

Fiscal Year 2021-22 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) 2021-22 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

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

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

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

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

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NBPB
FYs 2019-20, 2020-21 and 2021-22

Version Control	
Original Submission Date:	08/14/2020
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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 (DHS) Office of Children, Youth and Families (CYF) is to protect children from abuse and neglect, preserve families whenever possible, and provide permanent and safe homes with a child's own family or by finding an adoptive home or other permanent setting for children who cannot be reunified with their families. DHS has developed a system of care to meet this mission, based upon guidance from families, community members, 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 respect and provide effective services and support that is high-quality, inclusive, accessible, strengths-based-- to strengthen families and safeguard children and youth.

Similarly, the mission of the 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, DHS 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:

COVID-19 has significantly impacted DHS's priorities, the types and volume of services we deliver in partnership with our network of providers, and 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 the COVID-19 virus.** Allegheny County DHS clients as a whole, and CYF clients in particular, are especially vulnerable to the pandemic. For example, 43% of Allegheny County's CYF parents have a CDC-identified chronic condition that places them at high risk for serious illness if they contract COVID-19.¹ In response to this reality, DHS and its providers have had to retool their service delivery

¹ Data are for MA-enrolled clients (majority of CYF clients). Chronic conditions are according to Medicaid data from the Allegheny County Data Warehouse analyzed 5/5/20.

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models to incorporate new hygiene practices, including use of Personal Protective Equipment (PPE) and heightened sanitization methods; and, where possible, offer services virtually. DHS established strict requirements for staff and providers making in-person visits with families, including guidance for when an in-person visit is necessary or virtual services should be delivered instead; and for establishing workers' responsibility to stay at home when ill or exposed to the virus. Additionally, to prevent outbreaks at congregate facilities and provide care for children who fall ill or whose caregivers fall ill, DHS established quarantine and isolation facilities and an emergency respite program.

- **Maintaining and supporting a high-quality agency and provider workforce in the face of unprecedented health risks.** DHS's services to children, youth, and families are essential and life-sustaining – and many must be delivered in-person, putting child welfare and provider staff on the frontlines of the pandemic and at higher risk for contracting the virus. Because of this heightened risk, and despite efforts to mitigate viral spread described above, most DHS staff who have been confirmed positive for COVID-19 are CYF employees.

To support its workforce in delivering child welfare services without interruption, DHS has taken three additional measures: 1) It established a casual pool of workers. These workers are ready to be deployed in the event of a high volume of illness-related absence of provider staff. 2) It implemented a hazard pay policy for provider staff on the frontlines, (while encouraging providers to apply for the State's hazard pay program). 3) It established a dedicated childcare site for children of essential services staff so they could be assured of quality care in the event of school and childcare center closures.

- **Monitoring and addressing the pandemic's impact on providers.** The health of our provider network is critical to DHS's ability to provide uninterrupted, high quality services to children and families in Allegheny County. At the outset of the pandemic, DHS created a dashboard of key performance indicators to monitor the health of its network.² DHS also held daily (now weekly) conference calls for its entire provider network to disseminate information about the virus and important local, state and federal guidance; and to offer a regular and accessible venue for providers to communicate their needs to DHS. The challenges providers now face include those mentioned above (mitigating viral spread and maintaining a high-quality workforce in the face of unprecedented health risks) as well as budgetary challenges related to increased expenses and lost revenue (particularly for those providers whose revenue is generated through billable units of service that were impacted by pandemic-related closures and/or service reductions).
- **Responding to children, youth and families' increased needs.** The pandemic has exacerbated existing needs and given rise to new ones.
 - Families with low incomes are more likely to have lost their job, had their hours reduced, taken a pay cut or been furloughed.³ The increase in the unemployment

² 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/>

³ Job losses among lower-wage workers are higher than for people in the mid-upper end of the spectrum. For those earning under \$40,000, 65% have lost a job, had their hours reduced, taken a pay cut or been furloughed, compared with 41% for those earning \$75,000 and above. From "Economic Impacts of COVID-19," Fourth Economy (June 2020).

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- rate for the Pittsburgh region jumped to 16.8% in early June from 5.9% in March⁴ and has dramatically increased the need for food, income supports and rental assistance. In response, DHS is implementing new programs for rental assistance and public benefits enrollment using allocations from the CARES Act. And to better support resource families in the face of high unemployment and other indicators of need, DHS has increased resource family per diems.
- The necessary transition to online education and teleservice delivery has laid bare the digital divide. Many low-income households lack the appropriate devices and internet connectivity to engage in crucial activities now conducted virtually. In Allegheny County's city of McKeesport, 37% of households have no internet. Similarly, a United Way survey of human services agencies found that clients are often unable to complete their online intake application because of technology constraints. These families, who frequently need the most help, could be completely unable to access it during the pandemic. In response, DHS is using emergency funding from the CARES Act to distribute the technology families need to participate in virtual learning and services, including visits with child welfare caseworkers, visits between parents and children in placement, telehealth, teletherapy, and online education. DHS anticipates access to digital technology will continue to be a need as health risks continue to necessitate some virtual service delivery and most schools in Allegheny County have decided to pursue online or hybrid learning models in the upcoming school year.⁵
 - While reports of abuse and neglect were down during the last quarter of the fiscal year, likely due to Covid-related social isolation, there is emerging evidence that the most vulnerable children are not safe during the pandemic – in fact, hospitals and Child Advocacy Centers are seeing more severe physical abuse cases than before.⁶ 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 pandemic also is expected to exacerbate needs for mental health and substance use services, with researchers predicting a coming mental health tsunami: "Mental health fallout usually follows a disaster. In hurricanes, there's generally a 60 to 90-day lag from the 'acute' phase of the crisis before the full psychological fallout is felt. Once the imperative to survive the immediate calamity passes and people begin to grapple with what they have just been through and what it means for the future, their resilience faces its true test. The psychological impact begins to show up in a rise in suicides, alcohol and drug-related incidences, and new mental health-related cases."⁷

⁴ [Bureau of Labor Statistics](#)

⁵ "First Look As School Districts in Allegheny County Plan to Resume Learning." Allies for Children, August 6, 2020. <http://alliesforchildren.org/first-look-as-school-districts-in-allegheny-county-plan-to-resume-learning/>.

⁶ 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.

⁷ Adam Piore, 2020. "The Mental Health Toll From The Coronavirus Could Rival That Of The Disease Itself". Newsweek Magazine. <https://www.newsweek.com/2020/06/05/mental-health-toll-coronavirus-could-rival-that-disease-itself-1506664.html>.

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

COVID19 has presented many challenges to Allegheny County Juvenile Probation. As we look at the three basic principles of Balanced and Restorative Justice, each of those principles create their own challenge.

- **Community Protection.** During COVID19 we still need to assure community protection. We have accomplished that by maintaining regular contact with youth under supervision. We have utilized a variety of video chat platforms to allow face to face contact with youth. Our PO's have also driven to the youth's home, initiated contact with the youth by phone and then instructed the youth to appear where we can make visual contact at a safe distance. This emphasizes to the youth our continued presence in their lives.
- **Accountability.** During COVID19 we have been challenged to both enforce community service and restitution as well as providing 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 1st, 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.** We continue 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.**

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

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(2021-22), Allegheny County will respond to the needs outlined below, with the strategies reflected in this document.

A summary of challenges:

1. Challenge: Preventing child abuse and neglect. Strengthening families' protective factors early on prevents child maltreatment – areas in Allegheny County served by Family Centers, for example, had fewer maltreatment investigations when controlling for level of social disadvantage and population size.⁸ But the need for access to prevention services outstrips supply. As a result of this unmet need for prevention services, CYF referrals and investigations were trending up for the two years before Covid-19 (referrals increased by 11% between 2017 and 2019). And though referrals declined at the onset of the pandemic, we know this is not indicative of less need – rather, we know families now have even greater needs due to the pandemic, according to measures of unemployment, food insecurity, and housing instability. To strengthen our continuum of prevention services, DHS will invest 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, DHS 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, DHS has completed Hello Baby's program design; executed a marketing campaign; and engaged implementation partners in training and planning processes. In FY20-21, DHS will begin universal outreach at birthing hospitals and pilot the program's services for families with higher levels of need in targeted regions. In FY21-22, DHS will continue to scale this important initiative, which will ultimately be available County-wide. (Adjustment requested).
- **Family Centers.** DHS has built a strong network of neighborhood-based Family Centers and is leveraging these community spaces in our delivery of family-strengthening prevention services. In the environment of high unemployment and unprecedented health risks, support for families who already live on the margins because they are low-income or reside in under-resourced communities is more critical than ever. While we hope life will look more normal by FY21-22, we know the impact of our current crisis will be much longer lasting for these families. Family Centers are crucial to helping families find a sense of community, connect to natural supports, identify services, and more. We know that the way we do things has to adjust in the aftermath of Covid, and we plan to add these components: outreach so we reach more families and promote Family Centers as community hubs where they can find help; virtual options for accessing services to ensure we can stay in touch with families; housing and human service navigation to fulfill families' basic needs; and respite or short term child care options. (Adjustment requested).
- **Income and housing support.** Families whose basic needs are met are better equipped to ensure the safety and well-being of their children. Conversely, nearly

⁸ Fred Wulczyn and Bridgette Lery, "Do Family Support Centers Reduce Maltreatment Investigations? Evidence from Allegheny County," *The Center for State Child Welfare Data*, December 2018, <https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/01/FSC-Allegheny-County.pdf>

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half of families who experience child removal have trouble paying for basic necessities.⁹ Many families who struggle to meet their basic needs are eligible for, but not enrolled in, ongoing income support programs such as SNAP, TANF, WIC, Medicaid, and housing assistance. Using CARES Act funding, DHS recently began targeted outreach to identify families likely eligible for income and housing supports, and to provide assistance with application and enrollment processes. In FYs 20-21 and 21-22, DHS will sustain and expand this work, using its administrative data and access to families through places like the ELRC to ensure that all families eligible for income and housing supports are receiving them. (Adjustment requested).

- **In-home services.** DHS has invested in 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 services that include: 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 in FY20-21, DHS invested in this effort through the development of a universal assessment and decision support tool. In FY21-22, DHS will deepen its investments in data analytics and machine learning to improve matches between families' assessed needs and services rendered; to increase DHS' capacity to offer services known to make a difference for these families; and to monitor the effort's effectiveness and develop mechanisms for continuous quality improvement. (Adjustment requested).

2. **Challenge: Improving outcomes for children in out-of-home placement.** Although DHS works to prevent home removal wherever possible, children's safety and well-being sometimes requires it. In Allegheny County, the number of children in care increased from approximately 1,500 children in September 2016 to 1,733 on March 1, 2020. Improving outcomes for these children and youth means making sure they 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 FY20-21 and 21-22, DHS will invest in its out-of-home placement services to improve outcomes for children and youth.

- **Foster Care Redesign.** A review of Allegheny County's foster care system, incorporating input from CYF staff, providers, and partners, identified an immediate need for culturally responsive, community-based placement options; more supports for foster care families; and standardized, transparent rates, levels of care and accountability measures for providers. To move our foster care system toward addressing these challenges, Allegheny County will re-procure contracts for non-kinship family foster care providers in order to build a shared framework and implement new strategies to improve outcomes for the children

⁹ 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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and families we serve. By FY21-22, DHS envisions geographic regions within the county, each with community-based providers who recruit, train and support foster care families who practice cultural humility, cultivate relationships with birth families and provide loving homes for children and youth. (Adjustment requested).

- **High Impact Unit for High Risk Teens.** When older youth must be removed from their homes, it is harder to find them a family-like placement setting. Because of this, teens are more likely than younger children to experience congregate care placements. Like with all children and youth, DHS works to place teens with kin when at all possible. But even when a kinship foster family is found, teens face a higher risk of placement instability than younger children. A High Impact Unit for high risk teens will address placement stability by assigning two caseworkers to a teen – one who focuses on relationship building and meeting youth needs and one who maintains case compliance. This dual caseworker approach will provide more support for youth at high risk for placement instability. (Adjustment requested).
- **Trauma-Informed Specialized Settings.** DHS places children and youth in congregate settings as a last resort and has succeeded in significantly reducing the number of children and youth in these settings. In alignment with the federal Family First Prevention Services Act (FFSPA), DHS will continue to reduce the number of children and youth in traditional congregate placements by transitioning to specialized settings that are trauma-informed and that offer programming for participants and training for staff tailored to the needs of children and youth with special circumstances. DHS has already released an RFP for a provider of a specialized residential setting for survivors of Commercial Sexual Exploitation of Children,¹⁰ and anticipates a number of its current congregate providers will request state certification as a specialized setting in FY 2021-22. (Adjustment requested).

3. **Challenge: Advancing racial equity within the child welfare system.** DHS has studied racial disproportionality at each juncture of its child welfare system. Disproportionality begins at CYF's front door: Black children and youth are referred and accepted for service at disproportionately high rates, given their risk level and share of the population. And in cases where Black children are removed from their homes, they are more likely to be placed in a congregate setting.¹¹ Dismantling these inequities in the child welfare system is a high priority for DHS and it involves:

- **Culturally responsive, community-based, and family-like placement options.** While the number of children and youth placed in family-like settings has increased significantly over the past decade in Allegheny County (due to a doubling in the use of kinship care), 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 13.4% of

¹⁰ "RFP for an Inpatient Program for Victims of Commercial Sexual Exploitation of Children," Allegheny County DHS, July 2020.

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

¹¹ Erin Dalton, et al., *Data Brief: Racial Disproportionality in Allegheny County's Child Welfare System*. (Allegheny County Department of Human Services, 2017), https://www.alleghenycountyanalytics.us/wp-content/uploads/2017/10/ACDHS_CYF-Race-Disproportionality-Brief_100217-final.pdf

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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. DHS's planned 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).

- **CYF Equity Unit.** A new CYF unit will operationalize racial equity by working in concert with DHS's Office of Equity and Inclusion to educate and engage CYF staff, providers, and partners; and to ensure a racial equity lens is applied to all CYF planning and implementation efforts. This unit will coordinate trainings, provide supports for transracial placements and racial identity development, and assess CYF policies, procedures, and operations for racial equity impacts. (Adjustment requested).
- **The Allegheny Family Screening Tool (AFST).** Evaluations indicate that using the AFST in child welfare decision-making reduces disparate case opening rates between Black and white children. (More details on the AFST in our summary of successes, below). Given this, we must be vigilant in using this tool and make sure it is fully adopted by child welfare workers making call screening decisions. (No adjustment requested).

A summary of successes:

1. **The AFST increased CYF's identification of children in need of child welfare intervention – including those at higher risk of hospitalization for injuries – while also reducing disparities of case opening rates between Black and white children.** 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 evaluation published in 2019 determined that the AFST improved accuracy of, and reduced racial disparities in, referrals by call screeners.¹² A more recent evaluation published in August 2020 confirmed that children classified by the AFST as high risk were more likely to experience hospitalization for an injury than children classified as low risk, providing additional evidence to support the model's predictive value.¹³
2. **Allegheny County has strengthened its ability to improve outcomes for, families experiencing domestic and intimate partner violence (IPV).** Last year, Allegheny County became one of four sites to participate in the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW) funded by the U.S. Children's Bureau.

¹² 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

¹³ Rhema Vaithianathan, Emily Putnam-Hornstein, Alexandra Chouldechova, et al. Hospital Injury Encounters of Children Identified by a Predictive Risk Model for Screening Child Maltreatment Referrals: Evidence From the Allegheny Family Screening Tool. *JAMA Pediatr*. Published online August 03, 2020. doi:10.1001/jamapediatrics.2020.2770

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The QIC-DV is testing an approach to improving outcomes for children and families involved in the child welfare system who are experiencing domestic violence (DV). The safety and well-being of child survivors of domestic violence and child maltreatment are closely connected to the safety and well-being of the adult survivor of domestic violence. Because of this, the QIC-DVCW is testing an Adult & Child Survivor-Centered Approach to addressing the needs of both the parent and child, which includes effectively engaging and working with the person causing them harm.¹⁴ Allegheny County was selected for the project because of its track record innovating to help families, building capacity to address DV within child welfare, and working closely with a community DV partners. In the first year of implementation in Allegheny County, CYF's IPV Specialists delivered specialized training to 164 child welfare caseworkers and case consultation to 262 caseworkers, while increasing the number of clients who received IPV advocacy services by more than 200%. (Adjustment to expand this work to all CYF Regional Offices requested).

- 3. Allegheny County is continuing to reduce the number of children and youth in congregate settings.** In CY2019, the number of children and youth who experienced congregate as their first placement type continued to drop from 13% to 10%. DHS will continue its efforts to reduce the number of youth placed in congregate settings. One of When children and youth must be removed from their homes, 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. Through previous NBPB requests, DHS has sustained and expanded the work it began through an ACF grant for the "Diligent Recruitment of Families for Children in the Foster Care System". The goal of DHS' grant was to target foster families to serve teens. The grant funded recruitment, training and foster family support, and engaging youth and families in quality improvement efforts, resulting in a reduction in the use of congregate care for teens. The grant ended in September 2018 and the state awarded DHS a grant pick-up to sustain the effort. Due to the success of the diligent recruitment grant for teens, last year DHS requested NBPB funding to expand recruitment efforts and, as part of its new foster care redesign effort, DHS will invest in improving our coordination of these activities, increasing our supply of culturally competent homes, and retaining these homes.

Additionally, Allegheny County DHS' ongoing work to improve recruitment and retention of CYF staff is resulting in notable progress. Since 2018, DHS has increased the average number of applicants for its CYF caseworker positions from 25 to 41. So far in 2020, DHS has achieved a positive net staff (new hires – terminations) of 28, up from just one net staff last year. DHS continues to focus on improving its recruitment and retention of CYF positions and will account for this work in its adjustments.

- ☐ **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 2020-21 and 2021-22.**

See response above and Section 1.3c for analysis of information, including the CCYAs annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR)

¹⁴ "QIC Domestic Violence In Child Welfare". 2020. Dvchildwelfare.Org. <https://dvchildwelfare.org/>.

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

During the last 10 years, research has clarified "what works" to reduce the risk juvenile offenders pose to the community. Research and practice are interwoven as never before. While our sights remain firmly fixed on attaining the goals of Balanced and Restorative Justice, how we conduct business to attain those goals has been fundamentally transformed by 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 2019, there were 1,788 YLS Assessments Completed. The initial YLS showed 21% of the youth scored in the Low range, 53% scored in the Moderate range, 25% scored in the High range and 1% scored in the Very High range. Our department has 13 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 particular type of program in reducing recidivism and producing positive outcomes for youth.

Through 2019, Allegheny County's SPEP™ team has applied the SPEP™ process to 81 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

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to job readiness and remedial academic services that address criminogenic needs and meet competency development goals. The most critical component of the SPEP process is the development of an individualized performance improvement plan for each service that has gone through the SPEP process.

