

Fiscal Year 2023-24 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) 2023-24 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

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

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

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

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

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NBPB
FYs 2021-22, 2022-23 and 2023-24

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

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Section 2: NBPB Development

1-1: Executive Summary

- Respond to the following questions.

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

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

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

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

1. Identify challenges experienced by the County Children and Youth Agency (CCYA) and Juvenile Probation Office (JPO) as a result of the COVID-19 pandemic.

Challenges experienced by Allegheny County DHS, Office of Children Youth and Families, as a result of the COVID-19 pandemic:

The COVID-19 pandemic significantly impacted ACDHS's priorities, the types and volume of services we deliver in partnership with our network of providers, and our methods for delivering that help and support. Challenges experienced because of the pandemic, particularly those impacting the delivery of services to children, youth, and families, include:

1. **Challenge: Responding to the pandemic's impact on children, youth and families; and helping them recover.** The health and economic impacts of the pandemic were severe, and they disproportionately affected people and communities overrepresented in the child welfare system – such as people with low incomes and people of color.

Families with low incomes were more likely to have lost their job, have their hours reduced, taken a pay cut, or been furloughed during the pandemic. Two years after the onset of the pandemic, job recovery lags in the Pittsburgh region. According to research from the Brookings Institute the number of jobs remained 5.1% lower than pre-

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pandemic levels, putting Pittsburgh's jobs recovery among the slowest in the nation, ranking 51st out of 53 very large metro areas.¹ Among low-wage workers, employment rates remain significantly lower, at 9.1% lower than pre-pandemic levels.²

Lost income and high unemployment left many struggling to afford basic needs like food, housing, and utilities, and these challenges persist due to a slow economic recovery and record-breaking inflation.³ In 2021 and 2022, 11,624 families with children applied for Allegheny County's Emergency Rental Assistance Program (ERAP). Applicants reported a median household monthly income of only \$1,050 due to financial hardships and requested an average of \$6,254 or three months of rental assistance to remain stably housed. Further, food and housing insecurity is worse among families of color.⁴ While Black residents represent 13% of Allegheny County's Population, they represent 50.6% of ERAP applicants. Unfortunately, many temporary policy changes that prevented greater hardship — such as the Child Tax Credit and Emergency Rental Assistance Programs—have ended. Over 90% of families with low incomes spent their Child Tax Credit payments on necessities — food, housing, clothing, utilities — and education, data from the Census Bureau's Household Pulse Survey show.⁵ In response, ACDHS is implementing new and expanded programs to help families meet their basic needs (Adjustment requested).

The transition to virtual instruction caused learning losses for school age youth. Studies showed that learning losses are greatest for low-income, Black, and Hispanic students who already faced academic achievement gaps prior to the pandemic.⁶ When schools returned to in-person instruction in 21-22, their ability to mitigate learning losses was hindered by chronic absenteeism (42% during the fall semester at PPS), higher incidences of social and emotional issues, and staffing shortages that led to building closures.⁷ ACDHS will operate robust Out-Of-School time programming at an expanded number of sites in high-need communities aimed at addressing learning loss and the social/emotional needs of children and youth. In addition, ACDHS will expand Teen programming to 16 new sites. (Adjustment requested)

The stressors of the pandemic have caused poor mental health outcomes for children and youth, as well as for their caregivers. Social isolation, coupled with many families' experiences of financial hardship, has resulted in increased overdoses⁸ and reports of anxiety and depression among caregivers. Research shows that the pandemic led to widespread increases in fear, anxiety, depression, loneliness, and

¹ <https://www.brookings.edu/blog/the-avenue/2022/06/16/which-metro-areas-have-fared-better-in-the-covid-19-rebound/>

² <https://www.tracktherecovery.org/>

³ <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

⁴ <https://assets.aecf.org/m/resourcedoc/aecf-kidsfamiliesandcovid19-2020.pdf>

⁵ <https://www.cbpp.org/blog/9-in-10-families-with-low-incomes-are-using-child-tax-credits-to-pay-for-necessities-education>

⁶ <https://www.brookings.edu/blog/brown-center-chalkboard/2021/04/29/covid-19-the-educational-equity-crisis-and-the-opportunity-ahead/>

⁷ <https://www.penncapital-star.com/covid-19/six-months-into-the-school-year-heres-how-the-pgh-schools-are-managing-the-pandemic-analysis/>

⁸ Comparing the first 6 months after the pandemic to the prior year (April-September 2020 vs April-September 2019), accidental fatal overdoses in Allegheny County increased by 25%.

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behavioral issues in PK–12 students, with disproportionate effects based on race/ethnicity, socioeconomic status, and previous mental health or disability diagnosis.⁹ Despite this, behavioral health service utilization is down since the pandemic. Underutilization of needed behavioral health services delays initiation of treatment and can lead to increased acute events requiring emergency and inpatient services.

2. **Challenge: Mitigating the spread of COVID-19 among child welfare staff and clients.** Child welfare staff and clients alike face heightened risks for contracting the COVID-19 virus. Due to the life-sustaining nature of child welfare work, staff employed by ACDHS and its network of providers are considered essential and many have been on the front line throughout the pandemic despite health hazards. Similarly, the pre-existing social vulnerabilities of many child welfare clients put them at greater risk for contracting, and experiencing severe cases of, COVID-19. To prevent outbreaks at congregate facilities and to provide care for children or caregivers who contracted COVID-19, ACDHS established quarantine and isolation facilities and an emergency respite program. Allegheny County instituted a vaccine mandate for all staff in early 2022. ACDHS continues to promote information and resources that encourage vaccination among the child welfare and human services' provider workforce.

Challenges experienced by Allegheny County Juvenile Probation Office (JPO) as a result of the COVID-19 pandemic:

COVID-19 pandemic challenges were of primary concern during the 2019-2020 fiscal year when we were quickly charged with finding a way to fully fulfil our mission while maintaining public health standards. During the 2020-2021 and the 2021-2022 fiscal years, we refined those procedures and are now determining which of the new procedures should be maintained after the COVID pandemic is under control. Our POs quickly learned to use electronic video communication with youth, whether in the community or in placement. As an example, prior to COVID, every PO was to visit their assigned youth in placement at least monthly. During COVID they were required to use video conferencing to maintain face-to-face contact with those youth. Now, they are required to conduct one face to face and one virtual video contact each month, doubling the PO's impact on youth in placement. Our judges became much more comfortable using video equipment for review hearings. Therefore, many youths will not require transportation back to Allegheny County for a Placement Review Hearing. This allows the youth to maintain involvement with the provider's interventions and education services. We also discovered that when a cohort is required to deliver a particular evidence-based curriculum, if there are not enough youth in one geographical area to meet the cohort requirement, we can now deliver the curriculum virtually and receive almost the same benefits as face to face.

2. Identify the top three successes and challenges (excluding COVID-19) realized by the CCYA since its most recent NBPB submission.

Challenges:

⁹ <https://journals.sagepub.com/doi/full/10.1177/23328584221084722>

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1. **Challenge: Maintaining and supporting a high-quality agency and provider workforce in the face of unprecedented economic and labor market shifts and policy barriers on the state level.**

Recent economic and labor market shifts have fundamentally changed our child welfare agency and family-serving providers' ability to attract and retain workers. A recent statewide survey of providers of Intellectual Disability/Autism; Mental Health; Drug & Alcohol services shows:¹⁰

- Nearly 50% of the responding mental health and IDD providers reduced their caseload due to staffing shortages. The need for care is far exceeding providers' ability to staff these programs.
- The mean hourly wage for Direct Support Professionals was \$14.98, below the living wage a single adult would need to meet their basic needs (food, medical, housing, and transportation) in Allegheny County.¹¹
- Despite the overwhelming need for Direct Support Professionals, these individuals separated from their positions within three months of hire at an annual turnover rate of more than 130%.

ACDHS's services are essential and life-sustaining and many must be delivered in-person. Across the agency and our service provider network, ACDHS is seeing exceptionally high turnover and vacancies. **To support its workforce in delivering child welfare and related behavioral health services without interruption, ACDHS requests support from the state to:**

- **Increase wages and benefits**
 - Revise rate development methodologies to adequately compensate essential workers delivering critical services
 - Use wage pass-throughs. A wage pass-through enables an increase in reimbursement rates to be directly applied to increased compensation for caseworkers
- **Remove barriers in the hiring process:** Waive civil service requirements to fill critical vacant caseworker positions quickly
- **Offer waivers to reduce labor demands and offer safe, but flexible options** when agencies are unable to meet staffing requirements.
- **Support professionalization of the workforce**
 - Design training and credentialing programs that promote "portability" and "stackability." Standardized and recognized training encourages current workers to stay in the field and may also attract others to join.
 - Create industry incentives to establish advanced roles and career pathways. States have opportunities to help DCWs deepen and advance their careers. For example, states can offer incentives to providers and agencies to participate in additional training modules that can lead to certifications and increased wages.
 - Provide stipends, tuition reimbursement, and loan forgiveness statewide. To encourage workers to participate in trainings and reward them for their

¹⁰ <https://www.paproviders.org/wp-content/uploads/2021/12/RCPA-Workforce-Survey-%E2%80%93-Executive-Summary.pdf>

¹¹ <https://livingwage.mit.edu/counties/42003>

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participation, states can use funds (e.g., ARPA HCBS resources) to offer stipends tied to training.

- 2. Challenge: Addressing needs of youth and families with complex behavioral and physical health needs.** ACDHS works to prevent home removal and out-of-home placements wherever possible. In cases where child safety requires it, we work to make sure children and youth are placed in the least-restrictive, most family-like setting that meets their needs; that they experience stability in that placement; and that they achieve permanency as quickly as possible. It can be particularly challenging to find appropriate placements for youth with mental health and behavioral issues. As a result, these youth are too often placed in congregate settings – including temporary shelters – that lack the appropriate services for meeting youth’s complex needs. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS is investing in:
- **Therapeutic Foster Care.** Historical data show that approximately 30% of children in need of a Foster Care home receive mental health crisis or inpatient services at some point during placement, with a higher percentage of children over 12 years old needing these services. Therapeutic Foster Care (TFC) is a vital support for meeting the mental health needs of these children in a less restrictive, family-like placement option. As part of its recent rebid of foster care services, ACDHS continues to expand availability and capacity of TFC by requiring all Foster Care providers to recruit, train, supervise and support foster parents to care for children with significant emotional, behavioral and/or social needs. All provider agencies have adopted a therapeutic model to implement with their resource families. Additionally, 6 out of the 12 agencies are requiring *all* resource parents to participate in the therapeutic training, because “it is essential knowledge all foster parents should have.” This approach has allowed ACDHS to place more complex cases in homes that are able to provide services. ACDHS is working to certify existing placements, train additional homes, and support provider agencies in problem-solving around staffing issues, and expects to see a continued increase in TFC days of care. (Adjustment requested)
 - **In-home supports for Kinship Care.** ACDHS will procure a new service to support emotional and behavioral issues that affect development, normalcy, and permanency within kinship homes. Clinicians will conduct in-home agenda-driven sessions for the child, parent, or family necessary for the maintenance of placement. (Adjustment requested)
 - **New residential placement settings with on-site therapeutic supports.** In 21-22, ACDHS procured a new facility, Devereux, to serve up to 10 CYF-active youth with mental health needs at any given time and divert hard-to-place youth from temporary shelter placements and inpatient hospital settings. To expand the number of residential placements with on-site therapeutic supports and meet demand, ACDHS will procure up to two additional facilities. (Adjustment requested)
 - **An additional emergency placement team in the Placement Stability Unit.** This team identifies the best available placements for youth with complex needs. In cases where the best available placement setting does not offer all services necessary to meet youth’s needs, this team identifies and arranges for needed services to support placement stability and youth well-being such as mobile crisis intervention,

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behavioral health supports, and in-home services.

- **A trauma-informed specialized setting for victims of childhood sex trafficking.** In alignment with the federal Family First Prevention Services Act's (FFSPA) congregate care funding limitation and in response to local need, ACDHS procured a new specialized residential service for victims of childhood sex trafficking in FY 2020-21.¹² This new residential facility will serve children and youth age nine through 21 who are involved in the child welfare system and identified as victims of sex trafficking or at high risk of sex trafficking¹³ (currently 38% of Allegheny County's congregate settings' population). The program will competently serve youth of all gender identities and expressions; and have the capacity to meet the needs of participants who have experienced trauma, including complex behavioral and physical health needs. The selected provider is currently working to identify an appropriate location for the facility. (Adjustment requested)

3. **Challenge: Addressing community violence, a threat to child safety that disproportionately impacts children involved in the child welfare and juvenile justice systems.** Allegheny County is experiencing a rise in homicides and non-fatal shootings. While homicides were stable or on the decline from 2016 through 2019 in both Allegheny County and the City of Pittsburgh, homicides increased by 27% in the County and by 43% in the City from 2019 to 2021.¹⁴ The recent increase in community violence is heavily concentrated in just a small number of higher-need communities and overwhelmingly cuts short the lives of young Black men. Despite Black men making up only 6% of the County's population, they are victims in 66% of annual homicides on average. Of the 643 homicides in Allegheny County from 2016 through 2021, **forty percent of these victims were ages 24 and younger**. Black people in Allegheny County have an average homicide victimization rate that is 21 times the rate for White residents, with young Black men most at risk of victimization. **Homicide victimization is the number one cause of death for young Black men (age 15-24)** and larger than the next 9 reasons combined. These young men have often experienced significant trauma and violence, have prior criminal justice system involvement and a history of victimization, exhibit behavioral challenges, do not trust authorities to settle disputes, experience peer pressure to be involved with violence (or suffer social rejection among peers), and have easy access to a firearm. Among homicide victims from 2011-2020, 58% have a history of juvenile justice involvement, 21% have a history of child welfare involvement as a child, and 31% have a history of child welfare involvement as a parent. Among offenders during the same period, 74% have a history of juvenile justice involvement, 24% have a history of child welfare involvement as a child, and 42% have a history of child welfare involvement as a parent.¹⁵

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

¹² <https://www.alleghenycounty.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=6442472212>

¹³ ACDHS uses abscondences as a proxy for risk of sex-trafficking.

¹⁴ <https://analytics.alleghenycounty.us/2022/07/21/homicides-allegheny-county-city-pittsburgh-2010-2015/>

¹⁵ Ibid.

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with reduced cognitive performance¹⁶ and poor mental health and physical health outcomes.¹⁷ ACDHS is committed to taking a multi-pronged, data and research-driven approach to violence prevention and interruption that addresses both root causes and symptoms. In addition to formally and regularly convening major players involved in gun violence reduction in the city and county, ACDHS will invest in evidence-based interventions, youth employment, and an expansion of 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 will work with these communities and model developers to begin implementing their chosen violence reduction program models with fidelity. (Adjustment requested)

Successes:

1. **Success: Progress toward making sure at-risk families can rapidly access the things they need to keep their families strong and together without becoming involved in the child welfare system first.** The primary goal of child welfare is child safety – but we know most children and youth with open child welfare cases today are not at risk of serious harm, and many are not in need of clinical services. As evidence of this, approximately 20% of CYF's non-placement cases in 2021 (about 250 cases) received *only* concrete goods or transportation passes and no other child welfare services. To remake our system into one where child welfare opens cases only for the small number of families at high risk for serious abuse/neglect and where low risk families can be safely and effectively served through community-based services, ACDHS is investing in strengthening our network of prevention services so that our service array matches family needs and so those services are readily accessible for families. Although our vision is not yet a reality, ACDHS is making progress in reaching more at-risk families through:
 - **Hello Baby.** Hello Baby is a voluntary program for parents of new babies, designed to strengthen families, improve child outcomes, and maximize child and family well-being. Through Hello Baby, ACDHS will reach the families who can most benefit from support, better match families to the right services to prevent child maltreatment, and ensure the most vulnerable families and babies have access to the best supports we can offer. With state support in FY 2020-21, ACDHS began universal outreach at birthing hospitals and piloted the program's services for families with higher levels of need in targeted regions. In FY 2021-22, ACDHS continued to scale this important initiative to serve the entire county. In FY 22-23, ACDHS will enhance outreach capacity to engage a higher rate of at-risk families. (Adjustment requested).
 - **Basic Needs Support.** Families whose basic needs are met are better equipped to ensure the safety and well-being of their children. Conversely, nearly half of families

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

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

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who experience child removal have trouble paying for basic necessities.¹⁸ Pandemic-related economic hardship is well-documented and disproportionately impacts families with existing social vulnerabilities – like families who are low-income and families that experience racism. Critical time-limited federal supports – like the expanded Child Tax Credit – ended in 2022, leaving many families facing a cliff. In response, ACDHS rapidly stood up and piloted a Basic Needs Fund that helped 2,020 households with 4,408 children at-risk of child welfare involvement meet basic short-term needs, such as obtaining food and clothing, and stabilize longer-term by maintaining employment and safe and stable housing. (Adjustment requested)

- **Resource Navigators.** In FY 2021-22, ACDHS piloted placing resource navigators at the Early Learning Resource Center (ELRC). During that time, the resource navigators served as an access point for vulnerable families, meeting them at the time of application for child care subsidy. These resource navigators helped nearly 400 families identify resources that could meet their needs, make the connection, and follow up as needed. About half of the families were newly enrolled with a provider (such as a Family Center, FACT program, Family Check Up, or Healthy Start) for on-going help, while the other half were able to self-resolve or have their need resolved by the resource navigator (through provision of benefit application assistance, utility assistance, or concrete goods such as furniture). ACDHS will apply learnings from this successful pilot in our continued efforts to improve families' access to resources.

2. Success: Expanding availability of family-based care. Through implementation of its foster care redesign, ACDHS is seeing improvement in the availability, quality, and diversity of family-based care across the county. This success can be attributed to implementation of new performance monitoring tools for foster care providers, training for resource parents and staff, and a recruitment learning collaborative in 2021-22.

- **Performance monitoring tools.** ACDHS developed tools to measure the progress of the goals outlined in the redesign. One such tool is the Foster Care Pipeline Dashboard. Through the Pipeline, provider agencies can track the foster families they are recruiting. The pipeline allows ACDHS to track and monitor data related to resource families – including resource families' status (certification in progress, on hold, complete), time to certification, demographics, and completion of trainings.

Prior to the redesign, ACDHS did not have the ability to track families beginning the recruitment process. Since September of 2021 (go-live date of the Pipeline) providers have successfully recruited and certified 133 new resource homes. Out of those homes, 90 are two parent households, rendering a total of 223 resource parents. The data show that 57 parents (26%) identify as black or of African Descent. Although we would like to see this number higher, it is up from mid-year reviews with providers, and we will continue to monitor to ensure that more diverse families are being recruited.

Through the Pipeline, ACDHS has also been able to monitor the willingness of

¹⁸ Megan Martin and Alexandra Citrin. 2014. "Prevent, Protect & Provide: How Child Welfare Can Better Support Low-Income Families." Center for the Study of Social Policy. <https://firstfocus.org/wp-content/uploads/2014/11/Prevent-Protect-Provide-Brief.pdf>.

