pennsylvania
DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2026-27 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) 2026-27 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

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

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

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

ALLEGHENY

NBPB
FYs 2024-25, 2025-26 and 2026-27

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Section 2: NBPB Development

1-1: Executive Summary

➲ Respond to the following questions.

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

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

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

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

Successes

1. **Success: Implementation of initiatives that prevent maltreatment and reduce the use of out-of-home placement.** ACDHS is making strategic progress toward building a child welfare system that prioritizes prevention and family preservation. We recognize that the earlier we reach families with meaningful supports, the more likely we are to keep them safely together. When families experience crises—whether related to housing, safety, or unmet basic needs—those moments carry risk. But with timely and effective support, crises can become turning points that strengthen resilience and reduce the likelihood of child welfare involvement.

   ACDHS attributes recent progress in reducing out-of-home placements to the following prevention-focused initiatives:

   a. **Hello Baby.** Launched in 2020, Hello Baby is a voluntary prevention program designed to proactively support families of infants and toddlers (ages 0–3) who are at highest risk of future child welfare involvement with intensive supports. Through sustained state and federal support, the program has grown from a pilot in FY 2020-21 to full countywide coverage by FY 2022-23. It now includes enhanced interventions, such as the University of Pittsburgh's Family Check-Up, and expanded outreach staffing. In FY 2024-25 alone, Hello Baby enrolled 1,830 high-risk families, with a total of 3,166 families now active. A 2025 independent evaluation by the Urban Institute and Chapin Hall found **a reduction in number of child maltreatment investigations and substantiated cases in families with babies since Hello Baby's launch** compared to pre-implementation baselines.[1]

   b. **Housing Specialists.** ACDHS Housing Specialists play a vital role in preventing homelessness and reducing child welfare system involvement by supporting families in maintaining or securing stable housing. These highly trained and well-networked staff assist with landlord negotiation, budgeting, relocation, liaising with housing authorities, and emergency assistance

[1] https://www.urban.org/research/publication/hello-baby-evaluation

(e.g., one-time assistance for back rent or a security deposit). In FY 2023-24, Housing Specialists successfully stabilized housing for 66 families, resolving issues in place **for 39% and securing new housing for 61%.** This work has prevented deeper system involvement and leveraged funding from sources other than PA OCYF, such as the U.S. Department of Housing & Urban Development (HUD) and the state Housing Assistance Program (HAP). Currently, Housing Specialists serve families referred by the Early Learning Resource Center (ELRC), Family Centers, or Hello Baby. Beginning in FY 2026-27, ACDHS plans to expand Housing Specialist capacity to serve families referred by CYF, allowing more at-risk families to avoid crisis-level involvement. (Adjustment requested.)

c. **Opening services to all families who reach CYF's front door – without requiring case workers to open a case first.** Many families are referred to CYF with unmet needs that are important for wellbeing but not a risk to child safety. Meeting these families' needs early—without opening a child welfare case and before challenges spiral into crises—can be the difference between keeping children safely at home and deeper system involvement. In the past, most CYF services were not available until after a case was opened, leaving families without timely support and increasing the likelihood of eventual CYF case opening. To change this, ACDHS began offering services such as in-home support, transportation, and concrete goods during the investigation phase in 2023. In FY 24-25, 1,759 families received help during an investigation. The impact was significant: **78% (1,383 families) avoided case opening altogether.** Even when cases were opened, early service delivery made a difference: 57% (376 of 666 cases) received needed supports sooner (before case opening), giving children and parents a stronger foundation for success. By preventing unnecessary case openings and accelerating support for those that remain, this proactive approach reduces risk, minimizes system involvement, and keeps more children safely with their families.

d. **Community Violence Reduction Interventions (CVRI).** Child maltreatment and community violence are interconnected, with exposure to one often increasing the risk of experiencing the other. Research indicates that children who experience physical abuse, emotional abuse, or neglect are more likely to be exposed to violence in their communities. Conversely, exposure to community violence can also negatively impact families, potentially increasing the risk of maltreatment. This relationship can be explained by various factors, including the impact of community violence on parental stress, the development of risky behaviors in children, and the potential for children exposed to violence to engage in violence themselves

   To reduce the geographically concentrated gun violence that drives poor outcomes for youth and families and contributes to child welfare and juvenile justice system involvement, ACDHS invests in a suite of coordinated and comprehensive evidence-based interventions, youth employment, and out-of-school-time and teen programs in highly impacted communities. Programs like Becoming a Man (BAM), a school-based program that deploys full-time licensed counselors who work with at-risk young men from grades six to twelve five days a week through cognitive behavioral therapy, peer support, and developing future orientation, are contributing to real reductions in homicide levels. The results are promising: between 2023 and 2024, **youth homicides (ages 0–24) declined by 24% in CVRI-participating communities, while youth homicides in similar neighborhoods without intervention increased by 31%**.[2]

   Because the BAM implementation has been a success, school staff have been asking for a similar intervention for young women. ACDHS will begin implementing Working on Womanhood (WoW) in FY 25-26 and scale up the program in FY 26-27. (Adjustment requested.)

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[2] https://tableau.alleghenycounty.us/t/PublicSite/views/ViolenceinAlleghenyCounty/HomicideTrends?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y#1

2. **Success: Supporting transition-age youth**. ACDHS is committed to building a system where young people—particularly those with experience in foster care or at risk of system involvement—can successfully transition to adulthood. Through strategic investment and strong partnerships, we have developed one of the most comprehensive and youth-centered support systems in the state of Pennsylvania. In FY 2024-25, the County served over 1,000 youth through Independent Living (IL) programming, with services ranging from daily living skills to peer mentoring and specialized housing options for young adults transitioning to independence. In addition to IL, Allegheny County leverages Needs-Based funding to support Community Violence Reduction and teen out-of-school time programs that annually reach more than 10,000 youth, particularly in neighborhoods disproportionately impacted by poverty and violence. However, even with a robust foundation, we face rising demand for more responsive, equitable, and developmentally appropriate services that meet young people where they are—both geographically and developmentally. Targeted investments are necessary to close critical service gaps—particularly for younger teens, older youth transitioning out of care, and youth facing barriers to employment and safety.

    a. **Expand IL services to include 14- and 15-year-olds.** Currently, IL services are available only to youth ages 16 and up, despite evidence that earlier engagement leads to stronger adult outcomes. Youth in care who receive life skills and stability services before age 16 are significantly more likely to graduate high school, avoid homelessness, and remain employed by age 21.[3] Expanding eligibility to 14- and 15-year-olds would enable ACDHS to initiate skill-building and mentoring earlier—when youth are still in more stable placements and are more receptive to long-term planning. (Adjustment requested.)

    b. **Increase access to high-quality teen programming.** Many neighborhoods in Allegheny County—especially outside of Pittsburgh's urban core—lack accessible, teen-specific recreational and enrichment programs. Structured out-of-school programming provides a protective environment for teens, reducing unsupervised time, increasing access to supportive adults, and improving developmental outcomes. ACDHS aims to expand access to quality programming, particularly in under-resourced areas, to foster social-emotional growth, connection to caring adults, and long-term engagement in school and employment pathways—all of which are proven predictors of youth stability and well-being.[4] (Adjustment requested.)

    c. **Expanded investments in safe, out of school programs for youth downtown.** Downtown Pittsburgh sees hundreds of teens travel through each day via public transit, but there are few dedicated, youth-friendly programs and spaces for where they can safely gather. ACDHS is looking at models from cities like Chicago and Philadelphia that demonstrate that youth-centered spaces can help reduce child welfare referrals, improve mental health, and lead to greater employment success.[5]

    d. **Launch a year-round youth workforce development and structured employment program.** Youth employment is a proven protective factor against poverty, crime, and school disengagement. ACDHS aims to establish a year-round workforce development model that incorporates career exploration, paid internships, financial literacy, and job coaching. National data indicate that youth who participate in employment programs have lower rates of

[3] Casey Family Programs. (2022). *Supporting older youth in foster care: Start early, stay engaged*. https://www.casey.org/supporting-older-youth/
[4] Afterschool Alliance. (2020). *The Evidence Base for Afterschool and Summer*. https://www.afterschoolalliance.org/research.cfm
[5] Meherali S, Nisa S, Aynalem YA, Ishola AG, Lassi Z. Safe spaces for youth mental health: A scoping review. PLoS One. 2025 Apr 4;20(4):e0321074. doi: 10.1371/journal.pone.0321074. PMID: 40184334; PMCID: PMC11970664.

involvement in the criminal justice system and higher earnings over time.[6] This model would accelerate youth self-sufficiency, reduce future dependence on public systems, and ensure smoother transitions to adulthood.

3. **Success: Enhanced County budget support for child welfare**. In the face of increased costs and a tightening federal budget, Allegheny County is committed to leveraging all available resources to meet child and family needs. This includes using behavioral health system funding to address needs observed through our oversight of the County's child welfare system (e.g., Allegheny County is using Behavioral HealthChoices funding to fund residential SUD treatment for parents with children; to open a new Psychiatric Residential Treatment Facility (pRTF) for children; and to improve access to community-based child and family mental health services). It also includes commitment of County revenue to match the state's investment in Allegheny County's NBPB award.

   In 2024, hundreds of clients, family members and other residents spoke with the Allegheny County Executive and County Councilors[7] about how critical NBPB-funded services are to families in Allegheny County. One parent captured the sentiment in their testimony to County Council: "These are the places that lift you when you're down," she said, referring to Family Centers. *"I don't know where I'd be without it."* Families reported measurable improvements in parent and child mental health, communication, and community belonging—core predictors of resilience and safety.

   Families and community members effectively made the case for increasing the County budget in 2025 so Allegheny County could sustain and build its NBPB-funded programs. As a direct result of their advocacy, support from the County Council and the County Executive, and ACDHS's partnership with the City of Pittsburgh, Allegheny County has committed the funds necessary to match its full NBPB award.

<u>Challenges</u>

Even as we've succeeded in safely reducing home removals wherever possible, ACDHS has identified the following challenges that are making it increasingly difficult – and costly – to meet child and family needs:

1. **Challenge: Rising acuity of need among youth and families in the system.** ACDHS is experiencing a significant rise in the number of children and families with complex needs. In Fiscal Year (FY) 2024-2025 alone, the County's Multisystem Team facilitated 3,847 meetings—including Integration and Teaming, Complex Case, and Technical Assistance sessions—on behalf of 251 youth with complex needs. This represents a **61% increase** in the number of youth with complex needs served compared to the previous year, **more than doubling** the 30% increase observed from FY 2022-2023 to FY 2023-2024. This sharp upward trend underscores the urgent need for enhanced coordination, resources, and support, including:

   a. **New and expanded specialized and intensive community-based interventions** are required to address the specific types of needs that we are seeing with increased frequency, including: Intimate Partner Violence (IPV), parents with intellectual disabilities, children with autism, youth with aggressive behaviors, and youth who have experienced commercial sexual exploitation. (Adjustments requested.)

   b. **Reducing the use of group placement for youth with complex needs through therapeutic foster care.** Therapeutic Foster Care (TFC) is a vital support for meeting the complex needs of

[6] MDRC. (2020). *Lessons from Youth Employment Programs: Pathways to Economic Mobility*. https://www.mdrc.org/publication/lessons-youth-employment

[7] https://www.post-gazette.com/news/politics-local/2024/11/19/hundreds-support-innamorato-budget-tax-hike/stories/202411190110

youth in a less restrictive, family-like placement option. Following 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 in caring for children with significant emotional, behavioral, and/or social needs. This approach has allowed ACDHS to place more complex youth in family-based settings. From FY 21-22 to FY 23-24, ACDHS **increased the number of youth in therapeutic foster homes by 163%**, representing 231 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 (Adjustment requested).

c. **Increasing Allegheny County's existing placement capacity with additional shelter, diagnostic and intensive residential program(s)/supports.** For those youth with complex needs who require home removal but cannot be served in a family-like setting, perhaps due to an emergency placement need; unknown, unclear or conflicting behavioral health recommendations; or not meeting the medical-necessity criteria for admission to a treatment facility, ACDHS seeks more local and high-quality placement capacity with additional shelter, diagnostic and intensive residential programs. In FY 25-26, ACDHS released a request for proposals to competitively procure this capacity.

d. Adding aftercare to the service array. Aftercare is vital for youth with complex needs as they transition from placement back into their communities. ACDHS is committed to making out-of-home placements as brief and non-recurring as possible, and aftercare provides the essential continuity of care required to achieve this goal. Through structured aftercare planning, youth remain connected to behavioral and mental health supports—ranging from therapy to medication management—after leaving care. This continuity not only sustains the progress made during placement but also significantly reduces the risk of reentry.[8] [9] Informed by this evidence, ACDHS will pilot a formal aftercare program in FY 26–27. (Adjustment requested.)

2. **Challenge: Responding to federal cuts to the safety net.** Federal cuts to the safety net—particularly to Medicaid and the Supplemental Nutrition Assistance Program (SNAP)—will have severe consequences for children and families in Allegheny County and will significantly increase the volume and complexity of cases entering the child welfare system.

a. Cuts to SNAP and Medicaid will drive more families into crisis and to CYF's front door. Rollbacks to Medicaid eligibility and reductions in SNAP benefits, including stricter work requirements and benefit time limits, will disproportionately affect low-income families with children—many of whom are already struggling to meet their basic needs. In Allegheny County, over 90,000 children currently rely on Medicaid for healthcare,[10] and more than 45,000 households receive SNAP benefits[11] to help prevent hunger. Reductions in access to food and medical care will lead directly to increased hardship for families, fueling conditions that often result in child welfare involvement, including chronic neglect and untreated physical or mental health issues. Based on peer-reviewed studies and past local trends, ACDHS estimates that CYF could experience a 20-30% increase in neglect-related referrals within 12 months of the proposed benefit reductions. For example, a 2006 study found that cuts to income support

[8] Bellamy, J.L., Gopalan, G., & Traube, D.E. (2010). A national study of the impact of out-of-home placement on reunification for children in child welfare. *Children and Youth Services Review*, 32(6), 840–845. https://doi.org/10.1016/j.childyouth.2010.02.004

[9] Greeno, E.J., Lee, B.R., Uretsky, M.C., Moore, J.E., Barth, R.P., & Shaw, T.V. (2019). Effects of intensive aftercare for children and families following foster care: A quasi-experimental study. *Children and Youth Services Review*, 103, 42–51. https://doi.org/10.1016/j.childyouth.2019.05.006

[10] Pennsylvania Department of Human Services, Medicaid Enrollment Dashboard, Allegheny County data (2024).

[11] U.S. Census Bureau, American Community Survey (ACS) 2023 1-Year Estimates, SNAP Household Participation by County.

programs led to a 20–30% increase in child neglect reports in affected jurisdictions[12] and research by Cancian et al. showed that economic hardship significantly raises CPS involvement risk, even when controlling for other factors.[13] Without additional support, this anticipated rise in referrals would overwhelm existing caseworkers, delay service responses. (Adjustment requested.)

b. **Cuts to the federal safety net will also lead to surging demand for eviction prevention and family stabilization services.** In the absence of federal rental assistance and with rising rent costs, eviction filings in Allegheny County are now 43% higher than pre-pandemic baselines.[14] Children in households facing eviction are at significantly higher risk of system involvement due to family instability, chronic absenteeism, and homelessness. SNAP and Medicaid benefits help prevent displacement by freeing up household resources for rent and utilities. Their reduction will accelerate housing instability, making it more difficult to keep children safely with their families. Without strategic investment, Allegheny County will be forced to triage families at the point of crisis (e.g., CYF referral due to homelessness), rather than stabilizing them upstream through targeted support (through eviction prevention and basic needs support). (Adjustment requested.)

3. **Challenge: Maintaining and supporting a high-quality agency and provider workforce in the face of significant economic and labor market shifts.** A quality and stable workforce is essential for a successful child welfare system. Unfortunately, recent economic and labor market shifts have left health and human service organizations, including child welfare and family-serving providers, at a significant disadvantage in attracting and retaining skilled workers. Allegheny County is committed to bolstering the recruitment and retention of critical human services and child welfare staff. In the past two years, we've streamlined HR processes, launched wellness programs, and undertaken a targeted effort to fill vacant positions. In FY 23-2, these efforts resulted in improved CYF staff recruitment and retention, increasing headcount by 10% and reducing turnover by over 7 points. These gains have been sustained in FY 24-25, with stable staffing and a turnover rate below 15%.

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

In summary, despite a declining number of youth in placement, **Allegheny County is facing unprecedented costs** to meet child and family needs—driven by inflation, workforce shortages, the rising acuity of youth, and the erosion of the broader safety net. These pressures have dramatically increased the cost of care. For example, the daily rate for our most intensive placement option has risen by **24% from $1,519 in FY 20-21 to $1,891 in FY 24-25,** while the average cost of baby gear has increased by 24%, or **$400 per new baby, from March-June 2025 alone** due to rising tariffs.[15] At the same time, youth entering care often present with more complex behavioral, medical, and mental health needs, requiring more intensive and specialized services. As a result, we are spending significantly more to serve youth.

This reality underscores the importance of our prevention efforts: reducing unnecessary removals and case openings is not only what's best for children and families—it is essential to ensuring we can continue to meet the needs of the most vulnerable children in our care. The cost differential is striking: in FY 2024-

[12] Swann, C. A., & Sylvester, M. S. (2006). The foster care crisis: What caused caseloads to grow? Demography, 43(2), 309–335.
[13] Cancian, M., Yang, M. Y., & Slack, K. S. (2013). The Effect of Additional Child Support Income on the Risk of Child Maltreatment. Social Service Review, 87(3), 417–437.
[14] Allegheny County Magisterial District Court Records, *Eviction Filing Data Q1–Q2 2025*.
[15] U.S. Congress Joint Economic Committee June 2025 Report "New Parents Are Paying 24 Percent More for Five Common Baby Items Since Trump's Tariffs" https://www.jec.senate.gov/public/_cache/files/3504b51d-7046-4f30-bd8c-7176a43cef4e/new-parents-are-paying-24-percent-more-for-five-common-baby-items-since-trump-s-tariffs.pdf

25, intensive case management for the highest-risk Hello Baby Priority families of children aged 0-3 averaged **$3,601 per family**, compared to **$23,858 per family** for out-of-home placements for the same age group. Every successful prevention intervention translates to both better outcomes for children and substantial cost savings for the system.

- ❑ Summarize additional information, including findings, related to the CCYAs annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR) findings that will impact the county's planning and resource needs for FYs 2025-26 and 2026-27.

  See the response above and Section 1.3c for analysis of information, including CYF's annual inspection and Quality Services Review (QSR)/Child Family Service Review (CFSR) findings**,** that impact Allegheny County's planning and resource needs for FYs 2025-26 and 2026-27.

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

  Allegheny County Juvenile Probation's (JPO) successes relate to the continued implementation of the Juvenile Justice System Enhancement Strategy (JJSES), which research shows has had a significant impact on reducing the recidivism rate for youth in the juvenile justice system. The details of JPO's JJSES implementation are provided in the next section. Allegheny County JPO continues to struggle with inadequate detention capacity, finding residential placements for youth with aggressive behaviors who have low criminogenic needs with high mental health needs, and the service providers' (including OCYF BJJS) inability to adequately hire and maintain enough quality staff to meet the placement needs across Pennsylvania.

  The most pressing challenge facing JPO is the need to restore detention center capacity, following the closure 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. JPO must ensure the safety and security of juveniles who have allegedly committed a delinquent act and are also a threat to the community, while also protecting victims and the community at large. The closure of Shuman Detention Center left JPO without adequate detention capacity to fulfill this need, and while the County has made progress toward establishing capacity through the re-opening of a detention center pod, JPO still must rely on beds at Adelphoi Village, George Junior Republic, and Jefferson County Detention Center.

  A key challenge in re-establishing adequate detention capacity is funding. Due to the nature of a detention center, the facility must be staffed and prepared to accept a large number of intakes at any time. Therefore, it is extremely difficult to fund detention using per diem funding as allowable with state funds. 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 at any time of day or night. The counties must have the ability to guarantee funding to the provider for detention beds, regardless of whether the youth are currently occupying them.

  Allegheny County JPO also continues to struggle finding residential placements for youth with aggressive behaviors and mental health needs. As flagged in the CYF's response above, placement settings paired with appropriate therapeutic services are needed across both systems to address the rising acuity of youth in the system. Appropriate services are critical to prevent unnecessary, and resolve issues that lead to, juvenile justice and child welfare system involvement.

  A third significant and related problem faced by JPO is the inability of service providers to hire and maintain an adequate number of quality staff. Every major provider under contract with Allegheny County

Juvenile Probation has at least one or more units closed, not due to a lack of need, but because of a shortage of qualified staff. The BJJS has a waiting list of at least six months for a youth to enter placement. That puts extreme stress on counties, especially ours, since we can no longer hold the juveniles in detention while awaiting an open bed. Funding limitations and state-required staffing qualifications both present barriers to recruiting and maintaining an adequate workforce. Further, the importance of sufficient quality staffing has increased as the challenges presented by high acuity youth entering residential placement has increased.

- ❑ 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 2025-26 and 2026-27.

  JJSES

  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.

  JJSES Stage 3 focuses on **Behavioral Change** in youth. Our staff have been fully trained in the Four Core Competencies for Supervisors and the Four Core Competencies for Line Staff. Staff are trained and regularly utilize the Brief Intervention Tools (BITS). 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. The Training Unit coordinates each ten-week course 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. The majority of our staff have been trained in and utilize the Effective Practices in Community Supervision (EPICS), the Standardized Program Evaluation Protocol (SPEP), and Graduated Responses.

  JJSES Stage 4 focuses on **Refinement** of the first three stages. We continue to work on refining our Policies and Procedures to ensure JJSES is fully implemented. We now use a Staff Performance Appraisal form that measures how well each probation officer utilizes and understands evidence-based practices. We have worked very closely with all our service providers to ensure they understand the principles of JJSES and are using evidence-based interventions in their service delivery.

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

  Diversion is the second building block. We have been dedicated to diverting as many youths as possible from deeper system penetration. We currently divert about 45% of all allegations from the formal court

dockets. We utilize Informal Adjustment for 6 months of counsel and supervision. We have created a robust intake policy that includes documenting the intake decision or system penetration decision, along with all the factors, such as YLS risk level, that inform this decision. The decisions are transparently documented and embrace fundamental fairness.

Current data shows that youth who have never been adjudicated are less likely to recidivate than youth who have been adjudicated. This is true across the state, with a 7% recidivism rate for youth who have never been adjudicated and a 22% rate for youth who have been formally adjudicated. Here in Allegheny County, our data aligns with state-level data, showing a 4% (31 out of 763 youth closed in 2020) recidivism rate for youth who have never been adjudicated, versus a 23% (87 out of 380 youth closed in 2020) rate for youth who have been formally adjudicated. Allegheny County is committed to diversion as a primary practice.

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

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

In September of 2021, Allegheny County Juvenile Probation participated in the PCCD “Reducing Racial and Ethnic Disparities in Juvenile Justice” Certificate Program in collaboration with the Georgetown University McCourt School of Public Policy’s Center for Juvenile Justice Reform (CJJR) and the Center for Children’s Law and Policy (CCLP). We are now partnering with the Penn Hills Police Department and several community-based providers that are working to prevent youth from entering the Juvenile Justice system if they are alleged to have committed one of the “focus acts”. Instead of the Police filing an allegation, the youth will be referred to a community-based provider for services.

In 2016, Allegheny County initiated the Crossover Youth Practice Model. It has been fully implemented since 2017. Two individuals, one from the Court and one from Allegheny County Children, Youth and Family Services, coordinate monthly meetings with JPO and CYF Supervisors from various district offices. They also conduct ongoing case reviews with supervisors, POs, and Caseworkers from a specific case to review how it was handled and identify ways the JPO and Caseworker could have worked together differently to improve services for the juvenile and their family. We have also collaborated with the Allegheny County DHS to establish a live data link between JCMS (JPO Case Management System) and KIDS (CYF Case Management System). Each week, an automated report identifies every juvenile who is actively involved in both systems and provides contact information for both JPO and CYF.

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

Families will have varying levels of awareness and understanding of adolescent brain development and parenting approaches that foster healthy and safe behaviors. Juvenile justice professionals have the opportunity to facilitate families’ access to information and support that helps 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 POs and CISP Monitors have been trained on 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 conduct an in-depth review of Quality Improvement (QI). We will measure both the quantity of new interventions and their quality in relation to fidelity. We are developing new reports, utilizing iDashboard and Tableau, to assist both administrators and supervisors in monitoring the implementation of various interventions.

YLS Data Trends

Our department has fully implemented the YLS. We utilize the YLS to inform intake decisions and determine system involvement based on risk and necessary interventions outlined in the case plan, tailored to individual 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 (six POs and one supervisor) dedicated to conducting initial YLSs for all youth.

While our department has a solid foundation for using the YLS, we continue to implement continuous quality improvement measures to ensure that the assessment is conducted with fidelity and fundamental fairness. YLS Booster sessions occur at least 1 time 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 who serve on the Chief's Assessment committee, and they deal with all issues YLS for the State of PA. Additionally, our Master Trainers audit, complete review and close YLS at a minimum of 2 per year for a given probation officer. We have created a comprehensive assessment and feedback form to guide this process. We continue to refine our policy annually and often implement the FAQ information we receive from our multiple booster sessions, which we conduct due to the size of our county. We have a rotation of supervisors who observe court to confirm that officers are presenting relevant information, including that of the assessment. Additionally, we utilize a CQI database from 2015 that includes each Probation Officer's performance for each Booster case. This has enabled us to demonstrate a high level of inter-rater reliability in YLS scoring.

Our most recent YLS data trends indicate that in 2022, JPO completed 702 Initial Assessments, 259 reviews, and 286 closing assessments, totaling 1,247 YLS Assessments. Of the 702 Initial Assessments, 29% of the youth scored as low risk to reoffend, 54% as moderate risk, 16% as high risk, and 0.4% as very high risk to reoffend. These percentages have remained relatively unchanged over the past several years.

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, released in July 2025, the recidivism rate for juveniles closed in 2020 was 13% which represents a –41% change from the pre-JJSES implementation rate of 22%. This rate continues the trend of "post-JJSES initiation" rates being below the "pre-JJSES initiation" rate (21.6% for the years 2007-2010). The reduction in recidivism for Allegheny County is even more significant. The pre-JJSES initiation rate in Allegheny County was 25%, and the 2020 rate was down to 10%, representing a 60% decrease from the pre-JJSES implementation rate of 25%. The implementation of JJSES is having a significant impact on our ability to reduce recidivism.

➲ **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).

