

FY 2017-18 NBPB

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 piece of the Fiscal Year (FY) 2017-18 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 OCYF staff within the narrative is inappropriate.

The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts, Special Grants Request Forms, and IL Documentation. 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 2015-16, 2016-17, and 2017-18

Version Control	
Original Submission Date:	August 15, 2016
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Section 2: NBPB Development

2-1: Executive Summary

Allegheny County Department of Human Services

The mission of Allegheny County's Department of Human Services (DHS) Office of Children, Youth and Families (CYF) is to protect children from abuse and neglect, preserve families whenever possible, and provide permanent and safe homes within a child's own family or by finding an adoptive home or other permanent setting for children who cannot be reunified with their families. With the guidance of family and community members, judges, juvenile probation, and other stakeholders, and with information from county data and analysis and state, national, and local research, CYF has developed a system of care to meet its mission and shaped to treat individuals and families with respect and provide services that are high quality, inclusive, readily accessible, strengths-based, provided in the least-restrictive settings, and effective.

The Needs Based Plan and Budget (NBPB) advances CYF's mission by:

- Addressing documented needs
- Continuing to improve the quality of the system for children, youth, and families
- Building upon the strengths of families and leveraging the support and resources of community members, and stakeholders
- Clearly directing the child welfare system toward a set of vital priorities

Needs

Allegheny County's analysis has identified a set of challenges to families and the child welfare system that serves them. During the Implementation Year (2016-17) and the Plan Year (2017-18), Allegheny County will respond to these significant needs, including:

1. The significant increase in the number of child abuse and maltreatment calls to ChildLine and Allegheny County CYF.

Allegheny County saw a large increase in the number referrals between 2014 and 2015 and the number of calls has continued to grow. During the first six months of 2016, the number of referrals was nine percent larger than the same period in 2015—which is on top of the 23% increase from the year before. DHS expects this increase to continue for two reasons:

- The state and local systems are still responding to the changes in the Child Protective Services Law, including the much larger number of mandated reporters and their awareness about when they should report abuse or maltreatment.
- The effects of the opiate epidemic on Allegheny County families. Evidence of this epidemic's effects on children and families include:
 - The 56% increase in the number of general protective services (GPS) referrals for newborn drug-exposure (2015 compared with 2014) within Allegheny County CYF. Among these infants, more are being born with exposure to opiates—42% in 2015, compared with 35% of infants in 2010.
 - The increase in CYF home removals, due in whole or in part to “drug use/abuse by caretaker.” These home removals increased from 20% in 2014 to 28% in 2015.

DHS has increased its capacity to identify families at higher risk of abuse and maltreatment and to flag these as concerns for further investigation through a new predictive risk modeling tool. Beginning in August 2016, DHS is generating a Family Screening Score for each referral it receives. This tool predicts the likelihood a child will be re-referred in the future if DHS screens her in or out for an investigation. If the Family Screening Score is a high level, the call must be investigated. For scores below the highest level, the Score provides additional information to that the call screeners can use in making their decision about whether to investigate.

Predictive risk modeling automatically weights information by what correlates most with maltreatment referrals—removing the differences in perception among screeners about what factors matter most in making their decisions.

Given this more standardized approach, the new process is expected to screen-in significantly more cases, since all higher risk cases will require investigation (when in the past, some screeners may not have had full information to realize those were, indeed, cases with high risk). This will require more time for the call screeners to assess all information obtained at intake; and more cases for intake to investigate.

2. The more complex needs of children and youth in short-stay and out-of-home placements.

While Allegheny County has reduced out-of-home placements by 15% (200 fewer children today are in care compared with 2011), the children in these placements have more complex issues and require staff to support them in addressing their serious emotional disturbances, trauma, and other mental health issues.

DHS compared the complexity of children and youth in congregate care today with five years ago. Compared with 2010 (when a total of 735 children and youth were in congregate care), their counterparts in 2015 (538 children and youth) had higher rates of involvement in Juvenile Probation (a 25 percentage point increase) and homelessness/housing (a 7 percentage point increase); and children and youth had mental health system involvement of over 80%.

This analysis is consonant with national studies that indicate children and youth in group homes and other residential care have more complex needs than in years past. Conn et al write that “Despite the decrease in Out-of-Home (OOH) placements, we found a 19% increase in the number of children who entered OOH care because of maltreatment (vs other causes), a 36% increase in the number of children with multiple (vs. single) types of maltreatment, and a 60% increase in the number of children in OOH care identified as emotionally disturbed” and that “changes may have led to a smaller but more complex OOH care population with substantial previous trauma and emotional problems” (Conn, Szilagi, M., Franke, Albertin, Blumkin, and Szilagi, P., Pediatrics 2013). A national analysis of children in congregate care found that “children in congregate care settings are almost three times as likely to have a DSM diagnosis compared to children in other settings” (A National Look at the Use of Congregate Care in Child Welfare U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, May 2013).

3. The increase in families experiencing persistent poverty and trauma.

More families are living in extreme stress and poverty and more children are growing up in homes and communities impacted by trauma:

- 13,000 more children and adults were living in poverty in 2014 than in 2000 in Allegheny County (a total of 150,000 people countywide, according to the American Community Survey 2014), with the attendant stressors of meeting basic needs and finding affordable housing in one of the worst markets in the region for renters. “More very low-income renters spend more than half their income on housing in Pittsburgh (66 percent) than anywhere else” in Pennsylvania, New Jersey, or Delaware (the three states studied by the region’s Federal Reserve 2012 Affordability Analysis).
- Children living in poor families experience trauma at a high rate. Studies have found that upwards of 70 percent of all people living in inner-city poverty experience “events that result in or pose a threat to a person's physical integrity and that cause a reaction of intense fear, horror, or helplessness’ that include witnessing community violence or threats to family members, family violence¹, and house fires” (Kiser et al. The Impact of Trauma on Family Life from the Viewpoint of Female Caregivers Living in Urban Poverty. *Traumatology* September 2008). The impact of this trauma upon children is evident in the significant number of children who are active with CYF and the share of these children who have a mental health diagnosis (37% of all children in care in Allegheny County and 80% of children in congregate care have a mental health issue).
- A cause of trauma in children and families is the degree of street violence in their neighborhoods. This violence is unevenly distributed:
 - In a city with a homicide rate of 14 homicides per 100,000 and a poverty rate of 23%, five Pittsburgh neighborhoods have poverty rates of over 30% *and* homicide rates of more than 98 per 100,000.
 - Seven municipalities outside of the City of Pittsburgh have poverty rates over 20% *and* homicide rates of over 30 per 100,000².

The hundreds of children and families living in these areas are likely experiencing trauma and stress at extraordinary degrees.

4. **The need to improve the quality of services to families.**

DHS has established a quality improvement framework to identify systems issues and to monitor and improve the quality of its services to children and families. (This framework includes reviews of system performance through state and local QSRs and licensing reviews, review of program performance through CYF monitors’ reports, CART surveys and focus group results, and acting upon these recommendations and those that arise from Child Fatality and Near Fatality Reviews). These levels of analysis have identified several areas for improvement in services:

- *Casework*: DHS needs to continue to improve the number of families who receive a timely assessment and family teaming. While the share of families with a plan increased by over 12 percentage points in the most recent year, it still stands at under 65% (January-March 2016 period). It also needs to support caseworkers in developing their

¹ Family violence and child maltreatment often are intertwined: “Estimates from local research using single site designs suggest that domestic violence is a significant problem for 30% to 40% of families in the child welfare system” (Co-Occurring Intimate Partner Violence and Child Maltreatment: Local Policies/Practices and Relationships to Child Placement, Family Services and Residence. Department of Justice, 2006).

² Sources of data: DHS reports on street violence (2010-14 for the City and 2000-2012 for balance of county; American Community Survey 5-year estimates for poverty).

clinical skills so that they can provide solution-based casework that achieves CYF's mission.

- *Prevention and In-home services:* DHS needs to preserve and strengthen families to prevent abuse and maltreatment, particularly among families at higher risk and engaging fathers more routinely. DHS needs to ensure that home visiting is available to families who need it (reducing the waiting lists for families referred to CYF, which now exist in several communities; provide mediation services and evidence-based family therapy and programs to families to prevent placements; and provide father engagement, family education and support, and crisis intervention, including respite for families with older children and youth as well as those with young children.
- *Short-term stabilization:* Caseworkers need to refer more families to the evidence based practices (EBPs) available, where this is indicated. The number of families currently receiving EBPs, compared with the estimated need, is low.
- *Out-of-home placements and services:* While DHS has a high rate of kinship placements, it must continue to safely reduce total placements out of home, particularly among African American teenagers:
 - An analysis by the Allegheny County Leadership Fellows³ found that more of the youth in out-of-home placement are African American females and they had high rates of short-stay placement, placement in congregate care, and re-entry to care within one year. The Fellows' report to DHS made several recommendations that are part of this plan (See Section 3.4).
 - A DHS analysis of congregate care placements showed that children and youth more often go to congregate care on weekends and evenings than during the rest of the week. DHS needs to ensure that all children who need to be removed from their homes have the chance to safely live with kin rather than in congregate care, and that there is no difference in the resources available to caseworkers nor the processes in place to search for relatives or conduct clearances, regardless of time of week.
- *Post-permanency services:* DHS needs to ensure that it is the norm for the child welfare system to deliver post-reunification and post-adoption services to families. This is crucial to reducing reentries and increasing the success of adoption and SPLC placements.

Strategies for addressing these needs

Allegheny County will address these challenges through the strategies listed below. Section 3.4 describes these in detail, including how each advanced the three priorities for improvement in Allegheny County, which are: Reducing reentries to care; Reducing out-of-home placements; and Improving the quality of services to families.

Need 1: Increase in child abuse and maltreatment calls

Strategies:

- Appropriate staffing of Intake, Field Screening, caseworkers
- Evidence-informed services and support

³ Allegheny County DHS's professional development program that builds research/recommendation/action skills among caseworkers selected to participate each year

- Prevent harm to children and disruption of families through multi-system response to drug epidemic, which includes recovery housing for families

Need 2: The more complex needs of children and youth in placements

Strategies:

- Lower staffing ratios (rate adjustment) for providers

Need 3: Increase in poverty, trauma, homelessness upon children and families

Strategies:

- Prevention strategy (Neighborhood Place and outreach in communities of poverty and trauma, Predictive Analytics, and Home Visiting)
- Preventing and treating the effects of trafficking of children and youth.
- Identifying and intervening to protect children and families when Intimate Partner Violence (IPV) is an issue
- Improving and expanding visitation between children and incarcerated parents with CYF involvement

Need 4: Need to improve quality of services to children and families

Strategies:

- Casework: Professional development to strengthen casework and increase consistent use of the practice model; Leadership Fellows; caseworker safety enhancement
- Prevention and in-home: Prevention strategy; Father's program; mediation
- Short-term stabilization: Full use of evidence-based models
- Out-of-home placements and services: Transportation for children awaiting foster care; step down from RTF; medical care for dependent children; kinship preparation
- Post-permanency services: Teaming to plan for post-permanency services; Ensuring post-adoption families receive aftercare services (DHS is requesting SWAN post-permanency services).

Successes

Allegheny County made the following improvements in 2015-16:

- *CYF further safely reduced residential care and increased kinship care.* The number of days of dependent residential care fell from 65,091 in 2014-15 to 39,509 in 2015-16; and kinship care as a share of all out-of-home placements has increased.
- *CYF has increased the number of teens living with resource families* through its Diligent Recruitment initiative, a coordinated effort to find additional resource families for youth.
- *The county's Home Visiting programs now are reaching and enrolling hundreds of additional CYF-involved families* and other families referred to CYF.
- *Conferencing and Teaming is fully underway.* CYF has trained all regional office staff and most ongoing families are receiving family engagement meetings, with the share of new cases who receive these meetings on the rise.
- *Caseworker and other staff recruitment and professional development have improved.*

- DHS is participating in the Annie E. Casey-supported initiative, On the Frontline, which is developing the workforce, improving worker decision-making skills by clarifying standards and training staff; and working with leaders to improve decision-making across CYF and with other systems.
 - The second group of Leadership Fellows, selected from among caseworkers who applied for this opportunity, has completed its professional development in using data to make decisions. The group analyzed reentries into the system and recommended solutions.
- *CYF is improving children's safety and permanency* through the Safety, Permanency and Best Practice Specialists (based in each regional office) who are providing caseworkers and other staff with technical assistance and support, while working directly with regional office managers to enhance outcomes.

Juvenile Probation

Since 1996, the legislative mandate and mission of the Juvenile Probation Office (JPO) has been to attain the goals of Balanced and Restorative Justice: to protect the community; to hold juveniles accountable for the harm caused to the victim and the community; and to help juveniles develop competencies that lead to law abiding and productive citizenship. During the past several years, JPO has incorporated a number of evidence-based practices and programs to help us achieve these goals. This effort, known statewide as the Juvenile Justice System Enhancement Strategy (JJSES) emphasizes evidence-based practices and structured decision-making at every key decision point in the juvenile justice process. The importance of this work was made clear in 2012 when the legislature amended the purpose clause of the Juvenile Act to require juvenile probation departments to employ evidence-based practices whenever possible.

The foundation of the evidence-based effort is the Youth Level of Service (YLS), a validated risk/needs instrument that assesses a juvenile's likelihood to re-offend. Before any juvenile appears in Court for a delinquent charge, the probation officer must first conduct the YLS assessment, which considers the juvenile's attitudes/orientation, personality/behavior, peer relations, family circumstances, education/employment status and substance abuse. These factors, known as criminogenic needs, are dynamic and can be changed with the right intervention. The YLS also considers the juvenile's static risk factors, such as current offense and delinquent history, in the overall assessment of the juvenile's likelihood to reoffend. In Allegheny County we implemented the YLS in 2011. In calendar year 2015 there were 2,476 YLS Assessments Completed. 896 scored as Low Risk, 1,1374 scored as Moderate Risk, and 206 scored as High Risk. No youth scored as Very High Risk. Beginning July 1, 2017 there will be an increased cost to the county for the use of each YLS Instrument as we move towards the utilization of the updated YLS 2.0.

Allegheny County is one of four original pilot counties working with the EPIS Center to fully implement the Standardized Program Evaluation Protocol (SPEP). In the fall of 2015 six additional counties began participating in the SPEP Project. The SPEP was developed by Dr. Mark Lipsey at Vanderbilt University and formulated through groundbreaking meta-analysis of the characteristics of effective delinquency interventions, with the goal of providing a solid foundation for improving delinquency programs and services. The SPEP is a validated, data-driven rating system for determining how well a program matches what research tells us is effective for that particular type of program in reducing recidivism and producing positive outcomes for youth.

The SPEP process itself is a collaborative effort involving service providers, the probation office, and specially trained juvenile justice system professionals that begins with aligning a provider's service offerings with an appropriate SPEP service type. Next, the quality of services and their delivery is assessed by examining a program's written protocols/manuals, staff supervision, and how the agency responds to drift from their identified mission. Another important aspect of the SPEP process is examining how closely the amount of service provided aligns with the successful dosage and duration amounts utilized by the proven programs. Finally, close attention is paid to the risk levels of the offenders they serve. Dr. Lipsey's meta-analysis suggests that providers can have a greater impact on risk reduction when dealing with higher risk offenders.

Allegheny County has two Probation Officers who are trained SPEPER's. We have assisted in the SPEP process for 27 different services offered by 9 different agencies. 16 services were provided by placement providers and 11 by community based providers. The SPEP team develops a Program Improvement Plan (PIP) which may suggest operational changes and improvements a provider can employ to more closely align their program with what research has shown to work for that service type. There are benefits for us as well. We gain a richer understanding of the actual service being provided, how the service is being delivered, the type of juveniles best served by the program, and have an opportunity to work collaboratively with the provider to address obstacles they both may face in full PIP implementation. We play an important role in helping providers achieve positive outcomes by insuring that only appropriate juveniles are referred to the program.

As we complete the SPEP we consistently have seen issues with dosage and duration. In many cases the juveniles are not in the program long enough to receive what is required as evidenced based. In many cases this has resulted in youth staying in the program a little longer so they receive the full benefit of the intervention. For some providers it has also become necessary to provide additional funds in order that they maintain fidelity to the model being used. The training costs and staff ratios have specifically increased the costs for services. Evidence based programs are known to be effective but are also costly to implement as changes to the model would result in loss of fidelity and therefore loss in anticipated positive outcomes. As the SPEP process is implemented across Pennsylvania we see the impact not only on the providers that we have SPEP'ed but also the placement facilities that we utilize that have been SPEP'ed by other counties.

A central tenet of our Balanced and Restorative justice mission is to ensure that juveniles are held accountable to repair the harm they have caused individual victims and the community at large. Toward that end, in 2015, probation officers oversaw the collection of over \$268,000 in total dollars, approximately \$172,000 of which went directly to victims as restitution for crimes committed; \$18,000 went to the Victim Compensation Fund; and \$10,000 was directed to the Stipend Fund—money collected toward Failure to Comply charges certified from the Magisterial District Justices that eventually is paid to victims owed restitution.

In accordance with §6352 of the Juvenile Act (relating to Disposition of delinquent child), when the Court orders restitution, fines, costs, and fees "...the Court shall retain jurisdiction until there has been full compliance with the order or until the delinquent child attains 21 years of age." As evidenced by the impressive dollar amounts noted above and consistent with the Juvenile Act, probation officers work diligently to collect ALL outstanding restitution and other monies ordered by the Court. No case is recommended for closing until all monies are collected in full or the juvenile turns 21, at which time the outstanding balance is indexed as a judgment with the Department of Court Records.

Of the 1,048 juveniles whose cases were closed in 2015, 86 percent satisfied their restitution obligations in full and 92 percent completed all their required hours of community service. Much of this success stems from the probation officers' persistent attention to restoring victims.

Additional JPO and Court activities

- Allegheny County was instrumental in the development of the Pennsylvania Academic and Career/Technical Training Alliance (PACTT). Today our six CISP Centers are all recognized PACTT affiliates. A variety of both academic and technical training skills are available for youth who participate in CISP. We have been successful at using OCYF/PCCD PACTT Grants to initiate several new offerings for youth but the ongoing costs associated with such programs will need to be funded using the Needs Based Plan and Budget process. We have also been encouraging all of our providers to become PACTT Affiliates.
- Allegheny County has been utilizing Aggression Replacement Training (ART) as an evidenced based intervention to youth under supervision. Many of our contracted providers offer the service while the youth is in placement but we also offer the service year-round for youth who are not in placement. Utilizing both our own staff and private providers the sessions are offered on Saturdays at the Courthouse. Depending on the number of youth registered for each cohort of 10 Saturdays, we offer up to four sessions each week. Since moving to this model we have found our completion rate to have improved greatly. As we partner with our providers we have also realized an increased cost associated with delivering the service while maintaining fidelity to the model. Ongoing and fidelity assurance have added unbudgeted costs to the delivery of the service.
- Allegheny County Juvenile Probation remains active as a Model Delinquency Court, as designated by The National Council of Juvenile and Family Court Judges in Reno, NV. A Model Court committee, led by Administrative Judge Kim Berkeley Clark, meets regularly to review policy and protocol related to the 16 Model Court principals in the Juvenile Delinquency Guide. As part of our Model Court involvement, Judge Clark began by piloting an effort to reduce the number of continuances. The pilot involved scheduling a pre-hearing conference before every petition hearing. The goal is to provide the opportunity for the parties to come to an agreement that can be presented to the Court at the pre-hearing conference. If no agreement is reached, the case is then scheduled for a petition hearing. The results were so impressive that the process is now in use in all JPO courtrooms.
- Allegheny County and three other juvenile probation offices (Bucks, Lancaster and Lehigh counties) are spearheading an effort to integrate evidence-based practices at a key decision point in the juvenile justice process—whether to detain a juvenile pending a formal hearing before the Court. This work, supported by Annie E. Casey Foundation's Juvenile Detention Alternative Initiative (JDAI), is ongoing in 39 states. Our JDAI efforts have facilitated more structured decision-making at the intake level, increased our use of data, provided a number of recommendations to improve conditions for those in detention, and increased our use of alternatives to detention while ensuring public safety. In 2014 the JDAI committee developed a statewide Detention Risk Assessment Instrument (the PaDRAI). In 2015 the instrument was validated and in the spring of 2016 it was made available to all probation departments in Pennsylvania.

Also as part of our JDAI state initiative we have developed a comprehensive plan for Probation Officers to incorporate Graduated Responses in their daily supervision. Utilizing graduated responses (sanctions and incentives) in an effective and consistent manner can help shape the behavior of juvenile offenders, promote accountability and improve

outcomes. Simply defined, sanctions are negative consequences in response to undesired behavior and are administered to discourage those behaviors. Incentives are used to encourage ongoing positive behavior. Evidence shows that incentives are more effective in shaping behavior than sanctions and that the ratio of incentives to sanctions should favor incentives by at least 4:1. Incentives generally take one of two forms; something positive can be given (i.e. verbal acknowledgement, a certificate) or something considered by the juvenile to be negative can be taken away or diminished (i.e. easing of curfew restrictions, community service hours).

- In June 2013, hearing officers began conducting delinquency review hearings in three remote locations around the county — North Side, South Side and McKeesport. The Court developed this capacity in order to enhance the public's access to the Court, improve case flow and efficiency, and reduce costs. Part of the impetus came from a new Juvenile Court Rule requiring six-month reviews for every juvenile under a consent decree or adjudicated delinquent. Hearings are scheduled in the location closest to the juvenile's residence.
- JPO continues to work closely with local law enforcement to protect the community. Probation officers routinely ride along with local police to learn more about neighborhood hot spots and interact jointly with juveniles active with the Court.
- Juvenile Probation is an active participant in the Pittsburgh Group Violence Intervention Initiative (previously known as PIRC), a multi-agency and community collaboration aimed at reducing homicides and gun crimes in the city of Pittsburgh. This is a joint effort that includes the Pittsburgh Police Department, Juvenile Probation, Adult Probation, State Parole, Bureau of Alcohol, Tobacco, Firearms & Explosives (ATF), Federal Probation, and other law enforcement agencies. The initiative identifies high-risk juveniles and adult offenders, putting them on notice that continued violence will not be tolerated.
- Under the leadership of Judge DeAngelis, JPO and CYF have been collaborating for several years to implement a Crossover Youth Practice Model developed by the Center for Juvenile Justice Reform at Georgetown University. This model will improve services for juveniles involved in both the child welfare and juvenile justice systems and reduce the number of cases moving from child welfare to juvenile justice. The training curriculum was delivered to all CYF caseworkers and Juvenile probation officers in the fall of 2015 and was fully implemented effective January 1, 2016.
- Allegheny County Music Festival: JPO staff again volunteered their services at Hartwood Acres in 2014, collecting donations and directing traffic flow to the event. Donations collected at the Music Festival, which totaled over \$40,000 in 2015, are used to support cultural, educational and recreational activities for delinquent and dependent youth in Allegheny County.
- Juvenile Court's Disproportionate Minority Contact (DMC) efforts continued throughout 2015 to address youth and law enforcement relationships. Four minority youth-law enforcement forums were conducted. The purpose of the forum was to increase officer safety and reduce arrests for minority youth by improving interaction between minority youth and law enforcement officers on the streets and in the schools of Pennsylvania's cities. The forums have been conducted in various communities throughout Allegheny County where a high percentage of police allegations are made for youth of color. In addition to the youth, police and probation officers, public defenders, assistant district attorneys, church and community leaders have all be involved.

In the spring of 2016 Allegheny County Juvenile Court provided two one-day trainings for all JPO staff to address the issues of racial and ethnic disparity along with a need to recognize

cultural bias. Our specific goal was that our JPO not only know what implicit bias is and how it works, but that they are also able to identify specific, concrete strategies they can use in their professional work to mitigate the effects of implicit bias. Our PO's must possess a certain degree of self-awareness. They must be mindful of their decision-making processes rather than just the results of decision making, minimize emotional decision making, and to objectively and deliberately consider the facts at hand instead of relying on schemas, stereotypes, and/or intuition. The training sessions were well received by staff and follow-up session will be scheduled in the future.

- Juvenile Justice Week – October 5-10, 2015: JPO's Community Education Initiative Committee sponsored numerous events during the week, highlighting our commitment to the citizens of Allegheny County. An open house was held for area high school students that included workshops on "The Role of the Probation Officer," "Consequences of Drug and Alcohol Use," and "Collateral Consequences of Juvenile Court Involvement." The Annual Juvenile Justice Week Awards Ceremony recognized key contributions and achievements of juveniles, parents, and probation staff.

These highlights illustrate our continued dedication to protecting the citizens of Allegheny County, ensuring that juvenile offenders are held accountable for the harm they have caused, and providing juveniles with opportunities to become law abiding and productive citizens of our community.

2.2a&b: Collaboration Efforts and Data Collection Details

- ❑ Summarize activities related to active engagement of staff, consumers, communities and stakeholders. Identify any challenges to collaboration and efforts toward improvement.

DHS presented an overview of the Needs-Based Plan and Budget to the CYF Advisory Board on July 6, 2016; and on July 22, 2016, the CYF leaders met with the Administrative Judge of the Family Division of the Court of Common Pleas and the Family Division's Administrator to obtain their guidance. DHS and JPO then held a joint public hearing on August 4, 2016 at 1 p.m. in the Liberty Conference Room at One Smithfield Street in downtown Pittsburgh to obtain comments, which were incorporated within the FY 2016-17 and FY 2017-18 Needs-Based Plan and Budget.

Earlier in the year, as part of its planning to integrate services, DHS held two public hearings (one in the morning of June 1 2016 in Turtle Creek; and the second at the 412 Youth Zone in downtown Pittsburgh) to discuss the FY 2016-17 Block Grant Plan, including a discussion of services funded by Special Grants and other services that are important to children and families served by CYF. Participants included family members of consumers, transition age youth, advocacy groups, contracted providers, and staff from DHS, and their feedback was incorporated into the Block Grant and in the planning process for the NBPB.

- ❑ Describe the process utilized in gathering input from contracted service providers in determining service level needs, provider capacity and resource identification for inclusion in the budget.

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

- Quarterly Children’s Cabinet meetings. The Children’s Cabinet is a community advisory group composed of consumers, providers, and other stakeholders involved with child-serving programs across Allegheny County. Several providers attend these meetings, including the provider chair of the local chapter of Pennsylvania Council of Children, Youth and Family Services (PCCYFS)
 - PCCYFS quarterly meetings
 - Meetings of the advisory boards for Intellectual Disabilities, Behavioral Health, Aging, Criminal Justice, and the Block Grant
 - Annual provider meetings with all contracted providers
 - Regular meetings between providers and the CYF Manager of Provider Relations to discuss budget and resource needs
 - Meetings between individual provider agencies and the CYF Deputy Director, to discuss ways in which the system continue to improve and enhance services to children, youth, and families
 - Quarterly roundtable meetings with the Courts
- Identify data sources used in service level, needs assessment and plan development.

Resource	Data Collected
U.S. Census	Population; poverty; public assistance; education; health
Adoption and Foster Care Analysis and Reporting (AFCARS)	Outcome Measures and Performance Indicators
Key Information and Demographics System (KIDS)	General Indicators, Client and Service Information
Historical Child Welfare Case Management System	General Indicators, Client and Service Information
QSR, Child Near-Fatality and Fatality Reviews, Licensing reports, and Case Practice’s case reviews	Specific areas for improvement/systems issues to address
CART	DHS surveys of caregivers and others who have used CYF services; and summaries of focus groups and other in-person interviews

- Describe the process utilized within the county to select the data sources identified.

