

Fiscal Year 2018-19 Needs- Based Plan & Budget

Commonwealth of
Pennsylvania

Office of Children, Youth
and Families

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

Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative portion of the Fiscal Year (FY) 2018-19 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff, and Office of Children, Youth and Families (OCYF) staff within the narrative is inappropriate.

The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts, Special Grants Request Forms, and Independent Living (IL) Documentation. All text must be in either 11-point Arial or 12-point Times New Roman font, and all margins (bottom, top, left, and right) must be 1 inch. Any submissions that exceed the maximum number of pages will not be accepted.

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

ALLEGHENY

**NBPB
FYs 2017-18 and 2018-19**

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

Section 2: NBPB Development

2-1: Executive Summary

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

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

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

Allegheny County's analysis has identified a set of needs that directly impact the safety and well-being of children and youth. During the Implementation Year (2017-18) and the Plan Year (2018-19), Allegheny County will respond to the *needs* outlined below, with the strategies reflected in this document and the Adjustments.

- 1. Referrals to ChildLine continue to increase, largely because of the opioid crisis.** The number of child welfare referrals with adult substance use allegations rose 48.8% from FY14-15 to FY15-16 – and then an additional 23.3% from FY 15-16 to FY 16-17. Parent substance abuse is an allegation in 35% of allegations accepted for service involving young children, and it is an allegation in 30% of all cases accepted for service (2016). This led to 439 youth (278 families) being removed in FY 16-17 due to substance use issues of caregivers. Of all children and youth in placement 33% were placed due to the substance use of their parents/caregivers. We suspect that the number of children and youth removed due to substance abuse issue is likely higher due to underscreening. Over the past year, DHS has trained staff in the UNCOPE screening tool, a quick means of identifying risk for abuse and dependence for alcohol and other drugs, however, not all staff are proficient in using the tool. (DHS is working on building worker proficiency in using the UNCOPE.) For families affected by substance use, DHS will use these strategies:
 - DHS proposes to preserve the Mom's Program, operated by Sojourner House. This program is losing HUD funding because of changes in federal categories. As the opioid epidemic continues to disrupt the lives of vulnerable families in Allegheny County, we need to, at a minimum, preserve the resources that

currently support families with caregivers who are suffering from a substance use disorder. (Adjustment requested)

- A recovery-oriented, trauma-informed, in-home substance use disorder treatment using an evidence-based model originally developed for the Connecticut Department of Children and Families called “Family-Based Recovery” or “FBR.” The FBR model uses in-home therapy and substance use disorder treatment to help parents overcome substance use disorders while improving the parent-child relationship. FBR was recognized by the White House National Drug Control Policy Director as a program that has “the potential to create real change.” (Adjustment requested)
- An innovative, recovery-oriented, and trauma-informed residential drug treatment program for families with a parent in critical need of treatment for unhealthy substance use. (Adjustment requested)
- DHS also will annualize the family recovery housing that the state approved for the 17-18 year. (Adjustment requested)
- To better integrate services, DHS recently hired a Substance Use Consultant Specialist to bridge the knowledge gap between child welfare and drug and alcohol behavioral health (No adjustment requested).
- DHS is continuing to provide Care Coordination through the Children’s Institute that targets children born to mothers suffering from substance use disorders, from birth through age five. (No adjustment requested).
- DHS expanded its POWER Connections program to provide peer support to fathers, in addition to mothers, suffering from a substance use disorder (No adjustment requested).

2. The number of babies entering care increased approximately 25% over the past two years. This year’s DHS Data Fellows looked at how DHS might better serve babies and their families and recommended the earliest-possible intervention with families. DHS has developed an analytic model that can identify, with a significant degree of correlation, babies who are at risk of maltreatment by age three. This “birth model” provides Allegheny County with its first opportunity to engage these families and help them, early-on. After researching possible interventions, DHS identified three evidence-based models (Durham Connects, Healthy Families America, and NurturePA) that we will integrate into an effective prevention program we will call “Pittsburgh Connects.” This strategy uses the information from the birth model and the Fellows’ recommendations to 1.) engage parents shortly after the child’s birth (in the hospital and in the community); 2) provide nurse and peer home visitors who coach, provide emotional support, check on the child’s healthy development, and connect parents with resources; and 3) provide regular communication through other means, (texting with peers), for families who decline home visiting (Adjustment requested).

3. Reentry rates are down, but they are still too high. The county’s reentry rate has been improving; compared with 2008 exits from care, the rate of reentry from 2015 exits was 9 percentage points lower. However, Allegheny County still does not meet the national standard for the percentage of children and youth exiting to reunification

or to live with kin who then re-enter out-of-home care within one year. To address this issue, DHS is employing these strategies:

- DHS is changing a significant share of in-home services to evidence-informed approaches so that, when children return home, their families have made the changes needed to strengthen the family and prevent the need for future removals.
- DHS is piloting an after-care model for children ages 8-14 who have a goal of reunification in the near future. Under this model, the same team that worked with the child when she was in care, stays with her and her family for several months after placement, to ensure a better transition. (Adjustment requested)

4. Youth and special needs populations are less likely to have the benefit of living with kin. DHS has succeeded in increasing the share of kin placements by nearly 10 percent in last six months, continuing to advance toward our goal of 70 percent of children and youth able to live with kin, if they need to live outside of their homes. The current point-in-time share of placements that are with kin is 61 percent (June 2017). To close the gap, DHS needs to increase its capacity to find kin homes. This will require adding kin navigators for the two offices that do not currently have them; and expanding the number of kin navigators in existing offices, since their workloads are high and their role is changing to include more work directly with parents earlier in the process (to engage them in any decision to remove the child and the plan to use kin); and because new state legislation is requiring more family-finding. DHS's strategy for addressing this issue is to expand the number of kin navigators, who are the staff whose job has been to find safe, caring kinship homes for children and youth, particularly those who are more difficult to place. (Requested through Special Grants)

5. Need for additional SWAN staff to meet the demand at permanency. Over the last year, DHS saw an increase in referrals to the permanency department. An additional supply of SWAN staff would help to meet the demand for finalizing legal permanency and decrease delays. Additional SWAN paralegals will assist in gathering the necessary legal documentation required for finalization, as well as generating the Permanent Legal Custodianship Agreements. Beginning September 1, 2017, the Allegheny County Courts will adopt a new procedure for ordering a goal change to adoption for children that requires DHS to file a motion to request the goal change following the courts determination at the Contested Termination of Parental Rights (CTPR) proceeding. The permanency department will rely on the SWAN paralegal to generate and file these motions. To meet the demand DHS is seeing among the population served and increased requirements in duties, DHS is requesting additional SWAN staff.

6. Independent Living (IL) has been successful for many youth, but does not work for a subset of young people who are/have been in foster care. While youth in DHS's IL programs have lower rates of arrest, crisis mental health, and unplanned pregnancies (DHS-DARE study, comparing with national study, 2017), there is a significant number of IL youth who drop out or do not participate in IL

services. DHS proposes to pilot and, if successful, sustain the evidence-based Youth Villages program. Allegheny County is one of three sites in the U.S. selected to replicate this program, and a national foundation is providing 50% of the funding for a three-year project. (Increase to IL Grant requested)

7. Caseloads are still high and increasing. Large caseloads and excessive workloads make it difficult for caseworkers to serve families effectively. When they have manageable caseloads and workloads, they can engage families, deliver quality services, and ultimately achieve positive outcomes for children and families. Intake investigations for children increased 10% over the past two years and the second half of 2016-2017 has seen a significant rise in placements. Increases in the amount of work required for each case (i.e. more assessments, visits, team meetings, plans, referrals, court testimonies, documentation and complex cases requiring complex interventions), although necessary to provide quality services, make for excessive workloads even when caseloads do not exceed standards. The average caseload across DHS is currently 16, with the average at some regional offices reaching as high as 19. Typically, DHS sees a rise in cases in September, when children return to school. If DHS experiences the same trend this year, average caseload size across the agency will reach 18 in September 2017. DHS's strategy for addressing this issue is:

- DHS is requesting 4 casework units to decrease caseloads and ensure that caseworkers can provide each family with the quality care and attention they require to meet their goals (Adjustment requested).
- DHS will add a team of specialists (i.e. housing, behavioral health, intimate partner violence) to its Intake office. Each regional office currently has a team of specialists that are utilized frequently and helpful in providing the caseworker with the support and information they need about a specific area/challenge a family is facing. (Adjustment requested)

8. Despite the number of validated sexual abuse allegations in the County, vulnerable families do not have access to an intervention that provides treatment, coordinates care, and fosters healing for all members of the family. For fiscal years 15-16 and 16-17, Allegheny County received an average number of allegations of sexual abuse perpetrated against 550 children per year. Due to Pennsylvania's stringent laws to find or validate such allegations, ultimately only 75-80 youth in each year were deemed to be victims of sexual abuse. It is likely that there are more victims from the events related to the 550 youth, but they are not being validated through the standard process. DHS will address this issue through a comprehensive community-based program that provides supports and coordination to children and youth who have experienced interfamilial sexual abuse and their families is needed in the County to fill this gap in care (Adjustment requested).

9. Improving definition and strategy in prevention. DHS is reexamining and strengthening its prevention strategy to maximize the impact in this work. We specifically plan to implement the following strategic improvements:

- DHS is requesting funding to expand its Homebuilders® program by one team. DHS launched two Homebuilders teams in June 2015 to serve child welfare families at high risk for home removal. Data shows that Homebuilders implementation has been very successful in Allegheny County, and is delivering the desired outcome: keeping families together. In 2016, the Homebuilders program served 92 families. 70% of families referred to Homebuilders completed the intensive 28-day program. In these families, 80% of youth were still living with their family 6 months after program discharge (Adjustment requested).
- DHS is requesting funding to provide the evidence-based Parents and Children Together (PACT) intervention program for school-aged children and youth who have been referred to the child welfare system because they have been identified as “truant students.” Using PACT, DHS will divert families referred to the child welfare system because of truancy from formal child welfare involvement, while addressing and ameliorating the root causes of truancy (Adjustment requested).
- Strengthening our Family Support Center Strategy by:
 - Using community-based engagement specialists to identify, develop relationships with, and connect families with Family Support services, including home visiting (Adjustment requested).
 - Piloting a 2-Gen model, focused on creating opportunities for and addressing needs of both children and their parents together to address multi-generational poverty in a more integrated way (Adjustment requested).

10. Providers are meeting increased demands. While the cost of goods, services and labor has increased significantly, it has been several years since a cost of living adjustment was approved by the state. To ensure that DHS is reimbursing providers for the true cost of meeting the needs of children and families in the child welfare system, DHS is requesting additional funding in FY 2018-19 (Adjustment requested).

Successes

Allegheny County made the following improvements in 2016-17:

- *DHS further safely reduced residential care and increase in kinship care.* The number of days of dependent residential care decreased by 39% over the past two years; and the number of days in kinship care increased by 11% over the past two years.
- *More families are being connected to Home Visiting.* There were 402 referrals from Link (coordinated entry system) to Home Visiting programs delivered by Family Support centers in FY2016-17, for 374 distinct families with 505 children 0-5 and 16 pregnant women without other children 0-5. 80 percent of referrals were enrolled, thus serving 374 families with 112 children 0-5, and 3 expectant mothers.
- *Caseworker and other staff recruitment and professional development have improved.*
 - The third group of Leadership Fellows, selected from among caseworkers who applied for this opportunity, has completed its professional

- development in using data to make decisions. The group analyzed data to make recommendations for better serving babies and their families.
- DHS hired a full-time recruiter in Spring 2016 and tasked her with filling child welfare vacancies. She launched a recruitment campaign that has lowered vacancies significantly. They now are lower than ever before at DHS, reaching an all-time low of zero vacancies earlier this summer. This work has led to a united effort throughout child welfare to examine our current practices related to onboarding and retention, as well.
- *DHS is improving children's safety and permanency* through the Safety, Permanency and Best Practice Specialists (based in each regional office) who are providing caseworkers and other staff with technical assistance and support, while working directly with regional office managers to enhance outcomes.

Juvenile Probation Office Executive Summary

Since 1996, the legislative mandate and mission of the Juvenile Probation Office (JPO) has been to attain the goals of Balanced and Restorative Justice: to protect the community; to hold juveniles accountable for the harm caused to the victim and the community; and to help juveniles develop competencies that lead to law abiding and productive citizenship. During the past several years, JPO has incorporated a number of evidence-based practices and programs to help us achieve these goals. This effort, known statewide as the Juvenile Justice System

Enhancement Strategy (JJSES) emphasizes evidence-based practices and structured decision-making at every key decision point in the juvenile justice process. The importance of this work was made clear in 2012 when the legislature amended the purpose clause of the Juvenile Act to require juvenile probation departments to employ evidence-based practices whenever possible.

The foundation of the evidence-based effort is the Youth Level of Service (YLS), a validated risk/needs instrument that assesses a juvenile's likelihood to re-offend. Before any juvenile appears in Court for a delinquent charge, the probation officer must first conduct the YLS assessment, which considers the juvenile's attitudes/orientation, personality/behavior, peer relations, family circumstances, education/employment status and substance abuse. These factors, known as criminogenic needs, are dynamic and can be changed with the right intervention. The YLS also considers the juvenile's static risk factors, such as current offense and delinquent history, in the overall assessment of the juvenile's likelihood to reoffend. In Allegheny County we implemented the YLS in 2011. In calendar year 2016 there were 2,272 YLS Assessments Completed. 849 scored as Low Risk, 1,251 scored as Moderate Risk, and 172 scored as High Risk. No youth scored as Very High Risk.

Allegheny County is one of four original pilot counties working with the EPIS Center to fully implement the Standardized Program Evaluation Protocol (SPEP). In the fall of 2015 six additional counties began participating in the SPEP Project. The SPEP was developed by Dr. Mark Lipsey at Vanderbilt University and formulated through

groundbreaking meta-analysis of the characteristics of effective delinquency interventions, with the goal of providing a solid foundation for improving delinquency programs and services. The SPEP is a validated, data-driven rating system for determining how well a program matches what research tells us is effective for that particular type of program in reducing recidivism and producing positive outcomes for youth.

Allegheny County has eight staff who are trained SPEPER's including two Assistant Chiefs, one Coordinator, several PO's and our Juvenile Justice Planner. Through 2016, Allegheny County's SPEP™ team evaluated over 30 separate interventions at more than 20 residential and community-based provider locations using the SPEP™ protocol. This means that almost all of our community based and residential providers have had at least one service SPEP'ed. Several new services are scheduled to be evaluated in the next 12 months. Allegheny County will work with agencies whose SPEP'ed services score consistently high to identify new services to evaluate. We will soon apply SPEP to job readiness and remedial academic services that address criminogenic needs and meet competency development goals.

As we complete the SPEP we consistently see issues with dosage and duration of intervention. Evidenced based programs must be delivered at the correct number of hours per week for a specific number of weeks. In many cases the juveniles are not in the program long enough to receive what is required as evidenced based. As a result, we now have youth staying in the program a little longer so they receive the full benefit of the intervention. For some providers it has also become necessary for us to provide additional funds in order that they maintain fidelity to the model being used. The training costs and staff ratios have specifically increased the costs for services. Evidence based programs are known to be effective but are also costly to implement as changes to the model would result in loss of fidelity and therefore loss in anticipated positive outcomes. Provider staff must continue to receive ongoing training and acquire and maintain new certifications. Consultation from experts in specific interventions is costly but research shows that as agencies maintain fidelity to a model the positive results of reduced recidivism is enhanced.

A central tenet of our Balanced and Restorative justice mission is to ensure that juveniles are held accountable to repair the harm they have caused individual victims and the community at large. Toward that end, in 2016, probation officers oversaw the collection of over \$246,000 in total dollars, approximately \$141,000 of which went directly to victims as restitution for crimes committed; \$17,500 went to the Victim Compensation Fund; and \$9,000 was directed to the Stipend Fund—money collected toward Failure to Comply charges certified from the Magisterial District Judges that eventually is paid to victims owed restitution. Of the 1,172 juveniles whose cases were closed in 2016, 85 percent satisfied their restitution obligations in full and 92 percent completed all their required hours of community service. Much of this success stems from the probation officers' persistent attention to restoring victims.

Additional JPO and Court activities:

- Allegheny County was instrumental in the development of the Pennsylvania Academic and Career/Technical Training Alliance (PACTT). Today our six CISP Centers are all recognized PACTT affiliates. A variety of both academic and technical training skills are available for youth who participate in CISP. We have been successful at using OCYF/PCCD PACTT Grants to initiate several new offerings for youth but the ongoing costs associated with such programs will need to be funded using the Needs Based Plan and Budget process.
- We have also strongly encouraged all of our providers to become PACTT affiliates. At this time almost every provider of placement services are PACTT affiliates. Through their affiliation they have been able to enhance their vocational and academic support services to youth. We believe this will have a direct result in reducing recidivism when the youth return to the community. However these increased services continue to increase costs to the providers and therefore impact the per diems paid by the Allegheny County. The PACTT services require provider staff to be specifically trained in delivering services where the youth can successfully earn industry recognized certifications. There are additional costs every time a youth tests for the certifications. The providers also have additional material costs such as workbooks and other handouts, all of which are copy written material which must be purchased.
- Allegheny County is one of four counties serving as a pilot for Pennsylvania's implementation of a comprehensive strategy to reduce the recidivism rates of youth returning from residential placements (Second Chance). Using OJJDP/PCCD Grant funds we hired two Reintegration Specialists who will help youth successfully reintegrate into their community through educational and vocational advancement, youth competency development, and family engagement. According to data provided by the Juvenile Court Judges Commission (JCJC) youth who discharge from placement have a 45% recidivism rate. The rate for youth who were not in placement is less than 25%. It is not the fact that youth experience placement that increases recidivism but instead these are our most at risk youth. We believe by targeting enhanced services that are initiated when these youth are in placement and then continues after they reintegrate back into the community that we will significantly reduce their recidivism rates. The specialists will assist youth in completing appropriate educational and/or vocational programs. They will help youth who have graduated or obtained their GED find and maintain gainful employment or pursue higher education. They will help younger youth strengthen their academic skills and explore possible career paths. Their primary objective will be insuring that every youth receiving aftercare supervision at one of the six Allegheny County CISP Centers advances academically and/or successfully completes at least one vocational activity. This grant will expire December 31, 2017 and we will be asking for the direct costs of these staff to be included in our funding beginning January 1, 2018.
- Allegheny County has been utilizing Aggression Replacement Training (ART) as an evidenced based intervention to youth under supervision. Many of our contracted providers offer the service while the youth is in placement but we also

offer the service year-round for youth who are not in placement. Utilizing both our own staff and private providers the sessions are offered on Saturdays at the Courthouse. Depending on the number of youth registered for each cohort of 10 Saturdays, we offer up to four sessions each week. Since moving to this model we have found our completion rate to have improved greatly. As we partner with our providers we have also realized an increased cost associated with delivering the service while maintaining fidelity to the model. Ongoing staff training and fidelity assurance have added unbudgeted costs to the delivery of the service.

- Under the leadership of Judge DeAngelis, JPO and CYF have been collaborating for several years to implement a Crossover Youth Practice Model developed by the Center for Juvenile Justice Reform at Georgetown University. This model has improved services for juveniles involved in both the child welfare and juvenile justice systems. The initial training curriculum was delivered to all CYF caseworkers and Juvenile probation officers in the fall of 2015 and was fully implemented effective January 1, 2016. Since that time the Crossover team has continued to train both CYF and JPO staff and they conduct ongoing case reviews. Our Crossover Project was just selected as the Juvenile Court Judges Commission (JCJC) Court Operated Program of the Year and will be recognized at the James E Anderson Conference in November 2017.

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

2.2a&b: Collaboration Efforts and Data Collection Details

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

DHS presented an overview of the Needs-Based Plan and Budget to the CYF Advisory Board on July 6, 2017. On July 13, 2016, the DHS leaders met with the Administrative Judge of the Family Division of the Court of Common Pleas and the Family Division's Administrator to obtain their guidance. DHS and JPO then held a joint public hearing on August 23, 2017 in the Human Services Building in downtown Pittsburgh to obtain comments, which were incorporated within the FY 2017-18 and FY 2018-19 Needs-Based Plan and Budget.

Earlier in the year, as part of its planning to integrate services, DHS held two public hearings (one on the morning of April 14, 2017 in Turtle Creek at the Human Services Center; a second at 1 p.m. that same day in the Human Services Building in downtown Pittsburgh; and a third in the Human Services Building in downtown Pittsburgh on April 25, 2017 to discuss the FY 2017-18 Block Grant Plan, including a discussion of services funded by Special Grants and other services that are important to children and families served by DHS. Participants included family members of consumers, transition age youth, advocacy groups, contracted providers, and staff from DHS, and their feedback was incorporated into the Block Grant and in the planning process for the NBPB.

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

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

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

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

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

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

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

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

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

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

2.3 Program and Resource Implications

2-3e. Five-Year Child and Family Services Plan (CFSP) – Reporting Requirements

To assist in state reporting of Indian Child Welfare Act (ICWA) compliance, counties are asked to respond to the following questions:

- ❑ **Provide the total unduplicated number of Native American/Alaskan Native children/youth who received in-home child welfare services from the county during the period July 1, 2016-June 30, 2017.**

A total of 17 Native American/Alaskan Native children/youth (from 7 families) received child welfare services during the period July 1, 2016-June 30, 2017. 8 children (from 3 families) received in-home child welfare services during this period. 8 children (from 3 families) received non-placement child welfare services during this period (Excludes daycare, transportation and SWAN).

- ❑ **Provide the total unduplicated number of Native American/Alaskan Native children/youth who were in foster care through the county during the period July 1, 2016–June 30, 2017.**

A total of 4 Native American/Alaskan Native children/youth (from 1 family) were in foster care during the period July 1, 2016-June 30, 2017.

- **For the Native American/Alaskan Native children/youth in foster care, provide the total number who resided in any one of the following placement settings during the period July 1, 2016–June 30, 2017:**
 - Non-relative foster care: 4
 - Relative foster care: 4
 - Pre-adoptive home:
 - Trial home visit:
 - Residential:
 - Runaway status:
 - Supervised independent living:

Of the children/youth identified as Native American/Alaskan Native, note the following:

- **Number of children/youth confirmed to be members of a federal and state recognized tribe:**

4 of the children: Three Affiliated Tribes of the Fort Berthold Reservation, North Dakota
1 child: Ute Mountain Tribe of the Ute Mountain Reservation, Colorado, New Mexico & Utah
1 child: Cherokee Nation, Oklahoma

- **Names of tribes for which children/youth were confirmed to be members:**

See above.

For any of the children/youth identified as Native American/Alaskan Native, were proceedings requested and transferred to the jurisdiction of the tribe? If yes, provide the number of children/youth impacted and the tribe(s) to which jurisdiction was transferred.

DHS follows its Indian Child Welfare Act Policy (ICWA) and Procedure. Per DHS's ICWA Procedure, DHS inquires of parents, caregivers and, when appropriate, children, regarding the possibility of Native American ancestry. The caseworker, through conversations with the family, should attempt to obtain as much information as possible regarding tribal affiliation. If, through conversations with the family or through record review, DHS knows or has reason to believe that a child who is the subject of a foster care placement or termination of parental rights proceedings is an Indian child, DHS:

- Consults the Bureau of Indian Affairs website to determine whether the Tribe is, in fact, a federally recognized Tribe
- Sends notice of each child-custody proceeding (including, but not limited to, any foster care placement, dependency petition or termination of parental rights) to each Tribe where the child is or may be a member, the child's parents and the child's Indian custodian (if applicable)
- Makes efforts (via diligent search and family finding) to locate parents and kin
- Notifies the Court of potential ICWA involvement

If the child is confirmed to be an Indian child, DHS works not only with the child's parents, but with the Tribe and the child's Indian custodian (if applicable) to develop the Family Plan. Regardless of whether a Tribe decides to intervene, if a child has been deemed an Indian child by the Tribe, and that child is subsequently adopted, DHS will provide notice of the adoption finalization to the Bureau of Indian Affairs.

If the county made active efforts to prevent the breakup of the Indian family when parties sought to place a child/youth in foster care or for adoption, note any specific efforts made that the county believes should be highlighted.

See above for a description of DHS's Indian Child Welfare Act Procedure.

To assist in reporting related to ongoing monitoring of implementation of Act 91 of 2012, counties are asked to respond to the following questions:

For the period, July 1, 2016-June 30, 2017, provide the number of youth who turned age 18 and elected to remain dependent and under court jurisdiction.

During July 1, 2016-June 30, 2017, 105 youth turned age 18 and elected to remain dependent and under court jurisdiction.

- For the period, July 1, 2016–June 30, 2017, provide the unduplicated number of youth who exited care within 90 days of turning age 18 or any time after turning age 18 who requested resumption of dependency jurisdiction.**

During July 1, 2016-June 30, 2017, 32 youth exited care within 90 days of turning age 18 or any time after turning age 18 and requested resumption of dependency jurisdiction.

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

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

All information provided by counties regarding the above requested information will be aggregated into statewide numbers for public reporting in the CFSP/Annual Progress and Services Report (APSR).

2-3f. Rate Methodology Task Force

- Describe the process by which private providers communicate their needs for the Implementation Year and upcoming budget year.**

DHS holds regular meetings with child welfare providers throughout the year, organized and lead by the CYF Provider Relations Director. Twice a year, DHS holds a meeting for all CYF Providers. Once a year, DHS holds a meeting for group home residential and foster care providers only and once a year, DHS holds a meeting for in-home and non-placement providers only. These meetings provide an opportunity for providers to communicate their needs for the implementation year and upcoming budget year. Further, DHS conducts two public hearings for the Human Services Block Grant in the spring, which are attended by a variety of consumers, providers and community stakeholders who can comment on the Human Services Block Grant Plan or any other human service issue that they would like to bring to DHS's attention. Providers may submit a IVE Determination Rate Sheet to the CYF Provider Relations Director and request a contract negotiation at any time throughout the year. At these meetings, the Provider may review requests for increases with DHS staff.

- Describe the contract negotiation process, specifically addressing when negotiations take place.**

Contract negotiations take place on an ad hoc basis, as requested by the provider. The provider outlines cost by providing budgets, rate determination forms and an explanation the need for an increase. DHS assembles a team to evaluate and assess the need, including CYF Provider Relations, DHS Fiscal and DHS Compliance. DHS compliance examines the provider's costs, expenditures, and number served. CYF Provider Relations outlines DHS's needs and how the rate request fits into the mission of the agency.

- Explain how increases/decreases in private providers' costs of doing business are captured in the NBPB.**

When providers express that there are increased costs of doing business, DHS includes the request as an adjustment in the NBPB. For example, DHS requested an increase for providers, when providers believed that the Overtime Rules would result in increased costs to providers in last year's NBPB. Further, because DHS is working to decrease the number of children in

congregate care, we know that we need to support additional costs for foster parent training and recruitment efforts.

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

- Provide the number of youth over age 16 with a primary and/or secondary goal of APPLA as of June 30, 2017.**

DHS is actively working with casework staff to better assess the permanency needs of children and to eliminate APPLA as a goal for children and youth. DHS is committed to achieving legal permanence for children and the additional supports requested through the needs-based plan and budget (including Kin Navigators) will further its efforts to find stable, permanent homes for children. DHS currently (as of June 30, 2017) has 22 children age 16 and over with a primary goal of APPLA and 29 children with APPLA as a secondary goal (51 children total).

- Provide the number of youth under age 16 with a primary and/or secondary goal of APPLA as of June 30, 2017.**

DHS is actively working with casework staff to better assess the permanency needs of children and to eliminate APPLA as a goal for children and youth. It is committed to achieving legal permanence for children and the additional supports requested through the needs-based plan and budget (including Kin Navigators) will further its efforts to find stable, permanent homes for children. DHS currently (as of June 30, 2017) has 14 children under 16 with a secondary goal of APPLA.

- Provide any demographics and characteristics of children under age 16 with a primary or concurrent goal of APPLA along with the rationale used to establish or maintain the goal of APPLA for these children. Provide specific action steps toward establishment of an appropriate permanency goal for each child to be established at the next permanency hearing. Identify resources needed to achieve permanency for these children.**

Of the 14 children under age 16 with a primary or concurrent goal of APPLA, 7 are male and 7 are female; 8 are African American, 4 are White, and 2 are identified as two or more races.

- Describe what practice changes the agency has made towards eliminating the use of APPLA as a goal for youth under age 16.**

Per the Allegheny County CYF Best Practice Standards, DHS will:

1. Make all efforts to reunify the youth to their parent(s) or secure a placement for the youth with a fit and willing relative, a legal guardian, or an adoptive parent.

- Permanency planning is to occur as soon as the child enters care. A primary permanency goal and concurrent goal must be established within the first 30 days of placement. Make the first placement the best placement and possible permanent placement if the child cannot safely return home.
- If safety can be assured at home, a recommendation for return should be made
- Build trust, be transparent! Always involve the child and both parents in identifying permanency goals. At the initial conference and each teaming meeting share with them the required ASFA timelines and promote their ownership of assuring a permanent home for the youth.
- Throughout the life of a case, assess the level of permanence and progress towards achieving permanency. Unless permanency has been achieved, there is no time in the life of the case that we should not be focusing on permanency for a child.
- Every effort should be made to keep siblings together and find a family that will commit to lifelong care of all the children in a family.