ACDHS and CYF engage in extensive planning to identify needs and allocate funding. This planning process involves:

- **Data Analysis:** use of client data to identify gaps in services and to track progress towards desired outcomes.
- **Research and Best Practices:** consultation of experts, best practice literature, and research findings to inform decisions.
- **Stakeholder Engagement:** active, ongoing, and iterative engagement with various stakeholders, through activities and forums that include but are not limited to:

  - **Quarterly CYF Advisory Board Meetings.** The CYF Advisory Board is an advisory group composed of 15 members reflecting a wide range of expertise, including mental health, youth advocacy, child welfare, lived experience in foster care, Latino community engagement, foster parenting, psychology, clinical services, medical child advocacy, legal systems, youth homelessness, and family law—among others. In 2024-25, the Advisory Board has focused on thoughtful onboarding and strengthening its governance structure. This included updating the bylaws and creating the Experience Mapping Subcommittee, which identifies gaps in the system by focusing on the lived experiences of youth involved with CYF. This work is laying the groundwork for more responsive and equitable system improvements.

  - **Quarterly Children's Cabinet meetings.** The Children's Cabinet is a community advisory group comprising nearly 100 members, including consumers, providers, and other stakeholders involved in child-serving programs across Allegheny County. The meeting topics are selected by the Cabinet members, and in 2024-25, have included housing supports for youth and workforce development supports for youth. Each meeting includes a data presentation, panel, and discussion.

  - **Client Experience Surveys.** The Client Experience (CX) team has set up an automated process to collect and report data about client experience in the CX system, including:
    - **Surveys of youth aged 13-18** who have been removed from their home. The surveys are sent at key points in the youth's experience, including: 1 week after being removed from home, regularly after a new placement (14 days, 30 days, 90 days, then quarterly), 1 week after a CYF permanency hearing, 1 week after a supervised visit, and 1 month after exiting care.
    - **Surveys of CYF-involved parents** at key points in the parent's experience including: 1 week after an investigation opening, regularly after a Family Plan is created (1 month and then every 6 months), 2 weeks after investigation closure, 2 weeks after case closure, and regularly after reunification (1 week, 1 month, and 6 months)

- **Public Hearings.** ACDHS and JPO held a joint Needs Based Plan and Budget public hearing to obtain comments. Additionally, ACDHS held a virtual public hearing to discuss the State of Child Welfare, 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 and the NBPB.

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

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:

- Ongoing
  - Contract monitoring activities.
  - Frequent systems training for providers, including initial, ongoing, and refresher sessions provided by technical (case management applications) and professional (child welfare practice) staff.
- Monthly
  - Monthly recruitment collaborative meetings with foster care providers to share recruitment strategies and foster a shared learning environment among providers.
  - Monthly virtual provider calls, begun at the outset of the pandemic (at which time they were held weekly), hosted by the CYF leadership team to establish a standing communication channel with and monitor the health of the child welfare provider network.
- Quarterly:
  - Meetings of the advisory boards for Children and Youth, Intellectual Disabilities, Behavioral Health, Aging, Criminal Justice, and the HSBG.
  - Meetings between providers and CYF Provider Relations to discuss budget and resource needs.
  - PCCYFS quarterly meetings.
- Annual:
  - Annual meetings with all contracted service providers. CYF created a Business Office to support contracting and fiscal operations. The CYF Business Office met with 99 providers in February 2025 to review contracts, spending trends, and other service needs.
  - Over 100 participants from over 50 provider and partner organizations were represented at the FY 26-27 NBPB public hearing (mentioned in the previous response).
- Ad hoc
  - Ad hoc surveys to obtain information about system needs.
  - Meetings between individual service providers and the ACDHS and CYF Directors to discuss how the system can continue to improve and enhance services to children, youth, and families.
  - Case-centered meetings between CYF and provider staff.

❑ Summarize activities related to active engagement of the courts in the NBPB process, specifically identification of strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts aimed at improving 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, determine the best ways to address barriers, and update one another on developments. 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 work with JPO and the Allegheny County Budget Office to incorporate JPO's plans and resource needs into the NBPB narrative and budget. Also, JPO regularly participates in quarterly meetings of the Children's Cabinet, which provides vital 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 youth who are dually involved. Most recently, ACDHS and JPO have been collaborating to plan for the restoration of detention center capacity in Allegheny County.

- ❑ 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 them to the appropriate county and law enforcement investigating agencies. CYF has also joined a new MDIT organized by PA OCYF alongside the State Police Association to consider training and protocol enhancements.

1-3 Program and Resource Implications

1-3b. Workforce

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

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

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

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

- Comprehensive Training Programs: The County has developed strong training and curriculum for frontline staff and supervisors, which enhances their skills and improves job satisfaction. This includes:
    - The National Child Welfare Workforce Institute (NCWWI) Leadership Academy, which provides extensive training and coaching for managers and leaders within the organization.
    - Monthly supervisory skill-building workshops.
    - Foundations of Leadership, a training and coaching program for non-supervisory staff seeking to grow their adaptive leadership skills.
- University Partnerships: Collaboration with the University of Pittsburgh has been beneficial.
    - The university awards stipends to Social Work students, helping to bring fresh talent into the system and support a recruitment pipeline towards a career in Child Welfare.
    - Through a dedicated internship coordinator, Allegheny continues to expand the pool of students and schools from which students are recruited for internships. This provides exposure to a career in Child Welfare through shadowing and hands-on learning activities for students from a variety of undergraduate and graduate-level majors, resulting in several transitioning to casework positions post-graduation.
- 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.
- We have a Crisis Action Team that is a Peer mentoring crisis response. They are there for people experiencing secondary traumatic stress and to connect them with any other potential resources, like the Employee Assistance Program (EAP). They also provided debriefings to the office or agency after traumatic events. We are currently in the process of hiring a Wellness Manager to oversee this work.

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

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

- Employee Engagement and Satisfaction:
    - Workload and Job Stress: The high workload and associated job stress are significant factors leading to burnout and turnover among child welfare staff. The demanding nature of the work (e.g., managing complex cases and dealing with high emotional stress) makes retaining employees over the long term difficult.
    - 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: Supervisors are not always available or accessible. Effective supervision is crucial for supporting frontline workers, providing guidance, and ensuring the delivery of high-quality services. 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 require 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 job's demands or with what other sectors offer, it can lead to difficulties in both recruitment and retention.
  - Salary Expectations: Candidates often have high salary and benefits expectations, influenced by competitive offers from other employers.
  - Remote Work: The rise of remote work presents challenges in maintaining workers who want flexibility, with competing companies currently offering this.

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

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

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

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

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

- Supportive Work Environment:

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

- Action Teams and Racial Equity Initiatives:
  - 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 aim to create a more inclusive and supportive work environment, which can help enhance employee retention and satisfaction.

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

- Continuous Learning and Development:
  - Allegheny County just added a new Training Specialist position, through its university partnership, which will focus on creating an onboarding training program and ongoing education framework for staff in supportive roles (those who typically work behind-the-scenes to support frontline staff and their work with children, youth and families such as clerical, transportation, and other specialists).
  - Assistance in creating and maintaining comprehensive, continuous learning and development programs can ensure that staff are consistently improving their skills and knowledge, which can lead to greater job satisfaction and retention

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

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

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

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

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

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

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 Allegheny Family Screening Tool (AFST) is a data-driven model that ensures all available information that can predict a child's risk of maltreatment is effectively considered in call-screening decisions. Before the AFST was introduced, call screeners could access historical and cross-sector administrative data through Client View, a front-end application to the integrated data system. Call screeners were required to review all relevant information related to a referral and provide it to the call screening supervisor to make a screen-in/screen-out decision. However, it was challenging for call screeners to efficiently access, review and make meaning of all available records. The AFST provides a consistent way to access and weigh the available information to predict the risk of future adverse events for each child. Researchers found that the prior practice screened out 1 in 4 children whom the AFST model scored as the highest risk. Nine in 10 of these children were re-referred (if screened out), and half were placed in foster care (if screened in) within two years. Forty-eight percent of the lowest-risk cases were screened in, with only one percent of these referrals leading to placement within two years. More information on the AFST is available in the FAQ.[16]

- **Kinship care.** Kinship care is the preferred out-of-home placement option for children and youth because it maintains their connections with family and non-relative kin. These connections make it easier for children and youth to adjust to their new environment.[17] Generally, children in kinship care are 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.[18] 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 percent 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:

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

[17] 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-/

[18] 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/

- **Emergency Shelter** plays a critical role in a community's homelessness response system, providing a safe place to stay during a crisis while families reconnect to permanent housing. Family-focused accommodations are provided across ten shelters, three of which specialize in serving households who have or are experiencing domestic violence, dating violence, sexual assault, and/or stalking.
- **Eviction prevention and housing stabilization programs** help families maintain stability in their housing by providing payments for rent, security deposits, and utilities and paying rental arrears that would otherwise result in eviction – and potentially cause child welfare involvement. These programs also provide support services like case management, landlord-tenant mediation, budgeting and other self-sufficiency services to reduce the likelihood of the household facing a future eviction.
- **Housing Specialists.** ACDHS Housing Specialists play a vital role in preventing homelessness and reducing child welfare system involvement by supporting families in maintaining or securing stable housing. These highly trained and well-networked staff assist with landlord negotiation, budgeting, relocation, liaising with housing authorities, and emergency assistance (e.g., one-time assistance for back rent or a security deposit). In FY 2023-24, Housing Specialists successfully stabilized housing for 66 families, resolving issues in place **for 39% and securing new housing for 61%.** This work has prevented deeper system involvement and leveraged funding from external sources, such as HUD and HAP. Currently, Housing Specialists only serve families referred by the Early Learning Resource Center (ELRC), Family Centers, or Hello Baby.
- **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 can heal and thrive.
    - **Therapeutic Boxing**, a new program that supports impulse control & behavioral modification to utilize aerobic therapy/activity and biofeedback to simulate the body's physiologic changes under stress. Participants are coached to develop skills to control their bodily changes (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 to 210 youth between 14 and 23 years old who are eligible for Independent Living Services. Eligible young adults who completed the program received matching funds up to $5,000, with the goal of helping them meet their basic needs and build toward financial stability.

- **Initiatives that prevent maltreatment and reduce the use of out-of-home placement.** ACDHS is making strategic progress toward building a child welfare system that prioritizes prevention and family preservation. We recognize that the earlier we reach families with meaningful supports, the more likely we are to keep them safely together. When families experience crises—whether related to housing, safety, or unmet basic needs—those moments carry risk. But with timely and effective support, crises can become turning points that strengthen resilience and reduce the likelihood of child welfare involvement.
    - **Hello Baby.** Launched in 2020, Hello Baby is a voluntary prevention program designed to proactively support families of infants and toddlers (ages 0–3) who are at highest risk of future child welfare involvement with intensive supports. Through sustained state and federal support, the program has grown from a pilot in FY 2020-21 to full countywide coverage by FY 2022-23. It now includes enhanced interventions, such as the University of Pittsburgh's Family Check-Up, and expanded outreach staffing. In FY 2024-25 alone, Hello Baby enrolled 1,830 high-risk families, with a total of 3,166 families now active. A 2025 independent evaluation by the Urban Institute and Chapin Hall found **a reduction in number of child maltreatment investigations and substantiated cases in families with babies since Hello Baby's launch** compared to pre-implementation baselines.[19]
    - **Opening services to all families who reach CYF's front door – without requiring case workers to open a case first.** Many families are referred to CYF with unmet needs that are important for wellbeing but not a risk to child safety. Meeting these families' needs early—without opening a child welfare case and before challenges spiral into crises—can be the difference between keeping children safely at home and deeper system involvement. In the past, most CYF services were not available until after a case was opened, leaving families without timely support and increasing the likelihood of eventual CYF case opening. To change this, ACDHS began offering services such as in-home support, transportation, and concrete goods during the investigation phase in 2023. In FY 24-25, 1,759 families received help during an investigation. The impact was significant: **78% (1,383 families) avoided case opening altogether.** Even when

[19] https://www.urban.org/research/publication/hello-baby-evaluation

cases were opened, early service delivery made a difference: 57% (376 of 666 cases) received needed supports sooner (before case opening), giving children and parents a stronger foundation for success. By preventing unnecessary case openings and accelerating support for those that remain, this proactive approach reduces risk, minimizes system involvement, and keeps more children safely with their families.

- **Community Violence Reduction Interventions (CVRI).** To reduce the geographically concentrated gun violence that drives youth and families to the child welfare and juvenile justice systems, ACDHS invests in a suite of coordinated and comprehensive evidence-based interventions, youth employment, and out-of-school-time and teen programs in highly impacted communities. Programs like Becoming a Man, a school-based program that deploys full-time licensed counselors who work with at-risk young men from grades six to twelve five days a week through cognitive behavioral therapy, peer support, and developing future orientation, are contributing to real reductions in homicide levels. The results are promising: between 2023 and 2024, **youth homicides (ages 0–24) declined by 24% in CVRI-participating communities, while youth homicides in similar neighborhoods without intervention increased by 31%**.[20] Because the BAM implementation has been a success, school staff have been asking for a similar intervention for young women. ACDHS will begin implementing Working on Womanhood (WoW) in FY 25-26 and scale up the program in FY 26-27.

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

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

Race

Racial disproportionality and disparity are widely acknowledged problems in the child welfare system. The stage of CYF involvement with the most significant disparity is Referrals, where Black children and youth were 4.2 times more likely to be referred to CYF than White children and youth in 2024.

The magnitude of disparity declined at Investigations, where, of all children referred, the rate of investigation was 1.2 times higher for Black children than it is for White children (2024). Of those families investigated, those with Black children and youth were part of an Open Case is 1.2 times the rate of White children and youth (2024). With Placements, the direction of disparity reverses and White children had a 1.4 higher out-of-home placement rate in 2024 than Black children (out of all children with an open case). AC DHS maintains a publicly available dashboard that displays information about the racial demographics of children involved with the child welfare system.[21]

In FY 24-25, there were large differences in re-entry rates by race, with Black children having a re-entry rate of 10.6% while White children had a re-entry rate of 4.3%. There are large differences by race in the percentage of children who are JPO involved: 15% of Black children compared to 7% of White children. However, JPO involvement does not fully explain the differences in re-entry rate by race. After analyzing only CYF-involved children, a large gap remained in the re-entry rate for Black children (7%) compared to White children (1%).

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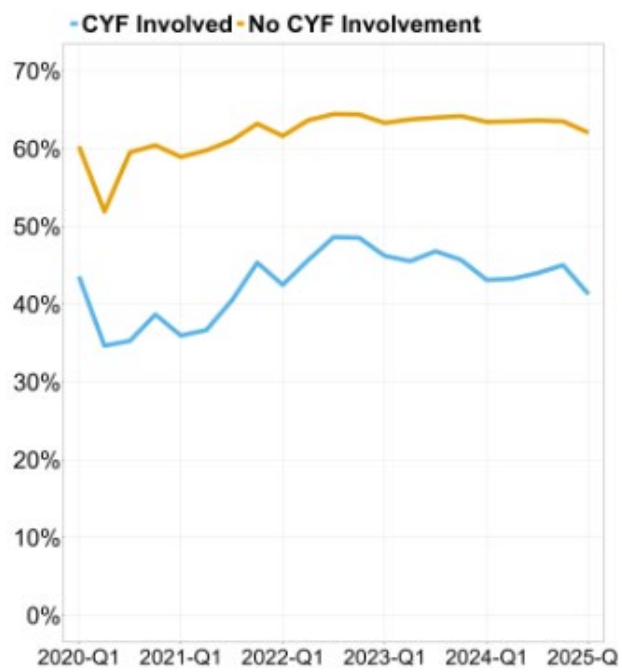
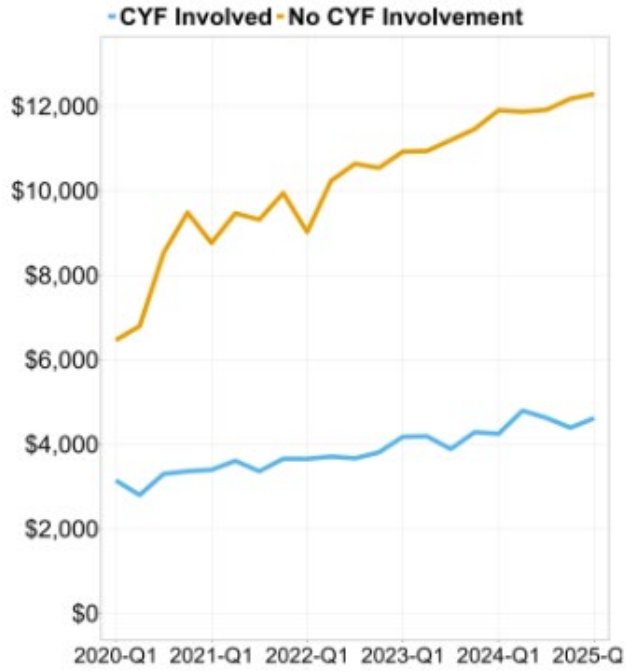
20 https://tableau.alleghenycounty.us/t/PublicSite/views/ViolenceinAlleghenyCounty/HomicideTrends?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y#1

21 https://www.alleghenycountyanalytics.us/2022/04/14/racial-disproportionality-in-allegheny-county-child-welfare-interactive-dashboard/

Income

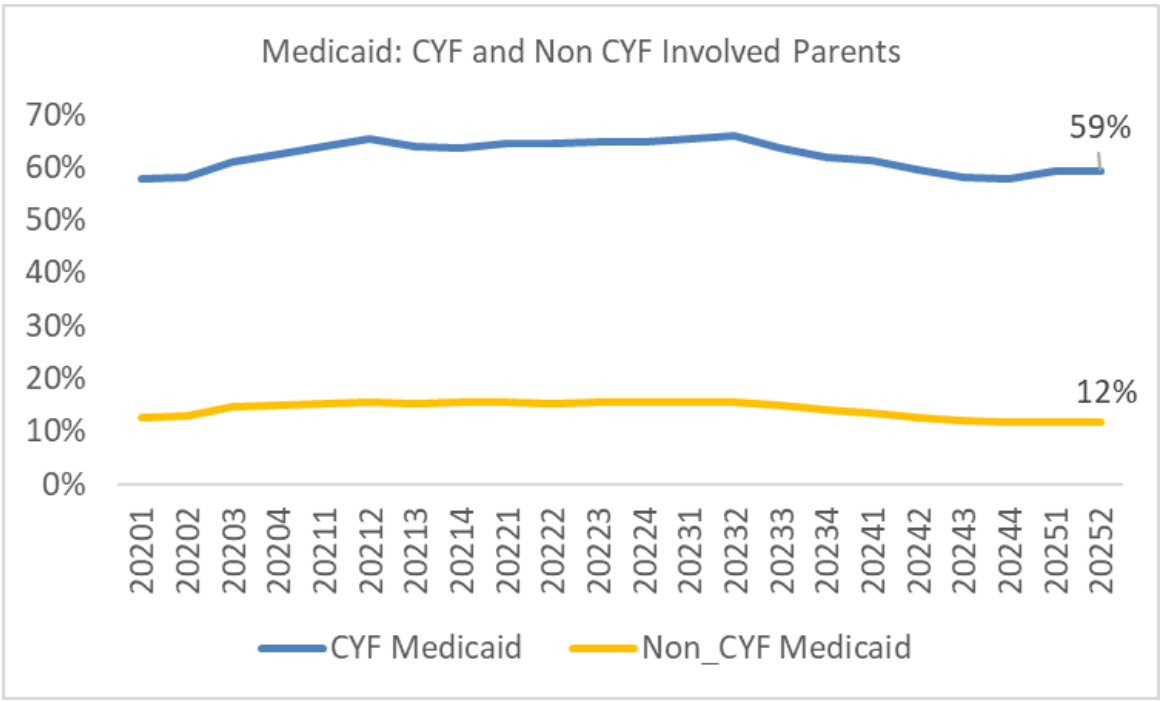
Families involved with the CYF system in Allegheny County experience significantly greater economic hardship than other DHS clients and the broader county population. Between 2020 and 2025, only 40% of CYF-involved parents were employed, far below the 60% employment rate of other DHS clients and the countywide average of 65%. During this same period, their wages also lagged behind. By 2023, CYF parents earned an average of just $4,000 per quarter, or $16,000 annually, barely half of the federal poverty line for a family of four ($30,000). In stark contrast, only 6% of Allegheny County residents had incomes below 50% of the poverty line that year.[22] This means CYF is disproportionately serving families in the county's very lowest income bracket—the poorest 6% of the population in Allegheny County—underscoring the deep economic inequities faced by those involved in the child welfare system.



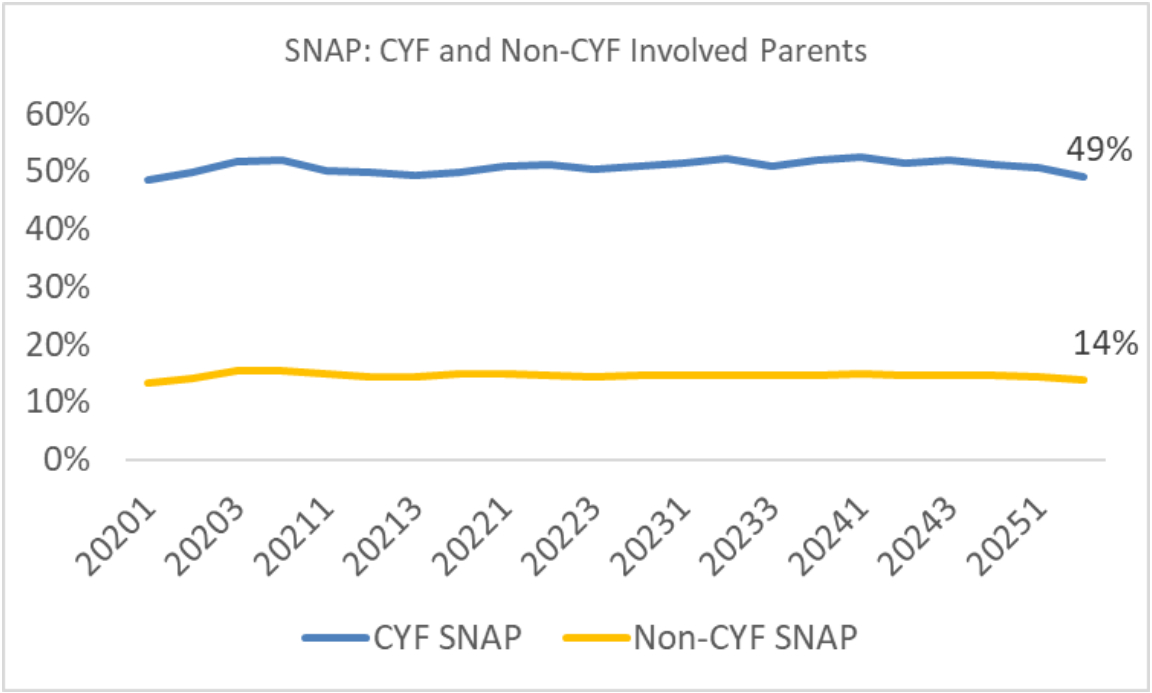


CYF-involved parents have higher use of Medicaid compared to non-DHS clients. In the second quarter of 2025, 59% of CYF-involved parents had Medicaid compared to 12% of DHS clients without CYF involvement.

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



This disparity holds true for SNAP benefits as well, with 49% of CYF-involved parents receiving SNAP compared to 14% of DHS clients without CYF involvement.



Complex Needs

ACDHS is experiencing a significant and accelerating rise in the number of children and families with complex needs. In Fiscal Year (FY) 2024-2025 alone, the County's Multisystem Team facilitated 3,847 meetings—including Integration and Teaming, Complex Case, and Technical Assistance sessions—on behalf of 251 youth with complex needs. This represents a **61% increase** in the number of youth with complex needs served compared to the previous year, **more than doubling** the 30% increase observed

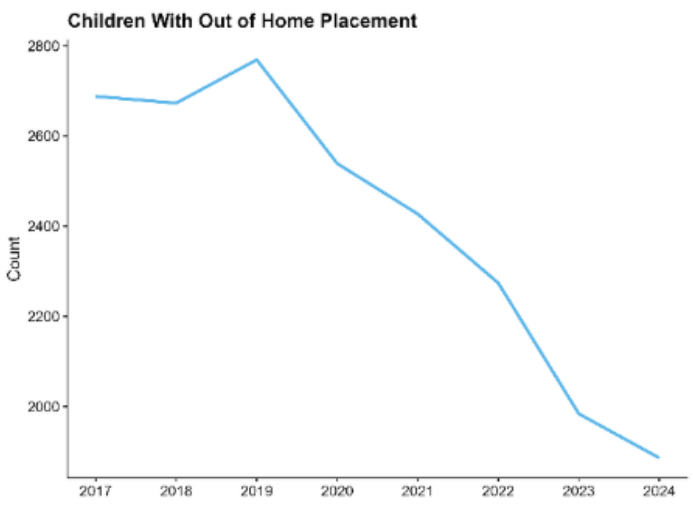
from FY 2022-2023 to FY 2023-2024. This sharp upward trend underscores the urgent need for enhanced coordination, resources, and support.

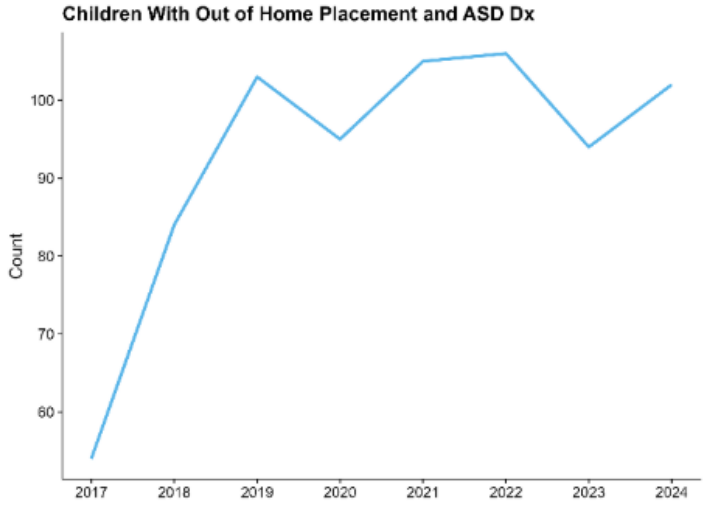
Children in congregate care have a disproportionately high rate of mental health needs: An analysis of services rendered in FY 24-25 shows that 70% of the 125 children in congregate care received outpatient mental health services, compared to the 15% of children aged 5-17 in the U.S. population who received any mental health treatment in 2021, according to the CDC.[23] Diagnostically, youth in congregate care were most often diagnosed with ADHD, adjustment disorder, acute stress reaction, conduct disorder and/or depressive disorder.

When an appropriate intensive residential placement bed is not available, children with complex needs are overrepresented in emergency shelter and stay in shelter for a disproportionately long time. In FY 23-24, although the median length of stay was three weeks and the average length of stay was five weeks, 24 stays lasted three or more months. These youth may have been better served in an intensive residential program.