DHS has approximately 45 management-level child welfare reports available through a web-based portal as well as a child welfare dashboard and the SafeMeasures system that helps child welfare caseworkers and supervisors manage their caseloads and responsibilities. DHS uses these reports to examine trends and real time changes in staff and provider practice.

- Describe how the data used was analyzed, including who was involved in the process. Include any challenges identified through the process specific to data quality, availability and/or capacity toward analysis.

DHS's research office (DARE), which includes strategic planning, analyzes information using the data sources listed above, as well as the results of program evaluations, results of quality reviews, recommendations of the Leadership Fellows, and the analyses of the impact of DHS services that DARE conducts throughout the year—to identify family and community needs and emerging issues and highlight potential solutions. DARE prepares briefings for DHS leaders so they can:

- Quantify need, including by community and type of issue
- Determine areas for improvement
- Understand best practices and research
- Establish clear goals
- Develop action plans for meeting those goals
- Make decisions about resource allocations and management of those resources to attain DHS goals for the child welfare system

2.3 Program and Resource Implications

2-3a. Fostering Connections to Success and Increasing Adoptions Act of 2008

- ❑ Provide the number of youth age 18-21 who have resumed dependency jurisdiction.

32 youth have requested dependency jurisdiction.

- ❑ Of the number above, how many youth have entered placement and what types of placements are utilized?

15 of the 32 youth entered placement. The types of placement youth use are CYF shelter, foster care, group home and supervised Independent Living.

- ❑ How are referrals for resumption of court jurisdiction received?

CYF caseworkers within the Intake Unit receive the referrals for resumption, verify that youth are eligible for resumption, and assign each youth a CYF caseworker. The caseworkers then conduct assessments and connect the youth to the Independent Living (IL) program.

- ❑ Of the five criteria required to meet the definition of a child or a youth over age 18, which ones are drivers for eligibility?

All five criteria drive eligibility. It is important to note that most youth seek resumption because they are experiencing homelessness, often complicated by unaddressed, persistent mental health needs and this prevents them from meeting some eligibility requirements, such as trying to work or enrollment in an educational program. The youth are, however, eligible for services since their mental health condition prevents them from meeting these requirements.

- ❑ Describe any barriers to placement in licensed or unlicensed Independent Living settings and Transitional Living Residences for youth ages 18-21.

A critical barrier to placement for youth in IL settings is the lack of housing. DHS aims to begin a pilot for additional IL residences during 2016-17. (See the Section on IL Housing for more information.)

- ❑ Describe what considerations the CCYA makes when planning for the number of youth who are eligible and likely to resume court jurisdiction.

DHS reviews trends in the number of youth and characteristics of youth who resumed court jurisdiction and the results of the Permanency Roundtables, which assign a high priority to transition age youth.

CYF is enhancing transition planning for youth, starting at age 14. It also is working to make housing more readily available to youth who have resumed jurisdiction in Allegheny County. DHS will continue to partner with ACTION Housing to Rapidly Re-house youth and with FamilyLinks DOCCS for emergency housing for youth.

2-3d. The Child and Family Services Improvement and Innovation Act of 2011

- ❑ Does your agency or any contracted provider conduct any trauma-based assessments for children being served by your agency? If so, please identify the specific trauma based assessment tool(s) that are being used, the population of children/youth to whom these assessment are being applied and at what point assessments are administered (i.e. at intake, within first 30 days of placement, etc.).

DHS group home and foster care providers use the CANS assessment when children or youth ages 5-18 enter care and this assessment includes the Trauma Experiences domain. Providers also use the CANS every six months as follow-up, conducting a reassessment sooner, if a major life event occurs. Children who are receiving behavioral health blended service coordination also receive a CANS assessment within the first 30 days of entering service and follow the same reassessment schedule. When a child is involved with both systems, the two offices complete one CANS collaboratively and provide coordinated support and care for the child and family. The DHS Screening Unit also completes the CANS within the first 20 days for children in their care, ages 5-18, who are entering shelter placement.

Allegheny County has expanded its use and understanding of the CANS and FAST in supporting family engagement, case conceptualization, and planning because of its participation in the *Breakthrough Series Collaborative: CANS as a Meaningful Trauma-Informed Conversation*.

- ❑ Briefly describe how any findings from these trauma-based assessments may have changed or impacted your practice and the selection of services.

DHS continues to train and support caseworkers in building upon family strengths and addressing the family needs identified in the CANS by integrating this assessment with Conferencing and Teaming and in developing the Family Plan. These trauma-based assessments also are crucial to developing strategies for reunification, permanence, and stability.

- ❑ Briefly describe your activities around psychotropic medication utilization monitoring for children in out-of-home placement.

A quantitative analysis in the DHS and Community Care Behavioral Health Report, *Psychotropic Medication Use by Allegheny County Youth in Out-of-Home-Placement* showed:

- Children and youth in foster-care were about nearly three times as likely to have a psychotropic medication prescription filled, compared with their peers who were not in placement.

- 12% of the children and youth in foster care had three or more psychotropic medications filled, which was nearly three times that of the comparison group.
- Of the 58 children and youth in foster care with 3+ psychotropic medications, 12 of these were children between the ages of 6-12.

[\(http://dare.dwconsultants.com/index.php/2013/07/22/psychotropic-medication-use-by-allegheny-county-youth-in-out-of-home-placement/\)](http://dare.dwconsultants.com/index.php/2013/07/22/psychotropic-medication-use-by-allegheny-county-youth-in-out-of-home-placement/)

DHS and CCBH are working to address the potential for overuse of psychotropic medications in the child welfare system through:

Consultation with a Child and Adolescent Psychiatrist. DHS contracts with a board-certified child psychiatrist who reviews specific cases where there is concern about the medication and then discusses and advises DHS on these cases.

Regular reviews and notification of prescribers. DHS and CCBH review behavioral health provider recommendations and practices, focusing on the use of psychotropic medication administration for children and youth and especially those children in out-of-home placement. CCBH notifies prescribers when it has concerns about the rates of polypharmacy among the members they treat. A care manager or staff physician from CCBH also reviews the medications of all individuals who are in facility-based care (Psychotropic Prescribing for Children and Adolescents in Out of Home Placement: 2015 Summary, Community Care Behavioral Health Organization).

Reviewing pharmacy data. With enhanced access to pharmacy data, Allegheny County has developed a process for reviewing and monitoring the use of psychotropic medications for children and youth in care. DHS is working toward automating cases for further review (for example, automatically generating a review when children under the age of ten are on 3 or more medications), based on findings in the report.

- ❑ Briefly describe any specific consultation practices used by your agency that involve physicians or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment.

DHS is improving children in foster care's access to physical and behavioral health care, coordination of care, family engagement in improving health, and the appropriate use of psychotropic medication through these strategies:

Health Care Coordination and Support in Regional Offices. DHS contracts with Children's Hospital of Pittsburgh's Child Advocacy Center (CHP CAC) to provide staff support for medically fragile children and youth in the child welfare system. The target population includes children and youth for whom the court has designated DHS as the medical decision maker. CHP deploys five nurses in CYF regional offices and pediatric physicians with expertise in child development and child abuse and neglect supervise these nurses. The CHP medical staff also are trained in behavioral health care. This collaboration has led to the development of medical decision maker standards of practice (which support continuity of care) and the active involvement of nurses and legal team in supporting good decision making for each child and youth.

Parent engagement in health care of their children. Through Conferencing and Teaming and caseworker support to parents in implementing their Family Plans, CYF is actively engaging parents in maintaining their children's primary care, behavioral health care, dental and vision care. Parent engagement is enhanced through CYF's collaboration with Managed Care

Organizations (MCOs) and the County Assistance Office and through a contract with the Children's Institute of Pittsburgh for care coordination for the young children born addicted to substances.

Using Conferencing & Teaming and the common assessment tools (CANS, FAST and ASQ) to improve case practice and child and family functioning. DHS supports staff and providers' use of common assessments to inform their planning with families, assist in setting priorities, and educating family members and other community providers to ensure that child and family voices inform planning. DHS does this through training and monitoring their use of assessments; through Conferencing and Teaming; and the coaching and consultation available to caseworkers and supervisors in each regional office, so that they can address medical, behavioral health, educational, social and human service needs. The Teaming process has enhanced DHS's ability to engage subject matter experts to address unmet needs and to coordinate CYF service plans with the care plans families may have in other systems, such as behavioral health.

Developing a Community of Practice. DHS has continued to develop a Community of Practice for behavioral health providers who serve families involved with the child welfare system. (A Community of Practice is a group of specialized providers who share the concern, capacity, and passion about an issue and population and who work together on problems, solutions and insights, and in building a common store of knowledge.) DHS issued a solicitation of interest for behavioral health providers who wished to become part of this community and nearly 30 providers responded. During 2016-17, DHS will support this Community of Practice in its work of improving behavioral health outcomes for children and families.

Enhanced use of information technology. DHS and MCOs have identified multiple opportunities for improving their exchanges of information. While maintaining a collective focus on improving the rates of annual well-child visits, annual preventive dental visits, and access to behavioral health services, DHS has observed a need to improve internal data collection and dissemination and to streamline Medicaid enrollment and eligibility determination processes with the County Assistance Office. The work thus far has led to changes in the physical and behavioral health components of the electronic case management system (KIDS); an increase in the Managed Care Liaison Staff who work with the Child Health Evaluation and Care Coordination Support Nurses; and DHS's engaging care managers and special needs coordinators with both physical and behavioral health managed care payers.

2-3e. Concurrent Planning

- Share any challenges in completing concurrent goal activities.

To address the need to begin concurrent planning as early as possible, DHS has modified its IT system so that, on the day a child or youth is removed, staff must create a goal and a plan for addressing the goal that includes concurrent planning. After a child is in care for 60 days, DHS makes a referral to SWAN for child prep, profile, and specific recruitment so that even if a child's goal is reunification, DHS still is searching actively for a permanent home.

2-3o. Successor Permanent Legal Custodians

- Share what steps the agency has taken regarding implementation of Act 92 of 2015. For example:
 - Has the agency notified Subsidized Permanent Legal Custodians (SPLCs) of the option to name a Successor Permanent Legal Custodian?

DHS's current practice does not include working with SPLCs to name a successor; however, it will be taking a fresh look at its SPLC practice and working on a plan to bring successor planning into case practice and to modify the fiscal system to support this process.

- Has the agency amended their SPLC agreement template to include the option to name a Successor Permanent Legal Custodian?
 - If so, please provide a copy.

DHS is in the process of amending its SPLC agreement template with this option.

- Is the agency aware of any SPLC cases in which the Permanent Legal Custodian became incapacitated or deceased and did not name a Successor?

DHS is in the process of changing its practice so that a subsidy is not terminated if a death or incapacitation should occur.

- Provide the number of cases in which a SPLC subsidy was transferred to a Successor in FY 2015-16.

DHS is in the process of changing its process so that a subsidy can be transferred to a successor.

Is the agency aware of any SPLC cases in which the Permanent Legal Custodian became incapacitated or deceased and did not name a Successor?

DHS is in the process of changing its practice so that a subsidy is not terminated if a death or incapacitation should occur.

2-3p. Preventing Sex Trafficking

- Describe the impact the amendments from the federal and state sex trafficking statutes will have on the agency, including the potential impact on staffing, service array, etc.

DHS, with its health, and law enforcement partners, has taken several actions to develop a prevention strategy and intervention response:

- *Human Trafficking Coalition.* Allegheny County is combating sexual exploitation through the Western Pennsylvania Human Trafficking Coalition, which links multiple stakeholders in Allegheny County in raising awareness about existing anti-trafficking and victim protection legislation, learning the methods of identifying victims, and providing effective services and assistance to victims and their families. CYF is part of this Coalition.
- *CSEC risk assessment and training.* The Trafficking Victims Protection Act includes a focus on stopping the sex trafficking of minors, in part by requiring child welfare agencies to assess the risk of Commercial Sexual Exploitation of Children (CSEC) among children and youth. DHS is ensuring that child welfare workers will receive training to increase their capacity to identify, document, and refer children and youth for services:
 - As part of the Coalition's initiatives, CYF staff have convened a separate working group to address CSEC issues that are relevant to child welfare-involved children and youth.

- DHS leaders are building CSEC knowledge and identification skills beyond those required by issuing an RFP for an experienced organization to provide Training of Trainers. This provider will train about CSEC and how to identify and work with children and youth who are at risk of becoming or are victims of human trafficking. This Training of Trainers will build the capacity of a core group of DHS staff (e.g., CYF staff, clinical managers, behavioral health specialists, supervisors, quality improvement staff) and external stakeholders (e.g., legal advocates, attorneys for children, nonprofits who work with transition-age youth), who in turn will train their peers throughout child welfare and other organizations.
- *Improved response.* CYF has revised its policies to allow for a more prompt system response and its leaders are working closely with the FBI, private investigators, judges, and other criminal justice partners to identify victims and create mechanisms for criminal justice responses in child welfare-involved cases.
- *Change in process when youth abscond.* DHS has changed the screen for absconded youth in the KIDS information system so that anytime a youth absconds, the caseworker must file for attachment. Anytime an absconded youth is located or returns, CYF must screen for sex trafficking, and, if the screen is positive, staff will conduct an assessment to determine the youth's needs and ensure that the youth receive the appropriate treatment and support.
- *Treatment for victims.* DHS will issue an RFP to provide treatment specifically designed to assist victims of human trafficking. This program will be augmented by a Youth Support Partner (recently hired) who will provide victims with peer support.

(DHS is requesting an Adjustment so that it can intervene and treat the victims of human trafficking. This is outlined in Section 3.4 and described in the Adjustments.)

- What technical assistance needs does the agency have related to the sex trafficking provisions?

DHS has entered into a contract with Pittsburgh Action Against Rape (PAAR) to provide CSEC training to all staff, stakeholders and providers.

- How is the agency planning to identify, assess and provide comprehensive services to children and youth who are sex trafficking victims?

Please see above.

2-3r. Promoting the Well-Being of Children and Youth in Out-of-Home Placement through Age and Developmentally Appropriate Activities

- Describe any changes in practices as a result of Act 75 & 94.

As a result of Act 75 & 94, DHS:

- 1) Began transition planning with youth at the age of 14 (for more information see Objective #2 of the IL section of this Plan)
- 2) Created and trained staff in Reasonable and Prudent Parenting Standards guidelines, which articulate DHS's detailed expectations for resource parents, residential staff, and guardian ad litem in making parenting decisions and in what can and cannot be approved by a resource parent (i.e. haircuts, overnight stays, sporting activities)

- 3) Issued an RFP promoting self-care and social exposure/etiquette for children in out-of-home care
- 4) Created a framework for the healthy development of LGBTQ children and youth and provided staff with training to develop sensitivity to LGBTQ children and youth
- 5) Conducted a survey to gain insights into the wellbeing and needs of child welfare-involved youth.
 - ❑ Describe what types of decision-making is being referred to the court by resource parents, CCYA or Guardian Ad-Litem.

DHS refers to court when resource parents, CYF and/or guardians ad-litem and birth parents do not reach agreement through the Conferencing and Teaming process; or when the decision would be contrary to a court order or the family plan or concerns a non-routine medical or mental-health treatments, psychotropic medications, religious training, or involves moving an educational placement or traveling with a child outside of the country. DHS expects resource parents and group home/residential staff to make sensible, parental day-to-day decisions that maintaining the health, safety and best interests of children and youth in out-of-home placement, while at the same time encouraging the emotional and developmental growth of the child or youth, as permitted by law. Concerns of the birth parent/family of origin must be taken into consideration but are not the determining factor in day-to-day decisions outside the scope of those listed above.

- ❑ To support practice changes, have CCYA staff been trained in the Reasonable and Prudent Parent Standards?

Yes.

- ❑ Briefly describe any planned use of funds in FY 2016-17 related to implementation of the Reasonable and Prudent Parent Standards.

DHS will continue to provide training for new staff and partners in Prudent Parenting and support the costs associated with normalcy (e.g., sport participation, camps) on an ad hoc basis.

- ❑ Provide the number of children in out-of-home care for at least six months, 16 years of age or older, who have a driver's license or learner's permit.

Earlier this year, DHS conducted a survey, per the request of PCYA and the Children's Advocacy Clinic (CAC) at Penn State Dickinson School of Law, to assist in gathering data about foster youth's access to driving and car insurance. DHS sampled 94 youth, via phone, text or in person, and found that 21 (22.3%) of youth had a license and 12 (12.8%) had a learner's permit.

- ❑ Describe any collaborative efforts that support young drivers.

The 412 Youth Zone has dedicated funding to support youth in obtaining drivers' permits, receiving drivers' training, and attaining their drivers' licenses. The IL Opportunity Passport program (see IL section for more information) supports youth in saving money to purchase a vehicle if it will be used to meet their goals (e.g., employment, education), in teaching them about managing their finances, in supporting youth in opening bank accounts, and in matching their savings.

- ❑ Describe any barriers to obtaining driver's licenses and learner's permits.

A major barrier to obtaining drivers' licenses and learners' permits is the additional cost to the foster family's auto insurance. Many foster families cannot afford the addition of a young driver on their insurance.

- ❑ Provide the number of licensed youth in out-of-home care, for at least six months, with ready access to an automobile.

There are nine licensed youth in out-of-home care with ready access to an automobile.

- ❑ Provide the number of licensed youth in out-of-home care who own their own automobile

One youth in out-of-home care owns a vehicle.

- ❑ Describe any collaborative efforts that support automobile ownership for youth in CCYA care and responsibility.

The IL Opportunity Passport program (see IL section for more information) supports youth in saving for a vehicle (used to meet their employment or educational goals) by educating them about managing their finances, supporting them in opening bank accounts, and matching their savings.

- ❑ Please describe any barriers to automobile ownership for the same population.

The factors that prevent most youth in this population from owning cars include: Loans for young people often require a co-signer and youth have difficulty in finding an adult to co-sign their car loan; the youth have past issues with credit that prevent them from qualifying for loans; and they simply do not earn enough money for a down payment on a car.

- ❑ Provide the number of youth in out-of-home care for at least six months, 16 years of age or older, who are employed.

There are 122 youth in out-of-home care who are employed.

- ❑ Describe any barriers to youth in out-of-home care seeking employment.

A major barrier for youth in achieving employment is access to public transportation and ride-sharing, which most youth rely upon, since the barriers to owning and maintaining a vehicle are significant. The issues with public transportation are that it can be costly and routes are at a long distance from where the youth live; and ride-sharing is difficult to find and can be inconsistent and unreliable.

Another important barrier to employment is that many youth lack diplomas or GEDs or have limited post-secondary education, so they do not qualify for jobs that pay a self-sustaining wage.

2-3t. Use of Another Planned Permanent Living Arrangement (APPLA)

- ❑ As of June 30, 2016, provide the number of children with a primary goal of APPLA.

DHS is actively working with casework staff to better assess the permanency needs of children and to eliminate APPLA as a goal for children and youth. DHS is committed to finding permanence for children and the additional supports requested through the needs-based plan and budget (including Kin Navigators) will further its efforts to find stable, permanent homes for children. DHS currently has 43 children with a primary goal of APPLA.

- ❑ As of June 30, 2016, provide the number of children with a concurrent goal of APPLA. DHS is actively working with casework staff to better assess the permanency needs of children and to eliminate APPLA as a goal for children and youth. It is committed to finding permanence for children and the additional supports requested through the needs-based plan and budget (including Kin Navigators) will further its efforts to find stable, permanent homes for children. DHS currently has 54 children with a concurrent goal of APPLA.
- ❑ Provide any demographics and characteristics of children under age 16 with a primary or concurrent goal of APPLA.

Of the 19 children under age 16 with a primary or concurrent goal of APPLA, 7 are male and 12 are female; 6 are African American, 8 are White, 2 are identified as two or more races, 2 are identified by another single race, and 1 child's race is unknown.

- ❑ Provide any demographics and characteristics of children over age 16 with a primary or concurrent goal of APPLA.

Of the 78 children over age 16 with a primary or concurrent goal of APPLA, 41 are male and 37 are female; 53 are African American, 15 are White, 4 are identified as two or more races, 1 is identified by another single race, and the races of 5 are unknown.

- ❑ Describe what efforts are being made to identify and review case goals for youth age 16 and older.

DHS is developing a sustainability plan for building its capacity to routinely conduct Permanency Roundtables (PRTs). The plan includes training three additional trainers on permanency values and skills, in addition to the three staff already trained in the model. These trainers will then train Clinical Managers and supervisors within regional offices and, through teaming and clinical supervision, identify youth who will most benefit from the professional consultation of PRTs. Clinical Managers, with support from permanency specialists assigned to each regional office, will be responsible for leading the permanency planning and roundtable efforts within the regional offices. Analysts with DARE (DHS's research and evaluation office) will use administrative data to identify youth who are not moving toward legal permanence within required timeframes to identify cohorts for PRTs. These analysts also will analyze outcome data from follow-up by permanency specialists within the regional offices.

2-3x. Unallowable Costs – Legal Representation Costs for Juveniles in Delinquent Proceedings and Parents in Dependency Proceedings

- ❑ Submit any amount expended by the county government in FY 2015-16 for Legal Representation Costs for Juveniles in Delinquent Proceedings.

Approximately \$1,612,283 was expended in FY 2015-6 for legal representation costs for parents in dependency proceedings.

- ❑ Submit any amounts expended by the county government in FY 2015-16 for Legal Representation Costs for Parents in Dependency Proceedings.

2-3y. Guardian ad-Litem (GAL)

- ❑ How many GALs are under contract in your county?

- If there is one legal entity under contract with the agency with multiple attorneys, please count each attorney.

There are 19 attorneys under contract in Allegheny County.

- ❑ What is the average caseload size for each individual attorney?

The average caseload size for each individual attorney is 180.

- ❑ How is caseload size calculated?

Caseload size is calculated on a per client basis (not per family/per sibling group): dividing the number of clients by the number of attorneys handling GAL appointments.

- ❑ Provide the number of children represented by a GAL & legal counsel appointed on their behalf in FY 2015-16?

There were 3,431 children represented by a GAL and legal counsel appointed on their behalf in FY 2015-16.

2-3z. Child Advocacy Centers (CACs)

- ❑ Provide a listing of CACs the agency utilizes in investigations and the total amount expended towards those services provided by each CAC in FY 2015-16.

DHS uses two CACs:

- A Child's Place, which is part of Sto-Rox Family Health Center
- The Child Advocacy Center at Children's Hospital of Pittsburgh UPMC

In 2015-16, DHS expended \$251,236 for CAC services at A Child's Place and \$49,274 at the Child Advocacy Center at Children's Hospital of Pittsburgh UPMC.

- ❑ Explain how CAC services are funded in your county.

CACs are funded through Act 148.

2-3aa. Medical Foster Care

If the CCYA is an MA-enrolled medical foster care provider and/or contracts with an MA-enrolled medical foster care provider, please provide the following information:

- ❑ Describe how the level of medical foster care services required by a child is determined and explain how often the levels of care are reassessed to ensure appropriate payment of services.

CYF determines the level of foster care services a child requires by using a PAT assessment. Most children who are medically fragile or who have complex medical needs receive a PAT level of 3 or 4.

In 2015, DHS launched a series of changes to improve out-of-home placement services for children, youth and families so that they attain stronger outcomes in safety, permanency, well-being, and the use of least-restrictive settings. As part of this plan, DHS will release an RFP for Special Needs Family Foster Care- foster homes of children and youth ages birth through 21 with ID, autism spectrum disorders and/or medical fragility.

- Please check all that apply:
 - The CCYA is an MA-enrolled medical foster care service provider.
 - The CCYA contracts with one or more MA-enrolled medical foster care service provider(s).
- Provide a list of the MA-enrolled medical foster care service provider(s) the CCYA currently contracts with:
 1. Project Star
 2. Every Child
 3. Bair Foundation
- List or describe the county's contract requirements with your medical foster care provider(s).

Providers serving children and youth with a PAT level of 4 must have foster parents who possess skills that enable them to fulfill all requirements of PAT levels 1-3 as well as the specialized provision necessary for the severe needs of the children in their care and the specialized training required about the illness or disability. The condition of the children in their care could include: permanent disability, extensive medical needs that require a feeding tube, monitor, trach, psychological needs that cause severe acting out, control issues, and DSM IV diagnosis that requires Therapeutic Staff support. The children might need extended services but not meet the criteria for mental health. The condition of the children could be life threatening, non-ambulatory, total care, or a combination of illnesses as in Levels 2-4. Foster parents must provide 24 hours of active care and be able to complete the documentation required for tracking and monitoring of these standards. Training requirements are 30 hours, with 15 being need-related.

- Does the CCYA require medical foster care providers to account for the use of MA dollars received for providing medical foster care services? If so, what information is the medical foster care provider(s) required to report, and how frequently?

No. DHS pays the foster care providers a rate and these providers receive a separate rate from MA (apart from DHS).

- Explain how medical foster care provider(s) (both CCYAs and those under contract with the CCYA) determine the percentage of the MA medical foster care payment rate that is directly paid to each medical foster parent?

N/A

- Explain whether the county or contracted medical foster care provider(s) place an administrative capitation on the amount of MA funds retained for training and other costs related to training of medical foster parents and administration of the medical foster care program? If so, how much?

N/A

2-3bb. Department of Labor's New Overtime Rule

Requests for resources should be included as an Expenditure Adjustment. Please respond to the following questions regarding the county's general plan to address the new rule:

- ❑ If impacted by the new rule, briefly describe the CCYA's planned response; including any plans to evaluate and potentially realign workloads, compensate additional overtime, raise workers' salaries, and limit overtime by hiring additional staff.

DHS reviewed its overtime policy to evaluate the effects of the Department of Labor's new Overtime Rule. Its plans for responding to the new Rule include realigning duties where possible, raising some workers' salaries, and limiting overtime, where possible. The overall effect of this new Rule will amount to approximately \$50,000 in additional overtime cost per year.

- ❑ Describe the county's efforts to obtain and evaluate estimates from private providers regarding the impact from the new rule on their program costs.

DHS is surveying all contracted providers to obtain projections of the costs associated with the Overtime Rule. This survey is requesting the number of employees that will be affected by the new Rule, the estimated amount of increase in overtime compensation due to the new Rule and what the provider's plan is to reduce or eliminate the need for additional overtime without affecting their current operations. DHS will use this information to detail the Adjustment required.

- ❑ As of the date of this writing, provide the names of private providers who will be receiving an increase in their contracted rate of service for FY 2016-17 as a result of the new rule.

DHS is working on determining the impact of the Overtime Rule on private providers and will provide the names of private providers and any necessary contracted rate increase as part of an Adjustment.

- To assist in development of a resource request tied to the new rule, please use the italicized questions as a guide when developing an ADJUSTMENT TO EXPENDITURE related to CCYA employees. For an ADJUSTMENT TO EXPENDITURE related to private providers, please provide any supporting documentation from the provider that addresses the same or similar questions:
 - How many CCYA employees will be affected by this change in regulation?
 - Approximately how many hours per week will need to be compensated that were not previously? At what rate(s)?
 - Is there a way to reduce or eliminate the need for overtime hours without affecting current operations?
 - Are the overtime hours worked now due to vacancies? If so, could additional staffing reduce or eliminate the need?
 - What analysis was completed to determine the direction of the agency's response to the new rule?

Please see the Adjustments for these details.