As we complete the SPEP we consistently see issues with dosage and duration of intervention. Evidenced based programs must be delivered at the correct number of hours per week for a specific number of weeks. In many cases the juveniles are not in the program long enough to receive what is required as evidenced based. As a result, we now have youth staying in the program a little longer so they receive the full benefit of the intervention. For some providers it continues to be necessary for us to provide additional funds 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 2019, probation officers oversaw the collection of over \$221,562 in total dollars, approximately \$138,000 of which went directly to victims as restitution for crimes committed; \$12,147 went to the Victim Compensation Fund; and over \$7,300 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 911 juveniles whose cases were closed in 2019, 85 percent satisfied their restitution obligations in full and 99 percent completed all their required hours of community service. Much of this success stems from the probation officers' persistent attention to restoring victims.

Additional JPO and Court activities:

- Allegheny County was instrumental in the development of the Pennsylvania Academic and Career/Technical Training Alliance (PACTT). Today our six CISP Centers are all recognized PACTT affiliates. A variety of both academic and technical training skills are available for youth who participate in CISP. We have been successful at using OCYF/PCCD PACTT Grants to initiate several new offerings for youth but the ongoing costs associated with such programs 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. At this time nearly all 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

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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. Depending on the number of youth registered for each cohort of 10 Saturdays, we offer up to four sessions each week. Since moving to this model we have found our completion rate to have improved greatly. As we partner with our providers we have also realized an increased cost associated with delivering the service while maintaining fidelity to the model. Ongoing staff training and fidelity assurance have added unbudgeted costs to the delivery of the service.
- Under the leadership of Judge DeAngelis, JPO and CYF have been collaborating for several years to implement a Crossover Youth Practice Model developed by the Center for Juvenile Justice Reform at Georgetown University. This model has improved services for juveniles involved in both the child welfare and juvenile justice systems. Implemented in January 2016, the Crossover Youth Protocol guides the day-to-day activities of probation officers and caseworkers working with dually involved youth. Regular joint case reviews and joint supervisor cabinet meetings reinforce the Protocol. Joint training on the Protocol for newly hired staff, as well as booster training for current staff, occurs on a regular basis.
- Allegheny County Juvenile Probation has developed an array of Graduated Responses, both incentives and sanctions, to help move juveniles toward law abiding, productive citizenship. Research indicates that the incentive/sanction ratio of 4:1 can be an effective tool in positively shaping a juvenile's behavior. We have established a policy and matrix to ensure the responses are swift, certain, and proportionate.
- Motivational Interviewing (MI) a collaborative conversational style for strengthening motivation and commitment to change originally developed for the addictions field, has been adopted for use by probation officers to facilitate behavioral changes in juveniles. MI, a key part of professional alliance, is being implemented throughout our department in carefully designed cohorts consistent with our MI coaching capacity. All of the Department's probation and Community Intensive Supervision Program staff have completed MI training.
- Probation staff are also being trained 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

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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.

- 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.

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 2020-21 and 2021-22.**

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 use of data analysis with the stakeholders toward the identification of practice improvement areas. Counties must utilize a Data Analysis Team as described in the NBPB Bulletin Guidelines, Section 3-4: 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 NBPB, DHS 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 2020, DHS leadership presented an overview of the Needs-Based Plan and Budget to the CYF Advisory Board and met with the Administrative Judge of the Family Division of the Court of Common Pleas for her guidance. DHS and JPO also held a joint public hearing to obtain comments. (Due to COVID-19, this public hearing was held virtually, through Microsoft Teams™.)

Additionally, DHS held two virtual public hearings in June to discuss the FY 2020-21 Human Services Block Grant (HSBG) Plan, including a discussion of all services that are important to children and families served by DHS, whether funded by the HSBG, NBPB or some other source. Participants included advocacy groups, contracted service providers, and DHS staff, and their feedback was incorporated into the HSBG Plan as well as the NBPB.

DHS 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 provider agencies and the CYF Deputy Director, to discuss ways in which the system can continue to improve and enhance services to children, youth, and families.
- Quarterly roundtable meetings with the Courts.
- [Neighborland](#), Allegheny County DHS'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.**

DHS continually engages with providers through contract monitoring activities, regularly scheduled meetings (both case-centered and service-wide), and ad-hoc meetings (case- and monitoring-specific). DHS also requires providers to report regularly (daily, weekly, and/or monthly) to provide feedback about family needs, changes they are seeing, and their ideas for improving the system. DHS holds regular 'Systems' training for providers, including initial, ongoing, and refresher sessions provided by technical (case management applications) and professional (child welfare practice) staff. These trainings provide feedback to DHS about provider and practice needs and issues while addressing gaps in knowledge

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and practice. DHS is working to enhance teamwork and collaboration with/among providers by improving communication about information and expectations, promoting networking, and encouraging feedback by issuing surveys after provider meetings.

From the start of the pandemic, CYF's director has held regular calls with providers to keep essential services running and to solve the daily problems that have arisen. DHS has also held daily (then moved to weekly) calls with all providers and other stakeholders throughout the crisis, to monitor the health of the human services network and respond to needs, as a network.

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

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

DHS has well-established relationships with law enforcement and Allegheny County's nationally recognized pediatric medical centers that support joint investigations of child abuse and neglect as required by the Child Protective Services Law. Allegheny County is fortunate to have two child advocacy centers that partner with the MDIT to ensure that children who are victims of maltreatment receive comprehensive, trauma-focused services. Further, DHS hired 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:

Strengths

- **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.¹⁵ Importantly, and as noted in the Executive Summary above, an evaluation of the AFST determined that it reduced disparities in case opening rates between black and white children.
- **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.¹⁶ 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%.¹⁷ This trend is a result of DHS' 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. Allegheny County DHS – which is also the lead agency

¹⁵ "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

¹⁶ "What Is Kinship Care?". 2020. The Annie E. Casey Foundation. <https://www.aecf.org/blog/what-is-kinship-care/>.

¹⁷ "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

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for our region's Continuum of Care for housing and homeless services – provides a robust array of services and supports that prevent homelessness and help families achieve housing stability, leveraging NBPB and other funding. Programs offered for families, including those funded through NBPB, include:

- **The NOVA program**, which is the newest to DHS' 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. Homelessness prevention funds, as available, cover rental arrears, pay for moving costs, and are otherwise leveraged to help families avoid eviction and maintain stability in their housing. Additionally, rental assistance is available through the County's rapid-rehousing, bridge, and permanent supportive housing programs.
- **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 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 youth who have been dependent on issues related to housing, credit, health care, driver's licensing, and expungement.
 - **Foundation for Independence**, a housing program specifically tailored for youth transitioning out of foster care that provides supervised living

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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.

- ☐ **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.**

Service array challenges include:

Challenges

- **The need to recruit more culturally competent resource families from the home neighborhoods of children who are placed.** DHS 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. DHS will address this ongoing challenge through a comprehensive effort to strengthen its non-kin placement services, which will include a re-bid of these services. A recently released Foster Care Concept Paper¹⁸ provides further detail on DHS' approach to this challenge.
- **The need for an independent investigation of referrals for families who are already CYF-active.** A high volume (~30%) of monthly GPS investigations are for CYF-active clients. Currently, clients' existing casework staff is responsible for completing these investigations. Not only is this volume of investigations difficult for a caseworker to manage alongside their regular workload, but new investigations can be disruptive to caseworkers' existing work with a client by straining the relationship and negatively impacting rapport. Because of this, a separate, specialized unit is needed to investigate new referrals on active clients.
- **The need for evidence-based in-home services that prevent home removals.** After a systematic review of its prevention services, DHS determined it needs to improve its approach to CYF's post-referral services (currently called "in-home" or "non-placement"). While these services are inexpensive, they also are not highly effective, with very few evidence-based programs (EBPs) available to families. Through a previous and current NBPB adjustment request, DHS will be reallocating current resources and devoting additional funds to ensuring families are matched to quality Family Services aligned with their need and risk.
- **The need for a better connection to mental health services for children, youth and families.** There are gaps in the coordination of care between child welfare and mental health, whose dually served population is particularly high. Through a SAMHSA grant, DHS is working to improve the delivery of behavioral health services to child welfare-involved children and youth who have serious emotional disturbance or early onset serious mental illness and their families by engaging existing treatment

¹⁸ "Foster Care Concept Paper," Allegheny County DHS, July 2020.

<https://alleghenycounty.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=6442472133>

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providers, natural and peer supports and community service providers, in a Community of Practice.

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.**

DHS 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 falls below the threshold of raised the "standard salary level" from \$455 per week to \$684 per week (equivalent to \$35,568 per year for a full-year worker).

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

DHS sent a survey to CYF providers to obtain estimates of how the rule may increase 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 2021-22 because of the new rule(s).**

DHS is compiling provider survey results and will request an Expenditure Adjustment that reflects increased rates, if the survey results demonstrate need for this.

1-3f. Continuous Quality Improvement (CQI)

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.

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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 use the Safety, Risk, FAST (contingent upon investigation and case circumstance and as informed by regulatory timeframes) to inform if the children and youth

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are at imminent risk of placement in foster care absent of effective preventative services. In each instance, caseworkers consult with supervisors to make this determination.

Note that Allegheny County has requested state approval of a combined tool, which we believe will significantly increase the timeliness and accuracy of this determination.

☐ 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.

DHS developed an investigative practice standard manual and provides hands-on training and support to caseworker and supervisory staff in assessment. The manual outlines each step of an investigation process, highlighting not just compliance with timeframes but also best practices for interviewing, conducting assessments, including the Safety Assessment, Risk Assessment and FAST. The best practice and common assessment teams met with each unit throughout the agency, walking through a current investigation and highlighting the requirements and best practices and application for 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, DHS strengthened support team collaboration at regional offices. When a new investigation is assigned to the regional offices, the clinical manager notifies key support team members (i.e., behavioral health specialist, nurse, paralegal, peer coach, managed care liaison) and this team begins researching the child's behavioral or physical health needs, paternity, physical health records, supports and connections for the family, and any prior CYF history. This team provides the caseworker with information and support so that they can conduct a holistic assessment (rather than focusing on just the allegations). Following receipt of this information, 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 i.e. social emotional competence of children. (Note: this process will change when the in-home redesign, described in an expenditure adjustment, is completed).

☐ 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.

CYF 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.

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 TA for CYF practice and policy and create transparency through a learning collaborative and collective problem solving (in addition to 1:1 needs assessments and corrective action planning). During these all-provider meetings, providers and CYF discuss Family First provisions and general expectations, and

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CYF encourages all providers to investigate additional EBP opportunities as well as culturally informed interventions. As one example of how we have moved to using more evidence-based programming, CYF conducted an inventory of the current service array and implemented a model for Family Preservation aimed at strengthening and preserving families.

- ☐ **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.**

CYF Provider Relations Contract Monitors, with support from staff managers and leads, monitor, collect and analyze data to identify opportunities for continuous quality improvement and provide TA for providers where it is needed. Measures and tools include: monitoring as explicitly outlined through contract and regulatory requirements; integrated monitoring for dually licensed or contracted services; and collaboration with the county's Managed Care Organization's (MCO) monitoring tools.

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

CYF's process for verifying that Title-IV-E Prevention funds are the payer of last resort will be informed by the details of OCYF's Family First implementation guidance, which we expect to be released this summer or fall. However, based on current information and some assumptions about Act 148 reporting, 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.
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.**

Specifics on the fiscal impact will be dependent on upcoming OCYF guidance, and specifically the interaction of the Prevention Services Program with the existing Special Grants program and its financing (county match). Based on details shared to date, Allegheny County DHS has included relevant requests and adjustments related to the Prevention Services Program.

- ☐ **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**

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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.*

Allegheny County DHS is an integrated Department. This positions CYF and the Office of Community Services (OCS) under the same umbrella Department, with shared IT systems, a shared fiscal department and Office leadership working out of the same headquarters, which assists in ensuring accurate billing and seamless data sharing. This set-up provides strong infrastructure for the County's focus on prevention and supporting families in raising thriving children.

OCS recently launched Hello Baby, 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. Prevention efforts aimed at reducing child welfare involvement have historically targeted families living in high poverty areas. This is based on the incorrect assumption that poverty is the singular driver for abuse. Rather, the root causes of maltreatment include untreated mental illness, substance use disorder and intimate partner violence, all of which cut across economic lines and can place children at risk. Families struggling with these issues have complex, multi-system needs for services and, as isolation can accompany these issues, they also have a need for positive social connections and support.

The children at highest risk of serious abuse and neglect are infants and babies. From 2009 through 2016, almost 80% of Allegheny County children who suffered fatalities associated with child abuse and neglect were under the age of three. Furthermore, in half of all the cases in Allegheny County in which a child was seriously injured or died as a result of abuse and/or neglect, child welfare was not even aware of the family's needs because no referral had ever been made, meaning that there had been no opportunity to support the family or protect the child before the tragedy occurred.

Through Hello Baby, DHS will reach more families who can benefit from support, better match families and babies to the right services, and ensure that the most vulnerable families and babies have access to the best supports we can offer. Hello Baby's tiered prevention model offers a variety of supports designed to meet families' varied needs and interests through the child's third year. It builds upon the robust set of services and supports that

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already exist for Allegheny County families and introduces a more deliberate and differentiated approach to outreach for new parents.

The Hello Baby model was built to stratify families based on the likelihood that there may be future safety issues so significant that, before the child turns five, the courts will require the County to remove the child from the home (the same standard as that used by the Prevention Services Program to determine Candidacy). The accuracy of the model for predicting whether a child born in Allegheny County would experience a serious maltreatment event resulting in home removal within five years of birth is 92 percent (as measured by AUC). To put this in context, the Hello Baby model performs better than digital mammography in asymptomatic women.

The tier of families having higher and/or more complex needs and falling into the highest risk level will be offered the support of a two-person team (family engagement specialist and social worker) from Healthy Start, a community partner. These teams will work to engage families, learn about their needs and, together with the parents, develop a plan for leveraging their strengths, clearing barriers to appropriate services and providing them with wraparound assistance for as long as they wish or until the child turns three. This assistance can take the form of concrete goods (e.g., diaper, formula, food), assistance with immediate needs such as transportation to the pediatrician and eviction prevention, and connections to community resources such as evidence-based parenting programs, mental health and/or substance use treatment, child care and emergency housing. This system has the potential to engage a greater proportion of the most challenged families and to reduce the need for more intrusive and costly child welfare interventions. Allegheny County sees an alignment between this component of Hello Baby and the Family First Prevention Services Program.

Hello Baby meets the requirements of the Family First Prevention Services Program. Engagement with Healthy Start is an indication that serious risk of placement has been determined and would meet the Candidacy requirement. To determine the needs of the child and connect to the appropriate EBP, once engaged in the program, care team members will develop a baseline understanding of a family's urgent needs by conducting the following core assessments: mental health (PHQ2), relational safety, housing security, food security, safe sleep, parental stress, and drug and alcohol use. With this information, the care team will make the appropriate referrals to community agencies. All of this information can be used to constitute a Prevention Plan. Additionally, through Healthy Start, the 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 thru the milestones in the specific EBP and based on the training for all home visitors working with families.

Congregate care funding limitation

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

Allegheny County CYF participates in and facilitates meetings with the Fifth Judicial District where it shares CYF policy and practice (See below.)

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

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Allegheny County Juvenile Probation Office and Allegheny County CYF Crossover Youth Protocol informs the day-to day practices and expectations of staff from JPO and CYF when working with youth who are involved with both agencies. Each maintains designated staff responsible for oversight of adherence to the protocol, in addition to provision of TA to respective staff as well as community and system stakeholders.

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

During the October 16, 2019 meeting with all of our CYF providers, we communicated the OCYF 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 held in-person 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.

DHS uses congregate care as a last resort. It is only for those cases when we cannot identify a foster home that meets the child's needs; or when the child requires 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 congregate care 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 child's safety assessment 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, with the parents and the youth (supported by the Kin Navigator), will 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 and 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. DHS 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.

Several policies guide decision-making DHS has enhanced these, guided by continuous quality improvement review findings. These policies and practices include:

- 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 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

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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 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 (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, 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. DHS does not make placement decisions based on funding implications.

DHS is reviewing the placement system and procedures to increase family finding and placement matching efforts. DHS is requesting funding to support expanding matching efforts; and recruitment and retention of foster care (resource) families. DHS has carefully designed a multi-phased approach to enhancing foster family capacity, retention, support and skills and recently published a Concept Paper outlining expectations for potential providers. This framework, which is now out for public comment, will become the goals and content of a competitive RFP for services.

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

DHS appreciates the state’s communication about providers that have applied and been certified as a Specialized Setting during the initial round. It would be helpful to maintain that communication and continue to receive updates on the certification applicants and process.

Based on details shared to date, AC DHS has included relevant requests and adjustments related to the congregate care funding limitation.

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?**

Yes.

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Section 2: General Indicators

2-1: County Fiscal Background

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

Allegheny County DHS usually spends our Needs Based allocation in full. However, the pandemic's severe impact on operations resulted in underspending in FY2019-20.

COVID-19 impacted fiscal outcomes in several ways:

- Sharp decrease in the volume of referrals received in the fourth quarter (although the volume of referrals is currently increasing).
- 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.

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

Allegheny County DHS anticipates spending our entire certified amount of \$238.3M in the Implementation Year (FY 2020-21). Despite the continuing pandemic, operations are returning closer to normal or have been sufficiently modified to achieve previous volume. Additionally, it is now more expensive to provide services due to hazard pay, increased cleaning, etc. DHS also has resumed implementation on initiatives that were previously halted due to the pandemic's onset, within the certified amount.

- ☐ **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: Increasing referrals to child welfare.** Referrals to CYF had been trending up over the past two years before Covid-19. CYF received 17,772 referrals in CY2019 compared with 15,615 in CY2017 (an increase of 11%). And though referrals sharply declined with the onset of the pandemic, we know this is not indicative of less need – rather, we know families now have even greater needs due to the pandemic. The trend of increasing referrals before Covid-19, coupled with the trend of increasing family hardship since Covid-19 (according to measures of unemployment, food insecurity, and housing instability), necessitates investments in upstream supports that prevent child abuse and neglect. Through its adjustments, DHS will address this by:
 - o **Strengthening families, before referral to child welfare.** DHS will continue to invest in its continuum of services that prevent families from ever needing the child welfare system in the first place. DHS is requesting support for investments in Hello Baby, Family Centers, and Income and Housing Supports. (Please see more about these parts of DHS' prevention continuum in this document's Executive Summary.)

