

# **Fiscal Year 2022-23 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) 2022-23 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

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

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

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

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

# ALLEGHENY COUNTY

**NBPB**  
**FYs 2020-21, 2021-22, and 2022-23**

Version Control	
Original Submission Date:	08/13/2021
Version 2 Submission Date:	
Version 3 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

- ❑ **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:

- **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.

In response to these heightened risks, ACDHS and its providers retooled service delivery to incorporate CDC-recommended practices, including use of Personal

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Protective Equipment (PPE) and enhanced sanitization methods. ACDHS published guidance for staff and providers conducting in-person visits with families; and, where possible, ACDHS and its providers also offered services virtually. To ensure clients' access to virtual services, ACDHS began its own device distribution program in 2020, which continues to operate. Additionally, to prevent outbreaks at congregate facilities and to provide care for children or caregivers who contracted COVID-19, DHS established quarantine and isolation facilities and an emergency respite program.

Once vaccination became available in early 2021, ACDHS worked to ensure access for its staff and provider workforce. ACDHS partnered with Allegheny County Health Department to hold several vaccination clinics for human services' workers, including CYF and provider agency staff. ACDHS continues to promote information and resources that encourage vaccination among the child welfare and human services' workforce.

- **Maintaining and supporting a high-quality agency and provider workforce in the face of unprecedented health risks.** As stated above, ACDHS's services are essential and life-sustaining and many must be delivered in-person – putting staff on the frontlines of the pandemic and at higher risk for contracting the virus. Because of this heightened risk, the largest share of Allegheny County's human services' workforce who have reported positive COVID-19 cases are in child welfare.

To support its workforce in delivering child welfare services without interruption, ACDHS increased provider contracts to enable temporary pay increases for frontline staff delivering in-person services; and established a dedicated child care site for children of essential services' staff so they could be assured of quality care in the event of school and childcare center closures.

Thanks to these actions and the COVID mitigation efforts described above, ACDHS never experienced a staff shortage that interrupted delivery of services to children, youth, and families. Still, like many other sectors, ACDHS is currently experiencing a shortage of applicants for vacant caseworker positions, making retention even more important.

- **Monitoring and addressing the pandemic's impact on providers.** The health of our provider network is critical to ACDHS's ability to provide uninterrupted, high quality services to children and families. At the outset of the pandemic, ACDHS created a dashboard of key performance indicators to monitor the health of its network.<sup>1</sup> ACDHS also held daily (now bi-weekly) conference calls for its entire provider network to disseminate information about the pandemic and important local, state and federal guidance; and to offer a regular and accessible venue for providers to communicate their needs.
- **Responding to the pandemic's impact on children, youth and families; and helping them recover.** The health and economic impacts of the pandemic were

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<sup>1</sup> See Allegheny County DHS Key Indicators – COVID-19 at <https://www.alleghenycountyanalytics.us/index.php/2020/03/16/allegheny-county-department-of-human-services-key-performance-indicators-covid-19/>

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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. **Lost income and high unemployment left many struggling to afford basic needs like food, housing, and utilities.**<sup>2</sup> According to the US Census Bureau's Household Pulse Survey in October 2020, 15% of Pennsylvania families reported that they sometimes or often did not have enough food to eat; and 16% of families had slight or no confidence in paying their rent or mortgage on time. Further, food and housing insecurity is worse among families of color.<sup>3</sup> In response, ACDHS is implementing and administering new and expanded programs to help families meet their basic needs, including rental and emergency financial assistance. And to better support resource families in the face of high unemployment and other indicators of need, ACDHS increased resource family per diems throughout FY 2020-21.
- **The necessary transition to online education and teleservice delivery laid bare the digital divide** across the country and in Allegheny County. Many low-income households lacked the appropriate devices and internet connectivity to engage in crucial activities moved online. In response, ACDHS began a device distribution program to ensure families' access to virtual services, including visits with child welfare caseworkers, visits between parents and children in placement, telehealth, teletherapy, and online education.
- **The transition to virtual instruction has also caused learning losses for school age youth.** Studies show learning lags in both English language arts and math, with 5-25% of students in grades 4-6 behind where they are in a typical year; and these learning lags are greatest for low-income, Black, and Hispanic students who already faced academic achievement gaps prior to the pandemic.<sup>4</sup> To help support students' transition to virtual learning and mitigate learning loss during the pandemic, ACDHS, in partnership with Trying Together and Allegheny County Partners for Out-Of-School Time (APOST), established more than 50 community-based Learning Hubs to ensure access to needed technology and provide in-person facilitation of virtual curriculum in a safe setting. Throughout the summer and as students return to school in the Fall, ACDHS will continue to operate robust Out-Of-School time programming aimed at addressing learning loss and the social/emotional needs of children and youth.
- **While reports of abuse and neglect were down in Allegheny County and nationwide throughout the pandemic, there is evidence that the most**

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<sup>2</sup> <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

<sup>3</sup> <https://assets.aecf.org/m/resourcedoc/aecf-kidsfamiliesandcovid19-2020.pdf>

<sup>4</sup> <https://www.brookings.edu/blog/brown-center-chalkboard/2021/04/29/covid-19-the-educational-equity-crisis-and-the-opportunity-ahead/>

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**vulnerable children are not safe during the pandemic** – in fact, hospitals and Child Advocacy Centers began to see more severe physical abuse cases than before.<sup>5</sup> Unfortunately, identifying abuse during the pandemic has been more challenging than ever, with mandated reporters like teachers and coaches being disconnected from children and youth.

- **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' experience of financial hardship, has resulted in increased overdoses<sup>6</sup> and reports of anxiety and depression. 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.
- Like many places across the country, Allegheny County is experiencing a rise in homicides and non-fatal shootings. From January through April 2021, there were 39 homicides in the county, a 39% increase over the same period in 2020.<sup>7</sup> Many stakeholders and experts attribute this recent rise to social isolation created by the pandemic, as well as to increases in gun carrying and legal cynicism (i.e., distrust of police). **The recent increase in community violence disproportionately impacts Black young men/adolescent boys – who are both more likely to be victimized by, and to commit, gun violence.** Further, both offenders and victims have high rates of involvement with the child welfare and juvenile justice systems. 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.<sup>8</sup> 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. Exposure to gun violence is associated with reduced cognitive performance<sup>9</sup> and poor mental health outcomes. 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

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<sup>5</sup> Candy Woodall, 2020. "Child Abuse In Pandemic: As Hospitals See More Severe Injuries, 'The Worst Is Yet To Come'". The Times. [https://www.timesonline.com/news/20200715/child-abuse-in-pandemic-as-hospitals-see-more-severe-injuries-the-worst-is-yet-to-come?utm\\_source=News+Clip+Subscribers&utm\\_campaign=0aed52cbb2-EMAIL\\_CAMPAIGN\\_2020\\_07\\_16\\_07\\_57&utm\\_medium=email&utm\\_term=0\\_9e19710dfa-0aed52cbb2-150870757](https://www.timesonline.com/news/20200715/child-abuse-in-pandemic-as-hospitals-see-more-severe-injuries-the-worst-is-yet-to-come?utm_source=News+Clip+Subscribers&utm_campaign=0aed52cbb2-EMAIL_CAMPAIGN_2020_07_16_07_57&utm_medium=email&utm_term=0_9e19710dfa-0aed52cbb2-150870757).

<sup>6</sup> 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%.

<sup>7</sup> Allegheny County Medical Examiner

<sup>8</sup> Allegheny County Data Warehouse, City of Pittsburgh homicide data 2011-2020. Victim data is County-wide. Offender data reflects City of Pittsburgh only.

<sup>9</sup> Sharkey, Patrick. 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.

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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.

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

COVID-19 presented many challenges to Allegheny County JPO's efforts toward each of the three basic principles of Balanced and Restorative Justice:

- **Community Protection:** During COVID19, JPO is still responsible to assure community protection. Throughout 2020, JPO accomplished this by maintaining regular contact with youth under supervision. Probation Officers utilized a variety of video chat platforms to enable face to face contact with youth. Probation Officers also made physically distanced home visits, where they initiated contact with youth by phone and then instructed youth to appear where visual contact could be made from a safe distance. In 2021, JPO resumed face to face visits with youth. Beginning in March 2021, JPO's normal contact schedule fully resumed.
- **Accountability:** During COVID19, JPO is challenged to both enforce community service and restitution as well as provide full services to victims of juvenile crime. Community service has been transformed in several ways. We have a virtual pen pal program whereby the youth write letters to those in nursing homes and rehabilitation centers that are unable to have visitors during this time. It continues to be a challenge for youth to be able to earn money towards restitution during COVID19. We have also continued to deliver the Victims Curriculum virtually and our Victim Advocates are working closely with victims. Almost all Juvenile Court Hearings are held via Microsoft Teams and the victims are able to participate virtually. Allegheny County Juvenile Court has been conducting a full Court Schedule since June 1<sup>st</sup>, 2020. We do have the capacity to have in person hearings at the direction of the Court. The victims can then either participate in person or via Teams.
- **Competency Development:** JPO continues to work with youth to develop competencies. Several of our groups conducted by our Community Intensive Supervision Program are delivered virtually in a group forum. We worked with several community groups to acquire Chromebooks for all our youth. We have also modified some curriculum such as ART so it can be delivered virtually on an individual basis. The Effective Practices in Community Supervision (EPICS) model of supervision described above requires audio tapes to be submitted for validation. We have successfully modified delivery, so the sessions continue virtually. In addition, our staff are using multiple methods to provide incentives for youth who are processing through their case plans. Incentives are being placed on the front porch and the PO then waits at the sidewalk until the youth picks up the incentive. We have also been using Amazon to deliver items such as books directly to the youth as an incentive. We still face significant obstacles when working to ensure every youth has access to Wi-Fi.

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

*Challenges:*



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1. **Challenge: Making sure families can access services that prevent child maltreatment and promote well-being 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. (Fifty-five percent of referrals accepted for service in Allegheny County did not have any needs identified on the FAST assessment that were found to be associated with risk for placement.) 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 will invest in strengthening our network of prevention services so that our service array matches family needs and so those services are readily accessible for families. This includes new and ongoing investments in:
  - **Hello Baby.** Hello Baby is a voluntary program for parents of new babies, designed to strengthen families, improve children's outcomes, and maximize child and family well-being, safety and security. Through Hello Baby, ACDHS will reach more families who can benefit from support, better match families to the right services to prevent child maltreatment and ensure that 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 will continue to scale this important initiative, which will ultimately be available County-wide. (Adjustment requested).
  - **Family Centers.** ACDHS operates a large network of community-based Family Centers located in high-need neighborhoods, and we will continue to leverage these spaces in our work to enhance family-strengthening prevention services. We know that in order to achieve our vision for prevention, Family Centers must be wide-open, welcoming spaces where families know to turn and can easily access the right help at the right time. To achieve this, we're enhancing Family Center operations through marketing and outreach, service navigation, and co-location of resources and supports families need. (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 who experience child removal have trouble paying for basic necessities.<sup>10</sup> 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. And while there is significant relief currently available to help families avoid eviction and meet their basic needs thanks to federal COVID relief, much of this critical support – like the expanded Child Tax Credit– will end in 2022, leaving many families to face a cliff. ACDHS will continue to invest in income and housing supports to

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<sup>10</sup> Megan Martin and Alexandra Citrin. 2014. "Prevent, Protect & Provide: How Child Welfare Can Better Support Low-Income Families." Center for the Study of Social Policy. <https://firstfocus.org/wp-content/uploads/2014/11/Prevent-Protect-Provide-Brief.pdf>.

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prevent child maltreatment and child welfare involvement by ensuring families have their basic needs met. (Adjustment requested).

- **In-home services redesign.** ACDHS offers a set of services for families who are referred to CYF and whose children are not removed, but who are determined to have unmet needs. These non-placement services are intended to prevent possible future home removals through parenting education, concrete goods, practical help, housing assistance, and case management. Recent analysis indicates these services need to be retooled so that they 1) quickly and accurately assess families' need and 2) match families to effective, evidence-based services that are shown to prevent home removal, including mental health services, where indicated. With the state's support, ACDHS developed a universal assessment and decision support tool that will improve service matching for families. We also completed an analysis of existing family assessment data to identify a critical intervention missing from our service array and recently released an RFP for this service. ACDHS will continue to invest in the redesign of its in-home services through investments in quality assurance, fidelity monitoring, and ongoing data analysis and monitoring. (Adjustment requested).

**2. Challenge: Improving outcomes for children and youth who experience home removal – including those with complex 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. In Allegheny County, there were 2,533 children and youth in placement in CY 2020. To improve outcomes for these children and youth, ACDHS is investing in:

- **Strengthened supports for 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.<sup>11</sup> ACDHS needs to strengthen supports for kinship caregivers by instituting parity in family per diems with non-kin foster care. (Adjustment requested).
- **A redesign of our Foster Care system.** Allegheny County reprocured its (non-kinship) foster care providers in FY 2020-21 with the goals of increasing the availability of culturally-responsive, community-based placement options; improving foster family supports; and standardizing rates, levels of care, and accountability measures for providers. (Adjustment requested).
- **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. As part of its recent rebid of foster care services, ACDHS is working to expand availability and

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

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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. ACDHS is requiring, and will support, all Foster Care providers to prepare at least 30% of homes to provide therapeutic services, with a goal of 50% of homes trained in the TFC. (Adjustment requested).

- **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.<sup>12</sup> 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 trafficking<sup>13</sup> (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.
- **Reducing reentries to care after reunification.** Permanency is a key outcome for child welfare services and reunification is the preferred exit when possible. Unfortunately, Allegheny County's percentage of children and youth re-entering care within 12 months after reunification (15.6%) is higher than the national benchmark (9.9%). Re-entry to care after reunification can indicate that the services delivered did not adequately address families' needs and remediate safety concerns. ACDHS will work to reduce reentries to care after reunification through its planned in-home redesign (which aims to both prevent home removal and support reunification). (Adjustment requested).

**3. Challenge: Addressing racial disproportionality in the child welfare and juvenile justice systems.** Black children and youth are overrepresented in both Allegheny County's child welfare and juvenile justice systems, given their share of the population. Disproportionality starts at each system's front door, with Black children and youth being referred at higher rates than their white counterparts. (In 2020, the number of Black children and youth referred to child welfare was nearly equal to the number of white children and youth, despite that only 13% of Allegheny County's population is Black.) Once referred, Black children and youth continue to face disproportionality at each decision point. Dismantling these inequities is a high priority for ACDHS and it involves:

- **The Allegheny Family Screening Tool (AFST).** The AFST is a predictive risk model designed to improve decision-making in Allegheny County's child welfare system. The tool uses hundreds of data elements to predict the likelihood that a child referred for abuse or neglect will later experience a foster care placement. The AFST provides additional information – in conjunction with clinical judgement – to assist child welfare workers making a call screening decision. An impact

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

<sup>13</sup> ACDHS uses abscondences as a proxy for risk of sex-trafficking.

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evaluation published in 2019 determined that the AFST led to reductions in disparities of case opening rates between black and white children.<sup>14</sup>

- **Culturally responsive, community-based, and family-like placement options.** The number of Black children and youth placed in family-like settings has increased significantly over the past decade in Allegheny County thanks to a doubling in the use of kinship care, and in CY 2019 61% of Black children and youth had a first placement in kinship care. ACDHS has made significant investments in its kinship services through prior NBPBs – including placement of kinship navigators at each CYF regional office. Unfortunately, we still see a great amount of racial disproportionality in congregate care – 57% of the 363 children who experienced one or more days of congregate care in CY2019 were Black (only 13% of Allegheny County’s population at large is Black). The greatest barrier to ensuring that children are placed in family foster care, when kin are not available, is the limited number of foster families. ACDHS’s Foster Care redesign aims to increase the quantity of foster care homes and make sure those homes are culturally responsive, which will help divert more Black youth from congregate placement settings. (Adjustment requested).
- **The planned redesign of non-placement, in-home services.** As mentioned above, ACDHS is retooling its services for families who are referred to CYF and whose children are not removed, but who are determined to have unmet needs. These non-placement services are intended to prevent possible future home removals through parenting education, concrete goods, practical help, housing assistance, and case management. We expect the effort to redesign these services so they are better matched to families’ needs will help reduce the number of Black children and youth who experience home removal. (Adjustment requested).
- **A strategy for diverting youth from the juvenile justice system and connecting them to services they need instead.** A 2020 report released by the Black Girls’ Equity Alliance (BGEA), a collaborative of individuals, community-based organizations, universities, and government entities (including ACDHS), found that Black girls in Allegheny County are ten times more likely than white girls to be referred to juvenile justice system, and that Black boys in Allegheny County are seven times more likely than white boys to be referred. The report also notes that these rates are significantly higher than national averages.<sup>15</sup> In collaboration with BGEA, ACDHS plans to pilot pre-citation and pre-arrest diversion interventions that include a centralized intake and assessment process to connect low-level youth offenders with services they need, instead of the juvenile justice system. Additionally, ACDHS aims to fill gaps in the existing suite of programs that support diversion, including those focused on mediation/conflict resolution, social/emotional competency-building, and victim-offended conferencing. Finally, ACDHS will work to shift the culture of school districts and

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<sup>14</sup> Jeremy D. Goldhaber-Fiebert, Lea Prince. Impact Evaluation of a Predictive Risk Modeling Tool for Allegheny County’s Child Welfare Office. March 2019. <http://www.alleghenycountyanalytics.us/wp-content/uploads/2019/05/Impact-Evaluation-from-16-ACDHS-26-PredictiveRisk-Package-050119-FINAL-6.pdf>

<sup>15</sup> Black Girls Equity Report, 2019. [https://www.gwensgirls.org/wp-content/uploads/2019/10/BGEA-Report3\\_v5.pdf](https://www.gwensgirls.org/wp-content/uploads/2019/10/BGEA-Report3_v5.pdf)

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police departments (two primary referral sources for juvenile justice) through conflict resolution and mediation training aimed at de-escalation. (Special Grants requested.)