- Help youth understand permanency. Youth have very specific ideas about who loves them and where they might wish to grow up.
- Many older children do not want to be adopted for two reasons: they are fearful of another failure or rejection; and they do not want to lose connection with their parents or siblings. When either one of those fears are successfully addressed, it often frees a child to have a permanent family.
- Utilize SWAN (State Wide Adoption and Permanency Network) Services to assist in “unpacking the no” for a child and locating a permanency resource. Referrals for SWAN services are to be made at the following intervals:
 - Within 30 days of placement: Child Profile referral should be made. A child profile is a comprehensive summary of the child’s life history
 - Within 30 days but no later than 60 days: Child Preparation referral should be made. Child preparation is a process which helps children and youth work through the difficulties that can often become barriers for them in finding a permanent home.
 - Within 90 days of placement: Child Specific Recruitment referral, along with a referral to the OCYF Matching Department, should be made for youth who are in out of home care with no family like setting available to provide permanency or a lifelong connection.

2. Identify at least one supportive adult with whom the youth has significant connections.

- Conduct a very thorough review of the child's record to see that "no stone is left unturned" in terms of identifying significant relationships from the child's past and present.
- Engage the youth. Ask them what they want, who is important to them.
- Conduct extensive Family Finding (not just an Accurint Search). Utilize all available tools to locate extended family (social media, web searches, record reviews, conversations with youth and family etc.)

3. Outline how each identified supportive adult has formalized the connection with the child.

- During a teaming meeting, develop an action step for how the identified supportive adult will maintain their connection with the youth. This may also be outlined in the youth’s transition plan.

4. Identify the specific services that will be provided by the agency to support and maintain the connection between the youth and identified supportive adults.

- Documentation of ongoing and successful/unsuccessful efforts for family placement, including efforts to locate biological family members must be outlined on all court addendums for permanency review hearings.
- Documentation specifying steps taken to ensure the reasonable and prudent parent standard is being followed, and that the child has regular, ongoing opportunities to engage in age or developmental appropriate activities must be outlined on all court addendums for permanency review hearings.
- The court will make a judicial determination if APPLA is still the best permanency plan and why reunification, adoption, or permanent legal custody is not in the best interest of the child.

If the Court changes the goal to APPLA for youth 16 and older, the agency must continue with the efforts above until permanency is achieved. The agency will be required to report to the Court at each hearing the efforts that were made during the time between permanency review hearings.

❑ Provide any demographics and characteristics of youth age 16 or older with a primary or concurrent goal of APPLA.

Of the 51 children age 16 and over with a primary or concurrent goal of APPLA, 25 are male and 26 are female; 28 are African American, 16 are White, 3 are identified as two or more races, 1 is identified by another single race, and the races of 3 are unknown.

○ What inventory/array of services does your county currently have available to support moving older youth towards permanency and permanent connections?

- Allegheny County DHS adoption and matching casework staff are under new leadership within CYF and are working directly within regional offices to work in closer partnership with the assigned casework staff to achieve legal permanence in a timely manner for all children in out-of-home care.
- DHS has issued a Best Practice Guide related to achieving timely and legal permanence (see above). The Guide outlines the steps that casework staff are expected to take to support each child's legal permanency path.
- Allegheny County DHS has developed a "Permanency at a Glance" document to provide guidance related to permanency.
- DHS utilizes the full array of SWAN (State Wide Adoption and Permanency Network) services to assist in "unpacking the no" for a child and locating a permanency resource.
- DHS partners with the following direct/support services to achieve legal permanence for children in care:
 - DHS Youth Support Partners
 - DHS Independent Living Services, including transition to adulthood planning and educational supports
 - The 412 Youth Zone- a one-stop drop-in center for youth who are eligible for Independent Living services; also, serves homeless youth ages 18 to 24
 - Kinship Navigators, co-located within each regional office, to identify and assist with assessment of kinship care providers
 - Consultation and supports by a "Families for Teens" Training Specialist
 - **Of those services that your county has available, what services does your county use to move older youth towards permanency and permanent connections?**

See above.

○ What services does your county need to achieve permanency and permanent connections for these older youths? Please address both gaps in services as well as any issues around capacity to deliver these services.

DHS continues its diligent teen resource home recruitment efforts to increase the number of resource homes available to teens in placement. DHS identified four providers who are committed to serving teens in care and continue to recruit, train and support resource home and kinship placements for teens, as we reduce our congregate care utilization.

○ What are the steps you intend to take toward establishment of an appropriate permanency goal for each child by their next permanency hearing?

The CYF Best Practice Guide (outlined above) specifies the steps that casework staff are expected to undertake to achieve timely and legal permanence for each child in care.

❑ Describe any systemic issues and technical assistance needs.

Casey Family Programs and our state partners continue to support DHS in instituting a sustainable Permanency Roundtable process as a tool to move children to timely legal permanence. Casey Family Programs is also continuing to provide technical assistance in the development of core permanency competencies, as well as provision of staff development and training opportunities for the DHS workforce. DHS sent a team to Harrisburg to receive training from Casey Family and a specialist came to DHS to provide staff with trainings around permanency.

2-3I. Educational Success and Truancy Prevention

- Describe the impact Every Student Succeeds Act (ESSA) has had on the agency.**

ESSA has had an outsized impact on Allegheny County because of the large number of school districts. Well beyond the administrative costs of signing agreements with each of the 46 districts and charter school networks and processing/monitoring invoices for transportation, DHS has had to incur costs that other counties might not. This is because ESSA requires DHS to negotiate transportation costs for children in foster care who are crossing school districts. If Allegheny County had a single district, the costs would be far less (simply the costs of transporting children and youth from the county district to an adjacent county, or when it was required to keep a child in the same school inside the district).

- Has your agency successfully completed collaborative transportation plans for youth in foster care with local education agencies?** Yes X

If no, explain why. N/A

- Provide the number of school districts in the county and how many the county children and youth agency (CCYA) has agreements with.**

- 63 public school districts and charter schools
- DHS has executed agreements with 38 school districts and is awaiting approval and revision with 5 more districts.

- Briefly describe any planned use of funds in FY 2017-18 related to implementation of ESSA.**

DHS has included \$112,644 in its implementation year budget to cover the costs of ESSA.

- Briefly describe any planned use of funds in FY 2018-19 related to implementation of ESSA.**

DHS is not requesting an increase in funding to support ESSA costs in 2018-19 and will continue to spend the funding allocated in last year's NBPB submission to meet costs related to implementation of ESSA. DHS has assigned a staff member to coordinate efforts around implementing ESSA.

- Provide the number of children who attended their home school district under ESSA in FY 2016-17.**

In FY 2016-17, 648 children in placement attended their home school district.

- Provide the number of children who required partial or full county support of transportation costs to attend their home school district under ESSA in FY 2016-17.**

36 students required full county support and 140 students required partial support to attend their home districts. DHS estimates that it could see up to \$1.3 million in costs around ESSA as the law is rolled out and bills are received.

- Describe any barriers your agency has encountered during implementation of ESSA and/or technical assistance needs the agency has related to these provisions.

Challenges that DHS has encountered during implementation of ESSA include understanding and interpreting the law and coordinating with the many school districts in Allegheny County.

2-3m. Housing

- Provide, if available, a breakdown of costs for housing (rent, rental deposits, mortgage), housing supports (utility bills, utility deposits, household items, etc.), and those associated with hotels and other alternative housing, by funding stream, for FY 2016-17.

	Housing Grant			Independent Living Grant			Act 148		
	Expense	# Families Served	# Children and Youth Served	Expense	# Families Served	# Children and Youth Served	Expense	# Families Served	# Children and Youth Served
1. Actual Housing-Mortgage, Emergency Housing, Rent, Rental Security Deposits	\$1,688,961.35	530	1,072	\$727,264	15	15	\$1,764,751.33	552	1,115
2. Housing Supports- (such as Utility Bills, Utility Deposits, Household Items [furniture, appliances, etc.]				\$37,127	32	32			
Combination of #1 and #2 above									

2.3g. Appointment of Counsel in Contested Termination of Parental Rights (TPR) hearings

- Provide the number of contested TPR hearings for children and youth in FY 2016-17.**

In FY 16-17, there were 190 contested TPR hearings; 151 unique children had a contested TPR hearing.

- Provide the number of contested TPR hearings for children and youth in FY 2015-16.**

In FY 15-16, there were 189 contested TPR hearings; 129 unique children had a contested TPR hearing.

- In the cases above, was counsel, in addition to the GAL, appointed?**

DHS has begun this process over the last three months and is working on refining its data collection methods regarding GAL and additional counsel appointment.

Section 3: General Indicators

3-1: County Fiscal Background

- Counties that exceeded their Act 148 allocation, resulting in an overmatch situation, in FY 2016-17 should describe the practice and fiscal drivers that impacted the county's level of resource need. Address the impact the FY 2016-17 program and spending history had on the projected utilization of the allocation and additional resource needs for FY 2017-18.**

As communicated in DHS's appeal of the 16-17 Act 148 allocation, DHS was insufficiently allocated in Act 148 funds as it related to the overall expenditure allocation. As expected, DHS underspent the total expenditure allocation, while at the same time incurring a significant overmatch. Additional resource needs were provided in 17-18 to help avoid the overmatch situation from 16-17, but at this point in time it is too early to project if it has eliminated a potential overmatch. Accordingly, DHS has filed an appeal for 17-18 as well. Approximately \$5 million in Act 148 allocation and \$3 million in expenditure allocation were increased from 16-17 in the 17-18 allocation.

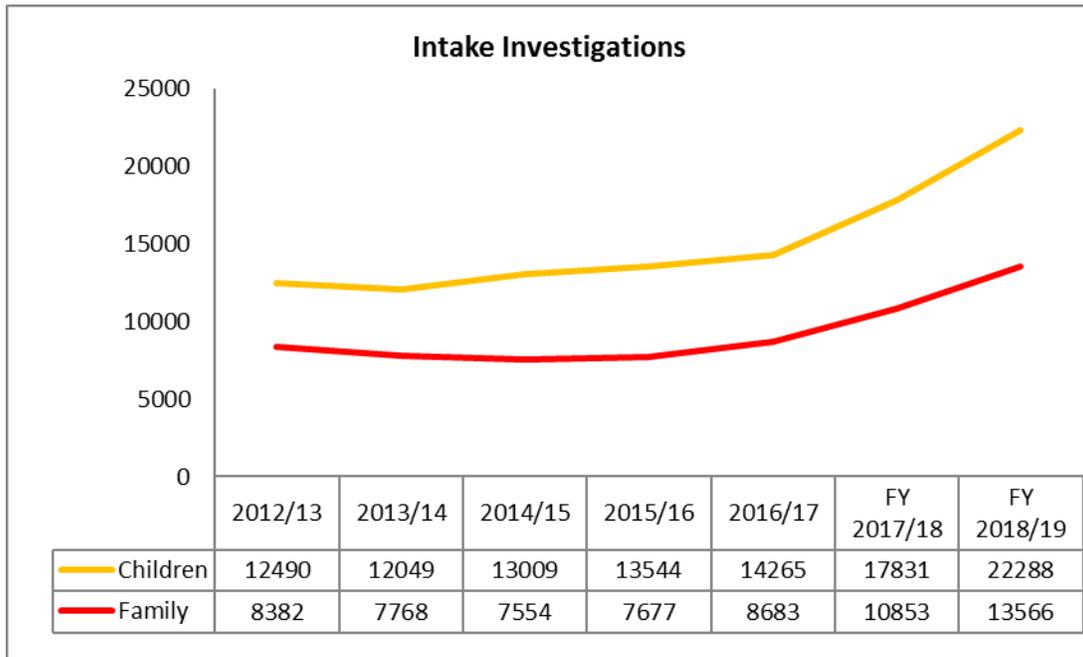
- Counties that did not spend all their Act 148 allocation in FY 2016-17 should describe the practice(s) that impacted the county's level of resource need and address any projections for underspending in FY 2017-18.**

Please see above.

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

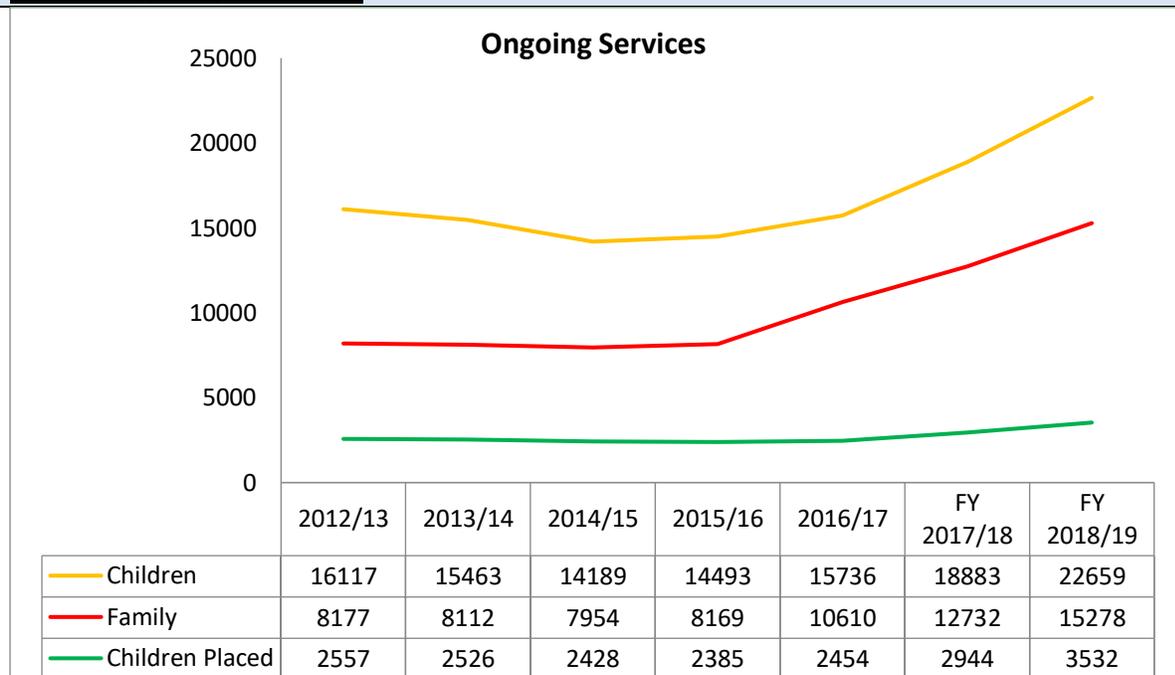
Section 2.1 and the analysis that follows describe the trends and documented needs that led DHS to target particular areas for improvement. Some of these strategies require Adjustments, while others involve shifts in operations and leveraging partnerships.

3-2a. Intake Investigations



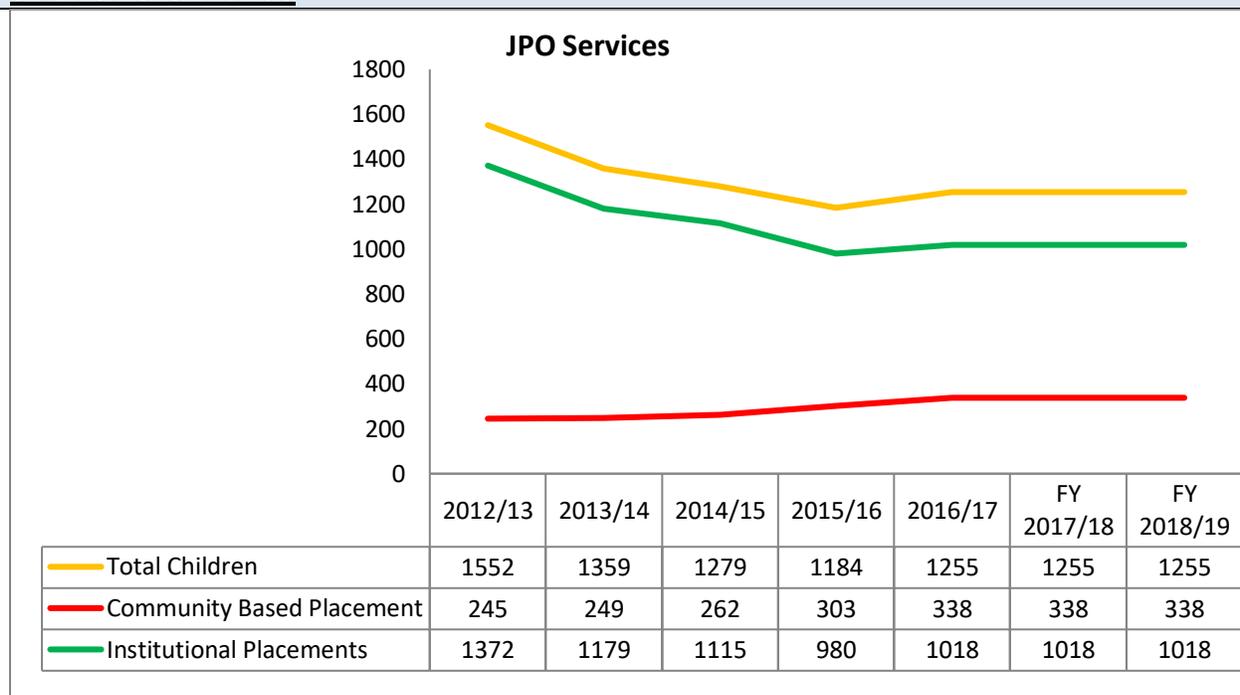
Intake investigations for children increased 10% over the past two years and this upward trend continues even more sharply through the current year. DHS attributes this to passage of Pennsylvania’s child abuse and mandated reporting reform legislation as well as the increase in families impacted by the drug epidemic in Allegheny County. DHS anticipates this trend will result in projected increases in Intake of 25% in 2017-18 and 2018-19.

3-2a. Ongoing Services



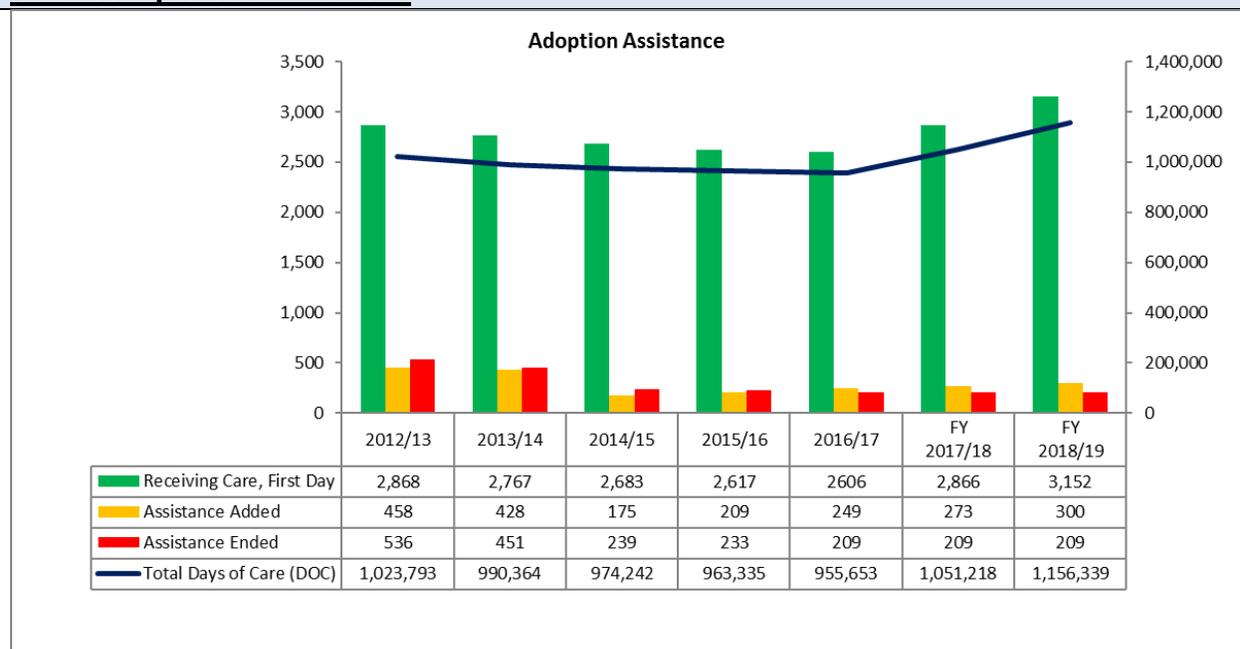
The number of children receiving ongoing services has increased from 14,493 in FY 15-16 to 15,736 in FY 16-17. The second half of 2016-2017 has seen a rise in placements, suggesting the system is growing. This is attributed to the drug use epidemic in the county placing more children’s safety at risk, warranting removal. Because of the increase in call activities and investigations, DHS anticipates the need for on-going services will also increase. It projects that the number of families and children involved in services will continue to increase, projected at a 20% increase in 2017-18 and 2018-19. DHS is committed to reducing the number of children in placement, but given the rise in family issues related to the opioid crisis in Allegheny County and the lack of affordable housing impacting child safety, it projects the number of children placed will increase by 20%.

3-2a. JPO Services



Allegheny County has seen a 19% reduction in the total number of juveniles served by probation between 2012-2013 and 2016-2017. The number of community placements decreased by 38% between 2012-2013 and 2016-2017 and the number of institutional placements decreased by 26% over the same time period. Allegheny County expects the current year's numbers to remain stable in the future.

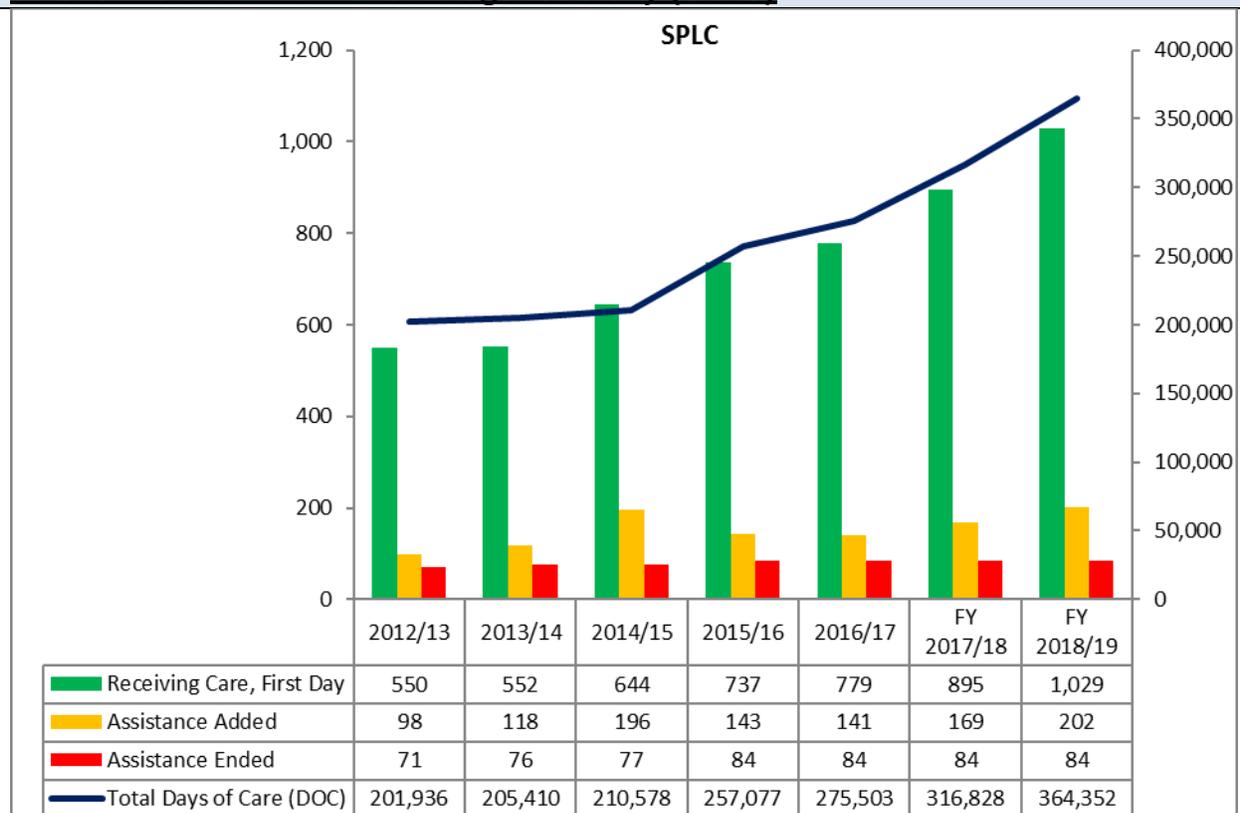
3-2b. Adoption Assistance



The number of children Receiving Care, First Day decreased approximately 9% between 2012-2013 and 2016-2017. Total Days of Care over the reporting period also decreased. These decrease calculations over a five-year period obscure a more recent increase trend since 2015-2016 which Allegheny County expects to continue. DHS anticipates that the number of children receiving care will increase by approximately ten percent over the next few years as it continues to implement the requirements of Fostering Connections, which allows young adults to receive the adoption subsidy for longer periods of time. Additionally, the Kinship Navigator positions introduced to the regional offices last year will continue to bring children to permanency with kin, which is anticipated to raise the rate of adoptions.

DHS also will be improving its concurrent planning process so that children can move more swiftly toward permanency alternatives such as adoption, once reunification is no longer a viable option for the family. This effort will be combined with County’s practice model of Conferencing and Teaming, meaning that adoption or subsidized permanent legal guardianship will be considered throughout the life of the case as an option for permanency should reunification not be possible. This will increase the number of youth who require adoption assistance.

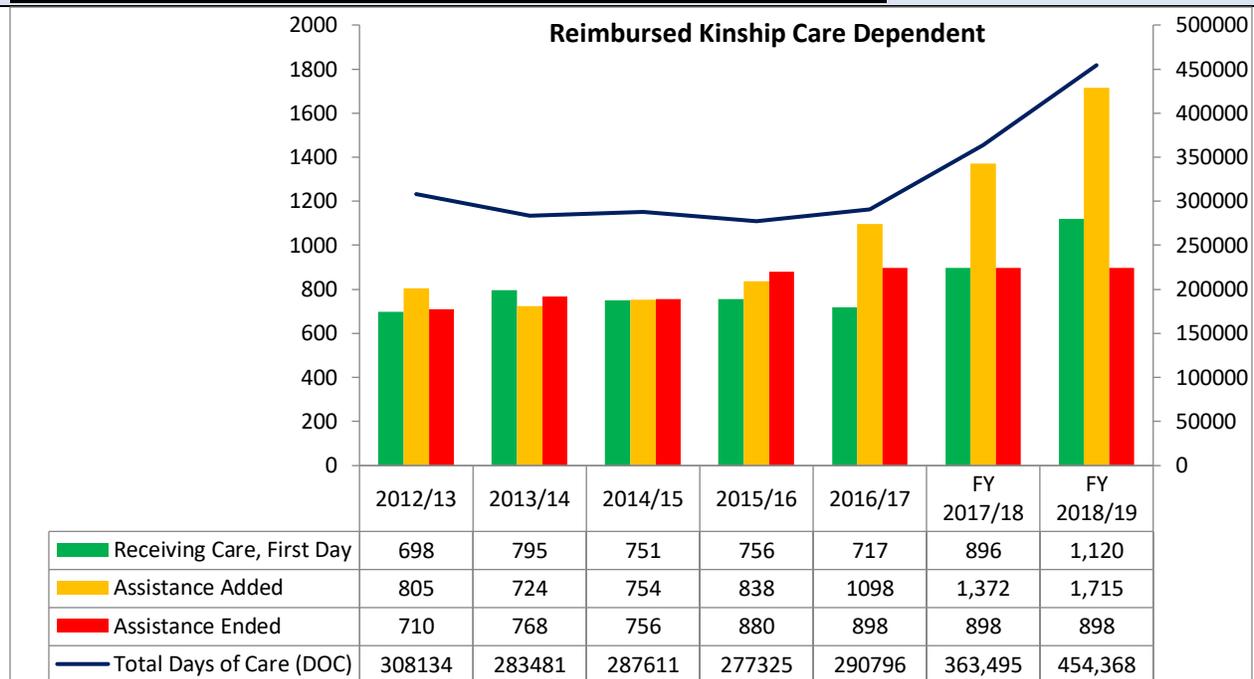
3-2c. Subsidized Permanent Legal Custody (SPLC)



There have been significant increase in the number of children Receiving Care, First Day for Subsidized Permanent Legal Custody (SPLC), Assistance Added and Days of Care. DHS expects these trends to continue during the next few years as it continues to implement the requirements of Fostering Connections (i.e., allowing young adults to receive the SPLC subsidy until they turn 21). It predicts an increase of 15% in the number of Children Receiving Services and the Total Days of Care in 2016-17 and in 2017-18. Additionally, a prediction of a 20% increase in Assistance

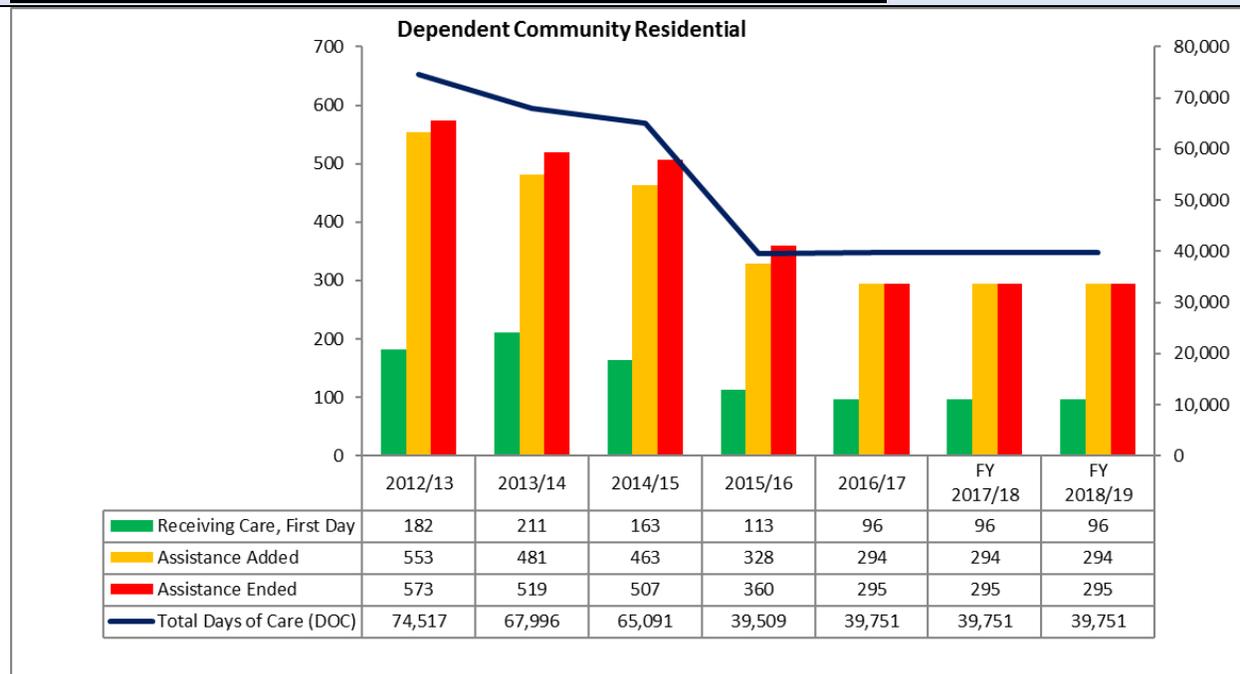
Added accounts for a large cohort of youth who are anticipated to move toward permanency from the recent rise in removals.

