pennsylvania
DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2027-28 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) 2027-28 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

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

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

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

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NBPB
FYs 2025-26, 2026-27 and 2027-28

Version Control	
Original Submission Date:	**8/14/26**
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Section 2: NBPB Development

1-1: Executive Summary

- ➲ Respond to the following questions.
- ➲ **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.

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

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

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

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

Successes

1. **Success: Progress toward implementing new initiatives to keep children safe and preserve families.** While the number of out-of-home placements has declined overall since 2021, Allegheny saw a 4% year-over-year increase in children entering care in FY 2025-26. Though it is too early to determine whether this reflects a broader trend, we are responding to this uptick through careful monitoring and ongoing commitment to prevention and family preservation.

   AC DHS has already made real progress in implementing the following prevention and family preservation initiatives aimed at safely reducing the use of out-of-home care:

   a. **Released a Request for Proposals to reprocure and strengthen family preservation services.** Family preservation programming is a critical component of the child welfare continuum, providing individualized, community-based supports to families so children can remain safely at home. An analysis of families who received family preservation services in FY 2023-24 revealed that over half were re-referred to child welfare within six months and two-thirds within one year, indicating that there is

opportunity to improve the effectiveness of our family preservation services in reducing the risk of future child welfare involvement. Through this re-procurement effort, the County aims to expand the use of evidence-based or -informed models, increase capacity and clarify provider expectations, and enhance family supports through stronger partnerships with kin and natural networks. In FY 2026-27, we will move forward with procurement, contracting, and training to prepare for program launch in FY 2027-28 (adjustment requested).

b. **Launched a pilot aftercare program.** Currently, 9.96% of children discharged from care return within 12 months—a rate higher than both state and national averages. AC DHS is committed to making out-of-home placements as brief and non-recurring as possible, and aftercare provides the essential continuity of care required to achieve this goal. Through structured aftercare planning, youth remain connected to supports after leaving care, and their families receive service coordination and coaching to promote stability. This continuity not only sustains the progress made during placement but also significantly reduces the risk of reentry. In FY 2026-27, AC DHS launched a pilot program, and in FY 2027-28, we will apply the lessons learned from the pilot to scale the program (adjustment requested).

2. **Success: Supporting at-risk young people.** AC DHS is committed to building a system where young people, particularly those with experience in foster care or at risk of system involvement, can successfully transition to adulthood. Through strategic investment and strong partnerships, we have developed one of the most comprehensive and youth-centered support systems in the state of Pennsylvania. In FY 2025-26, the County served over 1,600 youth through Independent Living (IL) programming, with services ranging from daily living skills to peer mentoring and specialized housing options for young adults transitioning to independence. In addition to IL, Allegheny County leverages Needs-Based funding to support Community Violence Reduction and teen out-of-school time programs that annually reach more than 10,000 youth, particularly in neighborhoods disproportionately impacted by poverty and violence. However, even with a robust foundation, we face rising demand for more targeted and engaging services for those at highest risk. Therefore, in FY 2026-27 and FY 2027-28, AC DHS plans to:

   a. **Expand IL services to include 14- and 15-year-olds.** Currently, many IL services are available only to youth ages 16 and up, despite evidence that earlier engagement leads to stronger adult outcomes. Youth in care who receive life skills and stability services before age 16 are more likely to graduate high school, avoid homelessness, and remain employed by age 21. Expanding services to 14- and 15-year-olds will enable AC DHS to initiate skill-building and mentoring earlier, allowing youth more time to plan for their future and to learn and practice new skills before they live independently. In FY 2026-27, AC DHS is launching new IL services tailored to 14- and 15-year-olds.

   b. **Reduce IL caseloads.** Transition Age Youth (TAY) Navigators provide case management to youth to help them reach their goals and connect to supports needed for success using tools such as the IL Plan, Transition Plan, and credit history review. Currently, each TAY Navigator works with over 35 youth. AC DHS plans to hire additional TAY Navigators to reduce their caseloads, allowing them to

provide more timely and comprehensive support to each youth. (adjustment requested).

c. **Pilot a new evidence-informed program to reduce juvenile justice involvement.** To prevent delinquency among youth age 11-18—and respond to public safety concerns about disorderly behavior, incidents involving youth violence, and coordinated 'teen takeovers'—AC DHS and a rich network of partners including the City of Pittsburgh and Pittsburgh Bureau of Police, Juvenile Probation, Gwen's Girls, Auberle and more, have come together to pilot a new cognitive behavioral intervention and job placement program, Reconnect and Rise, for youth and young adults. This new effort addresses concerns from public safety partners who report some youth cycling through punitive systems "without an intervention that changes their trajectory" by introducing them to better decision-making tools pioneered by the University of Chicago's Crime Lab. Moreover, it will deliver these tools in the manner youth requested – through credible role models and paid training and employment opportunities. AC DHS launched the pilot in FY 2026-27 and will scale it to reach more youth in FY 2027-28 (adjustment requested).

3. **Success: We're getting more families connected with support before a crisis hits.** Families are facing increased stressors across the board– an affordability crisis, an eroding federal safety net (e.g., reductions to Medicaid and SNAP), and challenges accessing basic needs, like housing, and key services like behavioral health treatment. Reductions in access to food, health care, and affordable housing fuel conditions that often result in child welfare involvement, including neglect, untreated physical or mental health issues, or unsuitable shelter. Without proactively connecting at-risk families with supports to stabilize them upstream, the child welfare system will be forced to triage families at the point of crisis (e.g., CYF referral due to homelessness).

   In recognition of this, AC DHS is reaching more at-risk families and supporting them with the services they need before a crisis hits through:

   a. **Hello Baby.** We launched Hello Baby, a voluntary prevention program designed to proactively support families of infants and toddlers (ages 0–3), in large part because we saw only a small fraction of our highest-risk families with a new baby connected to community supports (just 10% in 2019). **In 2025, 50% of high-risk families with a new baby are now connected to supports.** Through sustained state and federal support, the program has grown from a pilot in FY 2020-21 to full countywide coverage by FY 2022-23. It now includes enhanced interventions, such as the University of Pittsburgh's Family Check-Up, and expanded outreach staffing. In FY 2025-26 alone, Hello Baby enrolled 1,551 high-risk families, with a total of 3,050 families now active. A 2025 independent evaluation by the Urban Institute and Chapin Hall found a reduction in the number of child maltreatment investigations and substantiated cases in families with babies since Hello Baby's launch compared to pre-implementation baselines.[1]

[1] Lery, B., Benatar, S., Norwitt, J., Wulczyn, F., Zhou, X., Huhr, S., & Brooks, L. (2025, June 9). *Hello Baby Evaluation: Process and outcomes* [Research report]. Urban Institute. https://www.urban.org/research/publication/hello-baby-evaluation

b. **Housing Specialists.** AC DHS Housing Specialists play a vital role in preventing homelessness and reducing child welfare system involvement by supporting families in maintaining or securing stable housing. These highly trained and well-networked staff assist with landlord negotiation, budgeting, relocation, liaising with housing authorities, and emergency assistance (e.g., one-time assistance for back rent or a security deposit). In FY 2025-26, Housing Specialists successfully stabilized housing for 171 families, **resolving issues in place for 49% and securing new housing for 33%.** This work has prevented deeper system involvement and leveraged funding from external sources, such as the County's awards from the US Department of Housing and Urban Development (HUD) and the state Homelessness Assistance Program (HAP).

Challenges

1. **Challenge: Recruiting and retaining foster families.** A safe, stable, and nurturing family setting is Allegheny County's preferred placement option for children who cannot safely remain at home. Research consistently demonstrates that children placed in family settings experience better outcomes compared with children who experience congregate care.[2] Yet Allegheny County faces a growing mismatch between the number of children requiring family-based care and the number of licensed foster homes available to meet that need. Expanding the pool of foster caregivers is essential to achieving the goals of Pennsylvania's child welfare system and the federal Home for Every Child initiative, which prioritizes placing every child in a family setting whenever possible.

   AC DHS seeks to strengthen recruitment, improve retention, and ensure that more children can be placed in stable, family-based homes close to their schools, siblings, and communities by:

   a. **Building up our recruitment pipeline of new foster homes.** Although Allegheny County and its provider network continue to invest in foster parent recruitment and in kinship care, the demand for family-based placements is outpacing our capacity. In FY 2025-26, foster care days of care increased by 9%. While foster care agencies recruited and certified 42 new foster homes, the number of children requiring out-of-home placement increased by 76. As a result, there is a gap between children needing family-based care and available caregivers. In FY 2027-28, AC DHS will invest in building a countywide recruitment pipeline through dedicated infrastructure including staffing, incentives, a website, and a targeted recruitment campaign (adjustment requested).

   b. **Providing more support to current foster caregivers so we can retain them.** Foster agencies provide critical retention support to foster homes, including training, education, and case management. FY 2027-28 AC DHS will continue recent work to evaluate placement provider rates for adequacy and—in cases where rates are too low to support staffing costs—enact increases that enable providers to recruit and

[2] Barth, R. P. (2002, June 17). *Institutions vs. foster homes: The empirical base for the second century of debate*. Jordan Institute for Families, School of Social Work, University of North Carolina at Chapel Hill.

retain the high-quality workforce needed to do this work. AC DHS will also enhance the scope of supports available to foster parents and ensure that foster families are adequately supported with the rising costs of caring for a child by evaluating our per diem rates for kin and non-kin foster caregivers (adjustment requested).

2. **Challenge: Rising acuity of need among youth and families in the system.** AC DHS is experiencing a significant rise in the number of children and families with complex needs. In FY 2025-26, 320 youth with complex needs were served through the complex case planning process. This represents a **27% increase** in the number of youth with complex needs served compared to the previous year. This continuing upward trend underscores the urgent need for enhanced coordination, resources, and support, including:

    a. **Supporting placement providers to enhance staffing and supervision levels to meet the requirements of new state licensing standards.** In FY 2025-26, PA OCYF proposed new regulations (55 PA Code Chapter 3900 – Child and Youth Facility Requirements) designed to improve the health, safety, and well-being of children and youth receiving care in residential facilities, including those with complex needs. When the new regulations are enacted, in order to remain licensed to care for children, current placement providers will have to enhance their staffing and supervision levels and responsibilities. In FY 2027-28, AC DHS will increase placement provider rates to enable providers to increase their staffing complement and maintain their facility licensure.

    b. **Increasing Allegheny County's existing placement capacity with additional shelter, intensive residential, and transitional living residence program(s)/supports.** For those youth with complex needs who require home removal but cannot be served in a family-like setting, perhaps due to an emergency placement need or not meeting the medical-necessity criteria for admission to a treatment facility, AC DHS seeks more local and high-quality placement capacity with additional shelter and intensive residential programs. For youth age 16-21 who are ready to live in a semi-independent living setting with 24/7 supervision but are not yet ready for the level of independence in a Supervised Independent Living (SIL) program, AC DHS seeks transitional living residences. In FY 2025-26, AC DHS competitively procured new programs. In FY 2026-27, AC DHS will support these new programs in obtaining licensure and rate approval, with the aim of launching the newly awarded programs in FY 2027-28.

3. **Challenge: Maintaining and supporting a high-quality agency and provider workforce in the face of significant economic and labor market shifts.** A quality and stable workforce is essential for a successful child welfare system. Unfortunately, recent economic and labor market shifts have left health and human service organizations, including child welfare and family-serving providers, at a significant disadvantage in attracting and retaining skilled workers. Allegheny County is committed to bolstering the recruitment and retention of critical human services and child welfare staff. In recent years, we've streamlined HR processes and launched wellness programs. Despite these efforts, in FY 2025-26 we experienced renewed recruitment and retention challenges. Overall headcount decreased by 7%, and with it, our overall turnover rate increased to 16% (21% for caseworkers).

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Lower caseloads are directly tied to both improved safety outcomes and reduced turnover (CWLA, 2019; Casey, 2023; NCWWI, 2020; GAO, 2023; Child Maltreatment 2022). Although the national standard for CYF caseloads is 12–15 ongoing cases and ≤12 investigations/month (CWLA, 2019), from April to June 2026, the average CYF caseload was 15.8. Caseworkers now carry more complex, high-acuity cases requiring intensive contact, deeper assessments, and extensive coordination across behavioral health, schools, medical systems, and courts. National guidance (CWLA, Casey, NCWWI) is clear: workload is driven by case complexity—not case count. In FY 2026-27, CYF is engaging in a targeted recruitment push to fill caseworker vacancies and reduce the average caseload to 12.

As we continue to adapt to the changing labor market, we are also pursuing opportunities to enhance caseworker career paths**,** improve and standardize staff compensation through the CYF Compensation Plan and annual cost of living adjustments (COLAs), invest in supervisory and managerial training**,** increase provider rates to improve staff wages, and more (adjustments requested).

- ❑ 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 2026-27 and 2027-28.

  See the response above and Section 1.3c for analysis of information, including CYF's annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR) findings**,** that impact Allegheny County's planning and resource needs for FYs 2026-27 and 2027-28.

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

  Successes

  1. **Success: Continued implementation of Juvenile Justice System Enhancement Strategy (JJSES) has led to a reduction in recidivism.** JPO has successfully implemented all four stages of JJSES and has seen an impact on JPO's ability to reduce recidivism. JJSES is an initiative through Pennsylvania's juvenile justice system aimed at employing more evidence-based practices (EBPs), increasing responsiveness to data-supported program analyses, and continuing to improve the quality of decision-making. This strategy ensures that youth are receiving the highest quality of care possible with the least restriction for their unique situation. In a recent report, Allegheny County observed a 64% decrease in recidivism from 2010 to 2022 when comparing rates from before JJSES was implemented. Staff have been trained in a multitude of tools, including Motivational Interviewing (MI), the Pennsylvania Detention Risk Assessment Instrument (PaDRAI), the Child Trauma Screen (CTS), the Youth Level of Service (YLS), Case Planning, and EBP interventions supporting behavioral changes in youth.

     In FY 2026-27, JPO will continue the prioritization of delinquency prevention and diversion opportunities. JPO strives to divert youth from further system involvement

when appropriate. In 2026, JPO's diversion rate for any disposition in which an adjudication did not occur was 78%. JPO plans to strengthen partnerships with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Pennsylvania Commission on Crime and Delinquency (PCCD) in FY 2026-27 that will lead to the development of a statewide Continuum of Care for Communities model. JPO also requests continued funding for two of its prevention and diversion programs, Stop Now and Plan (SNAP®) and Café Momentum (EBP and adjustment requested).

2. **Success: Commitment to Balanced and Restorative Justice (BARJ) principles resulting in positive outcomes for systems-involved youth.** BARJ goals have been the mission of Pennsylvania's juvenile justice system since 1995. These goals maintain community protection while also prioritizing victim restoration and youth redemption for those who become system-involved. In 2025, 514 cases were closed, over $100,000 in restitution was paid to victims, more than 11,000 hours of community service were completed, 91% of youth under supervision were involved in a productive competency development activity at the time of case closing, and 92% of youth under supervision completed court supervision without reoffending.

3. **Success: Implementation of the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2).** JPO utilizes the MAYSI-2 as part of their EBII – this was formerly funded through the Juvenile Court Judges Commission. This screen is completed for all youth who enter the juvenile justice system. The screen is used in concert with the YLS, CTS, and JPO's intake decision matrix guidelines to establish the system penetration decision that meets BARJ goals. As the MAYSI-2 is an emergent risk tool, JPO has developed a response matrix for both community-based application and youth in detention. For FY 2025-2026, JPO completed 596 MAYSI-2 screens, and 38 (6%) required a secondary screen. The MAYSI-2 helps identify key responsivity factors that are relevant to the case planning process and can help to identify where additional supports may be needed for youth experiencing a complex array of needs.

   To strengthen the EBII process, JPO is requesting support to continue offering the MAYSI-2 as a screening tool. This tool is an essential piece of the EBII process and is critical to identifying key responsivity factors that may affect treatment (adjustment requested).

Challenges

1. **Challenge: Re-establishing local detention capacity.** Since the closure of Shuman Detention Center in 2021, Allegheny County has been working to re-establish adequate local detention capacity. In alignment with the BARJ mandate, secure detention is used strictly when a youth poses a proven public safety risk. Currently, the number of detention beds available in the County is not sufficient to meet these needs. As a result, JPO frequently relies on beds from contracted providers. While JPO has relied on contracted providers to secure at least 10 detention beds, these facilities are often located outside of the County, presenting challenges for family visitation and Sheriffs and Probation Officers who visit and transport youth for Court hearings. Further, JPO currently has regular access to only 2 detention beds for female youth, and even these are often unavailable due to providers' concern over maintaining safety for staff and other youth due to some youths' severe behaviors. When no beds can be identified, JPO uses alternatives to detention. During FY 2025-26, JPO reported 105 instances of youth

scored by the PaDRAI tool as meeting criteria for detention where the youth were instead released due to lack of detention beds – 48 of these youth had active warrants, and 26 were arrested for firearms or violent felony offenses. The PaDRAI tool uses objective criteria to assess youths' risk of reoffending; therefore, there is high concern about releasing youth assessed as at high risk, and whether alternatives to detention for these youth can adequately support the rehabilitation and safety of youth and effectively maintain community safety.

In response to this challenge, Allegheny County has been working to re-establish detention capacity, both by securing beds through contracted provider facilities, as mentioned above, and by expanding capacity within the County itself. In July 2024, the County opened the Highland Detention Center at Shuman, which is operated by Adelphoi Western Region and has a current capacity of 12 male beds. The redesign and renovation of a larger portion of the building will eventually bring an additional 48 detention beds online for a total of 60 beds, of which 48 beds will be available to the juvenile population. The County has taken care to ensure that the facility's design reflects a commitment to both safe, secure detention and a trauma-informed environment in which youth receive high-quality services and programming. This included engagement with cross-system stakeholders, community members, youth at the facility, and justice-involved youth across the County (adjustment requested).

2. **Challenge: Limited capacity of specialized residential placements for female youth and youth with complex needs**, such as youth with aggressive behaviors, youth who are transgender or transitioning, and youth with low criminogenic needs and high mental health needs. Specialized residential placement options have become more difficult to secure due to rising costs and an increase in youths' complexity of need. This often delays youths' receipt of needed treatment and services and prolongs detention stays. Expanding the capacity of appropriate residential placements is critical for public safety, diversion efforts, and the overall well-being of youth.

   In response to this challenge, Allegheny County JPO is requesting additional state funding to support the increased utilization and cost of specialized placements. In FY 2025-26, the per diem rates of existing complex case beds increased substantially, a consistent trend over the last few years. The utilization of these beds has also increased from less than 1% to 13% of all JPO placements since 2022 (adjustment requested).

3. **Challenge: Changing offense patterns, including increases in firearms-related offenses and retail theft, that require new intervention strategies.** Allegheny County has observed higher rates of firearm offenses compared to previous years, signaling a shift in types of youth offenses. In Allegheny County, the number of referrals that included a firearm rose by 36% from 2019 to 2025. Referrals associated with a firearm made up 15% of all referrals in 2025, compared to 7% in 2019 and 16% in 2021. These referrals represent a serious risk to public safety and require a focused effort to change these risky behaviors among youth.

   In response to this challenge, Allegheny County JPO is:

   a. **Continuing to implement UNARMED to combat gun violence.** To address the increase in firearms charges and to address violence prevention, Allegheny County recently implemented the UNARMED curriculum run by an outside

provider. Two pilot sessions have been completed, with more sessions planned for FY 2026-27. Overall, the first two cohorts showed meaningful youth engagement, strong collaboration among staff, and valuable discussions surrounding gun violence education, decision-making, and conflict resolution. Over the sessions, youth became more engaged, respectful, and willing to participate in discussions and activities. Several sessions were especially productive, with young people working together as a team, actively participating, and showing thoughtful reflection during conversations and activities (see Promising Practices – Delinquent Grant for full summary).

b. **Update current curriculum to combat theft-related crimes**. It has historically been true that retail theft is a low-level offense that does not significantly strain the juvenile justice system. However, the increased value of stolen items has led to more incidents being referred to the Courts rather than handled at the Magisterial District Court level. JPO has relied on the same retail theft program for many years, and after recognizing the shift in offense trends, they are now attempting to partner with a private provider to develop an updated curriculum. The revised program will blend education, community service, and restitution into an informal diversion process that addresses the conduct, promotes accountability, and repairs the harm caused—without requiring formal system involvement. JPO's long-term goal is for local police departments near major retail corridors to utilize this program for low-level, first-time offenders. By doing so, youth can be diverted early, families can avoid unnecessary justice system penetration, and the underlying behaviors can be addressed promptly and constructively.

- ❑ 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 2026-27 and 2027-28.

YLS Data Trends

The YLS Risk/Needs Assessment has been adopted statewide as the risk/needs assessment instrument for juvenile justice. JPO has fully implemented the YLS. JPO utilizes the YLS to assist in intake decisions and determine the level of system involvement that is appropriate. The YLS assesses overall risk level, individual strengths, criminogenic needs, and responsivity factors. It serves as the foundation of JPO's EBII efforts. JPO currently has an entire unit (six probation officers, one supervisor) dedicated to the task of conducting initial YLS assessments for all youth.

While JPO has a solid foundation for using YLS, they conduct continuous quality improvement (CQI) measures to ensure the assessment is conducted with fidelity and fundamental fairness. YLS Booster sessions occur at least once per year, and JPO has 16 YLS Master Trainers tasked with completing Booster cases as issued by the Chief's Assessment Committee and outlined in their YLS policy bulletin. There is one assistant chief and one supervisor who serve on the Chief's Assessment Committee and address all YLS concerns at the state level. Additionally, JPO's Master Trainers audit completed and closing YLS assessments at a minimum of two per year for a given probation officer. JPO has

created a comprehensive assessment and feedback form to guide this process. They continue to refine JPO's policy on a yearly basis and often implement the FAQ information we receive from the multiple required booster sessions. There is a rotation of supervisors who observe court to confirm that officers are presenting relevant information, including the YLS assessment. In addition, a CQI database is utilized for each Probation Officer with their respective performance on Booster cases. This allows JPO to display a high level of inter-rater reliability related to YLS scoring.

JPO's most recent YLS data trends show that in FY 2025-26, JPO completed 753 initial assessments, 356 reviews, and 580 closing assessments for a total of 1,689 YLS Assessments. Of the 753 initial assessments, 28% of the youth scored a low risk to reoffend, 52% at a moderate rate, 20% at a high rate, and 0.2% at a very high risk to reoffend. These percentages remain steady compared to past reporting periods. The risk level of most youth decreased at the time of their case closing as measured and validated by the YLS. Of the youth assessed as Low or Moderate on their initial assessment, 82% decreased risk level at the time of case closing, and of the youth assessed as High or Very High on their initial assessment, 93% decreased risk level at the time of case closing. This data highlights the success of the implementation of JJSES in Allegheny County.

JJSES

JPO continues efforts to fully implement the Juvenile Justice System Enhancement Strategy (JJSES). They have successfully engaged **Stage 1 (Readiness)** and **Stage 2 (Initiation),** although that work must continue as new staff and stakeholders are trained in those areas. Most JPO staff have been trained in Motivational Interviewing (MI), the PaDRAI, the Child Trauma Screen (CTS), the YLS, and Case Planning. The YLS, MAYSI-2, and CTS are administered for all intake cases as part of a comprehensive EBII process, a current requirement of the Juvenile Court Judges Commission. Allegheny County has led the state in this area and plans to continuously evaluate and improve the process as needed to support youth.

At this time, all probation staff and Community Intensive Supervision Program (CISP) staff have been trained in **MI**. A full day of MI training administered by the MI Committee Co-Chairs is also a part of JPO's standard training package for all new CISP staff and probation officers. JPO's internal MI coaches committee meets regularly to discuss the fidelity of the coaching process and create booster skill opportunities. Annual mandatory and "as needed" MI booster sessions are standard. JPO continues to reflect on best practices and are currently refining their MI policies. The department implemented an MI Policy in March 2024 to guide the continued training and use of MI. JPO continues to refine their MI practice and acknowledge the interconnectivity of EBPs, emphasizing MI with Case Planning and the YLS booster. JPO has one coordinator and one supervisor who serve on the State MI Committee. During the first half of 2026, the Allegheny supervisor on the State Committee participated in the Peer-to-Peer Motivational Training that incorporates the MI II curriculum. The Allegheny supervisor will have the opportunity to provide these resources to staff in Allegheny County, as well as any counties in Pennsylvania requesting assistance with MI training. The MI training and booster are developed to maintain proficiency, preserve fidelity, and fine-tune the skills of staff.

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JPO utilizes the **MAYSI-2** and the **CTS** as part of their EBII – this is now a requirement for the Juvenile Court Judges Commission. These screens are completed for all youth who come through JPO's system. JPO has built a response matrix based on the results of the screen. The CTS helps identify key trauma factors that are relevant to the case planning process. During FY 2025-26, 87% of all youths screened endorsed at least 1 item on the CTS. Youth who score above the cutoff are referred to Human Services Administration Organization (HSAO), a contracted provider that coordinates all JPO mental health services, for potential further screening and treatment.

As an additional part of the EBII, JPO continues to utilize the **PaDRAI**. Allegheny County JPO was one of the initial Pennsylvania Juvenile Detention Alternatives Initiative (JDAI PA) sites following the MacArthur Models for Change Initiative. JPO's chief and assistant chiefs were directly involved in the rollout of the PaDRAI and the subsequent study to validate the tool. There has since been a second validation study on the tool, and the statewide committee is in the process of conducting a Cut-Score Analysis as another method of validation. JPO intends to pilot the recommendations of the Cut-Score Analysis to ensure that the best possible practices are used related to detention of youth. All staff have been trained in the PaDRAI, and it is part of the initial training provided to all new probation officers. The department has fully utilized and implemented PaDRAI for all detention decisions relevant to each new charge received by the department. All staff are trained in completing the PaDRAI in the Juvenile Case Management System (JCMS). Supervisors are trained in overrides and mandatory detentions, including a comprehensive system for after-hours overrides via JPO's on-call system.

One Assistant Chief and one supervisor sit on the statewide PaDRAI committee. JPO continues to refine their practice to remain consistent with suggestions from the Statewide Committee. Furthermore, they were part of the select team that reviewed the newly created PaDRAI dashboards. These dashboards have allowed us to review real-time data and take corrective action for CQI purposes. JPO has been involved with the steering committee specific to Dr. Maloney's re-validation study, spanning 1-1-18 through 12-31-22 PaDRAI data. They have worked internally to create CQI mechanisms to ensure PaDRAI data is reliable. JPO also created a JCMS workaround to track youth who could not be detained via mandatory detention due to the lack of a detention resource in Pennsylvania.

JJSES Stage 3 focuses on **Behavioral Change** in youth. JPO staff have been fully trained in Four Core Competencies for Supervisors and Four Core Competencies for Line Staff. Staff are trained and regularly use the Brief Intervention Tools (BITS), Change Company Forward Thinking Journals, and Effective Practices in Community Supervision (EPICS). Supervisors utilize the BRIEFCase as part of their standard supervision process and the department will be conducting BRIEFCase throughout the upcoming year with staff who did not previously receive this training. Most staff have been trained in Aggression Replacement Training (ART) as well, and JPO has been ensuring the delivery of the curriculum. ART is facilitated by a private provider four times a year. Each ten-week course is coordinated by the JJSES Supervisor to ensure that all youth who received a moderate or high-risk YLS Assessment score attend. This curriculum is also delivered by JPO's residential providers when youth are in placement, ensuring that EBPs are consistent throughout the life of a case. Full reporting for this is available in the JPO SGI section. Over the last fiscal year, JPO has been training staff to utilize the Change Company Forward Thinking Workbooks and will also implement their Atlas digital platform within their CISP programs. Feedback has been very positive related to this intervention. Most staff have been trained in and utilize the

EPICS, BITS, Change Company Journals, the Standardized Program Evaluation Protocol (SPEP), and Graduated Responses.

Related to EBPs, all staff are trained in and regularly utilize BITS, and more recently the Change Company Forward Thinking Journals. All EBP contacts are conducted within the EPICS model and include a Check-in, Review, Intervention, and Homework Assignment. As EPICS is the most complex model that JPO utilizes, there are staff dedicated to ensuring fidelity to this model. JPO currently has two statewide agency trainers/coaches for EPICS. They have eliminated the use of other internal coaches to ensure fidelity when coding staff. All applicable staff using EPICS in the field are at least at a "Proficient" status, and 63% of staff are at “Maintenance” status. Designated training staff continually meet with probation officers on both an individual basis as well as with booster training that focuses on EPICS Interventions. Supervisors also meet monthly with staff and review how many interventions were used and if the notes in JCMS reflect the session outcome. Lastly, they maintain one coach on the EPICS steering committee at the state level as they continue to look at ways to effectively implement the model statewide.

JPO has fully implemented graduated responses into the daily operations of juvenile probation. Our County was an active participant in the development of graduated responses throughout Pennsylvania, and we continue to have representation on the committee. JPO staff have fully developed a Graduated Response policy and matrix. JPO’s probation officers are also now able to purchase small incentives for youth on a reimbursement basis. This process allows probation officers to quickly provide incentives to youth as positive reinforcement. Examples include taking youth to lunch, purchasing school supplies, and purchasing a clothing item. PO's also document contacts for Graduated Responses in JCMS by indicating Incentives Used or Sanction Applied. Supervisors are able to run JCMS reports specific to these Graduated Responses for Quality Assurance purposes. JPO has an Assistant Chief and JJSES Coordinator who participate in the State Graduated Response Committee.

JJSES Stage 4 focuses on **Refinement** of the first three stages. JJSES is an integral part of what makes up Allegheny County Juvenile Probation. JPO is fully engaged in all Stage Four activities. They continue to refine their policies and are changing procedures to fully embrace all aspects of JJSES. That is how JJSES is implemented on a daily basis. JPO has updated /established individual policies for various components of JJSES as detailed in previous sections.

The last aspect of JJSES is referred to as the **Building Blocks** and includes activities that provide the foundation for JJSES. **Delinquency Prevention** is the first building block. JPO participated in the PCCD “Reducing Racial and Ethnic Disparities in Juvenile Justice” Certificate Program in collaboration with the Georgetown University McCourt School of Public Policy’s Center for Juvenile Justice Reform (CJJR) and the Center for Children’s Law and Policy (CCLP) in September 2021. JPO partners with several community-based providers to prevent young people from engaging in behaviors that would introduce them to the Juvenile Justice system. They have also maintained contracts with two community-based providers to deliver the SNAP® program across the County. This is an EBP designed for children aged 6-11 who have experienced behavior difficulties at home, school, or in the community. SNAP® helps children and parents effectively deal with anger by teaching them to respond in a way that makes their problems more manageable. With practice, children and parents are able to stop, calm down, and generate positive solutions at the “snap of

their fingers." Individualized support is provided by a SNAP® Child Worker, school advocacy, a homework club, crisis intervention, and victim restitution. Additionally, parents meet weekly to learn more effective child management techniques and connect with other parents facing similar challenges (see SGI EBP Grants for full summary).