### Successes:

- 1. Sustained year-over-year reductions in caseworker turnover and vacancy rates.** ACDHS recently expanded its Human Resources team to include a new Talent Acquisition unit that works collaboratively with hiring managers in CYF to streamline and enhance caseworker recruitment efforts. ACDHS is also in its third year of participation as a Workforce Excellence site in partnership with the National Child Welfare Workforce Institute (NCWWI). As a result of these efforts, from 2019 to 2020 we've seen a point-in-time increase in number of CYF supervisors and caseworkers; a decrease in the number of exits; and net positive entries versus exits for caseworkers.
- 2. Successful start-up of Older Youth Pandemic Relief program and early evidence of its impact.** Allegheny County received \$3.7 million in federal funds from the Consolidated Appropriations Act, 2021 for the John H. Chafee Foster Care Program for Successful Transition to Adulthood, and ACDHS is using this funding to provide direct cash payments to foster and former foster youth ages 18-26. To operationalize this program, ACDHS swiftly stood up an online application and survey instrument to collect information from eligible youth; identified a services provider to act as fiduciary and make payments to youth via PayPal or check; and implemented an outreach strategy in partnership with system partners. ACDHS and its partners officially launched the program on June 7<sup>th</sup> and, within the first month, distributed \$617,000 to 617 eligible youth. The program will operate through September (in order to maximize flexibility in the temporary extension of Chafee eligibility through age 26) and will exhaust all funds on payments for eligible youth. At the time of application, 95% of youth completed a voluntary survey, and initial results indicate that: approximately half of youth respondents do not have enough money to meet their basic needs; the majority of youth feel the cash transfer will bring them much closer to meeting their basic needs; and the top three ways young adults plan to spend the funds are on bills, housing/rent, and food.
- 3. New CYF/medical collaboration to better protect Allegheny County's most vulnerable children and youth.** Young children experience higher rates of maltreatment than older children, with children 3 and under experiencing the highest maltreatment rates. In 2017, over 80% of Allegheny County children who suffered fatalities associated with child abuse and neglect were under age 3. Many children who die or nearly die from physical abuse have had previous injuries which were likely due to abuse, but not initially identified as such. Additionally, approximately 50% of children who die from maltreatment were known to CYF before death. ACDHS's response to this problem is Project Magico (Medical Assessment Guidelines to Improve Child Outcomes), a recent collaboration between CYF and UPMC Children Hospital's Child Advocacy Center focused on ensuring rapid accurate medical assessment of injuries and bolstering communication between CYF and Primary Care Physicians who are an important safety net for children after case closure. After important lessons learned during the pilot period, Allegheny County now plans to expand this program to reach more of the highest risk children in Allegheny County and enhance service delivery to improve the overall safety of these children. (Adjustment requested).

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- ☐ **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 2021-22 and 2022-23.**

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 2020-21 and 2021-22.

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

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

Since 2011, Allegheny County Juvenile Probation has been actively engaged in implementing the Juvenile Justice System Enhancement Strategy (JJSES). Based on research that clarified "what works" to reduce the risk juvenile offenders pose to the community we have retooled our delivery of Juvenile Justice services. Research and practice are interwoven as never before. While our sights remain firmly fixed on attaining the goals of Balanced and Restorative Justice, how we conduct business to attain those goals has been fundamentally transformed by using evidence-based practices.

The foundation of the evidence-based effort is the Youth Level of Service (YLS), a validated risk/needs instrument that assesses a juvenile's likelihood to re-offend. Before any juvenile appears in Court for a delinquent charge, the probation officer must first conduct the YLS assessment, which considers the juvenile's attitudes/orientation, personality/behavior, peer relations, family circumstances, education/employment status and substance abuse. These factors, known as criminogenic needs, are dynamic and can be changed with the right intervention. The YLS also considers the juvenile's static risk factors, such as current offense and delinquent history, in the overall assessment of the juvenile's likelihood to reoffend. Allegheny County implemented the YLS in 2011. In calendar year 2020, there were 1,615 YLS Assessments Completed. The initial YLS showed 23% of the youth scored in the Low range, 53% scored in the Moderate range, 24% scored in the High range and 0% scored in the Very High range. Our department has 18 YLS Master Trainers who train our staff to administer the YLS.

Allegheny County Juvenile Probation is 1 of 23 departments in Pennsylvania engaged in SPEP™ activities, which seek to improve programming for juveniles thereby reducing their risk to reoffend. The SPEP™ protocol analyzes specific provider services or interventions, reviewing the type, quality, and amount of service provided and the risk level of youth. Allegheny County has eight Level 1 SPEP™ specialists, more than any county in the state. The SPEP was developed by Dr. Mark Lipsey at Vanderbilt University and formulated through groundbreaking meta-analysis of the characteristics of effective delinquency interventions, with the goal of providing a solid foundation for improving delinquency programs and services. The SPEP is a validated, data-driven rating system for determining how well a program matches what research tells us is effective for that

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particular type of program in reducing recidivism and producing positive outcomes for youth.

Through March 2021, Allegheny County's SPEP™ team has applied the SPEP™ process to 90 interventions at 14 residential and community-based provider locations for a total of 106 SPEPs™. Allegheny County will continue to work with agencies whose SPEP'ed services score consistently high to identify new services to evaluate. We also began applying SPEP to job readiness and remedial academic services that address criminogenic needs and meet competency development goals. The most critical component of the SPEP process is the development of an individualized performance improvement plan for each service that has gone through the SPEP process.

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

A central tenet of our Balanced and Restorative justice mission is to ensure that juveniles are held accountable to repair the harm they have caused individual victims and the community at large. Toward that end, in 2020, probation officers oversaw the collection of over \$208,502 in total dollars, \$145,899 of which went directly to victims as restitution for crimes committed; \$9,693 went to the Victim Compensation Fund; and over \$3,022 was directed to the Stipend Fund—money collected toward Failure to Comply charges certified from the Magisterial District Judges that eventually is paid to victims owed restitution.

Of the 825 juveniles whose cases were closed in 2020, 88 percent satisfied their restitution obligations in full and 98 percent completed all their required hours of community service. Much of this success stems from the probation officers' persistent attention to restoring victims. As a measure of our responsibility to ensure community protection, 86 percent of the youth whose cases were closed in 2020 successfully completed supervision. Successful completion is defined as no new offense resulting in a Consent Decree, Adjudication of Delinquency, or finding of guilt in a criminal proceeding while under the Court's supervision. With the advent of the Juvenile Justice System Enhancement Strategy in 2010, Pennsylvania raised the bar on measuring recidivism, moving from focusing on recidivism while under supervision to whether the youth recidivated within two years post case closing. Out of youth with cases closed in 2016 in Allegheny, 83 percent did not have a misdemeanor or felony adjudication or conviction in any county in Pennsylvania within two years of case closing.

Additional JPO and Court activities include:



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- Allegheny County was instrumental in the development of the Pennsylvania Academic and Career/Technical Training Alliance (PACTT). Today our five of our six Community Intensive Supervision Program (CISP) Centers are all recognized PACTT affiliates. A variety of both academic and technical training skills are available for youth who participate in CISP. We have been successful at using OCYF/PCCD PACTT Grants to initiate several new offerings for youth but the ongoing costs associated with such programs continues to be funded using the Needs Based Plan and Budget process.
- We have also strongly encouraged all of our providers to become PACTT affiliates. All our providers of placement services are PACTT affiliates. Through their affiliation, they have been able to enhance their vocational and academic support services to youth. We believe this will have a direct result in reducing recidivism as youth return to the community. However, these increased services continue to increase costs to the providers and therefore impact the per diems paid by the Allegheny County. The PACTT services require provider staff to be specifically trained in delivering services where the youth can successfully earn industry recognized certifications. There are additional costs every time a youth tests for the certifications. The providers also have additional material costs such as workbooks and other handouts, all of which are copy written material which must be purchased.
- Allegheny County has been utilizing Aggression Replacement Training (ART) as an evidence-based cognitive behavioral intervention that improves social skills, moral reasoning, and anger management while reducing aggressive behavior. The program runs 10 weeks and includes 30 1-hour sessions. Many of our contracted providers offer the service while the youth is in placement, but we also offer the service year-round for youth who are not in placement. Utilizing both our own staff and private providers, the sessions are offered on Saturdays at the Courthouse. During COVID we have contracted with providers to deliver a variation of ART virtually but are looking forward to going in person again this fall. As we partner with our providers, we have realized an increased cost associated with delivering the service while maintaining fidelity to the model. Ongoing staff training and fidelity assurance have added unbudgeted costs to the delivery of the service.
- Under the leadership of Judge DeAngelis, JPO and CYF have been collaborating for several years to fully implement a Crossover Youth Practice Model, developed by the Center for Juvenile Justice Reform at Georgetown University. This model has improved services for juveniles involved in both the child welfare and juvenile justice systems. Implemented in January 2016, the Crossover Youth Protocol guides the day-to-day activities of probation officers and caseworkers working with dually involved youth. Regular joint case reviews and joint supervisor cabinet meetings reinforce the Protocol. Joint training on the Protocol for newly hired staff, as well as booster training for current staff, occurs on a regular basis. We continued these activities virtually throughout the pandemic.
- Allegheny County Juvenile Probation has developed an array of Graduated Responses, both incentives and sanctions, to help move juveniles toward law abiding, productive citizenship. Research indicates that the incentive/sanction ratio of 4:1 can be an effective tool in positively shaping a juvenile's behavior. We have established a policy and matrix to ensure the responses are swift, certain, and



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proportionate. Historically, probation has issued sanctions on a regular basis. Based on that research, using Act 148 resources, we are now also focused on providing incentives at a higher frequency than sanctions. While we were limited in our close face to face contact with youth during the last year, we continued to interact with youth via zoom and other virtual platforms as well as physically distant visits where the PO was in their car and the youth was across the street on their porch while they had a telephone conversation. Our graduated responses included incentive packages delivered by Amazon.

- Motivational Interviewing (MI) a collaborative conversational style for strengthening motivation and commitment to change originally developed for the addictions field, has been adopted for use by probation officers to facilitate behavioral changes in juveniles. MI, a key part of professional alliance, is being implemented throughout our department in carefully designed cohorts consistent with our MI coaching capacity. All of the Department's probation and Community Intensive Supervision Program staff have completed MI training.
- Probation staff are also being trained to use tools that assist youth in skill building targeted to identified criminogenic needs, including Four Core Competencies, Brief Intervention Tools (BITS), BriefCASE, and the Effective Practices in Community Supervision (EPICS) model of supervision. The vast majority of our probation officers have been trained in EPICS. EPICS helps translate the risk, needs, and responsivity principles into practice. Probation officers are taught to increase dosage for higher risk offenders, stay focused on criminogenic needs, especially the thought-behavior link, and to use a social learning, cognitive behavioral approach during their interactions. These skills continued to be developed through COVID using virtual sessions with the youth. In February 2021, one of our Training PO's participated in a two week EPICS Train-the-Trainer program offered by the University of Cincinnati. He is now qualified to train PO's statewide and he also participates on the Pa. EPICS Steering Committee.
- The Probation Department began working with Keith Cruise, Professor and Director of Clinical Training at Fordham University, to implement the Trauma-Informed Decision Protocol (TIDP). Probation officers have been trained to administer the Child Trauma Screen (CTS) and, using the TIDP, incorporate the results into the Case Planning process as necessary. Juveniles with trauma symptoms will be referred for treatment. The implementation of this project was delayed during COVID, but we have already reinitiated the process.
- The Probation Department is also working with Dr. Gina Vincent on a 3-year research project titled Optimizing Supervision and Service Strategies to Reduce Reoffending: Accounting for Risks, Strengths, and Developmental Differences. This project is designed to inform juvenile probation agencies about how to prioritize their use of limited resources to improve youths' success (meaning reducing reoffending). The focus is on integrating the risk-need-responsivity and the positive youth development approaches with youth of different ages. The project examines which risk and protective factors are most important to address and using which services. The goals are as follows:
  - Identify the Protective Factors Most Strongly Associated with Reduced Reoffending to Inform Supervision Practices: Develop research-based

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strategies that will guide probation agencies in their assessment and use of both risk and protective factors to plan more effective supervision approaches.

- Examine the Value of Strengths-Based vs. Risk-Reduction Services in Promoting Youths' Success: Assess what types of services and supervision practices result in the greatest gains for youth and what practices are most effective for youth at different ages.
- Build Data-Tracking Capacity to Accurately Measure Recidivism/Success: Work with states to build their capacity to gather data on protective factors, service usage, and reoffending in a way that matters to their agencies and informs decision-making.

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

- ❑ **Summarize any additional areas, including efforts related to the Juvenile Justice System Enhancement Strategy (JJSES) and the data and trends related to the Youth Level of Service (YLS) domains and risk levels impacting the county's planning and resource needs for FYs 2021-22 and 2022-23.**

See above.

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

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

- ➡ Respond to the following questions.

- ❑ **Summarize activities related to active engagement of staff, consumers, communities, and stakeholders in determining how best to provide services that meet the identified needs of children, youth and families in the county. Describe the county's 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 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.

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In August 2021, 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 2021 to discuss the FY 2021-22 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.
  - [Neighborland](#), ACDHS's online platform for collecting community feedback on important decision points all year long.
- ❑ **Summarize activities related to active engagement of contracted service providers in identifying service level trends, strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts toward improvement in the engagement of service providers in the NBPB process.**

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

- Contract monitoring activities.
- Regularly scheduled and ad hoc meetings (both case-centered and service-wide).
- Frequent surveys to obtain information about system needs.
- Frequent systems' training for providers, including initial, ongoing, and refresher sessions provided by technical (case management applications) and professional (child welfare practice) staff.

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- 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 2021 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.

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

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

### 1-3 Program and Resource Implications

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

#### **1-3c. Service Array**

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

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

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### **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.<sup>16</sup>
- **Kinship care.** Kinship care is the preferred out-of-home placement option for children and youth because it maintains their connections with family and non-relative kin. These connections make it easier for children and youth to adjust to their new environment. Children in kinship care are also less likely to experience school disruptions, moves, and behavioral problems than children in non-kin placement.<sup>17</sup> Allegheny County has worked hard to increase its use of kinship care as a placement setting for children and youth who are removed from their homes, particularly for Black children and youth who are overrepresented in congregate care placement settings. From 2008 to 2017, the rate of kinship care use more than doubled from 30% of first placements to 64%.<sup>18</sup> 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,

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<sup>16</sup> "Allegheny Screening Tool - Frequently Asked Questions and Answers," Allegheny County DHS Office of Data Analysis, Research and Evaluation, July 2017. <https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/05/FAQs-from-16-ACDHS-26-PredictiveRisk-Package-050119-FINAL-8.pdf>

<sup>17</sup> "What Is Kinship Care?". 2020. The Annie E. Casey Foundation. <https://www.aecf.org/blog/what-is-kinship-care/>.

<sup>18</sup> "Child Welfare Placement Dynamics in Allegheny County, 2008-2017," Allegheny County DHS, December 2019. [https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/12/ChildPlacementDynamics-OnePager\\_v5.pdf](https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/12/ChildPlacementDynamics-OnePager_v5.pdf)

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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 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.

