

# FY 2015-16 NBPB

Commonwealth of  
Pennsylvania

Office of Children,  
Youth and Families



## **NEEDS-BASED PLAN AND BUDGET NARRATIVE**

## Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative piece of the 2015-16 Needs-Based Plan and Budget. All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the Needs-Based Plan and Budget Bulletin, Instructions & Appendices.

**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.**

**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

## Needs-Based Plan and Budget FYs 13/14, 14/15 and 15/16

Version Control	
<b>Original Submission Date:</b>	<b>August 15, 2014</b>
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

## Section 2: NBPB Development

### 2-1: Executive Summary

- ❑ **Submit an executive summary highlighting the major priorities, challenges, and successes identified by the county since its most recent NBPB submission. The summary should include any widespread trends or staffing challenges which affect the county child welfare and juvenile justice service delivery, particularly those which impact all outcome indicators. Juvenile Justice summary should provide an overview of Juvenile Justice System Enhancement Strategy (JJES) efforts, including any general data or trends related to Youth Level of Service (YLS) domains and risk levels.**
  - **County may attach any County Improvement Plan (CIP) for detail and reference attachment.**
  - **JPO Executive Summary components can be discussed under separate heading at the discretion of the county.**
  - **CWDP counties need only provide responses not captured in their Initial Design and Implementation Report Update (IDIR-U).**
  - **Counties interested in becoming Child Welfare Demonstration Project (CWDP) counties for FY 2015-16 should express their interest in this section. NOTE- Prospective counties will need to complete the questions in the CWDP Prospective County Information Appendix at the end of the Narrative Template.**

### **EXECUTIVE SUMMARY: 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 either within a child's own family or by finding an adoptive home or other permanent setting for children who cannot be reunified with their family. Every day we strive to live up to our principles by assuring that all services are high quality, readily accessible, strengths-based and culturally competent, and that they serve the comprehensive needs of families through a continuum of services.

Over the years, DHS's mission and principles have helped to guide the significant programmatic and administrative improvements we have made to human services delivery in the county. The following are examples of accomplishments that occurred in FY 13/14:

- Implemented the engagement and assessment components of the Child Welfare Demonstration Project (CWDP) in four regional offices. These components include Conferencing & Teaming as well as four assessment tools (the Family Advocacy and Support Tool [FAST], the Child and Adolescent Needs and Strengths [CANS] and Ages & Stages).
- Engaged in a variety of strategies, including a Request for Information, to inform the selection of the best and most effective evidence-based practices

- Initiated the Leadership Fellows Program which is a professional development opportunity that teaches promising future leaders in child welfare how to use data and research principles to inform case practice and policy/performance decisions
- Issued a Request for Proposals to design and implement a system of decision-support tools and predictive analytics for human services
- Received a Jim Casey Youth Opportunities Initiative planning grant to better meet the identified needs of transition-aged youth
- Continue to engage in the Permanency Roundtable Process
- Implemented a cross-over youth case practice model to improve outcomes for youth who are dually-involved in the child welfare and juvenile justice systems

#### Moving Forward: FY14/15 and FY15/16

Despite these accomplishments, there remain areas in which improvement is needed. For example, while child welfare out-of-home placements have decreased 43 percent since January 2006, the most recent Quality Service Review (QSR) indicates that opportunities for improvement in case practice exist in the areas of father engagement, assessment and understanding, teaming and efforts to timely permanency. The Annual Licensing Review identified similar challenges. Additional findings from the Annual Licensing Review – and the goals of the Child Welfare Demonstration Project (CWDP) – indicate that the percentage of youth in congregate care settings is too high. Pennsylvania has a higher percentage of youth in congregate care than most states, and Allegheny County’s proportion is similar to that of the state. Pennsylvania also has the highest re-entry rates in the nation, and Allegheny County is on par with the rest of the state in this area as well. About 31 percent of teenagers, ages 13 through 17, re-enter care within 12 months of reunification. Further, continuing to shift our focus from compliance to quality is crucial, particularly given the increasing national and local emphasis on improving child well-being and family functioning.

Finally, influences beyond those of the CWDP, QSR and Annual Licensing Review are also reflected in this year’s plan. These include:

- *Child Abuse Legislation*

In 2014, at least 12 new child abuse laws, many based on recommendations issued by the Pennsylvania Task Force on Child Welfare, have or will come into effect. Many of these laws are designed to improve the safety of children in Pennsylvania and will have significant implications for county child welfare agencies. New mandatory reporting legislation considerably expands the list of mandated reporters, establishes new training requirements and provides protection for good faith reporting. Expansion of the definitions of perpetrator, child abuse, parent and child will also have an impact. DHS anticipates that these changes and additional requirements will result in increased referrals and added costs in FY14/15 and FY15/16. Requests for additional training resources are included in this Needs-Based Plan.

- *Rate Methodology Task Force*

Pursuant to Act 55 of 2013, the Department of Public Welfare (DPW) convened a Task Force to develop recommendations for a methodology to determine reimbursement for actual and projected costs of purchased services. The outcome, a standardized and streamlined process to determine reasonable and allowable reimbursement of actual and

projected costs for services provided, will result in the need for additional funding so that counties can reimburse providers for the cost of doing business.

To effectively address these challenges, the framework for this year's Needs-Based Plan is built around the CWDP, findings from the QSR, results of the Annual Licensing Review and other realities that impact the child welfare system. Together, the strategies highlighted below will address these areas and enable us to improve system processes as well as placement decisions, child and family functioning, and well-being outcomes.

#### **Strategies for FY14/15 and FY15/16:**

- ***Continue implementation of and strengthen fidelity to the Conferencing & Teaming practice model***

As part of a system wide effort to integrate services and resources around the needs and strengths of families, Allegheny County has implemented Conferencing & Teaming as our core case practice model in four of five regional offices. In addition to completing training in the fifth regional office in the fall of 2014, DHS will assess staff proficiency and fidelity to the model in each of the offices. This assessment will include an emphasis on teaming to ensure that individuals and providers are attending teaming meetings and are engaged in the process.

- ***Continue to utilize common assessment tools to direct client and families to appropriate services and supports***

As part of the CWDP, and as a key component of the new practice model, DHS will continue to utilize the additional staff and resources received in FY13/14 to augment the assessment team and child welfare staff as needed to consistently implement the FAST, CANS and Ages & Stages assessments over the next two years.

- ***Reform interventions***

Consistent with last year's Needs-Based Plan and the CWDP, DHS will incorporate more evidence-based practices and research-informed practices into our service inventory in FY14/15 and FY15/16. Because these practices are inherently more expensive than generic service offerings, this strategy will require additional resources in FY14/15 and FY15/16.

- ***Utilize strong quality improvement processes to continuously assess and evaluate services and practice***

DHS utilizes multiple platforms to examine the quality and outcomes of our services on an ongoing basis, including Permanency Roundtables, Performance Based Contracting and utilizing tools like ChildStat and SafeMeasures to collect, analyze and report data at the system and casework levels.

Moving forward, DHS seeks additional resources in FY14/15 and FY15/16 to expand our quality improvement activities. This request includes support for the Data Fellows Program, designed to teach child welfare staff how to use data and research principles to inform case practice. Achieving our goals is also dependent upon adequate numbers of qualified staff who are dedicated to monitoring our purchased service inventory, including newly-identified evidence-

based practices. To meet this goal, this plan requests resources to hire additional monitoring staff to enhance our ability to measure provider performance.

- ***Increase rates to support the cost of doing business***

DPW's proposed rate methodology to determine reimbursement for actual and projected costs will result in the need for additional funding for our foster care providers in FY 14/15. The two indices the methodology is based—the Consumer Price Index and the Employment Cost Index—demonstrate the rising costs of personnel and non-personnel costs over the last 10 years. To ensure we cover the cost of serving our children and youth that are in foster care and adoptive families, DHS will require additional funding in FY 14/15 and FY 15/16 .

- ***Improve coordination and support for medically-fragile children***

Children in the child welfare system face barriers to accessing medical and dental care, screenings, timely immunizations and appropriate specialty care. For medically fragile children, these barriers can be even more daunting. To address these challenges, DHS seeks resources to support the development and implementation of a Health Care Support and Coordination (HCSC) program in our CYF regional offices. The purpose of the HCSC program is to improve the coordination of health care assessment and treatment for medically fragile children and youth involved in the child welfare system, through assessment, coordination and training. To implement this important program, DHS will require funding in FY14/15 and FY15/16.

- ***Enhance prevention and engagement programs and improve their alignment with the child welfare system***

DHS will continue to be a strong supporter of family support centers and afterschool programs in FY14/15 and FY15/16. Using findings from an evaluation and visioning process, DHS has identified strategies to improve their alignment with the child welfare system. A key strategy involves strengthening ties between family support centers and regional offices through direct referrals and outreach for families with child welfare involvement. Family support centers will also host Conferencing and Teaming meetings, offer extended hours, and offer programming for children and youth of all ages. DHS will need funding to ensure successful implementation of these strategies in FY14/15.

DHS also seeks funding to support the creation of additional family support centers in two suburban areas of the county that are experiencing high levels of need. DHS used data from the recently-completed suburban poverty evaluation to identify the most appropriate locations for the new centers in FY15/16.

- ***Improve father engagement***

Findings from the QSR and licensure support changes in case practice regarding father engagement. For FY15/16, DHS requests two additional staff positions to engage, educate, empower and support fathers in the child welfare system.

## EXECUTIVE SUMMARY: 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 last year when the legislature amended the purpose clause of the Juvenile Act to require juvenile probation departments to employ evidence-based practices whenever possible. The JJSES framework and statement of purpose are included below.

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.

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.

National experts provided several training sessions for JPO in 2013. Supervisors and probation officers participated in training related to building professional alliances, effective case planning, addressing top criminogenic needs, and implementing rewards and sanctions. JPO has taken significant steps in 2013 toward becoming an evidence-based department.

Additional JPO and Court activities:

- 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 has been piloting an effort to reduce the number of continuances. The pilot involves 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 preliminary results have been impressive and plans are underway to expand this pilot to other courtrooms in the near future.

- In June, 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 worked closely with the Allegheny County Crime Lab and the District Attorney's Office to streamline the analysis of suspected controlled substances. The new process, which allows Crime Lab personnel to test a smaller sample size of the suspected substance, has enabled the Court to have the results back before the date of the pre-hearing conference or petition hearing, which can be as soon as ten days after arrest. The new Crime Lab protocol, known as primary analysis, has reduced continuances, decreased the juvenile's length of stay in secure detention and reduced costs.
- An important aspect of holding juveniles accountable for their offenses is ensuring that they pay in full all restitution owed to the victim. In 2014, JPO oversaw the collection of \$283,478.59 in restitution, fees and costs. Of this total, approximately \$156,820 was paid directly to victims, \$25,968 was paid to the Victim Compensation Fund, and \$19,781 was directed to the Stipend Fund (money collected on failure-to-comply charges certified from magisterial district judges, which is paid to victims who are owed restitution). The remaining \$80,908 collected by probation officers included Court fees/costs incurred by juvenile offenders, and was paid to state and county government agencies.
- The law requires that juveniles fulfill all Court-ordered financial obligations before their cases may be closed. Monies not paid in full when the juvenile reached age 21 are indexed as a judgment with the Department of Court Records. JPO remains dedicated to protecting the citizens of Allegheny County by holding juvenile offenders accountable and by providing them with opportunities to become law-abiding citizens.
- 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.
- Pittsburgh Initiative to Reduce Crime (PIRC): This multi-agency and community collaboration initiative seeks to reduce homicides and gun crimes committed by juveniles and young adult offenders in the City of Pittsburgh.
- Under the leadership of Judge DeAngelis, JPO and CYF are collaborating 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.
- Allegheny County Music Festival: JPO staff again volunteered their services at Hartwood Acres in 2013, collecting donations and directing traffic flow to the event. Donations collected at the Music Festival, which totaled over \$30,000 in 2103, 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 in 2013 to address youth and law enforcement relationships, with efforts focused on training probation officers, lawyers, community members and partners to facilitate training in the upcoming year. The committee met several times to coordinate and develop the DMC curriculum. Allegheny County was again selected by The Pennsylvania Commission on Crime and Delinquency (PCCD) to facilitate this effort.
- Juvenile Justice Week – October 7-12, 2013: JPO’s Community Education Initiative Committee sponsored numerous events during the week, highlighting our commitment to the citizens of Allegheny County. For example, an open house was held for area high school students that included workshops such as “What Does a Probation Officer Do?” and “Consequences of Using Drugs and Alcohol.” Events also included staff workshop trainings and the Annual Awards Ceremony recognizing key contributions and achievements of juveniles, parents and probation staff. Approximately \$590 was collected during this week and donated to the Stipend Fund for victim restitution.
- Of the 1,546 cases closed during 2013, 88 percent of juveniles successfully completed supervision without re-offending. These juveniles paid a total of \$190,006 in restitution, and 78 percent fully satisfied their financial obligations. A total of 42,791 hours of community service were completed, with 94 percent of juveniles completing their community service obligations in full.

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.

## 2-2. Child Welfare Demonstration Project

Counties interested in joining the Child Welfare Demonstration Project for FY 2015-16 must answer the following questions:

Allegheny County is currently participating in the Child Welfare Demonstration Project.

## 2.3a&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.
- ➡ CWDP counties may attach Implementation Team membership or CWDP Advisory Team (or similarly named stakeholder group) list to meet this section requirement.

DHS and JPO held a joint public hearing on July 31, 2014 at 1 p.m. in the Liberty Conference Room at One Smithfield Street. The purpose of the public hearing was to obtain comments on the draft of the FY14/15 and FY15/16 Needs-Based Plan and Budget that will be presented to the Pennsylvania Department of Public Welfare.

DHS presented a draft of the Needs-Based Plan and Budget to the CYF Advisory Board on July 9, 2014. The Children’s Cabinet, a community advisory group consisting of consumer and professional stakeholders who are involved with child-serving systems across Allegheny County, also serves as DHS’s CWDP Advisory Board. The Children’s Cabinet meets quarterly.

Additionally, DHS held two public hearings (May 27, 2014 and June 9, 2014) to discuss the FY14/15 block grant plan, which included a discussion of services funded by special grants. Attendees included family members of consumers, advocacy groups, contracted providers, and staff from DHS and other county departments.

- ❑ Identify data sources used in service level, needs assessment and plan development.

Resource	Data Collected	Date of Data
U.S. Census	Population; poverty; public assistance, education, health	2000-2013
Adoption and Foster Care Analysis and Reporting (AFCAR)	Outcome Measures and Performance Indicators prepared by HZA, Inc.	2009-2014
Key Information and Demographics System (KIDS)	General Indicators, Client and Service Information	2013-2014

#### 2.4 Program and Resource Implications

Do not address each initiative in Section 2.4; please address any resource needs related to initiatives by identifying and addressing within the AJDUSTMENT TO EXPENDITURE request.

#### 2-4o. 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 2013-14 for Legal Representation Costs for Juveniles in Delinquent Proceedings

The cost for legal representation for delinquents is \$783,414.

- ❑ Submit any amounts expended by the county government in FY 2013-14 for Legal Representation Costs for Parents in Dependency Proceedings.

The cost for legal representation for parents is \$1,323,716. The cost for conflict attorney is \$760,537.

**Section 3: General Indicators**

**3-1: County Information/Background**

- ❑ **Describe the population and poverty population trends for the county, noting any increases or decreases, and the impacts the county expects these changes to have on needs and services. Include the data source.**

The U.S. Census Bureau estimates that the total population of Allegheny County has been increasing slightly since 2010, by 0.5 percent in 2012 and 0.7 percent in 2013, to 1,231,527. Despite this recent influx, Allegheny County’s total population declined by 3.9 percent from 2000 to 2013. The most recent U.S. Census Bureau estimates indicate that nearly 20 percent of Allegheny County residents are under 18 years of age. The county reflects national and statewide demographic trends with a large increase in the number and percentage of Hispanic and Asian residents, a slight increase in the African American population, and a decrease in non-Hispanic white populations. These ongoing demographic shifts translate into a greater need for services among growing populations and additional resources to better analyze and target the service delivery implications of changing demographics.

<b>Population and Demographic Trends</b>			
	2000	2013	Percentage Change
<b>Population Trends, 2000-2013</b>			
Total Population	1,281,666	1,231,527	-3.9%
% Persons under 5 years old	5.5%	5.2%	-5.5%
% Persons 5-17 years old	16.4%	14.0%	-14.6%
% Persons 18-64 years old	60.2%	63.7%	5.8%
% Persons 65 years and older	17.8%	17.1%	-3.9%
<b>Demographic Trends, 2000-2013</b>			
% White, non-Hispanic residents	83.8%	79.9%	-4.7%
% Black, non-Hispanic residents	12.3%	13.3%	7.9%
% Hispanic residents	0.9%	1.8%	106.6%
% Asian, non-Hispanic residents	1.7%	3.2%	89.6%
% Residents of all other racial-ethnic groups	1.3%	1.8%	38.2%

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### Economic, Poverty and Public Assistance Trends

The number of people living in poverty in Allegheny County is increasing, despite the overall decrease in population between 2000 and 2013. While the number of households seeking public cash assistance was on the decline, the recession reversed this trend. The number of individuals considered both poor and near-poor (those living below 150 percent and 200 percent of the Federal Poverty Line) increased steadily between 2000 and 2010.

Allegheny County was making some strides in reducing child poverty at the beginning of the decade, as numbers decreased by 1.7 percent between 2000 and 2007. But the recession reversed this downward trend. More recent trends suggest a growing number of children in poverty in the County. The U.S. Census-sponsored American Community Survey estimates that in 2012, 17.8 percent of children were living in poverty, a 17.1 percent increase from 2000.

<b>Poverty and Public Assistance Utilization Trends</b>			
<b>Poverty Trends, 2000-2012</b>	2000	2012	Percentage Change
Total population in poverty	11.2%	12.7%	13.4%
Children under age 18 living in poverty	15.2%	17.8%	17.1%
Adults age 18-64 years old living in poverty	10.3%	12.2%	18.4%
Adults age 65+ living in poverty	9.0%	8.5%	-5.6%
Families with a female head of household living in poverty	25.3%	28.6%	13.0%
Population below 150% of the federal poverty line	18.1%	20.4%	12.7%
Population below 200% of the federal poverty line	26.2%	28.8%	9.9%
<b>Public Assistance Utilization Trends, 2000-2012</b>			
Average annual household public cash assistance (TANF) income	\$3,649	\$2,848	-22.0%
Households receiving public cash assistance	3.1%	7.2%	132.3%
% Households receiving food stamps/SNAP benefits in the past 12 months	N/A	10.90%	N/A

In Allegheny County, suburban poverty increased by 11.8 percent from 2000 to 2010. DHS has prioritized research about and response to suburban poverty. Most existing methodologies for calculating poverty rely heavily on indicators appropriate for urban settings, such as the

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percentage of the population below 100% of the poverty line, without considering other factors that may contribute to need. In an effort to identify which suburban communities have the greatest need for publically-funded human services, DHS's Office of Data Analysis, Research and Evaluation (DARE) developed a Community Need Index, designed to capture the socioeconomic characteristics of Allegheny County's suburban communities, relative to one another.

When building the index, DHS used the Annie E. Casey Foundation's Criteria for Severely Distressed Communities as a starting point and added additional indicators reflective of suburban poverty. The index considers the:

- Percentage of population below 100% of the federal poverty line
- Percentage of population below 200% of the federal poverty line
- Percentage of families headed by single females
- Percentage of youth ages 16 to 19 without a high school diploma or equivalent, and not enrolled in school
- Percentage of civilian males ages 16 to 64 who are unemployed or not in the labor force
- Percentage of houses vacant
- Percentage of houses with no available vehicle

By including additional indicators, DHS was able to locate previously-unidentified areas of need within larger geographic areas and to identify where need was emerging, worsening, or stabilizing. We found that individuals living in areas where need was increasing were being served at lower rates than those living in communities in the same tier of need, but where the level of need has stabilized. This indicates that we have not, as a service system, fully recognized and responded to the emerging needs of the suburban poor. This analysis has allowed DHS to start a dialogue internally and with external stakeholders about how best to meet the needs of people living in these communities.

The rising issue of suburban poverty has resulted in new service delivery challenges for DHS. It has forced us to rethink where we conduct outreach and education activities and where we locate service centers. Additionally, we must consider the implications for service access, particularly in terms of public transportation. For example, in 2009, over 41,000 (11 percent) of suburban households in Allegheny County did not have access to a vehicle. In 23 suburban census tracts (nine percent), the percentage of households without a vehicle was 30 percent or greater. County-wide cuts in public transportation have further exacerbated this issue of access.

Limited transportation prevents families involved in the child welfare system from getting to various appointments that allow them to comply with their family service plans and that promote good health (e.g., prenatal, primary and dental care) and self-sufficiency (e.g., job interviews, GED classes, housing application appointments). To help mitigate this issue for some families, DHS will make investments in more home-based services, such as HOMEBUILDERS®, and Family Focused Solution-Based Therapy, over the next two years. Additionally, DHS is seeking

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resources to invest in more family support centers in suburban areas of deepening need to prevent child welfare involvement.

*Sources: The 2000 data are from the U.S. Census Bureau, 2000 Census. Statistics on poverty, public assistance, education and health insurance are from the U.S. Census Bureau, American Community Survey, three-year estimates 2008-2010. The demographic and race data are from the U.S. Census Bureau, 2012 estimates.*

- ❑ **Identify issues that surfaced through the annual licensing inspection and/or the Quality Service Review (QSR). Discuss any necessary changes to county services. Discuss progress on any action items that resulted from the most recent QSR.**

Allegheny County is one of 23 counties that participated in the fourth round of the state-supported QSR process, conducted in March 2014. A total of 20<sup>1</sup> randomly selected cases were reviewed on 22 factors related to child and parent/caregiver status (*safety, permanency and well-being outcomes*), as well as the overall quality of our child welfare practice performance. The reviewers read case records, conducted interviews for each case, and applied a statewide QSR Protocol to each indicator to measure child and parent/caregiver status and overall practice performance. Based on the QSR and licensure review findings and other administrative data, improved permanency, engagement and teaming remain the County's priority improvement outcomes for the County Improvement Plan (CIP) 2014.

In addition to on-site case reviews, Allegheny County hosted three focus groups, two of which were comprised of randomly-selected caseworkers and supervisors across the regional offices, and one with representatives from our child welfare and drug & alcohol offices. The two CYF focus groups were conducted by University of Pittsburgh researchers and addressed the county's preparation and implementation of the CWDP. The third focus group elicited feedback on our integration of child welfare and drug & alcohol services within Allegheny County and ways in which these systems can be improved.

**Status Indicators** (*child safety, permanency, well-being and caregiving functioning, generally over past 30 days*)

Acceptable ratings/strengths

- Child Safety: Children are free from exposure to threats of harm and from risk to self and others in all settings
- Emotional Well-being: Children, consistent with age and/or ability, are displaying adequate patterns of attachment and positive social relationships; coping and adapting skills; and appropriate self-management of emotions and behaviors
- Physical Health: Children are achieving and maintaining optimum health status

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<sup>1</sup> Two in-home cases were excluded from the final submission, as the focus children were unavailable for interview and observation with their caregivers.

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- Early Learning and Development: Young children are attending and thriving in early education settings
- Parent Functioning: Fathers<sup>2</sup> are providing and sustaining parenting roles throughout the lifetime of their children

### Unacceptable ratings/opportunities for improvement

- Stability (home and school): Stability in home and school settings should be free from risk of disruption
- Permanency: Children require an unconditional commitment for achieving legal permanency that includes: safely remaining with family; safe and permanent return to family; achieving legal permanence; and family connections, including adoption and permanent legal custodianship
- Academic Status: Academic status requires immediate and concerted attention, including: attendance; educational settings that meet needs; meeting requirements for annual promotion; and course completion
- Parent Functioning (Mother)

**Practice Performance Indicators** (*extent to which best practice guidelines are applied successfully by members of the team serving the family and child, generally over the past 90 days*)

### Acceptable ratings/ strengths

- Cultural Awareness and Responsiveness: The identification of culture is addressed in practice with focus children and mothers
- Resource Availability: Allegheny County continues to provide a rich array of accessible community resources

### Unacceptable ratings/ opportunities for improvement

- All practice performance indicators for fathers: Fathers need to be included as full and equal team members throughout all phases of child welfare involvement
- Assessment and Understanding: Collection and sharing of essential information should include: understanding of strengths and needs based on underlying issues; identifying what changes must occur in order for child and family to live safely together; achieving timely permanency; and improving well-being and functioning
- Teaming: All team members should be identified and effectively work together to share information, plan, provide and evaluate services to achieve desired outcomes and safe case closure
- Efforts to Timely Permanence: CYF needs to demonstrate a pattern of urgency and relentlessness in efforts to achieve permanency for children to return and/or to remain safely home or to achieve legal permanency through adoption or legal custodianship

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<sup>2</sup> Six fathers rated during this review period; all had connections to mothers and shared in caregiving roles with their children; four fathers were household members.

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- Maintaining Family Relationships: Interventions are building and maintaining positive interactions, providing emotional support between the child and his/her parents, siblings, relatives and other important people in the child's life<sup>3</sup>
- All Planning Indicators (Long-term View; Planning for Transitions and Life Adjustments; Family Planning Process): Practice should ensure that adequate planning occurs for safe, timely case closure, reduction of re-entry and/or re-referral, and achievement of lifelong permanency for children

DPW's Office of Children, Youth and Families, Western Region conducted its annual licensing review of Allegheny County CYF in March 2014. The process included a review of the same cases randomly selected for the QSR process; a review of intake and resource care cases; interviews with administrative, supervisory and casework staff; review of internal policies and procedures; review of personnel records, including required training; and review of agency fiscal documentation.

### Strengths in practice

- Improvement in quality of assessments and dictation
- Monthly casework visitation of children at home and in care
- Prioritization of kinship placement
- Family visitation for children in care, including siblings
- KIDS system that enables effective communication among team members

### Recommendations for improvement

- Development of a documentation process for parents' refusal to allow child's photograph to be taken
- Development of procedure to ensure completion of the ten-day supervisory logs
- Finalization of policy on casework visitation of children in the home when sibling is in placement
- Update of supervisory log in KIDS to document levels of service consistent with risk to child

### Regulatory findings requiring a plan of correction

- Act 126 per 3130.21 (b): no updated photos for three cases; requires establishment and implementation of a procedure to ensure that all children who have been accepted for services have annual photos taken.

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<sup>3</sup> Seven cases were rated as unacceptable for Connections to Siblings (four out-of-home and three in-home cases), where the focus child or a sibling was in out-of-home care and was rated as unacceptable for sibling connections through visitation and other forms of contact.