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- **Trend: High volume of referrals against families already active with CYF.** Approximately 30% of all new monthly GPS investigations are of active families. Through its adjustments, DHS will address this by:
 - o **Improving family assessments and matched services, to prevent removals after referral.** The high number of referrals on families already active with CYF indicates a need to retool its in-home, non-placement services 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.
 - o **Creating a specialized unit for investigations on active families.** Not only is the high volume of investigations on active families difficult for caseworkers to manage alongside their regular workloads, but new investigations can be disruptive to caseworkers' existing work with clients by straining relationships and negatively impacting rapport. CYF will create a specialized unit to conduct these investigations, rather than continue to rely on families' existing caseworkers to investigate.
- **Trend: Time to permanency does not meet national standard.** Allegheny County's rates of permanency achieved within 12 months trail the state average and national standard. Though Allegheny County has made practice changes to improve time to permanency (see Performance Improvement Strategies section of this document), the impact of this indicator on the well-being of children and youth makes it an important focus for CYF. Through its adjustments, DHS will address this by:
 - o **Building a foster care system that improves outcomes for children and families.** CYF selected many of the strategies that make up its planned foster care redesign with the goal of improving permanency in mind. Specifically, CYF will implement strategies such as foster home recruitment, concurrent planning, and models that facilitate connections between birth and foster families in order to improve permanency outcomes among children and youth in foster care.
- **Trend: Re-entry rates higher than national standard.** Allegheny County's rate of re-entry within 12 months is 10.3% for children discharged to reunification, to live with a relative, or to guardianship. (The national performance standard is 8.3%.) Though Allegheny County has made practice changes to improve our re-entry rates (see Performance Improvement Strategies section of this document), the impact of this indicator on the well-being of children and youth makes it an important focus for CYF. Through its adjustments, DHS will address this by:
 - o **Expanding Parent Teen Mediation.** Re-entry rates are highest for youth ages 13-15, and a frequent cause of re-entry is family conflict. The Parent-Teen Mediation Program provides in-home counseling to families who are experiencing conflict, struggling to create or maintain a positive home environment or having difficulty managing a youth's behavior. DHS began this program as a Promising Practice through the Special Grants Initiative and is expanding and moving the expense to the Needs-Base through an adjustment in FY21-22.
- **Trend: Racial disproportionality.** Black children and youth are referred and accepted for service at disproportionately high rates, given their risk level and share of the population. And, in cases where Black children are removed from their homes, they are more likely to be placed in a congregate setting. Of the 363 children who experienced 1

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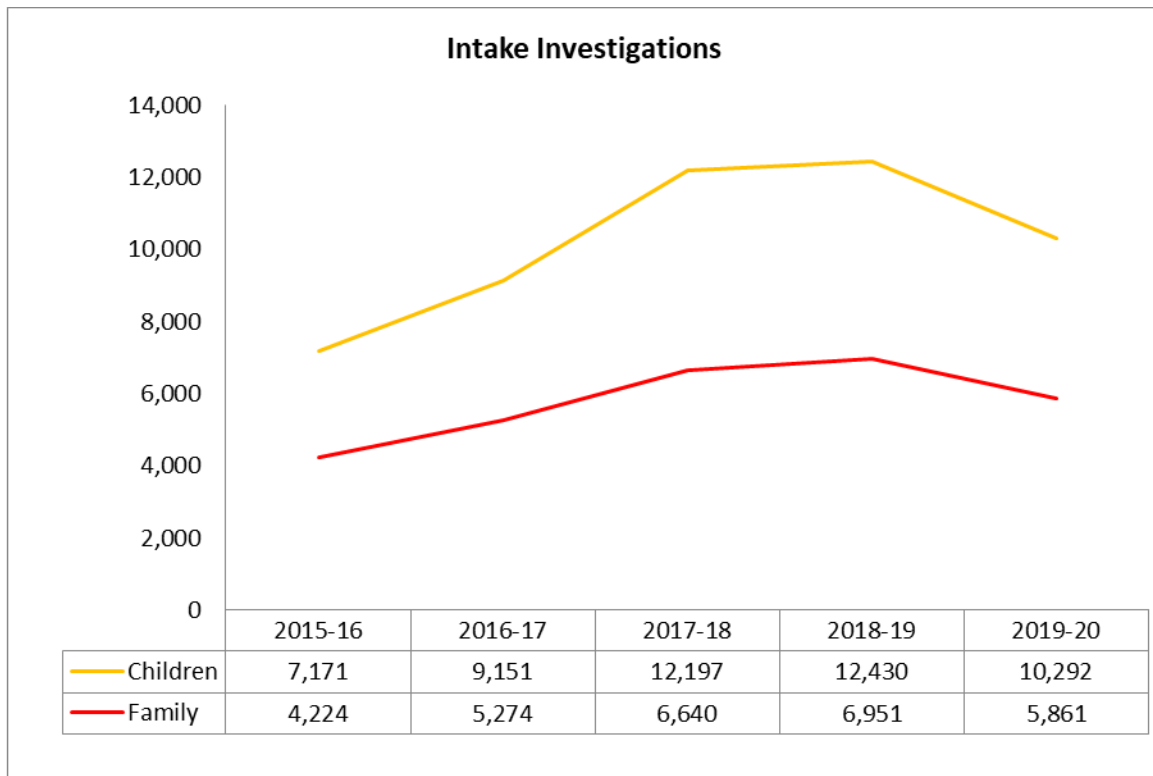
or more days of CYF congregate care in CY2019, 57% were Black. Through its adjustments, DHS will address this by:

- **Establishing a CYF Equity Unit.** A new unit will operationalize racial equity by coordinating with DHS's Office of Equity & Inclusion to educate and engage CYF staff, providers, and partners; and to ensure a racial equity lens is applied to all CYF planning and implementation efforts.
- **Change: Virtual delivery of services and education.** During the pandemic, DHS shifted many child and family services – including visits with child welfare caseworkers, visits between parents and children in placement, tele-health, and tele-therapy – to a virtual format. Similarly, to keep children and teachers safe, many schools in Allegheny County have transitioned to online (or hybrid) instruction. Unfortunately, many families lack the devices and internet connectivity that are now needed to engage in services and education. Through its adjustments, DHS will address this by:
 - **Bridging the digital divide.** DHS has already begun investing in hardware and Wi-Fi mesh technology to bridge the digital divide with emergency CARES Act funding. DHS will sustain this work, continuing to maintain a Wi-Fi network and device distribution for families to access crucial services and education.
- **Change: Family First Prevention Services Act (FFPSA) implementation.** Beginning July 1, 2021, FFPSA takes effect in PA. Under the new law, only the first 14 days of a child's stay in congregate care will be billable through Title IV-E unless the youth is in a specialized setting. Through its adjustments, DHS will address this by:
 - **Transitioning to trauma-informed Specialized Settings.** DHS will continue to reduce the number of children and youth in traditional congregate placements by transitioning to specialized settings that are trauma-informed and that offer programming for participants and training for staff tailored to the needs of children and youth with special circumstances. DHS has already released an RFP for a provider of a specialized residential setting for survivors of Commercial Sexual Exploitation of Children and anticipates a number of its current congregate providers will request state certification as specialized settings in FY 2021-22.
- **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 2-4)**

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2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).



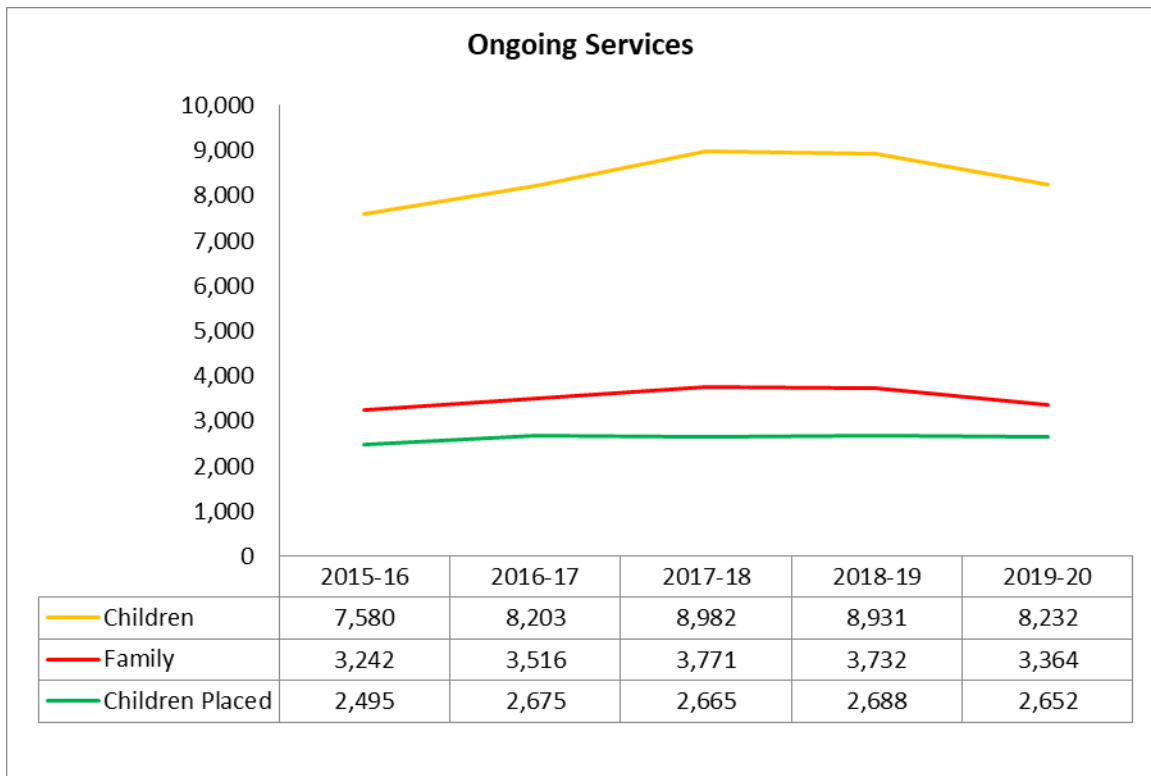
After at least four years of continuous increases, intake investigations fell in FY19-20. Leading up to March 14, 2020, child intake investigations were down 4.4% compared to the prior year – and this decrease was amplified by the pandemic. During the period of March 15th through June 30th, child intake investigations were down 45.6% from the prior year. The same trend is apparent at the family level (down 5.5% from prior year for the period prior to March 14th, and down 43.4% from March 15th onward).

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2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).



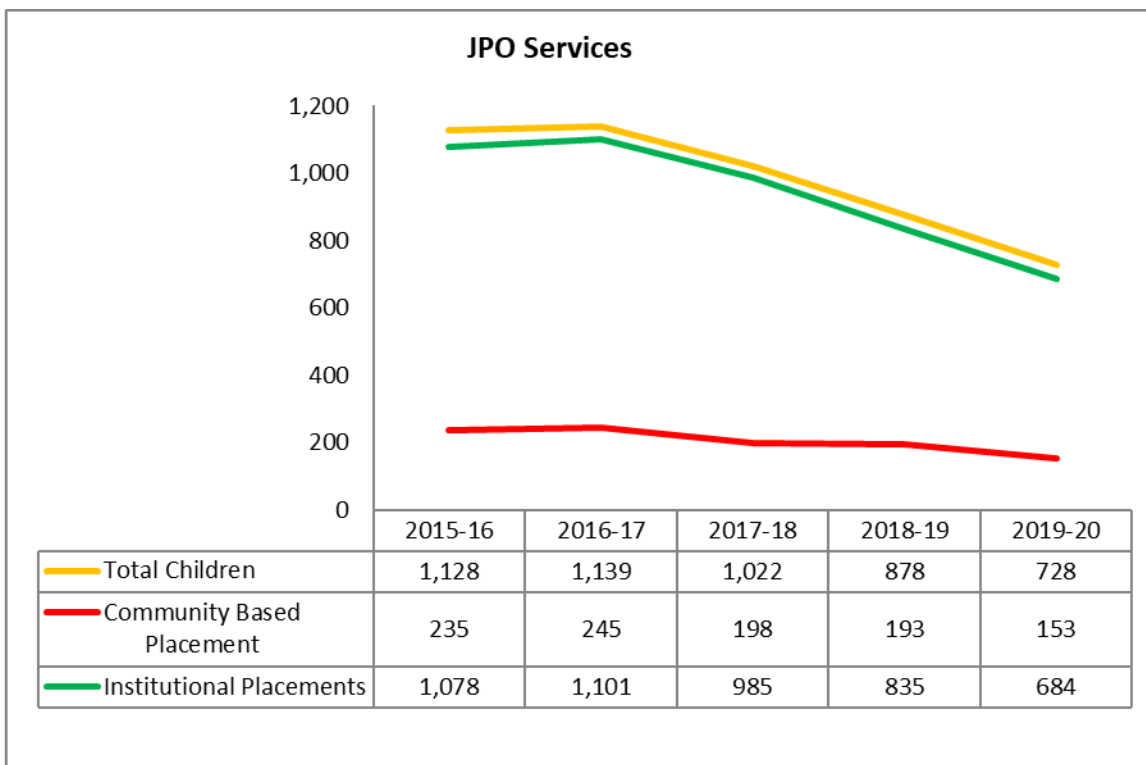
Placements were fairly stable throughout FY19-20, but the late-year downtick in incoming referrals and intake investigations did start to impact the counts of new and ongoing children (down 8%) and families (down 10%) receiving services further downstream.

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2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).



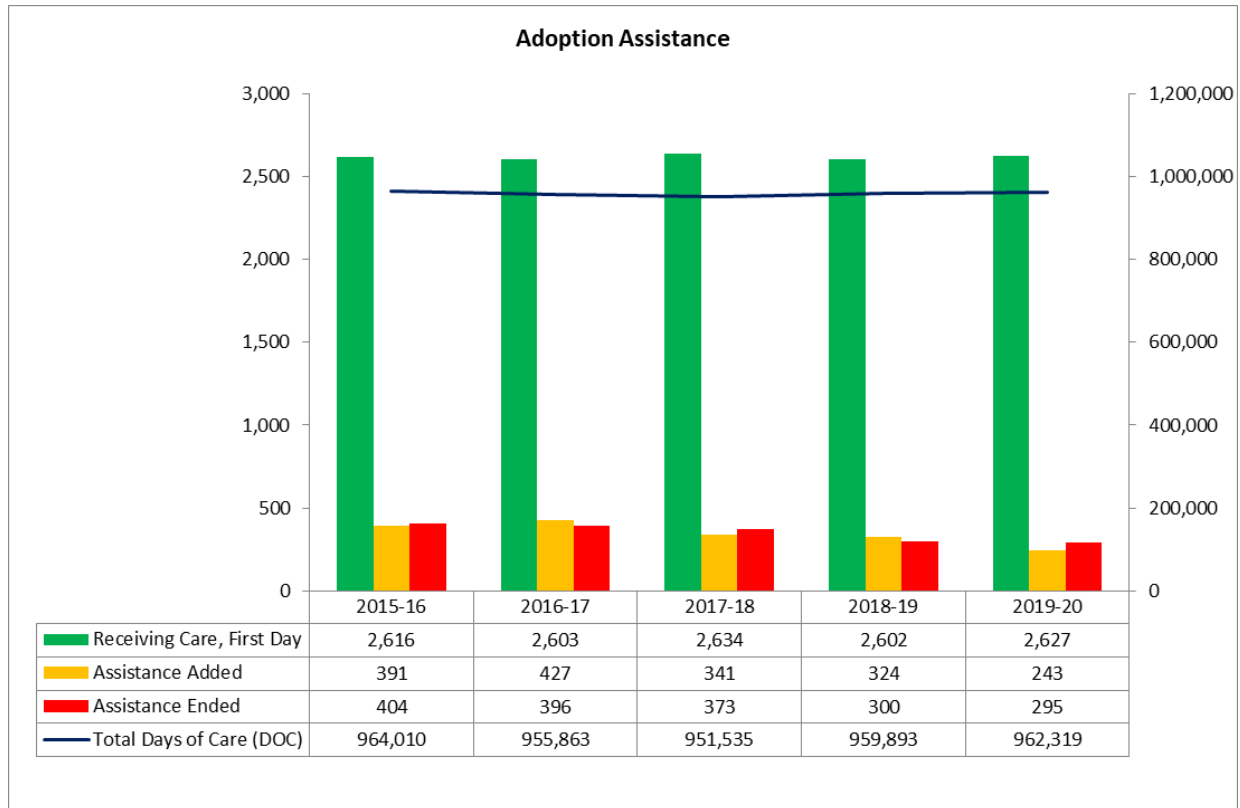
Allegheny County saw a 37% reduction in the number of juveniles served by probation (where Act 148 funds are used for services) between FY15-16 and FY19-20, and a similarly steep reduction in institutional placements. This placement data shows the number of individuals, not the days of care. The FY19-20 numbers were greatly impacted by COVID19. The number of allegations and dispositions dropped significantly during March and the last quarter of FY19-20. Juvenile probation typically received about 200 allegations per month. In April we received 50. JPO expects this number to increase significantly as Pennsylvania and Allegheny County continues to effectively address the COVID19 epidemic.

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2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).



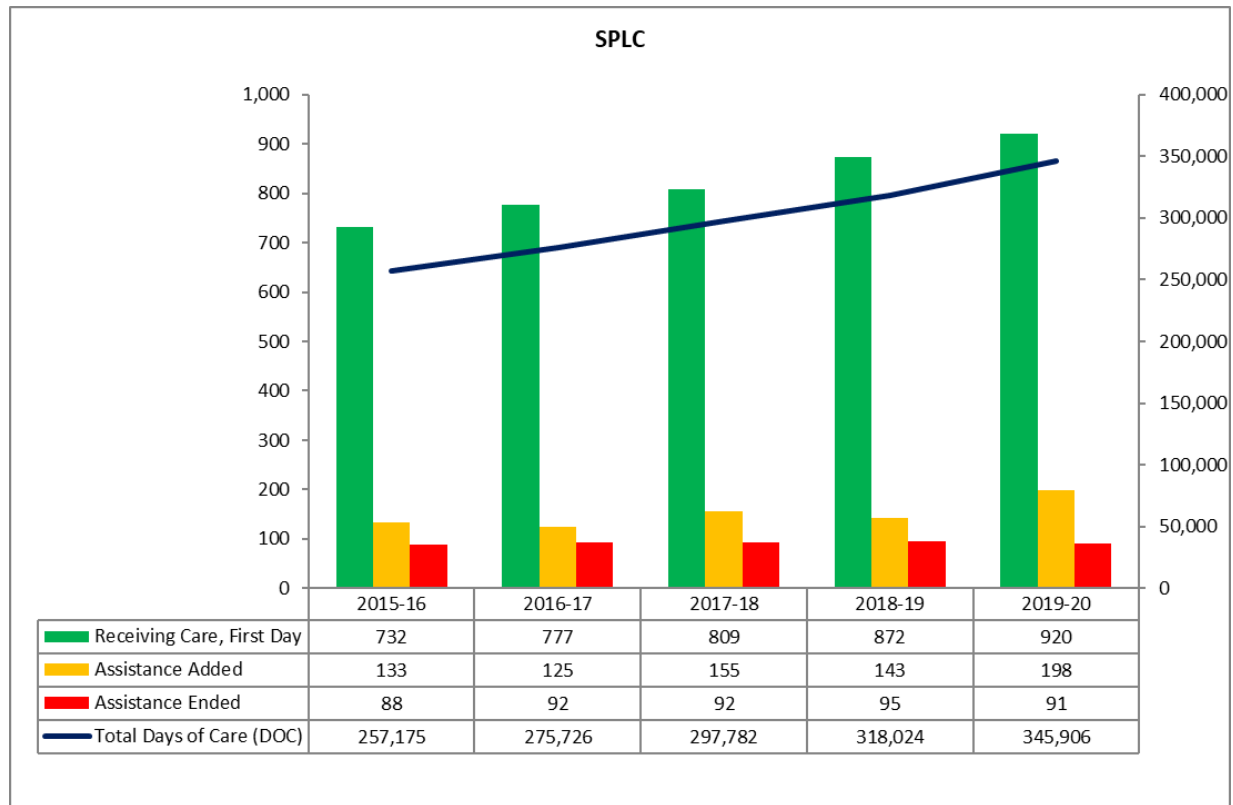
Adoption Assistance counts have been highly stable in recent years, averaging less than a percentage point change per year between FY15-16 and FY19-20. Total Days of Care over the reporting period has also been stable.