Diversion is the second building block. JPO has been dedicated to diverting as many youth as possible from deeper system penetration. Because the state does not have a clear definition of diversion, they have looked at diversion in two different ways:

- Include any disposition in which an adjudication did not occur (this would include instances in which cases are ultimately dismissed or withdrawn). Including those scenarios as diversion, JPO's diversion rate is 78%.
- Include only Pre-Petition Diversion, Consent Decrees, or other types of dispositions in which an adjudication did not occur. In this scenario, JPO's diversion rate is 61%.

This information demonstrates JPO's dedication to providing services to youth in the least restrictive way possible. JPO also fully applies the principles of the PaDRAI and diverts many youths from detention to less secure Alternative to Detention (ATD) services when safe to do so, in addition to diverting from formal adjudication.

JPO will continue to expand diversion for the County through partnerships with OJJDP and PCCD to develop a statewide Continuum of Care for Communities model for Pennsylvania. This initiative aims to provide actionable recommendations for diverting youth from the juvenile justice system toward community-based services and alternatives to detention and supporting system-involved youth through intervention and community reintegration. JPO will work collaboratively over the next year to highlight strengths in communities, identify gaps in service, and determine areas for improvement at key points of system contact. The ultimate goal is to achieve a fully effective continuum of care in which the needs of youth and families are met, positive outcomes are achieved, and personal accountability and public safety are maintained. The final product release by PCCD is expected to occur in December 2026. Internally, JPO uses the drafted product to map diversion within the County with the intent of providing resources to local police departments that are experiencing increased crime committed by youth.

Continuous Quality Improvement is the final Building Block. JPO initiated the process to take an in-depth look at Quality Improvement (QI) in an effort to measure the capacity, quality, and fidelity of new interventions. They are developing new reports as needed, such as a report that tracks supervision status in JCMS, dashboards, and Tableau reports to assist both administration and supervisors in monitoring implementation of the interventions. Staff piloted and gave critical feedback and suggestions to the CQI dashboards for PaDRAI and MAYSI, respectively. Allegheny will also be an active part of the Q/A of the EBP Project workgroup for the state, which is slated to begin in late 2026.

Data continues to drive JPO's decisions. They consistently work to identify ways to improve data integrity and ensure timely and accurate data entry. JPO's administrators and supervisors are provided with both reports and dashboards that identify what services are being delivered to specific youth by the supervisory unit. JPO has also been working toward reducing the amount of time it takes for case processing and the time to first disposition. There is evidence that the closer the intervention is to the delinquent act, the greater the impact will be for the youth. Policies will be reviewed and updated continuously to address

any drift from practice fidelity. JPO appointed a CQI probation officer and a CQI Supervisor to accompany the JJSES Supervisor, who is charged with various CQI initiatives. They established a monthly CQI meeting for IT staff, the Juvenile Justice Planner, and CQI staff.

JPO also continues to prioritize CQI outside of the designated committee and unit to ensure all staff are receiving CQI support. In addition to data tracking and analysis, the CQI Unit, JJSES Supervisor, and the Juvenile Justice Planner have also engaged in a collaborative effort with the Training Unit to conduct in-person trainings aimed at enhancing the fidelity of cognitive-behavioral interventions utilized in community supervision. These interventions include BITS, EPICS, Family Workbooks, and Forward-Thinking Journals. Throughout the year, the CQI team facilitated booster training sessions, conducted coding of staff EPICS audio recordings, and provided coaching to ensure that staff consistently implemented these interventions as intended.

Lastly, the CQI Unit and the Juvenile Justice Planner continue to collaborate with the Placement Management Unit with a focus pertaining to the Standardized Program Evaluation Protocol (SPEP) initiative. All members of the CQI Unit, along with the Juvenile Justice Planner, are actively pursuing their Level I SPEP™ certification through Penn State University's Evidence-based Prevention and Support (EPIS) Research Center. This initiative aims to support the Placement Management Unit in conducting SPEP assessments. The implementation of SPEP in Pennsylvania is a collaborative effort involving EPIS SPEP Implementation Specialists, PA statewide probation departments, and service providers. Each service assessed receives a feedback report containing recommendations designed to better align the service with established research findings. Based on these recommendations, a performance improvement plan is developed, and progress is monitored quarterly until the established goals are achieved. Following the completion of these goals, the service undergoes reassessment, and the process is repeated to ensure continuous improvement. The CQI Unit and Juvenile Justice Planner should receive their Level I SPEP™ certification by the end of 2026.

Related to **SPEP**, Allegheny County has worked with 21 different providers, assessing over 200 services since 2014. Currently, 28 different services are being assessed among 5 providers. The County is also monitoring implementation of 97 services among 7 other providers. Allegheny County maintains one of the largest groups of certified SPEP™ Specialists in the state. In addition to a Level II SPEP™ Trainer, Allegheny County has 2 Level I certified specialists and 4 Level I trainees. These specialists represent different aspects of the department, including the Provider Services and CQI units. Various levels of officers are also trained (i.e., Assistant Chief, Supervisor, JPO). Allegheny County has an initiative-taking approach in addressing turnover within their SPEP Team and has effectively maintained a strong contingent of certified "SPEPers" for over a decade.

Allegheny County's SPEP Team is a consistent and active participant in the Learning Community Meetings. The Level II SPEP™ Trainer is also an active member of the SPEP™ Process Development Group, whose goal is to monitor the fidelity of SPEP™ implementation in PA.

During this past year, significant focus has been placed on the use of the revised Quality Measures tool. The revised tool, implemented in mid-2025, provides a greater level of detail concerning service delivery, including the logic model and theories of change behind a service's delivery, as well as its anticipated outcomes. The County's Level II SPEP™ Trainer

continues to play an instrumental role in training other "SPEPers" in the tool's use. Furthermore, the County's SPEP team has supported EPIS' efforts to provide technical assistance offered to providers that enable providers to design their own logic models (i.e., Service Impact Maps). These maps will further enhance the quality of service delivery and provide a greater level of detail about services that probation officers in the field can use for improved youth-to-service matching.

Recidivism

Since 2011, the Juvenile Court Judges' Commission has undertaken the task of monitoring the annual statewide recidivism rates of youth who were closed for services from Pennsylvania juvenile probation departments. These studies establish an ongoing, consistent recidivism rate to examine the impact of the JJSES. Recidivism related to this reporting is defined as a subsequent delinquency adjudication in juvenile court or conviction in criminal court for either a misdemeanor or felony offense within two years of case closure. In the most recent report, released in July 2026, the recidivism rate across all Pennsylvania Counties for youth cases closed in 2022 was 11%, which represents a 50% reduction from the pre-JJSES implementation rate of 22%. This rate continues the trend of "post-JJSES initiation" rates being below the "pre-JJSES initiation" rate (21.6% for the years 2007-2010). The reduction in recidivism for Allegheny County is even more significant. The pre-JJSES initiation rate in Allegheny County was 25%, and the rate for the 2022 case closures was down to 9%, representing a 64% reduction. The implementation of JJSES is having a significant impact on JPO's ability to reduce recidivism.

1-2: Determination of Need through Collaboration Efforts

➲ Respond to the following questions.

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

AC DHS planning begins with identifying desired outcomes and synthesizing research, client data, organizational data, and stakeholder input to diagnose needs and test assumptions. It then develops and selects tactics grounded in evidence and community feedback. Planning activities are ongoing and iterative, enabling us to continuously learn from data and feedback and rapidly respond to emerging needs. Regular activities include:

- **Data Analysis:** use of client data to identify gaps in services and to track progress towards desired outcomes.

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- **Research and Best Practices:** consultation of experts, best practice literature, and research findings to inform decisions.

- **Stakeholder Engagement:** active, ongoing, and iterative engagement with various stakeholders, through activities and forums that include but are not limited to:
    - **Bimonthly CYF Advisory Board Meetings.** The CYF Advisory Board is an advisory group composed of 11 members reflecting a wide range of expertise, including mental health, youth advocacy, child welfare, Latino community engagement, foster parenting, psychology, clinical services, legal systems, youth homelessness, and family law—among others. In 2025-26, the Advisory Board focused on CYF workforce recruitment and retention, mental health, youth experience, placement quality, and community partnerships.
    - **Quarterly Children's Cabinet meetings.** The Children's Cabinet is a community advisory group comprising nearly 100 members, including consumers, providers, and other stakeholders involved in child-serving programs across Allegheny County. Each meeting includes a data presentation, panel, and discussion. The Cabinet did not meet in Q3 or Q4 of FY 2025-26 but is resuming regular quarterly meetings in FY 2026-27.
    - **Client Experience Surveys.** The Client Experience (CX) team has set up an automated process to collect and report data about client experience in the CX system, including:
        - **Surveys of CYF-involved parents** at key points in the parent's experience, including: 1 week after an investigation opening, regularly after a Family Plan is created (1 month and then every 6 months), 2 weeks after investigation closure, 2 weeks after case closure, and regularly after reunification (1 week, 1 month, and 6 months)
        - **Surveys of Foster Caregivers** at one week after a new placement, pulse surveys throughout their placement, and when a placement ends.
    - **Public Hearings.** AC DHS and JPO held a joint Needs-Based Plan and Budget public hearing to obtain comments. Additionally, AC DHS held a virtual public hearing to discuss the State of Child Welfare, including a discussion of services essential to children and families served by AC DHS, whether funded by the Human Services Block Grant (HSBG), NBPB, or some other source. Participants included advocacy groups, contracted service providers, elected officials, and AC DHS staff, and their feedback was incorporated into the County Human Services Plan and the NBPB.

❑ Summarize activities related to active engagement of contracted service providers in identifying service level trends, strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts toward improvement in the engagement of service providers in the NBPB process.

AC 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 how CYF and other parts of the human services system can address them. In addition to the public hearings, forums for gathering this information include:

- **Ongoing:**

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- Contract monitoring activities.
- Frequent systems training for providers, including initial, ongoing, and refresher sessions provided by technical (case management applications) and professional (child welfare practice) staff.

- **Monthly:**
  - Contract monitors conduct monthly in-person site visits at each of their assigned providers.
  - Monthly recruitment collaborative meetings with foster care providers to share recruitment strategies and foster a shared learning environment among providers.
  - Monthly all-provider calls are hosted by the CYF leadership team to establish a standing communication channel with and monitor the health of the child welfare provider network. These meetings are held virtually, with two in-person occurrences per year.

- **Quarterly:**
  - Meetings of the advisory boards for Children and Youth, Intellectual Disabilities, Behavioral Health, Aging, Criminal Justice, and the HSBG.
  - Meetings between providers and CYF Provider Relations to discuss budget and resource needs.
  - Pennsylvania Council of Children, Youth & Family Services quarterly meetings.
  - CYF established its Business Office in 2024 to strengthen contract management, fiscal oversight, and provider partnerships. The Business Office meets quarterly with contracted providers to review service utilization, expenditures, contract performance, and emerging needs. These meetings also provide an opportunity to identify and discuss any changes needed to contracted services, funding allocations, or program capacity to ensure resources continue to align with the needs of children and families.

- **Annual:**
  - Annual budget meetings with each of our contracted service providers. In February 2026, the CYF Business Office met with 40 providers requesting contract increases or additional services to review contract performance, spending trends, service utilization, and anticipated needs in support of budget and contract planning.
  - Over 500 participants, including 225 representatives from partner organizations, attended the public hearing (mentioned in the previous response).

- **Ad hoc:**
  - Ad hoc surveys to obtain information about system needs.
  - Meetings between individual service providers and the AC DHS and CYF Directors to discuss how the system can continue to improve and enhance services to children, youth, and families.
  - Case-centered meetings between CYF and provider staff.

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

Finally, AC DHS CYF leadership participates in the Leadership Roundtables (LRT). Together with our dependency judge, we are able to raise topical areas of interest or concerns and provide our peer counties with support, problem-solving techniques and practice awareness. We meet quarterly in Philadelphia and biannually in Harrisburg.

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

  AC DHS/CYF and JPO often serve the same youth, particularly those who are dually involved or at high risk of deeper system involvement. Further, AC DHS views its responsibility as inclusive of preventing youth delinquency and juvenile justice involvement and supporting youth who do become involved to transition successfully to adulthood. Consistent with this commitment, AC DHS uses funding awarded through the NBPB process (as well as other grants) to support prevention and diversion initiatives like evidence-informed community violence reduction programs. Additionally, in the current NBPB cycle, AC DHS is requesting funds for a new prevention/diversion initiative designed specifically for disconnected youth at high risk for JPO involvement.

  The NBPB process provides both AC DHS/CYF and JPO with critical resources for services that address the complex needs of youth and families. Because of the significant overlap in the populations we serve, AC DHS and JPO actively coordinate throughout the NBPB submission process. AC DHS/CYF staff work closely with JPO leadership and the County Budget Office to ensure JPO's service priorities, emerging needs, and resource requests are incorporated into both the narrative and budget.

  Beyond NBPB planning, AC DHS/CYF and JPO collaborate on initiatives focused on youth with dual system involvement, such as the Crossover Youth Practice Model (CYPM). During FY 2025-26, there was a renewed focus on fidelity to CYPM by the core management/supervisory group in several ways:

  - Protocols for addressing cross-agency information sharing and for addressing the role of both CYF and JPO in out-of-state runaway cases were created and disseminated to relevant system stakeholders.

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- Focus groups were conducted among cross-system attorney groups to gauge their views on implementation of CYPM. Based on those sessions, a CYPM-focused CLE for attorneys was created and scheduled for August 2026.
- Discussion of CYPM matters at a monthly meeting of Juvenile Court Judges resulted in a renewed focus on the existing CYPM protocol. Key provisions of the protocol, originally adopted in 2016, were revised to reflect concerns raised by the judges. In addition, renewed efforts were made by CYF's Crossover Coordinator to observe crossover case court hearings. The core management/supervisory group will update the judges on these developments at the September 2026 Judges meeting.
- CYPM training for CYF and JPO, designed to highlight protocol revisions and resource tools for front-line staff, was scheduled for July 2026.

Most recently, both entities have partnered in planning for the restoration of detention center capacity in Allegheny County, ensuring that facility planning aligns with broader prevention, diversion, and successful reentry strategies. JPO also regularly participates in quarterly Children's Cabinet meetings, which serve as an important forum to identify in-home, prevention, and rehabilitative services that can support youth returning from out-of-home care, reduce recidivism, and strengthen family stability.

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

AC 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 also fortunate to have two child advocacy centers that partner with the MDIT to ensure that children who are victims of maltreatment receive comprehensive, trauma-focused services. Further, AC DHS employs a CYF Child Abuse District Attorney Liaison to review, identify, and classify ChildLine reports and refer them to the appropriate County and law enforcement investigating agencies. CYF has also joined a new MDIT organized by PA OCYF alongside the State Police Association to consider training and protocol enhancements.

1-3 Program and Resource Implications

➲ **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.

1-3b. Workforce

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

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

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

- **Strong Commitment from County and CYF Leadership.** Allegheny County leadership has shown robust support and commitment to workforce development, which is crucial for implementing effective recruitment and retention strategies.

- **Comprehensive Training Programs.** The County has developed strong training and curriculum for frontline staff and supervisors, which enhances their skills and improves job satisfaction. This includes:
    - CYF's Leadership Academy provides extensive training and coaching for managers and leaders within the organization.
    - Monthly supervisory skill-building workshops.
    - Foundations of Leadership, a training and coaching program for non-supervisory staff seeking to grow their adaptive leadership skills.

- **University Partnerships.** Collaboration with the University of Pittsburgh has been beneficial in the following ways:
    - The university awards student stipends to Social Work students, helping to bring fresh talent into the system and support a recruitment pipeline towards a career in Child Welfare.
    - Through a dedicated internship coordinator, Allegheny continues to expand the pool of students and schools from which students are recruited for internships. This provides exposure to a career in Child Welfare through shadowing and hands-on learning activities for students from a variety of undergraduate and graduate-level majors, resulting in several transitioning to casework positions post-graduation.
        - Allegheny recently hired 14 former interns (11 casework interns and 3 support interns) post-graduation, filling Caseworker 2 positions to expedite caseload support for regional offices.

- **Action Teams.** The creation of Action Teams focused on retention, utilization of support staff, and racial equity has been instrumental. Action teams work on strategies to improve workforce retention and integrate inclusivity and racially equitable practices within the agency.
    - **Crisis Action Team.** The Crisis Action Team is a peer-mentoring crisis response. They are there for people experiencing secondary traumatic stress and to connect them with any other potential resources, like the Employee Assistance Program (EAP). They also provide debriefings to the office or agency after traumatic events.

- **Professional Development Opportunities.** CYF remains committed to fostering continuous professional growth by promoting a variety of learning opportunities for the workforce. Staff are routinely informed of webinars, workshops, and other professional development offerings provided internally and through external partners. Trauma-Informed Consultation and Learning: CYF remains committed to a workforce support model that prioritizes the prevention and mitigation of secondary traumatic stress among child welfare professionals. This includes ongoing consultation through a contracted Trauma Consultant as well as professional development opportunities

that equip staff with practical strategies to manage the inherent stress of child welfare work.

- **Wellness.** The Wellness Manager is a role focused on developing and implementing trauma-informed initiatives to support staff well-being, resilience, and engagement within the child welfare system. This position evaluates staff wellness needs, delivers targeted training, and promotes systemic changes to reduce secondary traumatic stress, burnout, and compassion fatigue. The manager coordinates wellness activities, supports wellness champions, and serves as a resource for staff experiencing workplace stress related to trauma exposure. They also lead efforts to embed trauma prevention frameworks, foster a culture of psychological safety, and improve overall workforce resilience to ensure the emotional health of staff serving vulnerable populations.

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

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

- **Employee Engagement and Satisfaction**
  - **Workload and Job Stress.** The high workload and associated job stress are significant factors leading to burnout and turnover among child welfare staff. The demanding nature of the work (e.g., managing complex cases and dealing with high emotional stress) makes retaining employees over the long term difficult. Recruitment and retention are affected not only by the number of assigned cases, but also by the full range of activities required to manage those cases. Placement searches, transportation, court attendance, documentation, collateral contacts, crisis response, and after-hours responsibilities can extend the workday and make workloads unpredictable. Vacancies may also require supervisors and experienced staff to absorb additional responsibilities, limiting the time available for coaching and case consultation. CYF is examining workload distribution, case-support functions, and opportunities to shift appropriate non-clinical activities to support staff.
  - **Lack of Career Development Opportunities.** Employees seek growth and development opportunities, and a lack of these can lead to dissatisfaction and turnover.
  - **Work-Life Balance.** Employees increasingly prioritize work-life balance, and failure to offer flexible working conditions can drive them away.

- **Supervision and Support:** Consistent, accessible, and reflective supervision is essential to employee development, decision-making, and retention. Supervisor vacancies, broad spans of control, administrative requirements, and the need to assist with frontline work may reduce the time available for individual coaching, case consultation, recognition, and employee support. CYF continues to invest in supervisor development while also examining the structural conditions that affect supervisors' ability to lead effectively.

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- **Integrating Inclusivity and Equity:** Ensuring inclusive practices and integrating equitable policies within the agency remains a focus. These factors affect both the morale of the workforce and the quality of services provided to families.

- **Economic and Compensation Factors:** Competitive salaries and benefits are essential for attracting and retaining skilled workers. If compensation does not align with the job's demands or with what other sectors offer, it can lead to difficulties in both recruitment and retention.
    - **Salary Expectations.** Candidates often have high salary and benefits expectations, influenced by competitive offers from other employers.
    - **Workplace Flexibility.** Although eligible employees may participate in an approved hybrid work arrangement, the field-based, court-related and crisis-response nature of child welfare limits the amount of flexibility available in many positions. CYF must balance employee expectations for flexibility with service delivery, family contact, court and emergency-response responsibilities.

- **Talent Shortages/Competitive Job Market:** Companies are competing for skilled candidates, making it difficult to attract top talent.

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

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

- **CYF Caseworker Recruitment Working Group and Operations Reset**
    - **Recruitment Operations.** CYF Caseworker Recruitment Operations Reset (CYF Reset) is a dedicated, cross-functional working group focused on supporting the hiring and onboarding of 70 caseworkers by the end of Q2 FY 2026-27. The initiative has strengthened recruitment operations through defined roles, standardized timelines, centralized candidate tracking, regular operational review, and escalation of barriers. These improvements have resulted in a reduction in the candidate lifecycle from 50+ days to <21 days. We anticipate these efforts will contribute to long-term success, as a more efficient and sustainable recruitment process for future workforce needs.
    - **Targeted Recruitment and Candidate Pipeline Development.** CYF Reset is also advancing a phased recruitment and marketing strategy to expand and sustain the pool of qualified candidates. Efforts include adaptation of the federally coordinated Work with Purpose child welfare recruitment campaign, targeted outreach to recent graduates, career changers, and experienced human services professionals, university and community-based recruitment, virtual and in-person hiring events, and assessment of paid recruitment channels. Marketing performance will be tied to applicant quality and progression through interviews, offers, acceptances, and hires.

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- **Leadership Development Programs**
  - **Leadership Academy.** CYF has established a Leadership Academy to train managers, leaders, and supervisors. This includes Leadership Academy Coaches and Trainers who support participants through intensive training programs. This program helps build strong leadership, which is crucial for staff support and retention.
  - **Foundations of Leadership.** CYF established a leadership development program for non-supervisory staff, which was adapted from the Leadership Academy. This program consists of four instructor-led and four one-on-one coaching sessions to help participants develop their adaptive leadership skills, enabling them to lead from their seat and/or advance their careers within CYF. Allegheny Alumni include caseworkers, Administrative Assistants, clerk typists, and support staff.

- **University Partnerships and Stipend Programs**
  - **Stipend Awards.** The University of Pittsburgh awards stipends to Social Work students from participating in Child Welfare Education for Baccalaureate (CWEB) schools in PA. This involves an intensive 9-month training program consisting of the same certification training program that newly hired caseworkers complete, followed by applied learning opportunities in casework over two academic semesters. Students receive a monthly stipend payment and tuition payment over their senior year in exchange for a contractual obligation to work for a county child welfare organization for one-year post-graduation. This financial support helps attract new talent and encourages Social Work graduates to pursue careers in child welfare. This partnership aims to replenish the workforce with new, motivated professionals.
  - **County-Paid Internships.** Allegheny County attracts students from a variety of majors and schools for a paid internship opportunity. The pool of students has increased over recent years, resulting in many transitioning to employment with CYF post-graduation. These internships introduce students to a career in Child Welfare through a supportive learning experience.

- **Supportive Work Environment**
  - **Leadership Support and Commitment.** Strong leadership commitment to workforce development and a supportive work environment are highlighted as strengths. Maintaining open communication, providing necessary resources, and addressing workload issues contribute to a more positive work culture.

- **Action Teams and Racial Equity Initiatives**
  - Action Teams meet regularly to develop strategies to improve retention and integrate racial equity practices. These teams, some of which are also part of the Racial Equity Impact Assessment Team, work on planning and implementing strategies that address workforce wellness through a racial equity lens. These efforts aim to create a more inclusive and supportive work environment, which can help enhance employee retention and satisfaction.

- **The Wellness Manager** is a role focused on developing and implementing trauma-informed initiatives to support staff well-being, resilience, and engagement within the child welfare system. This position evaluates staff wellness needs, delivers targeted training, and promotes systemic changes to reduce secondary traumatic stress, burnout,

and compassion fatigue. The manager coordinates wellness activities, supports wellness champions, and serves as a resource for staff experiencing workplace stress related to trauma exposure. They also lead efforts to embed trauma prevention frameworks, foster a culture of psychological safety, and improve overall workforce resilience to ensure the emotional health of staff serving vulnerable populations.

- **Continuous Learning and Development**
  - Allegheny County has added a new Training Specialist position through its university partnership, dedicated to developing and implementing a structured onboarding program and an ongoing education framework for staff in supportive roles, those who work behind the scenes to assist frontline staff in their work with children, youth, and families (such as clerical, transportation, and other support specialists). This investment has led to the launch of a more intentional and organized approach to onboarding, professional development, and performance improvement for the expanded workforce.
  - Assistance in creating and maintaining comprehensive, continuous learning and development programs can ensure that staff are consistently improving their skills and knowledge, which can lead to greater job satisfaction and retention

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

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

- **Workload Management and Job Stress Reduction:**
  - Workload analysis and optimization assistance in analyzing and optimizing workload distribution can help reduce burnout. Implementing advanced case management systems and tools to streamline tasks and improve efficiency can alleviate stress on staff.

- **Supervision and Support Enhancement:**
  - **Peer Support Networks.** Establishing peer support networks or mentoring programs can provide additional layers of support for both new and existing staff, helping them navigate challenges and stay motivated.

- **Professional Development and Career Growth:**
  - **Career Pathway Programs.** Designing clear career pathways with opportunities for advancement can help retain staff by providing long-term career prospects within the organization.

- **Continuous Learning and Development:**
  - **Identifying e-learning resources and technology.** We predominantly rely on live training but want to expand capacity to offer asynchronous e-learning.

1-3c. Service Array

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

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

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

- **Data-informed screening decisions.** The Allegheny Family Screening Tool (AFST) is a data-driven model that ensures all available information that can predict a child's risk of maltreatment is effectively considered in call-screening decisions. Before the AFST was introduced, call screeners could access historical and cross-sector administrative data through Client View, a front-end application to the integrated data system. Call screeners were required to review all relevant information related to a referral and provide it to the call screening supervisor to make a screen-in/screen-out decision. However, it was challenging for call screeners to efficiently access, review, and make meaning of all available records. The AFST provides a consistent way to access and weigh the available information to predict the risk of future adverse events for each child. Researchers found that the prior practice screened out 1 in 4 children whom the AFST model scored as the highest risk. Nine in 10 of these children were re-referred (if screened out), and half were placed in foster care (if screened in) within two years. Forty-eight percent of the lowest risk cases were screened in, with only one percent of these referrals leading to placement within two years.

- **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.[3] Generally, children in kinship care are less likely to experience school disruptions, and AC DHS data from 2022 show that compared to traditional foster care and congregate care, they are less likely to experience involvement in the next year with juvenile probation, mental health crisis services, or mental health inpatient services.[4] Allegheny County has worked hard to increase its use of kinship care as a placement setting for children and youth who are removed from their homes, particularly for Black children and youth who are overrepresented in congregate care placement settings. In the late 1990s, only 20 percent of all placements in Allegheny County were with kinship families. Since 2017, 68% of children in an out-of-home placement spent a majority of their placement in kinship care, reaching a high of 70% in 2024.[5] This trend results from AC DHS' strong

[3] Miller, J. (2017, July 1). *Creating a Kin-First Culture*. American Bar Association. Retrieved April 4, 2023, from https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/creating-a-kin-first-culture-/

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

[5] Allegheny County Department of Human Services. (n.d.). *Child welfare placement information: First placement type* [Interactive data dashboard]. Tableau. Retrieved August 12, 2026, from https://tableau.alleghenycounty.us/t/PublicSite/views/AlleghenyCountyChildWelfarePlacementIn

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. AC DHS – also the lead agency for our region's Continuum of Care for housing and homeless services – provides a robust array of supports that prevent homelessness and help families achieve housing stability, leveraging NBPB and other funding. Programs offered for families, including those funded through NBPB, include:
    - **Emergency Shelter** plays a critical role in a community's homelessness response system, providing a safe place to stay during a crisis while families reconnect to permanent housing. Family-focused accommodations are provided across ten shelters, three of which specialize in serving households who have or are experiencing domestic violence, dating violence, sexual assault, and/or stalking.
    - **Eviction prevention and housing stabilization programs** help families maintain stability in their housing by providing payments for rent, security deposits, and utilities and paying rental arrears that would otherwise result in eviction – and potentially cause child welfare involvement. These programs also provide support services like case management, landlord-tenant mediation, budgeting, and other self-sufficiency services to reduce the likelihood of the household facing a future eviction.
    - **Housing Specialists.** AC DHS Housing Specialists play a vital role in preventing homelessness and reducing child welfare system involvement by supporting families in maintaining or securing stable housing. These highly trained and well-networked staff assist with landlord negotiation, budgeting, relocation, liaising with housing authorities, and emergency assistance (e.g., one-time assistance for back rent or a security deposit). In FY 2025-26, Housing Specialists successfully stabilized housing for 171 families, resolving issues in place **for 49% and securing new housing for 33%.** This work has prevented deeper system involvement and leveraged funding from external sources, such as HUD and HAP.
    - **The NOVA program** provides one-time monetary, housing, and basic assistance to CYF families who are housing unstable or at immediate risk for homelessness. The program employs mobile case managers (“Housing Specialists”) who help families address their housing needs and then deliver services and financial assistance to achieve stability in their current home or, if necessary, an alternate home. Caseworkers can connect families to the NOVA program as early as in investigation, and beginning in FY 2023-24, CYF began to provide these services without a case being opened.
    - **The ARIA program** for CYF-active families impacted by substance use. The ARIA program provides short-term rental assistance and case management services to participants whose homelessness is a barrier to treatment.