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

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

- **The need for high quality, effective community-based services that prevent formal system entry.** A recent analysis of assessment data shows a significant percentage of families currently screened in for formal CYF services have a low risk of removal and could be effectively served through community-based interventions well-matched to their needs. 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 evidence-based in-home, non-placement services that prevent home removals.** After a systematic review, ACDHS determined it needs to improve its approach to CYF's post-referral services for families experiencing formal 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, and those most heavily relied upon by caseworkers are not evidence-based. 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.
- **The need to recruit more culturally competent resource families from the home neighborhoods of children who are placed.** ACDHS has made important strides toward increasing the number of foster homes available through the work begun during its diligent recruitment grant, but more work is needed. ACDHS is working to address this ongoing challenge through its recent re-bid of its non-kin foster care services. This recently completed procurement process focused on increasing the

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availability of culturally-responsive, community-based placement options – including therapeutic foster care options; improving foster family supports; and standardizing rates, levels of care, and accountability measures for providers.

- **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 (15.6% compared to the national 75<sup>th</sup> percentile of 9.9%). Babies and toddlers (ages 0-3) and teens are especially at risk for re-entry after reunification. In 2019, there were 32 exits among children 0-3 (at the time of entry) who re-entered care within a year. Of these re-entries, 13 of them (41%) had been removed for adult/parent drug. Over the same period, there were 39 exits among children 14-17 who re-entered care within a year. Of those re-entries, 20 (51%) had been removed for parent-child conflict. The services currently available to these families are primarily the same suite of in-home, non-placement services mentioned above, which are currently not highly effective or well-matched to family need. ACDHS' in-home services redesign effort is expected to help reduce reentries by better matching families' need to services they receive.
- **The need to strengthen safety, security, and youth services at Allegheny County's Shuman Juvenile Detention Center.** PA's Office of Children Youth and Families (OCYF) recently issued a fourth provisional license to Shuman Juvenile Detention Center. The concerns identified by OCYF point to needed investments in:
  - Structured programming that provides recreational opportunities for youth and reduces the amount of down time they experience, which contributes to behavioral problems.
  - Adequate medical staff (i.e., nurses) and training to ensure youth receive all prescribed medications at their required intervals and dosage; and to ensure behavioral health staff can deliver intended services rather than being tasked with medication management.
  - Expanded behavioral health services that begin with entry and follow youth after exit.
  - Larger staff complements to address coverage issues that are a risk to safety and limit the Center's ability to ensure adequate crisis management.

### **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 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.**



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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 2022-23 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.

- ☐ **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.

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### **1-3f. Continuous Quality Improvement (CQI)**

**For new CCYAs interested in joining the CQI effort during calendar year 2022, 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.
- ☐ What is the tentative month the CCYA would be interested in conducting a QSR in 2022 if approved to join the CQI effort? Please note if you are interested in in-person or virtual reviews.

**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.**

**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 2022 to allow for full resumption of services, post-COVID. At this time, we plan to conduct in person reviews. ACDHS is also interested in learning from those counties that have conducted virtual reviews to inform our final decision as to in-person versus virtual QSR.

### **1-3l. Family First Prevention Services Act** **Title IV-E Prevention Services Program**

- ☐ Describe how the CCYA currently determines children and youth are at imminent risk of placement in foster care absent effective preventative services (i.e., does the CCYA use an assessment tool to inform this determination or does each caseworker make this decision independent of an assessment tool). This determination is currently documented on the Family Service Plan and/or petitions to the court.

CYF caseworkers currently use the PA Safety and Risk assessments, along with the functional assessment (FAST) to inform if the children and youth are at imminent risk of placement in foster care absent of effective preventative services. In each instance, caseworkers consult with supervisors to make a final determination. (ACDHS, in collaboration with PA OCYF, is still considering whether the resultant determination will continue to be documented in the Family Service Plan, or if moving forward, this should be documented in the Prevention Plan.)

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 recently received approval from PA OCYF to put this new tool into practice. In developing the universal assessment, ACDHS's goal was to provide a single, holistic tool that facilitates clear and meaningful connections between assessment and planning. ACDHS led the development of the tool in collaboration with Crawford County Child Protective Services, PA OCYF, and the Praed Foundation.

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ACDHS, Crawford and PA OCYF partners conducted Pre-Implementation Testing of the universal assessment to examine reliability and validity as well as gather feedback on the user experience. Participants in the testing process were caseworkers and casework supervisors. Feedback from this process will be used to inform implementation, training and support.

During the transition period, ACDHS will use the Safety, Risk, and FAST tools concurrently with the universal assessment. Ultimately, ACDHS plans to replace the Safety, Risk and FAST tools with the universal assessment. Implementation and on-going support of the universal assessment will be managed by a CYF lead in collaboration with an integrated team of experts in Safety and Risk, functional assessment, KIDS (IT system), Child Welfare Best Practice, and Quality Assurance. Implementation and on-going supports will include responding to direct support requests from staff, developing targeted on-going training, quality assurance and communication across the agency. Additionally, ACDHS will publish an RFP for a Quality Assurance partner to ensure valid and reliable scoring, meaningful use in planning decisions, and best practice as it relates to assessment.

☐ **Describe the CCYAs assessment process to determine the needs of the children, youth and families being served and the selection of appropriate services to meet those needs.**

ACDHS developed an investigative practice standard manual and provides hands-on training and support to caseworker and supervisory staff in completing assessments. The manual outlines each step of an investigation process, highlighting not just compliance with timeframes but also best practices for interviewing and conducting assessments. To develop the manual, CYF's best practice and common assessment teams met with each investigative unit, walking through a current investigation and highlighting requirements, best practices, and application of assessment tools. Following this walkthrough, the best practice team accompanied caseworkers in the field – providing hands-on coaching and support on engagement, assessments, and decision-making.

Further, ACDHS leverages support team collaboration at regional offices, with the aim of strengthening needs assessments and selection of services. When a new investigation is assigned to the regional offices, the clinical manager notifies key support team members (i.e., behavioral health specialist, nurse, paralegal, peer coach, managed care liaison) and this team begins researching the child's behavioral or physical health needs, paternity, physical health records, supports and connections for the family, and any prior CYF history. This team provides the caseworker with information and support so that they can conduct a holistic assessment (rather than focusing on just the allegations). If the need for a formal service is warranted, the caseworker/supervisor employs the support of the In-Home Navigator who facilitates a connection to a contracted service provider and or community supports to address parental resilience, social connections, knowledge of parenting and child development, concrete support and/or early intervention.

ACDHS envisions a future state where family need data collected through the universal assessment (described above) is analyzed by a decision support tool to inform the best service match for family needs. ACDHS has requested resources through current and prior NBPB to both develop and operationalize the decision support tool as part of our in-home redesign effort.

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- ☐ **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.

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.

- ☐ **Describe the CCYAs efforts to monitor EBP programs (regardless of their allowability under the Title IV-E Prevention Program) for fidelity to the model, collect outcome data, and analyze the data for the purpose of determining improvements to the current practice.**

ACDHS is working to strengthen its EBP monitoring, in alignment with FFSPA and the aims of our in-home redesign effort.

In all cases, CYF's Provider Relations unit monitors, collects and analyzes program outcomes data to identify opportunities for continuous quality improvement and provide technical assistance for providers, where needed. Additionally, CYF monitors providers for contract and regulatory compliance; reviews integrated monitoring tools for dually licensed or contracted service providers; and utilizes Allegheny County's Managed Care Organization's (MCO) monitoring tools.

Where available, ACDHS currently works with model developers to monitor fidelity (for instance, the model developer for the Homebuilders in-home service works directly with the service provider to monitor fidelity and provide technical assistance). In ACDHS's last NBPB, we requested resources to invest in fidelity monitoring, especially where model developers do not offer this assistance, and plan to RFP for this service.

- ☐ **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 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 thru the Master Provider Enterprise Repository (MPER), our system that documents services rendered and facilitates invoicing, and will not run through the Act 148 invoice.

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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.

- ☐ **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. To assist OCYF in determining the feasibility of this approach on a county-by-county basis, share whether this is an option the CCYA is considering and, if so, include a high-level description that addresses how the requirements under the program will be met. Be sure to address (at a minimum):**
- *The role of the CCYA and the role of the other agency;*
  - *What infrastructure supports exist to enable data sharing and accurate billing (considering the payer of last resort requirement);*
  - *What assessment processes will be utilized by the other agency to determine eligibility of the child for services (i.e., that the child is at serious risk of placement in foster care or a pregnant, expecting or parenting youth in foster care);*
  - *What assessment processes will be utilized by the other agency to determine the needs of the child and select the appropriate Title IV-E Prevention Service;*
  - *Who is responsible for completion of the prevention plan;*
  - *How safety of the child and the effectiveness of the service in mitigating the risk to placement in foster care will be periodically assessed while the child is receiving services; and*
  - *The circumstances under which the child will be referred to the CCYA for additional services.*

ACDHS will initially focus on implementing Family First with children, youth and families who have an open child welfare case. We will emphasize implementing new EBPs with fidelity and a strong CQI lens, making necessary case management system changes and adequately training frontline staff to ensure we are able to achieve desired outcomes and prevent out-of-home placements.

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

- ☐ **Describe the CCYA's 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

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longtime focus of ACDHS and its system partners, and this remains an important aim under FFSPA.

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

In 2016, ACDHS and JPO implemented 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. Protocols developed in alignment with the model inform the day-to day practices of CYF and JPO staff when working with youth who are involved with both agencies. Each agency maintains designated staff responsible for model oversight, as well as training and technical assistance for staff and stakeholders. Regular joint case reviews and joint supervisor cabinet meetings reinforce the protocol. Joint training on the protocol for newly hired staff, as well as booster training for current staff, occurs on a regular basis.

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

During the October 16, 2019 provider meeting, CYF communicated the state plan to establish guidance and a process for providers to become a specialized setting, with the exception of the QRTP setting, which we explained that PA was not pursuing.

During a provider meeting on March 11, 2020, we provided an overview of the Specialized Settings requirements that referenced the then recently released Bulletin and had a questions and answer session for providers.

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

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, 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.

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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.)

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

Anticipated fiscal impacts of this provision include a loss of IV-E revenue for congregate placements exceeding 14 days and higher rates for placements in specialized settings. In its current and prior NBPB, ACDHS included revenue and expenditure adjustments reflecting these anticipated fiscal impacts.

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

- ☐ **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 its current NBPB, ACDHS is requesting an expenditure adjustment to provide legal services to non-court active families, as a strategy to prevent child welfare system/court involvement.

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

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

- ☐ **What is the cross-agency process developed in your county to support children and youth when the needs identified require the expertise of multiple systems? Please include information related identification of partner agencies who are a part of the county's integrated children's service planning team, the referral process and identification of team leads.**

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 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.



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- 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 RESPOND program.
- 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.
  - o In cases where an ITM is deemed appropriate, the Multi-system team:
    - Schedules ITM within 5-7 days.
    - 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
  - o 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.

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- **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.

### **1-3u. Family Reunification Services**

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

ACDHS currently supports family reunification efforts through in-home services (including Homebuilders™), coached visitation, and systems navigation/advocacy provided by the Youth Support Partner unit.<sup>19</sup> 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 2020-21?**

To estimate the total cost of family reunification services in FY 2020-21, we considered:

- The proportion of cases referred to Homebuilders for reunification support (25% or \$199,785).
- The estimated proportion of families receiving other in-home, non-placement services to support reunification (50% or \$2,498,466).
- The total cost of coached supervised visitation services (\$805,771).
- The amount of funding received through our current Family Reunification Grant to support the Youth Support Partner unit's collaboration with CYF on family reunification (\$205,000).

The resultant estimate of total costs of services and activities to provide family reunification services in SFY 2021-21 is \$3,709,022.

## **Section 2: General Indicators**

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<sup>19</sup> Youth Support Partners are young adults with lived experience in one or more of the ACDHS child-serving systems and/or juvenile probation, who provide peer mentorship to youth currently involved in human service systems. YSPs leverage their lived experience in the support they offer to system-involved youth and in their collaboration with community leaders, DHS professional staff, and system partners in supporting family reunification. YSPs engage youth via one-on-one and group meetings/events to discuss their shared lived experiences, utilization of services, and successful exit from the system.

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### 2-1: County Fiscal Background

☐ **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, the pandemic's continued impact on operations and utilization resulted in underspending in FY2021-22.

COVID-19 impacted fiscal outcomes in several ways:

- Sharp decrease in the volume of referrals
- Sharp decrease in staff travel and overtime.
- Reduction of in-person service delivery.
- Delay or interruption of project implementation for new initiatives approved in previous NBPB submissions.
- Decrease in congregate care placements.

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

ACDHS anticipates spending our entire certified amount in the Implementation Year (FY 2021-22). As schools reopen and other in-person activities resume to pre-pandemic levels, referrals, staff travel, in-person service delivery, and placements are all expected to return to pre-pandemic volume (or higher).

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

In its Adjustment to Expenditure submission, Allegheny County DHS has highlighted resource needs that are responsive to the following important changes and trends:

- **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. In the US Census Bureau's Household Pulse Survey from October 2020, 15% of Pennsylvania families reported that they sometimes or often did not have enough food to eat; and 16% of families had slight or no confidence in paying their rent or mortgage on time. Further, low-income households and families of color – already overrepresented in our child welfare system – are disproportionately impacted by these economic hardships.<sup>20</sup> Through its expenditure adjustments, ACDHS will address this by increasing basic needs support available to families engaged with our prevention services.
- **Trend: Learning loss due to school closures; and a recent spike in truancy.** The transition to online learning has resulted in documented learning losses for students. Studies show learning lags in both English language arts and math, with 5-25% of students in grades 4-6 behind where they are in a typical year; and these learning lags are greatest for low-income, Black, and Hispanic students who already faced academic achievement gaps prior to the pandemic. Additionally, in Q4 of 2020, there was a sharp spike in child welfare referrals involving truancy allegations – almost double the number of referrals for truancy during the same quarter in 2019.

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

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- **Trend: Increased community violence, disproportionately impacting Black boys and young men.** Like many places across the country, Allegheny County is experiencing a rise in homicides and non-fatal shootings. From January through April 2021, there were 39 homicides in the county, a 39% increase over the same period in 2020. Many stakeholders and experts attribute this rise to the pandemic's impact on the root causes of community violence, like poverty and joblessness. The recent increase in community violence disproportionately impacts young Black men/adolescent boys – who are both more likely to be victimized by, and to commit, gun violence. Further, both victims and offenders have high rates of prior child welfare and/or juvenile justice involvement. 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.<sup>21</sup> Through its expenditure adjustments, ACDHS will address this by investing in evidence-based interventions, youth employment, and an expansion of out-of-school-time programs.
- **Trend: Racial disproportionality across all decision points of Allegheny County's child welfare and juvenile justice systems,** beginning at each system's front door. In 2020, 43% of children referred to child welfare were Black even though only 13% of Allegheny County's 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 congregate placements during the pandemic.** An analysis of ACDHS fiscal data shows the overall paid dollars for placements (CYF and JPO combined) were down about \$8 million in FY 2020-21 (per billing data through 7/9/21) and that almost all of this year-over-year decrease in placement expenses is attributable to reductions in CYF Congregate Care (-\$2.3M) and JPO Congregate Care (-\$4.8M). This fiscal analysis mirrors utilization data that shows CYF congregate placements were down 24% and JPO congregate placements were down 40% in FY 2020-21. While Allegheny County is committed to reducing congregate placements overall, as school and other in-person activities resume, we expect that some return to pre-pandemic utilization is inevitable, requiring an expenditure adjustment in FY 2021-22.
- **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). This trend was significantly exacerbated by the pandemic, making focus on this

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<sup>21</sup> Allegheny County Data Warehouse, City of Pittsburgh homicide data 2011-2020. Victim data is County-wide. Offender data reflects City of Pittsburgh only.