Autism diagnosis

While overall involvement with CYF and rates of out-of-home placement have declined in recent years, the trend for children with autism is moving in the opposite direction. Between 2017 and 2019, the number of children with autism in out-of-home placement nearly doubled, from 55 to 105. Since then, while total placements have dropped by more than 40%, the number of children with autism in placement has remained steady at around 100. As a result, the proportion of children in out-of-home care with an autism diagnosis has more than doubled, rising from 2% in 2017 to over 5% today. This percentage now exceeds the estimated prevalence of autism among all children (3.2%) and continues to grow, highlighting a disproportionate impact on this population that demands targeted attention and support.[24]





Sexual Orientation, Gender Identity, and Expression (SOGIE)

Youth in Allegheny County's child welfare system are disproportionately impacted based on their Sexual Orientation, Gender Identity, and Expression (SOGIE). Although only 9% of youth ages 10–18 are documented as LGBTQ+, they are placed in care at higher rates than their non-LGBTQ+ peers—72%

[23] https://www.cdc.gov/nchs/products/databriefs/db472.htm#:~:text=Interview%20Survey%2C%202021.-,Summary,other%20surveillance%20efforts%20(1).

[24] https://www.cdc.gov/mmwr/volumes/74/ss/ss7402a1.htm#:~:text=Results:%20Among%20children%20aged%208,9%20or%20ICD%2D10%20code.

compared to 60%. Once in care, LGBTQ+ youth are less likely to be placed in family-based settings: only 67% are placed with kin or foster families, compared to 78% of non-LGBTQ+ youth. Instead, LGBTQ+ youth are more often placed in congregate care settings such as group homes or residential treatment facilities (22% vs. 18%) or independent living settings (11% vs. 2%). Limited placement options compound this disparity—while 63% of surveyed resource families report willingness to foster lesbian, gay, or bisexual youth, and 48% for transgender or gender nonconforming youth, only 14% are open to fostering teens, which further narrows options for LGBTQ+ adolescents. These inequities have been shared with leadership and staff through quarterly CYF updates and a SOGIE dashboard[25] that tracks demographic and placement trends for youth in care.

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

- **The need for high-quality, effective community-based services that prevent formal system entry**. Because we see the most significant racial disparity at the referral stage (where Black children and youth were 4.2 times more likely to be referred to CYF than White children and youth in 2024), and because families involved with the CYF system in Allegheny County experience significantly greater economic hardship than other DHS clients and the broader county population, we must invest in effective community-based prevention services that can reduce these disparities. In FY24-25, 18% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other new or invoiced CYF services. ACDHS envisions a system where CYF serves a small number of high-risk families and where the majority of families – who are low-risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services. We have made progress towards this goal by newly making services available during investigation. We aim to progress further toward providing services earlier, during referral, and ultimately outside of CYF altogether, in the community.

- **The need for placement settings and services that address the complex needs of youth through appropriate therapeutic services**. Finding appropriate placements for youth with mental health and behavioral issues has become increasingly challenging. Current demand is above the supply of appropriate intensive care locations. For those youth with complex needs who require home removal but cannot be served in a family-like setting, perhaps due to an emergency placement need; unknown, unclear or conflicting behavioral health recommendations; or not meeting the medical-necessity criteria for admission to a treatment facility, ACDHS seeks more local and high-quality placement capacity with additional shelter, diagnostic and intensive residential programs. In FY 25-26, ACDHS released a request for proposals to competitively procure this capacity.

- **The need for post-reunification services that prevent re-entry.** Allegheny County's re-entry rate after reunification of 8.1% is higher than the national benchmark for this performance measure, 5.6%, and is disproportionately high for Black youth at 10.6%. Aftercare is especially vital for youth with complex needs as they transition from placement back into their communities. ACDHS is committed to making out-of-home placements as brief and non-recurring as possible, and aftercare provides the essential continuity of care required to achieve this goal. Through structured aftercare planning, youth remain connected to behavioral and mental health supports—ranging from therapy to medication management—after leaving care. This continuity not only sustains the progress made during

[25] SOGIE Information for CYF Active Youth

placement but also significantly reduces the risk of reentry.[26] [27] Informed by this evidence, ACDHS will pilot a formal aftercare program in FY 26–27.

- **The need for safe, gender-responsive group placements for LGBTQ+ teens.** Because LGBTQ+ youth are less likely to be placed in family-based settings and are more often placed in congregate care settings such as group homes, residential treatment facilities, or independent living settings, these congregate care settings must be safe and responsive to LGBTQ+ youth needs. This includes ensuring they have access to appropriate medical and mental health care and are protected from discrimination and harm.

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

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

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

To ensure the **safety and wellbeing of LGBTQ+ teens in group placement,** ACDHS requests that the state work with providers to make sure placements are safe for everyone.

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

Per PA requirements, birthing hospitals are required to make a notification to Childline when a baby is born affected by a substance. Based on the information provided in the notification, Childline designates if the notification is 'Information Only' or 'General Protective Services' (GPS) and forwards it to the Allegheny County Department of Human Services, Office of Children, Youth and Families (CYF). The birthing hospitals are expected to initiate the POSC, but counties have been given some latitude in developing their specific POSC policies from that point forward.

ACDHS decided to integrate POSC into Hello Baby referrals. As such, the Plans of Safe Care process in Allegheny County is:

The Birthing Hospital:

1. Notifies ChildLine
2. Initiates POSC with family and refers to Hello Baby
   a) Use Hello Baby Qualtrics Survey to make a referral

[26] Bellamy, J.L., Gopalan, G., & Traube, D.E. (2010). A national study of the impact of out-of-home placement on reunification for children in child welfare. *Children and Youth Services Review*, 32(6), 840–845. https://doi.org/10.1016/j.childyouth.2010.02.004

[27] Greeno, E.J., Lee, B.R., Uretsky, M.C., Moore, J.E., Barth, R.P., & Shaw, T.V. (2019). Effects of intensive aftercare for children and families following foster care: A quasi-experimental study. *Children and Youth Services Review*, 103, 42–51. https://doi.org/10.1016/j.childyouth.2019.05.006

b) Check ‘Plan of Safe Care’ as the reason for referral.
c) If the hospital initiates the POSC plan, upload the POSC plan into the Hello Baby Qualtrics Survey.

The Hello Baby Priority Provider:

3. Connects with families who agree to participate in a POSC and is designated as ‘POSC lead.’
4. Documents POSC activity in the agency’s care plan/assessment.
5. Sends monthly Status Report to DHS.
6. Collaborates with CYF when GPS-designated and appropriate.

CYF:

7. Receives referral from Childline with Information Only or GPS designation
8. If GPS is designated, a caseworker is assigned to complete a CYF assessment.
9. Collaborates with Hello Baby Provider when appropriate.

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

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

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

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

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

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

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

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

ACDHS is an integrated human services agency, enabling efficient coordination between its CYF, Mental Health, Drug and Alcohol, and Housing and Homelessness offices on shared clients.

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

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

- When CYF Caseworkers meet a parent who is using substances, they:
  - Refer the child to the Alliance for Infants and Toddlers Early Intervention program.
  - Refer the parent to POWER (Positive Beginning) for a level of care assessment.
    - If the parents are not cooperative, the caseworker refers them to the Mobile Crisis/Engagement Team (UPMC Western Psychiatric Hospital).
  - Offer referrals to treatment, including:
    - Perinatal services like the Magee Center of Excellence or AHN Perinatal Hope
    - Auberle Family Healing Center
      - Sojourner House (an alternative if FHC is full) – 3.5 level D/A program
    - Light of Life and Aria Program – provide substance use treatment with housing support, including services for mothers with children
  - Distribute Narcan, xylazine/fentanyl test strips, and lock boxes as appropriate.
  - Consult with the CYF Substance Abuse Consultation Specialist, as needed.
- ACDHS' Office of Behavioral Health (OBH)
  - Trains CYF casework staff to inform them of recent regulations and developments.
  - Trains substance use treatment providers to engage people who are pregnant and using substances in meaningful conversations about planning, including fears around potential child welfare involvement.
- Birthing Hospital healthcare providers engage parents and caregivers after birth
- Hello Baby Priority Providers' home-visiting workers conduct screenings and discuss with families during postnatal visits

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

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

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

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

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

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 continues to be a challenge to

family engagement. As previously described, this is true for the birthing hospital at the time of birth and impacts substance use treatment providers' ability to engage people who are pregnant in POSC planning prenatally. For example, behavioral health treatment providers and hospitals have spoken about the consideration of some pregnant people who are on Medication Assisted Treatment (MAT) considering stopping their treatment to avoid their infant showing signs of being affected.

1-3j. Family First Prevention Services Act

➲ Respond to the following questions:

Title IV-E Prevention Services Program

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

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

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

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

ACDHS has not yet submitted any claims for Title IV-E reimbursement for prevention services, but is actively working to address barriers to doing so. ACDHS conducted an in-depth review of service receipt data for two eligible programs, Homebuilders and Triple P, and developed the following action steps:

Action Step 1: Update ACDHS' IVE Prevention Candidacy definition to include children and youth with an open referral to child welfare. (Completed)

We analyzed current clients of Homebuilders and Triple P and found that 23% of Homebuilders clients and 47% of Triple P clients did not have an open CYF case at the time of service, excluding them from our current definition of "candidacy" and therefore making them ineligible to claim for IV-E Prevention. To account for this, we expanded our candidacy definition to: *ACDHS defines "candidates" as children and youth at "imminent risk" of entering foster care, but who can remain safely at home with prevention services. ACDHS defines "imminent risk" as having 1) an open child welfare case or 2) an open referral to child welfare (new).*

Action Step 2: Create "prevention only" plans to document candidacy and eligibility. (Completed)

In our analysis of current clients of Homebuilders and Triple P, we found a high rate of issues with the Family Service Plans (FSPs) that made them insufficient to use for IV-E eligibility documentation. Therefore, we created prevention-only plans to use alongside the FSPs.

Action Step 3: Use calculated 'per diem' rates for Homebuilders and Triple P to claim reimbursement for all eligible recipients. (In Progress)

To calculate the per diem rate, we divide the total expenditures by the total days of service over the three-year period. We will use the resulting per diem rate to determine how much to invoice for each "candidate"

served based on the number of days they were enrolled in the program. We plan to update these rates once per year.

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

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

ACDHS is also interested in further 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 the CYF system.

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

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

First, ACDHS requests assistance in building the capacity of our community-based Family Centers to conduct the required safety and risk assessments and collect the data needed for prevention plans. These providers may require additional staffing, administrative infrastructure, and training to make this possible.

Second, ACDHS requests that the State's Prevention Plan be revised to include a broader range of programs. Specifically, ACDHS asks for the addition of two well-supported programs: Motivational Interviewing and Family Check Up.

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

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 to the 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. This team, co-located in each CYF Regional Office, uses strength-based, solution-focused planning to maximize all viable resources within the current system, tracks trends and service gaps, and offers recommendations/solutions to system administrators.

The Multisystem Team referral process steps include:

- The 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 referral and identifies the appropriate response: Technical Assistance, ITM or Complex level of planning (see descriptions of these approaches below).
- The referral is then assigned to the Multisystem team member co-located in the relevant CYF Regional Office. (If the referral has no CYF involvement, it is assigned to the specific Multisystem Specialist assigned to non-CYF referrals.)
- Referrals, meeting notes, and action steps are all documented in the Synergy case management system, which generates emails to the appropriate team members to share meeting notes, action steps, and follow-up satisfaction surveys.

Depending on the nature of the referral, the Multisystem team may employ the following planning approaches:

- Integration and Teaming Meeting (ITM). ITM is a forum for problem-solving and coordinating the provision of 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. The ITM Team is responsible for all aspects related to ITM meetings. An ITM Specialist facilitates the meetings. Participants include the family and team supporting the client, as well as a core group of system matter experts from relevant ACDHS offices (ODS, CYF, AAA, OBH, OCS).

- Complex Case planning. Complex Case meetings bring a core team together to focus on the emergent needs of youth involved with multiple human services systems. These 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.

The Multisystem Team is responsible for developing and implementing a comprehensive plan in collaboration with the entire team to ensure that 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.
- Assisting with difficult-to-place foster youth by liaising with agencies and ACDHS staff and fostering positive relationships.
- Managing admission, participating in teaming meetings, monitoring and providing technical assistance for specialized group placements, including the Respond program.
- Providing technical assistance to Community Care Behavioral Health (CCBH) for youth discharged from Residential Treatment Facilities (RTF). This includes participating in disposition planning calls and following up with youth who lack discharge resources.
- Facilitating referrals and providing monitoring to the CYF RTF step-down program.

- 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-system engagement, including engagement with education and physical health systems. The Multisystem Team ensures that all relevant systems and family supports are invited to these meetings and facilitates engagement by providing scheduling and virtual participation options. Additionally, ACDHS employs staff 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 referrals, notes, and updates. 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 2024-25, how many children were served through your county complex case planning process?

  In Fiscal Year 2024-2025 alone, the County's Multisystem Team facilitated 3,847 meetings—including Integration and Teaming, Complex Case, and Technical Assistance sessions—on behalf of 251 youth with complex needs. This represents a **61% increase** in the number of youth with complex needs served compared to the previous year, **more than doubling** the 30% increase observed from FY 2022-2023 to FY 2023-2024.

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

  Over the past year, ACDHS has developed the following creative services to meet the complex needs of children in our care:
  - Office of Behavioral Health (OBH) and Office of Developmental Supports (ODS) teams are currently working with OMHSAS and providers to develop new **reinvestment-funded residential mental health settings**, including:
    - A Short-term Psychiatric Residential Treatment Facility (ST-PRTF), Southwood, with a capacity of 18 youth needing acute stabilization and diversion or step-down from inpatient mental health treatment, aged 12-17 (40 youth annually), will begin operation in August 2025.
    - A second PRTF with a capacity of 10 youth aged 6-21 with dual ASD and/or ID and BH diagnoses (15-20 youth annually)
    - A Crisis Residential facility with a capacity of up to 10 youth aged 6-13 experiencing a mental health crisis (90-120 youth annually)
  - CYF is issuing an RFP for additional placement capacity for youth with complex needs for the following placement types, with an expected publication date of August 2025:
    - A short-term, 4-to-8-bed (up to 4 boys, up to 4 girls), 24/7 **shelter** for youth awaiting a longer-term placement.
    - A short-term, 6 to 12-bed (up to 6 boys, up to 6 girls) **residential diagnostic program** where multiple types of comprehensive evaluation are conducted to inform placement and service planning for youth
    - A 6 to 12-bed (up to 6 boys, up to 6 girls) **intensive residential program** to support youth with mental health or behavioral needs who may need a step down from a Residential Treatment Facility (RTF); or aren't recommended for RTF but require 24/7 supervised care due to their complex needs.
  - CYF continues to expand the availability and capacity of Therapeutic Foster Care (TFC) by:
    - Requiring all Foster Care providers to recruit, train, supervise, and support foster parents in caring for children with significant emotional, behavioral, and/or social needs. This approach has allowed ACDHS to place more complex youth in family-based settings. From FY 21-22

to FY 23-24, ACDHS **increased the number of youth in therapeutic foster homes by 163%**, representing 231 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.

- Expanding therapeutic services to kin placements through A Second Chance's Clinical and Response Engagement Services (CARES) Program. The program provides in-home services to kinship families caring for youth with complex needs. Services include psychosocial assessments and treatment planning; counseling services, including individual and family counseling, treatment plan review, and crisis services; and educational advocacy

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

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

ACDHS requests continued assistance from PA OCYF to:

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

1-3r. Family Reunification Services

➲ Respond to the following questions:

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

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

- What were the total costs of services and activities to provide family reunification services in SFY 2024-25?

To estimate the total cost of family reunification services in FY 2024-25, we considered:

- The proportion of cases referred to Homebuilders for reunification support. (29 of 71 cases, 41% or $317,800)
- The estimated proportion of families receiving other non-placement services to support reunification. (70% or $8,435,359)
- The total cost of coached supervised visitation services. ($1,496,409)

The resultant estimate of the total costs of services and activities to provide family reunification services in FY 2024-25 is $10,249,568.

Section 2: General Indicators

2-1: County Fiscal Background

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

The County was underspent in SFY 2024-25, primarily due to slower-than-anticipated detention center expenses. We expect to draw down our allocation fully 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 expenses are incurred.

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

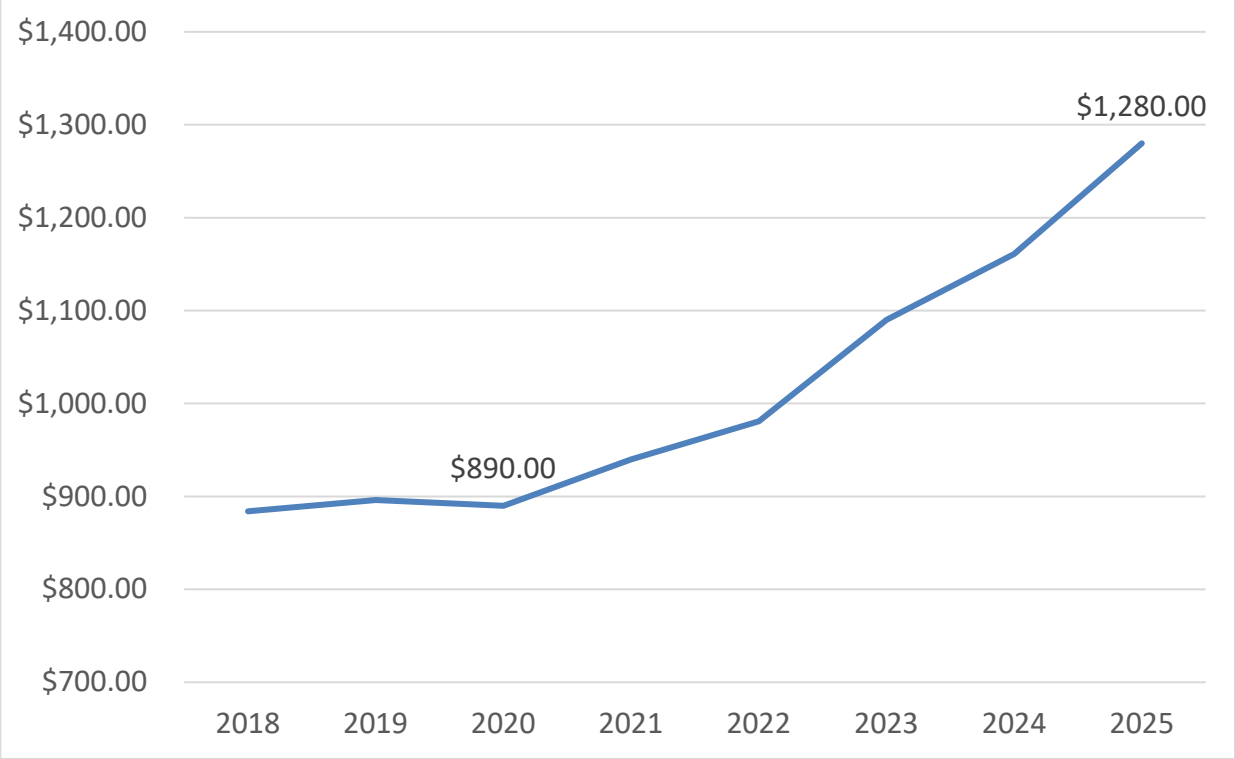
- **Trend: Cuts to SNAP and Medicaid will drive more families into crisis and to CYF's front door.** Rollbacks to Medicaid eligibility and reductions in SNAP benefits, including stricter work requirements and benefit time limits, will disproportionately affect low-income families with children—many of whom are already struggling to meet their basic needs. In Allegheny County, over 90,000 children currently rely on Medicaid for healthcare,[28] and more than 45,000 households receive SNAP benefits[29] to help prevent hunger. Reductions in access to food and health care will lead directly to increased hardship for families, fueling conditions that often result in child welfare involvement, including neglect and untreated physical or mental health issues. Based on peer-reviewed studies and past local trends, ACDHS estimates that CYF could experience a 20-30% increase in neglect-related referrals within 12 months of the proposed benefit reductions. For example, a 2006 study found that cuts to income support programs led to a 20–30% increase in child neglect reports in affected jurisdictions[30] and research by Cancian et al. showed that economic hardship significantly raises CPS involvement risk, even when controlling for other factors.[31] Without extra support, this expected increase in referrals could overwhelm caseworkers and slow down service responses. ACDHS will address this trend by enhancing the capacity of concrete and economic support programs.

- **Trend: Shortage of affordable housing in Allegheny County.** According to the Housing Alliance of PA, for every 100 extremely low-income families, seniors, and people with disabilities renting in Allegheny County, only 36 affordable rental homes are available to them. **From 2020 to 2025, the fair market rent for a 2-bedroom unit rose by 44%,**[32] which has squeezed family budgets and increased housing instability. These market pressures fall hardest on Black families and other families of color.[33] For example, while Black residents represent 14% of Allegheny County's population, they represented

[28] Pennsylvania Department of Human Services, Medicaid Enrollment Dashboard, Allegheny County data (2024).
[29] U.S. Census Bureau, American Community Survey (ACS) 2023 1-Year Estimates, SNAP Household Participation by County.
[30] Swann, C. A., & Sylvester, M. S. (2006). The foster care crisis: What caused caseloads to grow? Demography, 43(2), 309–335.
[31] Cancian, M., Yang, M. Y., & Slack, K. S. (2013). The Effect of Additional Child Support Income on the Risk of Child Maltreatment. Social Service Review, 87(3), 417–437.
[32] HUD Fair Market Rents https://www.huduser.gov/portal/datasets/
[33] https://assets.aecf.org/m/resourcedoc/aecf-kidsfamiliesandcovid19-2020.pdf

65% of FY23-24 ERAP applicants and 77% of families in shelter.[34] ACDHS will address this trend by investing in eviction prevention and basic needs support programs.

HUD 2-Bedroom Fair Market Rents for the Pittsburgh Housing Market Area, 2018 to 2025[35]



- **Trend: Cuts to the federal safety net will also lead to surging demand for eviction prevention and family stabilization services.** In the absence of federal rental assistance and with rising rent costs, eviction filings in Allegheny County are now 43% higher than pre-pandemic baselines.[36] Children in households facing eviction are at significantly higher risk of system involvement due to family instability, chronic absenteeism, and homelessness. SNAP and Medicaid benefits help prevent displacement by freeing up household resources for rent and utilities. Their reduction will accelerate housing instability, making it more difficult to keep children safely with their families. Without strategic investment, Allegheny County will be forced to triage families at the point of crisis (e.g., CYF referral due to homelessness), rather than stabilizing them upstream through targeted support (through eviction prevention and basic needs support). ACDHS will address this trend through enhancing the capacity of the Housing Specialist team and by investing in eviction prevention and basic needs support programs.

- **Trend: Significant economic and labor market shifts have led to CYF and provider recruitment and retention challenges.** A quality and stable workforce is essential for a successful child welfare system. Unfortunately, recent economic and labor market shifts have left health and human service organizations – including child welfare and family-serving providers – at a steep disadvantage in attracting and retaining skilled workers. Due to inflation and a tight labor market, average caseworker pay has not only fallen 40% behind other occupations with the same education and training requirements (a bachelor's degree and a considerable amount of on-the-job training, shown as Job Zone 4 in the chart below) but also 20% below occupations that require less education and training (an associate's degree,

[34] https://www.alleghenycountyanalytics.us/2024/02/08/families-using-emergency-shelters-in-allegheny-county/
[35] U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Pittsburgh, Pennsylvania Comprehensive Housing Market Analysis as of May 1, 2024 https://www.huduser.gov/portal/publications/pdf/PittsburghPA-CHMA-24.pdf
[36] Allegheny County Magisterial District Court Records, *Eviction Filing Data Q1–Q2 2025*.

shown as Job Zone 3 in the chart below). Caseworkers are only paid 5% more on average than occupations requiring only a high school degree (shown as Job Zone 2 in the chart below). ACDHS will address this trend by continuing to implement its compensation plan for CYF staff and awarding salary and benefit increases to contracted providers.

Pennsylvania Average and Median Wages by Job Zone

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

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

- **Trend: Community violence is concentrated in communities disproportionately impacted by the child welfare system.** Gun violence is heavily concentrated in a small number of communities in Allegheny County, and these are *largely the same communities who are disproportionately involved in the child welfare system*. ACDHS compared the rate of referrals to child welfare to the rate of homicide by community and found that communities with the highest CYF referral rates also had the highest homicide rates (see Optional Charts section for more information).

  Gun violence is a form of trauma with severe consequences for children, youth, and families in impacted communities. Youth and adults exposed to gun violence have significantly higher levels of psychological distress, depression, suicidal ideation, and/or psychotic experience.[37] Because of this, exposure to violence is considered an Adverse Childhood Experience (ACE). ACEs are demonstrably linked to child welfare and juvenile justice involvement. For example, recent studies have shown that compared with the general population, Child Welfare-involved children are far more likely to have experienced at least four ACEs (42 percent vs. 12.5 percent)[38].[OBJ] ACDHS will address this through its expenditure adjustments by investing in evidence-based violence reduction interventions, such as Becoming a Man and Working on Womanhood, and expanding out-of-school time programs in highly impacted communities.

- **Trend: Racial disproportionality across child welfare and juvenile justice systems, beginning at each system's front door.** The stage of system involvement with the most significant disparity is Referrals: Black children and youth were 4.2 times more likely to be referred to CYF than White children and youth in 2024. 42% of children referred to child welfare in 2024 were Black, even though only 18%

[37] 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

[38] 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.

of Allegheny County's child population is Black.[39] 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 impacting potential contributors to disproportionality, including economic/housing security, community violence reduction, and more.

- **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 reduced referrals by mandated reporters, whose proximity to children and youth declined during virtual learning. While the system is shrinking, ACDHS has seen not only an increase in the number of multi-system-involved youth but also in their acuity of need. In 24-25, the Multisystem Team saw a **61% increase** in the number of youth with complex needs served compared to the previous year, **more than doubling** the 30% increase observed from FY 2022-2023 to FY 2023-2024. This sharp upward trend underscores the urgent need for enhanced coordination, resources, and support. Continued decreases in entries to care are now 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 CYF focused on achieving the enhanced system capacity necessary to meet higher acuity child and family needs. ACDHS will address this trend through its expenditure adjustments by investing in therapeutic placement settings.

- **Trend: Increased behavioral health needs among children and families.** National data indicates that although the pandemic contributed to rising youth mental health needs, this trend pre-dated the pandemic: According to the CDC, in the ten years leading up to the pandemic, feelings of persistent sadness and hopelessness—as well as suicidal thoughts and behaviors—increased by about 40% among young people. This national trend is reflected locally among 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. A lack of access to treatment compounds this challenge. Nationally, Mental Health America found that in 2023, 60% of youth with major depression received no mental health treatment. Locally, providers report that chronic understaffing and long waitlists make treatment inaccessible. ACDHS will address this trend through its expenditure adjustments by investing in therapeutic placement settings.

