pennsylvania
DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2025-26 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) 2025-26 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

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

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

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

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

INSERT COUNTY NAME

NBPB
FYs 2023-24, 2024-25 and 2025-26

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

Section 2: NBPB Development

1-1: Executive Summary

➲ Respond to the following questions.

1-1: Executive Summary

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

Challenges

1. **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 steep disadvantage for attracting and retaining skilled workers. Allegheny County is committed to bolstering recruitment and retention of critical human services and child welfare staff. In the past two years, we've streamlined HR processes, launched wellness programs, and undertaken a targeted effort to fill vacant positions. As we continue to adapt to the changed labor market, we are additionally pursuing opportunities to improve caseworker career pathing**,** invest in supervisory and managerial training, increase provider rates to enable improved staff wages, and more. (Adjustment requested)

2. **Challenge: Improving the service array for youth with complex needs.** In cases where child safety requires home removal, we work to ensure children and youth are placed in the least-restrictive, most family-like setting that meets their needs; that they experience stability in that placement; and that they achieve permanency as quickly as possible. Finding appropriate placements for youth with mental health and behavioral issues can be particularly challenging. Unfortunately, like jurisdictions across the State, Allegheny County lacks sufficient placement settings with appropriate services available to adequately serve youth with complex needs. In FY 23-24 alone, Allegheny County's Multisystem Team held over 4,000 meetings (Integration and Teaming, Complex Case, and Technical Assistance meetings) regarding 156 youth with complex needs. Further, the number of youth served by the Multisystem Team is increasing, with a 30% year-over-year increase in youth served from FY 22-23 to FY 23-24, representing 36 additional youth. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS is investing in:

   Treatment settings (HealthChoices-funded), including:

   - **Adding a new Psychiatric Residential Treatment Facility (pRTF) and Diversion and Stabilization (DAS) program.** ACDHS, in partnership with Community Care Behavioral Health, is contracting with Southwood Psychiatric Hospital to operate a new 20-bed program that will provide mental health stabilization/step-down for youth ages 13-17 with a mental health diagnosis in a short-term residential setting for approximately 30-90 days. This program will provide services to all Allegheny County youth that meet medical necessity criteria and are referred for this level of care,

including those with multisystem involvement. Discharge from these short-term treatment facilities is often a barrier because the child does not have an appropriate therapeutic placement setting to return to.

Following construction delays, ACDHS anticipates that the new program will be operational by the end of CY 2024. ACHDS is waiting for construction of the new Southwood Hospital to be complete, as our new program will be located in the current hospital facility.

Therapeutic Placement Settings, including:

- **Expanding the availability of residential placement settings with on-site therapeutic supports**. ACHDS is conducting an analysis to identify gaps in residential placement capacity for CYF-active youth with complex needs who are the hardest to place, including those who have had long stays in psychiatric hospitals and those denied entry to Residential Treatment Facilities. Among other placement types, ACDHS expects this analysis to evidence the need for expanded emergency shelter capacity for adolescents transitioning to home or other levels of care. Contingent upon the results of the analysis, the County is planning to issue a Request for Proposals to procure additional emergency shelters and/or additional residential placement capacity with on-site therapeutic supports. (Adjustment requested)
- **Improving the capacity of family-based placement settings to accommodate the needs of youth with behavioral health needs by certifying more Therapeutic Foster Care homes and investing in In-home supports for Kinship Care.** Therapeutic Foster Care (TFC) is a vital support for meeting the mental health needs of youth in a less restrictive, family-like placement option. As part of its recent rebid of foster care services, ACDHS continues to expand the availability and capacity of TFC by requiring all Foster Care providers to recruit, train, supervise and support foster parents to care for children with significant emotional, behavioral and/or social needs. This approach has allowed ACDHS to place more complex cases in homes that are able to provide services: since FY 21-22, ACDHS has increased the number of youth in therapeutic foster homes by 152%, representing 134 youth. ACDHS is working to certify existing placements, train additional homes, and support provider agencies in problem-solving around staffing issues and expects to see a continued increase in TFC days of care. To improve the capacity of kinship placements to meet the needs of youth with complex needs, ACDHS has procured a new service to support emotional and behavioral issues that affect development, normalcy, and permanency within kinship homes. Clinicians conduct in-home agenda-driven sessions for the child, parent, or family necessary to maintain placement.

Successes

1. **Success: Implementation of community violence reduction programs to promote children and youth's safety and well-being.** DHS aims to reduce child abuse and neglect by reducing the adverse childhood experiences caused by gun violence exposure. Gun violence is a form of trauma with severe impacts for those in impacted communities. Youth and adults exposed to gun violence have significantly higher levels

of psychological distress, depression, suicidal ideation, and/or psychotic experience.[1] Recent studies have shown that compared with the general population, Child Welfare involved children are far more likely to have experienced at least four adverse childhood experiences (ACEs) (42 percent vs. 12.5 percent), which emphasizes the link between adverse childhood experiences (such as exposure to violence) and child abuse or neglect.[2] This link is also evidenced by the high crossover among those directly impacted by homicide and the child welfare or juvenile justice systems: Among homicide victims from 2020 through 2022, 40% have a history of juvenile justice involvement, 21% have a history of child welfare involvement as a child, and 39% have a history of child welfare involvement as a parent. Among offenders during the same period, 63% have a history of juvenile justice involvement, 36% have a history of child welfare involvement as a child, and 48% have a history of child welfare involvement as a parent.

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

2. **Success: Progress toward ensuring at-risk families can rapidly access what they need to keep their families strong and together.** ACDHS is making progress in reaching at-risk families more quickly and preventing further child welfare involvement by providing services during investigation. Meeting a family's needs quickly can prevent a hardship from escalating into a crisis. Previously, many ACDHS CYF services, including in-home, transportation, and concrete goods services, were only available to families once a case had been opened, causing a delay. In June 2023, ACDHS began providing services to families faster, starting during investigation. In FY 23-24, 1,775 child welfare

[1] 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

[2] 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.

referrals were connected to services during an investigation, an increase of 451 service connections from the prior fiscal year. The proportion of child welfare investigations receiving services during investigation in FY23-24 was 24%. We anticipate that the proportion of families provided services during investigation will continue to increase over time.

These advances, along with our robust suite of prevention programming including Hello Baby and Family Centers, are addressing the longstanding issue that too many children and youth with open child welfare cases are not at risk of serious harm nor in need of clinical services. From FY 21-22 to FY 23-24, ACDHS has slightly reduced the percentage of open non-placement cases who received only concrete goods or transportation passes and no other CYF services from 20% to 19% (in absolute terms, from 250 cases to 120 cases). To remake our system into one where child welfare opens cases only for the small number of families at high risk for serious abuse/neglect and where low-risk families can be safely and effectively served through community-based services, ACDHS is continuing to invest in and expand access to primary prevention and diversion services that adequately meet families' basic needs.

3. **Success: Supporting kinship caregivers.** To ensure that kinship caregivers have the resources they need to provide a safe, healthy, and nurturing home to the children in their care and to support the continued expansion of kinship care in Allegheny County, ACDHS has made progress in implementing:

   Kinship rate increase. In FY 21-22, PA OCYF approved ACDHS's NBPB adjustment to correct the 67% disparity in maintenance payments between foster and kinship caregivers (previously, while foster caregivers received an average of $34.90 per diem, kinship caregivers received an average of only $20.90). In FY 22-23, ACDHS implemented an increase in maintenance payments for kinship caregivers. By creating parity between kinship and non-kinship caregivers, ACDHS is ahead of the proposed rule by the Administration for Children and Families and in compliance with the federal legal precedent set by D.O. v. Glisson, wherein a federal court ruled that children in state custody placed with approved kinship foster caregivers have a right to foster care maintenance payments at the same rate as children placed in licensed, non-relative foster homes.[3] This change benefits the many older, Black kinship caregivers in economically disadvantaged households who are overrepresented among kinship caregivers in Allegheny County. In FY 23-24 and 24-25, ACDHS will continue increasing existing adoption and PLC subsidies to parity (Adjustment Requested).

   Importantly, this initiative promotes not only equity but also the sustainability and expansion of kinship care in the County. 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, and children in kinship care are less likely to experience school disruptions, moves, and behavioral problems than children in non-kin placement.[4] Indeed, County data shows that compared to other placement types (traditional foster and congregate), kinship placements experienced the lowest number of moves (1.5) and highest rates of placement stability (over 80%) on average. Allegheny County is proud that kinship care is the majority initial CYF placement type, with an average of 60% of

[3] American Bar Association, 2017
[4] "What Is Kinship Care?". 2020. The Annie E. Casey Foundation. https://www.aecf.org/blog/what-is-kinship-care/

initial placements from 2017-2023 in kinship care (peaking in 2022 at 65.9% of initial placements). The increased maintenance payments for kinship care (made available to all kinship caregivers in April 2023) are expected to help ensure the County can continue to maintain, stabilize, and expand kinship placements.

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

Allegheny County Juvenile Probation (JPO) makes decisions in cases involving alleged delinquent acts committed by juveniles under the age of eighteen. Decision making is based off of the Juvenile Justice System Enhancement Strategy (JJSES), in conjunction with Balanced and Restorative Justice (BARJ) principles. Allegheny JPO maintains a primary focus on shifting supervision services from short-term compliance methods to the promotion of long-term behavioral change in juveniles. Allegheny JPO continues to advance the department in JJSES framework through training and policy enhancement; as well as enhancement to the services provided by the CISP Program. Moving forward in FY 24/25 and FY 25/26 the department will continue a strong focus on Prevention and Diversion to keep juveniles from penetrating into/further into the delinquency system.

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

1. The most pressing challenge is the **closing of Shuman Detention Center**. Since 1996, Balanced and Restorative Justice (BARJ) has been the legislative mandate and mission of Allegheny County and Pennsylvania's juvenile justice systems, establishing community protection, accountability, and competency development as system goals. We must have the ability to safely house juveniles who have allegedly committed a delinquent act who are also a threat to the community. Without access to a detention center, we cannot adequately protect juveniles, victims, or the community at large. We have temporarily been able to locate a few detention beds, but they do not come close to meeting our needs. Allegheny County JPO must have access to a sufficient number of detention beds to ensure we are not releasing any juvenile that should be detained.

   Between December 2021 and October 2023, 234 youth in Allegheny County met the criteria for secure detention or were court ordered to detention but were not detained due to a lack of detention beds. Of those, five were subsequently shot and killed, one died of an overdose, and at least one was critically injured in a shooting after being returned to the community. Allegheny County has had to utilize alternatives to detention that unfortunately have not supported the rehabilitation of the juvenile or promoted/maintained community safety.

   Regarding electronic monitoring as the use of an alternative to detention, as of 1/5/24, there were 144 juveniles on electronic monitoring in the community. Of that total, 114 (79%) were pending or previously adjudicated of serious offenses including firearm offenses and violent

felony offenses, or the combination of both. Notably, from 2022 through January 8, 2024, there were 436 incidents where juveniles cut off their bracelets or let the batteries die. One-hundred eight (108) of these juveniles did this multiple times, some being connected and reconnected as many as seven times during that time span. Many of these juveniles present serious community safety concerns and may have complex treatment needs that we are unable to address in a stable setting. Additionally, during this time, 9 of the 89 individuals with outstanding juvenile warrants were detained in the Allegheny County Jail charged with a new criminal offense, homicide, or an Act 33 offense. These juveniles could not be apprehended prior to being admitted to the ACJ due to a lack of juvenile detention beds. Many of these juveniles present serious community safety concerns and may have complex treatment needs that we were unable to address due to lack of detention services.

With the recent opening of Highland Detention Center at Shuman Center in July 2024, we currently have 26 guaranteed beds at Adelphoi Village and have been successful in accessing one or two beds in Jefferson County Detention Center at times. Recently, George Junior Republic opened an eleven-bed detention program. They have taken several Allegheny County youths; however, their beds are frequently full. Allegheny County continues to have access to only 2 female detention beds on a regular basis.

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

   Allegheny County Juvenile Probation continues to struggle finding residential placements for aggressive youth who have serious mental health needs. The majority of these youth are dually active with CYF, and they come to the attention of the courts when they commit an act of aggression in a dependency placement. As CYF strives to eliminate all use of “congregate care”, they no longer have facilities with staff that are adequately trained and prepared to service these youth. It is not unexpected, when a youth with high mental health needs is placed into a program that is not equipped to meet those mental health needs, the youth will eventually strike out against staff. Because the youth has been placed there by the courts, the act of aggression is classified the same as if they had assaulted a police officer, a felony offense. A similar issue arises with youth who commit a serious crime but, after a competency evaluation, are determined by the evaluator to not be competent to stand trial. Those youth should not be released to the community, but JPO does not have indefinite jurisdiction. Neither of these youth belong in the juvenile justice system, but instead should be served by child welfare and/or mental health.

3. The third significant problem faced by JPO is **the inability for service providers to adequately hire and maintain enough quality staff.** There appear to be two issues. The child welfare and juvenile justice system has not had the proper funding mechanisms to provide adequate funding to providers. Therefore, the providers have responded by hiring less qualified staff. OCYF has set the minimum standards for direct care workers as a high school diploma or GED. Because both child welfare and juvenile justice have greatly

reduced the number of youths entering residential services, the youth that are sent there are the most difficult youth with the most significant needs. We must provide significant increases to the providers so they can attract, hire, and maintain enough quality staff. We have seen this issue internally as it relates to attracting probation officers and CISP Monitors.

The second issue regarding staffing is the inability of providers, including OCYF BJJS, to find individuals that want to work in this field. Some efforts should be made statewide to recruit young people to work in the child serving systems. Every major provider under contract with Allegheny County Juvenile probation has at least one or more units closed, not because of lack of need, but because of a lack of qualified staff. The BJJS continues to have a wait list for youth to enter placement due to full capacity. That puts extreme stress on counties, especially ours since we can no longer hold the juveniles in detention while awaiting an open bed. We currently have juveniles in the community on the wait list for a BJJS bed.

Successes

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

- ❑ 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 2024-25 and 2025-26.

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

At this time all probation staff and CISP staff have been trained in Motivational Interviewing. MI training is also a part of our standard training package for all new probation officers. Our internal MI coaches committee meets bimonthly to discuss fidelity to the coaching process and create booster skill opportunities. Booster sessions are standard and integrated as part of the YLS and Case Plan Booster. We are currently focusing on change talk and stages of change. We have begun coding at a preliminary level and are looking to review EPICs coding in the hope we can code these for MI as well. We continue to refine our MI practice and acknowledge the interconnectivity of MI with other JJSES initiatives. We have one Coordinator who serves on the State MI Committee. Our committee developed a proficiency exam last year and we are focusing on keeping staff in the maintenance area of MI.

Allegheny County JPO was one of the initial JDAI Pa sites following the MacArthur Models for Change Initiative. Our chief and assistant chiefs were directly involved in the rollout of

the PADRAI and the subsequent study to validate the tool. All of our staff have been trained and the DRAI is part of the initial training provided to all new probation officers. Our department has fully utilized and implemented the DRAI for all detention decisions relevant to new charges. All staff are trained in completing the DRAI in JCMS. Supervisors are trained in Overrides, Mandatory detentions including a comprehensive system for after-hours overrides via our on-call system.

One Assistant Chief and one supervisor sit on the statewide PaDRAI committee. This committee meets monthly. We have refined our practice consistent with suggestions from the Statewide Committee. We also 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. We have been involved with the steering committee specific to Dr. Maloney's re-validation study which will span 1-1-18 through 12-31-22 PADRAI data. We have worked internally to create CQI mechanisms to ensure our PADRAI data is reliable. We have also created a JCMS work around to track youth who could not be detained via a mandatory detention due to the lack of a detention resource in Pennsylvania.

Probation Officers that work at Night Intake have been provided with training on how to facilitate the MAYSI-2. We established practice that youth who are admitted to our detention centers or charged with an offense will complete the MAYSI-2. The results will be shared with detention home staff and family if a youth flags for warning in an area. For youth that we complete the MAYSI-2 on outside of detention, we worked with the University of Pittsburgh Medical Center (UPMC) to develop a response matrix for youth who flag in critical areas of the MAYSI-2 and need an emergency response. We have 2 staff assigned to this specific task as of 2022. We will continue to work with HSAO, the agency that manages mental health services for JPO youth, and UPMC to refine our response matrix specific to assessed needs from the MAYSI-2.

Working with Dr. Keith Cruise, our assessment unit POs have implemented and are completing the CTS at the time of the MAYSI-2. Previously our YLS POs had been completing the CTS during every initial YLS interview for all youth. As we have continued to add assessments to our comprehensive intake process, we needed to branch out and expand. About 25% of youth are flagging for follow-up assessment regarding the responsivity factor of trauma. Youth who score above cutoff are referred to HSAO, an agency that coordinates all JPO mental health services, for potential further screening/treatment. We will revisit plans to implement the Trauma Informed Decision Protocol (TIDP) at the time of case planning.

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

Supervision (EPICS), the Standardized Program Evaluation Protocol (SPEP), and Graduated Responses.

Related to EPICS, our department currently has two state-wide agency trainers/coaches. We have eliminated the use of other internal coaches to ensure fidelity when coding staff. All applicable staff that use EPICS in the field are currently at least at a "Proficient" status, and we currently have 21 staff at “Maintenance” Status, with another 8 staff that are eligible for “Maintenance” Status. Our 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, we maintain one coach on the EPICS steering committee at the state level as we continue to look at ways to effectively implement the model statewide.

Allegheny County continues to implement SPEP™ with 12 provider sites while assessing 67 services within those provider sites. Our SPEP™ Team has conducted 163 assessments since joining the project. We were part of the initial expansion group in 2013 and trained one PO at that time. In 2016 and 2017 we initiated training of an additional 8 staff as Level One SPEP™ Specialist, including two Assistant Chiefs. Currently Allegheny County has 6 fully certified as a Level I SPEP™ Specialist and one is a Level II SPEP™ Trainer. Our staff are regular active participants in the Learning Community Meetings and the Level II Trainer is a member of the SPEP™ Process Development Group whose goal is the improvement of the SPEP™ process.

During this past year, our Level II Trainer along with assistance from Penn State EPIS continued to provide SPEP™ Informed Trainings to several providers, probation departments, and other key stakeholders in the juvenile justice system. Additionally, our Level II Trainer assisted in the introduction of the SPEP™ Packages concept across the state. The Level II Trainer has completed quality interviews through a Regional Assist with Washington and Butler Counties and will continue the SPEP process to completion. Our Community Intensive Supervision Program was the first program to be assessed through SPEP™ in Allegheny County. CISP has completed its fifth SPEP™ assessment and is currently planning for its sixth assessment. Allegheny County continued with SPEP™ during COVID-19 using virtual networking. Since the transition out of the pandemic, Allegheny County has continued virtual networking. Over the last year (2022) Allegheny County has engaged in 63 meetings online with providers, and/or with other SPEP™ trained probation officers, and with EPIS staff to conduct trainings and continue the SPEP™ process with our providers.

We have 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. We have fully developed a Graduated Response policy and matrix. We have also been successful in getting the county to allow our POs to make purchases of up to $30 to use as an incentive and then be reimbursed for that expense on their monthly travel reimbursement check. This process allows PO’s to quickly provide incentives when the juvenile has done well. Examples include taking juveniles 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 can run JCMS reports specific to these Graduated Responses for Quality Assurance purposes. We have an Assistant Chief and JJSES Coordinator who participate in the State Graduated Response

Committee. Each unit also facilitated a group activity as a reward for youth who had done well under supervision.

JJSES Stage 4 focuses on **Refinement** of the first three stages. JJSES is an integral part of what makes up Allegheny County Juvenile Probation. Allegheny County Juvenile Probation is fully engaged with all Stage Four activities. We recognize that policies and procedures must fully align throughout our organization. We continue to refine our Policies, but more importantly we are changing our procedures to fully embrace all aspects of JJSES. That is how JJSES is implemented daily. We have 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.** These include activities that provide the foundation for JJSES. **Delinquency Prevention** is one building block. Allegheny County Juvenile Probation participated in the PCCD "Reducing Racial and Ethnic Disparities in Juvenile Justice" Certificate Program in collaboration with the Georgetown University McCourt School of Public Policy's Center for Juvenile Justice Reform (CJJR) and the Center for Children's Law and Policy (CCLP) in September 2021. We are now partnering with several community-based providers that are working to prevent youth from engaging in behaviors that would introduce them to the Juvenile Justice system. We have also maintained contracts with two community-based providers to deliver the Stop Now and Plan (SNAP®) program across our county. This is an evidenced based intervention developed in Toronto. SNAP® is designed for children ages 6-11 who have been having behavior difficulties at home, school, or in the community. SNAP® helps children and parents effectively deal with anger by teaching them how to respond in a way that makes their problems more manageable. With practice, children and parents are able to stop, calm down, and generate positive solutions at the "snap of their fingers." Individualized support is provided by a SNAP® Child Worker; school advocacy; a homework club; crisis intervention; and victim restitution. Additionally, parents meet weekly to learn more effective child management techniques and how to help their child, as well as connect with other parents who face similar challenges.

We also continue to be a partner to and collaborate with law enforcement and community initiatives to address issues that increase youth risks of becoming part of juvenile justice system. We are involved in the Mayors City of Pittsburgh Stop the Violence Efforts. The City of Pittsburgh STOP the Violence Office exists to change the community narrative about violence and stop the spread of the disease of violence in the city.

Diversion is the second building block. We have been dedicated to diverting as many youths as possible from deeper system penetration. Allegheny County fully applies the principles of the PaDRAI and diverts many youths from detention to less secure services. (Discussed in detail previously) Allegheny County initiated the Crossover Youth Practice Model in July 2016. It has been fully implemented since January 2017. Two individuals, one from the Court and one from Children Youth and Families coordinate monthly meetings with JPO and CYF Supervisors from our various district offices. They also conduct ongoing case reviews with the Supervisors, POs and Caseworkers from a specific case to review how a specific case was handled and identify ways the JPO and Caseworker could have worked together differently to improve services to the juvenile and their family. We have also worked closely with the Allegheny County Department of Human Services and have successfully established a live datalink between JCMS data and the CYF case-management system (KIDS). Each week, an automated report identifies every juvenile who is actively involved in both systems and provides contact information for both JPO and CYF.

