

Fiscal Year 2025-26 Needs- Based Plan & Budget

Commonwealth of
Pennsylvania

Office of Children, Youth
and Families



NEEDS-BASED PLAN AND BUDGET NARRATIVE TEMPLATE

Budget Narrative Template

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

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

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

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

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

Allegheny County

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

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Section 2: NBPB Development

1-1: Executive Summary

- ❑ 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.

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.

Challenges

- 1. Challenge: Improving the service array for youth with complex needs.** In cases where child safety requires home removal, we work to ensure children and youth are placed in the least-restrictive, most family-like setting that meets their needs; that they experience stability in that placement; and that they achieve permanency as quickly as possible. Finding appropriate placements for youth with mental health and behavioral issues can be particularly challenging. Unfortunately, like jurisdictions across the State, Allegheny County lacks sufficient placement settings with appropriate services available to serve youth with complex needs adequately. In FY 23-24 alone, Allegheny County's Multisystem Team held over 4,000 meetings (Integration and Teaming, Complex Case, and Technical Assistance meetings) regarding 156 youth with complex needs. This is a 30% year-over-year increase in youth with complex needs served from FY 22-23 to FY 23-24. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS is:
 - **Improving the capacity of family-based placement settings to accommodate the needs of youth with behavioral health needs by certifying more Therapeutic Foster Care homes and investing in In-home supports for Kinship Care.** Therapeutic Foster Care (TFC) is a vital support for meeting the mental health needs of youth in a less restrictive, family-like placement option. As part of its recent rebid of foster care services, ACDHS continues to expand the availability and capacity of TFC by requiring all Foster Care providers to recruit, train, supervise and support foster parents to care for children with significant emotional, behavioral and/or social needs. This approach has allowed ACDHS to place more complex cases in homes that can provide services: since FY 21-22, ACDHS has increased the number of youth in therapeutic foster homes by 152%, representing 134 youth. ACDHS is working to certify existing placements, train additional homes, and support provider agencies in problem-solving around staffing issues and expects to see a continued increase in TFC days of care. To improve the capacity of kinship placements to meet the needs of youth with complex needs, ACDHS has procured a new service to support emotional and behavioral issues that affect development, normalcy, and permanency within kinship homes. Clinicians conduct in-home agenda-driven sessions for the child, parent, or family necessary to maintain placement.

- **Expanding the availability of placement settings with on-site therapeutic supports.** Following new investments in residential placement settings, ACDHS is conducting an analysis to identify remaining gaps in shelter and residential placement capacity for CYF-active youth with complex needs who are the hardest to place, including those who have had lengthy stays in psychiatric hospitals and those denied entry to Residential Treatment Facilities. Among other placement types, ACDHS expects this analysis to evidence the need for expanded emergency shelter capacity for adolescents transitioning to home or other levels of care. Contingent upon the analysis results, the County plans to issue a Request for Proposals to procure additional emergency shelters and/or residential placement capacity with on-site therapeutic supports. (Adjustment requested)
- **Addressing gaps and lack of capacity in the behavioral health continuum of care for youth and families, which is not funded through the NBPB but impacts CYF.** As an integrated agency, ACDHS administers human services for children and families across program areas and funding streams— extending beyond CYF to behavioral health and more. Using its CYF-informed understanding of child and family needs, and through its roles as the County’s Office of Behavioral Health and Primary Contractor for the Medicaid Managed Care program for behavioral health (i.e., HealthChoices Program), ACDHS is working to address gaps and lack of capacity in the behavioral health continuum of care for youth and families. While not funded through the NBPB, these efforts are essential for children and families and include:
 - **Adding a new Psychiatric Residential Treatment Facility (pRTF) program.** ACDHS, in partnership with Community Care Behavioral Health, is contracting with Southwood Psychiatric Hospital to operate a new 20-bed program that will provide mental health stabilization/step-down for youth ages 13-17 with a mental health diagnosis in a short-term residential setting for approximately 30-90 days. This program will provide services to all Allegheny County youth who meet medical necessity criteria and are referred for this level of care, including those with CYF/multisystem involvement. ACDHS anticipates that the new program will be operational by the end of CY 2024.
 - **Investing in the Behavioral Health (BH) Fellows program,** a paid training and leadership development experience that aims to match recent graduates (of either undergraduate or master’s level coursework) with work opportunities in various service areas. The BH Fellows Program is designed to improve access to behavioral health services for Allegheny County’s HealthChoices members – including CYF-involved children and families – by recruiting and retaining new and existing staff. In FY23-24, ACDHS onboarded 85 fellows working across 12 providers. Forty fellows worked in Family-based Mental Health Services, 28 in blended service coordination, six in crisis services, six in SUD case management services and six in IDDT.

2. Challenge: Many families are struggling to meet their basic needs. This ongoing challenge has been exacerbated by the end (or imminent end) of temporary, pandemic-related public benefits that kept the most vulnerable families out of crisis — such as SNAP Emergency Allotment, Medicaid continuous enrollment, and the Emergency Rental Assistance Program (ERAP). At the same time, as families are experiencing an end to critical economic supports, there is a 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. These trends have a disproportionate impact on Black and other families of color.¹ For example, while Black residents represent 14% of Allegheny County’s population, they represent 65% of FY23-24 ERAP applicants and 77% of families in shelter.²)

Research from Chapin Hall demonstrates that concrete and economic supports are critical for reducing families’ child welfare involvement and further highlights these supports as important for addressing racial disparity and disproportionality in child welfare, given that due to systemic inequities, families of color are more likely to experience economic hardship and this may contribute to their disproportionate

¹ <https://assets.aecf.org/m/resourcedoc/aecf-kidsfamiliesandcovid19-2020.pdf>

² <https://www.alleghenycountyanalytics.us/2024/02/08/families-using-emergency-shelters-in-allegheny-county/>

child welfare involvement.³ To expand access to services and supports that adequately meet families' basic needs, prevent child welfare involvement, and reduce disproportionality, ACDHS is working to:

- **Engage more high-risk families in Hello Baby.** Launched in 2020, Hello Baby is a voluntary prevention program designed to proactively engage families of infants and toddlers aged 0-3 at the highest risk of abuse and neglect long before they reach child welfare's front door, with the goal of preventing future child welfare involvement. With state and federal support, in FY 2020-21, ACDHS began universal outreach at birthing hospitals and piloted the program's services for families with higher levels of need in targeted regions. In FY 21-22, ACDHS began to scale the program by expanding to one additional region. In FY 22-23, ACDHS scaled this critical initiative to serve the entire County, expanded the Hello Baby Priority interventions to include the University of Pittsburgh's Family Check-Up, and enhanced outreach capacity. In FY 23-24, 1,725 at-risk families were connected to services. We know that we still have room to improve in engaging the highest-risk families in services. (Adjustment requested)
 - **Expand access to child care for families at the highest risk of child welfare involvement.** As the operator of Early Learning Resource Center (ELRC) Region 5, ACDHS holds a unique perspective on the overall state of child care in the County and the needs of families with or at the highest risk of child welfare involvement related to child care. Through the ELRC, DHS works to increase the quality of childcare agencies via STARS and helps families access and enroll in subsidies. At the time of enrollment, DHS also identifies the needs of families and connects them to other services in the County. This work has given us valuable insight into how families interact with the publicly-funded childcare system and the barriers preventing families from accessing childcare. Families cannot access ELRC subsidy until they are working; however, we know that it is often impossible to get on your feet, apply for jobs, interview for jobs, attend training, and get started in employment without reliable childcare, putting our most vulnerable families in a catch-22. They cannot find employment due to a lack of child care and can only access it once they have established employment. Through its NBPB adjustments will make new investments in child care for high-need job-seeking parents who aren't yet eligible for subsidy through the ELRC (Adjustment requested).
 - **Expand programs to promote housing stability among families.** ACDHS administers eviction prevention and housing stabilization programs for families who are CYF-active, or at risk of CYF involvement, due to housing instability. Through these programs, families can receive short-term rental assistance, case management, landlord-tenant mediation and other services (see more about these programs in 'Service Array' section of this document) to avoid eviction and obtain stable housing. Recognizing increased needs and costs, ACDHS is requesting funds through the NBPB process to offer more tenancy-sustaining services and to sustain short-term rental assistance that will otherwise end with ERAP's expiration.
- 3. Challenge: Supporting young people to achieve stability and independence.** Transition-age youth are recognized as a special population because they are beginning to face more adult-like challenges without having mastered the tools and cognitive maturity of adults. This developmental period can be potentially perilous for young people who lack the natural support of parents and family – including those who age out of care. Indicators of need among this population include unemployment, lack of educational attainment, involvement in gun violence, juvenile and criminal justice involvement, and homelessness. While ACDHS offers an array of supports for this population, in 2024, ACDHS, in partnership with its community advisory body for children and youth, the Children's Cabinet, began a comprehensive review of programs for young people and identified service gaps and opportunities. To date, feedback has underscored the need for concrete and economic supports and safe, welcoming places where youth can spend their time. (Adjustments requested). This planning effort will continue

³ Monahan, E. K., Grewal-Kok, Y., Cusick, G., & Anderson, C. (2023). *Economic and concrete supports: An evidence-based service for child welfare prevention*. Chapin Hall at the University of Chicago.

through CY 2025 with expanded community and stakeholder engagement, and ACDHS expects additional service needs and gaps will be identified to inform its FY27 Needs Based request.

- 4. Challenge: Maintaining and supporting a high-quality agency and provider workforce in the face of significant economic and labor market shifts.** A quality and stable workforce is essential for a successful child welfare system. Unfortunately, recent economic and labor market shifts have left health and human service organizations – including child welfare and family-serving providers – at a steep disadvantage 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. As we continue to adapt to the changed labor market, we are also pursuing opportunities to improve caseworker career pathing, invest in supervisory and managerial training, increase provider rates to improve staff wages, and more. (Adjustment requested)

Successes

- 1. Success: Implementation of community violence reduction programs to promote children and youth's safety and well-being.** 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.⁴ 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)⁵. This link is also evidenced by the high crossover among those directly impacted by homicide and the child welfare or juvenile justice systems: Among homicide victims from 2020 through 2022, 40% have a history of juvenile justice involvement, 21% have a history of child welfare involvement as a child, and 39% have a history of child welfare involvement as a parent. Among offenders during the same period, 63% have a history of juvenile justice involvement, 36% have a history of child welfare involvement as a child, and 48% have a history of child welfare involvement as a parent.

ACDHS and ACDHS committed to taking a multi-pronged, data and research-driven approach to violence prevention and interruption that addresses both root causes and symptoms. In addition to formally and regularly convening significant players in gun violence reduction in the city and County, ACDHS and ACDHS invests in evidence-based interventions, youth employment, and expanding out-of-school-time programs in highly impacted communities. In FY 21-22, ACDHS issued an RFP that asked stakeholders in these communities to come together to A) create a community violence reduction plan containing evidence-based interventions and B) choose a lead agency to coordinate and oversee violence reduction efforts on behalf of the community. In FY 22-23, ACDHS worked with these communities and model developers to begin implementing their chosen violence reduction program models with fidelity, including Becoming a Man (BAM), Cure Violence, Rapid Employment and Development Initiative (READI), Hospital-Based Intervention, Victim and Family Support, and Shooting Review Boards. Staff teams were hired and trained at 12 community-based agencies serving

⁴ 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*

⁵ 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.

highly impacted communities. In FY 23-24, these programs began to enroll participants. BAM counselors served at-risk youth across six high schools. READI and Cure Violence outreach workers served those at the highest risk for gun violence involvement across five sites. The HVIP served gunshot wound victims who consented to treatment in four major trauma centers in Allegheny County. Lastly, six of the County's most impacted regions began shooting reviews, collecting data on shooting incidents and identifying emerging trends. In 24/25, these programs will expand the number of participants served, and in 25/26, in-school programming will expand to include a program for at-risk young women in grades 6-12. (Adjustment requested)

2. **Success: Progress toward ensuring families can rapidly access what they need.** ACDHS is making progress toward building a system that prevents child welfare involvement and preserves families. In building out this system, we recognize that the earlier we reach families with the supports they need -- economic or otherwise -- the more likely we are to succeed in preserving families. Crises cause psychological distress for families, and this can lead to further system involvement. On the other hand, crises, if addressed quickly and effectively, offer opportunities to partner with families to constructively address problems and enhance family coping strategies. To reach families with the supports they need more quickly, ACDHS is newly providing services during investigation.

Providing services during investigation. Meeting a family's needs quickly can prevent a hardship from escalating into a crisis. Previously, many ACDHS services, including in-home, transportation, and concrete goods services, were only available to families once a case had been opened, causing a delay. In June 2023, ACDHS began providing services to families faster, starting during investigation. In FY 23-24, 1,775 child welfare referrals were connected to services during an investigation, an increase of 451 service connections from the prior fiscal year. The proportion of child welfare investigations receiving services during investigation in FY23-24 was 24%, an increase of 4.8% over the prior Fiscal Year. We anticipate that the proportion of families provided services during investigation will continue to increase as we continue to train staff on this new practice.

3. **Success: Supporting kin.** Kinship care is the preferred option for children and youth who, for reasons related to risk and safety, experience out-of-home placement. Research has repeatedly shown that kinship care can benefit children and youth in out-of-home placement in numerous ways. It helps to preserve their family connections and sense of belonging. It reduces the trauma associated with removal from home and promotes sibling relationships. Kinship care can also preserve a child's cultural identity by continuing community ties, including language, food, holidays, and clothing. Finally, research indicates that children living with relatives experience fewer behavioral problems and higher placement stability rates than children living with non-relatives.⁶ Indeed, County data shows that compared to other placement types (traditional foster and congregate), kinship placements experienced the lowest number of moves (1.5) and highest rates of placement stability (over 80%) on average. Allegheny County has a long history of supporting and advocating for kinship homes as a preferred placement type for children in out-of-home care. We are proud that kinship care is the majority initial CYF placement type, with an average of 60% of initial placements from 2017-2023 in kinship care (peaking in 2022 at 65.9% of initial placements).

To support kin, ACDHS is implementing:

Kinship family per diem increase. In FY 21-22, PA OCYF approved ACDHS's NBPB adjustment to correct the 67% historic disparity in maintenance payments between non-kin and kinship caregivers. This was important for achieving parity and maintaining kinship as CYF's majority placement type. Relative to non-kin foster caregivers, kin caregivers in Allegheny County are often older, Black, and in economically disadvantaged households. Previously, while foster caregivers received an average of

⁶ Child Welfare Information Gateway. (2022). Kinship care and the child welfare system. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/f-kinshi/>

\$34.90 per diem, kinship caregivers received an average of only \$20.90. In FY 22-23, ACDHS implemented an increase in maintenance payments for kinship caregivers. By creating parity between kinship and non-kinship caregivers, ACDHS is ahead of the proposed rule by the Administration for Children and Families and in compliance with the federal legal precedent set by *DO v. Glisson*, wherein a federal court ruled that children in state custody placed with approved kinship foster caregivers have a right to foster care maintenance payments at the same rate as children placed in licensed, non-relative foster homes.⁷ As a next step, CYF is preparing for a proportional impact on its adoption and PLC subsidy costs for children previously in kinship placements. (Adjustment Requested).

In-home services provided by kin. In-home services like homemaker services, day care, shopping, transportation, or cleaning with the family are recognized as critical elements of highly effective child welfare prevention programs such as Homebuilders. However, while effective, these intensive programs are short-term and do not engage the family's natural supports. When the case is closed, these temporary supports disappear. Natural supports and social connections are widely recognized as protective factors that keep families strong and together. ACDHS is evaluating models to compensate kin to provide in-home services. (Adjustment requested).

- 4. Success: Progress toward expanding the availability of high-quality legal services for parents.** Research shows that quality legal representation for parents has the potential to support more timely permanency (including reunification, adoption, and guardianship), increased parental engagement and perceptions of fairness, more individualized case plans and better access to services, more frequent and timely family visitation, better judicial decision-making, and cost savings for child welfare agencies due to reduced time in foster care.⁷ PA OCYF echoed the importance of quality legal representation in its March 2021 Special Transmittal on the topic, adding, "High-quality legal representation helps to mitigate the trauma families experience during difficult times and keep these families together by making sure they are receiving the supports they need and that their voices are heard."

In particular, interdisciplinary legal teams enable a holistic approach to representing parents with dependency cases by bringing in the disciplines of social work and peer advocacy to assist in stabilizing families, leading to a quicker path to permanency and resulting in long-term savings. Importantly, interdisciplinary team members can address issues outside the courtroom to support the family unit by applying for public benefits, employment training, mental health counseling, and substance use treatment, among others. Research shows that interdisciplinary legal teams for parents hasten permanency for children in foster care by an average of 118 days.⁸

With OCYF support and in partnership with the Juvenile Court Project (JCP), ACDHS has piloted an interdisciplinary legal team for parents. In June 2024, ACDHS issued a Request for Proposals to also provide interdisciplinary conflict counsel for parents involved in child dependency cases (Adjustment requested).

Challenges persist despite these incremental efforts to improve the quality of legal representation available to parents in Allegheny County. While Title IVE is newly available for this purpose, Allegheny County expects it will support less than 25% of the total services cost, and there is a prohibition on using state OCYF funds for these expenses. Inadequate funding causes challenges in hiring and retaining attorneys, leading to significant delays in legal representation, thereby extending time to permanency.

- ❑ 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 2022-23 and 2023-24.

⁷ [American Bar Association, 2017](#)

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 2024-25 and 2025-26.

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

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

Allegheny County Juvenile Probation faces challenges and success in many different areas. Our three most significant challenges are the same as last year, as there has yet to be real progress in finding solutions to the core issues. The three issues include the closing of Shuman Detention Center, finding residential placements for aggressive youth who have low criminogenic needs with high mental health needs, and the inability of service providers (including OCYF BJJS) to adequately hire and maintain enough quality staff to meet the placement needs across Pennsylvania – this includes our internal programming through the CISP Program.

Challenges

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

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

Regarding electronic monitoring as an alternative to detention, as of 1/5/24, there were 144 juveniles on electronic monitoring in the community. Of that total, 114 (79%) were pending or previously adjudicated of serious offenses, including firearm offenses, violent felony offenses, or both. Notably, from 2022 through January 8, 2024, there were 436 incidents where juveniles cut off their bracelets or let the batteries die. One-hundred and eight (108) of these juveniles did this multiple times, some being connected and reconnected as many as seven times during that period. Many of these juveniles present serious community safety concerns and may have complex treatment needs that we are unable to address in a stable setting.