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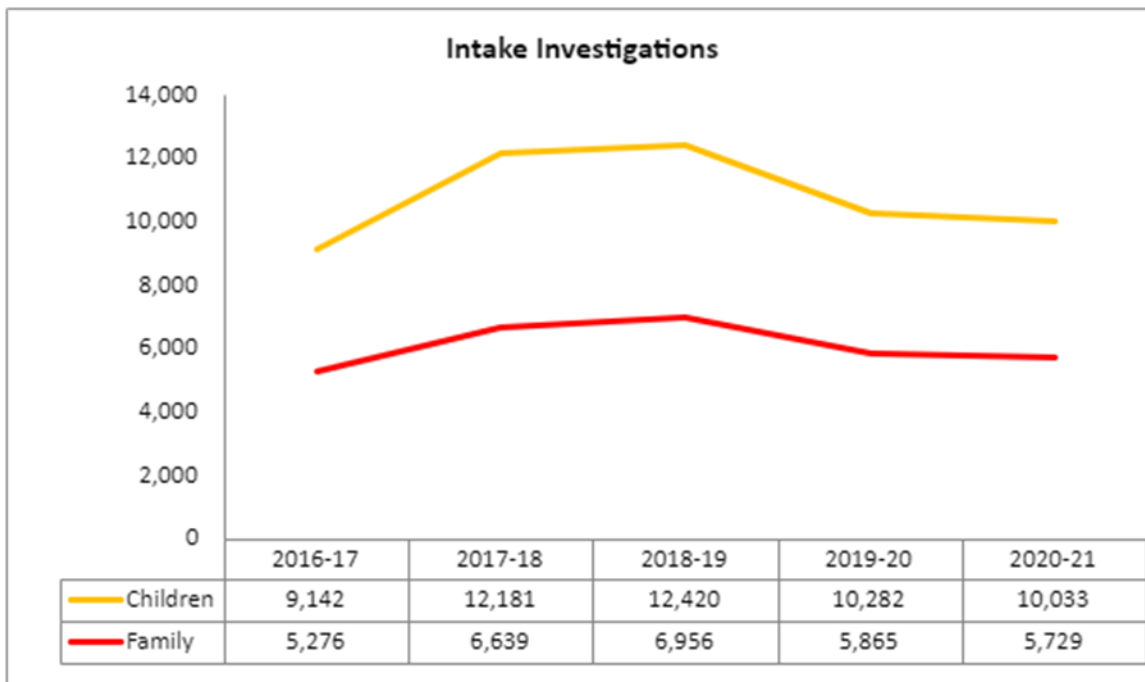
performance measure more important than ever. Exits, regardless of length of time in care, declined during the first 6 months of the pandemic (March 2020 – September 2020), with a particularly sharp decline during Q2 2020, compared to prior quarters. ACDHS will address this through its expenditure adjustments by making permanency a focus of our foster care redesign and by providing peer support for CYF-active parents.

- **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 (15.6%) is higher than the national benchmark (9.9%). Re-entry to care after reunification can indicate that the services delivered did not adequately address families' needs and remediate safety concerns. Through its expenditure adjustments, ACDHS will address this by requesting resources for its planned in-home redesign (which aims to both prevent home removal and support reunification).
- **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 2-4)**

## ALLEGHENY COUNTY

### 2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).



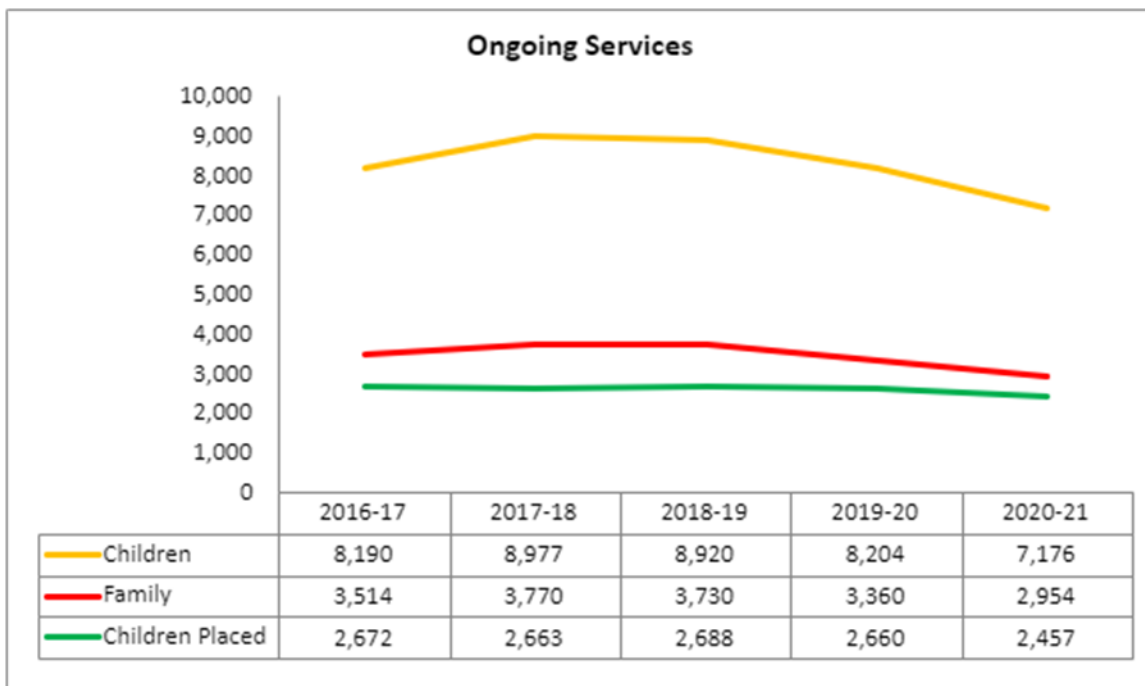
After years of continuous increases, intake investigations were impacted considerably by the onset of the COVID-19 pandemic and dropped in FY 2019-20 and FY 2020-21.

There are recent signs in 2021 that intake counts are trending upward and may in coming months return to pre-pandemic levels. For example, looking at only the period April 1<sup>st</sup> through June 30<sup>th</sup> (FYQ4), Q4 distinct incoming referrals from FY 2016-17 to present were as follows: 3817, 4143, 4769, 2705, 3524. While FY 2019-20 referrals were about ~43% lower than FY 2018-19 peak levels for the same period, Q4 FY 2020-21 referrals were only down about ~26% from this peak point, and were only ~8% behind Q4 back in FY 2016-17. We anticipate incoming referrals will continue to trend toward normalization.

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### 2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

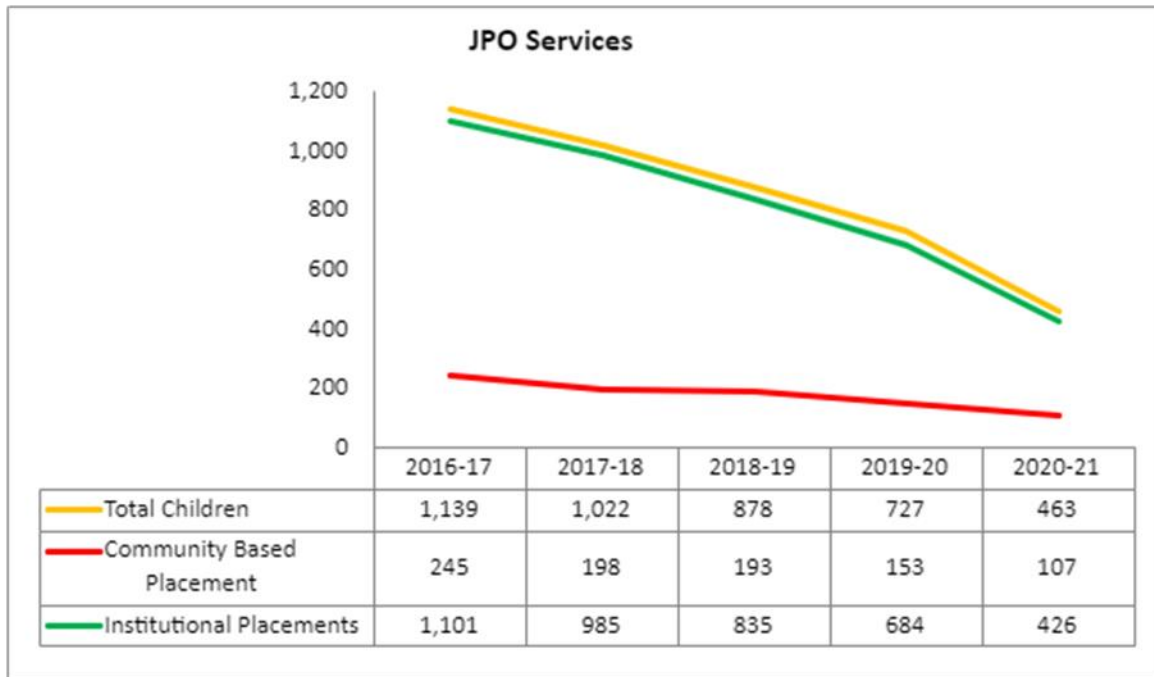


Placements were fairly stable throughout FY 2019-20, but the late-year downtick in incoming referrals and intake investigations did start to impact the counts of new and ongoing children and families receiving services further downstream. FY 2020-21 saw a continuation of these declines, with ongoing families being served about 21% lower than FY 2018-19, and placements about 9% lower than FY 2018-19. It is expected that normalization of intake referrals upstream would lead to these figures increasing to former levels as well.

## ALLEGHENY COUNTY

### 2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



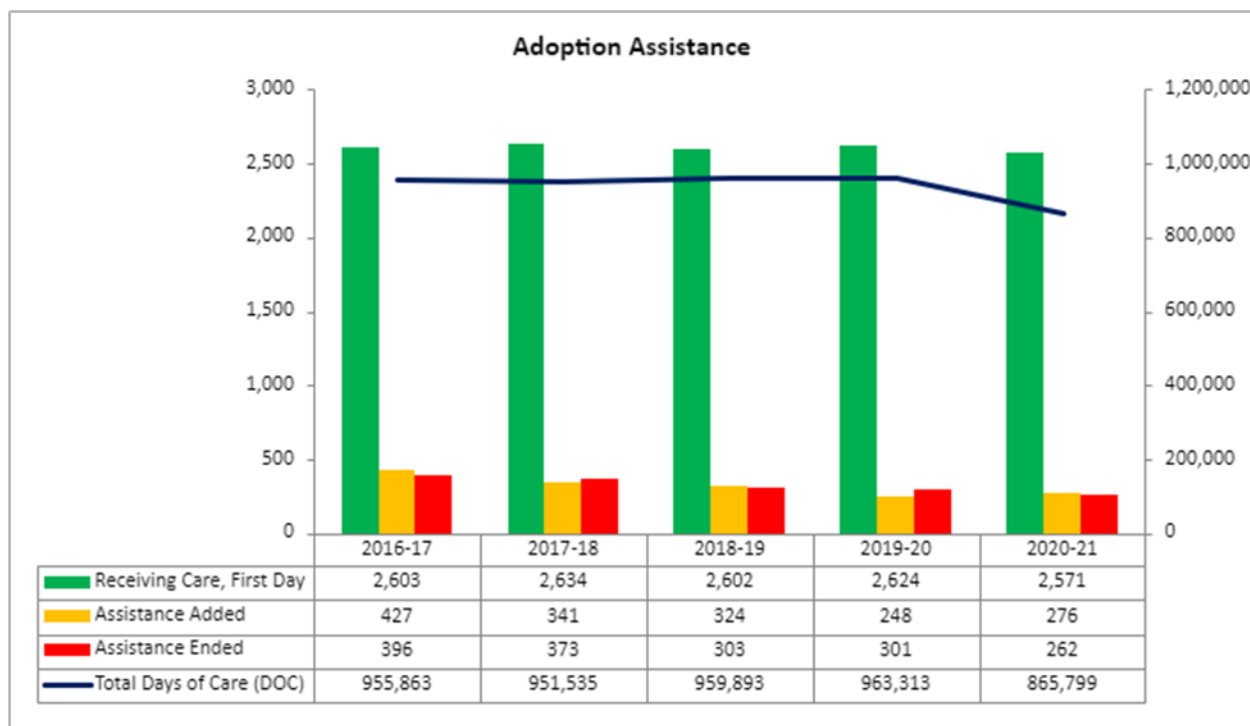
Allegheny County saw a 59% reduction in the number of juveniles served by probation (where Act 148 funds are used for services) between FY 2016-17 and FY 2020-21, and a similarly steep reduction in institutional placements. The FY 2019-20 and FY 2020-21 numbers were greatly impacted by COVID-19. The number of new allegations received from the police dropped significantly beginning in April 2020 and continued into FY 2020-21. JPO typically received about 200 allegations per month pre-COVID. In April 2020, we received only 54. That number has increased each month since that time. JPO expects the number of police allegations to increase significantly as Pennsylvania and Allegheny County continues to effectively address the COVID-19 pandemic.



## ALLEGHENY COUNTY

### 2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).

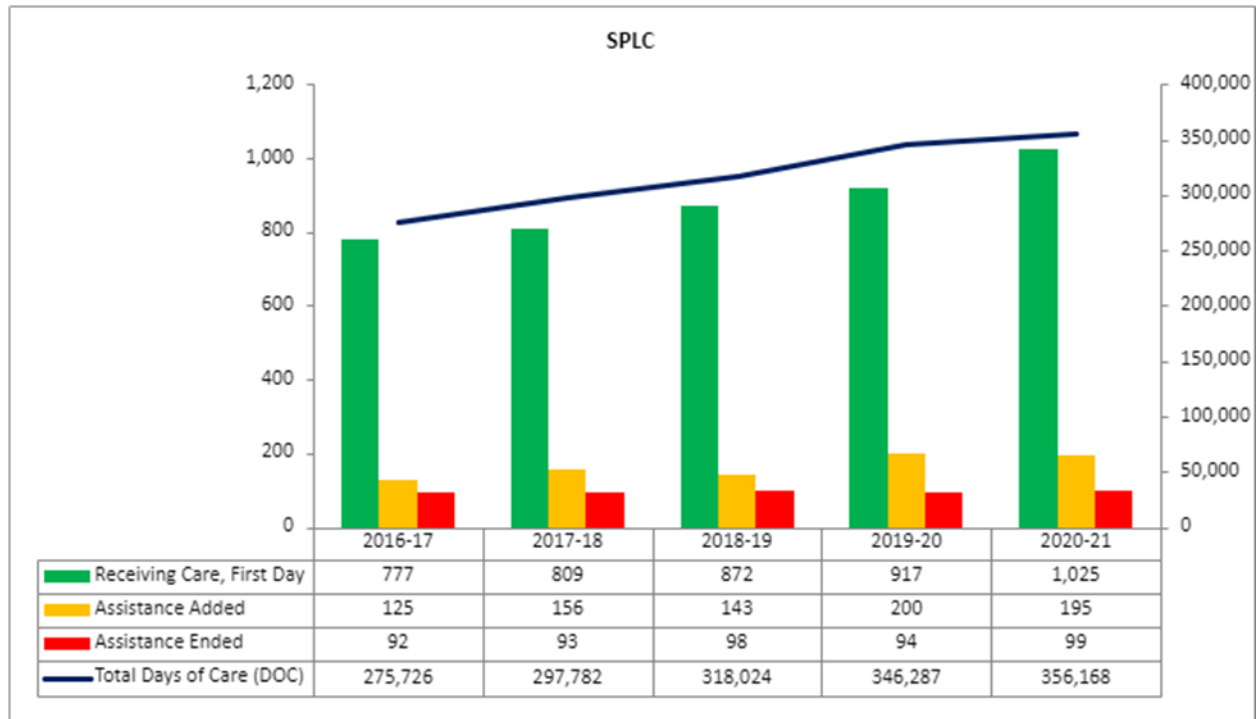


Adoption Assistance counts had been highly stable in recent years, averaging less than a percentage point change per year from FY 2016-17 through FY 2019-20, but FY 2019-20 saw a pronounced decline in new adoption assistance added (outstripped by assistance ended) and a resulting FY 2020-21 first-day decline in those receiving adoption assistance. FY 2020-21 saw a resulting rebound in adoption assistance added, and receipt of adoption assistance is expected to continue to trend upward in the coming months.

## ALLEGHENY COUNTY

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

Insert the SPLC Chart (Chart 5).