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

Insert the SPLC Chart (Chart 5).



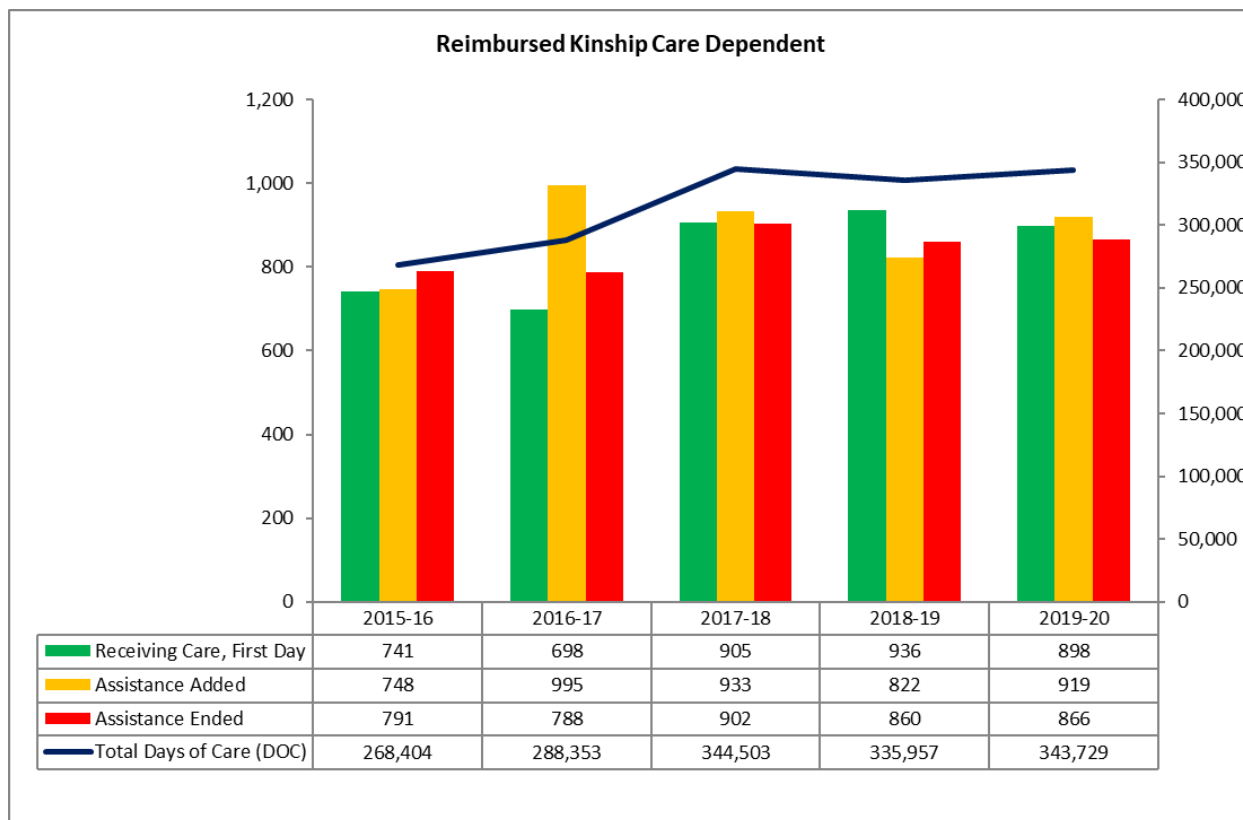
From FY15-16 to FY19-20, there has been a consistent increase in the number of children receiving care through Subsidized Permanent Legal Custodianship, in counts of Assistance Added, and in aggregate days of care.

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

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



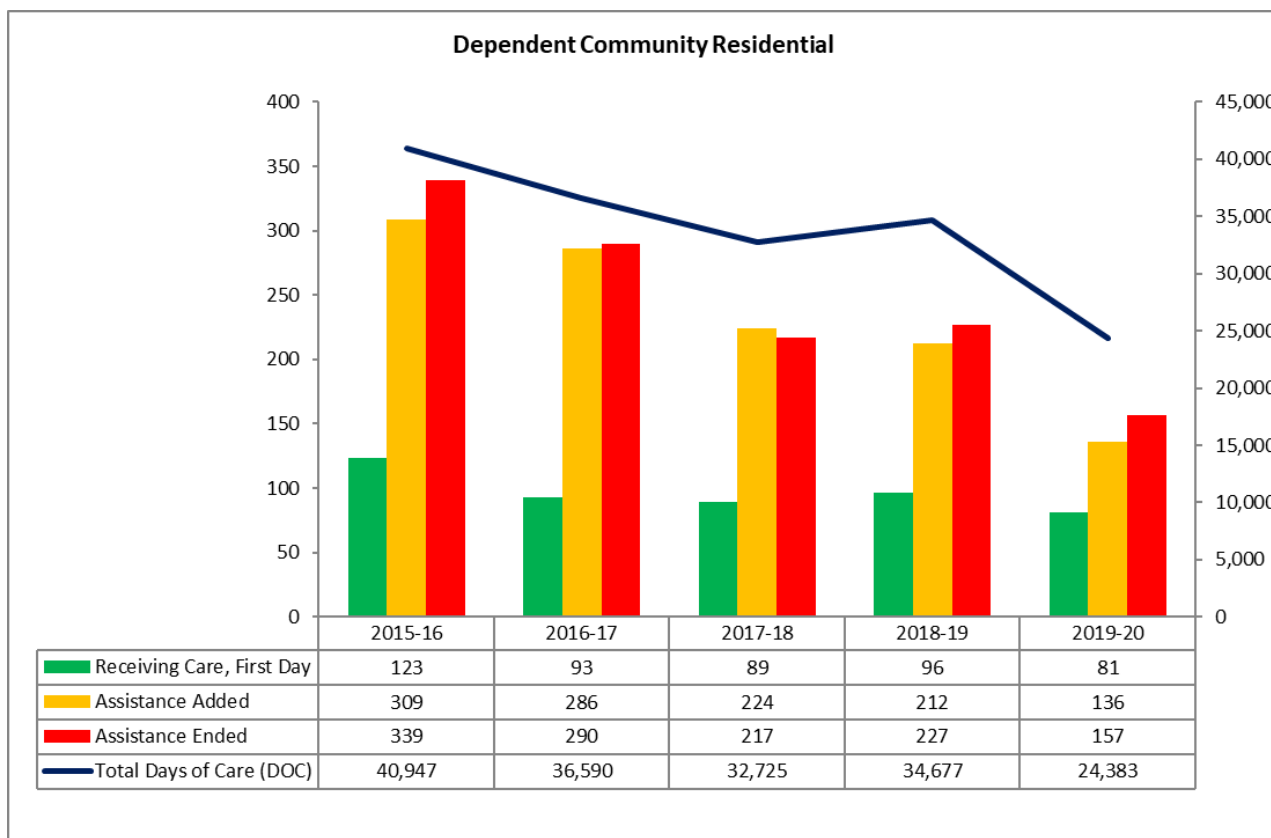
The number of children receiving Reimbursed Kinship Care Services and the aggregate days of care have generally increased over the last five fiscal years. This trend is because of DHS's strong commitment to using kinship providers whenever possible, and through the efforts of the kinship navigators in the regional offices, who begin locating kin as soon as a case is opened.

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

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



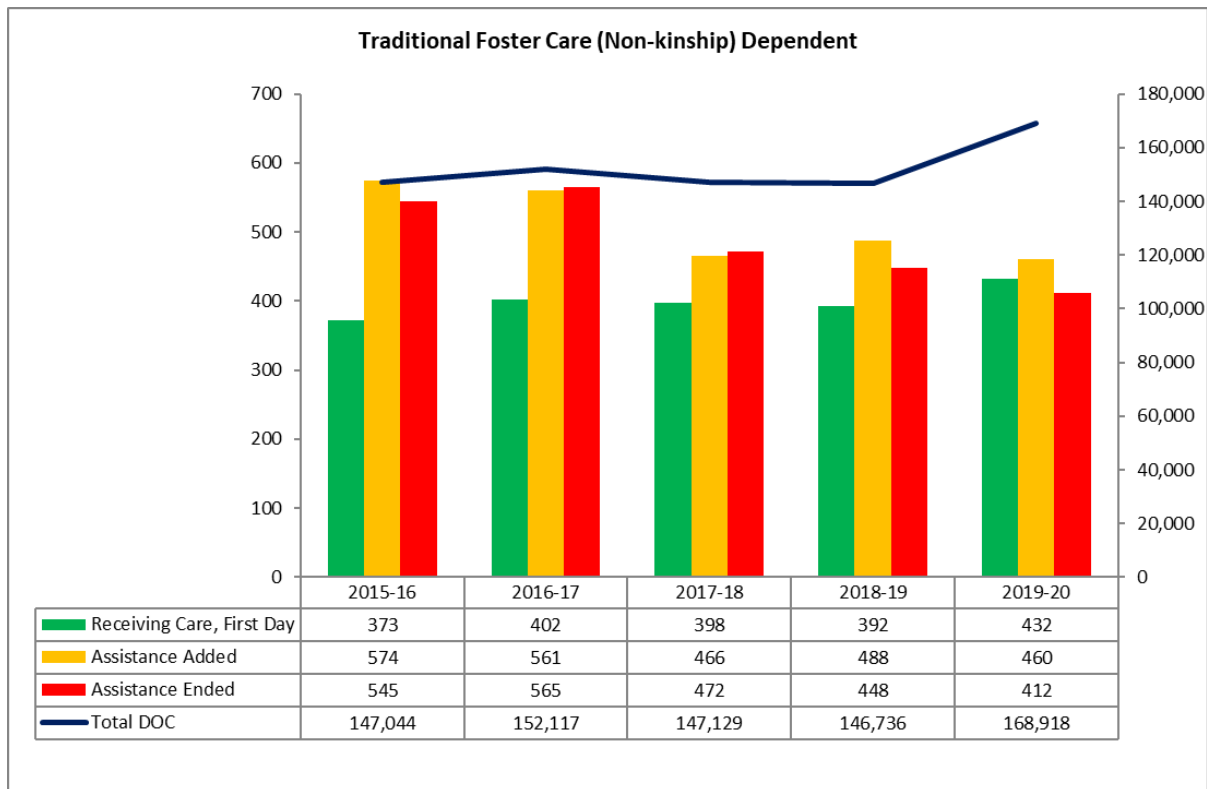
The number of children receiving Dependent Community Residential care has decreased considerably during recent fiscal years, showing a 35% reduction in first day counts between FY15-16 and FY19-20 and a 40% reduction in total days of care. This is the continued result of numerous initiatives and changes in contracted providers to safely reduce the group care population.

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

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



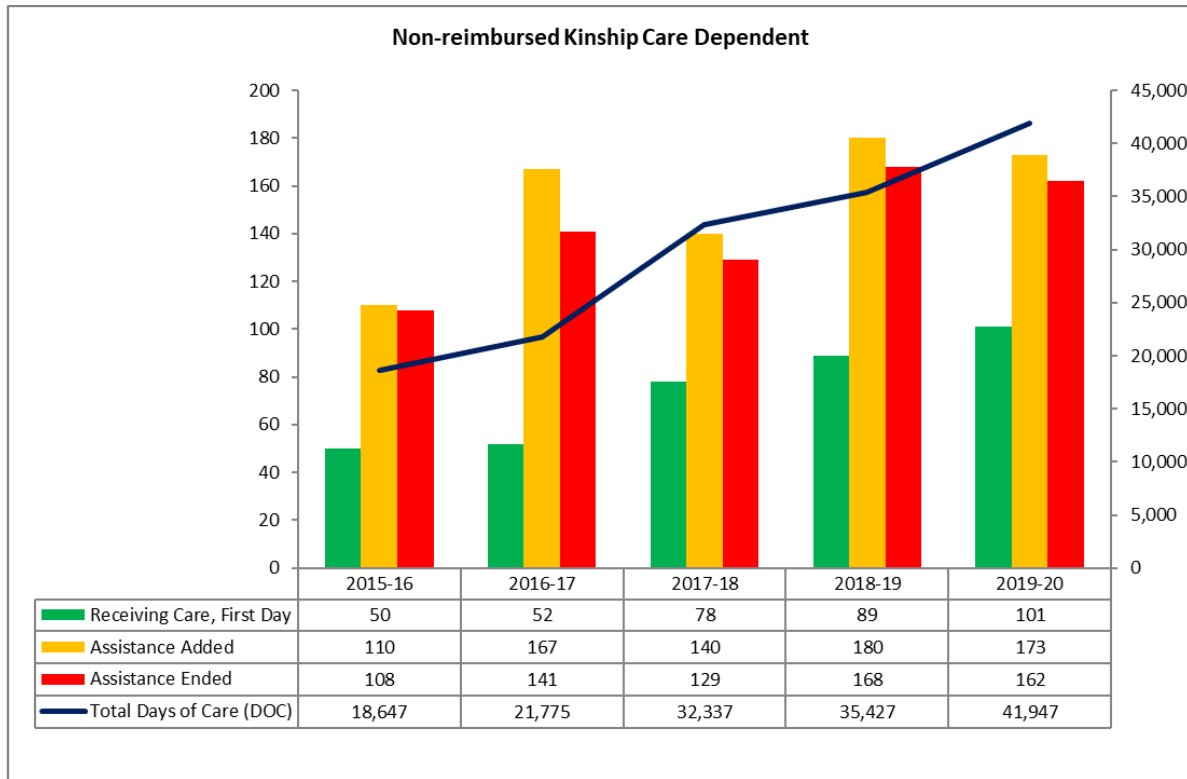
The number of children receiving care through Traditional Foster Care Services has remained stable, with first day counts slightly increasing over recent fiscal years. Total Days of Care saw an uptick in FY19-20 that could be attributable to a pause in foster care exits during the COVID-19 crisis. DHS 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.

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

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



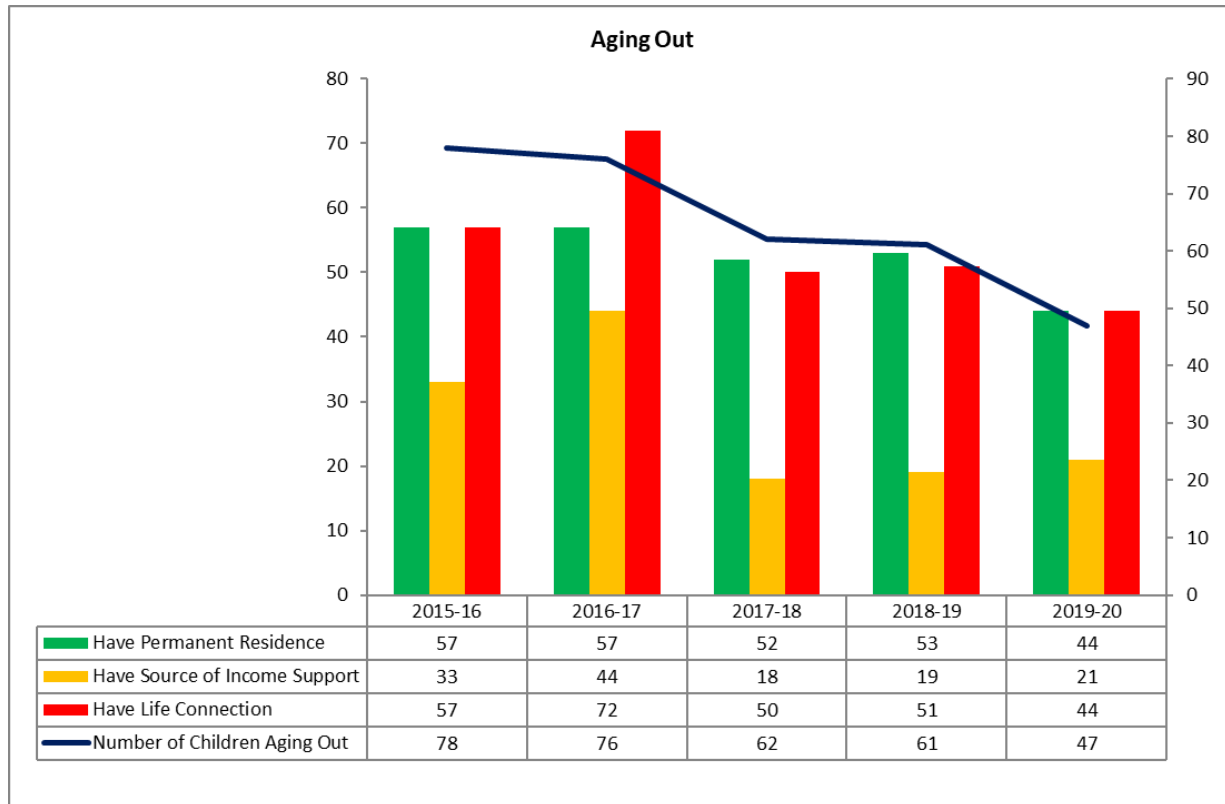
The number of children receiving care through Non-reimbursed Kinship Care Services comprises a small percentage of placements but has gradually increased in recent years.

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2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



The number of children aging out gradually declined, from 78 in FY15-16 to 47 in FY19-20 (a 23% change). As Allegheny County continues to work to enhance supports for older youth, to find family settings for teens, and to generally increase rates of achieving permanency, DHS anticipates this number remaining flat or continuing to decline in upcoming years.

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2-2f. General Indicators

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

3-2: 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.

