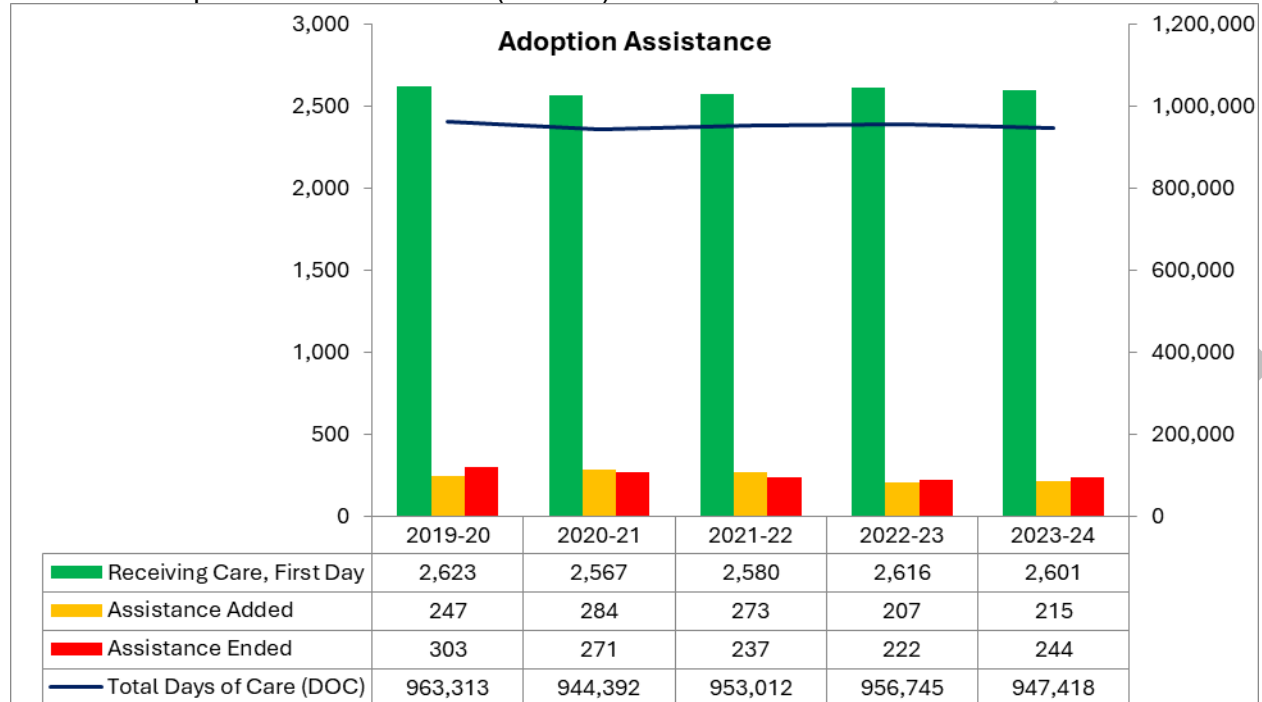
Insert the JPO Services Chart (Chart 3).



Allegheny County saw a steep reduction in the number of juveniles served by probation (where Act 148 funds are used for services) between FY 2019-20 and FY 2023-24 and a similarly large reduction in institutional placements. However, the most recent fiscal year saw a reversal in this trend. The recent trajectory suggests that JPO activity may be expected to continue increasing into the coming year.

## 2-2b. Adoption Assistance

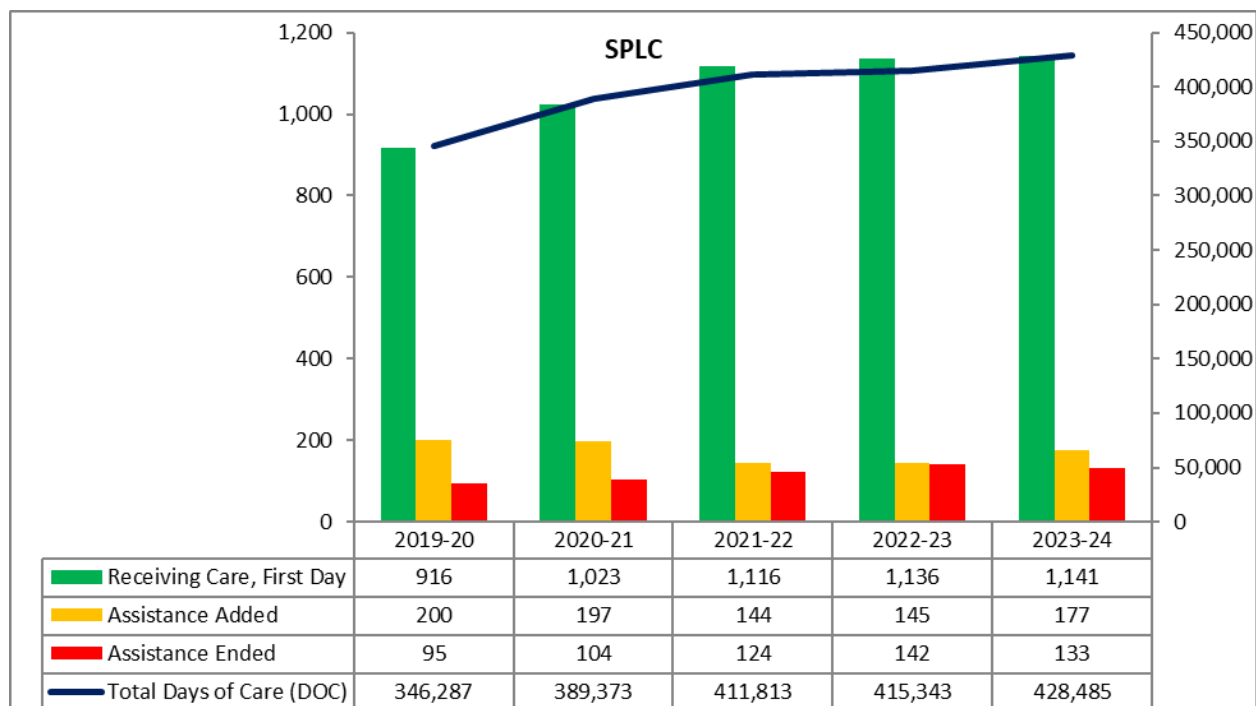
Insert the Adoption Assistance Chart (Chart 4).



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

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

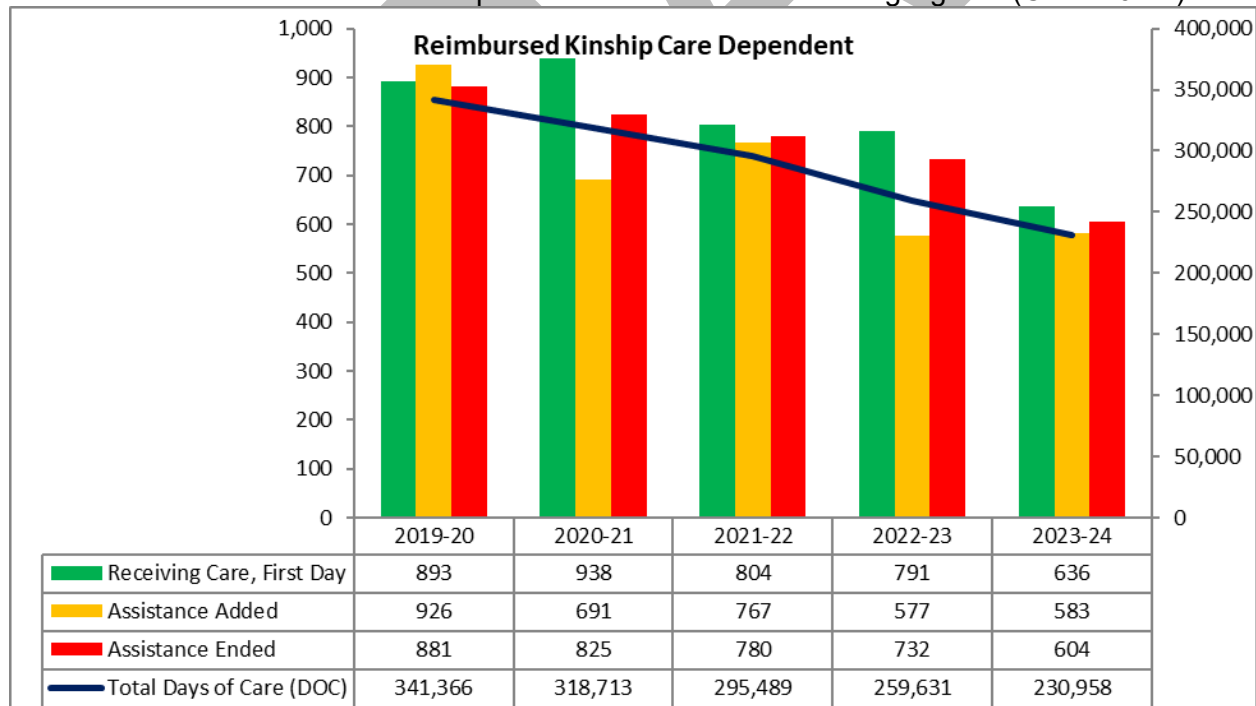
Insert the SPLC Chart (Chart 5).



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

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

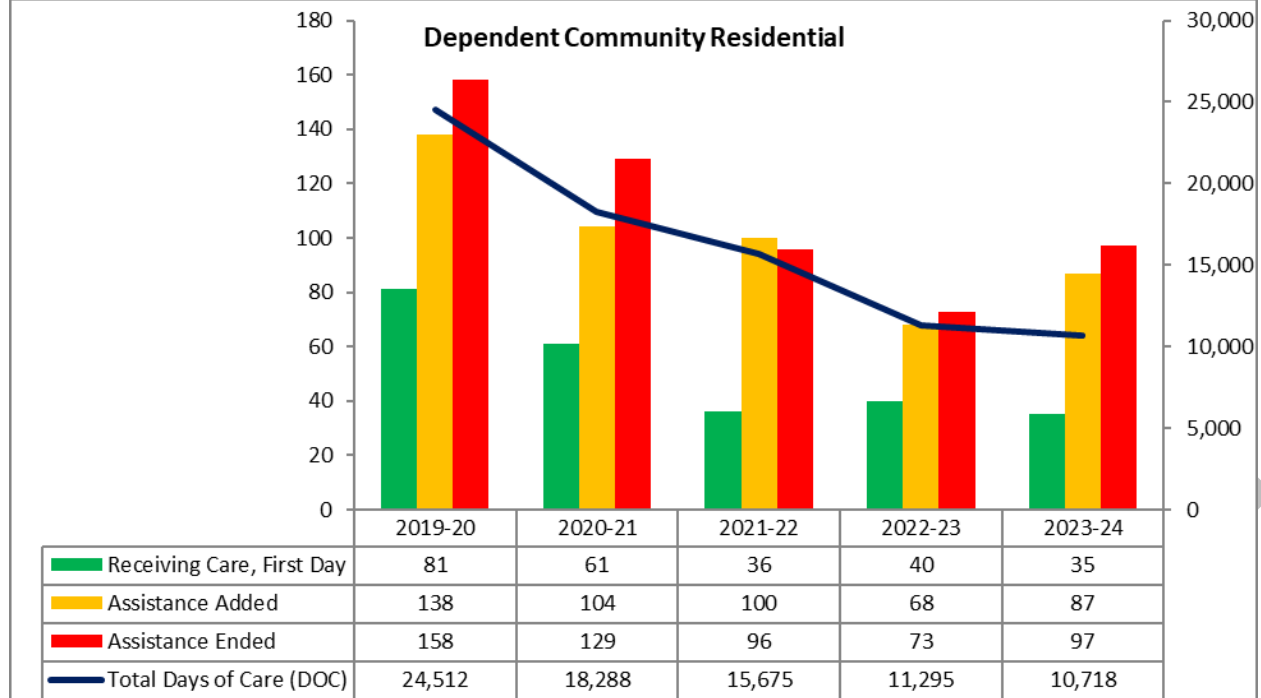
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The percentage of children receiving Reimbursed Kinship Care Services and the aggregate days of care have remained high in recent fiscal years as Kinship has remained the County's most common placement care type. However, as the number of youth in care has declined, Reimbursed Kinship Care has also had a clear downward trajectory. ACDHS remains committed to using kinship providers whenever possible.