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- *Action: CYF will finalize and distribute procedures for taking photographs of all children whose cases are accepted for service by July 30, 2014. Compliance will be measured through administrative review and internal and external quality assurance processes.*
- 3130.63 (a): Family Service Plans (FSPs) were not completed every six months in three cases; requires establishment and implementation of a procedure to ensure that FSPs are reviewed every six months.
  - *Action: CYF will continue to reinforce and monitor the existing procedures for the development and review of FSPs. Conferencing and Teaming, DHS's practice model that engages families in all practice activities, including assessment, planning, tracking and adjusting, is now implemented at various levels across the five regional offices and includes the requirement that FSPs developed by the team, including families, are to be reviewed and adjusted at least every six months. Supervisors and casework staff will use SafeMeasures to monitor their workload and due dates. Other quality assurance processes will be applied to measure compliance with this regulation and, more importantly, to ensure that FSPs are tracked and adjusted as the team routinely monitors the family's status and progress, interventions and results and makes necessary adjustments to create a self-correcting service process that leads to finding what works for the child and family.*
- 3490.235 (f): In two cases, supervisors failed to approve the FSPs within the required ten-day period of completion; requires establishment and implementation of a procedure to ensure that all FSPs are reviewed and signed by a supervisor within ten days of the plan completion.
  - *Action: CYF will continue to reinforce and monitor the existing procedures that require ten-day supervisory approval of FSPs. Compliance will continue to be measured through the use of SafeMeasures and internal quality assurance strategies to measure compliance with existing agency procedures related to this regulation.*
- 3490.55 9 (c): In one case, there was no documentation in the case record to indicate that a young child was seen by the agency; requires the establishment and implementation of a procedure that the agency will ensure the safety of all children in the family home upon receipt of a report of suspected abuse
  - *Action: CYF procedure requires that casework staff see all children residing in a family home upon receipt of a report of suspected abuse. Caseworkers are responsible to ensure the immediate safety of the children living in the home. All children living in the target household must be interviewed separately. If the child is too young to interview, or non-verbal, that child must be observed to note physical condition and development.*

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*Administration will review this procedure in supervisory meetings and compliance will be measured through administrative review and internal and external quality assurance processes.*

- ❑ **Round One, Two and Three counties of the Continuous Quality Improvement (CQI) efforts should identify areas of focus as a result of the QSR that are identified as an area needing improvement in the County Implementation Plan (CIP). The plan can be referenced in detail where appropriate in the outcome sections of the NBPB submission.**

Allegheny County is in the process of finalizing our CIP for 2014, with a continued focus on teaming, engagement and permanency as the three priority areas for improvement. At the QSR Next Steps Meeting, held on June 9, 2014, 65 multi-system staff gathered to identify strategies to enhance these practice performance outcomes, and those recommended strategies will be reflected in the CIP. Allegheny County also continues to partner with the state and four other counties in the CWDP to further implement improvement strategies that target the priority areas, including continued implementation of our case practice model (focused on family engagement, assessment and the expanded use of evidence-based practices) to improve outcomes for children and families and to reduce congregate care, re-entry rates and days in care.

- ❑ **Address any projected changes in service delivery from the previous FY to the Implementation Plan, including changes to the NBPB proposal from last year. Identify the basis for change in service delivery and projected impact.**

The projected changes in service delivery from the previous fiscal year are the result of various factors, including implementation of the CWDP and adaptations to services to better address the needs highlighted in the QSR, licensure report, and identified through other mechanisms. These developments are described below.

### **Engagement and Assessment**

Over the past year, DHS has made significant progress implementing the engagement (Conferencing & Teaming) and assessment (FAST, CANS and Ages & Stages) components of the CWDP. Substantial time and effort were devoted to curriculum development, training and adapting our child welfare data management system (KIDS) to support these components. A thorough update on DHS's implementation of Conferencing & Teaming and common assessments (FAST, CANS and Ages & Stages) is provided in the Semi-Annual Reports submitted to the Administration of Children and Families.

Highlights of FY13/14 activities include:

<b>Conferencing and Teaming</b>
<ul style="list-style-type: none"><li>• 100 percent of caseworkers and 100 percent of caseworker supervisors were trained in Conferencing &amp; Teaming at two additional regional offices.</li><li>• Conferencing &amp; Teaming was implemented in four of five regional offices</li><li>• Training in the fifth and final regional office began in July 2014</li></ul>
<b>FAST</b>
<ul style="list-style-type: none"><li>• 100 percent of Family Advocate Specialists and Family Advocate Managers were trained and certified in the FAST</li></ul>

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<ul style="list-style-type: none"><li>• The FAST was implemented in four of five regional offices</li><li>• Implementation in the fifth and final regional office began in July 2014</li></ul>
<b>Ages &amp; Stages</b>
<ul style="list-style-type: none"><li>• 100 percent of Family Advocate Specialist and Managers were trained and certified in Ages &amp; Stages</li><li>• Ages &amp; Stages was implemented in four of five regional offices</li><li>• Training at the fifth and final regional office began in July 2014</li></ul>
<b>CANS</b>
<ul style="list-style-type: none"><li>• 90 percent of foster care and kinship care providers were trained and certified in CANS</li><li>• CANS is being conducted on children and youth in placement, ages 5 through 17</li></ul>
<b>Staff Support</b>
<ul style="list-style-type: none"><li>• Hired four additional staff to provide technical assistance and training support for the CANS, FAST and ASQ</li><li>• Hired additional Family Advocate Specialists and Family Advocate Managers to conduct assessments and Family Finding</li><li>• Hired additional Peer Coaches and a Peer Coach Supervisor</li></ul>

DHS will continue to support Conferencing & Teaming and the common assessments implemented in FY13/14. Over the next two years, DHS will take steps to improve and strengthen the teaming aspects of the case practice model. Resources will also be devoted to ensuring caseworkers are implementing the model to fidelity in FY14/15 and FY15/16.

### **Reforming Interventions**

Over the past two years, DHS has refined our approach to reforming our service inventory. These enhancements are made under a set of guiding strategies established to improve the quality of services our families receive:

- Reduce reliance on generic services
- Change culture: 2 needs does not equal 2 services
- Improve monitoring and fidelity assessment
- Collect intervention-specific data
- Make choices as clear as possible; no competing interventions
- Conduct evaluation

Because DHS is a large system of care in which transition takes time, we have adopted a phased approach to reforming our service inventory. The first phase, conducted throughout FY12/13 and FY13/14, involved several inputs which informed our strategy for initial selection and early implementation of evidence-based practices. These inputs are described thoroughly in Allegheny County's second IDIR (see Appendix A); they are summarized below:

1. Issued a "Request for Information" (RFI) in the fall of 2013 to inform long-term plans for roll-out. The goals of the RFI were:
  - Document Evidence-Based and Research-Informed Practices already implemented by providers but not necessarily captured within DHS contracts for non-placement services.

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- Document Promising Practices that providers would like DHS to recognize (and potentially replicate) based upon research showing that these interventions result in improved outcomes for children and families.
  - Learn from providers about their past experiences (positive or negative) with Evidence-Based Practices.
  - Learn about particular Evidence-Based Practices that providers are interested in implementing or think that the county should consider implementing.
2. Conducted an analysis of all in-home providers, factoring in the number of hours and length of service received by each client. Outcomes analyzed include placement avoidance and reduction of future referrals to CYF. These findings supplemented the qualifications and research that providers self-reported in the RFI.
  3. Examined allegation and placement reasons, CANS assessments and referral data
  4. Assessed our previous experience with evidence-based practices, particularly our internal processes that might have prevented some interventions from reaching their full potential
  5. Conducted service reviews on DHS's parenting and truancy inventory
  6. Examined how cases progress through the child welfare system
  7. Assessment of non-placement expenditures
  8. Conducted a review of cases that received non-placement services
  9. Included consideration of the desired outcomes of the CWDP

### **FIRST PHASE: FY14/15**

Using these inputs, DHS identified six evidence-based and research-informed practices to implement or expand beginning in FY14/15. Four of the identified practices (HOMEBUILDERS®, PCIT, TF-CBT and MST) were selected as part of the CWDP. DHS's IDIR contains significant information on the interventions, including Allegheny County's implementation plan (See Appendix A). An abbreviated description of the four practices is outlined below in addition to two additional practices (AF-CBT and FFSBS) that DHS will expand outside of the demonstration project.

#### **• Intensive Family Preservation**

The first service, HOMEBUILDERS®, will serve families at imminent risk of placement and in need of intensive family preservation services. The program is time-limited and focuses primarily on safety and behavioral changes needed to keep children in the home or prevent re-entry to care.

The 11 contracted providers currently authorized to deliver non-placement services offer a "suite of in-home services" to meet this need. Services are typically generic and include family counseling, parent education and home management skills; each is defined and executed individually by the provider so that the services – and their intensity – vary. For example, families with children at imminent risk of placement can be referred for crisis services which

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involve 12-24 hours per week of face-to-face contact for up to 30 days. Families that need less intensive services can receive six-12 hours per week of face-to-face contact for up to 60 days.

To make the shift from generic non-placement services to services that are high quality, evidence-based and targeted, DHS will replace current crisis services with HOMEBUILDERS®. The transition to HOMEBUILDERS® will also change the scope of case practice as services such as budgeting assistance are reabsorbed under case management. DHS recently issued a Request for Proposal (RFP) to seek qualified organizations to implement HOMEBUILDERS®. The RFP can be found [here](#). Over the next year, DHS will explore additional evidence-based models to replace some of the less intensive generic service offerings.

- **Treatment-Based Evidence-Based and Research-Informed Practices**

Concurrently, DHS will support the expansion of the targeted treatment interventions Parent-Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Multi-Systemic Therapy (MST), Alternative-Focused Cognitive Behavioral Therapy (AF-CBT) and Family Focused Solution-Based Services (FFSBS). These practices improve parenting skills and communication, child and parent/caregiver functioning, and externalizing behaviors. Provider responses to our RFI demonstrated the vast array of evidence-based practices available in Allegheny County; yet they are not being made available to children and youth involved in the child welfare system. Expanding the availability of these five targeted treatment models will help to improve the quality of services available to children/families in child welfare while enhancing child and family functioning and improving placement decisions.

### **Multi-Systemic Therapy (MST)**

MST is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends. Currently, DHS has one contracted provider that provides MST to approximately 30-40 clients per year. The developer of the model is committed to working with us as we plan to expand the number of referrals to the intervention.

### **Parent-Child Interaction Therapy (PCIT)**

PCIT is an empirically-supported treatment for young children with conduct disorders that places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. This treatment focuses on two basic interactions: 1) Child Directed Interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship and 2) Parent Directed Interaction (PDI) resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child. Currently, there are approximately 45 PCIT practitioners in Allegheny County that provide PCIT at 10 sites. In addition to the developer, DHS has strong relationships with state-based PCIT experts, including Dr. Herschell of the University of Pittsburgh, who serves in leadership roles on state and national PCIT committees and is Chair of the Continuing Education Committee for PCIT International.

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

TF-CBT is a joint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family and humanistic principles. DHS will work directly with the local TF-CBT expert, Dr. Anthony Mannarino. Dr. Mannarino is Professor and Vice Chair of the Department of Psychiatry at Drexel University College of Medicine and Allegheny Health Network.

**Alternative-Focused Cognitive Behavioral Therapy (AF-CBT)**

AF-CBT is for children five through 17 with caregivers who are emotionally or physically aggressive or abusive; children who experience behavioral dysfunction, especially aggression or trauma-related symptoms secondary to their exposure to physical discipline/abuse; and high-conflict families who are at-risk for these problems. The goals of AF-CBT are to improve caregiver-child relationships and child-family functioning, strengthen healthy parenting practices, reduce coercive processes and physical abuse, and prevent repeated reports or allegations of abuse. More information on AF-CBT can be found [here](#).

**Family Focused Solution-Based Services (FFSBS)**

FFSBS is a promising practice designed for children, adolescents and adults with a mental health diagnosis and involvement in the child welfare or juvenile justice system. FFSBS is delivered within the home and community by a team consisting of a master's level clinician and a bachelor's level family support specialist. It is designed to integrate mental health treatment, family support services and case management to reduce the need for out-of-home placements. The service has been developed on the principles and objectives developed by the Child and Adolescent Service System Program (CASSP) to recognize that children and adolescents are a part of the family unit and that parents/caregivers are the primary influences on their children and adolescents. FFSBS is provided to families in their natural setting. A primary goal of FFSBS is to facilitate the development of a positive milieu across community-based settings that will be supportive and caring for family members after the services are completed. More information on FFSBS can be found [here](#).

DHS is taking steps to prepare the county for implementation of the above-described models and has established workgroups to address specific focus areas that are relevant to all of the models. The focus areas include:

- **Improving Pathways to Evidence-Based Practices**

In an effort to improve linkages to evidence based behavioral health treatments, the DHS caseworker will refer to an FFSBS clinician for an initial assessment. Where possible, a Conference or Team Meeting will occur at the time of referral so that the clinician can attend the meeting to engage the family and participate in the Conferencing & Teaming process. Once the referral is made, the FFSBS clinician will conduct an assessment either in the family's home or at another location that is convenient for the family.

If a mental health diagnosis is made, the clinician will refer the family to the appropriate treatment(s): PCIT, TF-CBT, AF-CBT and FFSBS will be on the menu of treatment options to which clinicians can refer families. The clinicians are expected to maintain communication

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with the DHS caseworker regarding the status of the referral and recommended treatment plan. DHS envisions that a Team Meeting will occur once a referral is made to a treatment program, in order to ensure that the family is continuously engaged in the process. Ideally, the FFSB-referring clinician and the referent clinicians from the other programs will also be present at the meeting.

- **Education and Training**

Transforming case practice so that caseworkers refer to evidence-based practices in place of generic non-placement services will take significant training, coaching, supervision and monitoring of our internal staff, external child welfare partners and providers. DHS will educate internal staff and external partners on all of the models beginning in the fall of 2014.

In addition to educating staff on the six identified models, 18 child welfare staff members will attend a two-day workshop on Motivational Interviewing (MI) to begin the MI train-the-trainer certification process in August 2014. Once staff is certified, the goal is to provide MI training to staff at each regional office, in a roll-out similar to that of Conference and Teaming.

DHS also contracted with Alison Hendricks, from San Diego, CA, to provide Trauma-Informed “Train-the-Trainer” certification in September 2014. Over 40 individuals from CYF will attend the training.

- **Fiscal and Contractual Alignment**

Over the next several months, DHS will amend service specifications to identify the new scope of crisis and treatment services. Contracts will be amended to reflect the shift from inputs to desired outcomes and fidelity requirements to the evidence-based practices. DHS will also establish a process to fund the models for children and families who are not eligible for Medicaid or insurance offered through the exchange.

For this process to work, DHS will require additional child welfare funding for the expansion of FFSBS beginning in FY14/15. Currently, the service is limited to children who are MA eligible; however, DHS will extend this service to all children and families regardless of MA eligibility.

### **SECOND PHASE: FY15/16**

During the second year of service inventory reform, we will focus on phasing out many of our current generic service offerings and replacing them with additional evidence-based and research-informed targeted non-placement services, including services provided at reunification. Currently, approximately 13 percent of children/youth and families receive a non-placement service when they return home from care. Improving the availability of and linkages to high quality and targeted interventions at reunification will help to ensure a successful and permanent transition from care.

DHS is exploring the EBPs Family Functional Therapy (FFT) and Triple P for implementation in FY 15/16. Both of these interventions are being used as part of Philadelphia’s demonstration project and can be used at the point of reunification. Finally, we will take steps to increase our investment in more primary prevention and concrete services (e.g., benefits counseling and homemaking services). Additional funding for training and other costs related to these transitions is requested for FY15/16.

### **Performance Based Contracting**

Concurrent with the expansion of Evidence Based Practices within non-placement services, DHS continues to implement performance-based contracting within placement services. By enacting a performance-based model, DHS aims to focus attention on – and align payments with – desirable child outcomes, such as increased permanent exits, decreased care days, and decreased re-entry rates. Through this approach, we are learning how to support clear and timely measurement and analysis on an ongoing basis, with an emphasis on identifying areas for improvement and informing practice changes. This same focus on performance and outcome measurement will be emphasized in our evidence-based practice work.

A risk-free pilot year began on July 01, 2013. Using individual agency data, each provider worked with DHS to define their baseline and outcome targets. Providers were measured only against their own data. During the pilot year, reimbursements were not being adjusted based upon these data. However, beginning July 01, 2014, there will be financial implications based on providers' success in improving their outcomes. For agencies serving a large number of youth, there will be an incentive payment or recoupment based on how they perform relative to their baseline. For smaller agencies, system-wide savings may be distributed based on performance, but there will be no penalties in place.

*PBC monitors the following measures:*

- Permanent Exits – Permanent exits include adoptions, reunification or permanent legal custodianship (PLC)
- Care Days/Cost of Those Care Days –These are the number of days (and the cost of those days) used to serve the child/youth at an agency.
- Reentry Rates – Among those children who have exited to reunification or PLC in the performance period, this is the percent who also returned to care with any provider within 12 months of that permanent exit.
- Non-Permanent Exits – Includes Transfers and “Other” Exits, defined as:
  - Transfers – A transfer occurs when a youth exits a provider’s facility for any reason
  - “Other” Exit – When a youth ages out of care or runs away and does not return to the provider from which they absconded.

### **Quality Improvement**

DHS is committed to examining how we conduct our work so that we can improve the quality and process of care provided to children and families. DHS's CQI team is responsible for conducting continuous quality improvement activities that augment existing quality assurance processes within CYF and for providing independent, impartial reviews of CYF direct services.

The DHS CQI Team is responsible for coordinating and staffing the state-mandated QSR and Act 33 Child Fatality/Near Fatality Review processes, including the tracking of data and actions associated with County Improvement Plans and the development of Act 33 reports required by state law; participation in the Emergency Response Meetings conducted by CYF; special reviews across DHS program offices; and qualitative case record/critical incidents reviews.

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- **Data Fellows**

The Data Fellows initiative is a professional development program that teaches promising future leaders in child welfare how to use data and research principles to inform case practice and performance decisions.

The program sets high expectations and seeks to foster a safe environment for fellows to question the status quo and think creatively and objectively about the current policies and practices of the Allegheny County child welfare system. The program initially teaches basic data analysis skills and then introduces team-driven data projects that use DHS child welfare data to identify areas of improvement and propose improvement solutions.

The Fellow program was announced in April 2014. Nearly 90 employees applied; 27 were selected. The first class was held on June 11th with the subsequent coaching session held the following day. The second round of classes and coaching occurred in mid-July.

On November 6<sup>th</sup>, project teams will present the work they have completed thus far in investigating areas of placement stability. The program will conclude in April 2015, with a final presentation to leadership and community stakeholders. The quality improvement findings of these projects will be used to inform policy and practice.

At the conclusion of the first round of the fellowship, DHS will begin planning for a second in FY15/16. We believe that expanding the data-driven culture at DHS is the right next step in developing a nimble and self-correcting child welfare agency that goes beyond simple compliance to provide quality support, care and protection for the children and families of Allegheny County. DHS requests additional funding to support this initiative.

- **Permanency Roundtables**

Permanency Roundtables are structured, professional case consultations designed to expedite permanency for children and youth in care through innovative thinking, application of best practices and the “busting” of systemic barriers; they provide DHS with the opportunity to examine our child welfare system and to determine where the greatest need for expediting permanency lies. In partnership with Casey Family Programs, DHS has conducted Permanency Roundtables since December 2012. In FY 14/15 and FY 15/16, DHS will continue to identify ways to sustain the roundtable process within our regional offices. Additional information on DHS’s Permanency Roundtable process is available in our most recent County Improvement Plan.

- **Predictive Analytics**

To support our continued improvements in the delivery of services, DHS is in the process of evaluating proposals that provide predictive analytics and enhanced decision support capacity through the design of decision support tools. These tools will identify inputs, outputs, process for decision-making and visual display that best support staff in making data-informed decisions. The analytic model will identify the most significant predictors of key questions, including:

- What is the best way to prioritize child welfare intake cases for response?

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- Which child welfare placements are most likely to disrupt?
- How can we predict which child welfare reunifications are most likely to disrupt?
- Which child welfare clients are at risk of *crossing over* into the juvenile justice system?
- In which child welfare cases has risk of future harm been sufficiently reduced to close the case?

DHS will select an agency in the fall of 2014 to begin development later this year. The Request for Proposal can be found [here](#).

- ***Child Fatality/Near Fatality Reviews (CFNF)***

In compliance with Pennsylvania Act 33 of 2008, DHS conducts independent reviews of circumstances surrounding cases of suspected child abuse resulting in child fatalities and near fatalities. The CQI Team manages and staffs these state-mandated child fatality/near fatality (CFNF) reviews, which are comprehensive and multi-disciplinary reviews of child deaths and near deaths for cases where there is a suspicion of child abuse. The CQI Team conducts exhaustive interviews and qualitative case record reviews and prepares the information for review by a multi-disciplinary team with expertise in child abuse and other family- serving systems. The CFNF team shares best practices and lessons learned, with the goal of improving the health and safety of all children in Allegheny County. The review process increases understanding about the issues leading to child deaths; the findings are used to make systemic changes that may prevent future deaths. In addition, these reviews add greater transparency and accountability to DHS's activities, by granting the public access to information related to each child fatality or near fatality when abuse is suspected.

The CQI Team also coordinates internal reviews of child deaths when the involved families have had current or past child welfare system involvement. The goals of these reviews include: to elicit an objective appraisal of the facts surrounding the death of the child; to provide a forum to discuss implications for agency policy or practice and provision of services to children and families; and to reinforce the message that child protection is a community responsibility that is best met through the collaborative efforts of the child serving system. Ultimately, the goal of both of these activities is to prevent future child deaths from abuse.

- ***SafeMeasures***

In January 2013, CYF released its new reporting platform, SafeMeasures, to all staff members, as another step in improving staff effectiveness. Developed by the National Council on Crime and Delinquency (NCCD) Children's Research Center, SafeMeasures is a near real-time, customized reporting service that allows caseworkers and supervisors to view raw data stored in DHS's Key Information and Demographics System (KIDS) as easy-to-understand reports, charts and graphs. SafeMeasures works by harvesting information from KIDS around midnight every night. The information is then translated into reports, charts and graphs that show what is happening at various levels of CYF, including that of individual caseworkers. SafeMeasures reports can be used to look back at work done to ensure accuracy in the KIDS system and can also be used to look forward to see which tasks are due in the future. Currently, DHS runs approximately 26 reports through SafeMeasures; however, the number of reports will grow over time.

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- **ChildStat**

Using the former National Governor's Association (NGA) case review process as a foundation, DHS has reintroduced a collaborative child welfare data and qualitative case review process involving internal DHS staff, practitioners and external stakeholders; the process is designed to give voice and offer solutions to case practice and system challenges that impede improved outcomes for children and families. By conducting random and targeted case reviews and identifying data associated with the findings, the information will better inform CYF and other partners of opportunities to improve practices and system performance.

### **Increasing Rates to Support the Cost of Doing Business**

The Department of Public Welfare's (DPW) rate methodology, and related regulations and bulletins have undergone a comprehensive review in order to determine reimbursement for actual and projected costs of purchased services. DPW is responsible to reimburse counties for expenditures incurred in their performance of the delivery of child welfare and juvenile justice services. In meeting this mandate, Allegheny County relies on a diverse array of services that are provided by local service providers to meet the individualized needs of children and families.

The proposed rate methodology to determine reimbursement for actual and projected costs assumes the application of the Rate Adjustment Factor.<sup>4</sup> The Rate Adjustment Factor is a hybrid of two indices—the *Employment Cost Index* (ECI) and *Consumer Price Index* (CPI). They measure the change in the cost of labor and the average change in prices paid on consumer goods and services over a period of time in a fixed market basket of goods and services.

The proposed rate methodology factor in DPW's formula assumes that personnel related costs typically average approximately 70% of their total costs. The first index—ECI—demonstrates that the price of labor has increased 21% since 2005.<sup>5</sup> The rising costs are driven by higher wages and employer costs for employee benefits. The CPI which represents non-personnel related costs like food, clothing, transportation and shelter has increased approximately 27% in the past 10 years and 11% in the past five.<sup>6</sup> The rate adjustment factor assumes these non-personnel related costs make up about 30% of providers costs.

Feedback from our foster care providers (dependent and delinquent) regarding higher personnel and non-personnel related costs for travel to visit siblings and parents, food and clothing is consistent with the indices demonstrated growth in these categories. As a result, foster care providers are struggling to cover the true cost of business at their current rate. To ensure DHS is covering the full cost of care to children and youth in foster care, we request additional funding in FY 14/15 to support this work. Further, DHS requests additional funding for FY 15/16 to increase assistance for our permanent legal guardians and adoptive families so that they can continue to meet the needs of children and youth.

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<sup>4</sup> Report of the Recommendations of the Rate Methodology Task Force to the General Assembly (May 2014) [http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/c\\_082064.pdf](http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/c_082064.pdf)

<sup>5</sup> <http://www.bls.gov/news.release/eci.t01.htm>

<sup>6</sup> <http://data.bls.gov/cgi-bin/surveymost>

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### **Recruiting Families for Children and Youth in the Foster Care System**

In FY 13/14, DHS received a five year grant from the Children's Bureau's Diligent Recruitment of Families for Children in the Foster Care System to address identified resource gaps including families willing to serve older youth and children with behavioral and medical needs.

The grant builds upon DHS's reform efforts including the practice model for client and family engagement, family finding process, and the way in which placement decisions are made. Funding will be used to strengthen the recruitment, selection, training and support of foster families for older youth and to reduce use of congregate care. Planned activities in FY 14/15 includes—

- Data analysis, surveys, focus groups with foster parents, youth, caseworkers, and providers
- Hiring two resource family support partners who will work directly with foster parents and mount a countywide foster parent recruitment effort
- Launch of stakeholder workgroup

DHS recently issued a RFP from experienced marketing and/or public relations firms/individuals to develop and execute a comprehensive awareness and recruitment campaign. The goal of the campaign is to educate the Allegheny County community about the need for individuals and families interested in fostering older youth, in order to assist DHS in building a broader foster care network that represents the geographic, ethnic and racial diversity of children in foster care. See [here](#) for the RFP.

### **Improving Father Engagement**

In order to improve casework practice regarding father engagement in Allegheny County, systemic change is required. This will necessitate the hiring of two additional full-time facilitators in the Court Relations/Father Engagement unit of CYF, to expand the Dads Assisting Dads (DADS) program in FY 15/16. The mission of DADS is to engage, educate, empower and support fathers in the child welfare system, with a goal of inspiring fathers to become actively involved in the lives of their children. This program expansion would allow for DADS to offer its services throughout the county, including previously-unserved areas.

The DADS program offers a four-module curriculum with a self-help support meeting component. The program incorporates activities and events that provide opportunities for father and child to interact in various settings and thus build and enhance their relationship. Referrals to the program are submitted by caseworkers. In addition to educating casework staff about the program and the referral process, facilitators are also responsible for sensitizing casework staff to the importance of the father's role in a child life. Facilitator duties also include:

- Receiving and accepting referrals from the caseworker staff
- Contacting fathers to explain the program and determine their willingness to participate in the program
- Arranging the schedule and aligning the presenters for each module topic
- Conducting and facilitating the curriculum, support meetings and all pro-dads events
- Keeping attendance records for each participant
- Communicating with caseworkers verbally and in writing by documenting progress for each participant and sending progress report to caseworkers on a monthly basis

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The advantage of offering a support group specifically for fathers of children involved with CYF is that the curriculum covers topics that directly relate to the unique role of a father within the family and as a participant in the child welfare system. This program allows CYF to engage fathers early in the process, providing services and working to increase their participation through knowledge and empowerment.