- **Independent Living (IL) programs.** Youth transitioning out of foster care into adulthood often do not have access to the same emotional and financial supports as their non-

formation/FirstPlacementType?iframeSizedToWindow=true&:embed=y&:display_spinner=no&:showAppBanner=false&:origin=viz_share_link&:embed_code_version=3&:loadOrderID=0&:display_count=no&:showVizHome=no

foster peers. Allegheny County's IL 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:

- **Transition-Age Youth (TAY) Navigators,** who evaluate student interests and talents to develop academic and career goals; advise students on college majors, admission requirements, financial aid, and technical school options; ensure youth complete Chafee Education and Training Grant (ETG) application and are knowledgeable about Fostering Independence Tuition Waiver Program; organize and accompany students on college tours; and provide care packages to youth living on a college campus.
- **Youth Support Partners,** who are peers with lived experience. They share their insights with youth currently in the system and advocate for and mentor them. Their personal lived experiences give them credibility and lend to the successful engagement of youth in planning and achieving success. Youth Support Partners also lead youth activities, like the Youth Advisory Board and Youth Involvement Committee.
- **412 Youth Zone,** which is a safe and welcoming one-stop drop-in center for young people who are eligible for IL 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, and programming that includes 6-8 activities per day (including weekly field trips). Youth Coaches at the drop-in center also provide case management and goal planning.
- **KidsVoice Bootstrap Project and Two-Generation Advocacy Program** offer specialized attorneys who assist dependent/formerly dependent TAY and their children (when applicable) with legal representation on issues related to housing, credit, health care, education, employment, driver's licensing, and expungement.
- **Foundation for Independence**, a housing program specifically tailored for youth transitioning out of foster care that provides supervised living apartments in a state-of-the-art building in Pittsburgh's centrally located Uptown neighborhood. Youth ages 18-20 can apply for an apartment where they pay 30% of their net income as "rent," which is returned to them as savings when they move on. The housing program employs former residents as Resident Assistants. In addition to housing, the program offers an on-site Maker Space and classes in fashion design, carpentry, and painting.
- **Resumption Housing**, a new specialized program for youth resuming care that provides young people with a home-like setting, as well as the support and encouragement they need when they return to the child welfare system. Homelessness is the number one reason young adults choose to resume dependency after age 18, and the Resumption Housing Program provides newly renovated apartments and therapeutic services to ensure youth resuming care feel safe, supported, and respected, and can heal and thrive.
- **Therapeutic Boxing**, a new program that supports impulse control & behavioral modification to utilize aerobic therapy/activity and biofeedback to simulate the body's physiologic changes under stress. Participants are coached to develop skills to control their bodily changes (e.g., heart rate increase, racing thoughts), which can lead to negative behaviors in the classroom, community, home, and work setting. The program provides the necessary skills to improve behaviors in all settings by reconditioning emotional intelligence and cognitive thinking.

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- **Initiatives that prevent maltreatment and reduce the use of out-of-home placement.** AC DHS is making progress toward building a child welfare system that prioritizes prevention and family preservation. We recognize that the earlier we reach families with meaningful supports, the more likely we are to keep them safely together. When families experience crises—whether related to housing, behavioral health, or unmet basic needs—those moments carry risk. But with timely and effective support, crises can become turning points that strengthen resilience and reduce the likelihood of child welfare involvement.
    - **Hello Baby.** We launched Hello Baby, a voluntary prevention program designed to proactively support families of infants and toddlers (ages 0–3), in large part because we saw only a small fraction of our highest-risk families with a new baby connected to community supports (just 10% in 2019). **In 2025, 50% of high-risk families with a new baby are now connected to supports.** Through sustained state and federal support, the program has grown from a pilot in FY 2020-21 to full countywide coverage by FY 2022-23. It now includes enhanced interventions, such as the University of Pittsburgh's Family Check-Up, and expanded outreach staffing. In FY 2025-26 alone, Hello Baby enrolled 1,551 high-risk families, with a total of 3,050 families now active. A 2025 independent evaluation by the Urban Institute and Chapin Hall found a reduction in the number of child maltreatment investigations and substantiated cases in families with babies since Hello Baby's launch compared to pre-implementation baselines.[6]
    - **Family Centers.** All families in Allegheny County can access one of over 20 Family Centers across the region. These centers serve as community-based hubs where families can access needed services and receive concrete support such as diapers, baby formula, food, and toiletries. On-site staff are able to help families navigate resources and make referrals to AC DHS's housing programs, free legal assistance programs, translation services, or other programs to meet basic needs. Family Center programs also address protective factors for healthy families, such as reducing social isolation and providing education on parenting and child development. Two of our EBPs, Parents as Teachers and Nurturing Parenting Program, operate through connections to Family Centers. In FY 2025-26, over 8,000 individual families connected with a Family Center.
    - **Provision of Conferencing & Teaming as a child welfare diversion strategy.** AC DHS contracts with two community providers, Macedonia Family and Community Enrichment Center, Inc. and Touching Families, Inc., to provide case management and service coordination to high-risk families without an open child welfare case. These providers use our Conferencing & Teaming model and are included in AC DHS' EBP request. In FY 2025-26, 670 families and 1,425 children were provided Conferencing & Teaming through these providers. Additionally, AC DHS contracts with Family Resources to provide additional service coordination in tandem with the EBP Nurturing Parenting, which is also included in AC DHS' EBP requests. In FY 2025-26, 53 families were served through Nurturing Families.
    - **Opening services to all families who reach CYF's front door – without requiring caseworkers to open a case first.** Many families are referred to CYF with unmet needs that are important for well-being but not at risk to child safety.

[6] Lery, B., Benatar, S., Norwitt, J., Wulczyn, F., Zhou, X., Huhr, S., & Brooks, L. (2025, June 9). *Hello Baby Evaluation: Process and outcomes* [Research report]. Urban Institute. https://www.urban.org/research/publication/hello-baby-evaluation

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Meeting these families' needs early—without opening a child welfare case and before challenges spiral into crises—can be the difference between keeping children safely at home and deeper system involvement. In the past, most CYF services were not available until after a case was opened, leaving families without timely support and increasing the likelihood of eventual CYF case opening. To change this, AC DHS began offering services such as in-home support, transportation, and concrete goods during the investigation phase in 2023. In FY 2025-26, 2,146 families received help during an investigation (representing 28% of all investigations). The impact was significant: 79% (1,694 families) avoided case opening altogether. Even when cases were opened, early service delivery made a difference: 56% (452 of 801 cases) received needed supports sooner (before case opening), giving children and parents a stronger foundation for success. By preventing unnecessary case openings and accelerating support for those that remain, this proactive approach reduces risk, minimizes system involvement, and keeps more children safely with their families.

- **Community Violence Reduction Interventions (CVRI).** To reduce the geographically concentrated gun violence that drives youth and families to the child welfare and juvenile justice systems, AC DHS invests in a suite of coordinated and comprehensive evidence-based interventions, youth employment, and out-of-school-time and teen programs in highly impacted communities. Programs like Becoming a Man, a school-based program that deploys full-time licensed counselors who work with at-risk young men from grades six to twelve five days a week through cognitive behavioral therapy, peer support, and developing future orientation, are contributing to real reductions in homicide levels. The results are promising: Between 2024 and 2025, youth homicides (ages 0–24) declined by 42% in CVRI-participating communities.[7] Because the BAM implementation has been a success, school staff asked for a similar intervention for young women. AC DHS began implementing Working on Womanhood (WoW) in FY 2025-26 and will scale up the program in FYs 2026-27 and 2027-28.

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

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

Race

Racial disproportionality and disparity are widely acknowledged problems in the child welfare system. The stage of CYF involvement with the most significant disparity is

[7] Allegheny County Department of Human Services. (n.d.). *Homicide trends* [Interactive data dashboard]. Tableau. Retrieved August 12, 2026, from https://tableau.alleghenycounty.us/t/PublicSite/views/ViolenceinAlleghenyCounty/HomicideTrends?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y#1

Referrals, where Black children and youth were 4.3 times more likely to be referred to CYF than White children and youth in 2025.

The magnitude of disparity declined at the Investigation stage, where, of all children referred, the rate of investigation was 1.2 times higher for Black children than it was for White children in 2025. Of those families investigated, those with Black children and youth were part of an Open Case at 1.4 times the rate of White children and youth. Looking at placements, the direction of disparity reverses, and White children had a 1.3 times higher out-of-home placement rate in 2025 than Black children (out of all children with an open case). AC DHS maintains a publicly available dashboard that displays information about the racial demographics of children involved with the child welfare system.[8]

In the Child and Family Services Reviews (CFSR) data provided by the state, there is a large difference in the re-entry rate by race, with 15% of African American/ Black children re-entering out-of-home placement compared to 4% of White children. When removing JPO-involved children and looking only at CYF-involved children, the racial disparity is still present, with 5% of Black children re-entering placement compared to 2% of White children.

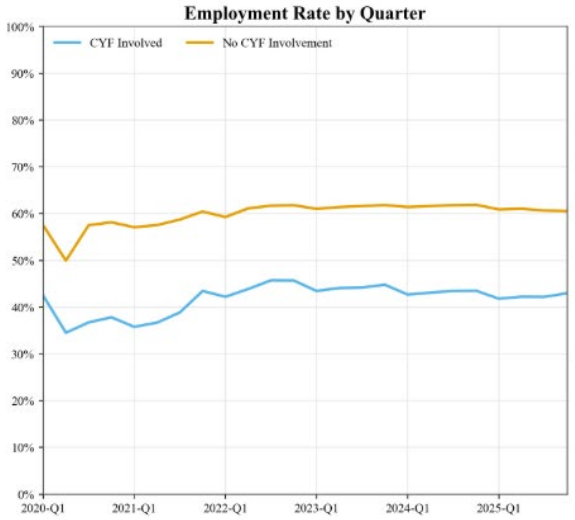
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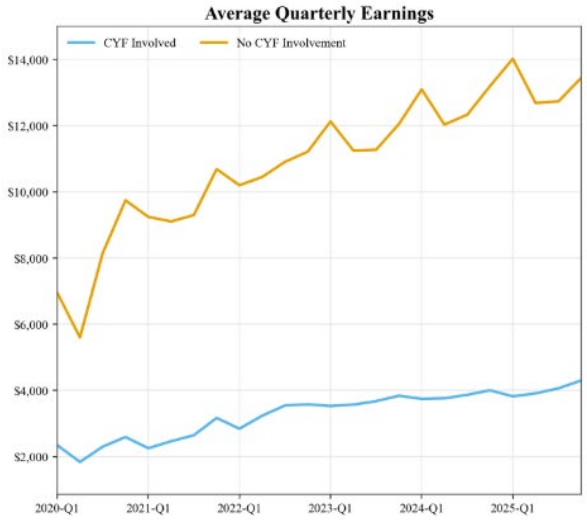
Families involved with the CYF system in Allegheny County experience significantly greater economic hardship than other AC DHS clients and the broader County population. From 2020 through 2025, only 42% of CYF-involved parents were employed, far below the 60% employment rate of other AC DHS clients and the countywide average of 65%. During this same period, their wages also lagged. CYF-involved parents earned an average of $3,289 per quarter ($13,156 annualized), less than half of the federal poverty line for a family of four ($30,000). In stark contrast, only 6% of Allegheny County residents had incomes below 50% of the poverty line that year.[9] This means CYF is disproportionately serving families in the County's very lowest income bracket—the poorest 6% of the population in Allegheny County—underscoring the deep economic inequities faced by those involved in the child welfare system.

[8] Allegheny County Department of Human Services. (2022, April 14). *Racial disproportionality in child welfare: Interactive dashboard* [Interactive dashboard]. Allegheny Analytics. https://www.alleghenycountyanalytics.us/2022/04/14/racial-disproportionality-in-allegheny-county-child-welfare-interactive-dashboard/

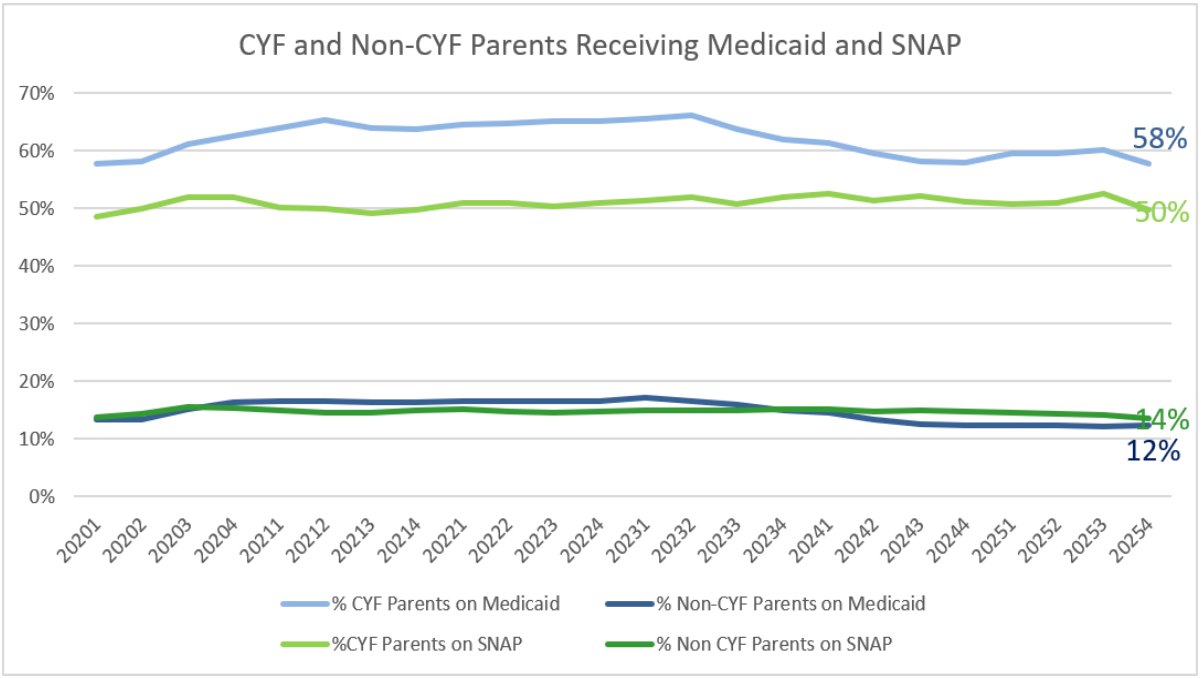
[9] U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Poverty Status in the Past 12 Months. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*. Retrieved July 24, 2025, from https://data.census.gov/table/ACSST5Y2023.S1701?q=+S1701&g=050XX00US42003

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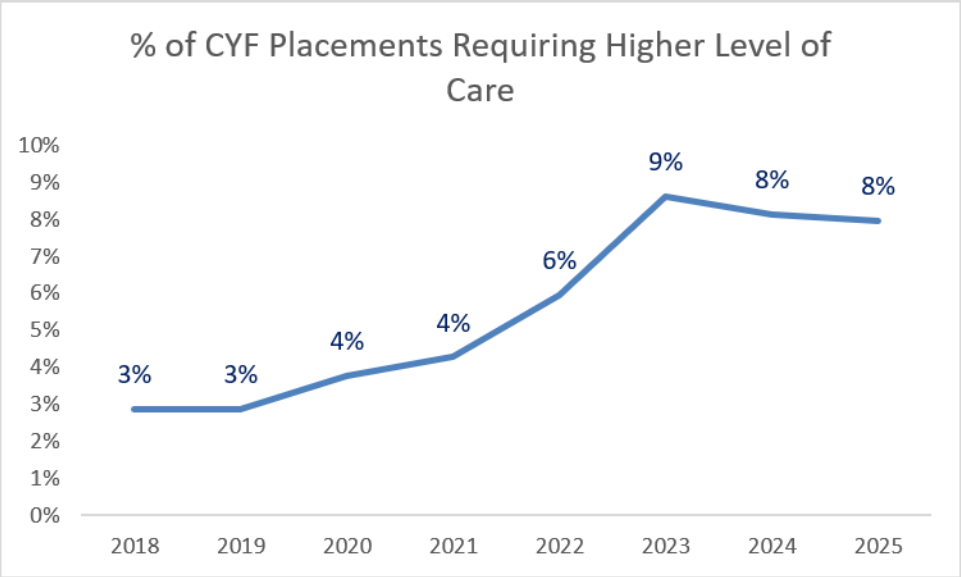
CYF-involved parents have higher use of Medicaid compared to clients of other AC DHS services. In the fourth quarter of 2025, 58% of CYF-involved parents had Medicaid compared to 12% of AC DHS clients without CYF involvement. This disparity holds true for SNAP benefits as well, with 50% of CYF-involved parents receiving SNAP compared to 14% of AC DHS clients without CYF involvement.



Complex Needs

AC DHS is experiencing a significant rise in the number of children and families with complex needs. In FY 2025-26, 320 youth with complex needs were served through the complex case planning process. This represents a 27% increase in the number of youth with complex needs served compared to the previous year. The chart below illustrates the increase in residential treatment facility placements as well as other treatment centers. This

continuing upward trend underscores the urgent need for enhanced coordination, resources, and support.



Children in congregate care have a disproportionately high rate of mental health needs: An analysis of services rendered in FY 2025-26 shows that 78% of the 125 children in congregate care received outpatient mental health services, compared to the 15% of children aged 5-17 in the U.S. population who received any mental health treatment in 2021, according to the CDC.[10] Diagnostically, youth in congregate care were most often diagnosed with ADHD, adjustment disorder, acute stress reaction, conduct disorder, and/or depressive disorder.

When an appropriate intensive residential placement bed is not available, children with complex needs are overrepresented in emergency shelter and stay in shelter for a disproportionately long time. Shelter care, intended solely for short-term emergency use, is increasingly functioning as a prolonged placement for children with very high behavioral health and complex needs. Since January 2025, 119 shelter episodes involving 99 children reveal that the vast majority had significant prior behavioral health involvement: 82% received treatment in the year before shelter, 69% experienced mental health crises, and over a third required inpatient psychiatric care. 68% of shelter episodes ended in group care such as residential treatment or psychiatric hospitals, suggesting that these placements were not available at the original time of need. As a result, children remain in shelter an average of 33 days—far longer than its intended brief duration.

Hospital discharge delays further underscore the shortage of appropriate placement options. Since April 30, 2025, there have been 45 instances where children ready for discharge from psychiatric hospitals could not leave because no caregiver or placement was willing or able

[10] Zablotsky, B., & Ng, A. E. (2023, June). Mental health treatment among children aged 5–17 years: United States, 2021 (NCHS Data Brief No. 472). National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db472.htm

to receive them. At one point, both shelters were full, and every youth had been discharged from a psychiatric hospital with nowhere else to go.

These trends demonstrate a clear and pressing gap in the placement continuum. High-acuity needs, prolonged shelter stays, frequent transitions to residential settings, and repeated hospital discharge delays confirm that existing complex placement capacity is insufficient.

Sexual Orientation, Gender Identity, and Expression (SOGIE)

Youth in Allegheny County's child welfare system show different placement patterns based on documented SOGIE-related data elements. Although only 7% of youth ages 10–18 self-report as LGBTQ according to case records, those youth enter care at higher rates than peers—59% compared with 55%. Once in care, these youth are placed in family-based settings less often (48% vs. 61%) and more frequently experience congregate care placements such as group homes or residential treatment facilities (12% vs. 6%). Resource family survey data indicate limited willingness to accept adolescents overall—only 15% reported willingness to foster teens—which further narrows options for older youth. These documented disparities have been shared with leadership and staff through quarterly CYF updates and through a dashboard that tracks demographic and placement trends for youth in care.

☐ Identify service array challenges for the populations identified and describe the county's efforts to collaboratively address any service gaps.

- **The need for high-quality, effective community-based services that prevent formal system entry**. Because we see the most significant racial disparity at the referral stage (where Black children and youth were 4.3 times more likely to be referred to CYF than White children and youth in 2025), and because families involved with the CYF system in Allegheny County experience significantly greater economic hardship than other AC DHS clients and the broader County population, we must invest in effective community-based prevention services that can reduce these disparities. In FY 2025-26, 19% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other new or invoiced CYF services. AC DHS envisions a system where CYF serves a small number of high-risk families and where the majority of families – who are low-risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services. We have made progress towards this goal by newly making services available during investigation. We aim to progress further toward providing services earlier, during referral, and ultimately outside of CYF altogether, in the community.

- **The need for safe, high-quality placements—especially with families.** Allegheny County continues to face a critical need for more family-based placements—including for older youth and those identifying as LGBTQ+. Because a relatively small share of certified foster homes are willing to accept teens or LGBTQ+ youth, these youth are disproportionately placed in congregate care settings. To close this gap, AC DHS is expanding its recruitment pipeline for new foster homes and, beginning in FY 2027–28, will invest in dedicated staffing, incentives, a countywide recruitment website, and a targeted campaign focused on families willing to support underserved populations.

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Growing the pool of family-based placements so that every child—regardless of age or identity—can live close to their schools, siblings, and communities is essential to promoting safety, stability, and positive outcomes across the County's child welfare system. In those cases where congregate settings are used as a last resort, there is a need to ensure those settings can provide proper care and a safe environment for all youth, regardless of identity.

- **The need for placement settings and services that address the complex needs of youth through appropriate therapeutic services**. Finding appropriate placements for youth with mental health and behavioral issues has become increasingly challenging. Current demand is above the supply of appropriate intensive care locations. For those youth with complex needs who require home removal but cannot be served in a family-like setting, perhaps due to an emergency placement need or not meeting the medical-necessity criteria for admission to a treatment facility, AC DHS seeks more local and high-quality placement capacity with additional shelter and intensive residential programs. In FY 2025-26, AC DHS competitively procured new programs. In FY 2026-27, AC DHS will support these new programs in obtaining licensure and rate approval, and in FY 2027-28 the newly awarded programs will launch.

- **The need for post-reunification services that prevent re-entry.** Currently, 9.96% of children discharged from care return within 12 months—a rate higher than both state and national averages, and disproportionately higher for Black children at 15%. AC DHS is committed to making out-of-home placements as brief and non-recurring as possible, and aftercare provides the essential continuity of care required to achieve this goal. Through structured aftercare planning, youth remain connected to supports after leaving care, and their families receive service coordination and coaching to promote stability. This continuity not only sustains the progress made during placement but also significantly reduces the risk of reentry. In FY 2026-27, AC DHS launched a pilot program, and in FY 2027-28, we will apply the lessons learned from the pilot to scale the program (adjustment requested).

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

To address the **need for high-quality, effective, community-based services that prevent formal system entry**, AC DHS would welcome a state-led effort to expand the list of eligible programs for IV-E Prevention funding. The current contents of the Family First Clearinghouse severely limit the prevention services eligible for reimbursement and are not well-matched to the services that families want and need, like concrete and economic supports. The State's effort could include funding additional research into the efficacy of economic and concrete supports and/or authoring a submission to the Title IV-E Prevention Services Clearinghouse or California Clearinghouse to include concrete and economic supports as a well-supported practice in the Clearinghouses. Despite the strong and growing body of evidence, the County cannot use IV-E prevention dollars for concrete or economic supports.

To address the **need for placement settings and services that address the complex needs of youth through appropriate therapeutic services,** AC DHS would value the State's assistance in normalizing rates for complex case placements at a regional level.

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

➲ Respond to the following questions:

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

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

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

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

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

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

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

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

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

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AC DHS is an integrated human services agency, enabling efficient coordination between its CYF, Mental Health, Drug and Alcohol, and Housing and Homelessness offices on shared clients. In FY 2026-27, staff from CYF and the Office of Community Services will be collaborating with the National Center on Substance Abuse and Child Welfare to review a drafted statewide implementation tool for prenatal POSC programs.

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

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

- When CYF Caseworkers meet a parent who is using substances, they:
  - Refer the child to the Alliance for Infants and Toddlers Early Intervention program.
  - Refer the parent to POWER (Positive Beginning) for a level of care assessment.
    - If the parents decline to participate, the caseworker may offer a referral to the UPMC Western Psychiatric Hospital Mobile Crisis/Engagement Team (MET) for continued outreach and support. The MET is a community-based service staffed by Certified Recovery Specialists (CRS) and Drug & Alcohol Case Managers who provide engagement and support to individuals affected by substance use.
  - Provide education and discuss available Pennsylvania-licensed substance use disorder (SUD) treatment services, including Screening, Assessment, Outpatient, Intensive Outpatient, and Partial Hospitalization programs for both adults and adolescents. Options include perinatal services like the Magee Center of Excellence or Allegheny Health Network (AHN) Perinatal Hope.
  - The caseworker may also review residential treatment options such as the Auberle Family Healing Center and Sojourner House, which are Level 3.5 programs that allow mothers and their children to remain together during treatment for those assessed at the 3.5 level of care. The Light of Life and Aria Program provide substance use treatment with housing support, including services for mothers with children.
  - Engage families using a trauma-informed, strengths-based approach and offer harm-reduction resources as appropriate. This may include the distribution of Naloxone (Narcan), Xylazine/Fentanyl/Medetomidine test strips, and safe-storage lockboxes.
  - Consult with the CYF Substance Abuse Consultation Specialist as needed for case guidance, support, and resource coordination.

- AC DHS' Office of Behavioral Health (OBH):
  - Trains CYF casework staff to inform them of recent regulations and developments.
  - Trains substance use treatment providers to engage people who are pregnant and using substances in meaningful conversations about planning, including fears around potential child welfare involvement.
  - Holds its Bureau of Drug and Alcohol providers accountable for completing screenings and level of care assessments, within which pregnancy is a required

question. When a woman indicates that she is pregnant, the provider refers the client to one or more of the following based on her needs:

- Physical health services
- one of the perinatal treatment providers for women with SUD (AHN or UPMC)
- non-treatment (SDoH) programs, like Hello Baby or Family Check Up (FCU)'s prenatal program (an evidence-based parenting program also offered to Hello Baby families) that connects with pregnant women enrolled in Magee Women's Recovery Center for substance use treatment.

- All Drug and Alcohol services are voluntary, so it is up to the client to engage in the offered resources.

- Birthing Hospital healthcare providers engage parents and caregivers after birth.

- Hello Baby Priority Providers' home-visiting workers conduct screenings and discuss them with families during postnatal visits.

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

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

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

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

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

At this time, AC DHS is not in need of technical assistance related to POSC. Consistent with AC DHS's efforts to expand support to families before they become formally involved in the child welfare system, POSC planning in Allegheny County continues to seek opportunities to help infants and their families thrive in their communities. Detangling notifications to Childline and the voluntary supports available via POSC from the fears and stigma of child welfare continues to be a challenge to family engagement. As previously described, this is true for the birthing hospital at the time of birth and impacts substance use treatment

providers' ability to engage people who are pregnant in POSC planning prenatally. For example, behavioral health treatment providers and hospitals have spoken about the consideration of some pregnant people who are on Medication-Assisted Treatment (MAT) considering stopping their treatment to avoid their infant showing signs of being affected.

1-3j. Family First Prevention Services Act

➲ Respond to the following questions:

Title IV-E Prevention Services Program

☐ Describe the 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.

AC DHS selects EBPs for implementation by identifying the factors that drive abuse and neglect, seeking EBPs proven to reduce risk factors, and consulting with providers and the community about implementing these in our County. Formal opportunities for provider engagement include, but are not limited to, the NBPB public hearing, the annual NBPB presentation to the CYF Advisory Board, quarterly Children's Cabinet meetings, and quarterly fiscal review meetings with providers held by the CYF Business Office.

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

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

AC DHS is successfully claiming Title IV-E Prevention Services reimbursement for Homebuilders and Triple P. AC DHS has not yet claimed any Title IV-E Prevention Services reimbursement for Parents as Teachers because a Community Pathway has not yet been established (see the responses to the following questions on Community Pathways and technical assistance for more information).

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

ALLEGHENY

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

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

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

First, AC DHS requests to partner with the state to design a Community Pathway implementation approach that satisfies Pennsylvania's approved Title IV-E Prevention Plan. Specifically, AC DHS seeks to develop a Parents as Teachers-specific protocol that includes a safety and risk assessment process tailored to the practice context of community-based prevention providers while continuing to support consistent safety decision-making.

Second, AC DHS requests that the State's Prevention Plan be revised to include a broader range of programs. Specifically, AC DHS asks for the addition of the well-supported program Family Check-Up.

Third, the current contents of the Family First Clearinghouse severely limit the prevention services eligible for reimbursement and are not well-matched to the services that families want and need, like concrete and economic supports. Therefore, AC DHS would appreciate the State’s assistance with expanding the list of eligible programs for IV-E Prevention funding. This could include funding additional research into the efficacy of economic and concrete supports and/or authoring a submission to the Title IV-E Prevention Services Clearinghouse or California Clearinghouse to include concrete and economic supports as a well-supported practice in the Clearinghouses. Despite the strong and growing body of evidence, the County cannot use IV-E prevention dollars for concrete or economic supports.

1-3l. Teaming Models for Children with a Diagnosed Mental Health Diagnosis and/or Complex Needs

- ➲ Respond to the following questions:

- ❑ What is the Teaming Model(s) used?

AC DHS uses Conferencing and Teaming as its Teaming Model for both 1) all CYF-active youth with an open case to develop the family plan, implement the plan, and coordinate services, and 2) any youth, whether they are CYF-active or not, with complex needs who are referred to our High-Fidelity Wraparound Joint Planning Team (JPT) or cross-agency System Alignment planning process (described in section 1-3p).

Conferencing and Teaming is a single combined model adapted from Family Team Conferencing (FTC), Family Group Decision Making (FGDM), and High-Fidelity Wraparound (HFW). Conferencing and Teaming relies heavily on FTC for many of its main practices while incorporating strengths from the other family engagement models. The model centers on forming a team consisting of the family, natural support people the family invites, and

service providers; this team meets to plan services. After establishing a plan, the team continues to meet in order to implement the plan, coordinate services, and continually revise supports and services as appropriate to meet the needs and goals of the family.

- Does the identified teaming model(s) target Pennsylvania children/youth under the age of 21 who now or in the future are adjudicated dependent and have diagnosed mental health disabilities?

  Yes. AC DHS uses Conferencing and Teaming as its Teaming Model for both 1) all CYF-active youth with an open case to develop the family plan, implement the plan, and coordinate services, and 2) any youth, whether they are CYF-active or not, with complex needs who are referred to our High-Fidelity Wraparound Joint Planning Team (JPT) or cross-agency System Alignment planning process (described in section 1-3p).

- Describe the implementation plan for the identified teaming model(s).

  The implementation plan for our cross-agency planning process called the System Alignment Process is described in the following section, 1.3p. Step 4, the System Alignment Meeting, is a Teaming Meeting facilitated by a CYF Peer Coach using the Teaming meeting model from Conferencing and Teaming.

  The implementation plan for providing Conferencing and Teaming to all CYF-active youth with an open case is as follows:

  Staff training. All new hires receive 20 hours of upfront training on family engagement, practice behaviors, and developing the family plan. New hires are assigned a Peer Coach upon hire. We employ five peer coach specialists who spend their full time coaching caseworkers and supervisors on the Conferencing and Teaming model. The Peer Coach goes out in the field with new workers, models the Conferencing and Teaming model, coaches on engagement skills, gives feedback, and observes the caseworker until the caseworker demonstrates the behaviors essential to the Conferencing and Teaming model. New workers observe their assigned Peer Coach conduct the various steps of Conferencing and Teaming and co-lead activities alongside the coach, such as: Preparation of Family Plan flip chart, Record Review completion and data entry, Universal Assessment completion and data entry, Collateral Phone Calls, Facilitation of Conference and Teaming Meeting(s), and documentation of the Family Plan in KIDS.

  The Peer Coach spends as much time working with the caseworker as is needed to demonstrate proficiency, as is available at any time for continued coaching. Peer Coaches also train Supervisors in how to coach their staff in the Conferencing and Teaming model.

  When a case is opened, the Caseworker schedules the initial family conference meeting.