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3-2a. Service Trends

Indicator	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	% Change	CAGR
Intake Investigations							
Children	7,171	9,151	12,197	12,430	10,292	43.5%	9.5%
Family	4,224	5,274	6,640	6,951	5,861	38.8%	8.5%
Ongoing Services							
Children	7,580	8,203	8,982	8,931	8,232	8.6%	2.1%
Family	3,242	3,516	3,771	3,732	3,364	3.8%	0.9%
Children Placed	2,495	2,675	2,665	2,688	2,652	6.3%	1.5%
JPO Services							
Total Children	1,128	1,139	1,022	878	728	-35.5%	-10.4%
Community Based Placement	235	245	198	193	153	-34.9%	-10.2%
Institutional Placements	1,078	1,101	985	835	684	-36.5%	-10.7%

3-2b. Adoption Assistance

Indicator	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	% Change	CAGR
Adoption Assistance							
Receiving Care, First Day	2,616	2,603	2,634	2,602	2,627	0.4%	0.1%
Assistance Added	391	427	341	324	243	-37.9%	-11.2%
Assistance Ended	404	396	373	300	295	-27.0%	-7.6%
Total Days of Care (DOC)	964,010	955,863	951,535	959,893	962,319	-0.2%	0.0%

3-2c. SPLC

Indicator	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	% Change	CAGR
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	732	777	809	872	920	25.7%	5.9%
Assistance Added	133	125	155	143	198	48.9%	10.5%
Assistance Ended	88	92	92	95	91	3.4%	0.8%
Total Days of Care (DOC)	257,175	275,726	297,782	318,024	345,906	34.5%	7.7%

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3-2d. Placement Data							
Indicator	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	% Change	CAGR
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	373	402	398	392	432	15.8%	3.7%
Assistance Added	574	561	466	488	460	-19.9%	-5.4%
Assistance Ended	545	565	472	448	412	-24.4%	-6.8%
Total DOC	147,044	152,117	147,129	146,736	168,918	14.9%	3.5%
Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	741	698	905	936	898	21.2%	4.9%
Assistance Added	748	995	933	822	919	22.9%	5.3%
Assistance Ended	791	788	902	860	866	9.5%	2.3%
Total Days of Care (DOC)	268,404	288,353	344,503	335,957	343,729	28.1%	6.4%
Foster Family Care - Dependent (Total of 2 above)							
Receiving Care, First Day	1,114	1,100	1,303	1,328	1,330	19.4%	4.5%
Assistance Added	1,322	1,556	1,399	1,310	1,379	4.3%	1.1%
Assistance Ended	1,336	1,353	1,374	1,308	1,278	-4.3%	-1.1%
Total Days of Care (DOC)	415,448	440,470	491,632	482,693	512,647	23.4%	5.4%
Non-reimbursed Kinship Care - Dependent							
Receiving Care, First Day	50	52	78	89	101	102.0%	19.2%
Assistance Added	110	167	140	180	173	57.3%	12.0%
Assistance Ended	108	141	129	168	162	50.0%	10.7%
Total Days of Care (DOC)	18,647	21,775	32,337	35,427	41,947	125.0%	22.5%
Dependent Community Residential							
Receiving Care, First Day	123	93	89	96	81	-34.1%	-9.9%
Assistance Added	309	286	224	212	136	-56.0%	-18.5%
Assistance Ended	339	290	217	227	157	-53.7%	-17.5%
Total Days of Care (DOC)	40,947	36,590	32,725	34,677	24,383	-40.5%	-12.2%
Delinquent Community Residential							
Receiving Care, First Day	59	69	57	53	55	-6.8%	-1.7%
Assistance Added	158	160	118	116	77	-51.3%	-16.4%
Assistance Ended	148	172	122	114	88	-40.5%	-12.2%
Total Days of Care (DOC)	22,454	22,093	20,747	19,813	15,925	-29.1%	-8.2%
Supervised Independent Living Dependent							
Receiving Care, First Day	50	48	36	36	35	-30.0%	-8.5%
Assistance Added	80	73	62	53	56	-30.0%	-8.5%
Assistance Ended	82	85	62	54	59	-28.0%	-7.9%
Total Days of Care (DOC)	17,779	14,994	13,827	11,253	13,835	-22.2%	-6.1%

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Dependent Residential Services							
Receiving Care, First Day	47	33	35	36	33	-29.8%	-8.5%
Assistance Added	76	67	49	65	61	-19.7%	-5.3%
Assistance Ended	90	65	48	68	59	-34.4%	-10.0%
Total Days of Care (DOC)	16,693	12,059	10,924	14,283	13,243	-20.7%	-5.6%

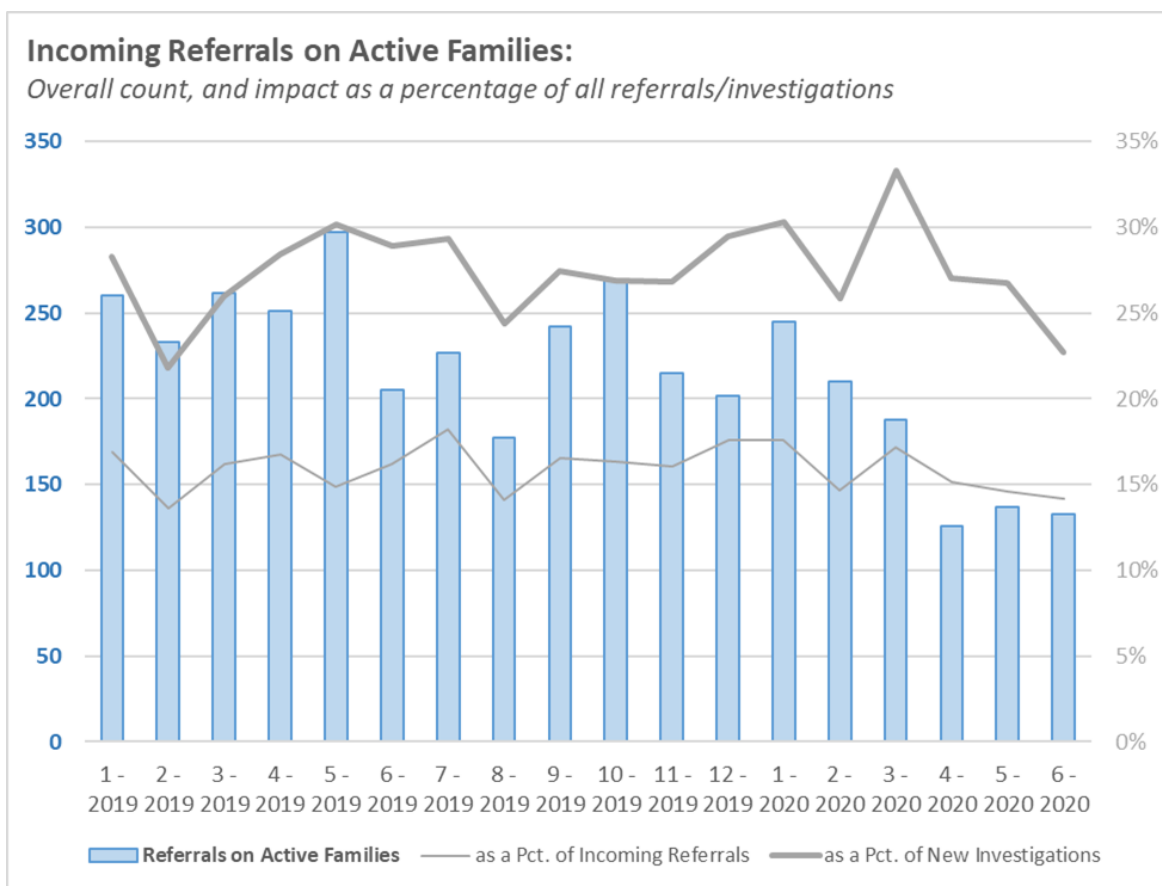
Delinquent Residential Services							
Receiving Care, First Day	244	209	250	197	140	-42.6%	-13.0%
Assistance Added	877	939	782	662	568	-35.2%	-10.3%
Assistance Ended	912	898	835	719	625	-31.5%	-9.0%
Total Days of Care (DOC)	85,987	81,046	84,859	67,647	54,650	-36.4%	-10.7%

3-2e. Aging Out Data							
Indicator	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	% Change	CAGR
Aging Out							
Number of Children Aging Out	78	76	62	61	47	-39.7%	-11.9%
Have Permanent Residence	57	57	52	53	44	-22.8%	-6.3%
Have Source of Income Support	33	44	18	19	21	-36.4%	-10.7%
Have Life Connection	57	72	50	51	44	-22.8%	-6.3%

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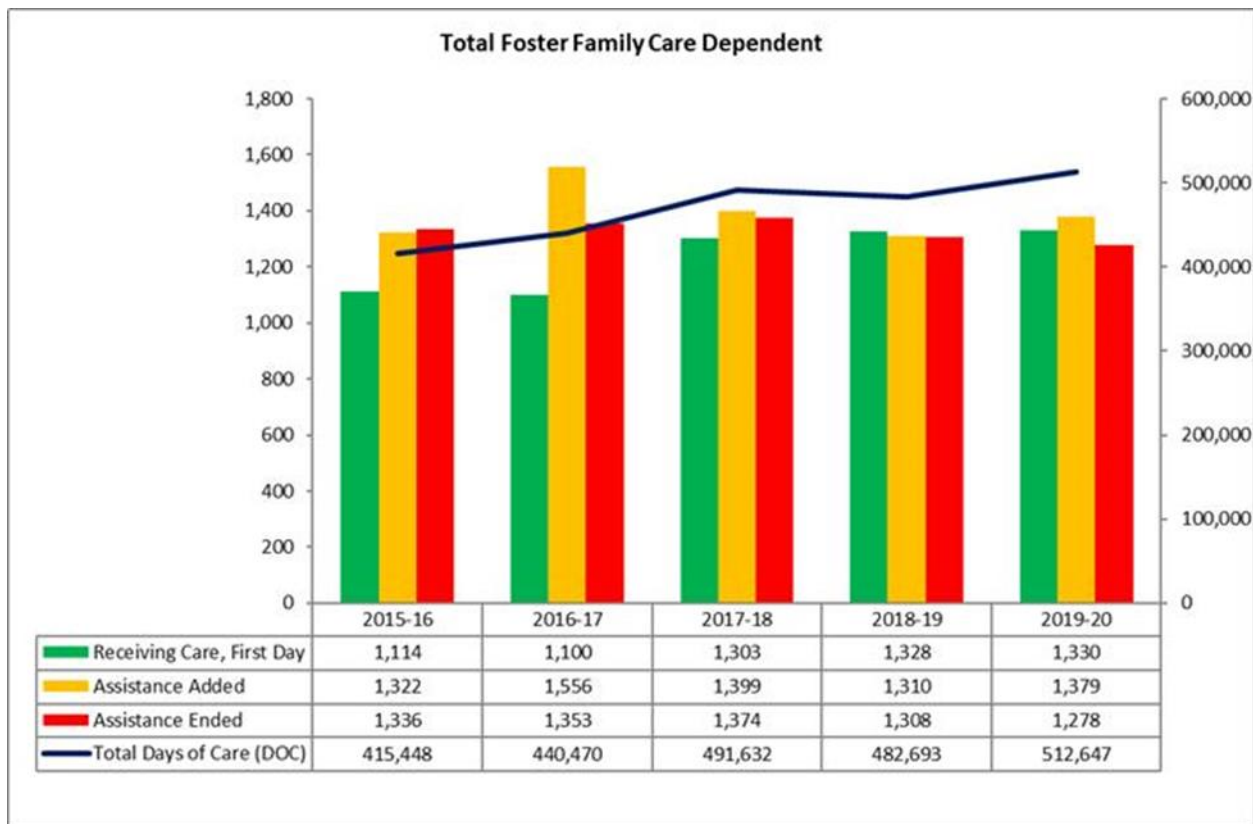
2-2g. through 2-2i. Charts

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



Source: Allegheny County KIDS

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[Click to Paste Chart](#)

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

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

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

Allegheny County experienced consistent upward trends in referrals/investigations and in ongoing services to families and children in recent fiscal years. The 2019-20 fiscal year has now witnessed a meaningful decline in these measures, particularly following the onset of

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the Covid-19 pandemic. As described above, child intake investigations prior to March 15th had been narrowly down 4.4% compared to the prior year – but between March 15th and June 30th, they were down 45.6% from the prior year’s same period, resulting in an overall decline of about 17% for the fiscal year. Ongoing services overall saw a similar but less severe immediate downturn and counts of children served declined about 8%.

Counts of dependent children in placement were generally stable for the fiscal year, inching downward overall in FY 2019-20. Although aggregate numbers do not reflect a major change, both home removals and exits from care did decline substantially during the Covid-19 crisis. CYF home removals and exits from care between March 2020 and the end of June 2020 were each down around 28% from the same months in the prior year, reflecting a major pause in activity. With a continued agency-wide commitment to kinship and other family settings for out-of-home placement, the share of placed youth in community residential and other residential settings continued its long-term decline, while foster and kinship settings continued to remain elevated or mildly increase. On the delinquency side, Allegheny County continued to see declines in youth in juvenile probation placements – both community-based and institutional. The number of children receive juvenile probation services have declined by about 36% since FY 2015-16.

- ☐ **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.**

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 FY2019-20 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 FY19-20, 8.5% of children in CYF placements spent at least one day in a congregate care placement setting. (This statistic includes children either in care on the first day of the fiscal year or entering a placement at some point in the fiscal year.) Of the 249 children who experienced one or more days of CYF congregate care that year, 87% were age 13 or older; 56% were identified as African American; and 51% were male.

		Congregate (N=249)	Kinship (N=1,838)	Non-kin Foster (N=821)
Age at Entry	Less than 1	0%	16%	24%
	1 to 3 years	0%	19%	18%
	4 to 6 years	0%	16%	13%
	7 to 9 years	4%	13%	14%
	10 to 12 years	9%	14%	12%
	13 to 15 years	42%	12%	11%
	16 to 18 years	45%	10%	7%
Race	African American	56%	48%	42%
	White	27%	35%	37%
	Two or More Races	11%	14%	17%

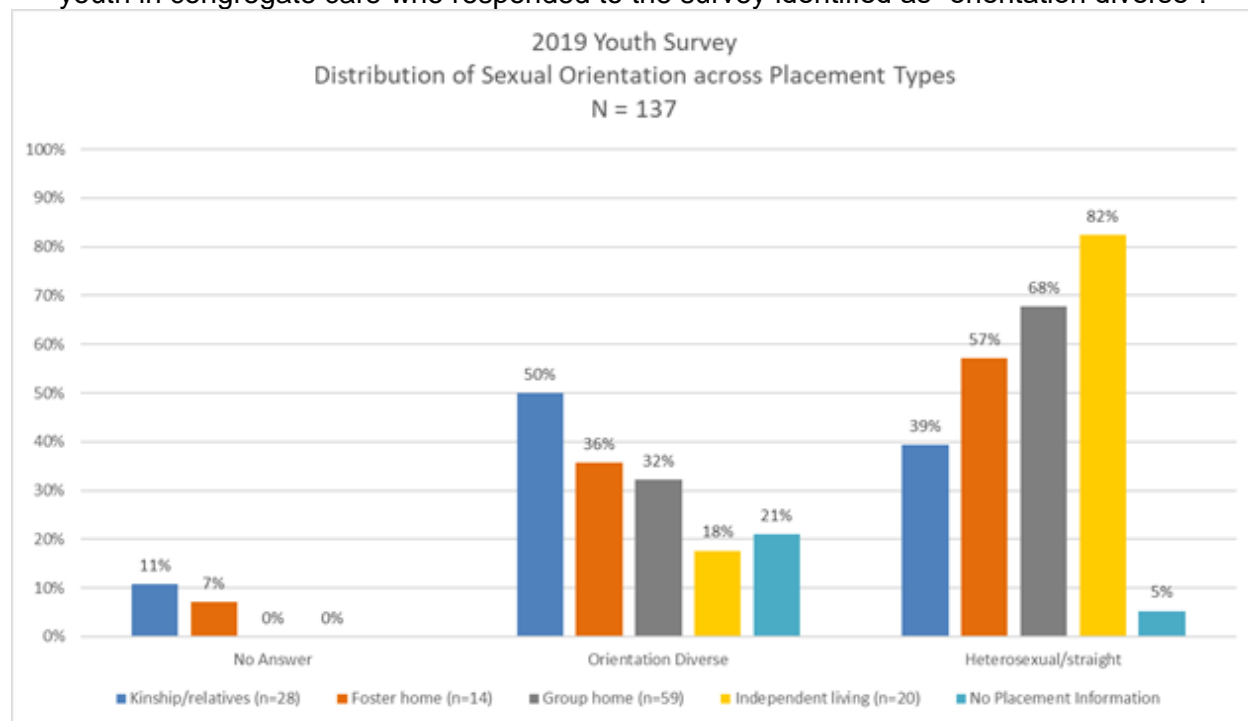
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Gender	Identified Unknown	5%	3%	4%
	Other Single Race Identified	1%	0%	1%
	Female	49%	50%	49%
	Male	51%	50%	51%

The table below shows that 8% of all children in Congregate Care in FY19-20 (249 children and youth) have an intellectual disability or autism; 94% have ever been involved with mental health services; 38% have ever been involved with drug and alcohol services; and 55% have ever been involved with JPO.

	Congregate	Kinship	Foster
	Care (N=249)	Care (N=1813)	Care (N=816)
Intellectual Disabilities	8%	1%	2%
Drug and Alcohol Services	38%	6%	4%
Juvenile Probation	55%	3%	20%
Mental Health Services	94%	45%	49%

A 2019 survey conducted by Allegheny County DHS collected information about youth in child welfare out-of-home placement. The survey included multiple questions, one of which asked youth about their sexual orientation. Youth who identified as other than “heterosexual/straight” or “prefer not to answer” were coded as “orientation diverse.” Thirty-two percent of youth in congregate care who responded to the survey identified as “orientation diverse”.



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

An analysis of services received in FY19-20 shows that nearly 75% of child in congregate care received outpatient mental health services and almost a quarter received mental health administrative management and mental health crisis intervention.

OFFICE	Service	# of Clients	% of Congregate Care Clients
MH	Outpatient	183	73%
MH	Administrative Management	59	24%
MH	Mental Health Crisis Intervention	57	23%
DA	Outpatient	47	19%
MH	Psychiatric Inpatient Hospital	44	18%
MH	Family-based Mental Health Services	26	10%
MH	Children's Psychosocial Rehabilitation	21	8%
MH	Targeted Case Management	19	8%
MH	Community Residential Services	17	7%
MH	Other	16	6%
MH	Partial Hospitalization	15	6%
MH	Family Support Services	13	5%
DA	Inpatient Non-hospital Treatment and Rehabilitation	12	5%
MH	A Family Focused Solution Based Services	3	1%
MH	Supplemental Services (MH)	2	1%
DA	Case/Care Management	2	1%
MH	Emergency Services	1	0%
DA	Intensive Outpatient	1	0%
MH	Transitional and Community Integration Services	1	0%
MH	Assertive Community Treatment (ACT) and Community Treatment Team (CTT)	1	0%

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_CATEGORY	# of Clients	% of Congregate Care Clients
ADHD	32	13%
Depressive D/O	31	12%
Acute Stress RX	26	10%
Cannabis	24	10%
Adjustment D/O	21	8%
Oppositional Defiant	20	8%
Conduct D/O	12	5%
DX Deferred	10	4%
Autism Spectrum D/O	9	4%

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Bipolar D/O	7	3%
Anxiety Disorder	5	2%
Maj Depression	4	2%
No Data	3	1%
Schizophrenia	2	1%
Alcohol	1	0%
Devp Delay	1	0%

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

1. 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.
2. 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.
3. After case closure, because there is not a warm handoff to the system that remains involved to ensure a smooth transition.