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



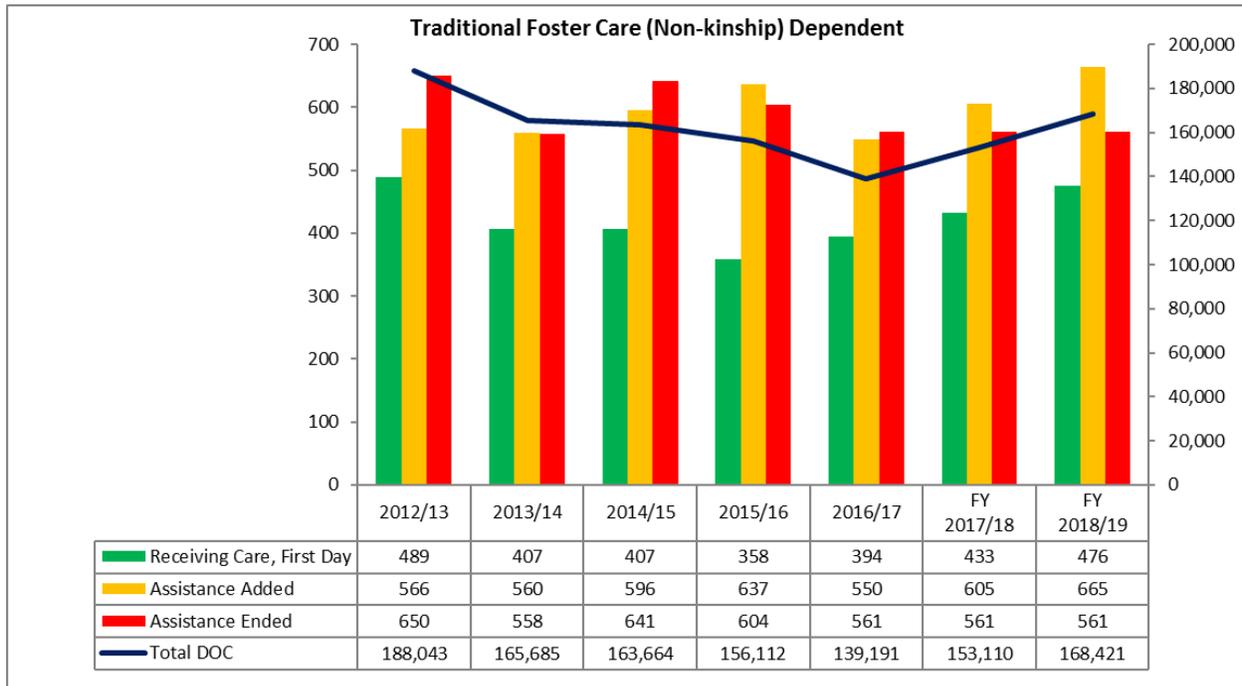
The number of children Receiving Care, First Day for Reimbursed Kinship Care Services increased three percent between 2012-13 and 2016-17. This trend is because of a strong commitment to using kinship providers whenever possible. DHS predicts 25% increases in the number of Kinship Care Dependent: Receiving Care, First Day; and Total Days of Care. This will be driven both by anticipated increases in removals related to the drug epidemic as well as the introduction of Kinship Navigators in each regional office to establish more kinship placements for removed youth.

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



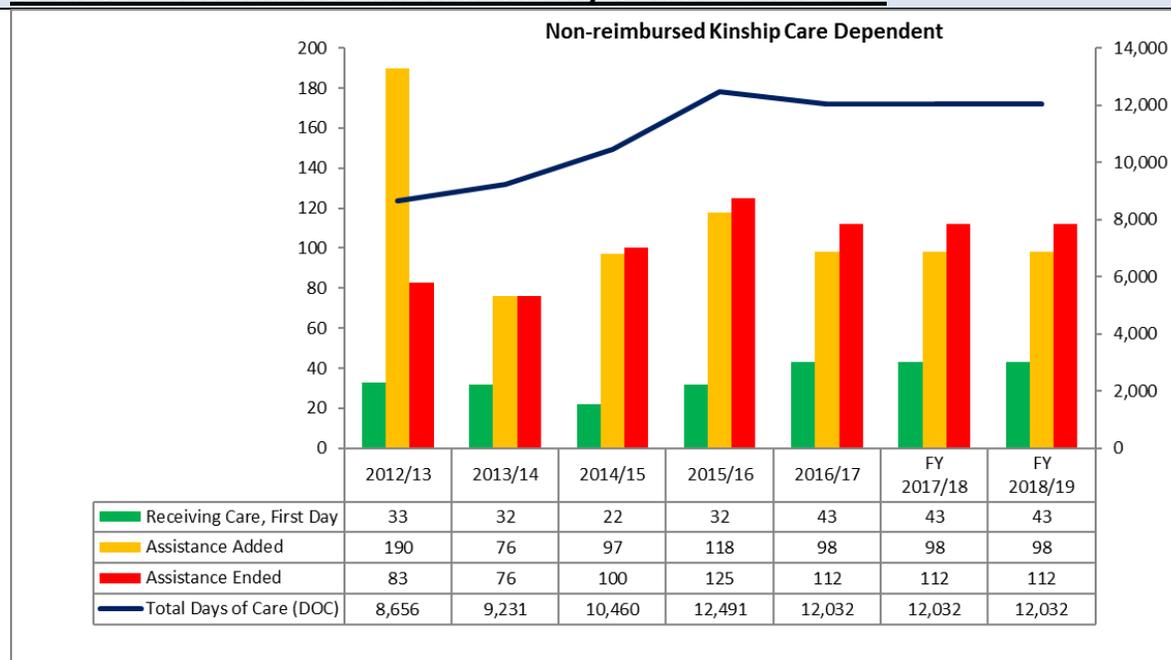
The number of children Receiving Care, First Day for Dependent Community Residential has decreased remarkably during the reporting period, showing a 47% reduction between 2012-2013 and 2016-2017. This is the result of a multitude of initiatives and changes in contracted providers to safely reduce the group care population. It is believed that the increase in caseload and removals will not allow continued reductions in group care; DHS projects that the number of children and youth in Dependent Community Residential will increase by five percent for the next two fiscal years. In spite of the decrease in the number of children in congregate care, DHS continues to see high costs, as the remaining children are among the most complex and resource intensive to serve.

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



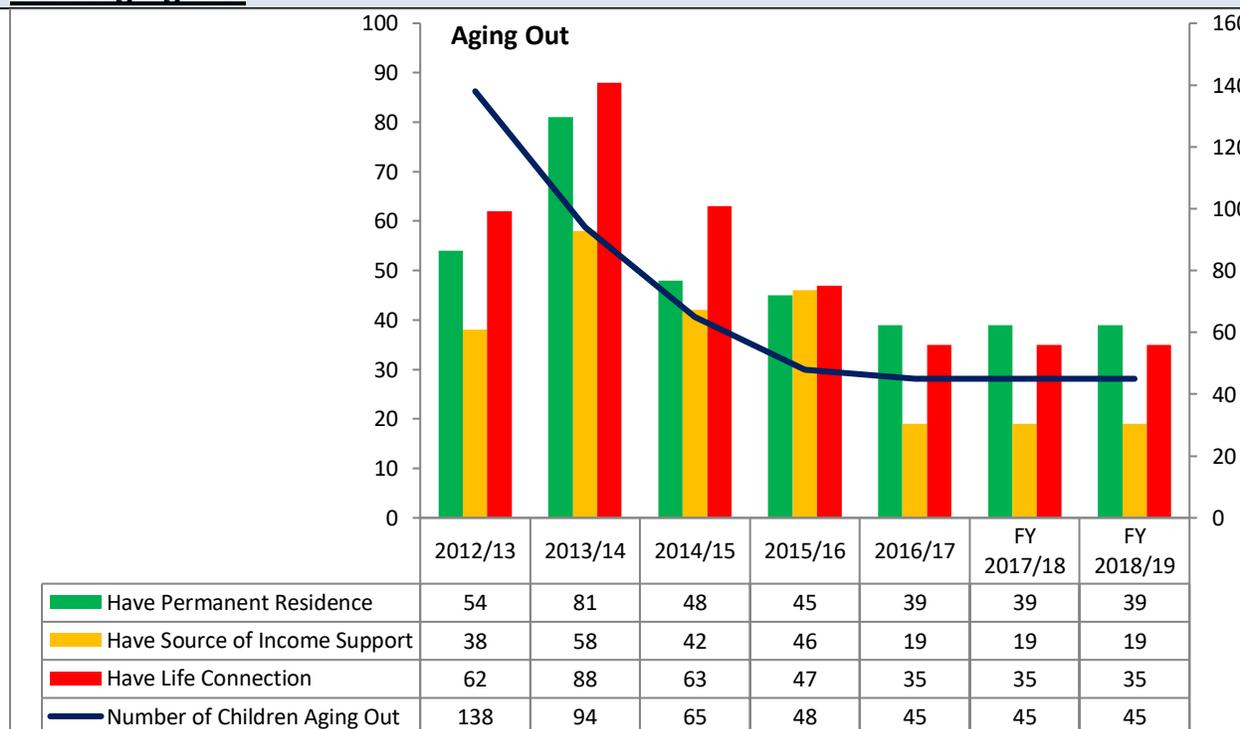
The number of children Receiving Care, First Day for Traditional Foster Care Services increased ten percent over the last fiscal year, mirroring an overall increase in the County's child welfare system. Total Days of Care decreased 26% over the reporting period, indicating that youth are experiencing less time in care overall. DHS will continue to seek ways of reducing the population of youth in group care, but this is contingent on family setting homes being available, particularly for older youth who have been removed from their homes. DHS is projecting a 10% growth in Traditional Foster Care (non-kinship) dependent, while Allegheny County implements its strategies for identifying and arranging for more family style care agreements.

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



The number of children Receiving Care, First Day for Non-reimbursed Kinship Care Services has increased by 30% from 2012-13 to 2016-17, although this notable percentage is a factor of such low counts, numbers still remain low at fewer than 35 individuals. Despite this recent increase, DHS expects to remain at the current levels of use of non-reimbursed kinship care.

3-2e. Aging Out



The Number of Children Aging Out decreased 67% between 2012-2013 and 2016-2017. DHS anticipates the numbers of aging out youth will remain flat over the next two years. Allegheny County has committed to reducing the Number of Children Aging Out in the system, providing the needed supports to this population. The Fostering Connections legislation allows youth to remain in care until 21 years of age and provides the system greater opportunities to ensure permanent residences, income, and lifelong connections. Thus the number of youth aging out is decreasing because of Allegheny County's efforts to engage older youth to remain in CYF for ongoing support and benefits.

3-2f. General Indicators

3-2: General Indicators								
"Type in BLUE boxes only"								
County Number: <input type="text" value="2"/>			Class 2					
Allegheny County								
3-2a. Service Trends								
Indicator	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	Projected		2012-17
						FY 2017/18	FY 2018/19	% Change
Intake Investigations								
Children	12490	12049	13009	13544	14265	17831	22288	14.2%
Family	8382	7768	7554	7677	8683	10853	13566	3.6%
Ongoing Services								
Children	16117	15463	14189	14493	15736	18883	22659	-2.4%
Family	8177	8112	7954	8169	10610	12732	15278	29.8%
Children Placed	2557	2526	2428	2385	2454	2944	3532	-4.0%
JPO Services								
Total Children	1552	1359	1279	1184	1255	1255	1255	-19.1%
Community Based Placement	245	249	262	303	338	338	338	38.0%
Institutional Placements	1372	1179	1115	980	1018	1018	1018	-25.8%
3-2b. Adoption Assistance								
Indicator	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	Projected		2012-17
						FY 2017/18	FY 2018/19	% Change
Adoption Assistance								
Receiving Care, First Day	2,868	2,767	2,683	2,617	2606	2,866	3,152	-9.1%
Assistance Added	458	428	175	209	249	273	300	-45.6%
Assistance Ended	536	451	239	233	209	209	209	-61.0%
Total Days of Care (DOC)	1,023,793	990,364	974,242	963,335	955,653	1,051,218	1,156,339	-6.7%
3-2c. SPLC								
Indicator	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	Projected		2012-17
						FY 2017/18	FY 2018/19	% Change
Subsidized Permanent Legal Custodianship								
Receiving Care, First Day	550	552	644	737	779	895	1,029	41.6%
Assistance Added	98	118	196	143	141	169	202	43.9%
Assistance Ended	71	76	77	84	84	84	84	18.3%
Total Days of Care (DOC)	201,936	205,410	210,578	257,077	275,503	316,828	364,352	36.4%

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3-2d. Placement Data								
Indicator	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	Projected FY 2017/18 FY 2018/19		2012-17 % Change
Traditional Foster Care (non-kinship) - Dependent								
Receiving Care, First Day	489	407	407	358	394	433	476	-19.4%
Assistance Added	566	560	596	637	550	605	665	-2.8%
Assistance Ended	650	558	641	604	561	561	561	-13.7%
Total DOC	188,043	165,685	163,664	156,112	139,191	153,110	168,421	-26.0%
Traditional Foster Care (non-kinship) - Delinquent								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total DOC								0.0%
Reimbursed Kinship Care - Dependent								
Receiving Care, First Day	698	795	751	756	717	896	1,120	2.7%
Assistance Added	805	724	754	838	1098	1,372	1,715	36.4%
Assistance Ended	710	768	756	880	898	898	898	26.5%
Total Days of Care (DOC)	308134	283481	287611	277325	290796	363,495	454,368	-5.6%
Reimbursed Kinship Care - Delinquent								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%
Foster Family Care - Dependent (Total of 2 above)								
Receiving Care, First Day	1,187	1,202	1,158	1,114	1,111	1,329	1,596	-6.4%
Assistance Added	1,371	1,284	1,350	1,475	1,648	1,977	2,380	20.2%
Assistance Ended	1,360	1,326	1,397	1,484	1,459	1,459	1,459	7.3%
Total Days of Care (DOC)	496,177	449,166	451,275	433,437	429,987	516,605	622,789	-13.3%
Foster Family Care - Delinquent (Total of 2 above)								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%
Non-reimbursed Kinship Care - Dependent								
Receiving Care, First Day	33	32	22	32	43	43	43	30.3%
Assistance Added	190	76	97	118	98	98	98	-48.4%
Assistance Ended	83	76	100	125	112	112	112	34.9%
Total Days of Care (DOC)	8,656	9,231	10,460	12,491	12,032	12,032	12,032	39.0%

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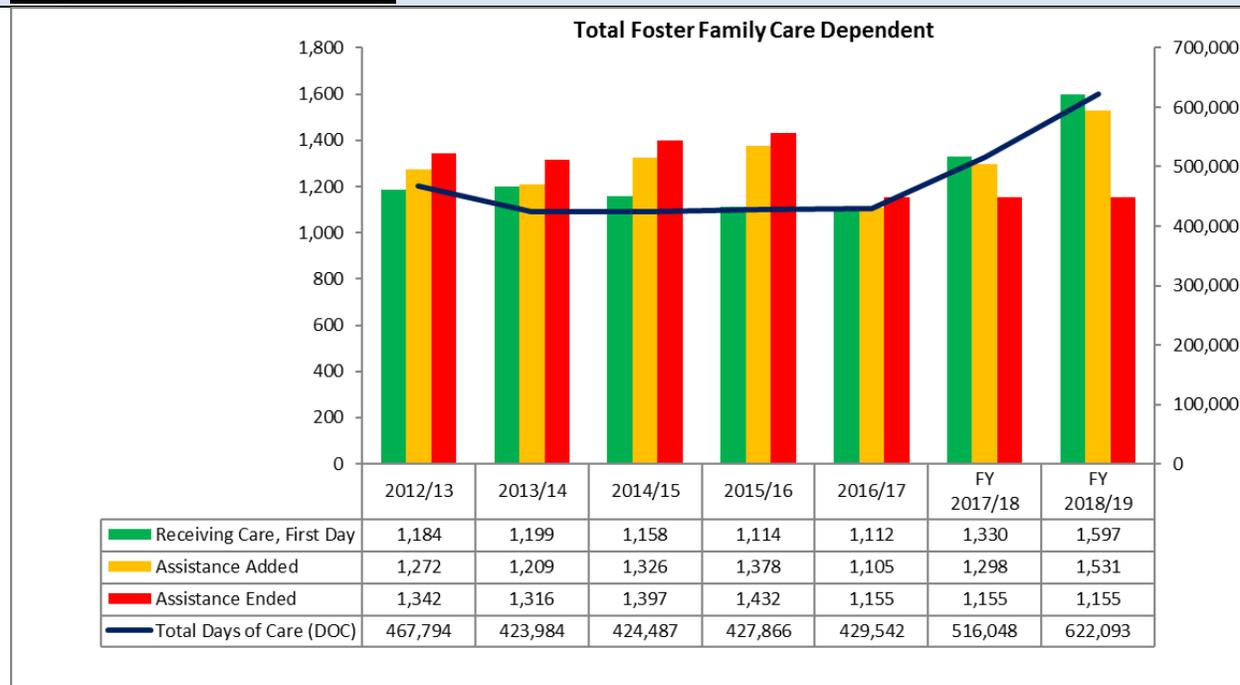
Non-reimbursed Kinship Care - Delinquent								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%
Alternative Treatment Dependent								
Receiving Care, First Day		2						0.0%
Assistance Added		1						0.0%
Assistance Ended		2						0.0%
Total Days of Care (DOC)								0.0%
Alternative Treatment Delinquent								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%
Dependent Community Residential								
Receiving Care, First Day	182	211	163	113	96	96	96	-47.3%
Assistance Added	553	481	463	328	294	294	294	-46.8%
Assistance Ended	573	519	507	360	295	295	295	-48.5%
Total Days of Care (DOC)	74,517	67,996	65,091	39,509	39,751	39,751	39,751	-46.7%
Delinquent Community Residential								
Receiving Care, First Day	45	51	63	62	70	73	76	55.6%
Assistance Added	159	169	194	180	218	218	218	37.1%
Assistance Ended	163	178	204	192	226	226	226	38.7%
Total Days of Care (DOC)	22,912	18,506	21,842	20,949	26,485	27,809	29,199	15.6%
Supervised Independent Living Dependent								
Receiving Care, First Day	41	46	34	32	36	36	36	-12.2%
Assistance Added	87	77	54	65	55	55	55	-36.8%
Assistance Ended	82	87	53	64	65	65	65	-20.7%
Total Days of Care (DOC)	21,246	17,475	19,040	17,437	17,902	17,902	17,902	-15.7%
Supervised Independent Living Delinquent								
Receiving Care, First Day								0.0%
Assistance Added								0.0%
Assistance Ended								0.0%
Total Days of Care (DOC)								0.0%
Juvenile Detention								
Receiving Care, First Day	80	54		52				-100.0%
Assistance Added	2,535	2,196		1,595				-100.0%
Assistance Ended	2,561	2,203		1,592				-100.0%
Total Days of Care (DOC)	20,598	20,642		18,111				-100.0%

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Dependent Residential Services								
Receiving Care, First Day	59	51	51	46	31	31	31	-47.5%
Assistance Added	90	100	90	75	49	49	49	-45.6%
Assistance Ended	106	108	99	92	55	55	55	-48.1%
Total Days of Care (DOC)	20,360	18,061	18,683	15,838	12,287	12,287	12,287	-39.7%
Delinquent Residential Services								
Receiving Care, First Day	328	199	160	163	155	155	155	-52.7%
Assistance Added	723	695	647	619	600	600	600	-17.0%
Assistance Ended	753	707	654	628	616	616	616	-18.2%
Total Days of Care (DOC)	65,701	58,278	61,929	51,179	58,399	58,399	58,399	-11.1%
3-2e. Aging Out Data								
Aging Out								
Number of Children Aging Out	138	94	65	48	45	45	45	-67.4%
Have Permanent Residence	54	81	48	45	39	39	39	-27.8%
Have Source of Income Support	38	58	42	46	19	19	19	-50.0%
Have Life Connection	62	88	63	47	35	35	35	-43.5%

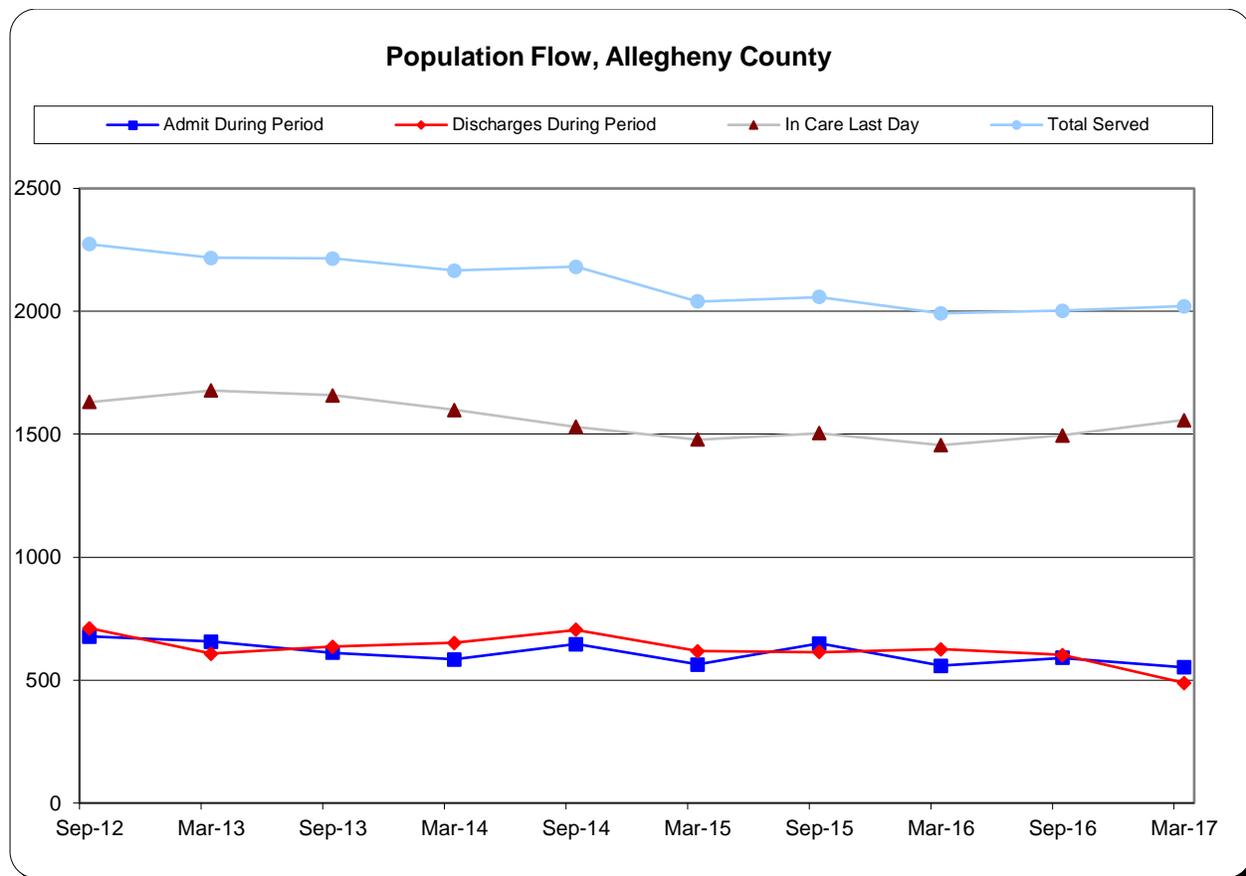
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3-2g. through 3-2i. Charts



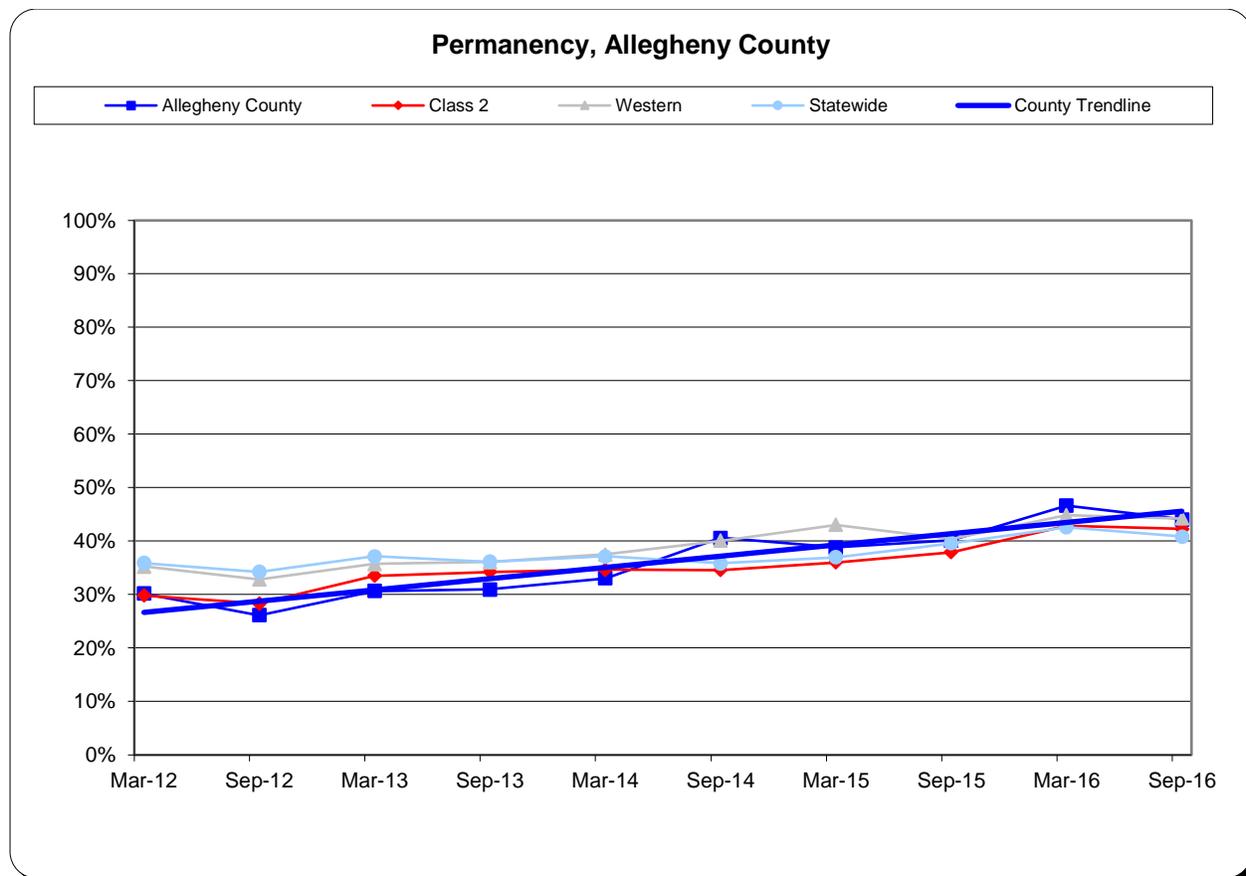
The overall population in care in Allegheny County has declined by 6% since 2012-2013. DHS expects the population in care to increase over the next two years. This will be driven by both increasing caseload and the opioid epidemic. This will be demonstrated in foster and kinship care increases rather than congregate settings. This also is coupled with the work around recruiting more foster family homes for older youth, who would have typically been placed in a congregate care facility, and the Kinship Navigator positions who will identify more kin as placement resources.

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The above chart indicates that the population flow of total served in care in Allegheny County has been reduced by 12% over the time period. This reduction was consistent from 2012 through early 2016, but the total children in placement has risen in the last 12 months and is expected to continue to rise as a result of growing caseload and the increasing risk on children's safety as it relates to increasing drug use in Allegheny County.