Additionally, during this time, 9 of the 89 individuals with outstanding juvenile warrants were detained in the Allegheny County Jail and charged with a new criminal offense, homicide, or an Act 33 offense. These juveniles could not be apprehended before being admitted to the ACJ due to a lack of juvenile detention beds. Many of these juveniles present serious community safety concerns and may have complex treatment needs that we were unable to address due to the lack of detention services.

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

2. A related detention problem will be the **funding of detention beds**. Because of the very nature of a detention center, the facility must be staffed and prepared to accept a large number of intakes at any time. Therefore, it becomes challenging and not cost-effective to fund detention using per diem funding. A typical residential program can predict with some certainty the number of staff they must have on-site for each unit because they can assume the population will not grow overnight. A detention center must not only have enough staff available to cover the youth in placement at that moment but also a significant number of additional staff ready to accept any number of youths at any time of day or night. The counties must be able to guarantee funding to the provider for detention beds, regardless of whether youth are currently occupying the beds.
3. The third significant problem JPO faces is **the inability of service providers to hire and maintain enough quality staff**. Two issues create this problem. The child welfare and juvenile justice systems do not have the proper funding mechanisms to provide adequate funding to providers. Therefore, the providers have responded by hiring less qualified staff. OCYF has set the minimum education standard for direct care workers as a high school diploma or GED. Because both child welfare and juvenile justice have greatly reduced the number of youths entering residential services, the youth that are sent there are the most challenging youth with the most significant needs. We must provide significant increases to the providers so they can attract, hire, and maintain enough quality staff. We are facing this issue internally regarding attracting probation officers and CISP Monitors.
4. The second issue regarding staffing is the inability of providers, including OCYF BJJS, to find individuals who want to work in this field. Some efforts should be made statewide to recruit young people to work in the child-serving systems. Every major provider under contract with Allegheny County Juvenile Probation has at least one or more units closed, not because of a lack of need but because of a lack of qualified staff. The BJJS continues to have a wait list for youth to enter placement due to full capacity. That puts extreme stress on counties, especially ours, since we can no longer hold the juveniles in detention while awaiting an open bed. We currently have juveniles in the community waiting for a BJJS bed. Similarly, Allegheny County Juvenile Probation continues to struggle to find residential placements for aggressive youth who have serious mental health needs.

Successes

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

- ❑ Summarize any additional areas, including efforts related to the Juvenile Justice System Enhancement Strategy (JJSES) and the data and trends related to the Youth Level of Service (YLS) domains and risk levels impacting the County's planning and resource needs for FYs 2024-25 and 2025-26.

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

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

Allegheny County JPO was one of the initial JDAI Pa sites following the MacArthur Models for Change Initiative. Our chief and assistant chiefs were directly involved in the rollout of the PADRAI and the subsequent study to validate the tool. All our staff have been trained, and the DRAI is part of the initial training provided to all new probation officers. Our department has fully utilized and implemented the DRAI for all detention decisions relevant to new charges. All staff are trained to complete the DRAI in JCMS. Supervisors are trained in Overrides, Mandatory detentions, including a comprehensive system for after-hours overrides via our on-call system.

One Assistant Chief and one Supervisor sit on the statewide PaDRAI committee. This committee meets monthly. We have refined our practice consistent with suggestions from the Statewide Committee. We also were part of the select team that reviewed the newly created PaDRAI Dashboards. These dashboards have allowed us to review real-time data and take corrective action for CQI purposes. We have been involved with the steering committee specific to Dr. Maloney's re-validation study, which will span 1-1-18 through 12-31-22 PADRAI data. We have worked internally to create CQI mechanisms to ensure our PADRAI data is reliable. We have also created a JCMS workaround to track youth who could not be detained via mandatory detention due to Pennsylvania's lack of a detention resource.

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

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

JJSES Stage 3 focuses on **Behavioral Change** in youth. Our staff has been fully trained in Four Core Competencies for Supervisors and Four Core Competencies for Line Staff. Staff are trained and regularly use the Brief Intervention Tools (BITS), and supervisors utilize the BRIEFCASE as part of their standard supervision process. We have been ensuring the 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. Our residential providers also deliver this curriculum when youth are in placement. In the next fiscal year, we intend to train staff on and utilize the Change Company Forward Thinking Workbooks – we are currently in a pilot phase with the CISP Program and one community-based unit. Most 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.

Regarding EPICS, our department currently has two statewide agency trainers/coaches. We have eliminated the use of other internal coaches to ensure fidelity when coding staff. All applicable staff that use EPICS in the field are currently at least at a "Proficient" status, and we currently have 21 staff at "Maintenance" Status, with another eight staff that are eligible for "Maintenance" Status. Our Training staff continually meets with Probation Officers on both an individual basis as well as with booster training that focuses on EPICS Interventions. Supervisors also meet monthly with staff to review how many interventions were used and if the notes in JCMS reflect the session outcome. Lastly, we maintain one coach on the EPICS steering committee at the state level as we continue to look at ways to effectively implement the model statewide.

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

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

We have fully implemented graduated responses into the daily operations of juvenile probation. Our County was active in developing graduated responses throughout Pennsylvania, and we continue to have representation on the committee. We have fully developed a Graduated Response policy and matrix. We have also successfully gotten the County to allow our POs to make purchases of up to \$30 to use as an incentive and then be reimbursed for that expense on their monthly travel reimbursement check. This process allows POs to provide incentives quickly when the juvenile has done well. Examples include taking juveniles to lunch, purchasing school supplies, and purchasing clothing. POs also document contacts for Graduated Responses in JCMS by indicating Incentives Used or Sanction Applied. Supervisors can run JCMS reports specific to these Graduated Responses for Quality Assurance purposes. We have an Assistant Chief and JJSES Coordinator who participate in the State

Graduated Response Committee. Each unit also facilitated a group activity to reward youth who had done well under supervision.

JJSES Stage 4 focuses on **Refinement** of the first three stages. JJSES is an integral part of what makes up Allegheny County Juvenile Probation. Allegheny County Juvenile Probation is fully engaged with all Stage Four activities. We recognize that policies and procedures must fully align throughout our organization. We continue refining our policies, but more importantly, we are changing our procedures to fully embrace all JJSES aspects. That is how JJSES is implemented daily. We have updated and established individual policies for various components of JJSES, as detailed in previous sections.

The last aspect of JJSES is referred to as the **Building Blocks**. These include activities that provide the foundation for JJSES. **Delinquency Prevention** is one building block. Allegheny County Juvenile Probation participated in the PCCD "Reducing Racial and Ethnic Disparities in Juvenile Justice" Certificate Program in collaboration with the Georgetown University McCourt School of Public Policy's Center for Juvenile Justice Reform (CJJR) and the Center for Children's Law and Policy (CCLP) in September 2021. We are now partnering with several community-based providers to prevent youth from engaging in behaviors that would introduce them to the Juvenile Justice system. We have also contracted with two community-based providers to deliver the Stop Now and Plan (SNAP®) program across our County. SNAP is an evidence-based intervention developed in Toronto. SNAP® is designed for children ages 6-11 who have been having behavior difficulties at home, school, or in the community. SNAP® helps children and parents effectively deal with anger by teaching them how to respond in a way that makes their problems more manageable. With practice, children and parents can stop, calm down, and generate positive solutions at the "snap of their fingers." A SNAP® Child Worker provides individualized support, 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 and connect with other parents who face similar challenges.

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

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

School Justice Partnership: (Pre-Arrest): Allegheny County assembled a cross-systems, cross-discipline team to implement a School-Justice Partnership (SJP) in Allegheny County. The team developed an SJP initiative with the core principles of pre-arrest diversion and behavioral health support. Each school has 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 refer to the SJP process. Depending on school policy and code, this can be an inclusionary or exclusionary list of focus acts. This represents true reform at the levels of Police, Superintendents, Principals,

Teachers Unions and MDJs. In 2018, the SJP team entered the completion phase of a partnership with the Woodland Hills School District (WHSD). An SJP team member addressed the WHSD School Board in preparation for the Board's approval of the SJP Memorandum of Understanding at the beginning of the 2017-18 school year. To date, we have successfully implemented in Woodland Hills, Penn Hills and Oliver Citywide Academy, located within the Pittsburgh Public School District (PPS).

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

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

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

Data continues to drive our decisions. We constantly work to identify ways to improve data integrity and ensure timely and accurate data entry. Our administrators and supervisors are provided with both reports and dashboards that identify what services are being delivered to which juveniles by the supervisory unit. We have also been working hard to reduce the time needed for case processing and the time needed for first disposition. We understand that the closer the intervention is to the delinquent act, the greater the impact will be for the intervention. Policies will be updated to include responses to drift. We implemented a CQI PO and a CQI Supervisor to add to our JJSES Coordinator, who is charged with various CQI initiatives. We established a monthly CQI meeting for IT staff, the Juvenile Justice Planner and the CQI staff. While we have an established CQI committee and CQI unit consisting of a supervisor and a PO, we understand that CQI starts with supervisors reviewing work that their staff completes, and CQI is not just applicable to the CQI committee.

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

Our department has fully implemented the YLS. We utilize the YLS to assist in intake decisions and determine system involvement based on risk and necessary interventions outlined in the case plan based on needs. The YLS assesses overall risk level and identifies strengths, criminogenic needs and responsivity factors. It serves as the foundation of our EBP efforts. We currently have an entire unit (six POs, one Supervisor) dedicated to conducting initial YLSs for all youth. Booster sessions occur at

least once 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 serves on the Chief's Assessment Committee which deals with all YLS issues for the State of PA. We focused on policy revision this year and addressed areas requiring update and clarity, such as specifying timeframes and including roles of Master Trainers. We also completed a second comprehensive CQI Audit of a specific unit.

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

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

With the implementation of JJSES initiatives, a strong focus on evidence-based programming/screening, and prevention and diversion, Allegheny JPO intends to comprehensively address the complex needs of the juveniles in Allegheny County. Allegheny JPO dedicates itself to working in partnership to enhance the capacity of Pennsylvania's juvenile justice system to achieve its Balanced and Restorative Justice Mission.

1-2: Determination of Need through Collaboration Efforts

Respond to the following questions.

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

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

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

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

ACDHS has strong and active relationships with its contracted service providers and community stakeholders, continually gathering their input about emerging issues, families' service needs, and how CYF and other parts of the human services system can address them. In addition to the public hearings, forums for gathering this information include:

- Quarterly Children's Cabinet meetings. The Children's Cabinet is a community advisory group composed of consumers, providers, and other stakeholders involved with child-serving programs across Allegheny County.
 - PCCYFS quarterly meetings.
 - Meetings of the advisory boards for Children and Youth, Intellectual Disabilities, Behavioral Health, Aging, Criminal Justice, and the HSBG.
 - Annual meetings with all contracted service providers.
 - Regular meetings between providers and CYF Provider Relations to discuss budget and resource 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.
- ☐ Summarize activities related to active engagement of contracted service providers in identifying service level trends, strengths and gaps in service arrays and corresponding resource needs. Identify any challenges to collaboration and efforts toward improvement in the engagement of service providers in the NBPB process.

ACDHS continually engages with and solicits input from providers through:

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

Additionally, over 60 providers were represented at the NBPB public hearing (mentioned in the previous response).

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

CYF leadership meets with the administrative and supervising judge regularly and holds monthly meetings with attorney systems at the Court. At the attorney systems meetings, CYF, JPO, conflict counsel, Court Appointed Special Advocate (CASA) representatives, KidsVoice, parent advocates and court representatives discuss practice changes, figure out the best ways to address barriers, and

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

Specific to the NBPB process, ACDHS engaged both Family Court and Juvenile Court in developing the County's adjustment requests. This engagement included kick-off meetings with each group and regular check-in meetings until the submission deadline.

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

The NBPB process provides both ACDHS/CYF and JPO with critical resources for services to children, youth, and families with the highest needs. Given this, ACDHS and JPO coordinate to develop their NBPB submission. Specifically, ACDHS/CYF staff works with JPO to incorporate their plans and resource needs into the NBPB narrative and budget. Also, JPO regularly participates in quarterly meetings of the Children's Cabinet, which provides 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 dually involved youth. This model includes regular joint case reviews and joint supervisor cabinet meetings. Joint training on the Protocol is provided for newly hired staff and is also available to current staff as booster training.

While we collaborate to develop the NBPB, ACDHS/CYF and JPO operate within separate organizational and decision-making structures. ACDHS operates under the oversight of the Allegheny County Executive, while JPO is responsive to the administration of the Fifth Judicial District.

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

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

1-3 Program and Resource Implications

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

1-3b. Workforce

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

- ☐ Identify successes the County has experienced in implementing recruitment and retention strategies.

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

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

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

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

- **Employee Engagement and Satisfaction:**
 - **Workload and Job Stress:** The high workload and associated job stress are major factors leading to burnout and turnover among child welfare staff. The demanding nature of the work (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 critical for supporting frontline workers, providing guidance, and ensuring quality service delivery. The absence of sufficient supervisory support can lead to job dissatisfaction and higher turnover rates.
- **Integrating Inclusivity and Racial Equity:** Ensuring inclusive practices and integrating racially equitable policies within the agency remains a challenge. Staff need training and support to engage with diverse communities and address implicit biases effectively. 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.

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

- 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.
- University Partnerships and Stipend Programs:
 - Stipend Awards: The University of Pittsburgh awards stipends to students entering the child welfare field. This financial support helps attract new talent and encourages graduates to pursue careers in child welfare. This partnership aims to replenish the workforce with new, motivated professionals.
- Supportive Work Environment:
 - Leadership Support and Commitment: Strong leadership commitment to workforce development and a supportive work environment are highlighted as strengths. 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 are designed to create a more inclusive and supportive work environment, which can enhance 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.
- Mental Health Support Programs: Developing and integrating mental health support and wellness programs tailored for child welfare workers can help manage job-related stress and improve overall well-being
- Supervision and Support Enhancement:
 - Supervisor Training Programs: Offering specialized training programs for supervisors on effective management and support techniques can enhance their ability to provide frontline workers with the necessary guidance and oversight.
 - 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:
 - 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

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.⁸

⁸ <https://www.alleghenycountyanalytics.us/wp-content/uploads/2017/07/AFST-Frequently-Asked-Questions.pdf>

- **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.⁹ 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.¹⁰ 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:
 - **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.
 - **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)

⁹ 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/

¹⁰ 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/>

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.
- **Community-driven informal mental health supports**- There are many barriers to accessing mental health services, including the time it takes to find a provider, insurance requirements, finances, stigma and transportation. For marginalized communities – Black individuals, LGBTQIA+ individuals, and immigrants and refugees – a lack of culturally competent providers and a litany of other barriers exacerbate these challenges. Nationally, treatment usage for adults with mental health diagnoses was only 46%, and 37% for Black adults.¹¹ Allegheny County has 14 active providers that administer non-medical support for mental health through peers, friends and family, religious leaders, or other non-health professionals, including five providers that focus on children, youth, and families: Allegheny Family Network's Family Support Partner (FSP) Crisis Co-Response, Homewood Children's Village (HCV) Advocate Model, Infinite Lifestyle Solutions' (ILS)

¹¹ <https://www.nami.org/mhstats>

Restorative Practices and Teen Support, When She Thrives' Successfully Overcoming Adversity with Resilience (SOAR) Program, and Amachi's Hear4U. Informal Mental Health Supports aim to increase the availability of preventative and proactive supports that individuals or families can use for mental health and well-being, smooth pathways to more formal services, broaden how people connect to care, and/or reduce stigma and crises.

- **Community Violence Reduction programs.** ACDHS committed to taking a multi-pronged, data and research-driven approach to violence prevention and interruption that addresses both root causes and symptoms. In addition to formally and regularly convening significant players in gun violence reduction in the city and County, ACDHS and ACDHS invests in evidence-based interventions, youth employment, and expanding out-of-school-time programs in highly impacted communities. In FY 21-22, ACDHS issued an RFP that asked stakeholders in these communities to come together to A) create a community violence reduction plan containing evidence-based interventions and B) choose a lead agency to coordinate and oversee violence reduction efforts on behalf of the community. In FY 22-23, ACDHS worked with these communities and model developers to begin implementing their chosen violence reduction program models with fidelity, including Becoming a Man (BAM), Cure Violence, Rapid Employment and Development Initiative (READI), Hospital-Based Intervention, Victim and Family Support, and Shooting Review Boards. Staff teams were hired and trained at 12 community-based agencies serving highly impacted communities. In FY 23-24, these programs began to enroll participants. BAM counselors served at-risk youth across six high schools. READI and Cure Violence outreach workers served those at the highest risk for gun violence involvement across five sites. The HVIP served gunshot wound victims who consented to treatment in four major trauma centers in Allegheny County. Lastly, six of the County's most impacted regions began shooting reviews, collecting data on shooting incidents and identifying emerging trends. In 24/25, these programs will expand the number of participants served, and in 25/26, in-school programming will expand to include a program for at-risk young women in grades 6-12

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

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

Disparity contracts to a degree at Investigations, where, of all children referred, the rate of investigation is 1.2 times higher for Black children than it is for White children. Of those families investigated, those with Black children and youth are part of an Open Case is 1.4 times the rate of White children and youth. With Placements, the disparity does decrease—with Black children and youth with an open case .77 times as likely to be placed in out-of-home as White children.

AC DHS maintains a publicly available dashboard that displays information about the race demographics of children involved with the child welfare system here:

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

There are also some differences by gender and age. In 2023, a larger proportion of female clients received services (56%) than the proportion of female clients with an active CYF case (45%). Similarly, a larger proportion of clients receiving services were under 18 years of age (57%) than the proportion of those under 18 in the overall population of clients with active CYF cases (47%).

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

- **The need for high-quality, effective community-based services that prevent formal system entry.** In FY23-24, 19% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other new or invoiced CYF services. Our current system is not yet tooled to support these families outside of CYF effectively. ACDHS envisions a future state where CYF serves a small number of high-risk families and where the majority of families – who are low-risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services. We have made progress towards this goal by newly making services available during investigation (see Executive Summary, CYF Successes). However, this improvement does not go far enough upstream to achieve our vision. We aim to progress 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. To improve outcomes for children and youth with complex behavioral and physical health needs, ACDHS invests in specialized placement settings with therapeutic supports integrated into the placement facility milieu. This is also compounded by the lack of appropriate secure detention facilities for youth that meet this criterion in addition to their mental and behavioral health needs.
- **The need for post-reunification services that prevent re-entry.** Allegheny County's re-entry rate after reunification is higher than the national benchmark for this performance measure (10.81% compared to the national 75th percentile of 8.3%). In 2022-23, teens were especially at risk for re-entry after reunification, with 15.24% of 13-15 year olds re-entering within 12 months. The services currently available to these families are primarily the same suite of in-home, non-placement services mentioned above. ACDHS' Client Experience unit is currently conducting surveys of reunified families to learn how post-reunification services and supports can be improved; the information is shared back with CYF staff through reports, dashboards, and visualizations.
- **The need to improve the quality of representation for parents in dependency proceedings.** Quality legal representation for parents in dependency court is critical because it supports increased parental involvement, more frequent visitation, better access to services and reduced length of stay in foster care.¹² Currently, the County provides legal services to indigent parents in dependency proceedings through the Allegheny County Bar Foundation's Juvenile Court Project (JCP). In cases where JCP can't represent a parent due to a conflict, the parent is represented by the Court's conflict panel, and the number of parents requiring representation by the conflict panel has increased significantly in recent years due to CYF's success engaging both parents. The conflict panel currently operates through part-time contracted staff and judge-appointed attorneys, but the current model cannot meet the need. A dedicated interdisciplinary conflict council office that will streamline operations and provide wraparound interdisciplinary services for clients is needed. In June 2024, ACDHS issued a Request for Proposals to provide interdisciplinary conflict counsel for parents involved in child dependency cases and expects to make an award in late 2024 (Adjustment requested).