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resource families being recruited to accept BIPOC, LGBTQIA+, and trans youth. The data show us that overwhelmingly the families being recruited are open to all youth. Additionally, we have seen an increase in homes willing to accept youth between the ages of 9 and twelve, as well as more teen homes. For instance, Auberle currently has 14 resource homes in the pipeline identified as wanting teens. Knowing this information up front helps ACDHS ensure that youth are placed appropriately.

In addition to the Pipeline, ACDHS, with providers' input, created a Provider Dashboard to pull data from its case management (KIDS) and contracting (MPER) systems to show them the areas that ACDHS is looking at when measuring success. This tool establishes transparency around where data are pulled from and consolidates the data in a platform that the providers are comfortable with and can easily access. This tool recently went live, and ACDHS will now be able to monitor:

- Number of Homes each Agency has
- Homes with Active Placements
- Average Stay of youth
- Open Bed Count
- Youth in Placement
- Acceptance Rate

In 22-23, ACDHS plans to use the data we have collected over the first year to ensure the benchmarks created are accurate. ACDHS will then use those benchmarks throughout the upcoming year to hold each Provider Agency accountable for performance standards. The Foster Care Pipeline, Placement Provider Dashboard, and training documentation will allow ACDHS to measure each goal and see its progress.

- **Training for resource parents and staff.** In preparation for the redesign, trainers from ACDHS went to each provider agency and reviewed their trainings for both the staff and resource parents. ACDHS continues to offer staff and resource parents regular trainings to attend. ACDHS is able to track the trainings completed by Resource Parents through the pipeline to ensure all the mandatory trainings are being completed. One key element of the redesign is training in the therapeutic model, described further in Challenge #2 above.
- **The Recruitment Learning Collaborative** has allowed agencies to partner together and share ideas on how to recruit diverse resource families. For instance, three agencies recently partnered together to attend a recruitment event. The Provider agencies discuss their ideas and build off each other's strengths. In the upcoming months, ACDHS and ASCI will be meeting with the provider agencies to set a strategic vision for the recruitment collaborative in the future.

3. **Success: Becoming a trauma-informed, healing-centered agency.** Recent studies have shown that compared with the general population, children involved with the child welfare system are far more likely to have experienced at least four adverse childhood

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experiences (ACEs) (42 percent vs. 12.5 percent).¹⁹ Through exposure to the recounting of these traumatic events, up to 50% of child welfare workers are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.²⁰ To better respond to and support the needs of children, families, and staff who have had adverse childhood or other serious, traumatic experiences, ACDHS is undertaking multiple strategic initiatives to transform culture and practice, including:

- **CE-CERT training for staff** – ACDHS is training all staff in the CE-CERT model, an evidence-informed model that synthesizes a set of skills for staff to reduce secondary or vicarious trauma.
 - **Safety Science-informed Act 33 Reviews** – In order to create a more robust and trauma-informed quality improvement cycle, ACDHS is transforming the way we conduct Act 33 Fatality and Near Fatality reviews. To conduct this transformation, ACDHS partnered with the National Partnership for Child Safety, a quality improvement collaborative, and Collaborative Safety, a technical assistance organization specializing in Safety Science. Safety Science is a body of science concerned with finding and understanding the causes of adverse incidents and discovering ways to prevent them. Collaborative Safety trained the CYF Analytics team, Regional Office Directors and Managers, and CYF Executive Team on the model, and has been supporting implementation of the new model since February 2022. The Safety Science model has shifted the focus of the reviews from blame to accountability, by engaging frontline workers to tell their story and be a part of the solution. Caseworkers are already reporting that participating in Act 33 reviews has been more healing and less traumatizing compared to the previous model. Besides better supporting and retaining caseworkers, this model will lead to system improvements and a reduction of critical incidents.
4. 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 2022-23 and 2023-24.
- See 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 impacts Allegheny County's planning and resource needs for FYs 2022-23 and 2023-24.
5. Identify the top three successes and challenges (excluding COVID-19) realized by JPO since its most recent NBPB submission.

¹⁹ ACEs in young children involved in the child welfare system. Retrieved from <https://www.flcourts.org/content/download/215886/file/ACEsInYoungChildrenInvolvedInTheChildWelfareSystem.pdf>

²⁰ https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf

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Allegheny County Juvenile Probation continues to face both challenges and success in many different areas. Our three biggest challenges are the closing of Shuman Detention Center, finding residential placements for aggressive youth who have low criminogenic needs with high mental health needs, and lastly is the inability for service providers to adequately hire and maintain enough quality staff to meet our needs.

Challenges

- 1. Challenge: 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 who are also a threat to the community. Without access to a detention center, we cannot fully assure community protection. While we have temporarily been able to locate a few detention beds, they do not come close to meeting our needs. Allegheny County JPO must have access to a sufficient number of detention beds to ensure we are not releasing any juvenile that qualifies for and is appropriate for secure detention. We are hopeful that a few additional beds may open during the summer of 2022, but they will still not meet the needs of Western Pennsylvania. A related problem is the funding of detention beds. Because of the very nature of a detention center, the facility must be staffed and prepared to accept a large number of intakes at any time. Therefore, it becomes extremely difficult, and not cost effective, to fund detention using per diem funding. A typical residential program can predict with some certainty, the number of staff they must have on site for each unit, because they can assume the population will not grow overnight. A detention center must have enough staff available not only to cover the youth in placement at that moment, but a significant number of additional staff ready to accept any number of youths any time of day or night.
- 2. Challenge: Finding residential placements for aggressive youth who have low criminogenic needs with high 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 service these youth. It is not unexpected, 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. These youth do not belong in the juvenile justice system, but instead should be served by child welfare and/or mental health.
- 3. Challenge: The inability for service providers to adequately hire and maintain enough quality staff.** The child welfare and juvenile justice system has not had the proper funding mechanisms to provide adequate funding. Therefore, the providers have responded by hiring less qualified staff. OCYF has set the minimum standards for direct care workers as a high school diploma or GED. Because both child welfare and juvenile justice have greatly reduced the number of youths entering residential services, the youth that are sent there are the most difficult youth with the most significant needs. We must provide significant increases to the providers so they can attract, hire, and maintain

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enough quality staff. This includes not only the private sector but also the OCYF BJJS. Every major provider under contract with Allegheny County Juvenile probation has at least one, if not more units closed, not because of lack of need, but instead the lack of qualified staff. The BJJS has a waiting list of approximately 90 juveniles at this time. 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 success is the continued implementation of the Juvenile Justice System Enhancement Strategy (JJSES) and using what we have learned as we went through the COVID-19 pandemic to define our new normal. The positive outcomes from COVID-19 were described above. The details of our JJSES implementation are provided below.

Allegheny County Juvenile Probation continues our efforts to fully implement the Juvenile Justice System Enhancement Strategy (JJSES). We have successfully completed **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. During COVID, we temporarily suspended our implementation of the MAYSI-2 but we are now in the process of training the majority of our staff and fully implementing the use of the MAYSI-2 screening instrument.

JJSES Stage 3 focuses on **Behavioral Change** in youth. Our staff have been fully trained in Four Core Competencies for Supervisors and Four Core Competencies for Line Staff. Staff are trained and regularly use the Brief Intervention Tools (BITS) and supervisors utilize the BRIEFCASE as part of their standard supervision process. We have been ensuring delivery of the Aggression Replacement Training (ART) curriculum and the majority of our staff have been trained. This curriculum is also delivered by our residential providers when youth are in placement. 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 focusses 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 is using and knows evidence-based practices. We have worked very closely with all our service providers to ensure they understand the principles of JJSES and are using evidence-based interventions in their service delivery.

The last aspect of JJSES is referred to as the **Building Blocks**. These include activities that provide the foundation for JJSES. **Delinquency Prevention** is one building block. Allegheny County JPO has been providing funding for an evidence based Delinquency Prevention program called SNAP® since 2013. SNAP® is designed for children ages 6-11 who have been having behavior difficulties at home, school, or in the community. SNAP® helps children and parents effectively deal with anger by teaching them how to respond in a way that makes their problems more manageable. With practice, children and parents are able to stop, calm down, and generate positive solutions at the “snap of

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their fingers.” Individualized support is provided by a SNAP® Child Worker; school advocacy; a homework club; crisis intervention; and victim restitution. Additionally, parents meet weekly to learn more effective child management techniques and how to help their child, as well as connect with other parents who face similar challenges. 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 several community-based providers that are working to prevent youth from engaging in behaviors that would introduce them to the Juvenile Justice system.

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 created a robust intake policy that includes documenting the intake decision or system penetration decision and all the factors such as YLS risk level that go into making this decision. The decisions are transparently documented and embrace fundamental fairness.

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

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

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

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

Continuous Quality Improvement is the final Building Block. We have initiated the process to take an in-depth look at Quality Improvement (QI). We will measure both the

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quantity of new interventions and their quality as it relates to fidelity. We are developing new reports, using iDashboard and Tableau to assist both administration and supervisors to monitor implementation of various interventions.

6. 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 2022-23 and 2023-24.

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

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

Our most recent YLS data trends show that in 2021, JPO completed 499 Initial Assessments, 335 reviews and 481 closing assessments for a total of 1,315 YLS Assessments. Of the 499 Initial Assessments, 22% of the youth scored as a low risk to reoffend, 58% at a moderate rate, 20% at a high rate and .4% at a very high risk to reoffend. These percentages have not changed greatly over the past several years.

See above for a description of efforts related to JJES.

- **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.

7. 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 used 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

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the instruction guidelines but provide an overview of activities and process by which input has been gathered and utilized in the planning process. Address engagement of the courts and service providers separately (see next two questions).

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

In August 2022, ACDHS leadership presented an overview of the Needs-Based Plan and Budget (NBPB) to the CYF Advisory Board and met with the Administrative Judge of the Family Division of the Court of Common Pleas for her guidance. ACDHS and JPO also held a joint public hearing to obtain comments. (Due to COVID-19, this public hearing was held virtually, through Zoom™.)

Additionally, ACDHS held two virtual public hearings in July 2022 to discuss the FY 2022-23 County Human Services Plan, including a discussion of services that are important to children and families served by ACDHS, whether funded by the Human Services Block Grant, NBPB or some other source. Participants included advocacy groups, contracted service providers, elected officials, and ACDHS staff, and their feedback was incorporated into the County Human Services Plan as well as the NBPB.

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

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

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

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

Additionally, providers were represented at the 2022 NBPB public hearing (mentioned in previous response).

- ❑ Summarize activities related to active engagement of the courts in the NBPB process, specifically identification of strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts toward improved engagement with the courts.

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

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

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

1-3 Program and Resource Implications

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

1-3c. Service Array

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

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

- **Data-informed screening decisions.** The AFST ensures all available information that can predict a child's risk of maltreatment is effectively considered in call-screening decisions. The tool uses more than 100 predictive factors to generate a risk score for each child referred to CYF. Prior to introduction of the AFST, 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 so that a screen-in/screen-out decision could be made. 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 weight the available information to predict the risk of future adverse events for each child. Researchers found this prior practice had screened out 1 in 4 children who the model would screen-in due to their score. For these children, who the model scored as highest risk, 9 in 10 were re-referred (if screened out) and half were placed in foster care (if screened in) within two years. Forty-eight percent of the lowest-risk cases were screened-in with only one percent of these referrals leading to placement within two years. More information on the AFST is available in the FAQ.¹⁶
- **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. Children in kinship care are also less likely to experience school disruptions, moves, and behavioral problems than children in non-kin placement.¹⁷ 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. From 2008 to 2017, the rate of kinship care use more than doubled from 30% of first placements to 64%.¹⁸ This trend is a result of 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 – which is 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:
 - **The NOVA program**, which is the newest to ACDHS' service array, aiming to prevent homelessness among families *before* they become CYF-involved. The program employs mobile case managers ("Housing Specialists") who help families

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address their housing needs and then deliver services and financial assistance to achieve stability in their current home or, if necessary, an alternate home.

- **The ARIA program** for CYF-active families impacted by substance use. The ARIA program provides short-term rental assistance and case management services to participants whose homelessness is a barrier to treatment.
- **Homelessness prevention and rental assistance programs** operated through the Continuum of Care. ACDHS's homelessness prevention program helps families maintain stability in their housing by paying rental arrears that would otherwise result in eviction. ACDHS also operates several programs offering rental assistance for families, including rapid-rehousing, bridge, and permanent supportive housing programs. Notably, ACDHS also currently administers the County's Emergency Rental Assistance Program, established by the Consolidated Appropriations Act 2021 to help renters who experienced economic hardship due to the pandemic.
- **Independent Living programs.** Youth transitioning out of foster care and into adulthood often do not have access to the same emotional and financial supports as their non-foster peers. Allegheny County's Independent Living programs are designed with input from former foster youth, providing services to help youth live independently and develop life skills while planning for their future. These supports include:
 - **Educational Liaisons**, who evaluate student interests and talents to develop academic and career goals; advise students on college majors, admission requirements, financial aid, and technical school options; ensure youth complete Chafee Education and Training Grant (ETG) application and are knowledgeable about Fostering Independence Tuition Waiver Program; organize and accompany students on college tours; and provide care packages to youth living on a college campus.
 - **Youth Support Partners**, who are peers with lived experience. They share their insights with youth currently in the system, and advocate for and mentor them. Their personal lived experiences give them credibility and lend to 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 Unit** that provides legal representation for dependent/formerly dependent youth on issues related to housing, credit, health care, 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. Youth 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

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encouragement they need when they come back to the child welfare system. Homelessness is the number one reason young adults choose to resume dependency after age 18, and the Resumption Housing Program provides newly renovated apartments and therapeutic services to ensure youth resuming care feel safe, supported, and respected; and have the opportunity to heal and thrive.

☐ Identify service array challenges 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 2021, about 20% of non-placement CYF cases in Allegheny County (about 250 cases) received only concrete goods or transportation passes, and no other CYF services. Our current system is not tooled to effectively support these families outside of CYF. ACDHS envisions a future state where CYF serves a small number of high-risk families, and where the majority of families – who are low risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services.
- **The need for interventions to prevent and address community violence – a threat to child safety and disproportionately impacts children and youth with child welfare and juvenile justice involvement.** Allegheny County is experiencing a rise in homicides and non-fatal shootings. While homicides were stable or on the decline from 2016 through 2019 in both Allegheny County and the City of Pittsburgh, homicides increased by 27% in the County and by 43% in the City from 2019 to 2021. The recent increase in community violence is heavily concentrated in just a small number of higher-need communities and overwhelmingly cuts short the lives of young Black men. These young men have often experienced significant trauma and violence, have prior criminal justice system involvement and a history of victimization, exhibit behavioral challenges, do not trust authorities to settle disputes, experience peer pressure to be involved with violence (or suffer social rejection among peers), and have easy access to a firearm. Among homicide victims from 2011-2020, 58% have a history of juvenile justice involvement, 21% have a history of child welfare involvement as a child, and 31% have a history of child welfare involvement as a parent. Among offenders during the same period, 74% have a history of juvenile justice involvement, 24% have a history of child welfare involvement as a child, and 42% have a history of child welfare involvement as a parent.²¹ The impacts of gun violence extend beyond those directly victimized. Growing up in neighborhoods with high rates of gun violence threatens the welfare of children and increases their risk of child welfare involvement.
- **The need for evidence-based in-home, non-placement services that prevent home removals.** After a systematic review, ACDHS determined it needs to improve its services for families experiencing formal child welfare system entry with active safety threats that can be mitigated in their own homes. ACDHS's current array of these services are numerous, but they are not highly effective and not well-matched to our families' profile of need. Through previous and current NBPB adjustments, ACDHS is devoting funds to ongoing efforts to improve our assessment of family need, service array, and service matching. Most recently, ACDHS competitively selected a provider to deliver Functional Family Therapy-Child Welfare, an evidence-based intervention that fills a critical gap in our existing service array.

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- **The need for placement settings and services that address the complex needs of youth through appropriate therapeutic services.** It has become increasingly challenging to find appropriate placements for youth with mental health and behavioral issues. As a result, these youth are too often placed in congregate settings – including temporary shelters – that lack the appropriate services for meeting youth’s complex needs. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS is investing in Therapeutic Foster Care and other placement settings with therapeutic supports integrated into the placement facility milieu.
- **The need for secure detention beds that ensure the safety of the community, facility staff, and other youth placed in the same facility(ies).** The closing of Shuman Detention Center has created a shortage of safe placements for youth who have allegedly committed a delinquent act and who may pose a threat to the community. In the absence of appropriate placements, these youth are being sent to dependency shelters, putting the delinquent youth, other children at the shelter, staff, and the shelter’s ability to operate at risk. Unfortunately, we have seen delinquent youth abscond from placement at a dependency shelter. We have also seen incidents where shelter staff, after restraining an aggressive youth, are taken out of rotation and the facility is short-staffed. While we have temporarily been able to locate a few detention beds, they do not come close to meeting our needs. Allegheny County JPO must have access to a sufficient number of detention beds to ensure we are not releasing any juvenile that qualifies for and is appropriate for secure detention. We are hopeful that a few additional beds may open during the summer of 2022, but they will still not meet the needs of Western Pennsylvania.
- **The need for post-reunification services that prevent re-entry.** Allegheny County’s rate of re-entry after reunification is higher than the national benchmark for this performance measure (10.81% compared to the national 75th percentile of 8.3%). In 2021-22 teens were especially at risk for re-entry after reunification, with 20.51% of 13–15-year-olds re-entering within 12 months. The services currently available to these families are primarily the same suite of in-home, non-placement services mentioned above. ACDHS’ Client Experience unit is currently conducting surveys of reunified families to learn how post-reunification services and supports can be improved.

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

Following the recent implementation of the Family First Prevention Services Program (FFPSA), fiscal TA would be helpful to ensure OCYF support of the methodology Allegheny is developing for per unit service costs. Allegheny County faces the challenge, as shared during state FFPSA planning meetings, of using a program-funded contract to support EBPs that are Family First eligible, and this does not translate easily to a unit cost per child, as needed for federal invoicing/reimbursement.

1-3d. Overtime Rules

➤ Please respond to the following questions regarding the county’s general plan to address the federal and/or state rule:

- ☐ **If impacted by the new rule(s), briefly describe the CCYAs planned response; including any plans to evaluate and potentially realign workloads, compensate**

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additional overtime, raise workers' salaries, and limit overtime by hiring additional staff.

ACDHS evaluated internal fiscal impact thorough an agency-wide compensation time analysis, focusing on non-union County employees. Union employees' existing agreement for paid overtime leaves them exempt from the rule. At this present time, there is no impact as no employee who works overtime falls below the salary threshold.

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

At the time the overtime rule was proposed, ACDHS surveyed CYF providers to understand the projected impact on program costs.

- ☐ **As of the date of this writing, provide the names of private providers who will be receiving an increase in their contracted rate of service for FY 2023-24 because of the new rule(s).**

n/a

- ☞ To assist in development of a resource request tied to the new rule, please use the italicized questions as a guide when developing an ADJUSTMENT TO EXPENDITURE related to CCYA employees. For an ADJUSTMENT TO EXPENDITURE related to private providers, please provide any supporting documentation from the provider that addresses the same or similar questions. Follow the instructions in the "Electronic Submission" section of the Bulletin to submit supporting documentation:

- *How many CCYA employees will be affected by this change in regulation?*
- *Approximately how many hours per week will need to be compensated that were not previously? At what rate(s)?*
- *Is there a way to reduce or eliminate the need for overtime hours without affecting current operations?*
- *Are the overtime hours worked now due to vacancies? If so, could additional staffing reduce or eliminate the need?*
- *What analysis was completed to determine the direction of the agency's response to the new rule?*

1-3e. Proposed Minimum Wage Increase

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

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

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

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

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

1-3f. Continuous Quality Improvement (CQI)

- **For new CCYAs interested in joining the CQI effort during calendar year 2023,** answer the questions found below. Interested CCYAs will receive a follow-up communication requesting the county complete a self-assessment to help the state evaluate the CCYAs level of readiness to participate in the CQI effort. The CCYA can submit the self-assessment to OCYF later.