Section 3: General Indicators

3-1: County Fiscal Background

- ❑ Counties should identify any staffing, practice and programmatic changes that were necessary in FY 2015-16 due to the budget impasse

The 2015-16 budget impasse had several significant, negative effects on the child welfare system. During a time when the number of referrals were increasing:

- Several of CYF’s providers had to lay off or furlough staff, reduce hours, or suspend staff benefits. This led to higher staff turnover rates, which affects the quality of care for children and youth.
 - Agencies had to borrow money to keep delivering services. As a result, they have added an estimated \$150,000 in interest payments to their operating costs. For several agencies, these interest payments amount to a significant burden, given their thin operating margins.
- ❑ Counties who exceeded their Act 148 allocation, resulting in an overmatch situation, in FY 2015-16 should describe the practice and fiscal drivers that impacted the county’s level of resource need. Address the impact the FY 2015-16 program and spending history had on the projected utilization of the allocation and additional resource needs for FY 2016-17.

Please see below.

- ❑ Counties who did not spend all of their Act 148 allocation in FY 2015-16 should describe the practice(s) that impacted the county’s level of resource need and address any projections as to continued under-spending in FY 2016-17. NOTE: If underspending was related solely to the budget impasse and not to changes in practice and/or service level trends, please note that here and no further information is necessary.

DHS projects that it will be very close to its FY 2015-16 Act 148 allocation since it rapidly reimbursed providers for the services they were able to provide during the budget impasse.

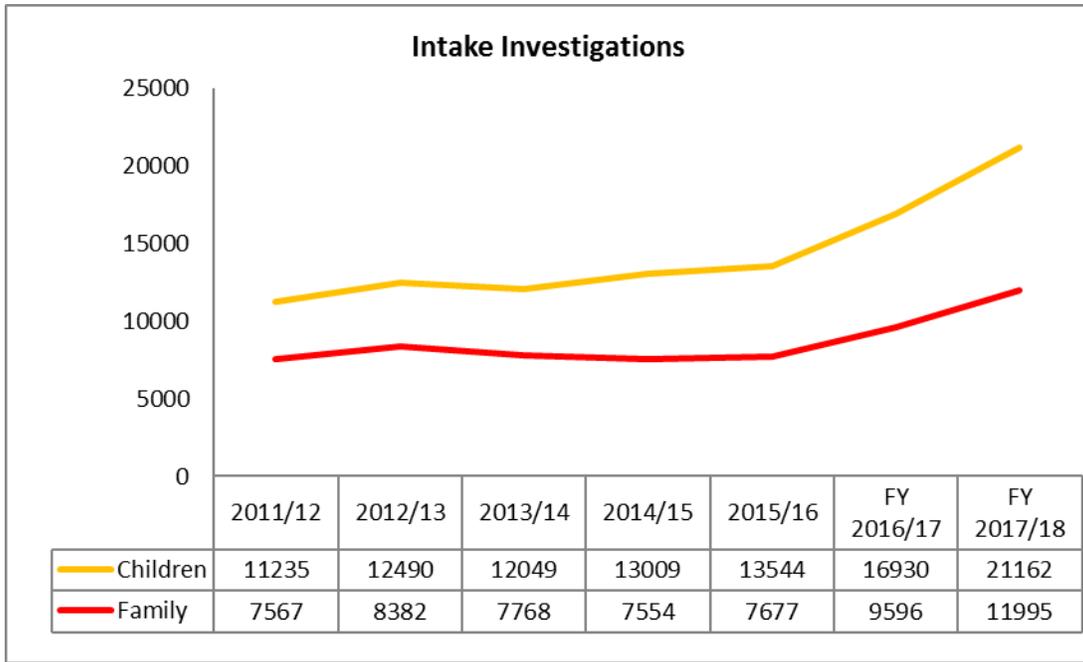
- ❑ Address any other changes or important trends that will be highlighted as a resource need through an ADJUSTMENT TO EXPENDITURE submission.

Section 2.1 and the analysis that follows describe the trends and documented needs that led DHS to target particular areas for improvement. Some of these strategies require Adjustments while others involve shifts in operations and leveraging partnerships.

- ⇒ **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 3-4)**

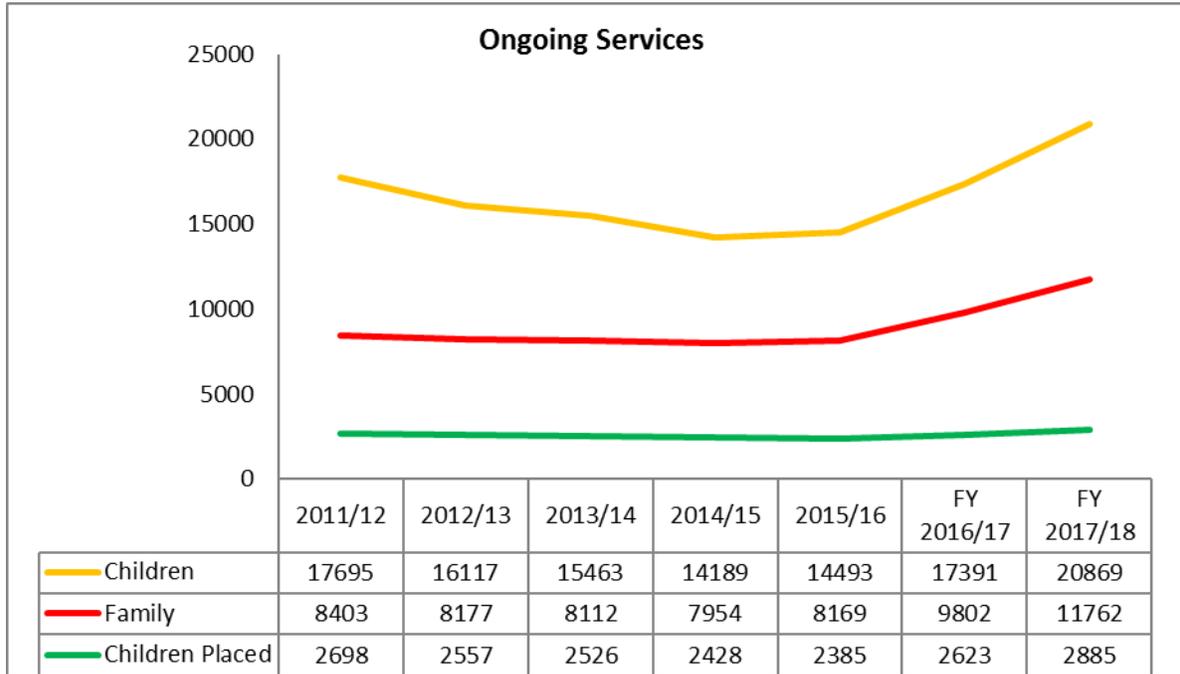
Allegheny County

3-2a. Intake Investigations



Intake investigations for children increased 21% between 2011-12 and 2015-16 and this upward trend continues through the current year. DHS attributes this to passage of Pennsylvania’s child abuse and mandated reporting reform legislation as well as the increase in families impacted by the drug epidemic in Allegheny County. DHS anticipates this trend will result in projected increases in Intake of 25% in 2016-17 and 2017-18.

3-2a. Ongoing Services



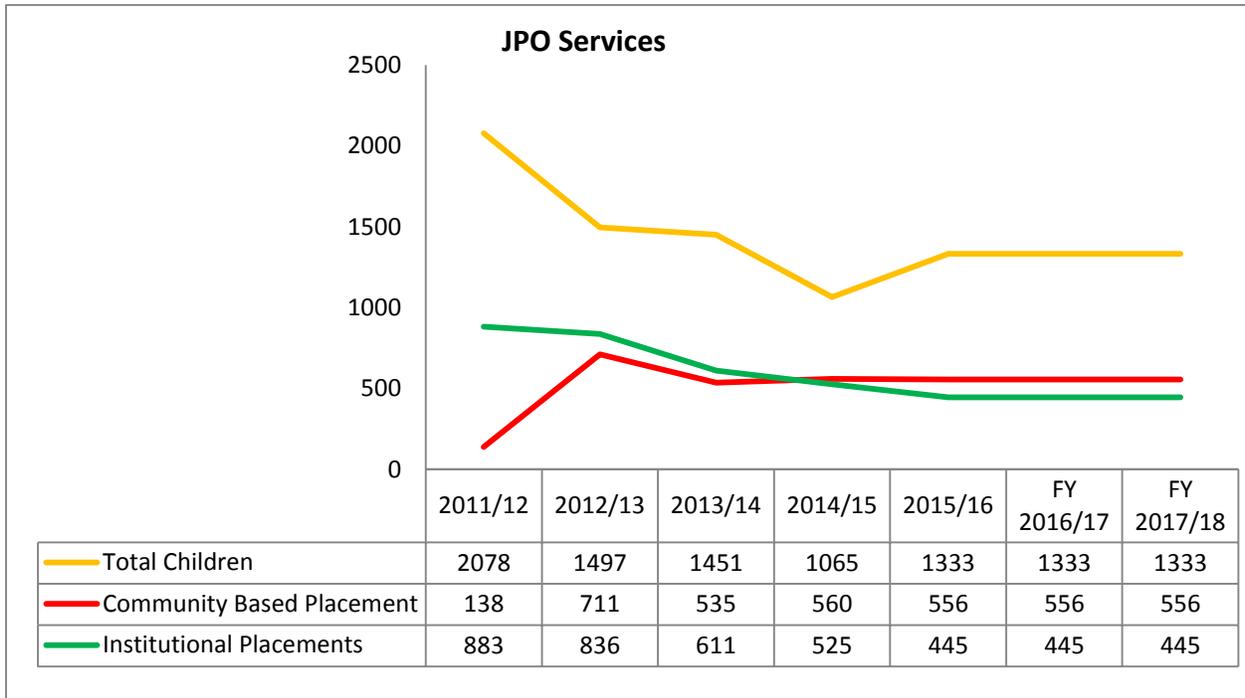
The number of families with on-going services has decreased by an average of three percent yearly over the reporting period, with an increase between 2014-15 and 2015-16 of three percent. The number of children placed decreased by approximately five percent per year between 2011-2012 and 2015-2016.

Because of the increase in call activities and investigations, DHS anticipates the need for on-going services also to increase. It projects that the number of families and children involved in services will increase by 20% in 2016-17 and 2017-18.

DHS is committed to reducing the number of children in placement, but given the increase in ongoing services and the progress already made in reducing the population of youth in out-of-home placement (which makes it likely that DHS has reached the lower limits of the number of clients in care), it projects the number of children placed will increase by 10%.

Allegheny County

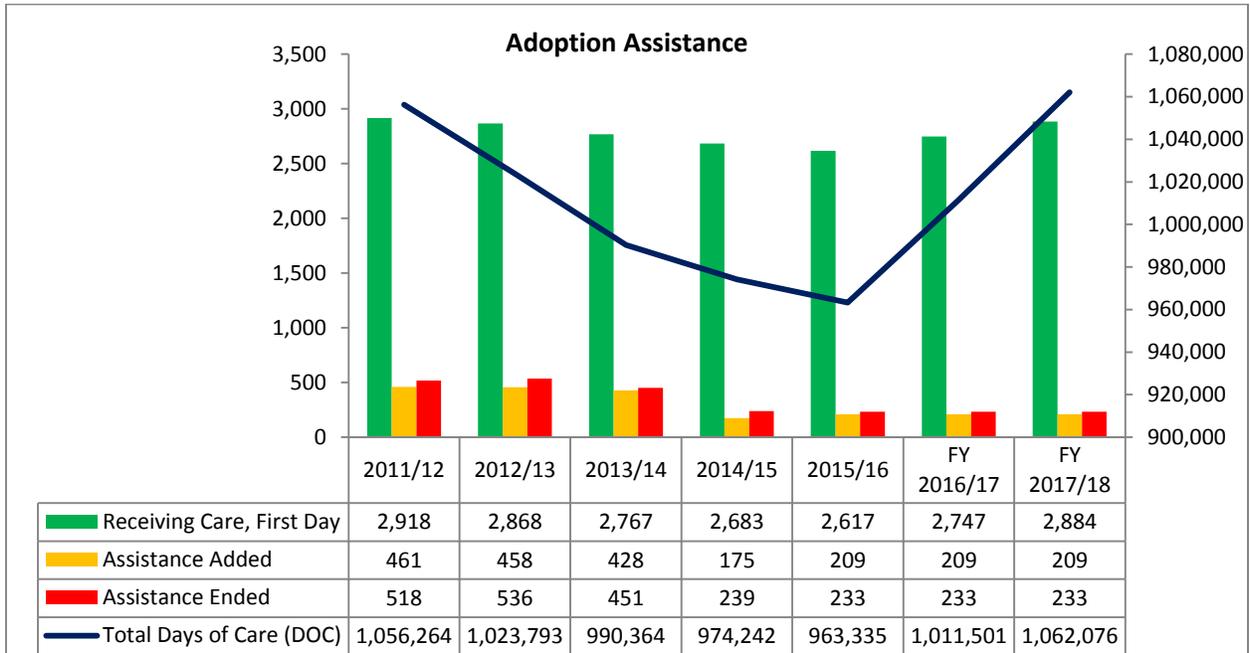
3-2a. JPO Services



Allegheny County has seen a 36% reduction in the total number of juveniles served by probation between 2011-2012 and 2015-2016. The number of community placements decreased by 22% between 2012-2013 and 2015-2016 and the number of institutional placements decreased by 47% over the same time period. Allegheny County expects the current year's numbers to remain stable in the future.

Allegheny County

3-2b. Adoption Assistance



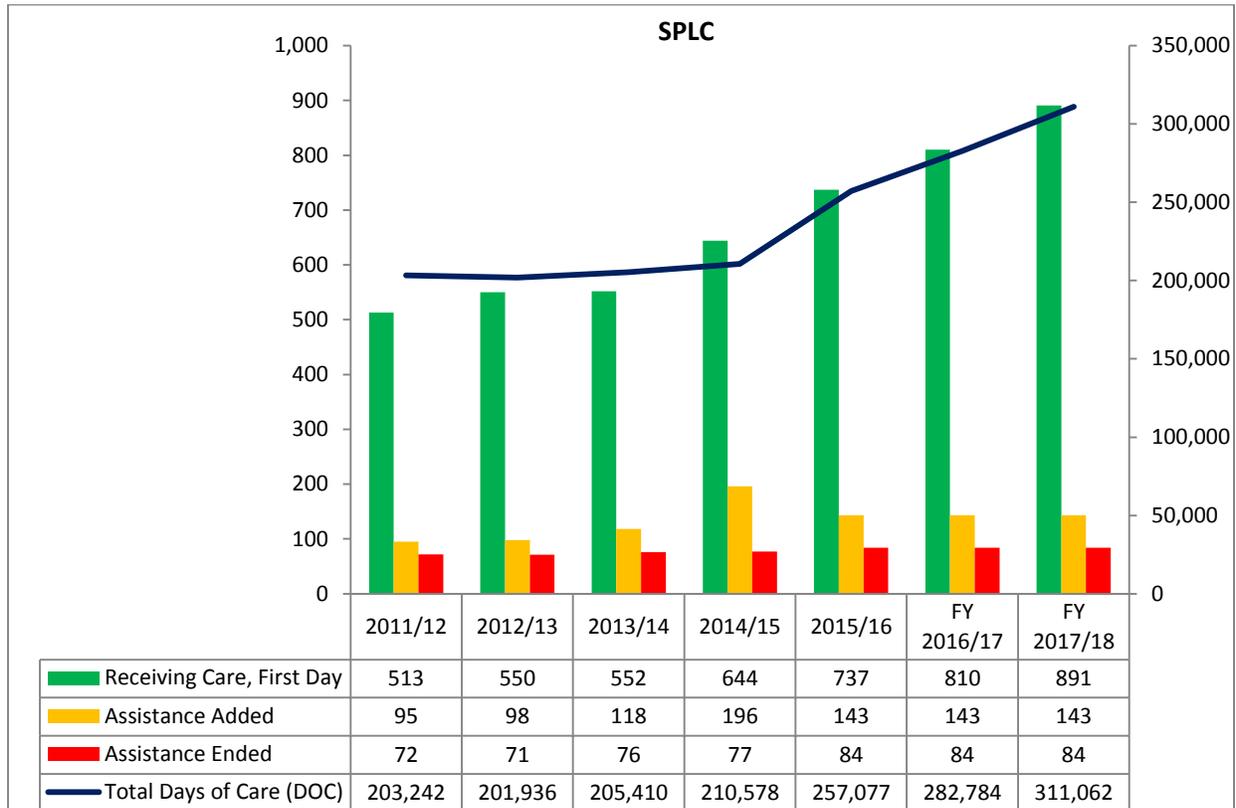
The number of children Receiving Care, First Day decreased approximately 10% between 2011-2012 and 2015-2016. Total Days of Care over the reporting period also decreased through 2014-15, but it rose in the 2015-2016 counts.

DHS anticipates that the number of children receiving care will increase by approximately five percent over the next few years as it continues to implement the requirements of Fostering Connections, which allows young adults to receive the adoption subsidy for longer periods of time.

DHS also will be improving its concurrent planning process so that children can move more swiftly toward permanency alternatives such as adoption, once reunification is no longer a viable option for the family. This will increase the number of youth who require adoption assistance.

Allegheny County

3-2c. Subsidized Permanent Legal Custody (SPLC)

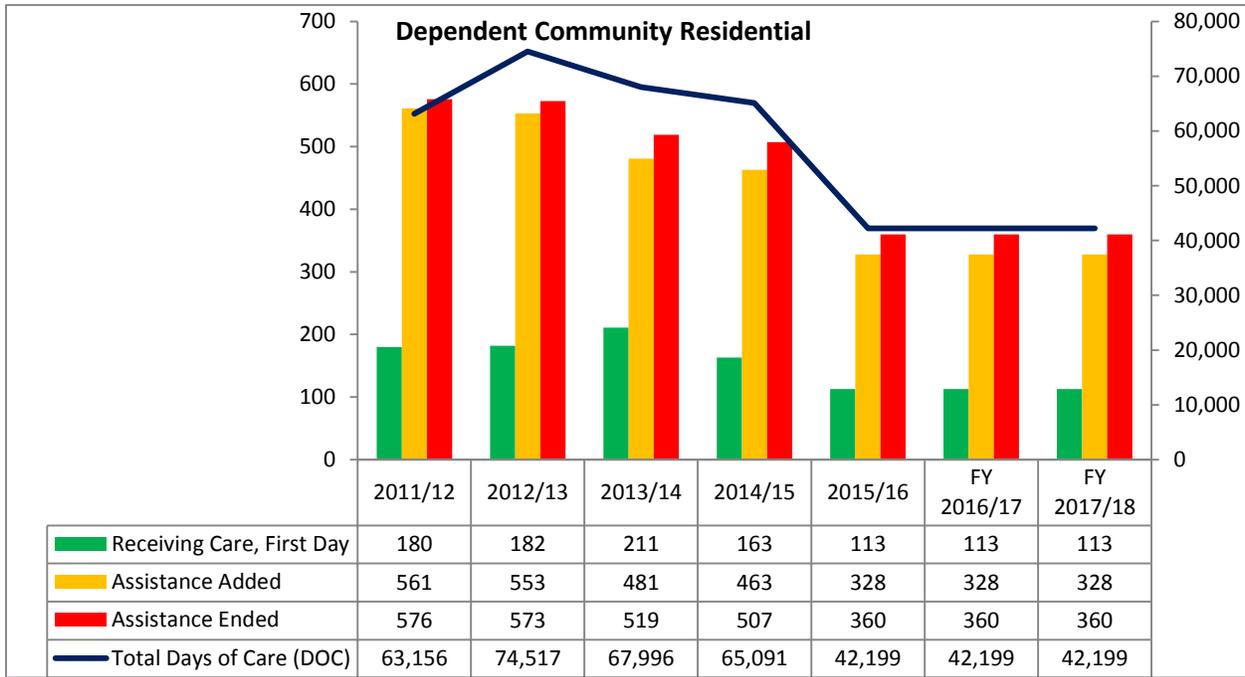


The number of children Receiving Care, First Day for Subsidized Permanent Legal Custody (SPLC) increased between 2011-2012 and 2015-2016. Overall, Total Days of Care increased by 17%. DHS expects these trends to continue during the next few years as it continues to implement the requirements of Fostering Connections (i.e., allowing young adults to receive the SPLC subsidy until they turn 21). It predicts an increase of 10% in the number of Children Receiving Services and the Total Days of Care in 2016-17 and in 2017-18.

Allegheny County

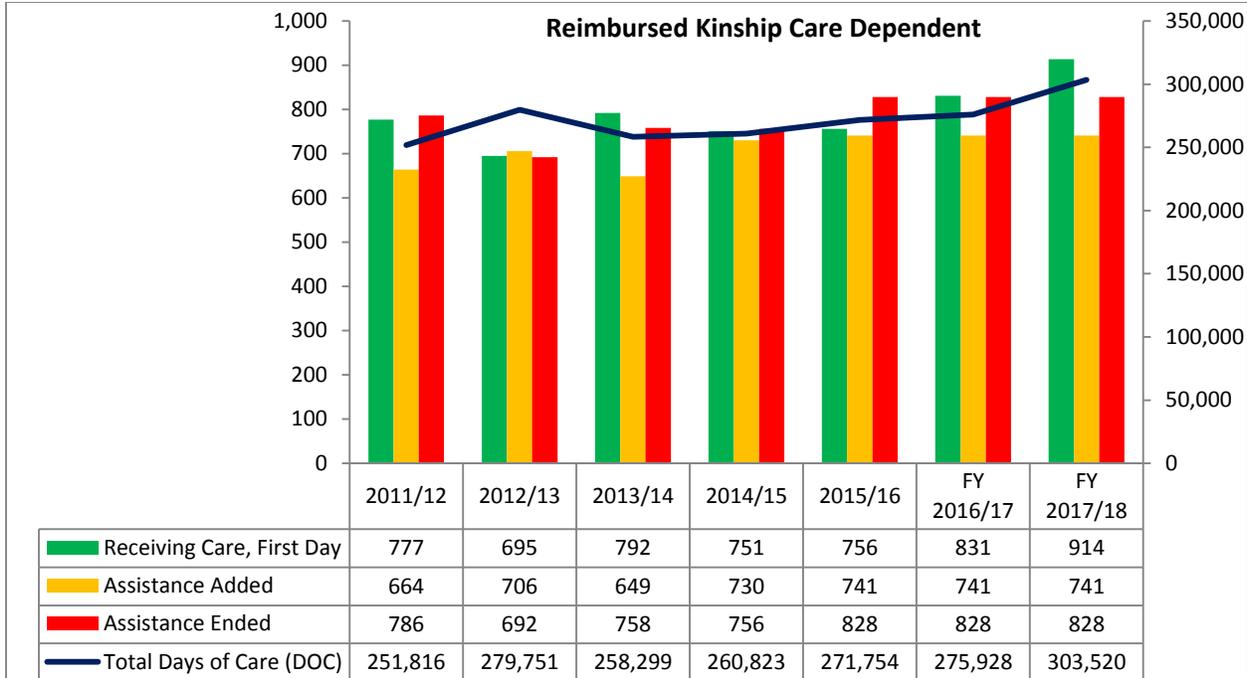
3-2d. Out-of-Home Placements: County Selected Indicator

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



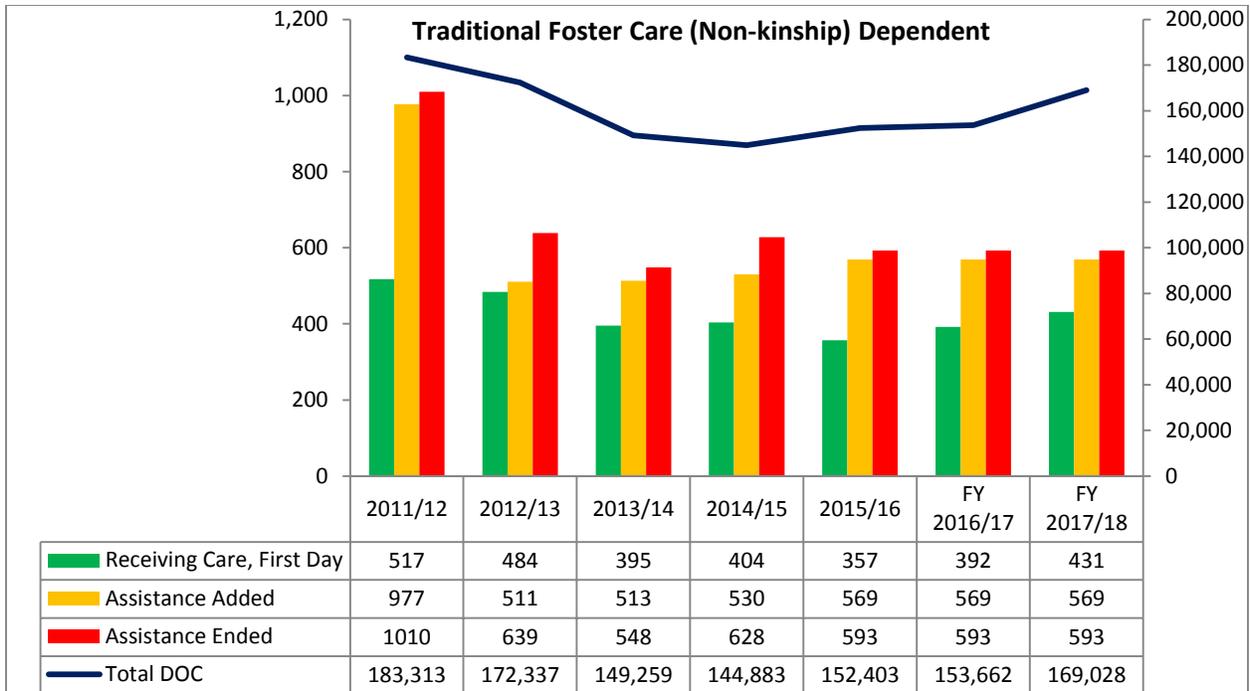
The number of children Receiving Care, First Day for Dependent Community Residential has decreased remarkably during the reporting period, showing a 38% reduction between 2011-2012 and 2015-2016. This is the result of a multitude of initiatives and changes in contracted providers to safely reduce the group care population. Given the significant reduction already realized, coupled with the growth in the overall caseload of the system, DHS projects that the number of children and youth in Dependent Community Residential will remain the same for the next two fiscal years.

Allegheny County



The number of children Receiving Care, First Day for Reimbursed Kinship Care Services decreased three percent between 2011-12 and 2015-16. The year 2014-15 appeared to mark the end of small service declines and the beginning of service utilization increases. This trend is because of a strong commitment to using kinship providers whenever possible. Initiatives such as Family Finding and Conferencing and Teaming have helped facilitate kinship care placement and DHS's plans for reducing reentries will further increase the number of kinship homes. DHS predicts 10% increases in the number of Kinship Care Dependent: Receiving Care, First Day; and Total Days of Care.