  The conference is the initial team meeting of the facilitator, participant, family, and natural supports. This meeting follows the initial meetings with the participant, reviews of the records, use safety and risk assessment results to build an assessment of the family‘s strengths and needs, and the preparation of all attendees. The conference follows a structured format that can be adjusted to meet the needs of participants and particular

situations. It results in a written Family Plan and the formation of a team. At a minimum, the initial family conference has in attendance:

- A teen or adult participant or family member who leads the meeting.
- An AC DHS-trained facilitator who has guided the development of the meeting.
- At least one non-household family member or natural support person (in situations when no other family member or natural support person is available or desired, a team is not formed until this person is chosen).

Teaming meetings are the continuing meetings of the team formed at the conference, with the addition of professionals providing services and other natural supports and extended family members. When children or youth have diagnosed mental health conditions or disabilities, their service providers are invited to the teaming meetings.

The goal of Teaming meetings is to integrate, sequence, and plan complicated services for various family members. This requires a strong, cohesive partnership among participants, professionals, and natural supports. Team meetings manage conflict and tensions among family members and between family and professionals. Team members discuss newly occurring events and circumstances that require changes in plans and services and reassess and develop new strategies to address those changes.

The implementation plan for providing High Fidelity Wraparound to youth with complex needs, regardless of their current CYF case status, is as follows:

Staff Training. Joint Planning Team staff—including Certified Facilitators, Certified Family Support Partners, and Certified Youth Support Partners—are all trained and credentialed through the Pennsylvania Youth and Family Training Institute, consistent with statewide fidelity standards. Training covers the High Fidelity Wraparound model, the Wraparound Fidelity Assessment System (WFAS), and fidelity requirements set by the Youth and Family Training Institute. Staff receive coaching to lead family-driven, culturally responsive, strengths-based, multi-systemic planning processes, with a strong emphasis on developing skills for collaboration and supporting families in complex situations.

Model. High Fidelity Wraparound in Allegheny County is delivered through the Joint Planning Team, a collaborative, evidence-based service model rooted in the National Wraparound Initiative. The model assembles a team including the family, natural supports, and service providers to develop a highly individualized plan centered on prioritized family needs. Facilitators guide the process, and Family Support and Youth Support Partners ensure that youth and caregivers have a meaningful voice. The JPT helps families identify strengths and community resources, supports coordination across child-serving systems, and aims to reduce reliance on restrictive behavioral health interventions by creating practical, strengths-based strategies to stabilize and improve functioning at home, in school, and in the community.

Phases. Engagement and Preparation (1–4 weeks) focuses on building trust, clarifying the family's vision, identifying strengths, and assembling the full wraparound team. Initial Plan Development (first 30–45 days) centers on creating a customized wraparound plan that targets specific behavioral, emotional, and stability-related goals identified by the family. Implementation and Iteration involves holding regular team meetings—typically every 2 to 4 weeks—to track progress, adapt strategies, activate supports, and respond to crises. Transition prepares the family to graduate from the program by solidifying sustainable

natural supports and ensuring the family can maintain progress independently. This phased approach ensures that care is individualized, family-driven, collaborative across systems, and continuously responsive to the family's changing needs.

- Describe the plan to monitor the teaming model(s) and maintain fidelity to the model(s).

  The Peer Coaches do skill-based observation using an observation tool looking for certain behaviors that would demonstrate alignment with the values of the model. We conduct quality assurance (QA) on the Family Plans where we review whether the needs of the family, risk factors, and safety of the children are being addressed through appropriate services and whether the right supports were invited to meetings. This QA information can be viewed in KIDSTOO reports and Tableau dashboards.

- Identify whether Act 148 and/or Special Grants Initiative will be used for this teaming model(s).

  The SGI EBP Grants for Conferencing & Teaming and High-Fidelity Wraparound will be used for these teaming models.

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

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

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

  To support children and youth when an emergent need requires the expertise of multiple systems, CYF uses a cross-agency process called the System Alignment Process. The System Alignment Team consists of designated staff from six agencies: Office of Developmental Supports (ODS), Office of Children, Youth, and Families (CYF), Office of Behavioral Health (OBH), Office of Community Services (OCS), Community Care Behavioral Health (CCBH), and Juvenile Probation (JPO).

  1. **Referral.** Referrals can be made to the System Alignment Process by anyone (e.g., a parent, provider, school, or any member of the system alignment team) by filling out a referral form. Examples of situations that may cause a referral for CYF-active youth include: a child with behavioral or medical needs that aren't being adequately addressed or have worsened, or a child with complex needs who is in need of placement, but an appropriate placement cannot be identified.

ALLEGHENY

The referral form requests information on the child, their history, and their needs. It begins to identify the stakeholders who should be invited to the System Alignment Meeting, including:

a. Parent(s)
b. Caretaker(s)
c. All agencies currently involved with the child
d. Current school
e. Educational decision maker

2. **Triage and Lead Agency Assignment.** New referrals are reviewed and triaged during System Alignment Team Stand-Up Calls held three times a week. During these calls, the team reviews the status of all cases in the System Alignment Process as well as new referrals. The team reviews new referrals together and contributes any relevant details based on their roles and expertise. Based on the child's primary presenting need, the team determines which agency will serve as lead agency on the case. The lead agency is responsible for scheduling and leading the System Alignment Meeting and coordinating participation and follow-up from the necessary system partners.

3. **Record Review.** If CYF is named as the lead agency, the case is assigned to a CYF Peer Coach. The Peer Coach performs a record review by gathering all available case documentation (e.g., Family Plan, School Records, Individualized Education Program [IEP], Individual Support Plan [ISP]) and then scheduling the System Alignment Meeting. If another agency, such as ODS or OBH, is identified as the lead agency, they perform the record review and share the results with CYF at the System Alignment Meeting.

4. **System Alignment Meeting.** The System Alignment Meeting is a teaming meeting with the purpose of problem-solving and coordinating the provision of appropriate services across multiple systems. The meeting is facilitated by the lead agency and includes the youth's family, support system, providers, and anyone else identified on the referral form or through record review. After introducing all meeting attendees, attendees identify action plans and next steps to ensure the appropriate services are coordinated to address the specific needs of the youth.

5. **Follow-up.** We are currently developing a shared notes tracking application for meeting notes and action items to be stored and tracked centrally. Currently, notes are shared with meeting attendees via email immediately following the meeting. If CYF is identified as the lead agency, the Peer Coach is responsible for ensuring and communicating that all next steps are completed and scheduling additional follow-up meetings as needed. The Peer Coach schedules ongoing System Alignment Meetings at the frequency determined by the team until the team determines the needs have been met and it can move back to a regular teaming meeting.

Currently, AC DHS does not have dedicated full-time staff responsible for coordinating and facilitating cross-system planning. A current employee has been supporting this work by reviewing referrals, participating in stand-up calls, and helping assign the appropriate lead office as capacity allows. AC DHS is in the process of developing and posting a job description for a full-time position that will regularly facilitate and coordinate these planning efforts in addition to other duties.

ALLEGHENY

- Identify how the county has engaged systems outside of the county human services system, including for example the education and physical health systems, in this cross-agency planning process. How is child-specific information shared across systems?

  Anyone, including stakeholders outside of the human services system, can make a referral to the System Alignment Process using the referral form.

  Anyone identified on the referral form is invited to the meeting. The referral form asks for the contact information of the child's current school, educational decision maker, and all agencies currently involved with the child, regardless of whether they are human services agencies. In the record review step, we review health records and education records.

  AC DHS CYF employs staff embedded within program offices to assist with engagement, relationship building, and coordination between the child welfare and behavioral health systems. Those staff include a Managed Care Liaison in CYF and Behavioral Health Specialists in OBH.

  AC DHS CYF uses ongoing meetings and email notification processes for when a child is admitted or discharged from the hospital or Residential Treatment Facility (RTF). When this occurs, the Placement Stability Unit stays involved and communicates with the regional office and kinship navigation as needed to prevent a disposition issue.

- In FY 2025-26, how many children were served through your county complex case planning process?

  In FY 2025-26 alone, 320 youth with complex needs were served through the System Alignment Process. This represents a 27% increase in the number of youth with complex needs served compared to the previous year.

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

  AC DHS has developed the following creative services to meet the complex needs of children in our care:

  - The Enhanced Independent Living Stabilization Pilot program is a partnership between AC DHS CYF, OBH, and UPMC Western Psychiatric Hospital to provide real-time behavioral health consultation to stabilize high-risk youth in place and prevent placement disruption, crisis utilization (emergency room, police, 302 commitment), and avoidable escalation to residential treatment.

  - Collaboration with a new Complex Case position hired by the Court to triage any complex cases identified by the Courts

ALLEGHENY

- Best and Right Care Workgroup meets monthly to gather information to inform the Courts to determine how to improve policies and procedures to make sure that courts are making the right placement referrals.

- System Leaders Meeting includes leaders from the Courts, CYF, OBH, JPO to make decisions around improving processes and aligning strategies.

- Southwood Hospital has opened a new short-term Psychiatric Residential Treatment (ST-PRTF) facility to provide youth ages 12-17 a space for acute stabilization and diversion or step-down from inpatient mental health treatment before successfully returning to the community. The ST-PRTF offers youth a longer stay than an inpatient hospital, enabling stabilization while preventing long-term RTF stays. Implementation of this program provides families in the southwestern part of the state with a local option when their child's mental health needs require the level of care ST-PRTF can provide.

- Turtle Creek Valley/Devereaux began operating a 10-bed facility in 2026 to serve as a short-term psychiatric residential service for youth ages 6-21 with a primary diagnosis of autism spectrum disorder and/or an intellectual disability with concurrent serious behavioral concerns. This program supports clients in becoming productive, socially connected, and personally fulfilled members of their local community by utilizing evidence-informed strategies to increase functional communication and ADL skills and reduce behavioral concerns.

- For those youth with complex needs who require home removal but cannot be served in a family-like setting, perhaps due to an emergency placement need or not meeting the medical-necessity criteria for admission to a treatment facility, AC DHS seeks more local and high-quality placement capacity with additional shelter and intensive residential programs. In FY 2025-26, AC DHS competitively procured new programs. In FY 2026-27, AC DHS will support these new programs in obtaining licensure and rate approval, and in FY 2027-28, the newly awarded programs will launch.

- CYF continues to expand the availability and capacity of Therapeutic Foster Care (TFC) by:
    - Requiring all Foster Care providers to recruit, train, supervise, and support foster parents in caring for children with significant emotional, behavioral, and/or social needs. This approach has allowed AC DHS to place more complex youth in family-based settings. From FY 2021-22 to FY 2023-24, AC DHS increased the number of youth in therapeutic foster homes by 163%, representing 231 youth. AC DHS is working to certify existing placements, train additional homes, and support provider agencies in problem-solving around staffing issues and expects to see a continued increase in TFC days of care.
    - Expanding therapeutic services to kin placements through A Second Chance's Clinical and Response Engagement Services (CARES) Program. The program provides in-home services to kinship families caring for youth with complex needs. Services include psychosocial assessments and treatment planning; counseling services, including individual and family

counseling, treatment plan review, and crisis services; and educational advocacy.

- Identify any areas of technical assistance the county may need in development, or improvement, of its cross-system integrated children's team.

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

AC DHS requests continued assistance from PA OCYF to:

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

1-3r. Family Reunification Services

➲ Respond to the following questions:

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

AC DHS currently supports family reunification efforts through in-home services (including Homebuilders™), coached visitation, counseling services (including Functional Family Therapy), parenting education, father engagement services (Dads Assisting Dads), and systems navigation/advocacy provided by the Youth Support Partner unit. CYF caseworkers also assist with family reunification by providing transportation for child and family visits. Additionally, CYF collaborates with local public housing authorities to connect families to HUD's Family Unification Program (FUP) vouchers when housing is a barrier to family preservation or reunification.

- What were the total costs of services and activities to provide family reunification services in SFY 2025-26?

To estimate the total cost of family reunification services in FY 2025-26, we considered:

- The proportion of cases referred to Homebuilders for reunification support. (29 of 71 cases, 47.44% or $341,481.54)
- The estimated proportion of families receiving other non-placement services to support reunification. (66.41% or $11,189,015.27)
- The total cost of coached supervised visitation services. ($1,802,804.00)

The resultant estimate of the total costs of services and activities to provide family reunification services in FY 2025-26 is $13,333,300.80.

ALLEGHENY

1-3t. Supporting CCYAs with Embedded Nursing Expertise (The SCENE Program)

➲ Respond to the following questions:

 Describe how you assess and meet the medical, dental, developmental and behavioral health needs of children during active investigations and ongoing case management?

The **Child Health Evaluation and Coordination Service**, also known as **CHECS**, assesses and helps meet the medical, dental, developmental, and behavioral health needs of children involved with CYF through nurse-led record review, health-summary preparation, care coordination, family support, and ongoing monitoring. CHECS nurses are Registered Nurses contracted through UPMC Children's Hospital of Pittsburgh and embedded in CYF regional offices. Their role is to help identify unmet medical, dental, developmental, and behavioral health needs that are noted in accessible well-child records, and to assist caseworkers and families with care coordination throughout investigations and ongoing case management.

CHECS nurses support this process by:

- Reviewing available online medical records and other accessible health information.
- Obtaining and reviewing medical, dental, and immunization records when available.
- Identifying unmet medical, dental, developmental, and behavioral health needs noted in accessible records.
- Preparing medical summaries for caseworkers that include identified needs, concerns, and attainable goals.
- Providing medical updates throughout the duration of a case.
- Assisting caseworkers and families with scheduling appropriate medical, dental, developmental, or behavioral health appointments.
- Helping identify local providers who accept the family's insurance.
- Identifying barriers to care and recommending resources to help the family follow through with the services needed.
- Working directly or indirectly with families to provide education, care coordination, and resource support.
- Accompanying caseworkers on home visits when medically complex children are involved, when appropriate.
- Attending medical appointments with families when needed.
- Assisting inpatient nurse care coordinators with discharge planning and continuity of care.
- Facilitating communication between medical providers, CYF, families, and the Child Advocacy Center when applicable.
- Documenting contacts in KIDS/KIDS TOO.
- Tracking every child reviewed and monitoring progress, barriers, and follow-up needs.

Through this process, the CHECS Program helps identify health-related concerns documented in accessible records, supports families in connecting with appropriate care, and monitors whether identified needs are being addressed during both active investigations and ongoing case management.

ALLEGHENY

- If you have a nurse embedded in your CCYA, describe which cases the nurse is involved with and how he/she becomes involved in those cases (e.g., caseworker request, county protocol).

CYF has embedded CHECS nurses who are involved in cases where a child has known or suspected health-related needs, where records or medical clarification are needed, or where ongoing monitoring is required. The nurse may become involved through County protocol, dashboard assignments, caseworker request, or the needs of a court-active case.

The CHECS nurse may be involved with:

- Children flagged for ongoing monitoring based on initial assessment
- Children referred to by OCYF caseworkers because of medical, dental, developmental, or behavioral health concerns.
- Court-active cases requiring medical updates.
- Children placed in foster care or kinship care.
- Children from birth through age 18.
- Medically complex children or children with significant barriers to accessing care.

Referrals and involvement may occur through:

- Daily Investigation Dashboard assignments.
- Email requests from OCYF staff for medical review, record review, or updates.
- Caseworker requests when a concern is identified during an investigation or ongoing case management.
- Follow-up needs identified through record review, family contact, placement, or court involvement.

- Describe how OCYF can assist you in obtaining the medical expertise you need for investigations and ongoing health concerns for children involved with your agency:

OCYF can assist by supporting timely access to information, helping ensure appropriate releases are obtained, and reinforcing the importance of early nurse involvement when health needs or barriers to care are identified.

OCYF can support this process by:

- Providing CHECS with the appropriate releases of information.
- Encouraging timely responses to CHECS updates when unmet medical, dental, developmental, or behavioral health needs are identified.
- Supporting caseworkers in introducing the CHECS program during the initial home visit.
- Informing families that a nurse may complete a medical review to identify unmet needs and barriers to care as part of the investigation.
- Providing families with the CHECS rack card at the initial home visit so they have contact information and understand the purpose of the program.
- Ensuring CHECS nurses are notified of impending case closure so they can recommend ongoing resources when unmet needs remain.

- Supporting warm handoff letters to families and the primary care provider of record when appropriate.
- Helping reinforce follow-up with the CHECS Nurse when barriers such as transportation, insurance, missed appointments, or difficulty locating providers interfere with care.

Section 2: General Indicators

2-1: County Fiscal Background

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

At the time of this writing, Allegheny County is still finalizing its SFY25-26 expenses. We currently estimate less than 3% of underspend in the Actual Year. This minor underspend is primarily attributable to delays in planned construction and staff vacancies.

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

Allegheny County expects to spend its full allocation in the Implementation Year. Bids for planned construction are in the process of being awarded, and Allegheny County has devoted new resources to caseworker recruitment to fill vacant positions.

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

- **Trend: Cuts to SNAP and Medicaid will drive more families into crisis and to CYF's front door.** Major federal changes to the social safety net paired with high inflation and an affordability crisis are making it more challenging than ever for families to afford their basic needs. The imposition of strict work requirements, benefit time limits, and additional administrative burden for SNAP and Medicaid enrollees will affect low-income families, particularly those with children over the age of 13—many of whom are already struggling to meet their basic needs. In Allegheny County, over 96,000 households currently rely on Medicaid for healthcare,[11] and more than 25,000 households with children under 18[11, 12] including over 54,000 children, receive SNAP benefits to help prevent hunger.[12] Reductions in access to food, health care, and affordable housing cause increased hardship for families, fueling conditions that often result in child welfare involvement, including neglect, untreated physical or mental health issues, or unsuitable housing. Without proactively connecting at-risk families with basic needs supports, the child welfare system will be forced to triage families at the point of crisis (e.g., CYF

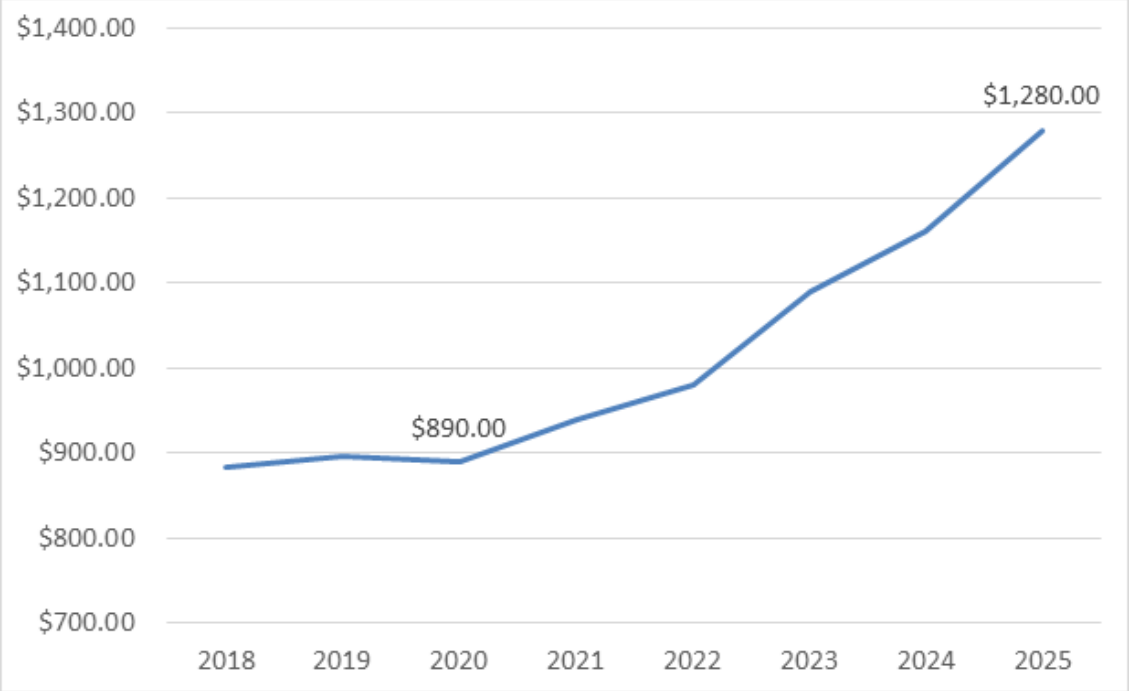
[11] Pennsylvania Department of Human Services. (n.d.). *Projected Medicaid & SNAP Losses Due to Federal Changes*. Retrieved August, 14, 2026, from https://www.pa.gov/agencies/dhs/resources/data-reports

[12] U.S. Census Bureau. "Food Stamps/Supplemental Nutrition Assistance Program (SNAP)." *American Community Survey, ACS 2024 1-Year Estimates Subject Tables, Table S2201*, https://data.census.gov/table/ACSST1Y2024.S2201?q=SNAP/Food+Stamps&g=050XX00US42003&y=2024. Accessed on 23 Jul 2026.

referral due to homelessness), rather than stabilizing them upstream through targeted support (through eviction prevention and basic needs support).

- **Trend: Shortage of affordable housing in Allegheny County.** According to the Housing Alliance of PA, for every 100 extremely low-income families, seniors, and people with disabilities renting in Allegheny County, only 36 affordable rental homes are available to them. **From 2020 to 2025, the fair market rent for a 2-bedroom unit rose by 44%,**[13] which has squeezed family budgets and increased housing instability. These market pressures are hardest on Black families and other families of color. For example, while Black residents represent 14% of Allegheny County's population, they represented 63% of FY 2025-26 ERAP applicants.[14, 15] AC DHS will address this trend by investing in eviction prevention and basic needs support programs.

HUD 2-Bedroom Fair Market Rents for the Pittsburgh Housing Market Area, 2018 to 2025[16]

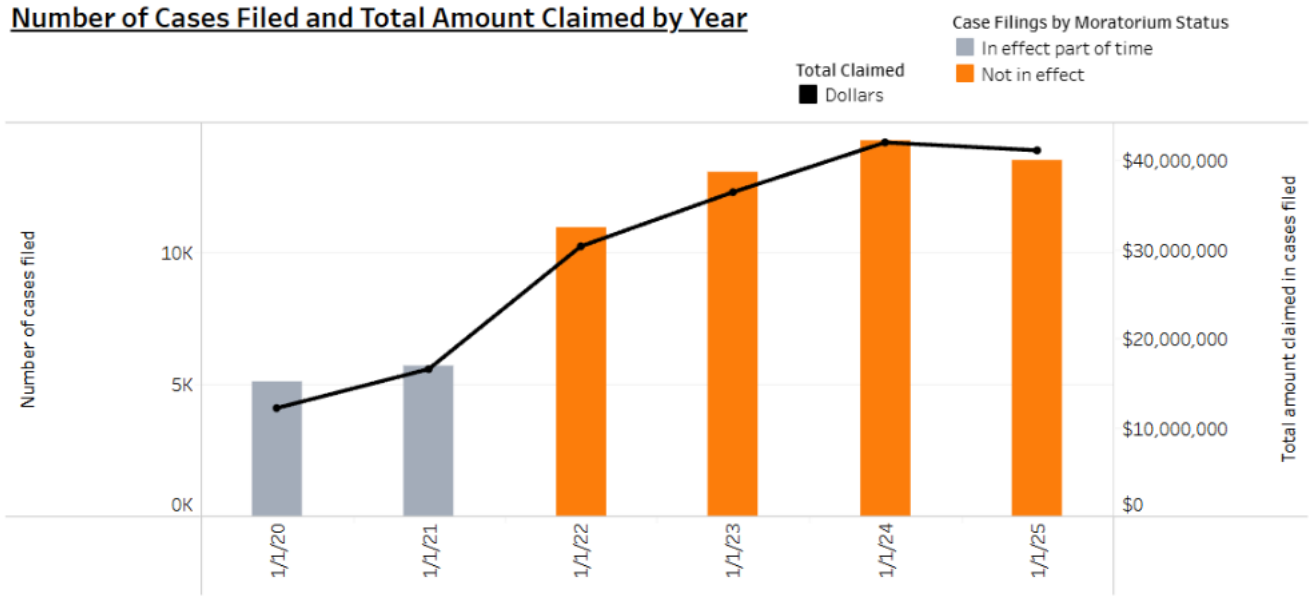


[13] U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (2026). *HUD Fair Market Rents (40th percentile rents) dataset* [Data set]. HUDUSER API. Retrieved August 12, 2026, from https://www.huduser.gov/portal/datasets/fmr.html
[14] Allegheny County Department of Human Services. (n.d.). *ERAP management dashboard* [Interactive data dashboard]. Tableau. Retrieved July 23, 2026, from https://tableau.alleghenycounty.us/#/views/ra2_0/WhoisApplying
[15] Allegheny County Department of Human Services. (2024, February 8). *Families using emergency shelters in Allegheny County* [Data brief]. Allegheny Analytics. Retrieved August 12, 2026, from https://analytics.alleghenycounty.us/2024/02/08/families-using-emergency-shelters-in-allegheny-county/
[16] U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (n.d). *Pittsburgh, Pennsylvania Comprehensive Housing Market Analysis as of May 1, 2024.* https://www.huduser.gov/portal/publications/pdf/PittsburghPA-CHMA-24.pdf

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- **Trend: In the absence of federal rental assistance and with rising rent costs, eviction filings are likely to rise**. When federal eviction moratoriums expired, evictions rose dramatically in Allegheny County and stayed high at around 14,000 filings per year in 2024 and 2025 (see chart below).

Number of Eviction Cases Filed and Total Amounts Claimed by Year, Allegheny County Magisterial District Court Data[17]

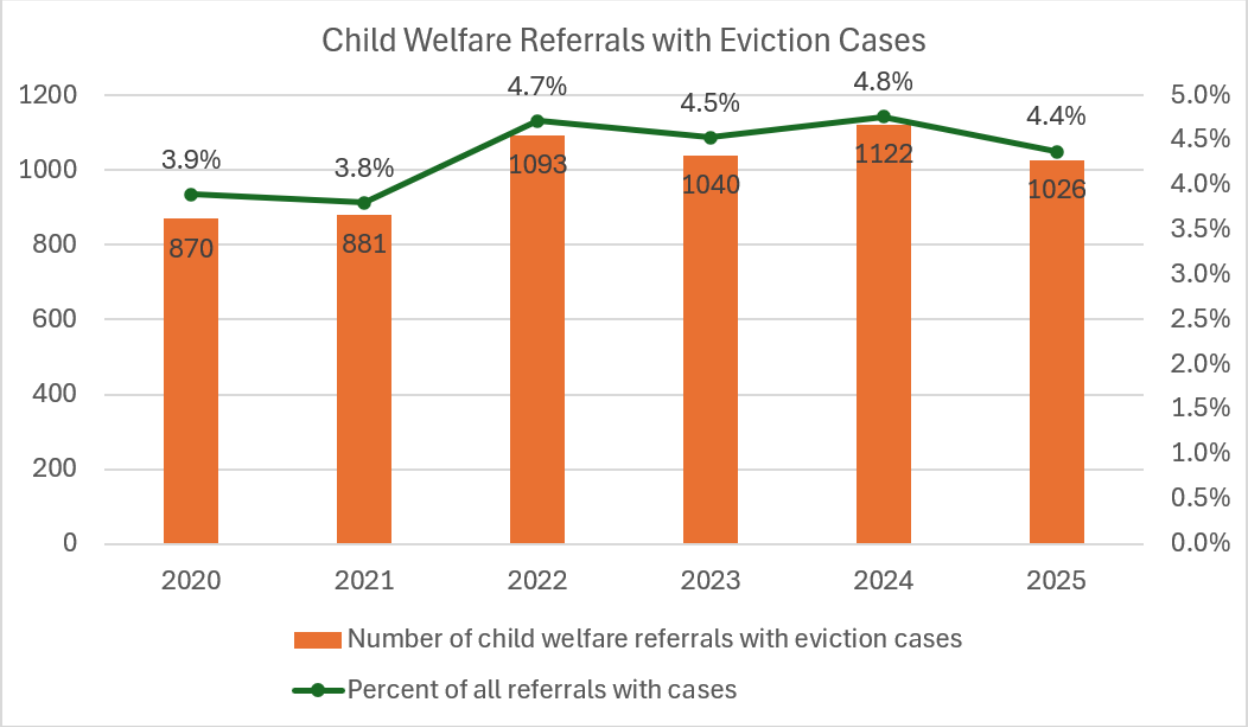


Children in households facing eviction are at significantly higher risk of system involvement due to family instability, chronic absenteeism, and homelessness. Indeed, since 2022, an average of 4.6% of referrals to child welfare (1,070 referrals annually) faced an eviction case (see chart below). Reductions to the federal safety net will accelerate housing instability, making it more difficult to keep children safe with their families. Without strategic investment, Allegheny County will be forced to triage families at the point of crisis (e.g., CYF referral due to homelessness), rather than stabilizing them upstream through targeted support (through eviction prevention and basic needs support). AC DHS will address this trend through investing in eviction prevention and basic needs support programs.

Number and Percentage of Child Welfare referrals with an eviction case in the same year[18]

[17] Allegheny County Department of Human Services. (2023, March 31). Landlord/Tenant Cases: (https://analytics.alleghenycounty.us/2023/03/31/landlord-tenant-cases-interactive-dashboard/
[18] Allegheny County Department of Human Services. (n.d.). QuickCount [Interactive data dashboard]. Retrieved August 12, 2026, from https://quickcount.alleghenycounty.us/ClientResults.aspx?RID=1070260813085756

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- **Trend: Significant economic and labor market shifts have led to CYF and provider recruitment and retention challenges.** A quality and stable workforce is essential for a successful child welfare system. Unfortunately, recent economic and labor market shifts have left health and human service organizations – including child welfare and family-serving providers – at a steep disadvantage in attracting and retaining skilled workers. Due to inflation and a tight labor market, average caseworker pay has not only fallen 40% behind other occupations with the same education and training requirements (a bachelor's degree and a considerable amount of on-the-job training, shown as Job Zone 4 in the chart below) but also 20% below occupations that require less education and training (an associate's degree, shown as Job Zone 3 in the chart below). Caseworkers are only paid 5% more on average than occupations requiring only a high school degree (shown as Job Zone 2 in the chart below). AC DHS will address this trend by continuing to implement its compensation plan for CYF staff and awarding salary and benefit increases to contracted providers.

Pennsylvania Average and Median Wages by Job Zone[19]

[19] Pennsylvania Department of Human Services, Office of Children, Youth and Families. (2024, June 4). Caseworker recruitment and retention study [Research report]. Commonwealth of Pennsylvania.