- ☐ **Briefly describe the CCYA's interest in joining the statewide CQI effort.**

ACDHS appreciates the opportunity to join the statewide CQI effort but has decided not to join the upcoming phase. We are currently contracting with two technical assistance providers to support our continuous quality improvement efforts: Mathematica and Collaborative Safety. Mathematica is providing consultation related to continuous quality improvement, implementation of new programs, strategy development and action plans resulting from Act 33 reviews, development of a ChildStat (or similar) process, and other efforts intended to improve practice and outcomes. Additionally, Collaborative Safety is supporting integration of safety science across CYF, including the development of a critical incident review system using a nationally recognized model. In the upcoming year, ACDHS will implement the strategies recommended by these partners to improve the quality of service delivered to clients.

- ☐ What is the tentative month the CCYA would be interested in conducting a QSR in 2023 if approved to join the CQI effort? Please note if you are interested in in-person or virtual reviews.

N/a

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

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

A standard quality assurance process that uses targeted case reviews and monthly metrics to monitor the health of our CYF system and proactively identify trends of interest and opportunities for improvement. CYF holds a series of regular, integrated meetings that bring key leadership together with unit managers to: analyze specific,

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

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

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

- **For CQI counties who planned to hold a QSR in calendar year 2020 but needed to defer due to COVID-19,** provide the month and calendar year the CCYA is considering for their next QSR. Please note if you are interested in in-person or virtual reviews.

Allegheny County plans to conduct our QSR in October 2023 to allow for full participation of staff and providers. With staff shortages across ACDHS, we do not have the internal capacity to conduct these in-depth reviews

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

- Respond to the following questions:

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

Providers serving families in the priority tier of Allegheny County's Hello Baby service will serve as the lead agency for all POSC. As a result, CYF will not serve as the lead agency for any POSC. In cases where a family has a POSC and becomes active with ACDHS CYF, ACDHS will collaborate with the family and the POSC lead 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 service will serve as the lead agencies for all POSC. Currently, this includes Healthy Start's Hello Baby Priority Program and the evidence-based parenting intervention, Family Check Up, offered by the University of Pittsburgh Office of Child Development. Referrals are managed through DHS Provider Connect so DHS has all referral data. After receiving referrals, plan information is maintained by the providers in their own case management databases, but

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data sharing agreements with the agencies enabled DHS to receive necessary and relevant data on a regular basis.

□ Describe how the CCYA works with other county offices and community-based agencies to disseminate information related to SAls and POSC to health care providers

Recognizing the multiple systems that need to work together for legal compliance and enhanced support to infants and their parents or caregivers, Allegheny County established a multi-system structure for POSC planning, coordination, and administration.

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

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

The above planning structure facilitates cross-system planning, coordination, and information dissemination. Specific to the dissemination of information related to SAls and POSC to health care providers are a few points of highlight. Representatives from the PA Perinatal Quality Collaborative and Pittsburgh Regional Health Initiative are engaged in each level of the planning structure. This not only enhances the ability for county planning processes to be up to date and consistent with statewide directions, but also provides an added level of linkage with the birthing hospitals, as program managers and staff from PRHI are directly supporting all Allegheny County birthing hospitals in implementing and sustaining quality improvement strategies at the practice level, including processes and supports around POSC. Additionally, health care providers themselves are engaged as stakeholders. For example, a POSC Process Subcommittee was established to assess the implemented processes for POSC in Allegheny County. Included in this subcommittee were three birthing hospitals, including the county's highest volume birthing hospital. This involvement informed process improvement opportunities (e.g., changing the approach to one in which a community organization, specifically a Hello Baby provider, services as POSC lead, rather than ACDHS CYF starting

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as POSC lead), and enhancements that would better support multi-disciplinary coordination and family supports. Finally, the integration of POSC into Hello Baby supports coordination and information dissemination to health care providers. Included in the administration of Hello Baby is regular and ongoing meetings with health care providers. Through these collaborations, health care providers are regularly updated on information and processes, in addition to having further opportunity to inform system planning and enhancement efforts.

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

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

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

The above-described multi-system structure for POSC planning, coordination and administration speaks to how county offices and community-based come together to plan the implementation of POSC, inclusive of the dissemination of information to pregnant and parenting people and other caregivers. Through the collaborative mechanisms of the Executive Team, Work Group, and Subcommittees, system partners (including birthing hospitals, medical providers for pregnant women and infants, substance use disorder treatment providers, mental health providers, Early Intervention, managed care organizations, local government, and community organizations) are able to identify where communication breaks are barriers, where there are opportunities for communication enhancements, and establish and carry out communication plans. The convening of the Executive Team, Work Group and Subcommittees themselves serve as a communication mechanism, with stakeholders engaged in peer sharing that supports outreach across the county. For example, health care providers sharing practices and specific resources that have been effective for engaging parents and caregivers after birth and other hospitals then utilize those tactics, home-visiting leadership speaking to the information their teams discuss with families and other stakeholders suggesting additional conversations to engage in, and substance use treatment providers discussing effective means of engaging people who are pregnant and using substances in meaningful conversations about planning, including fears around potential child welfare involvement. The meetings also engage stakeholders in the development of new outreach efforts, including the development of short information videos that can be shared with parents and other caregivers.

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

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

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

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

1-3k. Family First Prevention Services Act

➞ Respond to the following questions:

Title IV-E Prevention Services Program

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

ACDHS develops its Special Grants Initiative request and other program investments by identifying the factors that drive abuse and neglect, seeking EBPs shown to reduce those risk/need factors, and conferring with providers and the community about implementing these in our county. Formal opportunities for provider engagement include the NBPB public hearing and annual NBPB presentation to the CYF Advisory Board.

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Additionally, beginning in 2018-19 the CYF Provider Relations department developed a strategic communication plan designed to engage contracted providers more frequently, ensure cross collaboration by providing continuous technical assistance for CYF practice and policy and create transparency through a learning collaborative and collective problem solving (in addition to one-on-one needs assessments and corrective action planning). During these all-provider meetings, providers and CYF discuss Family First provisions and general expectations, and CYF encourages all providers to investigate additional EBP opportunities as well as culturally informed interventions.

ACDHS recently selected a community-based service provider via RFP for its Functional Family Therapy- Child Welfare (FFT-CW) EPB. Following an analysis of family need at the county level, we anticipate that once at scale, approximately 600 families per year will be eligible for this program. Providers were engaged at relative intervals during provider meetings and calls.

☐ **Describe how the CCYA will verify Title IV-E Prevention funds are the payer of last resort for allowable Title IV-E Prevention Services.**

To date, the two EBPs implemented in Allegheny that are eligible for Title IV-E Prevention funds are not Medicaid billable. More broadly, to ensure that Title IV-E prevention funds are the payer of last resort for allowable prevention services (EBPs), ACDHS will:

1. Tag EBPs eligible for the prevention services program with their eligible funding source(s) when they are created in our case management system.
2. If an EBP is primarily Medicaid billable, it will be routed directly to Medicaid through the Master Provider Enterprise Repository (MPER), our system that documents services rendered and facilitates invoicing, and will not run through the Act 148 invoice.
3. As a double check, during the quarterly Act 148 invoicing process, we will generate a report to review eligible Family First Prevention Services claims (for “candidates” and their caregivers) and ensure that only those claims that cannot be paid by another funding source will appear on the Act 148 invoice under the title IV-E Prevention Services Program.

☐ **Describe any other anticipated practice and/or fiscal impact of this provision or requests for technical assistance.**

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

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

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

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

Congregate care funding limitation

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

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

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

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

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

CYF has communicated the state's process and requirements for specialized settings to its placement providers. This includes working with our new, competitively selected provider of services for youth survivors of commercial sexual exploitation on attaining state certification.

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

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

CYF takes a team approach to decision-making about placement. An office team—including a regional office director, clinical manager, supervisor, caseworker, and regional office support staff—holds an internal meeting (pre-placement or staffing) to discuss each child's safety assessment and if that assessment requires a recommendation for placement outside a parent's care. If a child requires home removal to maintain their safety, the caseworker,

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with the parents and the youth (supported by the Kin Navigator), will determine kin available to provide a safe placement for the child/youth. If no kin can be identified, CYF works with its non-kin foster providers to identify the best placement. Congregate placements are considered as a last resort, based on child/youth needs. The courts ultimately make final placement decisions.

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

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

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

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

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Anticipated fiscal impacts of this provision include a loss of IV-E revenue for maintenance costs for congregate placements exceeding 14 days (for IV-E eligible youth) and higher per-diem rates for placements in specialized settings. In its prior NBPB, ACDHS included revenue and expenditure adjustments reflecting these anticipated fiscal impacts and is evaluating whether a revenue adjustment is again necessary in the 2023-24 year (if so, will be reflected in 9/1/22 budget submission).

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

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

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

➔ Respond to the following questions:

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

ACDHS recognizes the importance of quality legal representation for parents in dependency proceedings and has retained financial responsibility for these costs historically. Given this, the requirement to establish an MOU with an external agency to draw down IV-E funding does not apply to us. We will continue to ensure parents have quality legal representation, either by drawing down on Title IV-E or other available funding sources, depending on available revenue and fiscal impact.

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

Through its current and prior NBPB, ACDHS has invested in improvements in parent legal representation services. In our FY 2020-21 NBPB, ACDHS requested and was approved for an expenditure adjustment to develop an interdisciplinary model of parent representation with an expanded and comprehensive staffing structure that includes an attorney, social worker and parent advocate; paralegal and administrative service supports; as well as experts, investigators and interpreters, as needed. In our FY 2023-24 NBPB, ACDHS is requesting to expand this successful program.

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

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

- ☐ **What is the cross-agency process developed in your county to support children and youth when the needs identified require the expertise of multiple systems? Please include information related identification of partner agencies who are a part of the**

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county's integrated children's service planning team, the referral process and identification of team leads.

ACDHS employs a team of multi-system specialists to provide administrative technical assistance across systems for children and youth whose needs are complex. They are strength-based, solution-focused planners, maximizing all viable resources within the current system, tracking trends and service gaps, and offering recommendations/solutions to administration. Multi-system specialists:

- Manage Integration and Teaming Meetings (ITM) process for youth and adult; schedule, facilitate, follow up with weekly/biweekly phone calls for case updates and planning.
- Join conferencing and teaming meetings to provide technical assistance.
- Coordinate Specialized GH placements including RESPOND admission, track progress, and assist with discharge.
- Assist with complex planning. Support providers and ACDHS staff to ensure that all needed services and supports are in place.
- Assist providers and staff around education and navigation of ID Waiver or CYF funding issues with providers.
- Facilitate conversations with contract monitors, fiscal, and ACDHS resolution team.
- Facilitate Options Meetings.
- Provide technical assistance to Community Care Behavioral Health (CCBH) for youth being discharged from Residential Treatment Facilities (RTF). Participate in disposition planning calls and follow up with youth with no discharge resources.
- Manage admission, participate in teaming meetings, monitor, provide technical assistance for the specialized GH placements RESPOND programs.
- Monitor and track multi-system involved youth by providing technical assistance and brokering resources as needed across program areas when called upon.
- Assist with difficult to place foster youth by acting as liaison to agencies and ACDHS staff and by fostering positive relationships.
- Facilitate referrals and provide monitoring to the CYF RTF step-down program.
- Track and facilitate specialized, individualized planning and resource development for youth with complex needs.

Integration and Teaming Meetings (facilitated by ACDHS's multi-system team, as noted above) are essential to Allegheny County's planning and referral processes for complex cases. These meetings bring together subject matter experts from across ACDHS program offices (including the Office of Behavioral Health and Office of Developmental Supports, as needed) alongside other youth and family supports (CYF caseworkers, JPO, MH providers, Youth Support Partners, Family Support Partners, education system representatives, medical professionals, etc.) to provide a forum for collaborative problem-solving. Core team members represented at Integration and Teaming Meetings serve as system experts to support providers and casework staff involved with supporting the youth and family. The meetings result in documented action plans that ensure connection to appropriate services.

The Integration and Teaming Meeting Referral & Documentation process steps include:

- Multi-system team receives initial referral via email, fax or KIDS case management system and enters into Synergy case management system within 24-hours of receipt.
- Multi-system team reviews the appropriateness of the referral and determines if an Integration and Teaming Meeting (ITM) is warranted.
 - In cases where an ITM is deemed appropriate, the Multi-system team:
 - Schedules ITM within 5-7 days.

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- Enters all ITM referral information in Synergy.
- Enters meeting notes and action steps in Synergy no more than 24 hours after meeting.
 - Synergy generates an email to the appropriate team members containing meeting notes and action steps
 - Synergy generates a satisfaction survey to ITM attendees within 48 hours
- Schedules follow-up ITMs
- Enters updates in Synergy after each follow-up ITM
- If an ITM is not deemed appropriate, the multi-system team can:
 - Complete a Technical assistance call.
 - Participate in a CYF Conferencing and Teaming call.
 - Provide support, feedback or recommendation, as needed.

- ☐ **How has the county have engaged systems outside of the county human services system, including for example the education and physical health systems, in this cross-agency planning process.**

The Integration and Teaming Meeting (ITM) protocols described above are specifically designed to facilitate cross-systems engagement – including engagement with education and physical health systems. The Multi-System team ensures all relevant systems and family supports are invited to these meetings and enables engagement via scheduling and virtual participation options. Additionally, ACDHS has specific positions within several program offices that assist with engagement and relationship building. Some of those positions include Managed Care Liaisons, Behavioral Health Specialists, Behavioral Health Education Liaisons, and Behavioral Health Education Specialists.

- ☐ **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 in place and an equally strong partnership with PA OCYF that helps us to support youth with complex needs.

ACDHS's Multi-System team has grown by two staff in the past 6 months, with the onboarding of two additional staff anticipated by the end of the year. This increase in staff will allow the Multi-System team to work closer with each CYF regional office – assigning staff to each. ACDHS uses its Multi-System team to convene Integration and Teaming Meetings (ITM), described above.

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

1-3t. Family Reunification Services

- ➡ Respond to the following questions:

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

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ACDHS currently supports family reunification efforts through in-home services (including Homebuilders™), coached visitation, and systems navigation/advocacy provided by the Youth Support Partner unit.¹⁹ CYF caseworkers also support family reunification by providing transportation to enable child/family visits. Additionally, CYF partners with our local public housing authorities to connect families to HUD's Family Unification Program (FUP) vouchers, in cases where housing is a barrier to family preservation/reunification.

☐ **What were the total costs of services and activities to provide family reunification services in SFY 2021-22?**

To estimate the total cost of family reunification services in FY 2021-22, we considered:

- The proportion of cases referred to Homebuilders for reunification support. (30% or \$207,014)
- The estimated proportion of families receiving other in-home, non-placement services to support reunification. (50% or \$1,901,997)
- The total cost of coached supervised visitation services. (\$711,423)
- Funding that was formerly part of the Family Reunification Grant which has now been rolled into our base. (\$205,000)

The resultant estimate of total costs of services and activities to provide family reunification services in FY 2021-22 is \$3,025,434

13u. Universal Assessment Tool (FAST)

➞ Respond to the following questions:

☐ **Does the county currently utilize the FAST tool? If yes, what version of the tool?**

CYF caseworkers currently use the PA Safety and Risk assessments, along with the functional assessment (FAST 2.0) to inform if the children and youth are at imminent risk of placement in foster care absent of effective preventative services.

As part of its in-home redesign effort, ACDHS developed a new universal assessment – designed to integrate the separate Safety, Risk, and FAST tools – and has been awaiting a waiver from PA OCYF to forgo the use of the Pennsylvania Risk Assessment Matrix and the Pennsylvania Safety Assessment. PA OCYF granted this waiver in August 2022.

☐ **If the county is using the FAST, is the tool currently integrated with the county case management system?**

The current FAST tool is integrated with Allegheny County's case management system (KIDS). ACDHS has also worked with Deloitte to build the new Universal Assessment into KIDS.

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Section 2: General Indicators

2-1: County Fiscal Background

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

ACDHS usually spends our Needs Based allocation in full. However, continued impacts from the COVID-19 pandemic and ongoing workforce shortages resulted in underspending in FY2021-22. In particular, the following factors impacted fiscal outcomes:

- Sharp decreases in the volume of referrals to CYF compared to pre-pandemic.
- Sharp decreases in CYF and JPO congregate care placements compared to pre-pandemic.
- Significant staff shortages among CYF caseworkers and supervisors, as well as within provider agencies.
- Delayed or interrupted project implementation for new initiatives approved in previous NBPB submissions due to the pandemic and workforce shortages.

Additionally, the closure of Shuman Detention Center significantly reduced Allegheny County's drawdown of Needs Based funds in FY2021-22. However, Allegheny County requests to keep its annual allocation of these funds so that an alternative to Shuman Detention Center can be established.

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

Allegheny County anticipates spending our entire certified amount in the Implementation Year as we work to fill critical staff vacancies and support our provider network in doing the same. Additionally, Allegheny County has new investments planned to address critical child and family needs, as detailed in our FY 2022-23 Expenditure Adjustments.

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

- **Trend: Increased child and family needs as evidenced by measures of unemployment, food insecurity, and housing instability.** As stated in the executive summary of this document, high unemployment and lost income have left many families unable to meet their basic needs. Further, food and housing insecurity is worse among families of color.²¹ While Black residents represent 13% of Allegheny County's Population, they represent 50.6% of Emergency Rental Assistance Program (ERAP) applicants. Unfortunately, many temporary policy changes that prevented greater hardship — such as the Child Tax Credit and ERAP—have ended. Over 90% of families with low incomes spent their Child Tax Credit payments on

²¹ <https://assets.aecf.org/m/resourcedoc/aecf-kidsfamiliesandcovid19-2020.pdf>

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necessities — food, housing, clothing, utilities — and education, data from the Census Bureau's Household Pulse Survey show.²² In response, ACDHS is implementing new and expanded programs to help families meet their basic needs.