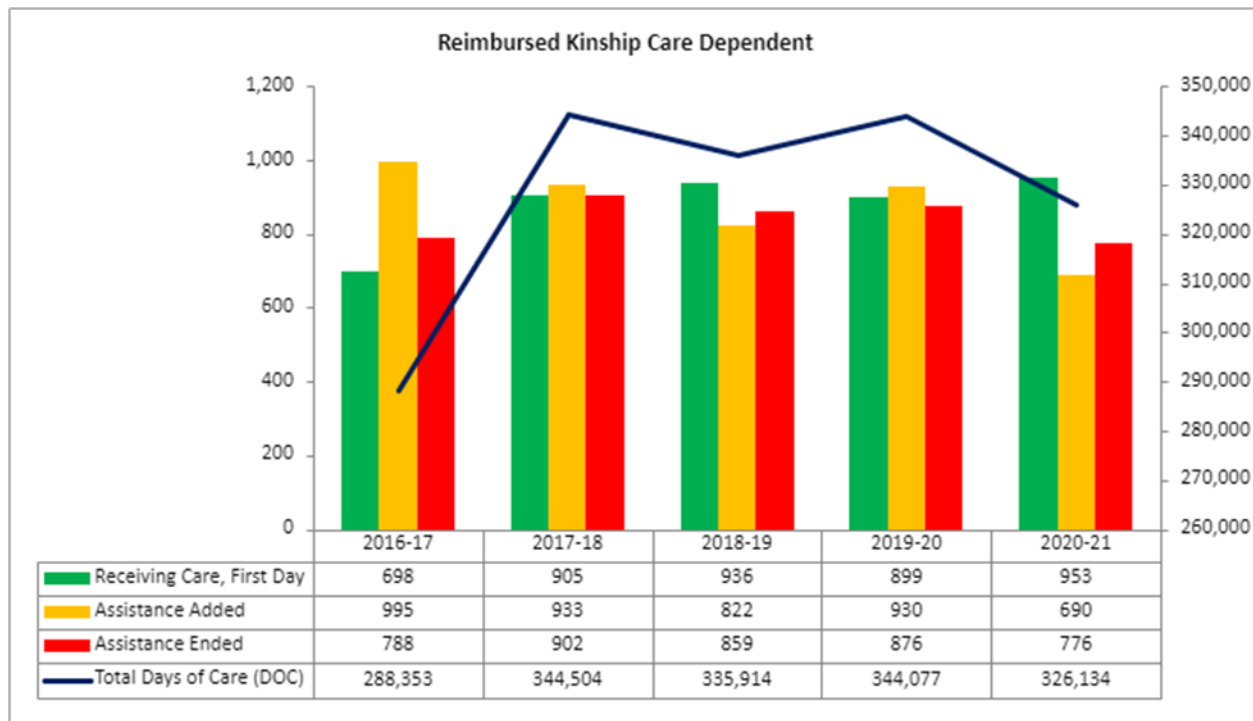


From FY 2016-17 through FY 2020-21, there has been a consistent increase in the number of children receiving care through Subsidized Permanent Legal Custodianship, in counts of Assistance Added, and in aggregate days of care.

## ALLEGHENY COUNTY

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

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

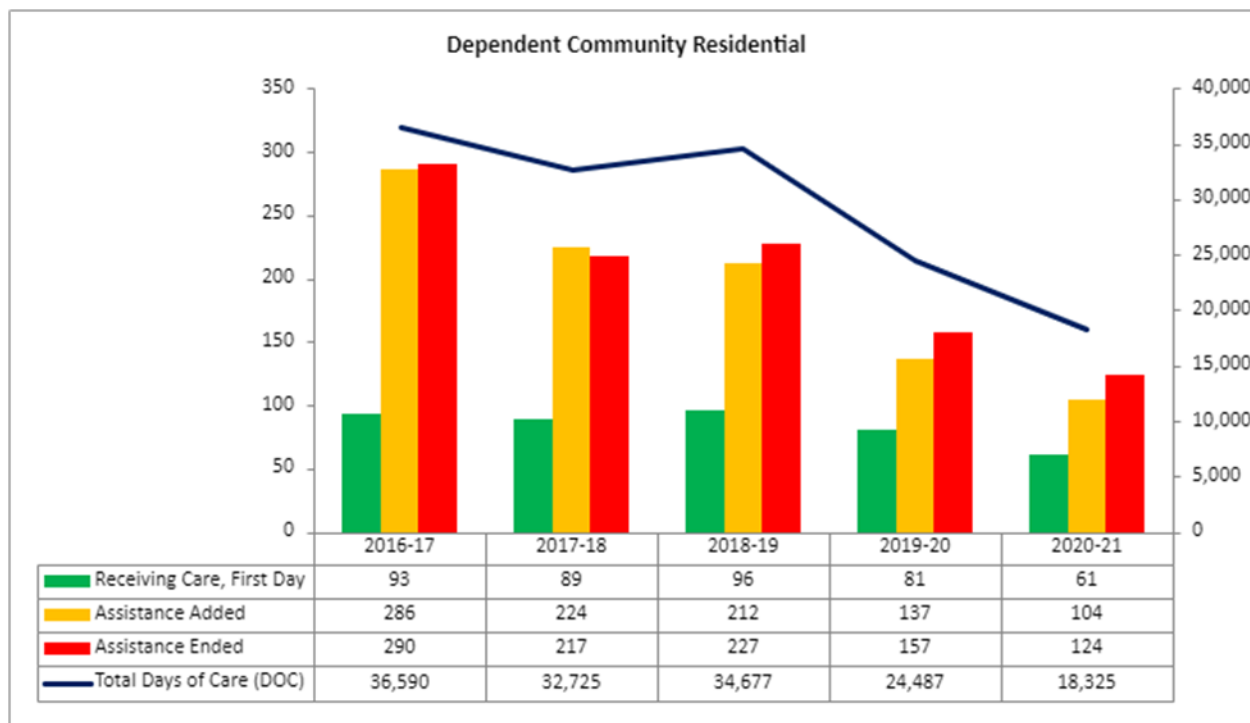


The number of children receiving Reimbursed Kinship Care Services and the aggregate days of care have generally increased in recent fiscal years. This trend is because of ACDHS's strong commitment to using kinship providers whenever possible, and through the efforts of the kinship navigators in the regional offices, who begin locating kin as soon as a case is opened. FY 2020-21 did see a drop in incoming placements and in total days of care throughout the year, and the use of kinship care was no exception to this decline, although these measures are expected to rise again going forward as placement dynamics normalize post-pandemic.

## ALLEGHENY COUNTY

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

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

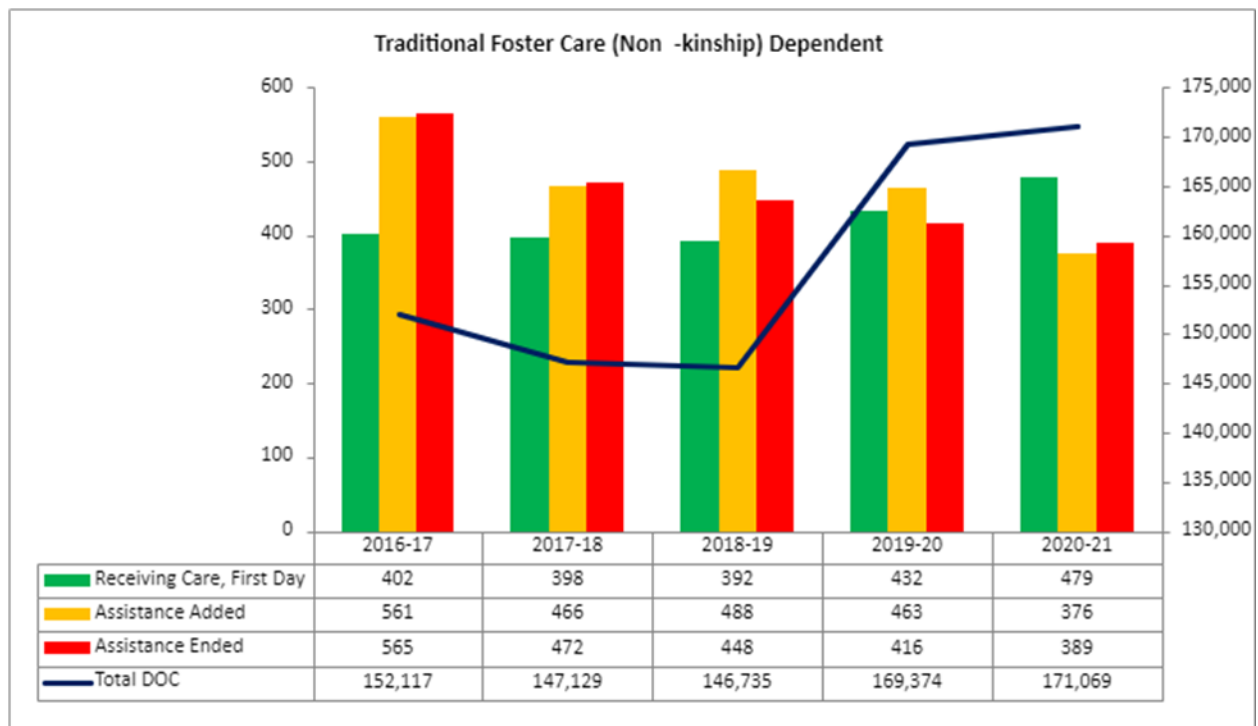


The number of children receiving Dependent Community Residential care has decreased considerably during recent fiscal years, showing a 34% reduction in first day counts and a 50% reduction in total days of care between FY 2016-17 and FY 2020-21. This is the continued result of numerous initiatives and changes in contracted providers to safely reduce the group care population – although the onset of the COVID-19 pandemic probably also contributed FY 2020-21 dynamics.

## ALLEGHENY COUNTY

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

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

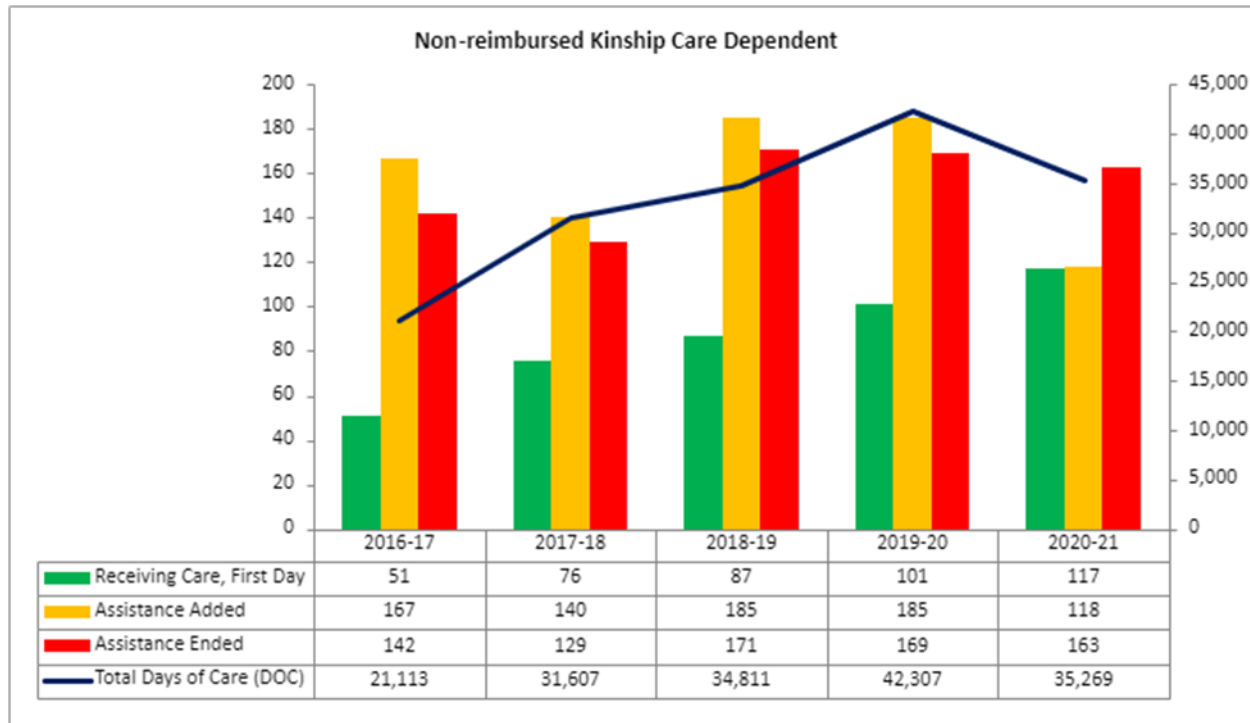


The number of children receiving care through Traditional Foster Care Services has remained stable over recent fiscal years. The number of youth in care (first day) and Total Days of Care saw an uptick in FY 2019-20 and FY 2020-21 that could be partly attributable to a pause in foster care exits during the COVID-19 crisis. DHS will continue to seek ways of reducing the population of youth in group care, but this is contingent on family setting homes being available, particularly for older youth who have been removed from their homes.

## ALLEGHENY COUNTY

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

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

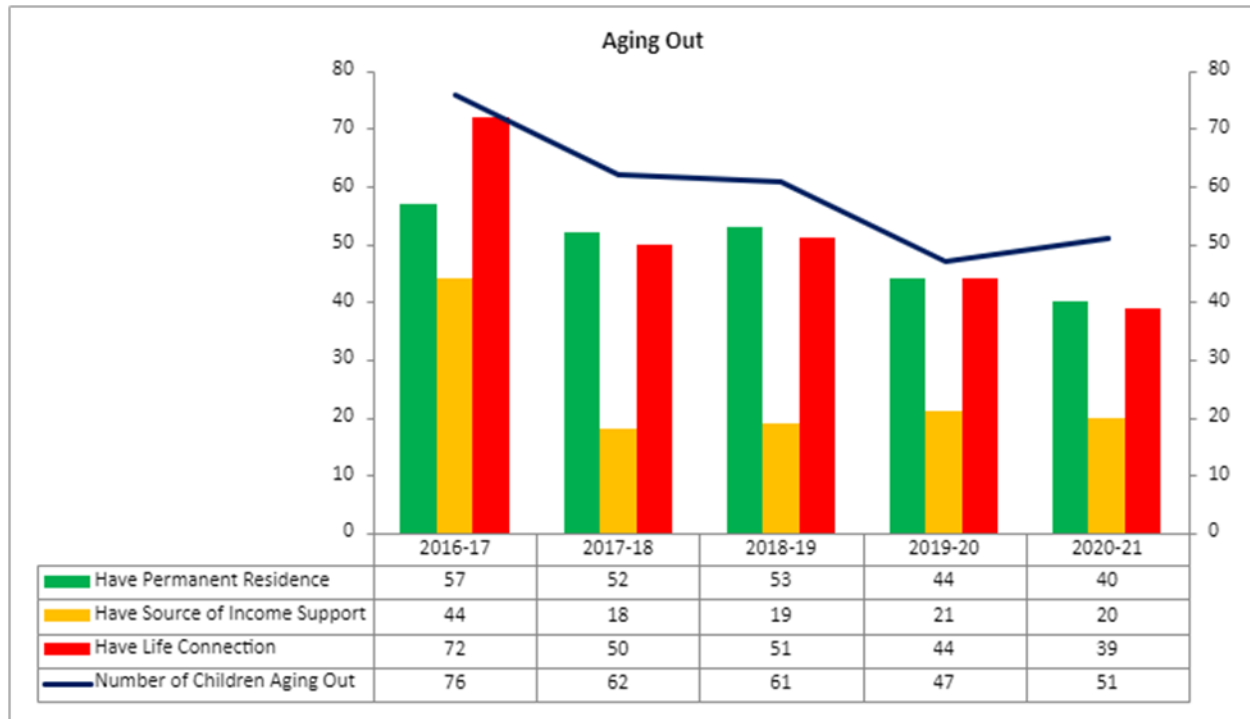


The number of children receiving care through Non-reimbursed Kinship Care Services comprises a small percentage of placements but has gradually increased in recent years – declining slightly in FY 2020-21, but expected to resume increasing as placement dynamics normalize post-pandemic.

## ALLEGHENY COUNTY

### 2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



The number of children aging out has gradually declined, from 76 in FY 2016-17 to 51 in FY 2020-21 (a 33% 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.