### **Improving Health Care Coordination and Support for Medically-Fragile Children**

Of the approximately 4,200 children and youth involved in our child welfare system on a given day, approximately 15 percent (630) fit the following definition of medically fragile:

A medically fragile child is one who, because of an accident, illness, congenital disorder, abuse or neglect, has been left in a stable condition, but is dependent on life sustaining medications, treatments, or equipment, and has need for assistance with activities of daily living. A medically fragile child may:

- Have chronic health care conditions such as diabetes, traumatic brain injury, cerebral palsy (CP)
- Be a transplant recipient and require special health care support, such as tube feedings, oxygen therapy, suctioning, tracheostomy care, or a ventilator
- Have limited mobility and require special health care support due to paralysis or chronic disease

While CYF is required to ensure that all children in care receive ongoing preventive, routine and emergency care, as well as dental and vision care, the complexity of the needs of the medically fragile children increases the time requirements placed on caseworkers. More significantly, perhaps, these cases demand a level of medical knowledge and skill beyond that which is reasonable to expect from caseworkers. Given the significant time and expertise required to assure that these children and youth are receiving coordinated and quality care, DHS has decided to build capacity to manage the needs of these medically fragile children by placing qualified nurses within each CYF regional office. Other jurisdictions, like Philadelphia and New Jersey, have adopted similar health coordination and support models for medically fragile children.

In September of 2014, an RFP will be issued for proposals to implement this service within all five regional offices over the next 12-15 months. While DHS has allowed for flexibility in the design of the program model, the RFP requires certain non-negotiable elements and outlines the responsibilities for each of the nurses. These range from direct client involvement to policy and infrastructure development; examples follow:

- develop a comprehensive health assessment tool (or adapt an existing tool) that coordinates with and adds value to existing assessment tools already in use
- develop policies and procedures related to the health care assessment and medical issues
- assure that every child/youth in the target population has a completed assessment and health plan based upon available records, consultation with family members, provider and casework staff, and medical professionals
- coordinate health care appointments and ensuing recommendations and follow-up care, including communicating information about health care needs and outcomes – and

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implications for service planning – to members of the child’s team, including family and/or placement providers

- function as advocate for the child/youth in all health care matters
- design and implement a practical and sustainable plan for collecting, tracking and reporting health care information in KIDS
- provide education and training on health care issues to casework staff, providers and/or families
- participate in Conferencing and Teaming and represent the health care needs of the child in investigations, court proceedings, development of the FSP, placement and permanency planning, and discharge planning to ensure that the child’s needs continue to be adequately and safely met

In order to establish the program in three regional offices in FY 14/15, funding is needed for nursing staff to implement this program. Once the program is established, DHS requests additional funding in FY 15/16 to support more nursing staff to effectively operationalize the program in all CYF regional offices.

### **Expanding Supports for Caseworkers**

DHS is expanding the types of supports available to caseworkers so that they are able to engage families more effectively. For example, DHS’s has recently contracted with two psychiatrists to consult and provide training to caseworkers on the possible mental health needs of children and families in the child welfare system. In making the psychiatrists available to caseworkers a few days a month, our staff can get advice on how best to support the mental health needs of their families.

In FY 15/16, DHS would like to expand the availability of supports to caseworkers by adding three specialists to consult with caseworkers on issues related to substance abuse. Improving access and linkage to quality drug & alcohol treatment and recover services for parents involved in the child welfare is something that we will be focusing on for the next two years. This work is augmented by initiatives occurring on the state and county level including Pennsylvania’s In-Depth Technical Assistance Project (IDTA) and DHS’s service review of our drug & alcohol system outlined in our FY 14/15 Human Services Block Grant Plan.

Finally, DHS would like to adopt the practice of other jurisdictions, such as NYC, that utilize former law enforcement officials to assist with complex and sensitive investigations related to children and youth in CYF, including—

- Serving as a liaison between staff and protection agents
- Helping to locate youth who have left or who are missing from foster care
- Assisting with interviews and collect evidence and other documentation for complex and sensitive child abuse cases

Given the significant time and expertise required to assist with these types of investigations, DHS would like to build our capacity to support casework staff. As such, DHS is requesting funding for two investigative consultants in FY 15/16.

## **Supporting Family Support Centers**

DHS funds 26 family support centers throughout Allegheny County in which 3,450 families were enrolled in FY13/14.

The primary mission of family support centers is to strengthen families' protective factors and promote the healthy development and growth of young children by supporting the families and communities in which they live. By equipping parents with the skills they need to handle stressors, develop a nurturing bond with their child, understand healthy child development and connect with natural supports, family support centers create stable family environments and prevent system entry.

Family support centers are becoming increasingly integral to the work of CYF. DHS continues to nurture collaboration between family support centers and CYF, and explored ways to enhance this collaboration as part of a comprehensive assessment and visioning process for family support centers in FY13/14.

DHS's support of family support centers during FY13/14 encompassed three primary strategies:

### **1. *Foundation Support***

With support from the Heinz Endowments, DHS established a new family support center in Pittsburgh's high-need Hazelwood community (last year, 47 percent of all Hazelwood residents were actively involved in at least one human services program). A group of residents, many with small children, actively worked with DHS to determine how best to meet the needs of local families with young children. With the engagement and support of this group of interested and vocal community members, DHS is confident that the center will build a reputation as a helpful, safe place and attract a large number of residents in need of services.

Due to significant reductions and eliminations of bus routes, higher fares for public transportation and rising levels of suburban poverty, van transportation to and from family support centers has become increasingly important for county residents. Yet family support centers that provide van transportation have struggled to absorb the rising maintenance costs of aging vans. With support from the Allegheny Intermediate Unit, DHS was able to provide 16 vans for family support centers, making it possible for families to access their services and programming.

### **2. *Engaging Families Using the Parents as Teachers (PAT) Model***

Parents as Teachers (PAT) is an early childhood parent education, family support and school readiness home visiting model based on the premise that "all children will learn, grow and develop to realize their full potential." It involves the training and certification of parent educators who work with families using a comprehensive curriculum. DHS received funding to support the PAT affiliation and training costs for 24 centers, including the 10 DPW/OCYF-funded centers that are required to be PAT affiliates in FY14/15. Requiring family support centers to become PAT affiliates will ensure that they are using the curriculum with proper fidelity. In FY13/14, more than 1400 families participated in PAT through family support centers.

### **3. *Beginning a Family Support Center Evaluation and Visioning Process***

During FY13/14, DHS began a process and outcomes assessment to examine family support centers by looking at key system indicators, such as child welfare involvement, school readiness, parent and child health and development, and family and community engagement. Internal and external stakeholders were involved in a consensus-building assessment process regarding system-level modifications and next steps for the family support centers. As part of this assessment, DHS visited and conducted assessments at 25 family support centers; engaged in discussion with active families, center staff and system partners; and began a data collection process. The initial phase of this system level analysis highlighted strengths in the existing family support structure as well as areas for improvement; DHS will continue to explore ways to strengthen the family support center network during FY14/15.

In addition to continuing the above-described strategies, DHS plans to continue to support and strengthen the family support center network in the following ways in FY14/15 and FY 15/16:

#### **1. *Implementing Parent-Child Interaction Therapy (PCIT)***

DHS will expand the availability of PCIT in family support centers in FY14/15 by providing PCIT-friendly space as well as brokering the provision of services. With funding from the Heinz Endowments, large playrooms will be constructed in five centers across the county. In September 2014, DHS will issue a Request for Interest (RFI) to identify outpatient mental health clinics that might be interested in partnering with a family support center (for Medicaid reimbursement purposes) to provide PCIT services in those playrooms.

#### **2. *Improving linkages with Family Support Centers and Child Welfare***

DHS requests additional support for FY14/15 to expand services offered at 26 centers throughout Allegheny County. This support is needed to ensure that select family support centers have the physical plant and organizational capacity to manage an enriched portfolio. Specifically, DHS is interested in:

- *Improving the infrastructure of family support centers and expanding their hours of operation so that they are able to host Conferencing & Teaming meetings and supervised visitation on a regular basis*

As safe and friendly community spaces, family support centers provide an accessible and convenient venue for families to meet and participate in case planning. Each family support center in the Mon Valley is currently tracking the extent to which CYF reaches out to them to use their space, and Conferencing & Teaming coaches are tracking where their meetings take place. DHS will use this information to make adjustments to current practice to strengthen the partnership between CYF and family support centers. This will require family support centers to be open and staffed during times most convenient for families, including evenings and weekends; it also will require funding of infrastructure improvements, such as wiring and equipment upgrades necessary to support the process.

In FY 14/15, staff from family support centers will also begin focused outreach efforts to families with current or recent involvement in the child welfare system. Family support staff will contact families to let them know about the center in their area. DHS

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believes that more direct engagement by family support center staff will help to build personal associations and relationships typically developed in the community that enhance the quality of life for our families.

- *Expanding the age range of children served by family support centers*

DHS would like family support centers to begin to serve all families with children, regardless of the child(ren)'s age. To prepare to serve older children, family support center directors have requested training on multiple topics, many of which relate to working with CYF clients (e.g., Conferencing & Teaming, CYF procedures and processes). These trainings will strengthen the relationship between CYF and family support centers, promote a continuum of services for families, and support DHS's integration strategy. Expanding the age range of children served by family support centers will require additional funding for training and to support programming for and about children and youth of all ages.

### **3. *Expanding the availability of family support centers in suburban communities***

Currently, there are 26 family support centers in Allegheny County. Unfortunately, many children and families that live in suburban communities do not have access to a center. This is particularly true for families with young children who are under the poverty line and live in communities with emerging or deepening levels of need. DHS's research on suburban poverty has enabled us to identify areas of the county where residents could benefit from a family support center. Most existing methodologies for calculating poverty rely heavily on indicators appropriate for urban settings, such as the percentage of the population below 100% of the poverty line, without considering other factors that may contribute to need. In an effort to identify which suburban communities have the greatest need for publically-funded human services, DHS's Office of Data Analysis, Research and Evaluation (DARE) developed a Community Need Index, designed to capture the socioeconomic characteristics of Allegheny County's suburban communities, relative to one another.

By including additional indicators, e.g. percent of vacant houses and percent of households with no available vehicle, DHS was able to locate previously-unidentified areas of need within larger geographic areas and to identify where need was emerging, worsening, or stabilizing. We found that individuals living in areas where need was increasing were being served at lower rates than those living in communities in the same tier of need, but where the level of need has stabilized.

Using this data, we identified two suburban areas that do not have access to a family support center—Carnegie and the east side of Penn Hills. These communities have high concentrations of families (50-100 families) with children less than five living under the poverty line and high levels of need on the Community Need Index. Thus, to increase access to family support centers and limit child welfare involvement, DHS requests funding in FY 15/16 to support a family support centers in each of these communities.

### **Supporting Afterschool Programs**

During FY13/14, DHS served 4,305 clients through afterschool programming and continued to expand its school district partnerships with the goal of improving educational outcomes for students involved in human services. These partnerships include data sharing and integrated research as well as design and implementation of new initiatives. In FY13/14, DHS began to

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provide contracted afterschool providers with academic and attendance data on students in their programs. DHS is also utilizing shared data to track afterschool program outcomes; these data will be used to refer clients to afterschool programs that demonstrate positive educational outcomes.

In FY 13/14, DHS held two workshops on developing logic models for funded afterschool and summer youth programs. A total of 22 organizations that receive DHS funding attended the workshop that was led by an external expert on evaluation and developing logic models. DHS will continue to have all afterschool programs report on school attendance with a goal of afterschool program participants attending at least 90% of school days. This goal supports research regarding school attendance and academic success. In addition, afterschool programs are required to have at least one other outcome measure.

In the fall of 2014, DHS will be surveying all DHS funded after school programs to better assess its network of out of school time providers. The information to be collected includes the structure of the program (for example, how many hours per week do they spend on core activities like arts, recreation, tutoring/education support, mentoring, health living/nutrition, etc.), as well as information on the students served and program staff. This survey will help identify which best practices in out of school time are currently implemented throughout the network and opportunities to enhance programming.

Additionally, DHS will be leveraging its data sharing partnerships with school districts to share educational outcome information with providers where available. DHS will work with providers and other education experts to create strategies for program staff to impact students' home school attendance and other educational outcomes.

- ❑ **Address any service needs projected for juvenile justice. If Youth Level of Service (YLS) domains/risk levels link to specific service needs, describe the services in context of the YLS domains.**

The Juvenile Probation Office (JPO) is requesting funding for several service needs:

### **Transportation Van**

As we continue to develop evidence-based competency development programs for youth residing at home, we struggle to keep youth participation at optimal levels. This funding would allow us to lease a van that would be used to transport youth to and from various programs (e.g., Aggression Replacement Training and Victim Awareness Curriculum). The van would also be used to transport judges to visit the various service providers throughout Pennsylvania.

### **SPEP**

As JPO continues to work with the EPIS Center at Penn State to fully implement the SPEP process for our residential and community-based providers, we are finding that our staff alone do not have sufficient time to devote to the SPEP process. We would like to engage one full-time contracted staff person so we can continue the SPEP process for all of our service providers. This position will not only benefit Allegheny County but will enhance the SPEP process for all of Pennsylvania.

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### **PACTT Enhancement**

JPO has supported the PACTT program since its creation. Many of our residential providers are now PACTT affiliates. However, as youth leave these placement facilities and return to the community, we have found that they cannot continue with the vocational training that was initiated at the PACTT residential facility. Funding would be used to contract with Goodwill to establish PACTT programs for youth who are residing in the community so they may continue the course of study initiated while in placement.

### **Graduated Responses**

As JPO works at the state level to create a uniform Graduated Responses framework, we have come to the realization that we have many opportunities to provide sanctions but few opportunities to provide consistent incentives. We request funding to purchase a limited number of incentives to provide motivation for youth under supervision to comply with program expectations.

### **Additional Intervention Tools**

At the current time we have few tools for probation officers to use when providing interventions for youth under supervision. The Brief Intervention Tool (BIT) provides a very short intervention which requires about 20 minutes to complete. We also have the Carey Guides that We are in need of additional evidence-based tools for probation officers to use with youth presenting problem behaviors. We are currently researching some tools that have been successful in other jurisdictions in Pennsylvania such as the NCTI Youth Criminal Justice Products.

- ❑ **Counties who did not spend all of their Act 148 allocation in FY 2013-14 should describe the practice and fiscal drivers that impacted the county's level of resource need and address any projections as to continued under-spending in FY 2014-15.**

DHS will spend our entire allocation.

- ❑ **Address whether CCYA has a written protocol or memorandum of understanding with Juvenile Probation concerning Shared Case Responsibility (SCR) cases (including dual adjudication cases). If there have been amendments/updates to the SCR protocol since last year's NBPB submission, attach a copy of the most current version and refer to attachment for detail. If your county did not submit your MOU with last year's NBPB submission, it must be attached with this submission.**

Yes, written protocols exist. (See Appendix B) The purpose of the Shared Case Responsibility (SCR) policies and procedures is to establish collaborative planning and service provision guidelines for CYF staff working with youth and families best served by both agencies. DHS and JPO are working on developing one policy.

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- In addition, please provide caseload data related to SCR cases.

**Active Youth on 12/31/13**

	All Youth	Youth Ages 11-21
<b>CYF Active</b>	3141	1473
<b>JPO Active</b>	1575	1571
<b>CYF and JPO Active</b>	182	182
<i>As a percent of CYF Active</i>	6%	12%
<i>As a percent of JPO Active</i>	12%	12%
<b>Dually Active but not Dually Adjudicated</b>		
	124	124
<b>Dually Adjudicated</b>	58	58
<i>As a percent of CYF Active</i>	2%	4%
<i>As a percent of JPO Active</i>	4%	4%
<b>Shared Case</b>		

- **Which agency performs case management responsibilities when handling SCR cases?**

DHS and JPO are taking steps to improve collaboration when handling SCR cases. DHS, Juvenile Court Probation and the Children’s Unit of Family Courts are partnered with the Georgetown University Public Policy Institute’s Center for Juvenile Justice Reform (CJJR) and Casey Family Programs to launch a practice model that strengthens how the juvenile justice and child welfare systems serve crossover youth. The Crossover Youth Practice Model is designed to enhance practices to meet the high needs of youth who are involved in both the child welfare and juvenile justice systems. The model will be integrated into the overall DHS Practice Model of Conferencing and Teaming.

On June 4<sup>th</sup>, the Guiding Coalition team, supported by Georgetown University and consisting of community, judicial and executive leaders, met to provide feedback on the current work so far. The institute also concluded a successful implementation meeting and developed work plans for project workgroups around:

- Mapping decision points along the case processing and service continuum
- Determining what information can be legally shared between systems
- Evaluating the model and managing the data collection process
- Developing protocols across child welfare and juvenile justice to implement the model
- Identifying strategies that mitigate youth from crossing over
- Ensuring alignment and, when appropriate, integration between the Disproportionate Minority Contact (DMC)/ Disproportionate Minority Representation (DMR) work currently underway and the model

The model consulting team observed several court proceedings on June 4<sup>th</sup>, including a crossover case involving siblings placed in a detention/treatment setting to further inform the implementation of the model.

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The practice model will be implemented in three phases.

### *Target Population*

Crossover youth who have current and simultaneous involvement in both the child welfare and juvenile justice systems in the following ways: 1) youths initially involved in the child welfare system who are subsequently referred to and become involved in the juvenile justice system, and 2) youths who are initially involved in the juvenile justice system and are subsequently referred to and become involved in the child welfare system because of suspicions of abuse/neglect in the home. Youth falling into these categories are dually-involved youth and may be dually-adjudicated youth depending on the level of involvement in both systems.

### *Phase I--Practice Area I: Arrest Identification and Detention*

This practice area will address the handling of a case from the point of arrest. It will identify protocols that need to be instituted to ensure that crossover youth are identified and appropriate assessment is occurring following the detention decision. It also emphasizes the early engagement of family and cross-system workers assigned to the family when the arrest occurs.

### *Phase I--Practice Area II: Decision-making regarding charges*

This practice area will address the need for a cross-system team approach when a youth already involved in the child welfare system has been arrested and the decision is being made whether the case should be filed and referred to the court or diverted from the juvenile justice system. It will further emphasize the use of a team approach that includes the family at all decision-points.

### *Phase II--Practice Area III: Case Assignment, Assessment, and Planning*

This practice area has a strong emphasis on a variety of case management functions to be performed in a cross-systems manner, court operations for streamlining judicial oversight, and service delivery including, but not limited to, the use of EBPs.

### *Phase III--Practice Area IV: Coordinated Case Supervision and On-going Assessment*

This practice area builds on the capacity created in Phase II (Practice Area III) and also focuses on the entry of youth from the juvenile justice system to the child welfare system. It looks to strengthen the use of a cross-systems approach in working with families, improve educational and behavioral health supports provided across the two systems, and enhance community engagement. The Georgetown Consulting Team reviewed the elements of Practice Area 3 and discussed the elements with the Implementation Team.

### *Phase III—Practice Area V: Planning for Youth Permanency, Transition and Case Closure*

This phase focuses on permanency and case closure. It seeks to enhance the permanency planning that occurs throughout the case and improving permanency outcomes for crossover youth. It also stresses the importance of engaging community supports in order to ensure a safe transition from the system for all youth.

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- ❑ **To comply with the Child and Family Services Improvement and Innovation Act of 2011, counties should review their data about the length of time children (under age five) being served spend without a permanent family. If warranted, the county should develop a county-specific plan to reduce the time to permanency for children in this age group. The county-specific plan should include distinct strategies to reduce time to permanency, such as strategic decision-making, family engagement practices, family finding, quality visitation practices, concurrent planning and prompt use of SWAN direct services, including child profile, family profile, child specific recruitment, child preparation, placement, finalization and post-permanency services. All counties should request sufficient funds to implement their county-specific plan to move children under age five more quickly to a permanent home.**

Length of Stay for Youth Ages Birth to 5 Years, by Entry Type, 2011 Entries

Months Passed Before Indicated Percentage of Children Reach Permanency		
	All Entries n=608	First Entries n=369
25%	3.0 months	3.0 months
50%	12.7 months	14.1 months
75%	24.1 months	25.1 months
100%	N/A	N/A

Source: Allegheny County administrative data; Chapin Hall Web Tool

Consistent with placement trends across the country, young children between the ages of birth and five entering care in Allegheny County experience, on average, longer lengths of stay than older youth in care. Still, a quarter of youth exit care within three months, and half reach permanency in less than approximately thirteen months. Just over a quarter of children birth through five remains in care for more than two years before reaching permanency.

Moving more children and youth to permanency continues to be a priority relative to outcomes identified in the CIP, data derived from the QSR, licensing results, the demonstration project and other administrative data sources. DHS is undergoing the following strategies in FY 14/15 and FY 15/16 that provide a strong framework to reduce the time children under age five will spend without a permanent family

### *Permanency Roundtables (PRT)—*

Allegheny County, in partnership with Casey Family Programs, OCYF, SWAN and other family-serving systems are taking steps to make Permanency Roundtable process an integral part of practice.<sup>7</sup>

<sup>7</sup> Permanency Roundtables (PRT) are structured, professional case consultations designed to expedite permanency for youth in out-of-home care through innovative thinking, application of best practices, and “busting” of systemic

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In addition to the two cohorts of youth who were roundtabled in 2012 (youth with permanency goal of OPLA) and 2013 (youth in congregate care), DHS conducted a third round of roundtables in November 2013, with a focus on safe return to family. Safety Roundtables were conducted on 24 focus children and 17 siblings<sup>8</sup>:

- Children ages five and younger
- Reunification as permanency goal
- In care 15 months or longer, in any placement type

DHS continues to conduct formal monthly follow up on each child whose case is roundtabled, measuring: *achievement of legal permanence; improvement in permanency status; and, change in level of placement restrictiveness.*

Permanency outcome data (April 2014) includes:

- Achievement of Legal Permanence through reunification, adoption or legal guardianship- 20 youth (15 percent) achieved legal permanency (reunification, PLC, adoption)
  - OPLA Cohort (11 percent of reviewed youth with permanency)
  - Congregate Care Cohort (27 percent of reviewed youth reunified)
  - Age 5 and under Cohort (17 percent of reviewed youth achieved permanency)
  - Siblings (11 percent of reviewed youth)
- Improved Permanency Status<sup>9</sup> – progress towards permanency for individual children- 43 percent of children with improved permanency status
  - OPLA Cohort (34 percent of reviewed youth)
  - Congregate Care Cohort (35 percent of reviewed youth)
  - Age 5 and under Cohort (67 percent of reviewed children)
  - Siblings (46 percent of reviewed youth)
- Reduction in Level of Restrictiveness<sup>10</sup>- 10 percent moved to a lesser restrictive setting

Throughout FY 14/15 and FY 15/16, DHS will continue to identify ways to sustain the roundtable process within regional offices as part of daily practice. Casey Family Programs has supported training within each regional office, starting with two regional offices that are implementing Conferencing & Teaming (Central Regional Office and the North Regional Office). In addition to training, the Quality Improvement Team will join with regional office staff in FY 14/15 to conduct booster roundtables for those youth previously reviewed, with no measurable progress toward legal permanence, as well as youth in congregate care, with no effective plans to return to

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barriers. The primary goals of the Permanency Roundtables are: 1) to develop an action plan that will expedite permanency for select cohorts of children and youth in care; 2) to stimulate thinking and learning about pathways to permanency for children in care; and, 3) to identify and address systemic barriers to expedited permanency.

<sup>8</sup> One focus child and two siblings not in care at time of roundtables due to recent returns to home were reviewed to plan for safety and aftercare, to maximize stability and reduce reentry)

<sup>9</sup> Improved Permanency Ratings: permanency achieved; very good; good; fair; marginal; poor (Casey Family Programs)

<sup>10</sup> Children who aged out, achieved legal permanency through adoption, or return home not included in analysis of level of restrictiveness

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family or be placed with an alternative legal family through adoption or permanent legal custodianship.

### *Family Finding—*

DHS began restructuring our Family Finding efforts in FY 13/14 so that it is incorporated into everyday case practice via the Conferencing and Teaming model. This approach is a departure from our previous approach to Family Finding that was limited to a pilot program in a regional office. Family Finding is being conducted by Family Advocate Specialists and supervised by Family Advocate Managers. DHS will continue to enhance Family Finding within case practice via Conferencing and Teaming in FY 14/15 and FY 15/16.

### *Concurrent Planning—*

DHS is also taking steps to improve concurrent planning efforts. As of July 1, 2015, all children entering foster care with a goal of reunification will have a concurrent goal within 90 days of placement. As of January 1, 2016, all children in placement will have a concurrent goal. To accomplish this work, training will be provided for DHS staff, providers, courts, legal representatives and community stakeholders.

### *Enhancing the Statewide Adoption and Permanency Network Legal Services Unit (SWAN LSI)—*

In FY 13/14, DHS continued to build our paralegal staff to assist caseworkers with legal related activities to expedite permanency for children and youth. DHS believes that increasing the number of paralegal staff available to caseworkers will enable them to focus more time on activities that improve permanency, engagement and teaming practices.

Over the past year, DHS has taken step to use paralegals early in the child's involvement in child welfare; in other counties, for example, caseworkers make a referral for child preparation and request child profiles early on. In FY 15/16, DHS requests 14 additional paralegals; this will bring the total number of paralegals to 26.

### **❑ Address any other changes or important trends.**

In 2014, at least 12 new child abuse laws, many based on recommendations issued by the Pennsylvania Task Force on Child Welfare, have or will come into effect. Many of these laws are designed to improve the safety of children in Pennsylvania and will have significant implications for county child welfare agencies. New mandatory reporting legislation considerably expands the list of mandated reporters, establishes new training requirements and provides protection for good faith reporting. To meet the anticipated demand for training mandated reporters, DHS requests two additional trainers for FY 14/15.