- **Trend: Time to permanency within 12 months does not meet the national standard among children who have been in care for 12+ months.** ACDHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). **Among children in care 12-23 months, 33.5% reached permanency within 12 months in** Allegheny County, falling short of the national performance standard of 43.8%. A**mong children in care 24 months or more, a lower proportion,** 24.21% reached permanency within 12 months in Allegheny County, falling short of the national performance standard of 37.3%. A consideration for both of these measures is that the number of children in out-of-home placement has been declining over the last several years. Among children who do enter placement and stay for more than 12 months, it is reasonable to expect that these families face more complex challenges, which can result in a longer time to permanency. ACDHS will address this trend through procuring additional placements with appropriate therapeutic supports, instituting new permanency roundtables, enhancing access to parent legal representation through its new conflict counsel program.

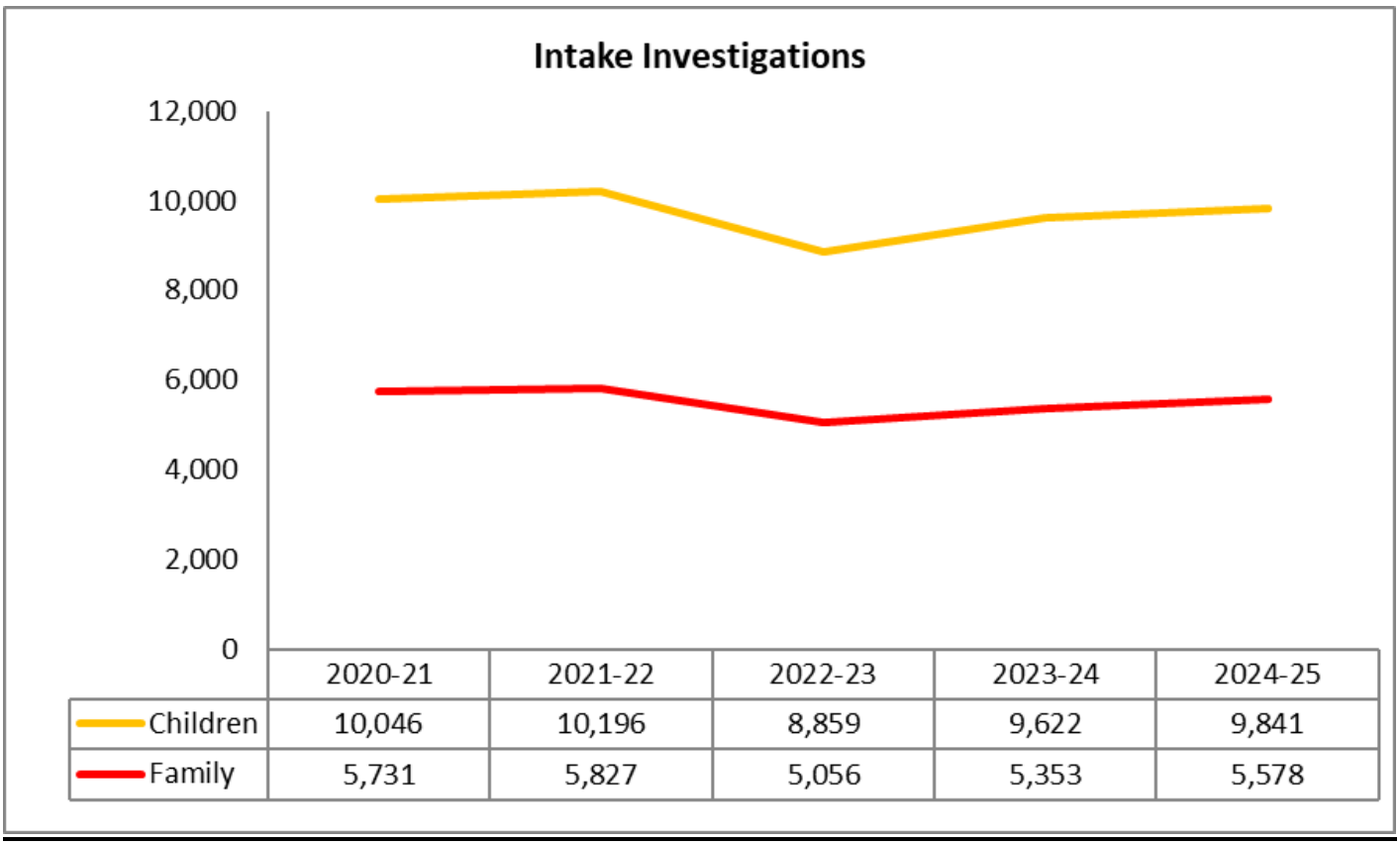
- **Trend: Re-entry rates after reunification are higher than the national standard.** ACDHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). Allegheny County's re-entry rate after reunification of 8.1% is

[39] https://www.alleghenycountyanalytics.us/2022/04/14/racial-disproportionality-in-allegheny-county-child-welfare-interactive-dashboard/

higher than the national benchmark for this performance measure, 5.6%, and is disproportionately high for Black youth at 10.6%. 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 procuring additional placements with appropriate therapeutic supports and adding aftercare to the service array.

- **Trend: CYF is receiving referrals and opening cases for families that only need concrete and economic supports**. Although we are making progress in opening fewer cases, especially for GPS referrals (over 40% were accepted for services in the early months of 2017; by comparison, about 13% of GPS investigations were opened as cases in the most recent fiscal year), we are still opening too many cases for families who only need concrete and economic supports. In FY24-25, 18% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other new or invoiced CYF services. ACDHS envisions a system where CYF serves a small number of high-risk families and where the majority of families, who are low-risk, are diverted from formal system entry and are able to have their needs met through voluntary, community-based services. We have made progress towards this goal by strengthening our network of primary prevention supports and making it easier for families to access those supports *before* a crisis leads them to CYF. Once a family reaches CYF's front door, we've also made progress in meeting families' needs for concrete and economic supports by newly making services available during investigation (see Executive Summary, CYF Successes). An area for continued focus and improvement is diverting families referred to CYF who only need concrete and economic supports to the network of providers that offer them *outside* of CYF. ACDHS will address this trend by continuing to ensure access to successful prevention initiatives, including Hello Baby, and providing services during investigation.

2-2a. Intake Investigations

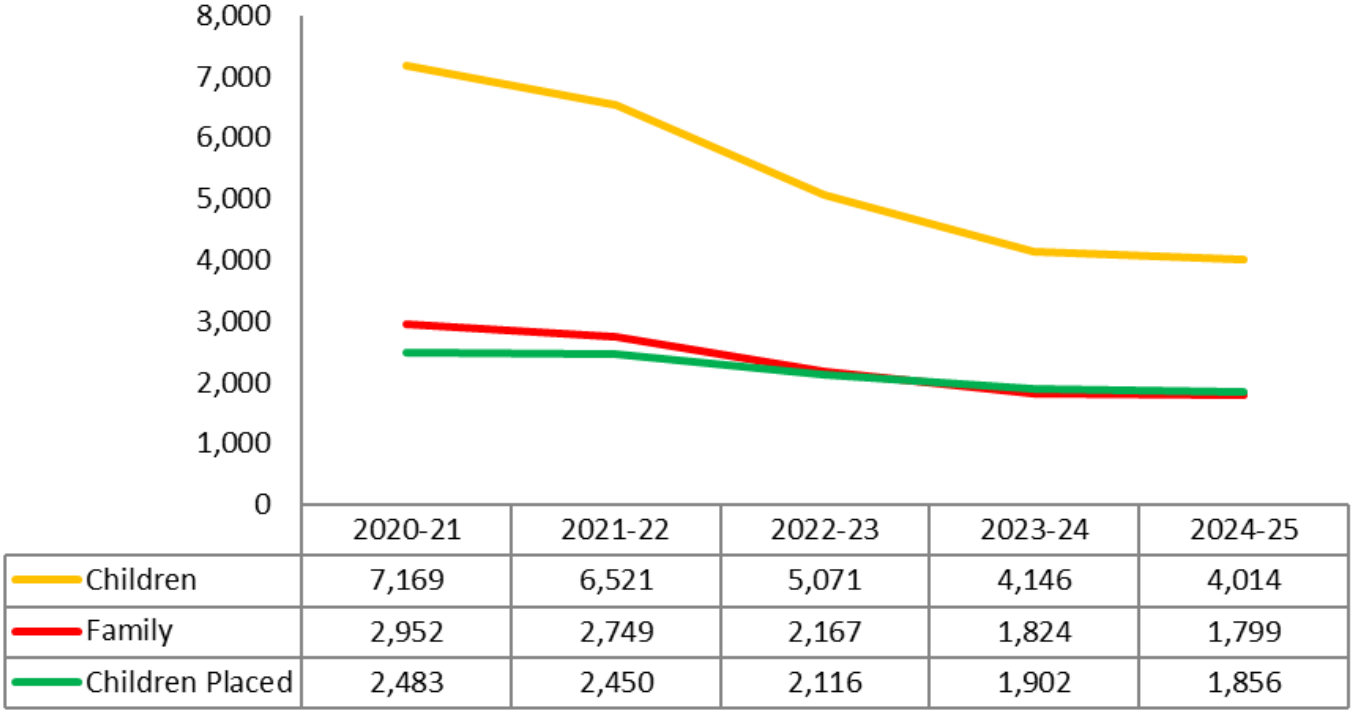


	2020-21	2021-22	2022-23	2023-24	2024-25
Children	10,046	10,196	8,859	9,622	9,841
Family	5,731	5,827	5,056	5,353	5,578

Intake investigations increased in FY2024-2025 over the prior year, driven by a continued increase in the volume of incoming referrals. As a percentage of incoming referrals, call screening rates remained similar to the prior year. In FY2024-25, about 34% of GPS referrals on new families were screened-in for investigation.

Investigations might be expected to remain stable or slightly rise in the coming fiscal years if referral volume remains stable or continue to rise. Incoming referral volume still trails the last year prior to the COVID-19 pandemic (FY2018-2019) by about 5 percent.

2-2a. Ongoing Services

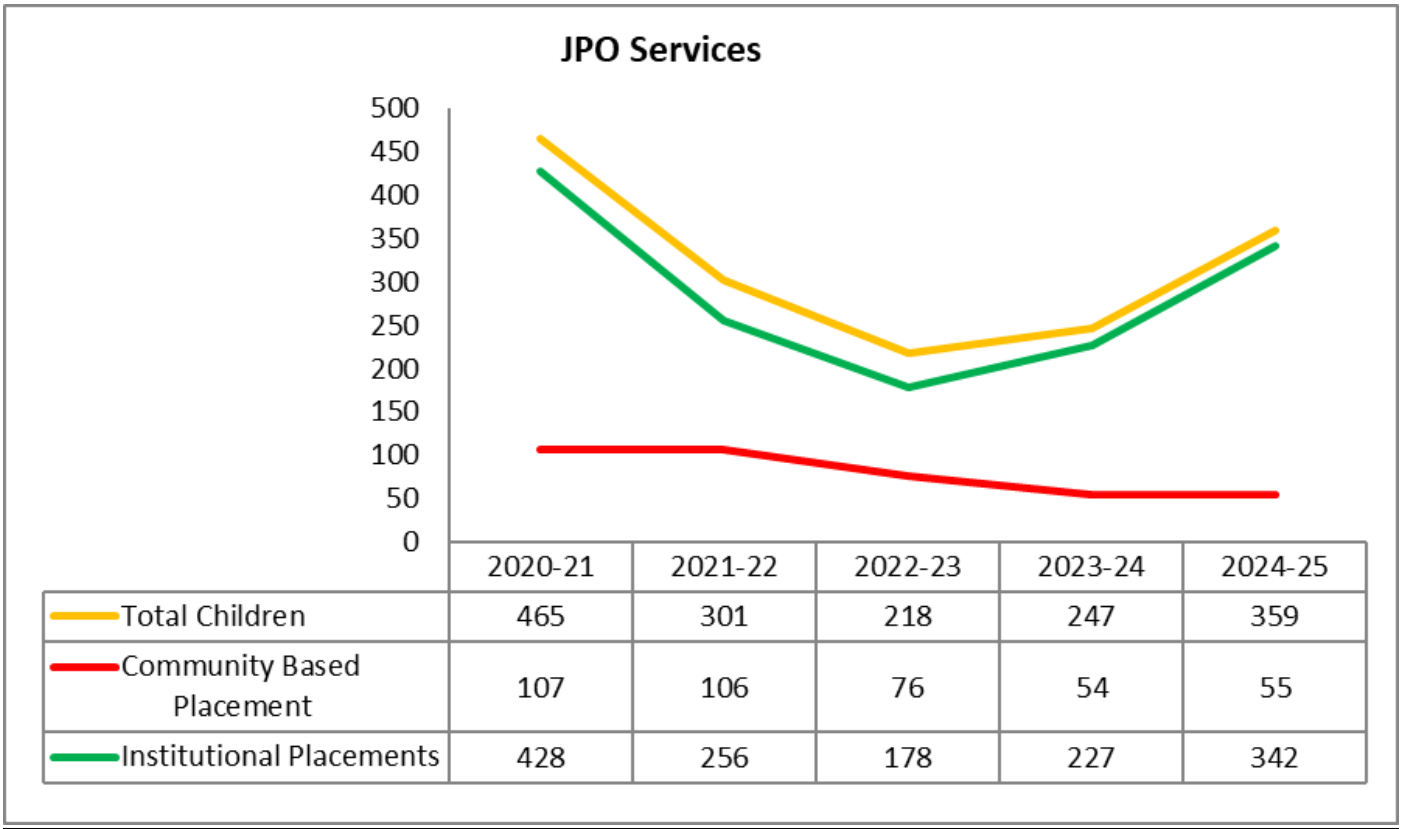


	2020-21	2021-22	2022-23	2023-24	2024-25
Children	7,169	6,521	5,071	4,146	4,014
Family	2,952	2,749	2,167	1,824	1,799
Children Placed	2,483	2,450	2,116	1,902	1,856

The number of children and families receiving ongoing services has declined steadily over the past five fiscal years, although the trendline appears to be flattening. 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 rate of acceptance for services has declined significantly. Levels of ongoing services are expected to remain stable or potentially rise slightly going forward, as incoming referral volume continues to increase.

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.

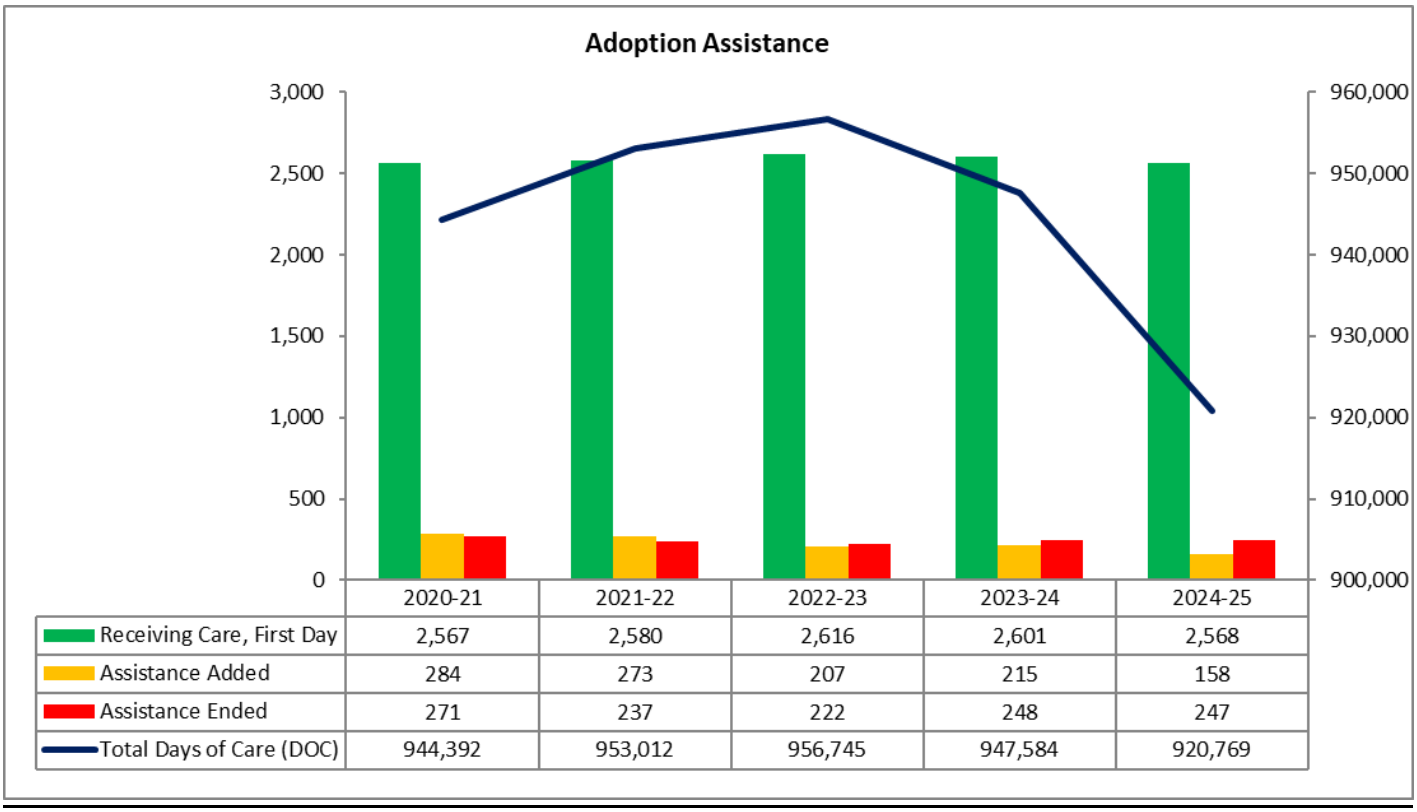
2-2a. JPO Services



	2020-21	2021-22	2022-23	2023-24	2024-25
Total Children	465	301	218	247	359
Community Based Placement	107	106	76	54	55
Institutional Placements	428	256	178	227	342

Allegheny County saw a steep reduction in the number of juveniles served by probation (where Act 148 funds are used for services) in recent years prior to FY 2023-24 and a similarly large reduction in institutional placements. However, the most recent two fiscal years have seen saw a reversal in this trend. The recent trajectory suggests that JPO activity may be expected to continue increasing into the coming year – although current counts are still significantly below longer-term historic levels (e.g., a decade ago, in FY 2014-15 there were about 1,238 juvenile served by probation).

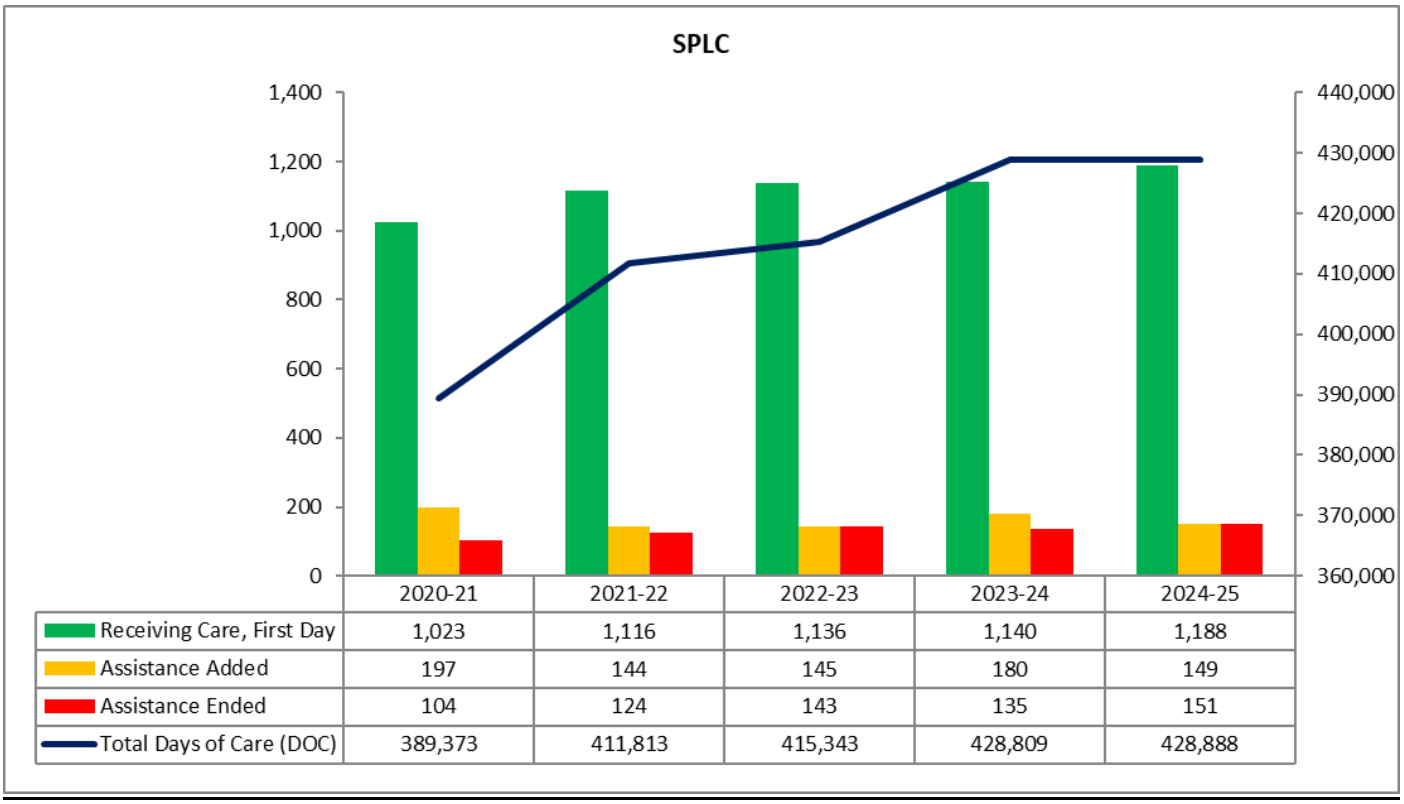
2-2b. Adoption Assistance



	2020-21	2021-22	2022-23	2023-24	2024-25
Receiving Care, First Day	2,567	2,580	2,616	2,601	2,568
Assistance Added	284	273	207	215	158
Assistance Ended	271	237	222	248	247
Total Days of Care (DOC)	944,392	953,012	956,745	947,584	920,769

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.

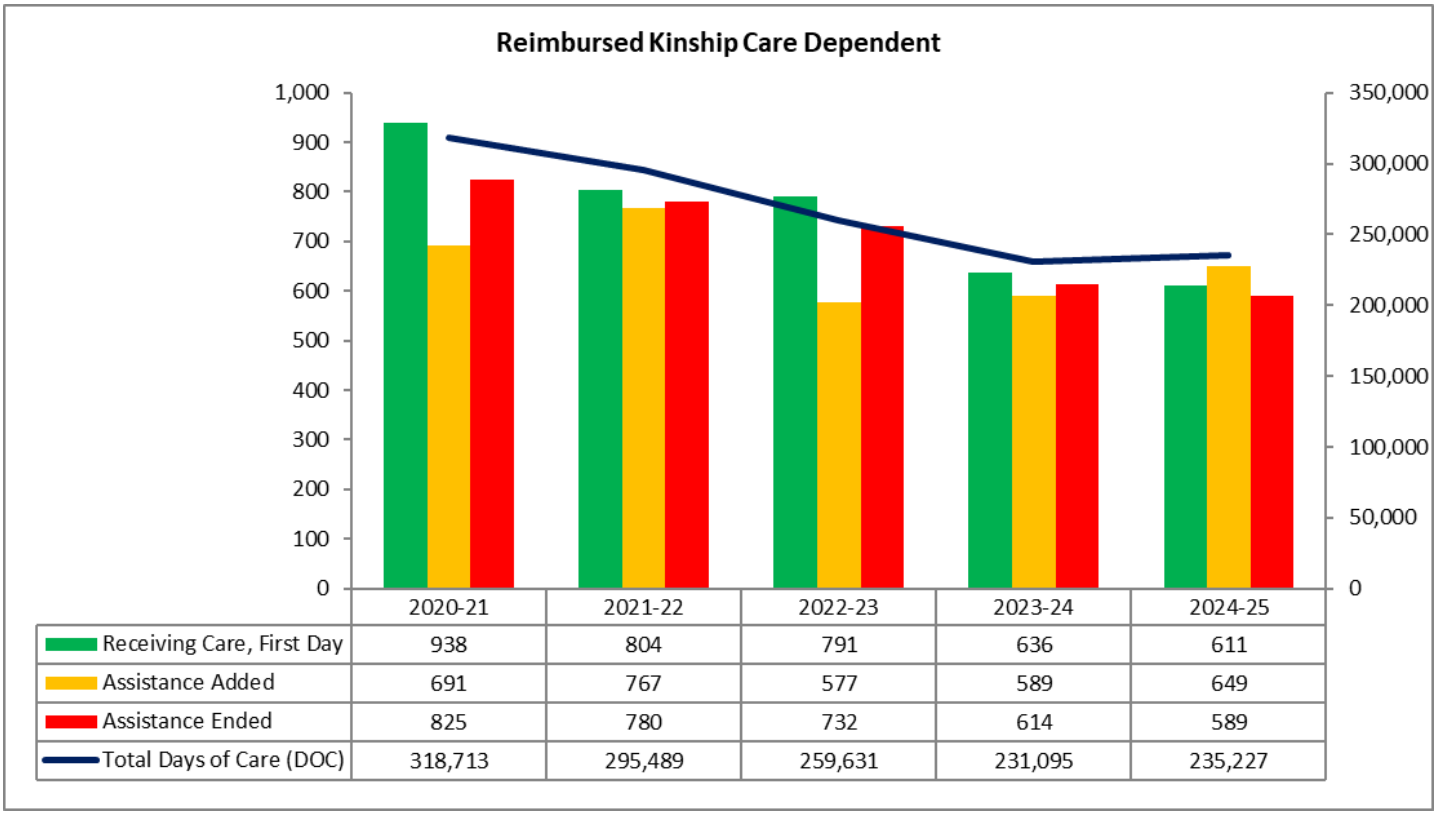
2-2c. Subsidized Permanent Legal Custody (SPLC)



	2020-21	2021-22	2022-23	2023-24	2024-25
Receiving Care, First Day	1,023	1,116	1,136	1,140	1,188
Assistance Added	197	144	145	180	149
Assistance Ended	104	124	143	135	151
Total Days of Care (DOC)	389,373	411,813	415,343	428,809	428,888

In the long-term, 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 be slowing as the child welfare placement system decreases in size.