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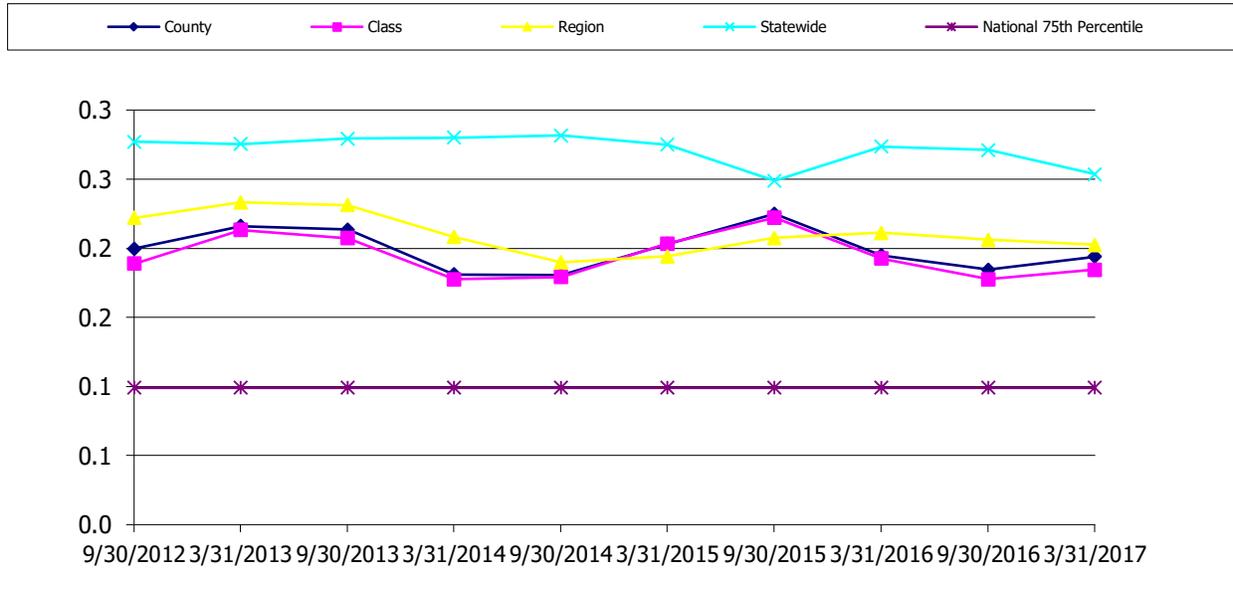


The chart above illustrates the impact of Allegheny County's permanency initiatives since 2014, which have increased permanency rates from 30% in 2012 (below the state average of 36%) to exceeding the state's average performance at 44% (above the state average of 41%). Allegheny County's ongoing commitment to moving children to permanency safely and more quickly will continue to show through this trendline in the coming years.

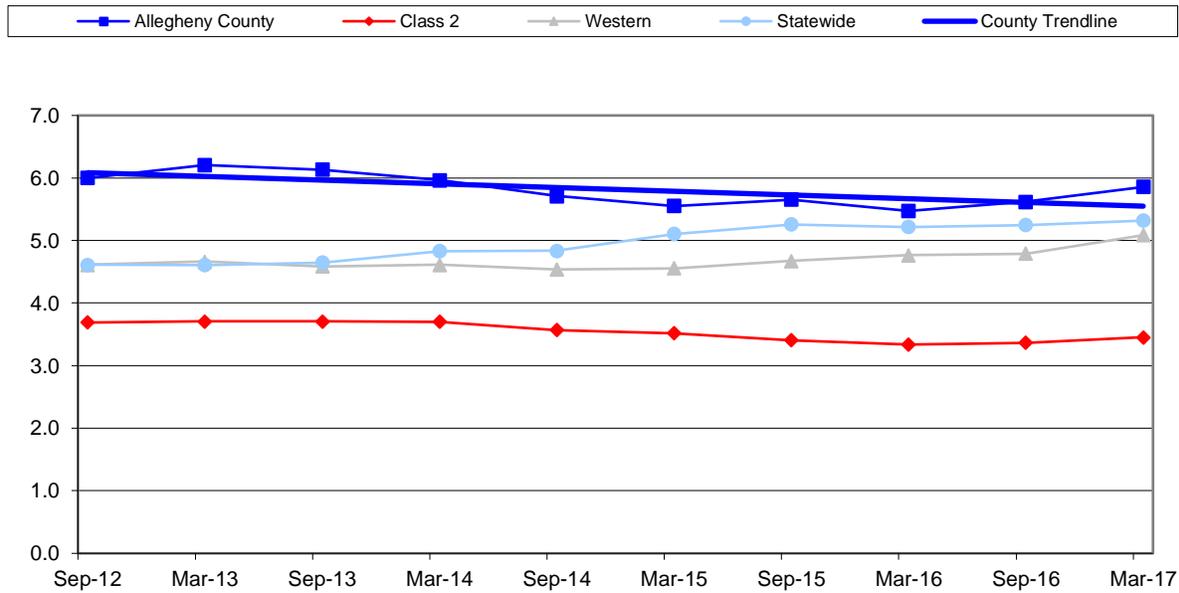
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Chart Analysis for 3-2a. through 3-2i.

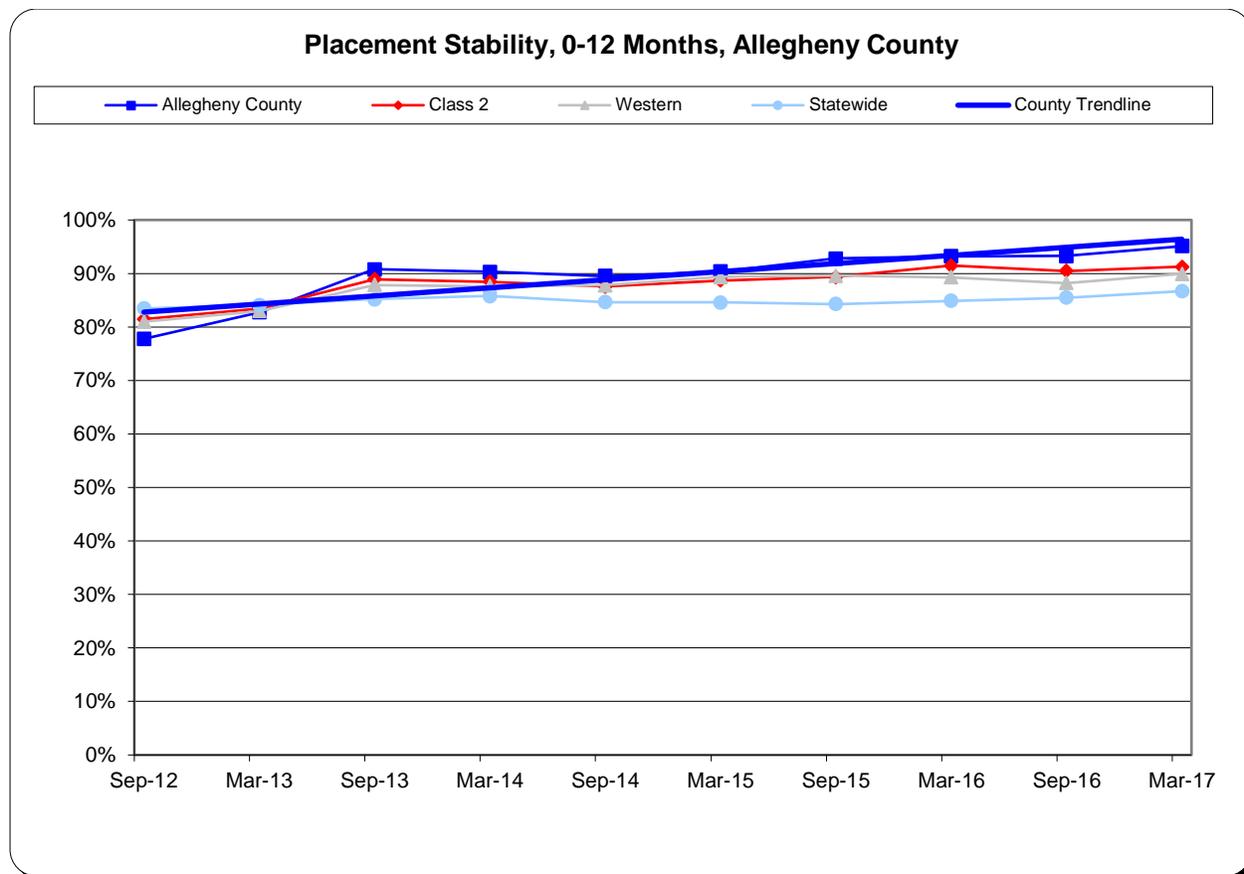
Reunification Measure 1.4: Prospective Re-Entry



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



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

Allegheny County has been experiencing an increase in allegations and cases since the change in the CPSL in 2015. This impacted intake investigations and open caseloads and that trend is continuing through FY 16-17. Additionally, the County is experiencing a large increase in drug-related deaths, overdoses and overall risk to child safety which translates to more cases and particularly more removals. These trends are clear in the charts above and are expected to continue through FY 17-18.

Discuss any important trends that may not be highlighted.

The trends in case work and population flow can be clearly seen in the charts above. More families are coming into child welfare, with the opioid epidemic and a lack of affordable housing in the County as key drivers. Work that was highlighted in last year's report on exploring racial disproportionality has continued. The discussion and work around racial disproportionality has already begun to impact the decisions made within child welfare, as evidenced by preliminary analyses. These analyses suggest that while previously child welfare decisions (from allegation call outcome through placement) worsened the state of racial disproportionality in the Allegheny County system, the disproportionality is 'corrected' slightly by decisions within the system. These are encouraging early results and will be closely monitored through regular analyses and ongoing training and worker initiatives.

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

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DHS and JPO have worked together to improve the quality of care for children who are dependent and for whom there is SCR. DHS and JPO will continue the Crossover Youth Practice Model and increase their truancy services, to meet the high needs of youth who are involved in both the child welfare and juvenile justice systems—the majority of whom cross over “backwards” (from Juvenile Justice to Child Welfare). The Child Welfare Demonstration Project and improvements that arise from QSR and licensing reviews also will help improve outcomes for children and youth who are dependent and SCR. DHS has focused on reducing the number of youth in congregate care settings, including through its diligent recruitment of foster families and shifting group care provider agency contracts. This has resulted in a significant drop in youth in congregate care.

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

For the past several years, DHS has made a concerted effort to reduce the number of children in congregate care and expand kinship care through efforts like kin navigators. As a result of these efforts, number of days of dependent residential care fell from 65,091 in 2014-15 to 39,751 in 2016-17; and the number of days in kinship care increased from 260,823 in 2014-15 to 290,351 in 2016-17.

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

DHS’s data analysis shows that through the increase in the number of youth entering care and in point-in-time counts over the last year, the racial and age composition of the youth population remains relatively stable. One bright spot is the preliminary analysis showing that the racial disproportionality (in particular, the ratio of Black youth in care compared to the County population) has decreased slightly. The County anticipates this ‘correction’ of ratios of race composition in the population will continue as initiatives and efforts are ongoing.

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

While DHS has greatly reduced congregate care, there remains an over-reliance on congregate care placement for teenage youth, particularly African American males and females, many of whom are in congregate care for short periods of time. Diligent Recruitment grant efforts continue to seek families who will ‘hold’ their beds to serve only teens. Additionally, the Kinship Navigators have been implemented in each regional office and are able to connect even more youth to kin homes, which does include a focus on achieving a family setting for teens.

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

Out-of-home care providers are meeting increased demands. While the cost of goods, services and labor has increased significantly, it has been several years since a cost of living adjustment was approved by the state. To ensure that DHS is reimbursing providers for the full cost of serving children and families in the child welfare system, DHS is requesting additional funding in FY 2018-19 to provide providers with a cost of living adjustment (Adjustment requested).

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3-4 Program Improvement Strategies

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

DHS’s 3 priority areas for program improvement

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

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

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

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

DHS selected its priorities after examining its CWDP goals, the findings from the QSR, and licensing reviews. The analyses of Allegheny County’s performance on quality of services, re-entry, and out-of-home placements are described below.

Quality of Services analysis

Section 2.1. describes the need to improve casework (through reducing caseloads), prevention and in-home services, and other services.

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Re-entry analysis

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

Re-entry within One Year Following Reunification, Exits in 2008-2016

	2008	2009	2010	2011	2012	2013	2014	2015	2016
Exits to family	990	898	789	702	749	703	652	652	658
Reentries within 1 year	354	234	215	188	206	179	173	165	-
Percent reentries	36%	26%	27%	27%	27%	25%	26%	25%	-

Source: KIDS (Key Information Demographic System)

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

- 22% of African American children and youth in Allegheny County are likely to reenter care, compared with 18% of White children and youth (2012 data on reentry rates by first entry into care). National data show a similar pattern.
- Reentries are higher for children and youth who enter congregate care as their first placement (compared with kinship care). In Allegheny County and nationally, African American children and youth are more likely to enter congregate care as their first placement.

National studies also show that reentry rates are higher for:

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

The 2016 group of Leadership Fellows to study reentries in Allegheny County and make recommendations. Their analysis (and other information drawn from national studies) pointed to these solutions:

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

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

National reviews of best practices for improving reentries also recommend:

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

Allegheny County has and will continue to apply several of these strategies to ensure that DHS is providing the supports and services families need to meet their service plans, to reunite with their children as soon as is safely possible, and to provide aftercare to strengthen families’ ability to remain together.

Out of home placement analysis

DHS has significantly reduced the total number of children and youth in placement of any kind and, within placement, has decreased congregate care for youth ages 12-17 from 38% in July 2012 to 22% in July 2017. (For children and youth of all ages, about 61% in placement are in a kinship care setting and 8% are in a congregate care setting.)

Placement Type for Youth Ages 12-17, at point-in-time (for the years 2012-2017)

Care Type	Jan-12	Jul-12	Jan-13	Jul-13	Jan-14	Jul-14	Jan-15	Jul-15	Jan-16	Jul-16	Jan-17	Jul-17
Count	543	528	523	474	463	445	417	392	386	378	371	399
Kinship care	35%	37%	42%	37%	40%	37%	42%	42%	44%	46%	45%	53%
Foster Care	22%	20%	15%	16%	17%	16%	16%	18%	20%	22%	23%	21%
Congregate care	37%	38%	37%	39%	36%	39%	35%	33%	30%	26%	28%	22%
Independent living	3%	5%	3%	5%	5%	4%	4%	3%	3%	4%	3%	3%
Other (RTF, alternate location)	2%	1%	3%	3%	2%	3%	3%	4%	3%	2%	1%	1%

Source: KIDS (Key Information Demographic System)

Youth ages 12 to 17 experience congregate care more often as their first placement type, although this also has decreased from a high of 71% in 2013 to 38% in 2017.

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Most youth in Allegheny County who are in placement out-of-home experience the placement for relatively short lengths of stay. One quarter of youth exit in approximately 1 month and half exit within 11 months. But 11% of youth remain in care for three years or longer. The trends in length of stay have remained fairly stable over the last several years.

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

Length of spell (months)	2008	2009	2010	2011	2012	2013	2014	2015	2016	All Years
Count of exits	2,121	1,786	1,583	1,442	1,439	1,345	1,367	1,294	1,140	13,517
<1 month	24%	23%	21%	21%	22%	19%	20%	17%	23%	21%
1-2	18%	17%	13%	13%	14%	12%	13%	15%	6%	13%
3-5	9%	11%	9%	10%	12%	13%	10%	11%	9%	10%
6-11	10%	11%	14%	13%	13%	15%	14%	14%	16%	13%
12-17	8%	7%	9%	9%	8%	10%	10%	12%	11%	9%
18-35	21%	16%	20%	23%	20%	21%	23%	23%	25%	21%
36+ months	10%	13%	14%	12%	11%	9%	10%	9%	11%	11%

Source: KIDS (Key Information Demographic System)

As of July 1, 2017, there were 112 youth in congregate care in Allegheny County, from a total of 1,398 youth in care. This is in contrast to 243 youth in congregate care on July 1, 2009, of a total of 1,888 youth in care. This represents a 116% percent reduction in the use of congregate care from 2009 to 2017.

Children in Care for 15+ Months, by Current Placement Type and Total Time in Care, Point in Time (7/1/17)

Total Months in Care	Kinship Care	Non-Kinship Foster Care	Group Care	RTF	Independent Living	Total
15 -17	48	35	8			91
18 - 23	99	59	17		5	180
24 - 29	41	32	2		2	77
30 - 35	23	19	6			48
36+ months	66	45	12	1	4	128
Total	277	190	45	1	11	524

Source: KIDS (Key Information Demographic System)

- For each strategy identified, please address the following questions. It is recognized that the same responses may apply for multiple strategies. In those circumstances, please note as such, otherwise provide separate responses for distinct strategies as warranted.**

- Describe how the strategies were selected as the approach that will successfully meet the challenge the agency is addressing.**

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

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- DHS's review of the status of the progress it has made through its CWDP strategies and its remaining work in meeting the CWDP goals
- Evaluations of the impact of current programs in reducing re-entries or out-of-home placement, to extend programs that are effective and redirect resources from less-effective approaches
- Research into effective approaches in:
 - o Programs that advance improvements in care and result in concrete changes for children and families
 - o Approaches that support the uptake of fundamental strategies such as Conferencing and Teaming
 - o Continuous quality improvement within child welfare

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

Strategies for addressing priorities and meeting child welfare mission:

DHS will improve the quality of services to children and families, safely reduce reentries, and safely reduce out-of-home placements during 2018-19 and/or 2017-18 through the following strategies. (Those strategies that require additional resources to meet a documented need are noted.)

Priority 1: Provide quality services

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

- *Improving casework.* DHS will do this by increasing the number of families who are fully engaged in making decisions and designing their family plans; who find their team meetings with DHS to be clear and useful; and who receive support from staff who are skilled in casework. DHS will accomplish this by:
 - Fully implementing the DHS practice model, Conferencing and Teaming--by providing staff supervision and monitoring as they use the model, to ensure it improves case practice and family outcomes and is fully adopted. (No additional resources are required now.)
 - Increasing other professional development through focused training on solution-based casework, on Predictive Analytics, and through leadership development in the Leadership Fellow program. (No additional resources are required now.)
- *Appropriately staffing Intake, Field Screening, and Casework.* With the continued increases in calls from mandated reporters and resulting from the number of families affected by opioids as well as the number of cases screened-in for investigations because of DHS's use of Predictive Analytics, DHS needs additional staffing to support the demand for services. DHS will accomplish this by:
 - Adding four more casework units to ensure that caseloads are manageable and that caseworkers have the time they need to provide quality service to the family (Adjustment requested).
 - Continuing to improve recruitment and retention efforts. Because DHS must fill caseworker positions quickly to meet the demand for services in Allegheny County, DHS hired a full-time recruiter hired in Spring 2016 tasked with filling child welfare vacancies. The recruiter launched a recruitment campaign, and vacancies are lower

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than ever before at DHS, reaching an all time low of zero vacancies earlier this summer. This work has led to a united effort throughout child welfare to examine our current practices related to onboarding and retention as well.

- Adding an additional specialist team to the intake offices, who will provide staff and families with expertise on drug and alcohol, behavioral health, physical health, intimate partner violence and other issues and services. Currently, each regional office has a specialist team. (Adjustment requested.)
- *Improving the quality of out-of-home placements* by continuing to increase the number of resource families for youth in care. DHS will accomplish this through its program of Diligent Recruitment. (No new resources requested now.)
- *Meeting federal requirements for transporting children to schools in other districts.* The Every Student Succeeds Act (ESSA) requires that child protective services organizations transport to school those children “awaiting foster care” who need transportation to a different school district. (This is a change; up until 15-16, this was an expense of the school district). DHS covers a portion of these expenses, as negotiated with the school district. DHS costs exceeded the amount requested in last year’s NBPB and is requesting additional resources to meet this mandate.
- *Meeting the needs of families who are experiencing interfamilial sexual abuse.* There is a gap in services for families with interfamilial sexual abuse- no program exists to coordinate services, provide therapy to the perpetrator of the abuse, victim and other family members. DHS proposes a program that would work with the family holistically to heal after sexual abuse (Adjustment requested).

Priority 2: Safely reduce reentries

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

- *Fully implementing the DHS practice model, Conferencing and Teaming,* both by increasing the share of staff who reach proficiency and by supporting staff in using the model, through supervision and monitoring. As more staff are proficient in Conferencing and Teaming and use it to determine their casework, they will use all available resources to prevent out-of-home placements and, when necessary, find kin placement instead of congregate care; support parents in visiting with their children and youth more often when they do need to be cared for out-of-home, to maintain and build bonds; make sure families and children are receiving the supports and treatment the need prior to reunification; planning carefully for reunification; and providing support and services after children and youth return home. (No additional resources are required now for conferencing and teaming.)
- *Diligent recruitment of resource families.* Since reentries are higher when children and youth have been in congregate care, DHS will continue to actively recruit resource families for youth, for whom there are often fewer kinship homes available. (No additional resources are required now.)
- *Expanding Kin Navigators.* To ensure that all children who need to be removed from their homes have the chance to safely live with kin rather than in congregate care, DHS designated a “kin navigator” at each regional office. This navigator supports caseworkers in identifying and qualifying kin, including through criminal history checks, early on during a family’s experience with CYF, so that kin can be easily located in the event of a removal; and changed the information technology system so that during each investigation (which may or may not lead to CYF involvement), staff enter emergency contact information for the children and youth. This information is in the system in case caseworkers need to find kin for

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placement. The Leadership Fellows developed these recommendations. In FY 18-19, DHS is requesting resources to add an additional kin navigator to each regional office and one to the intake and permanency offices to meet the demand for these services.

- *Ensuring aftercare services for families.* DHS will pilot an aftercare program to ensure that services are in place for families when a child returns home from out-of-home care. Aftercare will be provided by the same team who worked with the child during their stay in care. Families will receive support to continue to follow their family plans and access the treatment and other services they need to make the changes necessary for their children to remain at home. DHS also will review the decision-making steps needed to determine if child or youth can be safely returned home and the negative effects of failed reunification upon children, youth and families. And it will train staff and caseworkers on the requirement of pre-unification planning with families and foster families and post-reunification services and monitor the consistency of those plans and services. Finally, DHS will report to each regional office on its reentry rate, to continue to build the awareness of the effect of their actions.

Priority 3: Safely reduce out-of-home placements

DHS will safely reduce out-of-home placements through enhanced prevention efforts, and, when placement is required, work to reduce the length of stay. It will accomplish this by:

- *Creating a Prevention leadership position.* Over the past fiscal year, DHS hired a specialist to devote efforts full-time to coordinating and enhancing child welfare prevention work. Under her leadership, DHS hopes to re-envision and strengthen prevention efforts so that fewer children enter care. (No additional resources required now.)
- *Improving prevention and in-home services by:*
 - Addressing childhood and family trauma and assisting children and families in building family functioning and self-sufficiency through a two-generation approach, which focuses on creating opportunities for and addressing needs of both vulnerable children and their parents together. The two-gen approach prevents maltreatment and strengthens families over time, through supports like social connections, natural supports, employment, child care and housing. DHS will pilot a two-generation approach in FY 17-18 (Adjustment requested).
 - Increasing the number of families connected to Family Support centers by hiring Family Support Center alumni and other community members to act as engagement specialists, working out in the community to share information and connect families to the Family Support Centers (Adjustment requested).
- *Expanding crisis in-home so that families have additional support when they are most vulnerable to separation* by expanding Homebuilders®, an evidence-based practice designed to preserve families who have children at imminent risk of placement. DHS currently has two Homebuilders® teams that both have waitlists. Of the families who completed Homebuilders, 87% remained together at home at 3 month follow-up. DHS will work to ensure that all appropriate families have the opportunity to participate in the evidence-based Homebuilders Program, which provides intensive, in-home crisis intervention, counseling, and life-skills education for families. The program provides intensive intervention with families and teaches family members new problem-solving skills to prevent future crises. (Adjustment requested.)
- *Using available short-term stabilization programs and other evidence-based programs* that improve family functioning. DHS will work to ensure that each family that is at risk of out-of-

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home placement due is receiving the appropriate program. (No additional resources requested now.)

- *Targeting babies* by utilizing an analytic model that can identify, with a significant degree of correlation, babies who are at risk of maltreatment by age three. This “birth model,” provides Allegheny County with its first opportunity to engage these families and help them, early-on. After researching possible interventions, the county has selected a home visiting and engagement approach that will reduce the incidence of maltreatment, and it will pilot this program. (Adjustment requested)

Other Priorities

Ensure quality behavioral and physical health care by providing:

- Appropriate staffing and supervision of CYF’s medical team, which provides a) facilitation of health enrollment further supported by and through; b) medical decision-making authority for over 45 children placed in out of home care; c) the CHECs nurses, behavioral health specialists, and psychiatrist who are monitoring the physical and behavioral health of all dependent children; d) EPSDT Coordination and tracking; e) collaboration and data sharing to support developmental screens through the Alliance for Infants and f) contract with the Children’s Institute to support families and caregivers through care coordination to support development and care of children born addicted to drugs (Neonatal Abstinence Syndrome). (No additional funding requested now).
- Improved communication between child welfare and hospitals by embedding liaisons in hospitals (piloting at Magee Women’s Hospital). The liaison (unit) would be able to communicate information about the CYF referral process to hospital personnel and act as a point of contact for Caseworker staff. They would provide resources on preventative care to mothers who do not meet the criteria for an open CYF case but need additional resources. The liaison would be able to engage a mother from the time of her child’s birth in hopes that she would receive the necessary tools to successfully parent her newborn. (Adjustment requested.)

Use a Multidisciplinary approach against opioid use by:

- Preserving the MOMs Program, operated by Sojourner House. This program is losing HUD funding because of changes in federal categories, but provides treatment and housing for children and families that is as crucial as it ever has been. (Adjustment requested).
- Providing an in-home approach to both parenting support and substance use treatment for parents who have infants and/or small children using a model developed in Connecticut and recognized by the 2016 White House’s Office of National Drug Control. The program will provide in-home treatment for parents at risk of losing their children. The parent-child therapy takes place in the client’s home in an effort to reduce barriers like transportation and child care (Adjustment requested.)
- Building an evidenced-based residential addiction and mental health treatment program for parents that provides therapeutic supports for children and comprehensive dual diagnosis services to help parents struggling with mental health disorder, as well as employment and life skills training (Adjustment requested.)
- Expanding the availability of recovery housing that allows families to remain together during the period after treatment and during recovery. Given the high rate of substance use in CYF-involved families, DHS addressed this gap in services by working with providers to expand their capacity, including that fathers and their dependent children can also participate in recovery housing. (Adjustment annualization requested)

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- Ensuring that babies and children impacted by parental substance use are receiving early intervention services and care coordination. DHS will accomplish this by contracting for Care Coordination for infants born addicted to substances, to the age of five. (No additional funding requested now.)
- Participating in a multi-stakeholder collaborative for preventing and treating opiate addictions. Allegheny County DHS, with the Allegheny County Health Department, managed care organizations, local, regional, and state partners in community health and health care, with people in recovery have designed a targeted strategy for preventing drug abuse, providing quick access to treatment and recovery supports, and ensuring that the D&A system provides evidence-based services, including Medication Assisted Treatment, where this is indicated. (This strategy leverages resources from several organizations, including DHS's D&A funding and CCBH.)
- Training CYF staff. DHS will work with its partners to train staff in using the UNCOPE assessment to identify and respond to family needs for treatment; and for staff training in the use of Narcan in emergencies. (No additional resources requested now)

Increase exits to permanency by:

- Continuing to support the Permanency Roundtable process. (No additional resources requested now)
- Expediting permanence through optimal use of SWAN resources; and monitoring CYF practice so that every family receives referrals to SWAN and permanency teaming meetings for SPLCs or adoptions. (DHS is requesting additional SWAN resources)

❑ Describe how the selected strategies fit within your county's current organizational structure, existing service provider community, and align with agency mission and values.

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

<http://www.county.allegheny.pa.us/dhs/principles.aspx>

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

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

- Reducing the harm to children and families from the drug epidemic
- Preventing babies from entering the child welfare system
- Staff annualizations

❑ How will the county and service provider determine program efficacy or effectiveness? If the strategy is an Evidence-Based Program, how will fidelity to the model be assessed? Identify a measurable target for improvement and timeframes for evidence.

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

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

If the program improvement strategy is an expansion of an existing service, describe the county and provider's readiness to expand or duplicate the program.

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

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

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

Briefly describe the current activities for each strategy. Include structural and functional changes made to accommodate the enhanced or new strategy.

Current activities for each priority area and associated strategies are described in the previous sections and/or the IDIR II and Semi-Annual Reports. The development of uniform administrative and operational structures in regional offices, in addition to strong quality improvement efforts (e.g., PRTs, SafeMeasures, Child Fatality and Near Fatality Reviews, QSR, SPANs tool, Leadership Fellows and the provider scorecard) will support the program improvement strategies and build a stronger framework to achieve improved placement decisions, child and family functioning, and system processes.

Briefly describe the status of engagement of staff who will be identifying children/youth/families for the practice.

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

☐ Briefly describe the engagement of stakeholders who will be impacted by the enhanced programming.

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

☐ Provide a description of the program set-up, including hiring and training of staff delivering the service.

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

☐ Identify the projected date that the referrals will begin for new services/programs.

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

- A comprehensive community-based program that provides supports and coordination to children and youth who have experienced interfamilial sexual abuse and their families- Summer 2018
- Identifying babies at high risk of child welfare involvement and connecting them home visiting and engagement models- Beginning in Winter 2017
- In-home Family Based Recovery model- Winter 2017
- PACT model for families with a child who is chronically truant- Fall 2017
- Engagement Specialists at the Family Support Centers- Winter 2017/2018
- 2 Gen model pilot at Family Support Centers- Summer 2018
- Family Residential Treatment- Spring 2018
- Aftercare to prevent reentries- Winter 2017-18

☐ Identify the data elements to be utilized for program delivery and outcome monitoring.