Unfortunately, insufficient reimbursement mechanisms are a significant barrier to improving access to quality legal representation. While Allegheny County is taking advantage of newly available Title-IVE funds, this reimbursement, and the lack of state funding for parent attorney costs, is insufficient to meet the true cost of the service. Inadequate funding causes challenges in hiring and retaining

¹² <https://www.casey.org/quality-legal-representation-topical-page/>

attorneys, leading to significant delays in legal representation, thereby extending time to permanency.

- **The need for family-centered substance abuse services** – In Allegheny County, parental substance use is a leading cause of child welfare referrals, including those stemming from the current opioid crisis. Consistently, 20% of reports received include allegations of adult drug or alcohol use, and upwards of 30% of home removals include adult drug or alcohol use as a reason for the removal. From FY 18-19 through FY 23-24, 33% of home removals (5,333 removals) were associated with adult drug or alcohol use in Allegheny County; this percentage increases to 44% (2,197 removals) for children under five. Additionally, child ingestion fatalities and near-fatalities have increased from 3 in 2019 to 6 in 2020, 8 in 2021, 9 in 2022, and 11 in 2023. Fentanyl was present in 73% of the cases in 2019–2023 and has been present in 73% of the ingestions in 2023. There is a critical need for more family treatment services to mitigate the effects of parental substance use disorders and to help strengthen and preserve families. Allegheny County currently offers inpatient substance use disorder treatment for parents throughout the County, but many programs are for mothers only, limit the number of children that a parent can bring, and may not allow for longer stays in treatment when necessary. The newly opened Family Healing Center will address this need by allowing families with multiple adults and up to four children to stay together while the addicted person receives treatment but can only support 15-20 families per year. Between June 2023 and May 2024, 26 adults were treated at the Family Healing Center. There is still a need for additional family-centered treatment options in Allegheny County.

- ☐ 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 appreciate the State's assistance with expanding the list of eligible programs for IVE Prevention funding. This could include editing the State's Prevention Plan to include a wider selection of programs and advocating to the Federal Government and the California Clearinghouse to include concrete and economic supports as a well-supported practice in the Clearinghouse. Despite the growing body of evidence, the County cannot use IVE prevention dollars for concrete or economic supports.

To address the **need to improve the quality of representation for parents in dependency proceedings**, ACDHS would appreciate the State's assistance in identifying additional funding for legal services for parents. While the County is accessing newly available Title IVE funds for this purpose, it is expected that this will support less than 25% of the total services cost. Additionally, there is a prohibition on using state OCYF funds for these expenses, so available funding is inadequate to meet the need.

To address the **need for placement settings and services that address the complex needs of youth through appropriate therapeutic services**, ACDHS would appreciate the State's assistance in managing provider capacity for complex case placements across the State. State-led management of the network of providers with on-site therapeutic supports would benefit all children in the State, especially those with the highest acuity of needs. Currently, counties are competing for limited placement beds, bidding up the cost of placement and leaving the highest-need youth unserved. The State could limit or manage providers' ability to bid up prices and only accept the youth they want to serve (who are usually of relatively lower acuity).

1-3d. Continuous Quality Improvement (CQI)

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

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

N/A

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

N/A

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

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

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

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

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

ACDHS/CYF is contracting with two technical assistance providers to support continuous quality improvement efforts: the University of North Carolina at Chapel Hill (UNC-CH) and Collaborative Safety.

UNC-CH, under the leadership of Professor Putnam-Hornstein, provides technical assistance; data, research, and evaluation expertise; advises on workforce training; and collaborates directly with the Director of Children, Youth, and Families (CYF) in the translation of data-driven practices to the administration of Allegheny's CYF. The development of new protocols for establishing more consistent practices and opportunities for learning across the five regional offices will serve as a key area of initial focus.

Additionally, Collaborative Safety supports the integration of safety science across CYF, including developing a critical incident review system using a nationally recognized model.

In the upcoming year, ACDHS will implement the strategies recommended by these partners to improve the quality of service delivered to clients. Lastly, we will continue to network with the Western Region Quality Assurance work group to ensure our practices are aligned with the region.

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

- Respond to the following questions:

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

Providers serving families in the Priority tier of Allegheny County's Hello Baby program serve as the lead agencies for all POSCs. As a result, CYF does not serve as the lead agency for any POSC. In cases where a family has a POSC and becomes active with CYF, CYF collaborates with the family and the POSC lead agency to engage in mutually supportive planning regarding the POSC and the family's CYF Family Plan.

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

Providers serving families in the Priority tier of Allegheny County's Hello Baby program 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. Referrals are managed through ACDHS's Hello Baby data platform, so ACDHS has all referral data. After receiving referrals, plan information is maintained by the providers in their own case management databases, but data-sharing agreements with the agencies 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 SAI and POSC to physical health care and drug and alcohol treatment providers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

As Allegheny County continues the ongoing implementation of POSC, we anticipate an expansion of communication and service engagement needs. Whereas the initial implementation phase has sought to ensure that infants born affected by substances and their parents and caregivers are supported, there is a longer-term vision of strengthening this support through a broadening scope. The broader scope includes clarity around "affected by" at the time of birth and extending the focus on prenatal planning. Regarding the definition of "affected by" for infants, more universally moving towards exposure, for example, would increase the number of POSCs offered/required. Further, whatever specific definition is implemented, ongoing partnership work and education are needed so the various systems can work together optimally and support the families serviced most effectively. Hospitals continue to be concerned with notifications to Childline regarding the relationships they build with their patients and the ability to engage the parents/caregivers in planning effectively. That tension can grow as the scope of notifications grows, even when the mutual goal is providing resources and supports so infants and families can thrive. The other expanding area of scope is moving upstream to prenatal engagement. While prenatal engagement is already part of the planning discussions and consideration in current efforts, more focus on intervention points before birth will continue to grow, requiring additional practice changes and more resources.

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

Consistent with ACDHS's efforts to expand support to families before they become formally involved in the child welfare system, POSC planning in Allegheny County continues to seek opportunities to help infants and their families thrive in their communities. Detangling notifications to Childline and the voluntary supports available via POSC from the fears and stigma of child welfare continue to be a

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

1-3j. Family First Prevention Services Act

- Respond to the following questions:

Title IV-E Prevention Services Program

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

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

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

ACDHS proactively offers a robust suite of diversionary services. There is no single unit dedicated to diversionary services, but rather many "open doors" that families at risk of child welfare involvement may walk through to ask for help. ACDHS and CYF believe that there is "no wrong door" and that it is our responsibility to provide and/or refer to diversionary services, no matter where the family presents.

For families who were referred to CYF but a case was not opened:

- **Services provided during investigation.** Previously, many ACDHS services, including in-home, transportation, and concrete goods services, were only available to families once a case had been opened, causing a delay. In June 2023, ACDHS began providing services to families faster, starting during investigation. In FY 23-24, 1,775 child welfare referrals were connected to services during an investigation, an increase of 451 service connections from the prior fiscal year. The proportion of child welfare investigations receiving services during investigation in FY23-24 was 24%, an increase of 4.8% over the prior Fiscal Year. We anticipate that the proportion of families provided services during investigation will continue to increase as we continue to train staff on this new practice.
- **Family and Community Teaming (FACT)** is a 90-day voluntary service for families with children 0 to 18 at risk of child welfare involvement who were referred to CYF, but a case was not opened. The two providers (Macedonia FACE and Touching Families) use the Conferencing and Teaming model to support families with a variety of needs, including conflicts between parents and children, a lack of housing resources, the need for budgeting support, communication issues within the family, or just a general need for overall assistance. They work with families to create personalized solutions, strengthen family connections, and connect to resources.

For families who have not yet been referred to CYF, the following services are available in the community:

- **Hello Baby.** Hello Baby is a tiered prevention model that offers a variety of supports designed to meet families' varied needs and interests through the child's third year. Every new Allegheny County mother is given information about Hello Baby through primary birthing hospitals and other

sources throughout the County, as well as a postcard to welcome their baby's birth. All families in Allegheny County can use the Hello Baby website and call the United Way PA's 2-1-1 Southwest warm line to get information and resources about breastfeeding, child development, parenting and more. These services are available for all families regardless of need. For families with higher or more complex needs, Hello Baby provides additional care coordination to help juggle the complexities of parenthood. Eligible families are identified through assessments and community referrals and are offered care coordination by a family coach and other team members to support the individual needs of each family. These teams work to engage families, learn about their needs and, together with the parents, develop a plan to leverage their strengths, clear barriers to appropriate services, and provide them with wraparound assistance for as long as they wish or until the child turns three.

- Home Visiting programs use evidence-based or evidence-informed curricula to provide one-on-one support and long-term case management for families with children ages 0 to 5. Supported home visiting curricula include Parents as Teachers, Nurturing Parenting, and 24/7 Dad. A Family Development Specialist provides visits in the home or at a family center. Parent/Child Interaction activities occur once a month at a family center or community space, allowing families to participate in social activities in addition to the one-on-one case management they receive.
- **Family Centers.** Family centers are community hubs located in 26 neighborhoods throughout the County that provide free and voluntary services and activities to families. Family Centers are meant to serve as hubs for authentic and supportive connections for families in the community. At a Family Center, families can access resources, including Basic Needs support on-site, make connections and participate in programs. Family centers provide programming, including infant, toddler, and Kindergarten Readiness groups, parenting classes and support groups, home visiting programs for expecting families and families with children 0-5, and parent leadership groups. Family Center staff often live in the communities where they work and are hired for their expertise and passion for the communities they serve. Many are former program participants.
- **Early Learning Resource Center (ELRC) Resource Team.** DHS administers the Region 5 Early Learning Resource Center (ELRC). The ELRC administers and connects families to the Child Care Works (CCW) subsidy, making it possible for working, low-income families to find reliable childcare near their home or work and provides financial assistance to help them afford it. The ELRC also improves the quality of early childhood programming by supporting various early care and education programs and educators, including childcare centers, group childcare providers, family childcare homes, and relative providers with the certification process, subsidized childcare program enrollment and more. Further, a Resource Team operates out of the ELRC Region 5 central hub downtown. If a family indicates additional needs at the time of childcare subsidy application, the Resource Team connects them to DHS to access additional resources around housing, food, public benefits, and childcare programming if they do not qualify for subsidy. The ELRC downtown hub also serves as a Diaper Bank and Formula Bank. While the ELRC is a valuable resource for working families who meet income guidelines, some families need immediate short-term care during a crisis, or support while they become eligible to receive subsidy via the ELRC by gaining employment. DHS has implemented innovative solutions to address these, including funding emergency childcare through Jeremiah's Place and homestays through Safe Families, as well as bridging the gaps for families awaiting child care subsidy or whose income exceeds the CCW income limits.
- **Resource Navigators.** DHS funds resource navigation positions to assist individuals, families, and community partners to connect to resources or work through complex situations.
 - **MDJ Resource Specialists** – OCS has a unit of resource specialists embedded within the Magisterial District Court system. OCS staff provide support and make resource connections in the 46 courtrooms at this level of the courts. They act as a DHS representative for all parties to

demystify human services and ensure that individuals they encounter in hearings are reconnected to DHS workers with whom they are already involved. Within these hearings, they are also able to make connections to mental health, substance use, homeless services and child welfare work.

- **Hub Community Resource Navigators** assist human services agencies and other community partners when they are unsure how best to meet a client's needs. The Community Resource Navigators can provide technical assistance, make connections between multiple service providers, and draw on DHS expertise to ensure warm handoffs to trusted services and resources. The largest community partners that contact the Hub for assistance are K-12 school staff, Family Court judges, PA211 Southwest, adult probation officers and family centers.
 - **Housing Navigators** help families accessing OCS services locate safe and affordable housing.
- ☐ Community Pathways support the delivery and planning for evidence-based prevention services for a child who does not have an open case with the child welfare agency and does not require immediate child welfare intervention but meets Pennsylvania's definition of Candidate for Foster Care. County Children and Youth Agencies (CCYAs) must determine candidacy and eligibility for the selected prevention service. The CCYA may contract with approved community-based providers to develop or approve a child-specific prevention plan, provide prevention plan case management, conduct ongoing safety and risk monitoring and assessments, and/or deliver approved evidence-based prevention services as agreed upon in their contract. Processes set up by CCYAs must be reviewed and approved by OCYF. Share whether this is an option the CCYA is considering.

ACDHS is 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.

However, ACDHS foresees a few barriers to implementing a Community Pathway model. First, ACDHS would need to broaden our IVE Prevention candidacy definition (currently "children with an open child welfare case"), which is not compatible with a Community Pathway model. In addition, the current contents of the Family First Clearinghouse and PA Prevention Plan severely limit the prevention services eligible for reimbursement, and do not match the services that families want and need, like concrete and economic supports. Until the contents of the Clearinghouse and PA Prevention Plan are broadened, it would not make sense for ACDHS to invest in establishing a Community Pathway.

- ☐ Identify any areas of technical assistance that the County may need in this area.

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

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

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

ACDHS employs a unit of Multisystem Specialists to provide administrative technical assistance across systems for children and youth whose needs are complex. 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:

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

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

- Providing technical assistance to conferencing and teaming meetings.
- 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 follow-up with youth without 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 all relevant systems and family supports are invited to these meetings and enables engagement via 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 the referral, notes and updates. We are working within ACDHS to explore sharing that information when applicable back to the KIDS system. Finally, the Placement Stability Unit leads a monthly recruitment collaborative with all foster care providers to improve shared access to information across systems.

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

In FY 23-24 alone, Allegheny County's Multisystem Team held over 4,000 meetings (Integration and Teaming, Complex Case, and Technical Assistance meetings) regarding 156 youth with complex needs. Further, the number of youth the Multisystem Team serves is increasing, with a 30% year-over-year increase in youth served from FY 22-23 to FY 23-24, representing 36 additional youth.

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

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

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

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

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

1-3r. Family Reunification Services

- Respond to the following questions:

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

ACDHS currently supports family reunification efforts through in-home services (including Homebuilders™), coached visitation, and systems navigation/advocacy provided by the Youth Support

Partner unit. CYF caseworkers also support family reunification by providing transportation for child/family visits. Additionally, CYF partners with our local public housing authorities to connect families to HUD's Family Unification Program (FUP) vouchers in cases where housing is a barrier to family preservation/reunification.

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

To estimate the total cost of family reunification services in FY 2023-24, we considered:

- The proportion of cases referred to Homebuilders for reunification support. (48 of 76 cases, 63% or \$525,333)
- The estimated proportion of families receiving other non-placement services to support reunification. (57% or \$2,372,733)
- The total cost of coached supervised visitation services. (\$1,281,657)

The resultant estimate of the total costs of services and activities to provide family reunification services in FY 2023-24 is \$4,178,723.

Section 2: General Indicators

2-1: County Fiscal Background

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

Allegheny County was underspent in SFY 2023-24 due to 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: The expiration of temporary benefits and lack of affordable housing threaten family housing stability.** Many temporary, pandemic-related policy changes that kept the most vulnerable families out of crisis — such as SNAP Emergency Allotment, Medicaid continuous enrollment, and the Emergency Rental Assistance Program (ERAP)—have or will soon end. At the same time, as families are experiencing an end of critical economic supports, there is a 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. These trends have a disproportionate impact on Black and other families of color.¹³ For example, while Black residents represent 14% of Allegheny County's population, they represent 65% of FY23-24 ERAP applicants and 77% of families in shelter.¹⁴ In response, ACDHS is implementing new and expanded programs to meet basic needs and promote housing stability among families, including tenancy-sustaining services and rental assistance support for eviction prevention.

¹³ <https://assets.aecf.org/m/resourcedoc/aecf-kidsfamiliesandcovid19-2020.pdf>

¹⁴ <https://www.alleghenycountyanalytics.us/2024/02/08/families-using-emergency-shelters-in-allegheny-county/>

- **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) but also 20% below occupations that require less education and training (an associate's degree). Caseworkers are only paid 5% more on average than occupations requiring only a high school degree.