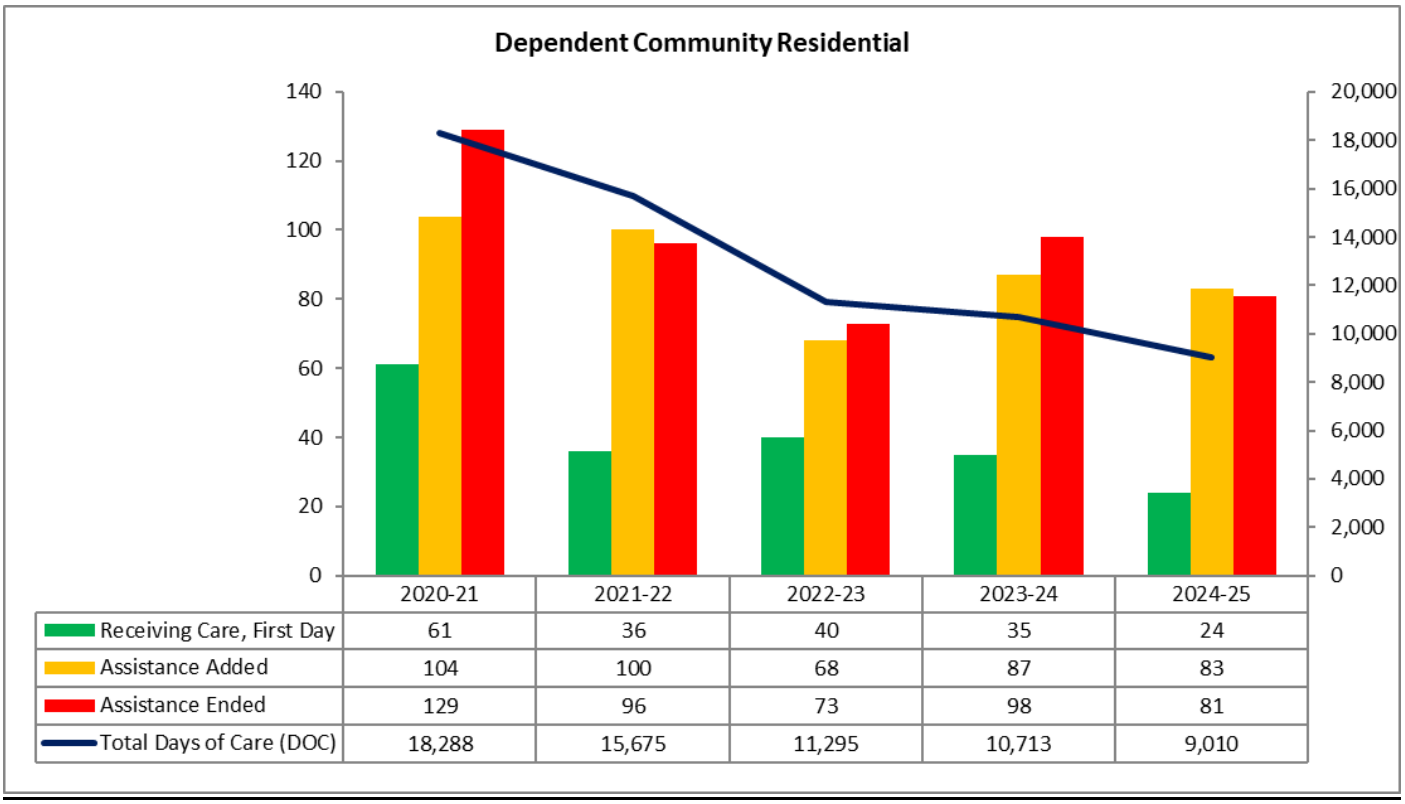
2-2d. Out-of-Home Placements: County Selected Indicator



	2020-21	2021-22	2022-23	2023-24	2024-25
Receiving Care, First Day	938	804	791	636	611
Assistance Added	691	767	577	589	649
Assistance Ended	825	780	732	614	589
Total Days of Care (DOC)	318,713	295,489	259,631	231,095	235,227

The percentage of children receiving Reimbursed Kinship Care Services and the aggregate days of care have remained high in recent fiscal years as Kinship has remained the County's most common placement care type. However, as the number of youth in care has declined, Reimbursed Kinship Care has also had a clear downward trajectory. This past year, however, children entering kinship care outpaced children exiting kinship care for the first time in a number of years – so total days of care increased slightly. ACDHS remains committed to using kinship providers whenever possible.

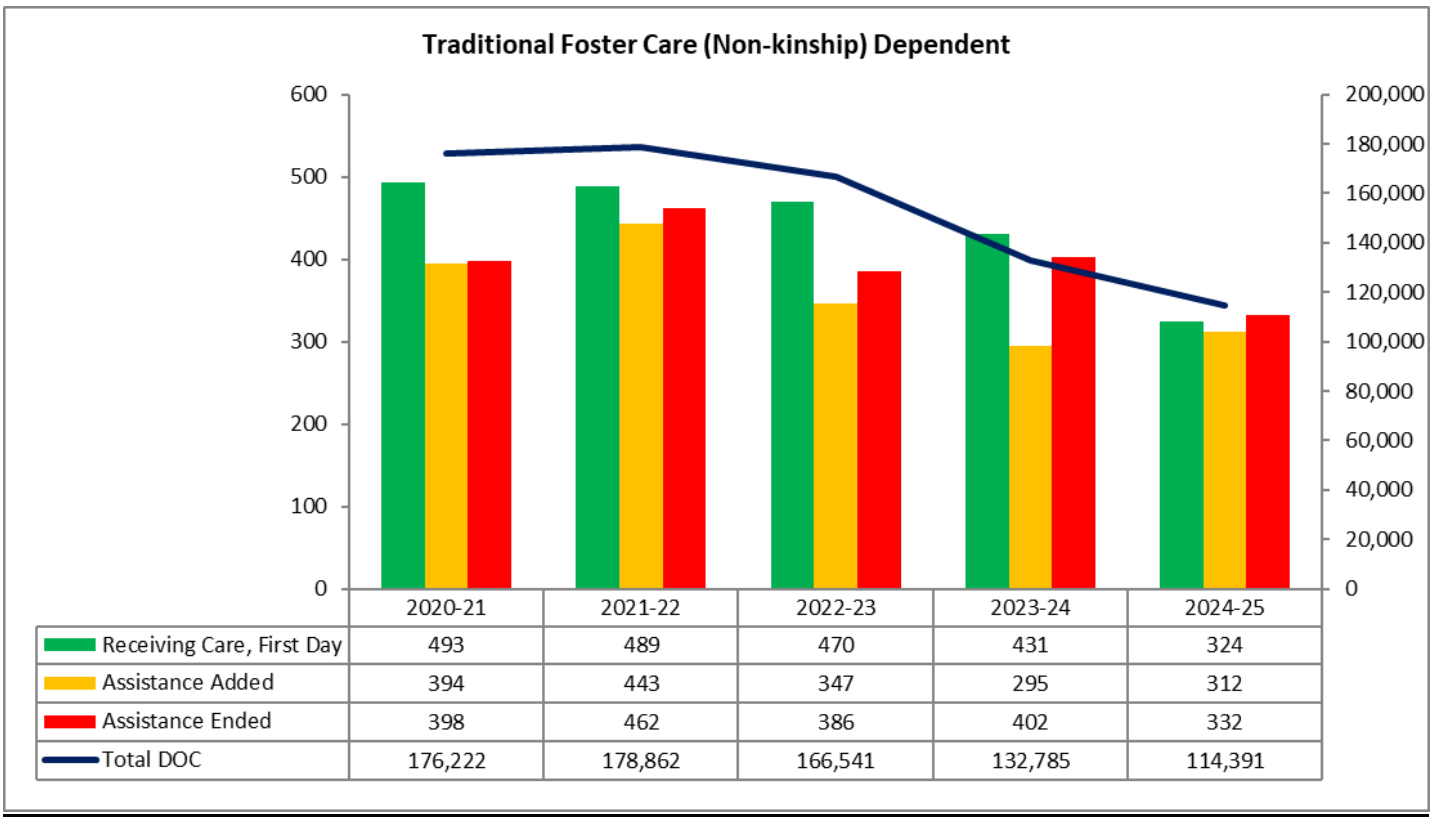
2-2d. Out-of-Home Placements: County Selected Indicator



	2020-21	2021-22	2022-23	2023-24	2024-25
Receiving Care, First Day	61	36	40	35	24
Assistance Added	104	100	68	87	83
Assistance Ended	129	96	73	98	81
Total Days of Care (DOC)	18,288	15,675	11,295	10,713	9,010

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

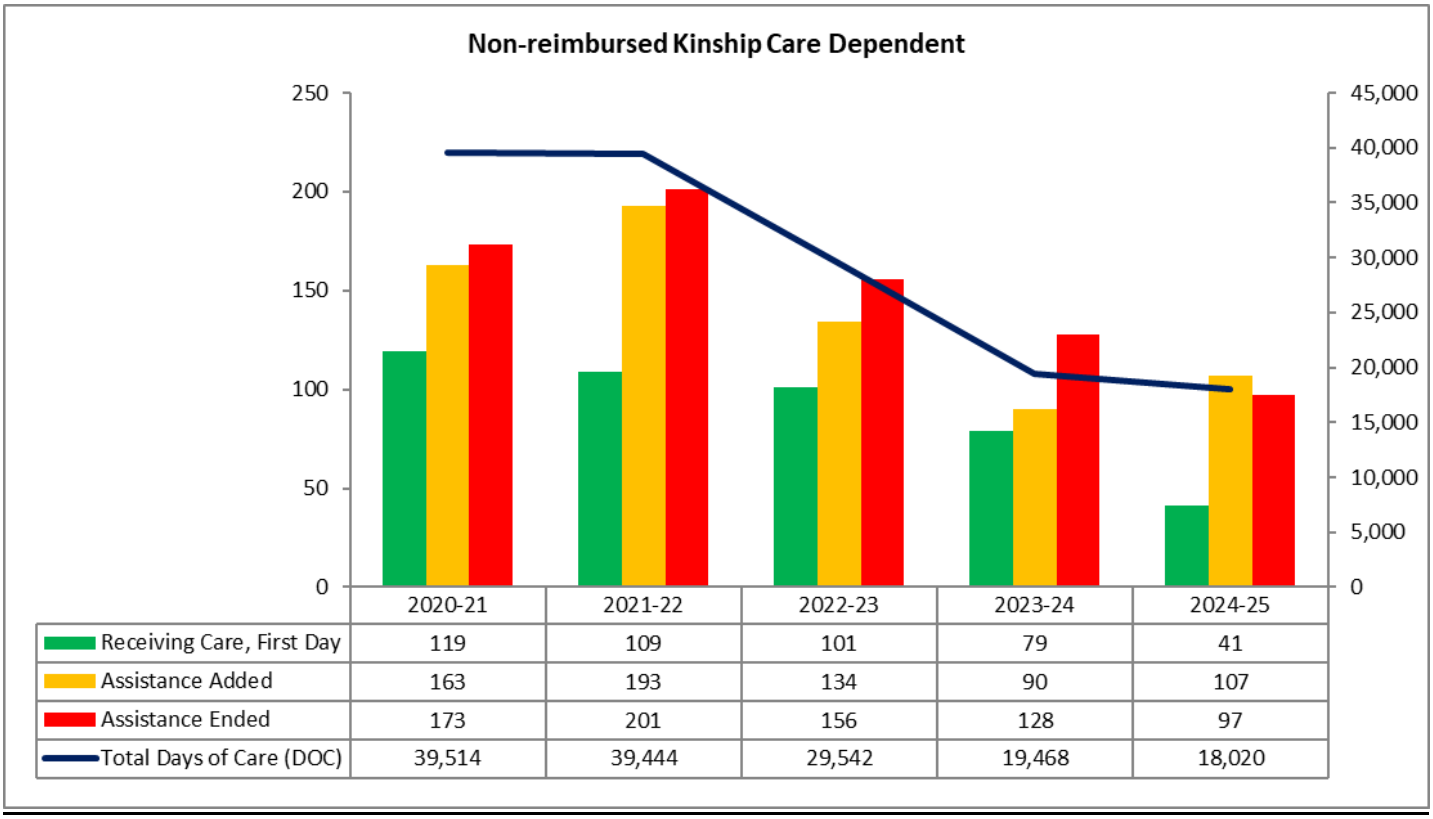
2-2d. Out-of-Home Placements: County Selected Indicator



	2020-21	2021-22	2022-23	2023-24	2024-25
Receiving Care, First Day	493	489	470	431	324
Assistance Added	394	443	347	295	312
Assistance Ended	398	462	386	402	332
Total DOC	176,222	178,862	166,541	132,785	114,391

The number of children receiving care through Traditional Foster Care Services has declined over recent fiscal years alongside the overall downward trend in placement counts.

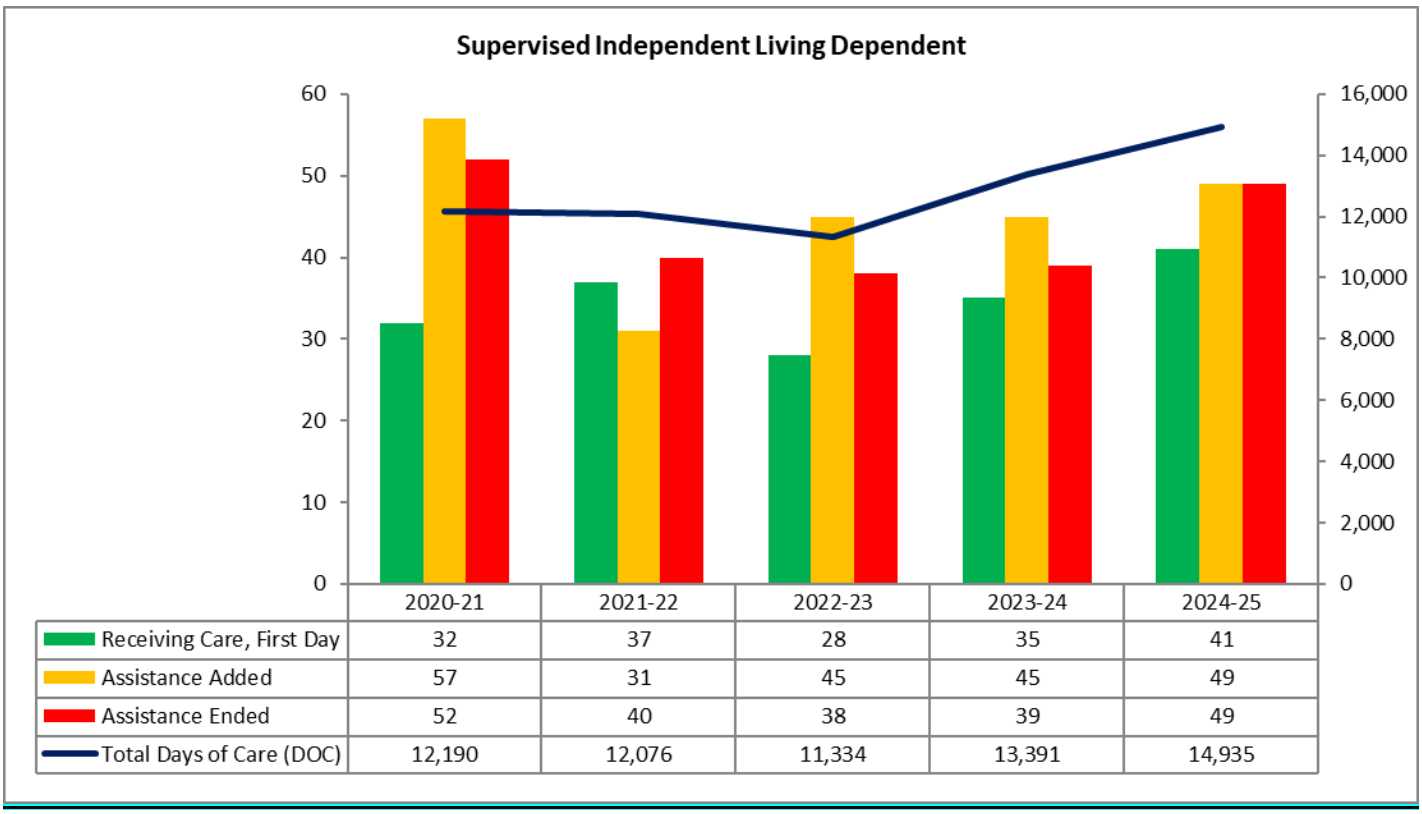
2-2d. Out-of-Home Placements: County Selected Indicator



	2020-21	2021-22	2022-23	2023-24	2024-25
Receiving Care, First Day	119	109	101	79	41
Assistance Added	163	193	134	90	107
Assistance Ended	173	201	156	128	97
Total Days of Care (DOC)	39,514	39,444	29,542	19,468	18,020

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

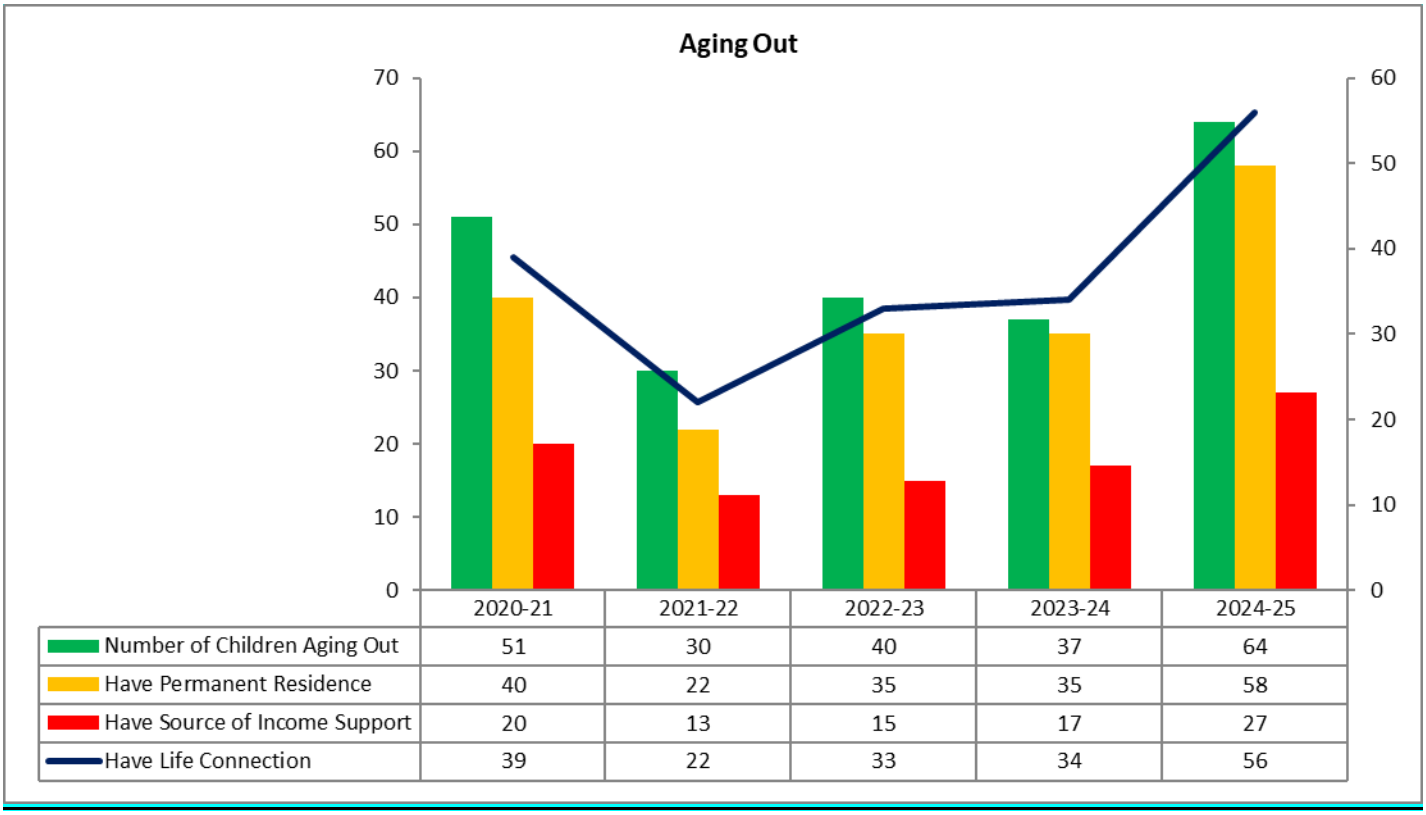
2-2d. Out-of-Home Placements: County Selected Indicator



	2020-21	2021-22	2022-23	2023-24	2024-25
Receiving Care, First Day	32	37	28	35	41
Assistance Added	57	31	45	45	49
Assistance Ended	52	40	38	39	49
Total Days of Care (DOC)	12,190	12,076	11,334	13,391	14,935

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

2-2e. Aging Out



	2020-21	2021-22	2022-23	2023-24	2024-25
Number of Children Aging Out	51	30	40	37	64
Have Permanent Residence	40	22	35	35	58
Have Source of Income Support	20	13	15	17	27
Have Life Connection	39	22	33	34	56

Aging out is an uncommon outcome of placement and the number of children aging out remains low, but increased noticeably in the past fiscal year. This trend is not expected to continue but bears monitoring.

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

2-2a. Service Trends

Indicator	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	% Change	CAGR
Intake Investigations							
Children	10,046	10,196	8,859	9,622	9,841	-2.0%	-0.5%
Family	5,731	5,827	5,056	5,353	5,578	-2.7%	-0.7%
Ongoing Services							
Children	7,169	6,521	5,071	4,146	4,014	-44.0%	-13.5%
Family	2,952	2,749	2,167	1,824	1,799	-39.1%	-11.6%
Children Placed	2,483	2,450	2,116	1,902	1,856	-25.3%	-7.0%
JPO Services							
Total Children	465	301	218	247	359	-22.8%	-6.3%
Community Based Placement	107	106	76	54	55	-48.6%	-15.3%
Institutional Placements	428	256	178	227	342	-20.1%	-5.5%

2-2b. Adoption Assistance

Indicator	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	% Change	CAGR
Adoption Assistance							
Receiving Care, First Day	2,567	2,580	2,616	2,601	2,568	0.0%	0.0%
Assistance Added	284	273	207	215	158	-44.4%	-13.6%
Assistance Ended	271	237	222	248	247	-8.9%	-2.3%
Total Days of Care (DOC)	944,392	953,012	956,745	947,584	920,769	-2.5%	-0.6%

2-2c. SPLC

Indicator	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	% Change	CAGR
Subsidized Permanent Legal Custodianship							
Receiving Care, First Day	1,023	1,116	1,136	1,140	1,188	16.1%	3.8%
Assistance Added	197	144	145	180	149	-24.4%	-6.7%
Assistance Ended	104	124	143	135	151	45.2%	9.8%
Total Days of Care (DOC)	389,373	411,813	415,343	428,809	428,888	10.1%	2.4%

2-2d. Placement Data							
Indicator	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	% Change	CAGR
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	493	489	470	431	324	-34.3%	-10.0%
Assistance Added	394	443	347	295	312	-20.8%	-5.7%
Assistance Ended	398	462	386	402	332	-16.6%	-4.4%
Total DOC	176,222	178,862	166,541	132,785	114,391	-35.1%	-10.2%
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	938	804	791	636	611	-34.9%	-10.2%
Assistance Added	691	767	577	589	649	-6.1%	-1.6%
Assistance Ended	825	780	732	614	589	-28.6%	-8.1%
Total Days of Care (DOC)	318,713	295,489	259,631	231,095	235,227	-26.2%	-7.3%
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	1,431	1,293	1,261	1,067	935	-34.7%	-10.1%
Assistance Added	1,085	1,210	924	884	961	-11.4%	-3.0%
Assistance Ended	1,223	1,242	1,118	1,016	921	-24.7%	-6.8%
Total Days of Care (DOC)	494,935	474,351	426,172	363,880	349,618	-29.4%	-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	119	109	101	79	41	-65.5%	-23.4%
Assistance Added	163	193	134	90	107	-34.4%	-10.0%
Assistance Ended	173	201	156	128	97	-43.9%	-13.5%
Total Days of Care (DOC)	39,514	39,444	29,542	19,468	18,020	-54.4%	-17.8%
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	61	36	40	35	24	-60.7%	-20.8%
Assistance Added	104	100	68	87	83	-20.2%	-5.5%
Assistance Ended	129	96	73	98	81	-37.2%	-11.0%
Total Days of Care (DOC)	18,288	15,675	11,295	10,713	9,010	-50.7%	-16.2%

Delinquent Community Residential							
Receiving Care, First Day	43	28	22	15	18	-58.1%	-19.6%
Assistance Added	55	72	50	32	35	-36.4%	-10.7%
Assistance Ended	70	78	57	29	35	-50.0%	-15.9%
Total Days of Care (DOC)	10,880	8,349	6,532	5,567	6,205	-43.0%	-13.1%

Supervised Independent Living Dependent							
Receiving Care, First Day	32	37	28	35	41	28.1%	6.4%
Assistance Added	57	31	45	45	49	-14.0%	-3.7%
Assistance Ended	52	40	38	39	49	-5.8%	-1.5%
Total Days of Care (DOC)	12,190	12,076	11,334	13,391	14,935	22.5%	5.2%

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

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

Dependent Residential Services							
Receiving Care, First Day	34	25	37	29	34	0.0%	0.0%
Assistance Added	40	57	41	48	40	0.0%	0.0%
Assistance Ended	49	45	49	43	43	-12.2%	-3.2%
Total Days of Care (DOC)	11,623	13,617	12,629	12,582	11,241	-3.3%	-0.8%

Delinquent Residential Services							
Receiving Care, First Day	83	74	60	48	76	-8.4%	-2.2%
Assistance Added	352	191	122	185	272	-22.7%	-6.2%
Assistance Ended	361	205	134	157	274	-24.1%	-6.7%
Total Days of Care (DOC)	30,866	22,267	20,425	25,734	26,289	-14.8%	-3.9%

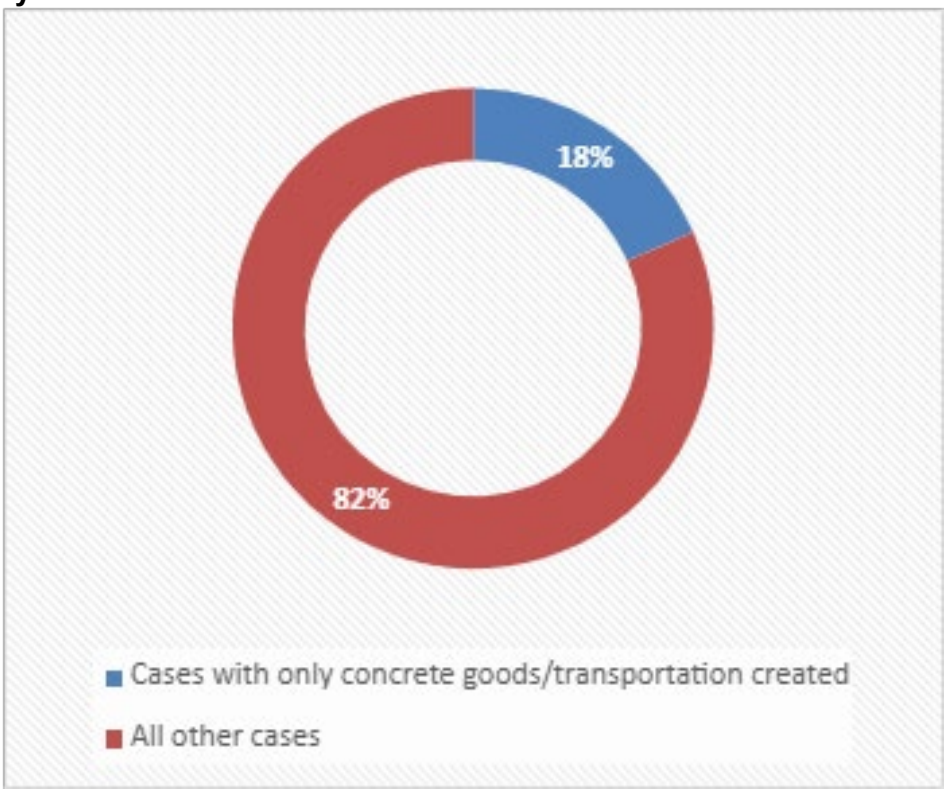
Secure Residential (Except YDC)							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