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

Section 4: Administration

4-1a. Employee Benefit Detail

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2016-2017 NBB Projected Fringe Rate - Allegheny County CYF					
Object	Char		Actual per ReportsNow	Actuals per ReportsNow	Total
Code	Code	Object Title	7/1/16 to 12/31/16	1/1/17 to 6/30/17	7/1/16 to 6/30/17
51101.51102	20	Salaries	11,734,791.11	12,152,870.95	23,887,662.06
51104	20	Overtime	905,844.37	957,030.28	1,862,874.65
51109	20	Health Benefit Bonus	17,437.50	62.50	17,500.00
51105	20	Other Compensation	16,250.00	-	16,250.00
51107	20	Sick Pay-Buy Back	220,199.69	(2,321.25)	217,878.44
Total Personnel			12,894,522.67	13,107,642.48	26,002,165.15
52501	25	Fringe Benefit Allocation	-	-	-
52502	25	County Pension Fund	1,107,958.80	1,162,878.35	2,270,837.15
52503	25	FICA & Medicare	964,786.78	978,816.01	1,943,602.79
52504	25	Group Life Insurance	3,040.62	3,116.10	6,156.72
52505	25	Highmark Select POS	3,417,962.62	3,005,425.67	6,423,388.29
52506	25	Unemployment Compensation	27,332.37	10,045.88	37,378.25
52511	25	Dental Plus	87,927.65	89,339.25	177,266.90
52513	25	Dental Flex	32,313.91	32,529.00	64,842.91
52530	25	Employee W/C Medical	37,323.11	(141.42)	37,181.69
52531	25	Employee W/C Indemnity	55,232.27	(18,550.53)	36,681.74
52532	25	Employee W/C Admin	53,913.21	56,262.12	110,175.33
52599	25	Employee Cost Sharing	(290,765.25)	(272,022.75)	(562,788.00)
Total Fringe Benefits			5,497,026.09	5,047,697.68	10,544,723.77
			42.63%	38.51%	40.57% Actual 16/17 Fringe

#52502, County Pension Fund- Allegheny County contributes 9.0% of employees' gross salary as match for pension benefits. This percentage became effective on January 1, 2015. Contrary to prior year notes, pension contribution is not expected to increase for 2018 or 2019.

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

#52504, Group Life Insurance- Full-time employees are afforded up to \$10,000 of life insurance at no cost. A 3% increase in County cost is projected in 2018 and 2019.

#52505, Highmark Select Blue PPO or UPMC Business Advantage PPO- Monthly benefits are based upon the number of family members covered under the insured individual's policy. The County recovered 2.5% in 2016 and 2.75% beginning in 2017 of the employee's base wage to offset medical benefit coverage costs. We project the County will recover 3.00% of these costs beginning in 2018 and 2019, and health insurance to increase by 6% in 2018 and 2019.

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

#52511, Concordia Plus-

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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 \$20.25 per month for an individual and \$60.78 for a family. The increase cost estimate for 2018 and 2019 is 3.00%.

#52513, Concordia Flex-

Concordia Flex is a Choice Plan that is associated with the Highmark dental network. The cost to Allegheny County is \$20.55 per individual per month and \$54.09 per family. The increase cost estimate for 2018 and 2019 is 3.00%.

#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-

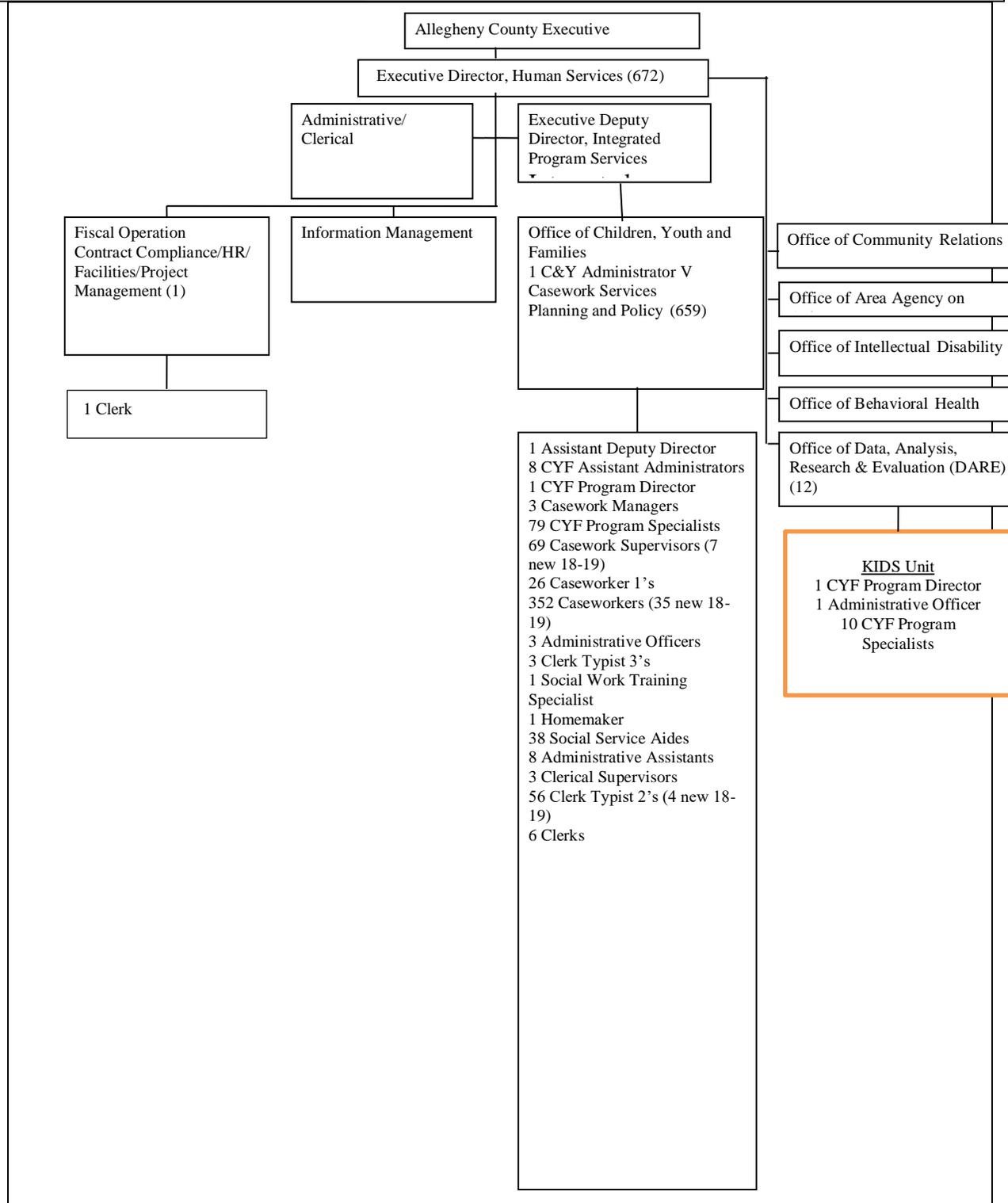
Payments made to CYF employees who are on Worker's Compensation. Cost is based upon actual experience.

#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.

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4-1b. Organizational Changes



4-1c. Complement

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

DHS has developed a Talent Acquisition Strategy to promote the hiring of staff. Steps that DHS has taken to execute this strategy include:

- Spotlighting individual caseworkers and their efforts to help child and families in internal and external communications
- Hosting an Open House on-site at DHS promoting each department and the positions available to both internal and external candidates
- Updating the company career website to include a specific page for casework positions
- Participating in a variety of community events with the goal of education the community on DHS opportunities
- Posting job vacancies on job aggregator sites, including jobgateway.pa.gov, zip recruiter, LinkedIn, Nonprofitallent.com and local University webpages
- Posting positions on diversity job boards and on social networks
- Building relationships with key community stakeholders/educational institutions and initiating dialogue about DHS employment opportunities
- Building a culture of recruitment by encouraging and rewarding employee referrals
- Designing marketing materials about casework positions, including flyers, palm cards and banners

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

1. Proactively recruit qualified Caseworkers to staff vacancies by building a pipeline of candidates (through proactive, targeted recruiting), engaging in workforce planning and anticipating office needs, and building a brand as a cutting-edge human services employer.
2. Continuously improve hiring and selection processes and practices to support new hire fit in Caseworker role using Predictive Index. The Predictive Index is an assessment which predicts primary personality characteristics and cognitive ability used to align workplace behaviors and on-the-job performance.
3. Support and grow supervisors so that they may support and grow staff by evaluating the progress of DHS's Supervision Model initiative, creating tools to support supervision, and dedicating training support for supervisors
4. Recognize and respond to trauma in the workforce to increase workforce well-being by building trauma informed practices into our existing work and developing strategies for chronic stress and critical incidents. Specifically, DHS established Secondary Trauma Workgroup and participated in the DHS Trauma Think Tank to enhance understanding of trauma and its impact, and foster collaboration in DHS's system of care.
5. Use data to understand current workforce conditions and anticipate needs, including expanding the "HR Dashboard" to broader workforce planning and integrating workforce and caseload data.
6. Work with the Court to address specific workforce concerns and pain-points. An example of this strategy includes working with the Administrative Judge to move more courtrooms to block scheduling which has been observed to improve Caseworkers' wait times at the courthouse.
7. Promote career and professional opportunities within DHS CYF to support employees envisioning longevity with the agency. DHS is developing a booklet which provides employees with position information for all County jobs within CYF. The booklet includes job title, job description, eligibility, agency role and salary information. The booklet also highlights internal and external professional development opportunities such as higher education, CWEL, and ACDHS's Leadership Fellows Program. Additionally, the booklet will showcase Caseworkers who have held roles with increasing responsibility in the agency.

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4-1d. Caseload Sizes

- Provide the average caseload size for intake workers by family and by child during FY 2016-17.**

For workers in our Lexington intake office, the average number of families on a caseload was 13. The average number of children on a caseload was 32. Workers at our Lexington intake office often carry administrative assignments, including when CPS investigations occur on active cases. This accounts for, on average, an additional three families per worker at any given point in time.

- Provide the average caseload size for ongoing workers (i.e. cases accepted for service) by family and by child during FY 2016-17.**

For workers in our regional offices implementing the One Caseworker model, the average number of total families was 16. The average number of children was 37. This includes families active on investigations as well as families active on cases accepted for services. The average number of cases accepted for ongoing services was 12 and the average number of investigations was 6.

- Describe any specialty units or positions that are case-carrying and provide the average caseload size by family and by child during FY 2016-17.**

For workers in our Permanency Department handling adoptions and PLCs, the average caseload was 2. The average number of children was 4. Workers in this department also carry a number of administrative assignments, as they do not often have full responsibility for the case. The average number of administrative assignments was 15.

4-1e. Audit Compliance

- How are decisions regarding monitoring contracted service providers made?**
DHS' Compliance conducts site visits once per year. DHS Compliance may visit sites that receive a higher risk score on Compliance's risk assessment scale more frequently. If a provider is on probationary status, DHS Compliance may visit as frequently as once a month. DHS program monitors conduct site reviews at least once a quarter. Based on the results of the review, they may conduct additional reviews between quarters. DHS may also conduct additional reviews because of a report to the Director's Action Line.

- Does the CCYA use a risk-based assessment to determine the review schedule for all contracted service providers? Yes**

- If so, what are the CCYAs considerations when determining risk? Ex: funding level and streams, number of children/families referred, staff turnover, time operating in Pennsylvania, changes in service delivery, bad press, audit findings, etc.**

DHS Compliance considers funding level and streams, number of children/families referred, certified audit results, calls to the Director's Action Line, concerns flagged by other DHS departments (i.e. fiscal, Program) and the size of the budget when determining risk.

- Is the review schedule formally documented? Yes**
- Does the county utilize random sampling? Yes.**
 - If so, how is the sample size determined?**

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DHS Compliance samples 10% of the amount invoiced. DHS Program looks at 10% of client records, at minimum.

Are all contracted service providers monitored over a determined period in cases where random sampling is utilized? Yes

Does the documentation include how monitoring will be completed and by whom? Yes

How does the CCYA document that the review process is followed?

DHS Compliance uses an Audit Program Checklist that Auditors must complete and that Audit Supervisors review to make sure that Auditors completed accurately. Program uses a monitoring tool that is completed and documented.

Does the documentation include response actions when issues are identified? Ex: a corrective action plan and timeline. Yes

Does documentation exist to support these decisions? Yes

If so, does it detail any thresholds for non-inclusion that may limit who is monitored? No.

How often is this process reevaluated?

DHS Compliance reviews its Audit Program several times a year. Adjustments to the program are made based on concerns that come up or ideas for improvement throughout the year. CYF Program evaluates their process yearly.

How are decisions regarding which providers are determined to be sub-recipients made?

DHS Compliance uses the Uniform Guidance to determine which providers are sub-recipients.

Highlight any overlapping findings/adjustments that exist in the most recent single audit report and Auditor General (AG) report.

N/A -CYF's last Auditor General audit occurred in 2009-2010, and most recent single audit report occurred last fiscal year.

Provide a corrective action plan to address findings in the most recent single audit report, including what levels and types of controls will be strengthened and/or implemented to prevent repeat adjustments and findings in the current year.

DHS's most recent single audit report did not have any findings relative to CYF.

Provide a corrective action plan to address findings in the most recent AG report, including what levels and types of controls will be strengthened and/or implemented to prevent repeat adjustments and findings in the current year.

The most recent AG report found that DHS: "Failed to Execute Purchase of Service Agreements with Multiple Providers and To Adhere to the Contract Provisions with Other Providers Costs." This finding was specific to the type of agreements (letter agreements vs. contracts) for Allegheny County Family Court Division appointed attorneys. DHS's response was that Court appointed attorneys are selected by the Allegheny County Family Court Division on a case by

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case basis. The presiding judge appoints an attorney most qualified to handle the case based upon the current family environment or adoption criteria. Every effort will be made by CYF to enter into the proper written agreement with legal representation where ever possible.

4-3a. Special Grant Initiatives (SGI)

Family Group Decision Making (FGDM) Additional Information Request

- Did your CCYA receive FGDM funds through SGI in FY 2016-17? No
- Were there any instances of over-spending for a single FGDM conference (exceeding the \$3,000 per conference limit)? N/A

FY 2017-18	FY 2018-19	SGI category (EBP, PaPP Dep, PaPP Del, Housing or ATP)	Program Name (use full program names, not acronyms)
X	X	EBP	Strength-Based Family Workers
X	X	EBP	Conferencing and Teaming
X	X	EBP	High Fidelity Wrap Around
X	X	EBP	Homebuilders
X	X	EBP	Parents as Teachers
X	X	EBP	Ages and Stages
X	X	EBP	Family-Based Recovery
X	X	EBP	PACT
	X	EBP	Triple P
X	X	ATP	Afterschool
X	X	Housing	Family Housing Stabilization Program
X	X	Housing	Shallow Rent Subsidy Program
X	X	Housing	Emergency Shelter Program
X	X	Housing	Bridge/Transitional Housing
X	X	Promising Practice	Kin Navigators
	X	Promising Practice	Immigrants and International Initiative

Program Name (Provide full name, not just acronyms)	The Credential for Strength-Based Family Workers Program
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A. Program Implementation

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- Was this program funded through the SGI in FY 2016-17? No
- Is the program being funded through the SGI in FY 2017-18? Yes
- Are SGI funds requested for this program in FY 2018-19? Yes
 - If yes, what is the total amount being requested for FY 2018-19?
\$ 288,178

B. FY 2017-18 Budget Revision Opportunity

CCYAs can request, at any time, a transfer of funds within the SGI categories of EBP, PaPP Dep, PaPP Del, Housing and ATP if the request does not result in an increased state allocation and sufficient local matching funds are available. (See Appendix 5 in the NBPB Guidelines for additional information.)

CCYAs can use the NBPB submission as an opportunity to transfer funds for FY 2017-18. In the chart below, in the **Special Grant Allocation** block, insert the amount of your county’s current approved Special Grant amount for the program listed above for FY 2017-18. In the **Budget Revision Amount** block, input the amount to be increased or decreased to that allocation for FY 2017-18. The **Revised Special Grant Allocation Request** is the new total allocation your county is requesting for the program listed above for FY 2017-18.

Note: This section should only be completed if a transfer or revision of SGI funds is being requested. Otherwise, leave this section blank.

Budget Year	Special Grant Program Allocation Amount	Budget Revision Amount	Revised Special Grant Allocation Request
FY 2017-18			

- If a budget revision was identified above, explain the need for this revision and what factors contributed to the decision to transfer funds between SGI programs?
N/A

C. Program Description and Outcomes

SFW is an enhanced training and credentialing process that builds the capacity of frontline staff to facilitate families’ ability to obtain and maintain self-sufficiency. It is offered in Allegheny County through DHS with the credential issued by Temple University, Harrisburg. The credential is recognized in 13 states. Direct-service staff who complete the training apply the tangible, strengths-based approach with the families they serve to help them reach their goals and attain a healthy self-reliance and interdependence with their communities. Families who interact with those who have earned the SFW credential also benefit from the continuity the training provides. To receive the SFW credential, workers must:

- Complete 90 hours of interactive classroom instruction and portfolio coaching using the Empowerment Skills for Family Workers Handbook as a reference. All the work is based on Temple University’s “Help Giving Cycle” model.
- Prepare a skills portfolio with the support of a Learning Coach; and
- Pass a state credentialing examination.

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Is this program being implemented as a family engagement Evidence-Based Practice (EBP)? Yes

If yes, is this a Crisis/Rapid Response Team Meeting practice? No

If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.

<https://harrisburg.temple.edu/continuing-education/credential-strengths-based-family-workers/background-and-research>

What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

DHS began utilizing SFW in 2005. Staff expressed an interest in receiving training in strength-based engagement philosophies so that they could learn how to talk with families and enable them to make their own decisions about planning for their lives. Since that time, over 1,000 staff have received the credential. We expect 100 staff to participate in the training next year.

How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?

Staff who have received the SFW Credential and are interested in teaching the course are trained and provide the training to other staff. Temple, Harrisburg (the developer of SFW) monitors the trainers and the class to assure fidelity to the model. DHS monitors also monitor the overall health the program and performance of the students.

D. Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				Frontline Staff	Frontline Staff
2	# of Referrals				100	100
3	Total # of Families Served				N/A	N/A
4	Total # of Children Served				N/A	N/A
5	Cost Per Year				\$288,178	\$288,178
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A

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8	Name of Provider				Diversified Care	Diversified Care
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E. Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

F. FY 2017-18 Fiscal Description

The \$288,000 budget is associated to salaries/benefits of two full-time and one part-time positions.

G. FY 2018-19 Fiscal Description

The \$288,000 budget is associated to salaries/benefits of two full-time and one part-time positions.

Program Name	Conferencing and Teaming
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No
- Is the program being funded through the SGI in FY 2017-18? Yes
- Are SGI funds requested for this program in FY 2018-19? Yes
 - If yes, what is the total amount being requested for FY 2018-19?
\$1,661,844

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

Conferencing and Teaming is DHS's common, universal case management practice. Implementation of Conferencing and Teaming is a key strategy in the system-wide adoption of a DHS Practice Model, integrating DHS services per a shared vision and values, to promote the health, well-being and self-reliance of those served. This common case practice of assessing, planning and integrating services fosters and supports the weaving of services around the needs of client/consumer participants.

DHS Conferencing and Teaming:

- Is how direct workers will do business; it is not a referral service
- Focuses on identifying and utilizing the strengths, needs and goals of consumers and families
- Emphasizes natural supports and informal resources

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- Focuses on individualized needs of consumer rather than traditional services to be offered
- Promotes the coordination of multiple plans into a single plan by serving as the primary planning meeting for consumers.
- Is appropriate for all consumers in Allegheny County.

When a family is involved with CYF, conferencing and teaming is used

- to help the family resolve issues that affect caregivers and their children
- to help the family reach out to other family members and supporters - both personal and professional - and bring them together as a team so the family can have the support they need
- to help the family work with their team members to come up with a family plan to reach their desired outcomes
- to support the family the entire time that they are involved with CYF

Once a family is accepted for services by CYF, their assigned caseworker begins to facilitate the conferencing and teaming process. A preparation meeting (prep) is held where they family and their caseworker identify the family's strengths, needs and desired outcomes through a comprehensive assessment and decide who - among their friends, family and service providers - could be their team members. These are people who they think would support their efforts to strengthen their family and who would be most helpful in developing the family plan. The goal of the team is to help build a network of supportive relationships, strengthen the family's ability to cope with change and support the family over the long term, even after formal services are no longer needed. Their caseworker contacts potential team members to discuss their involvement in conferencing and teaming. The people who agree to participate, the team, are invited to the family conference. At the family conference, everyone has an honest conversation about the strengths and needs in the family, the desired outcomes the family needs to succeed and the steps necessary to achieve those desired outcomes. At the conference, a family plan is put in place that includes specific action steps, a timetable and a list of who will do what to help the family reach your desired outcomes. Subsequent team meetings are held to review and update (if necessary) the family plan and ensure family actions are integrated with professional services.

Is this program being implemented as a family engagement Evidence-Based Practice (EBP)? Yes

If yes, is this a Crisis/Rapid Response Team Meeting practice? No

If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.

<http://www.alleghenycounty.us/Human-Services/News-Events/Accomplishments/Conferencing-and-Teaming.aspx>

What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

In 2012, DHS adopted Family Team Conferencing (FTC) as the model of common practice. As implementation of FTC progressed, it became evident that DHS would benefit from its own

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unique family engagement model, rather than trying to fit all of needs into an existing model. DHS Conferencing and Teaming emerged from blending the best of FTC, Family Group Decision Making and High Fidelity Wraparound, three participant and family engagement models. Conferencing and Teaming relies heavily on FTC for many of its main practices, but incorporates strengths from the other conferencing models. It combines initial engagement, assessment and planning through a family conference, with continuous service integration through teaming to help a participant meet his or her goals. It also includes the opportunity for private family time in every conference or meeting, should the family want it.

The conferencing portion of the model engages the participant and his or her natural support system in a planning process that manages risks and improves long-term functioning. Using existing records and assessments, the participant, family and all natural supports formulate a plan based on the perceived needs and goals of all involved. The main principle behind this conferencing portion of the model is that the participant benefits from decreased dependency and increased personal responsibility. The teaming portion of the model recognizes that as a person's situation changes, his or her plan may need alteration. The individual meets periodically with his or her natural supports and attending professionals to address events or circumstances that may call for a reassessment of current plans and strategies. The goal of this process is to build a strong support system that can continue to assist the individual after services end.

❑ How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?

In an effort to improve fidelity to our practice of Conferencing and Teaming, the DHS Teaming Institute will implement the following steps:

1. Use the SPANS (Service Plan Adherence to Needs and Strengths) fidelity/quality assurance tool within CYF. Currently utilized in behavioral health, the SPANS is a simple way for a casework supervisor to monitor the inclusion of identified needs and strengths of the family within the family plan. These conversations will be driven by information collected by the caseworker and documented in the Prep/FAST.
2. Revamp the performance criteria for casework supervisors who reach the level of 'coach', with regards to the Conferencing and Teaming practice. With these enhanced performance criteria, casework supervisors, in partnership with their assigned Peer Coach, will have a deepened understanding of the practice, more easily recognize the quality benchmarks indicative of fidelity to the practice, and a baseline set of coaching skills that can be used to develop and grow their staff.
3. In partnership with the Child Welfare Policy and Practice Group (CWPPG), the Teaming Institute will reintroduce supervisory coaching into the practice of OCYF casework supervisors. This step would build upon the previous two, by helping develop a supervisory model aligned with the values and principles of our practice, and ultimately driven by the practice. Additionally, members of the Teaming Institute will have the opportunity to shadow consultants from the CWPPG as they implement this practice to learn it for the purposes of reinforcement during those times when CWPPG are not present in Allegheny County, and as a means to build this capacity internally as a means of carrying out this work in perpetuity.

Tracking Chart

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		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				21,697	22,760
2	# of Referrals				16,059	17,256
3	Total # of Families Served				2,563	2,731
4	Total # of Children Served				7,795	8,275
5	Cost Per Year				\$1,661,844	\$1,661,844
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				Macedonia, Small Seeds, Touching Families	Macedonia, Small Seeds, Touching Families

H. Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

Funding is provided at a \$22/quarter hour basis to three providers listed above.

FY 2018-19 Fiscal Description

Funding is provided at a \$22/quarter hour basis to three providers listed above.

Program Name	High Fidelity Wrap Around
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No
- Is the program being funded through the SGI in FY 2017-18? Yes
- Are SGI funds requested for this program in FY 2018-19? Yes
 - If yes, what is the total amount being requested for FY 2018-19?
\$2,216,518

ALLEGHENY

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

HFW is a collaborative, team-based approach to planning for services and supports. Through the HFW process, teams create individualized plans to meet the unique needs of the child and his or her family. Family Support Partners and Youth Support Partners are available as part of the HFW process to ensure that the voices and choices of the individuals they represent are honored. DHS continues to move to a universal practice model across DHS: Conferencing and Teaming, which emerged from blending the best of Family Team Conferencing, Family Group Decision Making and High Fidelity Wraparound. (HFW has been integrated into Conferencing and Teaming.) Throughout this transition, DHS is committed to supporting the family engagement process through the availability of YSPs and FSPs.

YSPs and FSPs are available to children and families who are active in the child welfare system to enable children and families to have a greater voice in the process. Juvenile Court judges have recognized the value added by YSPs and FSPs and have significantly increased their referrals. As the unit has grown to meet this increased demand, DHS has enhanced the program's infrastructure so that the partners have appropriate coaching and supervision. In 2013, DHS began to assign YSPs and FSPs to youth and families who had expressed a desire to have this type of support, but who were not engaged in HFW. YSPs also may be assigned to youth through a court order issued by a Juvenile Court judge.

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)?** Yes
 - If yes, is this a Crisis/Rapid Response Team Meeting practice?** No
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.**
- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?**

The original assessment, done by DHS and CCBH, evidenced a gap in services for children and youth who are users of behavioral health services and at risk of being removed from their home or hospitalized each year, and HFW has expanded to YSPs and FSPs as it demonstrated its effectiveness. The primary focus of HFW is to help strengthen the family unit and their natural supports in an effort to prevent children and youth from being removed from their families and/or to assist with appropriate resources and supports to help maintain children in their home, school, and community.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

All HFW staff (Youth Support Partner, Family Support Partner, Facilitators, and Supervisor/Coach) are required to complete an intensive training and credentialing process in HFW within their first 6 months to year of employment.

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The Youth and Family Training Institute(YFTI) is responsible for training, coaching, credentialing, and monitoring the High-Fidelity Wraparound (HFW) workforce across Pennsylvania. Fidelity is monitored by the Wraparound Fidelity Index - Short Form (WFI-EZ). Fidelity data are collected from all team members (youth, caregivers, wraparound facilitators, youth and family support partners, and other natural and professional supports) two times during the HFW process – once at 90 days after enrollment and again when the family transitions or graduates from the process. Overall, team fidelity scores are obtained as well as scores in the following five key elements: Effective Teamwork; Natural/Community Supports; Needs-based Strategies; Outcomes-based Planning; and Strength and Family Driven Process. The WFI-EZ also tracks satisfaction ratings from youth and caregivers.

In addition, YFTI utilizes the standardized HFW Chart Forms to monitor process benchmarks and quality indicators as well as outcomes. Providers can view summary information as well as detailed family reports in the web-based dashboard portal. Dashboards are available for: time spent with families; team meeting attendance by natural and professional supports; purpose of contacts; life domain categories; skills utilized by each role on the team; days spent in each phase of the wraparound process; and how/when the process shifts from doing for, to doing with, to cheering on. Furthermore, outcomes dashboards are available that monitor pre-/post-data in behavioral health service utilization, physical/behavioral health medication utilization; changes in natural/community and professional supports; reduction in child welfare, juvenile justice and drug and alcohol system involvement; changes in the stability of living situations, changes in educational supports, school attendance and performance; and changes in family vision ratings.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				17,697	17,697
2	# of Referrals				481	481
3	Total # of Families Served				616	616
4	Total # of Children Served				616	616
5	Cost Per Year				\$2,216,581	\$2,216,581
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				Allegheny Family Network, Diversified Care	Allegheny Family Network, Diversified Care

Explanation of Tracking Chart

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- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A**

- If no provider has been identified, what is the plan to identify and secure a provider? N/A**

FY 2017-18 Fiscal Description

Purchased service providers (AFN - \$569,039 and DCM - \$1,187,724) build on the collective action of a team to mobilize resources and talents from a variety of sources to support families in their communities to incorporate history, culture, relationships and other relevant information to address challenges and formulate solutions. The AFN budget includes personnel expenses of \$443,409, office space rental - \$36,750, office supplies - \$27,086, travel - \$14,500, utilities - \$26,500 and other operating expenses - \$20,794 (maintenance, technology, postage and publications). The DCM budget includes personnel expenses of \$650,000, office space rental - \$70,000, travel - \$154,000, utilities - \$70,000 equipment/furniture - \$106,000, office supplies \$50,000, Staff Training - \$20,000 and other operating expenses - \$67,724 (maintenance, technology, postage and publications).

FY 2018-19 Fiscal Description

Same as above.

Program Name	Homebuilders®
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No**

- Is the program being funded through the SGI in FY 2017-18? Yes**

- Are SGI funds requested for this program in FY 2018-19? Yes**
 - If yes, what is the total amount being requested for FY 2018-19? \$1,704,993**

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

HOMEBUILDERS® provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. The goal is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises. The HOMEBUILDERS® program accepts in which one or more children are in imminent danger of being placed in out-of-home care.

DHS launched two Homebuilders teams in June 2015 to serve child welfare families at high risk for home removal. DHS and the model developers, the Institute for Family Development, have closely monitored how the two Homebuilders teams performed since launch. Data shows that

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Homebuilders implementation has been very successful in Allegheny County, and is delivering the desired outcome: keeping families together. In 2016, the Homebuilders program served 92 CYF families. 70% of families referred to Homebuilders completed the intensive 28-day program. In these families, 80% of youth were still living with their family 6 months after program discharge. Given these success rates, DHS estimates that in 2016, the Homebuilders program resulted in a \$400,700 cost savings to the child welfare system by avoiding foster care placement costs. More importantly, the Homebuilders program provided high quality services that allowed families to remain intact safely, avoiding the trauma of removing children from their home.