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

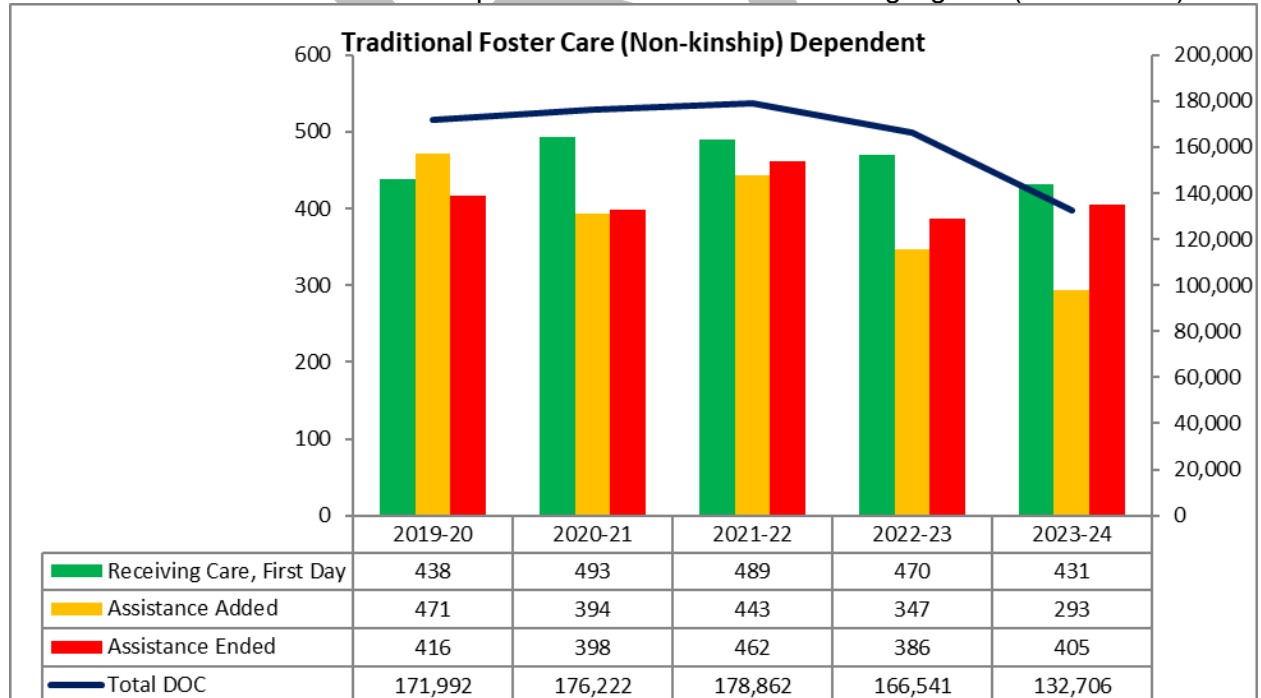
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The number of children receiving Dependent Community Residential care has decreased considerably during recent fiscal years. This is the continued result of numerous initiatives and changes in contracted providers to reduce the group care population safely.

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

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

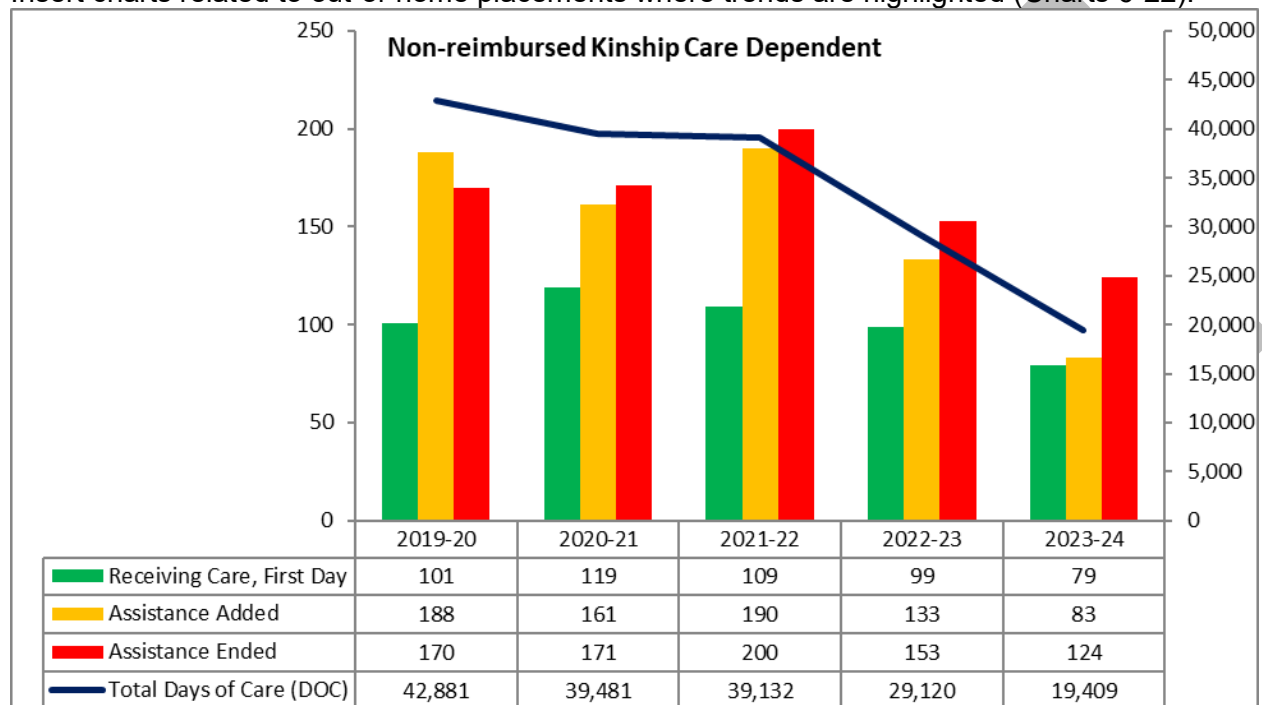




The number of children receiving care through Traditional Foster Care Services had remained stable over recent fiscal years, even as overall placement counts and other care types were trending downward. However, the last two fiscal years have seen this dynamic dissipate, as Traditional Foster Care placements have declined alongside other care types.

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

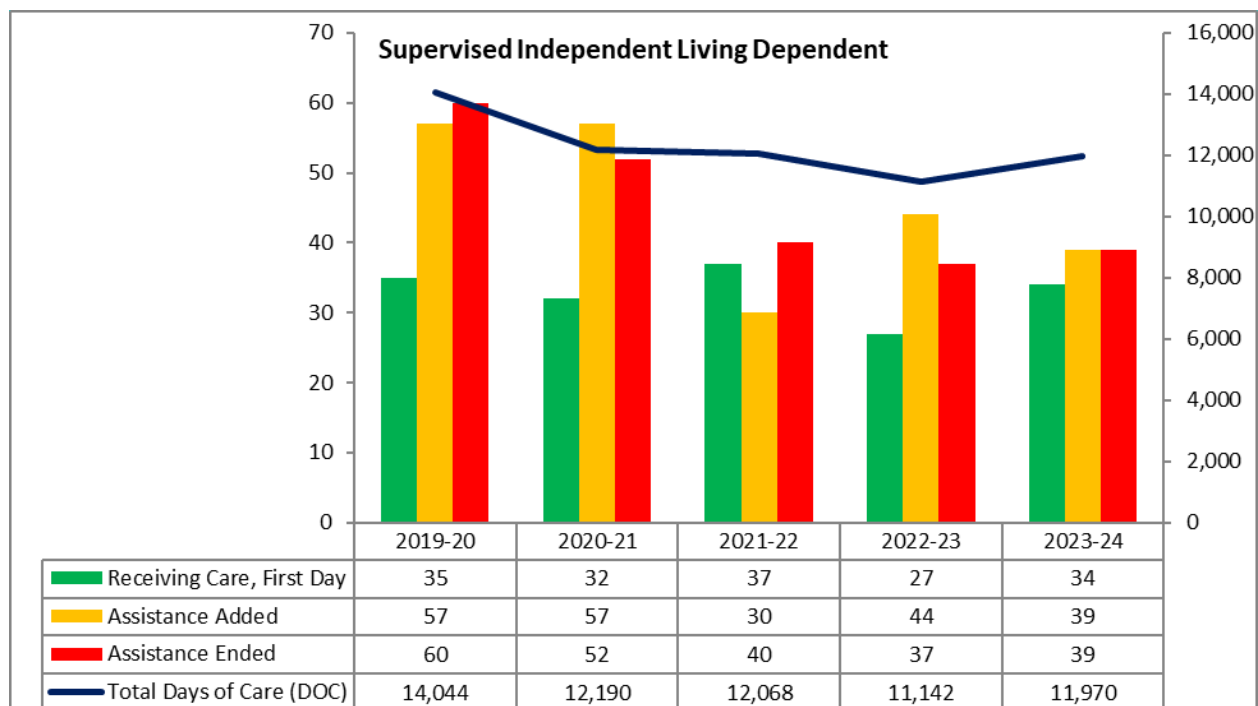
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The number of children receiving care through non-reimbursed kinship care services comprises a small percentage of placements overall, and it is trending slightly downward (similar to reimbursed kinship care).

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

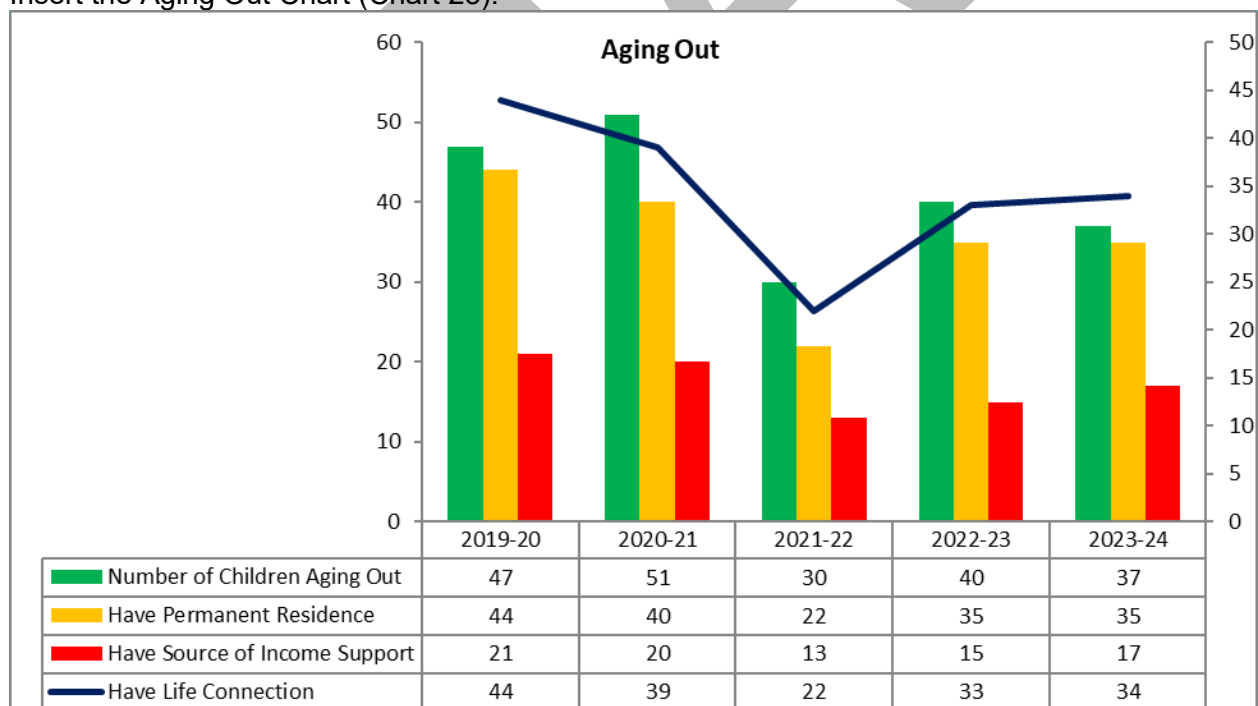
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



The number of children receiving care through Supervised Independent Living Dependent services also comprises a small percentage of placements overall, and has remained mostly stable in recent years, trending slightly upward over the last fiscal year.

## 2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



The number of children aging out remains low and has generally declined alongside the overall decline in children in care.

## 2-2f. General Indicators

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

### 2-2: General Indicators

"Type in BLUE boxes only"

County Number:

Class:

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

Copy Part 1 for  
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2-2a. Service Trends							
Indicator	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	% Change	CAGR
<b>Intake Investigations</b>							
Children	10,282	10,046	10,196	8,859	9,625	-6.4%	-1.6%
Family	5,858	5,729	5,832	5,060	5,351	-8.7%	-2.2%
<b>Ongoing Services</b>							
Children	8,187	7,168	6,522	5,071	4,142	-49.4%	-15.7%
Family	3,359	2,952	2,749	2,167	1,824	-45.7%	-14.2%
Children Placed	2,661	2,483	2,450	2,116	1,894	-28.8%	-8.1%
<b>JPO Services</b>							
Total Children	727	465	301	218	247	-66.0%	-23.7%
Community Based Placement	153	107	106	76	54	-64.7%	-22.9%
Institutional Placements	684	428	256	178	227	-66.8%	-24.1%

2-2b. Adoption Assistance							
Indicator	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	% Change	CAGR
<b>Adoption Assistance</b>							
Receiving Care, First Day	2,623	2,567	2,580	2,616	2,601	-0.8%	-0.2%
Assistance Added	247	284	273	207	215	-13.0%	-3.4%
Assistance Ended	303	271	237	222	244	-19.5%	-5.3%
Total Days of Care (DOC)	963,313	944,392	953,012	956,745	947,418	-1.7%	-0.4%

2-2c. SPLC							
Indicator	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	% Change	CAGR
<b>Subsidized Permanent Legal Custodianship</b>							
Receiving Care, First Day	916	1,023	1,116	1,136	1,141	24.6%	5.6%
Assistance Added	200	197	144	145	177	-11.5%	-3.0%
Assistance Ended	95	104	124	142	133	40.0%	8.8%
Total Days of Care (DOC)	346,287	389,373	411,813	415,343	428,485	23.7%	5.5%