Through the SAMHSA-funded work of its child welfare-behavioral health Community of Practice, DHS recently piloted using an electronic referral to Administrative Service Coordination to help bridge the gap between child welfare and mental health service coordination. (More info on this pilot in the program improvement strategies section of this document.) Due to the pilot's early success in improving access to mental health services for CYF-active children and youth, DHS has included an adjustment to sustain and expand the new referral process in its NBPB submission.

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

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

Several policies guide decision-making, including:

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

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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.

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

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

CYF works to prevent congregate care placements by reducing home removals at the outset. In 2021, CYF will improve its prevention efforts at case opening by replacing the separate Risk, Safety, and FAST assessments with a single, universal assessment that will identify families' holistic needs early on in our involvement and assist in the selection of appropriate evidence-based services that meet those needs. To prevent home removals of adolescents, who are more likely than other age groups to end up in congregate care when placed, CYF will continue to employ Conferencing and Teaming and connect adolescents and their families to programs like Parent-Teen Mediation and Triple P.

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.

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- 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 Concept Paper (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:

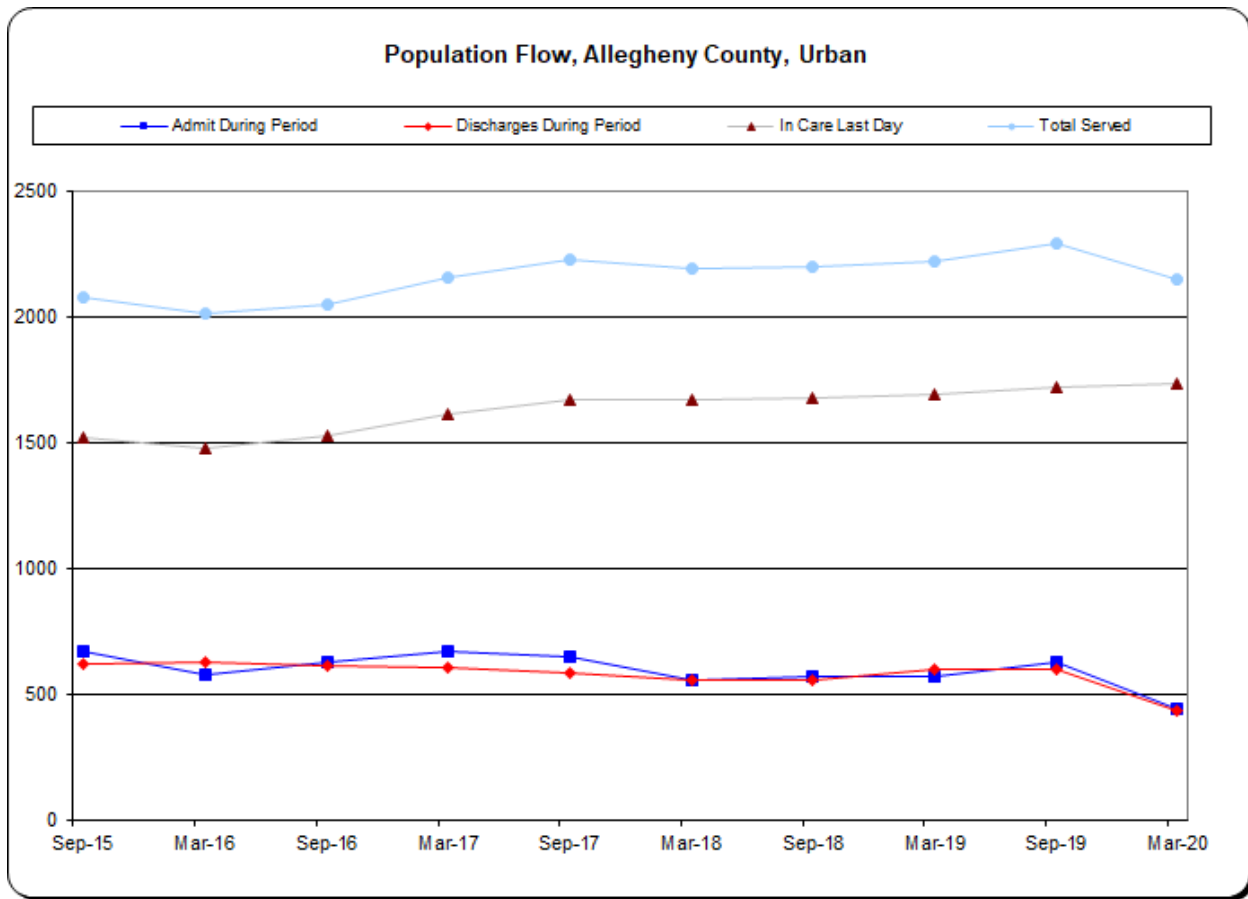
- Expanding the Community of Practice Pilot to improve access to mental health services for children, youth, and adults involved with child welfare by quickly connecting them with Administrative Service Coordination (see Program Improvement Strategies section for further detail) (See Expenditure Adjustments).
- Establishing a new High Impact Unit at A Second Chance, Inc. – an operational strategy designed to work with youth between the ages 12-21 who have been recognized by their In-Home Clinical Services team as being in need of a higher level of service and engagement (See Expenditure Adjustments).
- Planning for specialized settings, like inpatient CSEC, for youth with specialized needs who might otherwise be placed in congregate settings without these robust supports

❑ 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, DHS requested and received additional casework units; support to implement a comprehensive caseworker recruitment and retention strategy; and a salary increase for frontline staff. DHS plans to 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 planned re-bid of foster care placement are included in this NBPB.

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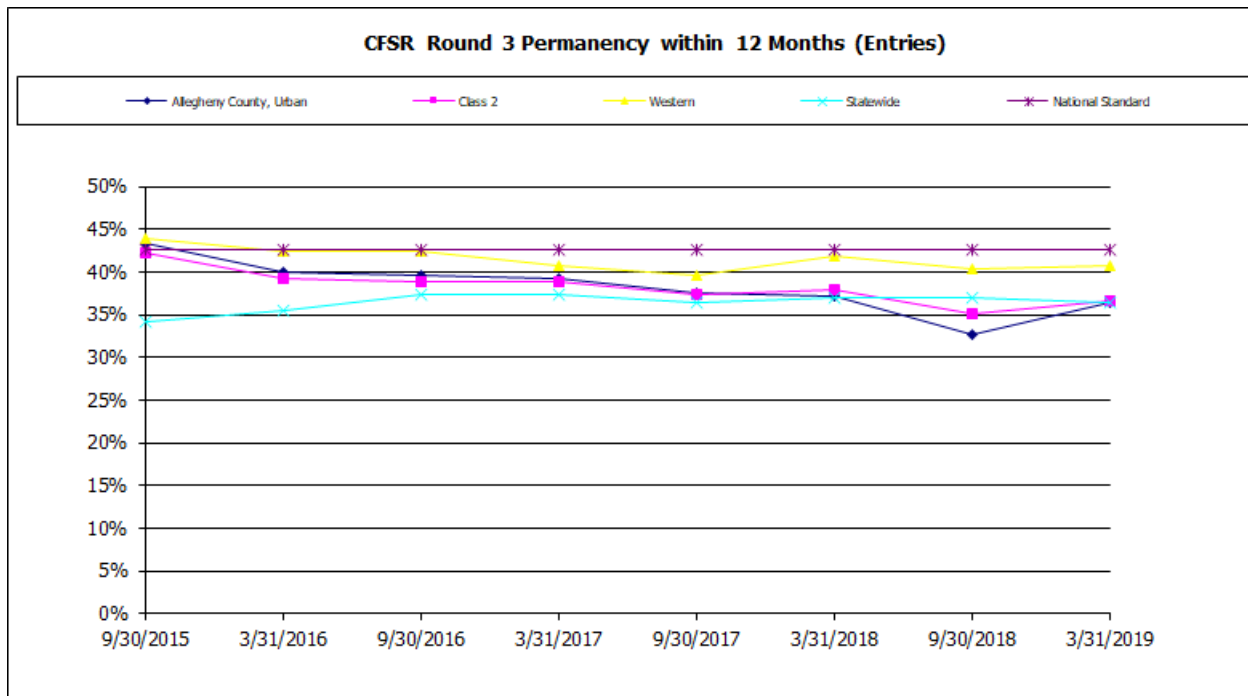
2-3a Population Flow



The number of children in care gradually increased from approximately 1,500 children in September 2016 to 1,733 on March 1, 2020. During the month of March 2020, the number of admissions and discharges both declined due to the pandemic's impact.

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2-3b Permanency in 12 Months (Entry)

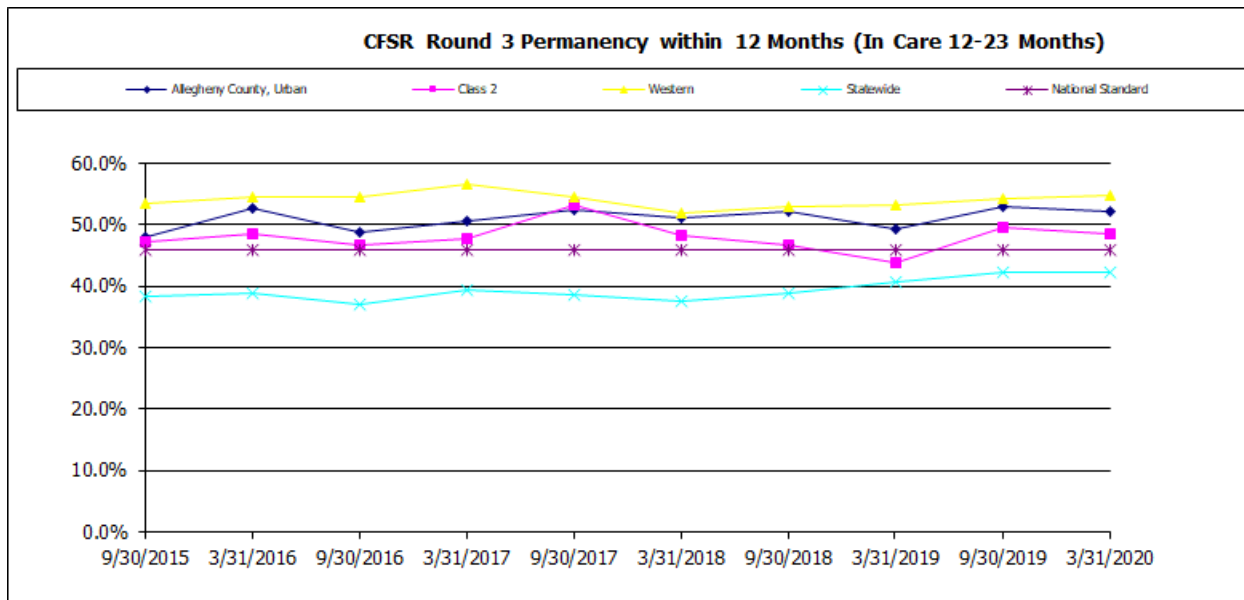


This indicator reports on the percentage of children and youth who are discharged to permanency within 12 months of entering care. The national performance standard is 41% and Allegheny County's performance is 36%. A higher performance of the measure is desirable in this indicator.

- ☐ Does the county meet or exceed the national performance standard? ***The county does not meet the national performance standard. Please see below for further analysis.***

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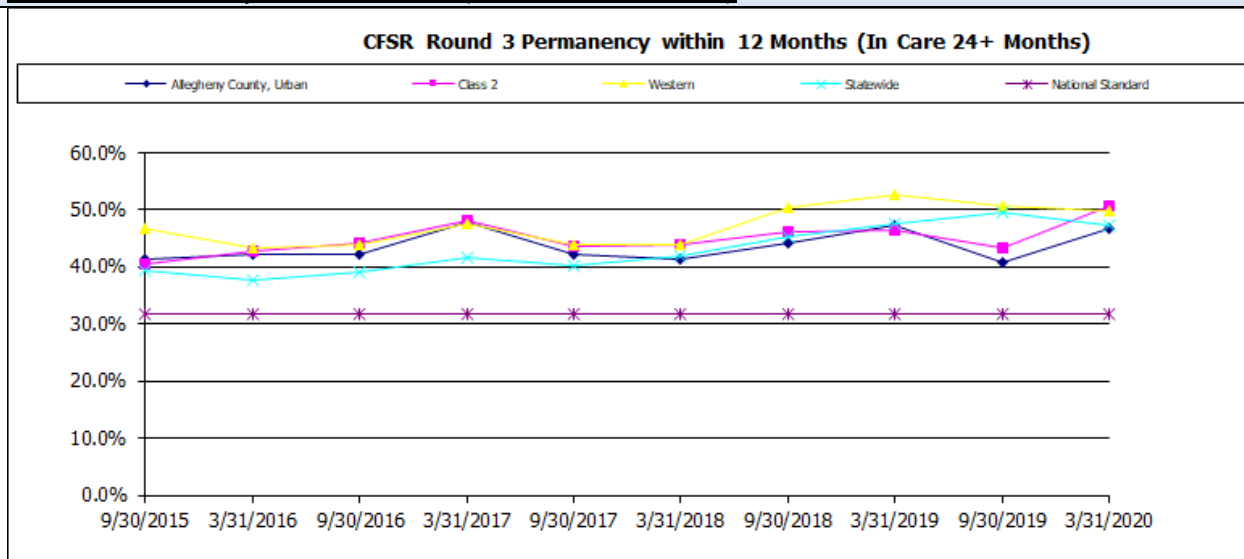
2-3c. Permanency in 12 Months (in care 12-23 months)



This indicator measures the percentage of children and youth in care continuously between 12 and 23 months who were discharged within 12 months of the first day in care. The national performance standard is 44% while Allegheny County's performance is 52.%. A higher percentage is desirable in this indicator.

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

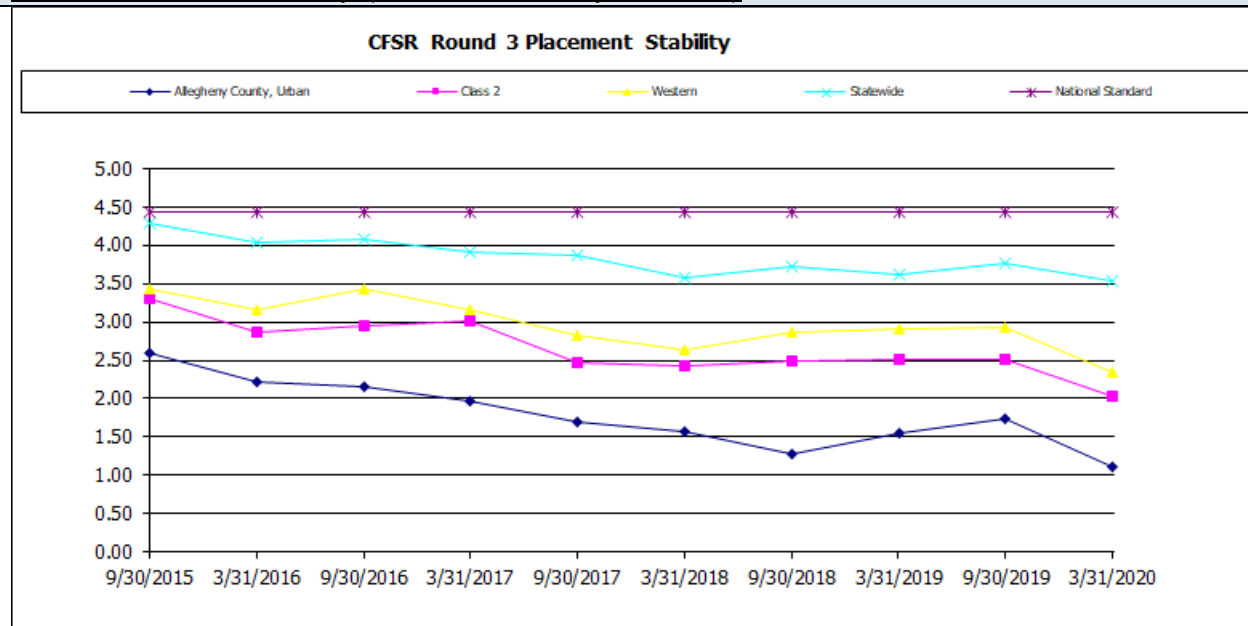
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national performance standard is 30%, while Allegheny County's performance is 47%. A higher percentage is desirable in this indicator.

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

The county exceeds the national performance standard.

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



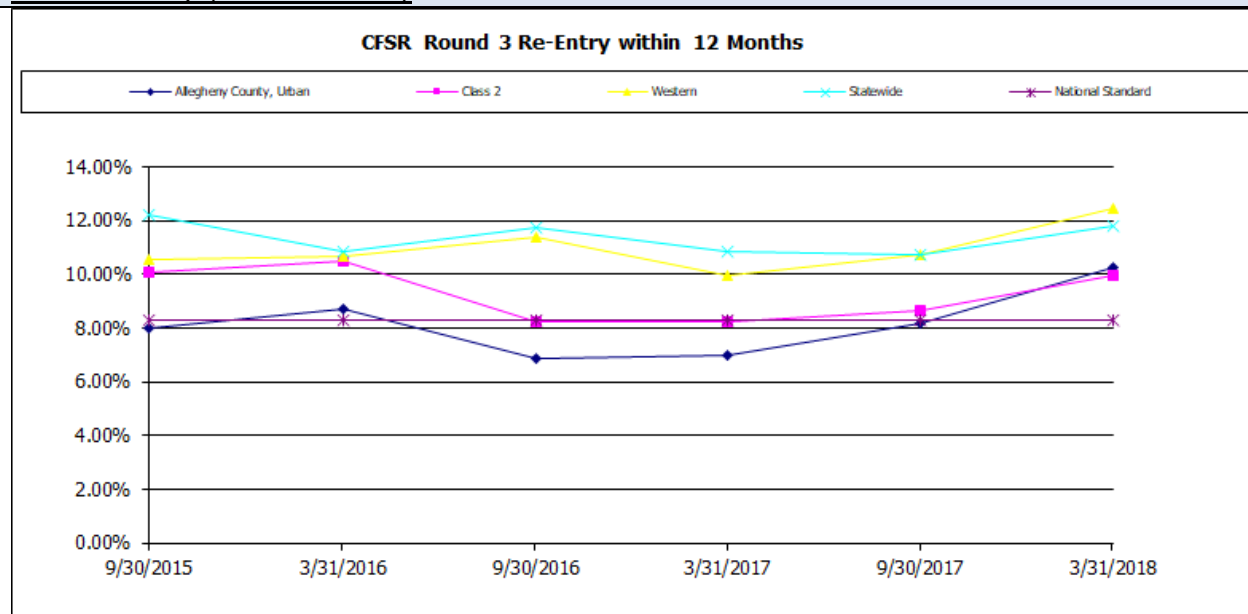
This indicator measures the rate of placement moves per 1,000 days of foster care for children and youth who enter care. The national performance standard is 4.12 moves, while Allegheny County's performance is 1.11 moves. A lower number of moves is desirable in this indicator.