- **Trend: Learning loss due to school closures.** Studies showed that learning losses are greatest for low-income, Black, and Hispanic students who already faced academic achievement gaps prior to the pandemic.²³ When schools returned to in-person instruction in 21-22, their ability to mitigate learning losses was hindered by chronic absenteeism (42% during the fall semester at PPS), higher incidences of social and emotional issues, and staffing shortages that led to building closures.²⁴ ACDHS will operate robust Out-Of-School time programming at an expanded number of sites in high-need communities aimed at addressing learning loss and the social/emotional needs of children and youth. In addition, ACDHS will expand Teen programming to 16 new sites.
- **Trend: Increased community violence, disproportionately impacting Black boys and young men.** Allegheny County is experiencing a rise in homicides and non-fatal shootings. While homicides were stable or on the decline from 2016 through 2019 in both Allegheny County and the City of Pittsburgh, homicides increased by 27% in the County and by 43% in the City from 2019 to 2021.²⁵ The recent increase in community violence is heavily concentrated in just a small number of higher-need communities and overwhelmingly cuts short the lives of young Black men. Among homicide victims from 2011-2020, 58% have a history of juvenile justice involvement, 21% have a history of child welfare involvement as a child, and 31% have a history of child welfare involvement as a parent. Among offenders during the same period, 74% have a history of juvenile justice involvement, 24% have a history of child welfare involvement as a child, and 42% have a history of child welfare involvement as a parent.²⁶ The impacts of gun violence extend beyond those directly victimized. Growing up in neighborhoods with high rates of gun violence threatens the safety of children and increases their risk of child welfare involvement. Exposure to gun violence is associated with reduced cognitive performance²⁷ and poor mental health and physical health outcomes.²⁸ Through its expenditure adjustments, ACDHS will address this by investing in evidence-based interventions, countywide supports, and an expansion of out-of-school time programs.
- **Trend: Racial disproportionality across all decision points of Allegheny County's child welfare and juvenile justice systems,** beginning at each system's

²² <https://www.cbpp.org/blog/9-in-10-families-with-low-incomes-are-using-child-tax-credits-to-pay-for-necessities-education>

²³ <https://www.brookings.edu/blog/brown-center-chalkboard/2021/04/29/covid-19-the-educational-equity-crisis-and-the-opportunity-ahead/>

²⁴ <https://www.penncapital-star.com/covid-19/six-months-into-the-school-year-heres-how-the-pgh-schools-are-managing-the-pandemic-analysis/>

²⁵ <https://analytics.alleghenycounty.us/2022/07/21/homicides-allegheny-county-city-pittsburgh-2010-2015/>

²⁶ Ibid.

²⁷ Sharkey, P. 2010, June 29. "The Acute Effect of Local Homicides on Children's Cognitive Performance." Proceedings of the National Academy of Sciences of the United States of America.

²⁸ Smith, M. E. et al (2020, February). The impact of exposure to gun violence fatality on mental health outcomes in four urban U.S. settings. Social Science and Medicine.

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front door. In 2021, 40% of children referred to child welfare were Black even though only 17% of Allegheny County's children population is Black. Similarly, an analysis done by Allegheny County's Black Girls Equity Alliance pointed to stark disproportionality at the front door of the juvenile justice system where Black girls are ten times more likely than white girls to be referred and Black boys are seven times more likely than white boys to be referred (rates that far exceed national averages). Through its expenditure adjustments, ACDHS will address these trends by piloting new pre-citation and pre-arrest interventions to divert low-level youth offenders with human services needs from the juvenile justice system.

- **Trend: Decreased entries to care and service utilization since the onset of the pandemic.** Referrals, entries to care, placements, and non-placement service utilization have all declined since the beginning of the pandemic. For example, an analysis of fiscal data shows between Q1 of FY2019-20 and FY2021-22, in-home services expenses declined 22% and group home expenses declined 17%. Decreases in entries to care since the pandemic's onset were, at least initially, attributable to a reduction in referrals by mandated reporters, whose proximity to children and youth declined with school closures. Even as referrals have begun to trend upwards, the ongoing decline in service utilization is likely due to a sector-wide staffing shortage that has left agencies unable to meet growing needs for services. ACDHS is committed to achieving the system capacity necessary to meet child and family needs, and is requesting an Expenditure Adjustment to account for a gradual return to pre-pandemic service utilization.
- **Trend: Increased behavioral health needs among children and families.** National data indicates that the stressors of the pandemic have caused poor mental health outcomes for children and youth, as well as for their caregivers. Social isolation, coupled with many families' experiences of financial hardship, has resulted in reports of anxiety and depression among caregivers. Similarly, research shows that the pandemic led to widespread increases in fear, anxiety, depression, loneliness, and behavioral issues in PK–12 students, with disproportionate effects based on race/ethnicity, socioeconomic status, and previous mental health or disability diagnosis. This national trend is reflected locally among all children and families and is of particular concern among children and youth in care. Reports from placement providers indicate a higher level of need for behavioral health services among children and youth in out-of-home care (though behavioral health service utilization is not increasing proportionally, likely due to service shortages that are widespread in the behavioral health system). Through its expenditure adjustments, ACDHS will address this trend by investing in therapeutic placement settings and in-home supports for kinship placements.
- **Trend: Time to permanency within 12 months of entering care does not meet 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 making investments in kinship care and in its array of services designed to resolve child and family needs.

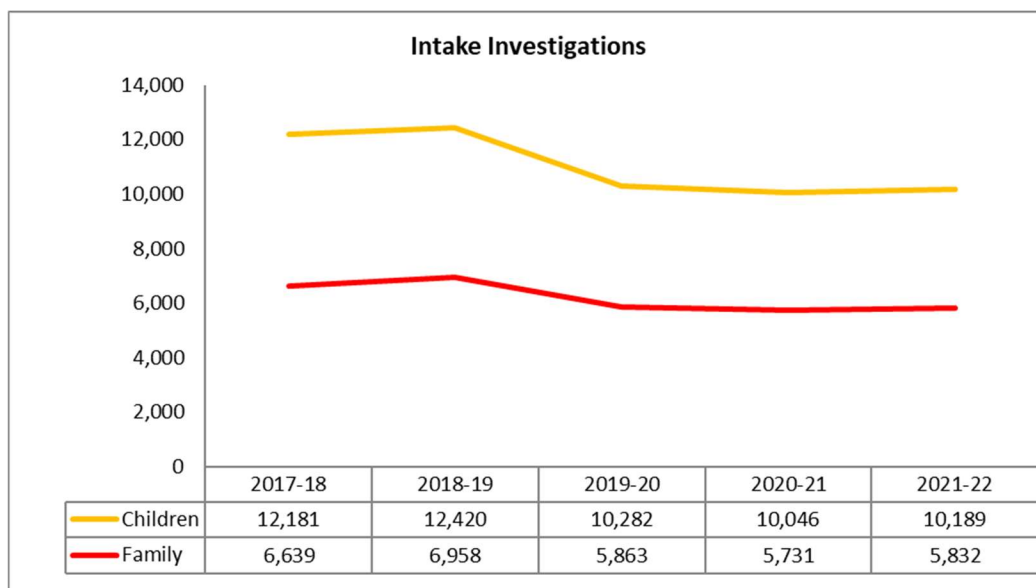
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- **Trend: Re-entry rates after reunification higher than national standard.**
Allegheny County's percentage of children and youth re-entering care within 12 months after reunification (10.81%) is higher than the national benchmark (8.3%). Re-entry to care after reunification can indicate that the services delivered did not adequately address families' needs and remediate safety concerns. ACDHS will address this through its planned in-home redesign (which aims to both prevent home removal and support reunification) and is also surveying reunified families to improve its post-reunification services and supports.

➤ **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 2-4)**

2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).

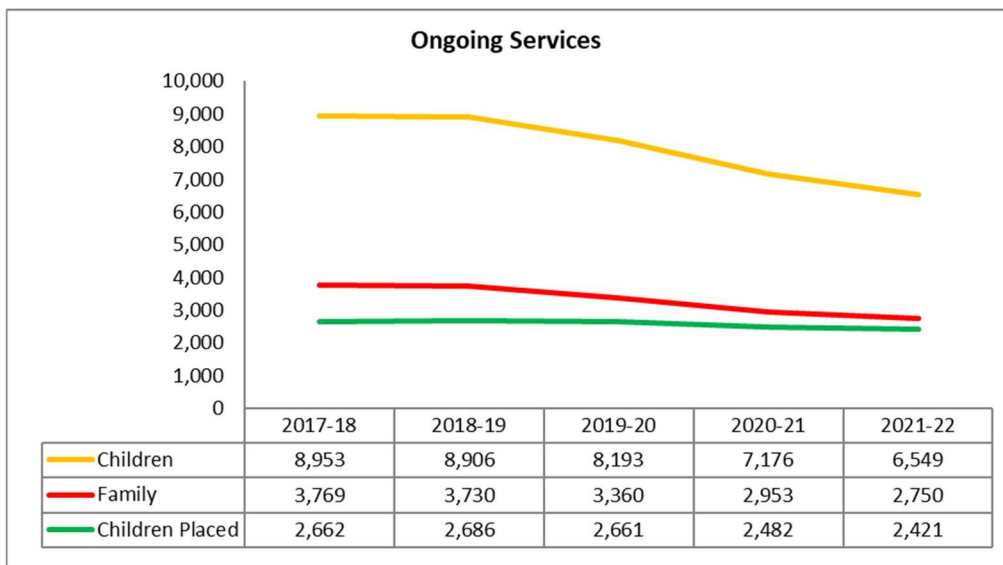


Intake investigations ticked upward in FY 2021-22, but still do not resemble the volume of pre-pandemic years. The number of investigated families in the fiscal year sits at about 16% lower than FY 2018-19 figures. We believe incoming referrals and investigations continue to be suppressed and anticipate they will continue to trend upward in the short-term.

2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

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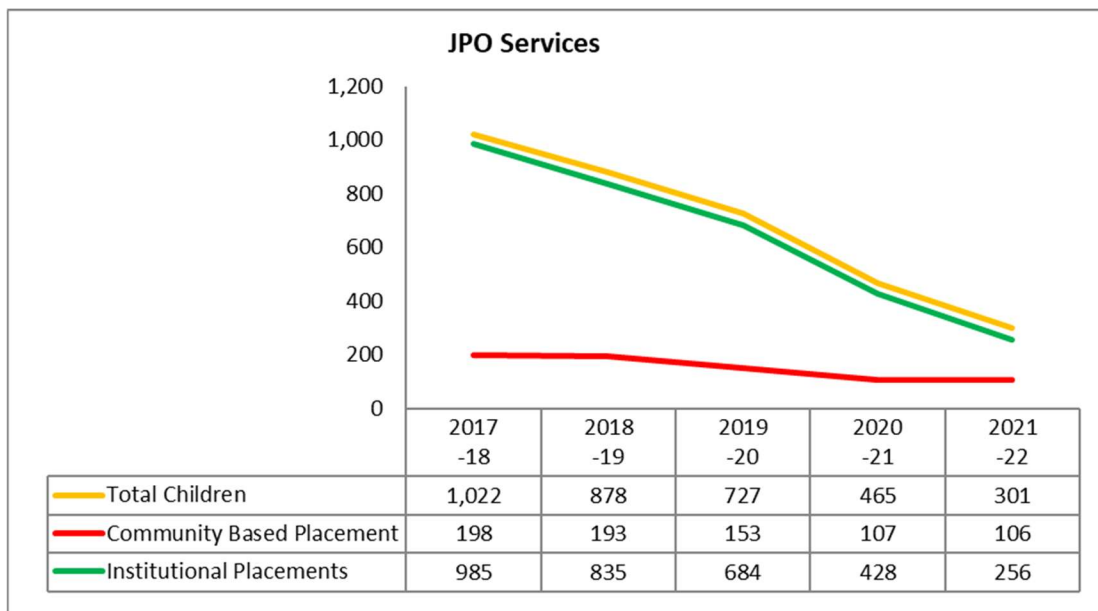
The number of children and families receiving ongoing services has declined steadily over the past five fiscal years. A large component of this was the decline in incoming referral volume during the advent of the pandemic, but the county's accept-for-service rate conditional upon investigation has also been declining steadily, so this is a function of both upstream volume and CYF decision-making. E.g., in FY 2017-18, across all investigated CPS and GPS investigations with a service decision, about 25% were accepted for services and opened as a CYF case. In FY 2021-22, among CPS and GPS investigations, this rate was about 16%.

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

2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).

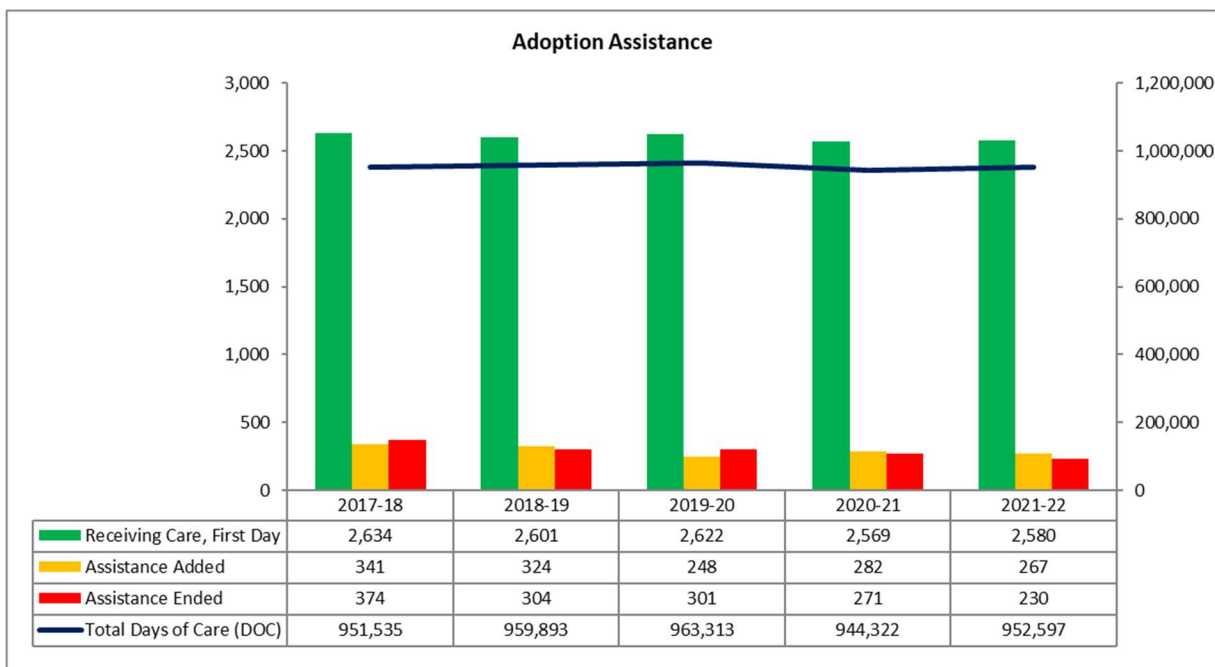
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Allegheny County saw about a 71% reduction in the number of juveniles served by probation (where Act 148 funds are used for services) between FY 2017-18 and FY 2021-22, and a similarly steep reduction in institutional placements. The closing of Shuman and Hartman facilities, a decline in police allegations, and the COVID-19 pandemic have been key drivers in this decline. See additional explanation about JPO trends in the additional chart section below.

2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).

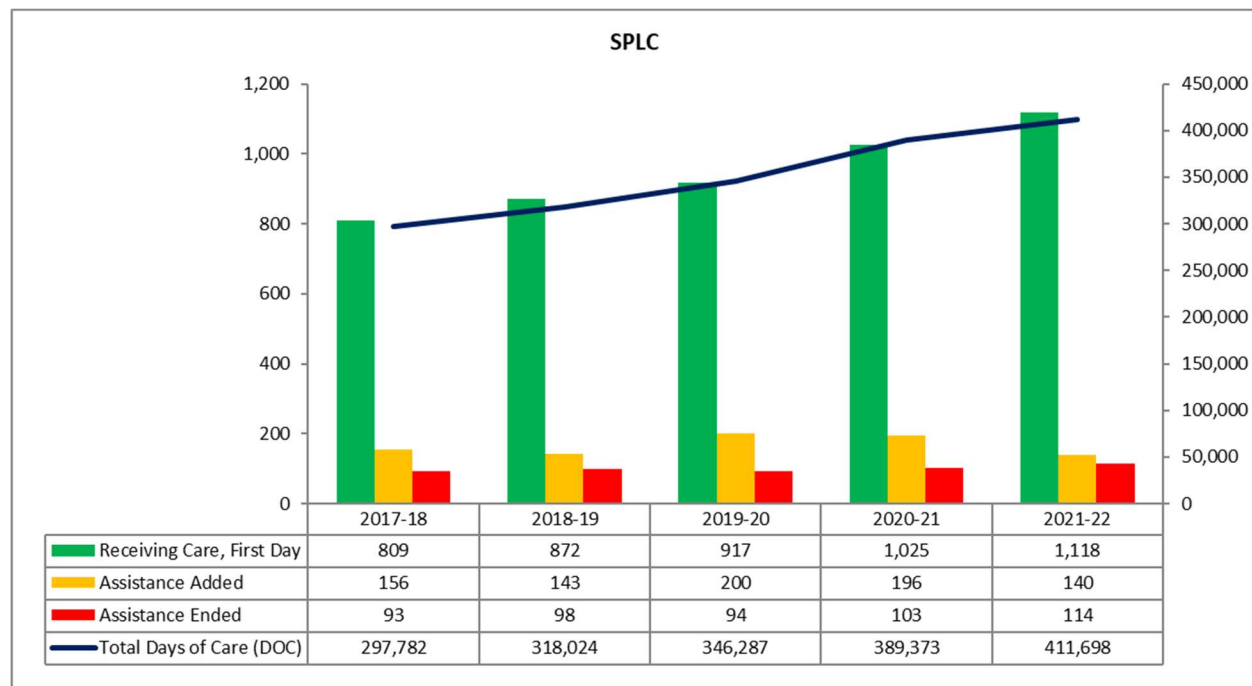


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Adoption Assistance counts had been highly stable in recent years, but FY 2019-20 saw a pronounced decline in new adoption assistance added (outstripped by assistance ended) and a resulting FY 2020-21 first-day decline is those receiving adoption assistance. Overall adoption assistance counts have trended upward since then, as FY 2020-21 and FY 2021-22 each saw assistance added figures that outpaced assistance ended counts.

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

Insert the SPLC Chart (Chart 5).

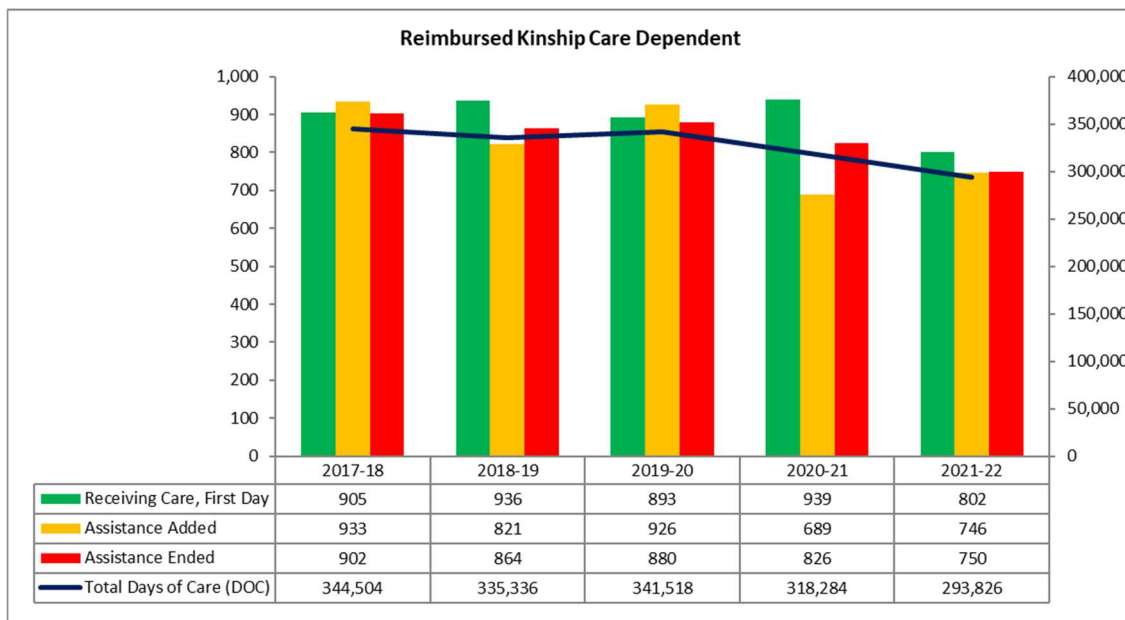


From FY 2016-17 through FY 2020-21, there has been a consistent increase in the number of children receiving care through Subsidized Permanent Legal Custodianship, in counts of Assistance Added, and in aggregate days of care.