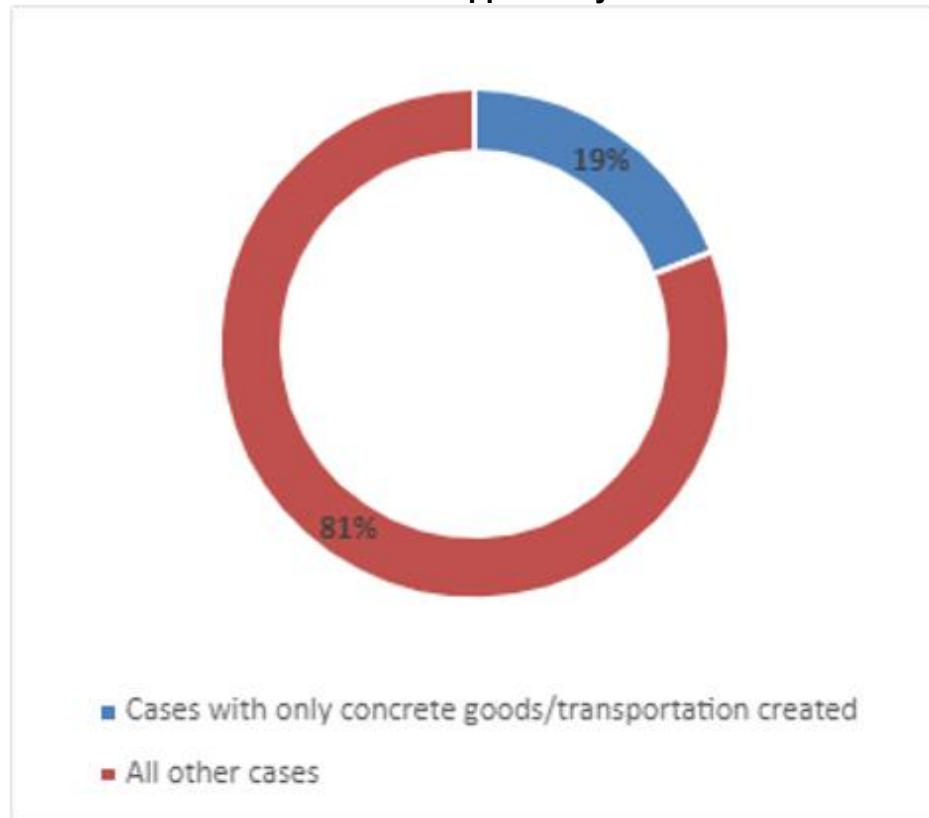
## 2-2d. Placement Data

Indicator	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	% Change	CAGR
<b>Traditional Foster Care (non-kinship) - Dependent</b>							
Receiving Care, First Day	438	493	489	470	431	-1.6%	-0.4%
Assistance Added	471	394	443	347	293	-37.8%	-11.2%
Assistance Ended	416	398	462	386	405	-2.6%	-0.7%
Total DOC	171,992	176,222	178,862	166,541	132,706	-22.8%	-6.3%
<b>Traditional Foster Care (non-kinship) - Delinquent</b>							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total DOC						0.0%	0.0%
<b>Reimbursed Kinship Care - Dependent</b>							
Receiving Care, First Day	893	938	804	791	636	-28.8%	-8.1%
Assistance Added	926	691	767	577	583	-37.0%	-10.9%
Assistance Ended	881	825	780	732	604	-31.4%	-9.0%
Total Days of Care (DOC)	341,366	318,713	295,489	259,631	230,958	-32.3%	-9.3%
<b>Reimbursed Kinship Care - Delinquent</b>							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
<b>Foster Family Care - Dependent (Total of 2 above)</b>							
Receiving Care, First Day	1,331	1,431	1,293	1,261	1,067	-19.8%	-5.4%
Assistance Added	1,397	1,085	1,210	924	876	-37.3%	-11.0%
Assistance Ended	1,297	1,223	1,242	1,118	1,009	-22.2%	-6.1%
Total Days of Care (DOC)	513,358	494,935	474,351	426,172	363,664	-29.2%	-8.3%
<b>Foster Family Care - Delinquent (Total of 2 above)</b>							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%
<b>Non-reimbursed Kinship Care - Dependent</b>							
Receiving Care, First Day	101	119	109	99	79	-21.8%	-6.0%
Assistance Added	188	161	190	133	83	-55.9%	-18.5%
Assistance Ended	170	171	200	153	124	-27.1%	-7.6%
Total Days of Care (DOC)	42,881	39,481	39,132	29,120	19,409	-54.7%	-18.0%
<b>Non-reimbursed Kinship Care - Delinquent</b>							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
<b>Alternative Treatment Dependent</b>							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
<b>Alternative Treatment Delinquent</b>							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

Dependent Community Residential								View Chart
Receiving Care, First Day	81	61	36	40	35	-56.8%	-18.9%	
Assistance Added	138	104	100	68	87	-37.0%	-10.9%	
Assistance Ended	158	129	96	73	97	-38.6%	-11.5%	
Total Days of Care (DOC)	24,512	18,288	15,675	11,295	10,718	-56.3%	-18.7%	
Delinquent Community Residential								View Chart
Receiving Care, First Day	55	43	28	22	15	-72.7%	-27.7%	
Assistance Added	77	55	72	50	32	-58.4%	-19.7%	
Assistance Ended	89	70	78	57	28	-68.5%	-25.1%	
Total Days of Care (DOC)	15,905	10,880	8,349	6,532	5,581	-64.9%	-23.0%	
Supervised Independent Living Dependent								View Chart
Receiving Care, First Day	35	32	37	27	34	-2.9%	-0.7%	
Assistance Added	57	57	30	44	39	-31.6%	-9.1%	
Assistance Ended	60	52	40	37	39	-35.0%	-10.2%	
Total Days of Care (DOC)	14,044	12,190	12,068	11,142	11,970	-14.8%	-3.9%	
Supervised Independent Living Delinquent								View Chart
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total Days of Care (DOC)						0.0%	0.0%	
Juvenile Detention								View Chart
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total Days of Care (DOC)						0.0%	0.0%	
Dependent Residential Services								View Chart
Receiving Care, First Day	33	34	25	37	28	-15.2%	-4.0%	
Assistance Added	61	40	57	40	46	-24.6%	-6.8%	
Assistance Ended	60	49	45	49	41	-31.7%	-9.1%	
Total Days of Care (DOC)	13,205	11,623	13,617	12,625	12,072	-8.6%	-2.2%	
Delinquent Residential Services								View Chart
Receiving Care, First Day	139	83	74	60	48	-65.5%	-23.3%	
Assistance Added	569	352	191	122	185	-67.5%	-24.5%	
Assistance Ended	625	361	205	134	157	-74.9%	-29.2%	
Total Days of Care (DOC)	54,291	30,866	22,267	20,425	25,729	-52.6%	-17.0%	
Secure Residential (Except YDC)								View Chart
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total Days of Care (DOC)						0.0%	0.0%	
Youth Detention Center / Youth Forestry Camps								View Chart
Receiving Care, First Day						0.0%	0.0%	
Assistance Added						0.0%	0.0%	
Assistance Ended						0.0%	0.0%	
Total Days of Care (DOC)						0.0%	0.0%	
2-2e. Aging Out Data								
Indicator	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	% Change	CAGR	
Aging Out								
Number of Children Aging Out	47	51	30	40	37	-21.3%	-5.8%	View Chart
Have Permanent Residence	44	40	22	35	35	-20.5%	-5.6%	
Have Source of Income Support	21	20	13	15	17	-19.0%	-5.1%	
Have Life Connection	44	39	22	33	34	-22.7%	-6.2%	

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

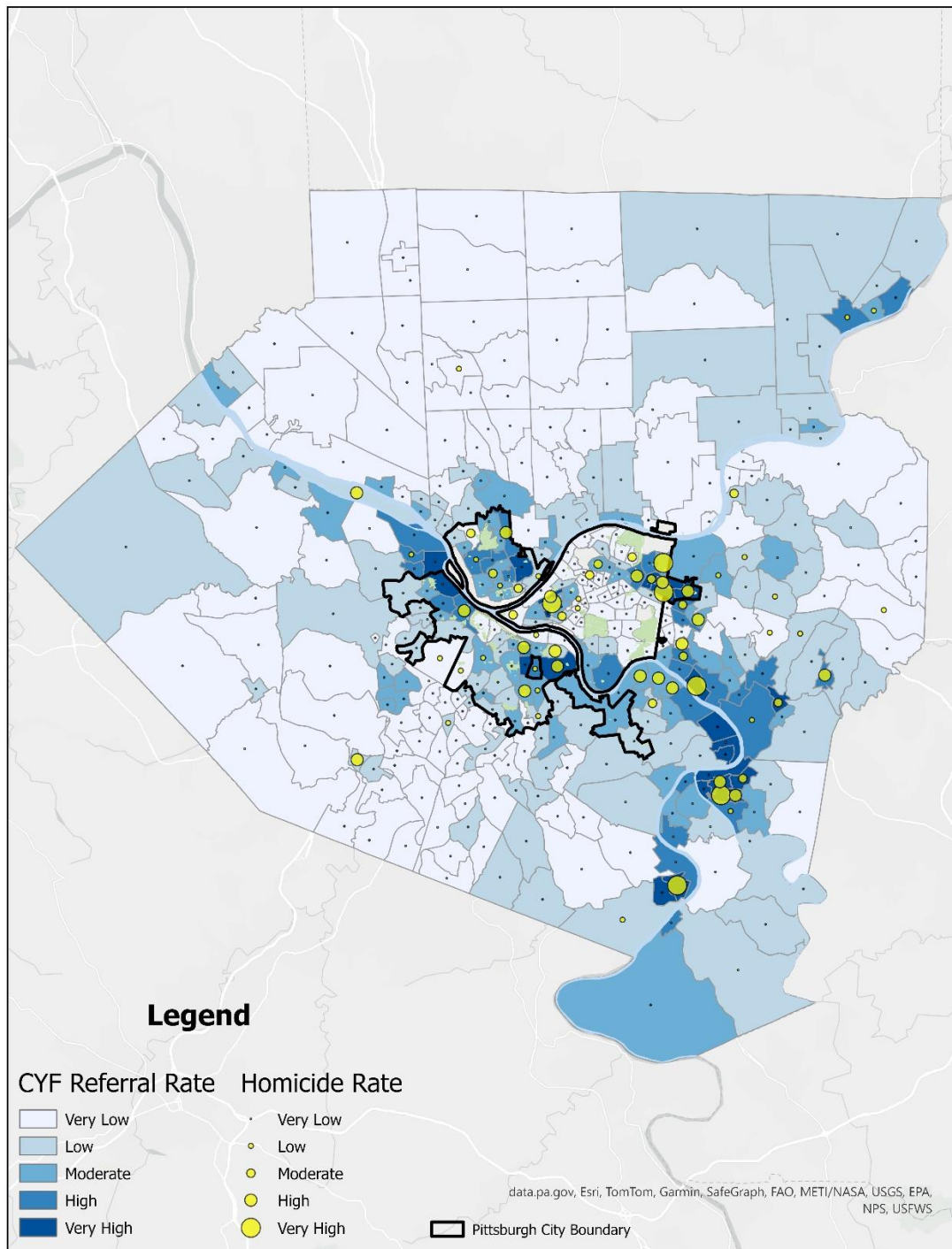
**1) Open, non-placement cases that receive new requests for concrete goods or transportation support only**



This chart demonstrates the potential for Allegheny County to further reduce the number of CYF active families through investments in primary prevention and diversion services that adequately meet families' basic needs. About 19% of non-placement CYF cases in Allegheny County open at any point in 2023 received only concrete goods or transportation passes and no other CYF services (120 cases). These families could have been best served through primary prevention and diversion services outside of the CYF system. From FY 21-22 to FY 23-24, ACDHS has slightly reduced the percentage of open non-placement cases who received only concrete goods or transportation passes and no other CYF services from 20% to 19% (in absolute terms, from 250 cases to 120 cases).



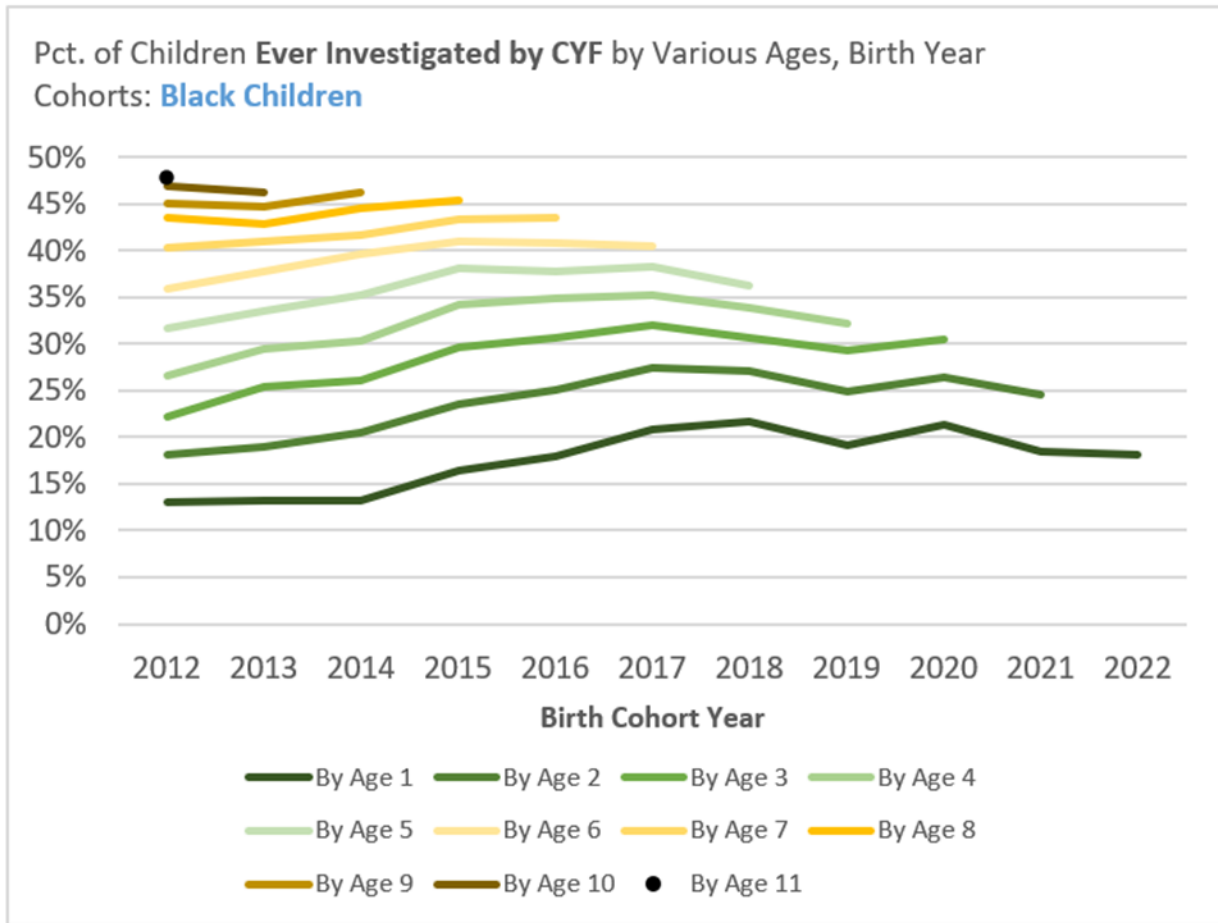
## 2) CYF referral rate and homicide rate, by community (tract) in Allegheny County