School Justice Partnership: (Pre-Arrest): Allegheny County assembled a cross-systems, cross-discipline team to implement a School-Justice Partnership (SJP) in Allegheny County. The team developed an SJP initiative with the core principles of pre-arrest diversion and behavioral health support. Each school has unique climate and incorporates the ideals of SJP into a Memorandum of Understanding (MOU). Each MOU typically includes focus acts (delinquent offenses) that schools refer to the SJP process. This can be an inclusionary or exclusionary list of focus acts depending on school policy and code. This is true reform at the levels of Police, Superintendents, Principals, Teachers Unions and MDJs. In 2018, the SJP team entered the completion phase of a partnership with the Woodland Hills School District (WHSD). A SJP team member addressed the WHSD School Board in preparation for the Board's approval of the SJP Memorandum of Understanding at the beginning of the 2017-18 school year. To date we have successfully implemented in Woodland Hills, Penn Hills and Oliver Citywide Academy, located within the Pittsburgh Public School District (PPS).

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

Families have varying levels of awareness and understanding of adolescent brain development and of parenting approaches that foster healthy, safe behaviors. Juvenile justice professionals have the opportunity to facilitate families' access to information and supports that help them understand these critical and complex concepts and to ensure that they are engaging with families in a culturally sensitive manner. By including the family at this level, juvenile justice professionals reinforce that families are ultimately responsible for their children. All PO's and CISP Monitors have been trained in and utilize the Family Involvement Workbooks. These workbooks are used as needed and are voluntary for the parents.

Continuous Quality Improvement is the final Building Block. We have initiated the process to take an in-depth look at Quality Improvement (QI). We want to measure both the quantity of new interventions and their quality as it relates to fidelity. We are developing new reports as needed, such as a report that tracks supervision status in JCMS, and dashboards and tableau reports to assist both administration and supervisors to monitor implementation of the interventions. We piloted and gave critical feedback and suggestions to the CQI Dashboards for PaDRAI and MAYSI, respectively.

Data continues to drive our decisions. We constantly work to identify ways to improve data integrity and ensure timely and accurate data entry. Our administrators and supervisors are provided with both reports and dashboards that identify what services are being delivered to which juveniles by supervisory unit. We have also been working hard to reduce the amount of time it takes for case processing and the time to first disposition. We understand that the closer the intervention is to the delinquent act, the greater the impact will be for the intervention. Policies will be updated to include response to drift. We implemented a CQI PO, a CQI Supervisor to add to our JJSES Coordinator who are charged with various CQI initiatives. We established a monthly CQI meeting for IT staff, Juvenile Justice Planner and CQI staff. While we do have an established CQI committee and CQI unit consisting of a

supervisor and a PO, we understand that CQI starts with supervisors reviewing work that their staff complete and CQI is not just applicable to the CQI committee.

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

Our department has fully implemented the YLS. We utilize the YLS to assist in intake decisions and to assist in determining system involvement based on risk and necessary interventions, outlined in the case plan, based on needs. The YLS assesses overall risk level, identifies strengths, criminogenic needs and responsivity factors. It serves as the foundation of our EBP efforts. We currently have an entire unit (6 POs, 1 Supervisor) dedicated to the task of conducting initial YLS's for all youth. Booster sessions occur at least 1 per year and we have 16 YLS Master Trainers tasked with completing Booster cases as issued by the Chiefs assessment committee and outlined in our updated YLS policy bulletin. We have one assistant chief and one supervisor that serves on the Chief's Assessment committee that deals with all issues YLS for the State of PA. We focused on policy revision this year and addressed areas requiring update and clarity, such as specifying timeframes and including roles of Master Trainers. We also completed a second comprehensive CQI Audit of a specific unit.

Our most recent YLS data trends show that in FY 23/24, JPO completed 702 Initial Assessments, 280 reviews and 482 closing assessments for a total of 1,464 YLS Assessments. Of the 702 Initial Assessments, 34% of the youth scored as a low risk to reoffend, 50% at a moderate rate, 15% at a high rate and .3% at a very high risk to reoffend. These percentages remain steadily in the same range as past reporting periods.

Recidivism. Since 2011, the Juvenile Court Judges' Commission (JCJC) has undertaken the task of monitoring the annual statewide recidivism rates of juveniles who were closed for services from a Pennsylvania juvenile probation department. These studies establish an ongoing, consistent recidivism rate to examine the impact of the Pennsylvania Juvenile Justice System Enhancement Strategy (JJSES). In the most recent report provided to Allegheny County by the Juvenile Court Judges Commission, the recidivism rate for juveniles closed in 2020 was 12.6%, which is only slightly up from the previous reporting at 11.7% for cases closed in 2019. This rate continues the trend of "post-JJSES initiation" rates being below the "pre-JJSES initiation" rate (21.6% for the years 2007-2010). The reduction in recidivism for Allegheny County is even more significant. The pre-JJSES initiation rate in Allegheny County was 25% and the 2020 rate was down to 10.3%, remaining steady from the previous reporting period. The implementation of JJSES is having a significant impact on our ability to reduce recidivism.

With the implementation of JJSES initiatives, a strong focus on evidence-based programming/screening, prevention and diversion, Allegheny JPO intends to

comprehensively address the complex needs of the juveniles in Allegheny County. Allegheny JPO dedicates itself to working in partnership to enhance the capacity of Pennsylvania's juvenile justice system to achieve its Balanced and Restorative Justice Mission.

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

1-2: Determination of Need through Collaboration Efforts

➲ Respond to the following questions.

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

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

ACDHS leadership presented an overview of the Needs-Based Plan and Budget (NBPB) to the CYF Advisory Board and met with the Administrative Judge of the Family Division of the Court of Common Pleas for her guidance. ACDHS and JPO also held a joint public hearing to obtain comments.

Additionally, ACDHS held a virtual public hearing to discuss the County Human Services Plan, including a discussion of services essential to children and families served by ACDHS, whether funded by the Human Services Block Grant, NBPB or some other source. Participants included advocacy groups, contracted service providers, elected officials, and ACDHS staff, and their feedback was incorporated into the County Human Services Plan as well as the NBPB.

ACDHS has strong and active relationships with its contracted service providers and community stakeholders, continually gathering their input about emerging issues, families' service needs, and 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:

- Quarterly Children's Cabinet meetings. The Children's Cabinet is a community advisory group composed of consumers, providers, and other stakeholders involved with child-serving programs across Allegheny County. Several providers attend these meetings,

including the provider chair of the local chapter of the Pennsylvania Council of Children, Youth and Family Services (PCCYFS).
- PCCYFS quarterly meetings.
- Meetings of the advisory boards for Children and Youth, Intellectual Disabilities, Behavioral Health, Aging, Criminal Justice, and the HSBG.
- Annual meetings with all contracted service providers.
- Regular meetings between providers and the CYF Manager of Provider Relations to discuss budget and resource needs.
- Meetings between individual service providers and the CYF Deputy Director to discuss how the system can continue to improve and enhance services to children, youth, and families.
- Quarterly roundtable meetings with the Courts

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

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

- Contract monitoring activities.
- Regularly scheduled and ad hoc meetings (both case-centered and service-wide).
- Frequent surveys to obtain information about system needs.
- Frequent systems training for providers, including initial, ongoing, and refresher sessions provided by technical (case management applications) and professional (child welfare practice) staff.
- Monthly virtual provider calls, begun at the outset of the pandemic (at which time they were held weekly), hosted by the CYF Deputy Director and leadership team to establish a standing communication channel with and monitor the health of the child welfare provider network.
- Two in-person meetings with providers to share information and learn from the provider network
- Monthly recruitment collaborative meetings with foster care providers to share recruitment strategies and foster shared learning environment among providers.

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

❑ Summarize activities related to active engagement of the courts in the NBPB process, specifically the 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 monthly meetings with attorney systems at the Court. At the attorney systems meetings, CYF, JPO, conflict counsel, Court Appointed Special Advocate (CASA) representatives, KidsVoice, parent advocates and court representatives discuss practice changes, figure out

the best ways to address barriers, and update one another. CYF also attends the Allegheny County Children's Roundtable with the courts to address system issues.

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

  The NBPB process provides both ACDHS/CYF and JPO with critical resources for services to children, youth, and families with the highest needs. Given this, ACDHS and JPO coordinate to develop their NBPB submission. Specifically, ACDHS/CYF staff works with JPO to incorporate their plans and resource needs into the NBPB narrative and budget. Also, JPO regularly participates in quarterly meetings of the Children's Cabinet, which provides key input into the NBPB submission. Finally, ACDHS/CYF and JPO co-present annually at the County's NBPB public hearing.

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

  Despite shared aims and funding, ACDHS/CYF and JPO operate within separate organizational and decision-making structures. ACDHS operates under the oversight of the Allegheny County Executive, while JPO is responsive to the administration of the Fifth Judicial District.

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

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

1-3 Program and Resource Implications

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

1-3b. 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.

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 Leadership and Commitment:** The leadership in Allegheny County 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, which enhances their skills and improves job satisfaction. This includes the National Child Welfare Workforce Institute (NCWWI) Leadership Academy, which provides extensive training for managers and leaders within the organization.
- **University Partnerships:** Collaboration with the University of Pittsburgh has been beneficial, with the university awarding stipends to students who are new to child welfare. This partnership helps in bringing fresh talent into the system.
- **Action Teams and Equity Initiatives:** The creation of Action Teams focused on supervision and racial equity has been instrumental. These teams work on strategies to improve supervision and integrate inclusivity and racially equitable practices within the agency.
- **Professional Development Opportunities:** The initiative provides clear pathways for equitable and trauma-informed professional growth across all levels of the organization, which supports best practices and superior outcomes for staff, children, families, and communities.

☐ Identify major challenges impacting the county's workforce recruitment and retention experience.

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 remains a challenge in Allegheny County. Major challenges include:

- **Employee Engagement and Satisfaction:**
    - Workload and Job Stress: The high workload and associated job stress are major factors leading to burnout and turnover among child welfare staff. The demanding nature of the work, including managing complex cases and dealing with high emotional stress, makes it difficult to retain employees over the long term.
    - 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:** There's a noted lack of availability and accessibility of supervisors. Effective supervision is critical in supporting frontline workers, providing guidance, and ensuring quality service delivery. The absence of sufficient supervisory support can lead to job dissatisfaction and higher turnover rates.

- **Integrating Inclusivity and Racial Equity:** Ensuring inclusive practices and integrating racially equitable policies within the agency remains a challenge. Staff need training and support to effectively engage with diverse communities and address implicit biases. Failure to do so can affect both the morale of the workforce and the quality of services provided to families.

- **Economic and Compensation Factors:** Competitive salaries and benefits are essential for attracting and retaining skilled workers. If compensation does not align with the demands of the job or with what other sectors offer, it can lead to difficulties in both recruitment and retention.
    - Salary Expectations: Candidates often have high salary and benefits expectations, influenced by competitive offers from other employers.
    - Remote Work: The rise of remote work presents challenges in maintaining workers that want the flexibility with competing companies that offer this currently.

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

☐ <u>Describe the county's efforts and strategies to address employee recruitment and retention challenges and needs.</u>

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

- **Partnership with the National Child Welfare Workforce Institute (NCWWI): Workforce Excellence Initiative:**
    - Through a collaboration with NCWWI and the University of Pittsburgh, Allegheny County participates in the Workforce Excellence Initiative. This program aims to attract a diverse and motivated workforce committed to personal and professional development, family and community partnerships, and anti-racist practices. It includes comprehensive training and professional development to ensure a culture of continuous improvement.

- **Leadership Development Programs:**

- NCWWI Leadership Academy: The county has established a Leadership Academy to train managers and leaders. This includes Leadership Academy Coaches and Trainers who support managers through intensive training programs. The first cohort saw 10 managers complete the program, with subsequent cohorts continuing the training efforts. This program helps to build strong leadership, which is crucial for staff support and retention.

- **University Partnerships and Stipend Programs:**
  - Stipend Awards: The University of Pittsburgh awards stipends to students entering the child welfare field. This financial support helps attract new talent and encourages graduates to pursue careers in child welfare. This partnership aims to replenish the workforce with new, motivated professionals.

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

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

These strategies collectively aim to address the key challenges of workload, supervision, work conditions, inclusivity, and compensation. 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.

☐ <u>Identify key areas where technical assistance may be needed in this area.</u>

- **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.
  - Mental Health Support Programs: Developing and integrating mental health support and wellness programs tailored for child welfare workers can help manage job-related stress and improve overall well-being

- **Supervision and Support Enhancement:**

- Supervisor Training Programs: Offering specialized training programs for supervisors on effective management and support techniques can enhance their ability to provide the necessary guidance and oversight to frontline workers.
- 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

- **Inclusivity and Racial Equity:**
  - Racial Equity Training: Providing comprehensive training on racial equity and inclusivity practices can help staff engage more effectively with diverse communities and address implicit biases. This training should be ongoing and integrated into all aspects of the organization's operations

- **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:**
  - 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

- **Compensation and Benefits Analysis:**
  - Market-Competitive Compensation Structures**: Technical assistance in conducting compensation and benefits analysis to ensure that pay and benefits are competitive with other sectors and regions can help attract and retain talent.
  - Incentive Programs**: Developing and implementing incentive programs that reward performance and longevity can boost morale and reduce turnover rates.

1-3c. Service Array
Please respond to the following questions regarding the county's current service array and identification of gap areas that will be addressed through the plan:

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

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

- **Data-informed screening decisions.** The AFST ensures that all available information that can predict a child's risk of maltreatment is effectively considered in call-screening decisions. The tool uses over 100 predictive factors to generate a risk score for each child referred to CYF. Before the AFST was introduced, call screeners could access historical and cross-sector administrative data through Client View, a front-end application to the integrated data system. Call screeners were required to review all

relevant information related to a referral and provide it to the call screening supervisor to make a screen-in/screen-out decision. However, it was challenging for call screeners to efficiently access, review and make meaning of all available records. The AFST provides a consistent way to access and weigh the available information to predict the risk of future adverse events for each child. Researchers found that the prior practice screened out 1 in 4 children whom the AFST model scored as the highest risk. Nine in 10 of these children were re-referred (if screened out), and half were placed in foster care (if screened in) within two years. Forty-eight percent of the lowest-risk cases were screened in, with only one percent of these referrals leading to placement within two years. More information on the AFST is available in the FAQ.[5]

- **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.[6] Generally, children in kinship care are also less likely to experience school disruptions, and ACDHS data from 2022 show that compared to traditional foster care and congregate care, they are less likely to experience involvement in the next year with juvenile probation, mental health crisis services, or mental health inpatient services.[7] Allegheny County has worked hard to increase its use of kinship care as a placement setting for children and youth who are removed from their homes, particularly for Black children and youth who are overrepresented in congregate care placement settings. In the late 1990s, only 20 percent of all placements in Allegheny County were with kinship families. Since 2017, 60% of children in an out-of-home placement were placed in kinship care. This trend results from ACDHS' strong commitment to kinship providers and our use of kinship navigators to identify and qualify kin.

- **Housing services and supports.** Families' ability to meet basic needs, like housing, is critical to child well-being. ACDHS – also the lead agency for our region's Continuum of Care for housing and homeless services – provides a robust array of supports that prevent homelessness and help families achieve housing stability, leveraging NBPB and other funding. Programs offered for families, including those funded through NBPB, include:
    - **Emergency Shelter** plays a critical role in a community's homelessness response system, providing a safe place to stay during a crisis while families reconnect to permanent housing. Family-focused accommodations are provided across ten shelters, three of which specialize in serving households who have or are experiencing domestic violence, dating violence, sexual assault, and/or stalking.
    - **Eviction prevention and housing stabilization programs** help families maintain stability in their housing by providing payments for rent, security deposits, and utilities and paying rental arrears that would otherwise result in eviction – and potentially cause child welfare involvement. These programs also provide support services like case management, landlord-tenant mediation,

[5] https://www.alleghenycountyanalytics.us/wp-content/uploads/2017/07/AFST-Frequently-Asked-Questions.pdf

[6] 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-/

[7] 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/

budgeting and other self-sufficiency services to reduce the likelihood of the household facing a future eviction.
    - **The NOVA program**, provides one-time monetary, housing and basic assistance to CYF families who are housing unstable or at immediate risk for homelessness. The program employs mobile case managers ("Housing Specialists") who help families address their housing needs and then deliver services and financial assistance to achieve stability in their current home or, if necessary, an alternate home. Caseworkers can connect families to the NOVA program as early as in investigation, and beginning in FY23-24, CYF can provide these services without a case being opened.
    - **The ARIA program** for CYF-active families impacted by substance use. The ARIA program provides short-term rental assistance and case management services to participants whose homelessness is a barrier to treatment.

- **Independent Living programs.** Youth transitioning out of foster care and into adulthood often do not have access to the same emotional and financial supports as their non-foster peers. Allegheny County's Independent Living programs are designed with input from former foster youth, providing services to help youth live independently and develop life skills while planning for their future. These supports include:
    - **Educational Liaisons,** who evaluate student interests and talents to develop academic and career goals; advise students on college majors, admission requirements, financial aid, and technical school options; ensure youth complete Chafee Education and Training Grant (ETG) application and are knowledgeable about Fostering Independence Tuition Waiver Program; organize and accompany students on college tours; and provide care packages to youth living on a college campus.
    - **Youth Support Partners,** who are peers with lived experience. They share their insights with youth currently in the system and advocate for and mentor them. Their personal lived experiences give them credibility and lend to the successful engagement of youth in planning and achieving success. Youth Support Partners also lead youth activities, like the Youth Advisory Board and Youth Involvement Committee.
    - **412 Youth Zone,** which is a safe and welcoming one-stop drop-in center for young people who are eligible for Independent Living services or young people who are homeless. The drop-in center provides an on-site medical clinic, outpatient therapy, laundry and showers, meals and a food pantry, programming that includes 6-8 activities per day (including weekly field trips). Youth Coaches at the drop-in center also provide case management and goal planning.
    - **KidsVoice Bootstrap Project and Two-Generation Advocacy Program** offer specialized attorneys that assist dependent/formerly dependent transition-age youth and their children (when applicable) with legal representation on issues related to housing, credit, health care, education, employment, driver's licensing, and expungement.
    - **Foundation for Independence**, a housing program specifically tailored for youth transitioning out of foster care that provides supervised living apartments in a state-of-the-art building in Pittsburgh's centrally located Uptown neighborhood. Youths ages 18-20 can apply for an apartment where they pay 30% of their net income as "rent," which is returned to them as savings when they move on. The housing program employs former residents as Resident Assistants. In addition to housing, the program offers an on-site Maker Space and classes in fashion design, carpentry, and painting.

- **Resumption Housing**, a new specialized program for youth resuming care that provides young people with a home-like setting, as well as the support and encouragement they need when they return to the child welfare system. Homelessness is the number one reason young adults choose to resume dependency after age 18, and the Resumption Housing Program provides newly renovated apartments and therapeutic services to ensure youth resuming care feel safe, supported, and respected; and have the opportunity to heal and thrive.
- **Therapeutic Boxing**, a new program that supports impulse control & behavioral modification to utilize aerobic therapy/activity and biofeedback to simulate the body's physiologic changes under stress. Participants are coached to develop skills to control their bodily changes (heart rate increase, racing thoughts, etc.), which can lead to negative behaviors in the classroom, community, home and work setting. The program provides the necessary skills to improve behaviors in all settings by reconditioning emotional intelligence and cognitive thinking.
- **Asset Matching Program**- In FY 23/24, DHS provided financial education classes and matching funds for youth who are Independent Living Services eligible and between 14 and 23 years old. Eligible young adults who completed the program received matching funds up to $5,000 with the goal of helping them to meet their basic needs and building toward financial stability.

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

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

Once a case is opened, the racial makeup of clients receiving non-placement services in 2023 was generally consistent with the overall CYF client population with CYF case activity in that year. Black individuals make up 58% of active clients and 56% of clients receiving services; white individuals make up 39% of active clients and 42% of clients receiving services; individuals of other single race or two or more races make up 2% of active clients and 2% of clients receiving services; and individuals with unknown race make up 1% of active clients and .1% of clients receiving services.

In 2023, a larger proportion of female clients received services (56%) compared to the proportion of female clients with an active CYF case (45%). Similarly, a larger proportion of clients receiving services were under 18 years of age (57%) compared to the proportion of those under 18 in the overall population of clients with active CYF cases (47%).

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

- **The need for high-quality, effective community-based services that prevent formal system entry**. In FY23-24,14% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other new or invoiced CYF services. Our current system is not yet tooled to support these families outside of

CYF effectively. ACDHS envisions a future state where CYF serves a small number of high-risk families and where the majority of families – who are low-risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services. And we have made progress towards this in our expansion of services available in investigation, discussed in the executive summary section successes.

- **The need for interventions to prevent and address community violence – a threat to child safety that disproportionately impacts children and youth with child welfare and juvenile justice involvement.** The impacts of gun violence extend beyond those directly victimized. Growing up in neighborhoods with high rates of gun violence threatens the safety of children and increases their risk of child welfare involvement. Exposure to gun violence is associated with reduced cognitive performance[8] and poor mental health and physical health outcomes.[9] ACDHS will address this through its expenditure adjustments by investing in evidence-based interventions, countywide supports, and an expansion of out-of-school time programs.

- **The need for placement settings and services that address the complex needs of youth through appropriate therapeutic services**. Finding appropriate placements for youth with mental health and behavioral issues has become increasingly challenging. Current demand is above the supply of appropriate intensive care locations. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS invests in specialized placement settings with therapeutic supports integrated into the placement facility milieu. This is also compounded by the lack of appropriate secure detention facilities for youth that meet this criterion in addition to their mental and behavioral health needs.