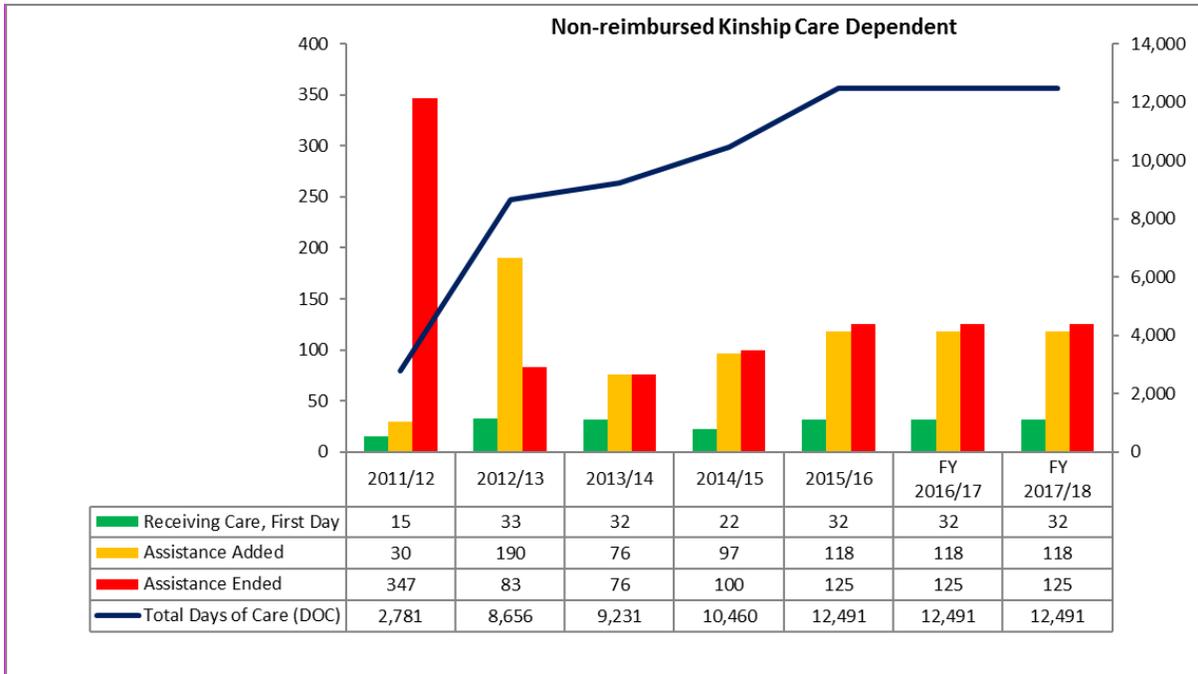
Allegheny County



The number of children Receiving Care, First Day for Traditional Foster Care Services decreased an average of 12% annually over the reporting period, for a total reduction of 31% between 2011-2012 and 2015-2016. Total Days of Care decreased 17% over the reporting period, indicating that youth are experiencing less time in care overall.

DHS will continue to seek ways of reducing the population of youth in group care, but this is contingent on family setting homes being available, particularly for older youth who have been removed from their homes. DHS is projecting a 10% growth in Traditional Foster Care (non-kinship) dependent, while Allegheny County implements its strategies for identifying and arranging for more family style care agreements.

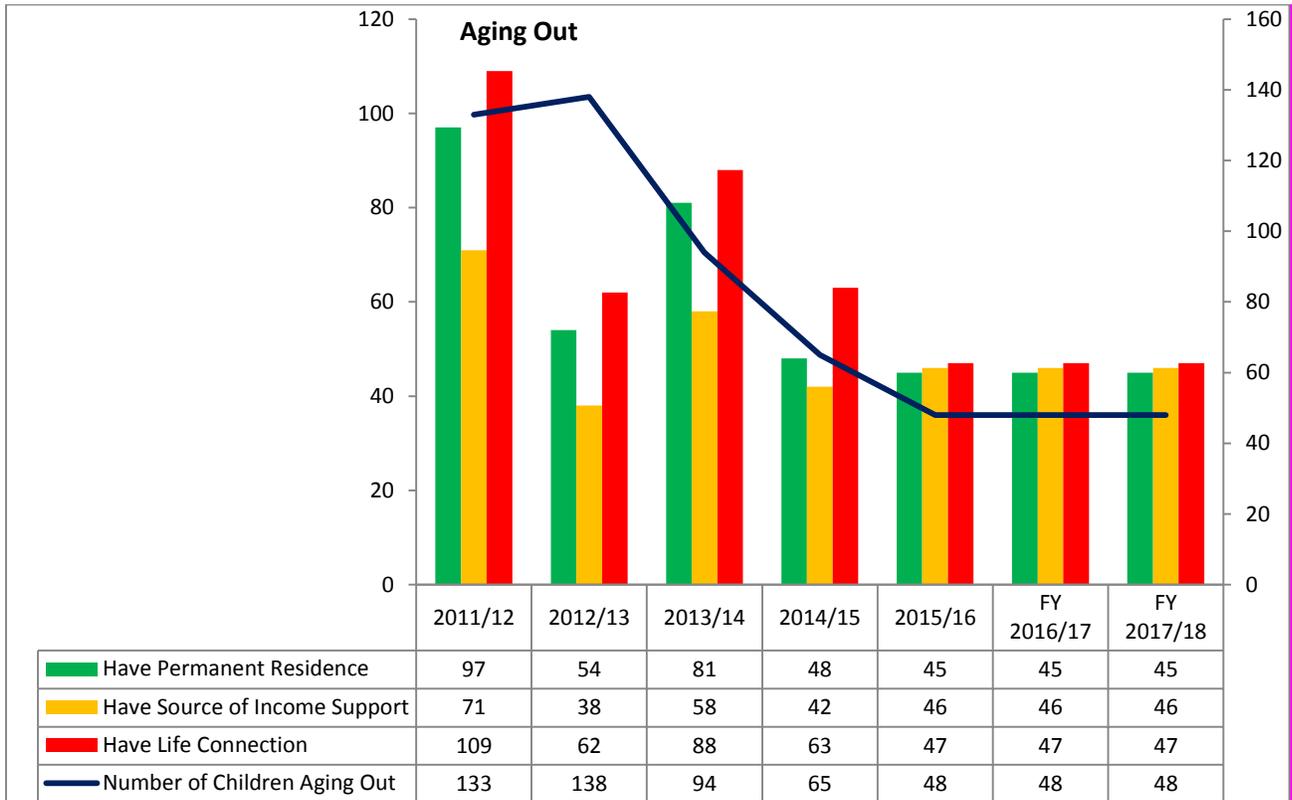
Allegheny County



The number of children Receiving Care, First Day for Non-reimbursed Kinship Care Services more than doubled from 2011-12 to 2015-16, although numbers still remain low at fewer than 35 individuals. Despite this recent increase, DHS expects to remain at the current levels of use of non-reimbursed kinship care.

Allegheny County

3-2e. Aging Out



The Number of Children Aging Out decreased 54% between 2011-2012 and 2015-2016. DHS anticipates these numbers will remain flat over the next two years. Allegheny County has committed to reducing the Number of Children Aging Out in the system, providing the needed supports to this population. The Fostering Connections legislation allows youth to remain in care until 21 years of age and provides the system greater opportunities to ensure permanent residences, income, and lifelong connections.

Allegheny County

3-2f. General Indicators

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

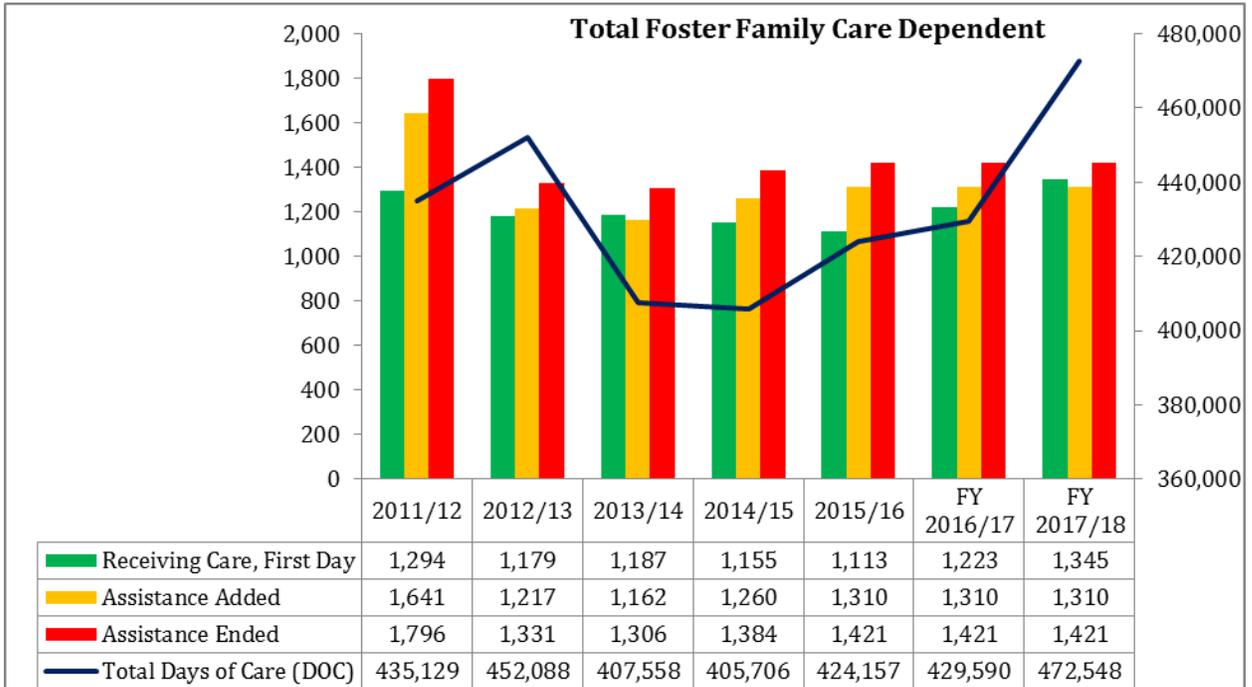
3-2: General Indicators								
"Type in BLUE boxes only"								
County Number: <input type="text" value="2"/>			Class 2					
Allegheny County								
<input type="button" value="Copy Part 1 for Narrative insertion"/>			<input type="button" value="Copy Part 2 for Narrative insertion"/>			<input type="button" value="Copy Part 3 for Narrative insertion"/>		<input type="button" value="Print"/>
3-2a. Service Trends								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Intake Investigations								
Children	11235	12490	12049	13009	13544	16930	21162	20.6%
Family	7567	8382	7768	7554	7677	9596	11995	1.5%
Ongoing Services								
Children	17695	16117	15463	14189	14493	17391	20869	-18.1%
Family	8403	8177	8112	7954	8169	9802	11762	-2.8%
Children Placed	2698	2557	2526	2428	2385	2623	2885	-11.6%
JPO Services								
Total Children	2078	1497	1451	1065	1333	1333	1333	-35.9%
Community Based Placement	138	711	535	560	556	556	556	302.9%
Institutional Placements	883	836	611	525	445	445	445	-49.6%
3-2b. Adoption Assistance								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Adoption Assistance								
Receiving Care, First Day	2,918	2,868	2,767	2,683	2,617	2,747	2,884	-10.3%
Assistance Added	461	458	428	175	209	209	209	-54.7%
Assistance Ended	518	536	451	239	233	233	233	-55.0%
Total Days of Care (DOC)	1,056,264	1,023,793	990,364	974,242	963,335	1,011,501	1,062,076	-8.8%
3-2c. SPLC								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Subsidized Permanent Legal Custodianship								
Receiving Care, First Day	513	550	552	644	737	810	891	43.7%
Assistance Added	95	98	118	196	143	143	143	50.5%
Assistance Ended	72	71	76	77	84	84	84	16.7%
Total Days of Care (DOC)	203,242	201,936	205,410	210,578	257,077	282,784	311,062	26.5%

3-2d. Placement Data								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Traditional Foster Care (non-kinship) - Dependent								
Receiving Care, First Day	517	484	395	404	357	392	431	-30.9%
Assistance Added	977	511	513	530	569	569	569	-41.8%
Assistance Ended	1010	639	548	628	593	593	593	-41.3%
Total DOC	183,313	172,337	149,259	144,883	152,403	153,662	169,028	-16.9%
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	777	695	792	751	756	831	914	-2.7%
Assistance Added	664	706	649	730	741	741	741	11.6%
Assistance Ended	786	692	758	756	828	828	828	5.3%
Total Days of Care (DOC)	251,816	279,751	258,299	260,823	271,754	275,928	303,520	7.9%
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								
Receiving Care, First Day	1,294	1,179	1,187	1,155	1,113	1,223	1,345	-14.0%
Assistance Added	1,641	1,217	1,162	1,260	1,310	1,310	1,310	-20.2%
Assistance Ended	1,796	1,331	1,306	1,384	1,421	1,421	1,421	-20.9%
Total Days of Care (DOC)	435,129	452,088	407,558	405,706	424,157	429,590	472,548	-2.5%
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	15	33	32	22	32	32	32	113.3%
Assistance Added	30	190	76	97	118	118	118	293.3%
Assistance Ended	347	83	76	100	125	125	125	-64.0%
Total Days of Care (DOC)	2,781	8,656	9,231	10,460	12,491	12,491	12,491	349.2%
Non-reimbursed Kinship Care - Delinquent								
Receiving Care, First Day	0	0	0	0	0			0.0%
Assistance Added	0	0	0	0	0			0.0%
Assistance Ended	0	0	0	0	0			0.0%
Total Days of Care (DOC)	0	0	0	0	0			0.0%
Alternative Treatment Dependent								
Receiving Care, First Day			2					0.0%
Assistance Added			1					0.0%
Assistance Ended			2					0.0%
Total Days of Care (DOC)								0.0%
Alternative Treatment Delinquent								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%

Dependent Community Residential								
Receiving Care, First Day	180	182	211	163	113	113	113	-37.2%
Assistance Added	561	553	481	463	328	328	328	-41.5%
Assistance Ended	576	573	519	507	360	360	360	-37.5%
Total Days of Care (DOC)	63,156	74,517	67,996	65,091	42,199	42,199	42,199	-33.2%
Delinquent Community Residential								
Receiving Care, First Day	43	45	51	63	62	65	68	44.2%
Assistance Added	121	159	169	194	180	180	180	48.8%
Assistance Ended	129	163	178	204	192	192	192	48.8%
Total Days of Care (DOC)	15,516	22,912	18,506	21,842	20,949	21,996	23,095	35.0%
Supervised Independent Living Dependent								
Receiving Care, First Day	44	41	46	34	32	32	32	-27.3%
Assistance Added	66	87	77	54	65	65	65	-1.5%
Assistance Ended	69	82	87	53	64	64	64	-7.2%
Total Days of Care (DOC)	18,326	21,246	17,475	19,040	17,437	17,437	17,437	-4.9%
Supervised Independent Living Delinquent								
Receiving Care, First Day				0				0.0%
Assistance Added				0				0.0%
Assistance Ended				0				0.0%
Total Days of Care (DOC)				0				0.0%
Juvenile Detention								
Receiving Care, First Day	90	80	54		52	52	52	-42.2%
Assistance Added	3,261	2,535	2,196		1,595	1,595	1,595	-51.1%
Assistance Ended	3,272	2,561	2,203		1,592	1,592	1,592	-51.3%
Total Days of Care (DOC)	25,713	20,598	20,642		18,111	18,111	18,111	-29.6%
Dependent Residential Services								
Receiving Care, First Day	83	59	51	51	46	46	46	-44.6%
Assistance Added	96	90	100	90	75	75	75	-21.9%
Assistance Ended	122	106	108	99	92	92	92	-24.6%
Total Days of Care (DOC)	23,577	20,360	18,061	18,683	15,838	15,838	15,838	-32.8%
Delinquent Residential Services								
Receiving Care, First Day	209	328	199	160	163	163	163	-22.0%
Assistance Added	839	723	695	647	619	619	619	-26.2%
Assistance Ended	868	753	707	654	628	628	628	-27.6%
Total Days of Care (DOC)	65,211	65,701	58,278	61,929	51,179	51,179	51,179	-21.5%
3-2e. Aging Out Data								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected FY 2016/17 FY 2017/18		2011-16 % Change
Aging Out								
Number of Children Aging Out	133	138	94	65	48	48	48	-63.9%
Have Permanent Residence	97	54	81	48	45	45	45	-53.6%
Have Source of Income Support	71	38	58	42	46	46	46	-35.2%
Have Life Connection	109	62	88	63	47	47	47	-56.9%

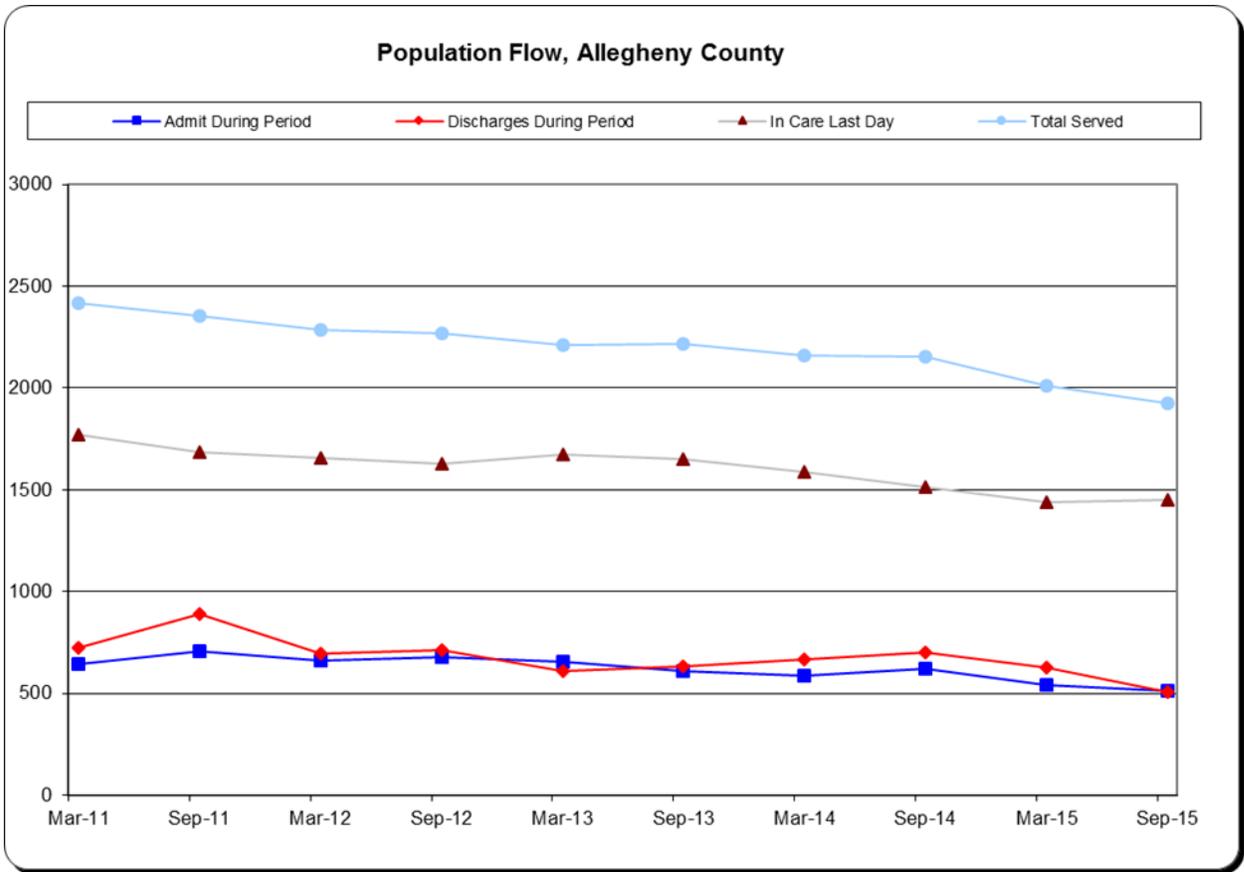
3-2g. through 3-2i. Charts

Insert up to three additional charts that capture the usage and impact of prevention, diversion and/or differential response activities. Each chart should be pasted on a separate page.

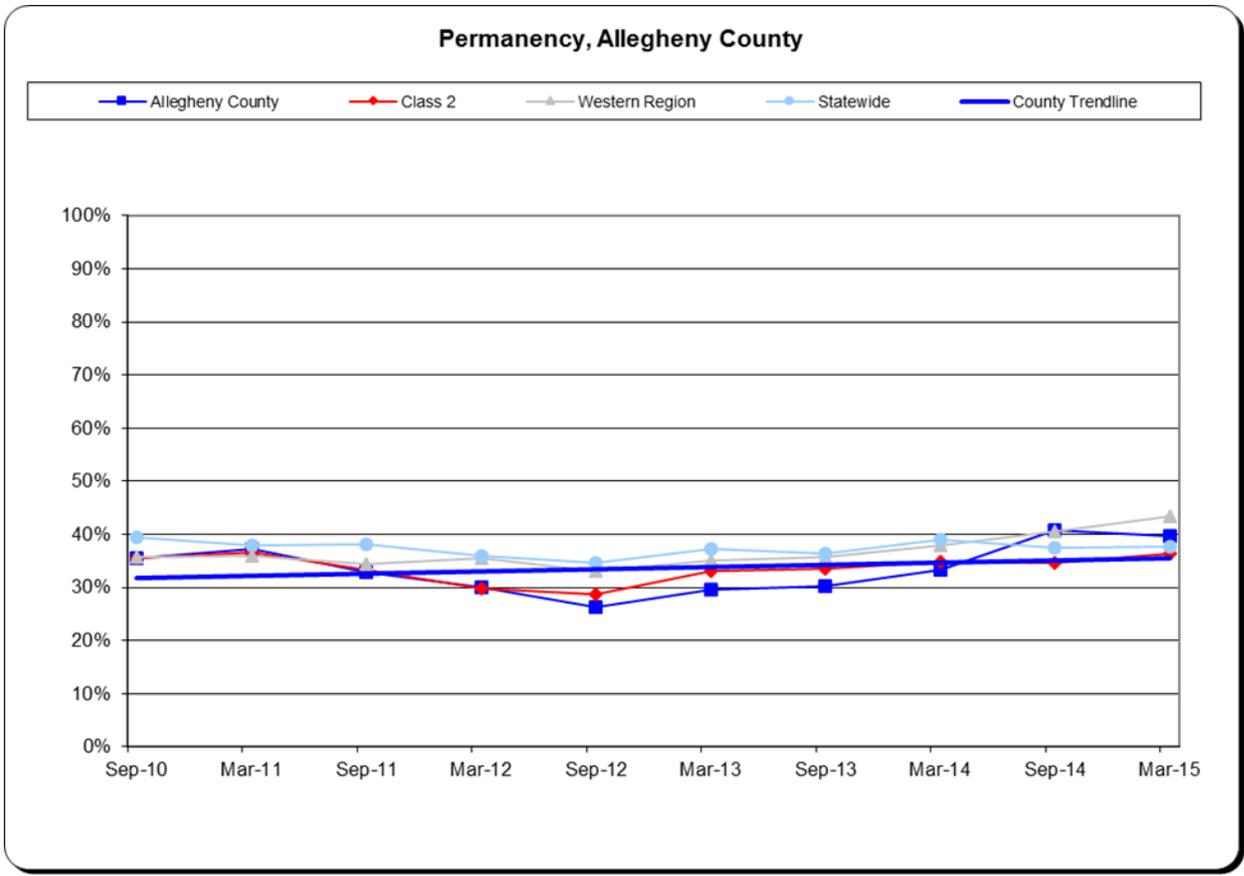


The overall population in care in Allegheny County has declined since 2011-2012. DHS expects the population in care to remain stable at current rates, but with the ongoing efforts to provide family setting homes for youth needing care rather than congregate settings, DHS anticipates an increase in the overall foster family care usage. This also is coupled with the work around recruiting more foster family homes for older youth, who would have typically been placed in a congregate care facility.

Click to Paste HZA chart



The above chart indicates that the population flow of total served in care in Allegheny County has been reduced by 19% over the time period. This represents nearly 500 fewer children in care at any given point in time (from 2,357 youth to 1,898 youth), evidence of the impact of greater efforts to prevent home removals and maintain stability with a youth's family of origin.



[Click to Paste HZA Chart](#)

The chart above illustrates the impact of Allegheny County’s permanency initiatives since 2014, which have increased permanency rates from below the state average (35.8%) to slightly above that average (36.7%).

Chart Analysis for 3-2a. through 3-2i.

- **NOTE:** These questions apply to both the child welfare and the juvenile justice agencies
 - ❑ Discuss any highlighted child welfare and juvenile justice service trends and describe factors contributing to the trends in the previous charts.

Child welfare and juvenile justice data show that, while there has been a remarkable decrease in the use of congregate care, Allegheny County is still responsible for the care of a significant number of 15 to 17 year olds. Many of these teens are African American, and they are equally distributed between males and females. Many of the males are in the juvenile justice system, while the females are in the child welfare system. About half of these teens also are experiencing mental health challenges, signaling the imperative of developing specialized home services and adequate supports for foster and kin families that may care for the youth. (One such example of the specialized home services is the FACT program, intended to divert youth from the detention system and support home stability.)

Additionally, there has been a noted increase in private petitions for youth dependency, as handled by JPO.

- ❑ Discuss any important trends that may not be highlighted.

As Allegheny County has reduced its reliance on congregate care settings, only the youth with the most significant needs and complex issues are going to institutional-style homes. This increases the proportion of youth with moderate levels of need who are being placed in family settings, who likely previously would have been in group care. The system response then must be for appropriate services to be put in place to support the families who will care for the youth.

Over the last year, the agency has turned its focus to an important problem across human services—the question of racial disproportionality. A preliminary analysis has revealed that the initial event of an allegation call of child abuse or neglect to Allegheny County CYF is over-representing African American youth compared to the overall county population. Additional analysis at decision points within the child welfare system suggests that the disproportionate representation of African American youth grows larger at each stage of the case—from investigation to case open to placement. DHS is continuing this analysis in partnership with national experts in the field to further understand the mechanisms behind the decisions and system policies that create this landscape, coupled with a comprehensive plan for educating staff and changing case practice.

Another trend DHS has seen is a rise in the number of children identified as victims of sex-trafficking or at-risk for sex-trafficking. This issue will be outlined further in an Adjustment.

- ❑ Identify the impact of established Shared Case Responsibility (SCR) practices within the county.

DHS and JPO have worked together to improve the quality of care for children who are dependent and for whom there is SCR. DHS and JPO will continue the Crossover Youth Practice Model and increase their truancy services, to meet the high needs of youth who

are involved in both the child welfare and juvenile justice systems—the majority of whom cross over “backwards” (from Juvenile Justice to Child Welfare). The Child Welfare Demonstration Project and improvements that arise from QSR and licensing reviews also will help improve outcomes for children and youth who are dependent and SCR.

DHS has focused on reducing the number of youth in congregate care settings, including through its diligent recruitment of foster families and shifting group care provider agency contracts. This has resulted in a significant drop in youth in congregate care. Today, 100 fewer youth are in congregate care, and they now comprise 10% of the placement population.

- ❑ Are there any demographic shifts that impact the proportions of children and youth in care (for example, are younger children making up a larger proportion of admissions than in years past)?

DHS’s data analysis shows that, even as the number of youth entering care and in point-in-time counts decrease, the racial and age composition of the youth population remains stable. What has changed is the complexity of children who are in congregate care (see Section 2.1).

- ❑ Describe the county’s use of congregate care – provide an overview description of children/youth placed in congregate care settings and describe the county’s process related to placement decisions.

While Allegheny County CYF greatly reduced congregate care, there remains an over-reliance on congregate care placement for teenage youth, particularly African American males and females, many of whom are in congregate care for short periods of time. As a result of the Leadership Fellows’ study of reentry rates (noted above), an implementation team is pursuing diversion options to help keep teens who should not be in the child welfare system out of the system altogether; and Diligent Recruitment to increase the number of foster homes available for teens.