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

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

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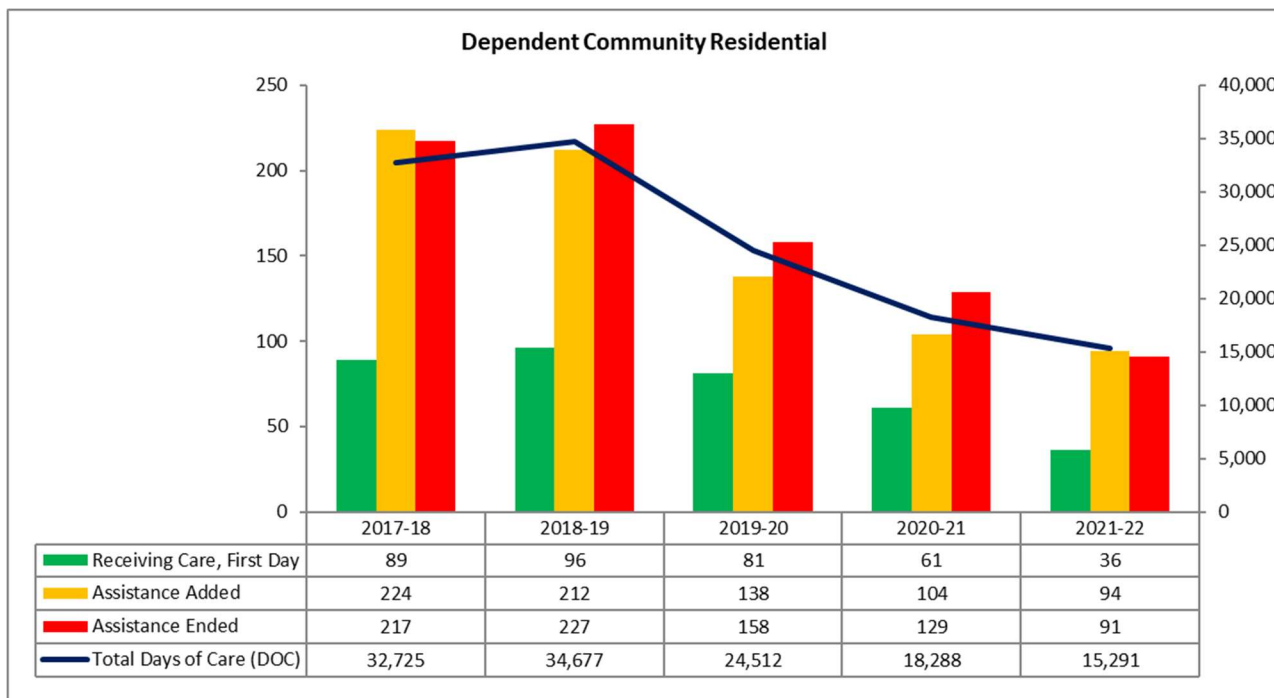


The number of children receiving Reimbursed Kinship Care Services and the aggregate days of care have generally remained high in recent fiscal years, although FY 2020-21 saw many more children exit reimbursed kinship care than enter, leading to a significant point-in-time census decline. Kinship Care remains the majority care type due to ACDHS's strong commitment to using kinship placements whenever possible, and through the efforts of the kinship navigators in the regional offices, who begin locating kin as soon as a case is opened. FY 2021-22 saw kinship figures remain flat, with similar counts of assistance added and ended.

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

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

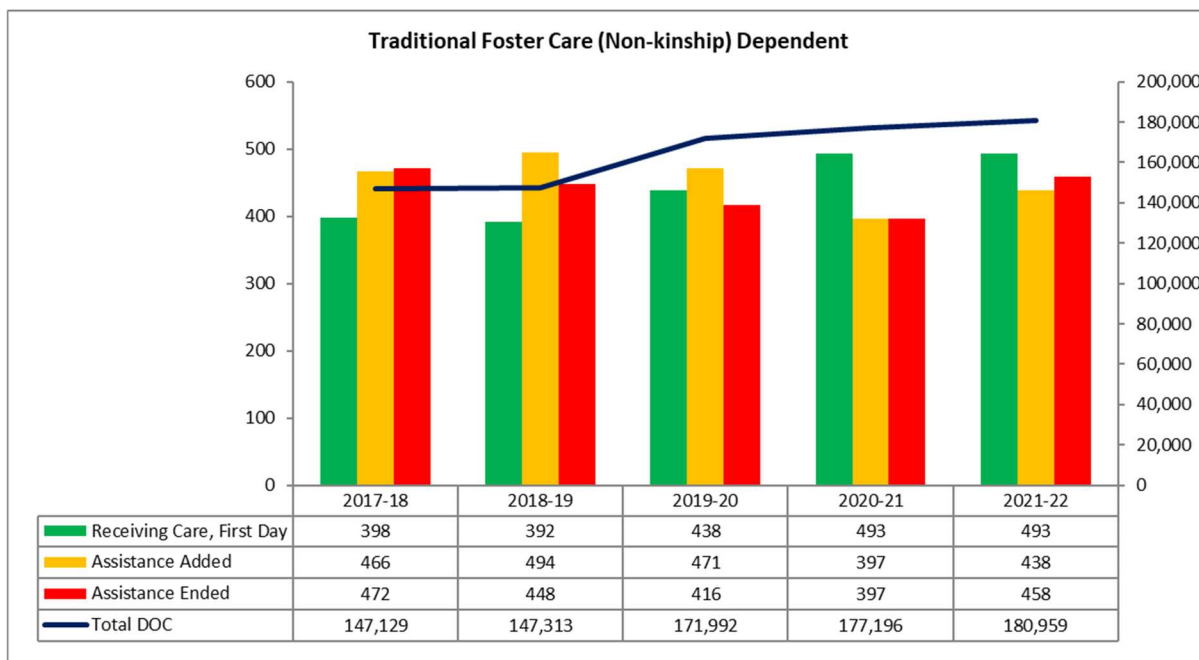
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The number of children receiving Dependent Community Residential care has decreased considerably during recent fiscal years, showing a 60% reduction in first day counts between FY 2017-18 and FY 2021-22. This is both the continued result of efforts intended to safely reduce the group care population, as well as a result of the COVID-19 pandemic's impact on referrals to CYF.

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

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

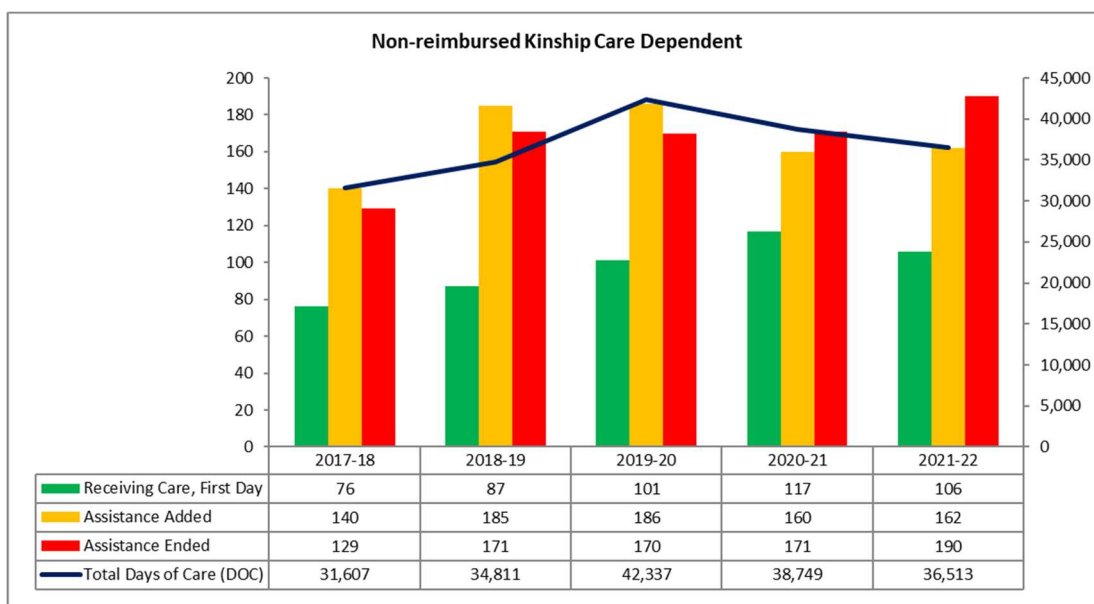


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The number of children receiving care through Traditional Foster Care Services has remained stable over recent fiscal years, even as placement counts in general have trended downward, resulting in the proportion of placed youth in foster care growing. At the beginning of FY 2017-18, about 27% of youth in CYF placements were in non-kinship foster care; by 7/1/2022, about 35% are.

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

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

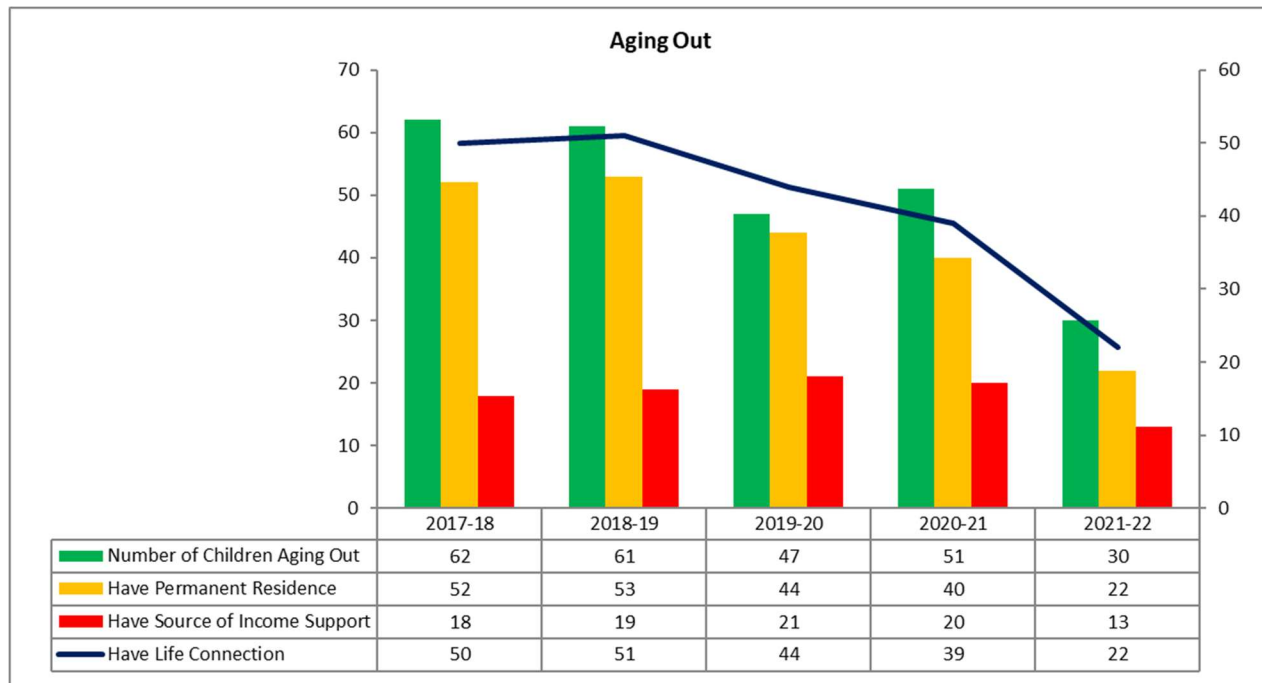


The number of children receiving care through Non-reimbursed Kinship Care Services comprises a small percentage of placements but was increasing prior to the pandemic. Over the last two fiscal years the growth in placements of this type has stalled and reversed.

2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).

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The number of children aging out has gradually declined, from 62 in FY 2016-17 to 30 in FY 2020-21 (a 52% decline). As Allegheny County continues to work to enhance supports for older youth, to find family settings for teens, and to generally increase rates of achieving permanency, ACDHS anticipates this number remaining flat or continuing to decline in upcoming years.

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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
Narrative insertion

Copy Part 2 for
Narrative insertion

Copy Part 3 for
Narrative insertion

2-2a. Service Trends

Indicator	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	% Change	CAGR
Intake Investigations							
Children	12,181	12,420	10,282	10,046	10,189	-16.4%	-4.4%
Family	6,639	6,958	5,863	5,731	5,832	-12.2%	-3.2%
Ongoing Services							
Children	8,953	8,906	8,193	7,176	6,549	-26.9%	-7.5%
Family	3,769	3,730	3,360	2,953	2,750	-27.0%	-7.6%
Children Placed	2,662	2,686	2,661	2,482	2,421	-9.1%	-2.3%
JPO Services							
Total Children	1,022	878	727	465	301	-70.5%	-26.3%
Community Based Placement	198	193	153	107	106	-46.5%	-14.5%
Institutional Placements	985	835	684	428	256	-74.0%	-28.6%

2-2b. Adoption Assistance

Indicator	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	% Change	CAGR
Adoption Assistance							
Receiving Care, First Day	2,634	2,601	2,622	2,569	2,580	-2.1%	-0.5%
Assistance Added	341	324	248	282	267	-21.7%	-5.9%
Assistance Ended	374	304	301	271	230	-38.5%	-11.4%
Total Days of Care (DOC)	951,535	959,893	963,313	944,322	952,597	0.1%	0.0%

2-2c. SPLC

Indicator	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	% Change	CAGR
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	809	872	917	1,025	1,118	38.2%	8.4%
Assistance Added	156	143	200	196	140	-10.3%	-2.7%
Assistance Ended	93	98	94	103	114	22.6%	5.2%
Total Days of Care (DOC)	297,782	318,024	346,287	389,373	411,698	38.3%	8.4%

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2-2d. Placement Data							
Indicator	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	% Change	CAGR
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	398	392	438	493	493	23.9%	5.5%
Assistance Added	466	494	471	397	438	-6.0%	-1.5%
Assistance Ended	472	448	416	397	458	-3.0%	-0.7%
Total DOC	147,129	147,313	171,992	177,196	180,959	23.0%	5.3%
Traditional Foster Care (non-kinship) - Delinquent							
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%
Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	905	936	893	939	802	-11.4%	-3.0%
Assistance Added	933	821	926	689	746	-20.0%	-5.4%
Assistance Ended	902	864	880	826	750	-16.9%	-4.5%
Total Days of Care (DOC)	344,504	335,336	341,518	318,284	293,826	-14.7%	-3.9%
Reimbursed Kinship Care - Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
Foster Family Care - Dependent (Total of 2 above)							
Receiving Care, First Day	1,303	1,328	1,331	1,432	1,295	-0.6%	-0.2%
Assistance Added	1,399	1,315	1,397	1,086	1,184	-15.4%	-4.1%
Assistance Ended	1,374	1,312	1,296	1,223	1,208	-12.1%	-3.2%
Total Days of Care (DOC)	491,633	482,649	513,510	495,480	474,785	-3.4%	-0.9%
Foster Family Care - Delinquent (Total of 2 above)							
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%
Non-reimbursed Kinship Care - Dependent							
Receiving Care, First Day	76	87	101	117	106	39.5%	8.7%
Assistance Added	140	185	186	160	162	15.7%	3.7%
Assistance Ended	129	171	170	171	190	47.3%	10.2%
Total Days of Care (DOC)	31,607	34,811	42,337	38,749	36,513	15.5%	3.7%
Non-reimbursed Kinship Care - Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
Alternative Treatment Dependent							
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%
Alternative Treatment Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

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Dependent Community Residential								View Chart
Receiving Care, First Day	89	96	81	61	36	-59.6%	-20.3%	
Assistance Added	224	212	138	104	94	-58.0%	-19.5%	
Assistance Ended	217	227	158	129	91	-58.1%	-19.5%	
Total Days of Care (DOC)	32,725	34,677	24,512	18,288	15,291	-53.3%	-17.3%	
Delinquent Community Residential								View Chart
Receiving Care, First Day	57	53	55	43	28	-50.9%	-16.3%	
Assistance Added	118	116	77	55	72	-39.0%	-11.6%	
Assistance Ended	122	114	89	70	76	-37.7%	-11.2%	
Total Days of Care (DOC)	20,747	19,813	15,905	10,880	8,323	-59.9%	-20.4%	
Supervised Independent Living Dependent								View Chart
Receiving Care, First Day	36	36	35	32	37	2.8%	0.7%	
Assistance Added	62	53	57	57	33	-46.8%	-14.6%	
Assistance Ended	62	54	60	52	38	-38.7%	-11.5%	
Total Days of Care (DOC)	13,827	11,253	14,044	12,190	12,575	-9.1%	-2.3%	
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	35	36	33	34	25	-28.6%	-8.1%	
Assistance Added	49	65	61	40	56	14.3%	3.4%	
Assistance Ended	48	68	60	49	44	-8.3%	-2.2%	
Total Days of Care (DOC)	10,924	14,283	13,205	11,623	13,672	25.2%	5.8%	
Delinquent Residential Services								View Chart
Receiving Care, First Day	250	197	139	83	74	-70.4%	-26.2%	
Assistance Added	782	662	569	352	190	-75.7%	-29.8%	
Assistance Ended	835	720	625	361	205	-75.4%	-29.6%	
Total Days of Care (DOC)	84,859	67,628	54,291	30,866	22,296	-73.7%	-28.4%	
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								View Chart
Indicator	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	% Change	CAGR	
Aging Out								
Number of Children Aging Out	62	61	47	51	30	-51.6%	-16.6%	
Have Permanent Residence	52	53	44	40	22	-57.7%	-19.3%	
Have Source of Income Support	18	19	21	20	13	-27.8%	-7.8%	
Have Life Connection	50	51	44	39	22	-56.0%	-18.6%	

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

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

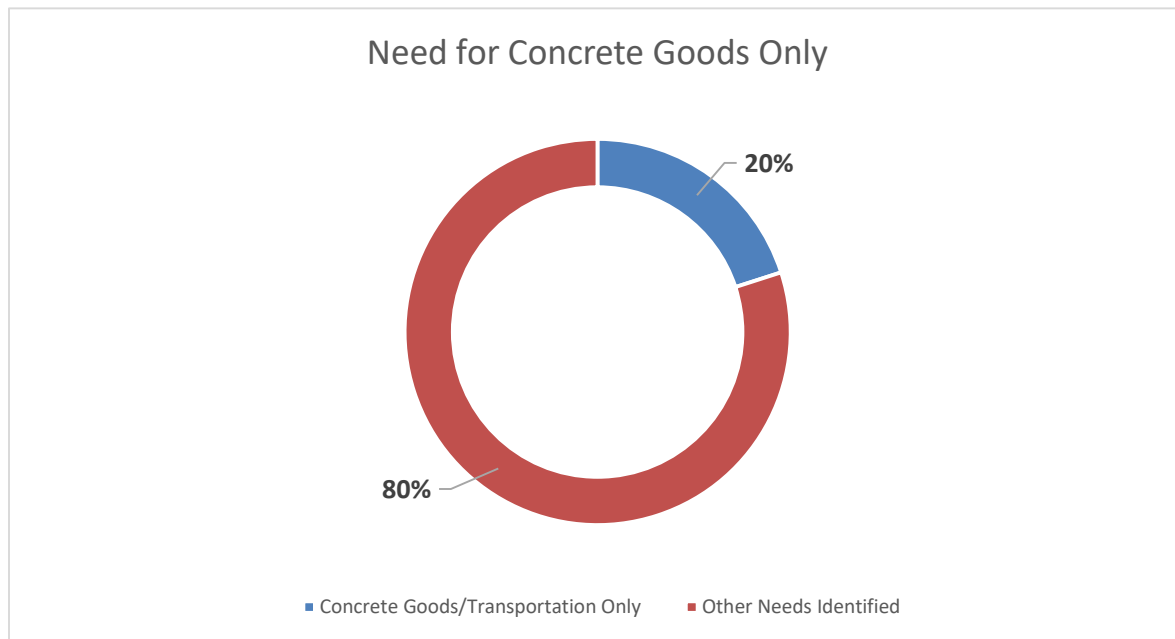
Racial Disproportionality- Referral Rate per 1,000 Children in Allegheny County



Racial disproportionality and disparity are widely acknowledged problems in the child welfare systems. At every decision point, white children are underrepresented in CYF, whereas black and multiracial children are overrepresented. Black children of Allegheny County were more than three times as likely to be referred to child welfare in 2021 than white children.