To meet the demand of CYF families in crisis that require intensive, high quality services to prevent removal of their children DHS requests resources to expand Homebuilders in FY 18-19 by adding a third team (5 therapists, 1 supervisor, 1 program manager). This will allow DHS to serve an additional 46 families per year. We fully expect staff to increase their referrals to address this need: Homebuilders has garnered a positive reputation among frontline caseworkers who know that it works. And CYF is facilitating case presentations by the supervisors of the existing Homebuilders teams to educate new casework staff on the value of the Homebuilders service. service. With the expected increase in referrals, DHS seeks the additional funding outlined below.

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)?** Yes
 - If yes, is this a Crisis/Rapid Response Team Meeting practice?** No
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.**

http://www.institutefamily.org/programs_ifps.asp

- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?**

An internal analysis of outcomes (e.g. avoiding placement) for families receiving "in-home," case reviews of a representative sample of families, and meetings with "in-home" providers found that the model for in-home that DHS was using before Homebuilders was not functioning as originally conceptualized. CYF was not maintaining its own internal fidelity standards for crisis intervention. The case reviews showed little to no difference between the families referred to crisis and regular "in-home" or the services received. Nearly a third (28%) of children receiving "in-home" services in FY 12-13 had a subsequent home removal within 6 months. On average in the previous system, families received 33 hours of "crisis in-home" over two months. Of the families receiving "crisis in-home" in 2012, only 45 percent (206 families) received more than 30 hours of direct service within 30 days of service start. Less than 30 hours of direct service in a month is not indicative of intensive support. Homebuilders® improves family functioning and prevents placement. In calendar year 2016, of the 92 families who received and completed the Homebuilders® program, 85% of families avoided home removal by 3 month follow-up and 76% avoided home removal by 6 month follow-up.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

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The Institute for Family Development (the developer) monitors fidelity to the program. CYF monitors also monitor overall health and functioning of the program.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				250	250
2	# of Referrals				210	210
3	Total # of Families Served				130	150
4	Total # of Children Served				260	300
5	Cost Per Year				1 team costs \$568,331, \$568,331*2.5 (6 months of funding for 1 team= \$1,420,828	1 team costs \$568,331, \$568,331*3 teams= \$1,704,993
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				Auberle, Pressley Ridge, TBD	Auberle, Pressley Ridge, TBD

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

For each Homebuilders team:

The provider cost for a Homebuilders team is **\$508,101**. The provider agency will allocate this funding for Personnel (\$381,411), Operating Expenses (\$35,836), Other Program Expenses (\$21,600), and Indirect Administrative Expenses (\$69,254).

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The model developer cost for a team is **\$60,230**. The Institute for Family Development will allocate this funding for Training Activities (\$28,755), Site Consultation and Quality Assurance Activities (\$29,315), and the use of their Client Data and Documentation System (\$2,160).

FY 2018-19 Fiscal Description

See above.

Program Name	Parents As Teachers
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Program Implementation

- Was this program funded through the SGI in FY 2016-17?** No
- Is the program being funded through the SGI in FY 2017-18?** Yes
- Are SGI funds requested for this program in FY 2018-19?** Yes
 - If yes, what is the total amount being requested for FY 2018-19?** \$934,086

FY 2017-18 Budget Revision Opportunity

N/A

Program Description and Outcomes

The Parents as Teachers Evidence-Based Model is the comprehensive home-visiting, parent education model used by Parents as Teachers Affiliates. The model provides services to families with children from prenatal through kindergarten. Affiliates follow the essential requirements of the model, which provide minimum expectations for program design, infrastructure, and service delivery. Parents as Teachers provides support for affiliates to meet those requirements as well as further quality standards that represent best practices in the field. There are four dynamic components to the PAT model: personal visits, group connections, resource network and child screening. Together these four components form a cohesive package of services with four primary goals:

- 1.) Increase parent knowledge of early childhood development and improve parent practices
 - 2.) Provide early detection of developmental delays and health issues
 - 3.) Prevent child abuse and neglect
 - 4.) Increase children's school readiness and success
- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)?** Yes
 - If yes, is this a Crisis/Rapid Response Team Meeting practice?** No
 - If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.**

<http://parentsasteachers.org/evidence-based-model/>

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❑ What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

DHS conducted an evaluation of 251 Family Support Centers (FSC) in order to answer a number of questions concerning their operation and impact. The evaluation utilized both quantitative and qualitative data collection methods. In order to determine whether FSCs were operating as anticipated and improving stated outcomes, the evaluation integrated quantitative data (FSC data management application, local school districts, Pre-K Counts, child welfare case information and other human services data) and qualitative data collection methods. Qualitative data methods included a direct data collection component, in which telephone surveys were administered to 145 families, on-site visits to each FSC that included observations of activities and interviews with staff, and interviews with DHS FSC monitors. In addition to DHS staff, evaluation components were conducted by Chapin Hall, the University of Pittsburgh and Dr. Chelsea Wentworth.

Families at higher-risk are traditionally difficult to engage and reach with services, and this is true for FSCs as well. However, according to the evaluation, the Parents as Teachers program seems to be a positive exception. Two-thirds of families participating in that program met the definition of high risk. These services are specifically designed for families with intensive needs, and this finding indicates that the program is achieving its goal by reaching and engaging the right target population. This represents a key success on the part of the staff and engagement efforts; connecting with families in their homes while they are experiencing a high level of need and risk may be a way to provide a foundation for engaging them more fully outside of the home, particularly in services designed to prevent future crises.

❑ How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?

PAT has affiliate and fidelity standards that FSCs must maintain. FSCs that implement PAT are also monitored by DHS contract monitors to ensure that families are accessing and engaging in the service, and that the service is achieving positive outcomes.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				750 families	750 families
2	# of Referrals				750 families	750 families
3	Total # of Families Served				555 families	555 families
4	Total # of Children Served				1300 children	1300 children
5	Cost Per Year				\$934,086	\$934,086
6	# of MA Referrals					

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7	# of Non-MA Referrals					
8	Name of Provider				AIU, Council of Three Rivers American Indian Center, Inc.	AIU, Council of Three Rivers American Indian Center, Inc.

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

Three Rivers American Indian Center, Inc: \$337,086
 Personnel: \$280,880
 Facility Expenses: \$26,800
 Service Contracts: \$1,000
 Travel: \$2,500
 Trainings/model implementation expenses: \$30,850
 Communication/Supplies: \$11,056

AIU

25% of salary and benefits for 24 FDS staff = \$11,000 x 24 = \$264,000
 100% of salary and benefits for 7 FDS staff = \$44,000 x 7 = \$308,000
 Training/Affiliate Charge = \$25,000
 \$597,000

FY 2018-19 Fiscal Description

See above

Program Name	Ages and Stages
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No
- Is the program being funded through the SGI in FY 2017-18? Yes
- Are SGI funds requested for this program in FY 2018-19? Yes
 - If yes, what is the total amount being requested for FY 2018-19? \$476,563

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

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Ages and Stages is a tool for screening infants and young children for developmental delays during the crucial first five years of life. DHS contracts with the Alliance for Infants and Toddlers to work with parents to select the right ASQ (that matches the child’s age) and complete the questionnaire. They interpret the results of the ASQ with the parent and suggest resources for follow-up, monitoring and further assessment if needed. Generally, if a child scores below the cutoff, the front-line worker makes a referral for further assessment or intervention, taking into account factors that may have influenced a child’s scores, such as setting/time of day of screening, health, and family or cultural factors.

If a child scores near but not below the cutoff (in the monitoring zone), the worker should weigh the parents’ concerns. If the parents express a substantial concern, the worker may decide to refer for further assessment. Otherwise, the worker can provide follow-up activities and plan to screen again. If a child scores well above the cutoff, the worker can talk to parents about opportunities to practice skills, provide activities, and plan to screen again. Children who are referred for further assessment after screening may be found to be eligible for Early Intervention services depending on the results.

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)?** Yes
 - If yes, is this a Crisis/Rapid Response Team Meeting practice?** No
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.**

<http://agesandstages.com/research-results/>

- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?**

Ages and Stages has been validated in many countries and translated into numerous languages. Research indicates that the ASQ is accurate in detecting true problems in apparently healthy children and even in children with biological risk factors. ASQ is used across the state of PA and the county in a variety of settings. DHS selected ASQ as a screening tool because of its widespread use across the county. DHS’ utilization of the tool provides consistency across the county and between services, in line with DHS’s philosophy of integration.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

DHS holds a contract with the Alliance for Infants and Toddlers to provide the screening to children involved in child welfare. A DHS monitor monitors the contract to ensure fidelity to the model and that desired outcomes are being met.

Tracking Chart

	FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)

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1	Target Population				3,201	3,343
2	# of Referrals				3,201	3,343
3	Total # of Families Served				232	232
4	Total # of Children Served				273	273
5	Cost Per Year				\$476,563	\$476,563
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				The Alliance for Infants and Toddlers	The Alliance for Infants and Toddlers

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

Alliance for Infants and Toddlers (\$616,397), provides a developmental screening tools which identify learning concerns for children birth to five years of age. The program services are designed to build and enhance natural learning that occurs in the child's early years within the home, child care and other community settings. Funding for the program covers the salary and benefits of \$464,186 for an Executive Director (10%) , one Program Supervisor, five Early Learning Children Project Liaisons and two Data Coordinators. The budget also covers office space rental - \$32,500, supplies - \$40,000, utilities - \$5,000 and other operating expenses - \$74,711 (maintenance, technology, postage and publications).

FY 2018-19 Fiscal Description

Same as above.

Program Name	Family-Based Recovery (FBR)
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No
- Is the program being funded through the SGI in FY 2017-18? No

ALLEGHENY

Are SGI funds requested for this program in FY 2018-19? Yes

If yes, what is the total amount being requested for FY 2018-19? \$370,945

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

The in-home Family Based Recovery Program (FBR) is a recovery-oriented, trauma-informed, in-home substance use disorder treatment model originally developed for the Connecticut Department of Children and Families and recognized by the White House National Drug Control Policy Director as a program that has “the potential to create real change.”¹ Connecticut currently runs a similar initiative for families with children aged three years or younger, and research conducted by the University of Connecticut and Yale University indicates that this type of programming results in fewer children removed from their homes, less parent stress, and decreased levels of substance use. The FBR model uses in-home therapy and substance use disorder treatment to help parents overcome substance use disorders while improving the parent-child relationship through. DHS issued an RFP in May 2017 to identify a provider who would provide weekly in-home parent-child therapy and substance use disorder treatment to parents who are actively using substances OR have a recent history of unhealthy or risky substance use AND are parenting a child under the age of 36 months.

The Connecticut FBR model merges two evidence-based models of parenting support and substance use treatment—Coordinated Intervention for Women and Infants (CIWI) developed at the Yale Child Study Center and Reinforcement-Based Treatment (RBT) developed at Johns Hopkins University. It has a core group of services:

1. Substance use disorder treatment
2. Parent-child relationship services
3. Parental social connectedness services

The core group of services incorporate good clinical skills and Motivational Interviewing. Services are provided in a family’s home and parents and children are engaged and treated separately and together.

A. Substance Use Disorder Treatment

The Connecticut FBR model relies on an evidence-based contingency management (a type of clinical behavior analysis) substance use disorder treatment called Reinforcement-Based Treatment (RBT) which uses stimulus control and positive reinforcement to change behavior. RBT incorporates Motivational Interviewing and the Community Reinforcement Approach. Motivational Interviewing is an evidence-based intervention that uses a conversational approach designed to help people address their ambivalence to change. The Community Reinforcement Approach is a form of treatment based on the belief that environmental contingencies can play a powerful role in encouraging or discouraging drinking or drug use. RBT is based on the belief that positive reinforcement is the most effective means of producing behavior change and the best way to eliminate an individual’s drug use is to offer competing reinforcers that can take the

¹ <http://portal.ct.gov/office-of-the-governor/press-room/press-releases/2016/02-2016/gov-malloy-and-white-house-drug-policy-director-announce-new-pay-for-success-initiative>

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place of drug use. Competing reinforcers include people, places and things that can replace drug use. In the FBR, the infant or child is the primary positive reinforcer. A healthy parent-child relationship helps to work toward producing positive substance use behavior change in the parent.

The Connecticut FBR model uses a variety of methods to treat substance use, such as:

- **Functional Assessments:** A functional assessment is a clinical instrument that structures the gathering of information on a client's drug use at intake and after each relapse. Information is organized into categories including: internal and external triggers, behavior (route of use, amount), short-term positive consequences and long-term consequences.
- **Contracts:** Contracts are agreements between parents and FBR staff used throughout treatment to achieve a specific behavioral goal. Contracts include sobriety sampling and critical points in time.
- **Graphs:** Graphs are clinical tools that makes abstinence and abstinence-related goals salient to the client, helps clients understand the ongoing relationship between substitution behaviors and abstinence, provides a concrete way for FBR staff to reinforce social and tangible progress towards goals and helps FBR staff predict relapse.
- **Relapse and Safety Plans for Children:** Parent(s) and FBR staff will work together to determine a plan for children if a parent should relapse.
- **Feedback Reports:** Feedback reports are techniques that have been shown effective in helping clients think about change. A feedback report pulls together the information collected during the assessment phase, gives information tailored to the individual, provides SAMHSA data on client's drug(s) of choice, offers alternatives to drug use and organizes the arguments for change.
- **Drug Testing and Vouchers:** The Connecticut FBR model provides weekly incentives to parents whose drug tests show they are abstaining from substances (with the exception of medically-administered substances and other prescribed medications). Parents who abstain from unhealthy or risky substance will receive \$10 for every screening that shows abstinence from substances that are not medically-prescribed.

For parents dealing with significant physical addictions due to sustained use of opiates, the Successful Proposer must offer them the option of receiving Medication-Assisted Treatment (MAT) to help them on the path to recovery.² Proposers may partner with one or more organizations to meet this requirement.

B. Parent-Child Relationship Services

The parent-child relationship therapy used in Connecticut's FBR model is the attachment-based, parent-child therapeutic approach of the CIWI model. Attachment-based work fosters change in parent-child relationships with unhealthy attachments and targets the "Internal Working Model," or the cognitive framework for understanding the world, self and others, of the relationship for both the parent and the child.

² See the joint position statement on MAT in Allegheny County at http://www.achd.net/overdoseprevention/010917_Final_MAT_Position_Paper.pdf

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A young child's relationship with their primary caregiver is critical to healthy development in social emotional, cognitive and health domains. Parents' perceptions of their relationship to their own parents as a child affect how they parent and how they see their own child now.

The Connecticut FBR uses an infant mental health approach that encourages parents to identify and explore their feelings about parenting. This approach emphasizes the infant's feelings, (i.e., "speaking for the baby"), to help focus parents on the needs of the child. This approach helps to link past parenting experiences with current caregiving experiences. Parenting that requires emotional regulation can easily overwhelm and be a source of disconnection. FBR staff listen, observe and reflect with parents "in the moment" to help parents overcome their first emotional responses of anger or hopelessness and focus on what is happening with the infant when the infant is expressing a need. This is referred to as "Reflective Functioning."

Techniques that enhance Reflective Functioning include:

- Helping the parent identify which emotions are the baby's and which are the parent's
- Helping the parent see the baby as a separate being, developing with age-appropriate behaviors and needs
- Helping the parent feel her/his unique importance to the child

Nurturing the parent-child relationship addresses parental childhood wounds while working to prevent future child abuse and neglect. This therapy helps parents feel competent in being a "secure base" from which their children can explore the world, and for babies to feel understood and safe in their parents' care.

C. Parental Social Connectedness Services

A sense of community and connection is vital to substance use recovery. The provider of FBR must offer opportunities for parents participating in the program to meet and socialize.

The FBR model in Connecticut includes peer support groups, weekly group get togethers for parents and their children participating in the FBR program. During these group sessions, parents have opportunities to interact with other non-substance using parents in a substance-free environment. Children can use the peer support group as a "playdate" with other children. Parents receive peer and staff reinforcement and support for their parenting skills and recovery success.

The provider of FBR's staff has the role of linking peer support group activities and conversation topics to parenting and/or substance use. As the group evolves and membership stabilizes, activities becomes more parent-led. Peer support groups aim to build a supportive network of parents in recovery and provide continued support after graduation from the FBR program.

Justification of Service:

Addiction impacts every person in an individual's immediate family, and children are the most vulnerable family members impacted. Addiction affects a family's financial health, physical health and psychological well-being. Parental substance use disorders can cause poor self-image, loneliness, guilt, anxiety, feelings of helplessness, fear of abandonment and chronic

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depression in children.³ Maternal substance use during pregnancy can lead to behavioral and developmental disorders in children.

Unhealthy and risky substance use jeopardizes the safety and well-being of children by:

- Exposing them to environments with dangerous substances that can cause death or serious illness if ingested
- Causing neglect if drug or alcohol use is prioritized over the child's safety and well-being
- Exposing them to potential abuse while caregivers are under the influence

Substance use disorders in Allegheny County are the leading cause of child welfare referrals, and this has been exacerbated by the current opioid crisis affecting families in the County. This growing epidemic is directly related to the increase in parental substance use allegations and subsequent home removals. Two thirds of child welfare home removals in Allegheny County are related to unhealthy or risky parental substance use.

There is a critical need for more family treatment services to mitigate the effects of parental substance use disorders and to help strengthen and preserve families. Allegheny County currently offers outpatient substance use treatment for parents throughout the County, but barriers like transportation and childcare often prevent clients from fully engaging with treatment. Many programs are limited to mothers only and may not address co-occurring disorders. A large percentage of parents involved with child welfare have co-occurring substance use and mental health disorders.

By replicating and adapting the FBR model developed in Connecticut, DHS aims to help parents with substance use disorders establish a clear path to recovery,⁴ strengthen the parent-child attachment and ensure that children affected by substance use have safe and stable homes with their parent(s).

The FBR model aims to:

- Help parents who are involved in unhealthy substance use enter a path to recovery and greater self-sufficiency while they remain with their families in a safe, supportive setting
- Preserve and strengthen families and thereby prevent abuse, neglect and family dissolution
- Improve family relationships by including therapies that focus on interpersonal dynamics
- Reduce common barriers to treatment like transportation and child care
- Help parents cope with co-occurring mental health disorders

Is this program being implemented as a family engagement Evidence-Based Practice (EBP)? Yes

If yes, is this a Crisis/Rapid Response Team Meeting practice? No

³ <http://www.aets.org/article230.htm>

⁴ DHS defines recovery as abstinence from alcohol and other non-prescribed drug use and improvement in one's physical, mental, spiritual and social well-being.

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- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.**

<https://medicine.yale.edu/childstudy/family/fbr.aspx>

- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?**

Substance use disorders in Allegheny County are the leading cause of child welfare referrals, and this has been exacerbated by the current opioid crisis affecting families in the County. This growing epidemic is directly related to the increase in parental substance use allegations and subsequent home removals. Two thirds of child welfare home removals in Allegheny County are related to unhealthy or risky parental substance use. There is a critical need for more family treatment services to mitigate the effects of parental substance use disorders and to help strengthen and preserve families. Allegheny County currently offers outpatient substance use treatment for parents throughout the County, but barriers like transportation and childcare often prevent clients from fully engaging with treatment. Many programs are limited to mothers only and may not address co-occurring disorders. A large percentage of parents involved with child welfare have co-occurring substance use and mental health disorders.

By replicating and adapting the FBR model developed in Connecticut, DHS aims to help parents with substance use disorders establish a clear path to recovery, strengthen the parent-child attachment and ensure that children affected by substance use have safe and stable homes with their parent(s). The FBR model aims to:

- Help parents who are involved in unhealthy substance use enter a path to recovery and greater self-sufficiency while they remain with their families in a safe, supportive setting
- Preserve and strengthen families and thereby prevent abuse, neglect and family dissolution
- Improve family relationships by including therapies that focus on interpersonal dynamics
- Reduce common barriers to treatment like transportation and child care
- Help parents cope with co-occurring mental health disorders

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

DHS will work with the developer to monitor fidelity and also train contract monitors to monitor the fidelity to the program and overall outcomes and health of the program.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				450	450
2	# of Referrals				300	300
3	Total # of Families Served				25	25

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4	Total # of Children Served				50	50
5	Cost Per Year				\$370,945	\$370,945
6	# of MA Referrals					
7	# of Non-MA Referrals					
8	Name of Provider				TBD	TBD

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? DHS issued an RFP to provide this service on May 24, 2017. Responses to the RFP were due by June 30, 2017. The RFP is currently under review by a multi-disciplinary team of evaluators.

FY 2017-18 Fiscal Description

For six months:

Projected personnel expenses (therapists, part-time psychiatrist, supervisor, peer support, admin + benefits, onboarding and training) = \$256,435

Office and operational expenses= \$19,682

Drug screens, equipment, rent and office furniture = \$4,480

Indirect @ 17.84%= \$370,945/ half a year of funding - \$185,472

FY 2018-19 Fiscal Description

Above * 2 to support full year of costs.

Program Name	Parents and Children Together (PACT)
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No
- Is the program being funded through the SGI in FY 2017-18? No
- Are SGI funds requested for this program in FY 2018-19? Yes
 - If yes, what is the total amount being requested for FY 2018-19?
\$1,560,240

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FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

DHS seeks funding to provide the evidence-based Parents and Children Together (PACT) intervention program for school-aged children and youth who have been referred to the child welfare system because they have been identified as “truant students.” PACT serves students when all available prevention and diversion opportunities have been exhausted or when the students have been involved with DHS’s Focus on Attendance Program but require a higher level of service intensity. PACT is an in-home family counseling and strengthening program that aims to identify and help address the underlying causes or factors related to truancy and to divert formal involvement with the child welfare system, developed by the Institute for Family Development and rooted in the same principles as Homebuilders®.

DHS issued an RFP to provide PACT in May 2017. An evaluation committee is currently reviewing responses to the RFP. The provider(s) selected through the RFP will staff a PACT team of four therapists and one supervisor to deliver PACT services to: 1) identify the underlying causes or factors related to truancy for the truant children and their families; 2) address those causes through case management, accountability, collaborating with other supports and services, and therapeutic components; and 3) divert further involvement in the child welfare or juvenile justice systems.

The focus of PACT in Allegheny County is using cognitive/behavioral interventions to strengthen and empower families, in which one or more children are truant, to improve school attendance and prevent the poor outcomes associated with truancy. PACT aims to identify and address the underlying causes or factors related to truancy by actively teaching new behaviors and skills and connecting families to available resources. PACT therapists must tailor services to meet the needs and goals of each family.

PACT therapists must help teach children and parents the following skills, as needed:

- Behavioral parent training skills: effective praise and positive attention; reinforcement; planned ignoring; response cost; time out; behavioral charting; developing morning, bedtime, meal time, school and other routines; using positive and negative consequences; providing developmental opportunities
- Communication skills and interpersonal relations
- Emotion and stress management skills
- Safety skills: appropriate supervision, child proofing homes, dealing with domestic violence
- Advocacy skills related to working with schools and landlords
- Decision-making
- Mood control
- Self-management
- Relapse prevention
- Resisting peer pressure
- Following instructions
- Accepting “no” for an answer
- Household management

PACT therapists are trained in and utilize cognitive and behavioral Evidence-based Practices

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(EBPs) such as Rational Emotive Behavior Therapy (REBT), and behavioral interventions such as coaching, shaping, behavioral rehearsal, reinforcement, antecedent-based interventions (positive behavior support), relapse prevention and harm reduction strategies. PACT therapists receive the same training as Homebuilders® therapists. The Institute for Family Development provides the training.

PACT therapists coordinate, collaborate and advocate with local public and community services and systems (e.g., schools, health and mental health providers, juvenile justice and social service organizations, housing and landlords) while teaching families to advocate and access support for themselves. They help families identify and access other community supports and services as needed, including housing, child care, early childhood education programs, health or mental health services, recreational opportunities, and a variety of school/educational services and supports.

Justification of Service:

There were 484 referrals to CYF in FY15-16 that included at least one allegation of truancy. Fifty-four percent of those referrals included only truancy, while 46 percent included truancy and at least one other allegation.

Truancy is one of the early warning signs that a child is headed for potential delinquent activity, social isolation and/or school failure. Lack of commitment to school is a risk factor for substance use, delinquency, teen pregnancy and school dropout. U.S. Department of Education statistics indicate that high school dropouts earn lower wages, experience higher rates of unemployment, and are more likely to end up on welfare or in prison than high school or college graduates.

Under provisions of Pennsylvania Truancy law, specifically 24 P.S. §13-1327, every child of school age (ages eight through 17) is required to attend school. Local school boards set policies governing student absences and acceptable excuses, and principals are required to report to the superintendent any child who has been absent for three days “without lawful excuse.” The legal actions that schools may take for truancy vary according to the circumstances. The school district may file a summary citation, with the local Magisterial District Judge (MDJ), against the parent/guardian or child; or refer the family to DHS’s child welfare office. MDJs have several options if they find the parent/guardian or child guilty; they may impose a fine on the parent/guardian or child, order parenting classes, order the parents or the child to perform community service, assign the child to an adjudication alternative program or refer to the child welfare office.

Since July 2012, DHS has been actively involved in the Allegheny County Children’s Roundtable, Educational Success and Truancy Prevention Group, convened to expand prevention resources to address truancy. The first initiative of the group was a truancy prevention pilot program called Focus on Attendance (FOCUS), concentrating specifically on school attendance in two Pittsburgh Public Schools. The goal of this pilot program was to provide truancy prevention and diversion services to students and families, to improve school attendance and overall well-being, and to reduce the number of referrals to the child welfare office with truancy as the primary allegation. Due to the successes of this pilot, FOCUS expanded from a school building-based intervention to a countywide intervention in the 2016-2017 school year, focused on influencing poor school attendance through a series of prevention/diversion activities and by increasing access to community-based resources.

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Even with the expansion of FOCUS truancy prevention and diversion services, there are still complicated cases that require additional intensive supports. The underlying causes of truancy are often varied, complex and challenging to resolve. Truancy is often a symptom of other dependency issues affecting a child or adolescent in the context of the family's circumstances. Thus, the solutions to these underlying causes must be comprehensive and targeted as well as collaborative with other supports and services related to mental health, substance use, housing and educational supports to prevent further system involvement and increase family stability. Using PACT, DHS will divert families referred to the child welfare system because of truancy from formal child welfare involvement, while addressing and ameliorating the root causes of truancy.

Is this program being implemented as a family engagement Evidence-Based Practice (EBP)? Yes

If yes, is this a Crisis/Rapid Response Team Meeting practice? No

If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.

http://www.institutefamily.org/programs_pact.asp

What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

As DHS redefines and bolsters prevention efforts, families that become involved with child welfare because of truancy are a key target group. DHS is implementing PACT to prevent high-risk truant families from further involvement in the child welfare system. DHS recognizes that the underlying causes of truancy are often varied, complex and challenging to resolve. Truancy is often a symptom of other dependency issues affecting a child or adolescent in the context of the family's circumstances. Thus, the solutions to these underlying causes must be comprehensive and targeted as well as collaborative with other supports and services related to mental health, substance use, housing and educational supports.

How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?

The Institute for Family Development will monitor adherence to the PACT model and CYF contract models will monitor health of the program and if desired outcomes are being met.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				250	500
2	# of Referrals				250	500

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3	Total # of Families Served				250	500
4	Total # of Children Served				200	400
5	Cost Per Year				\$1,560,240 (343,996 to Special Grants)	\$1,560,240
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N.A
8	Name of Provider				TBD	TBD

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? DHS issued an RFP to provide PACT on May 12, 2017. Responses to the RFP were due by June 23, 2017. The RFP is currently under review by a multi-disciplinary team of evaluators.

FY 2017-18 Fiscal Description

Costs for 1 team are listed below. In 17/18 DHS will pay for half of the costs of three teams through Special Grants:

Total personnel expenses (therapists, supervisor, program manager, clerical support, benefits) = \$301,864
 PACT site Development Budget (workshop training, consultation and quality reviews, travel)= \$57,865
 Office and Operation expense (space, utilities, supplies, transportation, postage, printing, equipment and furniture)= \$103,269
 Indirects: \$57,082

Total= \$520,080 for one team (\$334,996 billed to special grants in 17/18)

FY 2018-19 Fiscal Description

Costs for 1 team are listed below. In 18/19 DHS will pay all of the costs of three teams through Special Grants:

Total personnel expenses (therapists, supervisor, program manager, clerical support, benefits) = \$301,864

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PACT site Development Budget (workshop training, consultation and quality reviews, travel)=
\$57,865

Office and Operation expense (space, utilities, supplies, transportation, postage, printing,
equipment and furniture)= \$103,269

Indirects: \$57,082

Total= \$520,080 for one team

Program Name	Triple P
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No
- Is the program being funded through the SGI in FY 2017-18? No
- Are SGI funds requested for this program in FY 2018-19? Yes
 - If yes, what is the total amount being requested for FY 2018-19? \$105,135

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

The Triple P – Positive Parenting Program® is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. Triple P draws on social learning, cognitive behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. And while it is almost universally successful in improving behavioral problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct. Piquero et al. published a study in 2016 which updates and validates their 2009 published research showing early family/parent training “is an effective intervention for reducing behavior problems among young children”. The main objective of the Triple P Prevention Program is to improve child behavior and mental health by providing parent training in positive discipline strategies and positive parenting practices, using the Triple P model in the 0-12 year old population.