- **The need for secure detention beds that ensure the safety of the community, facility staff, and youth**. The closing of Shuman Detention Center has created a shortage of safe placements for youth who have allegedly committed a delinquent act and who may pose a threat to the community, as well as to the staff and other youth in less appropriate placement settings. With the recent opening of Highland Detention Center at Shuman Center in July 2024, we currently have 26 guaranteed beds at Adelphoi Village and have been successful in accessing one or two beds in Jefferson County Detention Center at times. Recently, George Junior Republic opened an eleven-bed detention program. They have taken several Allegheny County youths; however, their beds are frequently full. Allegheny County continues to have access to only 2 female detention beds on a regular basis.

- **The need for post-reunification services that prevent re-entry**. Allegheny County's re-entry rate after reunification is higher than the national benchmark for this performance measure (10.81% compared to the national 75th percentile of 8.3%). In 2021-22 teens were especially at risk for re-entry after reunification, with 20.51% of 13-15-year-olds re-entering within 12 months. The services currently available to these families are primarily the same suite of in-home, non-placement services mentioned

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

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

above. ACDHS' Client Experience unit routinely conducts surveys and in-depth qualitative interviews of reunified families to learn how post-reunification services and supports can be improved; the information is shared back with CYF staff through reports, dashboards, and visualizations.

- **The need to improve the quality of representation for parents in dependency proceedings**. Quality legal representation for parents in dependency court is critical because it supports increased parental involvement, more frequent visitation, better access to services and reduced length of stay in foster care.[10] Currently, the County provides legal services to indigent parents in dependency proceedings through the Allegheny County Bar Foundation's Juvenile Court Project (JCP). In cases where JCP can't represent a parent due to a conflict, the parent is represented by the Court's conflict panel, and the number of parents requiring representation by the conflict panel has increased significantly in recent years due to CYF's success engaging both parents. The conflict panel currently operates through part-time contracted staff and judge-appointed attorneys, but the current model cannot meet the need. A dedicated interdisciplinary conflict council office that will streamline operations and provide wrap-around interdisciplinary services for clients is needed. (Adjustment forthcoming). Additionally, insufficient reimbursement mechanisms are a significant barrier to improving access to quality legal representation. While Allegheny County is taking advantage of newly available Title-IVE funds, this reimbursement, and the lack of state funding for parent attorney costs, is insufficient to meet the true cost of the service.

- **The need for family-centered substance abuse services** – In Allegheny County, parental substance use is a leading cause of child welfare referrals, including those stemming from the current opioid crisis. Consistently, 20% of reports received include allegations of adult drug or alcohol use; and upwards of 30% of home removals include adult drug or alcohol use as a reason for the removal. From FY 18-19 through FY 22-23, 33% of home removals (4,658 removals) were associated with adult drug or alcohol use in Allegheny County; this percentage increases to 43% (1,909 removals) for children under five. Additionally, child ingestion fatalities and near-fatalities have increased from 3 in 2019 to 6 in 2020, 8 in 2021 and 9 in 2022. Fentanyl was present in 73% of the cases in 2019–2022 and has been present in every ingestion in 2022. There is a critical need for more family treatment services to mitigate the effects of parental substance use disorders and to help strengthen and preserve families. Allegheny County currently offers inpatient substance use disorder treatment for parents throughout the County, but many programs are for mothers only, limit the number of children that a parent can bring, and may not allow for longer stays in treatment when necessary. The newly opened Family Healing Center will address this need by allowing families with multiple adults and up to four children to stay together while the addicted person receives treatment but can only support 15-20 families per year. Between June 2023 and May 2024, 26 adults were treated at the Family Healing Center. There is still a need for additional family-centered treatment options in Allegheny County.

- **The need for community-driven informal mental health supports**- There are many barriers to accessing mental health services, including the time it takes to find a provider, insurance requirements, finances, stigma and transportation. For marginalized communities – Black individuals, LGBTQIA+ individuals, and immigrants and refugees – a lack of culturally competent providers and a litany of other barriers exacerbate these

[10] https://www.casey.org/quality-legal-representation-topical-page/

challenges. Nationally, treatment usage for adults with mental health diagnoses was only 46%, and 37% for Black adults.[11] Allegheny County has 14 active providers that administer non-medical support for mental health through peers, friends and family, religious leaders, or other non-health professionals. Informal Mental Health Supports aim to increase the availability of preventative and proactive supports that individuals or families can use for mental health and well-being; smooth pathways to more formal services; broaden how people connect to care; and/or reduce stigma and crises.

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

ACDHS can benefit from technical assistance to identify funding for legal services for parents; expand Family First to include more EBPs and cash assistance; restrict the technology budget to only include items that support innovation; manage capacity for complex case settings through managing the network of providers; and enable additional interactions with the PA OCYF budget staff.

Expanding Family First list of EBPs and allowing for more prevention uses (e.g. cash assistance) can better equip ACDHS to reduce and prevent entry in the foster care. Despite the growing body of evidence, the County cannot use IVE prevention dollars for cash assistance. ACDHS also needs the state to help manage capacity for complex case settings, a state led management of the network of providers can benefit all the kids in the state.

1-3d. Continuous Quality Improvement (CQI)

➲ **For CCYAs interested in joining the statewide Quality Service Review, CQI effort during calendar year 2025**, answer the questions found below. Interested CCYAs will receive a follow-up communication requesting the county complete a self-assessment to help the state evaluate the CCYAs level of readiness to participate in the CQI effort. The CCYA can submit the self-assessment to OCYF later.

☐ Briefly describe the CCYA's interest in hosting a statewide Quality Service Review aimed at establishing or improving the CQI efforts in your county.

ACDHS/CYF is contracting with two technical assistance providers to support continuous quality improvement efforts: University of North Carolina at Chapel Hill (UNC-CH) and Collaborative Safety. UNC-CH, under the leadership of Professor Putnam-Hornstein, provides technical assistance; data, research, and evaluation expertise; advise on workforce training; and collaborate directly with the Director of Children, Youth, and Families (CYF) in the translation of data-driven practices to the administration of Allegheny's CYF. The development of new protocols for establishing more consistent practices and opportunities for learning across the 5 regional offices will serve as a key area of initial focus.

Additionally, Collaborative Safety supports the integration of safety science across CYF, including developing a critical incident review system using a nationally recognized model. In the upcoming year, ACDHS will implement the strategies recommended by these partners to improve the quality of service delivered to clients. Lastly, we will continue to network with

[11] https://www.nami.org/mhstats

the Western Region Quality Assurance work group to ensure our practices are aligned with the region.

Any CCYA interested in hosting a Quality Service Review in calendar year 2025 please describe your interest and what month you would like to host below. Note: This includes all counties who are interested in calendar year 2025 regardless of their expressed interest or deferment in previous years.

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

A standard quality assurance process that uses targeted case reviews, quarterly quality reviews of the Universal Assessments, and monthly metrics to monitor the health of our CYF system and proactively identify trends of interest and opportunities for improvement. CYF holds a series of regular, integrated meetings that bring key leadership together with unit managers to: analyze specific, previously-defined aspects of each unit's recent performance; provide feedback on recent progress compared with targets; follow up on previous decisions and commitments to produce results; examine and learn from each unit's efforts to improve performance; identify and solve performance deficits; and set and achieve the next performance targets.

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

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

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

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. 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 will serve as the lead agencies for all POSCs. This includes Healthy Start's Hello Baby Priority Program and the evidence-based parenting intervention, Family Check-Up, offered by the University of Pittsburgh Office of Child Development. Referrals are managed through ACDHS's Hello Baby data platform, so ACDHS has all referral data. After receiving referrals, plan information is maintained by the providers in their own case management databases, but data-sharing agreements with the agencies enabled ACDHS to receive necessary and relevant data regularly.

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

Recognizing the multiple systems that must work together for legal compliance and enhanced support to infants and their parents or caregivers, Allegheny County established a multisystem collaboration structure for initial POSC development and implementation that included:

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

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

The above planning structure facilitated cross-system planning, coordination, and information dissemination. Once POSC processes were established, ongoing coordination continued through the provision of Hello Baby.

A few points of highlight are specific to disseminating information related to SAIs and POSC to healthcare providers.

- Representatives from the PA Perinatal Quality Collaborative (PA PQC) and Pittsburgh Regional Health Initiative have been engaged in each level of the planning structure. This not only enhanced the ability for county planning processes to be up to date and consistent with statewide directions but also provided an added level of linkage with the birthing hospitals, as program managers and staff from PRHI are directly supporting all Allegheny County birthing hospitals in implementing and sustaining quality improvement strategies at the practice level, including processes and supports around POSC. ACDHS's Hello Baby lead staff member regularly participates in PA PQC meetings and planning sessions, continuing the engagement moving forward.
- Healthcare providers themselves are engaged as stakeholders. For example, a POSC Process Subcommittee was established to assess the implemented processes for POSC in Allegheny County. Included in this subcommittee were three birthing hospitals, including the County's highest-volume birthing hospital. This involvement informed process improvement opportunities (e.g., changing the approach to one in which a community organization, specifically a Hello Baby provider, services as POSC lead, rather than ACDHS CYF starting as POSC lead), and enhancements that would better support multi-disciplinary coordination and family supports.
- Finally, integrating POSC into Hello Baby supports coordination and information dissemination to healthcare providers. The administration of Hello Baby includes regular and ongoing meetings with healthcare providers. Through these collaborations, healthcare providers are regularly updated on information and processes and have further opportunities to inform system planning and enhancement efforts. For example, Hello Baby staff and leadership regularly coordinate with the designated POSC social worker at the County's largest birthing hospital around POSC referrals and service engagement.

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

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

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

The above-described multisystem structure for POSC planning, coordination and administration speaks to how county offices and community-based come together to plan the implementation of POSC, including disseminating information to pregnant and parenting people and other caregivers. Through the collaborative mechanisms of the Executive Team, Work Group, and Subcommittees, system partners (including birthing hospitals, medical providers for pregnant women and infants, substance use disorder treatment providers, mental health providers, Early Intervention, managed care organizations, local government,

and community organizations) were able to establish and carry out communication plans. For example, healthcare providers shared practices and specific resources that have effectively engaged parents and caregivers after birth, and other hospitals then utilized those tactics. In addition, home-visiting leadership spoke about the information their teams discuss with families and other stakeholders, and substance use treatment providers discussed effective means of engaging people who are pregnant and using substances in meaningful conversations about planning, including fears around potential child welfare involvement.

ACDHS' Office of Behavioral Health (OBH) and CYF service providers collaborate closely. OBH trains casework staff to inform them of recent regulations and developments. Since 2020, CYF has distributed over 1,000 medication/drug storage lock boxes.

Due to rising cases of pediatric opioid ingestion, Allegheny County, through its Department of Human Services and Health Department, in partnership with Luceo Creative Media Group, an advertising and creative media agency, developed and in 2024, began distributing print and digital media that covers practices for safe storage of opioids and other medications and supports the practice of carrying and administering naloxone for use even in small children accidentally exposed to opioids. The campaign focuses on the use and distribution of lock boxes for parents and caregivers to safely store dangerous substances where children cannot get them.

The public education campaign aims to bridge the gap between information and action by marrying explanatory, health-framed materials to realistic, emotional, and authentic narratives. Each campaign image and message considers the negative stigma surrounding substance use and the challenges stigma creates in activating target audiences to seek resources. Allegheny County has distributed print and digital materials to providers of SUD treatment and related services as well as to trusted community-based organizations and spaces with messaging that reminds caregivers to store any substances (including used containers and supplies) in a place where little ones can’t access them, avoid using substances in front of kids and that Naloxone is always safe to use on children in the event of an accidental opioid ingestion.

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

As Allegheny County continues the ongoing implementation of 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. The broader scope includes clarity around "affected by" at the time of birth and extending the focus on prenatal planning. Regarding the definition of "affected by" for infants, more universally moving towards exposure, for example, would increase the number of POSCs offered/required. Further, whatever specific definition is implemented, ongoing partnership work and education are needed so the various systems can work together optimally and support the families serviced most effectively. Hospitals continue to be concerned with notifications to Childline regarding the relationships they build with their patients and the ability to effectively engage the parents/caregivers in planning. That tension can grow as the scope of notifications grows, even when the mutual goal is providing resources and supports so infants and families can thrive. The other expanding area of scope is moving upstream to prenatal engagement.

While prenatal engagement is already part of the planning discussions and consideration in current efforts, more focus on intervention points before birth will continue to grow, requiring additional practice changes and more resources.

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

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

1-3j. Family First Prevention Services Act

➲ Respond to the following questions:

Title IV-E Prevention Services Program

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

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

☐ Identify whether your county has a unit or staff dedicated to diversionary services. If so, describe the infrastructure in place including the process on how services are referred and subsequently monitored by the agency.

Family and Community Teaming (FACT) is a 90-day voluntary service for families with children, 0 to 18 at risk of child welfare involvement, who were referred to CYF, but a case was not opened. The two providers (Macedonia FACE and Touching Families) use the Conferencing and Teaming model and support families with a variety of needs including conflicts between parents and children, a lack of housing resources, the need for budgeting support, communication issues within the family, or just a general need for overall assistance. They work with families to create personalized solutions, strengthen family connections, and connect to resources.

The Office of Community Services (OCS) proactively works to fill resource gaps for families that might otherwise lead to stress, crisis, or an overreliance on the child welfare system for issues related to lack of adequate resources. All children and families can succeed when

they have the appropriate support. Delivering that support at the right time, whether it's early in a parenting journey or ahead of a situation that could otherwise turn into a crisis, is the best strategy to help families thrive and divert system involvement. Key areas of focus in OCS include:

- Early childhood:
    - DHS is the administrator of the Region 5 Early Learning Resource Center (ELRC). The ELRC administers and connects families to the Child Care Works (CCW) subsidy, making it possible for working, low-income families to find reliable childcare near their home or work and providing financial assistance to help them afford it. The ELRC also improves the quality of early childhood programming by supporting a variety of early care and education programs and educators, including childcare centers, group childcare providers, family childcare homes, and relative providers with the certification process, subsidized childcare program enrollment and more. Further, there is a Resource Team that operate out of the ELRC Region 5 main hub, downtown. If a family indicates additional needs at the time of childcare subsidy application, the Resource Team connects them to DHS to access additional resources around housing, food, public benefits, and childcare programming if they do not qualify for subsidy. The ELRC downtown hub also serves as a Diaper Bank and Formula Bank. While the ELRC is a valuable resource for working families who meet income guidelines, there are some families that need immediate short-term care during a crisis, or support while they become eligible to receive subsidy via the ELRC by gaining employment. DHS is has implemented innovative solutions to address these, including funding emergency childcare through Jeremiah's Place and homestays through Safe Families, as well as bridging the gaps for families awaiting child care subsidy, or whose income is over the CCW income limits.

    - Hello Baby is a tiered prevention model that offers a variety of supports designed to meet families' varied needs and interests through the child's third year. Every new Allegheny County mother is given information about Hello Baby through primary birthing hospitals, and other sources throughout the County, as well as a postcard to welcome their baby's birth. All families in Allegheny County can use the Hello Baby website and call the United Way PA's 2-1-1 Southwest warm line to get information and resources about breastfeeding, child development, parenting and more. These services are available for all families regardless of need. For families with higher or more complex needs, Hello Baby provides additional care coordination to help juggle the complexities of parenthood. Eligible families are identified through assessments and community referrals and are offered care coordination by a family coach and other team members to support the individual needs of each family. These teams work to engage families, learn about their needs and, together with the parents, develop a plan for leveraging their strengths, clearing barriers to appropriate services, and providing them with wraparound assistance for as long as they wish or until the child turns three.

    - Home Visiting programs use evidence-based or evidence-informed curricula to provide one-on-one support and long-term case management for families with children 0-5. Supported home visiting curricula includes Parents as Teachers, Nurturing Parenting, and 24/7 Dad. Visits are provided in the home or at a family

center by a Family Development Specialist. Parent/Child Interaction activities take place once a month at a family center or community space, which allow families to participate in social activities in addition to the one-on-one case management they receive.

  - Family Centers are community hubs placed in 26 neighborhoods throughout the County that provide free and voluntary services and activities to families. Family Centers are meant to serve as hubs for authentic and supportive connections for families in the community. At a Family Center, families can access resources, including Basic Needs support on site, make connections and participate in programs. Family centers provide programming, including infant, toddler, and Kindergarten Readiness groups, parenting classes and support groups, home visiting programs for expecting families and families with children 0-5, and parent leadership groups. Family Center staff often live in the communities where they work and are hired for their expertise and passion for the communities they serve. Many are former program participants.

- School aged children. Out-of-school-time (OST) programming is offered to children and teens in group settings after school and during the summer. DHS funds over 50 OST Programs with the goals of offering a safe place to spend time, access to enriching activities and nutrition, and a chance to build positive relationships. There is a wide variety of OST programming, including programs that are multipurpose (offering a mix of academic support and opportunities for play), STEAM focused, or related to a specific interest such as learning the arts or engaging in a sport. DHS also funds OST programming specifically for teens ages 13 through 19. This programming is intended to successfully engage teens, provide them with a physically and emotionally safe space, and provide opportunities for teens to make positive connections to adults, their peers, and their community.

- Transition age youth. Programming is offered to youth ages 14-23 who have current or previous involvement with DHS systems to help in transitioning to adulthood.

  - The 412 Youth Zone is a safe and welcoming one-stop center for young people where they can access resources related to education, life skills, housing needs, prevention services, and employment. The 412 Youth Zone Drop-In Center provides access to laundry and shower facilities, food, clothing, hygiene products, a medical clinic, music studio, makerspace, and more.

  - The Youth Support Partners (YSPs) unit educates and empowers transition age youth who are involved in human services or juvenile probation about their role in the planning process for their future and to bring the voice of youth to the forefront during every phase of service development and provision. Youth Support Partners (YSP) are young adult professionals who have personal experience in some area of the human services or juvenile probation system. They work with youth to connect them to resources, help them understand legal mandates and documents, serve as advocates for youth, and enable youth to become self-reliant. An additional goal of the YSP Unit is to hire, train, and support emerging young professionals with system experience so they may develop the skills necessary to work in social service fields and be better prepared for brighter futures.

- Asset Matching Program (AMP) - AMP helps youth who are leaving the foster care system to gain financial literacy and build assets. The program involves eight classes covering topics such as credit, loans, savings, investing, bills, and budgeting.

- Basic needs support. The Bureau of Family and Community Supports (FCS) within OCS carries out this work by distributing funding to provider partners who implement programming ranging from one-time assistance to intensive, longer-term services in the areas of early childhood, school aged youth, transition aged youth, and basic needs support. FCS has built a suite of basic needs supports to reduce household stress and support stabilization for families at highest risk of system involvement. All supports are available to families identified as having the highest needs through Hello Baby, and a subset of supports is available to families who access Family Centers. The goal of supporting families with basic needs is to reduce household stress and support stabilization. By avoiding financial crisis, families can focus on supporting and caring for their children and remaining out of more punitive systems. Key areas of support include: household rent, bills and service payments; baby supplies (i.e. formula, diapers, cribs and car seats); childcare and food.

- OCS supports community by providing resources to individuals before situations in their lives reach a crisis level, and meeting people where they are to help them access available help. This work takes the form of services that promote economic mobility and security, resource navigators who help people in a variety of settings connect to help, and coordination with other systems and partners who are involved with the people who DHS serves. In addition to specific services, DHS funds resource navigation positions to assist individuals, families, and community partners to connect to resources or work through complex situations. The following resource navigation roles are housed within OCS.

    - MDJ Resource Specialists – OCS has a unit of resource specialists that are embedded within the Magisterial District Court system. OCS staff provide support and make resources connections in the 46 courtrooms at this level of the courts. They act as a DHS representative for all parties to demystify human services and to ensure that individuals who they encounter in hearings are reconnected to DHS workers with whom they are already involved. Within these hearings they are also able to make connections to mental health, substance use, homeless services and child welfare work.

    - Hub Community Resource Navigators assists human services agencies and other community partners when they aren't sure how to best meet a client's needs. The Community Resource Navigators can provide technical assistance, can make connections between multiple service providers, and can draw on DHS expertise to ensure warm handoffs to trusted services and resources. The largest community partners that contact the Hub for assistance are K-12 school staff, Family Court judges, PA211 Southwest, adult probation officers and family centers.

    - The ELRC Resource Navigator helps families access resources around housing, food, public benefits, and childcare programming if they do not qualify for subsidy. Referrals to the ELRC Resource Navigators come directly from ELRC Family Specialists who are qualifying parents for subsidy for childcare costs. The

ELRC also has a Resource Coordinator who assists families with child-facing needs including finding childcare, early learning program or referrals to early intervention

- Housing Navigators work to help any family accessing OCS services locate safe and affordable housing.

☐ 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 in an option the CCYA is considering.

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

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

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

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

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

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

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

ACDHS employs a unit of multisystem specialists to provide administrative technical assistance across systems for children and youth whose needs are complex. Currently, this

unit sits within the Office of Developmental Supports. However, this unit works across all ACDHS program offices. They are strength-based, solution-focused planners, maximizing all viable resources within the current system, tracking trends and service gaps, and offering recommendations/solutions to administration. Once a referral is received it is vetted by the manager and supervisors to assure the right level of planning occurs. It is then assigned to the appropriate Multisystem Specialist. Multisystem Specialist are also co-located in each CYF office.

ITM level of planning:
The ITM Team is responsible for all aspects related to ITM meetings. ITM is a forum to problem-solve and coordinate appropriate services and resources for youth, families and adults involved in multiple human services systems. The meetings provide action plans and next steps to ensure the appropriate services are coordinated to address the specific needs of that youth, family or adult. An ITM Specialist facilitates the meetings. Participants include the family and team supporting the youth, family or adult and a core group of system matter experts from relevant ACDHS offices (ODS, CYF, AAA, OBH, OCS).