- ❑ 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?

The current county staffing will need to increase slightly to meet the increase in referrals, the increase in the number of field screens, and the additional time it will take to screen and investigate cases that are screened-in through the Family Screening Score (predictive analytics tools) that began in 2016. While congregate care is expected to level, the resources available are not adequate to address the greater complexity and intensity of services that children and youth in congregate care now require. DHS also needs to address a set of serious needs impacting children, youth, and families while also responding to new requirements (U.S. DOL overtime regulations, human trafficking screening and response) that while important for children and the quality of the child welfare system, add to its cost.

3-4 Program Improvement Strategies

Counties may opt out of completing all or parts of this section if one or more of the following apply:

- Participating CWDP counties if the information is captured in their IDIR-U and the plan is submitted as an attachment

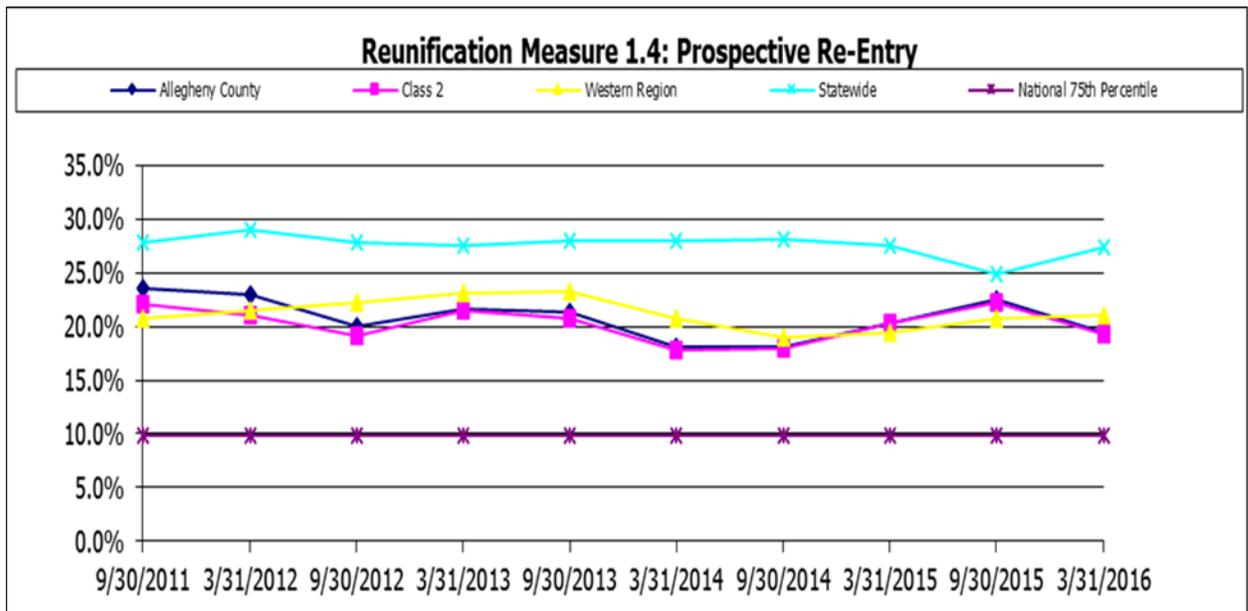
- Phase I – IV Continuous Quality Improvement (CQI) counties whose County Improvement Plan (CIP) captures the required information and the plan is submitted as an attachment
 - Counties have a formalized strategic plan (child welfare and/or juvenile justice) that captures the required information and the plan is submitted as an attachment

Counties must identify the areas for improvement that are the focus of CIPs, IDIR-U or other strategic plans that are in planning stages or under implementation in FY 2016-17 and FY 2017-18 that address both child welfare and juvenile justice populations.

Counties must select a minimum of three Outcome Indicator charts that are relevant to their identified Program Improvement Strategies. County juvenile justice agencies should also include charts relevant to their program improvement strategies.

Counties who are below the national standard for re-entry must select this an area of improvement.

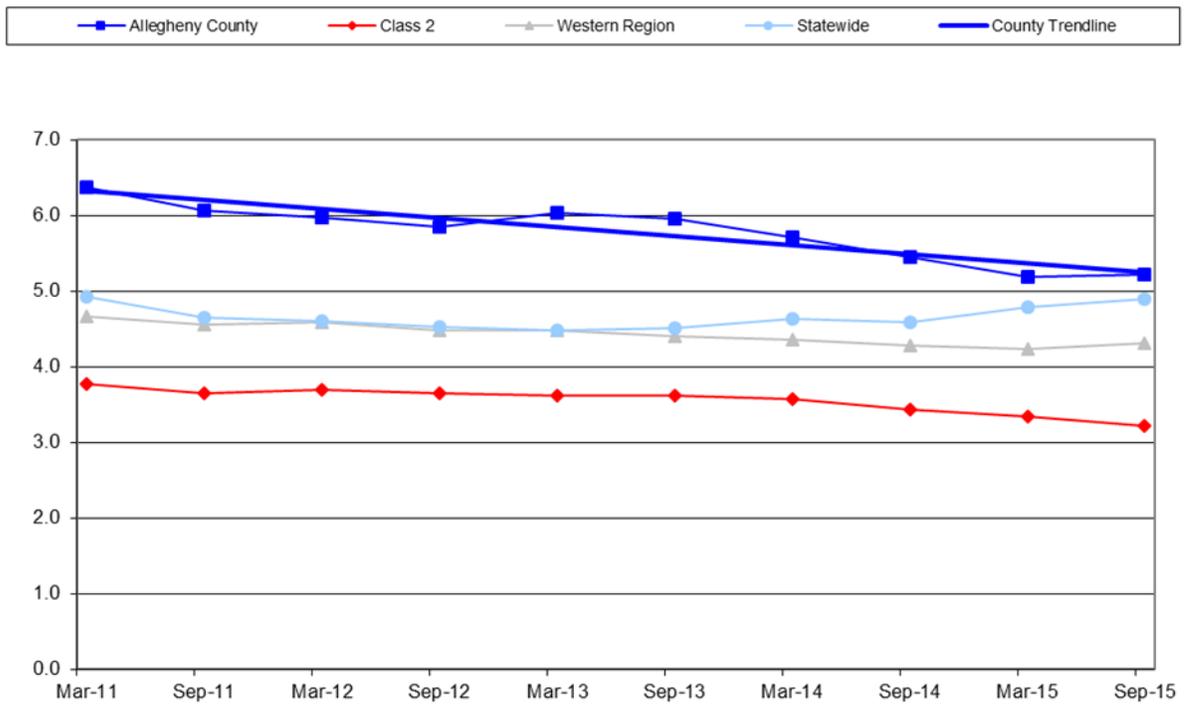
- CWDP counties and prospective CWDP counties must select Outcome Indicators that are reflective of targeted outcomes of their Demonstration Project design.



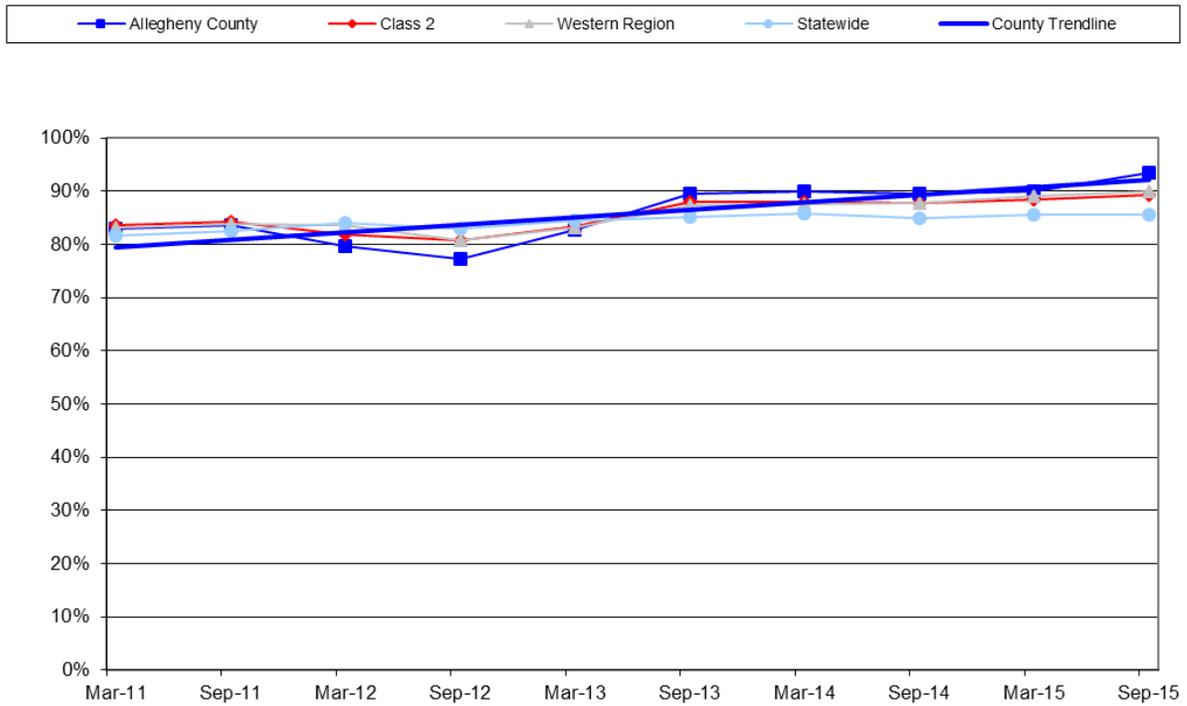
Click to Paste HZA chart

Click to Paste HZA chart

In Care Last Day per 1,000 Child Population, Allegheny County



Placement Stability, 0-12 Months, Allegheny County



Counties do not need to provide a separate response for each area of Program Improvement Strategy but rather discuss the county’s identification, planning and implementation efforts as a whole.

- If you have not submitted a formalized plan as an attachment, please describe the priority areas of program improvement that are underway within your county. Discuss the connection of your priority areas to the OCYF priority areas that have been identified.

DHS’s 3 priority areas for program improvement

<i>Allegheny County DHS Priority area</i>	<i>Current state priority</i>	<i>Relevant CWDF design elements</i>
1. Provide Quality Services	✓	<ul style="list-style-type: none"> - Engage, assess, and connect families - Engage families in evidence-based services
2. Safely reduce the number of re-entries	✓	<ul style="list-style-type: none"> - Reduce number of children entering or re-entering placement
3. Safely reduce the number of children in out-of-home care	✓	<ul style="list-style-type: none"> - Reduce congregate care

		- Increase use of most appropriate, least restrictive placements
--	--	--

DHS selected these 3 priorities because:

- They align with the Office of Children Youth and Families’ priorities for improving the quality, effectiveness, and efficacy of the child welfare system;
- Allegheny County is one of the counties in the state that does not meet the national standard for re-entry and therefore must implement a plan to safely reduce reentries; and
- They reflect the county’s targeted outcomes for CWDP design.

These are the county’s primary strategies, but DHS also will advance several other state priorities to respond to significant needs of children and families (described in Section 2.1). It will implement strategies to: Monitor the use of psychotropic medications; Ensure the provision of quality health care to children in foster care; Take a multidisciplinary approach against opioid use; and Increase the number of exits to permanency. Section 3.4 describes the county’s plan for working toward the 3 Priorities and these other important aims.

- Describe the process undertaken to identify the areas of improvement for prioritization, including identifying data analysis utilized in defining the program need. Describe any analysis related to the county’s outcome performance in comparison to comparable counties’ and/or statewide performance and how these findings may have contributed to the identification of practices contributing to strong or weak performance.

DHS selected its priorities after examining its CWDP goals, the findings from the QSR, and licensing reviews.

The analyses of Allegheny County’s performance on quality of services, re-entry, and out-of-home placements are described below.

Quality of Services analysis

Section 2.1. (Need #4) describes the need to improve casework, prevention and in-home services, and other services.

Re-entry analysis

Allegheny County does not meet the national standard for the percentage of children and youth exiting to reunification or to live with kin who then re-enter out-of-home care within one year (reentry rate). The county’s reentry rate has been improving, however. Compared with 2008, the rate of reentry in 2014 was 10 percentage points lower:

Re-entry within One Year Following Reunification, Exits in 2008-2015

	2008	2009	2010	2011	2012	2013	2014	2015
Exits to family	990	898	789	702	749	703	652	652

Reentries within 1 year	354	234	215	188	206	179	173	--
Percent reentries	36%	26%	27%	27%	27%	25%	26%	--

Source: KIDS (Key Information Demographic System)

Reentries do not affect all children and youth equally in Allegheny County or other parts of the U.S.:

- 22% of African American children and youth in Allegheny County are likely to reenter care, compared with 18% of White children and youth (2012 data on reentry rates by first entry into care). National data show a similar pattern.
- Reentries are higher for children and youth who enter congregate care as their first placement (compared with kinship care). In Allegheny County and nationally, African American children and youth are more likely to enter congregate care as their first placement. A DHS sampling of 161 removals from home found congregate care as the first placement location for 83% of the African American children in the sample, compared with 67% of White children in the sample (DHS July 2016).

National studies also show that reentry rates are higher for:

- Teens, in general
- Children with disabilities related to emotional or behavioral concerns
- Regardless of the population group, when concerns that resulted in the initial out-of-home placement are not sufficiently resolved

To develop a strategy for reducing the reentry rate, DHS asked this year's group of Leadership Fellows to study reentries in Allegheny County make recommendations. Their analysis (and other information drawn from national studies) pointed to these solutions:

- A first visit between parents and children within 48 hours, to increase the chances of subsequent visitations during the placement
- Regular and frequent visits to safely reduce lengths of stay out of home
- Prepare families and resource families for reunification
- After discharge, keep cases open and provide services and supports. Those families who received family support, counseling, family preservation, education and training and day care services were less likely to have their children or youth reenter care within one year
- To ensure these are standard practice, the Leadership Fellows also recommended:
 - o Staffings for reunification; and documenting reunification planning within supervisor logs
 - o Making an automatic referral within KIDS when reunification planning begins
 - o Having teaming meetings 30 days before and after reunification; post-reunification plan meetings as check-ins

- Taking advantage of evidence-based services that support reunification; and making HomeBuilders available after reunification
- Having one centralized scheduler for visitation, to streamline and increase number of visits; and supervised visits in the community instead of CYF offices
- Increasing kin placements vs. congregate care by ask Family Finding questions at the call screening level/include an “in case of emergency” form as part of required documents at intake—to support later family finding.

National reviews of best practices for improving reentries also recommend:

- Using assessment tools to determine the appropriateness of reunification and the best timing for reunification
- Identifying family factors that have been correlated with re-entry and providing specialized services (e.g., developing programs for older youth who are reunifying and for parents with infants and young children)
- Introducing cognitive-behavior programs to address/reduce child behavior problems and train parents in the use of behavioral parenting methods
- Maintaining reunification services for at least 12 months after reunification
- For children and youth who are “unruly”: working with courts to create expedited review processes; addressing parental ambivalence about reunification; providing evidence-based services; and working with parents and foster parents to implement a consistent behavior management program.

During the Implementation and Plan years, Allegheny County will be applying several of these strategies to ensure that CYF is providing the supports and services families need to meet their service plans, to reunite with their children as soon as is safely possible, and to provide the aftercare for families to remain together.

Out of home placement analysis

DHS has significantly reduced the total number of children and youth in placement of any kind and, within placement, has decreased congregate care for youth ages 12-17 from 38% in July 2012 to 26% in July 2016. (For children and youth of all ages, about 54% in placement are in a kinship care setting and 12% are in a congregate care setting.)

Placement Type for Youth Ages 12-17, at point-in-time (for the years 2012-2016)

Care Type	Jan-12	Jul-12	Jan-13	Jul-13	Jan-14	Jul-14	Jan-15	Jul-15	Jan-16	Jul-16
Count	543	528	523	474	463	445	417	392	386	378
Kinship care	35%	37%	42%	37%	40%	37%	42%	42%	44%	46%
Foster Care	22%	20%	15%	16%	17%	16%	16%	18%	20%	22%
Congregate care	37%	38%	37%	39%	36%	39%	35%	33%	30%	26%
Independent living	3%	5%	3%	5%	5%	4%	4%	3%	3%	4%
Other (RTF, alternate location)	2%	1%	3%	3%	2%	3%	3%	4%	3%	2%

Source: KIDS (Key Information Demographic System)

Youth ages 12 to 17 experience congregate care more often as their first placement type, although this also has decreased from a high of 71% in 2013 to 48% in 2016.

Most youth in Allegheny County who are in placement out-of-home experience the placement for relatively short lengths of stay. One quarter of youth exit in just over two months and half exit within 10 months. But a quarter of youth remain in care for almost two years or longer. The trends in length of stay have remained fairly stable over the last several years.

Length of Stay in Care, by Exit Year (2008-2015)

Length of spell (months)	2008	2009	2010	2011	2012	2013	2014	2015	All Years
Count of exits	2,121	1,786	1,583	1,442	1,439	1,345	1,367	1,294	12,374
<1 month	24%	23%	21%	21%	22%	19%	20%	17%	20%
1-2	18%	17%	13%	13%	14%	12%	13%	15%	15%
3-5	9%	11%	9%	10%	12%	13%	10%	11%	11%
6-11	10%	11%	14%	13%	13%	15%	14%	14%	13%
12-17	8%	7%	9%	9%	8%	10%	10%	12%	9%
18-35	21%	16%	20%	23%	20%	21%	23%	23%	21%
36+ months	10%	13%	14%	12%	11%	9%	10%	9%	11%

Source: KIDS (Key Information Demographic System)

Allegheny County has reduced by 27% the number of youth in congregate care (2008-2016), resulting in 46 total number of youth in RTF (4) and group care (42).

Children in Care for 15+ Months, by Current Placement Type and Total Time in Care, Point in Time (7/1/16)

Total Months in Care	Kinship Care	Non-Kinship Foster Care	Group Care	RTF	Independent Living	Total
15 -17	59	32	3	0	2	96
18 - 23	59	37	8	3	5	112
24 - 29	52	35	8	0	3	98
30 - 35	39	23	2	0	3	67
36+ months	55	48	21	1	10	135
Total	264	175	42	4	23	508

Source: KIDS (Key Information Demographic System)

- For each strategy identified, please address the following questions. It is recognized that the same responses may apply for multiple strategies. In those circumstances, please note as such, otherwise provide separate responses for distinct strategies as warranted.
 - Describe how the selected strategies were selected as the approach that will successfully meet the challenge the agency is addressing.

The strategies Allegheny County selected to meet its 3 priorities and address other challenges are the result of:

- DHS's review of the status of the progress it has made through its CWDP strategies and its remaining work in meeting the CWDP goals
- Evaluations of the impact of current programs in reducing re-entries or out-of-home placement, to extend programs that are effective and redirect resources from less-effective approaches
- Research into effective approaches in:

- Programs that advance improvements in care and result in concrete changes for children and families
- Approaches that support the uptake of fundamental strategies such as Conferencing and Teaming
- Continuous quality improvement within child welfare

DHS's stakeholders are fundamental partners in determining how to improve practice, investments in services, and maintain a clear focus on the results DHS seeks for children and families.

Strategies for addressing priorities and meeting child welfare mission

DHS will improve the quality of services to children and families, safely reduce reentries, and safely reduce out-of-home placements during 2017-18 and/or 2016-17 through the following strategies. (Those strategies that require additional resources to meet a documented need are noted.)

Priority 1: Provide quality services

DHS will improve the quality of its services to children, youth, and families by:

- *Improving casework.* DHS will do this by increasing the number of families who are fully engaged in making decisions and designing their family plans; who find their team meetings with CYF to be clear and useful; and who receive support from staff who are skilled in casework. DHS will accomplish this by:
 - Fully implementing the DHS practice model, Conferencing and Teaming--by providing staff supervision and monitoring as they use the model, to ensure it improves case practice and family outcomes and is fully adopted. (No additional resources are required at this time.)
 - Increasing other professional development through focused training on solution-based casework, on Predictive Analytics, and through leadership development in the Leadership Fellow program. (Adjustment required to annualize costs)
 - Reducing staff turnover and improving quality casework through the Annie E. Casey Foundation-supported *On the Frontline* approach to recruiting selecting, hiring, supporting, and retaining child welfare staff. (No additional resources are required at this time.)
 - Improving the safety of caseworkers and supervisors by using the Alertmedia or similar technology that allows staff to notify DHS if they are in situations that may be dangerous and they require assistance. (Adjustment requested)
 - Expanding caseworkers' capacity to engage fathers and provide practical support by increasing the availability of Fathers Support Partners (adding two additional partners) and an employment specialist who will assist fathers who are active in child welfare in finding employment. (Adjustment requested)
- *Appropriately staffing Intake, Field Screening, and Casework.* With the continued increases in calls from mandated reporters and resulting from the number of families affected by opioids as well as the number of cases screened-in for investigations because of DHS's use of Predictive Analytics DHS will need to add one intake unit (a

supervisor and 5 caseworkers) and one unit of call screeners (a supervisor and 5 caseworkers). (Adjustment requested)

- *Making program enhancements that maintain level of care or meet the more complex needs of children and youth in congregate care.* DHS will accomplish this by:
 - Increasing the rate for congregate care providers so that they can lower staff:youth ratios; ensure children, youth, and families have the number of visits necessary (transportation and staffing); and increase training in trauma-informed care, mental health first aid, and identification of human trafficking victimization among children and youth in their care. (Adjustment requested)
 - Increasing the rates for providers to reduce overtime by filling vacancies or, when unavoidable, paying the increased costs of overtime. (Adjustment requested)
- *Improving the quality of out-of-home placements* by continuing to increase the number of resource families for youth in care. DHS will accomplish this through its program of Diligent Recruitment. (No new resources requested at this time.)
- *Meeting new federal requirements for:*
 - Transporting children to schools in other districts. The Every Student Succeeds Act (ESSA) requires that child protective services organizations transport to school those children “awaiting foster care” who need transportation to a different school district. (This is a change; up until 15-16, this was an expense of the school district). DHS will need to cover the cost of this enhanced service (transportation to/from school), thus helping to ensure children in care are able to continue the educations to which they are entitled. (Adjustment requested)
 - Intervening and addressing the trauma of human trafficking of youth and children in its care by deploying a liaison to support caseworkers and supervisors in working with a private investigator to conduct the Commercial Sexual Exploitation of Children (CSEC) screenings and follow-up on incidents with the children, youth, and families; building a new screen within KIDS that will track this assessment and other information so that it can be fully integrated into practice; hiring a Youth Support Partner with lived experience to work with the youth; and contracting for a specialized treatment program for the child/youth victims of trafficking. This important initiative will reduce the number of children and youth who are falling victim to human traffickers, including among youth in group homes. (Adjustment requested)
- *Improving prevention and in-home services by:*
 - Addressing childhood and family trauma and providing concrete assistance to children and families that builds family functioning and self-sufficiency through this three-part approach:
 - A model of outreach and intervention for children, youth (through age 12), and families in areas most impacted by the combination of violence; drug abuse; and poverty (*Neighborhood Place model*). This model combines a core set of resources for families (counseling, treatment, employment assistance, housing assistance, benefits enrollment, and transportation-- some of which may exist in the community but will now be co-located to

make it easier for families to access) within a community setting and that includes a robust outreach component—both home visiting (for families with young children) and neighbor visits (for families with children and youth). This model will build upon families' strengths and reduce parental stress by strengthening the base of trusted neighbors and friends whom families can call upon and, in turn, support; reducing family isolation; empowering families to use available resources to improve the economic self-sufficiency and choices available to the family; and increase understanding of key skills. The adjustment requested is to provide two comprehensive centers; and to provide human services providers/navigators in each of four community schools that the Pittsburgh Public Schools will be opening.

- Expanding evidence-based home visiting to meet the increased demand among families with young children who are referred to CYF. In January 2016, DHS's program, the Allegheny Link, began calling every family with a child under the age of five who had been screened by CYF to ask them if they would be interested in home visiting services. Close to 20% of all of the parents/caregivers whom the Link staff have called said "yes." Skilled home visitors are now providing them with support and guidance, child development/parenting education and coaching, concrete assistance, and engagement with other families in their community. Within the first six months of this new form of referral, several programs have waiting lists. DHS expects that this list will grow CYF caseworkers refer more of the families already on their caseloads.
- Investing in training the increased number of staff who will use Predictive Analytics to support prevention efforts.

(Adjustment requested for above strategy)

- *Addressing the effects of family violence.* DHS will continue to improve caseworkers' capacity to identify and intervene to protect children and families impacted by intimate partner violence (IPV) by contracting with a consortium of organizations to provide expert consultation in identifying, responding to, and supporting CYF-involved families that are experiencing IPV. These experts will also work directly with families to advocate for the families, ensure they gain access to resources, and after-hours consultation. These experts and their organizations also would assist caseworkers in understanding how to reduce the risk to families through treatment for perpetrators in the family. This is an expansion of a limited contract for services, which has not provided the hours of consultation that caseworkers and families require, nor the full scope. (Adjustment requested)
- *Strengthening parent-child bonds when parents are in the jail.* DHS will preserve and build child-parent relationships while parents are in the Allegheny County Jail and increase the likelihood of their reunification expanding the model of "family contact visits," family telephone calls, and parenting education to CYF parents in the jail. (Adjustment requested)

Priority 2: Safely reduce reentries

DHS will safely reduce reentries (the number of children and youth who exit to reunification or to live with kin who then reenter out-of-home care within one year). Its strategies include:

- *Fully implementing the DHS practice model, Conferencing and Teaming*, both by increasing the share of staff who reach proficiency and by supporting staff in using the model, through supervision and monitoring. As more staff are proficient in Conferencing and Teaming and use it to determine their casework, they will use all available resources to prevent out-of-home placements and, when necessary, find kin placement instead of congregate care; support parents in visiting with their children and youth more often when they do need to be cared for out-of-home, to maintain and build bonds; make sure families and children are receiving the supports and treatment the need prior to reunification; planning carefully for reunification; and providing support and services after children and youth return home. (No additional resources are required at this time for conferencing and teaming.)
- *Diligent recruitment of resource families*. Since reentries are higher when children and youth have been in congregate care, DHS will continue to actively recruit resource families for youth, for whom there are often fewer kinship homes available. (No additional resources are required at this time.)
- *Kin identification*. To ensure that all children who need to be removed from their homes have the chance to safely live with kin rather than in congregate care, DHS will a) designate a “kin navigator” at each regional office. This navigator will support caseworkers in identifying and qualifying kin, including through criminal history checks, early on during a family’s experience with CYF, so that kin can be easily located in the event of a removal; and b) change the CYF information technology system so that during each investigation (which may or may not lead to CYF involvement), staff are entering emergency contact information for the children and youth. This information will be in the system in case caseworkers need to find kin for placement. The Leadership Fellows developed these recommendations. (Adjustment requested)
- *Ensuring pre and post-reunification services for families*. CYF will reinforce with case workers and providers the importance of ensuring that parents are receiving the treatment and other services in their plans so that they are making the changes needed for their children to return home and the importance of visits, particularly with children and youth who are out-of-home and are at higher risk of reentry. CYF also will review the decision-making steps needed to determine if child or youth can be safely returned home and the negative effects of failed reunification upon children, youth and families. And it will train staff and caseworkers on the requirement of pre-unification planning with families and foster families and post-reunification services and monitor the consistency of those plans and services. Finally, CYF will report to each regional office on its reentry rate, to continue to build the awareness of the effect of their actions.