DHS is requesting funding to implementing Triple P at A Child's Place in McKees Rocks, with the long-term goal of this project of decreasing juvenile delinquency in the McKees Rocks area by improving parenting interaction. The Triple P parent education program will increase families' understanding of child development, helping them maintain realistic expectations of their children. Families will learn and practice behavior management techniques that reduce disruptive child behaviors. Parents learning these skills show a decreased use of aggressive discipline techniques per Triple P research. The Triple P curriculum will also teach families positive parenting techniques, help participants develop positive family management strategies, provide families a strong social support system, and increase the positive involvement in the life of their child. Families completing the Triple P program will acquire stress management techniques and develop increased confidence in controlling significant life stressors. All these

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benefits accrue toward decreasing the likelihood of delinquency and child maltreatment. The program will be provided to families, free of charge, in both group and one-on-one formats, to fit varying levels of family need. Individual sessions will be provided at the participant's home and in community settings to increase the authenticity for parents. In addition to rich training content, the Triple P group format and community building events will provide parents social support, further increasing the long-term effect of the training.

Any families in need of additional support or resources will receive the necessary referrals. If families need more intensive, one-on-one training, they will be enrolled in the "Standard Triple P" program. A Child's Place staff will conduct an initial interview and review the family history. This session will include an observation of the child-parent interaction and the staff will collect information about the behavior difficulties and specific family and behavioral goals the parents have and help create a plan to achieve those goals. The staff will then meet with the family for ten weeks to give them information about typical child development is introduced and help the family maintain realistic expectation for themselves and their child(ren). During these sessions, positive parenting techniques are explained and practiced at length. Triple P staff encourage the parent's self-evaluation and assists the family as they continue to practice positive behavior modification.

Is this program being implemented as a family engagement Evidence-Based Practice (EBP)? Yes

If yes, is this a Crisis/Rapid Response Team Meeting practice? No

If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.

<http://www.triplep.net/glo-en/home/>

What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

The McKees Rocks borough has a high percentage of population involved with CYF, per the geocoded client addresses in the DHS Data Warehouse and 2015 Census 5- year population estimates (with 3% of the total population active with CYF in 2015). Further, McKees Rocks is among one of the highest municipalities and neighborhoods in terms of raw count of CYF active individuals. In an 2009 study by Prinz et al (2009), Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial researchers compared rates of child maltreatment in 18 similar counties in South Carolina (with no exposure to Triple P curriculum) before and after the population-wide implementation of the Triple P parenting education system. These 18 counties were randomly assigned to the treatment and control groups. The treatment group received universal public education through media, and Triple P instruction in individual and group settings. After 2 years, intervention and control group counties were compared and researchers found significantly greater decreases in 1) substantiated child maltreatment cases, 2) out of home placements, and 3) injuries caused by child maltreatment. This study strongly suggests population-wide prevention methods like Triple P are effective and a worthwhile investment for county organizations. Implementing Triple P at A Child's Place in McKees Rock will help decrease child welfare involvement and improve parenting for families at-risk families.

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- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

After completion of the Triple P Provider Training, practitioners gain access to the web-based Triple P Provider Network, which is one avenue of continued support following training. This password-accessed website supports trained Triple P practitioners working in the field. It provides helpful advice about the delivery of the program and access to a range of clinical resources, including monitoring forms so program staff can assure fidelity to the model. Further, a CYF contract monitor will be assigned to the program and will work monitor program fidelity and outcomes.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population					100
2	# of Referrals					75
3	Total # of Families Served					50
4	Total # of Children Served					100
5	Cost Per Year					\$105,135
6	# of MA Referrals					N/A
7	# of Non-MA Referrals					N/A
8	Name of Provider					A Child's Place

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A**
- If no provider has been identified, what is the plan to identify and secure a provider? N/A**

FY 2017-18 Fiscal Description

N/A

FY 2018-19 Fiscal Description

Personnel: (Program coordinator, program assistant, benefits)= \$77,149

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Materials: (booklets for participants)= \$2,408
Community engagement and recruitment activities: \$3,000
Staff supervision: \$11,250
Indirects at 10%: \$9,558

Program Name	Afterschool
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No
- Is the program being funded through the SGI in FY 2017-18? Yes
- Are SGI funds requested for this program in FY 2018-19? Yes
 - If yes, what is the total amount being requested for FY 2018-19?
\$2,700,000

FY 2017-18 Budget Revision Opportunity

N/A

Program Description and Outcomes

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)?
 - If yes, is this a Crisis/Rapid Response Team Meeting practice? No
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link. N/A
- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

There are nearly 170,000 school-aged youth in Allegheny County, with over half of these youth having historical involvement with DHS. After-school and other out-of-school programming fosters positive youth development and serves as a needed supplement to traditional schooling. Programs that encourage career and life skill development, while also providing a safe and positive experience for children and youth, are absolutely necessary for long-term positive outcomes. This is particularly true for youth involved with human services, many of which who require an additional support network that can often be provided in an afterschool setting.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?

CYF's contract monitoring staff will rigorously monitor the program. Tracking youth service outcomes as well as program and school attendance will be an integral part of this work. Monitoring staff will determine if services and programming are being administered with fidelity, and regular site visits and communication with the provider agency staff will be central to the rigorous oversight of the initiative.

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Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population					170,000 county-school-aged youth
2	# of Referrals					1,270
3	Total # of Families Served					
4	Total # of Children Served					1,270
5	Cost Per Year					\$3,515,616 (\$2,700,00 billed to Special Grants)
6	# of MA Referrals					
7	# of Non-MA Referrals					
8	Name of Provider					Family Resources, Youth Places

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

For Youth Places: Based on current projections, \$567,058.80 of the program budget will be dedicated to personnel cost. \$235,024.50 will be dedicated to operating expenses, while the remaining \$143,014.70 will be budgeted for indirect costs.

For Family Resources: Based on current projections, \$1,542,328.80 of the program budget will be dedicated to personnel cost. \$642,637 will be dedicated to operating expenses, while the remaining \$385,582.20 will be budgeted for indirect costs.

FY 2018-19 Fiscal Description

See above.

Program Name	Family Housing Stabilization Program
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No.
- Is the program being funded through the SGI in FY 2017-18? Yes.
- Are SGI funds requested for this program in FY 2018-19? Yes.
 - If yes, what is the total amount being requested for FY 2018-19? \$1,010,000

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

FHSP is designed to prevent family homelessness and the placement of children into the foster care system. FHSP provides short-term rental assistance to eligible families with children who may or may not be active in the county's child welfare system, but who are at increased risk of having their children placed out of the home due to inadequate or unsafe housing conditions. All families who receive rental assistance (both through the Housing Assistance Program and CYF) also receive budget counseling.

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)? No.
 - If yes, is this a Crisis/Rapid Response Team Meeting practice? N/A
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link. N/A
- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

In terms of assessing need, trends in call volume and the number of referrals made for family households to the Allegheny Link, which Allegheny County residents call to get assessed and receive referrals for homeless and housing services, indicated the demand for these services. Also, identifying the number of family households enrolled in these programs over time indicates the level of need for these services in the County.

Additionally, this program can be used to improve outcomes because the County can track what programs these families access through the Allegheny Link, and if these families are successful in gaining self-sufficiency. In being able to follow a family's navigation of the homeless system, the County can better address some of the barriers facing families and work towards ensuring homelessness episodes are rare, brief, and non-reoccurring.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?

DHS monitors work closely with providers to ensure that they are able to meet the needs of the families that they are serving. Using client level and aggregate data from KIDS, Allegheny Link and from the Homeless Management Information System (HMIS), monitors can assess whether

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programs and providers and successfully assisting families with their housing crises and moving them towards self-sufficiency.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				1000	1000
2	# of Referrals				893	937
3	Total # of Families Served				707	740
4	Total # of Children Served				1491	1565
5	Cost Per Year				\$1,010,000	\$1,010,00
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				Urban League	Urban League

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

Personnel: \$457,368
 Operating Expense: \$50,240
 Client expense: \$502,392

FY 2018-19 Fiscal Description

See above.

Program Name	Emergency Shelter
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No.
- Is the program being funded through the SGI in FY 2017-18? Yes.

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- Are SGI funds requested for this program in FY 2018-19? Yes.**
 - If yes, what is the total amount being requested for FY 2018-19? \$1,080,576**

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

Allegheny County's goal is to reduce the number of families who experience stays in emergency shelters and the length of those stays—helping them to secure stable housing in the event of a crisis, instead. The county has experienced an increase in the number of homeless families and therefore Allegheny County needs to increase the supportive services that emergency shelters use to assist families in rapidly transitioning to housing.

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)?** No.
 - If yes, is this a Crisis/Rapid Response Team Meeting practice?** N/A
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.** N/A
- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?**

In terms of assessing need, trends in call volume and the number of referrals made for family households to the Allegheny Link, which Allegheny County residents call to get assessed and receive referrals for homeless and housing services, indicated the demand for these services. Also, identifying the number of family households enrolled in these programs over time indicates the level of need for these services in the County.

Additionally, this program can be used to improve outcomes because the County can track what programs these families access through the Allegheny Link, and if these families are successful in gaining self-sufficiency. In being able to follow a family's navigation of the homeless system, the County can better address some of the barriers facing families and work towards ensuring homelessness episodes are rare, brief, and non-reoccurring.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

DHS monitors work closely with providers to ensure that they are able to meet the needs of the families that they are serving. Using client level and aggregate data from KIDS, Allegheny Link and from the Homeless Management Information System (HMIS), monitors can assess whether programs and providers and successfully assisting families with their housing crises and moving them towards self-sufficiency.

Tracking Chart

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		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				650	700
2	# of Referrals				644	676
3	Total # of Families Served				585	614
4	Total # of Children Served				864	907
5	Cost Per Year				\$1,130,576 (\$225,554.50 to Special Grants)	\$1,130,576
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				ACTION Housing, Allegheny Valley Association of Churches, Alle-Kiski Area Hope Center, Bethlehem Haven, Center for Victims, Community Human Services Corporation, East End Cooperative Ministry, Family Links, Family Promise of Southwestern PA, Goodwill of Southwestern PA, L2 Community Support, Mercy Life Center, Salvation Army, Smithfield United Church, Womanspace East, Women's Center and Shelter	ACTION Housing, Allegheny Valley Association of Churches, Alle-Kiski Area Hope Center, Bethlehem Haven, Center for Victims, Community Human Services Corporation, East End Cooperative Ministry, Family Links, Family Promise of Southwestern PA, Goodwill of Southwestern PA, L2 Community Support, Mercy Life Center, Salvation Army, Smithfield United Church, Womanspace East, Women's Center and Shelter

ALLEGHENY

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

Action Housing, Inc	\$ 83,441.00
Allegheny Valley Association of Churches	\$ 9,997.00
Alle-Kiski Area Hope Center	\$ 24,190.00
Bethlehem Haven	\$ 48,978.00
Center for Victims	\$ 34,380.00
Community Human Services Corporation	\$ 193,066.00
East End Cooperative Ministry	\$ 85,552.00
Family Links	\$ 158,062.50
Family Promise of Southwestern PA	\$ 50,000.00
Goodwill of Southwestern PA	\$ 57,535.00
L2 Community Support	\$ 52,726.00
Mercy Life Center	\$ 6,929.00
Salvation Army	\$ 125,577.00
Smithfield United Church	\$ 36,000.00
Womanspace East Inc	\$ 147,734.00
Women's Center and Shelter	\$ 16,408.00
TOTAL	\$ 1,130,575.50

FY 2018-19 Fiscal Description

Same as above.

Program Name	Bridge Housing
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No.
- Is the program being funded through the SGI in FY 2017-18? Yes.
- Are SGI funds requested for this program in FY 2018-19? Yes.
 - If yes, what is the total amount being requested for FY 2018-19? \$1,073 942

FY 2017-18 Budget Revision Opportunity N/A

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Program Description and Outcomes

Agencies receive CYF Housing funds to assist families with their rapid transition out of emergency shelter and into available bridge, transitional and permanent housing units.

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)?** No.
- If yes, is this a Crisis/Rapid Response Team Meeting practice?** N/A
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.** N/A
- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?**

In terms of assessing need, trends in call volume and the number of referrals made for family households to the Allegheny Link, which Allegheny County residents call to get assessed and receive referrals for homeless and housing services, indicated the demand for these services. Also, identifying the number of family households enrolled in these programs over time indicates the level of need for these services in the County.

Additionally, this program can be used to improve outcomes because the County can track what programs these families access through the Allegheny Link, and if these families are successful in gaining self-sufficiency. In being able to follow a family's navigation of the homeless system, the County can better address some of the barriers facing families and work towards ensuring homelessness episodes are rare, brief, and non-reoccurring.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

DHS monitors work closely with providers to ensure that they are able to meet the needs of the families that they are serving. Using client level and aggregate data from KIDS, Allegheny Link and from the Homeless Management Information System (HMIS), monitors can assess whether programs and providers and successfully assisting families with their housing crises and moving them towards self-sufficiency.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				300	300
2	# of Referrals				100	100
3	Total # of Families Served				50	50

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4	Total # of Children Served				100	100
5	Cost Per Year				Total=\$1,073,942 (\$225,554.50 to Special Grants)	\$1,073,942
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				ACTION Housing, Bridge of Independence, East End Cooperative Ministry, Gaudenzia Inc, Goodwill of Southwestern PA, L2 Community Support, Primary Care Health, Salvation Army, Womanspace East, YMCA of Pittsburgh, YWCA of Greater Pittsburgh	ACTION Housing, Bridge of Independence, East End Cooperative Ministry, Gaudenzia Inc, Goodwill of Southwestern PA, L2 Community Support, Primary Care Health, Salvation Army, Womanspace East, YMCA of Pittsburgh, YWCA of Greater Pittsburgh

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

Action Housing Inc	\$ 119,700.00
Bridge to Independence	\$ 36,622.00
East End Cooperative Ministry	\$ 118,760.00
Gaudenzia Inc	\$ 51,331.00
Goodwill of Southwestern PA	\$ 59,591.00
L2 Community Support	\$ 28,829.00
Primary Care Health	\$ 312,103.00
Salvation Army	-
Womanspace East Inc	-

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YMCA of Pittsburgh	\$ 189,326.00
YWCA of Greater Pittsburgh	\$ 157,680.00
TOTAL	\$ 1,073,942.00

FY 2018-19 Fiscal Description

Same as above.

Program Name	Shallow Rent
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No.
- Is the program being funded through the SGI in FY 2017-18? Yes.
- Are SGI funds requested for this program in FY 2018-19? Yes.
 - If yes, what is the total amount being requested for FY 2018-19? \$391,526

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

Low-income families often face difficulty in finding affordable housing, and a reduction in income can quickly make an apartment unaffordable. The Shallow Rent Program is designed to mitigate the unaffordability of a family’s residence due to unemployment or illness by providing families at risk of homelessness with a \$200 per month “shallow” rent subsidy for up to 12 months. The program focuses on family preservation and homelessness prevention.

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)? No.
 - If yes, is this a Crisis/Rapid Response Team Meeting practice? N/A
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link. N/A
- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

In terms of assessing need, trends in call volume and the number of referrals made for family households to the Allegheny Link, which Allegheny County residents call to get assessed and receive referrals for homeless and housing services, indicated the demand for these services. Also, identifying the number of family households enrolled in these programs over time indicates the level of need for these services in the County.

Additionally, this program can be used to improve outcomes because the County can track what programs these families access through the Allegheny Link, and if these families are successful in gaining self-sufficiency. In being able to follow a family’s navigation of the homeless system,

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the County can better address some of the barriers facing families and work towards ensuring homelessness episodes are rare, brief, and non-reoccurring.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

DHS monitors work closely with providers to ensure that they are able to meet the needs of the families that they are serving. Using client level and aggregate data from KIDS, Allegheny Link and from the Homeless Management Information System (HMIS), monitors can assess whether programs and providers and successfully assisting families with their housing crises and moving them towards self-sufficiency.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				100	100
2	# of Referrals				71	80
3	Total # of Families Served				51	55
4	Total # of Children Served				102	110
5	Cost Per Year				\$338,891	\$338,891
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				CHS	CHS

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A**
- If no provider has been identified, what is the plan to identify and secure a provider? N/A**

FY 2017-18 Fiscal Description

Rental Assistance	\$52,636
Operating	\$ 113,121
Personnel	\$ 173,134
Total	\$ 338,891

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FY 2018-19 Fiscal Description

See above.

Program Name	Kin Navigators
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No.
- Is the program being funded through the SGI in FY 2017-18? Yes.
- Are SGI funds requested for this program in FY 2018-19? Yes.
 - If yes, what is the total amount being requested for FY 2018-19? \$925,747

FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

To ensure that all children who need to be removed from their homes have the chance to safely live with kin rather than in congregate care, DHS designated a “kin navigator” at each regional office. This navigator supports caseworkers in identifying and qualifying kin, including through criminal history checks, early on during a family’s experience with CYF, so that kin can be easily located in the event of a removal; b) enters emergency contact information for the children and youth and c) assists in expeditious certification. Emergency contact information is entered in the system in case caseworkers need to find kin for placement. Kin Navigators are located at the regional offices and present during evenings and weekends when kin are difficult to find.

DHS has a strong commitment to finding permanent homes for children, using kinship providers whenever possible. Initiatives such as Family Finding and Conferencing and Teaming have helped facilitate kinship care placement and DHS’s plans for reducing reentries will further increase the number of kinship homes needed. After an analysis of reentry data, the Data Fellows recommended starting the process of locating kin earlier in a child’s involvement with CYF. Kin Navigators are available to search for kin earlier on and if a child is removed after hours (i.e. weekend or middle of the night), to identify emergency contact family members and facilitate the process of safely placing the child with known relatives. Kin Navigators are purchased. Due to the demand for and success of the kin navigators, as children entering placement rise and as DHS prioritizes and emphasizes placing family with kin, DHS is seeking 6 additional kin navigators in 17/18.

- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)? No.
 - If yes, is this a Crisis/Rapid Response Team Meeting practice? N/A
- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link. N/A

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❑ What assessment or data was used to indicate the need for the program and how this program will improve outcomes?

Research shows that there are significant benefits to placing children with relatives when their birth parents cannot care for them. In appropriate kinship placements, children can have greater permanency and well-being compared to children in foster care (Metzger, 2008; Rubin, Downes, O'Reilly, Mekonnen, Luan, & Localio, 2008; Sakai, Lin, & Flores, 2011). For example, Zinn (2012) found that children placed with grandparents have low rates of placement disruption. Kinship caregivers usually live in close proximity to the children's biological parents and share the same sense of family and community. Also, with the proper supports, kin families are likely to be able to keep siblings together (Hegar & Rosenthal, 2009). Children in kinship care often report a great attachment to the caregiver and the family (Hegar & Rosenthal, 2009). Children are usually familiar with the relative and are likely to have increased contact with their biological parents compared to being placed in foster care. They are also likely to experience greater stability and support in kinship care (Billing, Ehrle, & Kortenkamp, 2002; Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994; Sakai et al., 2011; Winokur, Crawford, Longobardi, & Valentine, 2008). DHS Data Fellows examined placement data in the county and researched best practice- they came up with the recommendation of increasing kinship care and placements by designating navigators at regional offices.

❑ How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?

The Kin Navigator contract is monitored by CYF Contract Monitoring staff who monitor the program to ensure that kin are being identified expediently and CYF analytics monitor the rate of kinship are monthly to track if kin placements are rising.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population				1,352	1,352
2	# of Referrals				612	612
3	Total # of Families Served				366	366
4	Total # of Children Served				588	588
5	Cost Per Year				\$925,747	\$925,747
6	# of MA Referrals				N/A	N/A
7	# of Non-MA Referrals				N/A	N/A
8	Name of Provider				A Second Chance	A Second Chance

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Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

<u>Position Title</u>	<u>Salary</u>
DIRECTOR	58,000
SUPERVISOR	49,500
ADMIN STAFF	40,000
NAVIGATORS	559,182
TRANSPORTATION	28,038
TOTAL STAFF	734,720
FRINGE BENEFITS (26%)	191,027
TOTAL BENEFITS	191,027
TOTAL PERSONNEL	925,747

FY 2018-19 Fiscal Description

See above.

Program Name	Immigrants and Internationals
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Program Implementation

- Was this program funded through the SGI in FY 2016-17? No.
- Is the program being funded through the SGI in FY 2017-18? Yes.
- Are SGI funds requested for this program in FY 2018-19? Yes.
 - If yes, what is the total amount being requested for FY 2018-19? \$1,075,000

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FY 2017-18 Budget Revision Opportunity N/A

Program Description and Outcomes

DHS funds two programs, Immigrant Services and Connections (SAC) and Neighborhood-Based Psychosocial Groups for Immigrants and Refugees to help increase family stability and mental health and prevent child welfare involvement.

The Immigrant Services and Connections (ISAC) program began in January 2014 to provide culturally and linguistically appropriate service coordination to immigrants and refugees in Allegheny County, whose numbers are estimated at 70,000 people. The recent growth of these groups provides numerous benefits to the Pittsburgh area, but also poses unique challenges to the human services network (as documented in *Immigrants and Refugees in Allegheny County: Scan and Needs Assessment*, DHS, 2013). ISAC aims to address these challenges, including gaps in existing service provision, and promote self-sufficiency and community empowerment for immigrants and refugees by employing culturally competent service coordinators and navigators (specialists from local immigrant communities) to focus on unmet needs across a broad range of human service domains. Additional objectives include strengthening interagency collaboration, enhancing capacity within the human services network, and educating the provider community.

ISAC is implemented through a collaboration of community-based agencies with extensive experience in providing services to immigrants and refugees, led by Jewish Family and Children's Service (JF&CS) and including the Greater Pittsburgh Literacy Council, Northern Area Multiservice Center, Prospect Park Family Center (SHIM), Latino Family Center (AIU) and Casa San José. ISAC is staffed by nine service coordinators and six navigators (spread across the six partnering agencies), a program director, an administrative coordinator, and additional administrative and leadership support from JF&CS. The majority of service coordination for these families has focused on the provision of food access, employment, physical health resources, enrollment in Medical Assistance, and housing.

Neighborhood-Based Psychosocial Groups for Immigrants and Refugees

These support groups are based in growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino, each of which faces behavioral health concerns. The experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence may not be effectively addressed by the formal, traditional service system and refugees and immigrants face obstacles to accessing existing services (lack of interpretation services, no health insurance, limited transportation and a host of cultural differences ranging from the stigma attached to seeking help to not having a cultural tradition of one-on-one talk therapy).

The project trains and mentors immigrant community facilitators who lead support groups in the members' languages. These mentors are skilled in empathic listening, non-judgmental feedback, role-playing, ethical issues, community resources for referrals, and topics that help to generate discussions. The goal of the project is to build each community's capacity to reach out to struggling individuals and families, improve health and well-being, and avoid costly system involvement. The program model was developed by four partnering organizations: Jewish Family & Children's Service, a refugee resettlement agency; Squirrel Hill Health Center, a federally-qualified health center; Duquesne University's Psychological Services for Spanish Speakers; and the University of Pittsburgh's Center for Health Equity.

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- Is this program being implemented as a family engagement Evidence-Based Practice (EBP)?** No.

- If yes, is this a Crisis/Rapid Response Team Meeting practice?** N/A

- If the program is an EBP, provide the link to the website registry or program website used to select the model. If the program is not an EBP but there is a website resource that is available, please provide that website link.** N/A

- What assessment or data was used to indicate the need for the program and how this program will improve outcomes?**

-

A review of local immigrant and refugee families was conducted during the spring of 2013 by the Department of Human Services' Immigrants and Internationals Initiative, utilizing a combination of census data, administrative data, and interviews with providers and other experts. This review identified the need for service navigation and coordination support for the local immigrant and refugee community. Due to language and cultural barriers, as well as the complicated nature of the local service network, immigrant and refugees often require one-on-one assistance and guidance in order to understand their options and rights, as well as to access local services and benefits. ISAC meets this identified need by providing the necessary one-on-on assistance to connect immigrant families to needed services and benefits, as well as following up to ensure the immigrant participants' service or benefit needs have been met and/or are maintained.

The 2013 review also found that while 5-12 percent of the refugee population suffers from post-traumatic stress disorder and depression, interviews revealed that behavioral health services for these issues as well as numerous others (drug and alcohol addiction; grief; social isolation and displacement; anger management; couples' therapy; rape; domestic violence and other experiences with violence; and chronic mental illnesses) are inadequate, inaccessible, unaffordable, unavailable in the necessary language, and/or are culturally inappropriate. Of particular concern, was the difficulty in conducting a sensitive therapy session with an interpreter present, as well as inadequate funding for quality interpretation. Given the barriers to providing quality behavioral health services to non-English speakers, as well as expressed hesitancy about traditional western approaches to mental health issues, several providers interviewed emphasized the importance of prevention services that are easier to provide in native languages and that can leverage natural supports in the community. The support groups respond to the need for behavioral health services in the immigrant and refugee community and overcome the identified barriers by providing culturally appropriate and specific services to immigrant participants in their neighborhoods and languages.

- How and by whom will this program be monitored to ensure program integrity or fidelity to the model (EBPs) and to determine if desired outcomes are being met?**

These programs are monitored by DHS. The lead implementing agency Jewish Family & Children's Services reports on a quarterly, mid-year, and end-year basis. Quarterly reports include number of active immigrant participants, number of year-to-date immigrant families (active and inactive), number and type of immigrant participant referrals, number of immigrant participants on wait list, domains of human service need for which immigrant participants are requesting help, and domains of human service need for which coordination is being provided.

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Mid and end year reports reflect the progress of immigrant participants, average outcomes of service coordination, and any successes or challenges faced by the implementing agencies. These reports include average change in assessment scores of immigrant participants, average time immigrant participants receive services, short descriptions and stories of immigrant participants to illustrate typical success or challenges, number and description of community presentations and trainings, notable changes to the delivery or administration of services, contract staffing structure, and summary of staff training and development activities. Mid and end year reports are also expected to demonstrate the strengthening of natural supports for immigrant families, inter-agency collaborations, and success and utilization of referrals by immigrant participants.

All progress reports are compiled using the following methodologies: surveys completed by immigrant participants and/or staff, interviews conducted with immigrant participants and/or staff, observations of delivered services, reviews of immigrant participant case files, review of other documents related to the delivery of services, as well as site visits and visual inspections.

Tracking Chart

		FY 14-15 (actual #'s)	FY 15-16 (actual #'s)	FY 16-17 (actual #'s)	FY 17-18 (anticipated #'s)	FY 18-19 (anticipated #'s)
1	Target Population					3,600
2	# of Referrals					3,600
3	Total # of Families Served					2,500
4	Total # of Children Served					725
5	Cost Per Year					\$1,075,000
6	# of MA Referrals					N/A
7	# of Non-MA Referrals					N/A
8	Name of Provider					Jewish Family and Children's Service

Explanation of Tracking Chart

- Please explain any underutilization or underspending of prior years' grant funds. What tools or strategies have been implemented to ensure that all grant funds will be utilized moving forward? N/A
- If no provider has been identified, what is the plan to identify and secure a provider? N/A

FY 2017-18 Fiscal Description

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N/A

FY 2018-19 Fiscal Description

Immigrant Services and Connections

Category of Expense	Budget Amount
Client Expense	\$598,900.00
Personnel	\$332,090.00
Indirect Costs	\$51,180.00
Administration	\$17,830.00
Fixed Assets	\$0.00
TOTAL:	\$1,000,000.00

Neighborhood Based Psychosocial Groups for Immigrants and Refugees

Category of Expense	Budget Amount
Personnel	\$31,00.00
Operating Expense	\$34,100.00
Administration	\$9,900.00
Fixed Assets	\$0.00
TOTAL:	\$75,00.00

4-3b. Permanency and Older Youth Initiative

Statewide Adoption and Permanency Network (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.**

Last year, DHS underspent on permanency planning. This is due in part to casework turnover, which creates a barrier to all staff having a full understanding of what SWAN is and why it is important. In addition to the steps DHS is taking around staff recruitment and retention, mentioned previously in this narrative, over the past several months, DHS has educated and instructed the CYF Resource Coordinators to make the SWAN child preparation and child profile referral for all children who enter placement. Within 30 days of placement, caseworkers will refer a child profile and within 60 days of placement they will make a referral for child preparation services. Increasing concurrent planning efforts, when a child is in care for 90 days, and is residing in a placement that does not intend to become a permanent placement for the child, the caseworker makes a referral to the CYF matching department. The matching department makes a referral to SWAN Child Specific Recruitment services to coincide with their efforts to locate a permanent placement.

- Please explain any projected change in focus of utilization of SWAN services in FY 2018-19 compared to previous years as justification for the county's FY 2018-19 allocation request.**

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In FY 18-19, the CYF Permanency Department will reduce disrupted adoptions and legal custodianships. Permanency caseworkers will utilize Conferencing and Teaming, bringing the pre-permanency family to a conference with their supports to help plan for a child's ongoing needs. During the conference, the family and team will discuss post-permanency services through SWAN. A representative from an affiliate agency will be available to discuss services with the family, to prepare them for finalization.

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

The paralegals currently carry a caseload of 100 cases from beginning to end. Paralegals complete the following tasks; ICPC, ICWA, Subpoenas, and ongoing Diligent Searches. Since the TPR process is now housed in the regional offices, they have a bigger role in performing those duties. Since last year there was a 12.1% increase in the number of motions completed by paralegals and a 71.9% increase in the number of searches for missing parents. Each office now has a paralegal with Accurant access, prior to this year, that access was granted only to the clinical manager.

An additional 4 SWAN staff would allow paralegals in the Permanency Dept, Intake, NRO, SRO, CRO, MVRO and ERO to effectively perform current tasks as well as petition writing, which will be launched in the regional offices in the coming months. Caseworkers will save a significant amount of time to devote to casework, once the paralegals assume petition writing. The County prepared 1583 dependency petitions over the past year. The nature of petition writing requires time and attention to detail and considering the paralegal's current caseloads, having at least one extra paralegal will make the work manageable. In addition to petitions, paralegals have also taken on an increased role in the prehearing conferences. The paralegal now assists the County Solicitor in identifying legal issues in addition to ensuring proper paperwork, assisting with preparing motions and petitions and court preparation. The new procedure allows for a more open schedule to suit the needs of caseworkers and we need to make the paralegals available as necessary.