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.¹⁵ 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)¹⁶. ACDHS will address this through its expenditure adjustments by investing in evidence-based interventions, countywide supports, 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, where Black children and youth are 3.8 times more likely to be referred for investigation than White children and youth. 41% of children referred to child welfare

¹⁵ 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*

¹⁶ 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.

were Black, even though only 18% of Allegheny County's child population is Black.¹⁷ 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. The number of youth the Multisystem Team serves is increasing, with a 30% year-over-year increase from FY 22-23 to FY 23-24. 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 and informal mental health supports for youth.
- **Trend: Time to permanency within 12 months of entering care does not meet the national standard.** ACDHS has been working to improve our performance against this benchmark for several years (please see Program Improvement Strategies in Section 2-4). The national performance standard is 40.5%, and Allegheny County's percentage was 19.16%. ACDHS will address this through its expenditure adjustments by investing in kinship care and its array of services designed to resolve child and family needs. *NOTE* this trend is based on data from PCG from packages 22A & 22B. This is because new data packages were not sent to counties prior to the NBPB submission in 2024.
- **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 percentage of children and youth re-entering care within 12 months after reunification (10.81%) is higher than the national benchmark (8.3%). In 2022-23, teens were especially at risk for re-entry after reunification, with 15.24% of 13-15 year olds re-entering within 12 months. Re-entry to care after reunification can indicate that the services delivered did not adequately address families' needs and remediate safety concerns. ACDHS is addressing this by surveying reunified families to improve its post-reunification services and supports. *NOTE* this trend is based on data from PCG from packages

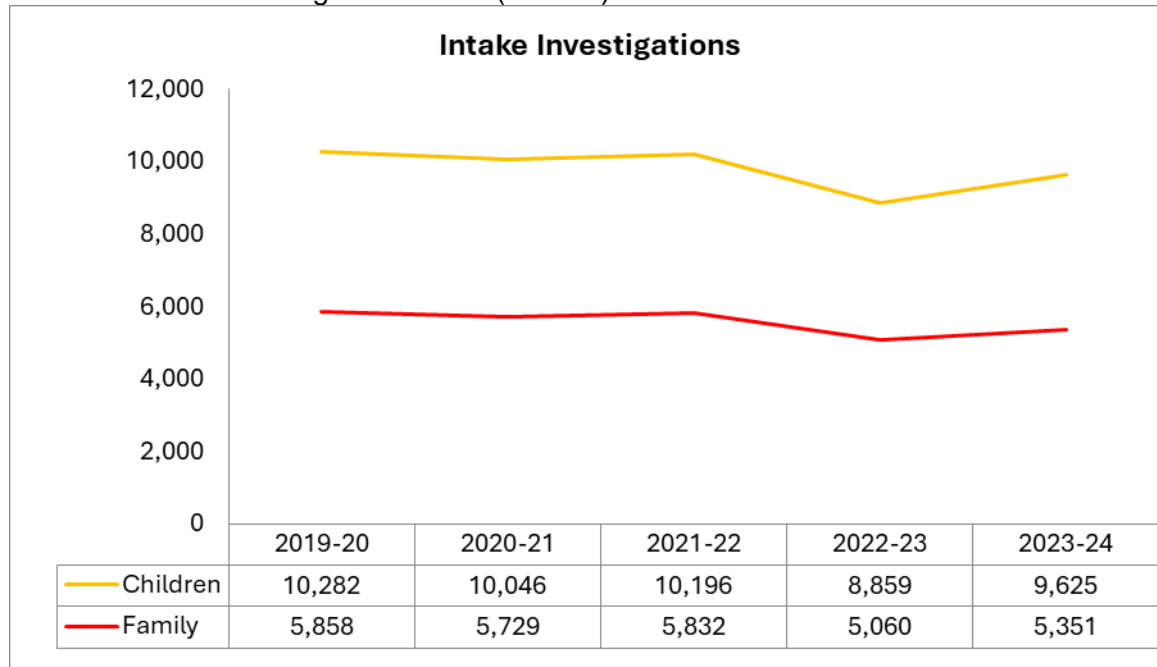
¹⁷ <https://www.alleghenycountyanalytics.us/2022/04/14/racial-disproportionality-in-allegheny-county-child-welfare-interactive-dashboard/>

22A & 22B. This is because new data packages were not sent to counties prior to the NBPB submission in 2024.

- **Trend: CYF is receiving referrals and opening cases for families that only need concrete and economic supports.** In FY23-24, 19% of non-placement CYF cases in Allegheny County received only concrete goods or transportation passes and no other new or invoiced CYF services. Our current system is not yet tooled to support these families outside of CYF effectively. ACDHS envisions a future state where CYF serves a small number of high-risk families and where the majority of families – who are low-risk – are diverted from formal system entry and able to have their needs met through voluntary, community-based services. 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' need 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.
- **Trend: Increasing parental substance use disorder and child ingestions** – In Allegheny County, parental substance use is a leading cause of child welfare referrals, including those stemming from the current opioid crisis. Consistently, 20% of reports received include allegations of adult drug or alcohol use, and upwards of 30% of home removals include adult drug or alcohol use as a reason for the removal. From FY 18-19 through FY 23-24, 33% of home removals (5,333 removals) were associated with adult drug or alcohol use in Allegheny County; this percentage increases to 44% (2,197 removals) for children under five. Additionally, child ingestion fatalities and near-fatalities have increased from 3 in 2019 to 6 in 2020, 8 in 2021, 9 in 2022, and 11 in 2023. Fentanyl was present in 73% of the cases in 2019–2023 and has been present in 73% of the ingestions in 2023. There is a critical need for more family treatment services to mitigate the effects of parental substance use disorders and to help strengthen and preserve families. Allegheny County currently offers inpatient substance use disorder treatment for parents throughout the County, but many programs are for mothers only, limit the number of children that a parent can bring, and may not allow for longer stays in treatment when necessary. The newly opened Family Healing Center will address this need by allowing families with multiple adults and up to four children to stay together while the addicted person receives treatment but can only support 15-20 families per year. Between June 2023 and May 2024, 26 adults were treated at the Family Healing Center.
- **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 2-4)**

2-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).

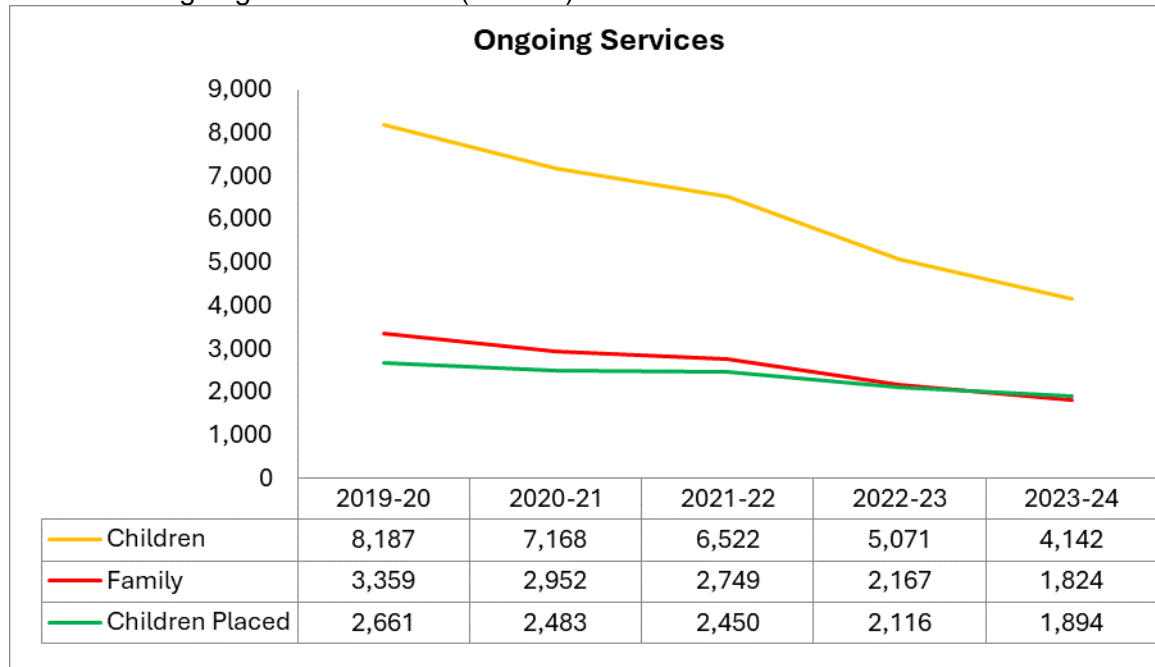


Intake investigations increased in FY2023-2024 over the prior year, driven by a continued increase in the volume of incoming referrals. As a percentage of incoming referrals, call screening rates remained similar to the prior year. In FY2023-24, about 31% of GPS referrals on new families were screened-in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

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

2-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

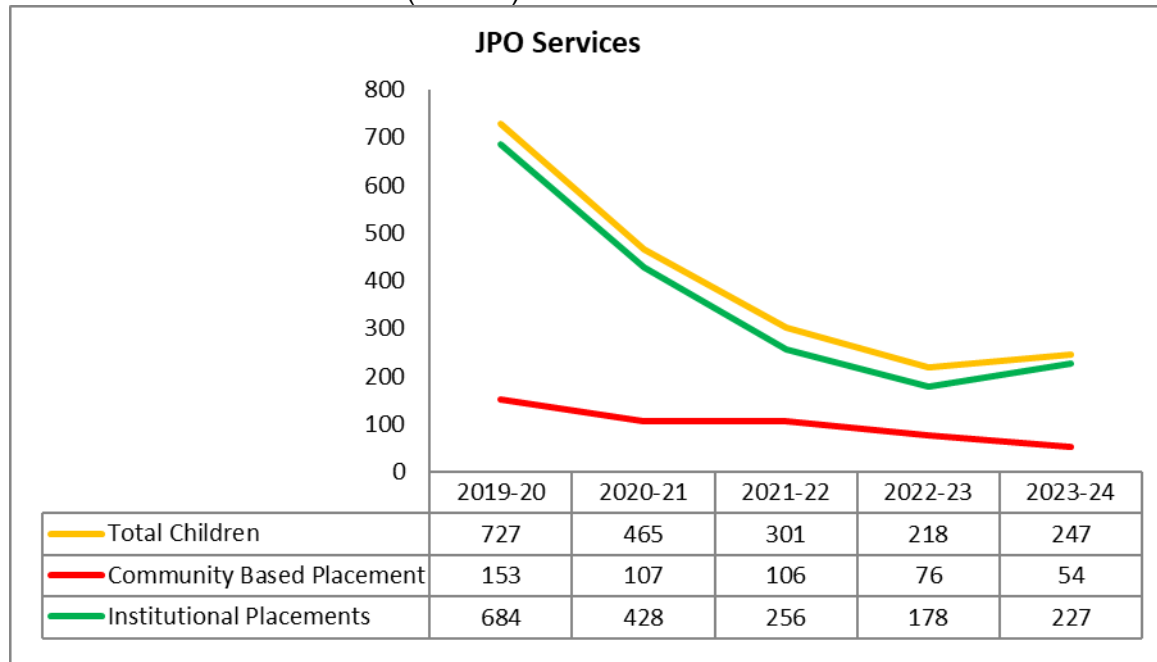


The number of children and families receiving ongoing services has declined steadily over the past five fiscal years. One initial factor in this trend was the decline in incoming referral volume during the COVID-19 pandemic. However, even as referral volume has reversed direction and trended toward pre-pandemic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

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

2-2a. JPO Services

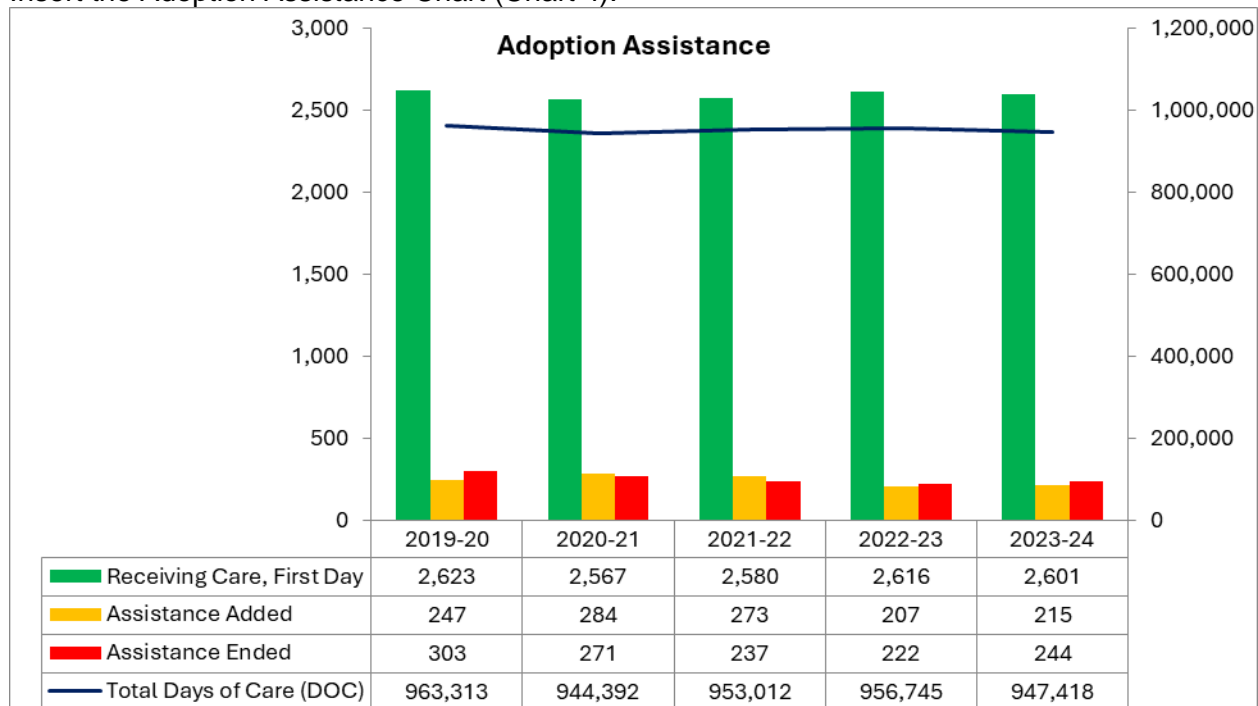
Insert the JPO Services Chart (Chart 3).



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

2-2b. Adoption Assistance

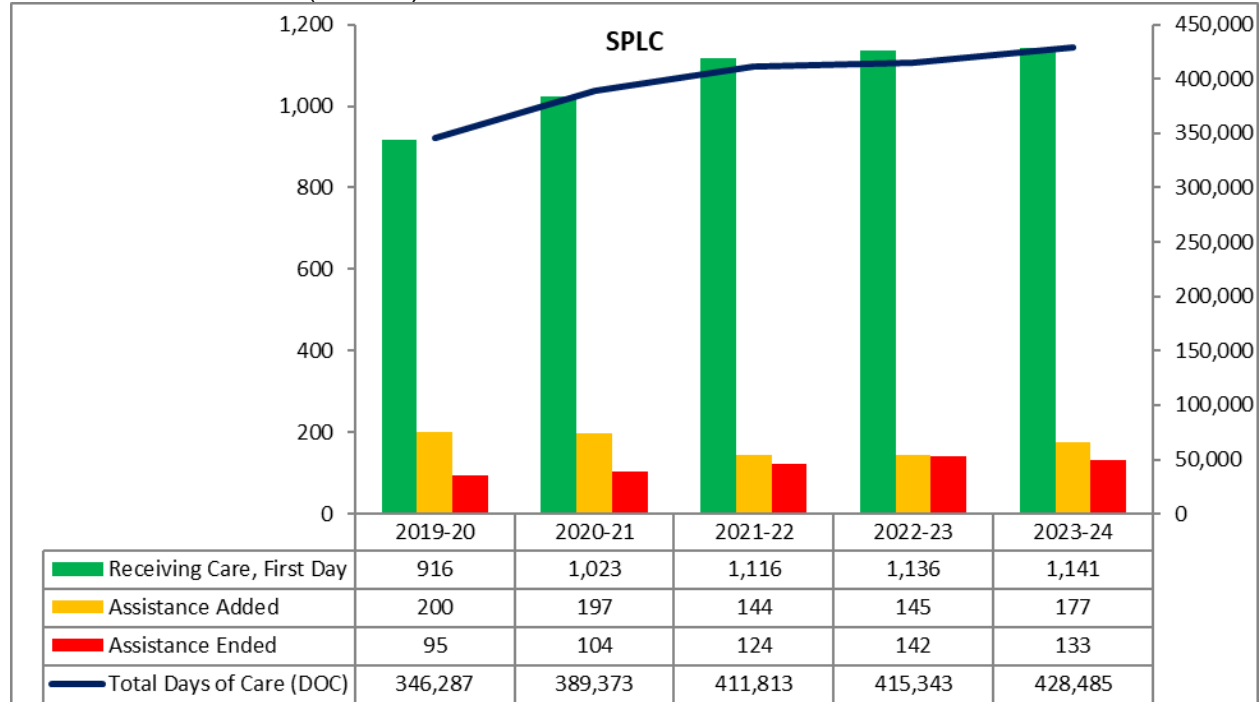
Insert the Adoption Assistance Chart (Chart 4).



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

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

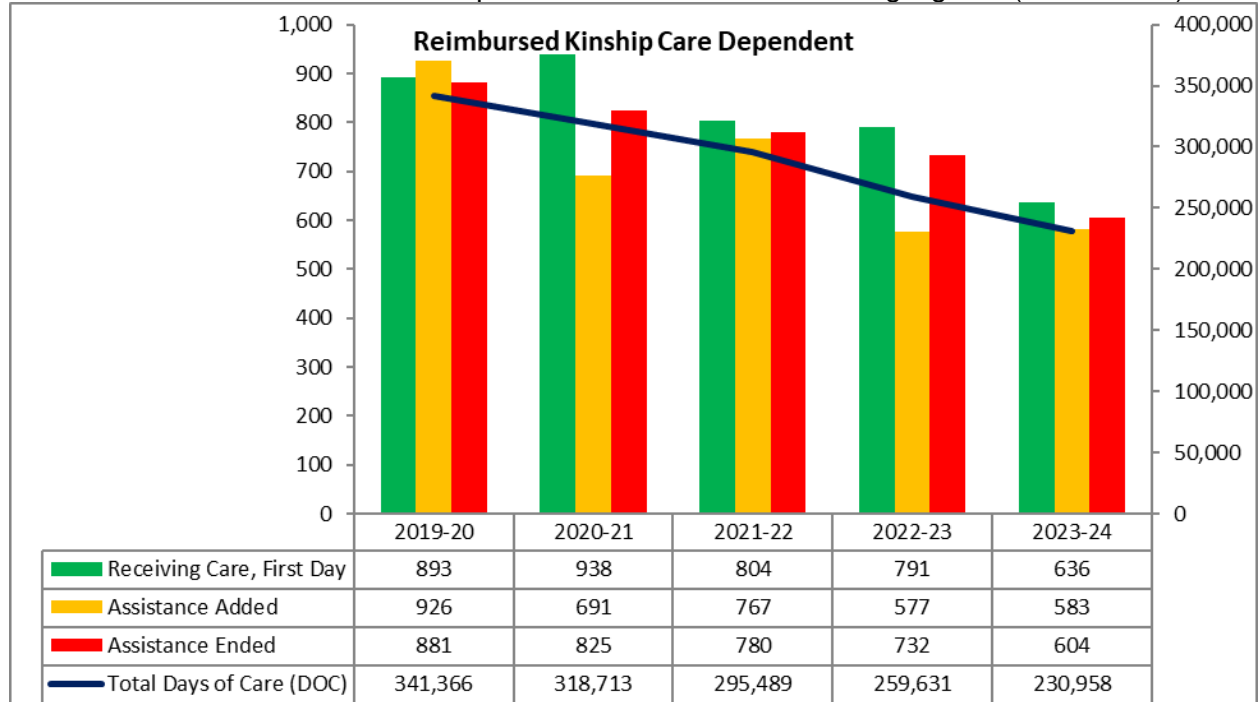
Insert the SPLC Chart (Chart 5).