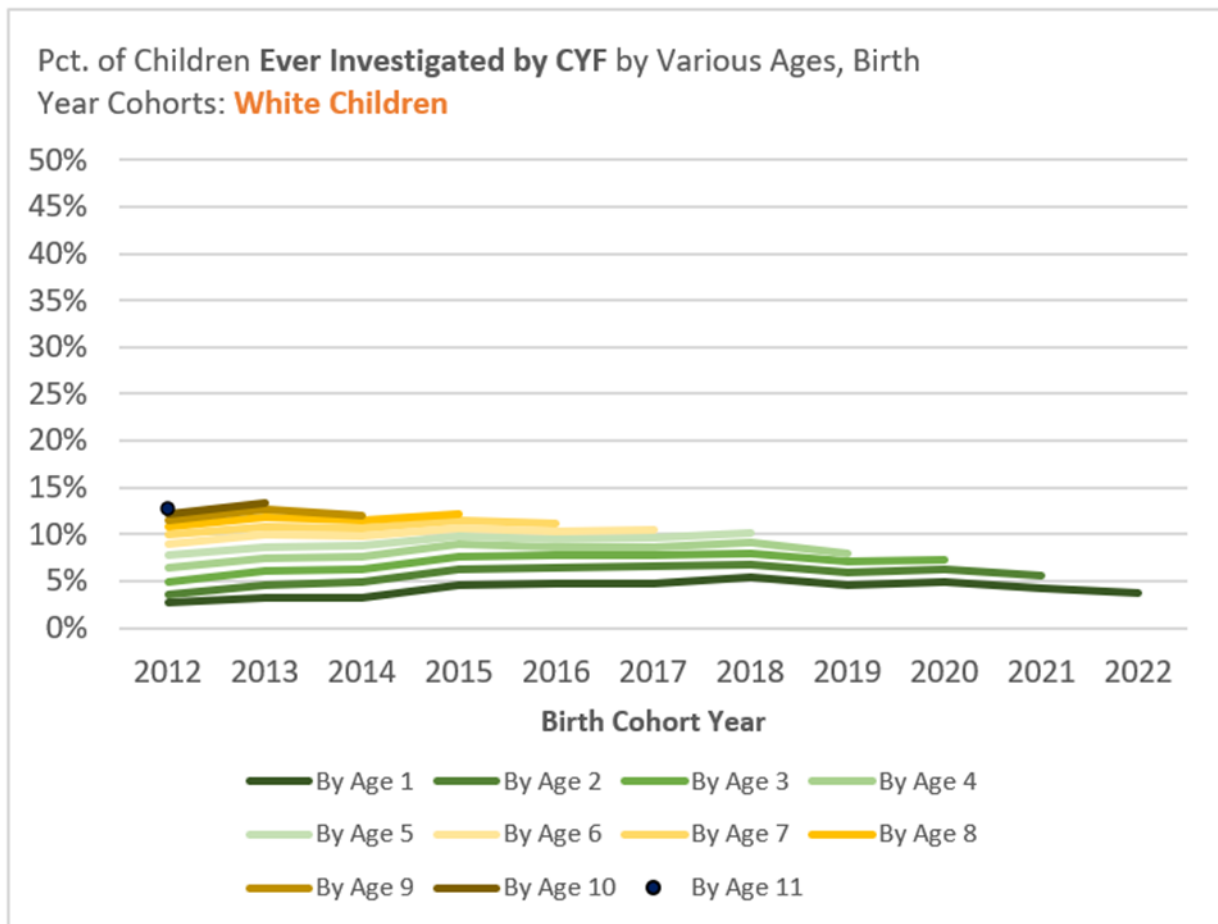


This map shows that gun violence is heavily concentrated in a small number of communities in Allegheny County, and that these are *largely the same communities who are disproportionately involved in the child welfare system*. Communities shaded darkly have very high CYF referral rates compared to the rest of the County, and communities with large circles over them also have very high homicide rates compared to the rest of the County. Communities with the highest CYF referral rates also had the highest homicide rates. These highly impacted areas align with the five sites where ACDHS is funding evidence-based violence reduction programs.



### 3) Referral Likelihood by Age and Race





Racial disproportionality within the child welfare system persists as a challenge for ACDHS. By age 11, 59% of Black babies born in 2012 had appeared on at least one referral, and 48% had been investigated. By comparison, 19% and 13% of White babies born in 2012 were referred and investigated, respectively. As a percentage of births, fewer White children are referred, investigated, or removed at least once by CYF by age ten (per the 2012 birth cohort) than Black children are by age one (per the 2012-2022 birth cohorts).

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

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

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

#### Child welfare trends:

The volume of incoming CYF referrals in Allegheny County has been increasing significantly for several years. Across all allegation types, the county received a total of 16,659 distinct incoming referrals in FY 2024-2025. This volume represents a 6% increase over the prior fiscal year, and is about 22% higher than FY 2020-2021's low point (13,673) – although it still trails the most recent full fiscal year *prior* to the COVID-19 pandemic (FY 2018-2019) by about 5% (17,590).

Incoming referrals are followed by two main CYF decision points: the intake decision of whether to investigate an incoming referral, and the decision of whether to open a formal CYF case upon completion of an investigation.

While referrals with CPS allegations must be investigated, investigation rates on referrals with only GPS allegations have a higher degree of discretion. For many years (from 2015 through about 2021), the rate of GPS referrals screened in for further investigation was stable at around four in ten. In FY 2022-2023, amidst rising referral volumes, this GPS investigation rate saw a sudden shift downward of about ten percentage points (from about 39% in FY 2021-2022 to 29% in FY 2022-2023). Since then, despite continued increases in referral volume, the rate of screening GPS referrals in investigation has inched gradually back upward to about 34% over the most recent fiscal year.

Unlike the investigation rate's relative long-term stability, the rate of accepting a family for CYF services at the conclusion of an investigation has been declining consistently for many years since peaking in early 2017. Among GPS investigations, over 40% were accepted for services in the early months of 2017; by comparison, about 13% of GPS investigations were opened as cases in the most recent fiscal year.

The net effect of the recent movement in these two decision points – investigation and case-opening decisions – has been that the number of open CYF cases at any given point has fallen steeply in recent years, despite the ongoing rise in incoming referral volume. On January 1, 2020, about 2,027 CYF cases were open and assigned, and by July 1, 2024, only 1,003 were (a 51% decline). However, there are signs that the decline in CYF cases has stalled or reversed. July 1, 2025, data sees 1,071 open CYF cases (a 7% increase over the prior July 1<sup>st</sup>). If incoming referral volume continues to push upward, it seems possible that CYF cases downstream may start to increase as well in the next fiscal year and beyond.

#### **JPO trends:**

Allegheny County JPO reduced placements by 22% in FY 24/25, with only 136 placements out of the 1,552 referrals received.

- ☐ 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.

#### **CYF changes:**

The declines in the number of children and youth served or in care are attributable to a **focus on accepting for service only those youth for whom risk and safety factors warrant it**; this then has a downstream effect on ongoing services. These often complex youth require a higher intensity of services (as described throughout this narrative and in our Expenditure Adjustments).

At the same time, Allegheny County is focused on family preservation. Meeting a family's needs quickly can prevent a hardship from escalating into a crisis. Therefore, **ACDHS began offering services—such as in-home support, transportation, and concrete goods—during the investigation phase** starting in 2023. In FY 23-24, 1,775 child welfare referrals were connected to services during an investigation, an increase of 451 service connections from the prior fiscal year. The proportion of child welfare investigations receiving services during investigation in FY23-24 was 24%, an increase of 4.8% over the prior Fiscal Year. We anticipate that the proportion of families provided services during investigation will continue to increase and we will continue to see a reduction of youth in care whose needs were met during investigation.

#### **JPO changes:**

**Allegheny JPO started utilizing the First Match tool in November 2024 on Detention cases.** The FirstMatch tool will utilize a youth's physical, psychological, emotional and risk assessment information to produce an Integrated Assessment Summary that can be used by the youth's probation officer for case planning, by the court for continuity of care and by treatment providers for treatment planning for that youth. In time, with a sufficient amount of quality data, it is expected the FirstMatch tool will be able to provide a level of care recommendation through the use of predictive analytics software, which includes a

trained algorithm, by synthesis of the following data: demographic data, clinical information, assessment data and Return to Detention (RTD) data. Following the application of a machine learning model, the Integrated Assessment Summary will include a recommended level of care for the youth's post-detention placement in order to assist probation officers in making an appropriate treatment recommendation. By ensuring youth receive the appropriate level of placement and continuity of care post-detention, they will experience reduced trauma, improved program completion, decreased cost and reduced recidivism.

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

#### **CYF youth in congregate care settings:**

In FY 2024-25, 7% of children in out-of-home placement had at least one stay in congregate care; 125 children were placed in a congregate care setting at some point during the fiscal year. This statistic includes children either in care on the first day of the fiscal year or entering a placement at some point in the fiscal year; in total, 1856 children were in care this fiscal year.

The table below provides characteristics for children and youth placed in congregate care in FY 2024-25, compared with their counterparts in Foster and Kinship Care placements.

	<b>Congregate Care (n=125)</b>	<b>Foster Care (n=596)</b>	<b>Kinship Care (n=1266)</b>
<b>Age Group</b>			
Less than 1 yr	0%	18%	13%
1-3 yrs	0%	24%	18%
4-6 yrs	0%	13%	14%
7-9 yrs	2%	11%	12%
10-12 yrs	8%	11%	11%
13-15 yrs	56%	12%	15%
16-18 yrs	31%	9%	14%
19 yrs or older	3%	2%	2%
<b>Race</b>			
African American	56%	46%	49%
Other Single Race Identified	1%	1%	0%
Two or More Races Identified	10%	13%	14%
Unknown	6%	4%	4%
White	27%	36%	33%
<b>Sex</b>			
Female	45%	50%	50%
Male	55%	50%	50%
Other	0.0%	0.0%	0.0%

An analysis of services received in FY 2024-25 shows that 70% of the 125 children in congregate care received outpatient mental health services and 38% received mental health crisis intervention services.

<b>Office</b>	<b>Cost Center</b>	<b>Count</b>	<b>% of Congregate Care Clients</b>
MH	Outpatient	88	70%
MH	Mental Health Crisis Intervention	48	38%

MH	Â Unclassified	46	37%
MH	Psychiatric Inpatient Hospital	30	24%
MH	Not yet defined in DW	20	16%
MH	Administrative Management	20	16%
MH	Family-based Mental Health Services	15	12%
DA	Outpatient	10	8%
MH	Targeted Case Management	9	7%
MH	Partial Hospitalization	9	7%
MH	Community Residential Services	7	6%
DA	Inpatient Non-hospital Treatment and Rehabilitation	4	3%
MH	Emergency Services	3	2%
MH	Family Support Services	1	1%
DA	Intensive Outpatient	1	1%

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

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

<b>Diagnosis</b>	<b>Count</b>	<b>% of Congregate Care Clients</b>
DX Deferred	41	33%
ADHD	40	32%
Acute Stress RX	37	30%
Depressive D/O	37	30%
Adjustment D/O	36	29%
Conduct D/O	25	20%
Oppositional Defiant	21	17%
Autism Spectrum D/O	14	11%
Cannabis	11	9%
Maj Depression	10	8%
Anxiety Disorder	8	6%
Bipolar D/O	7	6%
Bord Pers D/O	3	2%
Other	2	2%
Alcohol	1	1%
ID	1	1%
Inhalants	1	1%
Org Mental D/O	1	1%
Unspec Psychosis	1	1%

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

### **JPO youth in congregate care settings:**

All juveniles placed into residential care (136) scored as moderate risk, high risk or very high risk according to the YLS. Only 3 of the 16 placements of sex offenders included an override, even though they usually score low due to the YLS not measuring the risk to sexually reoffend. A review of the 136 juveniles placed into residential care in FY 24/25 shows that the majority of cases changed this year to be 17 years old at the time of placement (51 cases); other cases include one twelve-year-old, one thirteen-year-old, 12 fourteen-

year-olds, 21 fifteen-year-olds, 31 sixteen-year-olds, 14 eighteen-year-olds, four nineteen-year-olds and one twenty-year-old. The probation department continues to utilize the least restrictive services to meet the juvenile's needs.