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Pennsylvania Average and Median Wages by Job Zone

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

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

- **Trend: Community violence is concentrated in communities disproportionately impacted by the child welfare system.** Gun violence is heavily concentrated in a small number of communities in Allegheny County, and these are *largely the same communities that are disproportionately involved in the child welfare system*. AC DHS compared the rate of referrals to child welfare to the rate of homicide by community and found that communities with the highest CYF referral rates also had the highest homicide rates.

  Gun violence is a form of trauma with severe consequences for children, youth, and families in impacted communities. Youth and adults exposed to gun violence have significantly higher levels of psychological distress, depression, suicidal ideation, and/or psychotic experience.[20] Because of this, exposure to violence is considered an Adverse Childhood Experience (ACE). ACEs are demonstrably linked to child welfare and juvenile justice involvement. For example, recent studies have shown that compared with the general population, Child Welfare-involved children are far more likely to have experienced at least four ACEs (42 percent vs. 12.5 percent).[21] AC DHS will address this through its expenditure adjustments by investing in evidence-informed violence reduction interventions, such as Working on Womanhood through the Promising Practice grant, and expanding out-of-school time programs in highly impacted communities.

- **Trend: Racial disproportionality across child welfare and juvenile justice systems, beginning at each system's front door.** The stage of system involvement with the most significant disparity is Referrals: Black children and youth were 4.3 times more likely to be referred to CYF than White children and youth in 2025. 43% of children referred to child welfare in 2024 were Black, even though only 18% of Allegheny County's child population

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

[21] Clarkson Freeman, P. A. (2014). Prevalence and relationship between adverse childhood experiences and child behavior among young children. *Infant Mental Health Journal*, *35*(6), 544-554.

is Black.[22] Similarly, an analysis done by Allegheny County's Black Girls Equity Alliance pointed to stark disproportionality at the front door of the juvenile justice system, where Black girls are ten times more likely than white girls to be referred and Black boys are seven times more likely than white boys to be referred (rates that far exceed national averages). AC DHS will address these trends through its expenditure adjustments impacting potential contributors to disproportionality, including economic/housing security, community violence reduction, and more.

- **Trend: Increased complexity of youth in the system.** AC DHS is experiencing a significant rise in the number of children and families with complex needs. In FY 2025-26, 320 youth with complex needs were served through the complex case planning process. This represents a 27% increase in the number of youth with complex needs served compared to the previous year. Youth in congregate settings experience high levels of behavioral health service involvement. In FY 2025-26, 78% of congregate youth received outpatient mental health services, while four-in-ten received mental health crisis intervention services. More than one-in-four experienced a psychiatric inpatient hospitalization. This underscores the urgent need for enhanced coordination, resources, and support. AC DHS will address this trend through its expenditure adjustments by investing in therapeutic placement settings.

- **Trend: Time to permanency within 12 months does not meet the national standard among children who have been in care for 12+ months.** AC DHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). Among children in care 12-23 months, 30.3% reached permanency within 12 months in Allegheny County, falling short of the national performance standard of 43.8%. Among children in care for 24 months or more, a lower proportion, 25%, reached permanency within 12 months in Allegheny County, falling short of the national performance standard of 37.3%. Among children who do enter placement and stay for more than 12 months, it is reasonable to expect that these families face more complex challenges, which can result in a longer time to permanency. AC DHS will address this trend through procuring additional placements with appropriate therapeutic supports and scaling the permanency roundtable pilot.

- **Trend: Re-entry rates after reunification are higher than the national standard.** AC DHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). Allegheny County's re-entry rate after reunification of 9.96% is higher than the national benchmark for this performance measure, 5.6%, and is disproportionately high for Black youth at 15%. Re-entry to care after reunification can indicate that the services delivered did not adequately address families' needs and remediate safety concerns. AC DHS is addressing this by reprocuring family preservation services, procuring additional placements with appropriate therapeutic supports, and adding aftercare to the service array.

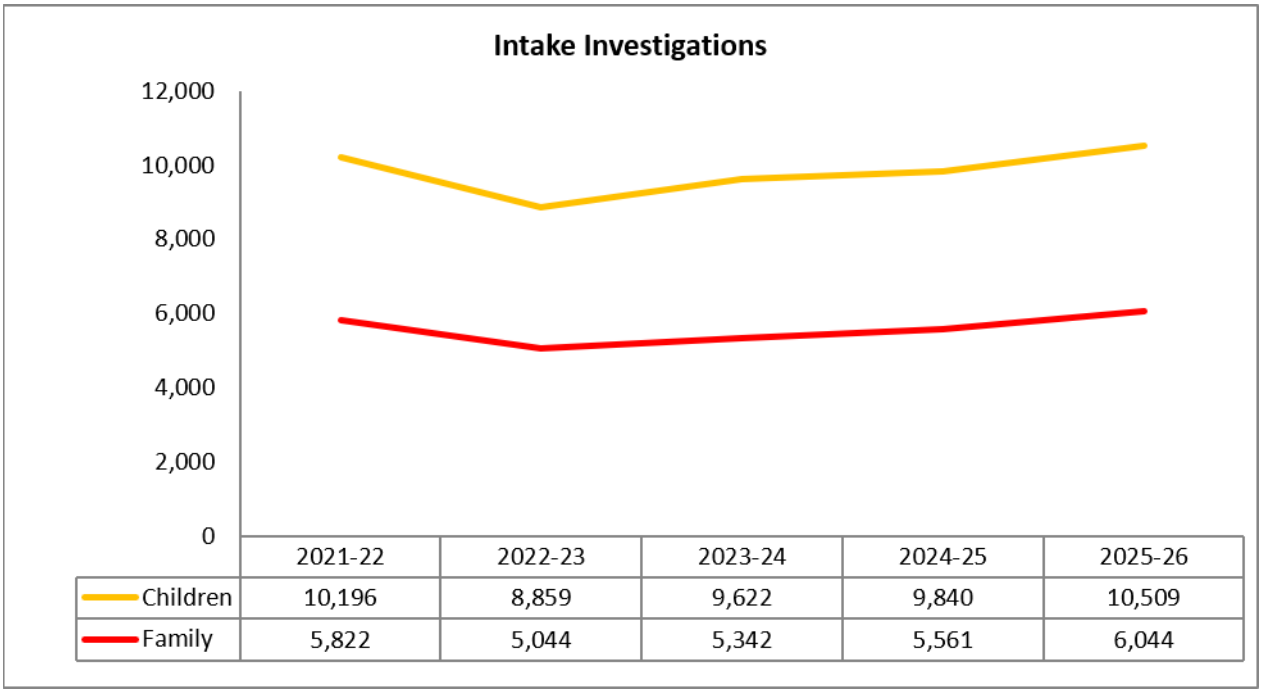
[22] Allegheny County Department of Human Services. (2022, April 14). *Racial disproportionality in child welfare: Interactive dashboard* [Interactive dashboard]. Allegheny Analytics. https://www.alleghenycountyanalytics.us/2022/04/14/racial-disproportionality-in-allegheny-county-child-welfare-interactive-dashboard/

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

2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).



	2021-22	2022-23	2023-24	2024-25	2025-26
Children	10,196	8,859	9,622	9,840	10,509
Family	5,822	5,044	5,342	5,561	6,044

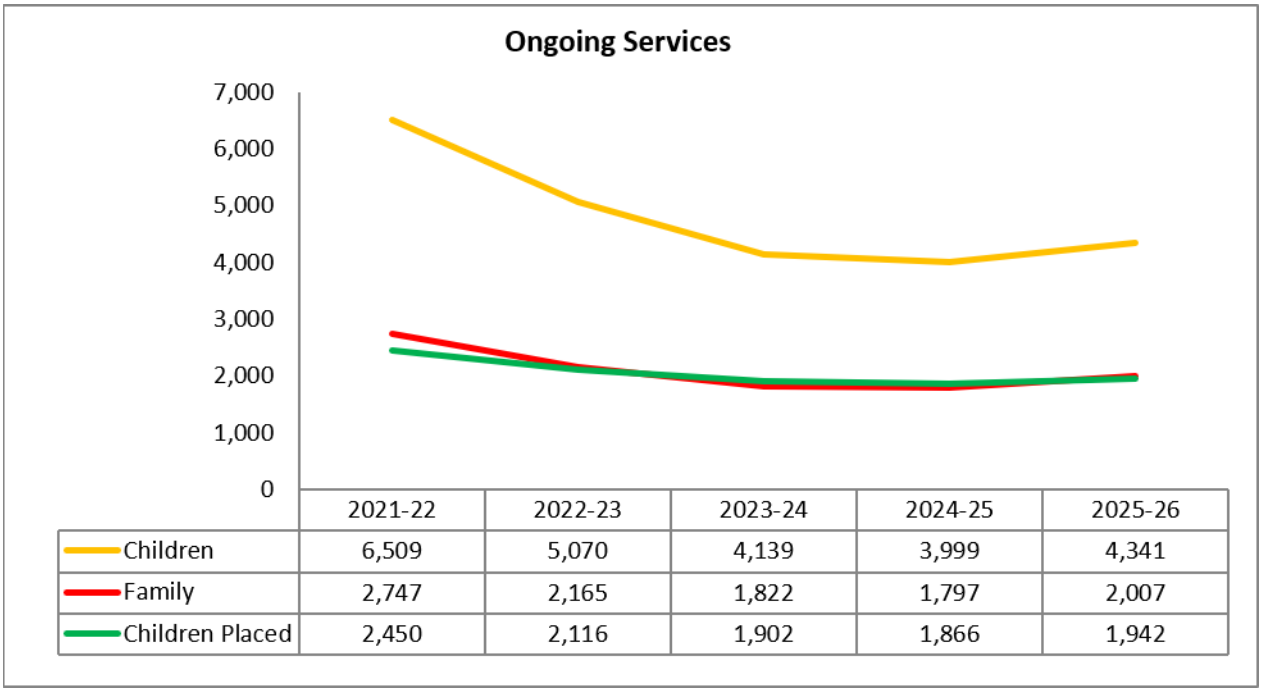
Intake investigations increased markedly in FY 2025-2026 over the prior year – but unlike the prior four fiscal years, an increase in overall incoming referral volume was *not* a driver. Allegheny County actually experienced a slight downtick (-3.4%) in referral volume between FY 2024-2025 and FY 2025-2026, but a significant increase in referrals being screened in for an investigation.

As a percentage of all incoming referrals, about 49.1% of all referrals were screened in for investigation, compared to 43.8% in the prior fiscal year. Among General Protective Services (GPS) referrals for families not already active with CYF, the increase in investigation rate was about ten percentage points.

2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

ALLEGHENY



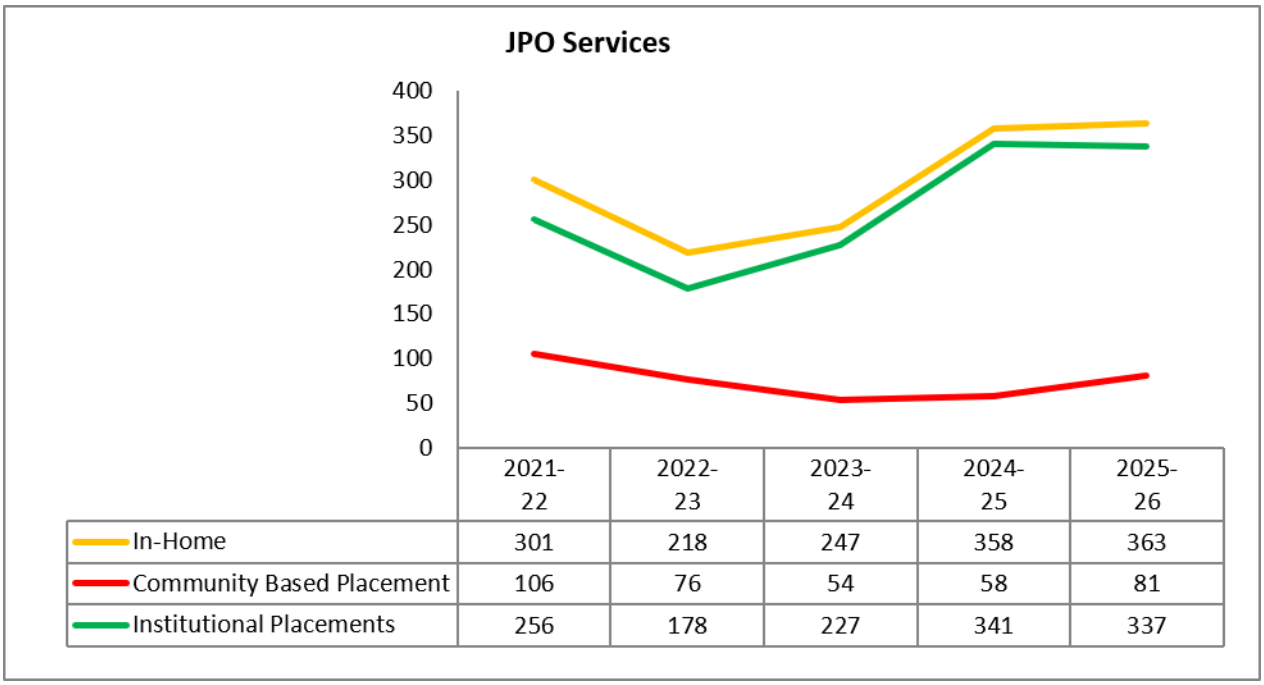
	2021-22	2022-23	2023-24	2024-25	2025-26
Children	6,509	5,070	4,139	3,999	4,341
Family	2,747	2,165	1,822	1,797	2,007
Children Placed	2,450	2,116	1,902	1,866	1,942

In FY 2025-26, the number of families receiving ongoing services increased by nearly 12% compared to the prior year. This follows a steady decline in the years immediately following the pandemic, driven largely by the County's accepting fewer case openings as a percentage of referrals investigated. In FY 2019-2020, around 21% of all investigations resulted in a subsequent case opening; since FY 2022-2023, the rate has hovered around 10-11% and remained at a similarly low rate in FY 2025-2026. As such, the increase in ongoing service involvement is not a function of opening more cases *as a percentage of investigations* but rather is almost entirely driven by the uptick in the raw volume of investigations altogether (as discussed in the prior section).

2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).

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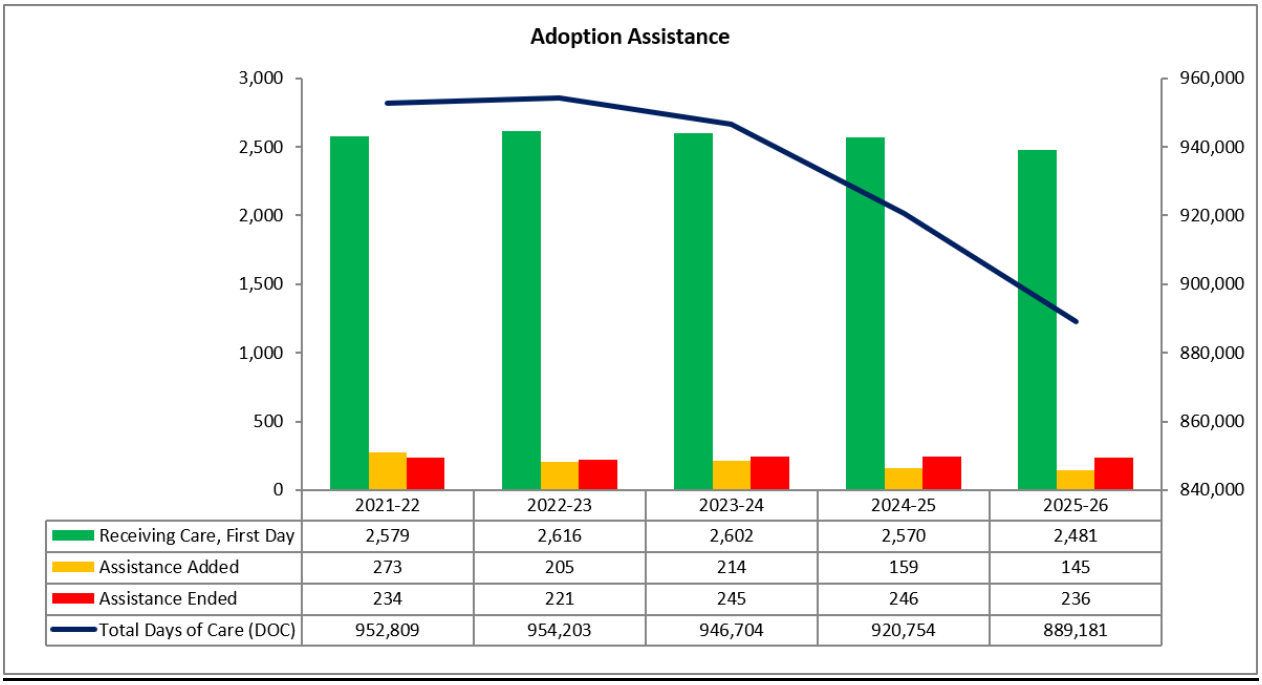


	2021-22	2022-23	2023-24	2024-25	2025-26
In-Home	301	218	247	358	363
Community Based Placement	106	76	54	58	81
Institutional Placements	256	178	227	341	337

After two fiscal years of increasing, levels of JPO activity remained fairly flat in FY 2025-2026. It is worth noting that current levels are still significantly below longer-term historic levels (e.g., a decade ago, in FY 2014-15, there were about 1,238 youth served by probation).

2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).



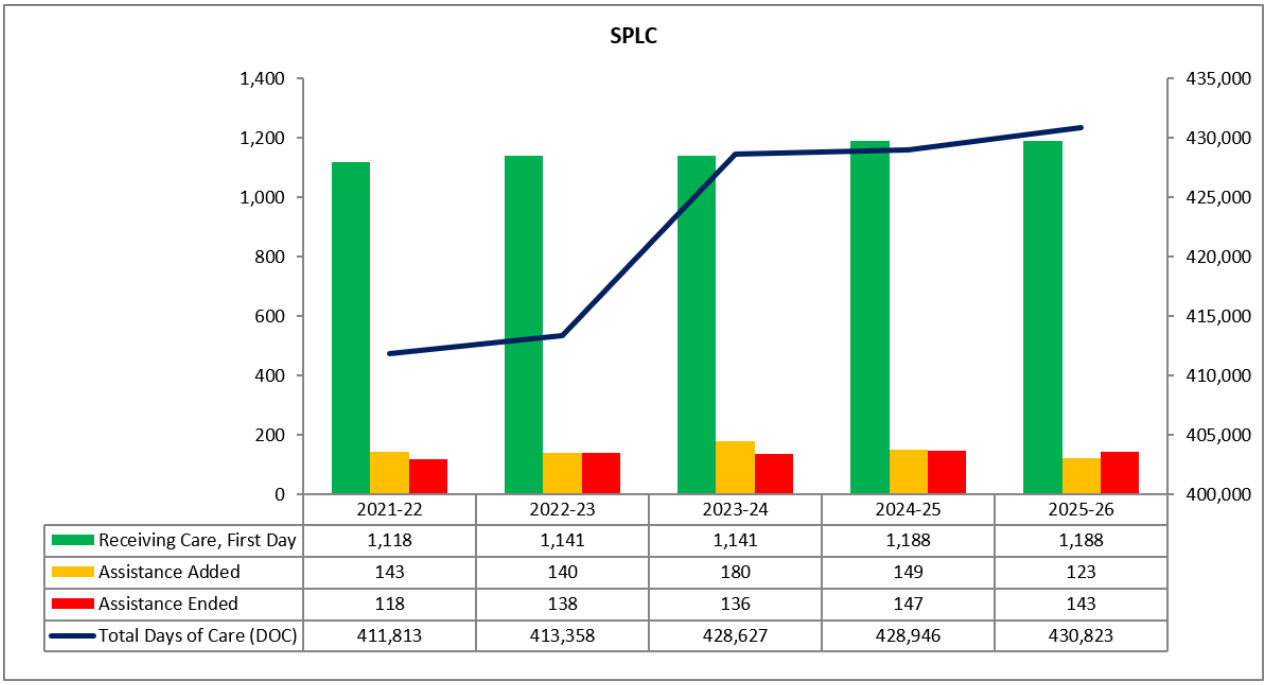
	2021-22	2022-23	2023-24	2024-25	2025-26
Receiving Care, First Day	2,579	2,616	2,602	2,570	2,481
Assistance Added	273	205	214	159	145
Assistance Ended	234	221	245	246	236
Total Days of Care (DOC)	952,809	954,203	946,704	920,754	889,181

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New completed adoptions have been dropping sharply across the past few fiscal years – largely related to the size of the placement population falling in general, but also partly due to the increase in the utilization of Subsidized Permanent Legal Custody (SPLC) as an exit type when appropriate. The placement increased in the last fiscal year, but the adoption assistance population may continue to see more prior adoptions ending assistance than new adoptions being completed.

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

Insert the SPLC Chart (Chart 5).



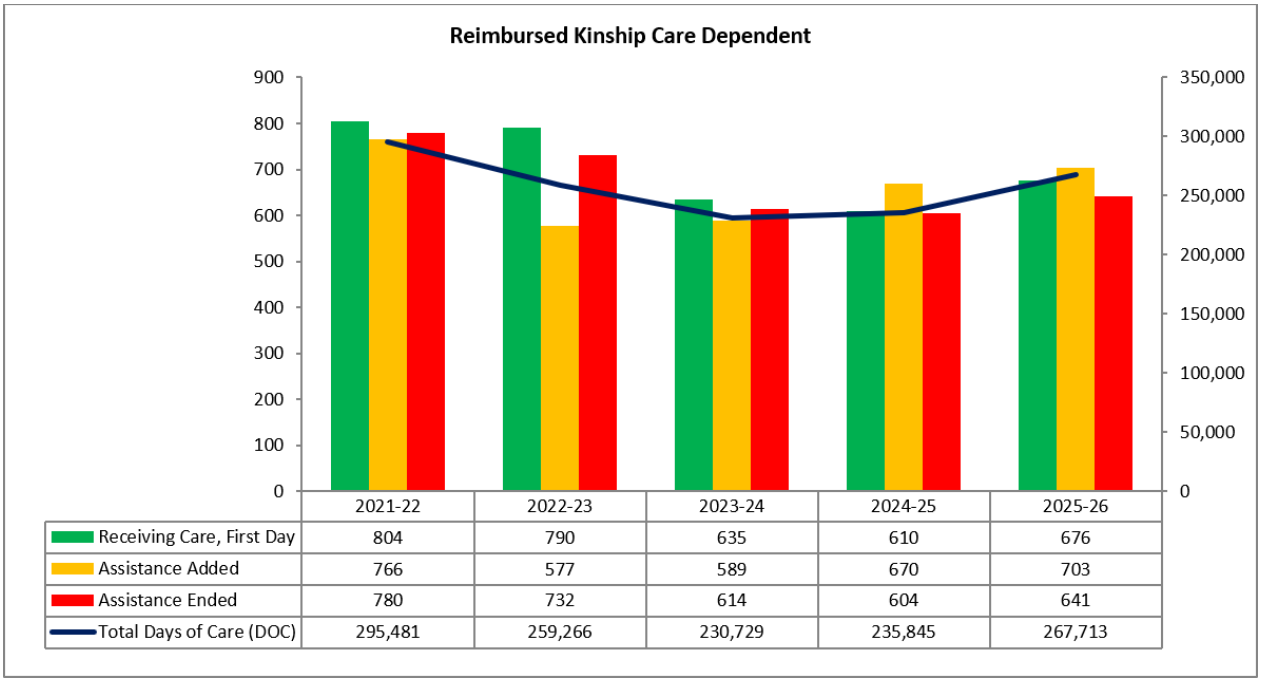
	2021-22	2022-23	2023-24	2024-25	2025-26
Receiving Care, First Day	1,118	1,141	1,141	1,188	1,188
Assistance Added	143	140	180	149	123
Assistance Ended	118	138	136	147	143
Total Days of Care (DOC)	411,813	413,358	428,627	428,946	430,823

SPLC has increased in utilization in recent years as an exit type in Allegheny County, especially following kinship care placements, although the size of the SPLC subsidy population has remained fairly stable in the last three years. If placements continue to rise, the SPLC subsidy population may continue to gradually increase.

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

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

ALLEGHENY

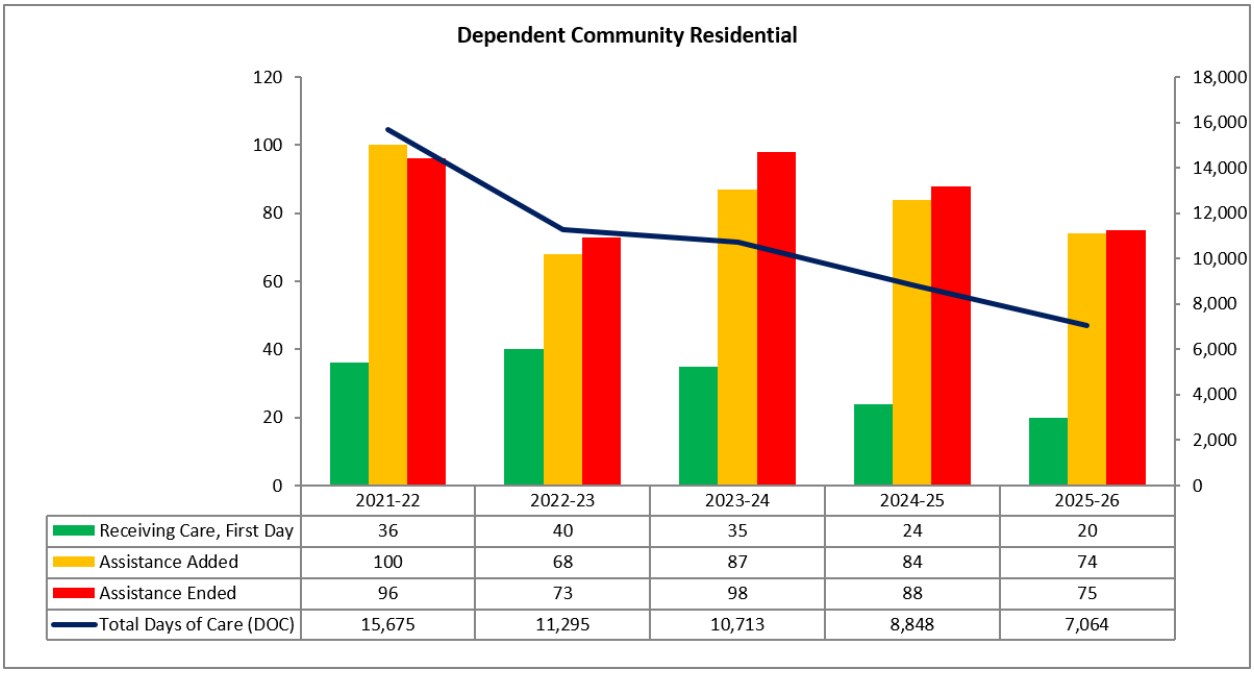


	2021-22	2022-23	2023-24	2024-25	2025-26
Receiving Care, First Day	804	790	635	610	676
Assistance Added	766	577	589	670	703
Assistance Ended	780	732	614	604	641
Total Days of Care (DOC)	295,481	259,266	230,729	235,845	267,713

The percentage of children receiving Reimbursed Kinship Care Services and the aggregate days of care have remained high in recent fiscal years as Kinship has remained the County's most common placement care type. The proportion of placements in kinship care is expected to remain stable in the foreseeable future.

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

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



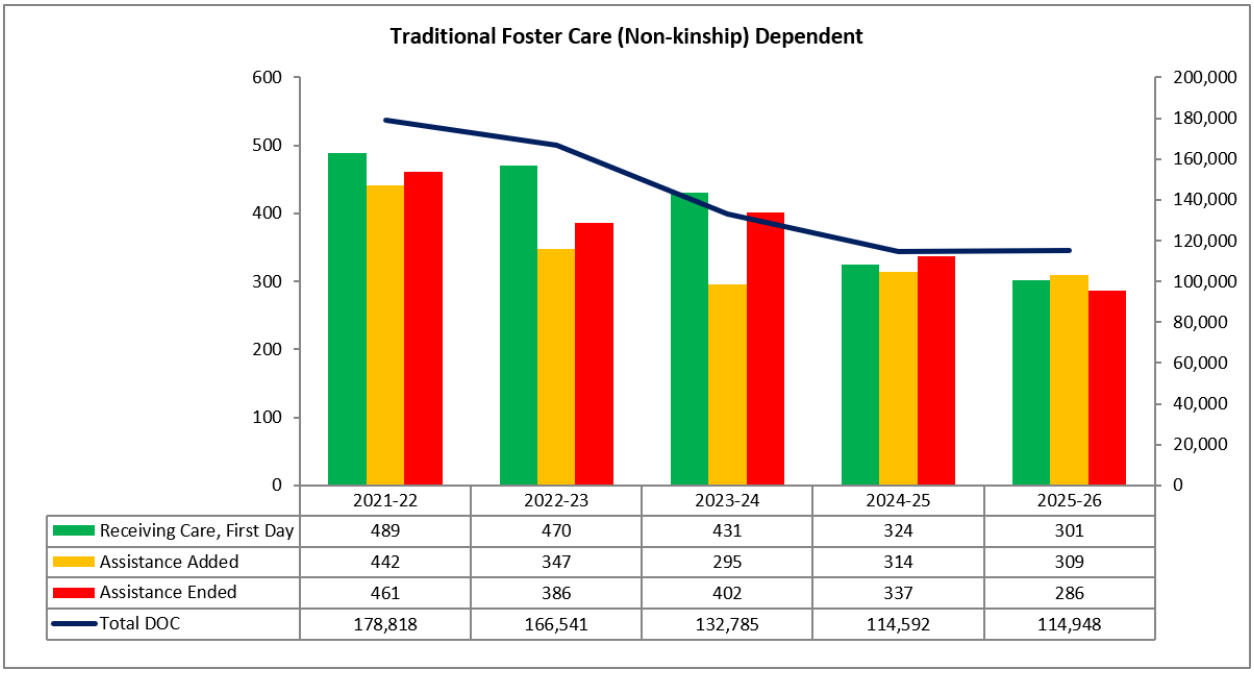
	2021-22	2022-23	2023-24	2024-25	2025-26
Receiving Care, First Day	36	40	35	24	20
Assistance Added	100	68	87	84	74
Assistance Ended	96	73	98	88	75
Total Days of Care (DOC)	15,675	11,295	10,713	8,848	7,064

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

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

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



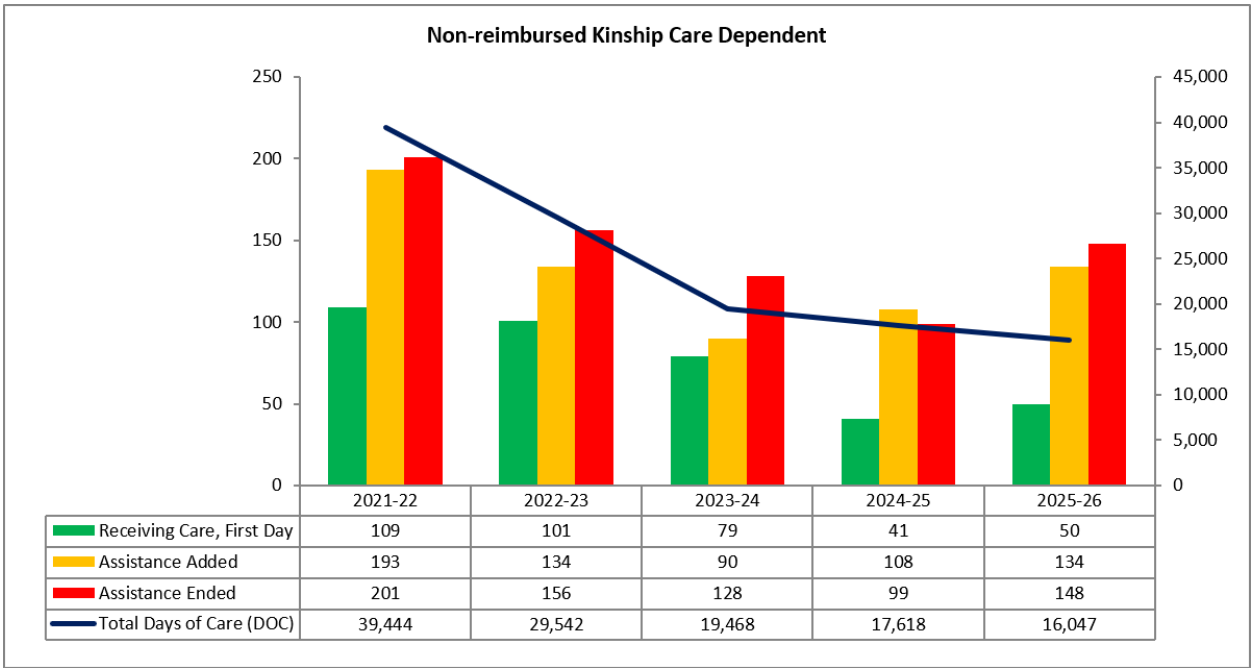
	2021-22	2022-23	2023-24	2024-25	2025-26
Receiving Care, First Day	489	470	431	324	301
Assistance Added	442	347	295	314	309
Assistance Ended	461	386	402	337	286
Total DOC	178,818	166,541	132,785	114,592	114,948

The number of children receiving care through Traditional Foster Care Services has declined over recent fiscal years alongside the overall downward trend in placement counts. Traditional foster care remains Allegheny County's largest placement setting other than kinship care, and its share as a proportion of placements should remain stable in the near future.