## ALLEGHENY COUNTY

### 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.

#### 2-2a. Service Trends

Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
<b>Intake Investigations</b>							
Children	9,142	12,181	12,420	10,282	10,033	9.7%	2.4%
Family	5,276	6,639	6,956	5,865	5,729	8.6%	2.1%
<b>Ongoing Services</b>							
Children	8,190	8,977	8,920	8,204	7,176	-12.4%	-3.3%
Family	3,514	3,770	3,730	3,360	2,954	-15.9%	-4.2%
Children Placed	2,672	2,663	2,688	2,660	2,457	-8.0%	-2.1%
<b>JPO Services</b>							
Total Children	1,139	1,022	878	727	463	-59.4%	-20.2%
Community Based Placement	245	198	193	153	107	-56.3%	-18.7%
Institutional Placements	1,101	985	835	684	426	-61.3%	-21.1%

#### 2-2b. Adoption Assistance

Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
<b>Adoption Assistance</b>							
Receiving Care, First Day	2,603	2,634	2,602	2,624	2,571	-1.2%	-0.3%
Assistance Added	427	341	324	248	276	-35.4%	-10.3%
Assistance Ended	396	373	303	301	262	-33.8%	-9.8%
Total Days of Care (DOC)	955,863	951,535	959,893	963,313	865,799	-9.4%	-2.4%

#### 2-2c. SPLC

Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
<b>Subsidized Permanent Legal Custodianship</b>							
Receiving Care, First Day	777	809	872	917	1,025	31.9%	7.2%
Assistance Added	125	156	143	200	195	56.0%	11.8%
Assistance Ended	92	93	98	94	99	7.6%	1.9%
Total Days of Care (DOC)	275,726	297,782	318,024	346,287	356,168	29.2%	6.6%



## ALLEGHENY COUNTY

2-2d. Placement Data							
Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
<b>Traditional Foster Care (non-kinship) - Dependent</b>							
Receiving Care, First Day	402	398	392	432	479	19.2%	4.5%
Assistance Added	561	466	488	463	376	-33.0%	-9.5%
Assistance Ended	565	472	448	416	389	-31.2%	-8.9%
Total DOC	152,117	147,129	146,735	169,374	171,069	12.5%	3.0%
<b>Reimbursed Kinship Care - Dependent</b>							
Receiving Care, First Day	698	905	936	899	953	36.5%	8.1%
Assistance Added	995	933	822	930	690	-30.7%	-8.7%
Assistance Ended	788	902	859	876	776	-1.5%	-0.4%
Total Days of Care (DOC)	288,353	344,504	335,914	344,077	326,134	13.1%	3.1%
<b>Foster Family Care - Dependent (Total of 2 above)</b>							
Receiving Care, First Day	1,100	1,303	1,328	1,331	1,432	30.2%	6.8%
Assistance Added	1,556	1,399	1,310	1,393	1,066	-31.5%	-9.0%
Assistance Ended	1,353	1,374	1,307	1,292	1,165	-13.9%	-3.7%
Total Days of Care (DOC)	440,470	491,633	482,649	513,451	497,203	12.9%	3.1%
<b>Non-reimbursed Kinship Care - Dependent</b>							
Receiving Care, First Day	51	76	87	101	117	129.4%	23.1%
Assistance Added	167	140	185	185	118	-29.3%	-8.3%
Assistance Ended	142	129	171	169	163	14.8%	3.5%
Total Days of Care (DOC)	21,113	31,607	34,811	42,307	35,269	67.0%	13.7%
<b>Dependent Community Residential</b>							
Receiving Care, First Day	93	89	96	81	61	-34.4%	-10.0%
Assistance Added	286	224	212	137	104	-63.6%	-22.3%
Assistance Ended	290	217	227	157	124	-57.2%	-19.1%
Total Days of Care (DOC)	36,590	32,725	34,677	24,487	18,325	-49.9%	-15.9%
<b>Delinquent Community Residential</b>							
Receiving Care, First Day	69	57	53	55	43	-37.7%	-11.2%
Assistance Added	160	118	116	77	55	-65.6%	-23.4%
Assistance Ended	172	122	114	89	70	-59.3%	-20.1%
Total Days of Care (DOC)	22,093	20,747	19,813	15,905	10,880	-50.8%	-16.2%
<b>Supervised Independent Living Dependent</b>							
Receiving Care, First Day	48	36	36	35	32	-33.3%	-9.6%
Assistance Added	73	62	53	57	57	-21.9%	-6.0%
Assistance Ended	85	62	54	60	51	-40.0%	-12.0%
Total Days of Care (DOC)	14,994	13,827	11,253	14,044	12,193	-18.7%	-5.0%

## ALLEGHENY COUNTY

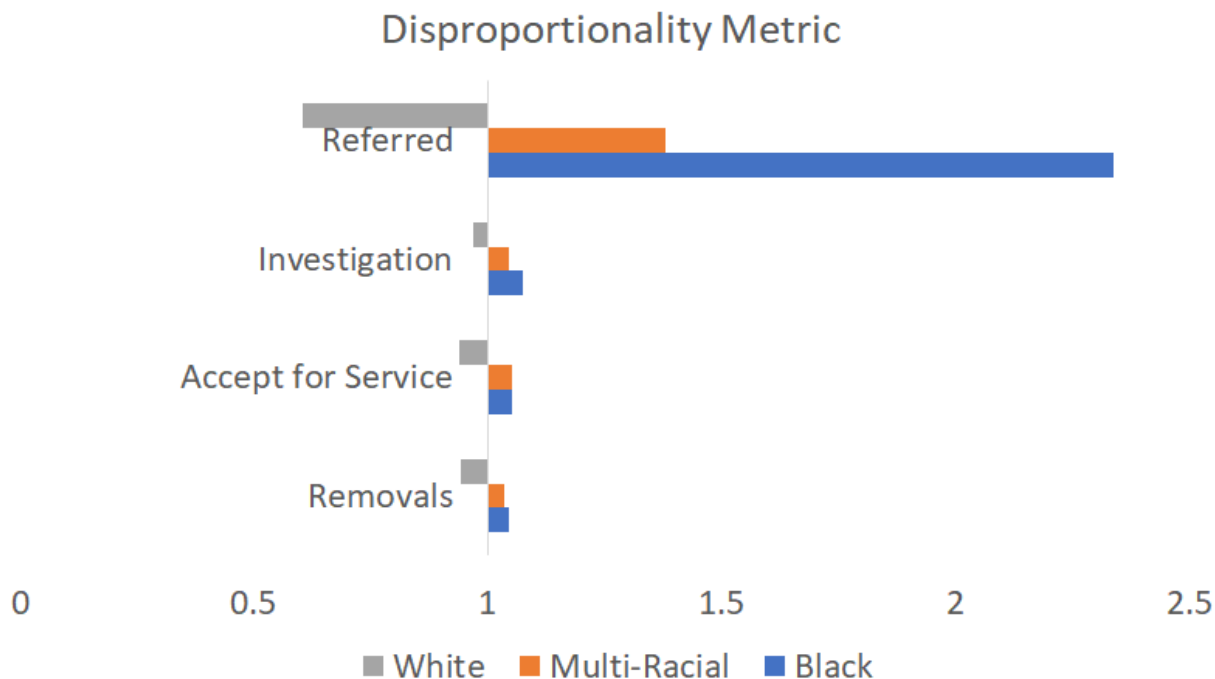
Dependent Residential Services							
Receiving Care, First Day	33	35	36	33	33	0.0%	0.0%
Assistance Added	67	49	65	60	40	-40.3%	-12.1%
Assistance Ended	65	48	68	60	48	-26.2%	-7.3%
Total Days of Care (DOC)	12,059	10,924	14,283	13,112	11,474	-4.9%	-1.2%
Delinquent Residential Services							
Receiving Care, First Day	209	250	197	139	83	-60.3%	-20.6%
Assistance Added	939	782	662	569	350	-62.7%	-21.9%
Assistance Ended	898	835	720	625	362	-59.7%	-20.3%
Total Days of Care (DOC)	81,046	84,859	67,628	54,291	30,726	-62.1%	-21.5%
2-2e. Aging Out Data							
Indicator	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	% Change	CAGR
Aging Out							
Number of Children Aging Out	76	62	61	47	51	-32.9%	-9.5%
Have Permanent Residence	57	52	53	44	40	-29.8%	-8.5%
Have Source of Income Support	44	18	19	21	20	-54.5%	-17.9%
Have Life Connection	72	50	51	44	39	-45.8%	-14.2%

### 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.

## ALLEGHENY COUNTY

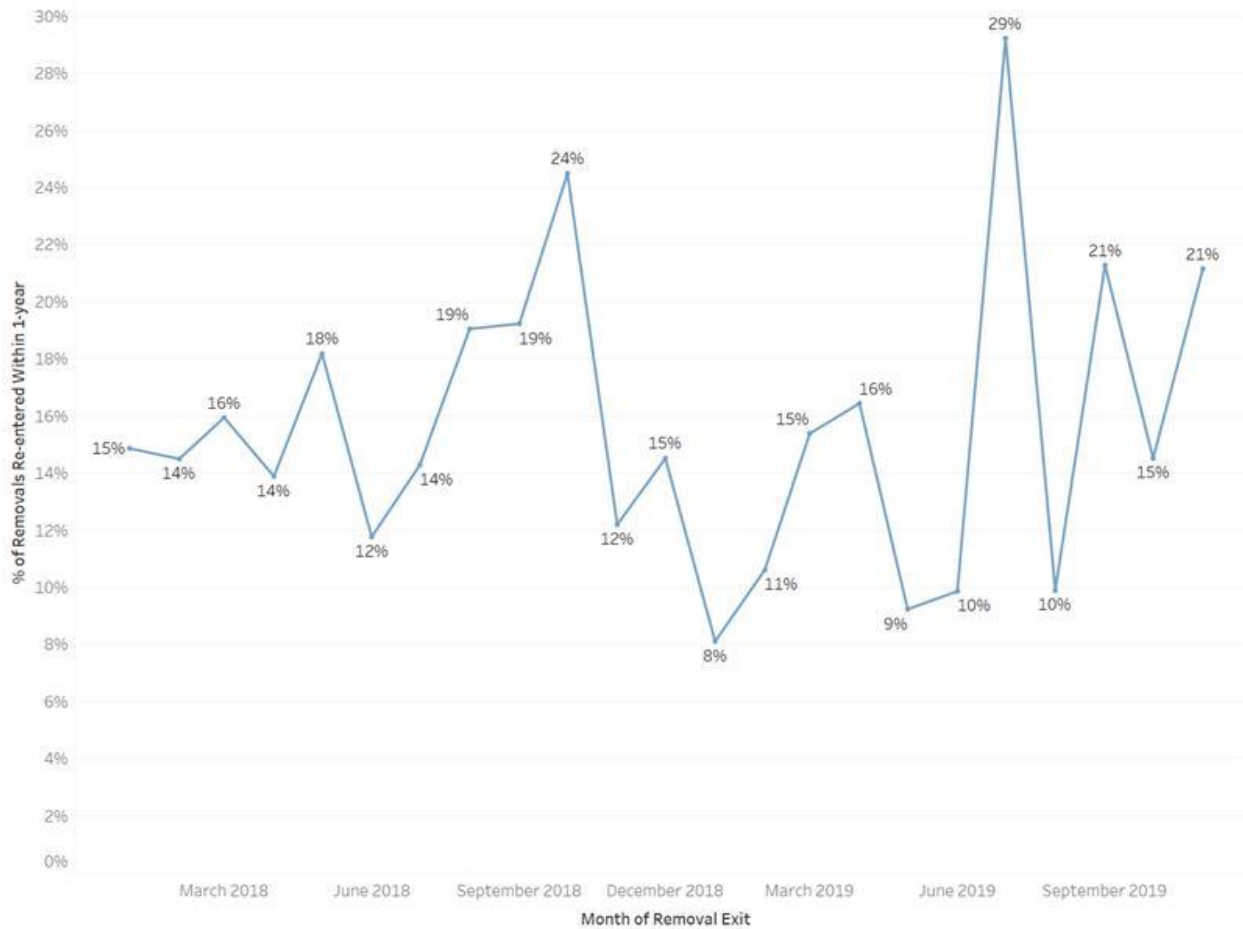
### Racial Disproportionality



The proportion of Black children referred to child welfare is nearly 2.5 times greater than what is to be expected based on their presence in Allegheny County's child population. At every child welfare decision point, white children are underrepresented in child welfare compared to their presence in the general population, whereas Black and multiracial children are overrepresented.

## ALLEGHENY COUNTY

### Percent of Removals Re-entered within 1-year

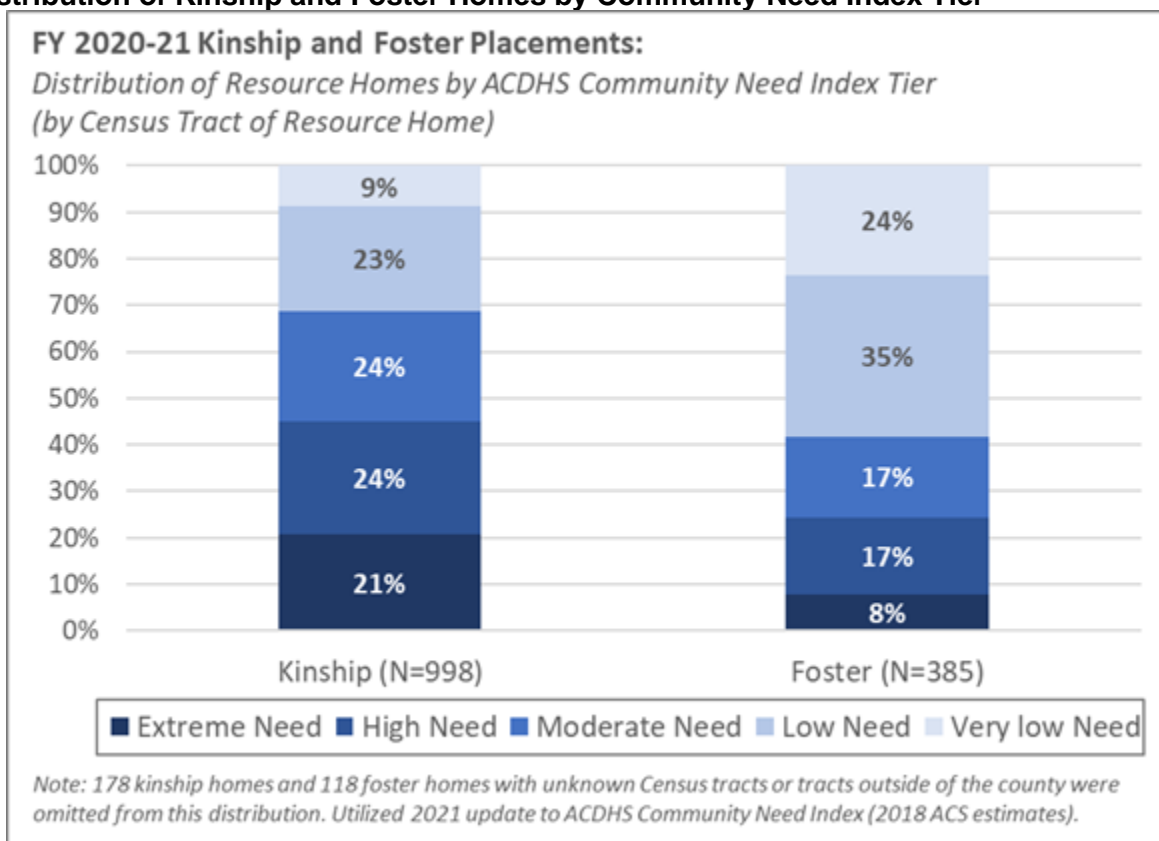


This analysis focuses on re-entries within one year of exit because these relatively quick re-entries suggest challenges in the reunification process and indicate situations in which the child welfare system might be able to better prepare families for a child's return to the home.

Allegheny County's re-entry rates have been higher than both the state and national average, and at some points in 2019 nearly 30% of exits resulted in re-entry to care.

## ALLEGHENY COUNTY

### Distribution of Kinship and Foster Homes by Community Need Index Tier



The Community Need Index (CNI) was designed by ACDHS to identify communities that are in greater need relative to others. The index ranks communities by need level using the following indicators: percentage of families below the poverty line, percentage of unemployed males, resident education levels, percentage of single mothers, and 911 dispatches for gun shots fired. Need is assessed at the census tract level, a relatively small unit of analysis that can reveal a diversity of local conditions masked by examination at the larger municipality level.<sup>22</sup>

The chart above demonstrates a significant disparity in community need relative to kinship homes compared with non-kin foster homes. Kinship homes are more likely to be in higher Community Need Index (CNI) tracts (45% in High or Extreme Need tracts, vs. 25% for non-kin foster homes) and non-kin foster homes are primarily located in Low or Very Low Need tracts (59% vs. 32% for kinship homes). This disparity is exacerbated by race. Sixty-two percent of Black children in kinship care are placed in a High or Extreme Need tract, compared with 21% of white children in kinship care. For reasons stated earlier in this document, kinship is the preferred placement option for children and youth who experience home removal, so ACDHS plans to address this need through strengthened supports for kinship caregivers.

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

<sup>22</sup> [https://www.allegHENYcountyanalytics.us/wp-content/uploads/2021/05/21-ACDHS-06-CommunityNeedIndex-05-12-2021\\_final.pdf](https://www.allegHENYcountyanalytics.us/wp-content/uploads/2021/05/21-ACDHS-06-CommunityNeedIndex-05-12-2021_final.pdf)

## ALLEGHENY COUNTY

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

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

FY 2020-21 continued to be heavily influenced by the COVID-19 pandemic, affecting intake investigations, placements, and families served in the child welfare system. Juvenile justice placements and children served continued to decline in FY 2020-21, with a 59% reduction in the number of youth served by probation (between FY 2016-17 and FY 2020-21, and a similarly steep reduction in institutional placements, although JPO anticipates an increase in both in the upcoming fiscal year.