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

2-2e. Aging Out Data							
Indicator	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	% Change	CAGR
Aging Out							
Number of Children Aging Out	51	30	40	37	64	25.5%	5.8%
Have Permanent Residence	40	22	35	35	58	45.0%	9.7%
Have Source of Income Support	20	13	15	17	27	35.0%	7.8%
Have Life Connection	39	22	33	34	56	43.6%	9.5%

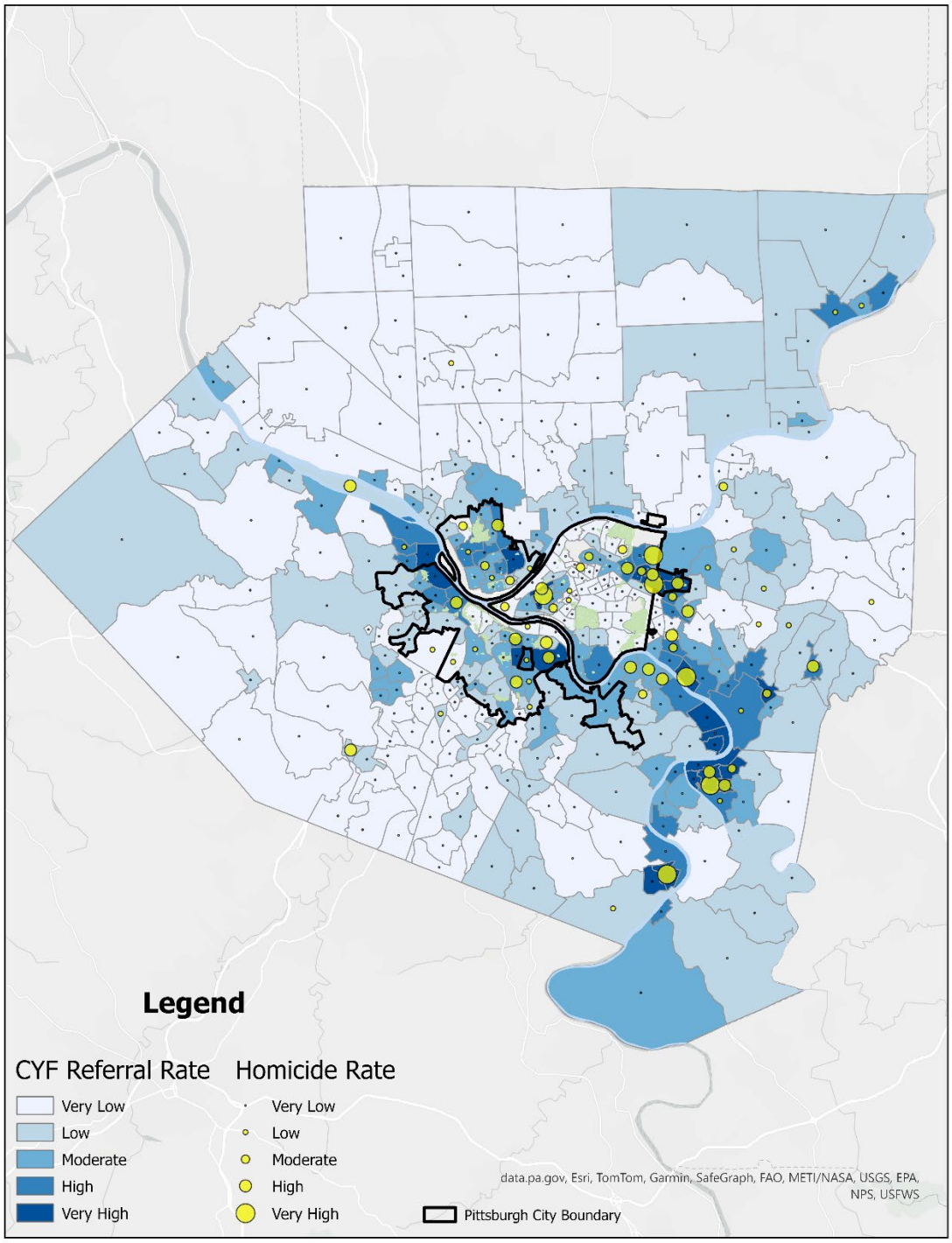
2-2g. through 2-2i. Charts

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



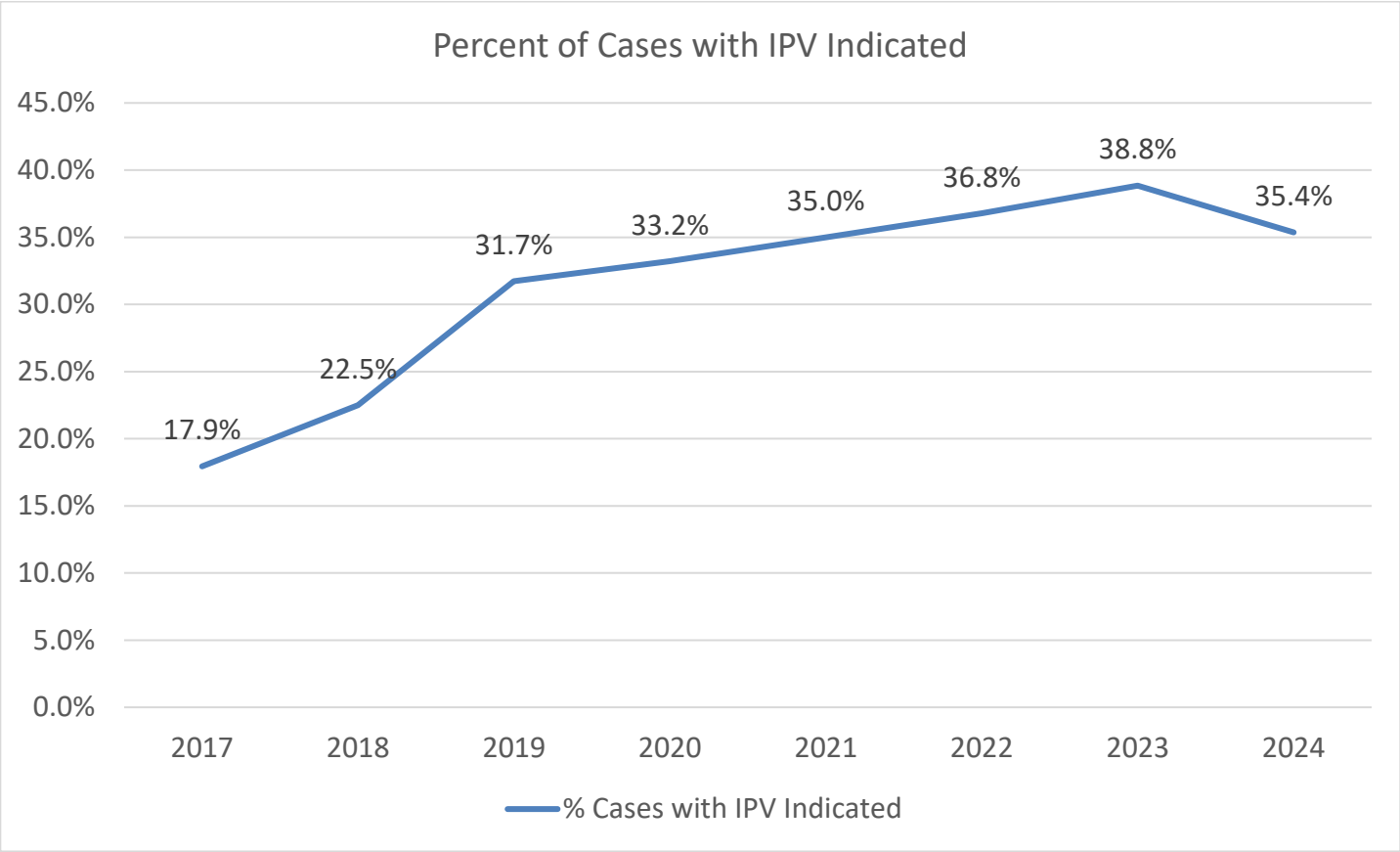
This chart demonstrates the potential for Allegheny County to further reduce the number of CYF active families through investments in primary prevention and diversion services that adequately meet families' basic needs. About 18% of non-placement CYF cases in Allegheny County open at any point in 2024 received only concrete goods or transportation passes and no other CYF services (95 cases). These families could have been best served through primary prevention and diversion services outside of the CYF system.
From FY 21-22 to FY 24-25, 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 18% (in absolute terms, from 250 cases to 95 cases).

2) CYF referral rate and homicide rate, by community (tract) in Allegheny County



This map shows that gun violence is heavily concentrated in a small number of communities in Allegheny County, and that these are *largely the same communities who are disproportionately involved in the child welfare system*. Communities shaded darkly have very high CYF referral rates compared to the rest of the County, and communities with large circles over them also have very high homicide rates compared to the rest of the County. Communities with the highest CYF referral rates also had the highest homicide rates. These highly impacted areas align with the five sites where ACDHS is funding evidence-based violence reduction programs.

3) Rising levels of Intimate Partner Violence (IPV) among CYF Cases

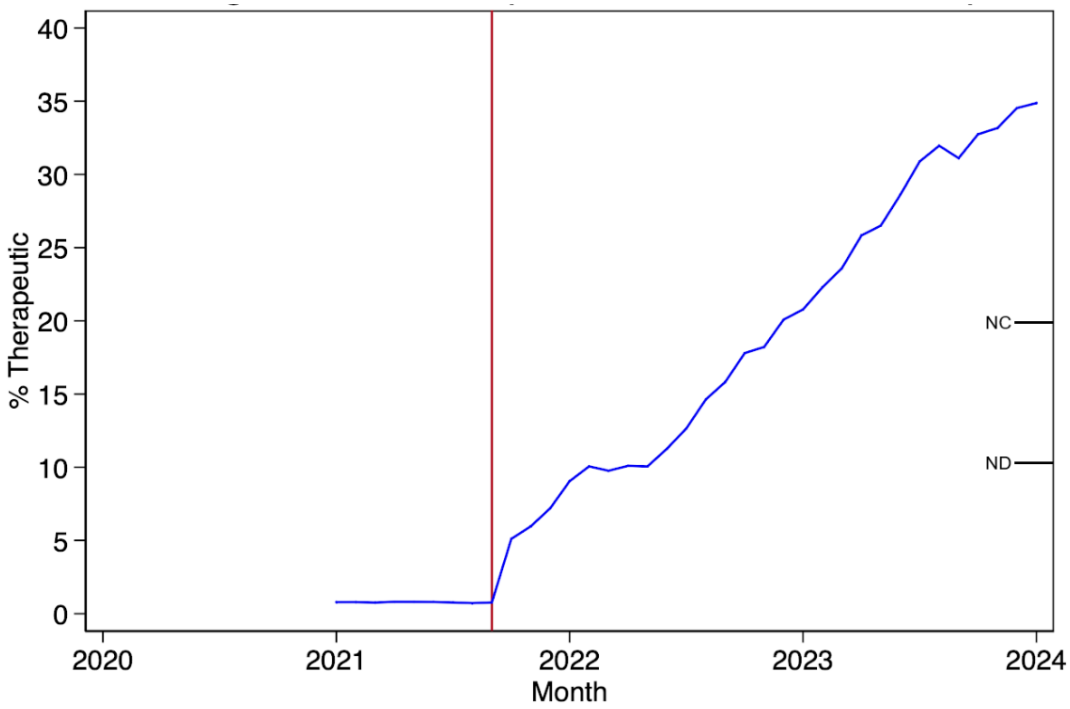


The percentage of new CYF case openings per year that have IPV in the home noted in assessments completed by the CYF caseworker increased year-over-year from 2017 to 2023, despite the overall number of new case openings decreasing. There was a slight decrease in the percentage of new case openings with IPV noted in assessments from 2023 to 2024 (38.8% to 35.4%), though the total number of these cases was slightly higher (235 to 250 cases).

In 2024 and 2025, CYF conducted 27 Act 33 Child Fatality and Near Fatality Reviews. 44% (12 out of 27) had IPV in the home before the incident, as indicated by reports, PFAs, allegations, and criminal complaints.

4) Rising demand for Therapeutic Foster Care

Percentage of non-kin foster care placements paid at Therapeutic Rate



Therapeutic Foster Care (TFC) is a vital support for meeting the complex needs of youth in a less restrictive, family-like placement option. Following 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 in caring for children with significant emotional, behavioral, and/or social needs. This approach has allowed ACDHS to place more complex youth in family-based settings. From FY 21-22 to FY 23-24, ACDHS **increased the number of youth in therapeutic foster homes by 163%**, representing 231 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

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

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

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

Child welfare trends:

The volume of incoming CYF referrals in Allegheny County has been increasing significantly for several years. Across all allegation types, the county received a total of 16,659 distinct incoming referrals in FY 2024-2025. This volume represents a 6% increase over the prior fiscal year, and is about 22% higher than FY 2020-2021's low point (13,673) – although it still trails the most recent full fiscal year *prior* to the COVID-19 pandemic (FY 2018-2019) by about 5% (17,590).

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

While referrals with CPS allegations must be investigated, investigation rates on referrals with only GPS allegations have a higher degree of discretion. For many years (from 2015 through about 2021), the rate of GPS referrals screened in for further investigation was stable at around four in ten. In FY 2022-2023, amidst rising referral volumes, this GPS investigation rate saw a sudden shift downward of about ten percentage points (from about 39% in FY 2021-2022 to 29% in FY 2022-2023). Since then, despite continued increases in referral volume, the rate of screening GPS referrals in investigation has inched gradually back upward to about 34% over the most recent fiscal year.

Unlike the investigation rate's relative long-term stability, the rate of accepting a family for CYF services at the conclusion of an investigation has been declining consistently for many years since peaking in early 2017. Among GPS investigations, over 40% were accepted for services in the early months of 2017; by comparison, about 13% of GPS investigations were opened as cases in the most recent fiscal year.

The net effect of the recent movement in these two decision points – investigation and case-opening decisions – has been that the number of open CYF cases at any given point has fallen steeply in recent years, despite the ongoing rise in incoming referral volume. On January 1, 2020, about 2,027 CYF cases were open and assigned, and by July 1, 2024, only 1,003 were (a 51% decline). However, there are signs that the decline in CYF cases has stalled or reversed. July 1, 2025, data sees 1,071 open CYF cases (a 7% increase over the prior July 1st). If incoming referral volume continues to push upward, it seems possible that CYF cases downstream may start to increase as well in the next fiscal year and beyond.

JPO trends:

Allegheny County JPO reduced placements by 22% in FY 24/25, with only 136 placements out of the 1,552 referrals received.

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

CYF changes:

The declines in the number of children and youth served or in care are attributable to a **focus on accepting for service only those youth for whom risk and safety factors warrant it**; 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. Meeting a family's needs quickly can prevent a hardship from escalating into a crisis. Therefore**, ACDHS began offering services—such as in-home support, transportation, and concrete goods—during the investigation phase** starting in 2023. In FY 24-25, 1,759 families received help during an investigation. The impact was significant: 78% (1,383 families) avoided case opening altogether. Even when cases were opened, early service delivery made a difference: 57% (376 of 666 cases) had needed supports in place sooner, giving children and parents a stronger foundation for success. By preventing unnecessary case openings and accelerating support for those that remain, this proactive approach reduces risk, minimizes system involvement, and keeps more children safely with their families.

JPO changes:

Allegheny JPO started utilizing the First Match tool in November 2024 on Detention cases. The FirstMatch tool will utilize a youth's physical, psychological, emotional and risk assessment information to produce an Integrated Assessment Summary that can be used by the youth's probation officer for case planning, by the court for continuity of care and by treatment providers for treatment planning for that youth. In time, with a sufficient amount of quality data, it is expected the FirstMatch tool will be able to

provide a level of care recommendation through the use of predictive analytics software, which includes a trained algorithm, by synthesis of the following data: demographic data, clinical information, assessment data and Return to Detention (RTD) data. Following the application of a machine learning model, the Integrated Assessment Summary will include a recommended level of care for the youth's post-detention placement in order to assist probation officers in making an appropriate treatment recommendation. By ensuring youth receive the appropriate level of placement and continuity of care post-detention, they will experience reduced trauma, improved program completion, decreased cost and reduced recidivism.

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

CYF youth in congregate care settings:

In FY 2024-25, 7% of children in out-of-home placement had at least one stay in congregate care; 125 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, 1856 children were in care this fiscal year.

The table below provides characteristics for children and youth placed in congregate care in FY 2024-25, compared with their counterparts in Foster and Kinship Care placements.

	Congregate Care (n=125)	**Foster Care (n=596)**	**Kinship Care (n=1266)**
Age Group			
Less than 1 yr	0%	18%	13%
1-3 yrs	0%	24%	18%
4-6 yrs	0%	13%	14%
7-9 yrs	2%	11%	12%
10-12 yrs	8%	11%	11%
13-15 yrs	56%	12%	15%
16-18 yrs	31%	9%	14%
19 yrs or older	3%	2%	2%
Race			
African American	56%	46%	49%
Other Single Race Identified	1%	1%	0%
Two or More Races Identified	10%	13%	14%
Unknown	6%	4%	4%
White	27%	36%	33%
Sex			
Female	45%	50%	50%
Male	55%	50%	50%
Other	0.0%	0.0%	0.0%

An analysis of services received in FY 2024-25 shows that 70% of the 125 children in congregate care received outpatient mental health services and 38% received mental health crisis intervention services.

Office	**Cost Center**	**Count**	**% of Congregate Care Clients**
MH	Outpatient	88	70%

MH	Mental Health Crisis Intervention	48	38%
MH	Â Unclassified	46	37%
MH	Psychiatric Inpatient Hospital	30	24%
MH	Not yet defined in DW	20	16%
MH	Administrative Management	20	16%
MH	Family-based Mental Health Services	15	12%
DA	Outpatient	10	8%
MH	Targeted Case Management	9	7%
MH	Partial Hospitalization	9	7%
MH	Community Residential Services	7	6%
DA	Inpatient Non-hospital Treatment and Rehabilitation	4	3%
MH	Emergency Services	3	2%
MH	Family Support Services	1	1%
DA	Intensive Outpatient	1	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, acute stress reaction, depressive disorder, adjustment disorder, and conduct disorder.

Diagnosis	**Count**	**% of Congregate Care Clients**
DX Deferred	41	33%
ADHD	40	32%
Acute Stress RX	37	30%
Depressive D/O	37	30%
Adjustment D/O	36	29%
Conduct D/O	25	20%
Oppositional Defiant	21	17%
Autism Spectrum D/O	14	11%
Cannabis	11	9%
Maj Depression	10	8%
Anxiety Disorder	8	6%
Bipolar D/O	7	6%
Bord Pers D/O	3	2%
Other	2	2%
Alcohol	1	1%
ID	1	1%
Inhalants	1	1%
Org Mental D/O	1	1%
Unspec Psychosis	1	1%

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

JPO youth in congregate care settings:

All juveniles placed into residential care (136) scored as moderate risk, high risk or very high risk according to the YLS. Only 3 of the 16 placements of sex offenders included an override, even though they usually score low due to the YLS not measuring the risk to sexually reoffend. A review of the 136 juveniles placed into residential care in FY 24/25 shows that the majority of cases changed this year to be 17 years old at the

time of placement (51 cases); other cases include one twelve-year-old, one thirteen-year-old, 12 fourteen-year-olds, 21 fifteen-year-olds, 31 sixteen-year-olds, 14 eighteen-year-olds, four nineteen-year-olds and one twenty-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, 17 were white, 114 were African American, four were Asian, and one was Hawaiian; eight were females and 128 were males; with two male youth identified as LGBTQ. Of the 136 youth placed, 45 youth or 33% were identified with learning disabilities. Lastly, looking at the data related to residential placement, we can see 65 youth re-entered placement; 41 of the 65 placements were re-entering placement for a second placement episode, 13 were for a third episode, seven were for a fourth episode, and three were for a fifth episode during FY 24/25. 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 of these juveniles had a mental health diagnosis (6 with Autism) when entering placement.

Lastly, during the FY we had 48 total youth detained at GJR Detention with an average length of stay of 28.3 days (46 total admissions), 215 total distinct youth detained at Highland Secure Detention with an average length of stay of 14.5 days (259 admissions), 18 total distinct youth detained at Jefferson County Detention Center with an average length of stay of 23.4 days (18 admissions), 132 total distinct youth detained at Manor Secure Detention Center with an average length of stay of 24.3 days (136 admissions), and 19 total distinct youth detained at Middlecreek Secure Female with an average length of stay of 25.3 days (21 admissions). It should be noted that these are total juveniles in the facilities, and many of these males were transferred from Highland to another facility during their detention episode. Transfers are not ideal for juveniles; however, in order to ensure bed space, they have become a necessity. The vast majority of these admissions were for firearm-related offenses, often a second or third firearm-related offense. 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.

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

CYF service and treatment needs:

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

- outpatient mental health services
    - including therapies such as CBT, TF-CBT, and family therapy
- mental health crisis intervention services
- psychoeducation for the child and family
- parent training in behavior management
- aftercare to ensure continued access to treatment after exit

JPO service and treatment needs:

Children in detention have a high level of need for:

- community violence interruption efforts, due to the high level of firearm offenses
- outpatient mental health services
    - including therapies such as CBT, TF-CBT, and family therapy
- mental health crisis intervention services

- psychoeducation for the child and family
- parent training in behavior management
- aftercare to ensure continued access to treatment after exit

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

CYF Process:

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 that 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** – guides the day-to-day practices of staff from JPO and CYF when working with youth involved with both agencies.
- **Permanency Practice Guideline** – guides staff on the importance of ensuring that every youth who enters care maintains family connections, is involved in family search and engagement and receives the support necessary for transitioning from congregate care into a family setting.
- **Preplacement conference** – policy and procedure for team decision-making around which placement (if any) is in the child's/children's best interest
- **Rapid Response Team** – high-level multisystem team convened to assist children and youth who have complex needs but are struggling to have those needs met within the existing array of services within the various systems (OBH, OID, JPO, CYF); this team reviews system barriers and develops recommendations for improvement.
- **The CYF Business Office** has instituted new processes for submission and review of program and fiscal justification for any new placement programs or new placements, which are reviewed and approved by the CYF Director. All new programs and placements are reviewed for need and funding availability.

CYF takes a team approach to decision-making. An office team—including a clinical manager, regional office director, caseworker, supervisor, and regional office support staff—holds an internal meeting to discuss the assessment of a child's safety and 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.

JPO process:

The County's use of residential placement is a 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 that 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, that there are times when 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 of these offenses include arson, sexual offenses, and firearms-related offenses. Residential care ensures the safety of the community while the juvenile is receiving appropriate services.

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

CYF's resource allocation:

Allegheny County's resource allocation plan is developed with the projected 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, strengthen supports for kinship caregivers, expand placement settings for youth with complex needs, and provide additional resources for adoption and PLC subsidies for youth finalized at the new higher Kinship and foster care rates.

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

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

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

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

JPO's resource allocation:

The County's current resource allocation is not appropriate to address projected needs, especially for youth with complex needs.

Although JPO works collaboratively with Juvenile Justice Related Services (JJRS) and the mental health system for assistance in coordinating and referring to appropriate mental health services, **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.

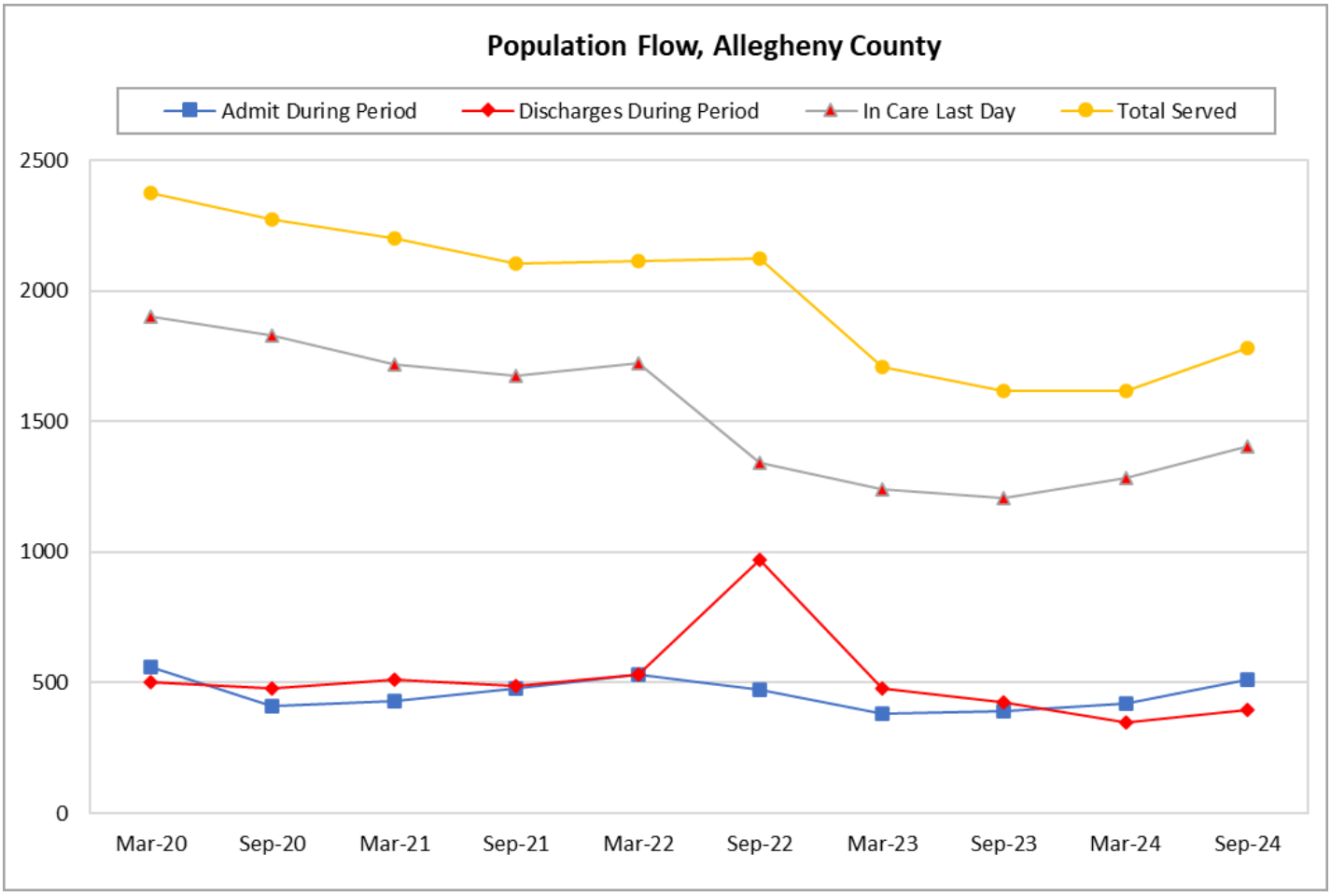
We continue to see a lack in the availability of voluntary adolescent juvenile drug and alcohol inpatient treatment, outpatient treatment, and other community-based interventions tailored to the needs of this population; however, Gateway opened a new inpatient program in May 2025 that is only available through personal insurance. Because of the limited resources, juvenile probation has been left with no option other than to place juveniles in a delinquent facility to focus on drug and alcohol treatment when voluntary inpatient treatment would have been more appropriate for said juvenile. Inpatient treatment, **outpatient treatment, and other community-based interventions tailored to the needs of this population** are greatly needed for our adolescent substance abusers. We currently have only one voluntary inpatient option for boys and girls that just opened in May 2025. We also do not have an in-person intensive outpatient program for juveniles. Most of the juvenile providers only offer virtual meetings, which are ineffective with juveniles who continue to abuse drugs and alcohol daily.