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

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

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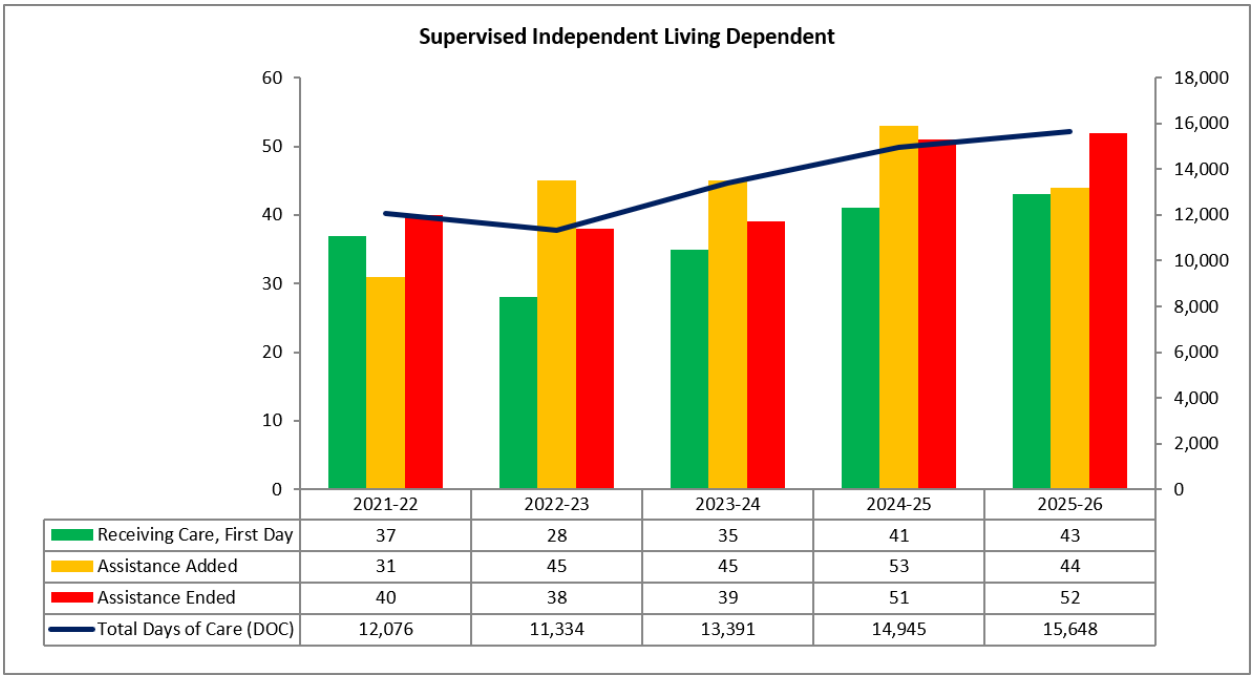


	2021-22	2022-23	2023-24	2024-25	2025-26
Receiving Care, First Day	109	101	79	41	50
Assistance Added	193	134	90	108	134
Assistance Ended	201	156	128	99	148
Total Days of Care (DOC)	39,444	29,542	19,468	17,618	16,047

The number of children receiving care through non-reimbursed kinship care services comprises a small percentage of placements overall, and it has generally been trending downward.

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

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



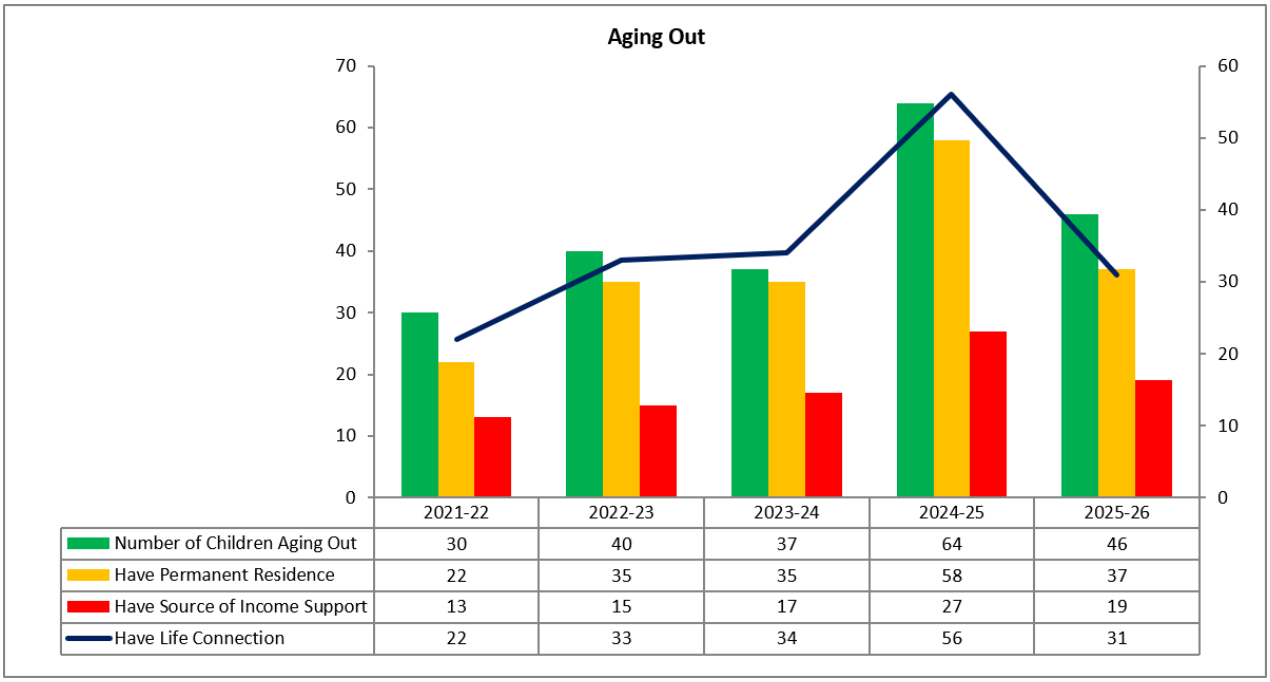
	2021-22	2022-23	2023-24	2024-25	2025-26
Receiving Care, First Day	37	28	35	41	43
Assistance Added	31	45	45	53	44
Assistance Ended	40	38	39	51	52
Total Days of Care (DOC)	12,076	11,334	13,391	14,945	15,648

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

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2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



	2021-22	2022-23	2023-24	2024-25	2025-26
Number of Children Aging Out	30	40	37	64	46
Have Permanent Residence	22	35	35	58	37
Have Source of Income Support	13	15	17	27	19
Have Life Connection	22	33	34	56	31

Aging out is an uncommon outcome of placement, and the number of children aging out remains low, but exits coded as children aging out of care increased noticeably in FY 2024-2025. This trend did not persist in FY 2025-2026. The prevalence of aging out of care is expected to remain at a stable, low level.

2-2f. General Indicators

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

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2-2: General Indicators

"Type in BLUE boxes only"

County Number: 2 Class: 2

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

Allegheny County

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Copy Part 2 for Narrative insertion

Copy Part 3 for Narrative insertion

2-2a. Service Trends

Indicator	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	% Change	CAGR
Intake Investigations							
Children	10,196	8,859	9,622	9,840	10,509	3.1%	0.8%
Family	5,822	5,044	5,342	5,561	6,044	3.8%	0.9%
Ongoing Services							
Children	6,509	5,070	4,139	3,999	4,341	-33.3%	-9.6%
Family	2,747	2,165	1,822	1,797	2,007	-26.9%	-7.5%
Children Placed	2,450	2,116	1,902	1,866	1,942	-20.7%	-5.6%
JPO Services							
In-Home	301	218	247	358	363	20.6%	4.8%
Community Based Placement	106	76	54	58	81	-23.6%	-6.5%
Institutional Placements	256	178	227	341	337	31.6%	7.1%

2-2b. Adoption Assistance

Indicator	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	% Change	CAGR
Adoption Assistance							
Receiving Care, First Day	2,579	2,616	2,602	2,570	2,481	-3.8%	-1.0%
Assistance Added	273	205	214	159	145	-46.9%	-14.6%
Assistance Ended	234	221	245	246	236	0.9%	0.2%
Total Days of Care (DOC)	952,809	954,203	946,704	920,754	889,181	-6.7%	-1.7%

2-2c. SPLC

Indicator	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	% Change	CAGR
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	1,118	1,141	1,141	1,188	1,188	6.3%	1.5%
Assistance Added	143	140	180	149	123	-14.0%	-3.7%
Assistance Ended	118	138	136	147	143	21.2%	4.9%
Total Days of Care (DOC)	411,813	413,358	428,627	428,946	430,823	4.6%	1.1%

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2-2d. Placement Data							
Indicator	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	% Change	CAGR
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	489	470	431	324	301	-38.4%	-11.4%
Assistance Added	442	347	295	314	309	-30.1%	-8.6%
Assistance Ended	461	386	402	337	286	-38.0%	-11.3%
Total DOC	178,818	166,541	132,785	114,592	114,948	-35.7%	-10.5%
Traditional Foster Care (non-kinship) - Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total DOC						0.0%	0.0%
Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	804	790	635	610	676	-15.9%	-4.2%
Assistance Added	766	577	589	670	703	-8.2%	-2.1%
Assistance Ended	780	732	614	604	641	-17.8%	-4.8%
Total Days of Care (DOC)	295,481	259,266	230,729	235,845	267,713	-9.4%	-2.4%
Reimbursed Kinship Care - Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
Foster Family Care - Dependent (Total of 2 above)							
Receiving Care, First Day	1,293	1,260	1,066	934	977	-24.4%	-6.8%
Assistance Added	1,208	924	884	984	1,012	-16.2%	-4.3%
Assistance Ended	1,241	1,118	1,016	941	927	-25.3%	-7.0%
Total Days of Care (DOC)	474,299	425,807	363,514	350,437	382,661	-19.3%	-5.2%
Foster Family Care - Delinquent (Total of 2 above)							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%
Non-reimbursed Kinship Care - Dependent							
Receiving Care, First Day	109	101	79	41	50	-54.1%	-17.7%
Assistance Added	193	134	90	108	134	-30.6%	-8.7%
Assistance Ended	201	156	128	99	148	-26.4%	-7.4%
Total Days of Care (DOC)	39,444	29,542	19,468	17,618	16,047	-59.3%	-20.1%
Non-reimbursed Kinship Care - Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
Alternative Treatment Dependent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
Alternative Treatment Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

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Dependent Community Residential							
Receiving Care, First Day	36	40	35	24	20	-44.4%	-13.7%
Assistance Added	100	68	87	84	74	-26.0%	-7.3%
Assistance Ended	96	73	98	88	75	-21.9%	-6.0%
Total Days of Care (DOC)	15,675	11,295	10,713	8,848	7,064	-54.9%	-18.1%

Delinquent Community Residential							
Receiving Care, First Day	28	22	15	18	17	-39.3%	-11.7%
Assistance Added	72	50	32	35	53	-26.4%	-7.4%
Assistance Ended	78	57	29	36	52	-33.3%	-9.6%
Total Days of Care (DOC)	8,349	6,532	5,567	6,198	6,403	-23.3%	-6.4%

Supervised Independent Living Dependent							
Receiving Care, First Day	37	28	35	41	43	16.2%	3.8%
Assistance Added	31	45	45	53	44	41.9%	9.1%
Assistance Ended	40	38	39	51	52	30.0%	6.8%
Total Days of Care (DOC)	12,076	11,334	13,391	14,945	15,648	29.6%	6.7%

Supervised Independent Living Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

Juvenile Detention							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

Dependent Residential Services							
Receiving Care, First Day	25	37	29	34	35	40.0%	8.8%
Assistance Added	57	41	48	45	63	10.5%	2.5%
Assistance Ended	45	49	43	44	52	15.6%	3.7%
Total Days of Care (DOC)	13,617	12,629	12,582	11,523	14,521	6.6%	1.6%

Delinquent Residential Services							
Receiving Care, First Day	74	60	48	76	71	-4.1%	-1.0%
Assistance Added	191	122	185	272	273	42.9%	9.3%
Assistance Ended	205	134	157	277	251	22.4%	5.2%
Total Days of Care (DOC)	22,267	20,425	25,734	25,982	29,637	33.1%	7.4%

Secure Residential (Except YDC)							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

Youth Detention Center / Youth Forestry Camps							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

2-2e. Aging Out Data							
Indicator	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	% Change	CAGR
Aging Out							
Number of Children Aging Out	30	40	37	64	46	53.3%	11.3%
Have Permanent Residence	22	35	35	58	37	68.2%	13.9%
Have Source of Income Support	13	15	17	27	19	46.2%	10.0%
Have Life Connection	22	33	34	56	31	40.9%	9.0%

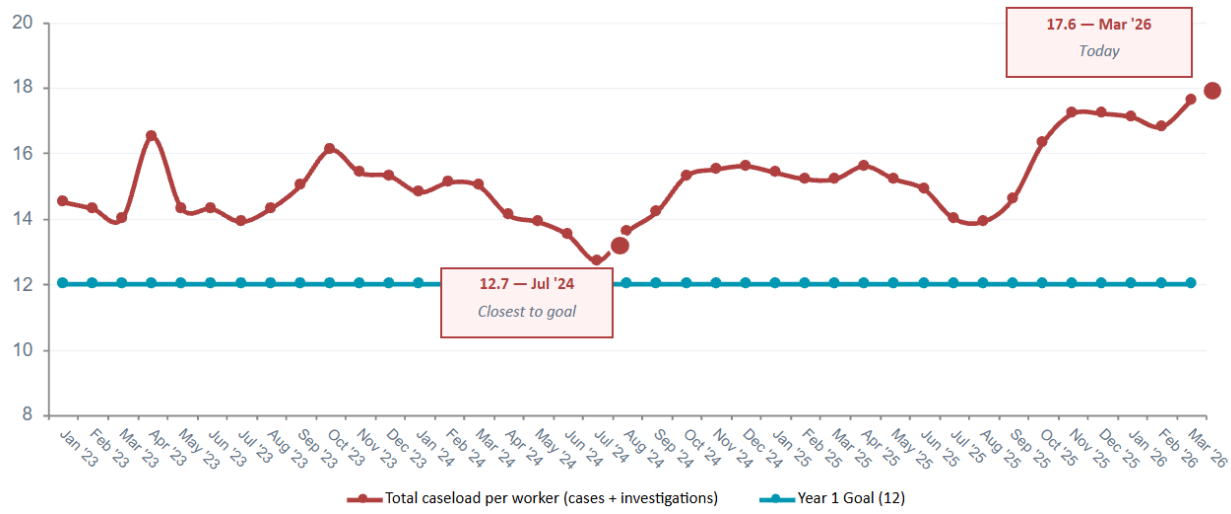
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2-2g. through 2-2i. Charts

- 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.

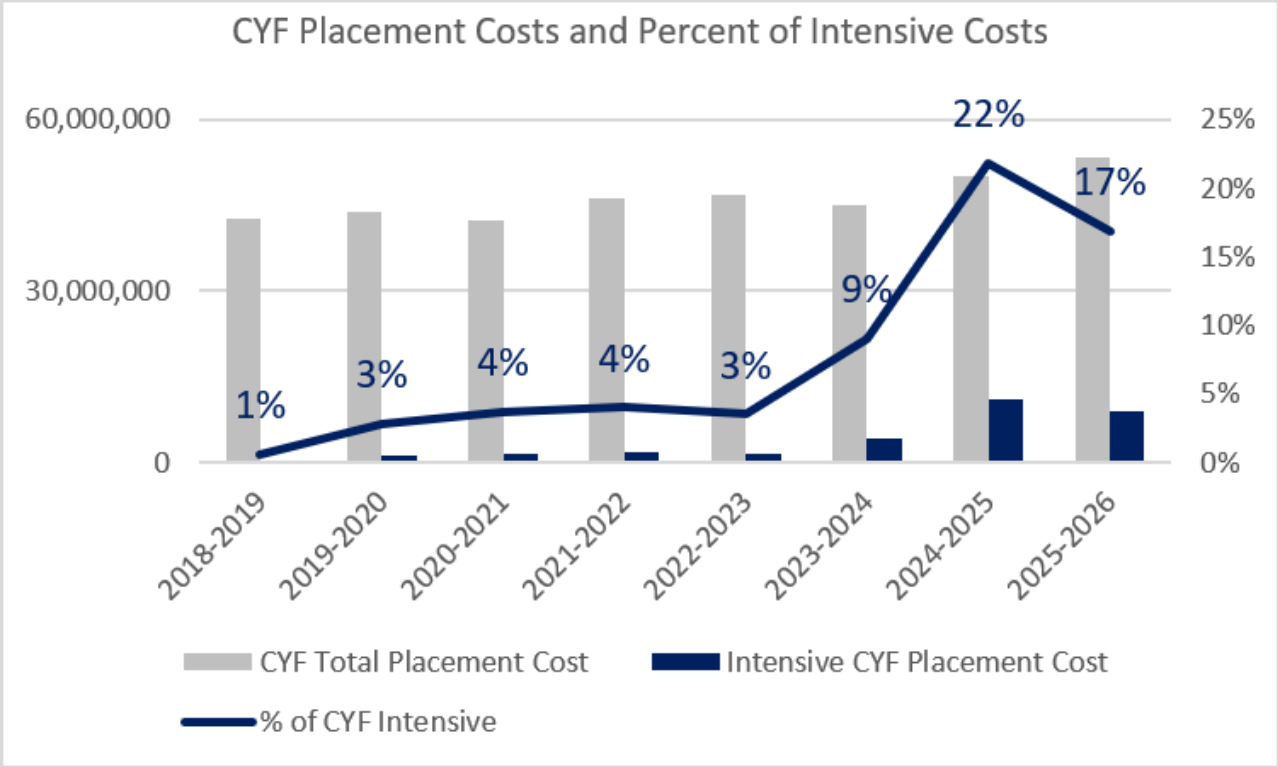
- Insert up to three additional charts that capture the drivers of county services and supports the county's resource request. For example, these charts may be related to prevention or diversion activities or may be specific to areas or demographics that are driving influences on county resources and practices.

1) CYF Caseloads are above national standard due to vacancies



Although the national standard for CYF caseloads is 12–15 ongoing cases and ≤12 investigations/month (CWLA, 2019), in March 2026 the average AC CYF caseload was 17.6. Caseworkers now carry more complex, high-acuity cases requiring intensive contact, deeper assessments, and extensive coordination across behavioral health, schools, medical systems, and courts. National guidance (e.g., CWLA, Casey Family Programs, NCWWI) is clear: workload is driven by case complexity—not case count. Given this shift, smaller caseloads are necessary to maintain quality practice and timely safety responses. Lower caseloads are directly tied to both improved safety outcomes and reduced turnover (CWLA, 2019; Casey, 2023; NCWWI, 2020; GAO, 2023; Child Maltreatment 2022). CYF is engaging in a targeted recruitment push to fill caseworker vacancies and reduce the average caseload to 12. From April to June 2026, the average caseload was 15.8.

2) Growing cost of Intensive Placements for Youth with Complex Needs



The complexity of challenges facing children in placement has increased over time. While only a small number of CYF placements are considered 'intensive', the resources associated with these placements make up a substantial share of overall placement costs. Between 2018-2019, the cost of intensive placements made up only 1% - 4% of the total costs. Starting in 2023-2024, this percentage jumped to 9% in 2023-2024, then 22% in 2024-2025. Although demand for these placements exceeds current capacity, these placements have been constrained due to cost and availability.

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

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

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

Child welfare trends

The volume of incoming CYF referrals in Allegheny County had been consistently increasing in the aftermath of the COVID-19 pandemic, and the system reverted toward prior norms. However, referral volume in FY 2025-2026 slightly declined for the first time in many years (-3.4%). Allegheny County received 16,154 distinct child welfare referrals in FY 2025-2026, about 500 fewer than the prior fiscal year.

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

While referrals with Child Protective Services (CPS; E.g., child maltreatment or neglect) allegations must be investigated, investigation rates on referrals with only General Protective Services (GPS; E.g., inadequate food, housing instability) allegations have a higher degree of discretion. For many years (from 2015 through about 2021), the rate of GPS referrals screened in for further investigation was stable at around four in ten. In FY 2022-2023, amidst rising referral volumes, this GPS investigation rate saw a sudden shift downward of about ten percentage points (from about 39% in FY 2021-2022 to 29% in FY 2022-2023). Rates were relatively stable for the three years that followed, but FY2025-2026 witnessed an *increase* in the rate of screening in GPS referrals for investigation; about 43% of GPS referrals on non-active families were investigated. Across all referrals (CPS included), about 49% of referrals were investigated in FY 2025-2026, compared to 44% the year prior.

This steep increase in investigation rate was not accompanied by any significant shift in the percentage of investigations leading to a case-opening. In fact, the percentage of investigations resulting in an open case slightly increased (from 10.6% to 11.4%) in FY 2025-2026. As such, with a major spike in new investigations and a slight uptick in accept-for-service rate, the raw number of CYF case openings also rose noticeably in the past fiscal year.

It's not yet clear whether FY 2025-2026's investigation rate represents a trend that will maintain or a temporary spike. Given that incoming referral volume has leveled off, if this year’s sharp increase in screen-in percentage reverts to a level similar to prior years, investigations and cases would be expected to decline as well.

JPO trends

Allegheny County JPO had a slight increase in placements by 1% in FY 2025-26 with only 174 placements out of the 1,332 referrals received. All youth placed into residential care scored as moderate risk, high risk, or very high risk according to the Youth Level of Service (YLS), including sex offenders, even though they usually score low due to the YLS not measuring the risk of sexual reoffending. A review of the 174 youth placed into residential care in FY 2025-26 shows that the majority of cases continue to be 16-year-olds at the time of placement (47 cases); other cases include 2 12-year-olds, 7 13-year-olds, 16 14-year-olds, 37 15-year-olds, 40 17-year-olds, 16 18-year-olds and 9 19-year-old. JPO continues to utilize the least restrictive services to meet the youth’s needs.

JPO had 340 incidents of youth in secure detention during FY 2025-26. Nineteen youth placed in detention had active bench warrants, 111 had an active violation of probation, 42 came from the Intake/Investigation Unit due to the seriousness of their initial offense, 10 failed to adjust at a residential facility, 108 youth received new charges while on active supervision, 66 were ordered in court, and 3 were out-of-state runaways. Youth placed in secure detention spent a total of 6,032 days in detention with an average length of stay of 18 days.

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Allegheny County continues to experience significant concerns related to youth offenses involving firearms. The severity of these offenses often warrants the use of detention to ensure the safety of both the youth and the community. While less restrictive alternatives are consistently considered and utilized whenever appropriate, there remain circumstances in which detention is necessary based on the nature of the offense, the level of risk presented, and the need to maintain community safety.

In Allegheny County, detention decisions are guided by statewide detention standards and the Pennsylvania Detention Risk Assessment Instrument (PaDRAI), with detention utilized only when less restrictive alternatives are insufficient to address identified risks. The use of detention remains a carefully assessed intervention and is reserved as a measure of last resort.

- ❑ Describe what changes in agency priorities or programs, if any, have contributed to changes in the number of children and youth served or in care and/or the rate at which children are discharged from care.

CYF changes

FY 2025-26 witnessed an *increase* in the rate of screening in GPS referrals for investigation; about 43% of GPS referrals on non-active families were investigated. Across all referrals (CPS included), about 49% of referrals were investigated in FY 2025-26, compared to 44% the year prior.

This steep increase in investigation rate was not accompanied by any significant shift in the percentage of investigations leading to a case opening. In fact, the percentage of investigations resulting in an open case slightly increased (from 10.6% to 11.4%) in FY 2025-26. As such, with a major spike in new investigations and a slight uptick in accept-for-service rate, the raw number of CYF case openings also rose noticeably in the past fiscal year.

It's not yet clear whether FY 2025-26's investigation rate represents a trend that will maintain or a temporary spike. Given that incoming referral volume has leveled off, if this year's sharp increase in screen-in percentage reverts to a level similar to prior years, investigations and cases would be expected to decline as well.

JPO changes

No changes in priorities or programs have contributed to the number of youth in care or the rate at which they are discharged from care. JPO rates for youth in care have remained steady over the last fiscal year.

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

- ➲ Consider the children and youth who have the following characteristics, race, age, and gender:
    - *Intellectual disability or autism;*
    - *A behavioral health impairment;*

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- *A physical disability;*
- *Involvement with JPO; and*
- *Identify as LGBTQ.*

CYF youth in congregate care settings

In FY 2025-26, 120 distinct children (about 6%) in out-of-home placement had at least one stay in a congregate setting. This count includes children either in care on the first day of the fiscal year or who entered a placement at some point throughout the fiscal year.

The table below summarizes the demographic characteristics of youth in congregate settings relative to non-relative foster and kinship placements.

	Congregate Care (n=120)	Foster Care (n=585)	Kinship Care (n=1378)
Age Group			
Less than 1 year	0%	19%	11%
1-3 years	0%	22%	19%
4-6 years	0%	14%	15%
7-9 years	3%	13%	13%
10-12 years	13%	11%	14%
13-15 years	43%	11%	14%
16-18 years	38%	8%	13%
19 years or older	3%	2%	1%
Race Group			
African American	63%	45%	51%
Other Single Race Identified	0%	1%	0%
Two or More Races Identified	8%	14%	14%
Unknown	3%	5%	4%
White	26%	35%	31%
Legal Sex			
Female	46%	50%	52%
Male	54%	50%	48%

Note: Columns are not mutually exclusive; children may be counted more than once across the placement type groups if the child spent time in multiple types of placement within the fiscal year.

Youth in congregate settings experience high levels of behavioral health service involvement. For example, the table below looks at the mental health and drug and alcohol services for youth in congregate settings during FY 2025-26. That year, 78% of congregate youth received outpatient mental health services, while four-in-ten received mental health crisis intervention services. More than one-in-four experienced a psychiatric inpatient hospitalization.

Office	Cost Center	Count	% of Congregate Care Clients
MH	Outpatient	100	78%

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MH	Mental Health Crisis Intervention	52	40%
MH	Unclassified	42	33%
MH	Psychiatric Inpatient Hospital	34	26%
MH	Not yet define in DW	26	20%
MH	Administrative Management	22	17%
MH	Targeted Case Management	17	13%
MH	Family-based Mental Health Services	16	12%
DA	Outpatient	12	9%
MH	Partial Hospitalization	11	9%
MH	Community Residential Services	9	7%
DA	Inpatient Non-hospital Treatment and Rehabilitation	5	4%
MH	Emergency Services	4	3%
MH	Family Support Services	2	2%
MH	Supplemental Services (MH)	2	2%
DA	Intensive Outpatient	1	1%
MH	Other	1	1%

Diagnostically, youth in congregate care were most often diagnosed with ADHD, depressive disorder, acute stress reaction, adjustment disorder, and conduct disorder. About 12% were diagnosed with autism spectrum disorder.

Diagnosis	Count	% of Congregate Clients
DX Deferred	46	36%
ADHD	44	34%
Depressive D/O	41	32%
Acute Stress RX	39	30%
Adjustment D/O	39	30%
Conduct D/O	32	25%
Oppositional Defiant	24	19%
Autism Spectrum D/O	16	12%
Cannabis	14	11%
Maj Depression	13	10%
Anxiety Disorder	9	7%
Bipolar D/O	8	6%
Bord Pers D/O	3	2%
Alcohol	2	2%
ID	2	2%
Other	2	2%
Unspec Psychosis	2	2%
Devp Delay	1	1%
Inhalants	1	1%
Org Mental D/O	1	1%

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Schizophrenia	1	1%

JPO youth in congregate care settings

In regard to the race and gender of youth placed in residential placement, 29 were white, 139 were African American, 5 were Asian, and 1 was Pacific Islander; 153 were male and 18 females with 2 males and 1 female identified as LGBTQ+. Of the 174 youth placed, 49 (28%) youth were identified with learning disabilities. Eighty-eight (51%) of these youth had a mental health diagnosis (6 with Autism) when entering placement. Lastly, 79 youth re-entered a residential placement; 36 of these youth were re-entering placement for at least the second placement episode, and some for the third episode during FY 2025-26. Allegheny County JPO will continue to address this finding through the use of reintegration meetings, reintegration programming at the Community Intensive Supervision Program (CISP) or The Academy, and the amplification of family counseling services in the home. JPO currently employs two Education Specialists who will be transitioning to Reintegration Specialists within the CISP Program to holistically address aftercare needs prior to the youth returning to the community.