Intake investigations continued to be lower than historical levels, but there are some indications that investigations may increase to a more typical level, including an increase in referrals between Q3 and Q4 of FY 2020-21. Child welfare placements and ongoing services for families remained at lower levels (9% and 21%, respectively) compared to pre-pandemic, but this may change if intake investigations return to pre-pandemic levels. Adoption assistance remained stable in FY 2020-21, which has historically been the case for this indicator. Subsidized Permanent Legal Custodianship continued to increase, a consistent trend since FY 2016-17.

Children receiving reimbursed kinship care services on the first day increased in FY 2020-21, compared prior fiscal years. However, the aggregate days of care did decline from FY 2020-21, with more assistance ended than added during the year. 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, and a higher number of children for whom assistance ended than had assistance added. 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 three fiscal years. The number of children receiving care through Traditional Foster Care Services has remained stable over recent fiscal years. The number of youth in care (first day) and Total Days of Care saw an uptick in FY 2019-20 and FY 2020-21 that could be partly attributable to the COVID-19 pandemic. The number of children receiving care through Non-reimbursed Kinship Care Services comprises a small percentage of placements, though it gradually increased in recent years before declining in FY 2020-21. The number of children aging out has gradually declined, from 76 in FY 2016-17 to 51 in FY 2020-21 (a 33% decline), and Allegheny County continues to work to increase permanency.

FY 2020-21 was the first complete fiscal year to occur within the context of COVID-19. As Allegheny County resumes in-person activities such as school and child care, and as families re-engage with their community in other ways, we expect service trends to return to (or exceed) pre-pandemic patterns.

- ❑ **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.**

## ALLEGHENY COUNTY

Recent changes in the number of children and youth served and the rate at which children are discharged from care are not due to changes in agency priorities or programs. Rather, the recent and sudden decline in referrals in FY 2020-21 are attributable to the pandemic and had downstream impacts including decreases in ongoing services to children and youth and a reduction in exits from care.

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

In FY 2020-21, 7% of children in a placement had at least one stay in congregate care. There were 200 children who were in a congregate placement at some point during the fiscal year (July 1, 2020 – June 30, 2021). 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.

	<b>Congregate Care (n=200)</b>	<b>Foster Care (n=812)</b>	<b>Kinship Care (n=1698)</b>
<b>Age Group</b>			
Less than 1 year	0%	18%	13%
1-3 years	0%	24%	21%
4-6 years	0%	15%	15%
7-9 years	1%	12%	12%
10-12 years	7%	13%	12%
13-15 years	44%	12%	14%
16-18 years	44%	7%	11%
19 years or older	6%	1%	1%
<b>Race</b>			
African American	61%	38%	50%
Other Single Race Identified	2%	1%	0%
Two or More Races Identified	11%	16%	14%
Unknown	6%	3%	3%
White	21%	42%	33%
<b>Sex</b>			
Female	55%	47%	50%
Male	45%	53%	50%

The table below shows that of the children in congregate care placements during the previous fiscal year, 11% have ever been diagnosed with an intellectual disability, 42% have been involved in drug and alcohol services, 58% have a history of JPO involvement, 96% have a history of mental health services, and 13% were ever diagnosed autism spectrum disorder.

	Intellectual Disabilities	Drug and Alcohol	JPO	Mental Health	Autism Spectrum Disorder
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## ALLEGHENY COUNTY

Congregate Care	11%	42%	58%	96%	13%
Foster Care	2%	4%	6%	54%	6%
Kinship Care	1%	7%	10%	48%	3%

- 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.*

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

An analysis of services received in FY 2020-21 shows that nearly 70% of child in congregate care received outpatient mental health services and more than a quarter received mental health crisis intervention.

OFFICE	COST_CENTER	Count	% of Congregate Care Clients
MH	Outpatient	139	70%
MH	Mental Health Crisis Intervention	55	28%
DA	Outpatient	47	24%
MH	Administrative Management	37	19%
MH	Psychiatric Inpatient Hospital	35	18%
MH	Family-based Mental Health Services	22	11%
MH	Not yet defined in Data Warehouse	18	9%
MH	Targeted Case Management	11	6%
MH	Family Support Services	11	6%
DA	Inpatient Non-hospital Treatment and Rehabilitation	10	5%
MH	Community Residential Services	8	4%
MH	Partial Hospitalization	7	4%
MH	A Family Focused Solution Based Services	6	3%
MH	Supplemental Services (MH)	4	2%
MH	Children's Psychosocial Rehabilitation	3	2%
MH	Unclassified	2	1%
DA	Intensive Outpatient	1	1%



## ALLEGHENY COUNTY

DA	Inpatient Non-hospital Halfway-house	1	1%
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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, acute stress reaction, and cannabis use.

Diagnosis	Count	% of Congregate Care Clients
ADHD	27	14%
Depressive D/O	23	12%
Acute Stress RX	22	11%
Cannabis	22	11%
Oppositional Defiant	16	8%
Conduct D/O	15	8%
Adjustment D/O	9	5%
Autism Spectrum D/O	9	5%
Anxiety Disorder	7	4%
Bipolar D/O	7	4%
DX Deferred	7	4%
Alcohol	2	1%
Maj Depression	2	1%
Schizophrenia	1	1%

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?*

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

## ALLEGHENY COUNTY

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 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?*

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

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

CYF works to prevent congregate care placements by reducing home removals at the outset. In 2021, CYF is improving its prevention efforts at case opening by beginning to replace 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.

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 RFP (see this document's Executive Summary for more details) was released with the goals of promoting placement stability, reducing time to permanency, ensuring foster care families and providers have the support and resource 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:

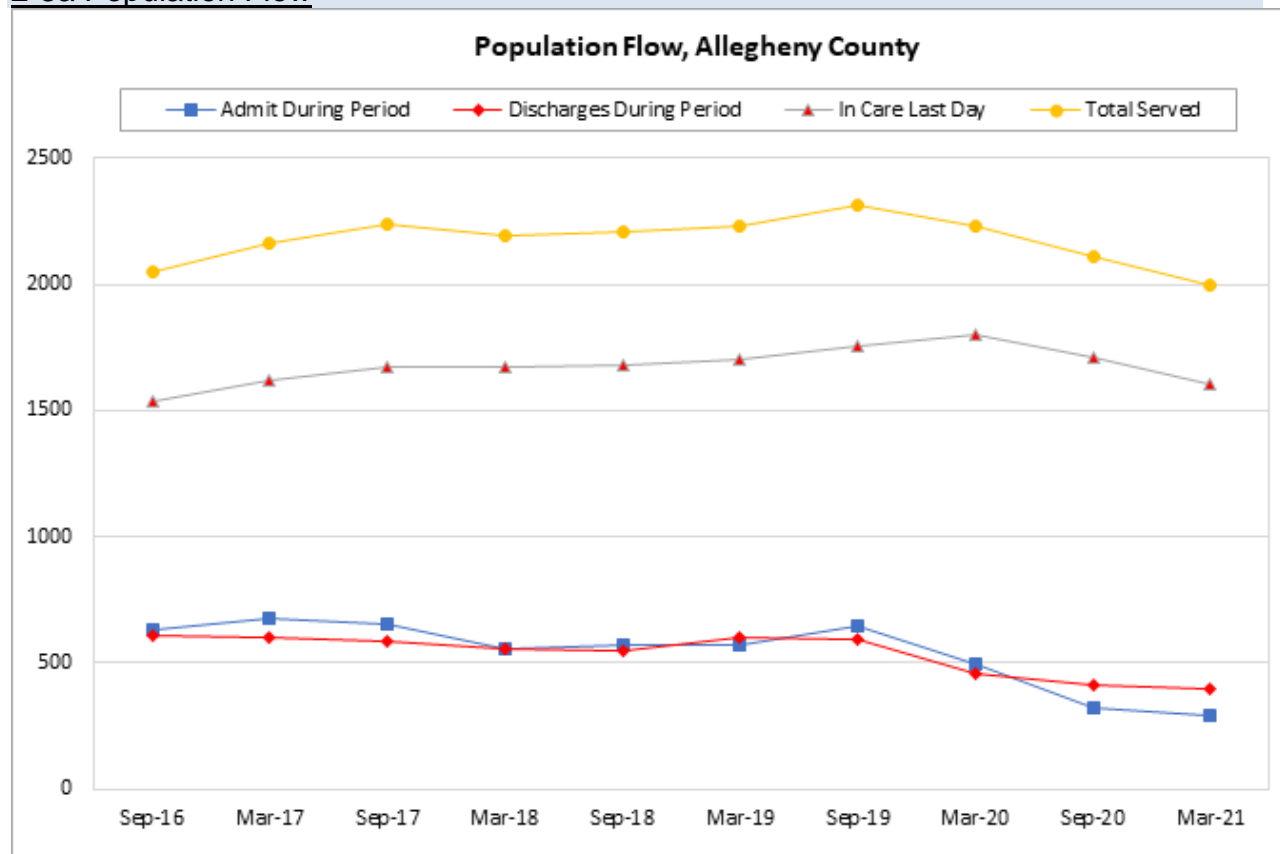
- Expanding our multi-specialist team, which provides cross-system expertise and technical assistance for children and youth with complex needs.
- Requiring providers selected through our recent Foster Care RFP to increase availability/capacity of homes providing Therapeutic Foster Care.

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- ☐ **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?**

Through recent NBPB submissions, ACDHS requested and received additional casework units; support to implement a comprehensive caseworker recruitment and retention strategy; and a salary increase for frontline staff. ACDHS recently re-bid its non-kin foster care placement services and will make resource allocations appropriate for the population of children and youth needing out-of-home care, giving attention to both the volume of placements and types of services needed. Requests for Expenditure Adjustments related to the re-bid of foster care placement are included in this NBPB.

### 2-3a Population Flow

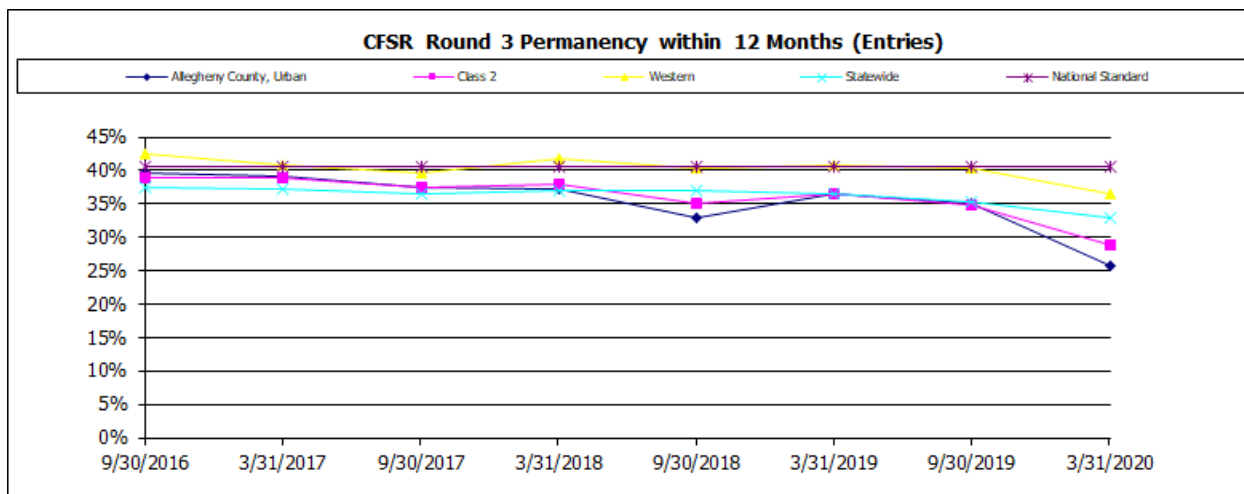


The number of children in care gradually increased from 1,533 children in September 2016 to a peak of 1,799 in March 2020 and then declined to 1,710 in September 2020 and 1,604 in March 2021. The trend of declining admissions and discharges continued through March 2021, with a sharper decline in admissions.

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

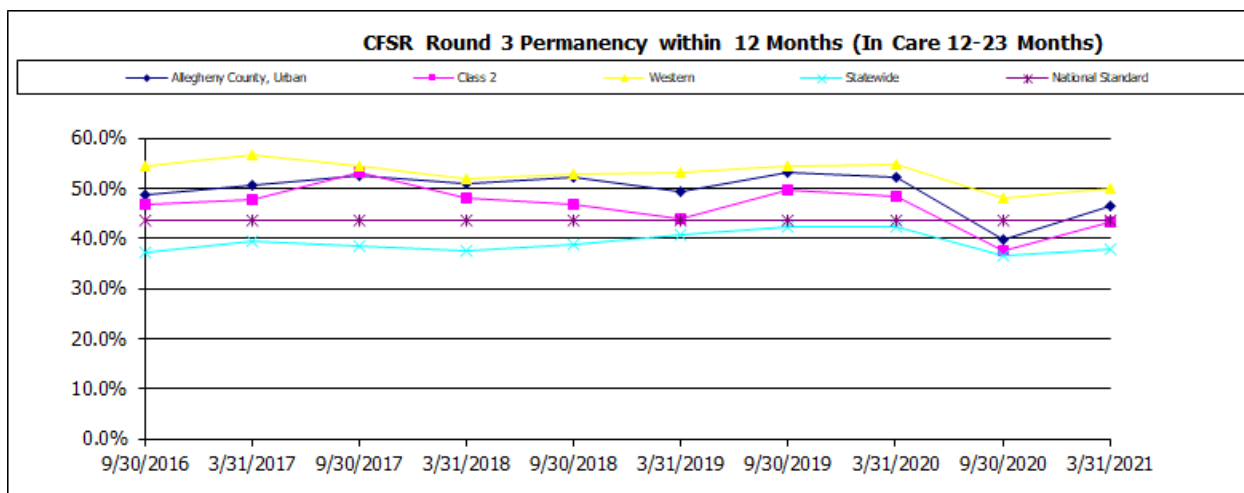
Insert the Permanency in 12 Months (Entry) Chart



This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national performance standard is 40.5% and Allegheny County's percentage was 25.7%. A higher percentage is desirable in this indicator.

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

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

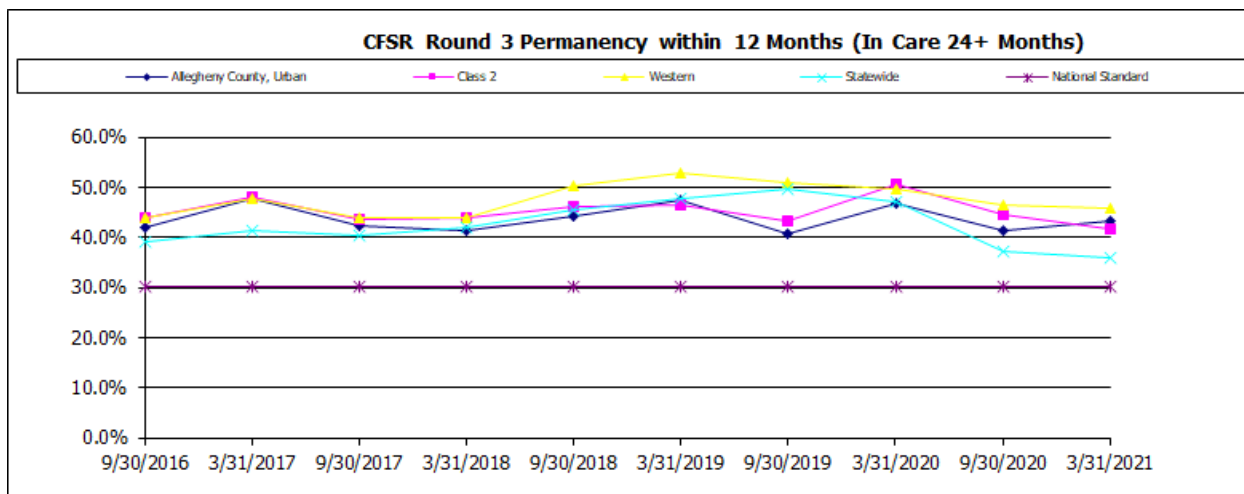


This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.6% and Allegheny County's percentage was 46.5%. A higher percentage is desirable in this indicator.

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- ☐ **Does the county meet or exceed the national performance standard?**  
Allegheny County exceeded this standard.