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

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

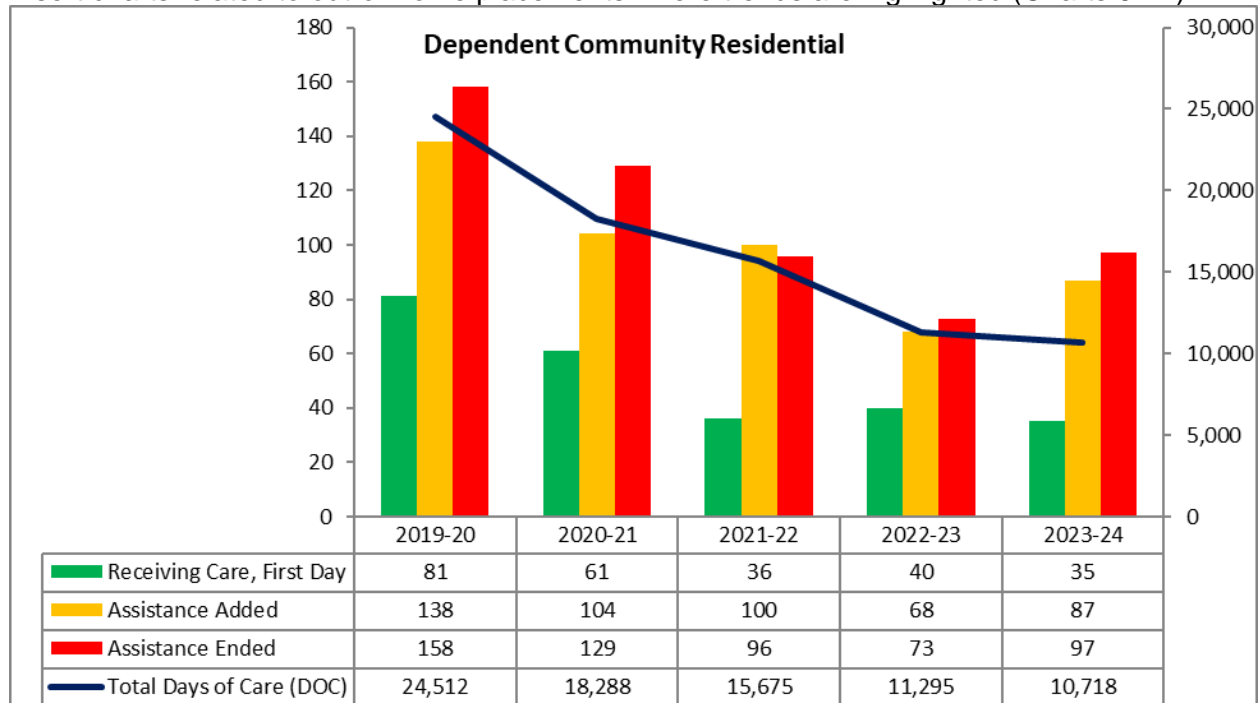
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



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. ACDHS remains committed to using kinship providers whenever possible.

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

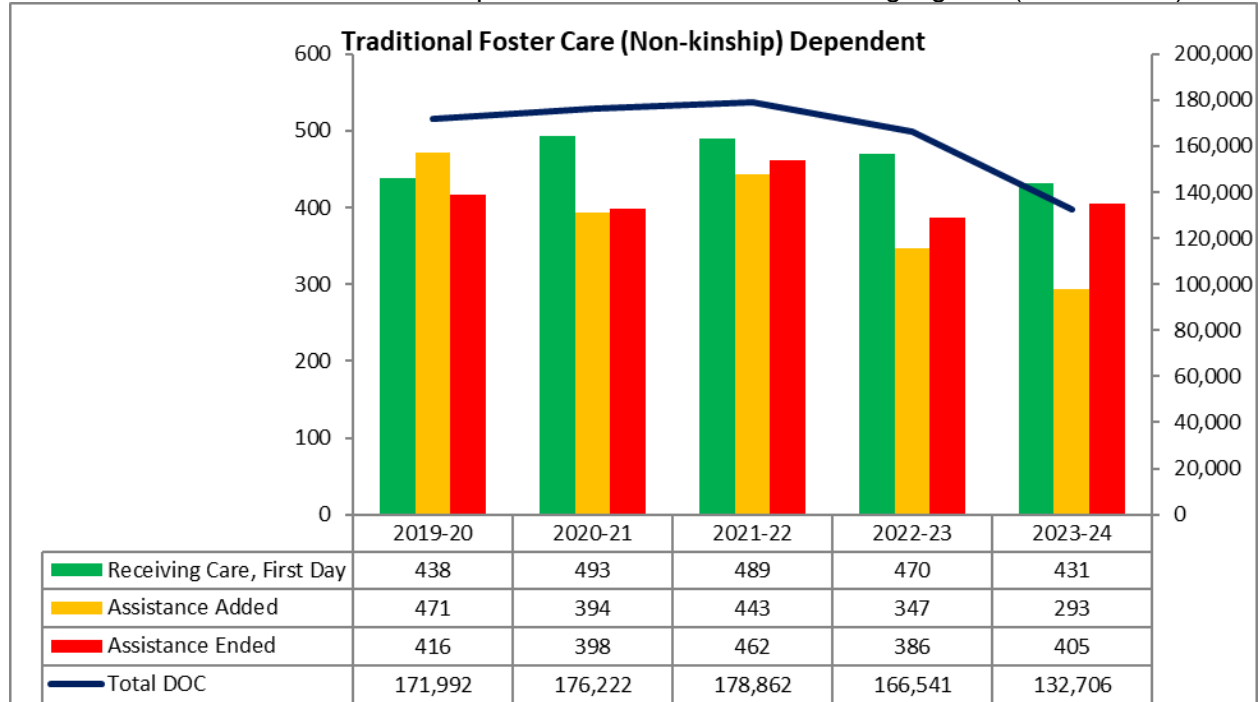
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22)



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

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

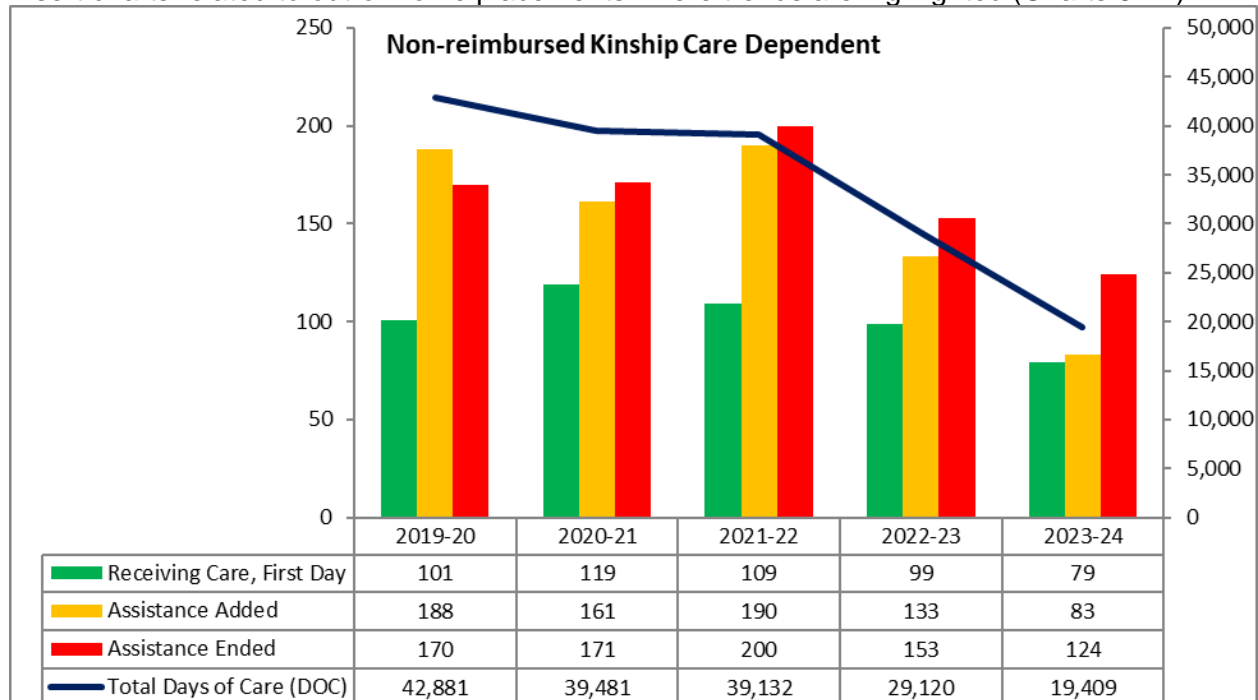
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



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

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

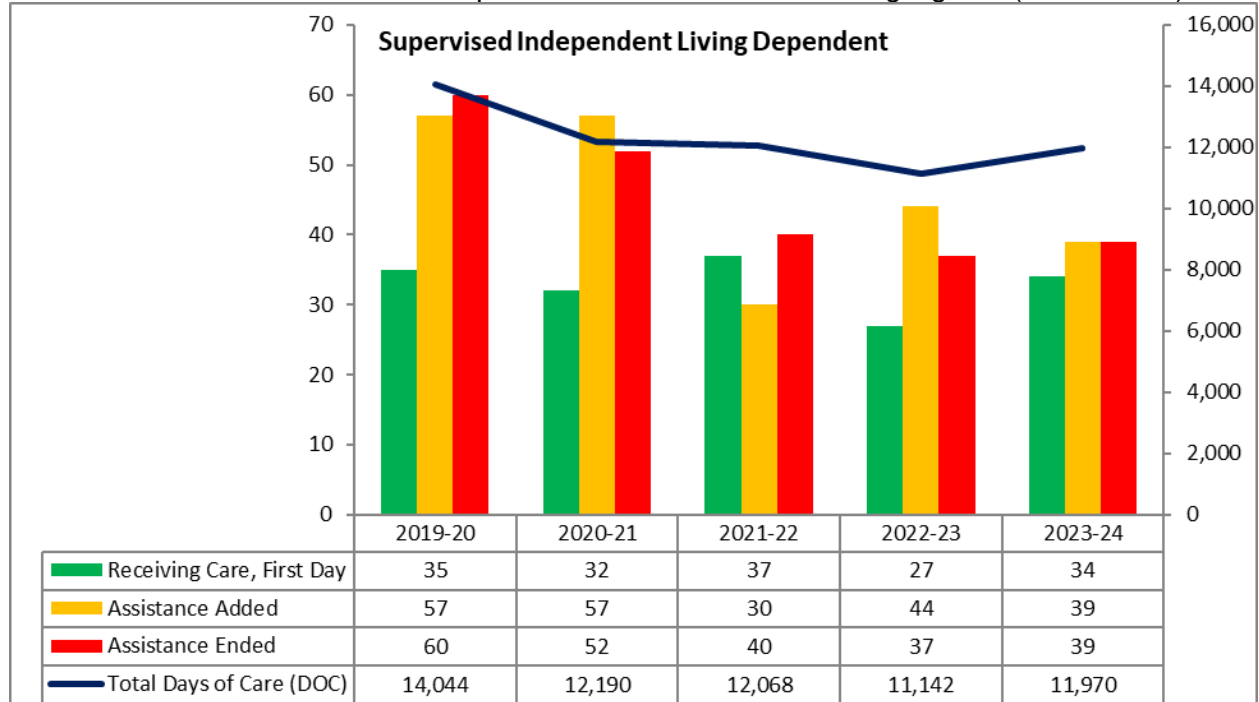
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



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

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

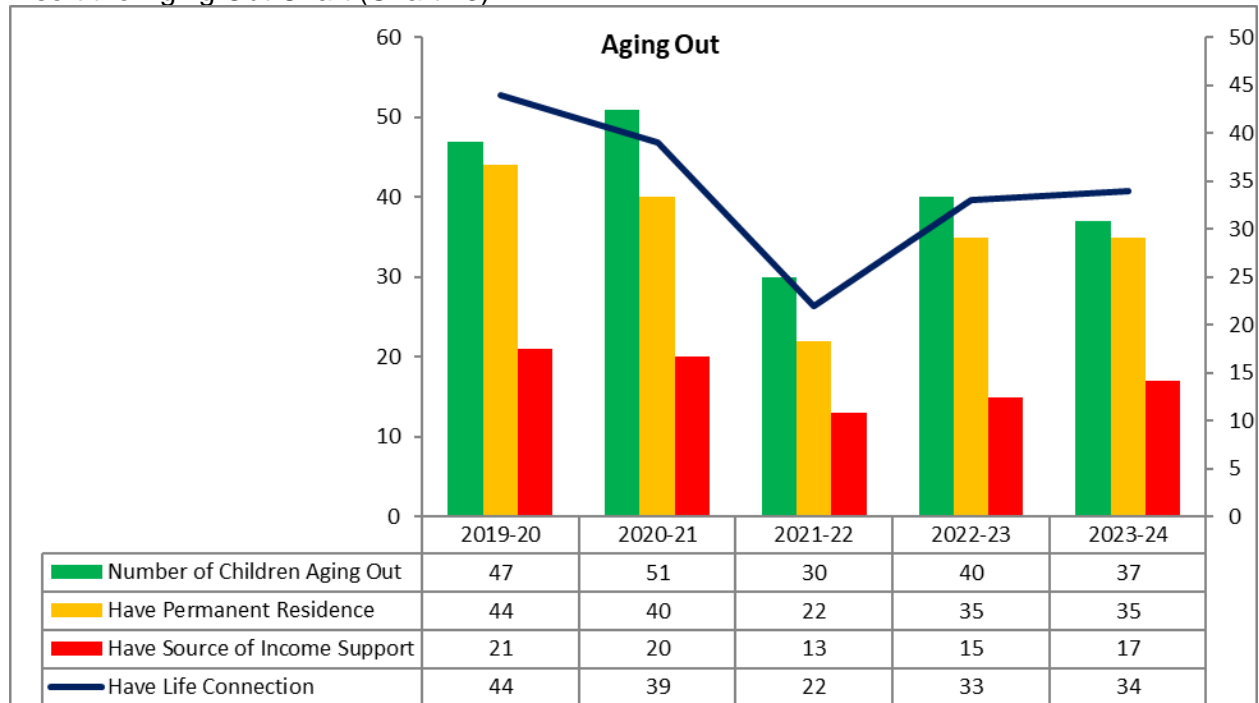
Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).



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

2-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



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

2-2f. General Indicators

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

2-2: General Indicators

"Type in BLUE boxes only"

County Number:

Class:

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

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2-2a. Service Trends

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

2-2b. Adoption Assistance

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

2-2c. SPLC

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

2-2d. Placement Data							
Indicator	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	% Change	CAGR
Traditional Foster Care (non-kinship) - Dependent							
Receiving Care, First Day	438	493	489	470	431	-1.6%	-0.4%
Assistance Added	471	394	443	347	293	-37.8%	-11.2%
Assistance Ended	416	398	462	386	405	-2.6%	-0.7%
Total DOC	171,992	176,222	178,862	166,541	132,706	-22.8%	-6.3%
Traditional Foster Care (non-kinship) - Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total DOC						0.0%	0.0%
Reimbursed Kinship Care - Dependent							
Receiving Care, First Day	893	938	804	791	636	-28.8%	-8.1%
Assistance Added	926	691	767	577	583	-37.0%	-10.9%
Assistance Ended	881	825	780	732	604	-31.4%	-9.0%
Total Days of Care (DOC)	341,366	318,713	295,489	259,631	230,958	-32.3%	-9.3%
Reimbursed Kinship Care - Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
Foster Family Care - Dependent (Total of 2 above)							
Receiving Care, First Day	1,331	1,431	1,293	1,261	1,067	-19.8%	-5.4%
Assistance Added	1,397	1,085	1,210	924	876	-37.3%	-11.0%
Assistance Ended	1,297	1,223	1,242	1,118	1,009	-22.2%	-6.1%
Total Days of Care (DOC)	513,358	494,935	474,351	426,172	363,664	-29.2%	-8.3%
Foster Family Care - Delinquent (Total of 2 above)							
Receiving Care, First Day	0	0	0	0	0	0.0%	0.0%
Assistance Added	0	0	0	0	0	0.0%	0.0%
Assistance Ended	0	0	0	0	0	0.0%	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0.0%	0.0%
Non-reimbursed Kinship Care - Dependent							
Receiving Care, First Day	101	119	109	99	79	-21.8%	-6.0%
Assistance Added	188	161	190	133	83	-55.9%	-18.5%
Assistance Ended	170	171	200	153	124	-27.1%	-7.6%
Total Days of Care (DOC)	42,881	39,481	39,132	29,120	19,409	-54.7%	-18.0%
Non-reimbursed Kinship Care - Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
Alternative Treatment Dependent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%
Alternative Treatment Delinquent							
Receiving Care, First Day						0.0%	0.0%
Assistance Added						0.0%	0.0%
Assistance Ended						0.0%	0.0%
Total Days of Care (DOC)						0.0%	0.0%