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

CYF service and treatment needs

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

- Outpatient mental health services
    - Including therapies such as Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, and family therapy
- Mental health crisis intervention services
- Psychoeducation for the child and family
- Parent training in behavior management
- Aftercare to ensure continued access to treatment after exit

JPO service and treatment needs

The County continues to experience a critical shortage of capacity to accommodate the number of JPO-involved youth with complex needs. As a result, JPO is often left with limited alternatives and may utilize more restrictive juvenile placements where treatment is available, even when a complex residential placement would represent the more appropriate and least restrictive intervention. These youth often struggle with mental health concerns or other complex needs that can be addressed through a residential placement and more intensive treatment.

Throughout FY 2025-26, the County continued to experience a significant shortage of treatment and placement options for youth. Although efforts remain ongoing to identify and develop additional treatment resources, continued program closures and reductions in service capacity have further limited the availability of timely and appropriate interventions. These limitations have contributed to longer residential placement wait times, increased placement denials, and more selective admission practices among treatment providers.

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Limited detention bed capacity further compounds these challenges. When residential placements are unavailable, youth may remain in detention for extended periods while awaiting admission to treatment. Conversely, when detention beds are unavailable, courts may be required to release youth who meet detention criteria to their homes under court-imposed restrictions while awaiting placement. This increases the risk of recidivism and creates additional challenges in ensuring appropriate supervision and intervention. During FY 2025-26, JPO documented 105 instances in which youth met criteria for detention but were released due to a lack of available detention beds.

The expansion of complex case units within private residential treatment providers, along with the addition and anticipated expansion of higher-acuity programming for female youth, has helped address several ongoing service gaps. These developments have allowed some youth with significant treatment and behavioral needs to remain in private residential care or transition from state-operated facilities sooner than has been possible in recent years. However, an overall shortage of private residential treatment options persists and continues to increase reliance on state-operated programming.

Despite these improvements, private providers remain selective regarding the youth they are able or willing to serve due to staffing shortages, limited availability of experienced clinical personnel, and reduced overall treatment capacity. Additionally, complex case placements within private residential programs are significantly more expensive than traditional private residential care, with costs approaching those associated with state-operated facilities. While these programs have expanded options for some youth, limited bed availability and continued demand continue to restrict access. Ensuring adequate availability of appropriate residential treatment programming for youth with complex needs remains a significant concern for the Department.

As a result of these ongoing challenges, the need for state-operated placements remains high. State-operated programs frequently serve youth with the most complex treatment and behavioral needs and are substantially more costly than standard private residential options. Continued reliance on these programs places additional strain on an already limited resource system and further restricts timely access to appropriate residential care.

Limited bed availability across both private and state-operated residential programs continues to delay timely placement for youth requiring treatment. These delays may result in higher-risk youth remaining in the community under court-imposed restrictions for extended periods while awaiting placement or experiencing prolonged detention stays when detention beds are available.

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

➲ The following questions may assist in development of a response:

- *What policies are in place to guide decision making?*
- *Who oversees and is part of the decision?*
- *Are youth involved in the decision-making? If so, how?*
- *How is the decision reviewed?*

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CYF Process

AC 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 that cannot be met in a family setting).

Several policies guide decision-making, including:

- **Firewall Process** – Regional Offices must submit a form to the CYF Director that must be approved to initiate any out-of-home placement to ensure that all kinship options have been explored and are not a viable option.
- **Placement Approval Process** – CYF Director and AC DHS Director must review the recommended placement, projected timeline, and approve any placement out of County or in a congregate care facility to ensure that the most appropriate placement has been selected and to ensure that children are not lingering in care
- **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 JPO and Allegheny County CYF Crossover Youth Protocol** – guides the day-to-day practices of staff from JPO and CYF when working with youth involved with both agencies.
- **Permanency Practice Guideline** – guides staff on the importance of ensuring that every youth who enters care maintains family connections, is involved in family search and engagement, and receives the support necessary for transitioning from congregate care into a family setting.
- **Preplacement conference** – policy and procedure for team decision-making around which placement (if any) is in the child's/children’s best interest
- **Rapid Response Team** – high-level multisystem team convened to assist children and youth who have complex needs but are struggling to have those needs met within the existing array of services within the various systems (Office of Behavioral Health, Office of Developmental Supports, JPO, CYF); this team reviews system barriers and develops recommendations for improvement.
- **The CYF Business Office** has instituted new processes for submission and review of program and fiscal justification for any new placement programs or new placements, which are reviewed and approved by the CYF Director. All new programs and placements are reviewed for need and funding availability.

CYF takes a team approach to decision-making. An office team—including a clinical manager, regional office director, caseworker, supervisor, and regional office support staff—holds an internal meeting to discuss the assessment of a child's safety and whether that assessment requires a recommendation for placement outside a parent's care. The courts ultimately make the final decision. If a child requires out-of-home placement to maintain their

safety, the caseworker works with the parents and the youth to determine kin who could provide a safe placement for the child/youth. When a child is adjudicated dependent by the Court, the Court conducts permanency reviews every three months and determines the progress made toward reunifying the child with a parent. Several groups within AC DHS convene to review a child's placement and discuss if a child is in the best and least restrictive placement available; these reviews can occur within permanency roundtables, during conferencing and teaming, by congregate care work groups, and at child option, rapid response, and integrated team meetings.

JPO process

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

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

CYF's resource allocation

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

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

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

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

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

JPO's resource allocation

The County's current allocation of resources is insufficient to meet projected service needs, particularly for youth with complex behavioral health and juvenile justice needs. While JPO continues to collaborate closely with Juvenile Justice-Related Services (JJRS) and the local behavioral health system to coordinate referrals and access appropriate mental health treatment, significant service gaps remain for youth with complex cases.

The County has experienced a continued reduction in the availability of appropriate mid-level and residential placement options willing and able to serve specialized populations. This shortage is especially pronounced for youth exhibiting aggressive behaviors, transgender or gender-transitioning youth, female youth, and youth with acute mental health needs. Additionally, JPO continues to face significant challenges in securing Diversion/Stabilization beds for juveniles. Existing programs in this region have closed, and no comparable services have become available to replace them.

The continued closure of residential and specialized treatment programs has created substantial barriers to timely placement. As a result, many youth experience extended wait times while remaining in their homes or communities, prolonged stays in detention when beds are available, or placement in residential facilities that do not adequately address their primary treatment needs, particularly those requiring intensive behavioral health services.

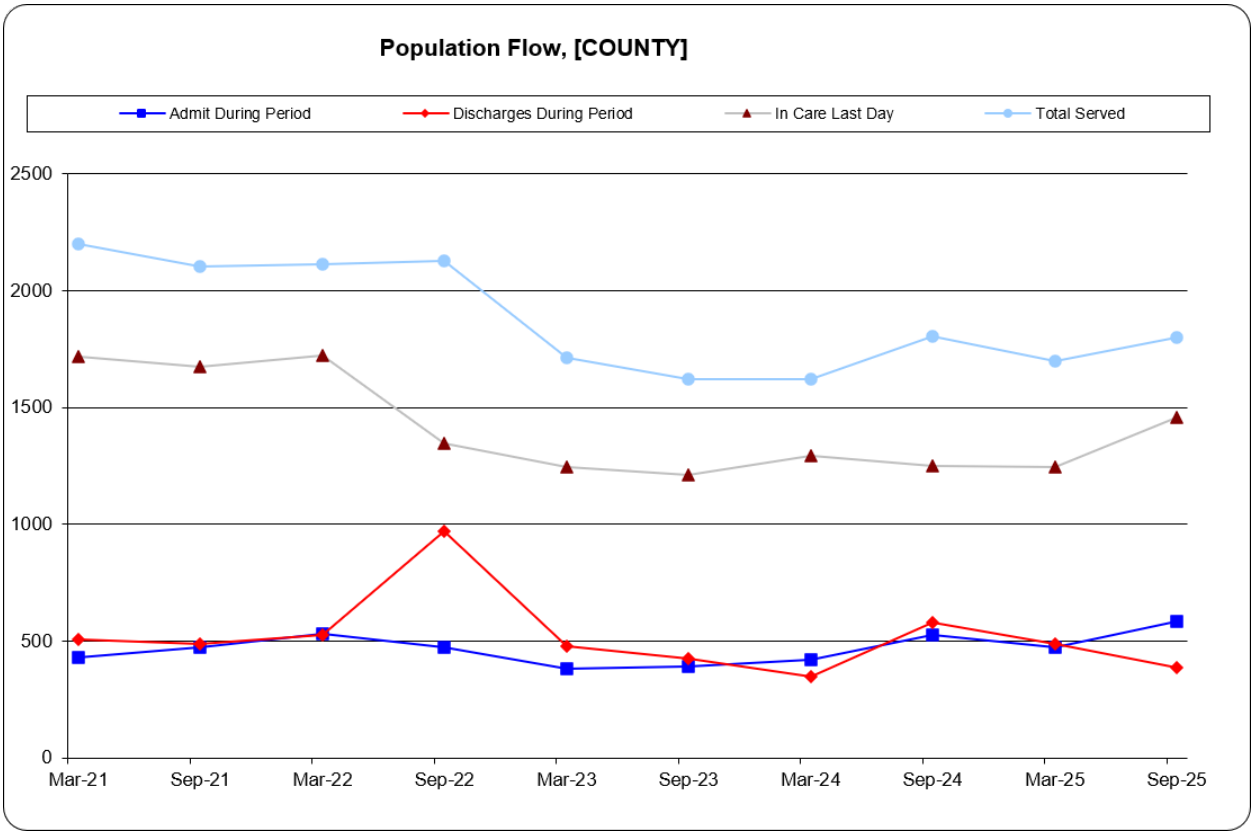
During FY 2025-26, the County also continued to struggle with securing an adequate number of detention beds for the highest-risk juvenile population. The ongoing shortage of appropriate residential programming has further exacerbated this challenge by increasing the length of detention stays for youth awaiting placement. Consequently, detention bed availability is reduced for higher-risk youth identified through the PaDRAI as requiring secure detention.

When youth who meet PaDRAI criteria for detention must instead be released into the community under court-imposed restrictions due to limited detention capacity, the likelihood of reoffending before residential treatment increases significantly. New offenses or escalating behavioral concerns often result in private mid-level residential programs denying admission due to providers becoming increasingly selective in their acceptance criteria. Consequently, youth who were initially appropriate for less restrictive community-based residential services may become ineligible for those programs solely because of offenses committed while awaiting placement. The cyclical pattern in which inadequate detention and

placement capacity contributes to further system involvement, delays access to appropriate treatment, and increases youth penetration into the juvenile justice system.

The data below are from the 2025B files data package from May 30, 2026.

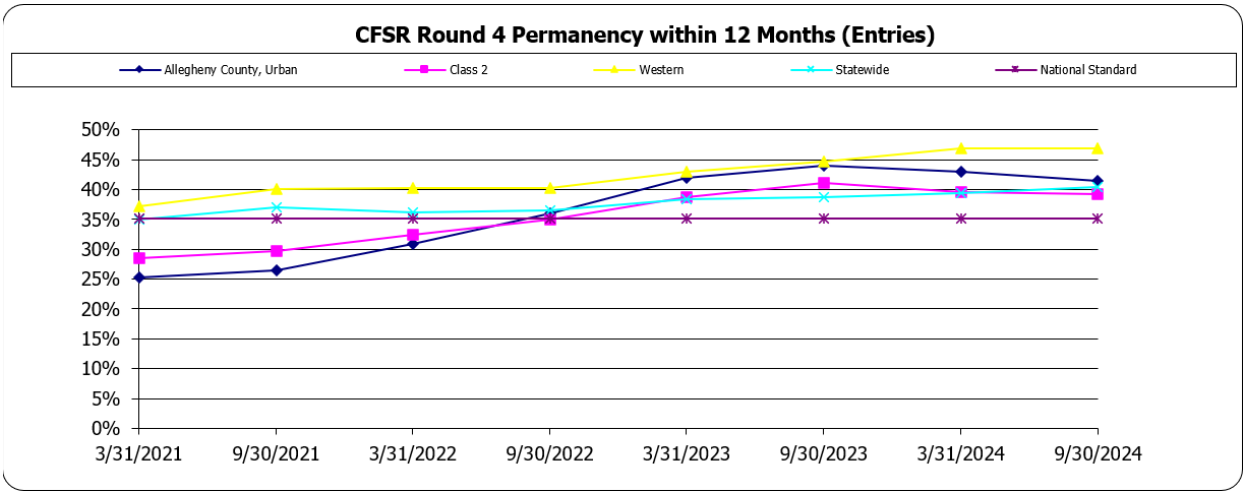
2-3a Population Flow



2-3b Permanency in 12 Months (Entry)

Insert the Permanency in 12 Months (Entry) Chart

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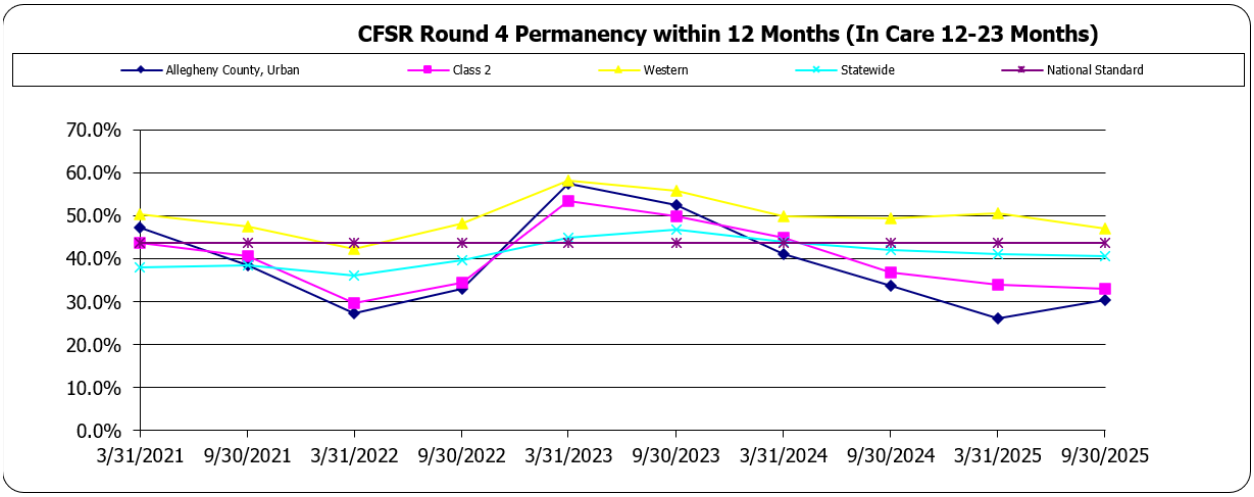
This indicator reports on the percentage of children and youth who enter care in a 12-month period and are discharged to permanency within 12 months of entering care. The national performance standard is 35.2%. A higher performance of the measure is desirable in this indicator.

❑ Does the county meet or exceed the national performance standard?

Yes, Allegheny County exceeds the national performance standard with 41.4% of youth exiting within 12 months of entering care.

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

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



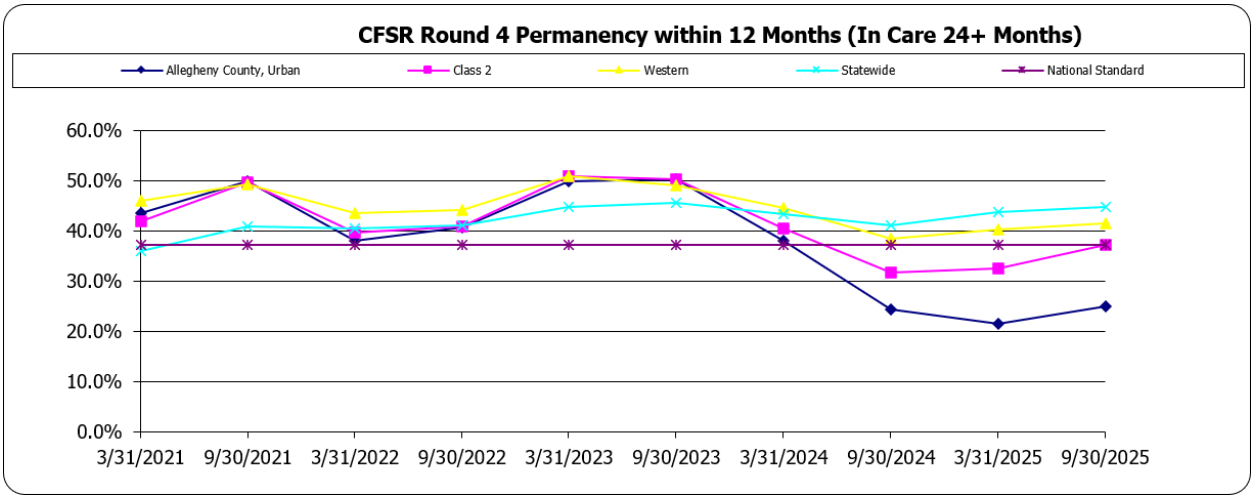
This indicator measures the percent of children and youth in care continuously between 12 and 23 months that discharged within 12 months of the first day in care. The national performance standard is 43.8%. A higher percentage is desirable in this indicator.

❑ Does the county meet or exceed the national performance standard?

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No, Allegheny County did not meet the national performance standard. 30.3% of youth in care for 12-23 months were discharged during the period.

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

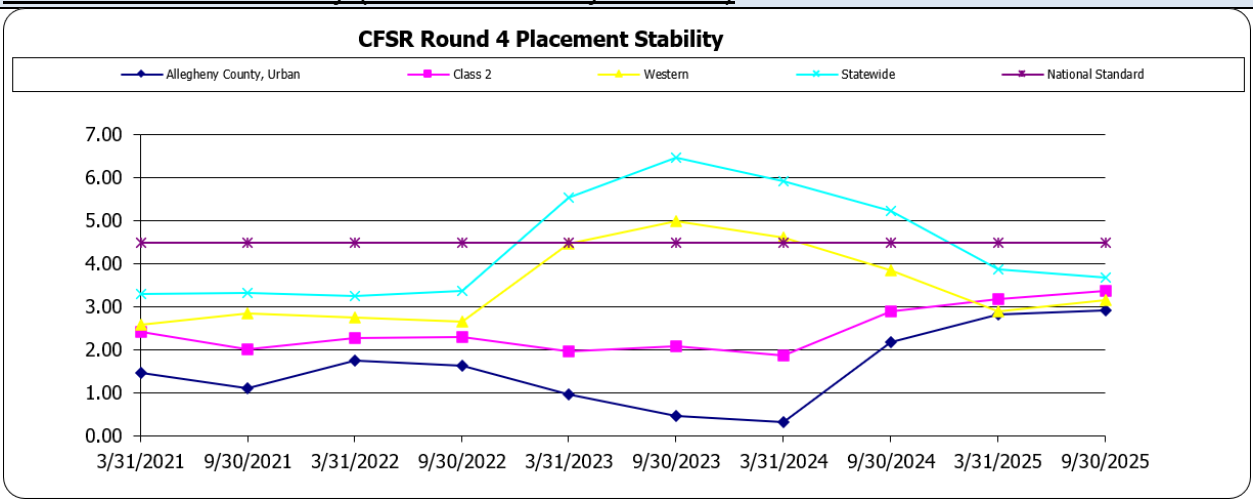


This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 37.3%. A higher percentage is desirable in this indicator.

❑ Does the county meet or exceed the national performance standard?

No, Allegheny County did not meet the national performance standard with 25% of youth who had been in care 24 months or more exiting within the period.

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



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

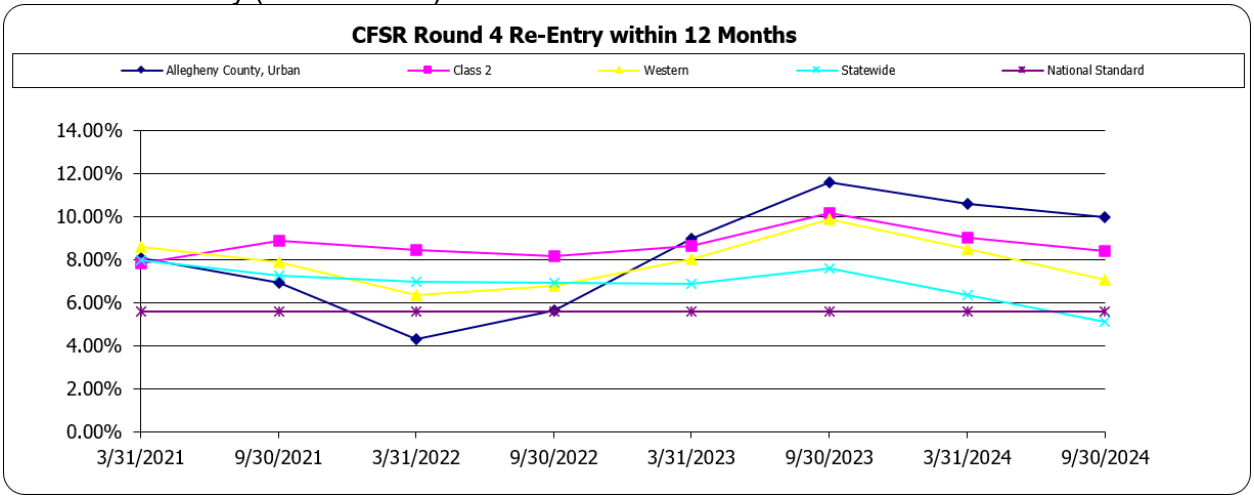
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❑ Does the county have less placement moves than the national performance standard?

Yes, Allegheny County exceeded the national performance standard with 2.9 moves.

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

Insert the Re-entry (in 12 Months) Chart



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

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

No, Allegheny County's re-entry rate is higher than the national performance standard with 9.96% of youth re-entering care within 12 months of discharge.

2-4 Program Improvement Strategies

For FY 2027-28, counties will fully evaluate their performance in achieving permanency and stability for children and youth who enter placement. The analysis of current practices and services toward meeting the national performance standard for timeliness to permanence, re-entry and stability in placement will identify areas in which targeted program improvement is warranted. This analysis will also help to identify areas of technical assistance needed at the county level to address challenges identified. In addition, the areas of technical assistance identified on the county level across all counties in the commonwealth will help to identify areas that need addressed through a statewide focus. As part of the analysis, counties should take a holistic view of the data available to them, including information in the data packages provided, county-specific data, general indicators, etc.

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

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

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Counties that do not meet or exceed national performance standard must identify program improvement strategies based on their analysis. Based on the county analysis of the data presented in 2-2a through 2-2i and 2-3a through 2-3f, as well as other county data reviewed, counties may also choose to consider other areas in which program improvement strategies have been identified. The following questions and steps outlined below will assist counties in identifying priority outcomes and identification of practice improvement strategies.

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

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

Re-entry within 12 months: Allegheny County's performance was worse than the national performance standard of 5.6%, with 9.96% of children re-entering within 12 months of exit. When examining Allegheny County's re-entry rate, it appears that a large proportion of the re-entry rate consists of youth who are JPO-involved. Children who were not involved in JPO had a re-entry rate of 4.25%, while youth who were involved with JPO had a re-entry rate of 25%. JPO involvement may partially explain the large differences in re-entry rates by sex: 15% for males and 2% for females. After analyzing only CYF-involved children, the re-entry rate for males and females is 1% for females and 7% for males.

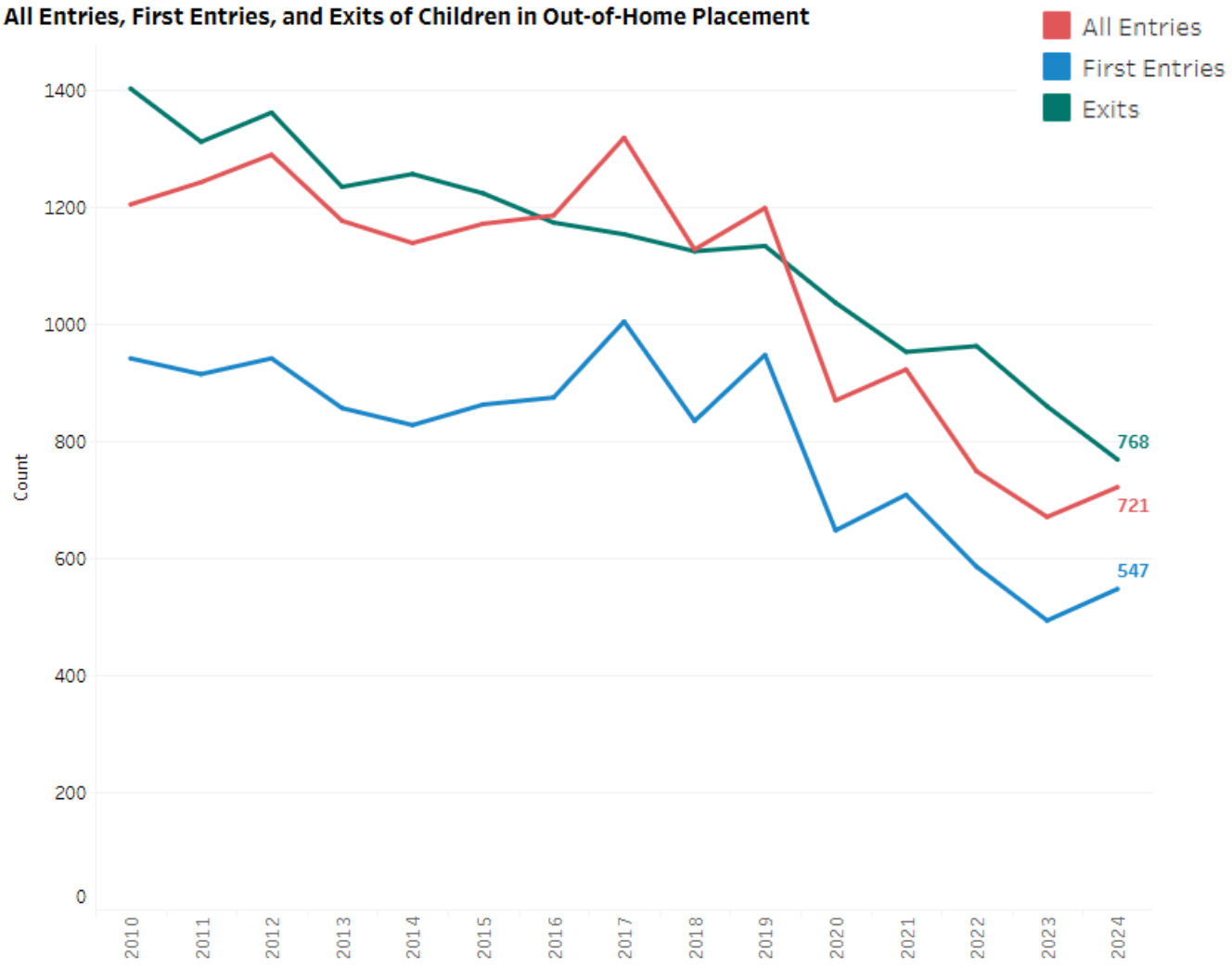
In addition, there are large differences by race, with Black children having a re-entry rate of 14.74% while White children had a re-entry rate of 4.08%. There are large differences by race in the percentage of children who are JPO involved, regardless of re-entry status: 35% of Black children compared to 16% of White children. However, JPO involvement does not fully explain the differences in re-entry rate by race. After analyzing only CYF-involved children, a smaller gap remained in the re-entry rate for Black children (5%) compared to White children (2%). The intersection between race and sex and juvenile justice amplifies disproportionality in Allegheny County's re-entry rate by race.

Permanency in 12 months, among children in care 12-23 months: Allegheny County did not meet the national performance standard of 43.8%. Allegheny County's rate was 30.32%. This measure was highest among children who were 10-12 years old (44%) and lowest among children 0-1 years old (26%) and 13–15-year-olds 25%. White children had a higher exit rate of 37% versus 24% of Black children exiting to permanency within 12 months (among those in care 12-23 months). By sex, males had a higher rate of permanency (35%) versus 26% for girls. Unlike the re-entry measures, this is not as influenced by JPO status because so few JPO placements last more than 12 months.

Permanency in 12 months, among children in care 24 months or more: Allegheny County did not meet the national performance standard of 37.3%; Allegheny County achieved 25%. The best outcomes were for children10-12 years old (38.46%) and the lowest for children 16-17 years old (12.82%). There were also differences by race, with 21% of White children exiting in 12 months compared to Black children exiting in 12 months (29.0%).

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A consideration for both of these measures is that the number of children in out-of-home placement has been declining over the last several years (see chart below from Allegheny County's public dashboard, 'Child Welfare Placement Dynamics'[23]. Among children who do enter placement, it is reasonable to expect that these families face more complex challenges, which can result in a longer time to permanency.



[23] Allegheny County Department of Human Services. (n.d.). *Child welfare placement information: Placement dynamics* [Interactive data dashboard]. Tableau. Retrieved August 12, 2026, from https://tableau.alleghenycounty.us/t/PublicSite/views/AlleghenyCountyChildWelfarePlacementInformation/PlacementDynamics_1?iframeSizedToWindow=true&:embed=y&:display_spinner=no&:showAppBanner=false&:origin=viz_share_link&:embed_code_version=3&:loadOrderID=0&:display_count=no&:showVizHome=no

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

Permanency in 12 months, among children in care 24 months or more: The top three reasons for out-of-home placement were neglect, caretaker's drug use, and caretaker's significant physical or emotional impairment.

Permanency in 12 months, among children in care 12-23 months: The top three reasons for out-of-home placement were neglect, caretaker's drug use, and caretaker's significant physical or emotional impairment.