Further, DHS has been selected by the Center for the Study of Social Policy (CSSP) to field test Guidelines developed by national experts for collecting, sharing and disclosing data about sexual orientation and gender identity and expression of children and youth in the child welfare system. Titled 'get R.E.A.L.' (Recognize, Engage, Affirm, Love), this project is entering the second of its three years, and it is designed to see what it takes for a locality to move towards implementing the guidelines, and to use the experiences of Allegheny County to inform how to implement best practices in this area across the nation. As the piloting jurisdiction, DHS

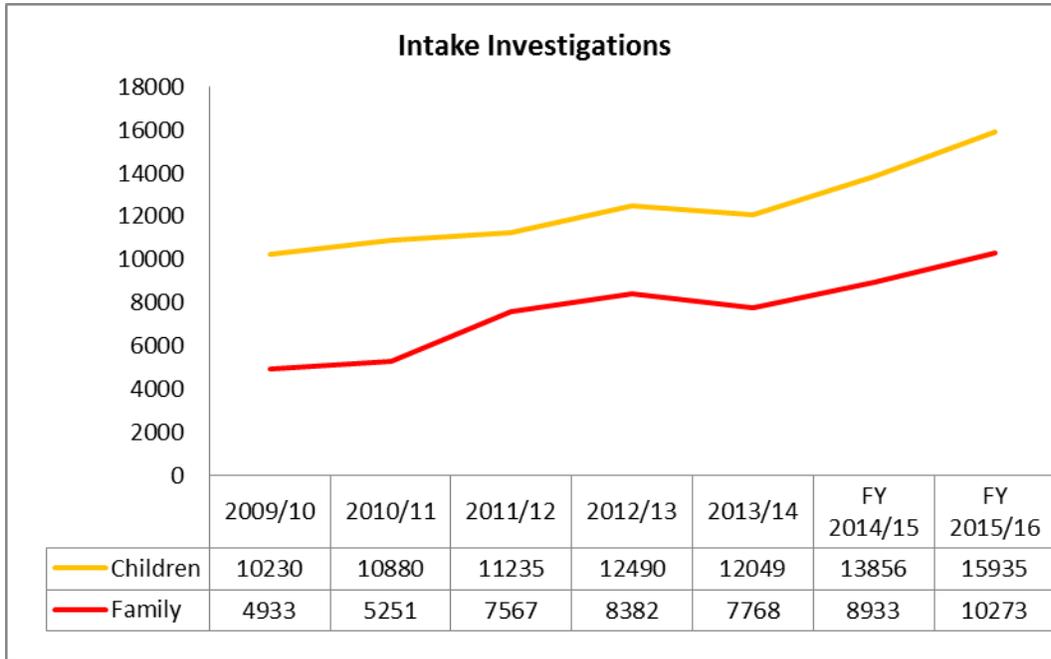
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receives grant funding, technical assistance, and is part of a learning network with other jurisdictions who are also working with these guidelines.

In Allegheny County, implementing these guidelines (which include activities such as policy development, training, and data collection about sexual orientation, gender identity and expression for all children) will require extensive needs assessment, planning, and training for County staff as well as contracted providers, court personnel, and other system partners.

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### 3-2a. Intake Investigations



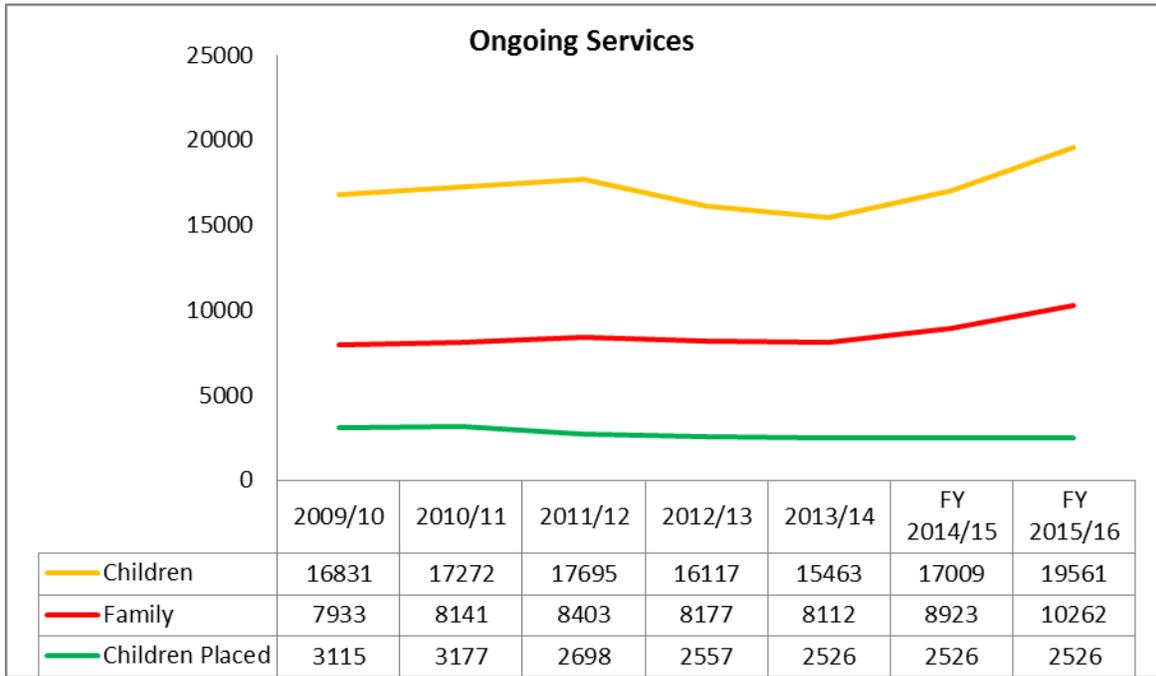
Intake investigations for children increased 18 percent from FY09-10 to FY13-14, and have increased an average of three percent over the five year time period. The data and long-term outlook suggest a continued trend of increasing intake investigations. Intake investigations for children and families are expected to increase by approximately 15 percent in each of the next two years.

DHS continues to experience the delayed impact of the economic downturn and cuts to critical state safety-net and child-care-subsidy programs.

We also cannot completely forecast the fate of legislation proposed and awaiting final passage in the Pennsylvania Congress, including regulations that require training of mandated reporters on recognizing child abuse, expands and clarifies the list of mandated reporters, and expands the definition of “sexual abuse or exploitation” If passed, these regulations could potentially increase the volume of intake activities considerably long-term.

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### 3-2a. Ongoing Services



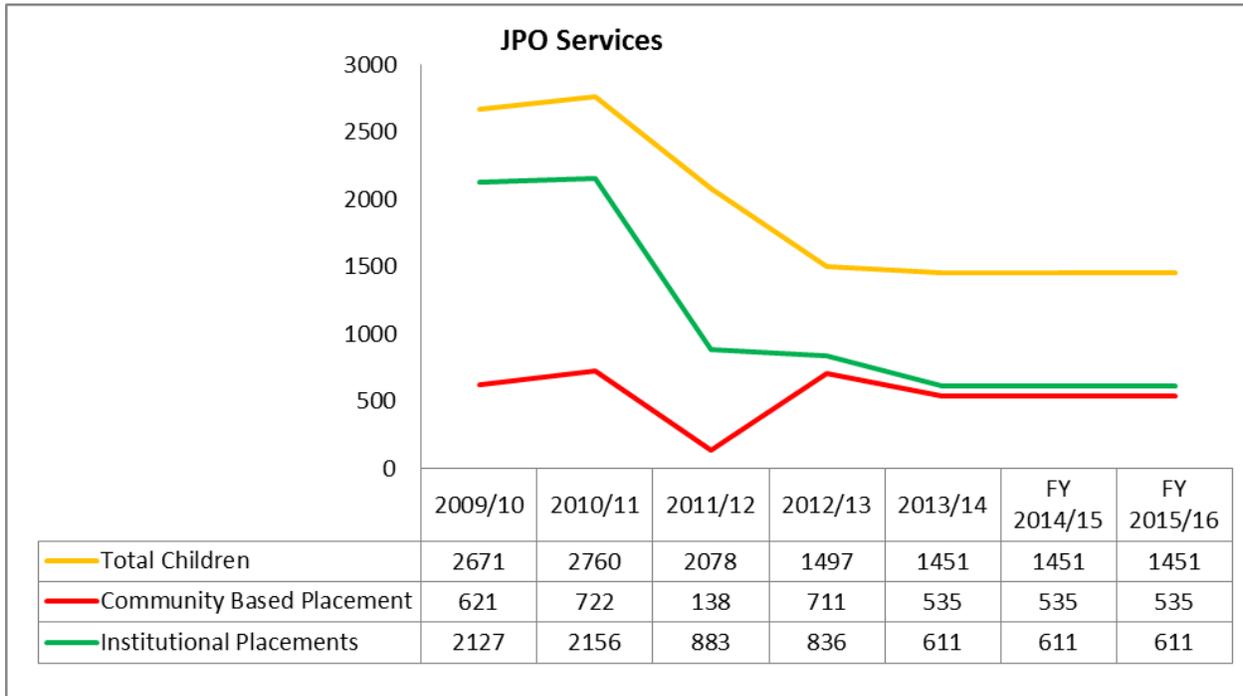
On-going services for children have decreased by an average of two percent yearly over the reporting period.

Placement services have decreased by approximately five percent per year over the reporting period. Over the next two years, we expect the number of families and children involved to increase by 10 percent in the first year and 15 percent in the second year. The number of children placed will remain stable.

We expect the need for on-going services to coincide with the increase in referrals and investigations. Despite significant historical reductions in child welfare placements, cuts to critical state safety net and childcare subsidy programs, as well as the implementation of Fostering Connections legislative requirements to provide adoption and SPLC subsidies until young adults turn 21 years of age, cause us to believe that we cannot expect that trend to continue. While we are committed to reducing the number of children in placement as part of CWDP and as our long-term goal, the impact of these changes mean that this goal will take longer to achieve.

## Allegheny County

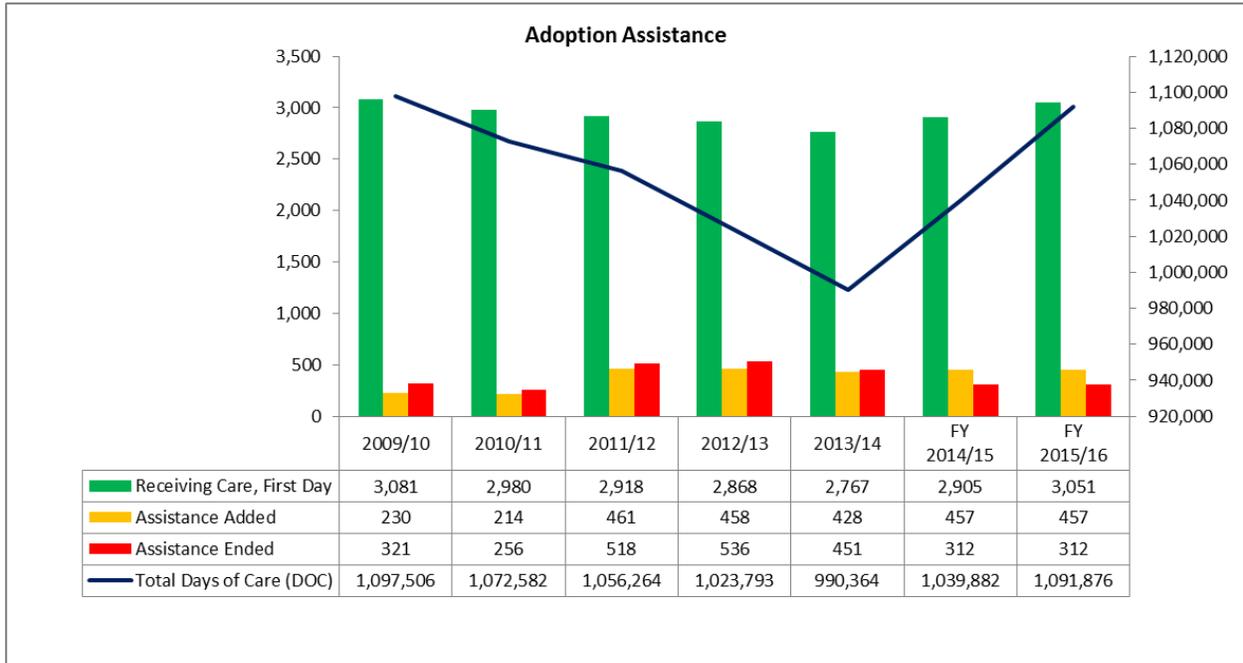
### 3-2a. JPO Services



The number of total juveniles receiving services decreased by three percent and the number of institutional placements decreased by 27 percent from FY12/13. The number of community based placements decreased by 25 percent. We expect these numbers to remain stable.

# Allegheny County

## 3-2b. Adoption Assistance



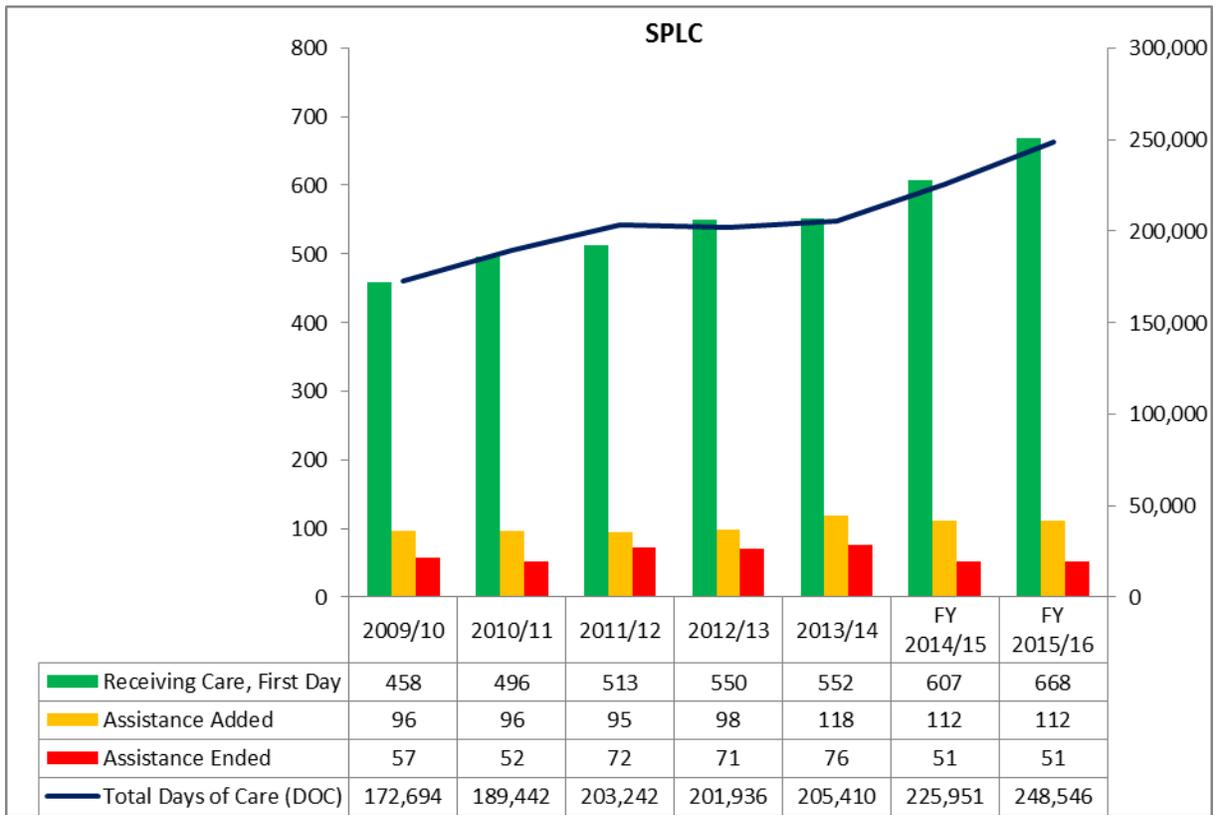
The number of children Receiving Care, First Day decreased approximately 10 percent from 2009 to 2014. Similarly, the Total Days in Care decreased by 10 percent on average over each of the reporting periods from 2009 to 2014.

We anticipate the number of children receiving care to increase by approximately five percent over the next few years as we continue to implement the requirements of Fostering Connections that allows young adults to receive adoption subsidy for longer periods of time.

DHS has also targeted its concurrent planning process for improvement, so that children can move more swiftly toward adoption once reunification is no longer a viable option for the family.

## Allegheny County

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

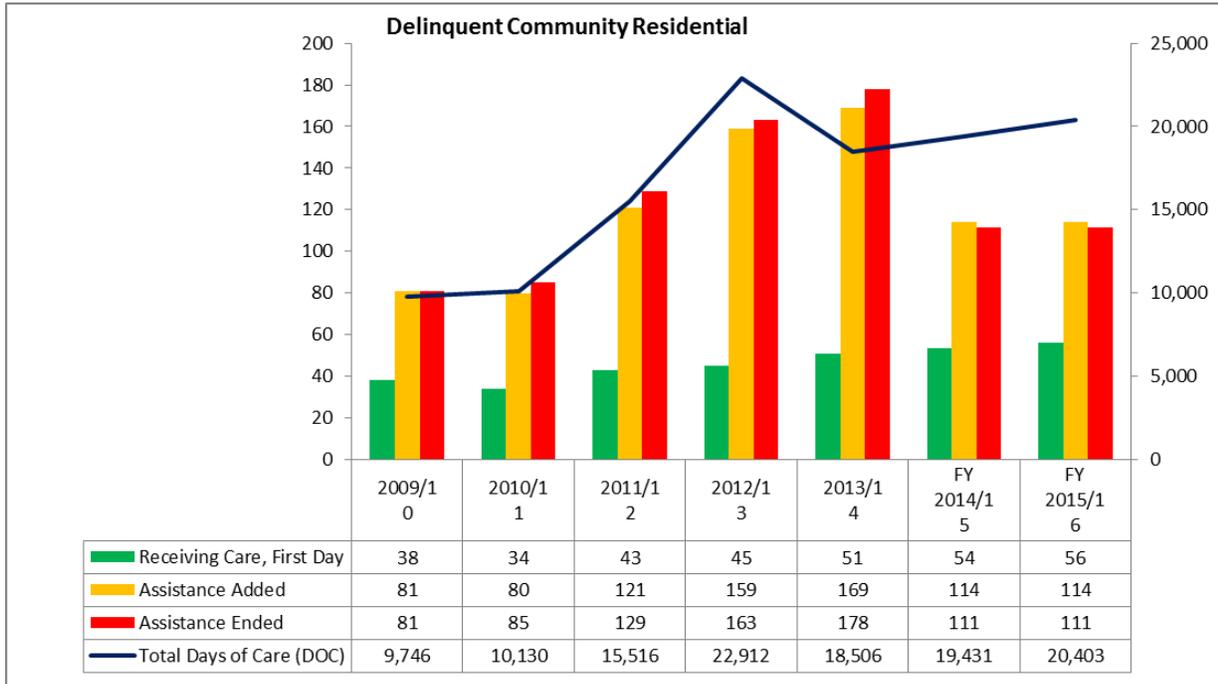


The number of children Receiving Care, First Day for Subsidized Permanent Legal Custody (SPLC) increased 21 percent from 2009 to 2014. Overall, Total Days of Care increased nineteen percent during this same time period. We expect these trends to continue over the next few years as we continue to implement the requirements of Fostering Connections (i.e., allowing young adults to receive the SPLC subsidy until they turn 21). This, plus a concerted programmatic effort to move children to SPLC more quickly, will result in more children receiving SPLC subsidies for longer periods of time. Specifically, we predict an increase of 10 percent in the number of Children Receiving Services and the Total Days of Care next year and a similar increase of 10 percent in the following year.

DHS has also targeted its concurrent planning process for improvement, as we have with adoption, so that children can move more swiftly toward permanency alternatives such as SPLC once reunification is no longer a viable option for the family.

## Allegheny County

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

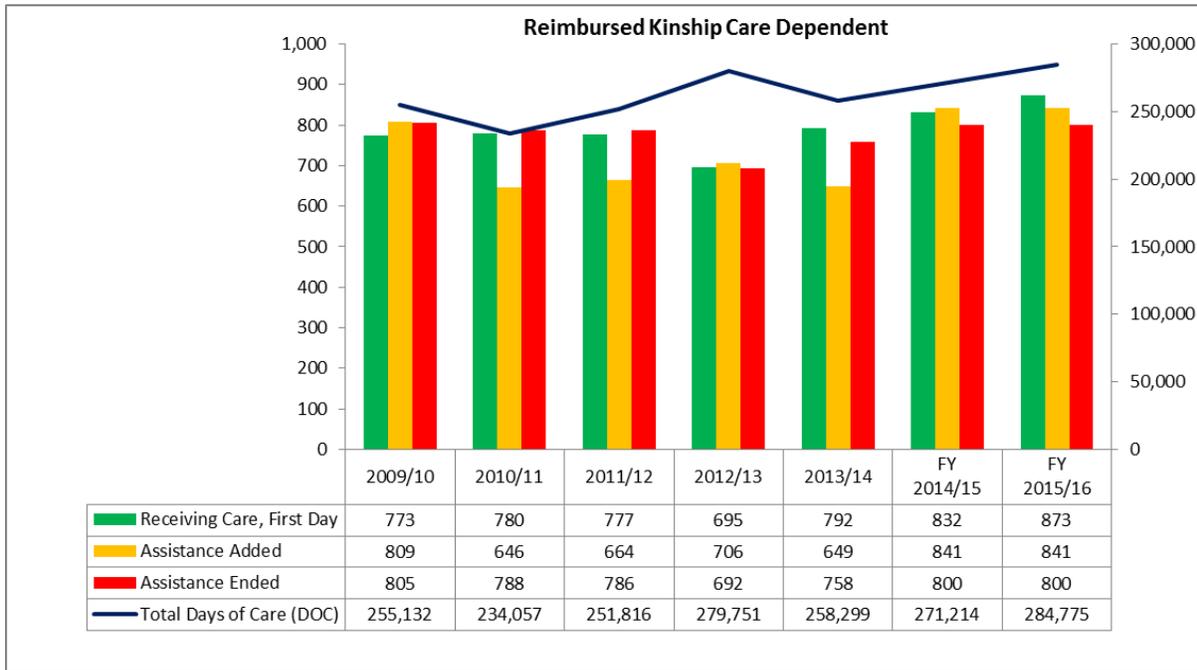


Delinquent Residential Services increased by an average of 34 percent from 2009 to 2014. Similarly, Total Days of Care increased over that timeframe by 90 percent and there was a 23 percent average annual increase over the reporting periods.

We expect the number of children and youth receiving Delinquent Community Residential Services and Total Days of Care to increase by 5 percent each of the next two years, as key cuts in services will continue to bring more children into residential care.

# Allegheny County

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

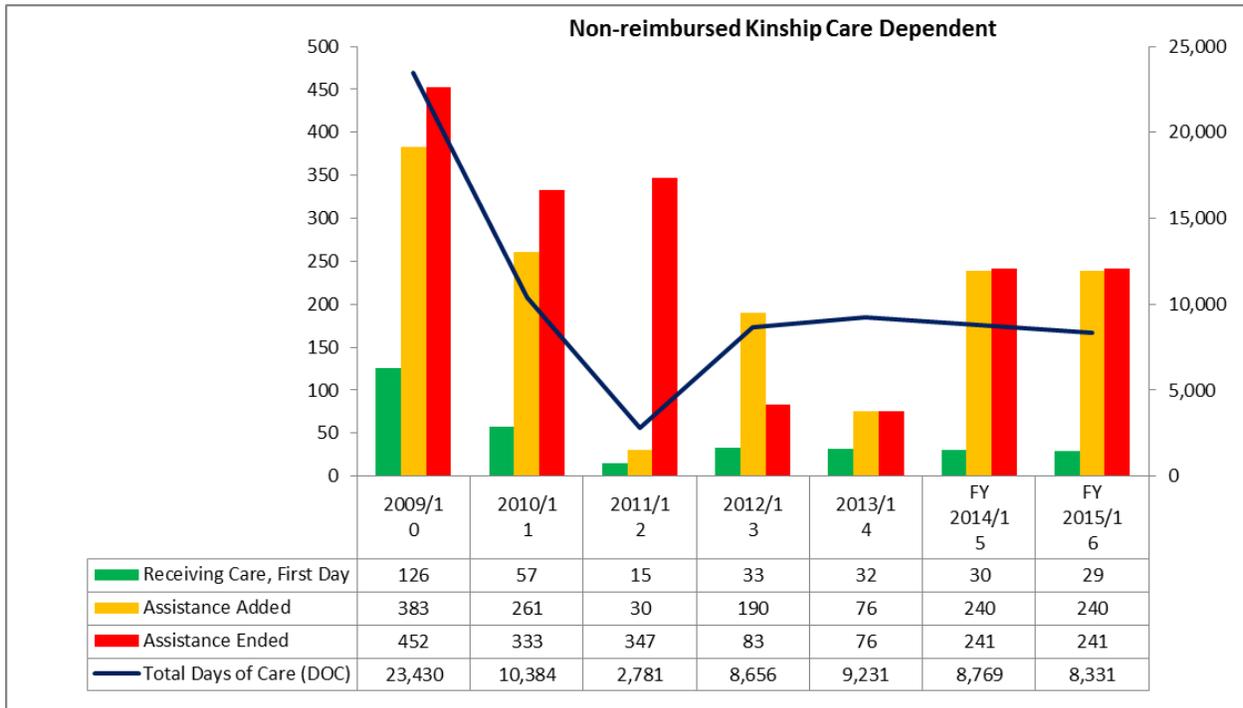


The number of children Receiving Care, First Day for Reimbursed Kinship Care Services increased three percent from 2009 to 2014, while Total Days of Care remained stable over the reporting period. FY13/14 appears to mark the end of small service declines and the beginning of greater service increases

As indicated in last year's plan, we expected a reversal in this declining trend because of a strong commitment to using kinship providers whenever possible. Initiatives such as Family Finding and Conferencing & Teaming help facilitate kinship care placement. Specifically, we predict an increase in the number Receiving Care, First Day by five percent and Total Days of Care by five percent.

## Allegheny County

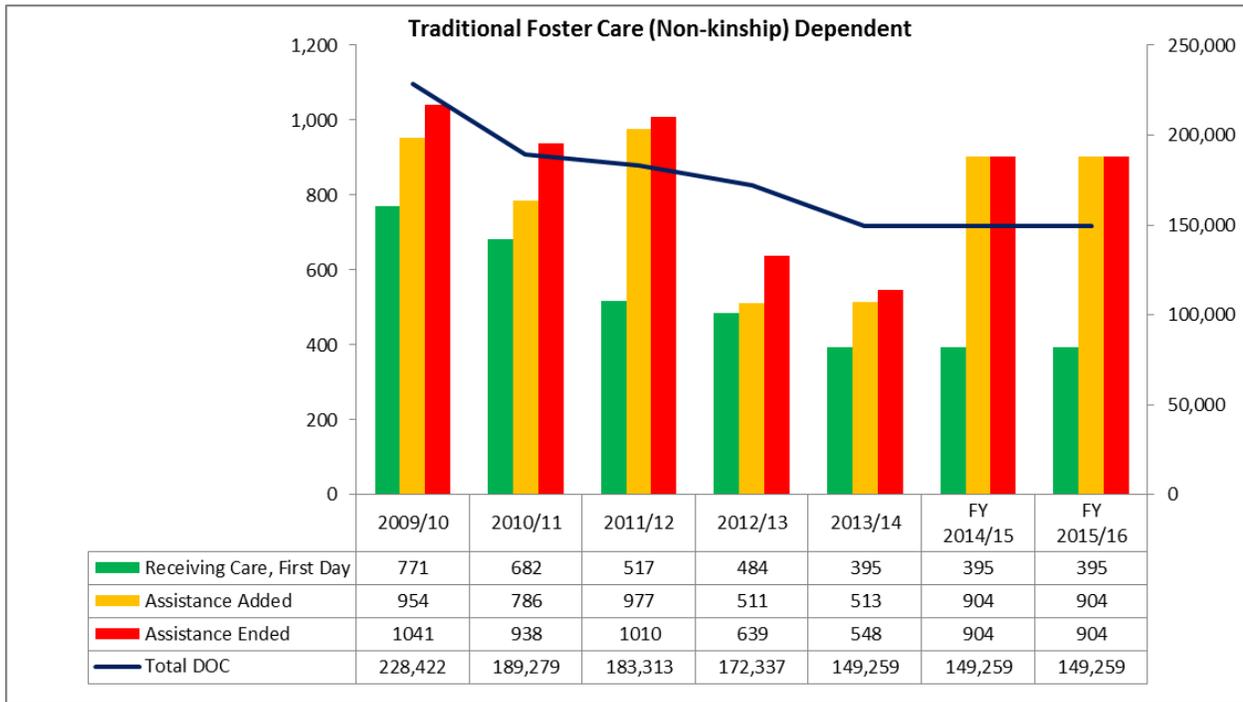
### 3-2d. Out-of-Home Placements: County Selected Indicator



The number of children Receiving Care, First Day for Non-reimbursed Kinship Care Services decreased 75 percent and the Total Days of Care decreased 61 percent from 2009-2014. We expect to continue to decrease the use of non-reimbursed kinship care. Specifically, we forecast decreases in the number Receiving Care, First Day and Total Days of Care by five percent.