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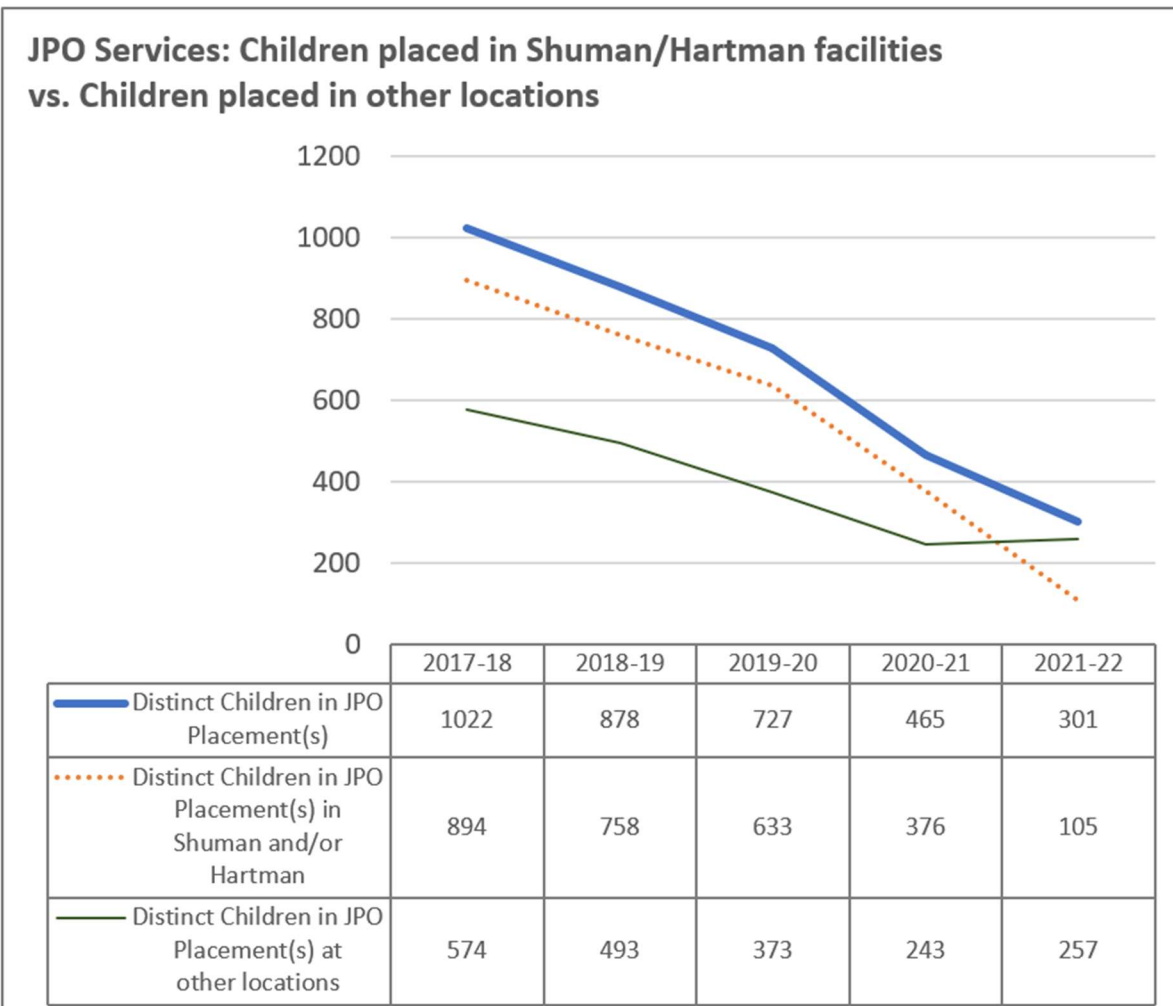
Open, non-placement cases that receive concrete goods or transportation support only



This chart is presented to demonstrate the potential for Allegheny County to further reduce the number of CYF active families through investments in primary prevention services that adequately meet families' basic needs. In 2021, about 20% of non-placement CYF cases in Allegheny County (about 250 cases) received only concrete goods or transportation passes, and no other non-placement services.

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JPO Placements with Shuman and Hartman closure



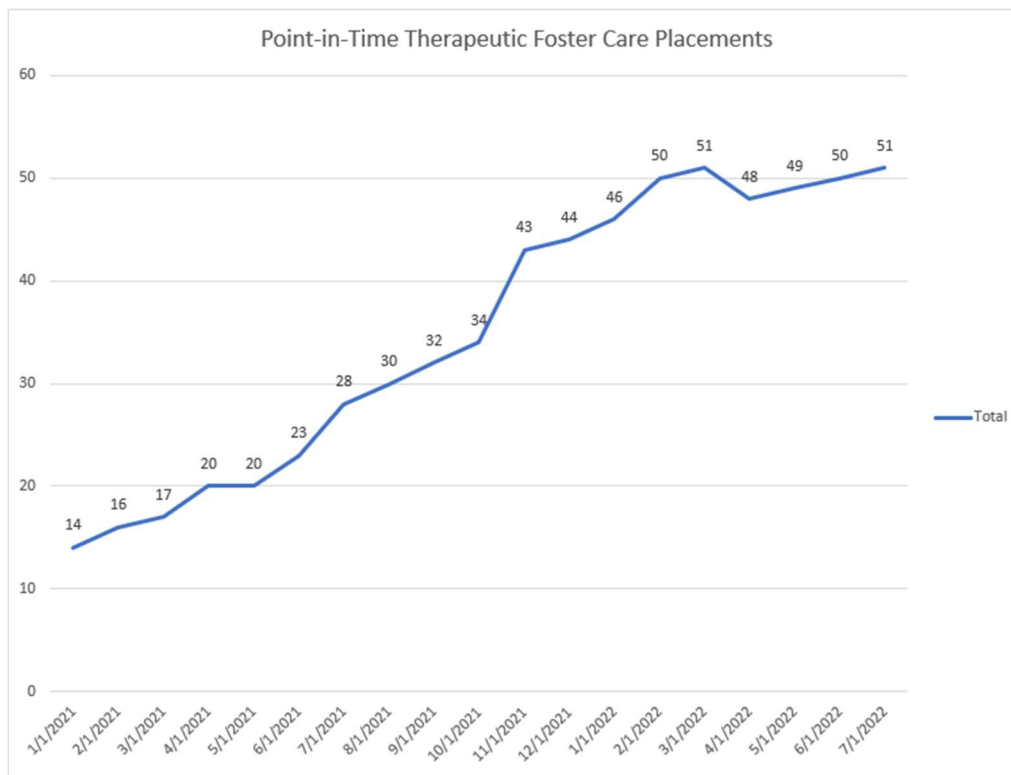
This chart is presented as additional context for the JPO Services Chart in section 2-2a above. Both charts show a consistent decline in the total number of youth in JPO placements overall. The primary cause for the decline in youth in JPO Institutional Placements is the closing of Shuman Detention Center in 2021, illustrated by the dotted trend line in the figure above. At the same time, the number of youth in JPO placements other than the now-closed Shuman and Hartman facilities have begun to increase slightly in 2021-22 (from 243 to 257), after several years of steady decline.

Similarly, over the past five years, Allegheny County Juvenile Probation has seen a steady decline in the number of police allegations received, dropping from a high of 1,963 in 2017-18 to a low of 918 in 2020-21. Notably, in 2021-22, the number of allegations received increased with a total of 1,017 allegations received.

The increases in allegations and youth in JPO placements (other than Shuman and Hartman) in 2021-22 likely indicate that, after several consecutive years of decline, the number of youth under JPO supervision is beginning to stabilize.

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Therapeutic Foster Care



This chart is provided to demonstrate Allegheny County's progress toward providing therapeutic, family-based placement settings for children and youth in care. As part of its foster care redesign effort, the number of children in therapeutic foster care rose month-by-month throughout 2021 and early 2022. The numbers have leveled in the past 4 months, but we expect the number to increase as more homes become certified.

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

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

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

Though intake investigations have not returned to pre-pandemic volume, they have begun to tick upward in FY 2021-22. The number of investigated families in the fiscal year currently sits about 16% lower than FY 2018-19 figures. We believe investigations may continue to increase as the pandemic's impacts on these figures wane.

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The number of children and families receiving ongoing services has declined over the past five fiscal years, most rapidly since 2019-20. Factors contributing to this decline include the pandemic's impact on incoming referral volume as well as a decline in the County's accept-for-service rate.

Placement counts were fairly stable throughout FY 2021-22. Children receiving reimbursed kinship care services have remained flat, with similar counts of assistance added and ended. Assistance on the first day increased in FY 2020-21, compared to prior fiscal years. A more pronounced decline was evident in the number of children receiving dependent community residential care, with the number receiving care on the first day of the period lower than prior fiscal years. Unlike the decline in kinship care placements, the trend in residential care is both a product of the pandemic and of a concerted effort to safely reduce the number of children in this type of care. Because of this concerted effort, this downward trend in residential care has been sustained for four fiscal years. The number of children receiving care through Traditional Foster Care Services has remained stable over recent fiscal years even as the number of children in placement has trended downward. Thus, the proportion of youth in non-kinship placement has increased from about 27% in FY 2017-2018 to 35% in FY 2021-2022.

The number of children aging out significantly declined from 62 in FY 2016-17 to 30 in FY 2021-22 (a 52% decline). Adoption Assistance saw a pronounced decline in new adoption assistance added in FY 2019-20 (potentially impacted by the pandemic) and a resulting FY 2020-21 first-day decline in those receiving adoption assistance. Overall adoption assistance counts have trended upward since then, as FY 2020-21 and FY 2021-22 each saw assistance added figures that outpaced assistance ended counts. Subsidized Permanent Legal Custodianship continued to increase, a consistent trend since FY 2016-17.

19. 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.

Likely, the most marked impacts on the number and children and youth served or in care are attributable to the pandemic-related decline in incoming referrals and downstream effects on ongoing services. At the same time, Allegheny County is focused on family preservation and reducing congregate care placements (as described throughout this narrative and in our Expenditure Adjustments), and these priorities are also reflected in the data trends described above.

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

In FY 2021-22, 7% of children in out-of-home placement had at least one stay in congregate care; 164 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.

The table below provides characteristics for children and youth placed in congregate care in FY 2021-22, compared with their counterparts in Foster and Kinship Care placements.

	Congregate Care (n=164)	Foster Care (n=871)	Kinship Care (n=1597)
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Age Group			
Less than 1 year	0%	18%	12%
1-3 years	0%	23%	23%
4-6 years	0.6%	15%	16%
7-9 years	0.6%	12%	12%
10-12 years	13%	10%	12%
13-15 years	49%	13%	14%
16-18 years	35%	6%	11%
19 years or older	2%	1%	1%
Race			
African American	51%	41%	50%
Other Single Race Identified	1%	1%	0%
Two or More Races Identified	10%	17%	13%
Unknown	12%	5%	5%
White	26%	37%	31%
Sex			
Female	51%	48%	50%
Male	49%	52%	50%
Unknown	0.6%	0.1%	0.2%

Consider the children and youth who have the following characteristics, by race, age and gender:

- *Intellectual disability or autism;*
- *A behavioral health impairment;*
- *A physical disability;*
- *Involvement with JPO; and*
- *Identify as LGBTQ.*

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

An analysis of services received in FY 2021-22 shows that over three-quarters of the 164 children in congregate care received outpatient mental health services and nearly half received mental health mental health crisis intervention.

Office	Cost Center	Count	% of Congregate Care Clients
MH	Outpatient	124	76%
MH	Mental Health Crisis Intervention	73	45%
MH	Administrative Management	37	23%
MH	Psychiatric Inpatient Hospital	34	21%
MH	Not yet define in DW	32	20%
DA	Outpatient	31	19%
MH	No Data	26	16%
MH	Family-based Mental Health Services	22	13%

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MH	Community Residential Services	17	10%
MH	Targeted Case Management	16	10%
MH	Family Support Services	11	7%
MH	Partial Hospitalization	10	6%
DA	Inpatient Non-hospital Treatment and Rehabilitation	10	6%
MH	Unclassified	4	2%
DA	Intensive Outpatient	3	2%

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, depressive disorder, conduct disorder, and acute stress reaction.

Diagnosis	Count	% of Congregate Care Clients
DX Deferred	61	37%
ADHD	54	33%
Depressive D/O	54	33%
Conduct D/O	50	30%
Acute Stress RX	49	30%
Adjustment D/O	43	26%
Oppositional Defiant	34	21%
Cannabis	33	20%
Autism Spectrum D/O	18	11%
Anxiety Disorder	16	10%
Maj Depression	16	10%
Bipolar D/O	13	8%
Alcohol	4	2%
Borderline Personality D/O	4	2%
ID	2	1%
Org Mental D/O	2	1%
Unspecified DX	2	1%
Amphetamine	1	1%
Cocaine	1	1%
Developmental Delay	1	1%
Opioid	1	1%
Paranoid States	1	1%
Pers D/O	1	1%
Schizophrenia	1	1%
Subs Induced D/O	1	1%
Unspecified Psychosis	1	1%

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

Challenges to meeting the mental health service and treatment needs of CYF-active children and youth, including those in congregate placements, occur:

- At the initial connection to mental health services because there is not a single, streamlined method for CYF to complete a referral to mental health services.
- During ongoing coordination between CYF and mental health service providers because scheduling conflicts and caseloads make it difficult to bring all cross-system partners to the table for planning.
- After case closure, because there is not a warm handoff to the system that remains involved to ensure a smooth transition.

☞ The below questions may assist in development of a response:

- *What are the service and treatment needs?*
- *Why can those services and treatment needs not be met in the community?*
- *What barriers exist to accessing service and treatment needs in the community?*

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

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 family setting).

Several policies guide decision-making, including:

- **CYF Out of Home Placement Planning** – a procedure for CYF caseworkers to plan for the most appropriate, least restrictive placement option that will provide Safe Permanency for a youth
- **Allegheny County Best Practice Guidelines on Family Finding** – guidelines for “ongoing diligent efforts between a county agency, or its contracted providers, and relatives and kin to: search for and identify adult relatives and kin and engage them in children and youth social service planning and delivery AND gain commitment from relatives and kin to support a child or parent receiving children and youth social services.”
- **Allegheny County Juvenile Probation Office (JPO) and Allegheny County CYF Crossover Youth Protocol** – guides the day-to-day practices of staff from JPO and CYF when working with youth who are involved with both agencies
- **Permanency Practice Guideline** – provides guidance to staff on the importance of ensuring that every youth who enters care maintains family connections, is involved

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in family search and engagement, and receives the support necessary for transitioning from congregate care into a family setting

- **Preplacement conference** – policy and procedure for team decision-making around which placement (if any) is in the child/ren's best interest
- **Rapid Response Team** – high level multi-system team convened to assist children and youth who have complex needs but are struggling to have those needs met within the existing array of services within the various systems (OBH, OID, JPO, CYF); this team reviews system barriers and develops recommendations for improvement

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

- ☉ The below questions may assist in development of a response:
 - *What policies are in place to guide decision making?*
 - *Who oversees and is part of the decision?*
 - *Are youth involved in the decision-making? If so, how?*
 - *How is the decision reviewed?*

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

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

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

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

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

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

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

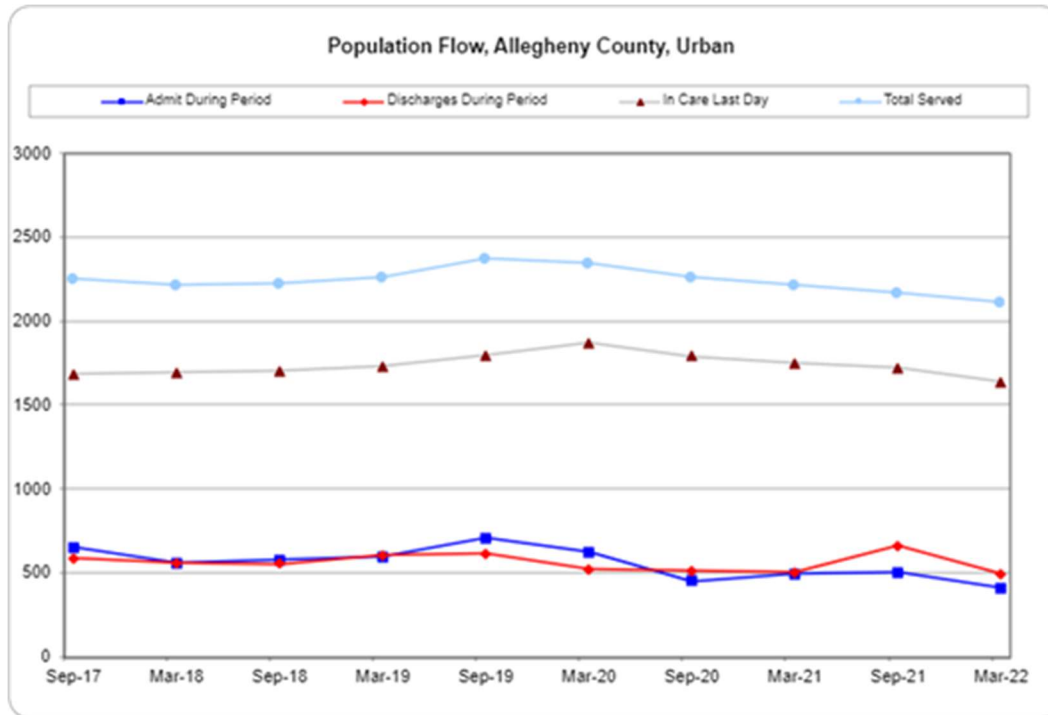
- Continuing to deploy our multi-specialist team, which provides cross-system expertise and technical assistance for children and youth with complex needs.
- Requiring foster care providers to increase availability/capacity of homes providing Therapeutic Foster Care.
- Supporting kinship caregivers and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