Complex Case level of planning:

The Complex Case Team focuses on more emergent needs of youth involved with multiple human services systems. Complex Case meetings are urgent by nature. They are arranged and led by a Complex Case Specialist who receives a call or referral from sources such as hospitals, mental health providers, program offices within ACDHS, child welfare, juvenile probation and schools. At the point of referral, the Complex Case Specialist gathers the case crisis information and then schedules an immediate call with the respective team members on that specific case within 24 hours of the initial referral. When the referral is categorized as complex the team is then comprised of a core team from various program offices. However, due to the complexity of needs, this core team consists of supervisors and/or assistant deputies.

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

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

- Providing technical assistance to conferencing and teaming meetings.
- Coordinating Specialized GH placements, including Respond admission, tracking progress, and assisting with discharge.
- Assisting with complex planning. Supporting providers and ACDHS staff to ensure all needed services and supports are in place.
- Assisting providers and staff with education and navigation of ID Waiver or CYF funding issues with providers.
- Facilitating conversations with contract monitors, fiscal, and the ACDHS resolution team.
- Providing technical assistance to Community Care Behavioral Health (CCBH) for youth discharged from Residential Treatment Facilities (RTF). Participating in disposition planning calls and follow-up with youth with no discharge resources.
- Managing admission, participating in teaming meetings, monitoring and providing technical assistance for the specialized GH placements Respond programs.

- Monitoring and tracking multisystem-involved youth by providing technical assistance and brokering resources as needed across program areas when called upon.
- Assisting with difficult-to-place foster youth by liaising with agencies and ACDHS staff and fostering positive relationships.
- Facilitating referrals and providing monitoring to the CYF RTF step-down program.
- Track and facilitate specialized, individualized planning and resource development for youth with complex needs.

The Multisystem Team Referral & Documentation process steps include:

- Multisystem team receives the initial referral via email, fax or KIDS case management system and enters it into the Synergy case management system within 24 hours of receipt.
- The multisystem team reviews the appropriateness of the referral and triages the need-Technical Assistance, ITM or Complex level of planning. It is then assigned to the appropriate staff member based on which CYF office. If no CYF involvement it is assigned to the specific Multisystem Specialist that is assigned to non CYF referrals.
    - In cases where it is a Complex need, a meeting is scheduled within 24-48 hours.
    - If ITM is deemed appropriate, the Multisystem team schedules ITM within 5-7 days.
- In all cases, the Multisystem team:
    - Enters all ITM referral information in Synergy.
    - Enters meeting notes and action steps in Synergy no more than 24 hours after the meeting.
- Synergy generates an email to the appropriate team members with meeting notes and action steps.
- Synergy generates a satisfaction survey for ITM attendees within 48 hours.
    - Schedules follow-up ITMs
    - Enters updates in Synergy after each follow-up ITM.
    - If an ITM is not deemed appropriate, the multisystem team can:
    - Complete a Technical assistance call.
    - Participate in a CYF Conferencing and Teaming call.
    - Provide support, feedback or recommendation as needed.

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

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

collaborative with all foster care providers to improve shared access to information across systems.

- In FY 2023-24, how many children were served through your county complex case planning process?

  There were 115 children served through the complex case planning process in FY 22-23. Over 2,000 hours were dedicated to planning for these youth and their families

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

  In the past year, ACDHS/CYF has worked with providers to develop new settings and services to address the complex needs of youth in our care. For example, ACDHS/CYF has worked with providers to develop new trauma-informed residential services for youth between 10 and 21 years old, who are diagnosed with a mental illness and need a step-down or diversion from a Residential Treatment Facility (RTF) or Psychiatric Hospital, or who are otherwise in need of specialized residential care. These programs also aims to support youth who may have been denied access to RTF or inpatient programs. These new residential settings are designed to provide on-site mental health services and coordination of clinical and rehabilitative interventions and support services for youth diagnosed with mental illness and their families.

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

  ACDHS is fortunate to have a strong cross-system integrated teaming model and an equally strong partnership with PA OCYF that helps us support youth with complex needs.

  ACDHS's Multisystem team has grown by four staff in the past 12 months, with the onboarding of two additional staff anticipated by the end of the year: one specific to the Specialized Group homes and Admin support to help with the tracking of data, documentation and support of the larger team. These staff have been co-located into each of the CYF Regional Offices

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

1-3r. Family Reunification Services

➲ Respond to the following questions:

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

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

- What were the total costs of services and activities to provide family reunification services in SFY 2023-24?

  To estimate the total cost of family reunification services in FY 2022-23, we considered:

  - The proportion of cases referred to Homebuilders for reunification support. (17 of 68 cases, 25% or $212,749)
  - The estimated proportion of families receiving other in-home, non-placement services to support reunification. (50% or $1,822,089)
  - The total cost of coached supervised visitation services. ($904,629)

The resultant estimate of the total costs of services and activities to provide family reunification services in FY 2022-23 is $2,939,467.

Section 2: General Indicators

2-1: County Fiscal Background

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

  Allegheny County was underspent in SFY 2023-24 due to delays in the construction/renovation of the new detention center. We expect to fully draw our allocation in future years.

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

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

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

- **Trend: Racial disproportionality across all decision points of Allegheny County's child welfare and juvenile justice systems, beginning at each system's front door.** In 2023, 41% of children referred to child welfare were Black, even though only 18% of

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

- **Trend: Decreased entries to care and increased complexity of youth in the system.** Referrals, entries to care, placements, and non-placement service utilization have all declined since the beginning of the pandemic. Decreases in entries to care since the pandemic's onset were initially attributable to a reduction in referrals by mandated reporters, whose proximity to children and youth declined with school closures. Even as referrals have rebounded to pre-pandemic levels, ACDHS has seen an increase in the severity of the need from system-involved youth. This decrease in entries is attributed to a focus on accepting for service those high need youth. This then has a downstream effect on the utilization of ongoing services. The result is a smaller ACDHS focused on achieving the enhanced system capacity necessary to meet child and family needs.

- **Trend: Increased behavioral health needs among children and families.** National data indicates that the long-term impact of the pandemic has caused poor mental health outcomes for children, youth, and their caregivers. This trend has hit girls especially hard, and the CDC estimates that 3 in 5 girls felt persistently sad or hopeless in 2021.[12] Similarly, research shows that the pandemic led to widespread increases in fear, anxiety, depression, loneliness, and behavioral issues in PK–12 students, with disproportionate effects based on race/ethnicity, socioeconomic status, and previous mental health or disability diagnosis. This national trend is reflected locally among all children and families and is of particular concern among children and youth in care. Reports from placement providers indicate a higher level of need for behavioral health services among children and youth in out-of-home care (though behavioral health service utilization is not increasing proportionally, likely due to widespread service shortages in the behavioral health system). ACDHS will address this trend through its expenditure adjustments by investing in therapeutic placement settings and informal mental health supports for youth.

- **Trend: Time to permanency within 12 months of entering care does not meet the national standard.** ACDHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). The national performance standard is 40.5%, and Allegheny County's percentage was 19.16%. ACDHS will address this through its expenditure adjustments by investing in kinship care and its array of services designed to resolve child and family needs. *NOTE* this trend is based on data from PCG from packages 22A & 22B. This is because 23A data packages were not sent to counties prior to the NBPB submission in 2023.

Trend: Re-entry rates after reunification higher than the national standard. Allegheny County's percentage of children and youth re-entering care within 12 months after reunification (10.81%) is higher than the national benchmark (8.3%). Re-entry to care after reunification can indicate that the services delivered did not adequately address families' needs and remediate safety concerns. ACDHS is addressing this by surveying reunified families to improve its post-reunification services and supports. *NOTE* this trend is based

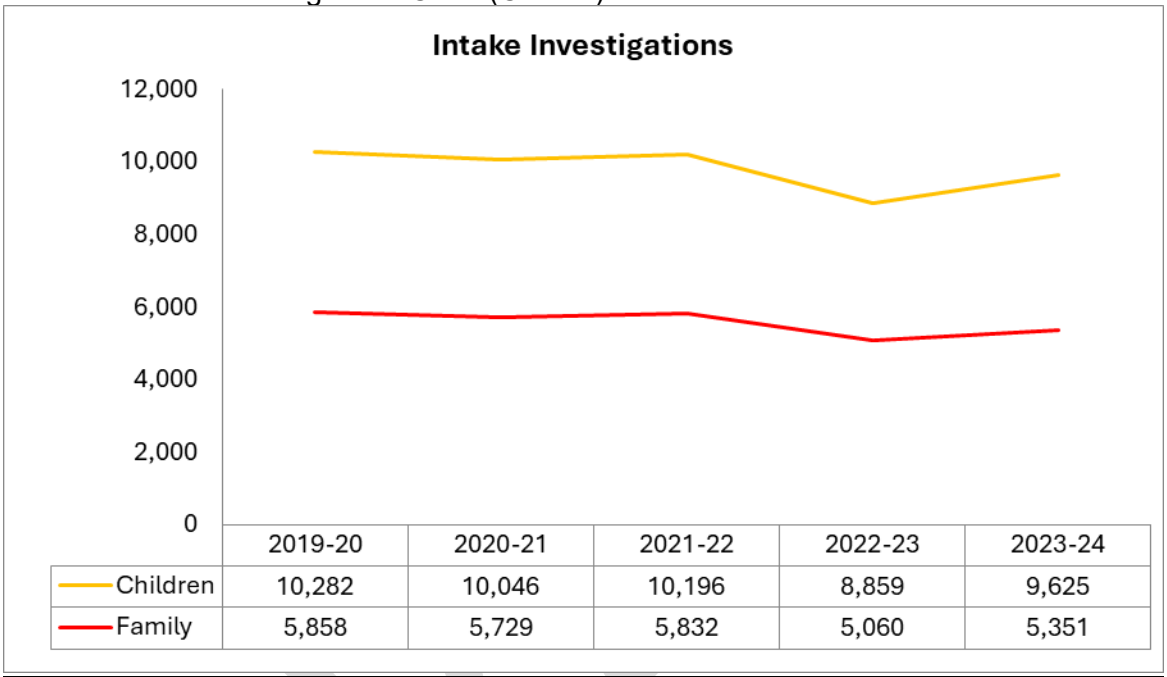
[12] https://www.cdc.gov/media/releases/2023/p0213-yrbs.html

on data from PCG from packages 22A & 22B. This is because 23A data packages were not sent to counties prior to the NBPB submission in 2023

➲ **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).



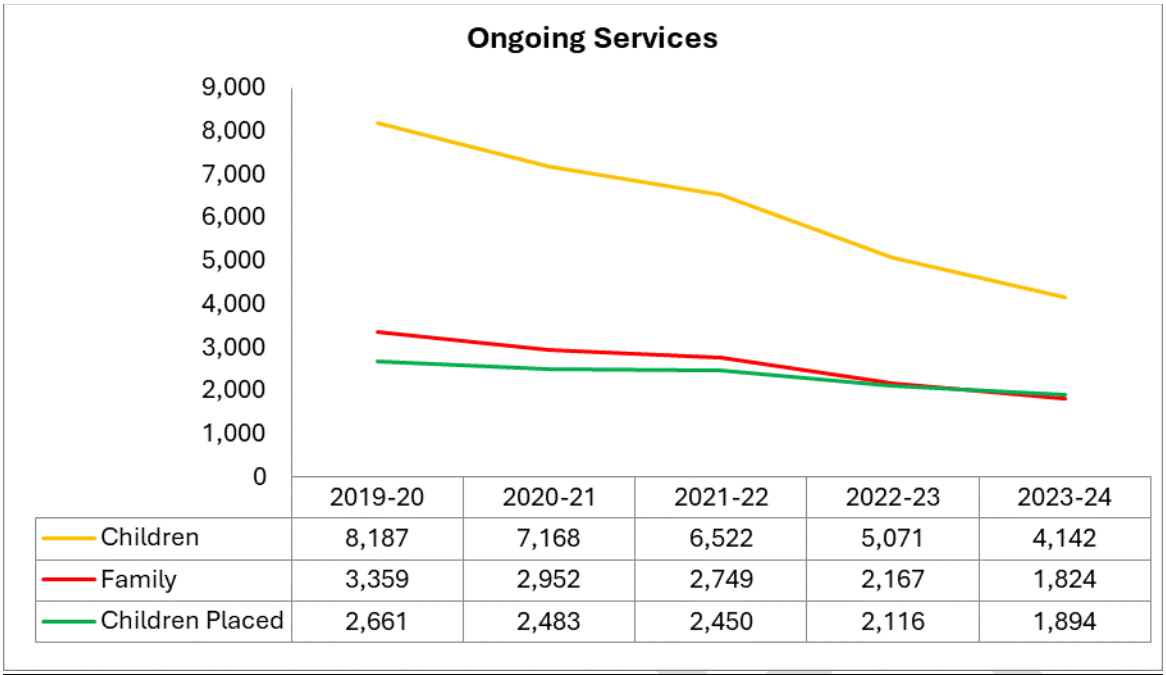
	2019-20	2020-21	2021-22	2022-23	2023-24
Children	10,282	10,046	10,196	8,859	9,625
Family	5,858	5,729	5,832	5,060	5,351

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

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

2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).



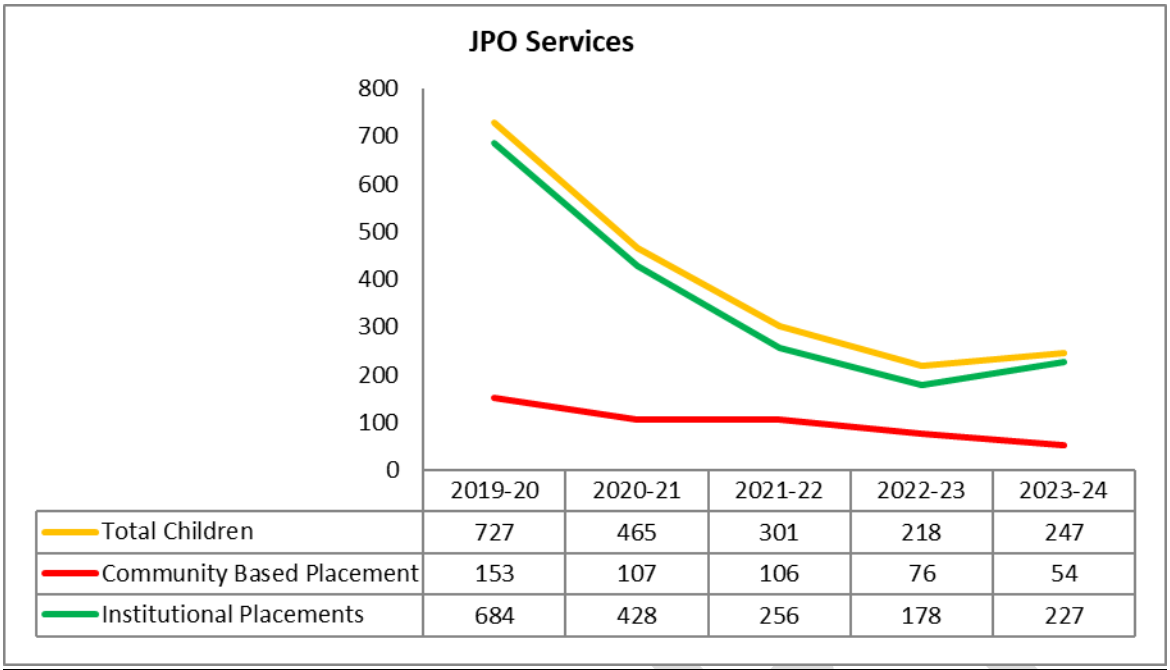
	2019-20	2020-21	2021-22	2022-23	2023-24
Children	8,187	7,168	6,522	5,071	4,142
Family	3,359	2,952	2,749	2,167	1,824
Children Placed	2,661	2,483	2,450	2,116	1,894

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

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

2-2a. JPO Services

Insert the JPO Services Chart (Chart 3).

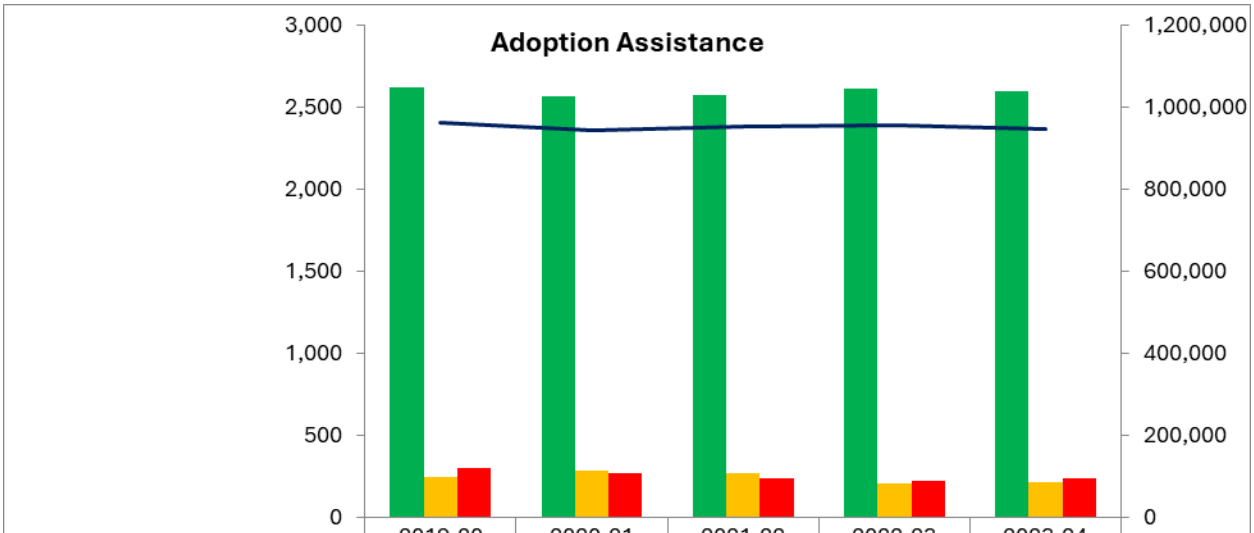


	2019-20	2020-21	2021-22	2022-23	2023-24
Total Children	727	465	301	218	247
Community Based Placement	153	107	106	76	54
Institutional Placements	684	428	256	178	227

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

2-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).

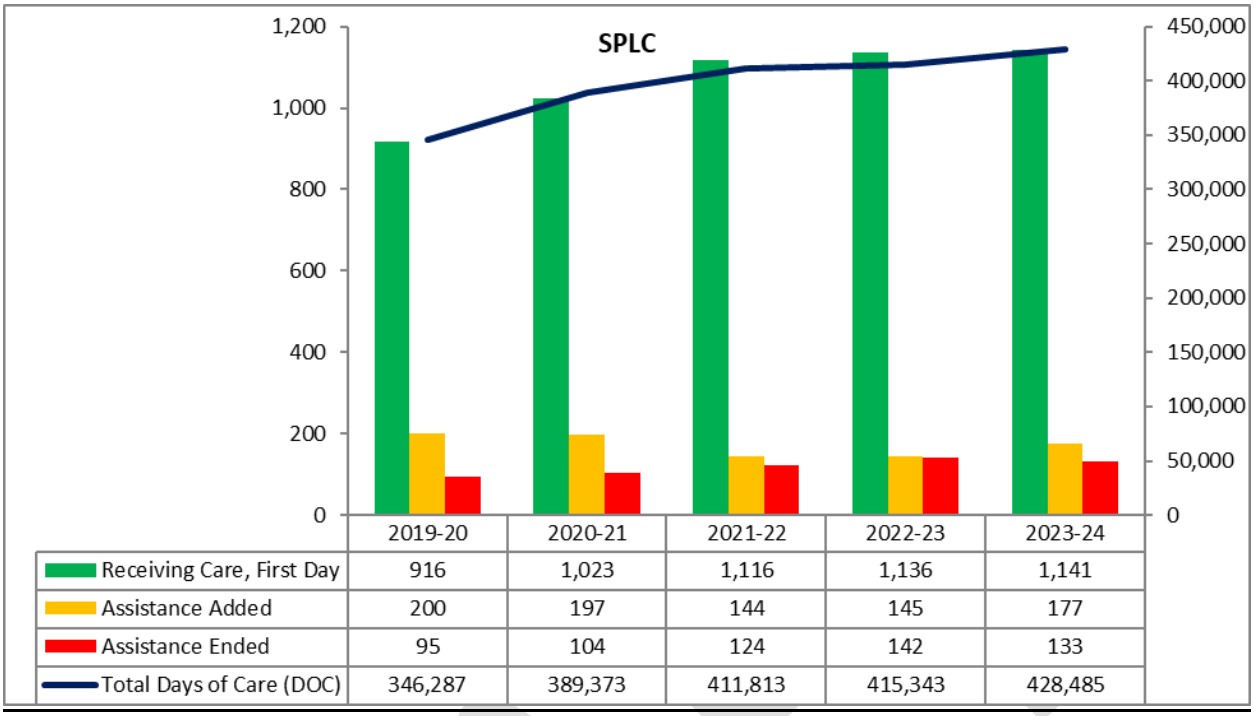


	2019-20	2020-21	2021-22	2022-23	2023-24
Receiving Care, First Day	2,623	2,567	2,580	2,616	2,601
Assistance Added	247	284	273	207	215
Assistance Ended	303	271	237	222	244
Total Days of Care (DOC)	963,313	944,392	953,012	956,745	947,418

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

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

Insert the SPLC Chart (Chart 5).