## Allegheny County

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

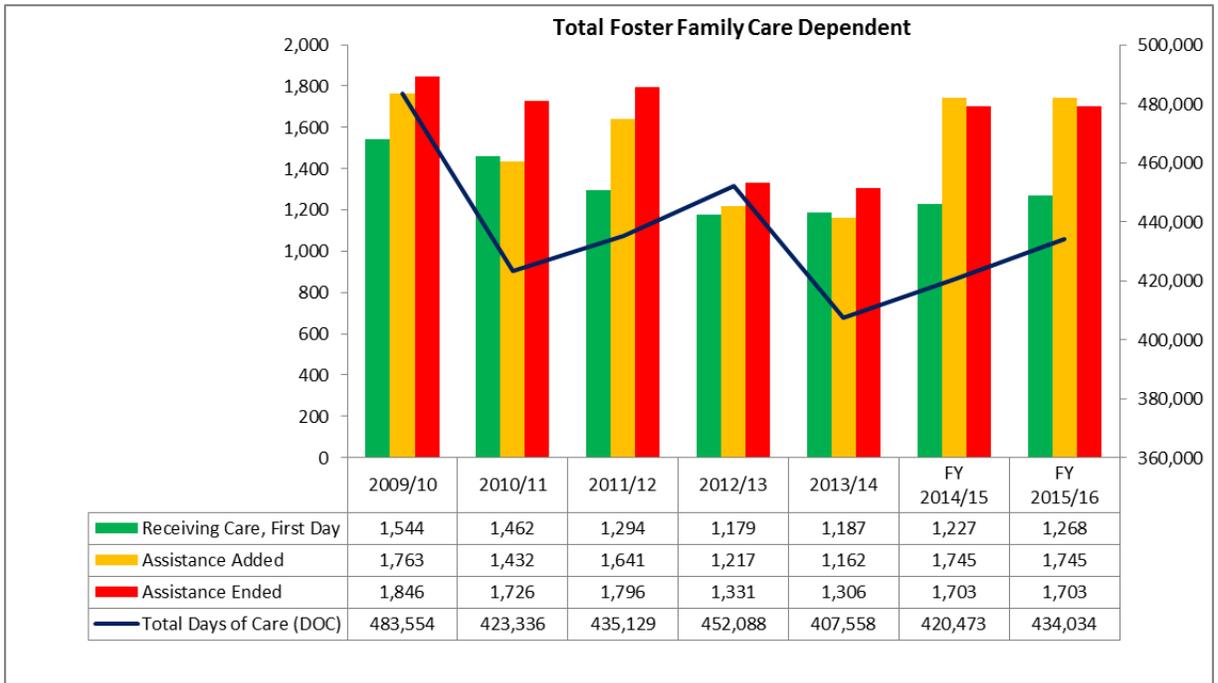


The number of children Receiving Care, First Day for Traditional Foster Care Services decreased an average of 13 percent annually over the reporting period, for a total of 49 percent from 2009 to 2014. Similarly, Total Days of Care decreased an average of ten percent annually over the reporting period, totaling 35 percent from 2009 to 2014.

We expect reductions in the use of traditional foster care to flatten in the next two fiscal years with the number receiving Care, First Day and Total Days of Care remaining at current levels.

## Allegheny County

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

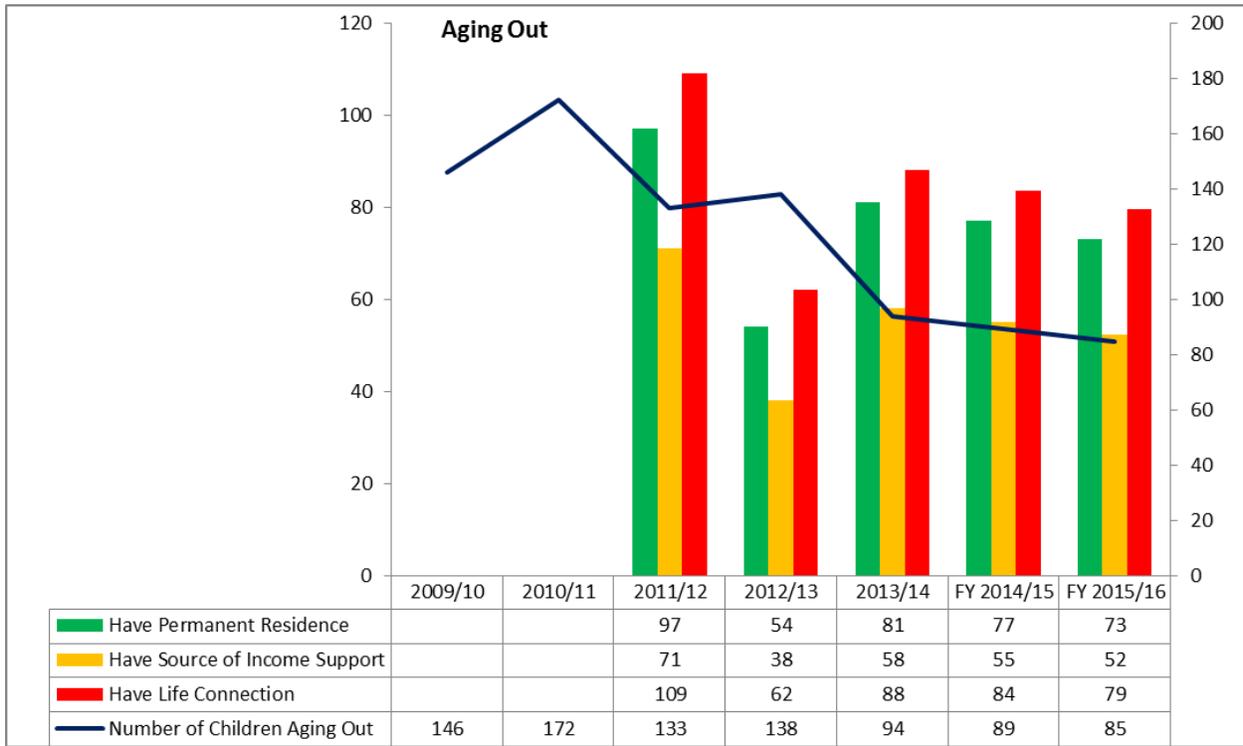


The number of children Receiving Care, First Day for Foster Family Services decreased an average of nine percent and Total Days of Care decreased four percent yearly over the reporting period. This decrease is consistent across all indicators during the reporting period FY08/09 to FY12/13

We expect the projected increases in Reimbursed Kinship Care to increase total care provided in Foster Family Care by three percent each year, while traditional foster care, which will remain level, will not influence these numbers.

# Allegheny County

## 3-2e. Aging Out



The Number of Children Aging Out has decreased 36 percent since FY 2009-10, and 32 percent from FY 2011-13 to FY 2012-14. We anticipate that these numbers will remain flat over the next two years. Allegheny County has committed to reducing the Number of Children Aging Out of the system, and to providing needed supports to this population, and Fostering Connections legislation now enables youth to remain in care until 21 year of age.

# Allegheny County

## 3-2f. General Indicators

3-2: General Indicators								
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	#N/A							
Copy Part 1 for Narrative insertion	Copy Part 2 for Narrative insertion	Copy Part 3 for Narrative insertion			Print			
3-2a. Service Trends								
Indicator	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	Projected		2009-14
						FY 2014/15	FY 2015/16	% Change
Intake Investigations								
Children	10230	10880	11235	12490	12049	13856	15935	17.8%
Family	4933	5251	7567	8382	7768	8933	10273	57.5%
Ongoing Services								
Children	16831	17272	17695	16117	15463	17009	19561	-8.1%
Family	7933	8141	8403	8177	8112	8923	10262	2.3%
Children Placed	3115	3177	2698	2557	2526	2526	2526	-18.9%
JPO Services								
Total Children	2671	2760	2078	1497	1451	1451	1451	-45.7%
Community Based Placement	621	722	138	711	535	535	535	-13.8%
Institutional Placements	2127	2156	883	836	611	611	611	-71.3%
3-2b. Adoption Assistance								
Indicator	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	Projected		2009-14
						FY 2014/15	FY 2015/16	% Change
Adoption Assistance								
Receiving Care, First Day	3,081	2,980	2,918	2,868	2,767	2,905	3,051	-10.2%
Assistance Added	230	214	461	458	428	457	457	86.1%
Assistance Ended	321	256	518	536	451	312	312	40.5%
Total Days of Care (DOC)	1,097,506	1,072,582	1,056,264	1,023,793	990,364	1,039,882	1,091,876	-9.8%
3-2c. SPLC								
Indicator	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	Projected		2009-14
						FY 2014/15	FY 2015/16	% Change
Subsidized Permanent Legal Custodianship								
Receiving Care, First Day	458	496	513	550	552	607	668	20.5%
Assistance Added	96	96	95	98	118	112	112	22.9%
Assistance Ended	57	52	72	71	76	51	51	33.3%
Total Days of Care (DOC)	172,694	189,442	203,242	201,936	205,410	225,951	248,546	18.9%

# Allegheny County

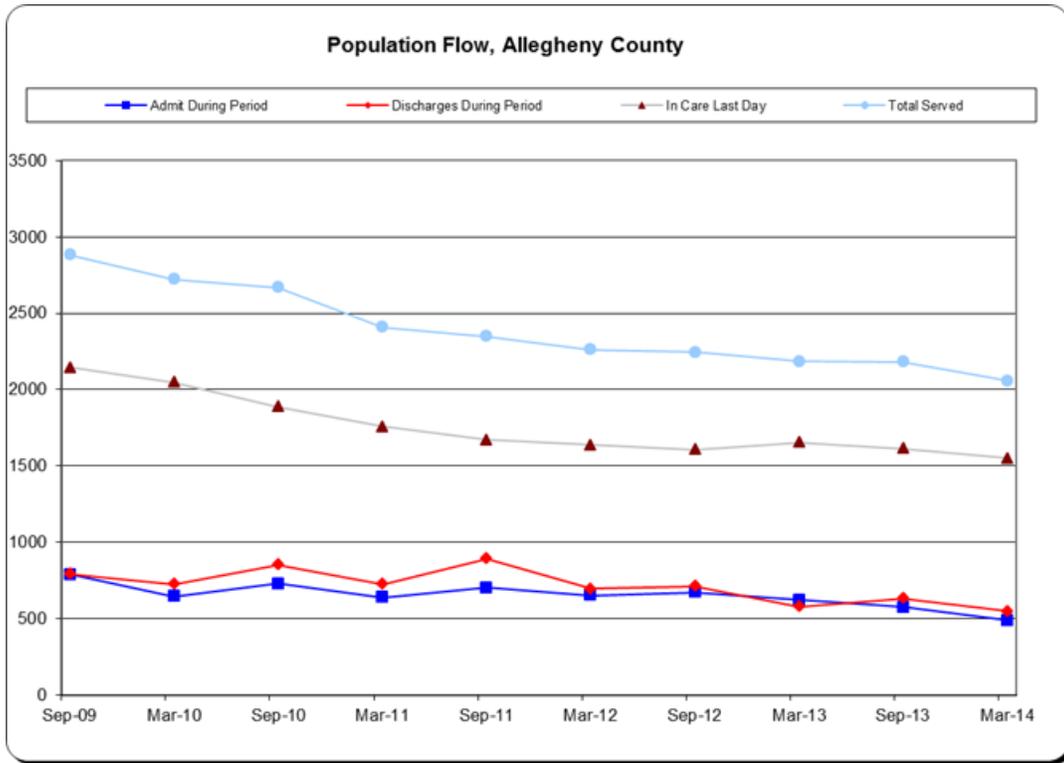
3-2d. Placement Data								
Indicator	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	Projected		2009-14
						FY 2014/15	FY 2015/16	% Change
<b>Traditional Foster Care (non-kinship) - Dependent</b>								
Receiving Care, First Day	771	682	517	484	395	395	395	-48.8%
Assistance Added	954	786	977	511	513	904	904	-46.2%
Assistance Ended	1041	938	1010	639	548	904	904	-47.4%
Total DOC	228,422	189,279	183,313	172,337	149,259	149,259	149,259	-34.7%
<b>Traditional Foster Care (non-kinship) - Delinquent</b>								
Receiving Care, First Day					0	0	0	0.0%
Assistance Added					0	0	0	0.0%
Assistance Ended					0	0	0	0.0%
Total DOC					0	0	0	0.0%
<b>Reimbursed Kinship Care - Dependent</b>								
Receiving Care, First Day	773	780	777	695	792	832	873	2.5%
Assistance Added	809	646	664	706	649	841	841	-19.8%
Assistance Ended	805	788	786	692	758	800	800	-5.8%
Total Days of Care (DOC)	255,132	234,057	251,816	279,751	258,299	271,214	284,775	1.2%
<b>Reimbursed Kinship Care - Delinquent</b>								
Receiving Care, First Day					0	0	0	0.0%
Assistance Added					0	0	0	0.0%
Assistance Ended					0	0	0	0.0%
Total Days of Care (DOC)					0	0	0	0.0%
<b>Foster Family Care - Dependent</b>								
Receiving Care, First Day	1,544	1,462	1,294	1,179	1,187	1,227	1,268	-23.1%
Assistance Added	1,763	1,432	1,641	1,217	1,162	1,745	1,745	-34.1%
Assistance Ended	1,846	1,726	1,796	1,331	1,306	1,703	1,703	-29.3%
Total Days of Care (DOC)	483,554	423,336	435,129	452,088	407,558	420,473	434,034	-15.7%
<b>Foster Family Care - Delinquent (Total of 2 above)</b>								
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%
<b>Non-reimbursed Kinship Care - Dependent</b>								
Receiving Care, First Day	126	57	15	33	32	30	29	-74.6%
Assistance Added	383	261	30	190	76	240	240	-80.2%
Assistance Ended	452	333	347	83	76	241	241	-83.2%
Total Days of Care (DOC)	23,430	10,384	2,781	8,656	9,231	8,769	8,331	-60.6%
<b>Non-reimbursed Kinship Care - Delinquent</b>								
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%
<b>Alternative Treatment Dependent</b>								
Receiving Care, First Day					2	2	2	0.0%
Assistance Added					1	2	2	0.0%
Assistance Ended					2	2	2	0.0%
Total Days of Care (DOC)						0	0	0.0%
<b>Alternative Treatment Delinquent</b>								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%

## Allegheny County

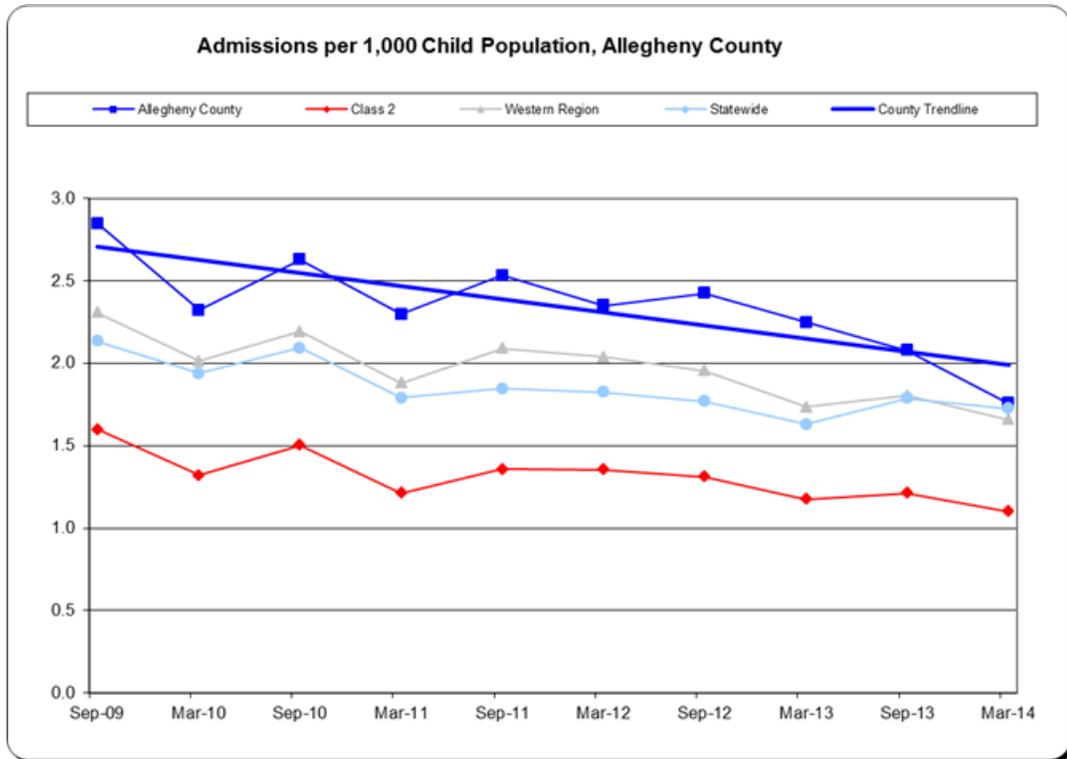
<b>Dependent Community Residential</b>								
Receiving Care, First Day	109	115	180	182	211	200	190	93.6%
Assistance Added	179	116	561	553	481	290	290	168.7%
Assistance Ended	155	131	576	573	519	300	300	234.8%
Total Days of Care (DOC)	32,713	32,013	63,156	74,517	67,996	64,596	61,366	107.9%
<b>Delinquent Community Residential</b>								
Receiving Care, First Day	38	34	43	45	51	54	56	34.2%
Assistance Added	81	80	121	159	169	114	114	108.6%
Assistance Ended	81	85	129	163	178	111	111	119.8%
Total Days of Care (DOC)	9,746	10,130	15,516	22,912	18,506	19,431	20,403	89.9%
<b>Supervised Independent Living Dependent</b>								
Receiving Care, First Day					24	24	24	0.0%
Assistance Added					14	31	31	0.0%
Assistance Ended					36	31	31	0.0%
Total Days of Care (DOC)					3,606	3,606	3,606	0.0%
<b>Supervised Independent Living Delinquent</b>								
Receiving Care, First Day					0	0	0	0.0%
Assistance Added					0	0	0	0.0%
Assistance Ended					0	0	0	0.0%
Total Days of Care (DOC)					0	0	0	0.0%
<b>Juvenile Detention</b>								
Receiving Care, First Day	104	107	90	80	54	54	54	-48.1%
Assistance Added	3,278	3,256	3,261	2,535	2,196	3,034	3,034	-33.0%
Assistance Ended	3,314	3,292	3,272	2,561	2,203	3,034	3,034	-33.5%
Total Days of Care (DOC)	38,621	36,209	25,713	20,598	20,642	20,642	20,642	-46.6%
<b>Dependent Residential Services</b>								
Receiving Care, First Day	129	110	83	59	51	48	46	-60.5%
Assistance Added	116	103	96	90	100	139	139	-13.8%
Assistance Ended	123	102	122	106	108	141	141	-12.2%
Total Days of Care (DOC)	33,401	29,268	23,577	20,360	18,061	17,158	16,300	-45.9%
<b>Delinquent Residential Services</b>								
Receiving Care, First Day	267	253	209	328	199	199	199	-25.5%
Assistance Added	553	534	839	723	695	698	698	25.7%
Assistance Ended	782	526	868	753	707	698	698	-9.6%
Total Days of Care (DOC)	55,915	51,592	65,211	65,701	58,278	58,278	58,278	4.2%
<b>3-2e. Aging Out Data</b>								
<b>Indicator</b>	<b>FY 2009/10</b>	<b>FY 2010/11</b>	<b>FY 2011/12</b>	<b>FY 2012/13</b>	<b>FY 2013/14</b>	<b>Projected</b>		<b>2009-14</b>
						<b>FY 2014/15</b>	<b>FY 2015/16</b>	<b>% Change</b>
<b>Aging Out</b>								
Number of Children Aging Out	146	172	133	138	95	95	95	-34.9%
Have Permanent Residence			97	54	81	81	81	0.0%
Have Source of Income Support			71	38	58	58	58	0.0%
Have Life Connection			109	62	88	88	88	0.0%

# Allegheny County

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



# Allegheny County



# Allegheny County

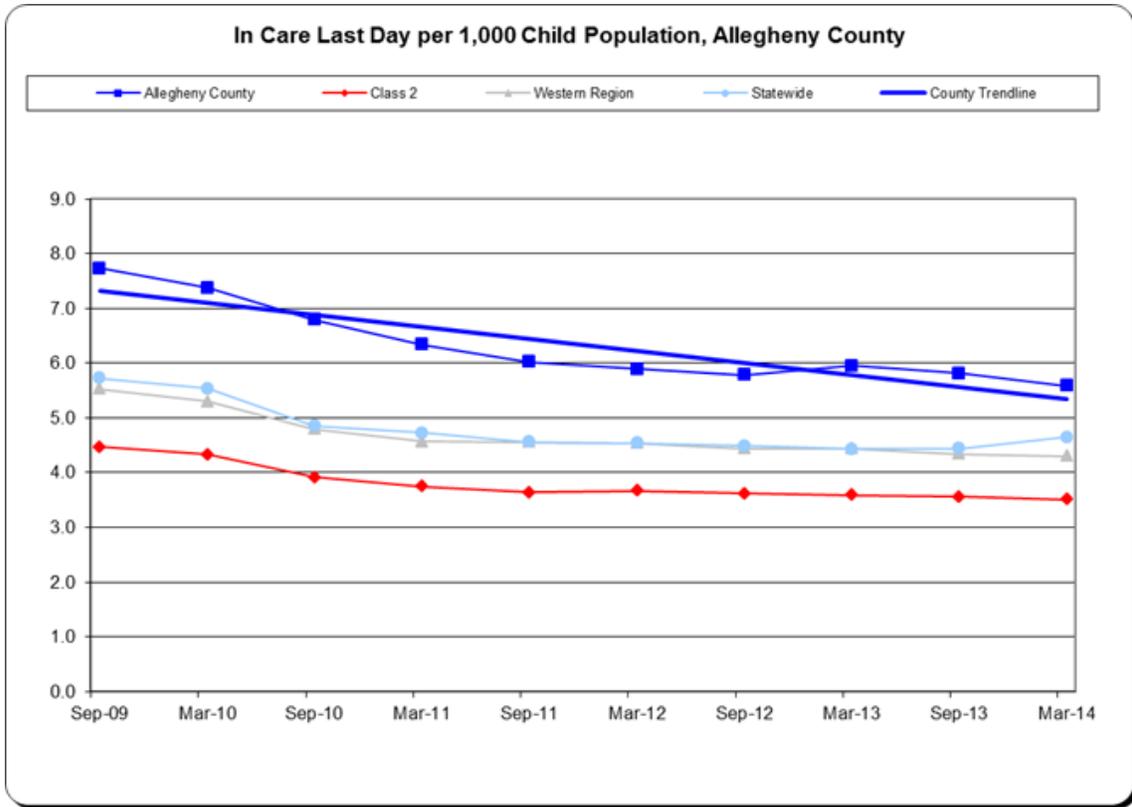


Chart Analysis for 3-2a. through 3-2i.

**□ Discuss any highlighted child welfare and juvenile justice service trends and describe factors contributing to the trends in the previous charts.**

Intake investigations for children continue to increase, increasing 18 percent from FY09/10 to FY13/14. The data and long-term outlook suggest a continued trend of increasing intake investigations. The increase reflects a growing awareness within the community about reporting suspected child abuse, sustained by the current legislation activity to clarify and extend the list of mandated reporters, expand the definition of “sexual abuse or exploitation” and require training of mandated reporters.

Placement services have decreased by approximately five percent per year over the reporting period, reflecting the intent of demonstration project initiatives in family engagement, comprehensive assessments and high quality evidence-based practices which aim to reduce first entries and re-entries into care and total days in care.

The number of children Receiving Adoption Assistance decreased approximately 10 percent from 2009 to 2014. Similarly, the Total Days in Care decreased by 10 percent on average over each of the reporting periods from 2009 to 2014.

The number of children receiving SPLC increased 21 percent from 2009 to 2014. Overall, Total Days of Care increased 19 percent from 2009 to 2014. These trends reflect our continuing effort to implement the requirements of Fostering Connections that allow young adults to receive SPLC subsidy until they turn 21 years of age. This, in addition to a concerted programmatic effort to move children to SPLC faster, has resulted in more children receiving SPLC subsidy for longer periods of time.

DHS has also targeted its concurrent planning process for both adoption and SPLC improvement so that children can move more swiftly toward permanency alternatives such as SPLC once reunification is no longer a viable option for the family.

The number of children receiving Reimbursed Kinship Care Services increased 3 percent from 2009 to 2014, while Total Days of Care remained stable over the reporting periods. FY2013/14 appears to mark an end of small service declines and the beginning of greater service increases

As indicated in last year’s plan, we expected a reversal in this declining trend because of a strong commitment to using kinship providers whenever possible. Initiatives such as Family Finding and Conferencing and Teaming help facilitate kinship-care placement.

**□ Discuss any important trends that may not be highlighted.**

The trends were highlighted in previous sections.

## Allegheny County

- ❑ **Is the overall trend in the number of dependent children being served or in care in the county different than that in the state as a whole? In counties of the same class?**

The HZA data provided indicates that the overall trend for dependent and SCR populations are fairly consistent with counties of the same class, region and the state. For example, the five year trend for SCR population is decreasing across the county, county class, region and state. The dependent population across the different geographic domains also demonstrates a downward trend over the five year period. The percentage change in the number of children in placement has begun to level off in the county. However, this change is consistent with county class, region, state and national trends.

- ❑ **Please describe what demographic factors, if any, have contributed to changes in the number of dependent and SCR children being served or in care.**

DHS recently performed an analysis of placement trends, which included a demographic component. This work showed that, as the number of youth entering or exiting care fluctuated over the last two years, the demographic composition of the youth population remained stable and did not seem to contribute to any shifts in the out-of-home population.

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

Over the past several years, DHS and JPO have both engaged in various initiatives and programs to improve the quality and process of care for dependent and SCR children. In FY 14/15 and FY15/16, DHS and JPO will continue to engage in the Crossover Youth Practice Model designed to enhance practices to meet the high needs of youth who are involved in both child welfare and juvenile justice systems. The Child Welfare Demonstration Project and improvements related to the QSR and licensing review will also help improve outcomes for dependent and SCR children.