With regard to race and gender of these juveniles placed in residential placement, 17 were white, 114 were African American, four were Asian, and one was Hawaiian; eight were females and 128 were males; with two male youth identified as LGBTQ. Of the 136 youth placed, 45 youth or 33% were identified with learning disabilities. Lastly, looking at the data related to residential placement, we can see 65 youth re-entered placement; 41 of the 65 placements were re-entering placement for a second placement episode, 13 were for a third episode, seven were for a fourth episode, and three were for a fifth episode during FY 24/25. Allegheny County JPO will continue to address this statistic through the use of re-entry meetings, re-entry programming at CISP or The Academy, and the amplifying of family counseling services in the home.

One hundred of these juveniles had a mental health diagnosis (6 with Autism) when entering placement.

Lastly, during the FY we had 48 total youth detained at GJR Detention with an average length of stay of 28.3 days (46 total admissions), 215 total distinct youth detained at Highland Secure Detention with an average length of stay of 14.5 days (259 admissions), 18 total distinct youth detained at Jefferson County Detention Center with an average length of stay of 23.4 days (18 admissions), 132 total distinct youth detained at Manor Secure Detention Center with an average length of stay of 24.3 days (136 admissions), and 19 total distinct youth detained at Middlecreek Secure Female with an average length of stay of 25.3 days (21 admissions). It should be noted that these are total juveniles in the facilities, and many of these males were transferred from Highland to another facility during their detention episode. Transfers are not ideal for juveniles; however, in order to ensure bed space, they have become a necessity. The vast majority of these admissions were for firearm-related offenses, often a second or third firearm-related offense. Allegheny County has a serious problem with firearms related to juvenile offenses. The seriousness of their charges warrants the use of detention for the safety of the juvenile and the community. While less restrictive alternatives are always explored, we have many circumstances that warrant the use of detention. In Allegheny County, the use of detention is assessed according to statewide detention standards and the PaDRAI and is only used as a last resort.

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

#### **CYF service and treatment needs:**

Based on their diagnoses and service receipt, children in CYF congregate care have a high level of need for:

- outpatient mental health services
  - including therapies such as CBT, TF-CBT, and family therapy
- mental health crisis intervention services
- psychoeducation for the child and family
- parent training in behavior management
- aftercare to ensure continued access to treatment after exit

#### **JPO service and treatment needs:**

Children in detention have a high level of need for:

- community violence interruption efforts, due to the high level of firearm offenses
- outpatient mental health services
  - including therapies such as CBT, TF-CBT, and family therapy
- mental health crisis intervention services

- psychoeducation for the child and family
- parent training in behavior management
- aftercare to ensure continued access to treatment after exit

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

#### **CYF Process:**

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

Several policies guide decision-making, including:

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

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

#### **JPO process:**



The County's use of residential placement is a last resort. The process for this placement decision is made through meetings within the probation department involving POs, Supervisors and often Administrators or with judicial decision following a court process. Placements must be approved at the management level before presenting to the Court. Probation staff and management must establish that this is a last resort, that graduated responses have been attempted, community-based services attempted, and that all other options have been exhausted. It should be noted, however, that there are times when a juvenile commits a very serious crime in the community, and the juvenile will go into detention and ultimately residential care prior to attempting these services. Some of these offenses include arson, sexual offenses, and firearms-related offenses. Residential care ensures the safety of the community while the juvenile is receiving appropriate services.

- ❑ 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?

#### **CYF's resource allocation:**

Allegheny County's resource allocation plan is developed with the projected need for out-of-home care in mind. Through recent NBPB submissions, ACDHS requested and received funds to fill caseworker vacancies, increase rates for non-kin and kin foster care placement services, strengthen supports for kinship caregivers, expand placement settings for youth with complex needs, and provide additional resources for adoption and PLC subsidies for youth finalized at the new higher Kinship and foster care rates.

The County's current resource allocation is not appropriate to address projected needs, especially for the increasing number and acuity of complex cases and CSEC populations.

**Not only has finding appropriate placements for youth with mental health and behavioral issues become increasingly challenging, but these settings have become prohibitively expensive.** Current demand is above the supply of appropriate intensive care locations. To improve outcomes for children and youth with complex behavioral and physical health needs, especially for those not recommended for RTF or in cases where an appropriate RTF cannot be found, ACDHS has invested in specialized placement settings with therapeutic supports integrated into the placement facility milieu, including Keystone, Pathways, and Phoenix House for the CSEC population. However, these programs are prohibitively expensive.

**The prohibition against using IV-E dollars for clinical components of therapeutic placements,** such as therapeutic foster care and intensive residential care, makes funding these placements challenging. Providers report issues with billing Medicaid for clinical staff and, therefore, operating at a significant loss.

**There is also insufficient availability of in-home and behavioral health services to help children and youth step down successfully from a complex placement setting.** Although children and youth are often able to stabilize in complex programs and reconnect with family, stepping down into a kinship, foster, or biological home is very challenging due to a lack of available supports in the community to support the transition, especially behavioral health services.

#### **JPO's resource allocation:**

The County's current resource allocation is not appropriate to address projected needs, especially for youth with complex needs.

**We often are unable to address the issues with mental health services before the behavior escalates** to the point that the juvenile is unsafe in the community. In addition, Allegheny County JPO continues to **have serious difficulties finding Diversion/Stabilization beds for juveniles;** the beds on our side of the

state have closed, and no new programming has opened. Many other types of programs are closing their doors, and these juveniles, at times, must wait at home, or in detention (when available) or are placed into residential care with limited access to mental health services.

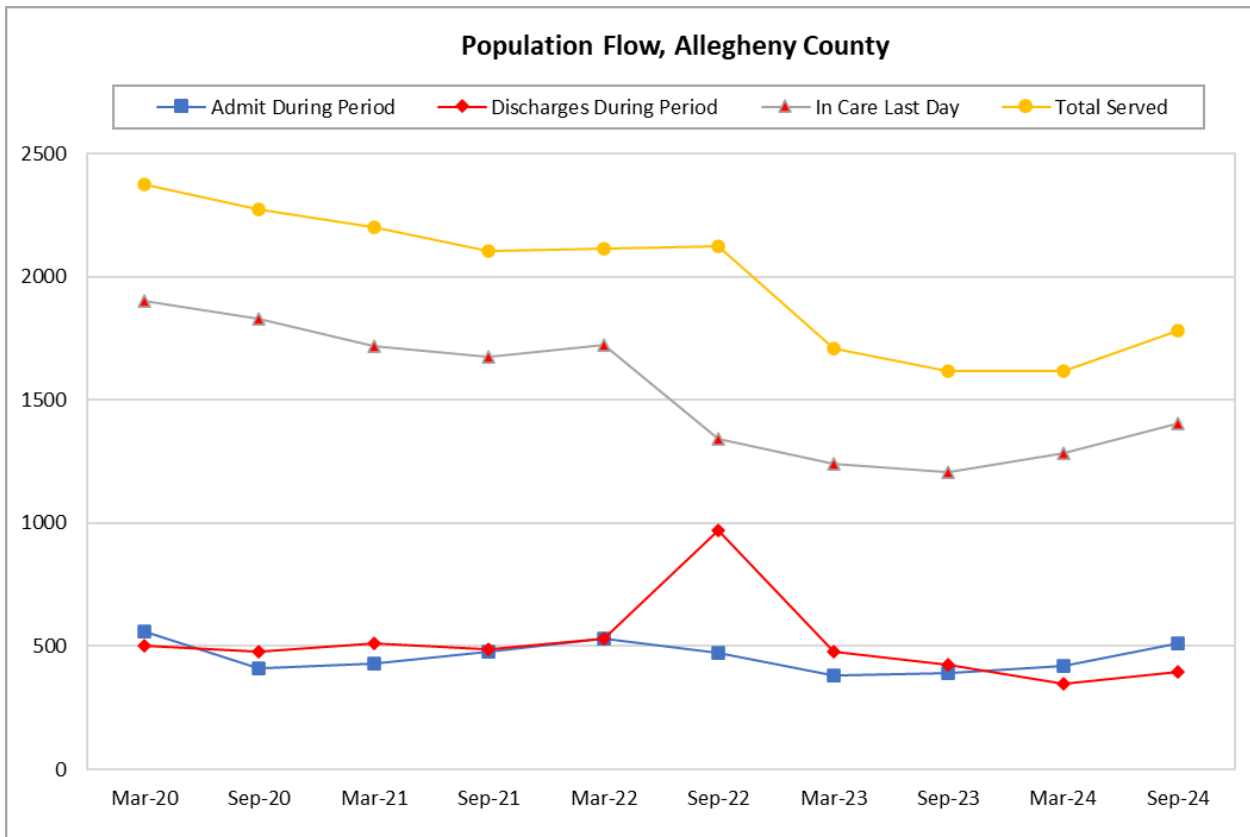
**We continue to see a lack in the availability of voluntary adolescent juvenile drug and alcohol inpatient programming;** however, Gateway opened a new short-term inpatient program in May 2025 that is only available through personal insurance. Because of the limited resources, juvenile probation has been left with no option other than to place juveniles in a delinquent facility to focus on drug and alcohol treatment when voluntary inpatient treatment would have been more appropriate for said juvenile. Inpatient treatment is greatly needed for our adolescent substance abusers. We currently have only one short-term voluntary inpatient option for boys and girls that just opened in May 2025. We also do not have an in-person intensive outpatient program for juveniles. All of the juvenile providers only offer virtual meetings, which are ineffective with juveniles who continue to abuse drugs and alcohol daily.

Over FY 24/25, **we continued to see many of our facilities close or reduce programming** for various reasons. This has created longer bed waits, an increase in denials for placement and placement facilities being more selective in their admissions. With the limited detention beds remaining an issue, this results in more detention days while awaiting transfer to an appropriate facility. This also results in juveniles remaining at home on electronic monitoring with an increased risk of recidivism.

We have also seen an increase in the need for more state placement referrals **as facilities have become more particular about what types of juveniles they will accept into their programs** – this can be related to a lack of staffing and inexperienced staff working within their facilities. Allegheny County JPO committed 17 juveniles to a YDC facility, which was a decrease of 45% and an increase of 12 juveniles to the YFC program of 58%. Due to the continued lack of state facility beds, we have had high-risk youth at home on electronic monitoring for extended periods of time and increased days of care in detention when detention was available, while working to find appropriate treatment beds for our juveniles. While the bed wait for state secure facilities has greatly reduced over the past year, it has affected our detention availability and service availability throughout the reporting year. In addition, determinate sentences like those ordered in other counties have caused Allegheny County juveniles to go without necessary services for long periods of time while awaiting their state bed.

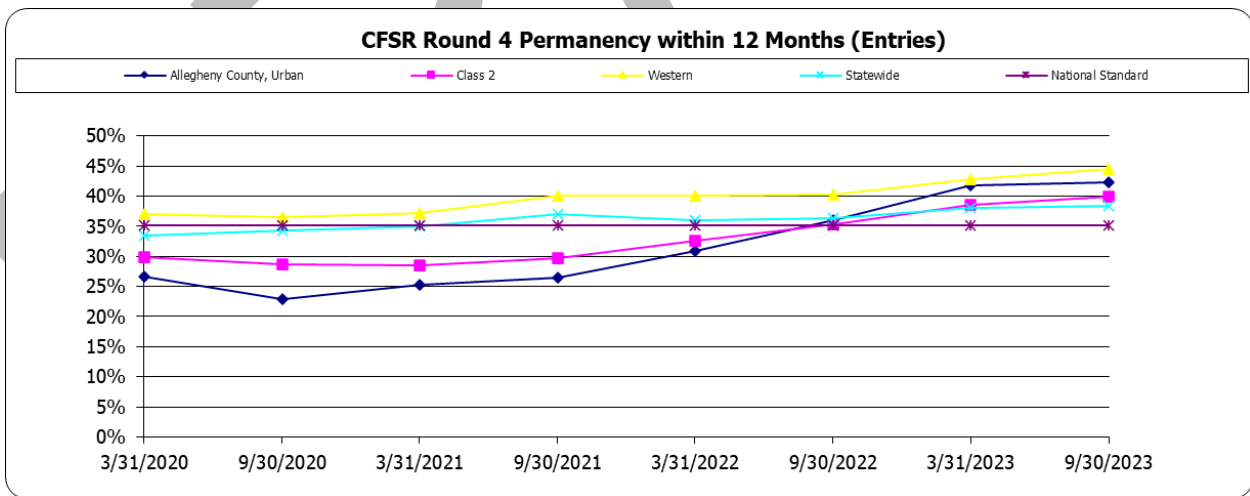
## 2-3a Population Flow

Insert the Population Flow Chart



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

Insert the Permanency in 12 Months (Entry) Chart

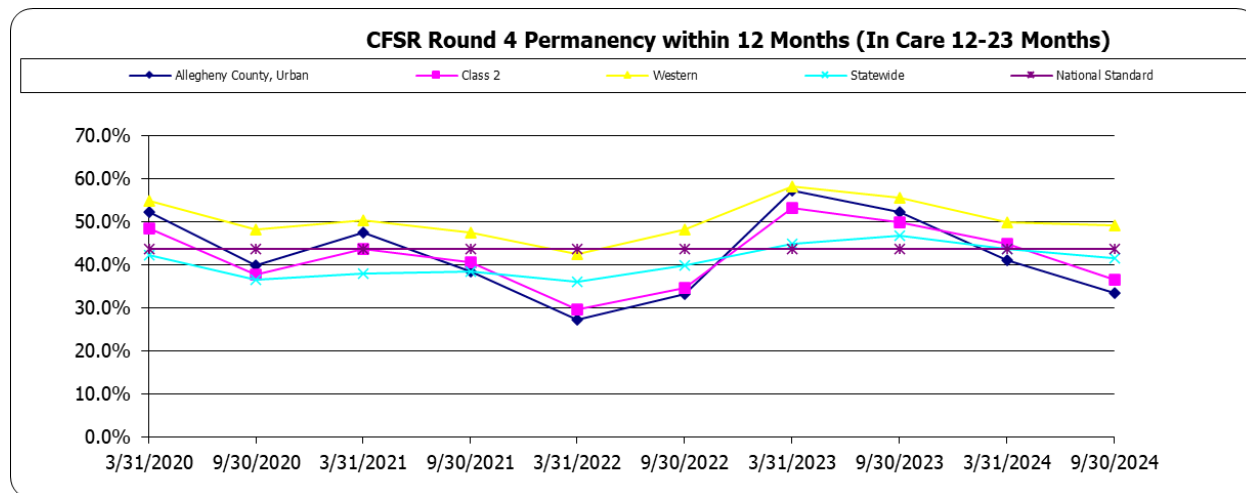


This indicator reports on the percentage of children and youth who enter care in a 12-month period and are discharged to permanency within 12 months of entering care. The national performance standard is 35.2%. A higher performance of the measure is desirable in this indicator.