Over FY 24/25, **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 an increased risk of recidivism.

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 a lack of staffing and inexperienced staff working within their facilities. Allegheny County JPO committed 17 juveniles to a YDC facility, which was a decrease of 45% and an increase of 12 juveniles to the YFC program of 58%. Due to the 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 year, it has 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.

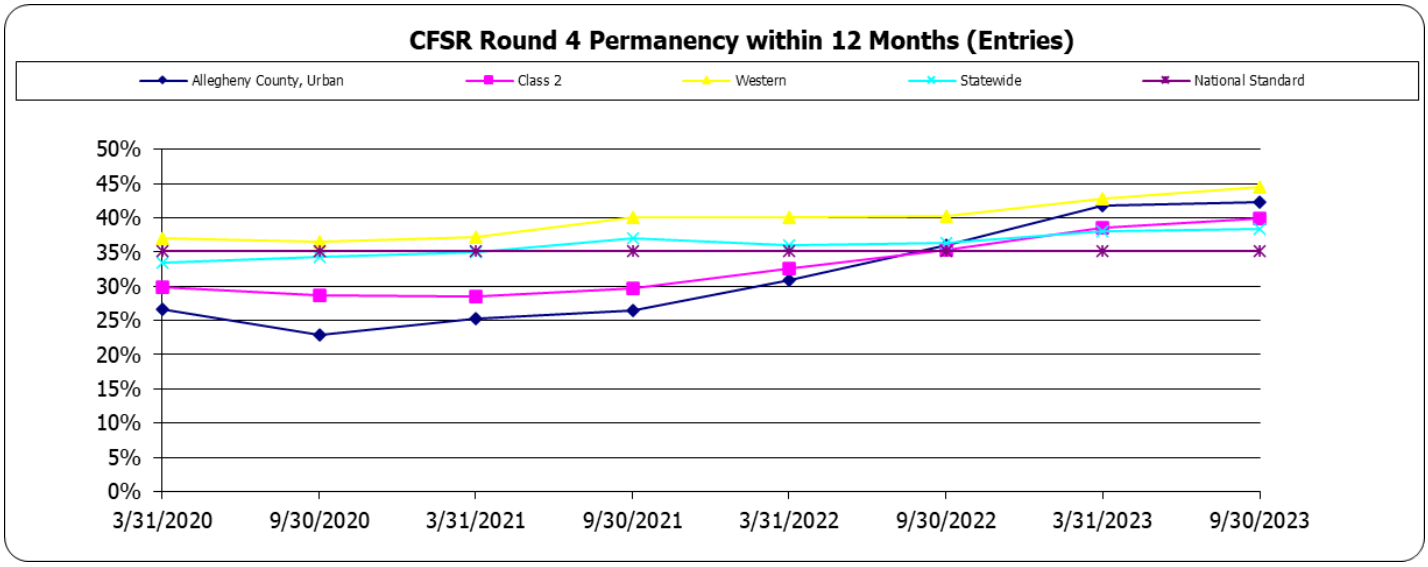
2-3a Population Flow

Insert the Population Flow Chart



2-3b Permanency in 12 Months (Entry)

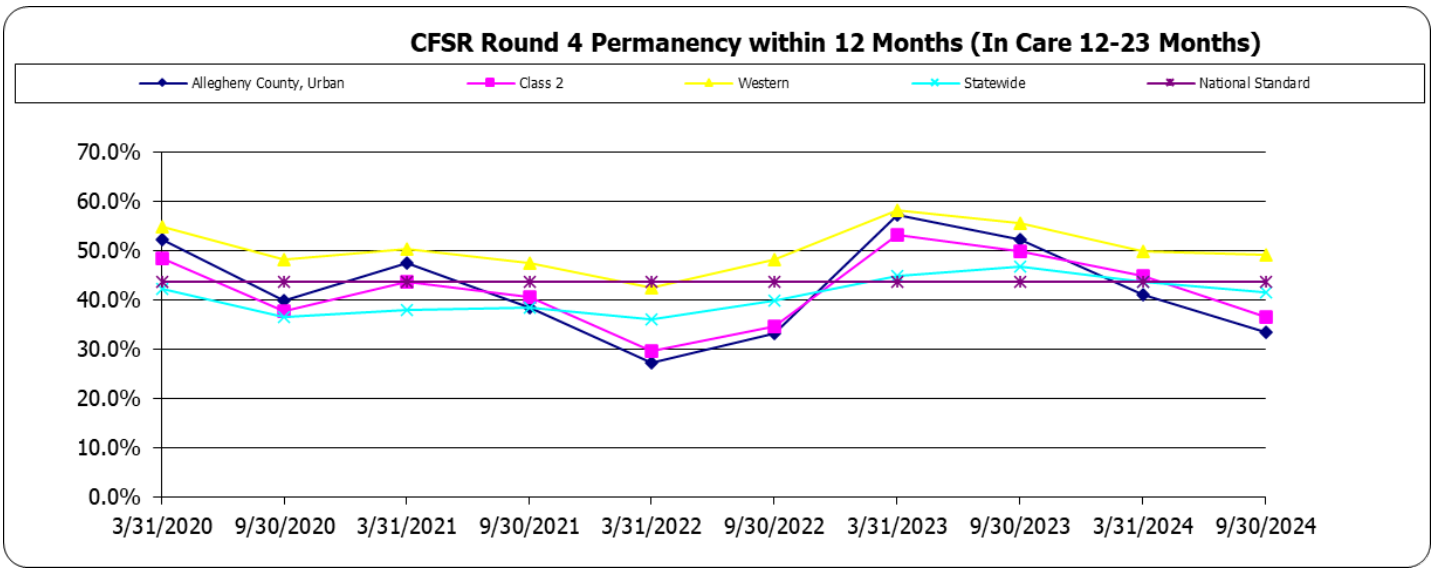
Insert the Permanency in 12 Months (Entry) Chart



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

- ❑ Does the county meet or **exceed** the national performance standard?
  Allegheny County exceeds the national performance standard with 42%.

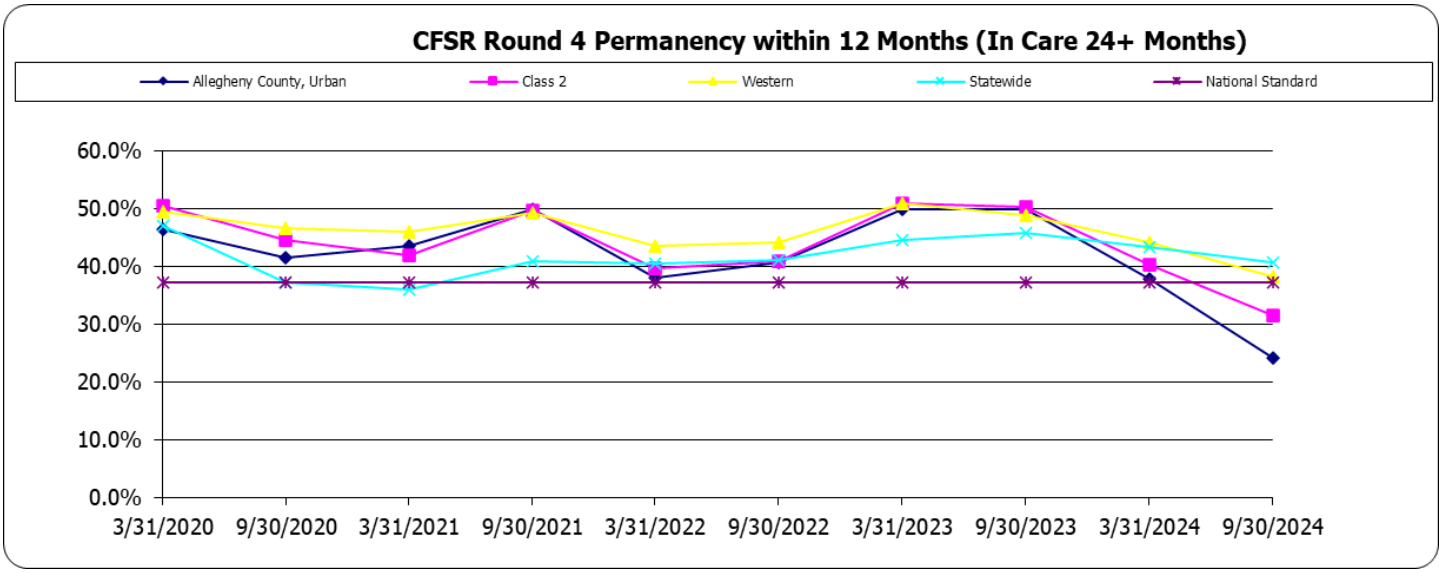
2-3c. Permanency in 12 Months (in care 12-23 months)



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

- ❑ Does the county meet or exceed the national performance standard?
  Allegheny County did not meet the national performance standard (33.5%).

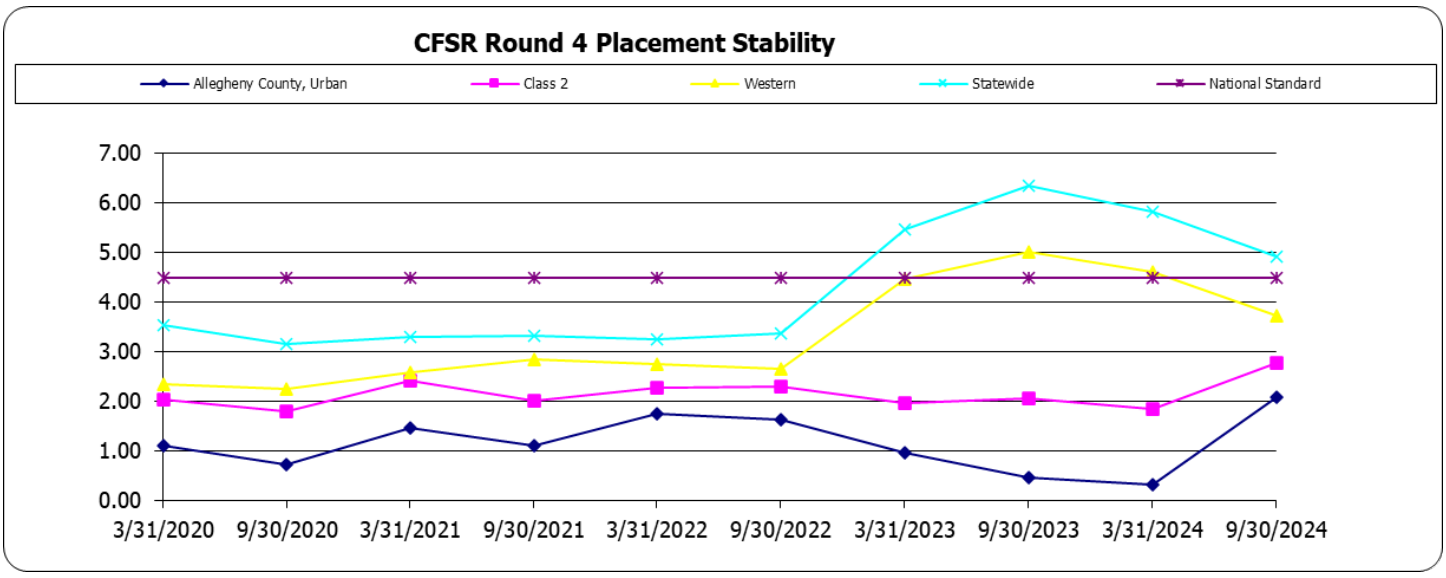
2-3d Permanency in 12 Months (in care 24 Months)



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

- ❑ Does the county meet or exceed the national performance standard?
  Allegheny County did not meet the national performance standard (24.2%).

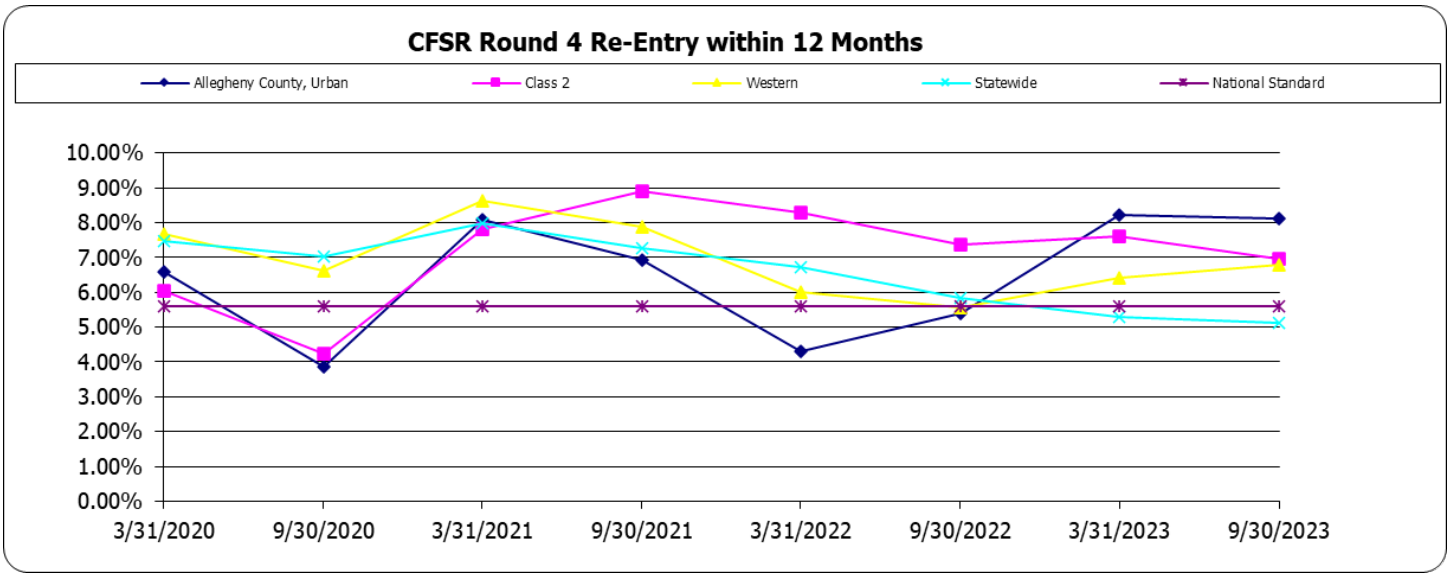
2-3e Placement Stability (Moves/1000 days in care)



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

❑ Does the county have less placement moves than the national performance standard?
Allegheny County exceeds the national performance standard (2.08 moves).

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



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

❑ Is the county's re-entry rate less than the national performance standard?
Allegheny County did not meet the national performance standard (8.1%).

2-4 Program Improvement Strategies

1. ANALYSIS

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

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

Re-entry within 12 months: Allegheny County's performance was worse than the national performance standard of 5.6% with 8.1% of children re-entering within 12 months of exit. When examining Allegheny County's re-entry rate, it appears that a large proportion of the re-entry rate consists of youth who are JPO-involved. Children who were not involved in JPO had a re-entry rate of 4.5%, while youth who were involved with JPO had a re-entry rate of 35.6%. JPO involvement may partially explain the large differences in re-entry rates by sex: 10.2% for males and 5.5% for females. Among males, 18% were JPO-involved, while only 3% of females were. After analyzing only CYF-involved children, the re-entry rate for males and females is 4% for females and 5% for males.

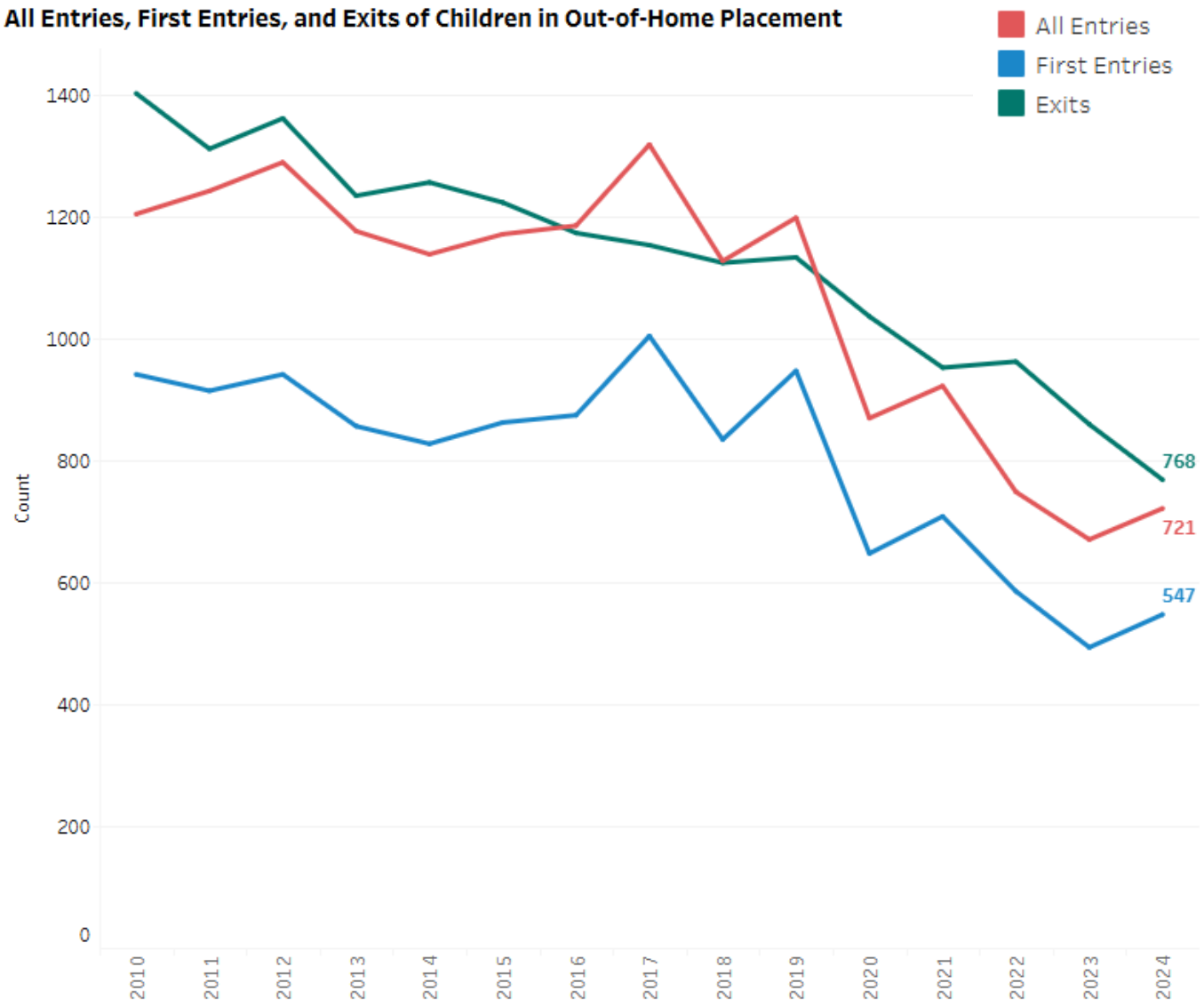
In addition, there are large differences by race, with Black children having a re-entry rate of 10.6% while White children had a re-entry rate of 4.3%. There are large differences by race in the percentage of children who are JPO involved: 15% of Black children compared to 7% of White children. However, JPO involvement does not fully explain the differences in re-entry rate by race. After analyzing only CYF-involved children, a large gap remained in the re-entry rate for Black children (7%) compared to White children (1%).

Permanency in 12 months, among children in care 12-23 months: Allegheny County did not meet the national performance standard of 43.8%. Allegheny County's rate was 33.5%. This measure was highest among children who were 10-12 years old (50%) and lowest among children 0-1 years old (26%). There were also disparities by race, with 40.2% of White children versus 27.8% of Black children exiting to permanency within 12 months. By sex, males had a lower rate of permanency (27.2%) versus 40.8% for girls. Unlike the re-entry measures, this is not as influenced by JPO status because so few JPO placements are more than 12 months.

Permanency in 12 months, among children in care 24 months or more: Allegheny County did not meet the national performance standard of 37.3%; Allegheny County achieved 24.21%. The best outcomes were for children 2- 4 years old (41.1%) and the lowest for children 16-17 years old (15.6%). There were also differences by race, with 31.4% of White children exiting in 12 months compared to Black children exiting in 12 months (21.0%).

A consideration for both of these measures is that the number of children in out-of-home placement has been declining over the last several years (see chart below from Allegheny County's public dashboard, 'Child Welfare Placement Dynamics'[40]. Among children who do enter placement, it is reasonable to expect that these families face more complex challenges, which can result in a longer time to permanency.

40 https://tableau.alleghenycounty.us/t/PublicSite/views/AlleghenyCountyChildWelfarePlacementInformation/PlacementDynamics_1?iframeSizedToWindow=true&%3Aembed=y&%3Adisplay_spinner=no&%3AshowAppBanner=false&%3Aorigin=viz_share_link&%3Aembed_code_version=3&%3AloadOrderID=0&%3Adisplay_count=no&%3AshowVizHome=no



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

Permanency in 12 months, among children in care 24 months or more: The top three reasons for out-of-home placement were a caretaker's drug use, neglect, and physical abuse. The number of children removed due to those reasons also increased in the most recent period.

Permanency in 12 months, among children in care 12-23 months: The top three reasons for out-of-home placement were neglect, caretaker's drug use, and caretaker's significant physical or emotional impairment. The number of children experiencing caretakers' significant physical or emotional impairment sharply increased from 28 in the previous reporting period to 49 in the current period.

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

Re-entry within 12 months: Children involved with JPO tended to have much higher re-entry rates. The services provided to children and families involved in JPO are extremely different. Children involved in

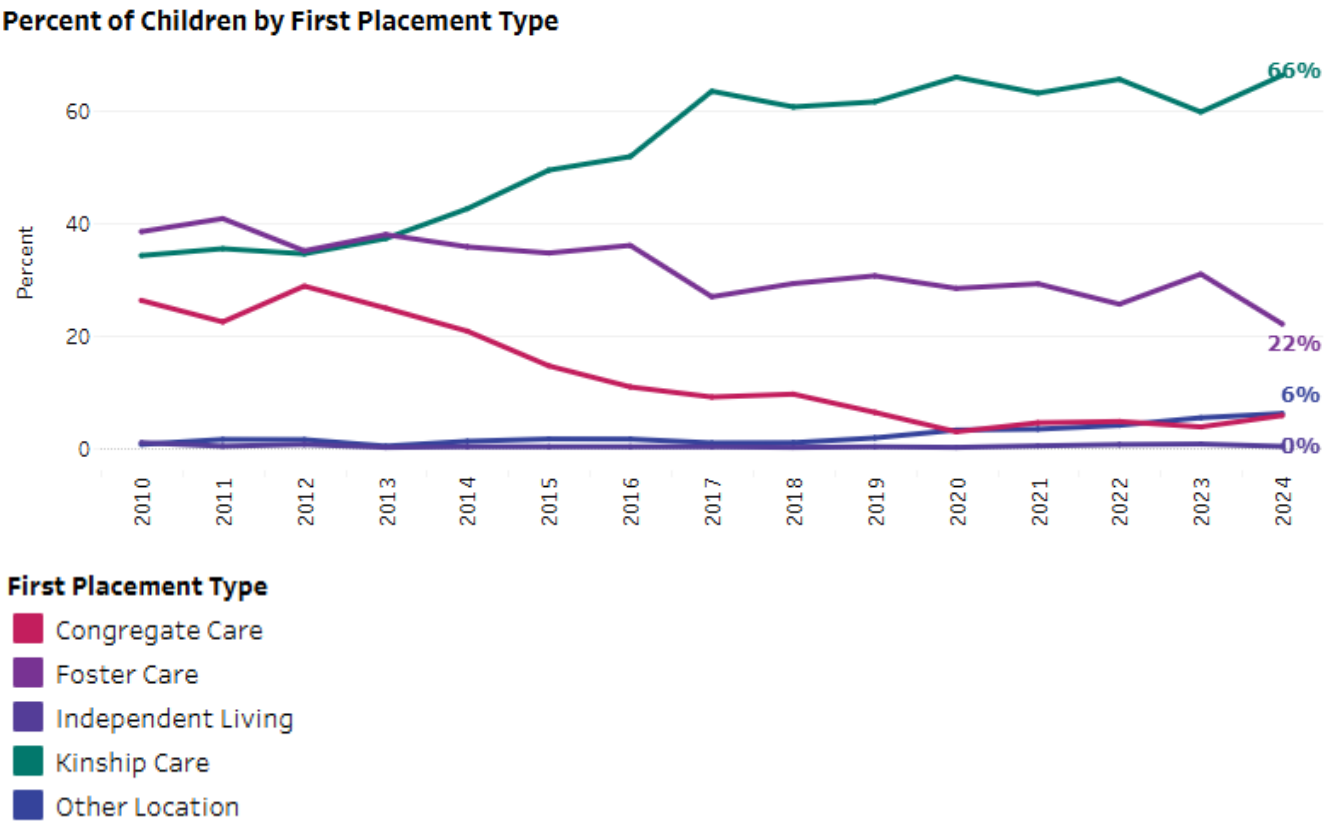
CYF receive services and support related to stabilizing the family and improving parenting skills. In JPO, the focus is on the child and services after placement are directed toward decreasing the chance of re-offending. Some children had both JPO and CYF involvement, while others had only JPO involvement.