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

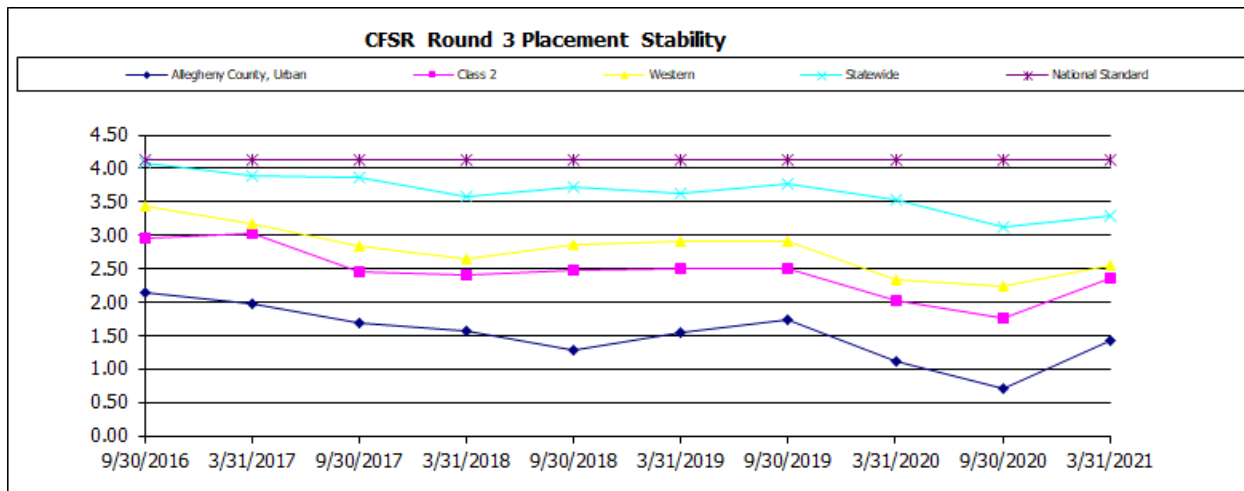


This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3% and Allegheny County's percentage was 43.2%. A higher percentage is desirable in this indicator.

- ☐ **Does the county meet or exceed the national performance standard?**  
Allegheny County exceeded the national performance standard.

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

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



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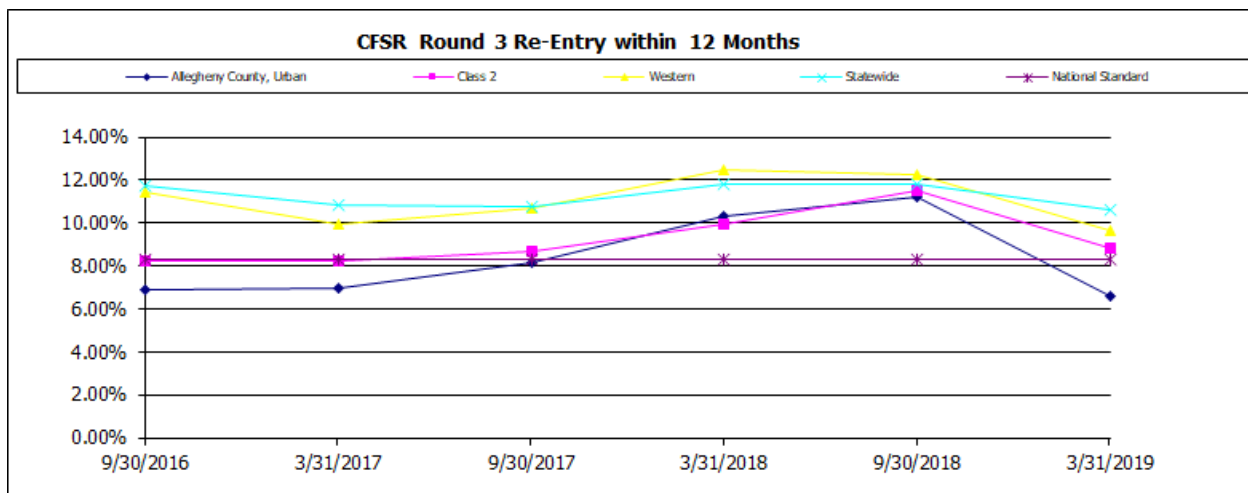
This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves and Allegheny County's placement stability rate was 1.42. A lower number of moves is desirable in this indicator.

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

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

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

Insert the Re-entry (in 12 Months) Chart



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 rate is 6.6%. A lower percentage is desirable in this indicator.

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

Allegheny County's re-entry rate is lower than the national performance 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 2022-23, 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

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of the data available to them, including information in the data packages provided, county-specific data, general indicators, etc.

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

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

Counties that do not meet or exceed national performance standard must identify program improvement strategies based on their analysis. 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.

#### **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.

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

Allegheny County did not meet the national performance standard for the indicator of "Permanency in 12 Months". There is not a clear reason that



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Allegheny County did not meet this performance standard. Not meeting the standard was consistent across age, gender, race, disabilities. While some groups had better outcomes than others, there was not a clear pattern within groups defined by age, race, disabilities, or other characteristics that could easily explain not meeting this performance standard. Given the consistency of not meeting this performance standard, Allegheny County believes that the external factors associated with the COVID-19 pandemic contributed substantially to underperformance in this measure. During the FY 2020-21 period, the child welfare system had to rebuild how to ensure safety, reunite families, and plan for permanency all while developing new protocols and practices to maintain health and safety for children, families, and staff. Another contextual consideration is the role of the courts during the pandemic. During the initial period of the pandemic, the court system temporarily halted hearings while it regrouped and made new plans to conduct hearings remotely.

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

We analyzed reason for removal data using “parental substance abuse” as an indicator of parental alcohol and drug use, and “parent-child conflict” as an indicator of family conflict and did see differences in achieving permanency in 12 months. However, the consistency of not meeting the standard across subgroups and the decline in this performance standard from prior years within subgroups suggests that contextual forces during this unprecedented year contributed to the failure to meet the standard.

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

During this period, 68% of children had a first placement in a kinship setting, which is considered the best placement option. This is also the highest share of children who have received a kinship placement compared to prior years. Throughout the pandemic, Allegheny County provided support for all children in placement and their families.

☐ **Are there differences in the removal reasons for entry into placement?**

While there are differences in this performance measure according to the reason for removal, not meeting this performance standard was consistent across removal reasons. Only children removed due to the death of a parent (n=14) met the standard for permanency within 12 months (43%).

☐ **Are there differences in the initial placement type?**

In prior years, the analysis done to understand why Allegheny County did not meet the permanency standard showed a disproportionate share of children in pre-adoptive homes. However, an analysis of placement type during the current reporting period does not show significant differences in placement type.

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In this report, the period for exiting to permanency was April 2020 to March 2021, which was wholly impacted by the pandemic. Exits, regardless of length of time in care, declined during the first 6 months of the pandemic (March 2020 – September 2020), with a particularly sharp decline during Q2 2020, compared to prior quarters. In Q4 2020, exits increased substantially.

	2018	2019	2020	2021
Qtr1 Jan - Mar	295	294	282	213
Qtr2 Apr - Jun	278	294	206	
Qtr3 July- Sep	274	287	234	
Qtr4 Oct - Dec	266	239	299	

Results from this analysis provide a starting point for understanding root cause, which we believe can be at least partly attributed to the pandemic. The data analytics team will engage in additional analysis to advance our understanding of this performance indicator.

### **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.

- ❑ **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.**

Analytic, planning, and CYF staff collaboratively reviewed data to consider the root cause of our unmet performance measure. Historically, permanency in 12 months has been hard to achieve for children whose permanency plan is adoption and for children whose families have more complex needs.

The data analysis first looked at subgroups to identify whether permanency goals, removal reasons, placement type or demographic characteristics contributed to lower performance on this measure. No significant trends were identified in this analysis. Rather, the trends identified included 1) the standard being unmet across multiple subgroups, and 2) a significant decline in performance during FY 2020-21 compared with prior years.

When this analysis of data by subgroup did not result in the identification of a clear root cause, the team investigated the impact of the pandemic on this indicator by soliciting input from child welfare practitioners and the courts. We found that some court hearings and motions were delayed in March and April of

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2020, as the Courts transitioned to operating via emergency orders and virtual hearings via Teams™. While virtual hearings proceeded as normal following this transition, we learned anecdotally that hearings for terminations of parental rights and adoptions were most impacted by pandemic-related Court delays.

### 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.**

*Outcome #1: Improved timeliness to permanence*

Strategy:	Reduce the length of time to finalize legal permanency; prepare families for finalization; and enhance Matching Services
Action Steps with Timeframes (may be several):	<p><b>Collaborate with Plummer Youth Promise:</b></p> <p>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"> <li>• Redesigning the Permanency Department in terms of staff structure and practice. (The Permanency Department redesign is complete and staff positions filled.)</li> <li>• 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 is being started with each adoption unit.)</li> <li>• Strengthening CYF’s focus on coaching the resource family and the birth family to collaboratively develop a plan for the child and family.</li> <li>• 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.)</li> <li>• 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 is ongoing. Plummer Youth Promise continues to deliver permanency education to County supervisors. This will conclude in August 2020, with plans to sustain permanency education for supervisors via the County’s Training team and Teaming Institute.)</li> <li>• Working with Youth Support Partners to develop new strategies to engage youth around the ideas of permanency and connection earlier within case assessment. (This work will take place in Fall 2021.)</li> </ul>

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	<p><b>Make Permanent Legal Custody (PLC) Practice Changes</b> 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><b>Provide Support for PLC Modifications and Successors</b> 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><b>Enhance Transition Age Youth/Reduction of Congregate Care Initiatives</b> In 2018, CYF began conducting Permanency Roundtables that occur in each of the regional offices monthly. The regional office directors chose which youth should receive a permanency roundtable based on several factors, such as length of time in congregate care placement with no permanency plan, age of youth, and complex needs of youth. We assigned matching caseworkers to all children in congregate care settings. Matching workers engage the youth in permanency/placement planning, continue family finding work, use SWAN support, and solicit certified families in hopes of matching the youth with a family. With the use of the permanency roundtable process and the support of the Youth Support Partners, Youth Speakers Bureau, and System Transformation Through Youth (SITY) board, CYF developed standards of practice for enhancing permanency for transition age youth. CYF is currently working to enhance this process. In early 2020, CYF met with Casey consultant Susan Riley, who suggested ways to make roundtables more useful, including blending the case consultations that Plummer uses with Permanency Roundtables.</p> <p><b>Create Placement Stability Team</b> 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><b>Improve Conferencing and Teaming Practice Model</b></p>
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	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.
Indicators/ Benchmark s:	Permanency is a key indicator of system health that CYF leadership looks at regularly, comparing local performance against the national benchmark of 41% of children and youth being discharged to permanency within 12 months of entering care. CYF leadership will continue to look at permanency data, at least weekly as the initiatives roll out. Our analytics team is also refining data dashboards that present the most useful data on permanency all in one place.
Evidence of Completion:	See above.
Resources Needed:	ACDHS received funding for a request around permanency in NBPB 19-20 that helped to support this work. In 20-21, ACDHS asked for additional resources to move children out of congregate care and into permanency and to help support parents during the legal process. This year, we are requesting funding to redesign our foster care system, which aims to improve permanency.
Current Status:	In implementation
Monitoring Plan:	Improving time to permanency is one of CYF's key strategic initiatives and as such is monitored directly by the Director of DHS and the CYF Director.

### Section 3: Administration

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

- ☐ Submit a detailed description of the county's employee benefit package for FY 2020-21. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

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<b><i>FY20/21 CYF Actuals</i></b>			7/20/2021
Cost Type	Account Description	Actual Amount	
✓51101	Salaries	30,375,003.25	
✓51103	Seasonal/Part-time	18,704.00	
✓51104	Overtime	1,627,862.95	
✓51105	Other Compensation	28,125.00	
✓51107	Sick Pay-Buy Back	213,016.84	
✓51109	Health Benefit Bonus	26,250.00	
<b>Total Personnel</b>		<b>32,288,962.04</b>	
Cost Type	Account Description	Actual Amount	
✓52502	County Pension Fund	3,227,033.35	
✓52503	FICA & Medicare	2,394,296.19	
✓52504	Group Life Insurance	6,350.84	
✓52505	Medical Allocation	6,702,556.26	
✓52506	Unemployment Compensat	21,935.99	
✓52508	Vision Allocation	5,849.37	
✓52511	Dental Plus Allocation	181,482.38	
✓52513	Dental Flex Allocation	90,135.17	
✓52530	Employee W/C Medical	16,038.11	
✓52531	Employee W/C Indemnity	33,265.71	
✓52532	Employee W/C Admin	121,637.30	
✓52599	Employee Contrib - Hea	(868,593.82)	
<b>Total Fringe Benefits</b>		<b>11,931,986.85</b>	
			<b>37.40% Projected 20/21 Fringe</b>

**#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, 2022.

**#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 and 2021 and has not yet been determined for January 1, 2022. Future increase is currently unknown.

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

**#52511, Concordia Plus-**

The County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employee and dependents to select a primary dental office. As of January 1, 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 2022.

**#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 2022.

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

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

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

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

**#52532, Employee Worker's Comp Administration-**

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

### 3-1b. Organizational Changes

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

CYF is restructuring 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

☐ **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:

- A third year of participation in the Workforce Excellence initiative in partnership with the National Child Welfare Workforce Institute
- The launch and completion of the 1<sup>st</sup> cohort of Leadership Academy
- Building talent pipelines by enhancing the Internship program

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- Increasing the visibility of County Postings via targeted recruitment efforts that drive applicants to NEOGOV for the formal apply process.
- Creating a comprehensive list of recruitment/ job posting options including Indeed, LinkedIn, Glassdoor and Handshake
- Utilizing social and digital media to promote vacancies.
- Enhancing recruitment efforts of diverse populations. Re-launch of the Alumni Ambassador initiative
- Creating a standard set of position-based interview guides
- Targeting new graduates by attending virtual recruitment events at local colleges and universities and continuing classroom presentations virtually
- Educating the community about positions available at DHS through engagement at local events, including those through the East Side Neighborhood Employment Center and Kingsley Association, as well as Pittsburgh Post-Gazette-sponsored "Hiring Pittsburgh" virtual career events.
- Developing a video aimed at sharing the career path of existing CYF Black male staff to attract more Black men to the field.
- Building a culture of recruitment through the institution of the Alumni Ambassador Initiative and Employee Referral program.

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

To strengthen its recruitment and retention functions, the Office of Administration has expanded to include a Talent Acquisition (TA) unit as an addition to its Human Resource team. That expansion included a Chief Human Capital Officer, Human Capital Manager, and a Talent Acquisition Engagement and Retention Manager. This team of HR professionals has worked together to build a more collaborative relationship between HR and hiring managers within CYF and across ACDHS.

Talent Acquisition has streamlined and enhanced the recruitment, interview, onboarding and offboarding process to create a transparent, supportive experience for both the hiring manager as well as the applicants and to gain an understanding of staff experience inside the organization so that we might develop strategies to address retention. Among the tools developed to this end, TA 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, an onboarding check list, in support of a smooth, positive onboarding experience for hiring managers and new hires.

In addition, to strengthen the talent pipeline, TA has redesigned its internship program to proactively seek students who may elect to join ACDHS upon graduation. Human Resources is now overseeing the intern recruitment, onboarding and offboarding of non-CWEB students and has created an exit survey to examine the student experience at the conclusion of the internship. ACDHS has also joined a cohort of 100 organizations that are partnering with Nazareth Prep to offer a yearlong internship to high school students.

Given that this year's pandemic has affected the employer, employee relationship in significant ways, TA has maintained its recruitment schedule virtually, interacting with students online via Handshake and other such platforms to continue recruitment efforts. Internally, CYF has expanded staff of color listening sessions instituted in March 2020 and aptly named them Continuing the Conversation. These sessions occur bi-weekly and include the Deputy and Assistant Deputy Director of CYF. The primary goal of these



## ALLEGHENY COUNTY

sessions is to allow a safe space for staff of color to gather and speak openly about their experiences within the agency and bring forth suggestions for building a more inclusive and equitable working environment. This retention strategy has been met with success and has led to the creation of three subgroups, Black Staff Advancement in CYF, Black Families, and Black Men In & Outside of the Agency, each seeking to improve conditions for staff and the families they serve.

### 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 2022-23 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 2022-23 Children and Youth Needs-Based Plan and Budget Estimate; and

X Fiscal Year 2021-22 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.

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**Date**

**COUNTY ASSURANCE OF FINANCIAL COMMITMENT AND PARTICIPATION**

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

**Signature(s)**

**County Executive/Mayor**

William D McKinn  
Name

William D McKinn  
Signature

7.23.21  
Date

**County Commissioners**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

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Signature

\_\_\_\_\_  
Date