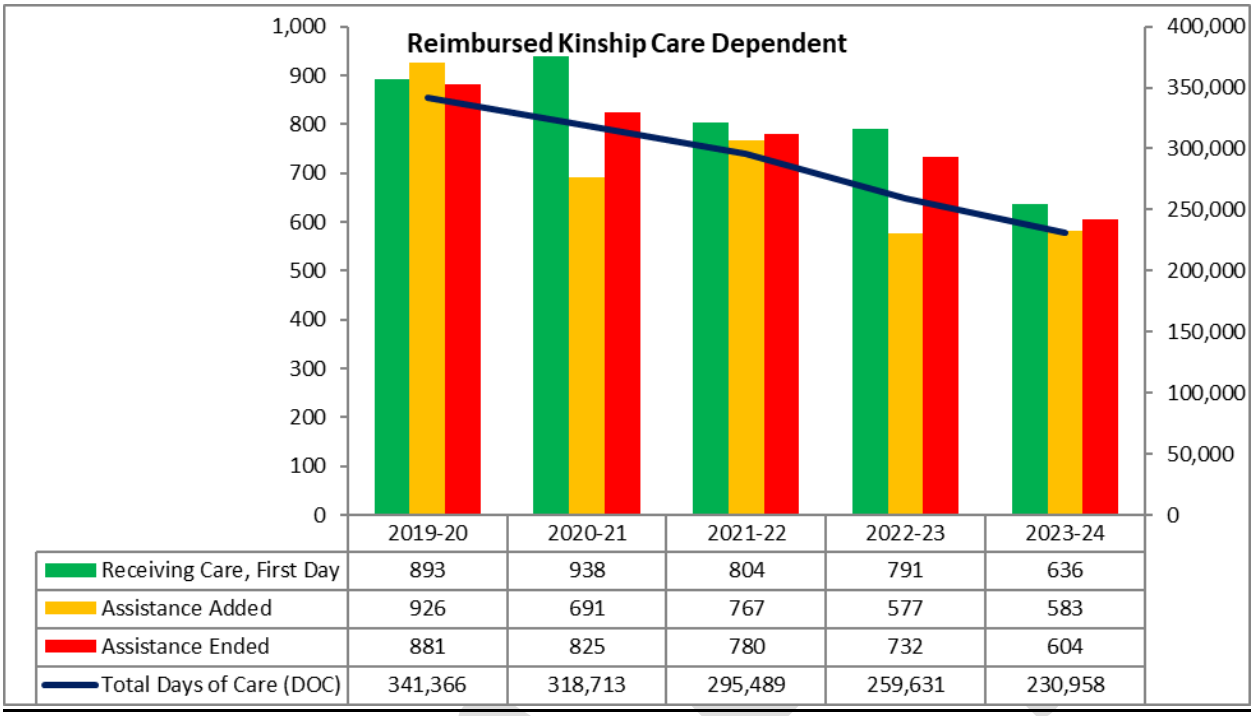


	2019-20	2020-21	2021-22	2022-23	2023-24
Receiving Care, First Day	916	1,023	1,116	1,136	1,141
Assistance Added	200	197	144	145	177
Assistance Ended	95	104	124	142	133
Total Days of Care (DOC)	346,287	389,373	411,813	415,343	428,485

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

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

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

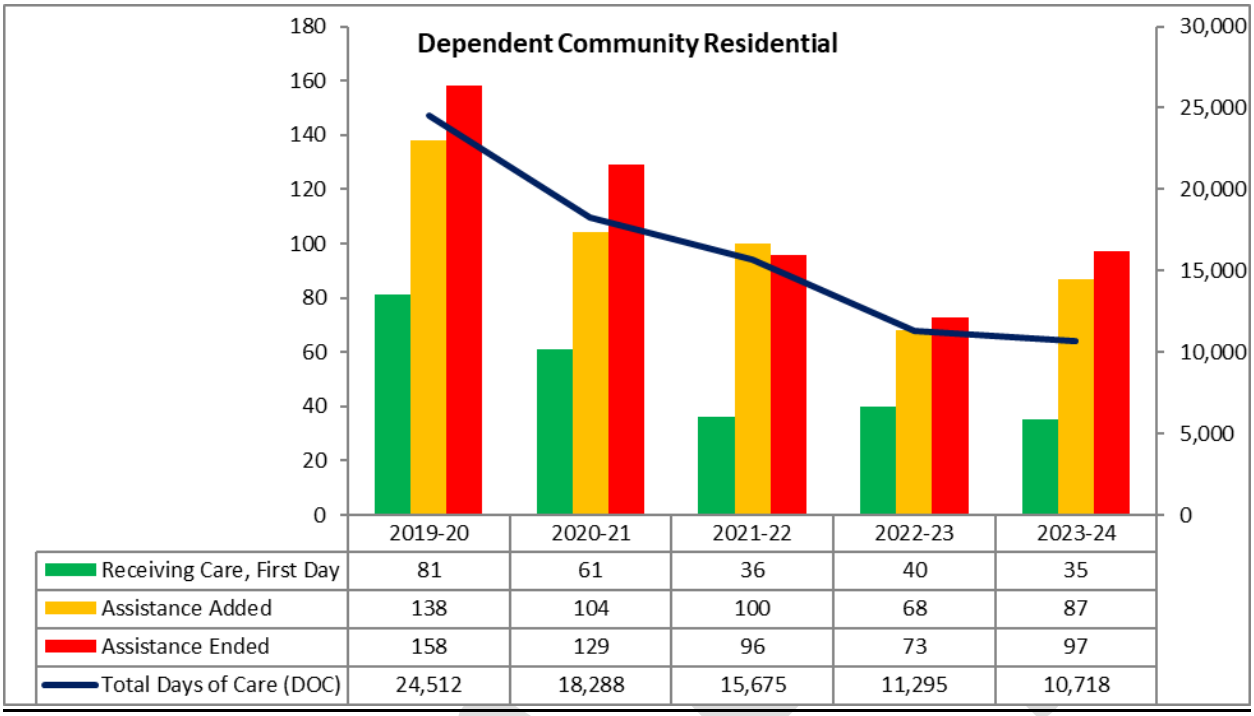


	2019-20	2020-21	2021-22	2022-23	2023-24
Receiving Care, First Day	893	938	804	791	636
Assistance Added	926	691	767	577	583
Assistance Ended	881	825	780	732	604
Total Days of Care (DOC)	341,366	318,713	295,489	259,631	230,958

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

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

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

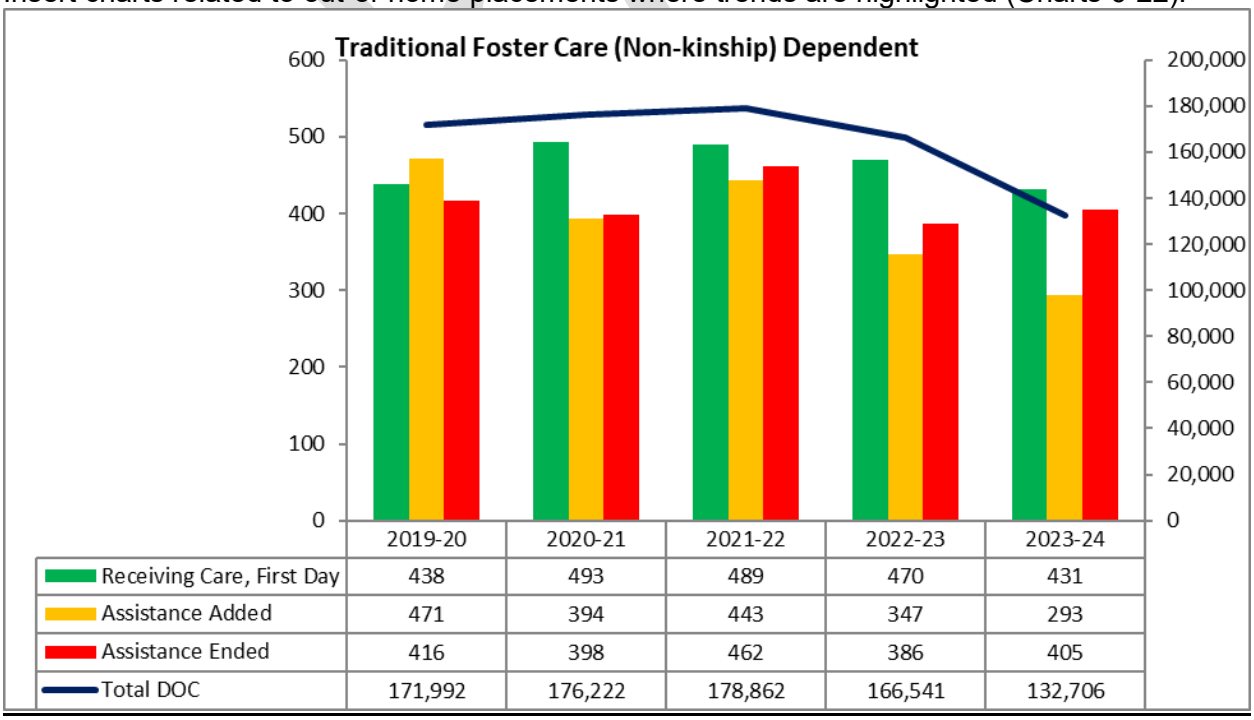


	2019-20	2020-21	2021-22	2022-23	2023-24
Receiving Care, First Day	81	61	36	40	35
Assistance Added	138	104	100	68	87
Assistance Ended	158	129	96	73	97
Total Days of Care (DOC)	24,512	18,288	15,675	11,295	10,718

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 safely reduce the group care population.

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

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

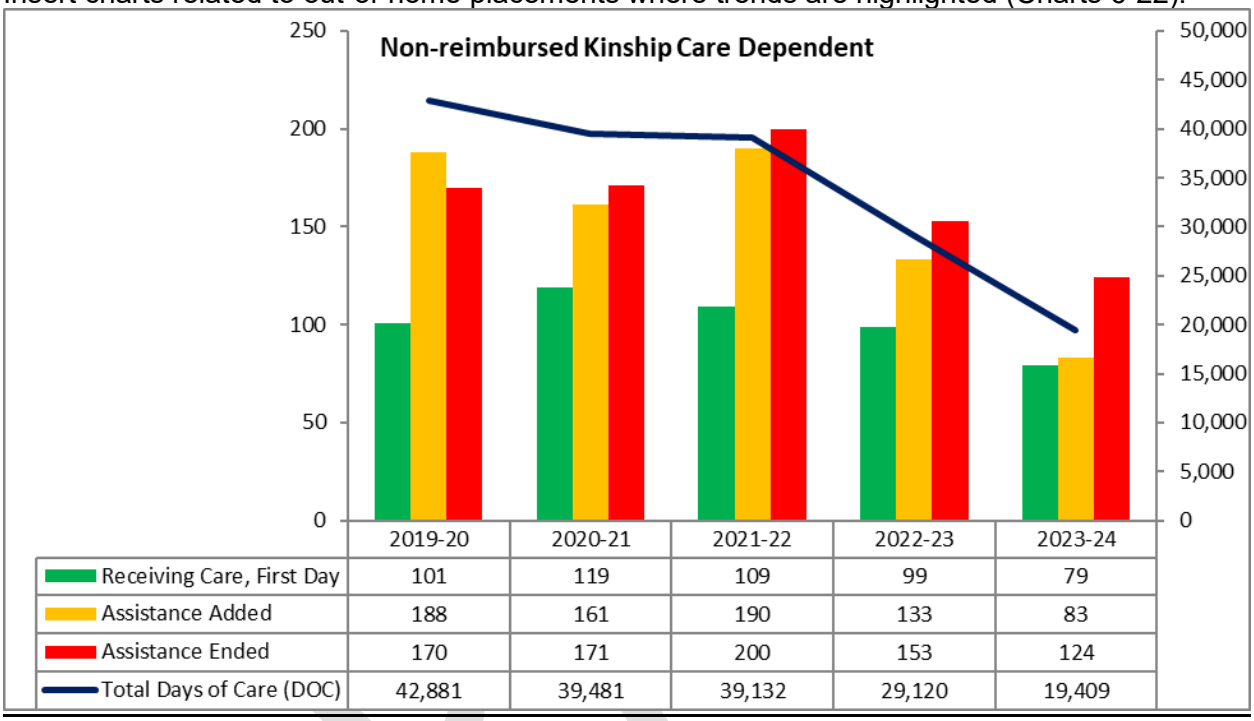


	2019-20	2020-21	2021-22	2022-23	2023-24
Receiving Care, First Day	438	493	489	470	431
Assistance Added	471	394	443	347	293
Assistance Ended	416	398	462	386	405
Total DOC	171,992	176,222	178,862	166,541	132,706

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

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

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

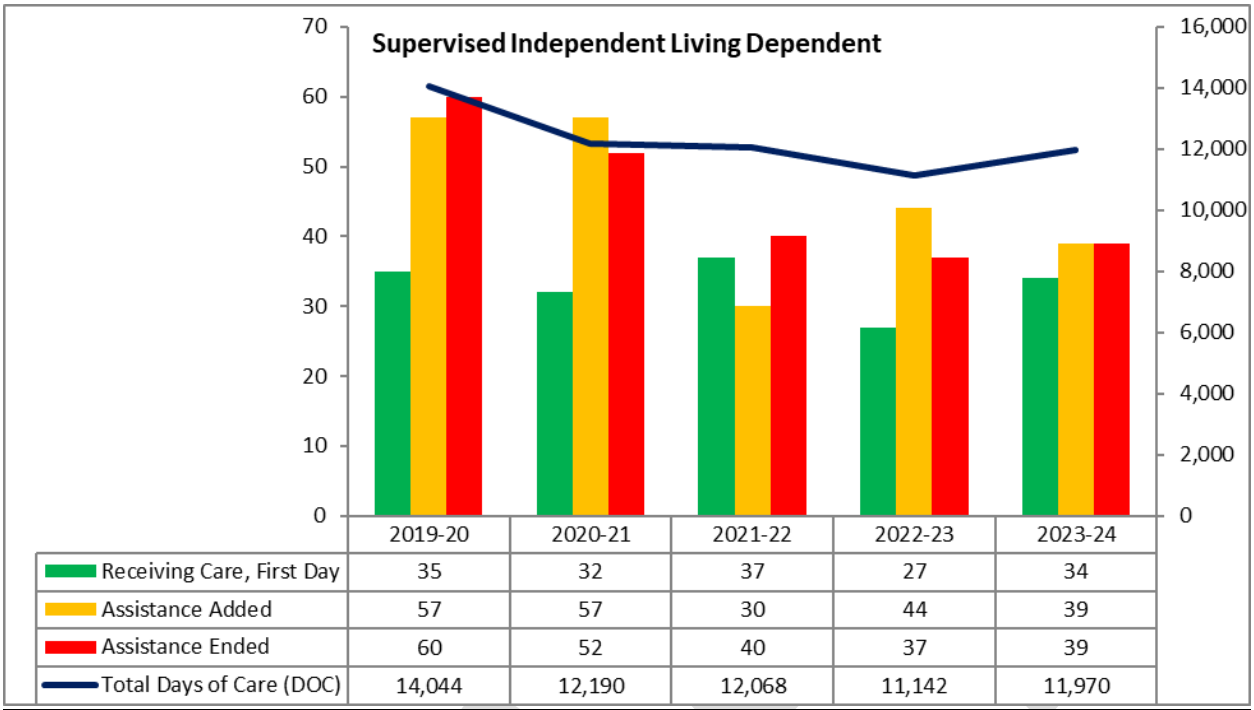


	2019-20	2020-21	2021-22	2022-23	2023-24
Receiving Care, First Day	101	119	109	99	79
Assistance Added	188	161	190	133	83
Assistance Ended	170	171	200	153	124
Total Days of Care (DOC)	42,881	39,481	39,132	29,120	19,409

The number of children receiving care through Non-reimbursed Kinship Care Services comprises a small percentage of placements overall, and it is trending slightly downward (similarly to reimbursed Kinship Care).

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

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

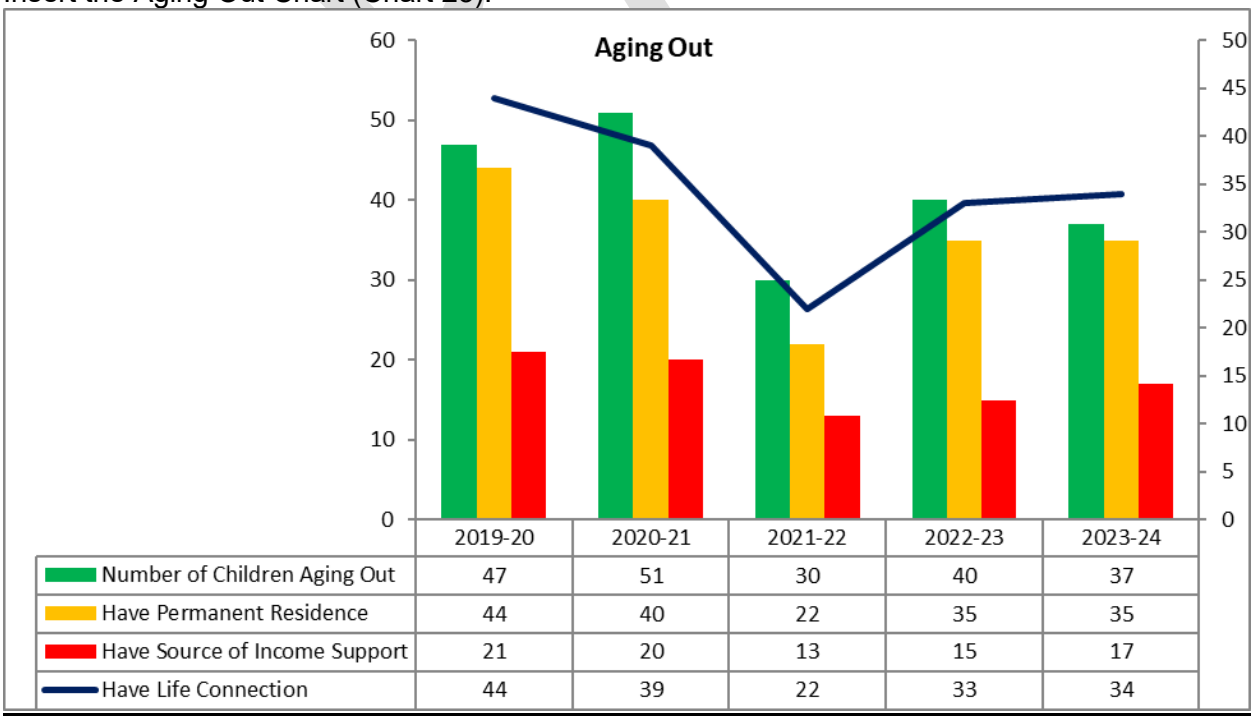


	2019-20	2020-21	2021-22	2022-23	2023-24
Receiving Care, First Day	35	32	37	27	34
Assistance Added	57	57	30	44	39
Assistance Ended	60	52	40	37	39
Total Days of Care (DOC)	14,044	12,190	12,068	11,142	11,970

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

2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



	2019-20	2020-21	2021-22	2022-23	2023-24
Number of Children Aging Out	47	51	30	40	37
Have Permanent Residence	44	40	22	35	35
Have Source of Income Support	21	20	13	15	17
Have Life Connection	44	39	22	33	34

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

2-2f. General Indicators

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

2-2: General Indicators

"Type in BLUE boxes only"

County Number: Class:

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

Copy Part 1 for Narrative insertion | Copy Part 2 for Narrative insertion | Copy Part 3 for Narrative insertion

2-2a. Service Trends

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

2-2b. Adoption Assistance

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

2-2c. SPLC

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

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

Dependent Community Residential								
Receiving Care, First Day	81	61	36	40	35	-56.8%	-18.9%	View Chart
Assistance Added	138	104	100	68	87	-37.0%	-10.9%	
Assistance Ended	158	129	96	73	97	-38.6%	-11.5%	
Total Days of Care (DOC)	24,512	18,288	15,675	11,295	10,718	-56.3%	-18.7%	

Delinquent Community Residential								
Receiving Care, First Day	55	43	28	22	15	-72.7%	-27.7%	View Chart
Assistance Added	77	55	72	50	32	-58.4%	-19.7%	
Assistance Ended	89	70	78	57	28	-68.5%	-25.1%	
Total Days of Care (DOC)	15,905	10,880	8,349	6,532	5,581	-64.9%	-23.0%	

Supervised Independent Living Dependent								
Receiving Care, First Day	35	32	37	27	34	-2.9%	-0.7%	View Chart
Assistance Added	57	57	30	44	39	-31.6%	-9.1%	
Assistance Ended	60	52	40	37	39	-35.0%	-10.2%	
Total Days of Care (DOC)	14,044	12,190	12,068	11,142	11,970	-14.8%	-3.9%	

Supervised Independent Living Delinquent								
Receiving Care, First Day						0.0%	0.0%	View Chart
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%	View Chart
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	33	34	25	37	28	-15.2%	-4.0%	View Chart
Assistance Added	61	40	57	40	46	-24.6%	-6.8%	
Assistance Ended	60	49	45	49	41	-31.7%	-9.1%	
Total Days of Care (DOC)	13,205	11,623	13,617	12,625	12,072	-8.6%	-2.2%	

Delinquent Residential Services								
Receiving Care, First Day	139	83	74	60	48	-65.5%	-23.3%	View Chart
Assistance Added	569	352	191	122	185	-67.5%	-24.5%	
Assistance Ended	625	361	205	134	157	-74.9%	-29.2%	
Total Days of Care (DOC)	54,291	30,866	22,267	20,425	25,729	-52.6%	-17.0%	

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

2-2e. Aging Out Data								
Indicator	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	% Change	CAGR	
Aging Out								
Number of Children Aging Out	47	51	30	40	37	-21.3%	-5.8%	View Chart
Have Permanent Residence	44	40	22	35	35	-20.5%	-5.6%	
Have Source of Income Support	21	20	13	15	17	-19.0%	-5.1%	
Have Life Connection	44	39	22	33	34	-22.7%	-6.2%	

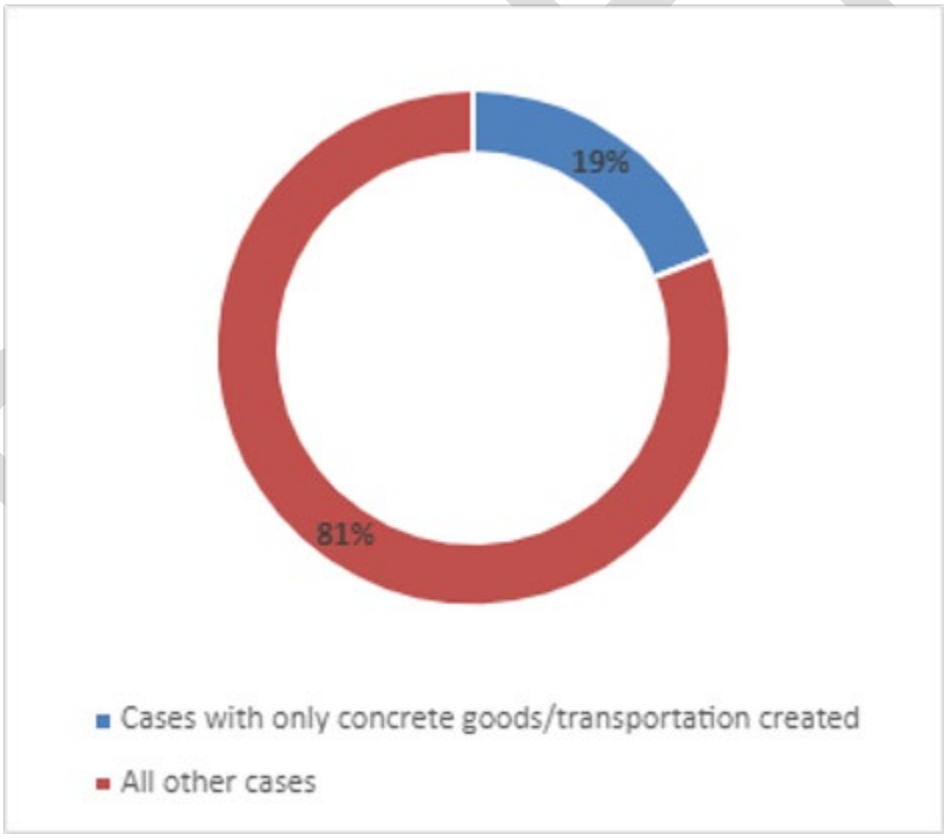
2-2g. through 2-2i. Charts

- NOTE: The section is optional and applies to CCYAs and/or JPOs.
- NOTE: If inserting charts, identify the data source and parameters and include only one chart per page.