☐ Does the county meet or **exceed** the national performance standard?

Allegheny County exceeds the national performance standard with 42%.

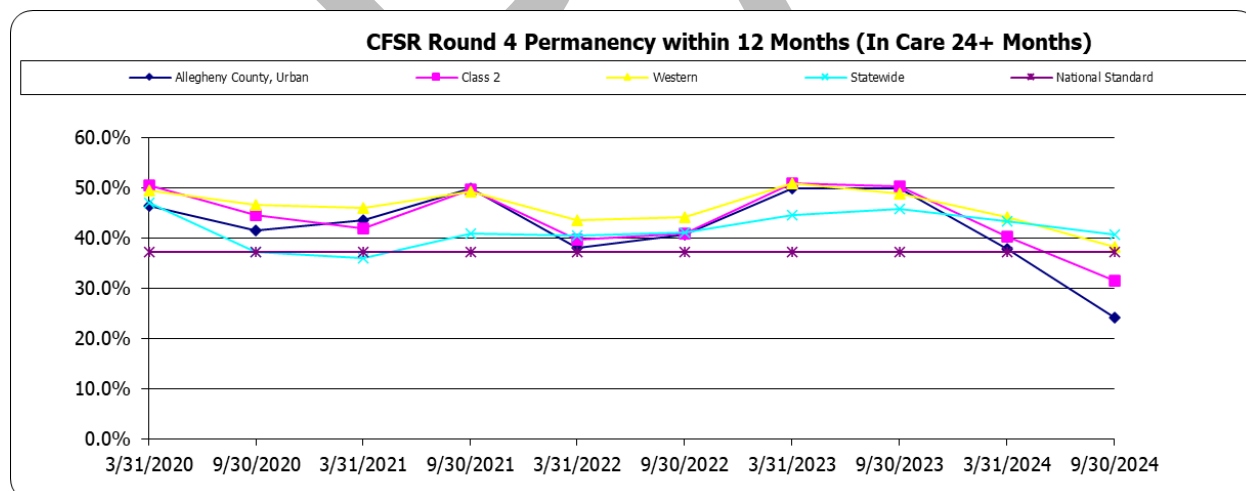
### 2-3c. Permanency in 12 Months (in care 12-23 months)



This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.8%. A higher percentage is desirable in this indicator.

- ☐ Does the county meet or exceed the national performance standard?  
Allegheny County did not meet the national performance standard (33.5%).

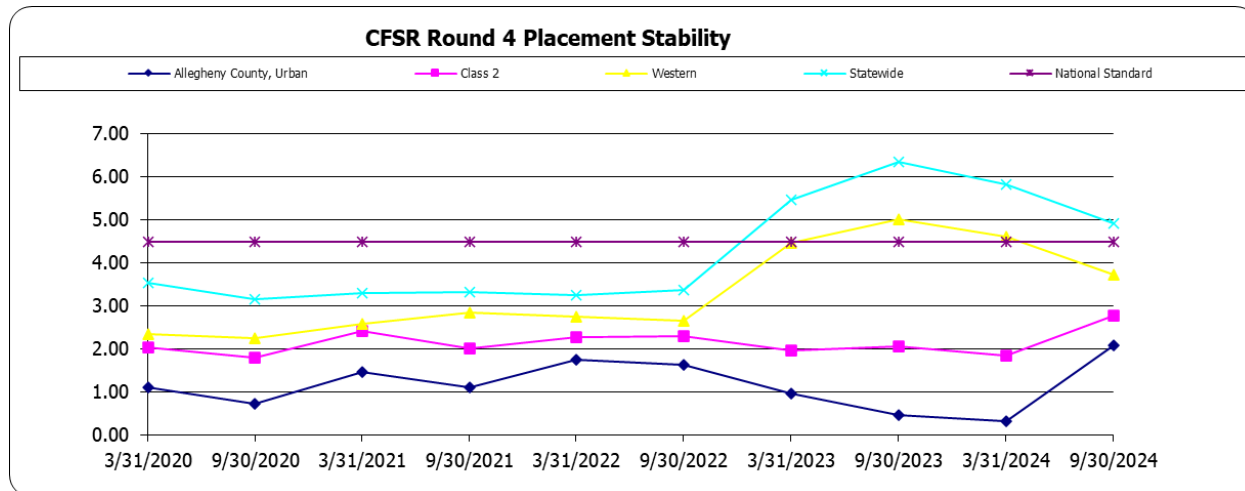
### 2-3d Permanency in 12 Months (in care 24 Months)



This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 37.3%. A higher percentage is desirable in this indicator.

- ☐ Does the county meet or exceed the national performance standard?  
Allegheny County did not meet the national performance standard (24.2%).

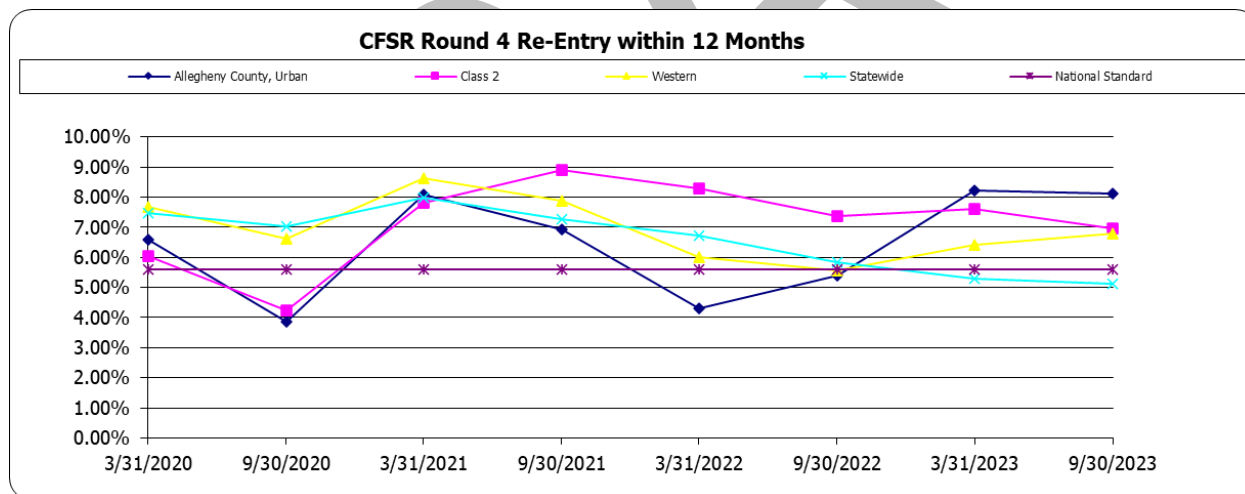
## 2-3e Placement Stability (Moves/1000 days in care)



This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.48 moves. A lower number of moves is desirable in this indicator.

- ☐ Does the county have less placement moves than the national performance standard?  
Allegheny County exceeds the national performance standard (2.08 moves).

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



This indicator measures the percent of children and youth who re-enter care within 12 months of discharge to reunification, live with a relative, or guardianship. The national performance standard is 5.6%. A lower percentage is desirable in this indicator.

- ☐ Is the county's re-entry rate less than the national performance standard?  
Allegheny County did not meet the national performance standard (8.1%).

## 2-4 Program Improvement Strategies

## 1. ANALYSIS

Among the three indicators where Allegheny County did not meet national standards (re-entries, permanency within 12 months among those who had been in care 12-23 months, and permanency within 12 months among those who had been in care 23+ months), each indicator was analyzed to identify whether there were differences to explain these outcomes among children.

a. Are there any distinctions in age, gender, race, disabilities, etc.?

**Re-entry within 12 months:** Allegheny County's performance was worse than the national performance standard of 5.6% with 8.1% of children re-entering within 12 months of exit. When examining Allegheny County's re-entry rate, it appears that a large proportion of the re-entry rate consists of youth who are JPO-involved. Children who were not involved in JPO had a re-entry rate of 4.5%, while youth who were involved with JPO had a re-entry rate of 35.6%. In July 2024, a JPO facility re-opened and may have created more capacity for JPO out-of-home placements. This JPO involvement may partially explain the large differences in re-entry rates by sex: 10.2% for males and 5.5% for females. Among males, 18% were JPO-involved, while only 3% of females were. After analyzing only CYF-involved children, the re-entry rate for males and females is 4% for females and 5% for males.

In addition, there are large differences by race, with Black children having a re-entry rate of 10.6% while White children had a re-entry rate of 4.3%. There are large differences by race in the percentage of children who are JPO involved: 15% of Black children compared to 7% of White children. However, JPO involvement does not fully explain the differences in re-entry rate by race. After analyzing only CYF-involved children, a large gap remained in the re-entry rate for Black children (7%) compared to White children (1%).

**Permanency in 12 months, among children in care 12-23 months:** Allegheny County did not meet the national performance standard of 43.8%. Allegheny County's rate was 33.5%. This measure was highest among children who were 10-12 years old (50%) and lowest among children 0-1 years old (26%). There were also disparities by race, with 40.2% of White children versus 27.8% of Black children exiting to permanency within 12 months. By sex, males had a lower rate of permanency (27.2%) versus 40.8% for girls. Unlike the re-entry measures, this is not as influenced by JPO status because so few JPO placements are more than 12 months.

**Permanency in 12 months, among children in care 24 months or more:** Allegheny County did not meet the national performance standard of 37.3%; Allegheny County achieved 24.21%. The best outcomes were for children 2- 4 years old (41.1%) and the lowest for children 16-17 years old (15.6%). There were also differences by race, with 31.4% of White children exiting in 12 months compared to Black children exiting in 12 months (21.0%).

A consideration for both of these measures is that the number of children in out-of-home placement has been declining over the last several years. Among children who do enter placement, it is reasonable to expect that these families face more complex challenges, which can result in a longer time to permanency.



## Allegheny County Child Welfare Placement Dynamics

Count of children who enter (all entries), enter for the first time (first entries), and exit out-of-home-placement in a given year

### Filters and Legends

Year  
(All)

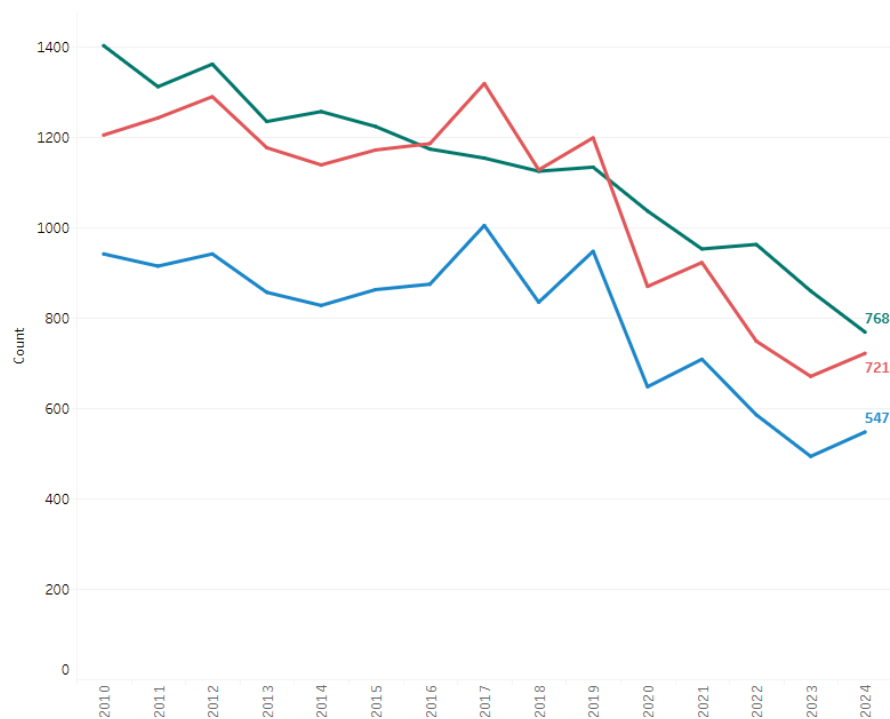
Age at Entry  
(All)

Legal Sex  
(All)

Race  
(All)

All Entries  
First Entries  
Exits

### All Entries, First Entries, and Exits of Children in Out-of-Home Placement



- b. Are there differences in family structure, family constellation or other family system variables (for example, level of family conflict, parental mental health & substance use)?