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

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

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

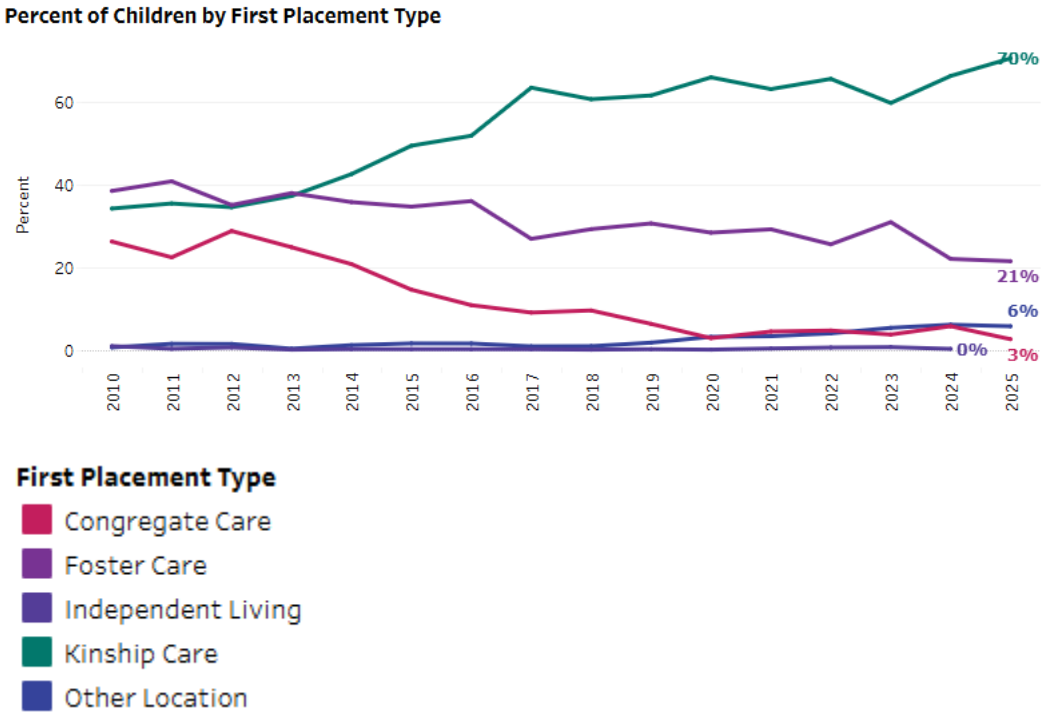
Permanency in 12 months: Among children who exited within 12 months (this is a measure where Allegheny County exceeded the national performance standard), a larger share of children in care for 12 months were removed due to child behavior problems, which is often used when a child is removed by JPO. 23% of youth in this cohort were JPO involved (178/782). It is possible that some reasons for removal are easier to resolve than others.

E. Are there differences in the initial placement type?

As mentioned above, JPO placements tended to be more likely to experience both shorter stays and re-entry into placements. Allegheny County continues to make strides toward placing children with kin as the first placement type (see chart below from Allegheny County's public dashboard, 'Child Welfare Placement Dynamics,'[24]). JPO makes every effort to ensure that the child remains in a residential setting until the necessary intervention addressing the reason for placement is complete. There is also a system push toward shorter placement stays, which conflicts with research on evidence-informed interventions.

[24] Allegheny County Department of Human Services. (n.d.). *Child welfare placement information: First placement type* [Interactive data dashboard]. Tableau. Retrieved August 12, 2026, from https://tableau.alleghenycounty.us/t/PublicSite/views/AlleghenyCountyChildWelfarePlacementInformation/FirstPlacementType?iframeSizedToWindow=true&:embed=y&:display_spinner=no&:showAppBanner=false&:origin=viz_share_link&:embed_code_version=3&:loadOrderID=0&:display_count=no&:showVizHome=no

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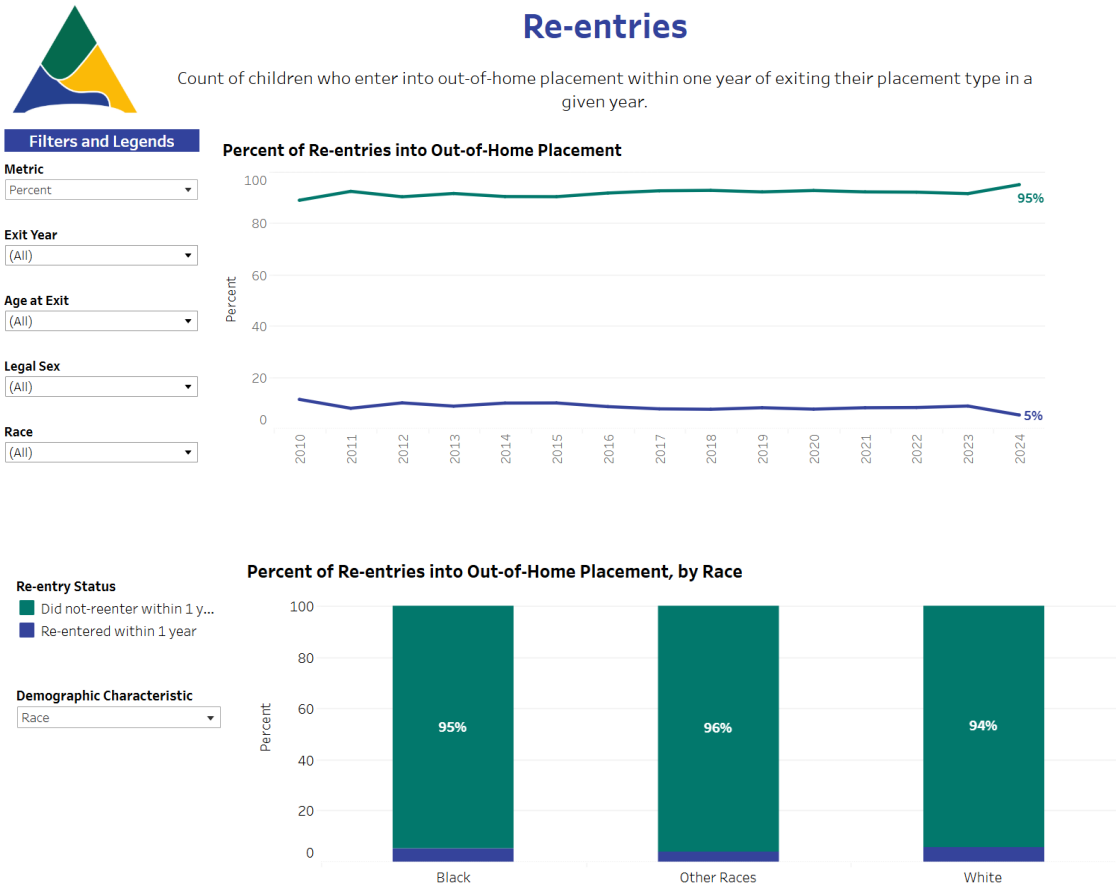
The results of the data analysis will lead the County to further root cause analysis, in which root causes are identified.

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

Re-entries within 12 months: Allegheny County has a public dashboard, 'Child Welfare Placement Dynamics,' which indicates that re-entries within one year have decreased slightly over time to about 5%.[25]:

[25] Allegheny County Department of Human Services. (n.d.). *Child welfare placement information: Re-entry* [Interactive data dashboard]. Tableau. Retrieved August 12, 2026, from https://tableau.alleghenycounty.us/t/PublicSite/views/AlleghenyCountyChildWelfarePlacementInformation/Re-entry?iframeSizedToWindow=true&:embed=y&:display_spinner=no&:showAppBanner=false&:origin=viz_share_link&:embed_code_version=3&:loadOrderID=0&:display_count=no&:showVizHome=no

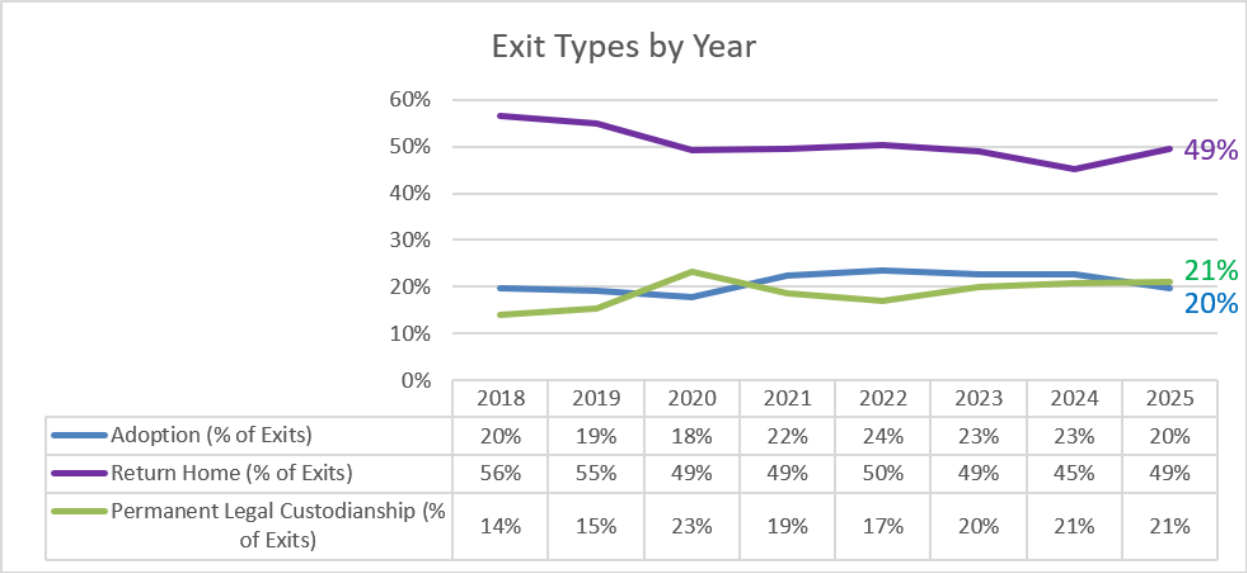
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This rate is fairly comparable by race (see chart above), with 5% of Black and 6% of White children having a re-entry rate.

Permanency within 12 months, among children in care 12-23 months and 24 months or more: Over the last few years, the percentage of children placed for adoption has increased slightly (see chart below). Adoptions tend to take more time to be finalized, which can result in longer stays in placement. In 2025, the average length of stay in placement for adoptions was 993 days compared to an average of 331 days for exits to the family of origin.

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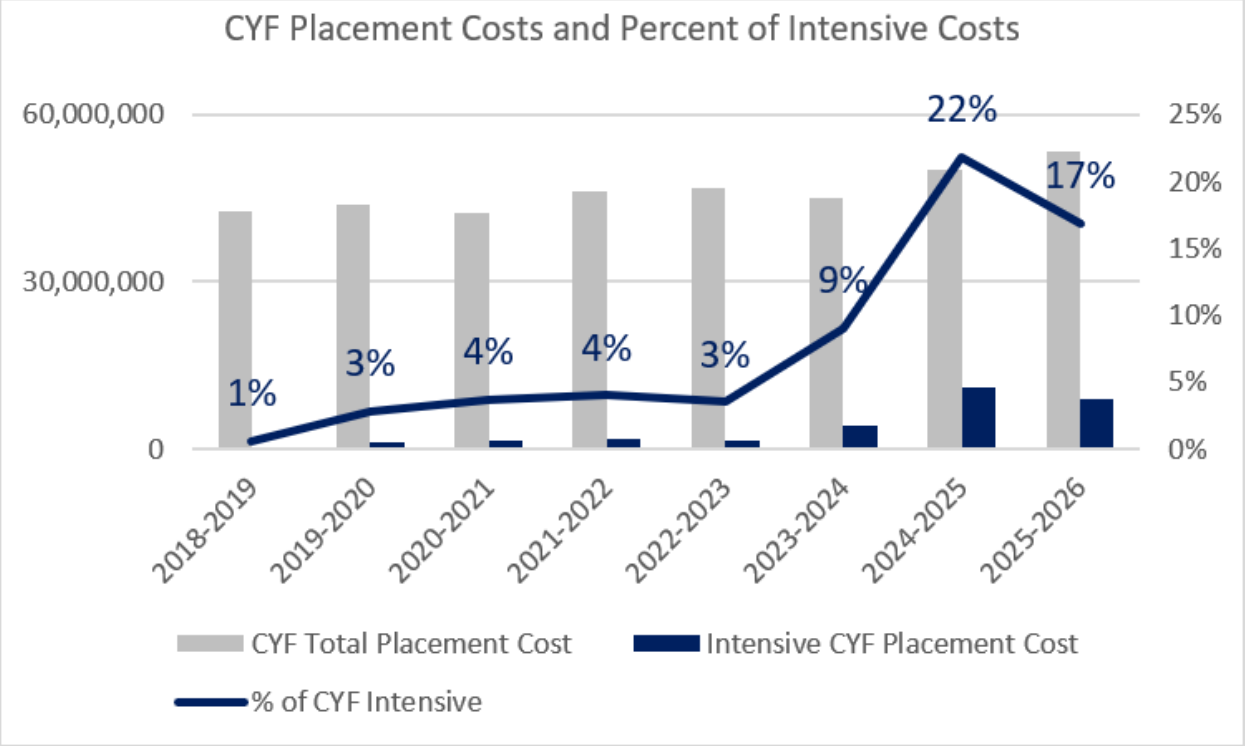


	2018	2019	2020	2021	2022	2023	2024	2025
Adoption (% of Exits)	20%	19%	18%	22%	24%	23%	23%	20%
Return Home (% of Exits)	56%	55%	49%	49%	50%	49%	45%	49%
Permanent Legal Custodianship (% of Exits)	14%	15%	23%	19%	17%	20%	21%	21%

Both indicators (children in care 12-23 months who exited and children in care 24 months or more) can be conceptualized as a problem of children staying in care longer than the national performance threshold. Through an analysis of all CYF-involved and dually CYF and JPO involved children, there does appear to be a difference in the racial distribution of kids in care between 12 –23 months between those who **did not** exit to permanency. The cohort of children in care 12-23 months consisted of 47% Black and 34% White. Among Black children in care 12-23 months, 28% exited compared to 41% of White children. There are some bigger differences by race among children in care 24 months or more: 51% were Black and 27% were White. Among Black children in care 24 months or more, 30% exited while among White children, 21% exited.

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

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The complexity of challenges facing children in placement has increased over time. While only a small number of CYF placements are considered 'intensive', the resources associated with these placements make up a substantial share of overall placement costs. Between 2018-2019, the cost of intensive placements made up only 1% - 4% of the total costs. Starting in 2023-2024, this percentage jumped to 9% in 2023-2024, then 22% in 2024-2025. Although demand for these placements exceeds current capacity, these placements have been constrained due to cost and availability.

1. <u>PROGRAM IMPROVEMENT STRATEGIES AND ACTION STEPS TO BE IMPLEMENTED AND MONITORED:</u>

Outcome # 1: Increase permanent exits among children who may face barriers.

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

Strategy:	Permanency Roundtables:[26] A research-backed strategy of bringing together CYF leadership, supervisors, and caseworkers to help children move to permanency who may be likely to face challenges to permanency.
Identify if this is an existing strategy identified	Existing strategy

[26] Davis, C. W., Rogg, C. S., O'Brien, K., & Roller White, C. (2012, October). *24-month outcome report: Permanency Roundtable Project* [Research report]. Casey Family Programs. https://www.casey.org/media/garoundtable_24month_ES.pdf

in prior year NBPB or a new strategy:	
Action Steps with Timeframes (may be several):	• FY 2024-25 Q4: Planning with Casey Family Programs began • FY 2025-26: Pilot implemented with 8 youth • FY 2026-27 Q2: Pilot will be expanded
Indicators/Benchmarks (how progress will be measured):	• Number of youth enrolled • Time to permanency
Evidence of Completion:	• A standard of practice will be developed for CYF implementation of the Permanency Roundtable, including how to identify children for inclusion in this intervention.
Resources Needed (financial, staff, community supports, etc.):	• Resources required for this intervention include CYF staff time, specifically filling a vacancy for a Project Manager for the Roundtables who would schedule, track, and manage them.
Current Status:	• Pilot ending; Planning for expansion will begin in FY 2026-27 Q2
Monitoring Plan:	• Number of children included in the permanency roundtable, number of sessions held to identify strategies for permanency, number of children who exit to permanency, time to permanency, case review of children who do not exit to permanency.
Identify areas of Technical Assistance Needed:	• Casey Family Programs provided technical assistance and training.

Outcome #2: Increase support to families and children following exits from care

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

Strategy:	Aftercare Pilot and Expansion
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	CYF recently launched a pilot (July 1, 2026) with the goal of enrolling 25 children in aftercare services. The provider, Adoption Connections, has been identified to offer this service. This is an expansion of a strategy identified in last year's plan.
Action Steps with Timeframes (may be several):	• FY 2025-26 Q3: Program planning began and Adoption Connections was selected as the provider • FY 2026-27 Q1: Pilot program began • FY 2026-27 Q3: Evaluate program for expansion
Indicators/Benchmarks (how progress will be measured):	• Number of children enrolled in the pilot • Re-entry within 3, 6, 12 months • Placement changes (for children going from congregate to foster/ kinship care) • Case review

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Evidence of Completion:	• Number of children enrolled
Resources Needed (financial, staff, community supports, etc.):	• Additional funding requested through FY 2027-28 adjustment • Time for monitoring, analysis, and review • Provider (Adoption Connection) • Analysis related to outcomes
Current Status:	• Pilot began 7/1/2026
Monitoring Plan:	• Weekly meetings with providers • Analysis request re: pilot evaluation
Identify areas of Technical Assistance Needed:	• None at this time

Outcome #3: Create more supportive placements for children with complex challenges who do not meet the level of care required at a residential treatment program.

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

Strategy:	Complex needs placements
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Identified in prior year NBPB
Action Steps with Timeframes (may be several):	• FY 2025-26 Q2: RFP was issued.[27] • FY 2025-26 Q3: Proposals were evaluated and award decisions were communicated to selected providers • By FY 2026-27 Q4: Selected providers are pursuing appropriate licenses and budget packet approval • FY 2027-28 Q1: Execute contracts with selected providers and begin serving clients in new residential services. CYF to identify more local options for shelter and diagnostics (no offers made on these).
Indicators/Benchmarks (how progress will be measured):	• Licensures obtained • Budgets/per diems approved
Evidence of Completion:	• Executed contract • Number of placements • Other measures from the evaluation plan

[27] Allegheny County Department of Human Services. (2025, October 9). *RFP for residential programs for child welfare-involved youth* [Request for proposals]. Solicitations, Allegheny County. Retrieved August 12, 2026, from https://solicitations.alleghenycounty.us/2025/10/09/rfp-for-residential-programs-for-child-welfare-involved-youth/

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Resources Needed (financial, staff, community supports, etc.):	• Additional funding requested through FY 2027-28 adjustment • CYF staff time
Current Status:	• In development
Monitoring Plan:	• This contract will be overseen by a CYF contract monitor. Oversight includes: site visits, document reviews, review performance indicators with provider(s) and meet regularly to troubleshoot any issues.
Identify areas of Technical Assistance Needed:	• None at this time.

Outcome #4: Keep children safe at home, including those who had previous out-of-home CYF placements

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

Strategy:	Family Preservation Re-procurement
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	This is a new strategy: RFP for Re-procurement of Family Preservation Services: Case Management; Home Management (Kin-Delivered and Agency-Delivered); and Parenting Skills (including Nurturing Parenting, Triple P, and Parent-Teen Conflict). The new RFP is intended to strengthen the supports CYF can offer families to help children remain safely at home.
Action Steps with Timeframes (may be several):	• FY 2026-27 Q1: RFP released • FY 2026-27 Q2: Proposal evaluation • FY 2026-27 Q4: New contracts executed • FY 2027-28 Q1: New services begin
Indicators/Benchmarks (how progress will be measured):	• Number of new providers contracted • Number of family preservation services identified
Evidence of Completion:	• New contracts
Resources Needed (financial, staff, community supports, etc.):	• Time for monitoring, analysis, and review • Analysis related to outcomes once contracts are in place • Funding requested through FY 2027-28 adjustment
Current Status:	• RFP released
Monitoring Plan:	• Review committee will be identified

Identify areas of Technical Assistance Needed:	• None at this time

Section 3: Administration

3-1a. Employee Benefit Detail

❑ Submit a detailed description of the county's employee benefit package for FY 2025-26. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

#52502, County Pension Fund-
The County contributes 11% of employees' gross salary as a match for pension benefits.

#52503, FICA/Medicare-
The County contributes 7.65% for all eligible wages per the requirements of the Social Security Administration.

#52504, Group Life Insurance-
Full-time employees are afforded up to $10,000 of life insurance at no cost to them.

#52505, Highmark Blue PPO or UPMC Business Advantage PPO-
The County recovers 3.25% of the employee's base wage to offset medical benefit costs.

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

#52511, Concordia Plus-
The County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employees and dependents to select a primary dental office. As of January 1, 2026, the cost to the County is $25.76 per month for an individual and $77.31 per month for a family.

#52513, Concordia Flex-
As of January 1, 2026, the cost to the County is $31.08 per month for an individual and $76.22 per month for a family.

#52530, Employee Worker's Comp Medical-
Medical claims paid by the County for CYF employees who have filed Workers' Compensation claims. Cost is based upon actual experience.

#52531, Employee Worker's Comp Indemnity-
Payments are made to CYF employees who are on Workers' Compensation. Cost is based upon actual experience.

#52532, Employee Worker's Comp Administration-
Payments are made to a third-party Workers' Compensation Administrator per contract with Allegheny County, and costs are paid for legal fees. Cost is based upon actual experience.

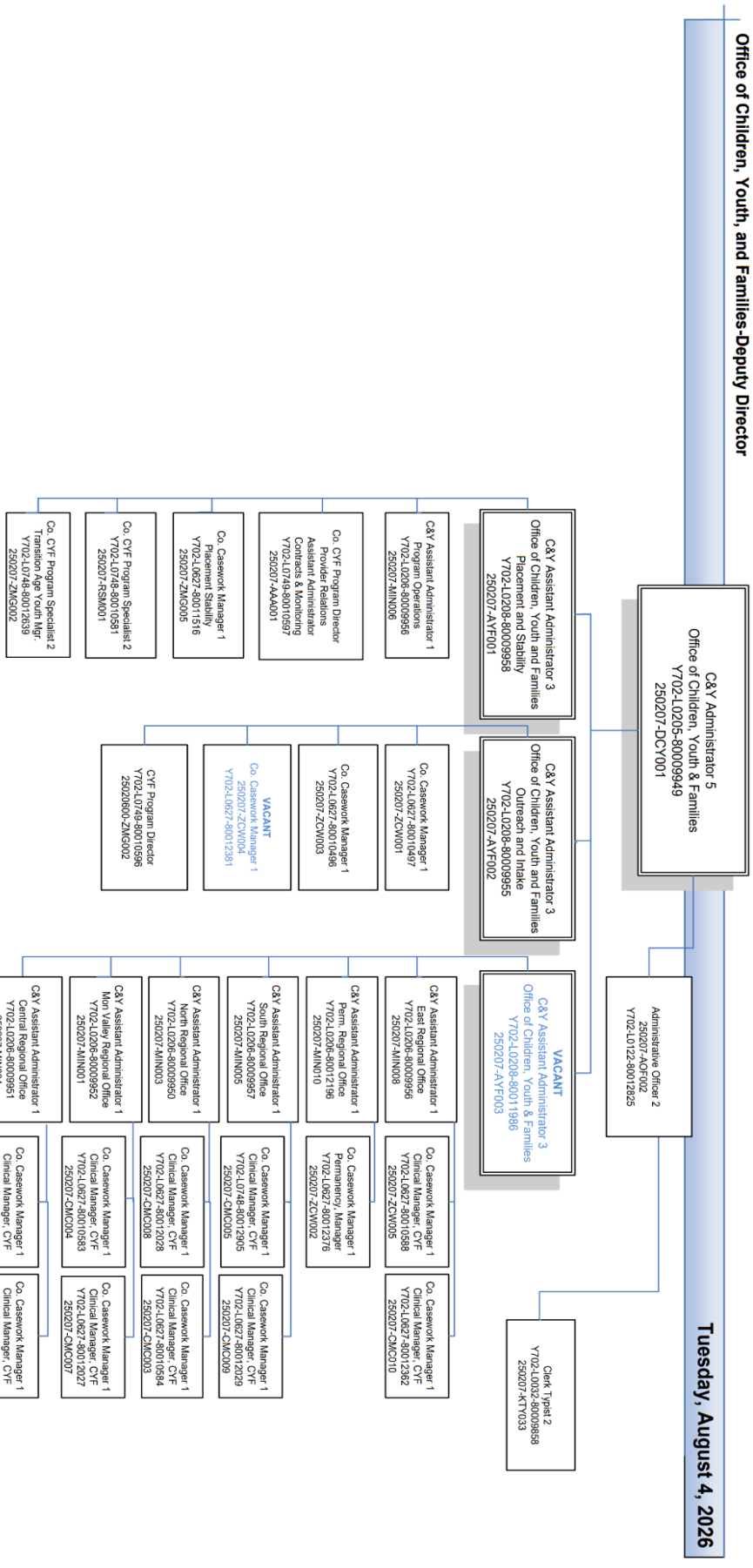
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3-1b. Organizational Changes

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

There were no new positions added to the CYF organizational chart headcount. Below is an organizational chart of County-employed CYF staff, including clinical managers and above. This chart does not include any contracted staff or case managers.

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Allegheny County Department of Human Services
Office of Children, Youth, and Families-Deputy Director
C&Y Administrator 5
Office of Children, Youth & Families
Y702-L0205-80009949
250207-DCY001
Tuesday, August 4, 2026
Administrative Officer 2
250207-ACF002
Y702-L0122-80012825
Clerk Typist 2
Y702-L0632-80009658
250207-KTY033
C&Y Assistant Administrator 3
Office of Children, Youth and Families
Placement and Stability
Y702-L0208-80009958
250207-AYF001
C&Y Assistant Administrator 1
Program Operations
Y702-L0206-80009956
250207-MIN006
Co. CYF Program Director
Provider Relations
Assistant Administrator
Contracts & Monitoring
Y702-L0749-80010597
250207-AAA001
Co. Casework Manager 1
Placement Stability
Y702-L0627-80011516
250207-ZMG005
Co. CYF Program Specialist 2
Y702-L0748-80010581
250207-RSM001
Co. CYF Program Specialist 2
Transition Age Youth Mgr.
Y702-L0748-80012639
250207-ZMG002
C&Y Assistant Administrator 3
Office of Children, Youth and Families
Outreach and Intake
Y702-L0208-80009955
250207-AYF002
Co. Casework Manager 1
Y702-L0627-80010497
250207-ZCW001
Co. Casework Manager 1
Y702-L0627-80010496
250207-ZCW003
CYF Program Director
Y702-L0749-80010596
2502060b-ZMG002
VACANT
Co. Casework Manager 1
250207-ZCW004
Y702-L0627-80012381
VACANT
C&Y Assistant Administrator 3
Office of Children, Youth & Families
Y702-L0208-80011986
250207-AYF003
C&Y Assistant Administrator 1
East Regional Office
Y702-L0206-80009956
250207-MIN008
C&Y Assistant Administrator 1
Penn Regional Office
Y702-L0206-80012196
250207-MIN010
C&Y Assistant Administrator 1
South Regional Office
Y702-L0206-80009957
250207-MIN005
C&Y Assistant Administrator 1
North Regional Office
Y702-L0206-80009950
250207-MIN003
C&Y Assistant Administrator 1
Mon Valley Regional Office
Y702-L0206-80009962
250207-MIN001
C&Y Assistant Administrator 1
Central Regional Office
Y702-L0206-80009951
250207-MIN004
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0627-80010588
250207-ZCW005
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0627-80012362
250207-CMC010
Co. Casework Manager 1
Permanency, Manager
Y702-L0627-80012376
250207-ZCW002
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0748-80012905
250207-CMC005
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0627-80012029
250207-CMC009
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0627-80012028
250207-CMC008
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0627-80010584
250207-CMC003
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0627-80010583
250207-CMC004
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0627-80012027
250207-CMC007
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0206-80009961
250207-CMC001
Co. Casework Manager 1
Clinical Manager, CYF
Y702-L0627-80012026
250207-CMC006

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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.

  AC DHS utilizes a variety of recruitment strategies to build pipelines of candidates interested in working with AC DHS, whether to fill vacancies or newly created positions. In addition to ongoing strategies listed below, AC DHS has launched a special effort to boost Caseworker recruitment and retention, building an ongoing caseworker recruitment marketing plan, refining hiring operations to reduce time to hire, and conducting analysis into Caseworker retention.

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

  AC DHS's recruitment strategy includes the following:
  - Utilizing job boards and social media to promote vacancies.
  - Working with external, community-based agencies.
  - Building on existing relationships with colleges and professional organizations.
  - Participating in the Workforce Excellence Initiative in partnership with the National Child Welfare Workforce Institute.
  - Initiating a 3-year Leadership Development program for supervisors and managers.
  - Implementing Gallup's Employee Engagement survey and program.
  - Utilizing Handshake to promote jobs among colleges/universities.
  - Attending college/university career fairs, in-person and virtually.
  - Partnering with local non-profits such as PA Women Work, PA Career Link, Pittsburgh Technology Council, and Vibrant Pittsburgh.
  - Utilizing LinkedIn Professional to promote jobs and source candidates.
  - Participating in the Leadership Academy and Foundations of Leadership programs.
  - Recruiting interns from a variety of universities and colleges to build exposure and interest in a career in Child Welfare.

  AC DHS's retention strategies include:
  - Launching the Year 1 Learning and Development Series for AC DHS new hires. This series includes self-guided and instructor-led courses that focus on:
    - AC DHS structure and programs
    - Equity
    - Skills relevant to human services professionals, including effective communication, technology, trauma, and more
  - Promoting an equitable and inclusive workplace culture through Employee Resource Groups and Trainings
  - Supporting employee health and well-being by:
    - Promoting the vast resources available through the Employee Assistance Program.
    - Offering monthly mindful gatherings to support individual and collective wellness, Vitality Cafes.
  - Continuing a comprehensive, 3-year management training program.
  - Investing in employee learning and development by:
    - Offering instructor-led and e-learning resources.

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  - Offering an Educational Program that provides reimbursement for employees attending post-high school educational classes at colleges, universities, and other educational institutions.
- Continuing to enhance the new employee orientation and onboarding experience.
- Developing a proposal to align compensation with state minimums to create transparent and equitable compensation practices.
- Strengthening performance management and the performance review process.
- Promoting the following CYF-specific activities:
  - A Healthy Habits Model Initiative was implemented with monthly educational sessions, challenges, and awards.
  - Crisis Action Team to support staff with significant stressors and trauma.
  - Wellness Champions who support staff daily by being available for impromptu conversations.
  - Employee luncheons are put on by the Crisis Action Team or Wellness Champions.
  - Wellness workshops, including yoga and tea sessions.