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

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

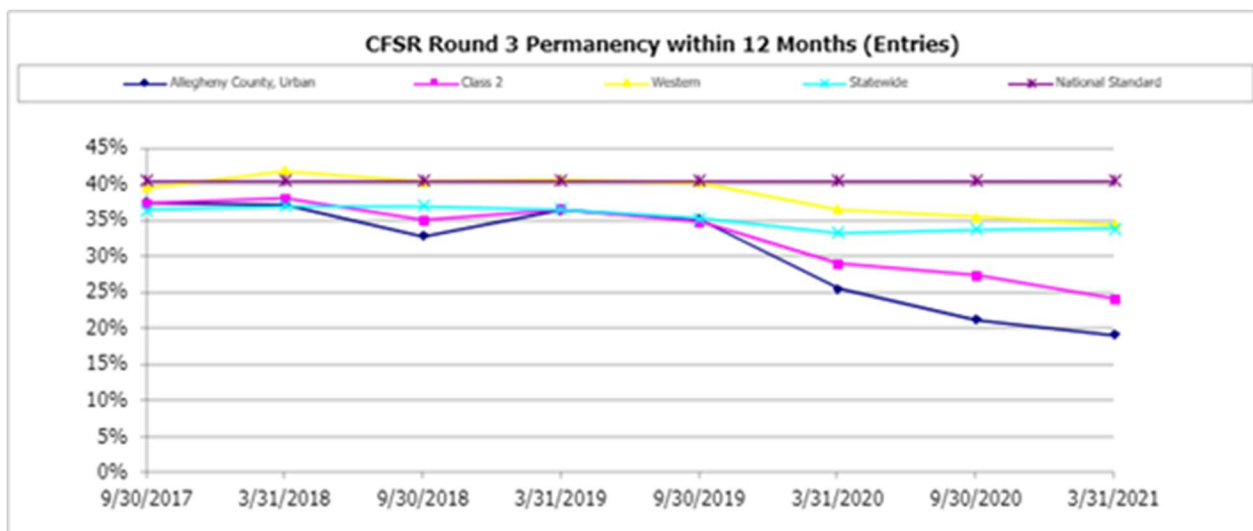
2-3a Population Flow

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The total number served declined modestly during the period, continuing a trend that began in March 2020 which mirrored the trend in the number of children in care on the last day of the period. Discharges held relatively steady with a slight increase during the period ending September 2021 and then declining slightly during the period ending March 2022. Admissions declined slightly between September 2021 and March 2022.

2-3b Permanency in 12 Months (Entry)



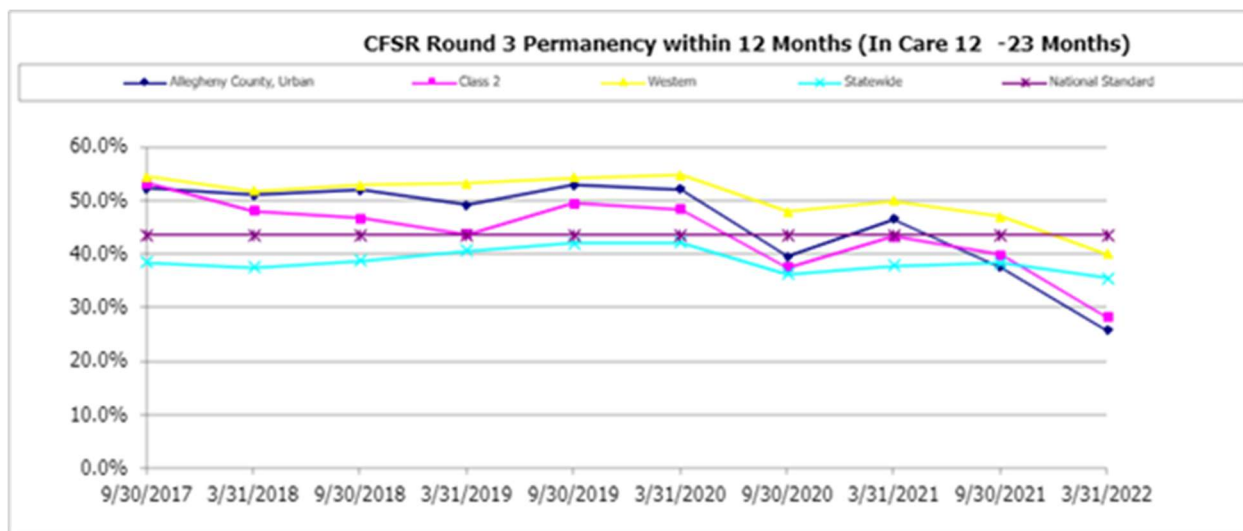
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This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national performance standard is 40.5% and Allegheny County's percentage was 19.16%. A higher performance of the measure is desirable in this indicator.

25. Does the county meet or exceed the national performance standard?

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

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



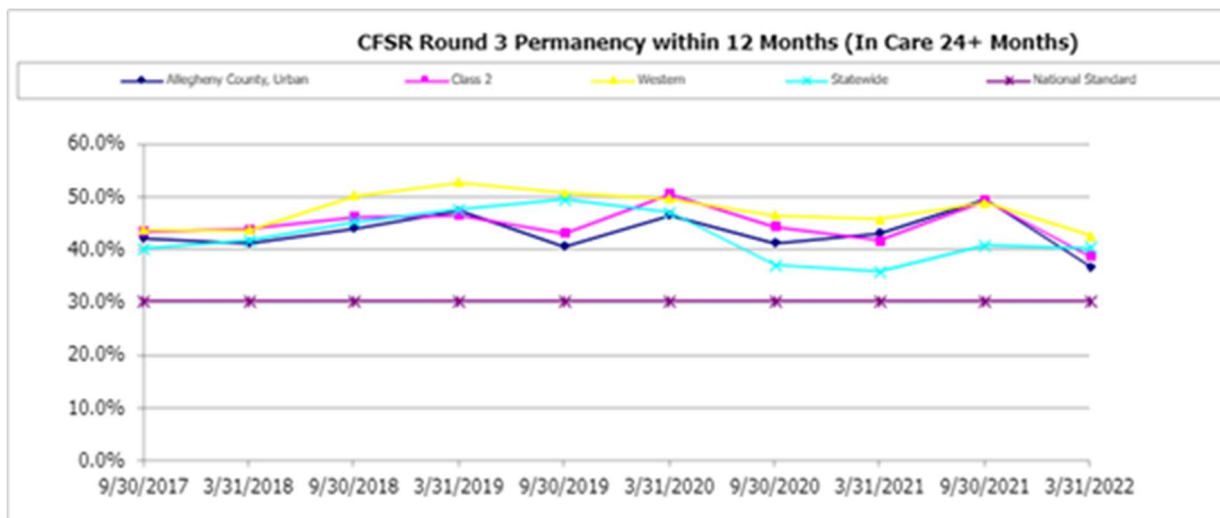
This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6% and Allegheny County's percentage was 25.9%. A higher percentage is desirable in this indicator.

26. Does the county meet or exceed the national performance standard?

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

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

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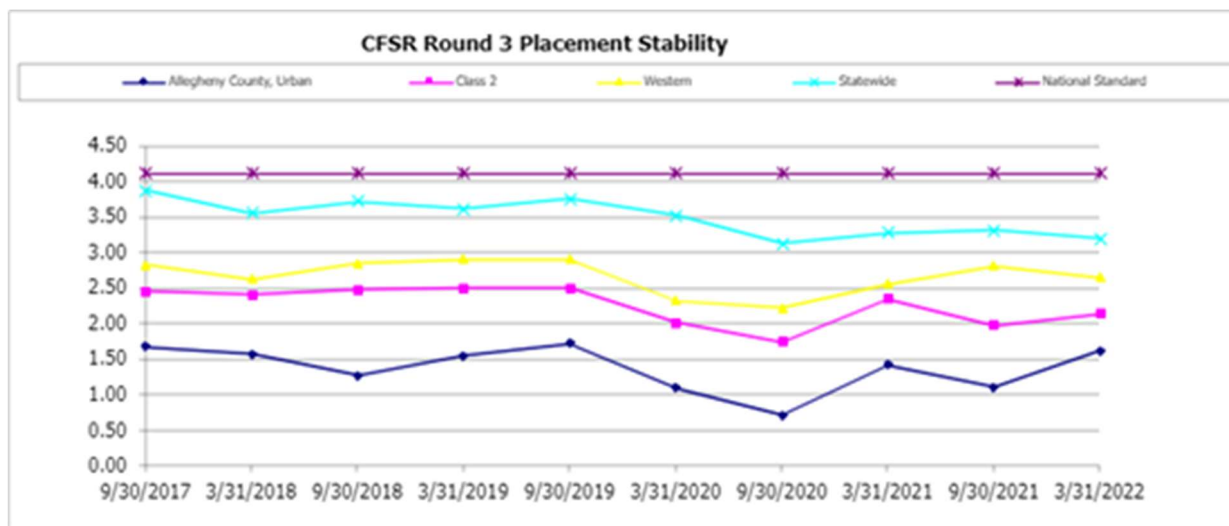


This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3% and Allegheny County's percentage was 36.84%. A higher percentage is desirable in this indicator.

27. Does the county meet or exceed the national performance standard?

Yes, Allegheny County exceeded the national performance standard.

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



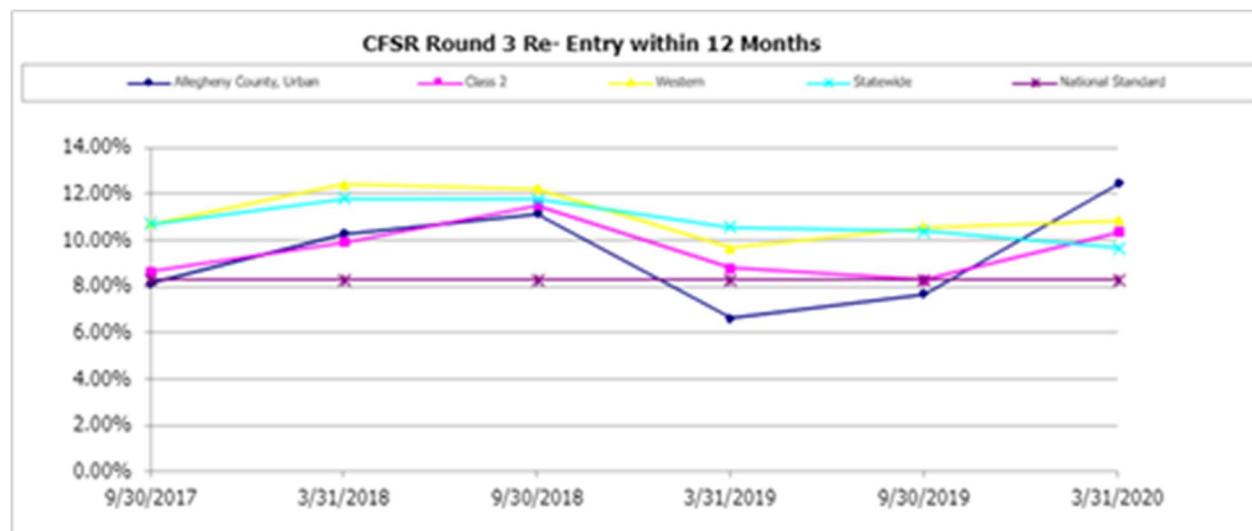
This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves and Allegheny County's number of moves was 1.62. A lower number of moves is desirable in this indicator.

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

Yes, Allegheny County has fewer placement moves than the national performance standard.

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 8.3% and Allegheny County's percentage was 10.81%. A lower percentage is desirable in this indicator.

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

No, Allegheny County did not meet this standard.

2-4 Program Improvement Strategies

Utilizing the analysis of practice performance, service levels and service trends, counties must identify areas for practice enhancement and strategies for outcome improvement. For FY 2023-24, counties will fully evaluate their performance in achieving permanency and stability for children and youth who enter placement. The analysis of current practices and services toward meeting the national performance standard for timeliness to permanence, re-entry and stability in placement will identify areas in which targeted program improvement is warranted. This analysis will also help to identify areas of technical assistance needed at the county level to address challenges identified. In addition, the areas of technical assistance identified on the county level across all counties in the commonwealth will help to identify areas that need addressed through a statewide focus. As part of the analysis, counties should take a holistic view of the data available to them, including information in the data packages provided, county-specific data, general indicators, etc.

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

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

Counties that do not meet or exceed national performance standard must identify program improvement strategies based on their analysis. It is recognized that all counties have a continual focus on improving practice toward improved outcomes for the children, youth and families serviced; as such, counties that meet/exceed the national performance standards are not exempt from this section and must identify their program improvement strategies. Based on the county analysis of the data presented in 2-2a through 2-2i and 2-3a through 2-3f, as well as other county data reviewed, counties should also consider other areas in which program improvement strategies have been identified. The following questions and steps outlined below will assist counties in identifying priority outcomes and identification of practice improvement strategies.

1. DATA ANALYSIS TEAM MEMBERS

List the members of the data analysis team supporting the agency's efforts to make data-informed decisions, including the development of program improvement strategies:

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

2. ANALYSIS

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

Allegheny County did not meet the national performance standard for three of the indicators: 1) CFSR Round 3 Permanency within 12 Months (Entries), 2) CFSR Round 3 Permanency within 12 Months (In Care 12-23 Months), and 3) CFSR Round 3 Re-Entry.

DATA ANALYSIS

In addition to utilizing the analysis of the national performance standard for timeliness to permanence, re-entry and stability in placement, the county should consider conducting additional analysis to define problems to be addressed.

The county may consider conducting analysis to determine if children and youth who do not achieve permanency in 12 months, do not have placement stability (less than four moves), and do not re-enter care differ from those who DO. The following questions should be considered in this analysis.

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

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- e. Are there differences in the initial placement type?

Results from this analysis can serve as the starting point for root cause analysis though the team will engage in additional data analysis as the root cause analysis progresses and the team seeks further understanding of why a problem exists.

ROOT CAUSE ANALYSIS

The team will need to use a systematic approach to identify root causes and develop an approach to respond to them. There are various root cause analysis techniques to support the team's efforts. The "5 Whys" is a technique used in the analysis phase of the Six Sigma DMAIC (Define, Measure, Analyze, Improve, Control) methodology whereby repeatedly asking "why" allows the users to differentiate symptoms from the root cause of a problem. The "5 Whys" can be used individually or as a part of the fishbone (also known as the cause and effect or Ishikawa) diagram. The fishbone diagram helps users explore all potential or real causes that result in a single defect or failure. The technique(s) selected is up to the team.

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

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

Copy and complete the table below as needed to describe the strategies the county will implement to achieve each desired outcome related to the root causes identified above. Provide rationale for how each strategy will contribute to the achievement of each outcome. Several strategies may be identified for each outcome. Communication with staff and partners should be considered critical action steps, as should the analysis of county and provider capacities in implementing change.

1. ALLEGHENY COUNTY DATA ANALYSES

Time to Permanency

Distinctions in age, gender, race, disabilities, etc.?

Permanency within 12 months (Entries)

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

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

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

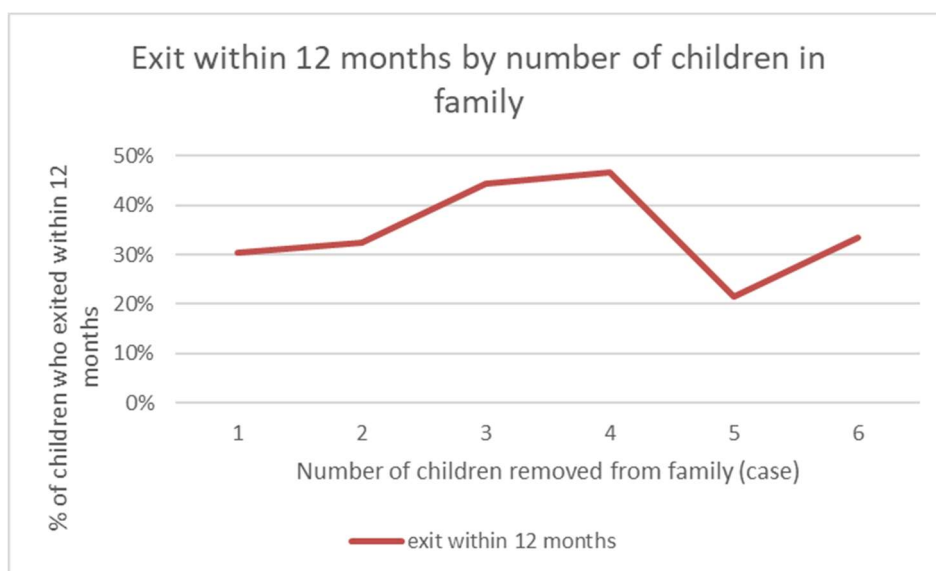
Differences in family structure, family constellation, or other family system variables

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Permanency within 12 months (Entries):

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

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



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

The number of children removed from a family was examined to identify whether larger families were more likely to remain in care beyond 12 months. Almost half (44%) of children in this group were removed without any siblings and 27% were removed with one other sibling. Among the children where 3 or more children were removed from the family during the period, exits to permanency took longer than children removed from home alone or with one sibling.

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

The standard was unmet regardless of placement facility type:

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

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children were in pre-adoptive homes (n=245) and 30.2% of children exited to permanency in 12 months.

Differences in the removal reasons for entry into placement?

- Permanency within 12 months (Entries):_While there were differences in the percent of children who exited to permanency within 12 months by removal reasons, the only removal reason that met the standard was the small group of children (n=8) who entered care due to the death of a parent. Half of these children exited to permanency within a year. The plurality of children who entered care during the period had removal reasons that included 'Neglect' (n=291) and 'Drug Abuse – Parent' (n=211). 13.27% of children who were removed due to parental substance use and 17.87% of children who were removed due to neglect exited to permanency within 12 months.
- Permanency within 12 Months (In Care 12-23 Months):_While there were differences in removal reason in the percent of children who exited to permanency within 12 months, none of the groups broken out by removal reason met the standard. The largest number of children were removed due to 'Neglect' (n=352) and 26.42% exited within 12 months while 30.56% of children removed due to 'Drug Abuse – Parental' exited within 12 months.

Differences in the initial placement type?