**Permanency in 12 months, among children in care 24 months or more:** The top three reasons for out-of-home placement were a caretaker's drug use, neglect, and physical abuse. The number of children removed due to those reasons also increased in the most recent period.

**Permanency in 12 months, among children in care 12-23 months:** The top three reasons for out-of-home placement were neglect, caretaker's drug use, and caretaker's significant physical or emotional impairment. The number of children experiencing caretakers' significant physical or emotional impairment sharply increased from 28 in the previous reporting period to 49 in the current period.

- c. Are there differences in the services and supports provided to the child/youth, family, foster family or placement facility?

**Re-entry within 12 months:** Children involved with JPO tended to have much higher re-entry rates. The services provided to children and families involved in JPO are extremely different. Children involved in CYF receive services and support related to stabilizing the family and improving parenting skills. In JPO, the focus is on the child and services after placement are directed toward decreasing the chance of re-offending. Some children had both JPO and CYF involvement, while others had only JPO involvement.

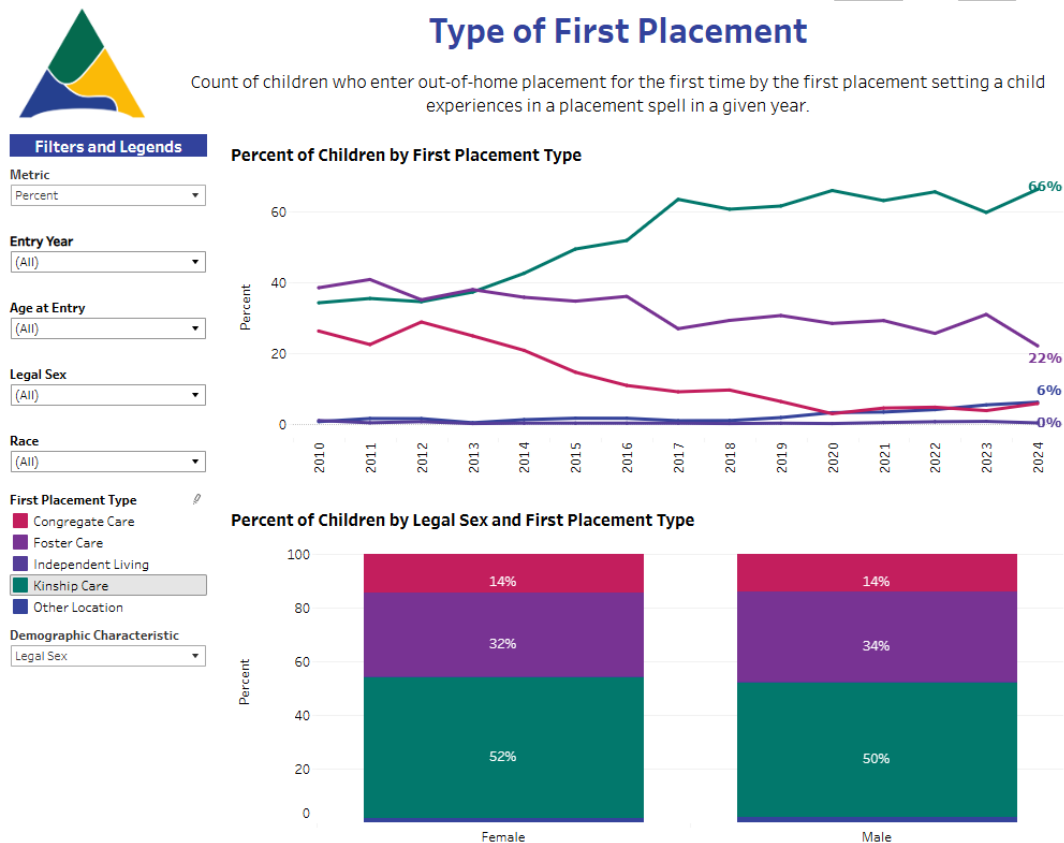
- d. Are there differences in the removal reasons for entry into placement?



**Permanency in 12 months:** Among children who exited within 12 months (this is a measure where Allegheny County exceeded the national performance standard), a larger share of children in care for 12 months were removed due to child behavior problems (19%) compared to children who had been in care 12-23 months (9%) and a smaller share of children in care for 12 months had been removed for caretaker drug use (25%) compared to 31% of children in care 12-23 months. It is possible that some reasons for removal are easier to resolve than others.

e. Are there differences in the initial placement type?

As mentioned above, JPO placements tended to be more likely to experience both shorter stays and re-entry into placements. Allegheny County continues to make strides toward placing children with kin as the first placement type (see chart below):



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

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

**Re-entries within 12 months:** Allegheny County has a public dashboard, 'Child Welfare Placement Dynamics, ' which indicates that re-entries within one year have remained steady over time at about 9%:



## Re-entries

Count of children who enter into out-of-home placement within one year of exiting their placement type in a given year.

### Filters and Legends

Metric  
Percent

Exit Year  
(All)

Age at Exit  
(All)

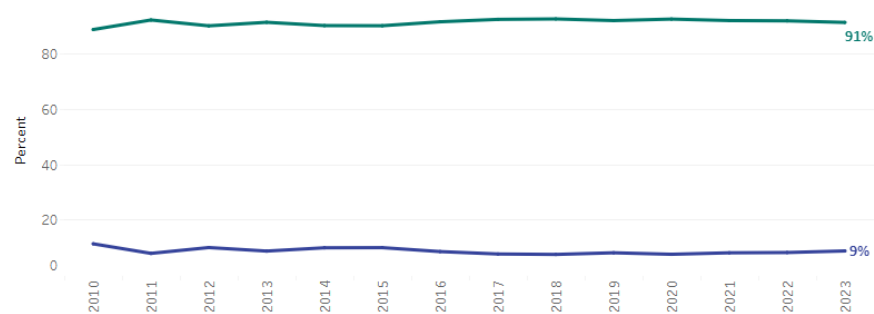
Legal Sex  
(All)

Race  
(All)

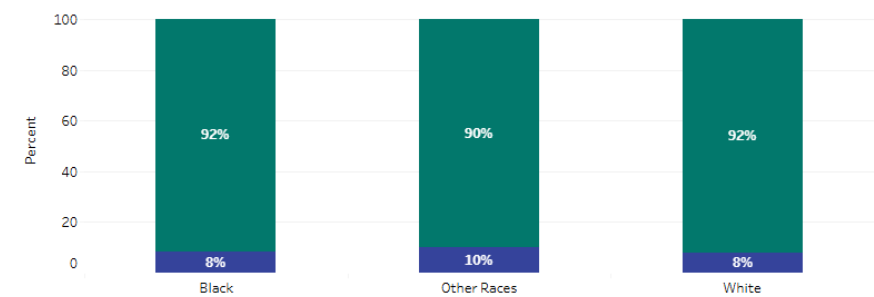
Re-entry Status  
Did not-reenter within 1 y...  
Re-entered within 1 year

Demographic Characteristic  
Race

### Percent of Re-entries into Out-of-Home Placement

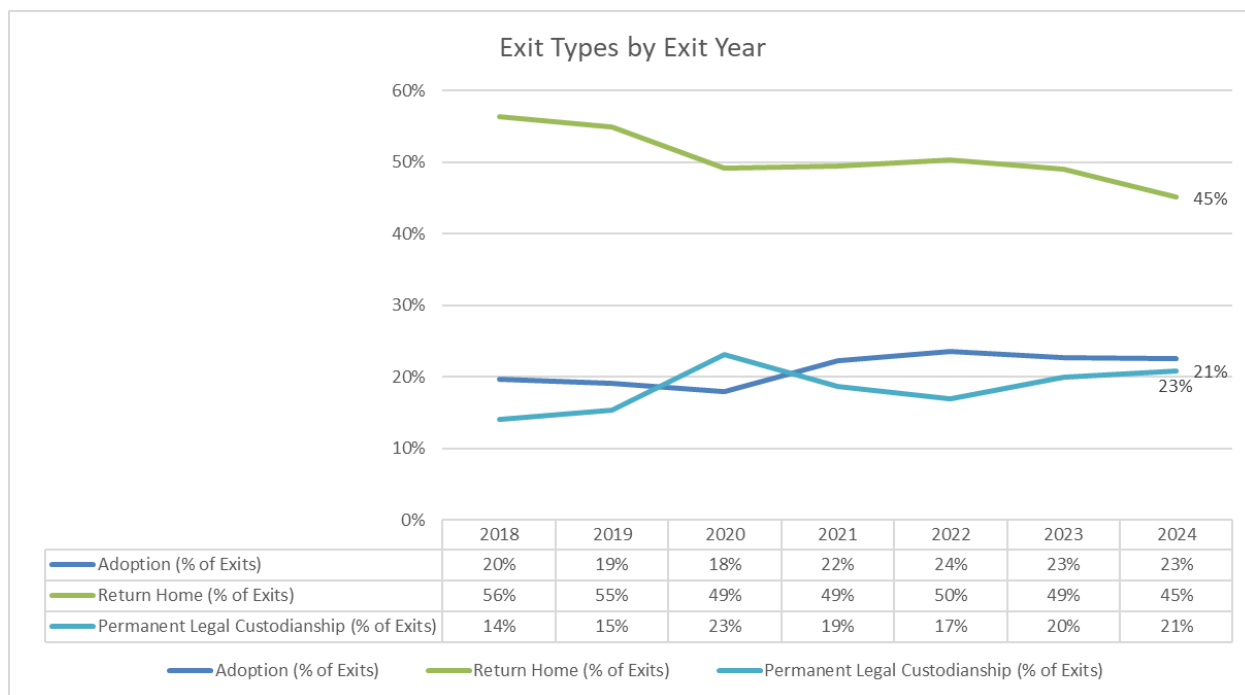


### Percent of Re-entries into Out-of-Home Placement, by Race



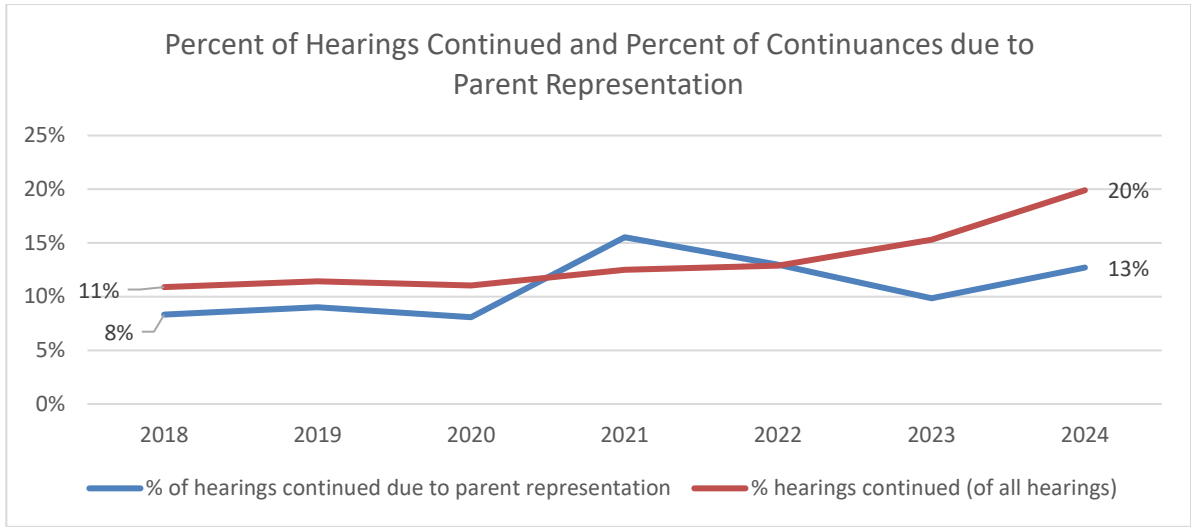
This rate is fairly comparable by race (see chart above), with both Black and White children having a re-entry rate of 8% among children who exited in CY 2023. Among children who exited in 2023, 56% returned to their family, 19% were adopted, and 17% had a permanent legal custodian (PLC). Among these groups, the children who returned to their families had the highest re-entry rate within 1 year (15%) compared to 1% of children with a PLC and no children who were adopted.

**Permanency within 12 months, among children in care 12-23 months and 24 months or more:** Over the last few years, the percentage of children placed for adoption has increased slightly from a low of 18% to 23% in 2023 and 2024 (see chart below). Adoptions tend to take more time to be finalized, which can result in longer stays in placement. In 2024, the average length of stay in placement for adoptions was 1,066 days compared to an average of 358 days for exits to the family of origin.