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

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

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

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

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

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

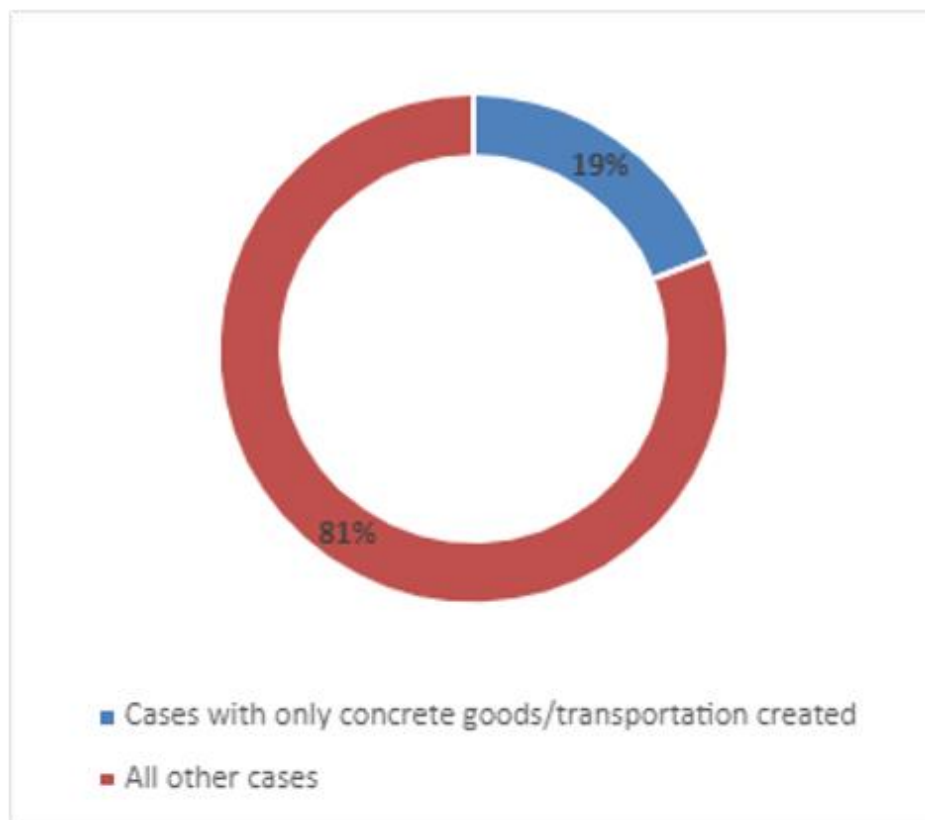
View Chart

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

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

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

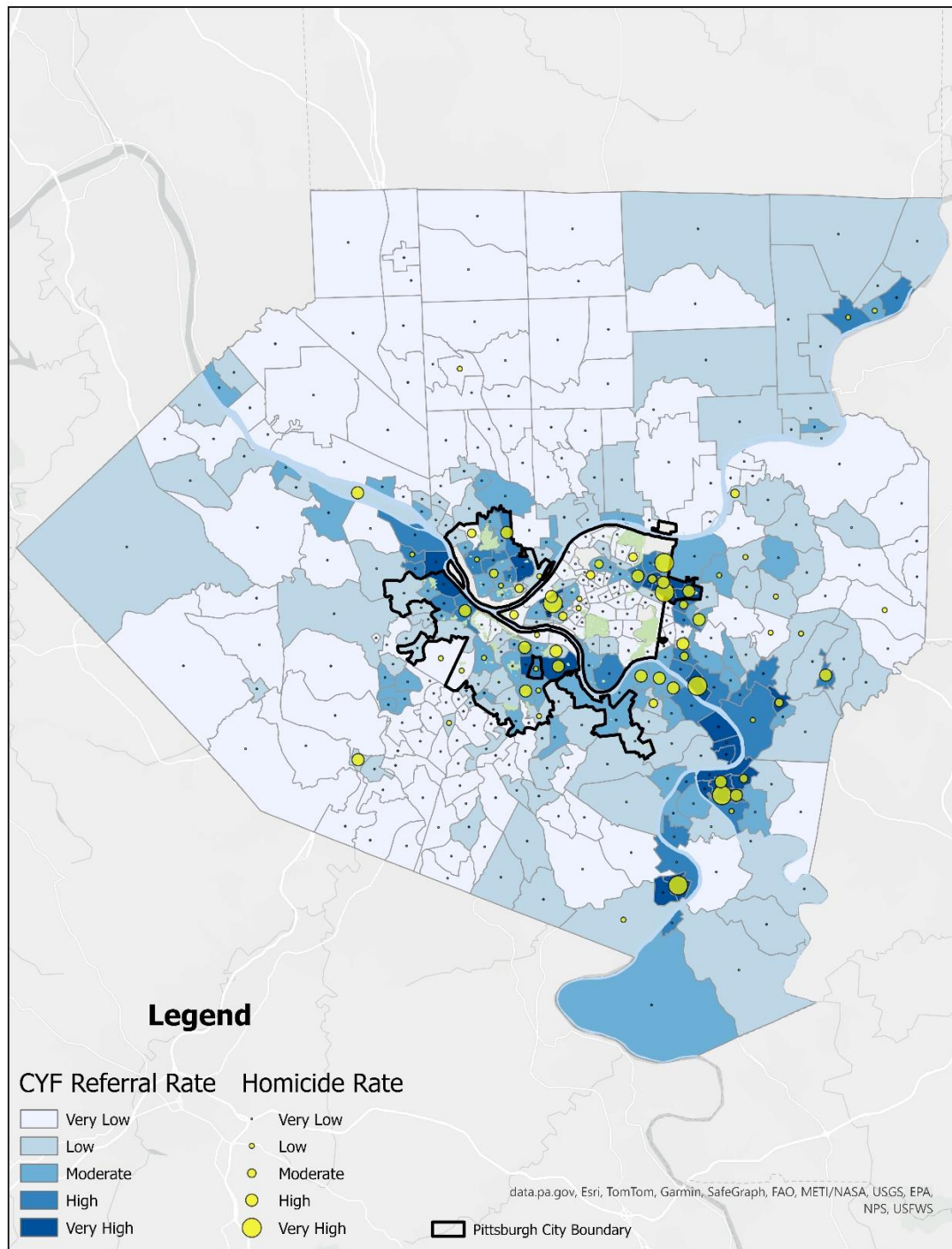
1) Open, non-placement cases that receive new requests for concrete goods or transportation support only



This chart demonstrates the potential for Allegheny County to further reduce the number of CYF active families through investments in primary prevention and diversion services that adequately meet families' basic needs. About 19% of non-placement CYF cases in Allegheny County open at any point in 2023 received only concrete goods or transportation passes and no other CYF services (120 cases). These families could have been best served through primary prevention and diversion services outside of the CYF system.

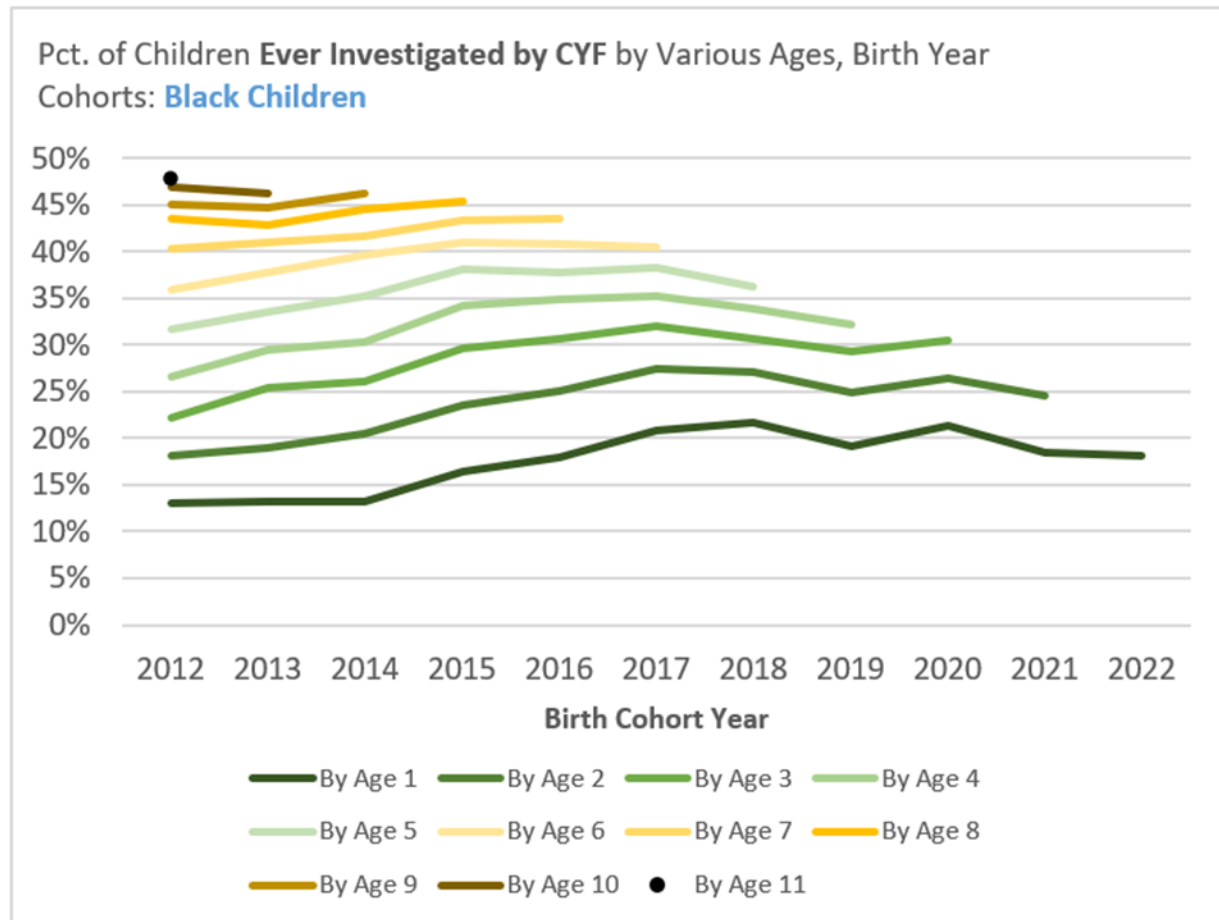
From FY 21-22 to FY 23-24, ACDHS has slightly reduced the percentage of open non-placement cases who received only concrete goods or transportation passes and no other CYF services from 20% to 19% (in absolute terms, from 250 cases to 120 cases).

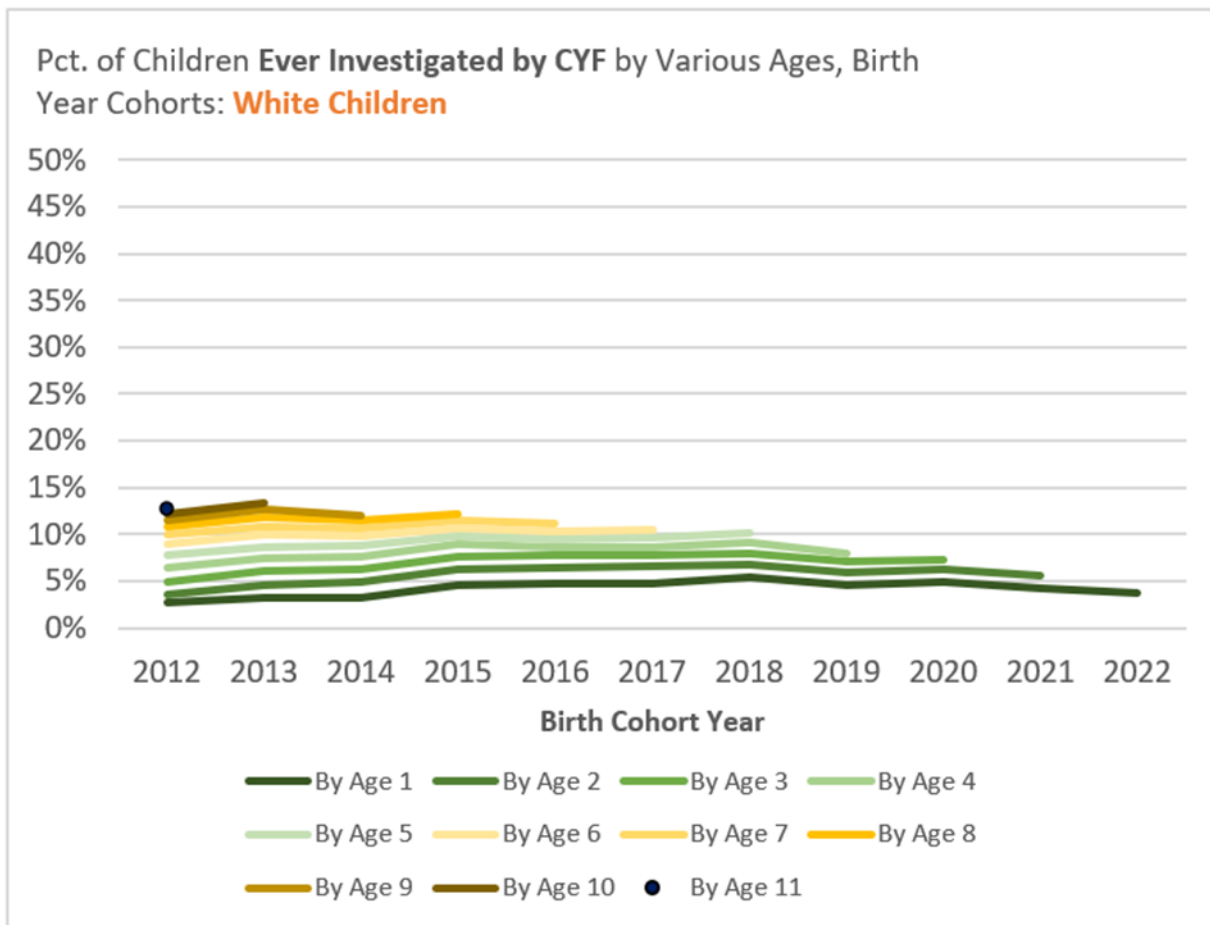
2) CYF referral rate and homicide rate, by community (tract) in Allegheny County



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) Referral Likelihood by Age and Race





Racial disproportionality within the child welfare system persists as a challenge for ACDHS. By age 11, 59% of Black babies born in 2012 had appeared on at least one referral, and 48% had been investigated. By comparison, 19% and 13% of White babies born in 2012 were referred and investigated, respectively. As a percentage of births, fewer White children are referred, investigated, or removed at least once by CYF by age ten (per the 2012 birth cohort) than Black children are by age one (per the 2012-2022 birth cohorts).

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

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

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

Child welfare trends:

The volume of incoming CYF referrals has continued to increase since the low point of the COVID-19 pandemic. Across all types, FY 2023-2024 saw a combined 15,727 distinct incoming referrals. This volume is about 15% higher than FY 2020-2021 (13,672) and about 10% below the most recent full fiscal year before the pandemic (FY 2018-2019), which saw 17,567 incoming referrals.

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

While referrals with CPS allegations must be investigated, call-screening rates on referrals with only GPS allegations have a higher degree of discretion. In recent fiscal years prior to the past year, the

rate of GPS referrals screened-in for further investigation was relatively stable at around four in ten. However, in FY 2022-2023, this rate saw its largest shift in many years, with the percentage of GPS referrals resulting in investigation falling from 39.4% in FY 2021-2022 to 29.1% in FY 2022-2023. In FY 2023-2024, the screen-in rate for GPS referrals was 31.3%, only marginally higher than the prior year and still considerably lower than FY 2021-2022 and other recent years prior to that.

Unlike the call-screening rate's relatively long-term stability until recently, the decision (conditional upon investigation) of whether to accept an investigated family for CYF services and open a full CYF case has been declining gradually for many years since peaking in early 2017. Among GPS investigations, over 40% were accepted for services in the early months of 2017; this rate has been consistently under 15% of GPS investigations in the last two fiscal years.

The aggregate effect of the changes in call screening and investigation decision-making is that much fewer CYF cases than usual have opened in the last two fiscal years—both in absolute terms and as a percentage of the incoming referral volume.

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

Juvenile justice trends:

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

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

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

We continue to see a lack in the availability of voluntary adolescent juvenile drug and alcohol inpatient programming. Because of this, juvenile probation has been left with no option other than to place juveniles in a juvenile facility to focus on drug and alcohol treatment when voluntary inpatient would have been more appropriate for said juvenile. Inpatient treatment is greatly needed for our adolescent

substance abusers. We currently have only one short-term voluntary inpatient option for boys and zero options for girls. We also do not have an in-person intensive outpatient program for juveniles. All the juvenile providers only offer virtual meetings, which are ineffective with juveniles who continue to abuse drugs and alcohol daily. (Note: ACDHS is working toward procurement of a new Adolescent Inpatient provider, and, upon state approval, plans to use HealthChoices Reinvestment funds for Start-Up.)

Over FY 23/24, we continued to see many of our facilities close or reduce programming for various reasons. This has created longer bed-waits, an increase in denials for placement and placement facilities being more selective in their admissions. The limited number of detention beds remains an issue, resulting 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. During this fiscal year, Allegheny County had 147 instances of juveniles who met the criteria for detention but had to be sent home due to a lack of detention beds.

We have also seen an increase in the need for more state placement referrals as facilities have become more particular about what types of juveniles they will accept into their programs – this can be related to a lack of staffing and inexperienced staff working within their facilities. Allegheny County JPO committed 31 juveniles to a YDC facility, an increase of 45% and only five juveniles to YFC, a decrease of 44%. Due to the continued lack of state facility beds, we have had high-risk youth at home on electronic monitoring for extended periods or 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 two months, 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 while awaiting their state bed.

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

The County's use of congregate care placement is 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 before attempting these services. Some offenses include arson, sexual offenses, and firearms-related offenses. Residential care ensures the safety of the community while the juvenile is receiving appropriate services.

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

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

The declines in the number 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 and reducing congregate care placements, and these priorities are also reflected in the data trends described above.

- ❑ Provide a description of children/youth placed in congregate care settings.
- ➡ Consider the children and youth who have the following characteristics by race, age, and gender:
 - *Intellectual disability or Autism;*
 - *A behavioral health impairment;*
 - *A physical disability;*
 - *Involvement with JPO; and*
 - *Identify as LGBTQ.*

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

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

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

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

➡ The below questions may assist in development of a response:

- *What are the service and treatment needs?*
- *Why can those services and treatment needs not be met in the community?*
- *What barriers exist to accessing service and treatment needs in the community?*

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

Office	Cost Center	Count	% of Congregate Care Clients
MH	Outpatient	100	72%
MH	Mental Health Crisis Intervention	57	41%
MH	À Unclassified	36	26%
MH	Administrative Management	35	25%
MH	Psychiatric Inpatient Hospital	25	18%
DA	Outpatient	21	15%
MH	Family-based Mental Health Services	18	13%
MH	Not yet defined in DW	17	12%
MH	Community Residential Services	13	9%
MH	Targeted Case Management	10	7%
MH	Partial Hospitalization	10	7%
MH	Family Support Services	8	6%
MH	Emergency Services	5	4%
DA	Inpatient Non-hospital Treatment and Rehabilitation	4	3%
DA	Intensive Outpatient	2	1%

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

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

Diagnosis	Count	% of Congregate Care Clients
ADHD	50	36%
DX Deferred	48	35%
Adjustment D/O	45	33%
Acute Stress RX	44	32%
Conduct D/O	32	23%
Depressive D/O	30	22%
Oppositional Defiant	27	20%
Anxiety Disorder	22	16%

Cannabis	18	13%
Autism Spectrum D/O	13	9%
Maj Depression	13	9%
Bipolar D/O	12	9%
Alcohol	3	2%
Other	3	2%
Schizophrenia	3	2%
Unspecified Psychosis	3	2%
ID	2	1%
Org Mental D/O	2	1%
Pers D/O	2	1%
Hyp/Sed	1	1%
Opioid	1	1%
Psychosis	1	1%
Subs Induced D/O	1	1%

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

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

➡ The below questions may assist in development of a response:

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

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

Several policies guide decision-making, including:

- **CYF Out of Home Placement Planning** – a procedure for CYF caseworkers to plan for the most appropriate, least restrictive placement option that will provide Safe Permanency for a youth
- **Allegheny County Best Practice Guidelines on Family Finding** – guidelines for "ongoing diligent efforts between a county agency, or its contracted providers, and relatives and kin to search for and identify adult relatives and kin and engage them in children and youth social service planning and delivery AND gain commitment from relatives and kin to support a child or parent receiving children and youth social services."
- **Allegheny County Juvenile Probation Office (JPO) and Allegheny County CYF Crossover Youth Protocol** – guide the day-to-day practices of staff from JPO and CYF when working with youth involved with both agencies.
- **Permanency Practice Guideline** – guides staff on the importance of ensuring that every youth who enters care maintains family connections, is involved in family search and engagement and receives the support necessary for transitioning from congregate care into a family setting.
- **Preplacement conference** – policy and procedure for team decision-making around which placement (if any) is in the child/ren's best interest
- **Rapid Response Team** – high-level 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.