Priority 3: Safely reduce out-of-home placements

DHS will safely reduce out-of-home placements by preventing family disruption and, when placements are required, reducing the length of stay in out-of-home placements. It will accomplish this by:

- *Using evidence-based practices to preserve families who have children at imminent risk of placement.* CYF will work to ensure that all appropriate families have the opportunity to participate in the evidence-based HomeBuilders Program, which “provides intensive, in-home crisis intervention, counseling, and life-skills education for families (HomeBuilders description). The program provides intensive intervention with families and teaches family members new problem-solving skills to prevent future crises. (No additional resources are required at this time.)
- *Fully implementing the DHS practice model, Conferencing and Teaming*—supported by the specialists who are now providing CYF staff and families with expertise on drug and alcohol, behavioral health, physical health and other issues and services. As more staff are proficient in Conferencing and Teaming and the way that it drives casework and improving their capacity to serve families with the expertise of specialists in their regional offices, more families will be actively engaged in in-home and other services that prevent placements. (Adjustment requested for IPV experts.)
- *Preventing returns to more restrictive placements by providing step-down after discharge from RTFs.* Because of the need for transition from Residential Treatment Facilities to less-restrictive setting, including home, DHS contracted for a new step-down program in 2015-16, making it part of the continuum of care for youth ages 10-21. The children and youth in this program have either realized the maximum benefit of a highly restrictive setting or have been maintained in a restrictive setting requiring extended care but are not yet ready for placement in the next available less restrictive setting or community placement. (Too often in the past these children and youth were exiting to shelter or group home settings that were not equipped to meet their needs.) To address these challenges, DHS has established a CYF-licensed facility that supports youth after their discharge from an RTF. The facility provides a continuum of services, offering individualized treatment, care, transition planning, and service coordination tailored to the child and family’s strengths and needs. After participating in this step-down program, the youth and their families/kin are prepared for the transition home or to a group home or shelter. In addition to preventing returns to RTF, this program aims to safely reduce the lengths of stay in out-of-home care and improve permanency outcomes. (Adjustment requested)
- *Providing mediation for youth and families.* There are several points of intervention at which a skilled mediator could help to prevent out-of-home placement, preserve a placement with kin, or improve the likelihood of agreement on a case plan. When teenagers and their parents or relatives are having persistent conflicts, young people may be moved from what could have been a successful placement to out-of-home or group homes settings. Mediators could work to resolve these conflict and build the understanding and skills of both the young people and parents/kin. (Even if the mediation cannot save that particular placement, the youth still need to have positive relationships with their families.) DHS also would like to engage mediators with youth and staff in congregate care where there is a need to learn how to resolve conflicts, a skill that can improve the quality of the living environment and the placement. DHS will use a competitive bidding process to select skilled mediators who will be available to help:
 - Reduce conflict between parents and youth, thus preventing out-of-home placements
 - Preserve kinship care placements by working with the youth and kin to clarify issues and solutions

- Increase the likelihood that parties faced with dependency proceedings can arrive at an agreement and case plan without the need to adjudicate the case.
(Adjustment requested for mediation)
- *Use available short-term stabilization programs, such as MST, and other evidence-based programs that improve family functioning. DHS will work to ensure that each family that is at risk of out-of-home placement due is receiving the appropriate program. (No additional resources requested at this time.)*

Other Priorities

Monitor use psychotropic medications through:

- Partnership with CCBH to monitor psychotropic polypharmacy of children and youth (described in Section 2.3d)

Ensure quality behavioral and physical health care by providing:

Appropriate staffing and supervision of CYF’s medical team, which provides a) facilitation of health enrollment further supported by and through; b) medical decision-making authority for over 45 children placed in out of home care; c) the CHECs nurses, behavioral health specialists, and psychiatrist who are monitoring the physical and behavioral health of all dependent children; d) EPSDT Coordination and tracking; e) collaboration and data sharing to support developmental screens through the Alliance for Infants and f) contract with the Children's Institute to support families and caregivers through care coordination to support development and care of children born addicted to drugs (Neonatal Abstinence Syndrome). CYF requires a clinical supervisor of this team. (Adjustment requested)

Use a Multidisciplinary approach against opioid use by:

- Expanding the availability of recovery housing that allows families to remain together during the period after treatment and during recovery; and providing for child care at outpatient programs so that CYF-involved parents can participate in treatment with their children safely cared for. Given the high rate of substance use in CYF-involved families, DHS needs to address these gap in services by working with providers to expand their capacity, including that fathers and their dependent children can also participate in treatment and recovery housing. (Adjustment requested)
- Ensuring that babies and children impacted by parental substance use are receiving early intervention services and care coordination. DHS will accomplish this by contracting for Care Coordination for infants born addicted to substances, to the age of five. (Adjustment requested)
- Participating in a multi-stakeholder collaborative for preventing and treating opiate addictions. Allegheny County DHS, with the Allegheny County Health Department, managed care organizations, local, regional, and state partners in community health and health care, with people in recovery have designed a targeted strategy for preventing drug abuse, providing quick access to treatment and recovery supports, and ensuring that the D&A system provides evidence-based services, including Medication Assisted Treatment, where this is indicated. (This strategy leverages resources from a number of organizations, including DHS’s D&A funding and CCBH.)

- Training CYF staff. DHS will work with its partners to train staff in using the UNCOPE assessment to identify and respond to family needs for treatment; and for staff training in the use of Narcan in emergencies. (No additional resources requested at this time)

Increase exits to permanency by:

- Continuing to support the Permanency Roundtable process. (No additional resources requested at this time)
- Providing mediation for adoption and SPLCs. (Adjustment requested: Mediators, outlined above)
- Expediting permanence through optimal use of SWAN resources; and monitoring CYF practice so that every family receives referrals to SWAN and permanency teaming meetings for SPLCs or adoptions. (DHS is requesting SWAN post-permanency resources)
 - o Describe how the selected strategies fit within your county's current organizational structure, existing service provider community and align with agency mission and values.

DHS is a comprehensive human service agency with a rich provider network that is well positioned to implement the identified strategies. The Offices of Children, Youth and Families, Behavioral Health, Intellectual Disabilities, Community Services and Data, Analysis, Research and Evaluation provide a strong and integrated organizational structure to support and implement this plan, which aligns with DHS's values and principles for integrated practice. (See the description of this approach on DHS's website: <http://www.county.allegheny.pa.us/dhs/principles.aspx>.)

- o Describe resources needed by the county agency and service providers to be able to successfully implement the strategy (including staffing, training needs, concrete needs etc.)

The Adjustments describe in detail the additional resources required to meet CYF's mission. The largest adjustments are for:

- Enhancements that will allow providers to serve children and youth with complex needs
- Reducing the harm to children and families from the drug epidemic
- Neighborhood Place and other prevention in communities with the highest rates of violence, trauma, and poverty
- Staff annualizations
 - o How will the county and service provider determine program efficacy or effectiveness? If the strategy is an Evidence Based Program, how will fidelity to the model be assessed? Identify a measurable target for improvement and timeframes for evidence.

DHS will use administrative data to measure the outcomes for children, youth, and families. Targeted goals include:

- *Reentry*. DHS aims to safely reduce the re-entry rate to 10% by 2018-19.

- *Congregate care.* Between January 1 to July 1, 2016, 128 children and youth were in congregate care. DHS aims to further safely reduce in 2018-19 by 10%.
- *Length of Stay.* DHS aims to safely reduce length of stay by 10% in 2018-19.
- *Use of evidence-based programs* (HomeBuilders, MST, TF-CBT and PCIT). DHS aims to increase family engagement in these evidence based program by 20% over the next two years, as measured by program enrollments (county-level administrative data).
- *Fidelity to practice model.* By 2017-18, DHS's aims for 80% of families to be engaged in Conferencing and Teaming and 75% of those eligible for an assessment to receive the FAST/CANS or ASQ assessment. DHS will use administrative data, service and treatment data, the QSR and the SPANS tool to measure fidelity to the model; and will accomplish this through more uniform coaching by both supervisors and the specialists within each office (e.g., drug and alcohol, behavioral health, nurses).
- *Program fidelity.* DHS contract monitoring staff and DARE have begun developing an annual scorecard to evaluate provider performance and effectiveness that includes fidelity to EBPs and promising practices, the supervised visitation model, and the foster care reforms. The scorecard will incorporate compliance, administrative data and case record review. DHS will incorporate data and findings from quality assurance reviews from EBP into the scorecard.
 - o If the program improvement strategy is expansion of an existing service, describe the county and provider's readiness to expand or duplicate the program.

Several of the program improvement strategies listed above involve an expansion of an existing service (these expansion initiatives are noted in the Adjustments). DHS is prepared to expand these programs because of its stable leadership team, which has successfully implemented significant expansions of service to benefit children, youth, and families, including community partnerships; evidence of the greater adoption of its practice model among staff in CYF, which provides a stronger base for family involvement in programs and services that are being expanded; and the infrastructure that DHS's integrated programs and its research and evaluation and fiscal and IT offices provide to support implementation.

- o What efforts are underway by the county and/or provider to determine capacity to implement and sustain program enhancements?

Allegheny County DHS gauges CYF's and providers' capacity to implement and sustain program enhancements by the degree to which they are meeting program objectives. DHS reports on these outcomes at the system and program levels.

- o Briefly describe the current activities for each strategy. Structural and functional changes made to accommodate the enhanced or new strategy

Current activities for each priority area and associated strategies are described in the previous sections and/or the IDIR II and Semi-Annual Reports. The development of uniform administrative and operational structures in regional offices, in addition to strong quality improvement efforts (e.g., PRTs, SafeMeasures, Child Fatality and Near Fatality

Reviews, QSR, SPANs tool, Leadership Fellows and the provider scorecard) will support the program improvement strategies and build a stronger framework to achieve improved placement decisions, child and family functioning, and system processes.

- Status of engagement of staff who will be identifying children/youth/families for the practice

DHS has been improving how it engages staff in developing and introducing new practices and initiatives. In addition to DHS's initiatives to implement and train child welfare staff on the engagement, assessment and EBP components of the CWDP, the Clinical Manager and Resource Coordinators in the regional offices play a crucial role in assisting caseworkers and supervisors in linking families with services that meet their assessed needs.

- Engagement of stakeholders who will be impacted by the enhanced programming

DHS engages community stakeholders during its planning for child welfare programs and systems improvements as well as for the housing and homeless system (the Homeless Advisory Board is currently engaging in a community planning process, which will impact prevention and housing services for families); behavioral health services; integrated services provided through the Human Services Block Grant; aging and disability services; Intellectual Disability services; and justice-related services.

- Status of program set up including hiring and training of staff delivering the service

DHS's efforts to hire and train child welfare staff for Conferencing & Teaming, assessments (FAST, CANS and ASQ) and EBPs are described in the IDIR and Semi-Annual Reports.

- Projected date of first referrals for new services/programs

The estimated date of first referrals for *new* programs/services described in this Plan are outlined below:

December 2016-January 2017

- Human trafficking
- Transportation for children/youth awaiting foster care
- Overtime adjustment

September 2017

- Reducing impact of drug epidemic through family recovery housing and child care
- IPV consultation
- Mediation
- Kin navigator
- Family program in the jail

- Caseworker safety
- Enhancements
- Neighborhood Place
 - o Identification of data elements to be utilized for program delivery and outcome monitoring

DHS's data elements include: service referrals and treatment completion, placement entries and details of home removal episode, maltreatment report calls, allegation details and investigation timeliness, and client outcomes. For any areas where current reporting does not exist, DHS will develop new procedures to track progress towards the goals, including qualitative review of records, satisfaction surveys with families, and quantitative data reviews.

Section 4: Administration

4-1a. Employee Benefit Detail

- Submit a detailed description of the county's employee benefit package for FY 2015-16. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

Object Code	Char Code	Object Title	Actual	Projected	Total
			7/1/15 to 5/31/16	6/1/16 to 6/30/16	7/1/14 to 6/30/15
51101.51102	20	Salaries	21,462,662.00	1,800,000.00	23,262,662.00
51104	20	Overtime	1,492,835.00	130,000.00	1,622,835.00
51109	20	Health Benefit Bonus	21,950.00	0.00	21,950.00
51105	20	Other Compensation	10,375.00	0.00	10,375.00
51107	20	Sick Pay-Buy Back	164,186.00	0.00	164,186.00
Total Personnel			23,152,008	1,930,000.00	25,082,008.00
52501	25	Fringe Benefit Allocation	-	-	-
52502	25	County Pension Fund	2,033,963.00	173,700.00	2,207,663.00
52503	25	FICA & Medicare	1,728,887.00	147,645.00	1,876,532.00
52504	25	Group Life Insurance	5,653.00	1,130.60	6,783.60
52505	25	Highmark Select POS	5,355,022.00	1,071,004.40	6,426,026.40
52506	25	Unemployment Compensation	24,063.00	4,812.60	28,875.60
52511	25	Dental Plus	157,361.00	31,472.20	188,833.20
52513	25	Dental Flex	63,782.00	12,756.40	76,538.40
52530	25	Employee W/C Medical	61,715.00	12,343.00	74,058.00
52531	25	Employee W/C Indemnity	33,790.00	6,758.00	40,548.00
52532	25	Employee W/C Admin	101,010.00	20,202.00	121,212.00
52599	25	Employee Cost Sharing	(472,053.00)	(48,250.00)	(520,303.00)
Total Fringe Benefits			9,093,193	1,433,574.20	10,526,767.20
				15/16 Fringe Rate	41.97%

#52502, County Pension Fund- Allegheny County contributes 9.0% of employees' gross salary as match for pension benefits. This percentage became effective on January 1, 2015. Contrary to prior year notes, pension contribution is not expected to increase for 2017 or 2018.

#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. A 3% increase in County cost is projected in 2017 and 2018.

#52505, Highmark Select Blue PPO-

Monthly benefits are based upon the number of family members covered under the insured individual's policy. The County recovered 2.5% in 2015 and 2016 of the employee's base wage to offset medical benefit coverage costs. We project the County will recover 2.75% of these costs beginning in 2017 and 3.00% in 2018. Health insurance effective January 1, 2017 is expected to increase by 10% as current contract expires on December 31, 2016. Allegheny County does not expect as high of an increase in 2018; increase is projected to be 6% in 2018.

#52506, Unemployment Compensation-

Cost is based upon actual experience for CYF employees.

#52511, Concordia Plus-

Allegheny County offers two dental coverage programs. Concordia Plus is a dental insurance plan requiring employee and dependents to select a primary dental office. The plans currently cost to the County is \$18.64 per month for an individual and \$55.92 for a family. The increase cost estimate for 2017 and 2018 is 3%.

#52513, Concordia Flex-

Concordia Flex is a Choice Plan that is associated with the Highmark dental network. The cost to Allegheny County is \$27.36 per individual per month and \$58.98 per family. The increase cost estimate for 2017 and 2018 is 3%.

#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-

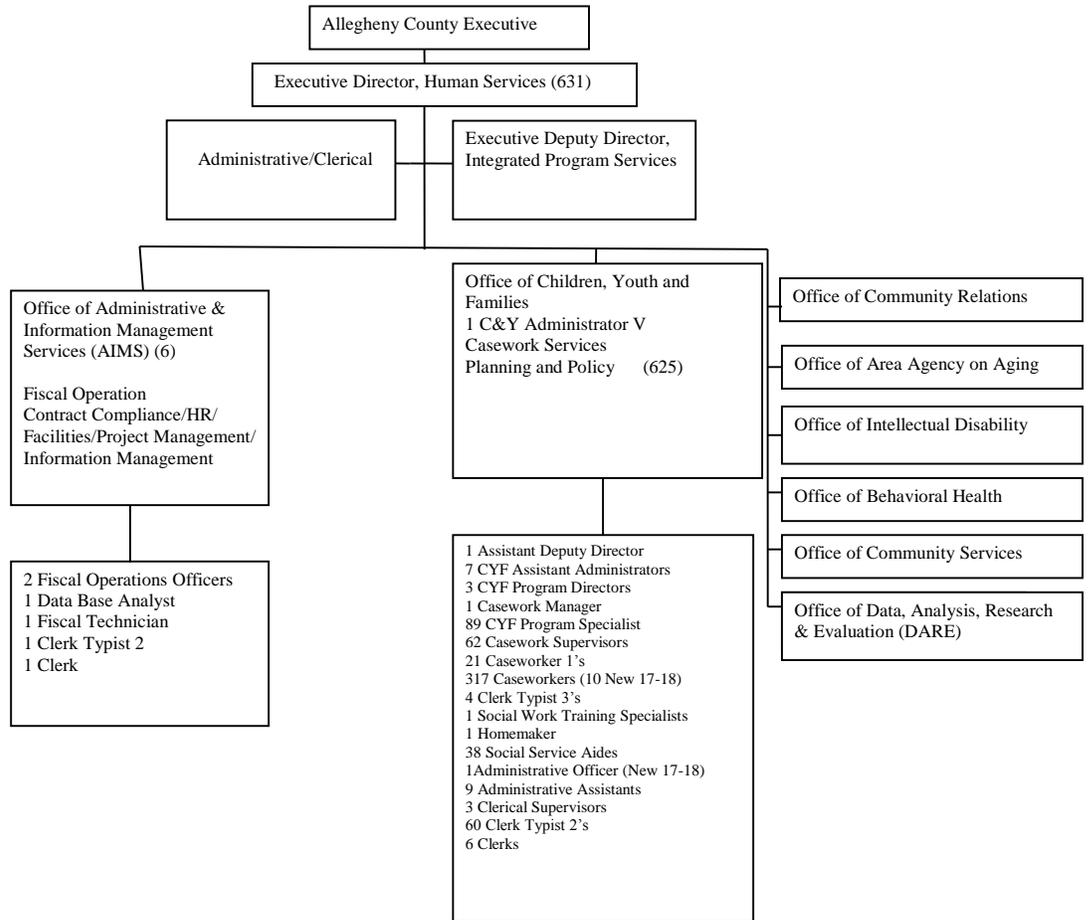
Payments made to CYF employees who are on Worker's Compensation. Cost is based upon actual experience.

#52532, Employee Worker's Comp Administration-

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

4-1b. Organizational Changes

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



4-1c. Complement

- ❑ Provide the state approved complement for FY 2016-17 and that approved by the county for the same time period.

State Complement: 21 Caseworker 1's, 342 Caseworker 2's/3's, 71 Supervisors/Managers, 19 Administration, 65 Clerical, 190 Other positions.

County Complement: 21 Caseworker 1's, 319 Caseworker 2's/3's, 71 Supervisors/Managers, 19 Administration, 65 Clerical and 112 Other positions.

- ❑ Of the staff reported above in each complement, how many are case-carrying?

State Complement: 342

County Complement: 319

- ❑ For any discrepancies in the state approved vs. county approved personnel complement, please identify the specific positions and responsibilities that are not supported by both complements.

State Complement 342 Caseworker 2's/3's, County Complement 319 Caseworker 2's/3's. 23 Family Advocate Specialist positions were converted to the following due to organizational restructuring and a change in function - 2 Contract Monitoring Specialists, 1 Resource Services Specialist, 2 Peer Coach Specialists, 1 Crossover Youth Practice Model Coordinator, 1 Child Welfare Practice Analyst, 4 Client Support Specialists, 6 Community Engagement Specialists, 2 DADS Coordinators, 1 Casework Specialists (KIDS), 1 Casework Supervisor (KIDS), 1 Supervisor, Contract Monitoring, 1 Unit Manager, Transportation.

State Complement 190 Other positions, County Complement 112 to date, however, final total to be determined once the Roster of Personnel has been completed for FY 16-17 and dependent upon the calculation of the Random Moment Time Sampling as to the number of positions and percentage of salary charged to OCYF for positions in Shared Administration.

- ❑ Describe what steps the agency is taking to reconcile any differences in the state approved vs. county approved personnel complement.

N/A

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

DHS staff have been attending various job fairs to recruit staff and it has contracted with the Annie B. Casey Foundation for the project entitled "On The Frontline," which is also increasing recruitment efforts and promoting retention in the workforce.

- ❑ Provide any history of hiring freezes over the last three fiscal years.

There have not been any hiring freezes.

- ❑ Describe any increases in county complement (filled positions) over the last three fiscal years.

FY 14-15, 681 positions, FY 15-16, 676 positions, FY 16-17, 709 positions. The increase from FY 15-16 to FY 16-17 was due to the increase shared administration (other) positions being included on the Roster of Personnel due to Random Moment Time Sampling, which determines the number of positions and percentage of salary to be reimbursed by OCYF.

Briefly describe how the amendments to the Child Protective Services Law (CPSL) have impacted staff responsibilities.

Since the amendments to the CPSL, there has been an overall increase in referrals to Allegheny County CYF (see chart 3-2a). In FY 15/16 there were 6710 investigations on 14,222 children. From 2014 to 2015; referrals increased 23%; CPS referrals increased 34%, GPS referrals increased 21%; and all investigations increased 20%. All CPS

referrals must be investigated, so the increase in referrals resulted in 665 more CPS investigations. For GPS, 525 more referrals were investigated.

In addition to the increase in volume of referrals and investigations, the changes with CWIS have increased the responsibilities of direct services staff. For example, the new laws require finding for every allegation, additional time with data entry, time spent for staff to correct CWIS failures and kickbacks, ensuring that added fields race/ethnicity, child/living arrangement and relationship fields are complete, service decisions are made sooner in the intake process, and the new requirement of a valid or invalid finding for GPS investigations.

- If applicable, provide the number of positions created in response to a documented increase in referrals resulting from statutory changes in the CPSL.

DHS is requesting an additional intake unit and call screen unit to respond to the increase in referrals resulting from statutory changes in CPSL. This totals 10 caseworker positions and 2 supervisor positions.

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

The Annie B. Casey Foundation has selected Allegheny County to participate in its project, *On The Frontline* to increase recruitment efforts and promote retention in the child welfare workforce. DHS has also begun to use Predictive Synergistics, personality testing designed to learn more about employee strengths/weaknesses and suitability for the position so that training and job coaching can be used to enhance productivity and success in the job.

4-1-d Caseload Sizes

- Provide the average caseload size for intake workers by family and by child. The average caseload size for intake workers by family is 103, by child is 219.

- Provide the average caseload size for ongoing workers by family and by child.

The average caseload size for ongoing workers by family is 8, by child is 17.

- Provide the average caseload size for generic workers by family and by child.

The average caseload size for generic workers by family is 8, by child is 17.

- Describe any specialty units or positions who are case-carrying and provide the average caseload size by family and by child.

The average caseload size for Adoption/SPLC by family is 2, by child is 3.

4-1-e Staff Provided Service Evaluations

- Describe the method for measuring and evaluating the effectiveness of staff provided services. DO NOT describe the standard individual performance evaluations.

Supervisors and caseworkers hold weekly supervision meetings that include a review of cases, caseworker decisions, and assignments. Other employees, including regional directors and case practice specialists, meet with the casework teams as well.

All employees receive a mid-year and annual performance evaluation. Staff are encouraged to formulate and provide their own appraisal of their performance for review and discussion with their supervisors.

DHS's approach to supervision models reflective supervision, enhanced working agreements, and building core competencies and skills in staff. This approach to performance management has positively impacted child welfare staff retention and job satisfaction. The human service system recognizes the challenges facing staff (stress, vicarious trauma, burnout, turnover, high caseloads) that subsequently impact their effectiveness. An important part of the supervisor's role is to support and develop staff. The supervision model has trained supervisors to provide a consultative, rather than a monitoring role, to help improve caseworkers' service quality and children's outcomes (Wells, 2006).

In addition, a trauma-informed response team composed of peers and professionals receives training on self-care, mindfulness, and wellness coaching to support human service staff. The re:solve crisis network and Life Solutions have developed robust curriculums and training resources for improving wellness, helping staff take care of themselves, and stress reduction. These resources will supplement the PA Child Welfare Resource Center curriculums: 313 Managing the Impact of Traumatic Stress on Child Welfare Professionals and 533 Building a Trauma Informed Culture in Child Welfare.

4-1-f Contract Monitoring & Evaluation

- ❑ Note the employee/unit that oversees county contracts.

Provider Relations Unit/ Contract Monitoring

- ❑ Describe the evaluation process to determine the effectiveness of provider services. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding.

The contract monitoring staff and staff from DARE are in the process of developing and implementing a Scorecard to evaluate provider performance and effectiveness in an ongoing manner. The scorecard will incorporate process measures (e.g., service plans and child contacts) and outcome data (e.g. maltreatment in care, exits to permanency) that reflect how well DHS is achieving safety, permanency and wellbeing for youth in care. Scorecards will be web-based so that providers have access to timely data. The development of the scorecard will incorporate input from all stakeholders, including other DHS offices, provider agencies, and the Children's Cabinet.

- ❑ Describe the process by which the CCYA monitors its sub recipients or contractors throughout the fiscal year. Descriptions should include efforts the CCYA makes to conduct risk assessments and monitor the sub recipients or contractors' use of federal and state dollars through reporting, site visits, regular contact or any other means to provide reasonable assurance that federal and state dollars are used in compliance with laws, regulations and the provisions of

the contracts/agreements and that performance goals are achieved. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding. CCYAs may find it helpful to address this section by following these questions:

CYF has a contract monitoring unit composed of eight monitors, one supervisor and a manager. Each monitor is assigned specific providers whom the monitors assist in translating regulations into practice. They inspect the providers' facilities and the records maintained in KIDS, as well as providers' supporting documentation. They interview children and caretakers and assess whether the environment is conducive to their health and well-being. In addition to record reviews, the monitors provide technical assistance to encourage and identify any warranted practice improvements.

- Is the CCYA receiving and reviewing all required sub-recipient audits as part of the contracting process to determine whether there are any reportable conditions, material weaknesses or instances of material noncompliance?

All CYF providers that meet the state or federal expenditure criteria noted below must submit a yearly certified audit prepared by an independent certified public accountant. The audit includes supplemental schedules reflecting Allegheny County revenues and expenditures, as well as an opinion as to the fairness of the financial statements. Disclosures also are required for internal controls, related party transactions, fixed assets, self-reporting of fraud, pending litigation, and the indirect cost allocation plan being used, in addition to other relevant information.

- How does the CCYA assess the risk of a sub recipient or contractor as a result of the findings in the audit report or history of non-performance?

DHS sends a letter to agency management requesting a Corrective Action Plan that includes specific actions to correct the finding, a timetable for implementation, and the responsible agency staff person assigned to implement the Correction Action Plan. A member of the contract monitoring unit reviews the Corrective Action Plan to ensure that it adequately addresses all findings and/or questioned costs, and issues a management decision letter to the agency within six months following receipt of the audit report.

Continued non-performance could result in a sanction such as a referral freeze or contract termination.

- Does the CCYA ensure that invoices reflect actual, allowable, and allocable costs?

DHS randomly reviews claims for each provider yearly. For all findings of irregularities and/or disallowed costs, the service provider is required to submit a Corrective Action Plan, which is reviewed by DHS management to ensure that it addresses the issues of concern. If necessary, DHS and the agency prepare a repayment plan of disallowed costs.

- What are the steps included in the invoice review and invoice processing which ensure terms and conditions in the contract/agreement are being met?

Contract Monitoring staff and the Compliance Unit work together. DHS also conducts financial compliance reviews of agencies throughout the year. These reviews may consist of a complete financial review of a provider's operations or focus on a sampling of fees and corresponding services or invoices submitted for payment. The timing and scope of these on-site reviews are determined by a number of factors that may include funder guidelines and reports of improprieties (e.g., Director's Action Line calls, certified audit findings, and the date of the latest review when reviewing the invoices).