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

Permanency in 12 months: Among children who exited within 12 months (this is a measure where Allegheny County exceeded the national performance standard), a larger share of children in care for 12 months were removed due to child behavior problems (19%) compared to children who had been in care 12-23 months (9%) and a smaller share of children in care for 12 months had been removed for caretaker drug use (25%) compared to 31% of children in care 12-23 months. It is possible that some reasons for removal are easier to resolve than others.

e. Are there differences in the initial placement type?

As mentioned above, JPO placements tended to be more likely to experience both shorter stays and re-entry into placements. Allegheny County continues to make strides toward placing children with kin as the first placement type (see chart below from Allegheny County's public dashboard, 'Child Welfare Placement Dynamics,'[41]):

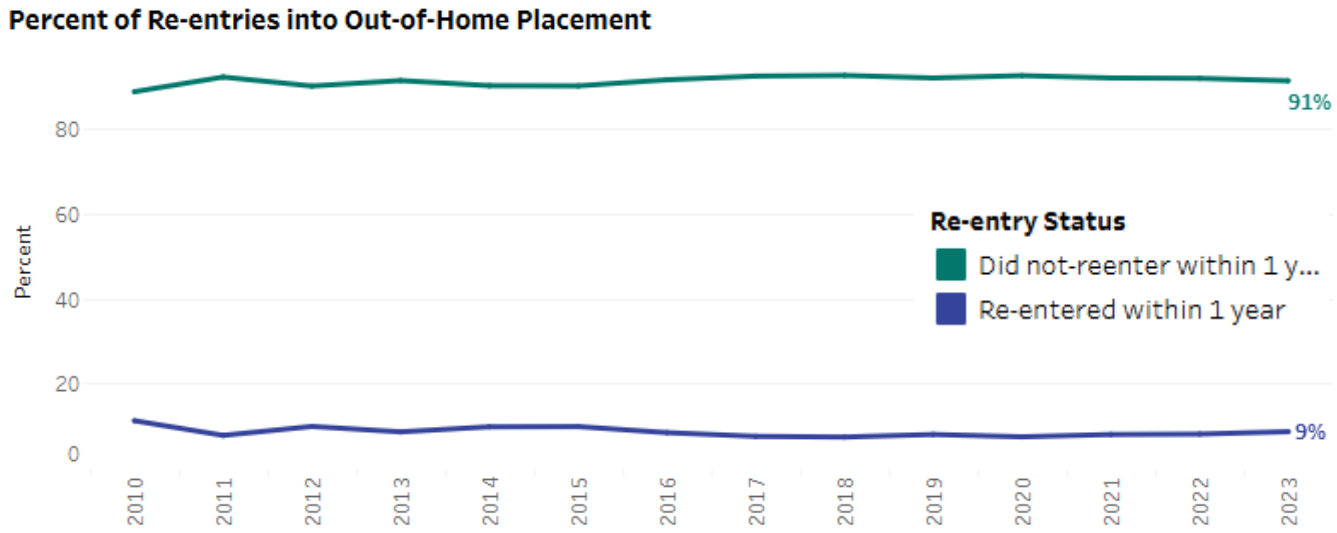


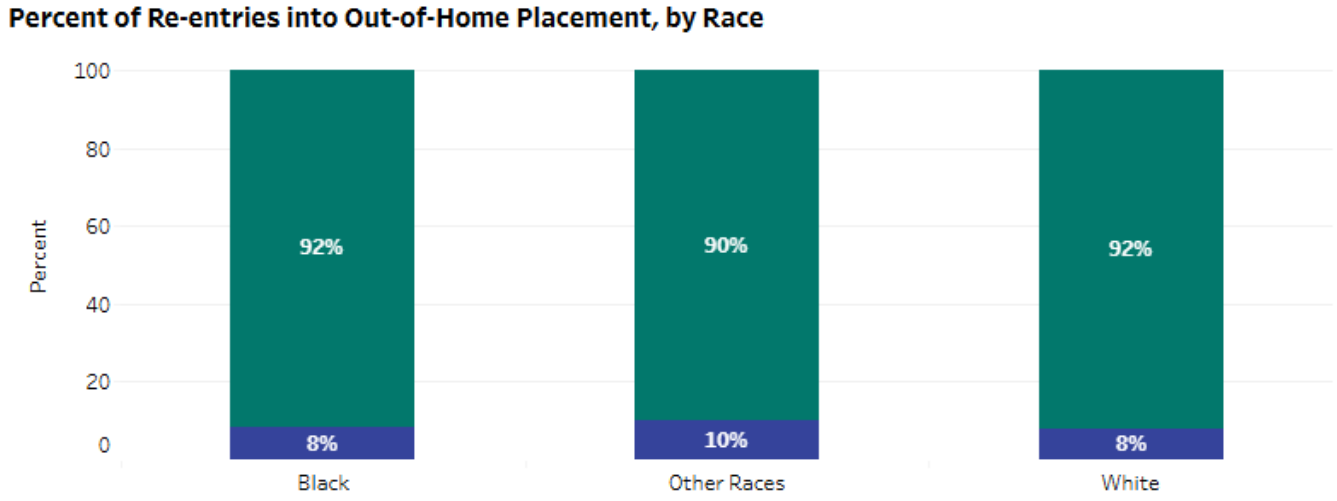
The results of the data analysis will lead the county to further root cause analysis, in which root causes are identified.

41 https://tableau.alleghenycounty.us/t/PublicSite/views/AlleghenyCountyChildWelfarePlacementInformation/FirstPlacementType?iframeSizedToWindow=true&%3Aembed=y&%3Adisplay_spinner=no&%3AshowAppBanner=false&%3Aorigin=viz_share_link&%3Aembed_code_version=3&%3AloadOrderID=0&%3Adisplay_count=no&%3AshowVizHome=no

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

Re-entries within 12 months: Allegheny County has a public dashboard, 'Child Welfare Placement Dynamics,' which indicates that re-entries within one year have remained steady over time at about 9%[42]:

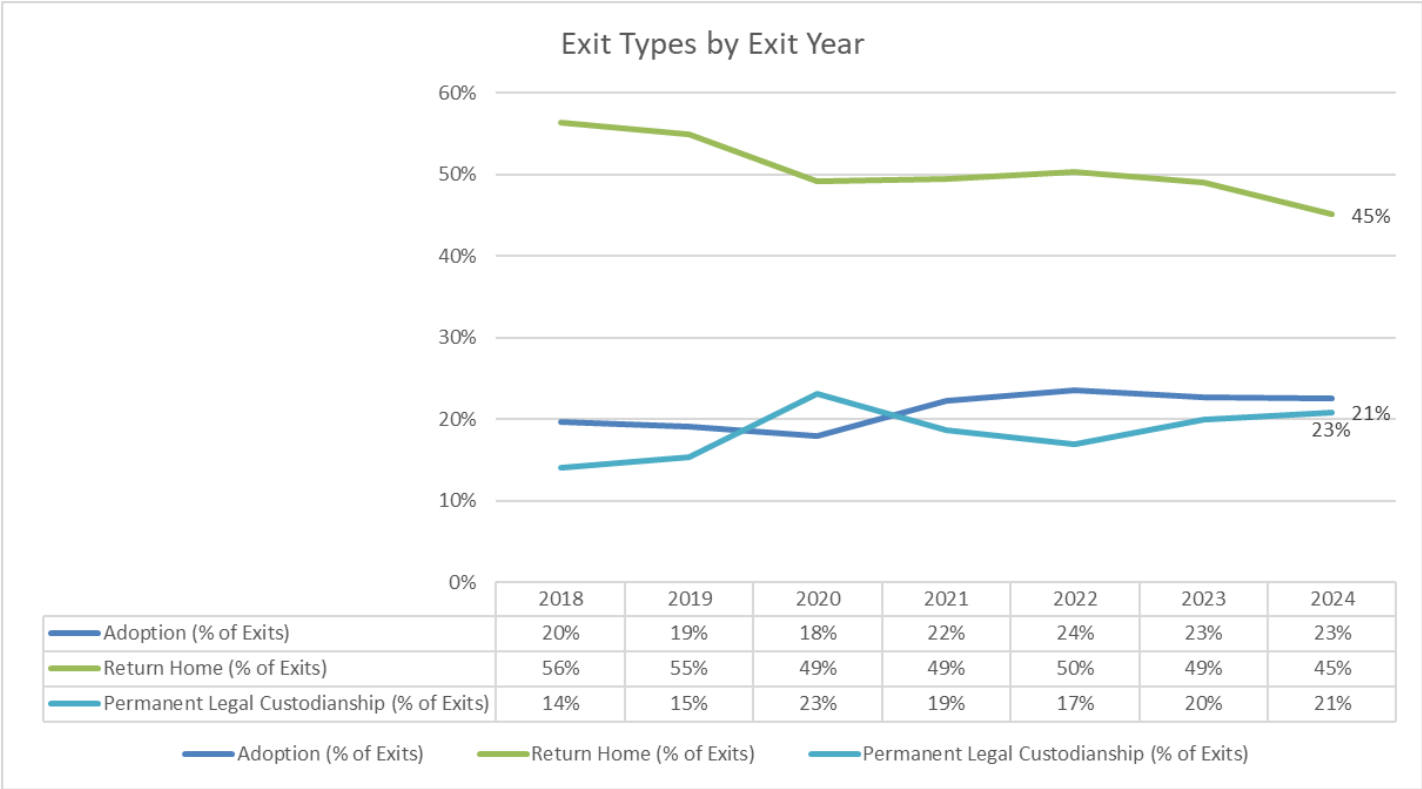




This rate is fairly comparable by race (see chart above), with both Black and White children having a re-entry rate of 8% among children who exited in CY 2023. Among children who exited in 2023, 56% returned to their family, 19% were adopted, and 17% had a permanent legal custodian (PLC). Among these groups, the children who returned to their families had the highest re-entry rate within 1 year (15%) compared to 1% of children with a PLC and no children who were adopted.

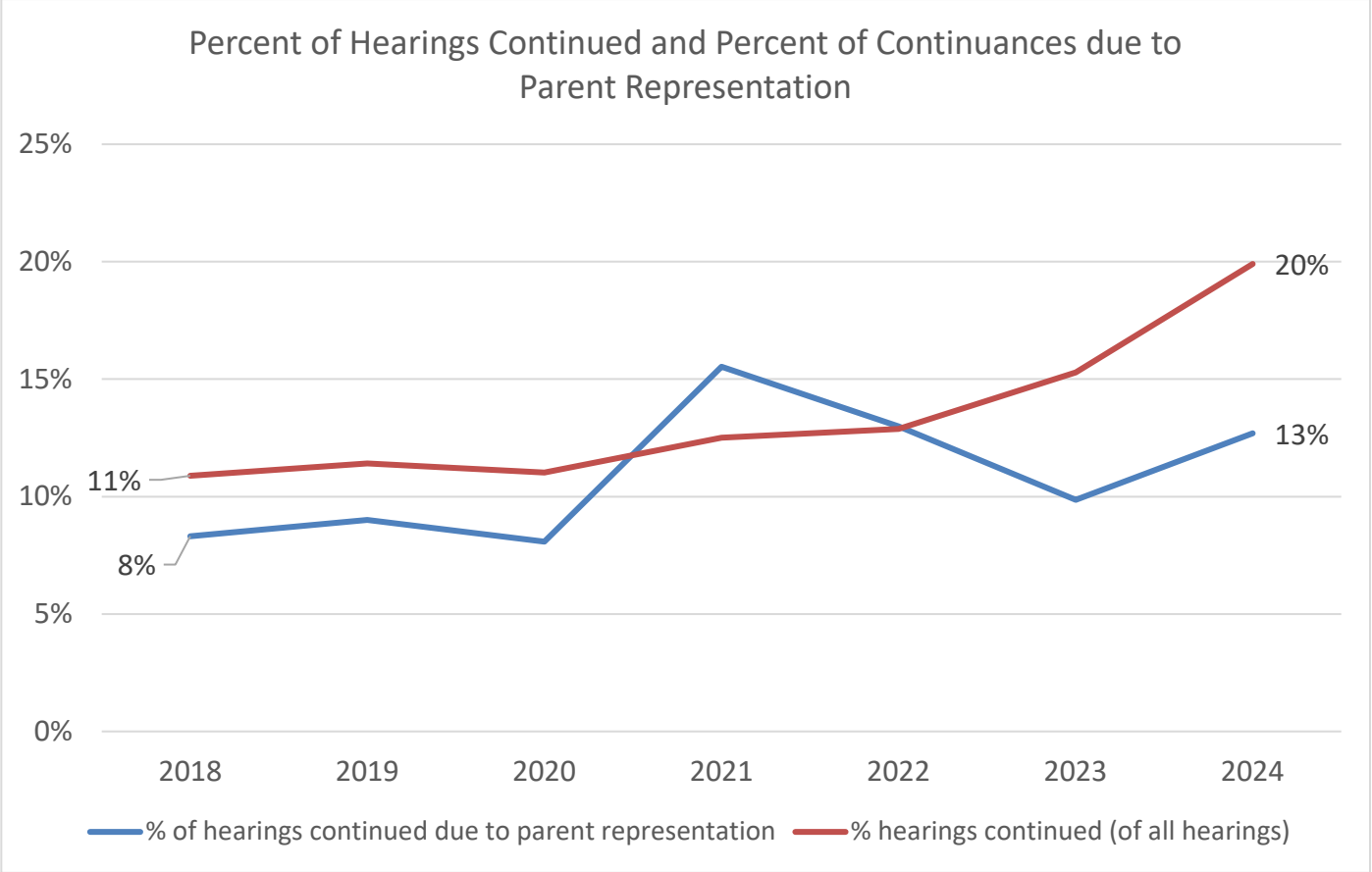
Permanency within 12 months, among children in care 12-23 months and 24 months or more: Over the last few years, the percentage of children placed for adoption has increased slightly from a low of 18% to 23% in 2023 and 2024 (see chart below). Adoptions tend to take more time to be finalized, which can result in longer stays in placement. In 2024, the average length of stay in placement for adoptions was 1,066 days compared to an average of 358 days for exits to the family of origin.

[42] https://tableau.alleghenycounty.us/t/PublicSite/views/AlleghenyCountyChildWelfarePlacementInformation/Re-entry?iframeSizedToWindow=true&%3Aembed=y&%3Adisplay_spinner=no&%3AshowAppBanner=false&%3Aorigin=viz_share_link&%3Aembed_code_version=3&%3AloadOrderID=0&%3Adisplay_count=no&%3AshowVizHome=no

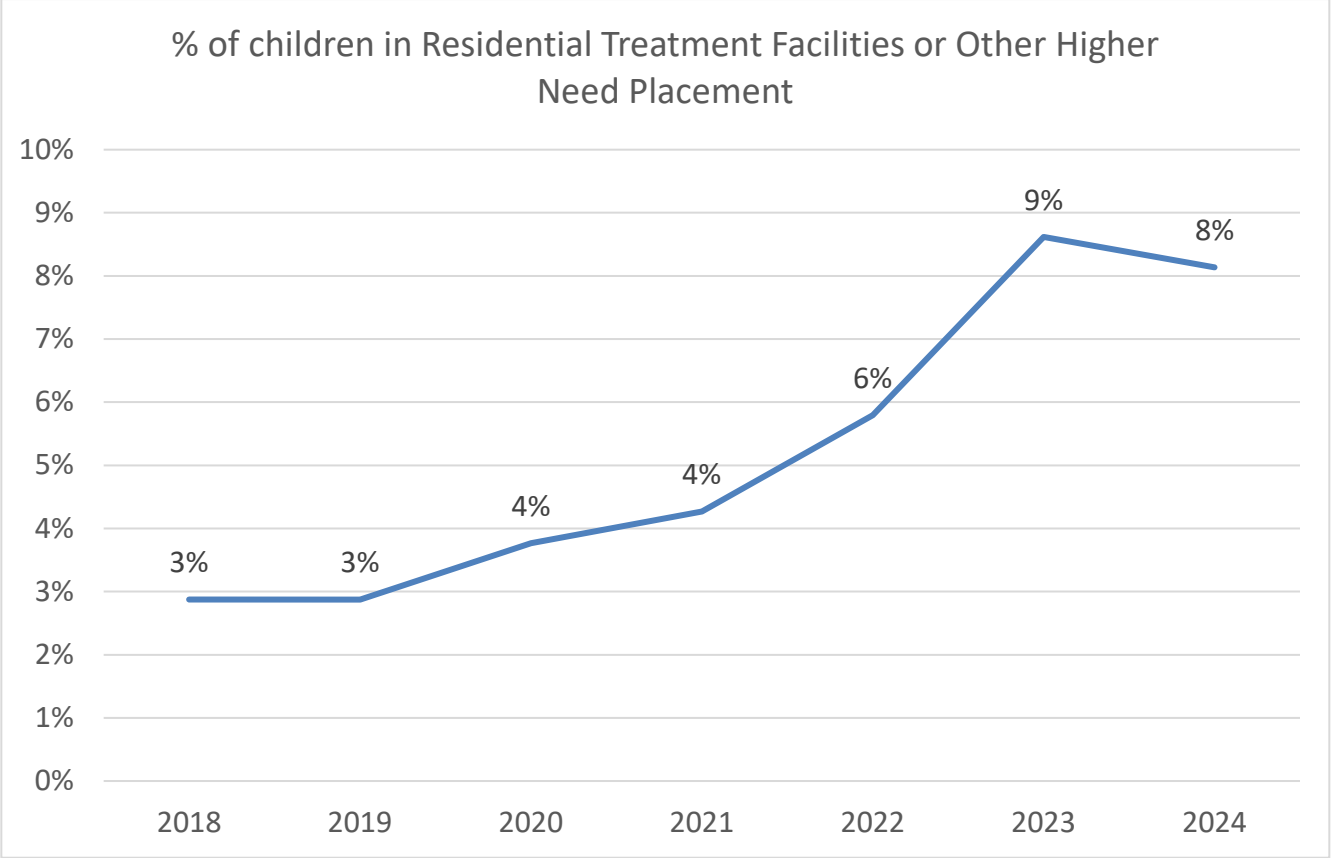


Both indicators (children in care 12-23 months who exited and children in care 24 months or more) can be conceptualized as a problem of children staying in care longer than the national performance threshold. Through an analysis of all CYF involved and dually CYF and JPO involved children, there does not appear to be a difference in the racial distribution of kids in care between 12 –23 months between those who did and did not exit to permanency. Among the children who did not exit, 44% were Black, and of those who did exit, 42% were Black. There are some bigger differences by race among children in care 24 months or more: among those who did not exit, 53% were Black, compared to 42% of children who did exit were Black. Black children were overrepresented among those who did not exit (that had been in care 24 months or more).

A contributing factor to children remaining in care for longer periods is the pace and timeliness of the court process. Since 2018, the percentage of hearings that were continued has increased from 11% in 2018 – 2020 to 20% in 2024. Continuances may occur for many reasons, but parental legal representation has been an area that CYF has tried to address. In 2018, 8% of continuances were due to an issue with the parents' legal representation, but in 2024, this percentage increased to 13%.



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



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

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

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

Strategy:	Permanency Roundtables[43]: CYF plans to implement Permanency Roundtables, a research-backed strategy of bringing together CYF leadership, supervisors, and caseworkers to help children move to permanency who may be likely to face challenges to permanency.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New strategy
Action Steps with Timeframes (may be several):	1. Convene an internal workgroup at CYF to develop an implementation plan (done)

[43] https://www.casey.org/media/garoundtable_24month_ES.pdf

	○ Also receiving help from Annie E. Casey Foundation 2. Identify the children most at risk of staying in care by Q2 FY 25-26. 3. Train CYF staff who will participate in the Roundtable (first training scheduled at the end of August) by Q2 FY 25-26 4. Begin pilot by Q3 FY 25-26.
Indicators/Benchmarks (how progress will be measured):	• Development of a logic model demonstrating how this intervention will lead to more children exiting to permanency • Convene the first kick-off meeting by September 2025 • Creation of an evaluation plan • Time to permanency for children enrolled in the pilot
Evidence of Completion:	A standard of practice will be developed for CYF implementation of the Permanency Roundtable, including how to identify children for inclusion in this intervention.
Resources Needed (financial, staff, community supports, etc.):	Resources required for this intervention include CYF staff time
Current Status:	In development
Monitoring Plan:	An evaluation plan will be developed as part of this project. Indicators will likely include: number of children included in the permanency roundtable, number of sessions held to identify strategies for permanency, number of children who exit to permanency, time to permanency, case review of children who do not exit to permanency.
Identify areas of Technical Assistance Needed:	Annie E. Casey is providing technical assistance and training facilitators have already been identified.

Outcome #2: Increase the efficiency of legal representation for CYF parents.
Related performance measures, if applicable: Percent of children who exited to permanency who had been in care 12-23 months and 24 months or more.

Strategy:	New program for parental representation (Conflict attorney). A challenge that has confronted CYF is that the usual Parent Advocates that only represent one parent in a family. Seeking an additional attorney resulted in delays in court hearings. CYF issued an RFP and has selected a new agency to represent these parents. (new)
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Identified in prior year NBPB
Action Steps with Timeframes (may be several):	1. New contract with a legal organization to provide representation for CYF parents affected by the attorney conflict issue will be executed in Q1 FY 25-26. 2. Track timeliness of court process (fewer continuances, faster time to adjudication, etc.) for children whose parents use this representation (ongoing)

Indicators/Benchmarks (how progress will be measured):	• An evaluation plan will be developed for this new program and will likely include: • Number of parents who qualify for this representation • Number of parents who receive this representation • Markers of timeliness for court milestones, including adjudication • Number of continuances among parents with this type of representation
Evidence of Completion:	• Executed contract • Tracked measures (see above)
Resources Needed (financial, staff, community supports, etc.):	• Funding for the conflict counsel • Staff time to oversee and implement this program.
Current Status:	• RFP issued, respondent selected, and contract will be executed soon.
Monitoring Plan:	• Contract monitoring staff will oversee this contract, which includes conducting site visits, reviewing performance indicators, and troubleshooting barriers
Identify areas of Technical Assistance Needed:	• No technical assistance required at this time

Outcome #3: Increase support to families and children following exits from care

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

Strategy:	New Aftercare program to help children and families stabilize following an exit from care. RFP issued and respondent selected for award. (new)
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New Strategy
Action Steps with Timeframes (may be several):	1. Evaluate proposals submitted through the recent RFQ by Q2 FY25-26 2. Execute contract with the provider to support families after a child exits care by Q3 FY 25-26 3. Identify which families and children will be included in this program by Q3 FY 25-26 4. Develop an evaluation plan to track process and outcome measures by Q4 FY 25-26
Indicators/Benchmarks (how progress will be measured):	• As part of an evaluation plan, the following indicators are likely to be tracked: • Number of families enrolled • Number of families who engage with services • Length of time engaged with the service • Re-entry to care within 12 months of exiting the program.
Evidence of Completion:	• Executed contract • Measures from the evaluation plan described above.

Resources Needed (financial, staff, community supports, etc.):	• Funding for the aftercare program • CYF staff time
Current Status:	• In development
Monitoring Plan:	• CYF contract monitors will oversee this contract. Oversight includes site visits, documentation reviews, review of performance indicators, and regular meetings to review performance and troubleshoot problems.
Identify areas of Technical Assistance Needed:	• None at this time.

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

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

Strategy:	Intensive Residential Program: Develop supportive placement options for children with complex needs who do not meet the level of care required at residential treatment facility. Residential treatment facilities play a critical role in providing care to the most serious needs of children. However, there are children who may need more support than can be provided at existing levels of care, but do not require the level of care at a residential treatment facility.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	Identified in prior year NBPB
Action Steps with Timeframes (may be several):	1. Write RFP in Q1 FY 25-26 2. Publish RFP by early Q2 of FY 25-26 3. Execute contract(s) with Successful Proposer(s) by Q4 of FY 25-26 4. Develop statement of practice to outline who and when this level of care should be used by Q4 of FY 25-26 5. Develop an evaluation plan by Q1 of FY 26-27.
Indicators/Benchmarks (how progress will be measured):	• An evaluation plan will be developed, including indicators such as: number of children served, length of stay in placement, length of time to permanent exit.
Evidence of Completion:	• Executed contract • Number of placements • Other measures from the evaluation plan
Resources Needed (financial, staff, community supports, etc.):	• Funding • CYF staff time

Current Status:	• In development
Monitoring Plan:	• This contract will be overseen by a CYF contract monitor. Oversight includes: site visits, document reviews, review performance indicators with provider(s) and meet regularly to troubleshoot any issues.
Identify areas of Technical Assistance Needed:	• None at this time.

Section 3: Administration

3-1a. Employee Benefit Detail

❑ Submit a detailed description of the county's employee benefit package for FY 2024-25. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

The following description of benefits reflects FY 23-24 but was not able to be updated in time for submission to reflect FY 24-25:

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

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

#52504, Group Life Insurance-
Full-time employees are afforded up to $10,000 of life insurance at no cost to them. 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 employees and dependents to select a primary dental office. As of January 1, 2024, the cost to the County is $25.76 per month for an individual and $77.31 per month for a family. Future increases are currently unknown for 2025.

#52513, Concordia Flex-
As of January 1, 2024, the cost to the County is $31.16 per month for an individual and $76.41 per month for a family. Future increases are currently unknown for 2025.

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

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

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

3-1b. Organizational Changes

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

There were no new positions added to the CYF organizational chart headcount.

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:

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

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 the 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 Identity, and Expression (SOGIE) with the Hugh Lane Wellness Foundation.

- Supporting employee health and well-being by:
  - Promoting the vast resources available through the Employee Assistance Program.
  - Offering monthly mindful gatherings to support individual and collective wellness, Vitality Cafes.
- Initiating a comprehensive, 3-year management training program.
- Investing in employee learning and development by:
  - Offering instructor-led and e-learning resources.
  - Offering an Educational Program that provides reimbursement for employees attending post-high school educational classes at colleges, universities, and other educational institutions.
- Continuing to enhance the new employee orientation and onboarding experience.
- Developing a proposal to align compensation with state minimums to create transparent and equitable compensation practices.
- Strengthening performance management and the performance review process.
- Promoting the following CYF-specific activities:
  - A Healthy Habits Model Initiative was implemented with monthly educational sessions, challenges, and awards.
  - Crisis Action Team to support staff with significant stressors and trauma.
  - Wellness Champions who support staff daily by being available for impromptu conversations.
  - Employee luncheons are put on by the Crisis Action Team or Wellness Champions.
  - Wellness workshops, including yoga and tea sessions.