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

Re-entries

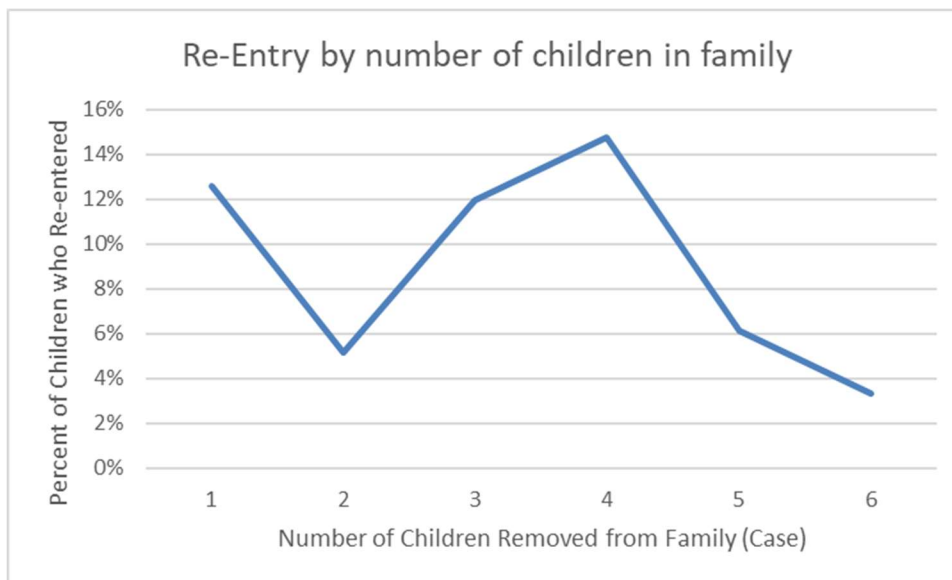
Distinctions in age, gender, race, disabilities, etc.?

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

Differences in family structure, family constellation or other family system variables

The number of children in a family who were removed did not have a clear relationship with whether the child would re-enter within 12 months. Children with one sibling had a lower re-entry rate than children who were not removed with a sibling, but children where 3 or 4 children were removed had a higher rate of re-entry.

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

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

Differences in the removal reasons for entry into placement?

While there were differences in re-entry rates by initial removal reason, few of these subgroups met the standard for re-entry. The highest re-entry rate (23.81%) was among children who had previously been in care due to parental incarceration, although this represented only 10 re-entries out of 42 exits. The largest number of children re-entering were removed due to 'Neglect' (n=106) and, of those, 14.15% re-entered within a year.

Differences in the initial placement type?

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

2. ALLEGHENY COUNTY'S ROOT CAUSE ANALYSES

Time to Permanency

The data analysis described above did not provide evidence that this benchmark was missed due to failure to meet the needs of a specific demographic or subpopulation. Additional analysis revealed systemic challenges that likely contributed to Allegheny County's underperformance on permanency measures. In particular, an analysis of service referral data illustrated families' increased needs for substance use services, childcare, parent-child mediation, and transportation. See chart below, which demonstrates that referrals to services designed to support and stabilize families increased from CY2020 to CY2021.

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

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

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

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

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

Re-entries

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

3. ALLEGHENY COUNTY'S PROGRAM IMPROVEMENT STRATEGIES

Outcome # 1: Decrease time to permanency.

Strategy(ies):	Improve the availability of, and capacity to deliver, needed services for children and families; reduce the length of time to finalize legal permanency; prepare families for finalization; and enhance Matching Services.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New and existing
Action Steps with Timeframes (may be several):	<p>Address gaps in services and capacity through:</p> <ul style="list-style-type: none"> • Expansion in transportation services and support for CYF active families (current NBPB request; anticipated RFP release date in FY 22-23) • Enhanced CYF caseworker recruitment and retention activities that include open houses and coffee talks to attract new candidates and use of new HR information system (Bamboo HR) to drive traffic to state application portal (ongoing) • Family preservation services well matched to family needs (includes in-home services redesign underway and implementation of Functional Family Therapy-Child Welfare, which began in late July 2022) • In-home behavioral health supports for youth in kinship placements (current NBPB request) • Placements and supports appropriate for youth with complex needs (current NBPB request) <p>Collaborate with Plummer Youth Promise: With the assistance of Plummer Youth Promise (since 2017), we have developed a model to shape permanency practices in Allegheny County, standardize frontline practice and supervision. Action steps to improve permanency in collaboration with Plummer Youth Promise include:</p> <ul style="list-style-type: none"> • Redesigning the Permanency Department in terms of staff structure and practice. (2021 and ongoing – implementation of additional trainings for CYF's Termination unit caseworkers and supervisor. Cross training amongst permanency supervisors for additional practice support. Increased collaboration between CYF's Termination unit and legal team.)

ALLEGHENY COUNTY

	<ul style="list-style-type: none"> Integrating permanency within Conferencing and Teaming at the “front door” and to prepare families for finalization. (This work is complete with CYF’s Permanent Legal Custody (PLC) unit and his being carried through each Adoption unit.) Strengthening CYF’s focus on coaching the resource family and the birth family to collaboratively develop a plan for the child and family. Integrating the Plummer model of Permanency Consultations into regular CYF practice. (This work is complete and involves the CYF Permanency Department working in tandem with CYF Regional Offices to identify foster care “long stayers” and provide consultation to assist caseworkers in achieving legal permanency.) Training supervisors and caseworkers in permanency skills, such as concurrent planning, supervising permanency practice, specialized child/family matching, and the importance of sibling relationships. (Training of direct service staff began in 2019 and concluded in 2020. and is ongoing. Permanency education for supervisors via the County’s Training team and Teaming Institute is ongoing.) <p>Make Permanent Legal Custody (PLC) Practice Changes: Standardizing the practice of the PLC workers was key to reducing the length of time it takes to finalize a PLC for a child. We developed a collaboration with A Second Chance, Inc. to prepare resource families for finalization and to gather required documentation for finalization. Although this effort is ongoing, we expect PLCs to be finalized within 90 days of referral to the permanency department, a reduction from the 270 days on average it took to finalize prior to this change in practice. We expect to see this reduction reflected in the data soon, as we are making progress on this effort.</p> <p>Provide Support for PLC Modifications and Successors: To divert cases from returning to CYF’s front door and to reduce the number of disrupted PLC’s finalizations, the Permanency Department provides post permanency support to birth parents and PLC caregivers when a petition for modification of a PLC order has been filed. The Permanency Department has successfully diverted 29 of the 31 children referred from re-entering the CYF and dependency system. The Permanency Department continues outreach to the PLC caregivers to name a successor in the event of their death or incapacitation. They then assess the successor and ensure that the record names a successor to prevent the children from re-entering the system.</p> <p>Enhance Transition Age Youth/Reduction of Congregate Care Initiatives:</p>
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	<p>ACDHS has been working on an initiative since fall 2021 to co-design solutions to end the need for group placements with the people who are most impacted. Initial steps include the development of a shared workspace where community-based organizations and ACDHS will establish shared values, identify and understand factors and root causes, prioritize, plan and implement strategies, determine resources that are needed to support the work and regular collaboration opportunities. Additionally, ACDHS is redesigning its Transitional Age Youth (TAY) unit to better meet the needs of youth. This includes additional navigator staff to reduce caseloads and establish one clear lead caseworker to support youth.</p> <p>Create Placement Stability Team: CYF created a new placement stability team (separate from the permanency team) that works with kinship navigators. The team is focused on using matching at the outset for all placements. The team includes a SWAN coordinator, who is responsible for ensuring that each youth entering placement is referred for SWAN child preparation/child profile services within 60 days of their placement. The SWAN coordinator meets on a regular basis with SWAN liaisons to develop strategies to enhance permanency practices within CYF and system partners by utilizing SWAN resources.</p> <p>Improve Conferencing and Teaming Practice Model: In 2018 CYF began planning for enhancements to the Conferencing and Teaming Practice Model with the assistance of the Child Welfare Policy and Practice Group and Plummer Youth Promise. Peer Coach specialists developed coaching techniques that incorporate permanency discussions at each initial conference and ongoing teaming meetings. We also developed a plan to begin coaching the practice model to permanency staff. We will require staff to bring a pre-permanency family to a conference prior to finalizing the permanency plan. At the conference, we will plan for the child and families ongoing needs after finalization when all system partners end involvement. We will include post permanency support and ongoing birth family contact on the conference agenda.</p>
<p>Indicators/Benchmarks (how progress will be measured):</p>	<p>Permanency is a key outcome measure of system health that CYF leadership reviews regularly. CYF leadership will continue to monitor permanency data, at least weekly, as the initiatives described above move forward. Our analytics team created dashboards to provide placement data in real time to CYF leadership and CYF casework supervisors.</p> <p>Process measures associated with increased service availability will include monitoring the time to complete POWER</p>

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	assessments (substance use) and monitoring the number of referrals for services.
Evidence of Completion:	See above.
Resources Needed (financial, staff, community supports, etc.):	Funding needs for transportation, in-home behavioral/emotional supports for children in kinship placements, and services/placement settings for youth with complex needs are all reflected in Allegheny County's 2023-24 NBPB request.
Current Status:	The activities are in various stages of implementation. See above for details.
Monitoring Plan:	Improving time to permanency is one of CYF's key focal areas and as such is monitored directly by the ACDHS and CYF Directors. Additional metrics reviewed regularly include caseworker vacancy rates and caseload size.
Identify areas of Technical Assistance Needed:	Technical assistance for many aspects of permanency practice is accessible via partner agencies such as Plummer Youth Promise. As the primary contractor for behavioral health managed care in Allegheny County, ACDHS would benefit from additional TA that helps us leverage Medicaid dollars to better connect child welfare-involved families with behavioral health services.

Outcome #2: Reduce re-entries to care

Strategy:	Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports); and further increase proportion of kinship placements.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New and existing
Action Steps with Timeframes (may be several):	<p>Provide effective services well-matched to child and family needs through:</p> <ul style="list-style-type: none"> Enhanced universal assessment, in-home services redesign (underway), and implementation of interventions to address gaps found in services array (i.e., Functional Family Therapy-Child Welfare) Services aimed at resolving parent/child conflict including Parent-Teen Medication and Triple P (ongoing) Services aimed at supporting parents with substance use disorders in recovery such as Family-Based Recovery, the Family Healing Center, the ARIA housing and case management program, and more (ongoing) In-home behavioral health supports for youth in kinship placements (current NBPB request) Placements and supports appropriate for youth with complex needs (current NBPB request)

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	<p>Enhance supports for kinship caregivers to promote this placement type through:</p> <ul style="list-style-type: none"> • Increase in caregiver per diem rates for kinship care to match non-kinship foster care (plan to operationalize by 2023) • Kinship Navigator referral for all children within 30 days of accept for service, regardless of removal (current policy; monitored ongoing) • In-home behavioral health supports for youth in kinship placements (current NBPB request)
Indicators/Benchmarks (how progress will be measured):	<p>Re-entry is a key outcome measure of system health that CYF leadership reviews regularly. CYF leadership will continue to monitor re-entry data, as well as first placement type and current placement type, at least weekly as the initiatives described above are implemented.</p> <p>Referrals to Kinship Navigators are monitored monthly in CYF leadership meetings and a real time Kinship Navigator dashboard has been created to help supervisors and staff identify children in need of a Kinship Navigator referral.</p> <p>Placement data on kinship care is in a dashboard created by the analytics team and provides real time data on children in care, including placement type.</p>
Evidence of Completion:	See indicators/ benchmarks above
Resources Needed (financial, staff, community supports, etc.):	Funding needs for kinship caregiver per diem increases, in-home behavioral health supports for children in kinship placements, and services/placement settings for youth with complex needs are all reflected in Allegheny County's 2023-24 NBPB request.
Current Status:	The activities are in various stages of implementation. See above for details.
Monitoring Plan:	See indicators/ benchmarks above. In addition, contract monitors will ensure that the referenced kinship per diem increase is passed on to kinship families/caregivers.
Identify areas of Technical Assistance Needed:	None at this time.

For Program Improvement Areas that were identified in the FY 2021-22 and FY 2022-23 NBPB Submissions, please review them and incorporate the ones that fit with one or more of the outcomes identified above. For those that do not fit, complete a new template section(s). This approach encourages development of a single plan which encompasses all your improvement efforts.

Section 3: Administration

ALLEGHENY COUNTY

3-1a. Employee Benefit Detail

30. Submit a detailed description of the county's employee benefit package for FY 2021-22. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

#52502, County Pension Fund-

The County contributes 10.5% of employees' gross salary as a match for pension benefits. This percentage became effective on January 1, 2021, up from 10% in 2020. It is unknown if the pension will increase beginning January 1, 2023.

#52503, FICA/Medicare-

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

#52504, Group Life Insurance-

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

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

Monthly benefits are based upon the number of family members covered under the insured individual's policy. Effective on January 1, 2019, the County recovered 3.25% of the employee's base wage to offset medical benefit coverage costs, up from 2.75% the year prior. The health fee remained the same for the calendar years 2020-2022 and has not yet been determined for January 1, 2023. Future increase is currently unknown.

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

#52511, Concordia Plus-

The County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employee and dependents to select a primary dental office. As of January 1, 2021, the cost to the County is \$23.34 per month for an individual and \$70.07 per month for a family. Future increase is currently unknown for 2023.

#52513, Concordia Flex-

As of January 1, 2021, the cost to the County is \$21.54 per month for an individual and \$52.81 per month for a family. Future increase is currently unknown for 2023.

#52530, Employee Worker's Comp Medical-

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

#52531, Employee Worker's Comp Indemnity-

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

#52532, Employee Worker's Comp Administration-

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

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3-1b. Organizational Changes

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

CYF recently restructured to better support positive child and family outcomes, clarify responsibilities, support leadership development, and improve accountability. New roles reporting directly to the Deputy Director of CYF include:

- Assistant Deputy Director for Prevention, Community Access and Intake
- Assistant Deputy Director for Family Preservation
- Assistant Deputy Director for System Design and Improvement
- Manager of Integration and Support
- Business Manager
- Equity and Inclusion Specialist
- Executive Administrative Assistant

3-1c. Complement

32. 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's Talent Acquisition strategy includes:

- The fourth year of participation in the Workforce Excellence initiative in partnership with the National Child Welfare Workforce Institute
- The launch and completion of the 1st cohort of Leadership Academy
- Building talent pipelines by enhancing the Internship program
- Increasing the visibility of County Postings via targeted recruitment efforts that drive applicants to NEOGOV for the formal application process.
- Utilizing social and digital media to promote vacancies.
- Enhancing recruitment efforts of diverse populations. Re-launch of the Alumni Ambassador initiative
- Targeting new graduates by attending virtual recruitment events at local colleges and universities and continuing classroom presentations virtually
- Created videos aimed at sharing the career path of existing CYF Black male staff to attract more Black men to the field.
- Created an external posting for both Caseworker 1's and 2's that allows applicants with interest to reach out 24/7 so we can help walk them through the civil service process and benefits of joining ACDHS.
- Passive Recruitment: Pulling Caseworkers who have left ACDHS to focus on bringing that talent back.
- Expanded marketing efforts outside of Allegheny County to attract them to the opportunities here at ACDHS: This includes the use of LinkedIn Professional.
- ACDHS is now fully staffed with HR Assistants to address the increasing transactional recruitment and hiring duties of CYF.
- To address the needs of low recruitment numbers with the Caseworker population statewide, Allegheny County's HR Department has implemented virtual job fairs through 2022.
- HRIS BambooHR is now used for recruitment across DHS. We're now able to implement tactical recruitment efforts in the hands of CYF leadership to develop ongoing pipelines for not only caseworks, but other CYF roles. An ATS allows for hiring managers to track

ALLEGHENY COUNTY

potential candidates throughout the recruitment process prior to applying to NEOGOV to general and maintain interest.

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

The ACDHS Talent Acquisition team continues to streamline and enhance the recruitment, interview, onboarding and offboarding processes with the aim of creating a transparent, supportive experience for hiring managers as well as applicants. Among the tools developed to this end, the ACDHS Talent Acquisition team has created a recruitment process guide designed to support hiring managers through the recruitment and interview process, a series of interview guides to ensure a cohesive, equitable hiring process, and an onboarding checklist for hiring managers and new hires.

A Healthy Habits Model Initiative with monthly educational sessions, challenges, and awards was implemented. This also includes weekly mindfulness and motivational messages; monthly newsletter with staff highlights; Crisis Action Team to support staff with significant stressors and trauma; Wellness Champions who support staff on a daily basis by being available for impromptu conversations; staff luncheons put on by the Crisis Action Team or Wellness Champions; wellness workshops including yoga and tea sessions.

Section 4: Required & Additional Language

➡ 4-1a. Assurances

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

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

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

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

And

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

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

The Assurance of Compliance/Review Form provided in this bulletin must be signed by the County Executive or a majority of the County Commissioners, the Juvenile Court Judge(s) or his/her designee, the County Human Services Director, the County Children and Youth Administrator, and the County Chief Juvenile Probation Officer, and submitted with the FY 2023-24 Needs-Based Plan and Budget submission.

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

COUNTY: Allegheny County

These assurances are applicable as indicated below.

X Fiscal Year 2023-24 Children and Youth Needs-Based Plan and Budget Estimate; and

X Fiscal Year 2022-23 Children and Youth Implementation Plan

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

COMMON ASSURANCES

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

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

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

I/We assure:

- The County Children and Youth Agency and Juvenile Probation Office have the responsibility for placement and care of the children for whom Title IV-E foster care maintenance, adoption assistance, and subsidized permanent legal custodianship payments are claimed;
- The County Children and Youth Agency/Juvenile Probation Office will provide each child all the statutory and regulatory protections required under the Title IV-E agency, including permanency hearings, case plans etc.;
- The agreement between the Office of Children, Youth and Families and the County Children and Youth Agency/Juvenile Probation Office shall be binding on both parties; and
- The state Title IV-E agency shall have access to case records, reports, or other informational materials that may be needed to monitor Title IV-E compliance.

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

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

EXECUTIVE ASSURANCES

In addition to the Common Assurances,

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

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

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

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

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

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

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

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

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

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

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

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

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

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


I/We assures the Plan was made available for public comment prior to submission and that any comments were considered before the Plan was submitted. I/We assure that all new Guardians Ad Litem (GAL) have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.

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


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

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

County Human Services Director

Erin Dalton		8-15-2022
_____ Name	_____ Signature	_____ Date

County Children and Youth Administrator

Erin Dalton		8-15-2022
_____ Name	_____ Signature	_____ Date

County Chief Juvenile Probation Officer

Russell Carlino		8/15/2022
_____ Name	_____ Signature	_____ Date

DOCUMENTATION OF PARTICIPATION BY THE JUDICIARY

In addition to the Common Assurances:

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

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

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

Judicial Comments:

Juvenile Court Judge(s)/ Designee

JUDGE KM DALTON		8/15/22
_____ Name	_____ Signature	_____ Date

_____ Name	_____ Signature	_____ Date
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COUNTY ASSURANCE OF FINANCIAL COMMITMENT AND PARTICIPATION

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

Signature(s)

County Executive/Mayor

William D. McKain
Name

William D McKain
Signature

8-10-22
Date

County Commissioners

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date