- In circumstances where the sub recipient/contractor utilizes a subcontractor; (i.e. holds a contract or agreement with another party for services), how does the CCYA ensure that costs billed to them for subcontractor services are supported with auditable documentation by the sub recipient/contractor?

CYF reviews annual audits and conducts claims reviews. The claims review may use case documents and compare costs billed. Contract monitors and compliance monitors work together to validate claims. Contract monitors may contact consumers to verify services.

- Does the CCYA maintain regular contact with the sub recipient or contractor to ensure that all deliverables are being completed and provided?

CYF maintains regular contact with the sub-recipients or contractors to ensure that deliverables are being met. Contract Monitors have monthly contact through both announced and unannounced site visits to evaluate contractors' services. The Director's Action Line provides consumers and staff with a mechanism for voicing concerns, and these may be addressed by the Contract Monitoring Unit and/or the Compliance Unit.

- How often is the monitoring process executed?

The Contract Monitoring Unit conducts full agency reviews twice a year. The process includes reviewing personnel and client records, site inspections, and client interviews.

- Describe what impact the Uniform Guidance has had on the CCYAs sub-recipient monitoring efforts.

The compliance staff was conducting sub-recipient monitoring before the Uniform Guidance was written. The new guidance will add a few additional tests or procedures. This includes adding an eligibility test and expanding the internal control review. These steps will add approximately an extra day to the current site visit. Additional staff training on documenting internal controls based on the COSO framework is needed.

- Describe the risk assessment process utilized by the CCYA to determine monitoring efforts.

The risk assessment is based upon the length of time since the previous site visit was conducted and if findings were noted and if the provider submitted a certified audits and

if findings were noted. The risk is based on a numerical formula. A number is assigned to rate the following:

- Date of last visit and frequency of visits
- Finding noted during the site visit
- Type of audit submitted (Single Audit or Yellow Book)
- Date of last certified audit submitted
- Findings noted in the audit

Based on the number accumulated by the assigned risks, providers with the highest marks are conducted first and within six months.

- If the CCYA doesn't have a risk assessment and/or monitoring plan in place, provide a timeline in which changes will be made to bring the CCYA in compliance with the guidance.

N/A

- Describe how reasonableness of costs is determined when negotiating contracted rates with providers.

Reasonableness of cost is a primary factor in negotiating rates with providers. It is determined based on DHS-developed cost models for various services, delivered at the required service and utilization levels.

4-2 Human Services Block Grant (HSBG)

- Participating counties should describe what services and activities will be funded through the block grant and how this may change from the previous year. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county and the NBPB. Describe any plans for increased coordination with other human service agencies and how flexibility from the block grant is being used to enhance services in the community.

The Human Services Block Grant is a critical source of funding for integrated programs and services in Allegheny County. DHS uses the Special Grants Initiatives (SGI) as well as each of the other funding sources within the Block Grant (e.g., Behavioral Health, Drug and Alcohol) to fund services for CYF-involved families. These services include:

- Family housing and homeless services (funded through the Housing Assistance Program)
- Rent subsidies (funded through the Housing Assistance Program)
- Family Housing Stabilization Program (an SGI)
- Shallow rent subsidy program (an SGI)
- Rent subsidy (Human Services Development Fund-HSDF)
- Emergency Shelter Program (an SGI)
- Bridge/Transitional and Permanent Housing (an SGI)
- Strengths-based Family Workers Program Credential (an SGI)
- Services for Transition Age Youth (HSDF; BH; and D&A)

- Services for Immigrant Families (HSDF)
- Legal representation for parents involved in the child welfare system (HSDF)
- Recovery-oriented services for parents and youth (D&A)
- Coordinate intake (Housing Assistance Program)
- Cross systems training (Intellectual Disabilities)
- Integrated services for children with behavioral health needs (BH)
- Case management for children and youth with BH issues at Shuman Center (BH)
- Juvenile Justice Related Services for youth with BH (BH)

Allegheny County's 2016-17 Block Grant plan is on this web page:

<http://www.alleghenycounty.us/Human-Services/About/Plans-and-Budgets.aspx>

4-3a through 4-3d. Special Grants Initiatives (SGIs)

Requests to Transfer/Shift Funds

The following subsections permit the transfer or shifting of funds within the SGI categories of Evidence-Based Programs (EBP), EBP-Other, Pennsylvania Promising Practices (PaPPs), Housing and Alternatives to Truancy Prevention (ATP) for FY 2016-17 within the maximum allocation amount. Counties may not request additional funds above the certified allocation and must have sufficient local matching funds when requesting a transfer to those programs with a higher match requirement. After submission of this application and during FY 2016-17, the CCYA may transfer within EBP funds and EBP-Other without OCYF approval. However, approval is required if transferring to/from EBP and other SGI programs.

The requests must include detailed justification for the proposed changes. The PaPPs must relate to a specific outcome for a selected benchmark in the NBPB or the county's CQI plan.

Counties that request to shift funds as outlined above must enter the revised amounts in the Budget Excel File in order for the revised amount to be considered final. ***All transfer requests made should be considered approved unless the county is notified otherwise by the Department.***

Block Grant County SGI Requests

Complete a program specific narrative only when requesting existing, additional or new SGI funds. SGI funds can only be requested if the county has budgeted and is spending 100% of their child welfare funds to the child welfare program in the Human Services Block Grant. To complete the tables, insert ONLY SGI fund requests; DO NOT include block grant amounts in the tables.

N/A

Nurse Family Partnership

If requesting NFP as an EBP-Other, please document the anticipated/actual use of all NFP grant funds available through the Office of Child Development and Early Learning (OCDEL) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. To complete the tables, insert ONLY SGI fund requests; DO NOT include other NFP grant fund amounts in the tables.

- From the list below, please indicate those EBPs, PaPPs, Housing and ATP programs that the county will provide in FY 2016-17 and/or request funding for in FY 2017-18. **Please only identify those programs/practices that are being funded through the NBPB or Special Grant funding. Do NOT note any program area that is utilized but funded outside your child welfare allocations for NBPB and Special Grants.**

FY2016-17	FY 2017-18	Program Area
		a-1. Evidence Based Practices (Other) Name:
		a-2. Evidence Based Practices (Other) Name:
		a-3. Evidence Based Practices (Other) Name:
		b. Multi-Systemic Therapy (MST)
		c. Functional Family Therapy (FFT)
		d. Treatment Foster Care Oregon (TFCO)
		e. Family Group Decision Making (FGDM)
		f. Family Development Credentialing (FDC)
		g. High-Fidelity Wrap Around (HFWA)
		h. Pennsylvania Promising Practices Dependent (PaPP Dpnt) Name: Name (if different for FY 2017/18):
		i. Pennsylvania Promising Practices Delinquent (PaPP Dlqnt) Name: Name (if different for FY 2017/18):
		j. Housing Initiative
		k. Alternatives to Truancy Prevention (ATP)

N/A

FOR EACH OF THE SELECTED PROGRAMS, ANSWER THE FOLLOWING QUESTIONS (COPY AND PASTE AS NECESSARY TO ACCOMMODATE RESPONSES FOR ALL SELECTED PROGRAMS):

N/A

-----BEGIN COPY-----

Program Name:	
---------------	--

- Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2015-16				
New implementation for 2016-17 (did not receive funds in 2015-16)				
Funded and delivered services in 2015-16 but not renewing in 2016-17				
Requesting funds for 2017-18 (new, continuing or expanding)		New	Continuing	Expanding

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2016-17			
FY 2017-18			

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

N/A

- If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

N/A

Complete the following chart for each applicable year.

	1314	1415	1516	1617	1718
Description of Target Population					
# of Referrals					
Total # of Families successfully completing program					
Total # of Children successfully completing program					
Cost per year					

Per Diem Cost / Program Funded Amount					
# of MA referrals					
# of Non MA referrals					
Name of provider					

- If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Identify the tools/strategies the county will utilize to ensure grant funds are fully spent in FY 2016-17 and FY 2017-18.

N/A

- NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specify to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

N/A

-----**END COPY**-----

- NOTE: For the following questions, if these were addressed in Section 3-4 Program Improvement Strategies, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - Please provide a concise summary of how the special grant programs selected under the SGI (including EBP, PaPP, Housing and ATP) will impact service delivery and child and family outcomes.

Please see Section 3.4

- Please explain how the availability of the services under the special grants will assist in the county's ability to achieve a specific outcome or a selected benchmark in the NBPB or the county's Continuous Quality Improvement plan. Specifically identify how the service outcomes will be measured and the frequency of the measurement.

Please see Section 3.4

4-3e. Independent Living Service (ILS) Grant

- In the table below, place an "X" for the services that will be provided by CCYA during FY 2017-18 (regardless of funding source.) Check as many boxes as apply.

Enter the projected total amount of youth that will receive these services (regardless of age, placement status, or disposition.)

Mark "X" in this column	Total Youth	IL Services
X	850	A. Needs Assessment/Case Planning
X	950	B. Life Skills Training
X	500	Credit History Review
		C. Prevention Services
X	150	Dental/Health
X	500	Drug Abuse Prevention
X	500	Alcohol/Tobacco/Substance
X	500	Safe Sex/Pregnancy
		D. Education
X	65	Vocational Training
X	550	High School Support and Retention
X	45	Preparation for GED
X	450	Assistance in Obtaining Higher Education
		E. Support
X	850	Individual and Group Counseling
X	150	Stipends
X	115	Services for Teen Parents
X	50	Mentoring
		F. Employment
X	150	Job Placement
X	70	Subsidized Employment
X	250	G. Location of Housing
X	40	H. Room and Board
X	50	I. Retreats/Camps
		J. Indirect Services
		K. Program Administration

- Enter the county's total approved budget for FY 2016-17 and budget request for FY 2017-18 IL Services below. Include federal, state and local funds in the total amount. Note: Fiscal information entered in the Narrative Template serves only as an estimate of projected program cost for FY 2017-18. If information entered into the Narrative Template and the Budget Excel File do not match, the Budget Excel File will be deferred to and considered as a final budget.

➡ NOTE: The transfer of IL federal, state or local funds to other Special Grant programs or services is not permitted.

	FY 2016-17 Actual	FY 2017-18 Request
Total Budget Amount	\$ 9,797,843	\$ 10,297,843

- Describe the county's expenditures history for IL Services for FY 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

- FYs 2010-11 and 2011-12: Allegheny County fully expended its IL allocation.
 - FY 2012-13: Allegheny County under spent its allocation due to start-up delays for two programs: subsidized employment and the Youth Support Partner Unit [YSP]
 - FY 2013-14: A small percentage of allocated funds were unspent because one provider agency and the YSP unit underspent allocated grant monies
 - FY 2014-15 and FY 2015-2016: Allegheny County spent all allocated funds.
- If there were instances of under spending of prior year's grant funds, describe what changes have occurred to ensure that grant funds for this program/service are maximized and effectively managed.

In 2012-13 and 2013-14, the county worked with the relevant providers to address the causes of underspending and, in the case of the YSP Unit, worked with the YSP Unit Manager to address the causes of hiring delays by providing assistance in identifying an appropriate pool of applicants.

- Provide a brief explanation if the county elects to submit an implementation budget for FY 2016-17 that is less than the certified allocation.

N/A

- Identify and describe three program, or youth, IL outcomes the county plans to address and improve for FY 2017-18 (or earlier, if applicable). Also provide an overall summary of how the delivery of IL Services will ultimately impact these outcomes for youth. The IL outcomes description must include:
- How and why the outcome was selected and whether it is new or identified in a prior year;
 - Baseline information or how baseline information will be established and when available;
 - The source of the data and the collection process or method;
 - An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA; and
 - Any other information to support the outcome.

IL Outcomes

Outcome 1: Housing for older youth

HUD is prioritizing and committing to serving individuals who are literally homeless—which means that fewer youth, including youth with mental health needs, can access stable housing without first experiencing a housing crisis (or homelessness). To prevent homelessness and ensure that youth in Allegheny County have the opportunity to fully plan for their exit from CYF into independence, the IL program will focus on the housing outcome area in 2016-2017 and 2017-18.

Current efforts

DHS currently partners with or has contracts with Familylinks, Action Housing, and Auberle to meet the housing needs of specific subsets of older youth:

- Youth requesting resumption of jurisdiction
- Youth attend college on a campus and requiring housing for breaks and summers;
and

- Youth who wish to exit CYF, but would face homelessness due to lack of resources.

Resumption Youth. DHS contracts with Familylinks to reserve three beds in its Downtown Outreach Center and Shelter (DOCS) to provide emergency housing assistance and stabilization services to transition-aged youth who may want to request that the courts resume jurisdiction or who are awaiting a court motion to place them in the care of child welfare.

Familylinks offers homeless youth a unique array of services, including behavioral health services, drug and alcohol resources, medical care, and a new case management component. Familylinks also offers an 18-month Transitional Housing program to youth who do well in their shelter program.

In FY 2015-2016, 32 youth requested resumption of jurisdiction. Most of these requests were triggered by homelessness, combined with persistent mental health disorders, need for D/A treatment, and, for a small percentage, housing needs of teen parents with children. Of the 32 youth who requested resumption of jurisdiction, 8 accepted placement for a period of time (17 youth ultimately decided to rescind their requests). 7 non-minor youth remain in placement.

College Youth. DHS assists college-age youth in securing safe, affordable housing during college breaks or summer vacations. DHS provides food and other necessities and works with Youth Coaches, Educational Liaisons, and Youth Support Partners to provide case management services. The program is unique in providing youth the opportunity to sign a lease, which begins the all-important process of establishing credit.

Older youth making a planned exit from CYF care can access:

- Moving On, Auberle's transitional housing program, which is available to all homeless youth in Allegheny County.
- My Place, Action Housing's HUD-funded transitional housing program. My Place has prioritized youth in placement aged 18+ who wish to end their placement, but would be homeless if they exited.

Both programs provide safe, affordable housing to youth who are employed and/or attending post-secondary education or training. Youth pay 30% of their monthly salary toward rent and the providers provides skill-based workshops and case management services to program participants. Transition program staff also work with the youth to provide services, and DHS provides concrete goods.

Note: Action Housing has received three HUD grants for its My Place program. The first two grants funded subsidized single apartments for youth and the third funded a newly-built apartment building located in Pittsburgh's Lower Hill District, with the capacity to house 24 youth in one bedroom apartments. (The building opened in early 2015). In total, Action Housing has had the capacity to house 58 transition-aged youth and the program has operated at close to capacity. My Place's housing program has been a critical part of this county's inventory of housing for IL youth (e.g., in 2015-16, 29 youth made a planned exit from CYF placement to Action Housing), but due to changes in HUD priorities, it will no longer be funded as a Transitional Housing program in 2017. Instead, these units will need to become Rapid Rehousing units to serve youth who are "literally homeless"—not youth who are planning to exit foster care. Youth who have a place to stay, even if it is only for a few more days until they leave foster care, can no

longer be prioritized, since the HUD-funded Rapid Rehousing beds are meant to serve individuals in an immediate housing crisis.

Rather than dismantle the thoughtful planning process DHS has developed to prepare youth exiting foster care or allow any of them to have to enter a housing crisis to qualify under the new HUD definitions of homelessness, DHS will work with providers to identify and develop stable housing for them—including the large share of IL youth who have a mental health need.

These DHS-community housing strategies for IL youth are described below.

New strategies for meeting the housing needs of older youth, including transition age youth

1. *Address the priorities identified in DHS strategic planning.* In 2015, staff from multiple DHS program offices engaged in a strategic planning process to address homelessness in Allegheny County and develop a three-year strategic plan to guide the delivery of services to homeless or at-risk individuals and families across human services in the county. As the primary contractor of homelessness services in Allegheny County, DHS is uniquely positioned to coordinate efforts and services to alleviate homelessness. DHS uses federal, state and local funds to contract with 36 nonprofit service entities operating nearly 150 distinct programs. These programs, along with other government and social service agencies, provide a "Continuum of Care" that includes: Outreach and Prevention services; Emergency Shelter; Transitional Housing; and Permanent Supported Housing.

The Homeless Strategic Planning Initiative identified "youth exiting foster care" as a particularly vulnerable group and made this population a priority for diversion and additional services. This includes:

- Collaborating with and providing technical assistance to providers of homelessness services to address the unique needs of this group
- Developing specific protocols for serving them.
- Incorporating child welfare housing specialists into the transition planning process so that they become part of the youth's support team throughout the transition period.

2. *Independence Ahead MTAY.* The DHS Office of Behavioral Health received reinvestment funds for a program to provide intensive supports to transition-aged youth with behavioral health needs who are capable of living independently, with supports. DHS selected Pressley Ridge as the provider (through a competitive process), and has developed a new community team in Allegheny County called the *Independence Ahead Mobile Transition-Age Youth* program (Independence Ahead MTAY). Two teams will operate under the direction of a clinical coordinator, each comprising a therapist, peer support specialist, psychiatric rehabilitation specialist, and service coordinator. The teams will work in the community with youth ages 18 through 25, offering therapy, support, and skill-building designed to support independent living, and they will partner with Transitional Services Inc.'s Permanent Supportive Housing Program to help these youth find and maintain an apartment.

Independence Ahead MTAY has the capacity to serve a total of 30 youth at any time, and already has a waiting list for services.

3. *Pilot program to house youth exiting CYF and resumption youth.* DHS will initiate a pilot program to help address the widening gap in housing for youth who are:

- Leaving CYF—but who would not be considered literally homeless by HUD and therefore would not qualify for the My Place Program and other Rapid Rehousing. The pilot would provide these youth with unsupervised independent living in an apartment building dedicated to housing for transition age youth—with the frequent support and involvement of their caseworkers. The youth would sign their leases so that they could build credit and DHS would ensure that rents and utilities are paid.
- Leaving CYF who also have serious and persistent mental illness and similarly are not homeless, but who would be, if they leave care without housing. These youth would have apartments in the building as well, but with the intensive support of the MTAY team. They, too, would sign the leases and build credit.
- Resumption youth, who are literally homeless, would be referred to and qualify for the My Place program or other Rapid Rehousing. They could also receive the supports of the MTAY team, as needed.

DHS is requesting additional funding for this pilot, which it will use reinvestment dollars to support for the youth who have MH needs.

Outcome 2: Transition/IL Planning for Youth Beginning at Age 14

DHS selected this outcome because the *Preventing Sex Trafficking and Strengthening Families Act of 2014* (HR 4980) mandates that youth in foster care, ages 14 and older, be active participants in both permanency and transition planning. In addition, DHS's FY 2014-15 review of the transition planning process indicated the process was not engaging youth, and that the young people had little understanding of the significance of their transition plans.

During this review, many young people indicated they had not attended the transition planning meeting and were not aware that this meeting was “different” from typical meetings with their caseworker. As a result, DHS made it a priority for FY 2015-16 to create a new transition planning process for youth beginning at age 14. IL and CYF staff collaborated to develop the new process that consolidates the transition planning process with the Independent Living Planning process, which creates a plan that follows each youth from age 14 forward. This process is youth-focused and designed to fit within the current CYF practice model (Conferencing and Teaming). Planning meetings also are youth-centered, with the youth having maximum input. The outcomes of the new process will provide a roadmap for future IL and CYF service delivery and assist DHS in measuring outcomes for individual youth.

The process described above complies with all provisions of HR 4980 related to transition planning and incorporates feedback from older youth, including their recommendation that transition planning should be an event, possibly a birthday celebration, complete with a birthday cake and a “welcome” gift. To incorporate this feedback and achieve the goal of more active participation by youth in creating their unique plan, DHS created a special “Planning Unit.” This unit consists of 10 CYF caseworkers, called Planners, most of whom previously been part of the IL unit and/or a CYF unit that had previously worked with older youth. DHS also created four additional Educational Liaison positions, bringing the total number of educational liaisons to 10. Each Planner will be paired with an Educational Liaison and assigned to three

supervisory units in the CYF regional office, creating two planning teams in each of the five regional offices. The Planners and Educational Liaisons will work with CYF caseworkers, supervisors and others as part of the youth's team. Every youth who is in care at age 14 will be referred to the Planning Unit where Planners will complete a case review with CYF caseworkers, meet with the youth to complete an assessment, plan the event, and ensure that the youth's voice is heard throughout the process (including their right to choose participants to attend). This planning process also will provide the youth and staff with the opportunity to discuss credit reports and how to establish good credit. Once the plan is completed, the Planners, Educational Liaisons, and other team members (including 412 Youth Zone coaches for youth who are ages 16+) will work on the implementation of the plan. (See Outcome 3 below for details of services to be offered to youth aged 14 and 15.)

Planners will meet with the youth again at ages 15 and 16 to assess their progress and complete an updated plan. At age 16, the youth will be referred to the 412 Youth Zone, where the Youth Coach will work as part of the team on implementing the plan. If at any time there is a planned exit from care, the Planner will be notified by the CYF caseworker, and the Planner will be responsible for completing the final CYF plan. Once the youth has exited care, IL Services will become fully responsible for assessment, planning and implementing the plan.

Outcome 3: Services for youth aged 14 and 15

DHS chose this outcome because it recognizes the difference in the service needs of 14-year-olds versus 16-year-olds and that it needed to tailor services to meet the interests and developmental needs of the younger teens. To better understand those differences, DHS engaged 14-15 year old youth in focus groups during 2015-2016, asking them for their input on programs and services and their views on the new planning process (detailed above). The youth:

- Expressed a desire to engage in group activities with same age peers. When asked to name activities that might interest them, they indicated a strong interest in college tours and other group events, for example, skating, bowling, and "a formal."
- Were positive in their responses regarding the new planning process.

Since high school retention is critical for 14 and 15 year olds, DHS's service focus with this age group will lean heavily toward school retention and mitigating academic difficulties as soon as they arise. This also is an opportunity to offer assistance to youth who want to become involved in extracurricular activities or pursue other activities that would provide enrichment and potentially enhance their interest in school. A central element of the planning process detailed above is identifying one or more areas of interest to the youth and locating and providing unique opportunities for each youth.

DHS has chosen Educational Liaisons as the primary provider of services because they are best suited to address the particular needs of this age group. They are skilled at working with schools, foster parents, and congregate care providers, as well as with other program offices within DHS and other supports such as OVR. When they meet each youth at the beginning of the planning process, they will establish relationships, engage them, and encourage them to participate in events and services.

In response to the youth's interest in group events, DHS is providing group programming that is unique to this age group in 2016-2017. Educational Liaisons and Planners will assist in engaging youth in activities and will create events based on suggestions from youth. DHS also is looking at creative ways to include this age group in participating in the financial literacy curriculum *Keys to Your Financial Future*; one way would be to include foster parents as participants in the modules, and revising the match rules to meet the interests of younger youth.

DHS held a "fun day" for transition age youth at Edinboro University in July 2016 that included swimming, use of the gym, a campus tour, a movie, and an overnight stay in a dormitory; and also has arranged for horseback riding at Slippery Rock University and Dragon-Boating for July and August, 2016. The youth's input will determine the next set of events.

IL Services Narrative

- If the agency is requesting an increase of funds for FY 2017-18, clearly explain and justify the increased costs.

DHS is requesting additional funding to pay for a housing pilot for youth who are 1) planning their exit from foster care and, while they need independent housing, they would not be considered "literally homeless"—and therefore would not be a HUD priority for Rapid Rehousing; 2) Youth who are resuming CYF involvement and do not qualify for HUD-funded housing; and 3) Transition age youth with serious mental health issues who need supervised housing. This pilot will help to address a confluence of needs, which have increased as HUD's priorities have changed.

DHS also is requesting an increase to cover the costs of the 5 additional staff necessary to comprise the 10-person Transition Planning Unit.

- Explain how the county is meeting the annual Credit Reporting requirements for all youth in foster care age 14 and older. (Note this requirement is reduced to age 14 effective September 29, 2015.)
 - Has the county established contracts with all of the following Credit Reporting Agencies (CRAs)? (Yes or No)
 - TransUnion: Yes
 - Equifax: Yes
 - Experian: Yes
 - For counties reporting "No" for any CRA above, what assistance, if any, is necessary to establish a contract with that CRA?

N/A

- Identify the county's progress in meeting the following credit reporting requirements for foster youth:

Requirement	Yes	In Planning	No
Results of the credit review (none found or discrepancies found) are shared with the youth in a youth friendly manner.	X		
Results of the credit review and efforts to resolve inaccuracies are placed in the child's record.	X		
Youth are provided assistance to resolve any inaccuracies found during the review.	X		

- Describe the county's efforts to engage youth for successful completion of NYTD Follow-up Survey (ages 19 & 21) For counties who report positive results, please include what strategies help with successful survey completion. For counties that have difficulties, indicate what barriers exist. Identify what assistance, if any, is needed.

Allegheny County has been successful in working with youth to complete the NYTD Follow-Up Surveys at ages 19 and 21. Results are as follows:

	Survey period	Total sample	Completion rate
19 year olds	10/1/15 to 3/31/16	11	100% (one youth incarcerated)
	4/1/16 to 9/30/16	19	80%
21 year olds	4/1/15 to 9/30/15	8	88% (one youth declined)
	10/1/14 to 3/31/15	9	88% (2 youth had relocated to Philadelphia and one youth's whereabouts were unknown)

Allegheny County uses a number of strategies to locate youth who have lost contact, including social media (via private messaging) and querying family or other youth receiving IL services who are friends of the youth. The IL Coordinator uses Accurint and SWAN paralegals to assist in locating youth who have disengaged from services. In general, county staff, especially Educational Liaisons, maintain ongoing relationships with the youth, so survey completion is not onerous. Other internal staff excel at locating the small number of disengaged youth and encouraging them to complete the survey.

- Explain how the county plans to deliver IL services to meet the needs of youth who are transitioning from foster care, while in the agency's care, as well as those who have discharged up to age 21. Identify other provider agencies and their role.

The DHS Independent Living Initiative (ILI), which consists of a Transition Program Manager, IL Program Coordinator, five Caseworkers, a Youth Support Supervisor, six Educational Liaisons and the Jim Casey Initiative Opportunity Passport Coordinator, provides stable and continuous academic and career development support to youth as they transition to adulthood. ILI assists each youth in pursuing post-secondary education, employment, vocational training, housing, financial aid, scholarship searches, and programs and services to enhance post-secondary success.

In 2015, DHS contracted with Auberle for a comprehensive one-stop service center for transition aged youth: The 412 Youth Zone. The 412 Youth Zone is centrally located in downtown Pittsburgh and readily accessible by many bus routes. Its roughly 13,000 square feet contain offices, space for visiting professionals, a full kitchen and common area for meals, a playroom for children of teen parents, meeting rooms/classrooms, lounge area, a shower, lockers, a washer/dryer, and a specialized area for exercise/dance. Additionally, the 412 Youth Zone partners with the Adolescent Clinic of Children's Hospital of Pittsburgh to maintain Physician's Assistants and Nurses at the 412 Youth Zone. A MH therapist was in place as of mid-June, 2016.

The 412 Youth Zone also has meeting space where child welfare caseworkers, educational liaisons, Youth Support Partners and others can meet with youth in a neutral, youth-friendly setting for Conferencing and Teaming meetings, Transition Planning, or routine service provision. The 412 Youth Zone offers lunch and dinner to youth, as well as programs and services to assist youth in a successful transition to adulthood.