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

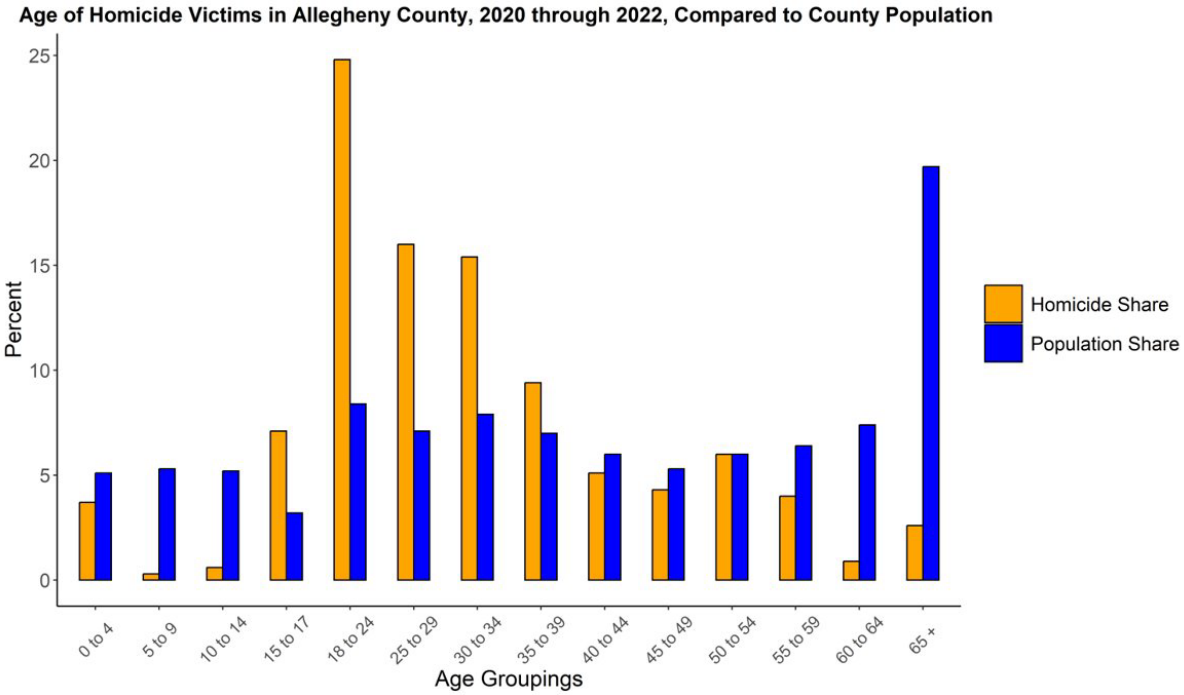
- Counties may use data charts as provided by PCG or any other county data available. County specific charts outside of PCG data charts must clearly identify the source of the data.

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

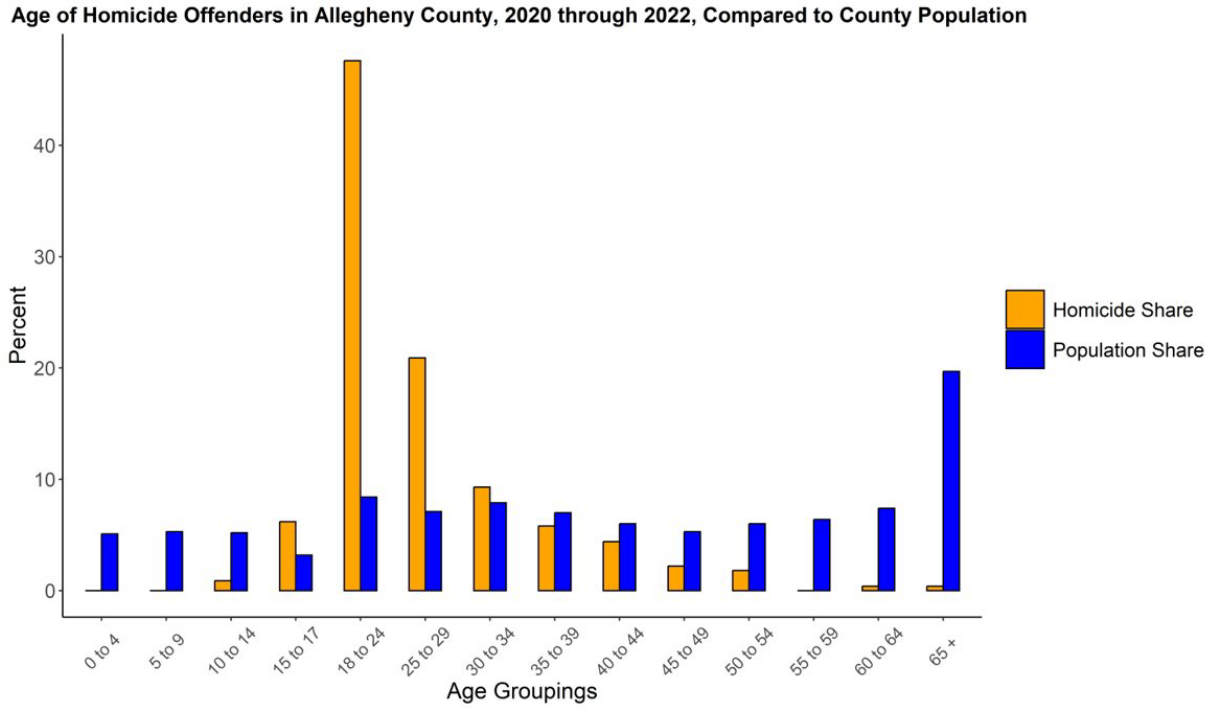


This chart demonstrates the potential for Allegheny County to further reduce the number of CYF active families through investments in primary prevention and diversion services that adequately meet families' basic needs. About 19% of non-placement CYF cases in Allegheny County open at any point in 2023 had only concrete goods or transportation services started in 2023.

2) Age of Homicide Victims and Offenders 2022



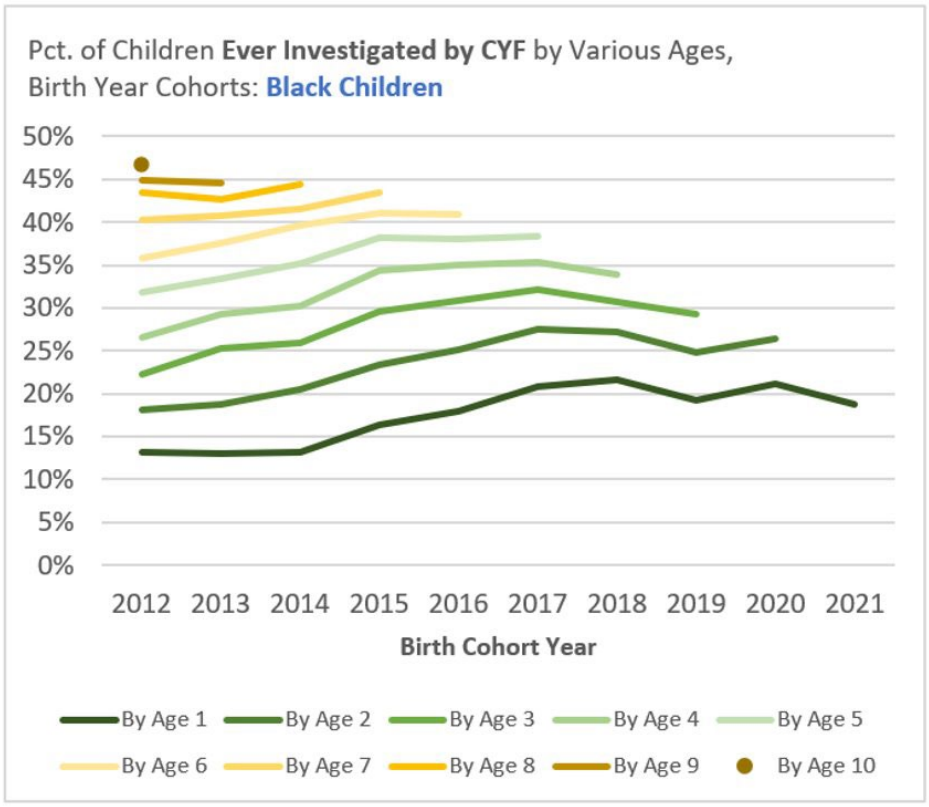
Data sources: Allegheny County Courts and Allegheny County Office of the Medical Examiner

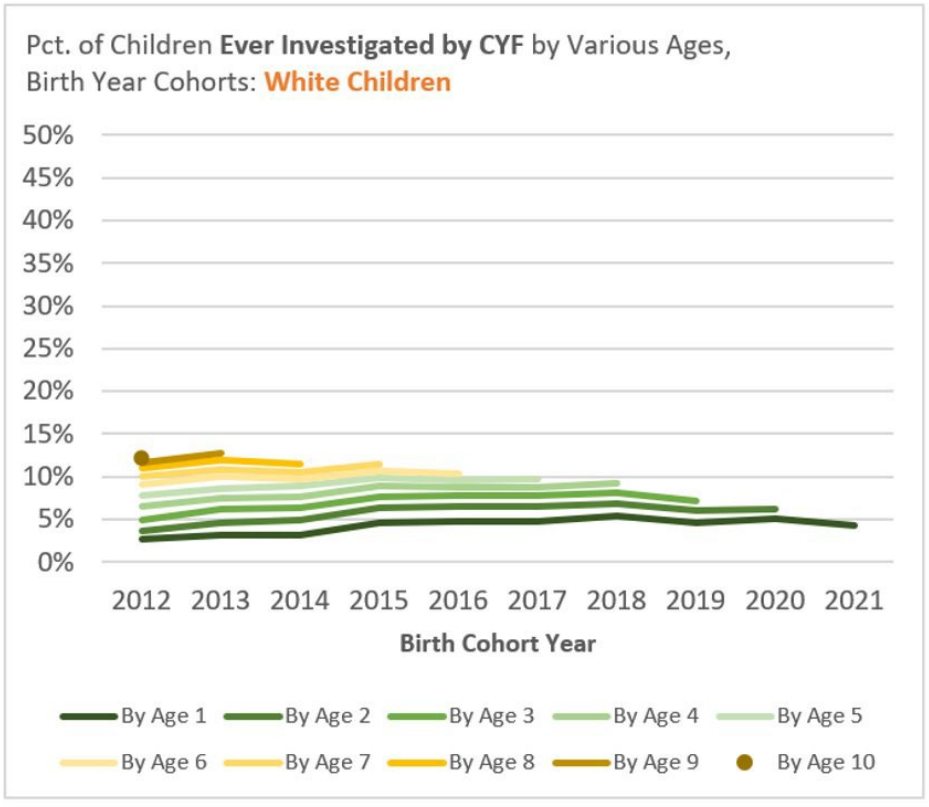


Data sources: Allegheny County Courts and Allegheny County Office of the Medical Examiner

This data shows how youth are affected by violence at an outsized rate than other age groups. Youths aged 18-24 are most likely to be homicide victims and offenders in 2022. This group outnumbers its population share as offenders by more than four times.

3) <u>Referral Likelihood by Age and Race</u>


Pct. of Children Ever Investigated by CYF by Various Ages,
Birth Year Cohorts: Black Children
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
2012 2013 2014 2015 2016 2017 2018 2019 2020 2021
Birth Cohort Year
By Age 1
By Age 2
By Age 3
By Age 4
By Age 5
By Age 6
By Age 7
By Age 8
By Age 9
By Age 10


Pct. of Children Ever Investigated by CYF by Various Ages,
Birth Year Cohorts: White Children
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
2012 2013 2014 2015 2016 2017 2018 2019 2020 2021
Birth Cohort Year
By Age 1
By Age 2
By Age 3
By Age 4
By Age 5
By Age 6
By Age 7
By Age 8
By Age 9
By Age 10

Racial disproportionality within the child welfare system persists as a challenge for ACDHS. By age 10, 57% of Black babies born in 2012 had appeared on at least one referral, and 47% had been investigated. By comparison, 18% and 12% of White babies born in 2012 were referred and investigated, respectively. As a percentage of births, fewer White children are referred, investigated, or removed at least once by CYF by age ten (per the 2012 birth cohort) than Black children are by age one (per the 2012-2021 birth cohorts).

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

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

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

Child welfare trends:

The volume of incoming CYF referrals has continued to increase since the low point of the COVID-19 pandemic. Across all types, FY 2022-2023 saw a combined 15,102 distinct incoming referrals. This volume stands about 11% higher than FY 2021-2022 (13,667) and about 14% behind the most recent fiscal year prior to the pandemic (FY 2018-2019), which saw 17,568 incoming referrals.

Decision-making rates have evolved at the two main decision points that follow a referral's receipt by CYF: the call-screening decision of whether to investigate an incoming referral, and the decision regarding whether to open a CYF case upon completion of an investigation.

While referrals with CPS allegations must be investigated, call-screening rates on referrals with only GPS allegations have a higher degree of discretion. In recent fiscal years prior to the past year, the rate of GPS referrals screened in for further investigation was relatively stable at about four in ten. However, in FY 2022-2023, this rate saw its largest shift in many years, with the percentage of GPS referrals resulting in investigation falling from 39.4% in FY 2021-2022 to 29.2% in FY 2022-2023.

Unlike the call-screening rate, the decision (conditional upon investigation) of whether to accept a family for CYF services and open a full CYF case has been declining gradually and consistently since early 2017. Among GPS investigations, over 40% were accepted for services in the early months of 2017; in the last few months, this rate has dipped to under 15% of GPS investigations.

The aggregate effect of the changes in call screening and investigation decision-making is that much fewer CYF cases are opening than in prior years – both in an absolute sense and relative to referral volume. Ultimately, a crude but simple way of visualizing the overall effect is to calculate the percentage of incoming referrals resulting in a CYF case opening. In FY 2016-2017, 1,875 CYF cases opened due to the screening and/or investigation of 14,841 incoming referrals, meaning about 12.6% of referrals resulted in a newly opened CYF case. In FY 2022-2023, 623 CYF cases have opened out of 15,102 incoming referrals – meaning about 4.1% of referrals resulted in a case. (Note: Some investigations from June 2023 referrals are still pending, and this 623 number could rise slightly)

Further downstream, the impacts on the out-of-home placement census have been less pronounced than the changes in case opening. This is partly because analyses have shown that, while case-opening has declined, the percentage of open CYF cases with a child removed from the hope has steeply risen – or, alternately, the CYF cases that are "no longer being opened" are perhaps those without risk and safety needs requiring child welfare placement. In January 2017, about 49% of open CYF cases had at least one child in placement; by November 2022, this rate was about 66%.

Juvenile justice trends:

Allegheny County JPO reduced placements by 2.5% in FY 23/24 with only 173 placements out of the 1,352 referrals received. All juveniles placed into residential care scored as moderate risk, high risk or very high risk according to the YLS including sex offenders even though they usually score low due to the YLS not measuring the risk to sexually reoffend. A review of the 173 juveniles placed into residential care in FY 23/24 shows that the majority of cases continue to be 16 years-old at the time of placement (64 cases); other cases include 1 twelve-year-old, 3 thirteen-year-olds, 7 fourteen-year-olds, 37 fifteen-year-olds, 45 seventeen-year-olds, 15 eighteen-year-olds and 1 nineteen-year-old. The probation department continues to utilize the least restrictive services to meet the juvenile's needs.

With regard to race and gender of these juveniles placed in residential placement, 29 were white, 138 were African American, 4 were bi-racial, 1 was Hispanic and 1 was Hawaiian; 162 were male and 10 females with 1 female youth identified as LGBTQ. Of the 173-youth placed, 40 youth or 23% were identified with learning disabilities. Lastly, looking at the data related to residential placement we can see 48 youth re-entered placement; 21 of the 48 placements were re-entering placement for at least the second placement episode, some were for a third episode during FY 23/24. Allegheny County JPO will continue to address this statistic through the use of re-entry meetings, re-entry programming at CISP or The Academy, and the amplifying of family counseling services in the home.

One hundred eighteen of these juveniles had a mental health diagnosis (2 with Autism) when entering placement. We often are unable to address the issues with mental health services before the behavior escalates to the point that the juvenile is unsafe in the community. In addition, Allegheny County JPO continues to have serious difficulties finding Diversion/Stabilization beds for juveniles; the beds on our side of the state have closed and no new programming has opened. Many other types of programs are closing their doors and these juveniles at times must wait at home, or in detention (when available) or are placed into residential care with limited access to mental health services.

We continue to see a lack in the availability of voluntary adolescent juvenile drug and alcohol inpatient programming. Because of this, juvenile probation has been left with no option other than to place juveniles in a juvenile facility to focus on drug and alcohol treatment when voluntary inpatient would have been more appropriate for said juvenile. In-patient treatment is greatly needed for our adolescent substance abusers. We currently have only one short-term voluntary inpatient option for boys and zero options for girls. We also do not have an in-person intensive outpatient program for juveniles. All of the juvenile providers only offer virtual meetings which are ineffective with juveniles who continue to abuse drugs and alcohol daily.

Over FY 23/24, we continued to see many of our facilities close or reduce programming, for various reasons. This has created longer bed-waits, an increase in denials for placement and placement facilities being more selective in their admissions. With the limited detention beds remaining an issue, this results in more detention days while awaiting transfer to an appropriate facility. This also results in juveniles remaining at home on electronic monitoring with increased risk of recidivism. During this fiscal year, Allegheny County had 147 instances of juveniles that met criteria for detention, however, had to be sent home due to lack of detention beds.

We have also seen an increase in the need for more state placement referrals as facilities have become more particular about what types of juveniles they will accept into their programs – this can be related to lack of staffing and inexperienced staff working within their facilities. Allegheny County JPO committed 31 juveniles to a YDC facility which was an increase of 45% and a decrease of only 5 juveniles to YFC program at 44%. Due to continued lack of state facility beds, we have had high risk youth at home on electronic monitoring for extended periods of time and increased days of care in detention when detention was available, while working to find appropriate treatment beds for our juveniles. While the bed wait for state secure facilities has greatly reduced over the past 2 months, it affected our detention availability and service availability throughout the reporting year. In addition, determinate sentences like those ordered in other counties have caused Allegheny County juveniles to go without necessary services for long periods of time while awaiting their state bed.

Lastly, Allegheny JPO had 143 incidents of juveniles in secure detention during FY 23/24. Thirty-eight juveniles placed in detention had active bench warrants, 1 had an active violation of probation, 46 came from the Intake/Investigation Unit due to the seriousness of their initial offense, 10 failed to adjust at a residential facility, 41 juveniles received new charges while on active supervision, 4 were ordered in court and 3 out of state runaways. Juveniles placed in secure detention spent a total of 5,087 days in detention with an average length of stay of 36 days. Allegheny County has a serious problem with firearms related to juvenile offenses. The seriousness of their charges warrants the use of detention for the safety of the juvenile and the community. While less restrictive alternatives are always explored, we have many circumstances that warrant the use of detention. In Allegheny County, the use of detention is assessed according to statewide detention standards and the PaDRAI and is only used as a last resort.

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

When considering funding of delinquent youth, the state should consider whether it is appropriate to limit congregate care to 15 days. On top of offender accountability and competency building, the delinquency system is tasked with community safety. Decisions related to community safety should not be related to whether or not funding is available for necessary services that fall outside of a specialized setting.

- ❑ 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.

  The declines in the number and children and youth served or in care are attributable to a focus on accepting for service only those youth with the highest need; this then has a downstream effect on ongoing services. These often-complex youth require a higher intensity of services (as described throughout this narrative and in our Expenditure Adjustments). At the same time, Allegheny County is focused on family preservation and reducing congregate care placements, and these priorities are also reflected in the data trends described above.