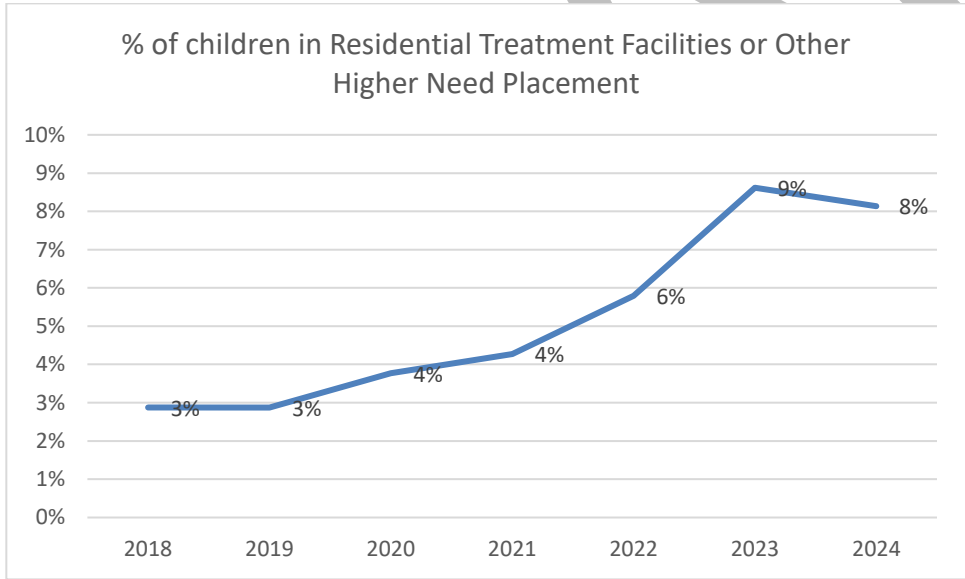


Both indicators (children in care 12-23 months who exited and children in care 24 months or more) can be conceptualized as a problem of children staying in care longer than the national performance threshold. Through an analysis of all CYF involved and dually CYF and JPO involved children, there does not appear to be a difference in the racial distribution of kids in care between 12 –23 months between those who did and did not exit to permanency. Among the children who did not exit, 44% were Black, and of those who did exit, 42% were Black. There are some bigger differences by race among children in care 24 months or more: among those who did not exit, 53% were Black, compared to 42% of children who did exit were Black. Black children were overrepresented among those who did not exit (that had been in care 24 months or more).

A contributing factor to children remaining in care for longer periods is the pace and timeliness of the court process. Since 2018, the percentage of hearings that were continued has increased from 11% in 2018 – 2020 to 20% in 2024. Continuances may occur for many reasons, but parental legal representation has been an area that CYF has tried to address. In 2018, 8% of continuances were due to an issue with the parents' legal representation, but in 2024, this percentage increased to 13%.



As mentioned above, while CYF’s number of children in placement has declined, the complexity of challenges facing these children and families has increased. While a small number of children have needs that reach the level for qualifying for a residential treatment facility, and CYF has expanded its capacity for supporting these children, there are more children with needs that are high but do not meet this threshold. CYF believes that having a placement option with rich supports that do not meet the level of residential treatment facilities could support children to receive the appropriate care and become stable enough to exit care sooner and could lead to more stable transitions from care to home. The chart below illustrates the increase in residential treatment facility placements as well as other treatment centers.



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

Outcome #: Increase permanent exits among children who may face barriers.  
 Related performance measures, if applicable: Percent of children who exited to permanency who had been in care 12-23 months and 24 months or more.

Strategy:	
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Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Permanency Roundtables <sup>28</sup> : CYF plans to implement Permanency Roundtables, a research-backed strategy of bringing together CYF leadership, supervisors, and caseworkers to help children move to permanency who may be likely to face challenges to permanency. (new strategy)
Action Steps with Timeframes (may be several):	<ol style="list-style-type: none"> <li>1. Convene a workgroup at CYF to develop an implementation plan</li> <li>2. Identify the children most at risk of staying in care</li> <li>3. Train CYF staff who will participate in the Roundtable.</li> <li>4. Develop an evaluation plan to identify whether this intervention has achieved its desired results.</li> <li>5. Begin pilot</li> </ol>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>• Development of a logic model demonstrating how this intervention will lead to more children exiting to permanency</li> <li>• Convene the first kick-off meeting by XX date</li> <li>• Creation of an evaluation plan</li> <li>• Time to permanency for children enrolled in the pilot</li> </ul>
Evidence of Completion:	A standard of practice will be developed for CYF implementation of the Permanency Roundtable, including how to identify children for inclusion in this intervention.
Resources Needed (financial, staff, community supports, etc.):	Resources required for this intervention include CYF staff time
Current Status:	In development
Monitoring Plan:	An evaluation plan will be developed as part of this project. Indicators will likely include: number of children included in the permanency roundtable, number of sessions held to identify strategies for permanency, number of children who exit to permanency, time to permanency, case review of children who do not exit to permanency.
Identify areas of Technical Assistance Needed:	

Outcome #: Increase the efficiency of legal representation for CYF parents.

Related performance measures, if applicable: Percent of children who exited to permanency who had been in care 12-23 months and 24 months or more.

Strategy:	
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New program for parental representation (Conflict attorney). A challenge that has confronted CYF is identifying legal representation for parents who have been involved in CYF as children. (new)

<sup>28</sup> [https://www.casey.org/media/garoundtable\\_24month\\_ES.pdf](https://www.casey.org/media/garoundtable_24month_ES.pdf)

Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>• New contract with a legal organization to provide representation for CYF parents affected by the attorney conflict issue.</li> <li>• Identify parents who may require this type of representation</li> <li>• Identify parents who receive this type of representation</li> <li>• Track timeliness of court process (fewer continuances, faster time to adjudication, etc.) for children whose parents use this representation.</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>• An evaluation plan will be developed for this new program and will likely include:</li> <li>• Number of parents who qualify for this representation</li> <li>• Number of parents who receive this representation</li> <li>• Markers of timeliness for court milestones, including adjudication</li> <li>• Number of continuances among parents with this type of representation</li> </ul>
Evidence of Completion:	<ul style="list-style-type: none"> <li>• Executed contract</li> <li>• Tracked measures (see above)</li> </ul>
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> <li>• Funding for the conflict counsel</li> <li>• Staff time to oversee and implement this program.</li> </ul>
Current Status:	<ul style="list-style-type: none"> <li>• In development</li> </ul>
Monitoring Plan:	<ul style="list-style-type: none"> <li>• Contract monitoring staff will oversee this contract, which includes conducting site visits, reviewing performance indicators, and troubleshooting barriers</li> </ul>
Identify areas of Technical Assistance Needed:	<ul style="list-style-type: none"> <li>• No technical assistance required at this time</li> </ul>

Outcome #: Increase support to families and children following exits from care

Related performance measures, if applicable: Percent of children who re-enter care within 12 months of exiting.

Strategy:	
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New Aftercare program to help children and families stabilize following an exit from care. (new)
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>• Develop a logic model to identify how this intervention is expected to have its desired outcome.</li> <li>• Contract with the provider to support families after a child exits care.</li> <li>• Identify which families and children will be included in this program.</li> <li>• Develop an evaluation plan to track process and outcome measures.</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>• As part of an evaluation plan, the following indicators are likely to be tracked:</li> <li>• Number of families enrolled</li> </ul>

	<ul style="list-style-type: none"> <li>• Number of families who engage with services</li> <li>• Length of time engaged with the service</li> <li>• Re-entry to care within 12 months of exiting the program.</li> </ul>
Evidence of Completion:	<ul style="list-style-type: none"> <li>• Executed contract</li> <li>• Measures from the evaluation plan described above.</li> </ul>
Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> <li>• Funding for the aftercare program</li> <li>• CYF staff time</li> </ul>
Current Status:	<ul style="list-style-type: none"> <li>• In development</li> </ul>
Monitoring Plan:	<ul style="list-style-type: none"> <li>• CYF contract monitors will oversee this contract. Oversight includes site visits, documentation reviews, review of performance indicators, and regular meetings to review performance and troubleshoot problems.</li> </ul>
Identify areas of Technical Assistance Needed:	<ul style="list-style-type: none"> <li>• None at this time.</li> </ul>

Outcome #: Create more supportive placements for children with complex challenges who do not meet the level of care required at a residential treatment program.

Related performance measures, if applicable: Percent of children who exited to permanency who had been in care 12-23 months and 24 months or more and decrease the percent of children who re-enter care within 12 months of exiting.

Strategy:	
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	<p>Intensive Residential Program: Develop supportive placement options for children with complex needs who do not meet the level of care required at residential treatment facility.</p> <p>Residential treatment facilities play a critical role in providing care to the most serious needs of children. However, there are children who may need more support than can be provided at existing levels of care, but do not require the level of care at a residential treatment facility.</p>
Action Steps with Timeframes (may be several):	<ul style="list-style-type: none"> <li>• Identify standards of care</li> <li>• Identify criteria for children to be eligible for this level of care</li> <li>• RFP</li> <li>• Executed contract</li> <li>• Develop statement of practice to outline who and when this level of care should be used.</li> <li>• Develop an evaluation plan</li> </ul>
Indicators/Benchmarks (how progress will be measured):	<ul style="list-style-type: none"> <li>• An evaluation plan will be developed, including indicators such as: number of children served, length of stay in placement, length of time to permanent exit.</li> </ul>
Evidence of Completion:	<ul style="list-style-type: none"> <li>• Executed contract</li> <li>• Number of placements</li> <li>• Other measures from the evaluation plan</li> </ul>



Resources Needed (financial, staff, community supports, etc.):	<ul style="list-style-type: none"> <li>• Funding</li> <li>• CYF staff time</li> </ul>
Current Status:	In development
Monitoring Plan:	This contract will be overseen by a CYF contract monitor. Oversight includes: site visits, document reviews, review performance indicators with provider(s) and meet regularly to troubleshoot any issues.
Identify areas of Technical Assistance Needed:	None at this time.

### Section 3: Administration

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

- ☐ Submit a detailed description of the county's employee benefit package for FY 2024-25. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

##### #52502, County Pension Fund-

The County contributes 11% of employees' gross salary as a match for pension benefits.

##### #52503, FICA/Medicare-

The County contributes 7.65% for all eligible wages per the requirements of the Social Security Administration.

##### #52504, Group Life Insurance-

Full-time employees are afforded up to \$10,000 of life insurance at no cost to them. A future increase is currently unknown for 2025.

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

The County recovers 3.25% of the employee's base wage to offset medical benefit costs.

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

##### #52511, Concordia Plus-

The County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employees and dependents to select a primary dental office. As of January 1, 2024, the cost to the County is \$25.76 per month for an individual and \$77.31 per month for a family. Future increases are currently unknown for 2025.

##### #52513, Concordia Flex-

As of January 1, 2024, the cost to the County is \$31.16 per month for an individual and \$76.41 per month for a family. Future increases are currently unknown for 2025.

##### #52530, Employee Worker's Comp Medical-

Medical claims paid by the County for CYF employees who have filed Workers' Compensation claims. Cost is based upon actual experience.

##### #52531, Employee Worker's Comp Indemnity-

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

#52532, Employee Worker's Comp Administration-

Payments are made to a third-party Workers' Compensation Administrator per contract with Allegheny County, and costs are paid for legal fees. Cost is based upon actual experience.

### 3-1b. Organizational Changes

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

There were no new positions added to the CYF organizational chart headcount.

### 3-1c. Complement

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

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

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

ACDHS's recruitment strategy includes the following:

- Utilizing job boards and social media to promote vacancies.
- Working with external, community-based recruiters.
- Building on existing relationships with colleges and professional organizations.
- Expanding the internship program at the Community College of Allegheny County to target Casework interns
- Partnering with the Department of Defense Skillbridge Training Program to recruit veterans in active duty with the goal of building a pipeline for filling full-time vacancies.
- Participating in the Workforce Excellence Initiative in partnership with the National Child Welfare Workforce Institute.
- Initiating a 3-year Leadership Development program for supervisors and managers.
- Implementing Gallup's Employee Engagement survey and program.
- Utilizing Handshake to promote jobs among colleges/universities.
- Attending college/university career fairs, in-person and virtually.
- Partnering with local non-profits such as PA Women Work, PA Career Link, Pittsburgh Technology Council, and Vibrant Pittsburgh.
- Utilizing LinkedIn Professional to promote jobs and source candidates.
- Participating in the Leadership Academy and Foundations of Leadership programs.
- Recruiting interns from a variety of universities and colleges to build exposure and interest in a career in Child Welfare.

ACDHS's retention strategies include:

- Promoting an equitable and inclusive workplace culture by:
  - Sponsoring Employee Resource Groups: Black Empowerment Committee, Veterans ERG, Hispanic/Latino Organization for Leadership and Advancement (HOLA), and LGBTQIA+ and Allies ERG.
  - Partnering with the Government Alliance on Race and Equity (GARE) to participate in training about Advancing Racial Equity and Sexual Orientation, Gender Identity, and Gender Expression (SOGIE).
  - Implementing a 3-year Racial Equity Training program with MMG Earth.

- Implementing a 3-year Sexual Orientation, Gender Identity, and Expression (SOGIE) with the Hugh Lane Wellness Foundation.
- Supporting employee health and well-being by:
  - Promoting the vast resources available through the Employee Assistance Program.
  - Offering monthly mindful gatherings to support individual and collective wellness, Vitality Cafes.
- Initiating a comprehensive, 3-year management training program.
- Investing in employee learning and development by:
  - Offering instructor-led and e-learning resources.
  - Offering an Educational Program that provides reimbursement for employees attending post-high school educational classes at colleges, universities, and other educational institutions.
- Continuing to enhance the new employee orientation and onboarding experience.
- Developing a proposal to align compensation with state minimums to create transparent and equitable compensation practices.
- Strengthening performance management and the performance review process.
- Promoting the following CYF-specific activities:
  - A Healthy Habits Model Initiative was implemented with monthly educational sessions, challenges, and awards.
  - Crisis Action Team to support staff with significant stressors and trauma.
  - Wellness Champions who support staff daily by being available for impromptu conversations.
  - Employee luncheons are put on by the Crisis Action Team or Wellness Champions.
  - Wellness workshops, including yoga and tea sessions.