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

DHS recently performed an analysis of placement trends, which included a demographic component. This work showed that, as the number of youth entering or exiting care fluctuated over the last two years, the demographic composition of the youth population remained stable and did not seem to contribute to any shifts in the out-of-home population.

- ❑ **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 dependent and SCR foster care population? Is the county's current resource allocation appropriate to address projected needs?**

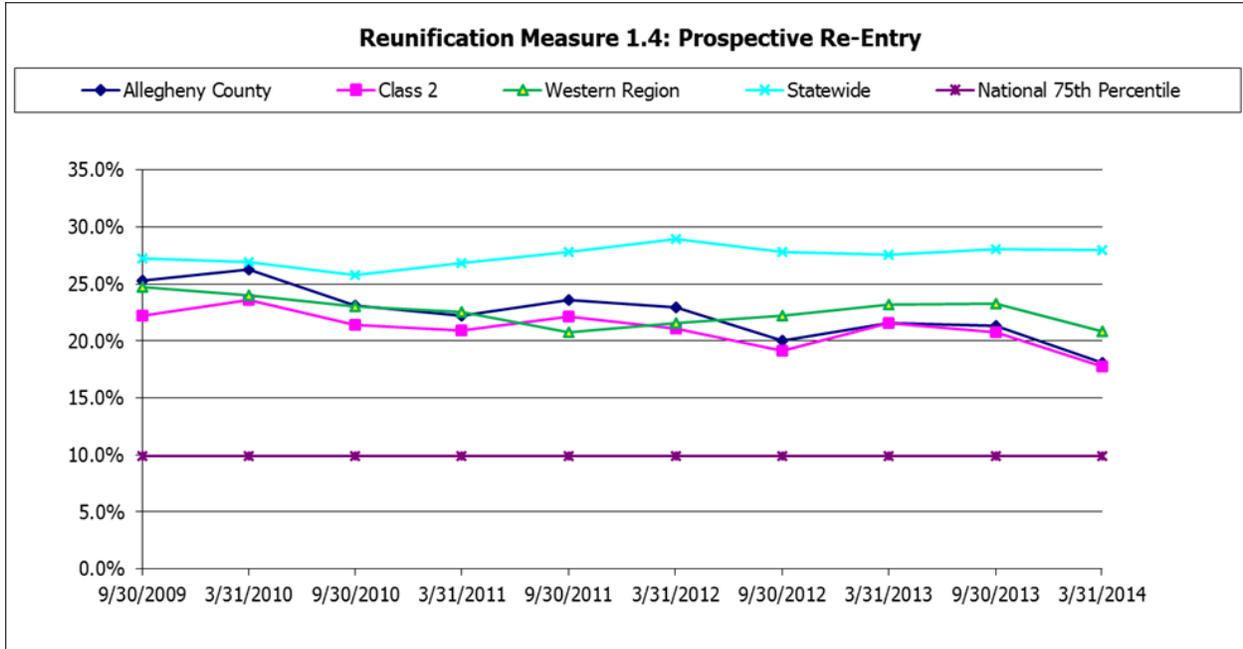
To improve collaboration when handling SCR cases, DHS has assembled an implementation team of knowledgeable key staff and community partners. The implementation team will

## Allegheny County

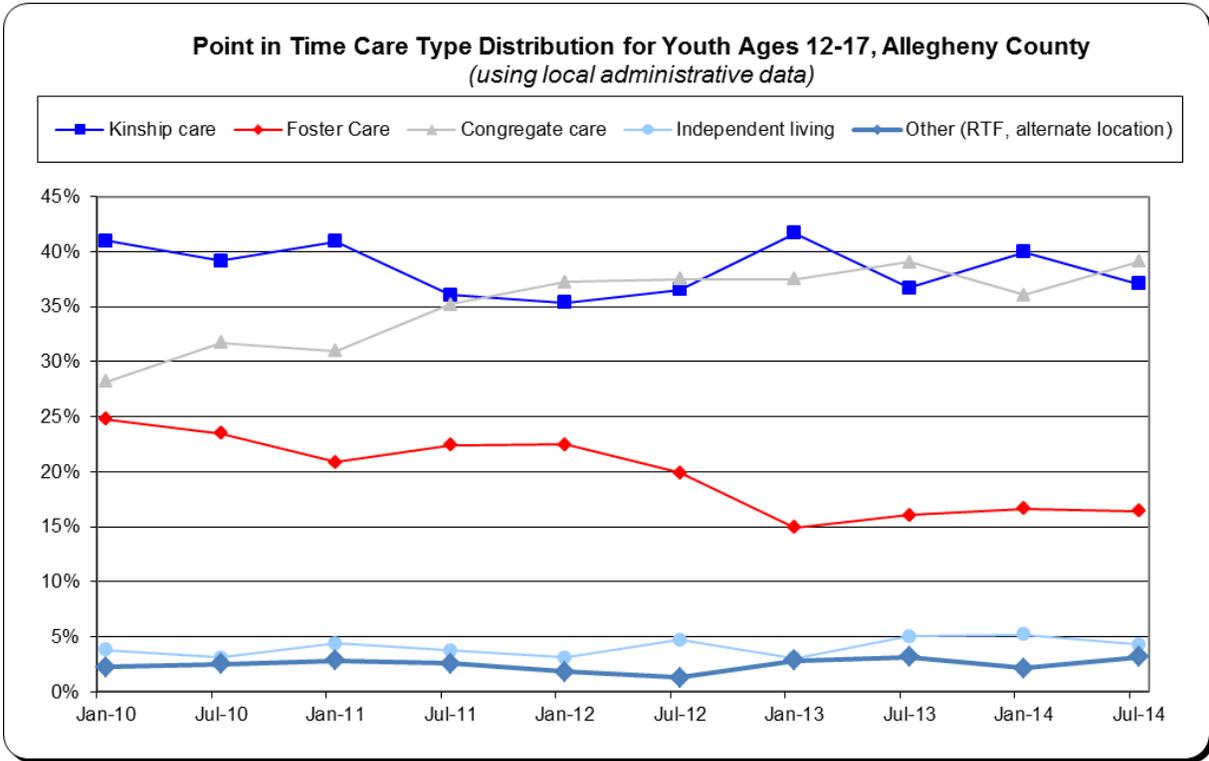
continue to refocus the efforts of our county's existing Juvenile Court, Juvenile Probation and Child Welfare collaboration with the goal of promoting best practices by crossover youth by implementing the integrated practice model. Finally, DHS hired additional caseworkers and support staff in FY 13/14 to reduce caseloads so that caseworkers can have more time to engage and understand the strengths and needs of families.

# Allegheny County

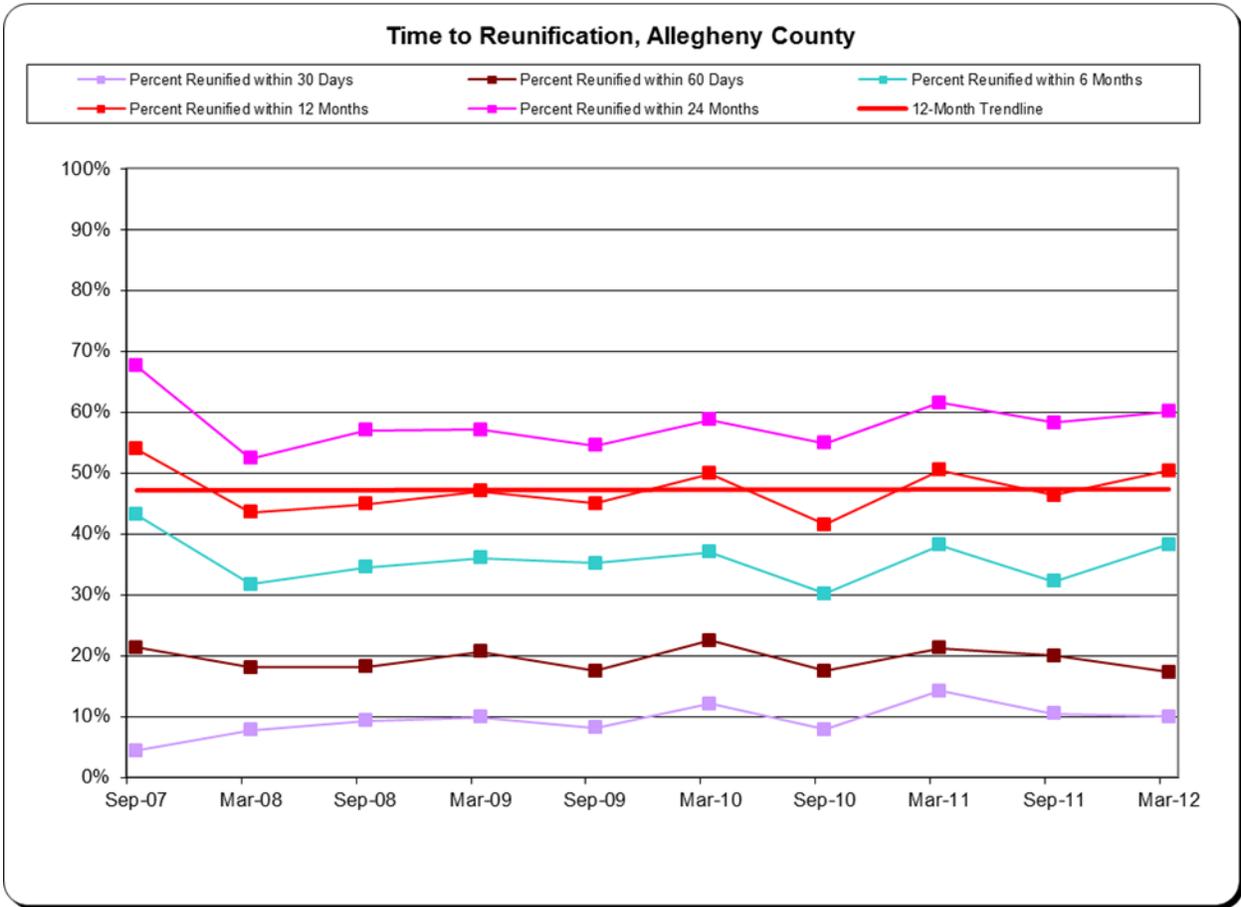
## 3-4 Benchmark and Strategies



# Allegheny County



# Allegheny County



## Allegheny County

For each benchmark chosen the county must answer the following questions:

- CWDP counties, current and prospective, are exempt from this section as the information is captured in IDIR-U or workplan. Completion of this section is optional and should cover only areas that the county believes are not adequately addressed in their IDIR.
- Counties should attach any current CIP and refer to attachment for detail.

**BENCHMARK # 1:** \_\_\_\_\_ **Re-entry** \_\_\_\_\_

- ❑ **What is the current level of performance for this indicator? Provide analysis of historical trends of the current and past five fiscal years. Identify data sources used.**

Over the last two years, 20.3 percent of youth re-entered care within 12 months of reunification (two-year average – CFSR measure C1.4).

The re-entry rate has remained fairly stable over the last several years, with each of the past four years consistently lower than the previous year.

**Percent Re-entry within One Year Following Reunification, Exits in 2006-2012** (County administrative data)

	2006	2007	2008	2009	2010	2011	2012
<b>Exits to family</b>	1059	1064	926	852	739	675	709
<b>Reentries within 1 year</b>	362	349	329	212	190	176	187
<b>Percent reentries</b>	34%	33%	36%	25%	26%	26%	26%

Chapin Hall Spell File v11 (OY, filter EXIT=XRF, RECAT=1,2,3,4)

- ❑ **Identify a measurable target for improvement and timeframes for evidence.**

Our target last year was to reduce our reentry rate by 30% in five years, moving from a two-year average of 22.1% to 15.5% (based on CFSR measure C1.4). Our current average of 20.3% moves us towards that goal.

- ❑ **Address the following county practices that contribute to the current level of functioning and/or would need to be enhanced toward improved outcomes.**
  - **Family Engagement Efforts**
  - **Use of SAMP in Critical Decision Making**
  - **Process for Placement Decisions, including Placement Settings**
    - **Use of Kin, Least Restrictive Setting, Sibling Placements**
  - **Quality Assessments**
  - **Individualized Services**

## Allegheny County

- **Continuous Case Status Review**
- **Case Planning for Successful Transition/Closure**
- **Teaming**
- **Shared Case Responsibility**

The following practices listed below contribute to our current level of functioning and will be enhanced in FY 14/15 and FY 15/16:

Family Engagement  
Quality Assessments  
Individualized Services  
Case Planning for Successful Transition/Closure  
Teaming

- **Briefly identify a plan by which strategies towards improvement that were identified in FY 2012-13 and implemented in FY 2013-14 and projected resources needed for continued implementation and sustainment of strategies for FY 2014-15 and FY 2015-16.**

DHS is participating in a number of strategies that will reduce the rate of reentry to care.

First, the demonstration project's broad framework and the emergence of the DHS practice model that is reliant on engagement, the identification of strengths and needs, and linking to high quality, specific formal interventions will make planning more effective and outcomes resulting from services will help to reduce the rate of reentry into the child welfare system. DHS will spend the next several years building our capacity to implement the major components of the demonstration project, i.e. Conferencing and Teaming, the FAST, CANS and Ages & Stages and incorporating more evidence based practices into our service inventory, including at the point of reunification. Additional information is provided in Allegheny County's Second Initial Design and Implementation Report (see Appendix A).

Second, DHS's performance based contracting model will address re-entry by aligning incentives with outcomes and provide greater flexibility for providers to achieve outcomes and adapt to the changing child welfare priorities. Designed with the help of Chapin Hall, congregate care providers will be evaluated based on how well they achieve the outcomes for the children and youth they serve. Each provider will be asked to improve from its current level of performance in four main areas: increasing Permanent Exits, decreasing Care Days, decreasing the Cost of those Care Days, and decreasing Re-Entry Rates.

An overview of the process is described below:

- Agencies are measured against themselves, or against their own established baselines.
- Agencies work with DHS to establish targets, which are compared to year end actuals
- Agencies showing improved performance will receive a financial re-investment
- Agencies have flexibility in this process to meet outcomes

## Allegheny County

Further, the Child Bureau's grant—*Diligent Recruitment of Families for Children in the Foster Care*—will improve resource capacity for foster families and reduce the likelihood of reentry. DHS recognizes that its resource family network does not meet its current placement needs. Gaps in resources were identified in families willing to serve older youth and children with behavioral and medical needs, as well as gaps in several neighborhoods. Secondly, the majority of resource families reported they are interested in additional training/support to better serve children in care.

The project proposal builds on DHS' reform efforts on the practice model for client and family engagement, family finding process and the way in which placement decisions are made.

Allegheny County

**BENCHMARK # 2:** \_\_\_\_\_ Least restrictive placement settings \_\_\_\_\_

- ❑ **What is the current level of performance for this indicator? Provide analysis of historical trends of the current and past five fiscal years. Identify data sources used.**

At any point in time, about 50 percent of all youth in placement are in a kinship care setting and 16 percent are in a congregate care setting. Because nearly every young child is placed in a family setting, the remaining data focus on the placement situation of older youth.

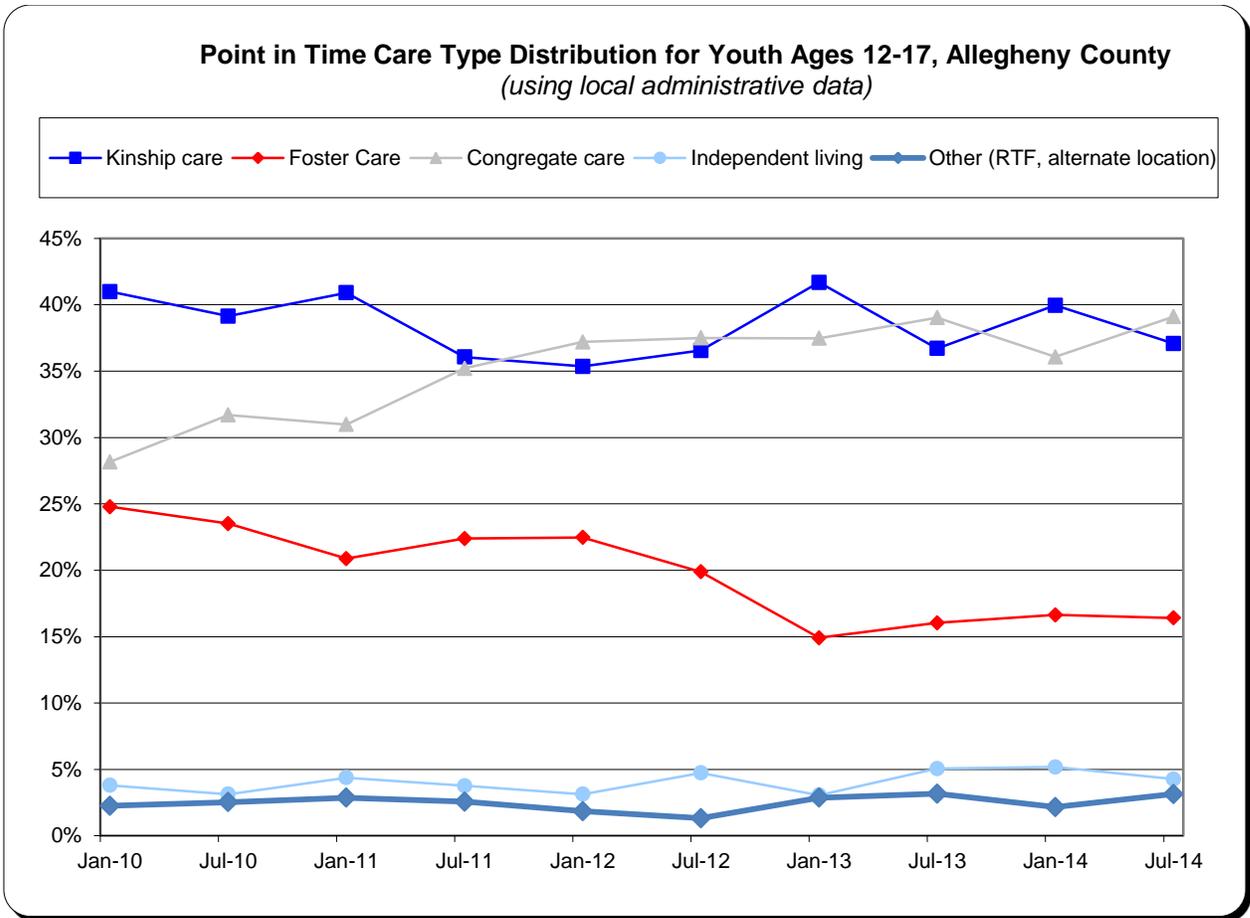
When considering only 12- through 17-year-olds, kinship care is still the predominant care type; however, about 37 percent of these youth are in congregate care at any point in time, and almost two-thirds of their entries are to a congregate care setting. Over the last two years, the point-in-time percentage of older youth in congregate care has remained fairly stable, yet it is higher than it was in 2010. The cause of this increase is challenging to determine since the total population of youth in care has declined, and point-in-time counts are biased to over-represent the experiences of youth for whom achieving permanency takes more time. Another way to analyze these data is to examine which placement type youth first enter when they come into care. Youth ages 12 through 17 first enter into congregate care at the highest rates (70 percent), followed by kinship care (20 percent). Congregate care percentages are driven up by the number of Shelter Group placements, but, as indicated by the point-in-time data, many youth transfer to kinship care following the first placement.

**Point in Time Placement Type for Youth Ages 12-17** (*County administrative data*)

Care Type	Jan-10	Jul-10	Jan-11	Jul-11	Jan-12	Jul-12	Jan-13	Jul-13	Jan-14	Jul-14
<b>Count</b>	<b>710</b>	<b>672</b>	<b>594</b>	<b>585</b>	<b>543</b>	<b>528</b>	<b>523</b>	<b>474</b>	<b>463</b>	<b>445</b>
Kinship care	41%	39%	41%	36%	35%	37%	42%	37%	40%	37%
Foster Care	25%	24%	21%	22%	22%	20%	15%	16%	17%	16%
Congregate care	28%	32%	31%	35%	37%	38%	37%	39%	36%	39%
Independent living	4%	3%	4%	4%	3%	5%	3%	5%	5%	4%
Other (RTF, alternate location)	2%	3%	3%	3%	2%	1%	3%	3%	2%	3%

Report D1101, Point in Time 1/1/2014 & 7/1/2014

## Allegheny County



### First Placement Type for Youth Ages 12-17 (County Administrative data)

	1/1/10-6/30/10	7/1/10-12/31/10	1/1/11-6/30/11	7/1/11-12/31/11	1/1/12 - 6/30/12	7/1/12-12/31/12	1/1/13-7/1/13	7/1/13-12/31/13	1/1/14-7/1/14
Kinship care	20%	27%	20%	16%	20%	19%	17%	20%	19%
Foster Care	13%	12%	18%	18%	10%	10%	11%	8%	9%
Congregate care	65%	58%	59%	64%	68%	68%	71%	71%	70%
Independent living	1%	2%	1%	0%	1%	1%	0%	0%	0%
Other (RTF, alternate location)	1%	1%	1%	1%	1%	1%	0%	0%	1%
<b>Total</b>	<b>284</b>	<b>222</b>	<b>249</b>	<b>233</b>	<b>279</b>	<b>267</b>	<b>247</b>	<b>205</b>	<b>216</b>

Report D1102, run for each time period

## Allegheny County

### ❑ **Identify a measurable target for improvement and timeframes for evidence**

Our target last year was to reduce our use of congregate care by 30% in five years among youth ages 12 to 17, from 39% (point in time) to 27% (county-level administrative data). On July 1, 2014, 39% of youth ages 12 to 17 were still in congregate care. Attaining the goal of 27% within the next four years is still expected given new efforts to dramatically reduce the use of group care.

### ❑ **Address the following county practices that contribute to the current level of functioning and/or would need to be enhanced toward improved outcomes.**

- **Family Engagement Efforts**
- **Use of SAMP in Critical Decision Making**
- **Process for Placement Decisions, including Placement Settings**
  - **Use of Kin, Least Restrictive Setting, Sibling Placements**
- **Quality Assessments**
- **Individualized Services**
- **Continuous Case Status Review**
- **Case Planning for Successful Transition/Closure**
- **Teaming**
- **Shared Case Responsibility**

The following practices listed below contribute to our current level of functioning and will be enhanced in FY 14/15 and FY 15/16

- Teaming
- Process for Placement Settings
- Use of Kin, Least Restrictive Setting, Sibling Placement
- Case Planning for Successful Transition/Closure
- Continuous Case Status Review

### ❑ **Briefly identify a plan by which strategies towards improvement that were identified in FY 2012-13 and implemented in FY 2013-14 and projected resources needed for continued implementation and sustainment of strategies for FY 2014-15 and FY 2015-16.**

In FY 14/15 and FY 15/16, DHS will participate in a number of strategies that address the overutilization of congregate care.

DHS is committed to improve the process for placement decisions. This work includes the development and implementation of the Best Interest Placement Tool as part of the Children's Bureau funded grant to help identify the least restrictive placements, improve educational stability and permanency outcomes for children in placement in Allegheny County. The decision support tool provides access to information that empowers decision makers to consider all possible homes in identifying a best fit placement. Factors include placements with the most family-like setting, placements located in the child's community and school catchment area, etc. The tool also allows DHS to capture more comprehensive data on placement needs and share it

## Allegheny County

back with providers to inform more targeted recruiting. This will enable DHS and provider agencies to build placement resources in the county to better serve children and families.

Taking advantage of opportunities to build capacity around our foster families also reflects DHS's commitment to reduce the use of congregate care. Currently, resource gaps exist in families willing to serve older youth and child with behavioral and medical needs and in neighborhoods with high rates of removals. The project proposal builds on DHS' reform efforts on the practice model for client and family engagement, family finding process and the way in which placement decisions are made. DHS is seeking additional resources to support our request for a rate adjustment factor in FY 14/15 for foster care providers which include resource families. The additional resources can be used to incentive resource families to foster older youth.

Incorporating Family Finding into case practice through Conferencing and Teaming will also help to identify kin and natural supports for child and youth in the child welfare system. Further, the Conference and Teaming process facilitates effective case review and planning for transition and closure. The Team Meeting, which occur within at least 90 days of the Team Conference and every 90 days thereafter or when a significant event occurs. All of the family's service providers must attend and participate. A Team Meeting is also held prior to a planned exit from placement/permanency and to case closure.

Finally, DHS's performance based contracting model will encourage movement away from restrictive types of care by aligning incentives with outcomes and provide greater flexibility for providers to achieve outcomes and adapt to the changing child welfare priorities. Each provider is asked to improve from its current level of performance in four main areas: increasing Permanent Exits, decreasing Care Days, decreasing the Cost of those Care Days, and decreasing Re-Entry Rates. The option to provide aftercare will also increase the use of family based care.

The project proposal builds on DHS' reform efforts on the practice model for client and family engagement, family finding process and the way in which placement decisions are made. DHS is seeking additional resources to support our request for a rate adjustment factor for placement providers. The additional resources can be used to incentive resource families to foster older youth.

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**BENCHMARK # 3:** \_\_\_\_\_ Length of stay \_\_\_\_\_

- ❑ **What is the current level of performance for this indicator? Provide analysis of historical trends of the current and past five fiscal years. Identify data sources used.**

Most youth in Allegheny County experience short lengths of stay in out-of-home placement. One quarter of youth exit within two months and half exit within nine months. However, not all youth achieve permanency quickly, and about 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 for All Youth, 2011 Entries** (*County administrative data*)

<b>Months Passed Before Indicated Percentage of Youth Discharge from Care</b>	
	<b>All Entries, n=1206</b>
<b>25%</b>	1.9 months
<b>50%</b>	8.9 months
<b>75%</b>	22.4 months
<b>100%</b>	N/A

Chapin Hall Web Tool, All Spells > Length of stay report (filter = 2011 Entry Cohort)

**Length of Stay in Care, by Exit Year** (*County administrative data*)

<b>Length of spell</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>All Years</b>
<b>Count of exits</b>	<b>2,198</b>	<b>2,196</b>	<b>2,121</b>	<b>1,786</b>	<b>1,583</b>	<b>1,442</b>	<b>1,428</b>	<b>1,338</b>	<b>14,092</b>
Under 1 month	23%	20%	24%	23%	21%	21%	22%	19%	22%
1 to 2 months	16%	19%	18%	17%	13%	13%	15%	12%	16%
3 to 5 months	10%	9%	9%	11%	9%	10%	12%	13%	10%
6 to 11 months	15%	13%	10%	11%	14%	13%	13%	15%	13%
12 to 17 months	8%	9%	8%	7%	9%	9%	8%	10%	8%
18 to 35 months	18%	20%	21%	16%	20%	23%	20%	21%	20%
3 years or longer	11%	10%	10%	13%	14%	12%	11%	9%	11%
<b>Total</b>	<b>100%</b>								

Chapin Hall Spell File v11, Durmo by OY, filter EXIT =/ ZTC or blank

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The population of youth for whom Allegheny County has the greatest opportunity to improve timeliness to permanency is those in care for extended periods of time. The table below provides information about the care settings of youth in care for greater than 15 months at a recent point in time (7/2/13). On this day, 47 percent of all youth in care had been in care for 15 months or longer; almost half in kinship settings and another third in foster homes. Youth in care for over three years accounted for 15 percent of the population in care, and 23 percent of those youth were in a congregate setting.