CYF takes a team approach to decision-making. An office team—including a clinical manager, regional office director, caseworker, supervisor, and regional office support staff—holds an internal meeting to discuss the assessment of a child's safety and if that assessment requires a recommendation for placement outside a parent's care. The courts ultimately make the final decision. If a child requires out-of-home placement to maintain their safety, the caseworker works with the parents and the youth to determine kin who could provide a safe placement for the child/youth. When a child is adjudicated dependent by the Court, the Court conducts permanency reviews every three months and determines the progress made toward reunifying the child with a parent. Several groups within DHS convene to review a child's placement and discuss if a child is at the best and least restrictive placement available; these reviews can occur within permanency roundtables, during conferencing and teaming, by congregate care work groups, and at child option, rapid response, and integrated team meetings.

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

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

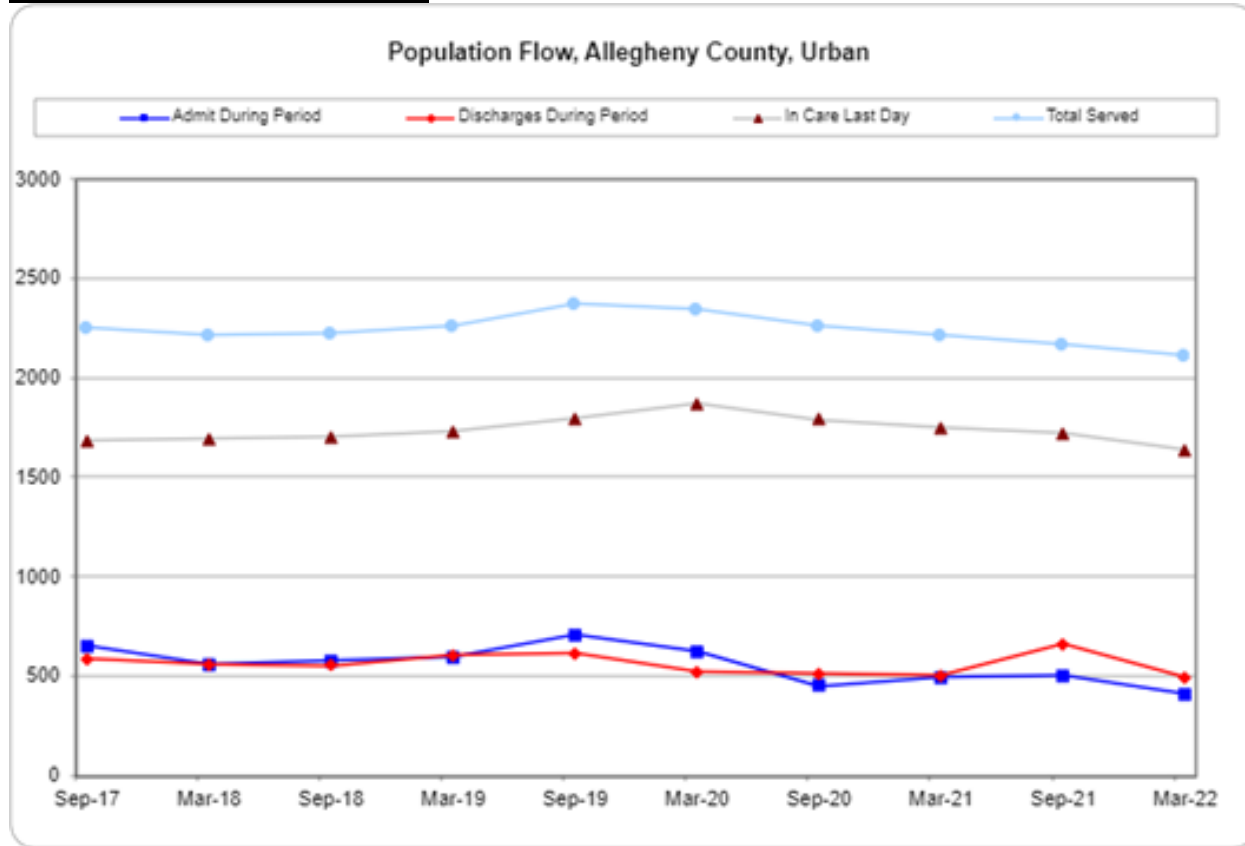
The County's current resource allocation is not appropriate to address projected needs, especially for the increasing number and acuity of complex cases and CSEC populations.

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.

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, step 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.

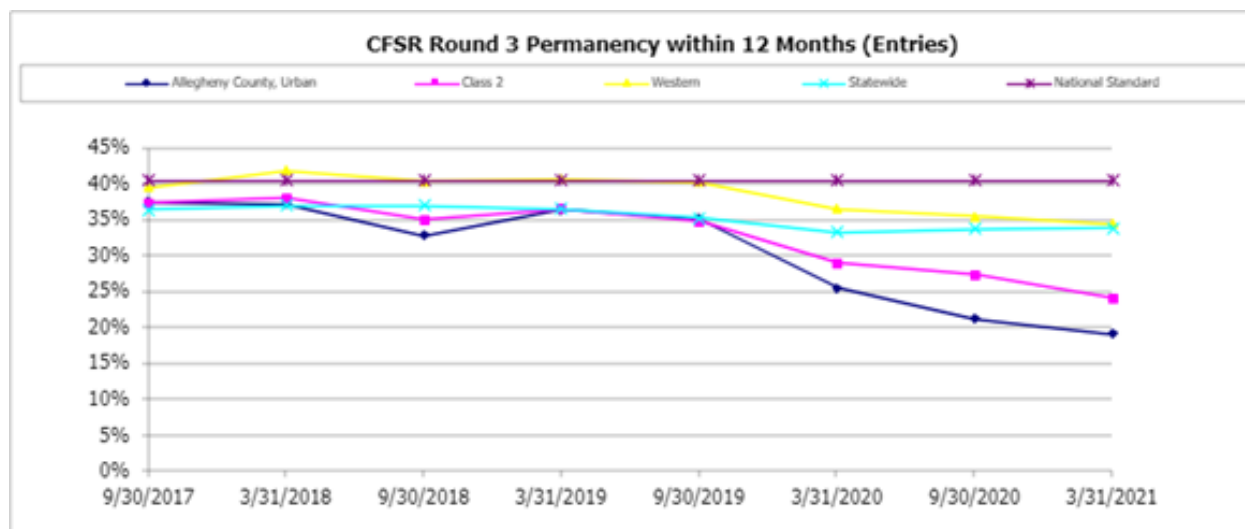
2-3a Population Flow

Insert the Population Flow Chart



2-3b Permanency in 12 Months (Entry)

Insert the Permanency in 12 Months (Entry) Chart

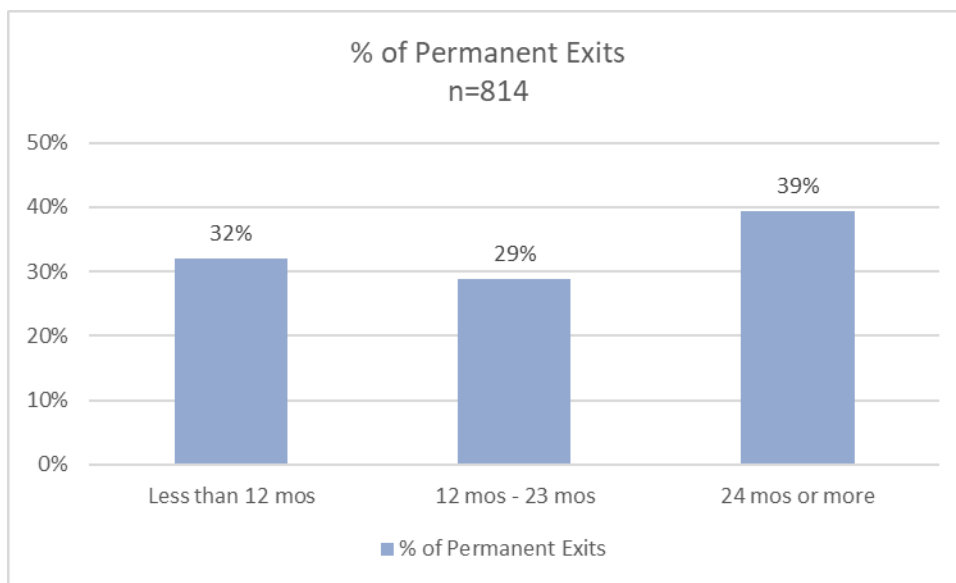


This indicator reports on the percentage of children and youth who entered care in a 12-month period and were discharged to permanency within 12 months of entering care. The national performance standard is 40.5%. A higher performance of the measure is desirable in this indicator.

☐ Does the County meet or exceed the national performance standard?

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

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

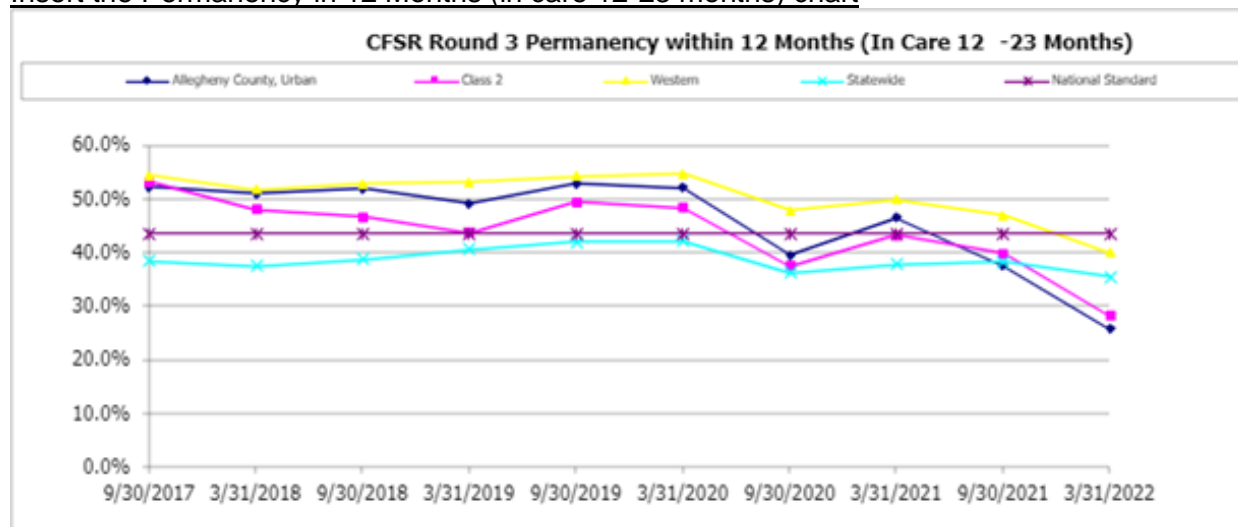


Among the 814 children who exited to a permanent placement (return home, adoption or permanent legal custodianship), 32% (n=260) had been in care for less than 12 months, 29% had been in care between 12 – 23 months (n=234) and 39% had been in care for 24 months or more (n=320).

Among those who were in care on June 30, 2024, 40% (n=445) had been in care for less than 12 months, 25% (n=281) for 12-14 months, and 34% (n=380) had been in care for 24 months or more.

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

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



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

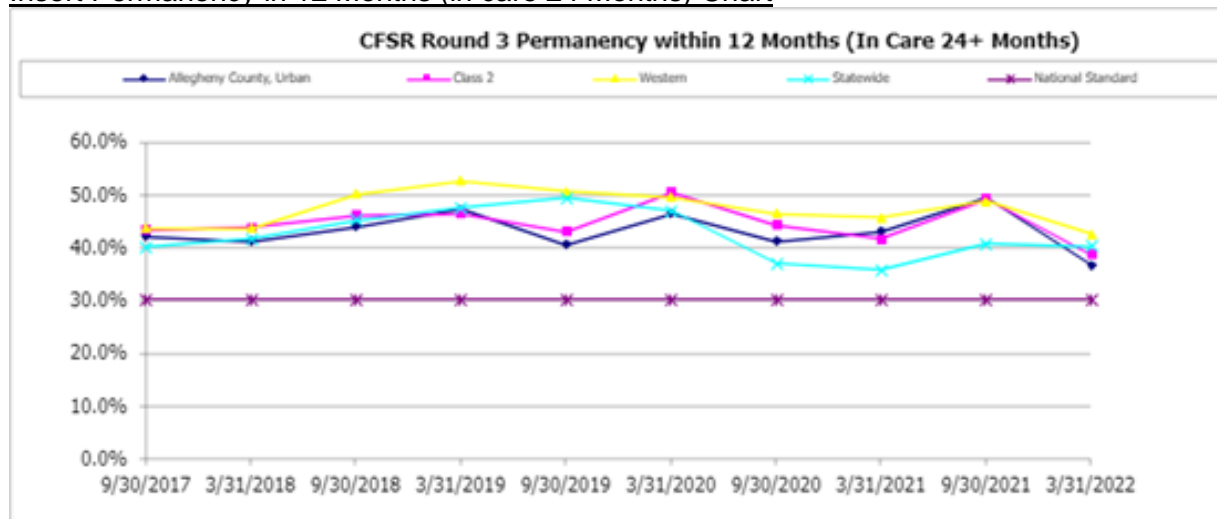
- ☐ Does the County meet or exceed the national performance standard?

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

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

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

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



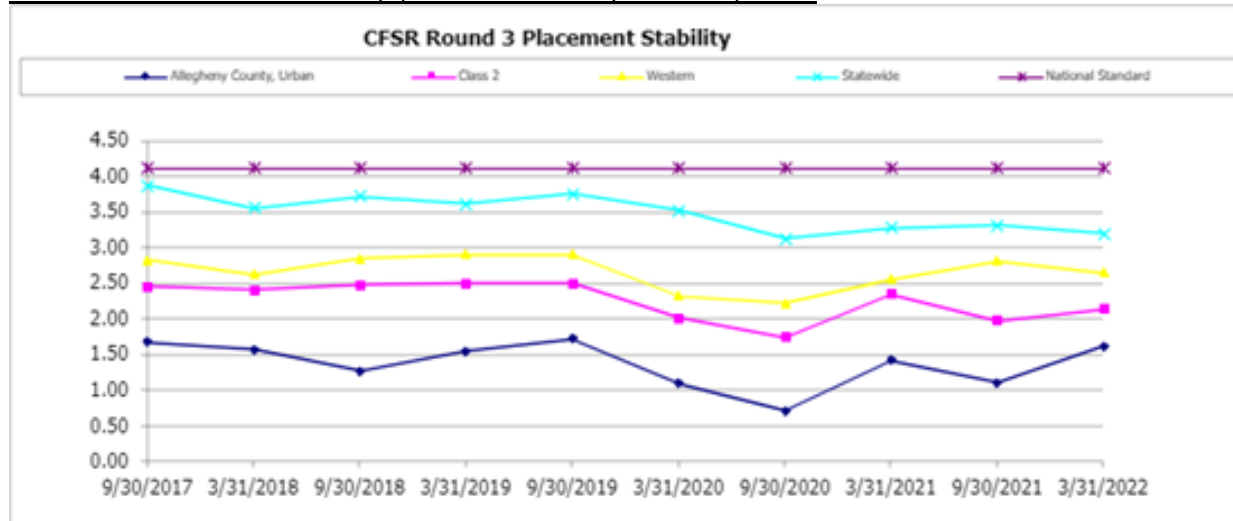
This indicator measures the percentage of children who had been in care continuously for 24 months or more who were discharged to permanency within 12 months of the first day in care. The national performance standard is 30.3%. A higher percentage is desirable in this indicator.

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

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

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

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



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

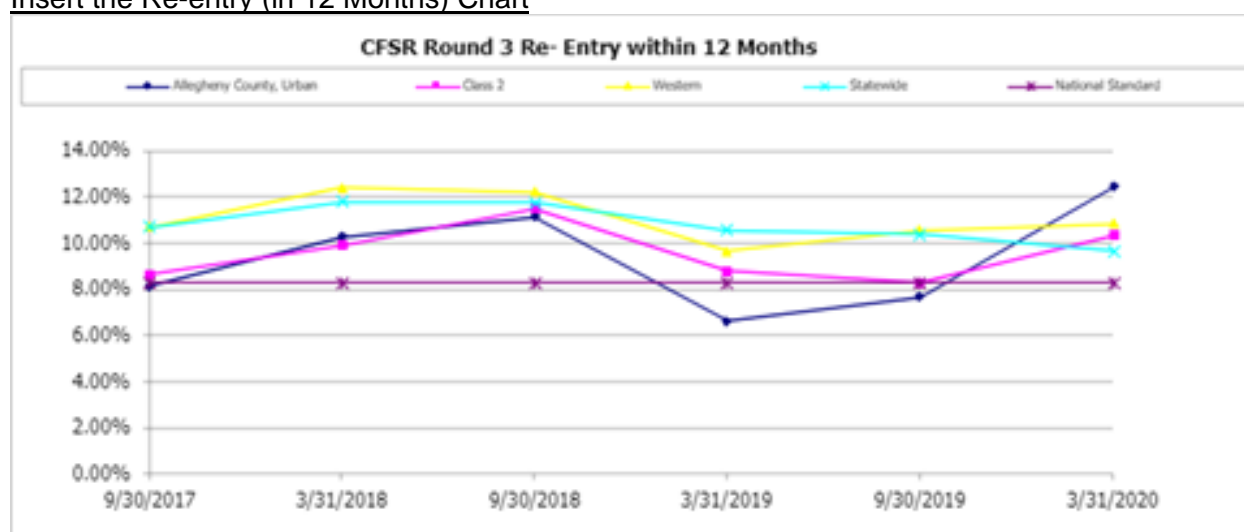
☐ Does the County have less placement moves than the national performance standard?

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

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

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

Insert the Re-entry (in 12 Months) Chart



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

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

No, Allegheny County did not meet this standard in FY2122.