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

- ➲ Consider the children and youth who have the following characteristics, by race, age, and gender:
  - *Intellectual disability or autism;*
  - *A behavioral health impairment;*
  - *A physical disability;*
  - *Involvement with JPO; and*
  - *Identify as LGBTQ.*

  In FY 2023-24, 7% of children in out-of-home placement had at least one stay in congregate care; 138 children were placed in a congregate care setting at some point during the fiscal year. This statistic includes children either in care on the first day of the fiscal year or entering a placement at some point in the fiscal year; in total, 1896 children were in care this fiscal year.

The table below provides characteristics for children and youth placed in congregate care in FY 2023-24, compared with their counterparts in Foster and Kinship Care placements.

	Congregate Care (n=138)	Foster Care (n=675)	Kinship Care (n=1228)
Age Group			
Less than 1 year	0%	15%	13%
1-3 years	1%	24%	22%
4-6 years	0%	15%	13%
7-9 years	2%	12%	12%
10-12 years	9%	9%	10%
13-15 years	54%	13%	15%
16-18 years	30%	12%	12%
19 years or older	4%	0%	2%
Race			
African American	47%	45%	48%
Other Single Race Identified	1%	1%	0%
Two or More Races Identified	9%	17%	14%
Unknown	7%	3%	6%
White	35%	35%	33%
Sex			
Female	46%	45%	51%
Male	54%	55%	49%
Other	0.0%	0.0%	0.0%

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

- ➲ The below questions may assist in development of a response:
  - *What are the service and treatment needs?*
  - *Why can those services and treatment needs not be met in the community?*
  - *What barriers exist to accessing service and treatment needs in the community?*

An analysis of services received in FY 2023-24 shows that 72% of the 138 children in congregate care received outpatient mental health services and 41% received mental health mental health crisis intervention.

Office	Cost Center	Count	% of Congregate Care Clients
MH	Outpatient	100	72%
MH	Mental Health Crisis Intervention	57	41%
MH	Â Unclassified	36	26%
MH	Administrative Management	35	25%
MH	Psychiatric Inpatient Hospital	25	18%

DA	Outpatient	21	15%
MH	Family-based Mental Health Services	18	13%
MH	Not yet define in DW	17	12%
MH	Community Residential Services	13	9%
MH	Targeted Case Management	10	7%
MH	Partial Hospitalization	10	7%
MH	Family Support Services	8	6%
MH	Emergency Services	5	4%
DA	Inpatient Non-hospital Treatment and Rehabilitation	4	3%
DA	Intensive Outpatient	2	1%

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

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

Diagnosis	**Count**	**% of Congregate Care Clients**
ADHD	50	36%
DX Deferred	48	35%
Adjustment D/O	45	33%
Acute Stress RX	44	32%
Conduct D/O	32	23%
Depressive D/O	30	22%
Oppositional Defiant	27	20%
Anxiety Disorder	22	16%
Cannabis	18	13%
Autism Spectrum D/O	13	9%
Maj Depression	13	9%
Bipolar D/O	12	9%
Alcohol	3	2%
Other	3	2%
Schizophrenia	3	2%
Unspecified Psychosis	3	2%
ID	2	1%
Org Mental D/O	2	1%
Pers D/O	2	1%
Hyp/Sed	1	1%
Opioid	1	1%
Psychosis	1	1%
Subs Induced D/O	1	1%

Note: Youth can receive multiple diagnoses, so percentages do not add up to 100.

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

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

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

Several policies guide decision-making, including:

- **CYF Out of Home Placement Planning** – a procedure for CYF caseworkers to plan for the most appropriate, least restrictive placement option that will provide Safe Permanency for a youth
- **Allegheny County Best Practice Guidelines on Family Finding** – guidelines for "ongoing diligent efforts between a county agency, or its contracted providers, and relatives and kin to search for and identify adult relatives and kin and engage them in children and youth social service planning and delivery AND gain commitment from relatives and kin to support a child or parent receiving children and youth social services."
- **Allegheny County Juvenile Probation Office (JPO) and Allegheny County CYF Crossover Youth Protocol** – guide 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/ren's best interest
- **Rapid Response Team** – high-level multi-system team convened to assist children and youth who have complex needs but are struggling to have those needs met within the existing array of services within the various systems (OBH, OID, JPO, CYF); this team reviews system barriers and develops recommendations for improvement.

CYF takes a team approach to decision-making. An office team—including a clinical manager, regional office director, caseworker, supervisor, and regional office support staff—holds an internal meeting to discuss the assessment of a child's safety and if that assessment requires a recommendation for placement outside a parent's care. The courts ultimately make the final decision. If a child requires out-of-home placement to maintain their safety, the caseworker works with the parents and the youth to determine kin who could provide a safe placement for the child/youth. When a child is adjudicated dependent by the court, the court conducts permanency reviews every three months and determines the progress made toward reunifying the child with a parent. Several groups within DHS

convene to review a child's placement and discuss if a child is at the best and least restrictive placement available; these reviews can occur within permanency roundtables, during conferencing and teaming, by congregate care work groups, and at child option, rapid response, and integrated team meetings.

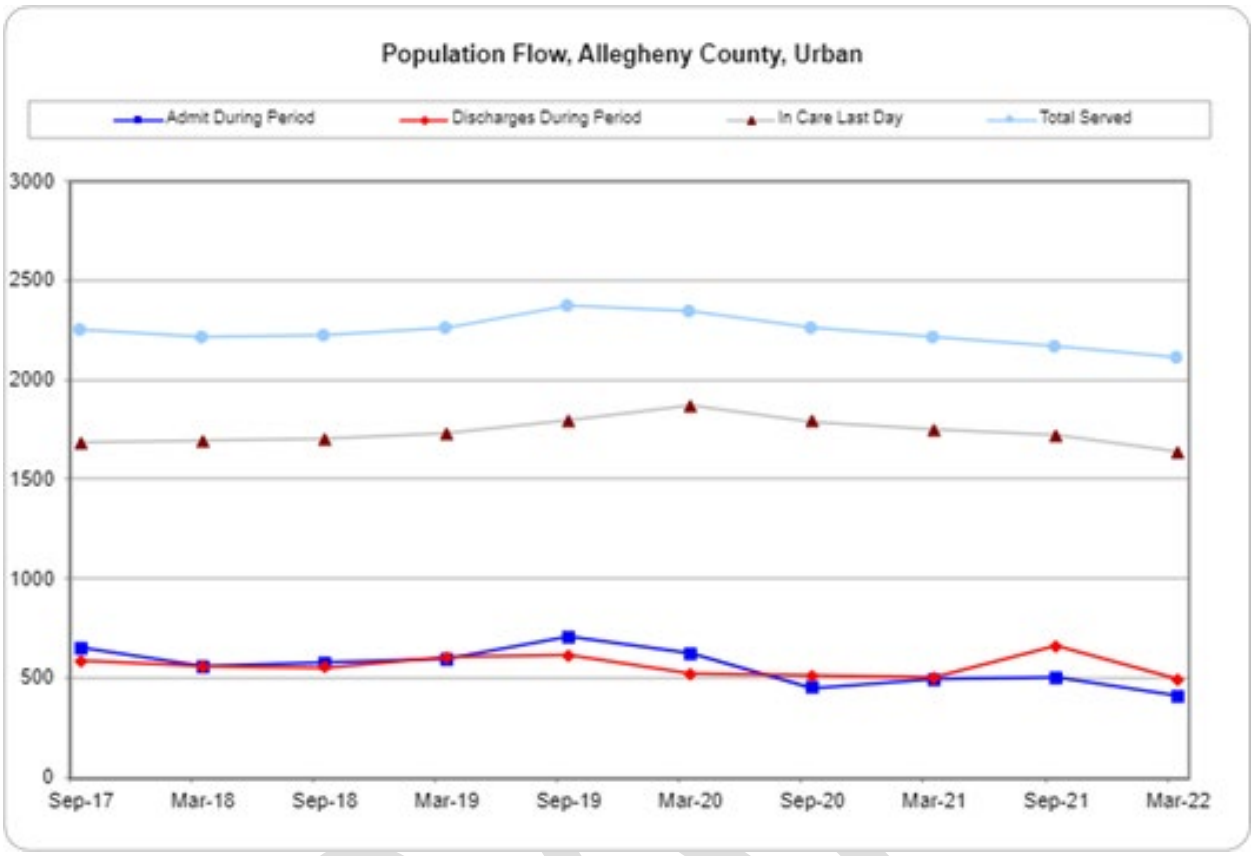
- ❑ How has the county adjusted staff ratios and/or resource allocations (both financial and staffing, including vacancies, hiring, turnover, etc.) in response to a change in the population of children and youth needing out-of-home care? Is the county's current resource allocation appropriate to address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

  Complex cases, behavioral health and CSEC populations have changing needs that ACDHS has moved to address. In complex needs placements there is a need for additional beds due to the decrease of available beds. The Commercial Sexual Exploitation of Children (CSEC) population increased, and in response to situations where it is unsafe for a child to return home, ACDHS created the Phoenix house. Higher levels of behavioral health needs also became apparent that are not recommended for RTF or an appropriate RFT cannot be found, and in response the County created Keystone and Pathways. The costs of these programs are prohibitively expensive, but the need persists. There is also a need for prevention to reduce the number of kids needing out of home placement. In-home and BH services can help step kids down from the complex programs down to kinship, biological, or therapeutic foster homes. Kids are able to stabilize in complex programs and reconnect with family, but the step down remains a challenge.

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

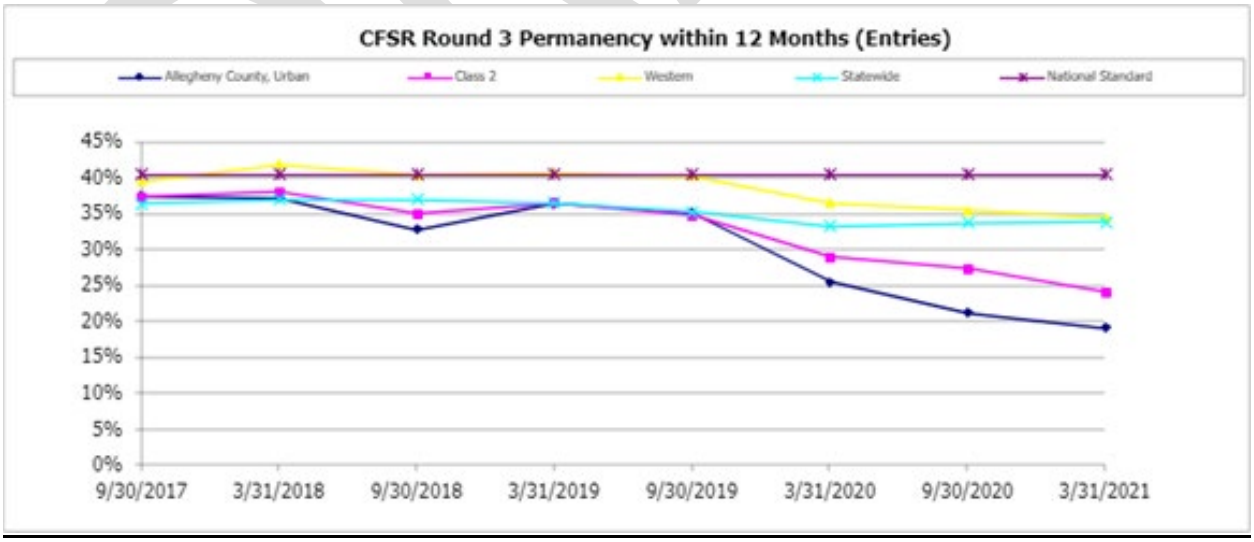
2-3a Population Flow

Insert the Population Flow Chart



2-3b Permanency in 12 Months (Entry)

Insert the Permanency in 12 Months (Entry) Chart



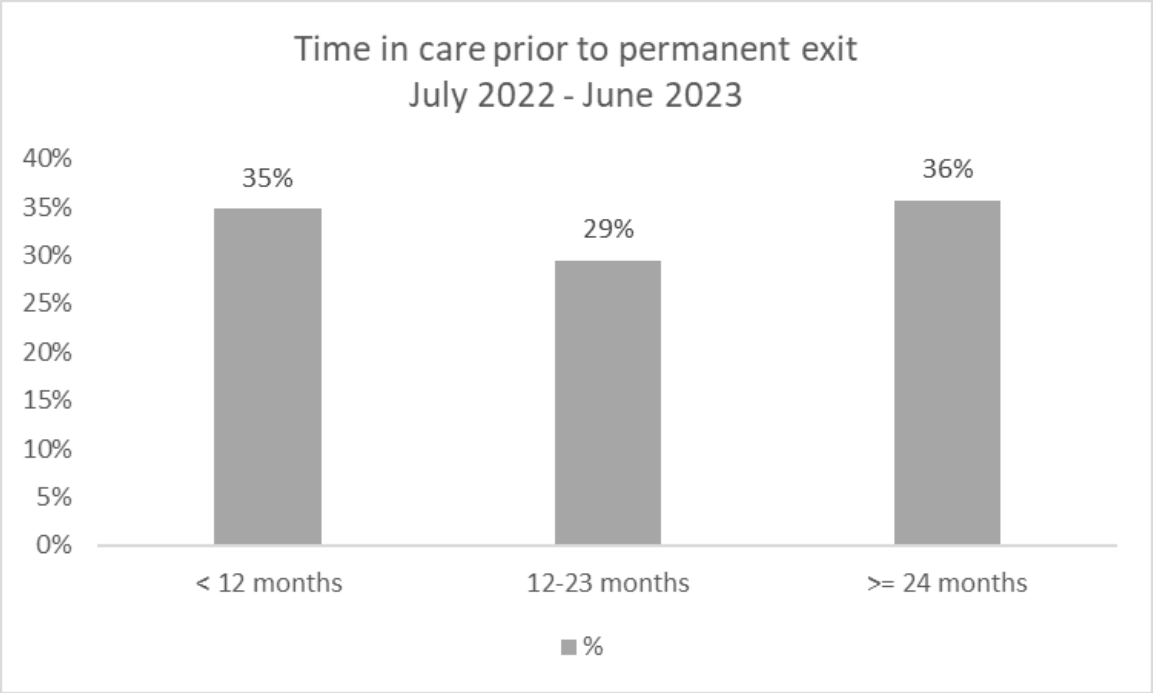
This indicator reports on the percentage of children and youth who enter care in a 12-month period and discharged to permanency within 12 months of entering care. The national

performance standard is 40.5%. A higher performance of the measure 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 in FY2122.

  While Allegheny County did not receive data from the state to indicate whether the standard was met for time to permanency for the prior fiscal year, the County completed its own analysis on time to permanency based on permanent exits during FY2223:

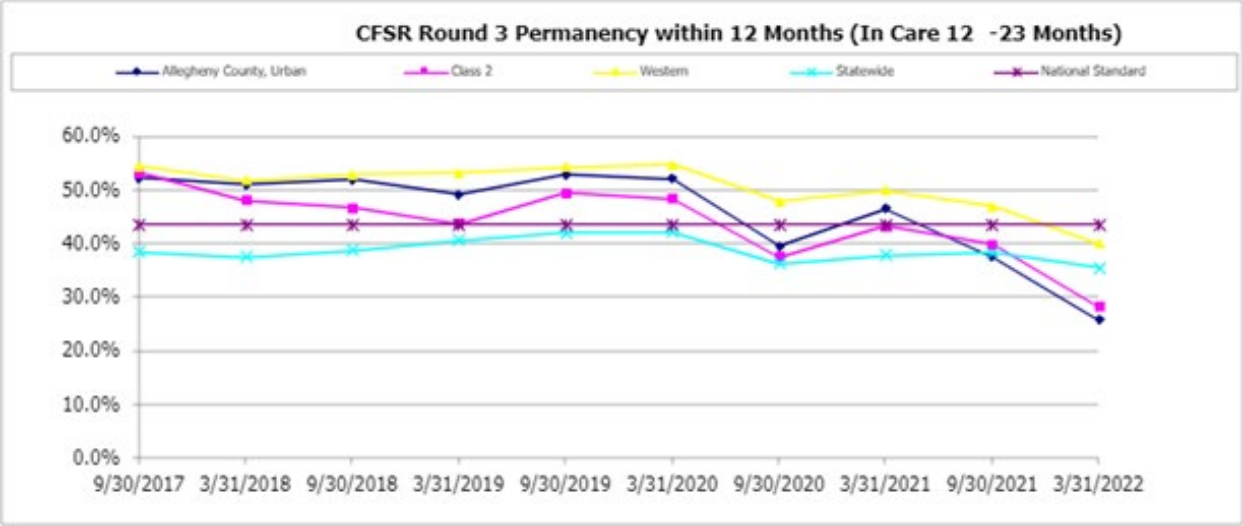


Among the 787 children who exited to a permanent placement (return home, adoption or permanent legal custodianship), 35% (n=274) had been in care for less than 12 months, 29% had been in care between 12 – 23 months (n=232) and 36% had been in care for 24 months or more (n=281).

Among those who were in care on June 30, 2023, there was a similar distribution of time in care: 33% (n=420) had been in care for less than 12 months, 36% (n=457), and 31% (n=393) had been in care for 24 months or more.

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

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



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

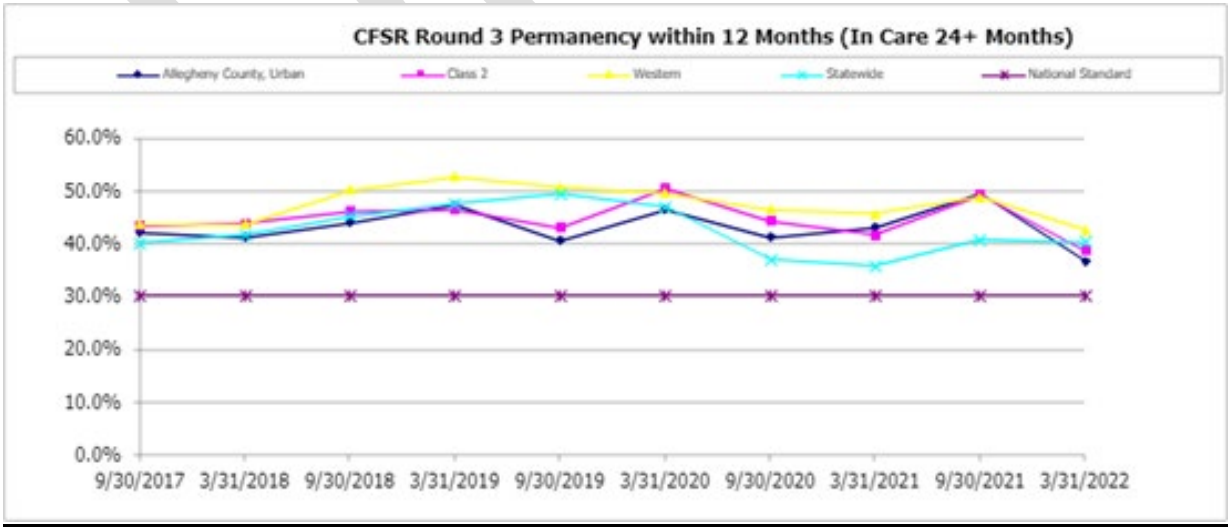
- ❑ Does the county meet or exceed the national performance standard?

No, Allegheny County did not meet the national performance standard in FY2122.

While Allegheny County does not have data to indicate whether the standard was met for time to permanency for the prior fiscal year, an analysis on time to permanency was completed based on permanent exits during FY2223 (see chart under 2-3b for data).

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

Insert Permanency in 12 Months (in care 24 Months) Chart



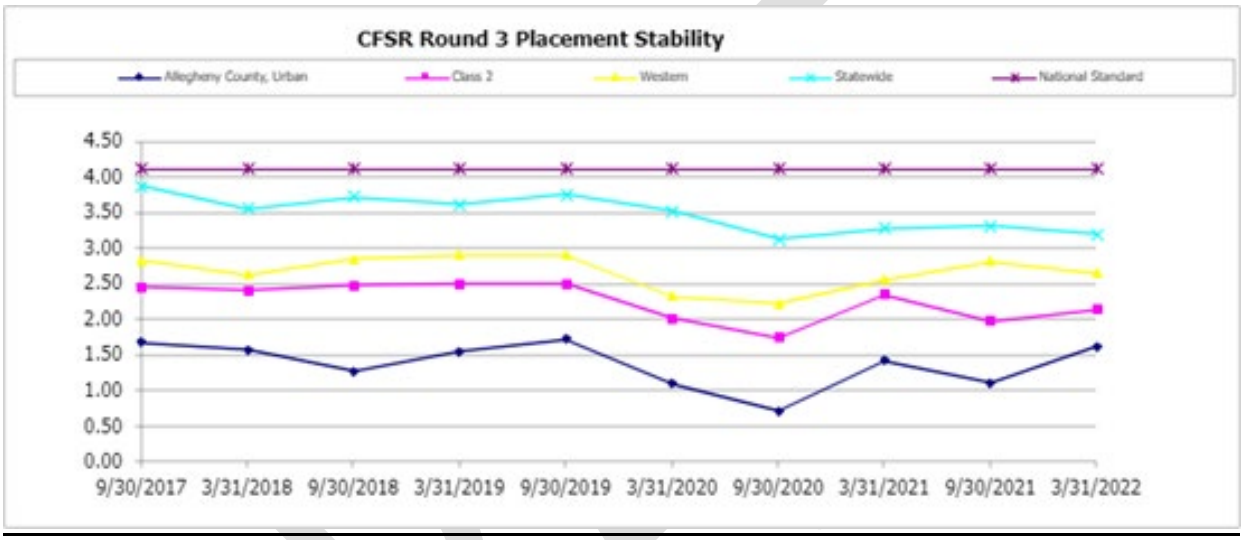
This indicator measures the percent of children who had been in care continuously for 24 months or more discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3%. A higher percentage is desirable in this indicator.