- ☐ Does the county have fewer placement moves than the national performance standard?

The county has fewer placement moves than the national performance standard, which is favorable.

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



This indicator measures the percent of children and youth who re-enter care within 12 months of discharge to reunification, live with a relative, or guardianship. The national performance standard is 8.3%, while Allegheny County's performance is 10.3%. A lower percentage is desirable in this indicator.

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

The county does not meet the national performance standard. Please see below for further analysis.

2-4 Program Improvement Strategies

1. DATA ANALYSIS TEAM MEMBERS

Data Analysis team members include: CYF program leadership, including the 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

Data Analysis for Permanency in 12 Months

Allegheny County's rates of permanency achieved within 12 months trailed the state average and national standard. Of the children in Allegheny County entering care between October 1, 2018 and March 31, 2019, 36% achieved permanency within the subsequent 12 months, compared to the national standard of 41%. However, Allegheny County exceeded the national performance standard for permanency for children who had been in care for 12-23 months, and 24 months or greater.

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Below describes the analysis of the performance measure permanency within 12 months for children who entered care between October 1, 2018 and March 31, 2019:

- Children who are in a pre-adoptive placement had the lowest rate of permanency within 12 months (3%) due to the necessary legal process of adoption and overall, 15% of the children who entered care during the period ending 3/31/2019 were in a pre-adoptive home. Had children in a pre-adoptive home been excluded from the analysis, the indicator would have been 42.4%, exceeding the national performance standard.
- The national performance standard was met, or exceeded, for children in kinship foster placement (43%), non-kinship foster placement (44%), and group home placement (52%).
- A small percentage of children (6%) were in institutional or independent living placements and these children had low rates of permanency (33%, and 11% respectively).
- While certain age groups had percentages of children in permanent placements by 12 months that were higher (13-15 year olds, 43%) or lower (10-12 year olds, 31%; 16-17 year olds, 28%), there is not a clear or linear relationship between age and permanency within 12 months.
- There was a six percentage point difference between Black children in permanent placements by 12 months (39%) and White children (33%).

Root Cause Analysis for Permanency in 12 Months

DHS's review of data available pinpointed exit type (and the length of time adoption and PLC exits take to finalize) as being highly related to the timeliness of permanency. Other research also suggest that congregate care is less likely to result in eventual permanency than family settings, even though it performs somewhat similarly in the 12-month metric. With these understandings in mind, the county pursued the strategies below (Outcome #1) with an emphasis on both increasing the likelihood of permanency and making its achievement more expedient where possible.

Data Analysis for Re-entry within 12 Months

The percentage of children re-entering care within 12 months in Allegheny County (10.3%) did not meet the national performance standard (8.3%) in the most recent reporting period. In prior reporting periods, Allegheny County has exceeded this performance standard.

- A higher percentage of White children re-entered care (14%) compared to Black children (8%). In prior reporting periods, Black children had a slightly higher percent of re-entry into care.
- As in prior reporting periods, there was substantial variation in the re-entry rate by age groups, with infants (0-1, 13% re-entry rate) and 10-12-year olds (15%) and 13-15 year olds (19%) having the highest rates of re-entry. Children age 6 – 9 years old and older youth 16-17 years old had the lowest rates of re-entry (4% and 5%, respectively).
- Both males and females re-entered care at similar rates (10.1% and 10.5%, respectively).
- Children who were removed for behavior problems or parental drug use (initial reason for removal) had the highest percentage of re-entry into care (20%, and 14%, respectively).

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- Among children who had initially entered care from Jan 2017 on (and whose initial time in care was less than a year, n=244), the most common reasons for re-entry were:
 - Parent-Child Conflict: 55 out of 244 (23%) of children (median age at re-entry: 15)
 - Parental Drug Use: 54 (22%) of children (median age at re-entry: 4)
 - Neglect: 52 kids (21%) of children (median age at re-entry: 6). There are multiple forms of neglect; neglect of safety was the most common (37)

*Note that each child can have more than one reason for re-entry.

Root Cause Analysis for Re-entry within 12 Months

DHS's review of data available suggest differences in race and age among those who re-enter within 12 months. Our data points to behavior problems, and parental drug use, and neglect as the greatest root causes of re-entry. With these understandings in mind, the county pursued the strategies below (Outcome #2) with an emphasis on behavior problems and family conflict, as well as parental substance use.

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

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>Collaborate with Plummer Youth Promise:</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. Practices include:</p> <ul style="list-style-type: none"> • Redesign the Permanency Department in terms of staff structure and practice: The permanency department redesign is complete and staff positions filled. The matching department expanded the number of children matched by locating resource homes for infants coming into care, children in congregate care, and all children who need a forever home. They have fully embraced the "first placement is best placement" value. • Integrate permanency within Conferencing and Teaming at the "front door" and to prepare families for finalization. Strengthen our focus on coaching the resource family and the birth family working together to develop a plan for the child and family. • Train 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.

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	<ul style="list-style-type: none"> • Work with Youth Support Partners in 2019 to develop new strategies to engage youth around the idea of permanency and connection earlier within case assessment; this work will continue throughout 2020. <p>Make Permanent Legal Custody (PLC) Practice Changes Standardizing the practice of the PLC workers was key to reducing the length of time it takes to finalize a PLC for a child. We developed a collaboration with A Second Chance Inc. to prepare resource families for finalization and to gather required documentation for finalization. Although this effort is ongoing, we expect PLC's to be finalized within 90 days of referral to the permanency department, a reduction from the 270 days on average it took to finalize taking prior to this change in practice. We expect to see this reduction reflected in the data soon, as we are making progress on this effort.</p> <p>Provide Support for PLC Modifications and Successors To divert cases from returning to CYF's front door and to reduce the number of disrupted PLC's finalizations, the Permanency department provides post permanency support to birth parents and PLC caregivers when a petition for modification of a PLC order has been filed. The permanency department has successfully diverted 29 of the 31 children referred from re-entering the CYF and dependency system. The permanency department continues outreach to the PLC caregivers to name a successor in the event of their death or incapacitation. They then assess the successor and ensure that the record names a successor to prevent the children from re-entering the system.</p> <p>Enhance Transition Age Youth/Reduction of Congregate Care Initiatives 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>Create Placement Stability Team CYF created a new placement stability team (separate from the permanency team) that works with kinship navigators. The team is focused on using matching at the outset for all placements. The team includes a SWAN coordinator, who is responsible for ensuring that each youth entering placement is referred for SWAN child preparation/child profile services within 60 days of their placement. The SWAN coordinator meets on a regular basis with SWAN liaisons to develop</p>
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	<p>strategies to enhance permanency practices within CYF and system partners by utilizing SWAN resources.</p> <p>Improve Conferencing and Teaming Practice Model In 2018 CYF began planning for enhancements to the Conferencing and Teaming Practice Model with the assistance of the Child Welfare Policy and Practice Group and Plummer Youth Promise. Peer Coach specialists developed coaching techniques that incorporate permanency discussions at each initial conference and ongoing teaming meetings. We also developed a plan to begin coaching the practice model to permanency staff. We will require staff to bring a pre-permanency family to a conference prior to finalizing the permanency plan. At the conference, we will plan for the child and families ongoing needs after finalization when all system partners end involvement. We will include post permanency support and ongoing birth family contact on the conference agenda.</p>
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:	DHS received funding for a request around permanency in NBPB 19-20 that helped to support this work. In 20-21, DHS 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.

Outcome # 2: Reduce the percentage of children re-entering care within 12 months

Strategy 1:	Work with children and families to address behavioral problems that lead to re-entry within 12 months
Action Steps with Timeframes (may be several):	<p>DHS is engaged in various efforts to address behavioral problems and family conflict. These efforts are in line with our continued work to reduce congregate care internally and in accordance with Family First legislation. The population that re-enters due to behavioral concerns are often placed into congregate care settings. We are working to prevent this through continued teaming with youth, families and service providers.</p> <p>Address conflict through Conferencing and Teaming Through our Conferencing and Teaming Practice Model, CYF works with families to develop family and natural supports, as well as relationships with service providers. Participants develop a Family Plan, which includes outcomes to</p>

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	<p>address identified needs. If there are behavioral concerns or parent/child conflict identified, the plan outlines concrete action steps towards addressing this need.</p> <p>Improve access to mental health services through the Community of Practice (CoP) Pilot</p> <p>The CoP Pilot is improving access to mental health services for children, youth, and adults involved with child welfare by quickly connecting them with Administrative Service Coordination (ASC). Through this pilot, DHS has introduced a new electronic ASC referral that caseworkers submit through KIDS and has trained more than 80 staff from child welfare and mental health systems in best practices for cross-system collaboration. The pilot is currently being implemented with the CYF North Regional Office and three ASC providers: HSAO, Pressley Ridge, and Wesley Family Services. Since November 2019, 56 referrals have been submitted through the pilot, and on average individuals are successfully connected to ASC services within 3.5 days. DHS is requesting an Expenditure Adjustment to expand this pilot.</p> <p>Offer programs and services to prevent conflict and enhance family function</p> <ul style="list-style-type: none"> • In 2017, DHS began contracting with Family Resources for the Parent-Teen Mediation Program, which provides in-home counseling to families with children or youth ages eight to 21 who are experiencing conflict, are struggling to create or maintain a positive home environment, or are having difficulty managing a youth's behavior. The program focuses on family structure, communication, and relationship skill building to enhance family function. The target population is families in which conflict between youth and their parent/caregiver poses the risk of maltreatment, out-of-home placement, or high-risk aggressive behaviors. • Triple P is a parenting and family support system designed to prevent and treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. The program provides parents with training in positive discipline strategies and positive parenting practices. DHS has implemented Triple P in McKees Rocks and the 412 Youth Zone, through a contract with A Child's Place. In FY20-21, we plan to expand the program to locations throughout Allegheny County.
Indicators/ Benchmark s:	Each program or initiative listed above has its own set of benchmarks or indicators of progress, such as number of families or individuals served, number of referrals, time to service connection, expansion to additional providers, or successful discharges.
Evidence of Completion:	See above
Resources Needed:	DHS has received funding for many of the initiatives listed above through recent NBPBs. This year, we have included grant pick up and expansions of the CoP Pilot and Parent-Teen Mediation.
Current Status:	In implementation

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Monitoring Plan:	<p>Caseworker supervisors monitor family plans resulting from Conferencing and Teaming through Safe Measures.</p> <p>CoP has its own monitoring plan. DHS regularly measures progress through data collection.</p> <p>CYF program monitors monitor outcomes and overall health of the other programs described above. In addition, the Triple P Provider Network provides monitoring forms so program staff can assure fidelity to the model.</p>
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Strategy 2:	Reduce parental substance use – a top reason for re-entry within 12 months.
Action Steps with Timeframes (may be several):	<p>Provide Family-Based Recovery DHS contracted with Holy Family Institute to replicate and adapt a recovery-oriented, trauma informed, in-home SUD treatment model originally developed for the Connecticut Department of Children and Families called “Family-Based Recovery.” The program serves CYF-active families with a child under the age of 4, providing intensive outpatient treatment and parent child interaction supports.</p> <p>Holy Family Institute has developed two teams for this program, with the second team fully staffed as of April 2020. As of June 2020, the program successfully discharged 17 clients and it currently has 22 active clients with a total of 111 clients served this fiscal year. DHS is currently working on the evaluation and finalizing rates for this program.</p> <p>Establish a family residential SUD treatment program. The Family Healing Center will serve as a trauma-informed residential drug treatment program for families with a parent in critical need of treatment for unhealthy substance use. The proposed community site, with a capacity for eight families, was being renovated in preparation for the program until recently, when it was repurposed as a COVID-19 space for families involved with CYF. Due to the uncertainty of the progress of COVID-19, there is no estimated date for when renovations will resume. Workgroups have been established to address various programmatic aspects of The Family Healing Center. This is an integrated effort through CYF, DHS’ Office of Behavioral Health, Community Care, Action Housing and Auberle.</p> <p>Serve Families through the Care Coordination Program The Care Coordination Program at the Children’s Institute of Pittsburgh works with families to ensure they receive the appropriate medical and behavioral health care. Together, the Care Coordination Program and Children’s Institute create an individualized care plan to holistically support the entire family with barriers that they have identified, including history of drug and alcohol abuse.</p> <p>Expand the ARIA program The ARIA program provides rental assistance (up to 12 months), housing location services, and case management services for one or more caregiver(s) with a history of unhealthy substance use who are unstably housed and involved with the child welfare system in Allegheny County. The goal of the program’s case management is to promote recovery from substance disorders</p>

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	<p>and to enable families to maintain permanent housing when rental assistance services end. In FY20-21, the program will double the number of families that it can serve, from 21 to 42.</p> <p>Enhance Universal Assessment In 2021, CYF will implement a universal assessment for CYF investigations and cases (replacing separate risk, safety, and FAST assessments) as a holistic approach to identifying needs early on in our involvement and providing appropriate in-home or community-based services. The assessment includes questions on parental substance use.</p> <p>Scale the POWER pilot DHS piloted +Beginnings, an extension of POWER, beginning in November 2018 and the program has gone to scale. In response to the rising need to support families struggling with opioid addiction and dependence, POWER and CYF replicated the START Model from Columbus, OH. A CYF caseworker and POWER assessor collaboratively conduct a safety and LOC assessment respectively, following notification of an infant and/or mother testing positive at birth.</p> <p>Implement Plans of Safe Care Plans of Safe Care, which went into effect state-wide in January 2020, include services for both substance-affected infants and families/caregivers, including SUD treatment services for parents. By the end of calendar year 2020, the county-wide Plans of Safe Care work group anticipates having the following completed: 1) development of CYF procedures for handling notifications of substance-affected infants, 2) production of a Plans of Safe Care video, 3) completion of a pilot phase with Magee and West Penn birthing hospitals, 4) a county-wide communications plan about recommendations for implementation, and 5) collection of data from a questionnaire about current screening and testing practices at prenatal, labor/delivery, and pediatric healthcare providers (to inform the push for universal screening and development of Plans of Safe Care in prenatal intervention period as best practice in the county).</p>
Indicators/ Benchmark s:	Each program or initiative listed above has its own set of benchmarks or indicators of progress, such as number of families or individuals served, number of referrals, time to service connection, expansion to additional providers, engagement rates, or successful discharges.
Evidence of Completion:	See above
Resources Needed:	DHS has received funding for many of the initiatives listed above through recent NBPBs. This year, we will additionally address parental substance use through an adjustment around the redesign of in-home non-placement services.
Current Status:	In implementation
Monitoring Plan:	CYF program monitors monitor outcomes and overall health of the in-home and family-based treatment/assistance programs described above, as well as +Beginnings. Providers, CYF case practice managers, or the state (Plans of

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	Safe Care) monitor outcomes or implementation of other initiatives listed above.
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Section 3: Administration

3-1a. Employee Benefit Detail

- ☐ Submit a detailed description of the county's employee benefit package for FY 2019-20. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

<u>Cost Code</u>	<u>Cost Type</u>	<u>Account Description</u>	<u>Actual Amount</u>	<u>M C</u>
	51101	Salaries	28,383,302.07	D
	51103	Seasonal/Part-time	33,855.00	D
	51104	Overtime	1,577,168.51	D
	51105	Other Compensation	22,500.00	D
	51107	Sick Pay-Buy Back	215,008.25	D
	51109	Health Benefit Bonus	7,500.00	D
	51118	Settlement	294.03	D
Total Salaries			30,239,627.86	

	52501	Fringe Benefit Allocat	3,356.35	D
	52502	County Pension Fund	2,922,112.14	D
	52503	FICA & Medicare	2,247,582.95	D
	52504	Group Life Insurance	5,986.86	D
	52505	Medical Allocation	6,805,903.81	D
	52506	Unemployment Compensat	106,650.34	D
	52508	Vision Allocation	6,666.36	D
	52511	Dental Plus Allocation	177,264.34	D
	52513	Dental Flex Allocation	82,413.62	D
	52530	Employee W/C Medical	77,661.61	D
	52531	Employee W/C Indemnity	58,929.97	D
	52532	Employee W/C Admin	117,553.79	D
	52599	Employee Contrib - Hea	(751,545.90)	D
Total Benefits			11,860,536.24	

Fringe Benefit Rate	39.22%
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#52502, County Pension Fund-

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The County contributes 10% of employees' gross salary as a match for pension benefits. This percentage became effective on January 1, 2019, up from 9.5% in 2018. The contribution remained the same for the calendar year 2020 as well. It is unknown if the pension will increase beginning January 1, 2021.

#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 year 2020 and has not yet been determined for January 1, 2021. Future increase is currently unknown.

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

#52511, Concordia Plus-

The County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employee and dependents to select a primary dental office. As of January 1, 2020, the cost to the County is \$22.32 per month for an individual and \$67.01 per month for a family. Future increase is currently unknown for 2021.

#52513, Concordia Flex-

As of January 1, 2020, the cost to the County is \$23.11 per month for an individual and \$60.83 per month for a family. Future increase is currently unknown for 2021.