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

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

2-4 Program Improvement Strategies

For FY 2025-26, counties will fully evaluate their performance in achieving permanency and stability for children and youth who enter placement. Analyzing current practices and services toward meeting the national performance standard for timeliness to permanence, re-entry and stability in placement will identify areas in which targeted program improvement is warranted. This analysis will also help to identify

areas of technical assistance needed at the county level to address the challenges identified. In addition, the areas of technical assistance identified on the county level across all counties in the commonwealth will help to identify areas that need to be addressed through a statewide focus. As part of the analysis, counties should take a holistic view of the data available to them, including information in the data packages provided, county-specific data, general indicators, etc.

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

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

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

1. ANALYSIS

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

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

- a. Are there any distinctions in age, gender, race, disabilities, etc.?
- b. Are there differences in family structure, family constellation or other family system variables (for example, level of family conflict, parental mental health & substance use)?
- c. Are there differences in the services and supports provided to the child/youth, family, foster family or placement facility?
- d. Are there differences in the removal reasons for entry into placement?
- e. Are there differences in the initial placement type?

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

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

1. **ALLEGHENY COUNTY DATA ANALYSES**

Time to Permanency

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

Permanency within 12 months (Entries)

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

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

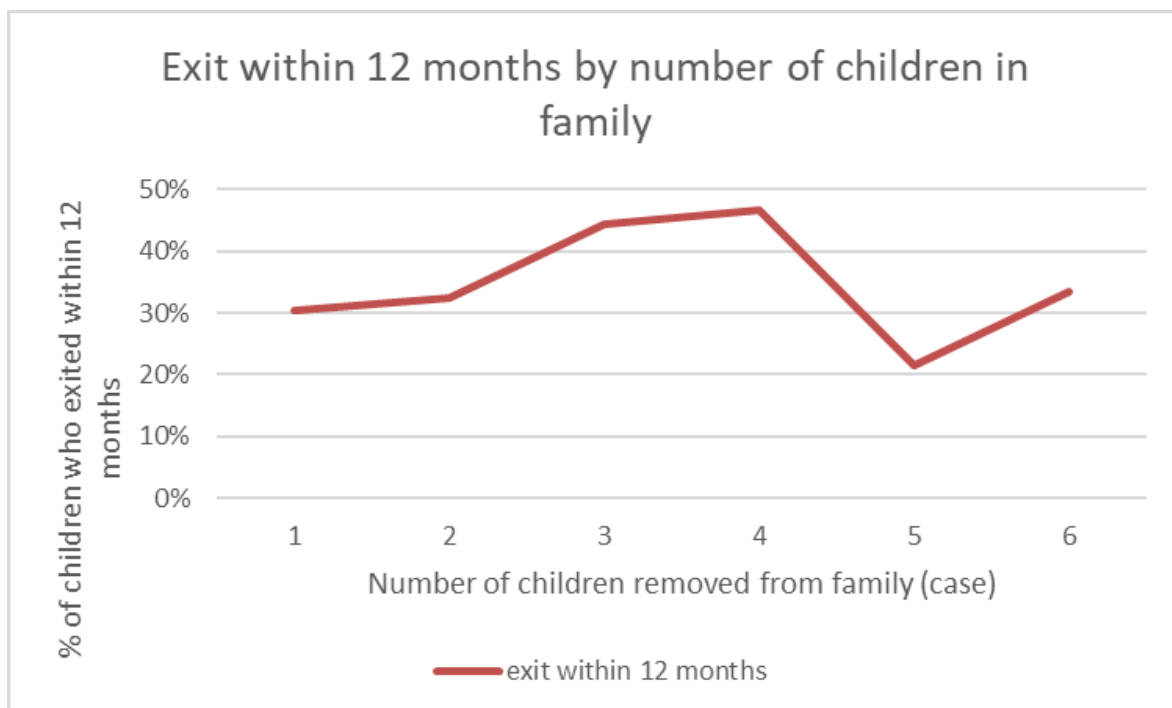
- Age: While no group met the standard of 43.6%, children aged 6-9 came closest to the standard (36.75%).
- Race: White children's exits came closer to the standard (30.5%), while Black (25.97%) and multiracial (21.37%) exits were lower than White children.
- Gender: There were no meaningful differences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

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

Permanency within 12 months (Entries):

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

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



Permanency within 12 months (12 – 23 months in care)

The number of children removed from a family was examined to identify whether larger families were more likely to remain in care beyond 12 months. Almost half (44%) of the children in this group were removed without any siblings, and 27% were removed with one other sibling. Among

the children where three or more children were removed from the family during the period, exits to permanency took longer than children removed from home alone or with one sibling.

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

The standard was unmet regardless of placement facility type:

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

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

- Permanency within 12 months (Entries): While there were differences in the percent of children who exited to permanency within 12 months by removal reasons, the only removal reason that met the standard was the small group of children (n=8) who entered care due to the death of a parent. Half of these children exited to permanency within a year. The plurality of children who entered care during the period had removal reasons that included 'Neglect' (n=291) and 'Drug Abuse – Parent' (n=211). 13.27% of children who were removed due to parental substance use and 17.87% of children who were removed due to neglect exited to permanency within 12 months.
- Permanency within 12 Months (In Care 12-23 Months): While there were differences in removal reason in the percent of children who exited to permanency within 12 months, none of the groups broken out by removal reason met the standard. The largest number of children were removed due to 'Neglect' (n=352), 26.42% of whom exited within 12 months, while 30.56% of children removed due to 'Drug Abuse – Parental' exited within 12 months.

E) Differences in the initial placement type?

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

Re-entries

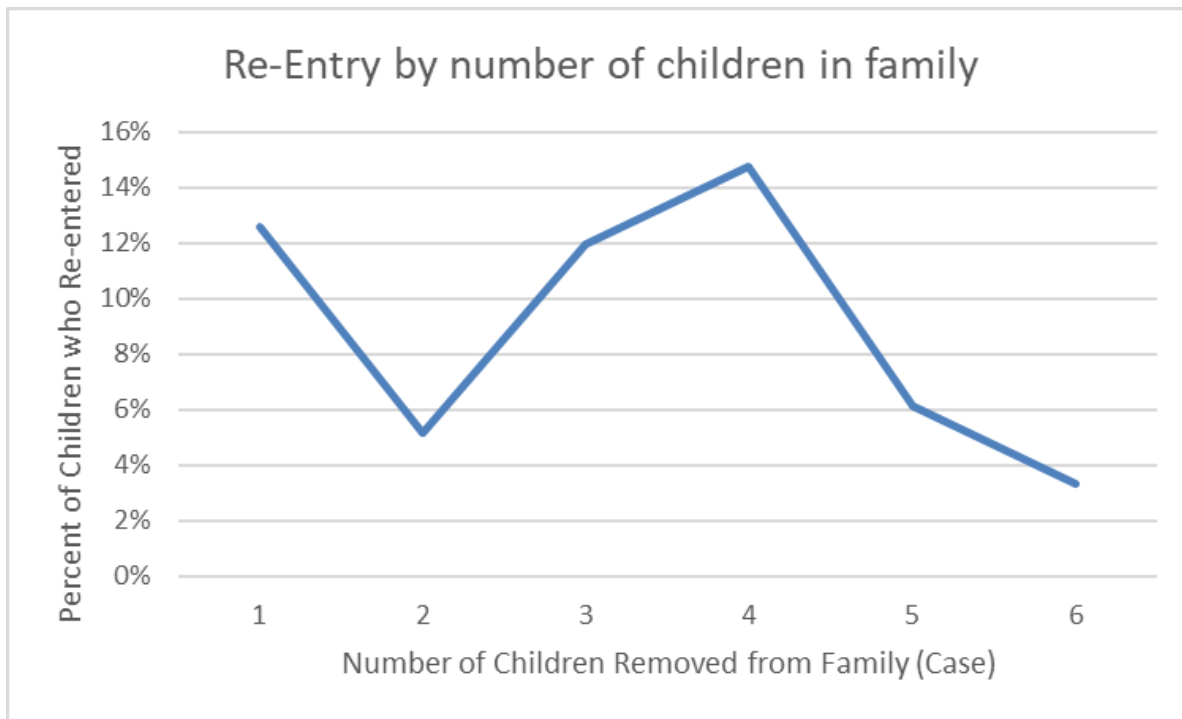
A) Distinctions in age, gender, race, disabilities, etc.?

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

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

The number of children in a family who were removed did not have a clear relationship with whether the child would re-enter within 12 months. Children with one sibling had a lower re-entry

rate than children who were not removed with a sibling, but children where three or four children were removed had a higher rate of re-entry.



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

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

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

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

E) Differences in the initial placement type?

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

2. ALLEGHENY COUNTY'S ROOT CAUSE ANALYSES

Time to Permanency

While CYF's active cases and investigated referrals have declined over the last four years, CYF has maintained high service referrals to support and stabilize families. The chart below highlights the most

commonly used services from CY 2020 to CY 2023, expressed as the number of service referrals out of active cases and investigations.

	2020	2021	2022	2023
	#	#	#	#
Investigations and cases open during period	10,410	9,439	8,076	7,834
Services	% referred to this service of all investigations and cases			
Transportation	42%	48%	71%	67%
Substance Use Assessment	22%	22%	21%	20%
Early intervention assessments	12%	11%	10%	8%
Kinship Navigator	6%	9%	11%	13%
IPV- Family Violence Services	5%	6%	6%	5%
Truancy Prevention & PACT	5%	7%	5%	4%
Forensic Evaluation Request	4%	5%	6%	5%
Daycare	3%	4%	3%	3%
IPV Battering Intervention Program	3%	3%	3%	2%
FamilyLinks NOVA Homeless Prevention	2%	3%	3%	4%
Youth Support Partner (YSP) Unit	2%	2%	2%	2%
Coached Supervised Visitation	2%	1%	1%	1%

Unfortunately, the capacity to deliver these services due to higher-than-typical staff vacancies impacting both CYF casework and service provider staff. Increased referrals without a commensurate increase in capacity delayed families' receipt of services. Delays in service delivery can delay exits to permanency because reunification cannot occur until the risk factors that resulted in the child's out-of-home placement have been resolved. The same staffing shortage that has delayed families' receipt of services has also increased caseloads for CYF caseworkers, which slows down the pace of contacts with families, assessments, and updating family plans.

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

Re-entries

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

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

Copy and complete the table below as needed to describe the strategies the County will implement to achieve each desired outcome related to the root causes identified above. Provide rationale for how each strategy will contribute to the achievement of each outcome. Several strategies may be identified

for each outcome. Communication with staff and partners should be considered critical action steps, as should the analysis of county and provider capacities in implementing change.

Outcome #1: Reduce Time to Permanency

Related performance measures, if applicable:

Strategy:	Improve the availability of, and capacity to deliver, needed services for children and families; reduce the length of time to finalize legal permanency; prepare families for finalization; and enhance Matching Services.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New and existing
Action Steps with Timeframes (may be several):	<p>Address gaps in services and capacity through:</p> <ul style="list-style-type: none"> Addressing workforce challenges that delay the ability to provide needed services to children and families, including: <ul style="list-style-type: none"> Caseworker recruitment and retention activities that include open houses and coffee talks to attract new candidates and the use of a new HR information system (Bamboo HR) to drive traffic to the state application portal (ongoing) Increasing provider rates to enable more competitive staff wages (planned for FY25-26) Launching a targeted effort to attract and retain behavioral health staff through the BH Fellows program, a new initiative sponsored by ACDHS in partnership with - Community Care Behavioral Health and Jewish Healthcare Foundation. The initiative aims to strengthen the County's public behavioral health system by providing educational loan repayments, competitive salaries, and career development experiences to behavioral healthcare staff. Enhancing the quality of legal representation of parents in dependency proceedings by procuring a new interdisciplinary legal service for conflict parents in dependency proceedings (RFP for Conflict Counsel for Parents issued in June 2024, Provider will be selected in Oct. 2024, Service will launch Jan. 2025) Expanding staffing for the Adoption Legal Services Project (ALSP) program by two attorney positions to ensure the timely filing of TPR petitions (began in FY 23-24)
Indicators/Benchmarks (how progress will be measured):	Permanency is a key outcome measure of system health that CYF leadership reviews regularly. CYF leadership will continue to monitor permanency data, at least weekly, as the initiatives described above move forward. Our analytics team created dashboards to provide real-time placement data to CYF leadership and CYF casework supervisors.
Evidence of Completion:	See above.
Resources Needed (financial, staff, community supports, etc.):	Funding needs for filling vacancies, increasing provider rates, and procuring a new interdisciplinary conflict counsel program are all reflected in Allegheny County's 2025-26 NBPB request.

Current Status:	The activities are in various stages of implementation. See above for details.
Monitoring Plan:	Improving time to permanency is one of CYF's key focal areas, and as such, the ACDHS and CYF Directors monitor it directly. Additional metrics reviewed regularly include caseworker vacancy rates and caseload size.
Identify areas of Technical Assistance Needed:	As the primary contractor for behavioral health managed care in Allegheny County, ACDHS would benefit from additional TA that helps us leverage Medicaid dollars to connect child welfare-involved families with behavioral health services.

Outcome #2: Reduce re-entries to care

Strategy:	Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use, concrete and economic supports); and further increase the proportion of kinship placements.
Identify if this is an existing strategy identified in prior year NBPB or a new strategy:	New and existing
Action Steps with Timeframes (may be several):	<p>Provide effective services well-matched to child and family needs through:</p> <ul style="list-style-type: none"> • Services aimed at supporting parents with substance use disorders in recovery, such as the newly opened Family Healing Center (opened in 2023) • New in-home supports provided by kin will expand our capacity to support families post-reunification and, therefore, prevent system re-entry (planned for FY 25-26) <p>Expand the availability of specialized placement settings with on-site therapeutic supports to address the needs of children and youth with complex needs while in care (additional emergency shelter and other placement settings planned for 25-26)</p> <p>Enhance supports for kinship caregivers to promote this placement type through:</p> <ul style="list-style-type: none"> • Increase in caregiver per diem rates for kinship care to match non-kinship foster care (implemented in 2023) • Kinship Navigator referral for all children within 30 days of accepting for service, regardless of removal (current policy; monitored ongoing) • In-home behavioral health supports for youth in kinship placements (implemented) <p>Enhance supports for adoptive parents and permanent legal custodians through an increase in per diems for existing caregivers</p>
Indicators/Benchmarks (how progress will be measured):	Re-entry is a key outcome measure of system health that CYF leadership reviews regularly. CYF leadership will continue to monitor re-entry data, as well as first placement type and current placement type, at least weekly as the initiatives described above are implemented.

	<p>Referrals to Kinship Navigators are monitored monthly in CYF leadership meetings, and a real-time Kinship Navigator dashboard has been created to help supervisors and staff identify children needing a Kinship Navigator referral.</p> <p>Placement data on kinship care is in a dashboard created by the analytics team. The dashboard provides real-time data on children in care, including placement type.</p>
Evidence of Completion:	See indicators/ benchmarks above
Resources Needed (financial, staff, community supports, etc.):	Funding needs for the Family Healing Center, additional services/placement settings for youth with complex needs, in-home supports provided by kin, and increased adoption and SPLC per diems are all reflected in Allegheny County's 2025-26 NBPB request.
Current Status:	The activities are in various stages of implementation. See above for details.
Monitoring Plan:	See indicators/ benchmarks above. In addition, contract monitors will ensure that the referenced kinship per diem increase is passed on to kinship families/caregivers.
Identify areas of Technical Assistance Needed:	None at this time.

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

Program Improvement Areas from FY 2024-25 NBPB

Outcome #1: Decrease time to permanency.

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

Outcome #2: Reduce re-entries to care

Strategy	Stage	Planned Activities
Resolve child and family needs through appropriate services while in care (behavioral, mental health/substance use,	Implementation	Increased foster care maintenance payments have been operationalized for kinship caregivers, giving them more financial ability to support youth. This continues to have a financial impact as more

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

Section 3: Administration

3-1a. Employee Benefit Detail

- ☐ Submit a detailed description of the County's employee benefit package for FY 2023-24. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

#52502, County Pension Fund-

The County contributes 11% of employees' gross salary as a match for pension benefits.

#52503, FICA/Medicare-

The County contributes 7.65% for all eligible wages per requirements of the Social Security Administration.

#52504, Group Life Insurance-

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

#52505, Highmark Blue PPO or UPMC Business Advantage PPO-

The County recovers 3.25% of the employee's base wage to offset medical benefit costs.

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

#52511, Concordia Plus-

The County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employee and dependents to select a primary dental office. As of January 1, 2024, the cost to the County is \$25.76 per month for an individual and \$77.31 per month for a family. Future increase is 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 increase is currently unknown for 2025.

#52530, Employee Worker's Comp Medical-

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

#52531, Employee Worker's Comp Indemnity-

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

#52532, Employee Worker's Comp Administration-

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

3-1b. Organizational Changes

- ☐ Note any changes to the County's organizational chart.

There were no new positions added to the CYF organizational chart head count. In FY23/24 vacancies were filled in CYF for a total staff of 724

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 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.
- Participating in the Leadership Academy.
- 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.
- Streamlining HR processes.

ACDHS's retention strategies include:

- Promoting an equitable and inclusive workplace culture by:

- Sponsoring Employee Resource Groups: Black Empowerment Committee, Veterans ERG, Hispanic/Latino Organization for Leadership and Advancement (HOLA), and LGBTQIA+ and Allies ERG.
- Partnering with Government Alliance on Race and Equity (GARE) to participate in training about Advancing Racial Equity and Sexual Orientation, Gender Identity, and Gender Expression (SOGIE).
- Implementing a 3-year Racial Equity Training program with MMG Earth.
- Implementing a 3-year Sexual Orientation, Gender Identify, and Expression (SOGIE) with Hugh Lane Wellness Foundation.
- Supporting employee health and well-being by:
 - Promoting vast resources available through the Employee Assistance Program.
 - Offering monthly mindful gatherings to support individual and collective wellness, Vitality Cafes.
- 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 which provides reimbursement for employees attending post-high school educational classes at colleges, universities, and other educational institutions.
- Continuing to enhance the new employee orientation and onboarding experience.
- Developing a proposal to align compensation with state minimums to create transparent and equitable compensation practices.
- Conducting a classification study to ensure employees are classified appropriately, and career pipelines are clarified.
- Strengthening performance management and the performance review process.
- Promoting the following CYF-specific activities:
 - A Healthy Habits Model Initiative was implemented with monthly educational sessions, challenges, and awards.
 - Crisis Action Team to support staff with significant stressors and trauma.
 - Wellness Champions who support staff daily by being available for impromptu conversations.
 - Employee luncheons put on by the Crisis Action Team or Wellness Champions.
 - Wellness workshops, including yoga and tea sessions.