The 412 Youth Zone has established partnerships with local entities to enhance programming and engage youth in programs and services. Current partners include:

- Huntington Bank: Presents financial literacy workshops/employment opportunities.
- Children's Hospital of Pittsburgh, Adolescent Medicine: Provides physician assistant and nursing hours
- Pittsburgh Ballet Theater: Provides workshop series including: creative movement; ballet; and percussion workshops
- Moving the Lives of Kids Art Center (MLK): Works with youth on creating murals
- Promised Beginnings (City of Pittsburgh): provides parenting workshops
- Office of Vocational Rehabilitation
- American Lung Association: provides education on the dangers of smoking
- Center for Victims: Delivers interactive, educational sessions on healthy relationships
- Greater Pittsburgh Food Bank: Provides food for daily meals and instructive cooking workshops
- Pittsburgh Community Kitchen: Provides weekly workshops on healthy eating, healthy cooking, and healthy shopping at grocery stores and local farmers markets
- Homeless Children's Education Fund (HCEF): Delivers enrichment program workshops for the youth, including:
 - o Art Expressions
 - o The Andy Warhol Museum: silk screening workshops with the youth.

- Yoga and Creative Movement
- Prevention Point Pittsburgh: Provides a workshop on their needle exchange program and how to safely use Narcan
- YWCA: Provides nearby space for recreational activities, computer lab usage, as well as resources for housing, Child Care Information Services and COMPASS assistance
- Carnegie Library: Provides workshops such as current events discussion, movie production, and education sessions on how to use the library
- DHS staff from various program offices and other DHS funded providers also maintain a presence at the 412 Youth Zone
- KidsVoice: Assists youth who have legal questions and provide legal services, information about resources and other referrals to youth
- Allegheny Link: Provides services related to housing instability, housing questions, referrals for housing
- Justice Related Services (JRS IL): Assists youth who encounter the criminal justice system
- Jim Casey Youth Opportunities Initiative: Provides workshops in financial literacy and the opportunity to match savings

In addition to partners who visit and provide workshops and opportunities to youth, 412 Youth Zone Youth Coaches conduct outreach to youth who are unfamiliar with the 412 Youth Zone and work one-on-one with youth at the center, providing life skills, prevention and support services, referrals for work based services and employment through the Auberle Employment Institute, and a variety of referrals to community agencies.

The 412 Youth Zone opened its doors in February 2016. (While DHS anticipated a December 2015 opening and a “warm handoff” of youth involved with other IL service providers to the new center, construction and zoning delays rendered that plan impractical.)

DHS will continue working with the 412 Youth Zone during 2016-17 and 2017-18, providing technical assistance and outreach work through the Educational Liaisons, Youth Support Partners, CYF caseworkers and KidsVoice.

All transition program staff work together and with CYF caseworkers, other DHS program offices, outside agencies and other providers to ensure each youth receives the services they need for successful transition. All programs cross-refer to other DHS and DHS-contracted IL initiatives and community providers as well as to other DHS program offices. They also refer youth to Social Security Office, Office of Vocational Rehabilitation Services, and Medical Assistance, and assist them in applying for services and benefits.

Data

Transition program staff enter DHS data into the Key Information and Demographic System (KIDS) system, including documentation of services, assessments and IL plans.

This information is immediately available to the youth's child welfare caseworker, which informs the caseworker about the youth's progress on a "live" basis and allows for immediate input from caseworkers; this facilitates collaboration between DHS staff and service providers working with the youth.

In FY 2015-2016, the numbers reflect a slight decline in the total number of youth served overall versus FY 2014-2015 (898 versus 921) and the number served in certain service domains.

Factors that may contribute to the decline include reduced incentive on the part of IL provider agencies whose contracts expired on 12/31/15 to document services, a later than anticipated start for the 412 Youth Zone, which resulted in delays in outreach to youth who were transferred from other service providers, and deficits in documentation by 412 Youth Zone staff. The last two difficulties are being addressed and resolved.

Data indicate that there are currently 1240 IL-eligible youth (ages 14 through 20) in Allegheny County. DHS will redouble ITS efforts to reach these youth through outreach, social media and other strategies it develops with youth.

DHS acknowledges the difficulties of engaging this age group, as well as the challenges inherent in a system dependent on a site-based model that relies on outreach and engagement. DHS has continued to encourage and assist this provider and staff in engaging more youth, and will continue to do so.

The following sections include data, documented by IL and ILI staff, detailing individual services provided to youth. Providers other than IL and ILI recorded and submitted data separately for this report. Data are presented at the conclusion of each section.

FY 2015-2016:

- 898 unique youth received IL services
- 482 youth received life skills services
- 62 youth received life skills services through the Bridge program*

The ILI's programs and partnerships that benefit transition age youth are outlined below:

Work based programs (7/1/15 to 12/31/15)

To meet the identified needs of youth, DHS provided specialized programming designed to assist youth in securing and obtaining gainful employment, while supporting them with individualized services.

The Aging Up Not Out (AUNO) program of Goodwill/YouthWorks provided job readiness training, career assessments, referrals to support services, and training on budgeting and entrepreneurship. Youth earned stipends for program completion, and received assistance in securing critical documents such as birth certificates and social security cards.

7/1/15 -12/31/15

- 40 of 46 original participants (87 percent) maintained or improved work readiness skills through completion of the Jump Start Success Training.

- 46 of 46 participants (100 percent) created a resume
- 45 of 46 participants (98 percent) created a career plan
- 41 of 46 participants (89 percent) attended supplemental trainings including money management and budgeting; substance abuse prevention, intervention and treatment; emotional wellbeing; and entrepreneurship

YouthWorks also administered a DHS-funded program, provided through local driver training schools, which helps youth get a driver's license. Many youth do not have family or friends who have a vehicle to teach them how to drive. Youth require a valid driver's license in order to test and be accepted into many jobs, especially the trades. DHS will refer and approve youth who:

- Have successfully completed AUNO or a comparable job-readiness program through the Bridge program
- Are in compliance with the goals of their case plan
- Have a valid driver's permit

28 youth were referred for driving lessons. Of that number, 14 received driver's licenses, 11 signed up and never started, 3 were still in the process at program end date, and 10 received extra lessons.

In 2015, DHS funded enhancements to this program, to assist youth in securing employment by providing them with funds for state IDs, pre-employment clearances, birth certificates and driver's permits. These program enhancements assisted 15 youth in securing birth certificates, 15 youth in obtaining state IDs, 10 learner's permits, and 2 child abuse and related clearances crucial to gaining employment.

This program will now be provided at the 412 Youth Zone.

The Bridge of Pittsburgh provided GED Prep, life skills and employment related services through December 31, 2015. This program also offered all mandated services through workshops, speakers and programming by Bridge staff. (This program ended on 12/31/15. Services are now provided at the 412 Youth Zone.)

7/1/15-12/31/15:

The Bridge of Pittsburgh provided services to 193 youth

- 48 youth obtained employment
- 86 youth received other stabilization services, for example referrals to community programs, bus tickets, and other concrete assistance

Accomplishments/partnerships

Resource Fairs for youth, jointly sponsored with KidsVoice. These included the April 2016 fair focused on job readiness, employment opportunities and financial capability; and the June 2016 resource fair, which focused on Health and Wellness and was a joint effort of DHS, KidsVoice and the DHS Advisory Board SITY (Systems Improvement Through Youth). The 69 youth who attended the Health and Wellness event (held at the

412 Youth Zone) met with over 20 vendors, including UPMC, Tobacco Free Allegheny, Planned Parenthood, and the Carnegie Library of Pittsburgh. Young men received free haircuts, and every youth a backpack containing personal care items such as toothpaste, toothbrush, dental floss, deodorant, etc. and a water bottle and logo t-shirt.

Foster Club All Stars: DHS sponsored two youth to attend *Foster Club All Stars* in Seaside, Oregon during 2016. After their training, the youth conducted workshops and trainings for other foster youth across the U.S. as well as child welfare and other professionals who work with foster youth.

Creative Life Support. Creative Life Support is the non-profit arm of mr.smalls Theater in Pittsburgh, which was started by a noted local musician and lead singer for the band Rusted Root. This organization works with current and former foster youth who share a love of music and the youth compose and record lyrics and music in a professional studio and Creative Life Support prepares them for a live performance at mr.smalls Theater at the culmination of their training. In June 2016, youth participating in the WE ROCK Workshop performed live at the 24th annual SWAN/IL Permanency Conference.

Jim Casey Youth Opportunities Initiative. As a Jim Casey Youth Opportunities Initiative site, DHS introduced a new program in December 2014 designed to improve youth's financial literacy, improve their capacity to save money, and assist them in making purchases of assets that will further their goals of employment or education. *The Opportunity Passport™* is a matched savings plan that provides youth with the ability and incentive to save and to have those savings matched. They can use their savings to purchase assets that may include a car, insurance, education, investments, credit-building or other necessities not covered by designated funding streams. Each purchase is an asset that will assist the youth in achieving a successful transition to adulthood. Allegheny County matches savings on a one to-one basis using a combination of Jim Casey monies and stipends allocated to the IL grant.

- ❑ Describe how the agency will meet the educational needs of current and former foster youth to include post-secondary education. Identify agency and other agency supports available to assist youth meet their post-secondary education goals and improve retention rates and program completion.

DHS supports high school and post-secondary education or training for current and former foster youth through a coordinated effort by Educational Liaisons, IL program staff, schools, CYF caseworkers, ILI caseworkers and staff from KidsVoice. These individuals and organizations work collaboratively to provide for the educational needs of youth, both in placement and after discharge. Their shared goal is to ensure that every youth who wishes to pursue post-secondary education or training is provided the opportunity to do so.

The Educational Liaisons began working with students at age 14 during 2015 and will continue to be critical to assisting younger youth, including by serving as the main point of contact for the CYF caseworker, foster parent, and/or congregate care provider, school and others in completing the steps of the Transition/IL Plan (see Objective 2). With youth aged 16+, the Educational Liaisons are addressing educational needs, beginning with school retention, GED or credit recovery, and also counseling youth on career planning and career options that are best suited to their academic strengths and abilities. These staff also provide referrals for vocational or other training programs, and

assist with: FAFSA (Free Application for Federal Student Aid); Chafee Education and Training Grant applications; College applications; Scholarship applications; SAT waivers; and college Admission fee waiver applications.

The Educational Liaisons will continue to provide senior workshops for all youth who choose to attend post-secondary education or training. These workshops provide youth with problem-solving strategies on topics such as talking to college professors, reading a syllabus, resolving roommate problems, and reiterating the rules of the conciliation process for continued support. The meetings are mandatory for all youth who participate in the DHS conciliation program. Each youth is given a package of school supplies, including a backpack, notebooks, a calculator, highlighters, an appointment book and other college necessities, such as a complete dorm kit that includes bedding, towels, a desk lamp, bed risers, a shower caddy and other supplies that a new college student might need. All youth continue to receive services, such as assistance with subsequent financial aid applications, academic supports and services for career planning, after they enter post-secondary education or training programs.

With the advent of the Educational Liaisons, the number of youth enrolled in post-secondary education has nearly tripled. Prior to the Liaisons, 35 students in 2006 and 40 students in 2007 were personally assisted and accepted into college. After DHS hired the Educational Liaisons, the number of youth entering post-secondary education rose significantly: to 97 in 2008, 105 in 2009, and 103 in 2010. In subsequent years, the number of youth entering post-secondary education has averaged 75 per year. This decline in the number of post-secondary students is not viewed as a negative. Rather it is a function of two trends: 1) child welfare has established several initiatives for reducing placements and moving more youth toward permanency which as resulted in a shrinking pool of “candidates;” and 2) with the advent of Act 91, youth who may have chosen post-secondary education as an alternative to case closure are now choosing the work option. Some youth also are choosing to remain in care and secure employment, but then opting into post-secondary education after working for a period of time.

FY 2015-2016, 85 high school students and students attending the Community College of Allegheny County (CCAC) toured the following post-secondary programs/universities:

- University of Pittsburgh-Greensburg
- California University of Pennsylvania
- Clarion University of PA
- University of Pittsburgh, Slippery Rock University of Pennsylvania, Edinboro University of Pennsylvania (Overnight)
- Slippery Rock University of Pennsylvania
- Thaddeus Stevens Technical College
- Edinboro University of Pennsylvania
- Indiana University of Pennsylvania

KidsVoice plays an integral part in the post-secondary process in Allegheny County. KidsVoice attorneys and child advocacy specialists assist in identifying youth who wish to pursue post-secondary education or training, and they work collaboratively with IL and

ILI staff throughout the youths' high school years, and at the point of high school completion, to make certain that the young people are prepared for the conciliation process. KidsVoice staff is responsible for compiling all of the information necessary for the conciliation process and for requesting conciliation meetings among DHS, the Allegheny County Law Department, and the youth. KidsVoice has designated one attorney as the contact for this process. This attorney is responsible for reviewing information prior to each meeting and all conciliation court orders, as well as following-up on all aspects of the conciliation process, including living arrangements, school difficulties, and transportation problems. DHS staff, IL provider staff, and KidsVoice staff work collaboratively to solve problems and assist in post-secondary retention. DHS's Office of Conflict Counsel is structured similarly to KidsVoice, and provides the same service to youth.

FY 2014-15:

- 319 unique youth received services related to Higher Education
- 331 unique youth received services related to High School Retention and GED
- 130 youth took advantage of educational services (tutoring, remediation, GED preparation, postsecondary assistance) through the Bridge programs
- 28 youth earned GEDs through the Bridge Programs

- Describe how IL Support services will be delivered and who will deliver the activities (provider or agency). Include the use of stipends and the total amount planned. Estimate the number of youth who will be referred to the Statewide Adoption and Permanency Network (SWAN) prime contractor for Child Profile, Child Preparation and Child Specific Recruitment services.

Because staff work collaboratively and with each individual youth to craft a plan best suited to meet his or her needs, many individuals may work with a youth simultaneously. Further, many services cross the boundaries of life skills, support and prevention services.

All staff involved work with the youth to resolve any problems or concerns that might arise, including interpersonal problems, workplace problems, or transition planning.

DHS provides a line item allocation to the 412 Youth Zone in the amount of \$96,000 to cover room and board, stipends for completion of milestones, concrete goods transportation (bus tickets and passes), and other needs of youth and teens who are parents. The 412 Youth Zone offers stipends to youth who achieve milestones (e.g., high school graduation, retention in employment), who require assistance to achieve a milestone or goal (e.g., ID documents, State ID, driver's permit), or who experience a need in an area related to IL goal-completion (e.g., specialized clothing for employment, transportation for employment or educational purposes, room and board services). This practice will continue and supplemental services, such as driving lessons and assistance with pre-employment clearances or testing, are also offered through the 412 Youth Zone. DHS will continue to supply youth with dormitory kits and apartment kits as they transition either to post-secondary education or to apartment living.

DHS staff (both child welfare and transition program) have committed to increasing accessibility to SWAN Services for all placed youth and IL aged youth in particular.

In FY 2015-2016:

209 youth aged 14-20 were referred by CYF caseworkers for SWAN services.

Incarcerated Youth

The Justice Related Services (JRS) IL program is a dedicated staff position of the JRS Unit, and works with young adults who are eligible for Independent Living Services and become involved with the Criminal Justice System. The goal of the program is to avert young adults from further entry into the Adult Criminal Justice System and to promote and support their abilities and efforts to live successfully in the community.

Over the past year, JRS IL has started a partnership with the 412 Zone. JRS IL staff provides support and staffing to the 412 Zone every Monday from 2 p.m. - 4 p.m.. During this time, staff is available to meet with current clients, triage new referrals, and meet with 412 Zone staff to discuss current services for the clients they share.

JRS staff has linked youth to existing services such as housing, behavioral health, job readiness trainings and GED programs. JRS staff encourages youth to reconnect with IL services and/or with child welfare when the youth needs to re-enter the child welfare system.

JRS staff has worked very successfully with the Adult Probation High Impact Unit on cases in which there are multiple issues, addressing these issues in a recovery-oriented fashion. JRS continues to engage families, if available, to support their young adults during this time of significant transition. JRS-IL has proven instrumental in minimizing the number of youth who become deeply involved with the criminal justice system.

FY 2015-2016:

- 366 youth received individual support services
 - 77 youth received Support Services through the Bridge Programs
 - 27 young adults were served by JRS IL
- What housing related services, supports (including financial), and planning will be provided to prepare youth for living after foster care discharge and to reduce instances of homelessness.
 - Describe the agencies projected use of Chafee Room and Board funds for youth who exit foster care after age 18.

DHS provides a line item allocation to the 412 Youth Zone in the amount of \$96,000 to cover room and board, stipends for completion of milestones, concrete goods transportation (bus tickets and passes), and other needs of youth and teens who are parents.

The 412 Youth Zone is required to fund 100% of the first rental payment and security deposit. Thereafter, the subsidy portion decreases by 20 percent per month.

Urgent-need room-and-board services are available only on a short-term basis (less than five evenings). Youth who are in need of urgent-need room-and-board services must meet eligibility requirements. Urgent-need room-and-board services are also used when a participant's physical health is in jeopardy.

- Identify and justify all planned purchases for equipment or assets for use by the agency during FY 2016-17 and FY 2017-18. Prepare this information separately for each year. Include a statement whether the purchase costs are included in the appropriate budget

➤ NOTE: All agency or staff computer purchases and IT needs must be requested to be reimbursed through the county's IT grant application and funds. Computers purchased, in full or part, for youth, is not considered an asset and is reimbursable with IL grant funds.

N/A

- Identify the county's primary contact or coordinator for each of the following initiatives (do not include the county administrator unless no other staff is available).

IL Services

JoAnn Hannah

JoAnn.Hannah@AlleghenyCounty.us

412.350.7153

NYTD

JoAnn Hannah

Credit Reporting

JoAnn Hannah

4-3f. Information Technology

- Identify the Case Management System your county is using: KIDS
- Provide the county's approved staffing complement:
 - Certified Staff: 709
 - Other staff not included in certified who receive IT equipment and services – please identify the positions and the number in the position:

Position: Great Lakes	Number: 112
Position: DBA	Number: 25
Position: Ciber	Number: 4
Position: Computer Aid	Number: 6
Position: Deloitte	Number: 39
- If requesting additional Mobile Computing Devices (Laptops or Tablets), provide a business justification for the number of devices exceeding the number of staff. The justification should include how the CCYA plans on using the devices and how the use

of mobile devices is efficient, economical and effective in carrying out workers' responsibilities.

Yes, DHS is requesting additional devices. This will be based upon a demonstrated need and vetted through an approval process before additional mobile devices are assigned to DHS Staff.

Answer the following questions related to participation in the Child Welfare Demonstration Project:

Indicate if your county participates in the Child Welfare Demonstration Project (CWDP) in FY 2016-17: Yes No ___

Indicate if your county is submitting a revised FY 2016-17 IT budget along with your FY 2017-18 IT grant request:

Yes ___ No

Indicate if your county has the necessary contract language in all IT contracts to ensure compliance with federal and state regulations. (See appendix 4: Information Technology, section IV):

Yes No ___ Do not have any contracts ___

Indicate if your county is requesting funding for ongoing or new development in FY 2017-18 that is not related to the statewide Child Welfare Information Solution (CWIS):

Yes No ___

If **Yes**, provide the following details:

- Business Need - describe the business need for the ongoing or new development.
- High Level Requirements – provide a description of the high level business and technical requirements.
- Project Cost Proposal – provide the total costs for the development, as well as, the total estimated project costs if the development is part of a larger project.
- Identify contracts associated with the development project.

FY 17-18 will be a continuation of several initiatives listed in the FY 16-17 APD, along with the potential for new yet to be determined initiatives. Details and cost estimates for FY 17-18 are not established at this point.

Indicate if your county is entering into or planning for an IT procurement in FY 2016-17 or FY 2017-18:

Yes No _____

If Yes, provide the following details:

\$15 million

- Estimated dollar amount of the procurement
- Type of procurement (RFP, RFQ, sole source, etc)

RFP

- If the county obtained the necessary state and federal approvals prior to initiating the procurement In process

- Provide any additional information that will assist in the review of changes to your FY 2016-17 IT budget or 2017-18 IT request.

N/A

Obtain required signatures for the CWIS Data Sharing Agreement and submit along with your NBPB.

These are included among the signature pages.

4-3g. SWAN

- Please explain any over or under utilization of SWAN services in the prior year; i.e. explain any differences when comparing the SWAN allocation to actual spending.

DHS has significantly improved its use of SWAN services, fully using its SWAN allocation this year as a result of caseworkers incorporating the resource into their case practice to address the legal barriers to permanence.

- Please explain any projected change in focus of utilization of SWAN services in FY 2017-18 compared to previous years as justification for the county's FY 2017-18 allocation request.

DHS will need to increase its use of SWAN in 2017-18 as caseworkers continue to use and incorporate this important resource into their case practice. This increase is consistent with DHS's upward trend of employing SWAN services to improve permanency outcomes for children and youth.

- If requesting new or additional paralegal support, please explain why and what services/activities the requested paralegal(s) will perform as all requests for additional paralegals will be thoroughly examined.

Allegheny County is requesting these additional SWAN services:

1. Post permanency services, which DHS needs to improve the permanency rates for children and youth in adoptions and SPLCs. These services include:
 - Case Advocacy, to ensure that families receive access to services designed to meet their needs after they have made a permanent commitment to a child;

- Support Group services, to help build relationships, form a community of mentoring, provide education, and offer socialization and recreational activities for families and/or their children; and
 - Respite services, which provide families with planned breaks to support a consistent level of parenting.
2. 6 paralegals, to support adoptions and SPLCs, which would expand the total number of paralegals to 32, with 6 paralegals working at each regional office, 1 at intake and 1 in the permanency unit. The additional staff would reduce the caseloads at each regional office, enabling the paralegals to effectively work their cases from intake to permanency within the KIDS system. These staff would be assigned to a supervisory unit. Additional tasks to be added will be the Termination of Parental rights court preparation (document prep, witness prep, and caseworker prep, Diligent Search for Family Finding, and court addendum preparation).

4-4. Accurint

- Please identify the name and email addresses of the Accurint Administrator in your county and each Accurint user.

Each of the regional offices' Clinical Managers uses Accurint, and the IL Coordinator uses Accurint to assist in locating youth who have disengaged from services. Their names and contact information are as follows:

JoAnn Hannah	joann.hannah@allegHENYcounty.us
Bruce Noel	Bruce.noel@allegHENYcounty.us
Eddie Bell II	Eddie.bellII@allegHENYcounty.us
Greg McDonald	Gregory.McDonald@allegHENYcounty.us
Melissa Dunbar-Kraus	Melissa.dunbar-kruas@allegHENYcounty.us
Denise Allen Brown	Denise.AllenBrown@allegHENYcounty.us
Tanisha Perry	Tanisha.perry@allegHENYcounty.us
Amy Sula (administrator)	Amy.Sula@allegHENYcounty.us
Linda DeDominicis	Linda.Dedominicis@allegHENYcounty.us

- Please explain any underutilization of Accurint services in the prior year; i.e. explain why it was not used in: locating kin, tracking NYTD youth or other search efforts.

N/A

- Will Accurint be used in any program improvement strategies during this fiscal year? If yes, explain how.

Accurint will be an important resource for several of the county's program improvement strategies, including early identification of kin, diligent recruitment, and family finding for transition age youth.

Section 5: Required & Additional Language

➤ 5-1a. Assurances

The following pages include assurance forms to be completed by counties. These forms are included:

Assurance of Compliance/Participation
Documentation of Participation by the Judiciary
Assurance of Financial Commitment and Participation

The following forms must be signed and submitted in hard copy to:

Division of County Support
Office of Children, Youth and Families
Health and Welfare Building Annex
625 Forster Street
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

And

Mr. Richard Steele
Juvenile Court Judges' Commission
Pennsylvania Judicial Center
601 Commonwealth Avenue | Suite 9100
Harrisburg, Pennsylvania 17102-0018

These forms have been submitted in hard copy and are attached to the NBPB.

**ASSURANCE OF COMPLIANCE/PARTICIPATION FORM
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

The Assurance of Compliance/Participation Form

The Assurance of Compliance/Review Form provided in this bulletin must be signed by the County Executive or a majority of the County Commissioners, the Juvenile Court Judge(s) or his/her designee, the County Human Services Director, the County Children and Youth Administrator, and the County Chief Juvenile Probation Officer and submitted with the FY 2017-18 Needs Based Plan and Budget submission.

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

COUNTY: Allegheny County

These assurances are applicable as indicated below.

Fiscal Year 2017-18 Children and Youth Needs Based Plan and Budget Estimate and/or the

Fiscal Year 2016-17 Children and Youth Implementation Plan

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

COMMON ASSURANCES

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

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

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

I/We assure:

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

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

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

EXECUTIVE ASSURANCES

In addition to the Common Assurances,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I/We assure that all new Guardians Ad Litem (GAL) have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.

I/We assure that the County Children and Youth Agency is in compliance with all credit reporting agency requirements regarding the secure transmission and use of confidential credit information of children in foster care through electronic access for operation by counties where no agreement exists between the county and credit history agency. This also includes limiting online access to users approved by OCYF for the explicit use of obtaining credit history reports for children in agency foster care.

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

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

County Human Services Director

Marc Chenna [Signature] 8/5/16
Name Signature Date

County Children and Youth Administrator

[Signature] Marc Chenna 8/5/16
Name Signature Date

County Chief Juvenile Probation Officer

Russell Carlino [Signature] 8/1/16
Name Signature Date

DOCUMENTATION OF PARTICIPATION BY THE JUDICIARY

In addition to the Common Assurances:

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

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

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

Judicial Comments:

Juvenile Court Judge(s)/ Designee

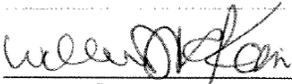
Kim Berkeley Clark [Signature] 08-01-2016
Name Signature Date

COUNTY ASSURANCE OF FINANCIAL COMMITMENT AND PARTICIPATION

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

Signature(s)

County Executive/Mayor

<u>William D McKelvey</u> Name	<u></u> Signature	<u>8-8-16</u> Date
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County Commissioners

_____ Name	_____ Signature	_____ Date
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_____ Name	_____ Signature	_____ Date
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_____ Name	_____ Signature	_____ Date
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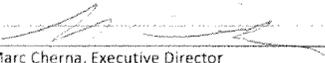
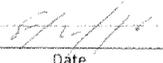
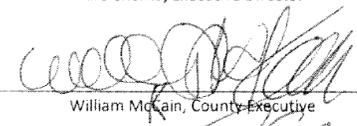
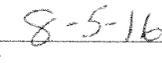
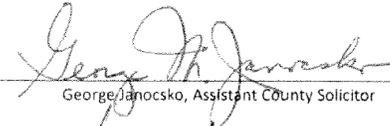
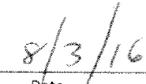
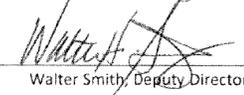


CWIS Data Sharing Agreement
December 27, 2016 – September 30, 2017

PA Department of Public Welfare

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

Signatories

	
Marc Cherna, Executive Director	Date
	
William McCain, County Executive	Date
	
Andrew Szeft, County Solicitor	Date
	
George Janocsko, Assistant County Solicitor	Date
	
Walter Smith, Deputy Director, Office of CYF	Date

5.0 Applicable Dates

- A. *Effective Date.* The effective date of this agreement is December 27, 2016.
- B. *Term.* The term of this agreement shall be for the period through September 30, 2017.
- C. *Renewal.* This agreement shall be renewed annually as part of the annual Needs Based Plan and Budget Process.
- D. *Modification.* The Parties may not modify this Agreement at any time either by verbal or by written modification.
- E. *Termination.* The confidential and privacy requirements shall survive any decision to terminate this agreement.