#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-

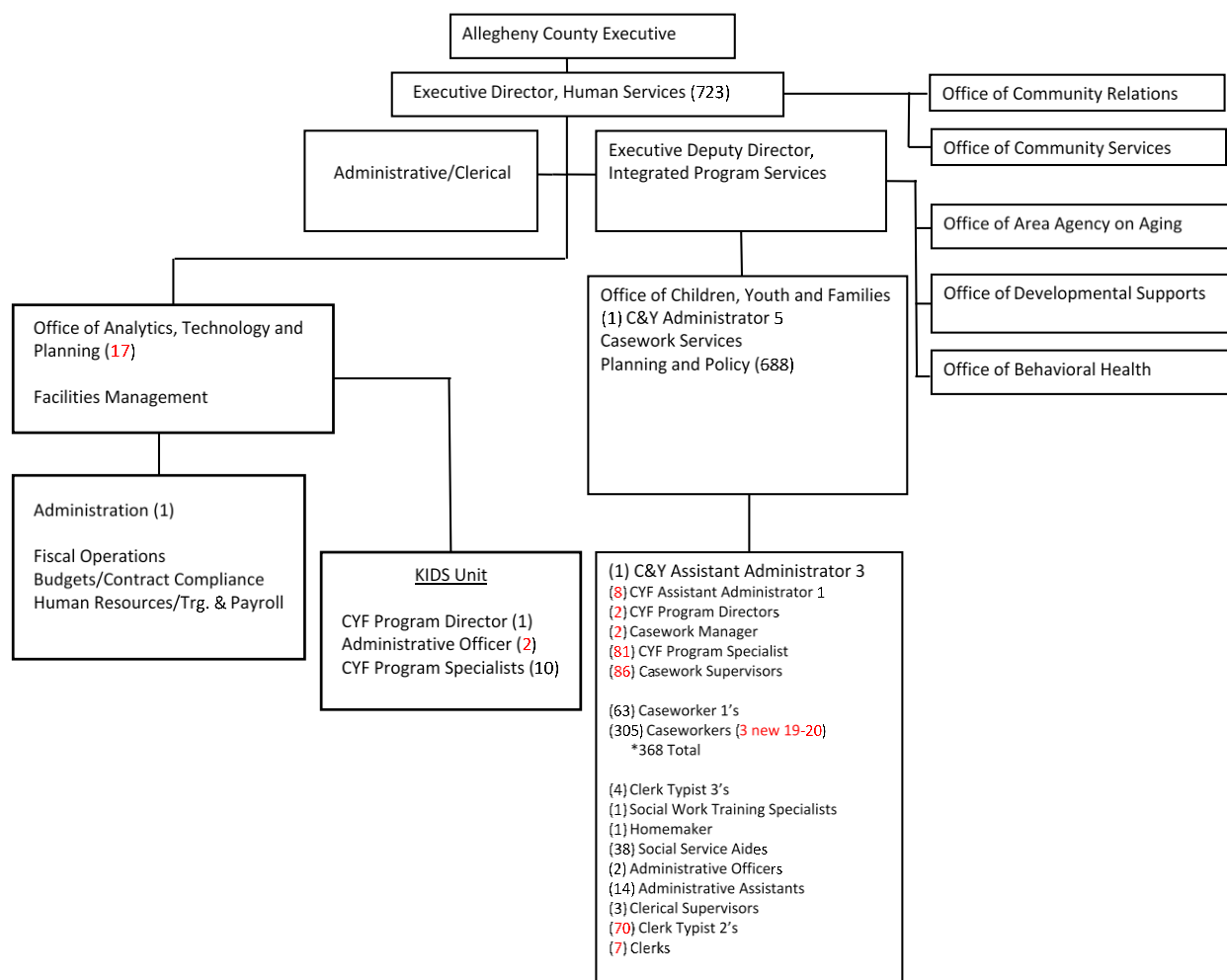
ALLEGHENY

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.**

The organization chart below has been updated to reflect that Allegheny County DHS Program Office Deputies report to the Executive Deputy Director of Integrated Program Services. In addition, we have highlighted the changes (in red text) in the organization chart from last year's submission that reflect additional positions approved in last year's NBB, reclassifications approved by the State DHS, and reassignments of positions within the County DHS structure.



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.**

DHS's talent acquisition strategy includes:

- Participation in the Workforce Excellence initiative in partnership with the National Child Welfare Workforce Institute

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- 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 “HiringPittsburgh” virtual career events
- Holding on-site application opportunities at regional offices and Partner 4 Work/Career Link sites
- Developing realistic job preview videos that give a glimpse into a day in life of a caseworker and sharing them on social media
- Establishing a casework careers webpage:
www.alleghenycounty.us/dhs/CYFcaseworkcareers
- Spotlighting individual caseworkers and their efforts to help child and families in internal and external communications
- Posting job vacancies on job aggregator sites, including indeed, jobgateway.pa.gov, zip recruiter, LinkedIn, Nonprofitallent.com and Handshake
- Posting positions on diversity job boards and on social networks
- Hosting focus groups with minority staff to build a diverse applicant pool
- Building a culture of recruitment by encouraging and rewarding employee referrals
- Implementing SMS technology to enhance communications between the recruiter and applicants
- Using student interns to create social media video postings to enhance our social media presence

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

In its initial implementation year, the NEOGOV applicant tracking system that the state transitioned to greatly reduced the number of applications for positions because it requires applicants to follow a very strict protocol when applying and testing for a county caseworker position. If the protocol is not followed precisely, the applicant is deemed ineligible and unable to apply to a current vacancy.

Through applicant education and relationship building, we have made system improvements and seen a rise in numbers of applicants on our civil service lists. DHS' recruiter is now part of the Office of Administration's (OA) Bureau of Talent Acquisition and is a participant on the CWRC workgroup dedicated to NEOGOV process improvement. DHS has been instrumental in sharing recommendations with the state based on the end-user (applicant) experience. As a result of the increased communication with applicants on the application process and the focus on recruitment within OA, our civil service lists have increased to an average of 41 applicants.

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

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

In addition, DHS is a participant in the G2U initiative (Government to University). The goals of the initiative include:

- Strengthening the talent pipeline into public service and deepening knowledge transfer between universities and our government partners
- Increasing awareness of the value and full spectrum of job opportunities in government among college and university students and recent graduates in the Pittsburgh Region
- Providing university career services leaders and government hiring managers with the information needed to guide students through successfully finding and applying for government jobs

Among our retention strategies, DHS has launched a series of listening sessions with our staff of color. Our intention is to gain an understanding of the perceived climate within the organization, solicit recommendations and develop a list of actionable items that staff at all levels can work together with administration to address.

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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 2021-22 Needs-Based Plan and Budget submission.

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

COUNTY: ALLEGHENY

These assurances are applicable as indicated below.

 X Fiscal Year 2021-22 Children and Youth Needs-Based Plan and Budget Estimate; and

 X Fiscal Year 2020-21 Children and Youth Implementation Plan

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

COMMON ASSURANCES

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

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

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

I/We assure:

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

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

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

EXECUTIVE ASSURANCES

In addition to the Common Assurances,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I/We assure that the County Children and Youth Agency is in compliance with all credit reporting agency requirements regarding the secure transmission and use of confidential credit information of children in foster care through electronic

access for operation by counties where no agreement exists between the county and credit history agency. This also includes limiting online access to users approved by the Office of Children, Youth and Families for the explicit use of obtaining credit history reports for children in agency foster care.

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

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

County Human Services Director

Marc Cherna		8-11-2020
_____ Name	_____ Signature	_____ Date

County Children and Youth Administrator

Marc Cherna		8-11-2020
_____ Name	_____ Signature	_____ Date

County Chief Juvenile Probation Officer

Russell Carlino		8/7/20
_____ Name	_____ Signature	_____ Date

DOCUMENTATION OF PARTICIPATION BY THE JUDICIARY

In addition to the Common Assurances:

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

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

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

Judicial Comments:

Juvenile Court Judge(s)/ Designee

Administrative Judge Kim Eaton		8/11/20
_____ Name	_____ Signature	_____ Date

COUNTY ASSURANCE OF FINANCIAL COMMITMENT AND PARTICIPATION

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

Signature(s)

County Executive/Mayor

William D. McKAN

Name

William D. McKan

Signature

8-3-2020

Date

County Commissioners

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date



Child Welfare Information System Data Sharing Agreement

October 1, 2020 – September 30, 2021



CWIS Data Sharing Agreement

October 1, 2020 – September 30, 2021

CWIS Data Sharing Agreement

1.0 Statutory Basis

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

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

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

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



CWIS Data Sharing Agreement

October 1, 2020 – September 30, 2021

CWIS Data Sharing Agreement

2.0 DEFINITIONS

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

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

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

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

3.0 CWIS Data Sharing Agreement

This CWIS Data Sharing Agreement is entered into by and between the Commonwealth of Pennsylvania (Commonwealth) and the respective CCYA as noted by the signature lines on page 5 of this Agreement and is effective for the time period October 1, 2020 through September 30, 2021. The following information is included as appendices:

Appendix A – CWIS Overview

Appendix B – Federal and State Laws Regarding Confidential Records

Appendix C – Referenced Commonwealth and DHS IT Policies

Appendix D – General Password Policies and Recommendations

Appendix E – Screen Prints from the Commonwealth IT Security Awareness Training

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

3.1 CWIS Use Policy & Related OA Policies

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



CWIS Data Sharing Agreement October 1, 2020 – September 30, 2021 CWIS Data Sharing Agreement

3.2 Security Requirements - Management & Operational Requirements

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

3.3 Security Requirements - Technical Security Controls

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

3.4 Records Access/Data Sharing

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



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

3.5 Expunction of CWIS Data

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



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4.0 Applicable Dates

- A. *Effective Date.* The effective date of this agreement is October 1, 2020.
- B. *Term.* The term of this agreement shall be for the period through September 30, 2021.
- C. *Renewal.* This agreement shall be renewed annually as part of the annual Needs Based Plan and Budget Process.
- D. *Modification.* The Parties may not modify this Agreement at any time either by verbal or by written modification.
- E. *Termination.* The confidential and privacy requirements shall survive any decision to terminate this agreement.

5.0 Signatory Approvals

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

Access to CWIS Data may be suspended or revoked for:

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



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

Signatories

DHS Deputy Secretary

Date

SEE ATTACHED

County Executive/Solicitor

Date

SEE ATTACHED

County Children and Youth Agency Director

Date

NOT APPLICABLE

County Commissioner (if applicable)

Date

NOT APPLICABLE

County Commissioner (if applicable)

Date

NOT APPLICABLE

County Commissioner (if applicable)

Date



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Appendix A

CWIS Overview

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

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

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

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



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Appendix B

Federal and State Laws and Regulations Regarding Confidential Records

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

State or Federal Law	Description
28 Pa. Code § 28.5 Screening and Follow-up for Diseases of the Newborn	A health care provider, testing laboratory, the Department or any other entity involved in the newborn screening program may not release any identifying information relating to any newborn child screened in the newborn screening program to anyone other than a parent or guardian of the newborn child or the health care provider for the newborn child designated by a parent or the guardian except in delineated circumstances.
35 P.S. § 7607 Confidentiality of HIV- Related Information Act	No person or employee, or agent of such person, who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a release of confidential HIV-related information under subsection (c) may disclose or be compelled to disclose the information, except to specific people or entities.
71 P.S. § 1690.108 PA Drug and Alcohol Abuse Control Act	All patient records and all information contained therein relating to drug or alcohol abuse or drug or alcohol dependence prepared or obtained by a private practitioner, hospital, clinic, drug rehabilitation or drug treatment center shall remain confidential and may be disclosed only with the patient's consent and only (i) to medical personnel exclusively for purposes of diagnosis and treatment of the patient or (ii) to government or other officials exclusively for the purpose of obtaining benefits due the patient as a result of his drug or alcohol abuse or drug or alcohol dependence except that in emergency medical situations where the patient's life is in immediate jeopardy, patient records may be released without the patient's consent to proper medical authorities solely for the purpose of providing medical treatment to the patient.
50 P.S. § 7111 Mental Health Procedures Act	All documents concerning persons in treatment shall be kept confidential and, without the person's written consent, may not be released or their contents disclosed to anyone except to specifically listed individuals or entities.
71 P.S. § 1690.112 Consent of minor under the PA Drug and Alcohol Abuse Control Act	Any physician or any agency or organization operating a drug abuse program, who provides counseling to a minor who uses any controlled or harmful substance may, shall not be obligated to inform the parents or legal guardian of any such minor as to the treatment given or needed.
23 Pa.C.S.A. § 6703 Address Confidentiality Program through the Office of Victim Advocate	Through the Office of Victim Advocate, eligible people shall receive a confidential substitute address. All records relating to applicants and program participants are the property of the Office of Victim Advocate. These records, including program applications, participants' actual addresses and waiver proceedings, shall be kept confidential.
35 P.S. § 10231.302 Confidentiality in the Medical Marijuana Act	All information obtained by the department relating to patients, caregivers and other applicants shall be confidential and not subject to public disclosure ... including: (1) Individual identifying information about patients and caregivers. (2) Certifications issued by practitioners. (3) Information on identification cards.

	(4) Information provided by the Pennsylvania State Police under section 502(b).2 (5) Information relating to the patient's serious medical condition.
11 P.S. § 876-7 Confidentiality of records in the Infant Hearing, Education, Assessment, Reporting and Referral Act	Data obtained directly from the medical records of a patient shall be considered confidential and shall be for the confidential use of the department in maintaining the tracking system and in providing appropriate services. The information shall be privileged and may not be divulged or made public in any manner that discloses the identity of the patient.
Pa.R.J.C.P. No. 173 Retention of Specific Information from Juvenile Records	All information retained according to this rule shall be confidential. This information is not eligible for inspection pursuant to Rule 160.
23 Pa. C.S. § 6344(n) Employees having contact with children; adoptive and foster parents	The information provided and compiled under this section, including, but not limited to, the names, addresses and telephone numbers of applicants and foster and adoptive parents, shall be confidential and shall not be subject to the act of February 14, 2008 (P.L. 6, No. 3), ⁴ known as the Right-to-Know Law. This information shall not be released except as permitted by the department through regulation.
23 Pa. C.S. § 6344.2 Volunteers having contact with children	Information provided and compiled under this section by the department shall be confidential and shall not be subject to the act of February 14, 2008 (P.L. 6, No. 3), known as the Right-to-Know Law. ¹ This information shall not be released except as permitted by the department through regulation.
55 Pa. Code § 105.1 Policy; Safeguarding Information relating to individual applicants and recipients of public assistance	Information to be safeguarded. The Department will safeguard the following information: (1) The names of applicants and recipients. (2) The address of any applicant or recipient and the amount of assistance any recipient is receiving except as provided in § 105.4. (3) Information in applications, reports of investigations, financial and medical records, correspondence and other recorded or unrecorded information, related to the condition or circumstances of applicants and recipients. This applies to information in the offices of the Department, the Department of the Auditor General, the Treasury Department and other agencies concerned with the administration of public assistance. Information that does not identify a particular individual is not included in the class of material to be safeguarded.
55 Pa. Code § 5100.31 Confidentiality of Mental Health Records	Persons seeking or receiving services from a mental health facility are entitled to do so with the expectation that information about them will be treated with respect and confidentiality by those providing services
55 Pa. Code § 5100.37 Records relating to drug and alcohol abuse or dependence under the Confidentiality of Mental Health Records	Whenever information in a patient's records relates to drug or alcohol abuse or dependency, as defined in 71 P. S. § 1690.102, those specific portions of the patient's records are subject to the confidentiality provisions of section 8(c) of the Pennsylvania Drug and Alcohol Abuse Control Act (71 P. S. § 1690.108(c)), and the regulations promulgated thereunder, 4 Pa. Code § 255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information).
55 Pa. Code § 3680.34 Confidentiality of client records in Administration and Operations of a Children and Youth Social Service Agency	(a) Information that may identify a child or the family, as well as other information contained in the client record, is confidential. (b) The legal entity shall ensure that no staff person discloses or makes use of information, directly or indirectly, concerning a child or the family, or both, other than in the course of the performance of his duties.
55 Pa. Code § 3130.44 Confidentiality of family case records in	(a) Information that may be used to identify the child or the parents by name or address, and information contained in the case record, is confidential. A staff person

Administration and Operations of County Children and Youth Social Service Programs	may not disclose or make use of information concerning the child or the parents other than in the course of the performance of his duties.
55 Pa. Code § 3490.242 Confidentiality of General Protective Services records	Information obtained by the county agency or Department in connection with general protective services may only be released as follows: (1) Under § 3130.44 (relating to confidentiality of family case records). (2) To another county agency. (3) To an official of an agency of another state that performs general protective services analogous to those services performed by county agencies or the Department in the course of the official's duties.
55 Pa. Code § 3290.183 Confidentiality of records of Family Child Day Care Homes	(a) A child's record is confidential. (b) A facility person may not disclose information concerning a child or family, except in the course of inspections and investigations by agents of the Department.
55 Pa. Code § 601.121 Confidentiality for Federal Low Income Home Energy Assistance Program	Information about a LIHEAP applicant or recipient is confidential
55 Pa. Code § 3490.91 Persons to whom child abuse information shall be made available	Reports, report summaries and other accompanying information obtained under the CPSL and this chapter in the possession of the Department and a county agency are confidential. Except for the subject of a report, persons who receive information under this section shall be advised that they are subject to the confidentiality provisions of the CPSL and this chapter, that they are required to insure the confidentiality and security of the information and that they are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information.
55 Pa. Code § 3490.94 Release of the identity of a person who made a report of child abuse or cooperated in a subsequent investigation	(a) Except for the release of the identity of the persons who made a report of suspected child abuse or cooperated in the investigation under § 3490.91(a)(9) and (10) and 3490.92(a)(3) (relating to persons to whom child abuse information shall be made available; and requests by and referrals to law enforcement officials), the release of data that would identify the person who made a report of suspected child abuse or person who cooperated in a subsequent investigation is prohibited, unless the Secretary finds that the release will not be detrimental to the safety of the person. (b) Prior to releasing information under subsection (a) to anyone other than a law enforcement official under subsection (a), the Secretary will notify the person whose identity would be released that the person has 30-calendar days to advise the Secretary why this anticipated release would be detrimental to the person's safety.
55 Pa. Code § 5310.142 Confidentiality of Client Records for Children's Services in Community Residential Services for the Mentally Ill	All client records and information are confidential and may not be disclosed directly or indirectly without the written consent of the child's parent or the agency having custody of the child, if applicable, and the child if the child is 14 years of age or older.
HIPAA Privacy Rule, 45 CFR Part 160 and Subparts A and E of Part 164	The Rule assures certain individual rights in health information, imposes restrictions on uses and disclosures of protected health information, and provides for civil and criminal penalties for violations.
42 U.S.C. § 290dd- 2, 42 C.F.R. Part 2	Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or

Substance Abuse And Mental Health Services Administration	research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under this section. (only applies to federally assisted programs)
18 U.S.C. § 2701, et seq. Stored Communications Act	Prohibits unauthorized access of electronic communications and provides civil and criminal remedies for violations, including a private right of action for aggrieved individuals. Also requires notice in the event of unauthorized access to a consumer's electronic records.



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Appendix C

Referenced Commonwealth and DHS IT Policies

Commonwealth and DHS IT Policies referenced in this agreement are listed below. The IT Security Incident Reporting Form and the Security Awareness Acceptable Use training may be downloaded from Docushare..

Incident Reporting

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

Security/Privacy/Access

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



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Appendix D

General Password Policies and Recommendations

General Password Policies

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

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

General Password Recommendations

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

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

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

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

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

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

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

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

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

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



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Appendix E

The Security Awareness Acceptable Use Training may be downloaded from DocuShare. You will need to download the zip file and click Launch_Story. It will prompt you to extract the files to view the training. Click OK to extract the files.

CHILD WELFARE INFORMATION SYSTEM (CWIS) DATA SHARING AGREEMENT

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

COUNTY OF ALLEGHENY

DocuSigned by:
BY William D. McKain 8/12/2020
07CED7125D8E474...
William D. McKain Date
County Manager

APPROVED BY DIRECTOR

DocuSigned by:
Marc Cherna 8/4/2020
AD3E1BD7FCD548F...
Marc Cherna, Director Date
Allegheny County Department of Human Services

APPROVED AS TO FORM

DocuSigned by:
George Janosko 8/5/2020
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Allegheny County Solicitor Date

DocuSigned by:
George Janosko 8/5/2020
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Assistant Allegheny County Solicitor Date