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

  Yes, Allegheny County exceeded the national performance standard in FY2122.

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

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



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

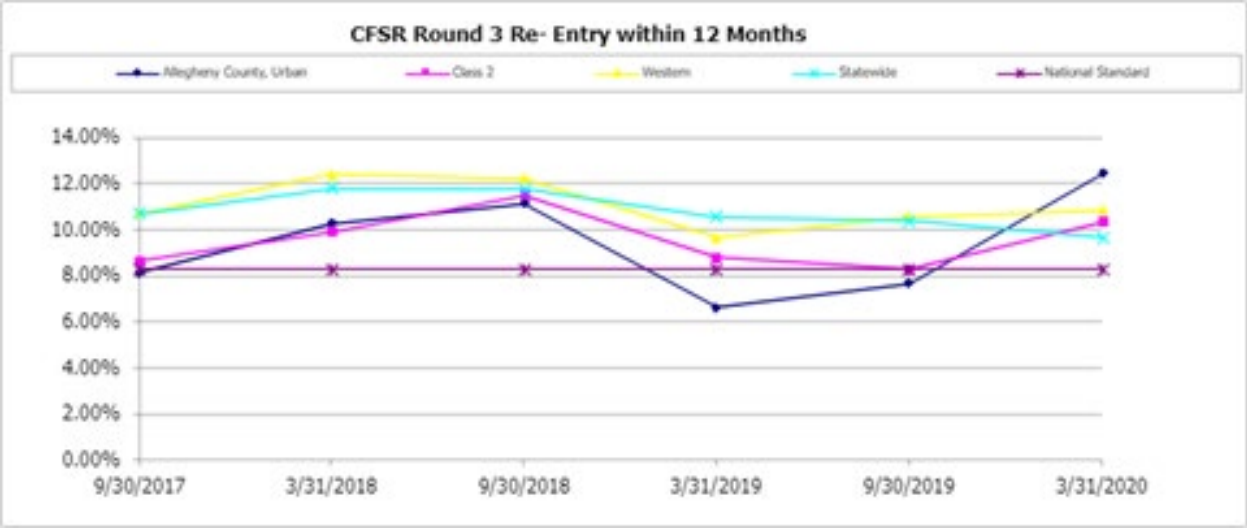
- ❑ Does the county have less placement moves than the national performance standard?

  Yes, Allegheny County exceeded the national performance standard in FY2122.

  While Allegheny County does not have data to indicate whether the standard was met for time to permanency for the prior fiscal year, an analysis of placement stability was completed based on children in care during FY2223. Based on 3,146 distinct placements, the number of moves per 1,000 placement days was 1.7.

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

Insert the Re-entry (in 12 Months) Chart



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

- ❑ Is the county's re-entry rate less than the national performance standard?
  No, Allegheny County did not meet this standard in FY2122.

  While Allegheny County does not have data to indicate whether the standard was met for re-entry for the prior fiscal year, an analysis on re-entry was completed based on permanent exits during FY2122 and the percent of children who re-entered CYF placement within a year.

  Of the 631 exits to reunification or permanent legal custodianship in FY2122, 12% (n=76) re-entered a CYF placement within one year of the exit date.

2-4 Program Improvement Strategies

For FY 2025-26, 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.

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.

1. ANALYSIS

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

In addition to utilizing the analysis of the national performance standard for timeliness to permanence, re-entry and stability in placement, the county should consider conducting additional analysis to define problems to be addressed. The county may consider conducting analysis to determine if children and youth who do not achieve permanency in 12 months, do not have placement stability (less than four moves), and do not re-enter care differ from those who DO. The following questions should be considered in this analysis.

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

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

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

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

e. Are there differences in the initial placement type?

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

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

1. ALLEGHENY COUNTY DATA ANALYSES

Time to Permanency

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

Permanency within 12 months (Entries)

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

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

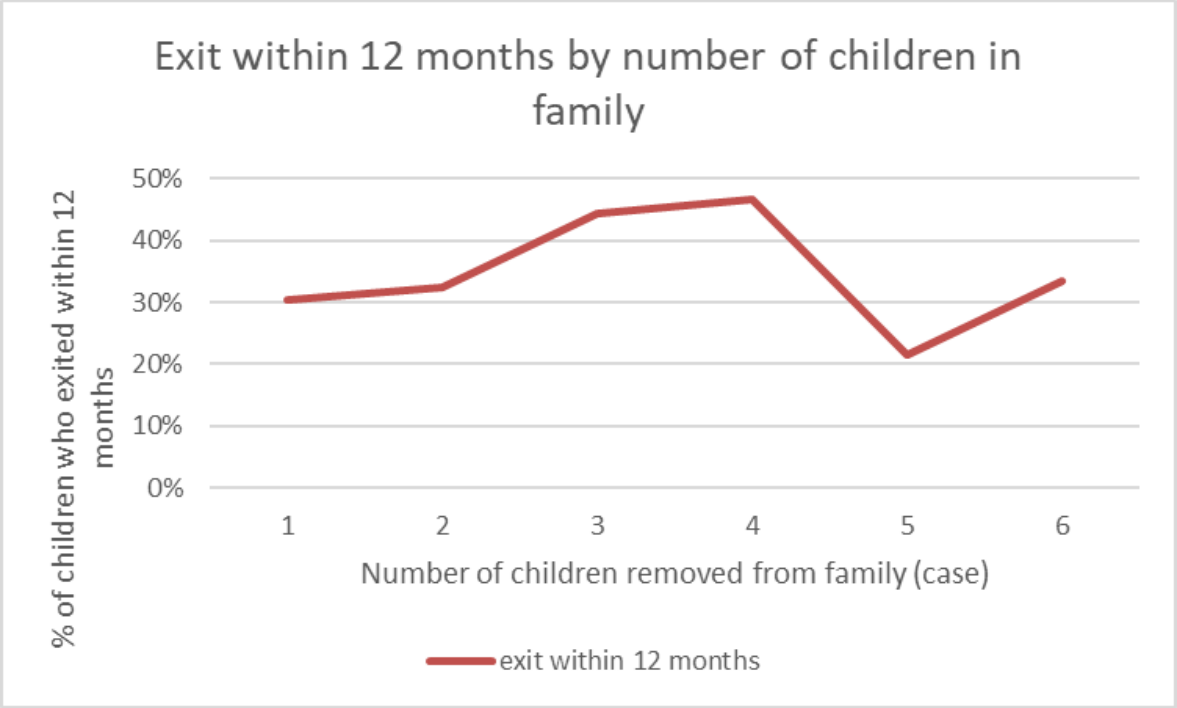
- Age: While no group met the standard of 43.6%, children aged 6-9 came closest to the standard (36.75%).
- Race: White children's exits came closer to the standard (30.5%), while Black/ African American exits (25.97%) and multi-racial (21.37%) were lower than White children.
- Gender: There were no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

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

Permanency within 12 months (Entries):

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

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



Permanency within 12 months (12 – 23 months in care)
The number of children removed from a family was examined to identify whether larger families were more likely to remain in care beyond 12 months. Almost half (44%) of the children in this group were removed without any siblings, and 27% were removed with one other sibling. Among the children where three or more children were removed from the family during the period, exits to permanency took longer than children removed from home alone or with one sibling.

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

The standard was unmet regardless of placement facility type:

- Permanency within 12 months (Entries): All placement types did not meet the national standard. The largest share of children (53%) were in kinship care (n=365) or pre-adoptive homes (n=176). Among children in kinship care, 25.75% exited to permanency within 12 months. However, among children in pre-adoptive homes, only 1.7% exited to permanency in 12 months.
- Permanency within 12 Months (In Care 12-23 Months): All placement types did not meet the national standard. The largest share of children (46%) were in kinship care (n=341), and 25.9% of children exited to permanency within 12 months. The next largest group of children was in pre-adoptive homes (n=245), and 30.2% of children exited to permanency in 12 months.

D) *Differences in the removal reasons for entry into placement?*

- Permanency within 12 months (Entries): While there were differences in the percent of children who exited to permanency within 12 months by removal reasons, the only removal reason that met the standard was the small group of children (n=8) who entered care due to the death of a parent. Half of these children exited to permanency within a

year. The plurality of children who entered care during the period had removal reasons that included ‘Neglect’ (n=291) and ‘Drug Abuse – Parent’ (n=211). 13.27% of children who were removed due to parental substance use and 17.87% of children who were removed due to neglect exited to permanency within 12 months.

- Permanency within 12 Months (In Care 12-23 Months): While there were differences in removal reason in the percent of children who exited to permanency within 12 months, none of the groups broken out by removal reason met the standard. The largest number of children were removed due to 'Neglect' (n=352), 26.42% of whom exited within 12 months, while 30.56% of children removed due to 'Drug Abuse – Parental' exited within 12 months.

E) Differences in the initial placement type?

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

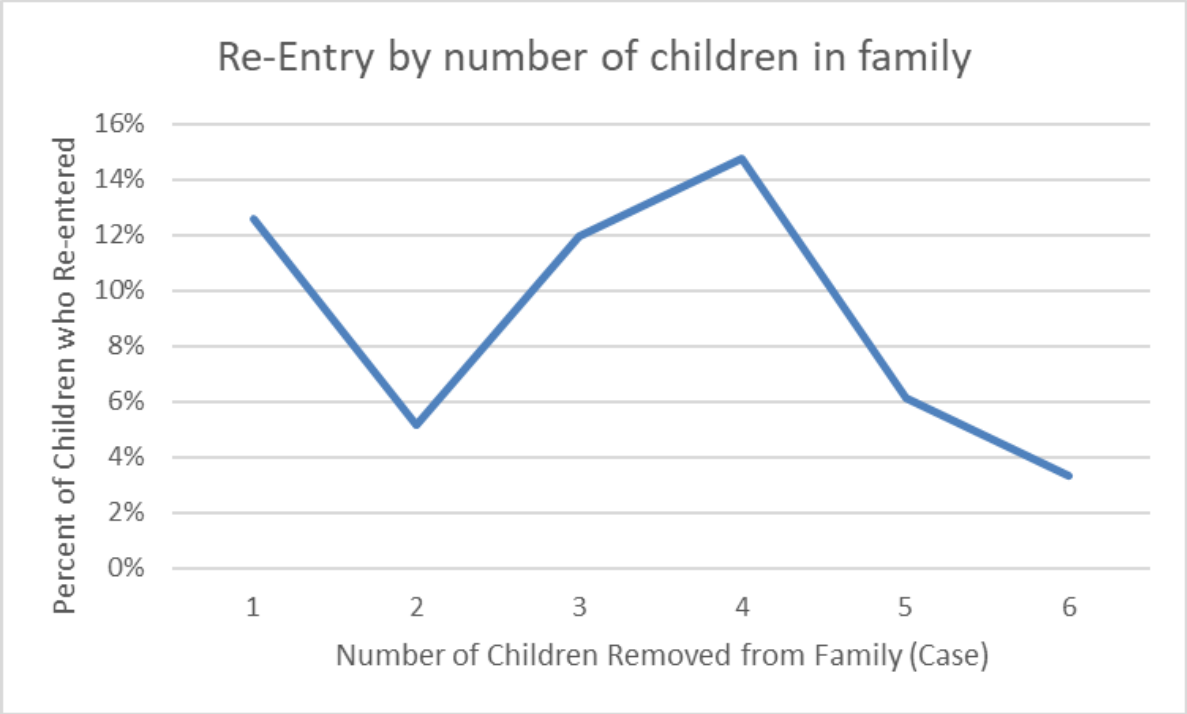
Re-entries

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

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

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

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



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

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

D) *Differences in the removal reasons for entry into placement?*

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

E) *Differences in the initial placement type?*

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

2. ALLEGHENY COUNTY'S ROOT CAUSE ANALYSES

Time to Permanency

The data analysis described above did not provide evidence that this benchmark was missed due to failure to meet the needs of a specific demographic or subpopulation. Additional analysis revealed systemic challenges that likely contributed to Allegheny County's underperformance on

permanency measures. In particular, an analysis of service referral data illustrated families' increased needs for substance use services, childcare, parent-child mediation, and transportation. See the chart below, which demonstrates that referrals to services designed to support and stabilize families increased from CY2020 to CY2021.

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

Unfortunately, *the capacity to deliver these services during the same period decreased* due to higher-than-typical staff vacancies impacting both CYF casework and service provider staff. Our agency struggled to accommodate the 71% increase in transportation requests during this period. Transportation services enable families to engage in visitation, attend school and daycare, and help parents comply with their Family Plan. Inadequate transportation can result in a slower resolution of issues that families face and therefore delay permanency. Unfortunately, driver shortages made it impossible to meet this increase in demand adequately.

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

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

<u>Re-entries</u>

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

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

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

Outcome # 1: Decrease time to Permanency

Related performance measures, if applicable:

Strategy:	Improve the availability of, and capacity to deliver, needed services for children and families; reduce the length of time to finalize legal permanency; prepare families for finalization; and enhance Matching Services.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New and existing
Action Steps with Timeframes (may be several):	**Address gaps in services and capacity** through: • Expansion in transportation services and support for CYF active families through a transportation RFP to providers. • Enhanced CYF caseworker recruitment and retention activities that include open houses and coffee talks to attract new candidates and use of a new HR information system (Bamboo HR) to drive traffic to the state application portal (ongoing) • Family preservation services well matched to family needs (includes implementation of Functional Family Therapy-Child Welfare, which began in late July 2022) **Enhance Transition Age Youth/Reduction of Congregate Care Initiatives:** ACDHS is partnering with Annie E Casey Foundation on an initiative called “Ending the Need for Group Placements” that seeks to reduce the need for group placements alongside the people who are most impacted. Initial steps include the development of a shared workspace where community-based organizations and ACDHS will establish shared values, identify and understand factors and root causes, prioritize, plan and implement strategies, and determine resources needed to support the work and regular collaboration opportunities. Additionally, ACDHS is redesigning its Transitional Age Youth

	(TAY) unit to better meet the needs of youth. This includes staff role changes moving from “EL” to role navigator.
Indicators/Benchmarks (how progress will be measured):	Permanency is a key outcome measure of system health that CYF leadership reviews regularly. CYF leadership will continue to monitor permanency data, at least weekly, as the initiatives described above move forward. Our analytics team created dashboards to provide real-time placement data to CYF leadership and CYF casework supervisors.
Evidence of Completion:	See above.
Resources Needed (financial, staff, community supports, etc.):	Funding needs for transportation, in-home behavioral/emotional supports for children in kinship placements, and services/placement settings for youth with complex needs are all reflected in Allegheny County’s 2024-25 NBPB request.
Current Status:	The activities are in various stages of implementation. See above for details.
Monitoring Plan:	Improving time to permanency is one of CYF's key focal areas and, as such, is monitored directly by the ACDHS and CYF Directors. Additional metrics reviewed regularly include caseworker vacancy rates and caseload size.
Identify areas of Technical Assistance Needed:	. As the primary contractor for behavioral health managed care in Allegheny County, ACDHS would benefit from additional TA that helps us leverage Medicaid dollars to better connect child welfare-involved families with behavioral health services.

Outcome #2: Reduce re-entries to care

Strategy:	Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports); and further increase the proportion of kinship placements.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New and existing
Action Steps with Timeframes (may be several):	**Provide effective services well-matched to child and family needs** through: • Enhanced universal assessment and implementation of interventions to address gaps

	found in the service array (i.e., Functional Family Therapy-Child Welfare) • Services aimed at resolving parent/child conflict, including Parent-Teen Mediation and Triple P (ongoing) • Services aimed at supporting parents with substance use disorders in recovery, such as the newly opened Family Healing Center **Enhance supports for kinship caregivers** to promote this placement type through: • Increase in caregiver per diem rates for kinship care to match non-kinship foster care, implemented in 2023 • Kinship Navigator referral for all children within 30 days of accept for service, regardless of removal (current policy; monitored ongoing) • In-home behavioral health supports for youth in kinship placements
Indicators/Benchmarks (how progress will be measured):	Re-entry is a key outcome measure of system health that CYF leadership reviews regularly. CYF leadership will continue to monitor re-entry data, as well as first placement type and current placement type, at least weekly as the initiatives described above are implemented. Referrals to Kinship Navigators are monitored monthly in CYF leadership meetings, and a real-time Kinship Navigator dashboard has been created to help supervisors and staff identify children in need of a Kinship Navigator referral. Placement data on kinship care is in a dashboard created by the analytics team and provides real-time data on children in care, including placement type.
Evidence of Completion:	See indicators/ benchmarks above
Resources Needed (financial, staff, community supports, etc.):	Supports for families with substance use challenges and services/placement settings for youth with complex needs are all reflected in Allegheny County's 2024-25 NBPB request.
Current Status:	The activities are in various stages of implementation. See above for details.

Monitoring Plan:	See indicators/ benchmarks above. In addition, contract monitors will ensure that the referenced kinship per diem increase is passed on to kinship families/caregivers.
Identify areas of Technical Assistance Needed:	None at this time.

For Program Improvement Areas that were identified in the FY 2024-25 NBPB Submissions, please review them and incorporate the ones that fit with one or more of the outcomes identified above. This approach encourages development of a single plan which encompasses all your improvement efforts.

Program Improvement Areas from FY 2024-25 NBPB

Outcome #1: Decrease time to permanency.

Strategy	Stage	Planned Activities
Reduce the length of time to finalize legal permanency	Implementation	In-home behavioral/emotional supports for children in kinship placements are being contracted with the provider, and a plan is being developed for hiring. Implementation started in November 2023, with full staffing continuing into FY24/25.
Reduce the length of time to finalize legal permanency	Installation	Improved legal services for parents through JCP pilot program detailed above and through an expenditure adjustment. This work will continue in the coming fiscal years.
Enhance Matching Services	Implementation	CYF has created a Placement Stability Team that works with kinship navigators. The team is focused on using matching at the outset for all placements

Outcome #2: Reduce re-entries to care

Strategy	Stage	Planned Activities
Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports)	Implementation	Increased foster care maintenance payments have been operationalized for kinship caregivers, giving them more financial ability to support youth. This continues to have a financial impact as more children in kinship placements exit to Adoption or PLC at a higher subsidy (expenditure adjustment).

Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports)	Implementation	In-home behavioral/emotional supports for children in kinship placements are being contracted with the provider, and a plan is being developed for hiring. Implementation started, with full staffing continuing into FY24/25.
Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports)	Implementation	ACDHS opened the Family Healing Center to its first families in 2023. As the program ramps up, additional families will be served, with a capacity of 15-20 per year. Ongoing finical considerations are discussed in an expenditure adjustment.
Further increase the proportion of kinship placements.	Implementation	Recruiting kinship families is a top priority, with the goal of reaching 70% of placements. Our kinship care partner and caseworkers are dedicated to finding the right kin through navigation at the outset of placement.

Section 3: Administration

3-1a. Employee Benefit Detail

❑ Submit a detailed description of the county's employee benefit package for FY 2023-24. 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 requirements of the Social Security Administration.

#52504, Group Life Insurance-
Full-time employees are afforded up to $10,000 of life insurance at no cost to them. A future increase is currently unknown for 2025.

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

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

#52511, Concordia Plus-
The County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employee and dependents to select a primary dental office. As of January 1, 2024,

the cost to the County is $24.514 per month for an individual and $73.57 per month for a family. Future increase is currently unknown for 2025.

#52513, Concordia Flex-
As of January 1, 2023, the cost to the County is $31.61 per month for an individual and $77.51 per month for a family. Future increase is currently unknown for 2024.

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

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

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

3-1b. Organizational Changes

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

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

The following changes are reflected in the county's organizational chart.

- Subtracted one (1) Casework Manager
- Added one (1) Casework Supervisor
- Subtracted four (4) Clerk Typist 2s
- Added four (4) Clerk Typist 3s

3-1c. Complement

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

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

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

ACDHS's recruitment strategy includes the following:

- Working with external, community-based recruiters.

    - Partnering with the Department of Defense Skillbridge Training Program to recruit veterans in active duty with the goal of building a pipeline for filling full-time vacancies.
- Building on existing relationships with colleges and professional organizations.
    - Expanding the internship program at Community College of Allegheny County to target Casework interns.
    - Utilizing Handshake to promote jobs among colleges/universities
    - Attending college/university career fairs, in-person and virtually.
- Streamlining HR processes.
- Utilizing social media to promote vacancies.
- Utilizing LinkedIn Professional to promote jobs and source candidates.
- Participating in the Workforce Excellence Initiative in partnership with the National Child Welfare Workforce Institute.
- Participating in the Leadership Academy.
- Partnering with local non-profits such as PA Women Work, PA Career Link, Pittsburgh Technology Council, and Vibrant Pittsburgh.
- Promoting, cultivating, and tracking Caseworker candidate interest via ACDHS's internal HR system.

ACDHS's retention strategies include:

- Promoting an equitable and inclusive workplace culture by:
    - Sponsoring Employee Resource Groups: Black Empowerment Committee, Veterans ERG, Hispanic/Latino Organization for Leadership and Advancement (HOLA), and LGBTQIA+ and Allies ERG.
    - Partnering with Government Alliance on Race and Equity (GARE) to participate in training about Advancing Racial Equity and Sexual Orientation, Gender Identity, and Gender Expression (SOGIE).
    - Implementing a 3-year Racial Equity Training program with MMG Earth.
    - Implementing a 3-year Sexual Orientation, Gender Identify, and Expression (SOGIE) with Hugh Lane Wellness Foundation.
- Supporting employee health and well-being by:
    - Promoting vast resources available through the Employee Assistance Program.
    - Offering monthly mindful gatherings to support individual and collective wellness, Vitality Cafes.
- Investing in employee learning and development by:
    - Offering instructor-led and e-learning resources.
    - Offering an Educational Program which 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 compensation plan to create transparent and equitable compensation practices.
- Conducting a classification study to ensure employees are classified appropriately, and career pipelines are clarified.
- 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 put on by the Crisis Action Team or Wellness Champions.
- Wellness workshops, including yoga and tea sessions.