**Children in Care Over 15 Months, by Current Placement Type and Total Time in Care, Point in Time, 07/2/13** *(County administrative data)*

Total Time in Care	Kinship Care	Non-Kinship Foster Care	Group Care	RTF	Independent Living	Total
<b>15 to 17 Months</b>	61	38	12	1	2	<b>114</b>
<b>18 to 23 Months</b>	83	52	16	5	7	<b>163</b>
<b>24 to 29 months</b>	61	21	13	1	4	<b>100</b>
<b>30 to 35 months</b>	29	24	10	1	1	<b>65</b>
<b>3 Years or Longer</b>	89	65	49	1	7	<b>211</b>
<b>Total</b>	<b>323</b>	<b>200</b>	<b>100</b>	<b>9</b>	<b>21</b>	<b>653</b>

Report D1202 pulled 7/2/2014

- **Identify a measurable target for improvement and timeframes for evidence.**

Since our lengths of stay for the general population of youth in care are relatively low, one of our targets last year was to reduce placement days of care by 30% over five years, and placement days of care declined by 2% in the last year. The other target we set was to reduce the percentage of youth in care for over 24 months (at a point in time) by 20 percent in five years, dropping from 27% to 22%. Reporting that has been developed to support CYF management examines different time points, so we will change those benchmarks and targets here to examine the percentage of youth in care over 3 years. With a goal of a 20 percent reduction in five years starting from last year, that target would be a reduction from 17.3% to 13.8%.

- **Address the following county practices that contribute to the current level of functioning and/or would need to be enhanced toward improved outcomes.**
  - **Family Engagement Efforts**
  - **Use of SAMP in Critical Decision Making**
  - **Process for Placement Decisions, including Placement Settings**
    - **Use of Kin, Least Restrictive Setting, Sibling Placements**
  - **Quality Assessments**
  - **Individualized Services**

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- **Continuous Case Status Review**
- **Case Planning for Successful Transition/Closure**
- **Teaming**
- **Shared Case Responsibility**

The following practices listed below contribute to our current level of functioning and will be enhanced in FY 14/15 and FY 15/16:

Continuous Case Status Review  
Teaming and Engagement

- **Briefly identify a plan by which strategies towards improvement that were identified in FY 2012-13 and implemented in FY 2013-14 and projected resources needed for continued implementation and sustainment of strategies for FY 2014-15 and FY 2015-16.**

To address the issue of youth in Allegheny County that do not achieve permanency quickly, DHS implemented a Permanency Roundtable in FY 12/13 on a cohort of youth ages 16 and younger in care 18 months or longer, with the permanency goal of OPLA (56 youth: 45 focus youth and 11 siblings). Through this process, DHS applied best practices and addressed systemic barriers to improve outcomes for this cohort of youth. The team also developed Permanency Action Plans for each youth reviewed during the process which includes formal monthly follow up and outcomes tracking by CYF Case Practice Specialists assigned to each of the regional offices.

Secondly, DHS's performance based contracting model will encourage timeliness to permanency, particularly for youth in care for more than 15 months that are in kinship settings. Because each provider is asked to improve from its current level of performance in four main areas: increasing Permanent Exits, decreasing Care Days, decreasing the Cost of those Care Days, and decreasing Re-Entry Rates, DHS anticipate that the length of stay will improve for this population under the performance base model.

Third, DHS is taking steps to improve concurrent planning efforts. Concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in the foster care system. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and concurrently pursuing those options that will best serve the child's needs. Typically the primary plan is reunification with the child's family of origin. In concurrent planning, an alternative permanency goal (e.g., adoption) is pursued at the same time rather than being pursued sequentially after reunification has been ruled out. As of July 1, 2015, all children entering foster care with a goal of reunification will have a concurrent goal within 90 days of placement. As of January 1, 2016, all children in placement will have a concurrent goal. To accomplish this work, training will be provided for DHS staff, providers, courts, legal representatives and community stakeholders.

Finally, the implementation of DHS's Case Practice Model and Conferencing & Teaming will improve family engagement. DHS believes that when children, youth and families are engaged in the process, they are more likely to remain engaged and benefit from treatment, so that they can experience improved lengths of stay and timeliness to permanency.

Allegheny County

**Section 4: Administration**

**4-1a. Employee Benefit Detail**

- Submit a detailed description of the county's employee benefit package for FY 2013-14. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

<u>Object Code</u>	<u>Char Code</u>	<u>Object Title</u>	
51101.51102	20	Salaries	11,462,050.00
51104	20	Overtime	606,805.00
51109	20	Health Benefit Bonus	25,344.00
51105	20	Other Compensation	13,750.00
51107	20	Sick Pay-Buy Back	175,000.00

<b>Personnel</b>			<b>12,282,949</b>
52501	25	Fringe Benefit Allocation	<b>0</b>
52502	25	County Pension Fund	1,019,194.00
52503	25	FICA & Medicare	900,706.00
52504	25	Group Life Insurance	3,153.00
52505	25	Highmark Select POS	3,124,417.00
52506	25	Unemployment Compensation	28,416.00
52511	25	Dental Plus	78,652.00
52513	25	Dental Flex	39,856.00
52530	25	Employee W/C Medical	33,437.00
52531	25	Employee W/C Indemnity	27,837.00
52532	25	Employee W/C Admin	54,746.00
52599	25	Employee Cost Sharing	-271,549.24
<b>Fringe Benefits</b>			<b>5,038,865</b>

**Fringe Rate 0.4102**

52502, County Pension Fund-

Allegheny County contributes 8.5 percent of employees' gross salary as a match for pension benefits. This percentage became effective on January 1, 2013 and is expected to remain in place for 2015.

#52503, FICA/Medicare-

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

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### #52504, Group Life Insurance-

Full-time employees are afforded up to \$10,000 of life insurance at no cost.

### #52505, Highmark Select Blue PPO-

Monthly benefits are based upon the number of family members covered under the insured individual's policy. The County is recovering 2.25 percent in 2014 and 2.5 percent in 2015 of the employee's base wage to offset medical benefit coverage costs. 2014 cost increased by 2.5 percent over 2013. It is estimated that the cost of benefits will increase by a minimum of 5 percent in 2015 and again in 2016.

### #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 2015 is three percent.

### #53512, Concordia Flex-

Concordia Flex is a Choice Plan that is associated with the Highmark dental network. The cost to Allegheny County is \$20.54 per individual per month and \$54.09 per family. The increase cost estimate for 2015 is three percent.

### #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.

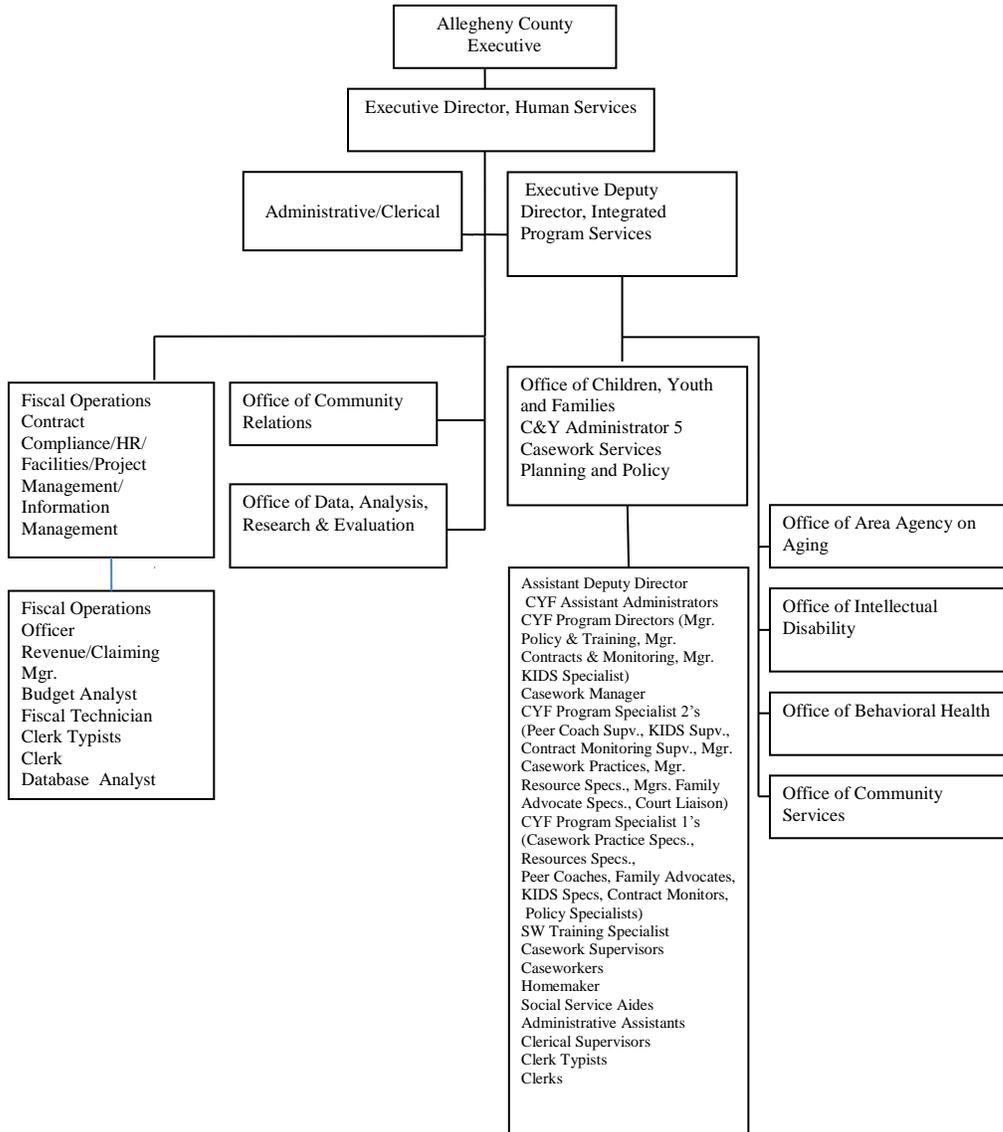
### #52532, Employee Worker's Comp Administration-

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.

# Allegheny County

**4-1b. Organizational Changes**

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



#### 4-1c. Staff Evaluations

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

Currently, weekly meetings are held between the caseworkers and their supervisors to review cases and assignments. Other employees meet with their supervisors regularly and as needed. All employees receive a mid-year and annual performance evaluation. Employees are also encouraged to formulate and provide a self-review to their supervisors prior to their evaluation to initiate discussion between the employee and their supervisor.

Over the next two years, we will develop, train, and implement an approach to trauma-informed supervision. There is robust and rapidly growing research that shows the negative effects of traumatic stress, including stress from vicarious trauma, on the human system. People who are struggling with this type of stress have poorer decision making skills and other cognitive performance deficits, difficulty with emotional regulation, and experience higher levels of inflammatory disease, obesity and cardiovascular problems. The human services field has long recognized the extremely stressful environment that our staff work but methods of changing the way we work, office cultures, etc. are still emerging. We intend to develop environments, individual skills, and team practices that incorporate mindfulness into the structure of supervision at all levels of the Office.

#### 4-1d. Contract Monitoring & Evaluation

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

Currently, DHS's CYF contract monitoring unit consists of eight monitors, one supervisor and a manager. Each monitor is assigned to specific providers. Monitors assist providers in translating regulations into practice. This includes—

- Inspecting the facilities and the records maintained in KIDS as well as supporting documentation kept at the provider agencies.
- Interviewing children and caretakers and assess whether the environment is conducive to their health and well-being
- Conducting monthly provider reviews and audit/inspect one of the larger providers quarterly.
- Providing technical assistance to encourage and identify any practice improvements that are warranted based on the findings

Beginning in FY 14/15, DHS will begin to broaden the focus of how we monitor our providers. Other jurisdictions, such as the Administration for Children's Services (ACS) in NYC, utilize a scorecard system to strengthen accountability and organizational learning processes. ACS's scorecard for child prevention programs uses case record reviews and administrative data to track and assess agency performance in key areas like safety, permanency and well-being. The information gathered through a scorecard helps to identify providers' strengths as well as areas of improvement. DHS will use the experiences of other jurisdictions, including ACS, to

## Allegheny County

begin to develop our own provider scorecard in FY 14/15 and FY 15/16. The development of the scorecard will incorporate input from various stakeholders, including staff, provider agencies and the Children's Cabinet.

To support the shift from compliance to performance and outcome management through the scorecard and other quality improvement strategies (e.g. Performance Based Contracting), DHS will engage the consultant ACS used to train its monitoring staff. ACS recognized that its monitoring staff needed the right skills to effectively engage and interpret child welfare administrative and fiscal data with contracted providers for the scorecard and other practice improvement efforts to work. As a result, the monitors were intensively trained on how to interpret and provide ongoing consultation and feedback with providers. Specifically, the training addressed—

- Effective strategies on how to facilitate a meeting with leadership and staff from a provider agency
- Interpreting and presenting performance issues, outcomes, and measures with providers in a manner that encourages improvement and action
- Providing ongoing consultation and feedback
- Conducting quarterly performance discussions

As a result of the training, monitors from ACS were in a better position to support the providers during the roll out of the scorecard. ACS reported that many of the monitors felt empowered to help providers identify actionable areas for improvement to support performance improvement and best practices to effectuate change. For this change to occur at DHS, additional resources are needed to hire a consultant to develop a similar curriculum for our monitoring staff.

Finally, to augment the shift to performance and outcome measurement strategies as well as support the expansion of evidence based practices, DHS requests four additional contract monitors and one supervisor in FY 15/16. Experience from ACS's implementation of its scorecard and evidence based practices recognizes the need for monitors to carry fewer providers on their caseloads. With this shift in monitoring practice, monitors need more time to provide timely and ongoing consultation and feedback with their assigned providers. They must also be available to work with EBP developers and contracted providers to assist with implementation and fidelity related issues. Unfortunately, their current caseloads of 15 providers per monitor will prevent the shift in monitoring practice from occurring. Thus, four additional monitors and one supervisor will enable monitors to support timely measurement and analysis on an ongoing basis, with an emphasis on identifying areas for improvement and informing practice changes.

### 4-2a. Human Services Block Grant

- ❑ Participating counties whose HSBG report does not capture the following information 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.

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See Allegheny County's FY 14/15 Block Grant Plan online at <http://www.alleghenycounty.us/dhs/plansbudgets.aspx>

<b>4-2b through 4-2e. Special Grants Initiatives</b>
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**Requests to Transfer/Shift Funds**

The following subsections permit the transfer or shifting of funds within the SGI categories of EBP, EBP-Other, PaPPs, Housing and ATP for FY 2014-15 within the maximum allocation amount. Counties must have sufficient local matching funds when requesting a transfer to those programs with a higher match requirement. CCYA may transfer within EBP funds and EBP-Other without OCYF approval. However, approval is required if transferring to/from EBP and other SG 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 Continuous Quality Improvement (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.

- From the list below, please indicate those Evidence-Based programs, Pennsylvania Promising Practices, Housing and Alternative to Truancy Prevention programs that the county will provide in FY 2014-15 and/or request funding for in FY 2015-16. Do not include funds for additional Nurse Family Partnership services. Describe the method for measuring and evaluating the effectiveness of staff provided services.

FY2014-15	FY 2015-16	Program Area
		a. Evidence Based Practices (Other)
		b. Multi-Systemic Therapy (MST)
		c. Functional Family Therapy (FFT)
		d. Multidimensional Treatment Foster Care (MTFC)
		e. Family Group Decision Making (FGDM)
		f. Family Development Credentialing (FDC)
		g. High-Fidelity Wrap Around (HFWA)
		h. Pennsylvania Promising Practices Dependent (PaPP Dpnt)
		i. Pennsylvania Promising Practices Delinquent (PaPP Dlqnt)
		j. Housing Initiative
		k. Alternatives to Truancy Prevention (ATP)

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

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

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

- Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2013-14				
New implementation for 2014-15 (did not receive funds in 2012-13)				
Funded and delivered services in 2013-14 but not renewing in 2014-15				
Requesting funds for 2015-16 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2014-15; and/or requesting funds for FY 2015-16. Enter the total amount of state and matching local funds.

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2014-15			
FY 2015-16			

- 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?
  
- 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.

Allegheny County

**Complete the following chart for each applicable year.**

	1112	1213	1314	1415	1516
Target Population					
# of Referrals					
# Accepting Services					
# Successfully completing program					
Cost per year					
Per Diem Cost/Program funded amount					
# of MA referrals					
# of Non MA referrals					
Name of provider					

- Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2015-16. Explain how service outcomes will be measured and the frequency of measurement.
  
- 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. Also, identify the measures the county will utilize in both FY 2014-15 and FY 2015-16.

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

- Please provide an overall 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.

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- 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.

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**4-2f. Independent Living Service Grant**

- ❑ In the table below, place an “X” for the services that will be provided by CCYA during FY 2015-16 (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	800	A. Needs Assessment/Case Planning
X	950	B. Life Skills Training
X	400	Credit History Review
		C. Prevention Services
X	80	Dental/Health
X	500	Drug Abuse Prevention
X	500	Alcohol/Tobacco/Substance
X	500	Safe Sex/Pregnancy
		D. Education
X	50	Vocational Training
X	450	High School Support and Retention
X	75	Preparation for GED
X	500	Assistance in Obtaining Higher Education
		E. Support
X	800	Individual and Group Counseling
X	100	Stipends
X	125	Services for Teen Parents
x	30	Mentoring
		F. Employment
X	125	Job Placement
X	125	Subsidized Employment
X	100	G. Location of Housing
X	30	H. Room and Board
x	50	I. Retreats/Camps
		J. Indirect Services
		K. Program Administration

- ❑ Enter the county’s total approved budget for FY 2014-15 and budget request for FY 2015-16 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 2015-16. 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.
- ➡ The transfer of IL federal, state or local funds to other Special Grant programs or services is not permitted.

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	FY 2014-15 Actual	FY 2015-16 Request
Total Budget Amount	9,297,843.00	9,297,843.00

- ❑ Describe the county’s expenditures history for IL Services for FY 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

Until FY 2012-2013, Allegheny County fully expended the IL allocation. In FY 2012-2013, slower than expected starts for two programs (subsidized employment and the Youth Support Partner Unit YSP)) caused under-spending of allocated funds.

In FY 2013-2014, a small percentage of allocated funds were unspent. This was due to underspending of grant monies allocated to one provider, and to the YSP Unit. In the case of the provider, underspending in the African American male employment initiative is mainly due to economic conditions in the Mon Valley region. The County will continue to work with the provider in the coming fiscal year to establish this program. The YSP Unit has a rigorous selection process, and increased need for males YSP’s to cover demand,. It is anticipated that all vacancies will be filled in FY 2014-2015.

- ❑ If there were instances of under spending of prior years grant funds, describe what changes have occurred to ensure that grant funds for this program/service are maximized and effectively managed.

We do not anticipate any underspending in FY 2014-2015, and will work closely with the provider and YSP Unit manager.

- ❑ Provide a brief explanation if the county elects to submit an implementation budget for FY 2014-15 that is less than the certified allocation.

N/A

### **IL Outcomes**

- ❑ Identify and describe three program, or youth, IL outcomes the county plans to address and improve for FY 2015-16 (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

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- Any other information to support the outcome.

### **Introduction to selected IL Outcomes**

In May 2014, DHS was selected as a Jim Casey Youth Opportunity Initiative site. The Jim Casey Initiative was established in 2001, with the mission and vision of providing young adults in the foster care system with the resources and opportunities necessary to successfully transition into adulthood. It provides a logic model that assists sites in implementing and evaluating best practices in serving transition aged youth. The logic model includes core strategies and activities that lead to improvements in policy and practice and result in improved outcomes for youth. DHS will use these core strategies and activities as a foundation to enhance our current network of services for transition aged youth.

DHS is uniquely positioned to capitalize on this opportunity, from both a practice and infrastructure perspective. DHS is moving toward integration of services and is implementing a practice model that encourages and supports active participation in planning and service delivery. Our Office of Data Analysis, Research and Evaluation (DARE) maintains an award-winning, nationally recognized Data Warehouse (DW). The DW is a secure central repository of human services data that supports decision-making and integration of offices, including child welfare and IL, so that information about programs and clients can be retrieved, analyzed and used to improve outcomes.

As part of our work with the Jim Casey Initiative, DHS completed an Environmental Scan of services and resources for transition aged youth. The DHS Environmental Scan included interviews, focus groups and surveys of IL youth and IL providers; an in-depth analyses of demographic information; and details regarding employment, educational and other opportunities available to residents of Allegheny County. The scan helped inform the development of an Implementation Plan.

In year one, DHS' Implementation Plan focuses on creates a strong foundation for high quality and youth-driven services for transition aged youth. This will include implementing recommendations from the Scan for better collaboration between child welfare (CYF) and IL supports starting at age 16; designing a more effective approach to service delivery to reach more youth with higher quality, engaging interventions; and incorporating youth preferences and priorities throughout the system changes. We will also take advantage of some immediate opportunities, referred to as "door openers" by the Jim Casey Initiative, to take steps forward in improving in health, housing, financial capability, employment and permanence for youth.

The outcome areas we have selected are aligned with both Commonwealth mandates for IL services and the challenge areas identified through our work with the Jim Casey Initiative. Each has the potential to enhance youth functioning across multiple domains, including life skills, employment, education, support and prevention and planning. The outcome areas focus on efforts recently undertaken by DHS on behalf of older youth, proposed changes to current practice, and the implementation of a promising new program, which is integral to the Jim Casey Initiative.

### **Outcome 1**

Transition Planning: In February 2014, the IL Transition Program Manager and CYF South Regional Office Director were tasked with studying older youth and making recommendations

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related to services, placement, and case management of older youth. At that time, there were 148 youth ages 18 to 21 in CYF care. In addition to conducting focus groups and visiting placements, CYF caseworkers completed a survey for each youth, detailing the challenges, needs and strengths of this group. 124 surveys were completed by 63 distinct caseworkers.

According to the survey results, 76% or about 94 youth participated in the development of their transition plan. Of those youth, 28 were described as “very active” in planning, 66 as “active,” 19 youth as “inactive,” and 11 very inactive.”. During focus group discussions, done in preparation for our work with the Jim Casey Initiative, youth indicated that they did not engage in the transition planning process for a number of reasons, mainly because they did not see it as different from other types of case planning.

Our work around transition programming will focus on both the youth’s part in the process and the system’s role in the process. IL providers and YSP’s will work closely with the CYF caseworkers to prepare youth with the self-advocacy skills necessary to successful transition planning. Ideally, transition planning should begin at age 16 and should be an integral part of the CYF practice model, Conferencing & Teaming, as well as the process of IL assessment and goal planning. In this way, youth will come to view themselves as central to the process, and develop their own voice in decision making and planning for their future. Further, by beginning this process at age 16, youth engage in planning a dynamic document that evolves at the pace of each youth. The strategy of early onset planning benefits all members of the youth’s team, as strengths and needs are identified earlier and adjustments may be made before the critical juncture at age 18, when the youth is able to voluntarily exit placement.

We anticipate that the percentage of youth who are described as “very active” in transition planning will increase with this initiative, with a resultant decrease in the percentage who are considered inactive or very inactive. We also anticipate that we will see the numbers of youth requesting resumption decrease and that youth will be better prepared to exit CYF care to a stable life situation.

### **Outcome 2**

Housing for older youth: In FY 14-15 and through FY 2015-2016, we will continue to focus on housing for all older youth, in addition to our previous outcome area of housing for teen parents.

DHS currently partners with three different organizations to meet the housing needs of older youth:

- Since FY 2009-10, Action Housing’s *My Space* program has assisted former foster youth in securing safe, affordable housing. *My Space* is a popular program among our aftercare youth, and requires that the youth work and/or attend school and pay a portion of the rent. Action Housing provides skill-based workshops and case management services. Transition program staff also works with the youth to provide services and concrete goods when necessary.

To date, Action Housing has received three federal grants. Phases one and two provided assistance in the form of subsidized single apartments for youth. Phase three, an apartment building located in Pittsburgh’s Lower Hill District, is set to open in late 2014.

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- Community Human Services (CHS) assists college-age youth in securing safe, affordable housing during college breaks or summer vacations. Our partnership with CHS provides the students with apartments, food, and case management services until they return to college. One unique feature of the program is the opportunity for the youth to sign a lease, a valuable step in establishing credit.

Community Human Services now provides a wide range of housing, behavioral health, and related services to IL youth, including teen parents.

- DHS contracts with Family Links to reserve three beds in its Downtown Outreach Center and Shelter (DOCS) in an effort to provide emergency housing assistance and stabilization services to transition aged youth. This provides a temporary residence for homeless youth who may want the court to resume jurisdiction or who are awaiting a court motion to place them in CYF care.

Family Links is positioned to offer homeless youth a unique array of services, including assistance in accessing behavioral health or drug and alcohol resources. Family Links also has an 18-month Transitional Housing Program, should a youth decide against re-involvement with CYF.

In FY 2013-2014, usage of the three Family Links beds was 67.5% for a total of 738.8 days. When necessary, Family Links placed resumption youth in additional shelter beds, and those days are not counted in this data.

These partnerships and providers have been successful with their respective populations, but cannot address the breadth of need in our aftercare youth.

In FY 14-15 and throughout FY 2015-16, DHS will broaden our focus related to appropriate housing options and permanency for our youth. This is the result of recent changes within the child welfare system both in Allegheny County and statewide, including resumption of jurisdiction and DHS' award of a federal grant geared toward diligent recruitment of foster parents for older youth.

Resumption of jurisdiction has emphasized the need for specialized housing options for older youth. In FY 12-13, 28 youth requested resumption of jurisdiction. All of these requests were triggered by homelessness, combined with persistent mental health disorders for a large percentage. Of those who requested resumption of jurisdiction, 6 remain in the CYF system. Often, youth reject the option of placement in traditional shelters or, if placed, experience a great deal of difficulty re-adjusting to structure and rules after having lived on their own. Further, these youth face additional challenges such as unemployment, educational deficits and unsupportive relationships with parents. 40% of these youth had also been out of contact with their IL caseworker or IL service provider in the months prior to the request to resume placement.

We will continue to explore placement options for older youth who chose to resume jurisdiction, with the goal of retaining them until they have viable plans for transition from placement and the CYF system, as well as the means to support themselves on a long-term basis. We expect that these efforts will result in increased numbers of youth who remain in placement for a sufficient time to address and remedy the problems that brought them back into CYF care.

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We will also examine new youth engagement strategies, and an increased level of youth input into service provision as a mechanism to keep these youth engaged in IL services.

As we plan for resumption youth, we are also working in conjunction with CYF staff to implement the Diligent Recruitment grant. In late 2013, DHS was awarded a 5 year grant by the U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF) to explore increased use of foster homes for youth ages 12 and above. The project will use a data-driven, multifaceted approach to identify the needs of resource families, develop a county-wide recruitment campaign, improve the way in which children and families are matched, support engagement and training of resource families, and implement a systemic approach for continuous quality improvement through feedback from youth and families.

IL, including our YSP Unit, has been engaged from the outset in this effort. IL youth will comprise a Speakers Bureau to assist in recruitment efforts and interface with stakeholders and providers. IL youth will also participate in the production of a recruitment video. IL staff and YSP's are recruiting youth to participate in focus groups designed to provide them with the opportunity to provide input as the project progresses.

We anticipate that the number of youth who request resumption of jurisdiction will decrease as youth chose to remain with families rather than to exit the CYF system prematurely. We also anticipate that the number of youth who remain in the CYF system after the initial request for resumption will increase.

### **Outcome 3**

Financial Capability: As a Jim Casey Youth Opportunity Initiative site, we will be rolling out a new program this year that is aimed at improving youth's financial literacy and capacity to save money.

The Opportunity Passport™ is a matched savings plan that provides youth with the financial capability to save, and to have those savings matched to purchase assets. Purchases might include a car, furniture, education, investments, credit-building or other necessities not covered by funding streams. Opportunity Passport™ participants receive a financial literacy curriculum and establish a bank account as part of the program. Allegheny County will match savings on a one-to-one basis using stipends allocated to the IL grant.

Financial literacy is integral to the Opportunity Passport™ program. The Jim Casey Initiative offers a specific curriculum, *Keys to Your Financial Future*, a financial education curriculum geared specifically toward current and former foster youth. The curriculum was designed by the Jim Casey Youth Opportunities Initiative as a component of the Opportunity Passport™. The curriculum offers facilitator guides, including pre and post tests, and 7 participant modules including asset building, money management, housing, education, savings and investing, good credit and transportation. The Jim Casey Initiative supports this curriculum with tools and video to aid facilitators in delivering the curriculum.

We anticipate that 150 youth will participate in the Opportunity Passport™ Program and related financial literacy curriculum. Of that number, we anticipate that 90% will show gains in financial literacy. We anticipate that 80 youth will begin to save money in their own savings accounts, making them eligible to receive match money toward a purchase.

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As part of the program, participants take an semi-annual well-being survey.. We will share those results with the Commonwealth, and anticipate that our outcomes will equal or surpass those of other jurisdictions. For example, the Jim Casey initiative has found that asset-purchasers in Opportunity Passport™ were almost twice as likely as non-purchasers to be employed at least 40 hours per week for 6 months.

### IL Services Narrative (please read the following bullets before responding)

- If the agency is requesting an increase of funds for FY 2015-2016, clearly explain and justify the increased costs.

Allegheny County is not requesting an increase in allocations to this grant at this time. Allegheny County has committed to issuing a Request for Proposals with a projected start date for new services as of January 1, 2016. If the results indicate the need for an increase in the requested allocation, we will request modification in next year's Needs Based Plan and Budget.

- 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.

In Allegheny County, transition programs include services provided by internal DHS staff through the Independent Living Initiative (ILI), five Independent Living service providers, and other providers of both IL and specialized services for youth. All programs provide services to youth, ages 16 through 21 years, both while in care and after discharge from CYF.

The ILI internal DHS staff consists of a transition programs manager, IL Program Coordinator five caseworkers, a youth support supervisor, and five educational liaisons. ILI personnel provide stable and continuous academic and career development support to youth as they transition to adulthood. They assist each youth with their pursuit of post-secondary education, employment, vocational training, housing, financial aid, scholarship searches, and programs and services to enhance post-secondary success. The work of the educational liaisons is highlighted in the section on meeting educational needs.

Five provider agencies (Auberle, Circle C, FamilyLinks, Hill House, WARD) are responsible for assessment, case planning and case management under the supervision of the IL Program Coordinator. IL programs provide traditional programming, such as group meetings and events, and also assist individual youth with any life challenge that might emerge.

Whether a youth is assigned to one of the provider agencies or is working with DHS staff, they all receive one-on-one case management, combined with group meetings held by individual agencies monthly, and a monthly "all IL/ILI" meeting. All youth are encouraged to participate in monthly group meetings which combine educational speakers and interactive events geared to address the challenges of transition from foster care.

Transition program staff work together, and with CYF caseworkers, other DHS program offices, outside agencies and other providers, to insure that each youth receives services necessary to a successful transition. All programs cross-refer to other DHS and DHS contracted IL initiatives, such as Goodwill/Youthworks, Family Resources (work-based learning programs), the Bridge programs and other DHS program offices such as the Office of

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Behavioral Health, Office of Community Services and Office of Intellectual Disability. Youth are also referred and assisted through the process of applying for services and support from the Social Security Office, Office of Vocational Rehabilitation Services and Medical Assistance.

### **Data**

Our data, including documentation of services, assessments and IL plans, is entered into KIDS. All information entered into the KIDS system by transition program staff is available to the youth's CYF caseworker immediately. In addition to informing the caseworker about the youth's progress on a "live" basis, it also allows for immediate input from caseworkers, and facilitates collaboration between DHS staff and service providers working with the youth.

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 is presented at the conclusion of each section.

In FY 2013-2014, first time IL referrals fell from 128 in FY 12-13 to 90 referrals in FY 13-14. This is likely due to CYF Practice Model and resultant efforts to maintain youth safely in their homes and/or return them home safely.

In FY 2013-2014, our numbers reflect a slight decline in the total number of youth served in certain domains versus FY 12-13. However, in the same timeframe, we have seen an increase in group participation. We continue to encourage and assist our providers in engaging more youth into services.

We are currently studying engagement/retention data related to our IL providers in order to pinpoint areas for future efforts. We acknowledge the difficulties of engaging this age group, as well as the challenges inherent in a system dependent on a case management model. With the release of the RFP in Fall 2014, we hope to develop a model with a strong outreach component and interventions geared toward not only engaging youth, but retaining them in services with the ultimate goal of measurable outcomes in the future.

In FY 2013-2014:

951 unique youth received some type of IL service through the five provider agencies (IL) and ILI staff.

720 youth received a Life Skills service through IL or ILI.

106 youth received life skills services through the Bridge programs

### **Work Based Programs**

In our efforts to meet the identified needs of current and former foster youth, DHS also provides work-based employment services to youth. Work-based providers include Goodwill/Youthworks, the Bridge Programs (located in Downtown Pittsburgh and McKeesport), and Family Resources. Goodwill/Youthworks provides specialized programming geared toward assisting youth in securing and obtaining gainful employment, while supporting them with individualized services. The Bridge programs are a "one stop shop" approach to transition programming and provide group programs and individual support in all IL domains. Family Resources provides work-based experience and the opportunity for youth to engage in activities that enhance their relationships.

### **Goodwill/Youthworks**

Youthworks, through its Aging Up Not Out (AUNO) program, provides youth with job readiness training, career assessments, referrals to support services, and training on budgeting and

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entrepreneurship. Youth earn stipends for program completion, and receive assistance when necessary in securing critical documents such as birth certificates and social security cards.

FY 2013-2014:

- 84 of 100 original participants (84%) completed the Jump Start Success Training,
- 83 percent of completers showed work readiness gains in knowledge at the end of the program.
- 84 youth also attended supplemental sessions related to anger management, smoking cessation, financial literacy, and sexual responsibility.
- 66 youth gained employment through AUNO

30 African American males participated in the subsidized work experience funded through the IL grant. Of that number, 16 completed the experience, and 5 were hired as permanent employees, 12 youth were terminated or quit before completing their allotted hours, and 2 “did not show” at their designated work site. Overall, the program is successful for those youth who are ready for full time employment. Youthworks has always expressed a willingness to provide supplemental services to help those youth did not initially pass to complete the program.

Youthworks also administers a DHS program to assist eligible youth in obtaining driver’s training through a contract with a local driver training school. 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 positions, especially the trades. DHS will refer and approve youth who have:

- successfully completed AUNO or a comparable job readiness program through the Bridge programs
- are in compliance with the goals of their case plan and
- have a valid driver’s permit.

In FY 2013-2014, 47 youth were referred for driving lessons. Of that number 18 have obtained licenses, 11 are taking lessons, 5 have completed lessons and have failed the test, 13 have completed lessons, and are “test ready” but have not yet scheduled the test.

### **The Bridge of Pittsburgh and McKeesport**

The Bridge programs offer a “one stop shop” approach to the provision of Independent Living services. Both sites focus heavily on GED preparation, life skills, and employment, but offer all mandated services through workshops, speakers and programming by Bridge staff and IL providers. The Bridge programs offer a web-based application, Res Care Academy, which can be used both on site and from any computer. This application contains 1,300 separate modules to assist youth with interests and aptitude, requisite skills for a multitude of occupations, and tutoring and remediation. The addition of the Res Care Academy program is a plus for transition aged students in need of additional academic assistance.

FY2013-2014:

The Bridge of Pittsburgh provided multiple services to 410 unduplicated youth, while the Bridge of McKeesport provided multiple services to 62 unduplicated youth.

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### **Family Resources**

When youth make the choice to exit the child welfare system at or after age 18, many to return to their birth parents and siblings. Many of their parents have done little to remedy the situations that initially brought them to the attention of the child welfare system. Further, they are still active in their addiction or continue to experience a multitude of emotional, financial and other difficulties. This often leads to a “re-victimization” of our young adults, many of whom are asked to provide financial support to parents or adult siblings, or are coerced into lending name and credit ratings to secure apartments and utilities for parents. While we understand the complex dynamics that lead our young adults back home, it is imperative that we provide them with the tools they need to deal with their families in an assertive manner. As these system-weary youth tend to shun any intervention that sounds like, looks like, or in any way indicates a behavioral health intervention, this intervention takes the form of a work experience with a group or individual counseling component.

The Independent Living Program at BJWL was restructured significantly during the 2013/2014 program year in effort to increase the quality of the experience the young adults receive. The restructured model provides a more comprehensive, individualized and high quality experience than in years past. The model involves longer term employment for a smaller number of youth, (11 in FY 2013-2014)

The youth are supervised and mentored by a dedicated Program Coordinator over a 40 week period, allowing them to develop a positive connection with a caring adult. The Program Coordinator provides workplace and life skills coaching, on the job support and accountability. All youth are required to complete the two week YouthWorks workplace readiness curriculum prior to beginning the BJWL workplace experience. Once completed, the youth are then placed in the most appropriate afterschool site based on interests and needs. At the site, youth assist the BJWL Youth Workers and Teachers with homework help, social & emotional learning, arts & crafts, sports & recreation and health & wellness activities.

In addition to the 10 hours of paid workplace experience, all youth participate in a non-pathologizing trauma-informed care curriculum conducted by a trained psychotherapist. This is the unique feature that Family Resources can provide to the BJWL Independent Living Program. For two hours per week, youth focus on the results of exposure to trauma which include:

- Loss of safety
- Inability to manage emotions
- Overwhelming losses
- A paralyzed ability to plan for or even imagine a different future

FY 2013-2014:

378 youth received 1641 employment-related services from IL or ILI programs.

### **Accomplishments/Partnerships**

DHS continues to establish partnerships that benefit our youth. We currently partner with several entities and consistently work to develop new and innovative partnerships that provide enhanced opportunities for current and former foster youth.

In 2013-2014, DHS and KidsVoice co-sponsored two resource fairs. The first, in November of 2013 focused on education, while the second, in April of 2014, focused on employment and

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other opportunities for youth. 120 youth attended the November event which featured colleges, universities, certificate and other programs, as well as information related to financial aid. 65 youth attended the second fair in April of 2014, which featured 35 vendors related to housing, employment, healthcare, disease prevention and community resources for youth.

In 2014, DHS again sponsored two youth to attend Foster Club All Stars in Seaside, Oregon. After training, the youth travel to various locations around the country to conduct workshops and trainings for other foster youth, child welfare and other professionals who work with foster youth.

Creative Life Support is the non-profit arm of mr. smalls Theater in Pittsburgh, PA. Liz Berlin, co-owner of mr. smalls, a noted local musician and lead singer for the band Rusted Root, established Creative Life Support to work with current and former foster youth who share her love of music. Ms. Berlin works with the youth to compose and record lyrics and music in a professional studio and also prepares them for a live performance at mr.smalls Theater as the culmination of their training. In May, 2014, youth participating in the WE ROCK Workshop, performed live in Harrisburg at *Hearts and Homes-- An Afternoon with Jimmy Wayne Scholarship Benefit* sponsored by the Pennsylvania State Resource Family Association.

Beginning in 2012, The Allegheny County Music Festival Fund has supported our college youth by providing each youth's university bookstore with \$500.00 for the initial purchase of books. Historically, our college youth have struggled to make this purchase, as few have the resources to do so. Feedback from youth and staff regarding this program was positive, and every youth was able to buy books for their first semester. This practice will continue in 2014.

Our partnerships with Action Housing, Community Human Services and Family Links Downtown Outreach Center and Shelter (DOCS) have helped to fill the void for aftercare youth who would otherwise be homeless. Community Human Service has offered additional assistance in securing housing for teen parents.

DHS is committed to youth outreach and to engaging youth on an on-going basis by offering unique programs and a full continuum of services, offered on both an individual and group level to all youth. Our "Street Team" conducts a great deal of outreach and sponsors activities geared toward spreading the word about services and opportunities for transition aged youth in Allegheny County.

DHS is committed to providing services and supports that will not only assist youth as they transition into adulthood, but will also provide them with the skills, knowledge and other resources that will enable them to continue to support themselves throughout their adult life. During FY 13/14, we began an analysis of the demographics, needs, strengths, status, goals, and other factors as part of our work with the Jim Casey Initiative. This included an assessment of the performance of current IL provider agencies and research into practices from other jurisdictions. In FY 14/15, we hope to write and issue a Request for Proposals, with youth input, in order to contract for improved IL services.

It is essential that the re-vamped IL service system is compatible with and builds upon the DHS practice model, Conferencing and Teaming as an engagement and case management practice. Conferencing and Teaming focuses on individual and family empowerment and the development of natural supports, both of which are essential for youth transitioning into adulthood. DHS intends to ensure that services offered to our youth reflect changes in best practices by involving DARE and the CQI Team. Fiscal, Compliance, and other departments will

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also be involved in an extensive planning process. Our goal is to seek out providers and partnerships that engage the maximum number of youth in programming, address their needs across a continuum, and provide the highest level of service integration possible.

- ❑ 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's efforts to support high school and post-secondary education or training is a concerted effort by Educational Liaisons, IL program staff, Bridge staff, schools, CYF caseworkers, ILI caseworkers and staff from KidsVoice. All work collaboratively to provide for the educational needs of youth, both in placement and after discharge.

Since staff work together and with each individual youth to craft a plan best suited to that youth, many individuals may work with a youth simultaneously. Further, many services cross the boundaries of high school support and retention, vocational training referrals and placement, assistance with GED prep and ETG assistance. Services are dependent upon the needs of each individual youth.

Educational Liaisons work with high school students beginning at age 16, with GED participants, and with discharged youth. The liaisons counsel youth on career planning and career options best suited to their academic strengths and abilities. They also provide referrals for vocational or other training programs, and assist with:

- FAFSA (Free Application for Federal Student Aid)
- Chafee Education and Training Grant application
- College applications
- Scholarship applications
- SAT waivers
- Admission fee waivers

Educational liaisons continue to provide senior workshops for all youth who chose to attend postsecondary education or training. These workshops are designed to provide youth with problem solving strategies regarding a variety of 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 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 related to career planning, after they enter post-secondary education or training programs.

In FY 2013-2014, 113 youth attending high school or the Community College of Allegheny County (CCAC) toured the following post-secondary programs/universities:

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- Slippery Rock University of PA
- Clarion University of PA
- Edinboro University
- California University of PA
- Indiana University of PA
- The Pennsylvania State University, Beaver Campus
- University of Pittsburgh, Greensburg Campus
- Hiram G. Andrews

This included an overnight tour of Clarion, Slippery Rock and Edinboro Universities in November, 2013. In April 2014, Edinboro University hosted young men from Allegheny County and provided a special weekend of programming focused on post-secondary success.

Summer 2014 tours include the University of Pittsburgh, Johnstown Campus, and Shippensburg University of Pennsylvania.

Our goal is to ensure that every youth who wishes to pursue post-secondary education or training is provided the opportunity to do so. With the involvement of educational liaisons, the number of youth enrolled in post-secondary education has nearly tripled.. Before DHS hired educational liaisons, and when working with graduating students was a fraction of the work done by the two-person ILI DHS staff, 35 and 40 students were personally assisted and accepted into college in 2006 and 2007, respectively. When educational liaisons were hired to focus solely on this population, the numbers rose significantly to 97, 105, and 103 in the 2008, 2009 and 2010 school years. In subsequent years, the number of youth entering post secondary education has averaged at 75 per year. We do not view the decline in the number of post-secondary students as a negative, rather as a function of two separate trends: first, CYF has established several initiatives geared toward reducing placements and moving more youth toward permanency, resulting in a shrinking pool of “candidates”; secondly, 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.

We anticipate that 75 youth will enter some form of post-secondary program in the Fall of 2014.

KidsVoice plays an integral part in the post-secondary process in Allegheny County. KidsVoice Child Advocacy Specialists assist in identifying youth who wish to pursue post-secondary education or training, and work collaboratively with IL and ILI staff throughout the youth’s high school years, and at the point of high school completion to make certain that the youth is prepared for the conciliation process.

KidsVoice staff is responsible for compiling all information necessary for the conciliation process, and for requesting conciliation meetings between 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 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 assigned to them.

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FY 2012-2013: 512 unique youth received 2779 services related to Higher Education through IL or ILI.

392 unique youth received 1208 services related to High School Retention and GED through IL or ILI.

165 youth took advantage of educational services (tutoring, remediation, GED preparation, postsecondary assistance) through the Bridge programs.

63 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 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.

In FY 2012-2013, DHS intensified its work with providers to enhance the content of meetings that included both contracted providers and DHS staff. We focused on developing and providing fresh programming to youth. As part of an ongoing effort to engage more youth and encourage higher levels of participation, DHS conducted the following themed program meetings in FY 12/13:

- Black History Month Jeopardy
- College Student Panel/ Free Application for Federal Student Aid (FAFSA) night
- Impacts of Smoking/Smoking Cessation
- High School Graduation Picnic
- Employment Opportunities
- Pirates Baseball (Courtesy: Tickets for Kids)
- Resource Scavenger Hunt
- DHS/Kidsvoice sponsored Resource Fair (Education)
- DHS/Kidsvoice Resource Fair (Employment and Community Resources)
- Presentation by SWAN

Each IL program provider conducted monthly group meetings for their assigned youth on a wide range of topics, including:

- Self Esteem
- Human Trafficking
- Dining Etiquette
- Domestic Violence Prevention
- Health and Nutrition
- Shopping *Healthy*
- Budgeting/Money Management
- Getting an apartment
- Applying for health insurance

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- Job readiness
- Positive Thinking
- Forgiveness

Monthly “all IL/ILI” group meetings were attended by a total of 793 transition-aged youth (duplicated). This reflects an increase from FY 2012-2013 (615 duplicated youth attendees). We will continue to seek out new and innovative topics to draw more youth to these groups. We recognize that factors such as massive cuts to the public transit system in Allegheny County play a role in group attendance and impact our youth who reside in outlying areas of the county. We also acknowledge that our current case management model of service is limited by the number of staff available to transport youth who would like to attend.

### **Incarcerated Youth**

Beginning in FY 2012-2013, Allegheny County funded a specialized position within our existing Justice Related Services (JRS) Unit to serve IL youth after arrest or in the very early stages of incarceration.

In FY 2013-2014, 29 youth were referred to JRS-IL. Of those youth, 14 are currently active with JRS-IL. Of the 14, 1 remains in the Allegheny County Jail (ACJ), and 13 have been released to the community.

Of the 15 additional youth served in FY 2013-2014, 7 successfully completed their JRS-IL court plan, 2 had charges dismissed 3 chose not to participate in JRS-IL, 1 was sentenced to SCI, and 1 was lost to follow-up.

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 CYF when the youth needs to re-enter the CYF system.

JRS staff has worked very successfully with the Adult Probation High Impact Unit on cases where there are multiple issues, addressing these issues in a recovery-oriented fashion. JRS continues to engage families, if available, to support their young adult during this time of significant transition.

Data for June of 2014 indicates that 34 youth in the Allegheny County Jail are eligible to receive IL services. In 2013, 21 incarcerated youth were IL eligible, and in 2012, 41 incarcerated youth were IL eligible. The slight increase over 2013 may be due to factors unrelated to JRS-IL, but we will renew our efforts to actively encourage other IL providers to refer incarcerated youth to this program when applicable.

JRS-IL has proven instrumental in minimizing the number of youth who become deeply involved with the criminal justice system

Circle C’s *R U Connected Street Team* continues to do outreach and education about resources available through both DHS and Allegheny County in general.

During FY 2013-2014, 637 youth (duplicated) attended monthly workshops or “connections” on the following topics:

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- Getting to Know Your Library Services
- Back to School
- What is Your Self-Image?
- Eating Healthy
- Making Lasting Relationships
- Healthcare Professions
- Sexual Violence
- Never Forget the Past
- Creating a Budget
- Sexual Health
- Presentation by Action Housing
- Starting Summer off Right

FY 2013-2014:

464 youth received individual support services through IL or ILI

156 youth received Support Services through the Bridge Programs.

- 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.

Services in this domain intersect with others, especially life skills. Much skill-building with youth is done on an individual basis, including assisting with applications, interview preparation, and handling relationships with landlords and other tenants.

IL and ILI staff also work with youth to furnish apartments necessary supplies, such as furniture, bedding, cleaning supplies, appliances, dishes, pots and pans. Though a percentage of goods are purchased, much of the furniture (e.g., couches, dressers, kitchen sets) are donated through a program established by one ILI staff person.

In FY 2013-2014:

249 youth received an individual housing service through IL or ILI

\*Note: **Additional Housing Services** have been included in Outcome #2 above.

- Describe the agencies projected use of Chafee Room and Board funds for youth who exit foster care after age 18.

DHS provides room and board in accordance with established policy.

Participants are eligible for an apartment subsidy when they are working full-time, or for at least 20 hours per week, and/or are enrolled in an educational/vocational program. Participants should have maintained employment at the same job for at least six months and should have a savings account which has shown steady growth. Exceptions must be approved in writing by the IL coordinator. Participants must also have been discharged from substitute care on or after their eighteenth birthday.

Participants must be enrolled and participate in all activities and appointments throughout the

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contract period; failure to do so will result in termination of the contract and cessation of room and board services. Participants are subject to both scheduled and unscheduled on-site visits. IL providers fund 100% of the first rental payment and security deposit. Thereafter, the five providers will decrease their subsidy portion by 20 percent per month. Providers provide assistance in securing household items and bedding. Assistance is limited to one event only. Exceptions must be approved in writing by the IL coordinator.

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 2014-15 and FY 2015-16. Prepare this information separately for each year. Include a statement whether the purchase costs are included in the appropriate budget
  
- 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).

	<b>IL Services</b>	<b>NYTD</b>	<b>Credit Reporting</b>
Name:	JoAnn Hannah	JoAnn Hannah	JoAnn Hannah
Email:	JoAnn.Hannah@Alleghenycounty.us		
Telephone:	412.350.7153		

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**4-2g. Information Technology**

- Identify the Case Management System your county is using: KIDS
  
- Provide the county's approved staffing complement:
  - Certified Staff: 716
  - 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:** 109
    - Position:** Donnelly Boland    **Number:** 29
    - Position:** Deloitte    **Number:** 41
    - Position:** Ciber    **Number:** 4
  
- 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 2014-15:    **Yes** X    **No**
  - Indicate if your county plans to participate in the Child Welfare Demonstration Project (CWDP) in FY 2015-16:    **Yes** X    **No**
  
- Indicate if your county is submitting a revised FY 2014-2015 IT budget along with your FY 2015-16 IT grant request: **Yes**       **No** X
  
- 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** X    **No**
  
- Indicate if your county is requesting funding for ongoing or new development in FY 2015-16 that is not related to the statewide Child Welfare Information Solution (CWIS):  
**Yes** X    **No**   
  - If **Yes**, provide the following details:
    - **Business Need:** Ongoing development of DHS Enterprise Information Management.
    - **High Level Requirements:** Enterprise functionality for 5 common core business functions; intake, case management, integrated monitoring, provider management, and fiscal management in a .Net platform.
    - **Project Cost Proposal:** Estimated to be between \$2 and \$3 million for development as a part of an estimated \$12 to \$13 million contract(s).
    - **Identify contracts associated with the development project.** A Request for Proposal was recently issued to support the Department of Human Service's Information Technology needs. Decisions will be announced in the fall of 2014. <http://www.alleghenycounty.us/dhs/rfp.aspx>

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- Provide any additional information that will assist in the review of your FY 2015-16 IT request.

### 4-2h. 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 took steps in FY 13/14 to improve the utilization of SWAN services in case practice to address the legal barriers to permanence. This started in Westmoreland County and now it's statewide.

- If requesting new or additional paralegal support, please explain why and what services/activities the requested paralegal(s) will perform.

CYF is requesting funding for 14 additional Statewide Adoption and Permanency Network Legal Services Initiative (SWAN LSI) Paralegals for FY15/16; this will bring the total number of paralegals to 26. The paralegals serve an important function at CYF, as their specialized knowledge of court processes allows them to assist casework staff with numerous time-sensitive court-related tasks.

There are currently two paralegals assigned to each of the CYF regional offices, with each paralegal supporting – on average – four supervisory units. This equates to an average caseload, per paralegal, of 200 cases. Due to the large number of cases, the scope and complexity of the tasks assigned to the paralegals was scaled back so the job could be performed effectively. Current responsibilities include:

- Conducting Diligent Searches
- Facilitating Pre-Hearing Conferences and Court Preparation
- Searching for Acknowledgements of Paternity
- Document Requests (birth/marriage/death certificates)

The additional staff would give each regional office four paralegals, thus cutting the average caseload, per paralegal, to 100 cases. This decrease in caseload size would enable each paralegal to effectively manage cases from intake to permanency. Additionally, this would allow time for completion of other tasks and/or more in-depth work on existing tasks, including:

- Preparing Motions
- Preparing ABC packets
- Conducting an enhanced search to establish paternity through Allegheny County Family Division Court when no Acknowledgement of Paternity is found
- Assisting in preparation of court addenda
- Preparing case record for Termination of Parental Rights (TPR) Petitions and Contested TPR Hearings
- Managing Interstate Compacts

## Allegheny County

- Responding to additional document requests and searches (Termination Decrees, criminal records, etc.)
- Preparing subpoenas for dependency hearings
- Tracking and monitoring court orders and progress of court-ordered services
- Redacting files, as directed by an Assistant County Solicitor

**Section 5: Required & Additional Language**

**5-1. 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. Keith Snyder  
Juvenile Court Judges' Commission  
Pennsylvania Judicial Center  
601 Commonwealth Avenue | Suite 9100  
Harrisburg, Pennsylvania 17102-0018

**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 2015-16 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 2015-16 Children and Youth Needs-Based Plan and Budget Estimate and/or the

Fiscal Year 2014-15 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 and adoption assistance 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 and adoption assistance 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 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 Public Welfare, 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 and adoption assistance 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, Mental Retardation, 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.