Independent Living Services (ILS) Grant

In the chart below, indicate the actual ILS Grant budget for FY 2017-18 and ILS Grant budget request for FY 2018-19.

	FY 2017-18 Budget	FY 2018-19 Request
Total Budget Amount	\$10,297,843	\$10,798,496

Please explain any over or under utilization of the ILS Grant in the prior year, i.e. explain any differences when comparing the ILS allocation to actual spending.

In FY 2016-2017, the IL grant was overspent by \$600,000. This was due to the development of a new computer application, SYNERGY, to be used by IL internal staff and the 412 Youth Zone. SYNERGY allows for the sharing of contact and other information between all IL providers and County staff, including CYF caseworkers, who can now view the contact information. Additionally, SYNERGY contains the new Transition/IL Plan, and allows for the smooth transfer of the plan from the CYF Planner to the 412 Youth Zone at the time of case closure. As part of this application, a new IL dashboard is in development. This dashboard will allow workers and managers to view outcomes for individual youth and for subgroups of youth.

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☐ Please explain any increase or decrease in the ILS Grant request for FY 2018-19.

Allegheny County is requesting an increase of \$500,653 to fund the YVLifeSet program (see narrative) and to cover the costs of the additional transition planners.

☐ What is the projected total number of youth the county will serve through the ILS program in FY 2018-19?

DHS projects that the number served will increase to over 1,400 youth and young adults between the ages of 14 and 21. This is based on trends in the growth of the number of youth served over the past several years. IL services were provided to 1,258 youth and young adults in FY 2016-2017. There were 34,905 contacts with youth. Of that number, 56% of contacts were face to face, while 44% were virtual, i.e. Facebook, video chat, text, etc., reflecting staff willingness to engage with youth on their terms and in ways the youth are most receptive to support and assistance.

☐ Does the county provide IL services in-house, contract with a provider for services, or both?

Both. Allegheny County provides IL services through in-house caseworkers who act as Transition Planners and Educational Liaisons; and through providers who offer IL and other specialized services needed by IL youth.

☐ If IL services are provided by the county, how many county caseworkers are assigned to provide IL services and what percentage of the budget is allocated to their salary? Do these caseworkers manage only ILS cases?

In FY 2015-16, DHS prioritized the creation a new transition planning process for youth beginning at age 14. The process incorporated feedback from youth, including their recommendation that transition planning should be an “event”, possibly including a birthday celebration, complete with a birthday cake and a “welcome” gift. To incorporate this feedback and achieve the goal of more active participation by youth in creating their own unique plans, we created a special “Transition Planning Unit,” which was launched in August 2016. This unit consists of ten experienced CYF caseworkers, now referred to as Transition Planners. These caseworkers previously worked in the IL unit and/or a CYF direct services unit that had worked solely with older youth. With the hiring of 5 additional Educational Liaisons in FY 2016-2017, we then paired each Transition Planner with an Educational Liaison and assigned each as a team to specific supervisory units in the CYF regional offices, with two planning teams in each of the five regional offices. The Transition Planners and Educational Liaisons work with CYF caseworkers, supervisors, and others as part of the youth’s team. Every dependent youth who turns 14 while in out of home placement is now referred to the Transition Planning Unit.

Transition Planners complete a case review with CYF caseworkers, meet with the youth to complete an assessment, plan the event and ensure that the youth’s voice is heard throughout the process (including their right to choose participants to attend). This planning process also provides the opportunity to discuss credit reports and how to establish good credit with the youth, as well as additional opportunities, such as financial literacy training, special events, and to introduce the 412 Youth Zone to youth. The initial plan follows each youth from age 14 forward. This process is youth-focused and designed to fit within the current CYF practice

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model, Conferencing and Teaming. Planning meetings are youth-centered and the youth has maximum input in their planning process. The outcomes of this process help us to track and support positive results for individual youth and provide a roadmap for future IL and CYF service delivery.

CYF caseworkers and Educational Liaisons attend the transition plan meeting, as well. Additional participants include Youth Zone Coaches, attorneys, natural supports, foster parents, family members, and others whom the youth views as supports. These attendees provide input and offer the youth their assistance in meeting the goals outlined in the plan.

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

Informal feedback from our youth and young adults indicates they are satisfied with this process. They enjoy having the power to develop a guest list of people who they see as important to them, in addition to formal supports who are so often present at other meetings, as well as making choices about refreshments and venue.

The Transition Planning Unit is not yet fully staffed, as one Transition Planner is on leave. We anticipate filling that position in FY 17-18.

As of September 1, 2017, Transition Planners will be assigned cases of young adults who have left the CYF system but request resumption of jurisdiction. The Planners will provide all casework services to these youth, including court activity, referrals for other services in the community and the 412 Youth Zone, in addition to assisting the youth in planning for transition from CYF care.

In FY 2016-2017, Transition Planners provided services to 477 youth.

We project that the Transition Planners, Educational Liaisons, IL coordinator and Youth Support Specialist will comprise 16% of the total requested IL budget in FY 2018-2019. These staff handle only IL cases.

- **If IL services are provided through a contractor, provide the name of the provider(s) and the percentage of the ILS Grant budget that is allocated to that provider.**

Allegheny County contracts with the following entities to provide IL services to meet the continuum of need experienced by our youth and young adults:

- **The 412 Youth Zone (Contractor: Auberle)**
 - Comprehensive one-stop service center located in downtown Pittsburgh
 - Provides services in all IL domains and partners with 30+ providers and agencies to provide additional housing and employment services, medical and mental

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health treatment, arts programming, concrete goods, transportation assistance, including public transportation and assistance with securing driver's license.

- The 412 Youth Zone continues to assist youth with on-site specialized services including Medical services, behavioral health treatment (both individual and group), three meals per day, access to washers/dryers and showers for youth in need, and room and board and emergency housing services.
- Many partners maintain ongoing hours at the Youth Zone, while others periodically provide specialized workshops or services throughout the month. Youth voice is heavily incorporated into monthly activity planning.
- Partners include:
 - Greater Pittsburgh Community Food Bank (food pantry and presentations)
 - 412 Food Rescue
 - Community Kitchen (cooking/nutrition classes)
 - Job Corps (presentations/recruiting)
 - Pa Office of Vocational Rehabilitation (presentations related to OVR services)
 - Workforce Investment Board (Partner4Work)
 - Auberle Employment Institute (job training/job readiness)
 - BNY Mellon (job shadowing and mentoring)
 - Wilkinsburg Youth Project (after school jobs for high school aged youth)
 - Pittsburgh Action Against Rape (workshops and individual victim assistance)
 - Center for Victims (healthy relationship workshops)
 - Pittsburgh Aids Task Force (presentations)
 - Children's Hospital of Pittsburgh (medical clinic)
 - American Lung Association (workshops/presentations)
 - Prevention Point Pittsburgh (information about Narcan and needle exchange programs)
 - Bike Pittsburgh (bicycle education/free bicycle for successful completers of program)
 - Venture Outdoors (leisure activities including camping and fishing)
 - YWCA of Pittsburgh (use of facilities for sports/fitness)
 - KidsVoice (legal assistance for youth, including expanded services for aftercare youth and young adults)
 - Allegheny County Library Association (workshops/fine forgiveness)
 - Allegheny County DHS programs and services including:
 - Justice Related Services for IL youth
 - YSP unit
 - Allegheny Link (housing services)

The 412 Youth Zone served 976 individual youth and young adults between the ages of 16 and 21 in FY 2016-2017. The number of youth served increased steadily through the year, and this impacted Youth Coach caseloads, resulting in average caseload of 60-70 youth per coach. For FY 2017- 2018, Allegheny County has increased the Youth Zone Budget to provide for one more unit of 5 Coaches and a supervisor. We anticipate that this will result in increased outreach to eligible youth as well as higher quality services for assigned youth.

The 412 Youth Zone comprises 30% of the IL budget request.

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Housing Programs

- **Action Housing/Foundation for Independence Program**
 - 24 Unlicensed Supervised Living apartments for older youth who wish to remain involved with CYF
 - 20 units in a centrally located, state of the art building in the Uptown section of Pittsburgh
 - 4 additional units will be scattered sites, and will house teen parents and their children
 - Participants must be high school graduates, work or attend school
 - Participants required to save 30% of their income (which is provided to them at the time they leave the program)
 - Participants receive additional programs and case management services through Action Housing, including events, on-site fitness room, access to on-site “maker’s space” with 3D printers, sewing machines, woodworking
 - There are currently 5 young adults in the program, with 4 applications pending.

- **Familylinks Downtown Outreach Center and Shelter (DOCS)**

DHS contracts with **Familylinks** to reserve three beds in its Downtown Outreach Center and Shelter (DOCS) to provide emergency housing assistance and stabilization services to transition aged youth. 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.

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

In FY 2016-2017, usage of the three Familylinks beds was 311 bed nights. When necessary, Familylinks placed resumption youth in additional shelter beds, and those days are not counted in this data.

Housing services (which includes room and board, emergency housing services through the 412 Youth Zone and other programs detailed above, as well as concrete goods such as apartment kits and furniture for the youth) comprise 4% of the IL budget.

- **Community Human Services**

Community Human Services (CHS) helps college-age youth secure safe, affordable housing during college breaks or summer vacations. CHS provides the students with apartments, food and case management services until they return to college. The program is unique in that it provides youth the opportunity to sign a lease, which begins the important process of establishing credit.

The program recently expanded to serve three child welfare-involved, non-minor youth who have been determined to be capable of living on their own with enhanced supports. The IL Youth Support Supervisor oversees the day-to-day needs of the youth in these apartments, and they also continue to receive the support of their child welfare caseworkers and their respective IL providers.

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- **Human Services Administration Organization**
 - Justice Related Services for incarcerated IL eligible young adults
 - Includes assistance obtaining housing, mental health treatment, drug and alcohol treatment, employment, and concrete goods, and assists IL-eligible young adults with securing necessary services as condition of release from incarceration
 - JRS/IL saw a 10% increase in referrals in FY 2016-2017, to 30 young adults. As of this date, 19 young adults have been discharged from services. Eleven were discharged after successfully completing their JRS/IL service plan, thus satisfying the conditions of their release from incarceration. Of the remaining eight discharges, 3 refused service, 2 refused contact, 1 was determined ineligible for the service, 1 was discharged due to non-compliance with their service plan, and 1 young adult was sentenced to “state time.” Ten current JRS/IL clients are currently residing successfully in the community. One person remains in the Allegheny County Jail.

JRS/IL comprises less than 1% of the IL budget request.

- **Creative Life Support/ We Rock Workshop**
 - Professional mentorship in writing, recording, and performing original music.

Creative Life Support comprises less than 1% of the IL budget.

- **The Youth Support Partner Unit**
 - 29 Youth Support Partners (peer-support staff) work solely with IL youth and young adults. An additional 13 staff, including the Unit Manager, supervisors, and support staff are assigned to this effort at 50% to 80% of their time. Youth Support Partners served 349 IL youth in FY 2016-2017.

The Youth Support Partner Unit comprises 14% of the IL budget request.

YV LifeSet

Allegheny County is one of three sites selected through a national competitive application process to replicate the YVLifeSet model, developed by Youth Villages. YVLifeSet is an evidence-informed model that helps youth (ages 17-22 who have foster care experience) transition to adulthood. DHS will use the YVLifeSet program to target a subset of youth who are not engaging with current services.

Allegheny County will contract with a provider organization to employ one YVLifeSet team: a Supervisor and four Specialists who work with 32 youth at a time, for 7-9 months on average. These staff will have strong clinical skills, including the ability to provide evidence-based interventions. (Youth Villages will train the staff in the model.) The staff will help the participating youth focus on what matters to them, which may include stable housing, education/vocational goals, employment, remaining free from legal involvement, building a strong support system, and/or attaining mental health.

Upon discharge from the program, youth will be ready to successfully transition to adulthood, which will likely include being connected to the 412 Youth Zone and other existing resources. (The YVLifeSet model will be integrated into the continuum of services for IL-eligible youth in

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Allegheny County.) DHS and Youth Villages will work with the selected provider to closely monitor fidelity to the model and evaluate the participants' outcomes over time. DHS will begin referring youth to the YVLifeSet program in January 2018.

Allegheny County will receive \$968,750 over three years from the foundation group, Blue Meridian Partners to cover half the cost of implementing one team. In year 1 (FY17-18), Blue Meridian will fund 66% of the program, and DHS will pay \$213,000. In year 2 (FY18-19), Blue Meridian will fund 50% of the program, and DHS will be responsible for the remaining half: \$322,500. DHS is requesting the funds needed for year 2 in this budget.

Education and Post-Secondary efforts

DHS supports youth's high school and post-secondary education or training through a coordinated effort by Educational Liaisons, IL program staff, schools, CYF caseworkers, ILI caseworkers and staff from KidsVoice. They work collaboratively to provide for youths' educational needs, both in placement and after discharge.

In FY 2016-2017, Educational Liaisons provided to 735 individuals high school retention and GED services, as well as services geared to post-secondary entry or completion.

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Educational Liaisons are a critical component of our work with youth, and serve as the main point of contact for the CYF caseworker, foster parent or congregate care provider, schools and others in completing the steps of the Transition/IL Plan. Educational Liaisons work to address any educational need, beginning with school retention, GED or credit recovery, and they 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 also are responsible for completion of all NYTD surveys.

Educational liaisons provide senior workshops for all youth who choose to attend post-secondary 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 a backpack, notebooks, a calculator, highlighters, an appointment book and other college necessities, such as a complete dorm kit that includes bedding, towels, a desk lamp, bed risers, a shower caddy and other supplies that a new college student might need. All youth continue to receive services, such as assistance with subsequent financial aid applications, academic supports and services related to career planning, after they enter post-secondary education or training programs.

DHS also partners with state related universities to arrange college tours for older youth and experiential activities for youth age 14-15. Tours take place throughout the academic year and provide high school seniors the opportunity to apply to the University “on site.” College activities for younger students are geared toward provoking interest in post-secondary education and improving high school retention through structured activities, a tour of the university, and a “night in a dorm.”

In addition to providing legal representation and services to youth in care, KidsVoice plays an integral part in the post-secondary process in Allegheny County. KidsVoice attorneys and child advocacy specialists assist in identifying youth who wish to pursue post-secondary education or training. They work collaboratively with IL 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

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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 the youth it serves.

KidsVoice also maintains a weekly presence at the 412 Youth Zone and provides legal services, including assistance with expungements, assistance in securing social security benefits, and referrals to other legal service. KidsVoice staff also conduct workshops at the 412 Youth Zone, including: identity theft, eligibility for social security benefits, locating birth parents, and tax preparation.

KidsVoice also partners with Allegheny County IL in sponsoring events for youth and young adults, including our recent Career Exploration Fair at the 412 Youth Zone, and an employment related fair scheduled for November 2017 at the DHS Building.

KidsVoice comprises 14% of the IL grant request.

Other efforts/activities

Anne E. Casey Foundation/The Jim Casey Youth Opportunities Initiative

DHS has been a Jim Casey Youth Opportunities Initiative site since December 2014. As part of the Initiative and its *Opportunity Passport*[™] program, DHS has offered *Keys to Your Financial Future*, a financial literacy curriculum designed to improve participants' ability to make intelligent financial decisions and save money. *Opportunity Passport*[™] is a matched savings plan that provides successful completers of the financial literacy curriculum with the ability to match their savings to purchase an asset. An "asset" must assist the youth in achieving a successful transition to adulthood to qualify for match monies. Purchases have included cars, auto and renter's insurance, education, investments, credit-building or other assets that assist participants in accomplishing goals. In FY 2016-2017, Allegheny County matched savings on a one to-one basis using a combination of Jim Casey monies and a grant from BNY Mellon Foundation. In FY 2016-17, 250 youth and young adults participated in the financial literacy curriculum, with 86 participants completing the 3 modules required for an asset match. Allegheny County pays stipends and supplies food for youth and young adults attending the modules from the IL grant. In FY 16-17, stipends totaled \$24,955.

In addition to the Opportunity Passport [™] and financial literacy curriculum, staff of Anne E. Casey/The Jim Casey Youth Opportunities Initiative provided technical assistance in developing a Community Partnership Board that is a joint effort of DHS and the 412 Youth Zone. This Board will be critical in guiding our work, engaging other stakeholders in the work, and in providing additional opportunities for our youth and young adults.

Youth Engagement in Advocacy Efforts

DHS supports two efforts that engage youth and young adults in advocacy. The DHS Youth Advisory Board, System Improvement Through Youth (SITY), provides input on programs and services and works with DHS on special projects. As one example, SITY provided input to our Office of Data Analysis, Research and Evaluation (DARE) in developing a survey related to normalcy. DARE used this survey with youth in placement.

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Our Youth Speaker's Bureau (YSB) was developed to support CYF permanency efforts with teens, specifically through recruiting additional foster homes for them. YSB members, through panel style presentations, provide their perspective on the needs of teens in placement, including tips for foster parents and professionals who work with teens, the needs of teens who are in out of home placement, and thoughts about programs and services. In FY 2016-2017, YSB has presented panels to prospective foster parents, foster care workers, CYF caseworkers, and SWAN staff.

Members of both groups attend weekly meetings and are compensated for their time through the IL grant.

In August 2017, Anne E. Casey/The Jim Casey Youth Opportunities Initiative staff will provide a second round of technical support and training to both youth groups. Members will be trained (or receive a refresher) in the Jim Casey Initiative Strategic Sharing Model, a proven method of youth advocacy that protects the young person from "oversharing," assists with public speaking skills, and uses data to discuss the challenges and needs of young people in placement.

What needs assessment does the county use to assess youth 14 and older?

In line with the Conferencing and Teaming model, Transition Planners assess the youth's needs and strengths through conversation with the CYF caseworker, a thorough case review, and a plan preparation assessment completed with the youth prior to the planning meeting. The prep assessment covers all domains, including education, employment, housing, health and wellness, supports, and social, cultural and community. Most importantly, the assessment allows the youth to describe their own insights into their strengths and needs as they move forward in formulating their plan. This assists the Transition Planner and the youth to develop a comprehensive plan that includes all domains and includes the youth interests and supports.

What recommendations or action steps were identified in the most recent IL site visit report for the county to complete? How does the county plan to address those recommendations and action steps, and what assistance, if any, does the county need to address these issues?

There are three action steps. Action step number one involves expanding and improving programming for younger youth, aged 14 and 15. Although Transition Planners have been successful in engaging many youth in the Transition Planning process, others in this age group are not participating in additional programming.

Transportation may be a barrier. Educational Liaisons routinely provide transportation to many events and services but this is limited by capacity. (In certain cases, CYF case aides have transported youth to meetings and functions.) Having more services available in community locations will help to mitigate this issue.

Beginning in the fall of 2017, will be offering the Opportunity Passport financial literacy curriculum in the community. We anticipate that some classes can be scheduled in the CYF regional offices during after school hours, and we will also use community sites to engage more youth into this program, and through it, into other DHS programming. If this effort is successful, we will explore offering other events and services in community settings.

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Action step two involves using our DHS/412 Youth Zone Advisory Board, SITY. We will continue our effort to engage more youth into this process and continue to work alongside the 412 Youth Zone as they enhance programming based on youth interest and need.

Action Step three recommends additional housing options for older youth. In 2016-2017, we partnered with Action Housing to fund unlicensed supervised independent living apartments for older youth in CYF placement. The Foundation for Independence Program offers 24 apartments and the opportunity for youth to live independently but continue receiving support from CYF. We anticipate that the youth who “graduate” from this program will be successful in securing housing and functioning independently when their involvement with CYF concludes.

We continue to fund five apartments for college youth who return from campus on break or holiday. We have also offered this option to other youth who attend local universities and find the cost of room and board in dormitories prohibitive.

Our IL coordinator is also part of a larger DHS work group tasked with securing housing for all homeless youth aged 18-24 who are in homeless shelters in the County.

Although DHS has no control over HUD regulations, we are committed to working within the system to ensure that our older youth have permanent housing.

- Did the county request Technical Assistance (TA) from the Pennsylvania Child Welfare Resource Center this past state fiscal year?**

Yes

- If so, what TA was requested?**

DHS requested assistance in providing training on the SWAN process to Transition Planners, Educational Liaisons, Youth Coaches, and IL YSPs, and in using them to support the process at both the casework and youth level.

- Do county ILS staff attend SWAN/IL quarterly meetings?**

Yes

- Does the county require IL contracted providers to attend SWAN/IL quarterly meetings?**

Yes

- CCYAs should be referring older youth for SWAN services. Identify the number of youth age 14 and older who will be referred for SWAN services in FY 2017-18 and FY 2018-19.**

DHS referred 40 youth, age 14-years for SWAN services in 2016-2017. We anticipate the number of SWAN referrals will increase in FY 2018-2019. We have seen a recent increase in CYF removals of youth aged 12-14 years. Since January, 2017, CYF has removed and placed 127 Youth aged 12-14. In that same period in 2016, 83 youth of the same age range were removed.

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How many youth ages 14 and older received SWAN services in FY 2016-17?

436 youth aged 14 to 20 received one or more SWAN services in 2016-2017.

Explain how the county is meeting the federal annual credit reporting requirements for all youth in foster care age 14 and older.

DARE has designated a staff person to upload information to three credit reporting agencies in a batch process on a quarterly basis. If a youth enters care in the interim period between batch runs and has a transition plan scheduled, a senior level Educational Liaison can run the credit reports. The credit reports are presented to the youth during the Transition Plan meeting. Youth sign an acknowledgement that they have seen the report and understand the findings. If there is a problem with the credit report, the process of disputing the report is discussed with the youth, and the IL coordinator initiates that process. Youth age 18 and older are encouraged to complete the Federal Trade Commission annual credit report request and receive assistance with the process if necessary.

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

Allegheny County uses several strategies to locate youth who have lost contact, including social media (via private messaging) and querying family or other youth receiving IL services who are known friends of the youth. Our IL Coordinator uses Accurint and SWAN paralegals to assist in locating youth who have disengaged from services. In general, County staff, especially Educational Liaisons, maintain ongoing relationships with the youth, so survey completion is not onerous.

Identify the individual(s) who completed the ILS Grant template section and ILS Grant Budget Excel spreadsheets.

	ILS Grant Section Completed	ILS Grant Budget Excel Spreadsheets Completed
Name:	JoAnn Hannah	Richard Deland
Email:	JoAnn.Hannah@AlleghenyCounty.us	Richard.Deland@AlleghenyCounty.us
Telephone:	412.350.7153	412.350.5067

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

	IL Services	NYTD	Credit Reporting
Name:	JoAnn Hannah	JoAnn Heffron-Hannah	JoAnn Heffron-Hannah

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Email:	JoAnn.Hannah@AlleghenyCounty.us		
Telephone:	412.350.7153		

4-3c. Information Technology

Identify the Case Management System your county is using: KIDS, Synergy

Provide the county’s approved staffing complement:

- Certified staff: 712
- Staff not included in above certified number: _____
- Other staff not included in certified who receive IT equipment and services – please identify the positions and the number in the position:
 - Position: Service Desk Analysts Number: 9 staff
 - Position: PC Support Technician Number: 8 staff
 - Position: Infrastructure/Server Technicians Number: 4 staff
 - Position: Provider Resolution Team (PRT) Number: 3 staff
 - Position: IT Admin Number: 2 staff

If requesting additional Mobile Computing Devices (Laptops or Tablets), provide a business justification for the number of devices exceeding the number of staff. The justification should include how the CCYA plans on using the devices and how the use of mobile devices is efficient, economical, and effective in carrying out workers’ responsibilities.

DHS will not request more devices than the number of staff. DHS will procure new mobile and laptop devices to replace those which cannot be replaced under the manufacturer’s warranty (i.e. damaged or lost devices), and DHS expects that this will not exceed 50 devices.

Indicate if your county is submitting a revised FY 2017-18 IT budget along with your FY 2018-19 IT Grant request. No

Indicate if your county has the necessary contract language in all IT contracts to ensure compliance with federal and state regulations (see Appendix 6: Information Technology, Section III). Yes

Indicate if your county is requesting funding for ongoing or new development in FY 2018-19 that is not related to the statewide Child Welfare Information Solution (CWIS). Yes

If yes, provide the following details:

- Business Need - Describe the business need for the ongoing or new development;
- High Level Requirements – Provide a description of the high-level business and technical requirements;
- Project Cost Proposal – Provide the total costs for the development, as well as the total estimated project costs if the development is part of a larger project; and

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- Identify contracts associated with the development project.

FY 18-19 will include a number of continuation and new initiatives. Allegheny County will continue to participate in State CWIS requirements and make necessary changes to our IT infrastructure so that it aligns with State and Federal requirements. Allegheny County will also enhance our use of integrated data to “alert” and otherwise electronically notify workers of key changes to their cases, including changes in school status, new criminal events or no contact orders issued, new inpatient hospitalizations and so on. Allegheny County will make improvements to the user experience for both caseworkers and providers to reduce the time needed to perform key tasks and increase efficiency. Details and cost estimates for FY 18-19 are not established at this point.

- Indicate if your county is entering or planning to enter an IT procurement in FY 2017-18 or FY 2018-19.** No
- Indicate if your county has obtained required signatures for the CWIS Data Sharing Agreement and will submit along with your NBPB.** Yes
- Provide any additional information that will assist in the review of changes to your FY 2017-18 IT budget or 2018-19 IT request.** No changes requested.

4-4. Accurint

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

Administrators: Amy Sula (Amy.Sula@AlleghenyCounty.US) and Jill Brant (Jill.Brant@AlleghenyCounty.US)

Users: Kaneisa Robinson (Kaneisa.Robinson@AlleghenyCounty.US), Karen Gongaware (Karen.Gongaware@AlleghenyCounty.US), Lissette Maney (Lissette.Maney@AlleghenyCounty.US), Jena Pascarella (Jena.Pascarella@AlleghenyCounty.US), Kristina Kezmarsky (Kristina.Kesmarsky@AlleghenyCounty.US), JoAnn Hannah (JoAnn.Hannah@AlleghenyCounty.US), Bruce Noel (Bruce.Noel@AlleghenyCounty.US), Ruth Szpanka (Ruth.Szpanka@AlleghenyCounty.US)

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

Accurint will be used for family finding in all active CYF cases in the next fiscal year. Additionally it is used by our transition aged youth team and intake. Prior to this year, only the office clinical managers had access to Accurint. It was underutilized at that time due to Accurint searches not having a proper place in our business process and a lack of training and time on the part of the clinical manager. Today, a paralegal in each regional office holds access, as well as JoAnn Hannah who performs searches necessary for our IL Youth. Accurint searches are an integral part of our family finding efforts.

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

DHS continues its efforts to increase kinship placements (See Section X). Agency-wide, family finding has been developed into a more comprehensive and continual search throughout the life of a case. Accurint searches are expected by our courts and administration. The paralegals

ALLEGHENY

are trained to run efficient searches and performing them is part of their daily duties. It would be beneficial to have additional access for our future paralegals in Intake the permanency department.

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Section 5: Required & Additional Language

5-1a. Assurances

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

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

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

Office of Children, Youth and Families
Division of County Support
Health and Welfare Building, Room 131
625 Forster Street
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

And

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

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

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 2018-19 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. It must be submitted at the time of the county's financial budget submission and must contain the financial commitment of the county.

COUNTY: ALLEGEHNY

These assurances are applicable as indicated below.

Fiscal Year 2018-19 Children and Youth Needs-Based Plan and Budget Estimate; and

Fiscal Year 2017-18 Children and Youth Implementation Plan

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

COMMON ASSURANCES

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

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

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

I/We assure:

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

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

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

EXECUTIVE ASSURANCES

In addition to the Common Assurances,

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

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

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

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

I/We assure that all contracts for the provision of services addressed herein will require the providers to comply with 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 Human Service regulations.

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

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

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

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

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

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

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

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

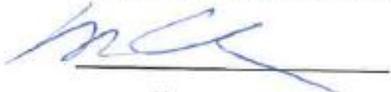
I/We assure that all new Guardians Ad Litem (GAL) have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.

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

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

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

County Human Services Director

	<u>MARK CHANDRA</u>	<u>8/24/17</u>
Name	Signature	Date

County Children and Youth Administrator

<u>MARK CHANDRA</u>		<u>8/24/17</u>
Name	Signature	Date

County Chief Juvenile Probation Officer

<u>Russell Carlino</u>	<u>Russell Carlino</u>	<u>8/24/17</u>
Name	Signature	Date

DOCUMENTATION OF PARTICIPATION BY THE JUDICIARY

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

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

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

Judicial Comments:

Juvenile Court Judge(s)/ Designee

<u>Kim Berkeley Clark</u> <u>Administrative Judge</u>	<u>[Signature]</u>	<u>08-22-2017</u>
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

COUNTY ASSURANCE OF FINANCIAL COMMITMENT AND PARTICIPATION

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

Signature(s)

County Executive/Mayor

<u>William D McKern</u>	<u>William D McKern</u>	<u>8-30-17</u>
Name	Signature	Date

County Commissioners

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date



CWIS Data Sharing Agreement
October 1, 2017 – September 30, 2018
CWIS Data Sharing Agreement

1.0 Statutory Basis

This Agreement establishes the terms and conditions in which CWIS will disclose and exchange certain information to the County Children and Youth Agencies (CCYA) via one (1) of the seven (7) approved case management systems utilized by the 67 CCYA's in accordance with the Child Welfare Act of 1980, the Child Abuse Prevention and Treatment Act (CAPTA - Public Law 93-247), and the Child Protective Services Law (CPSL) (23 Pa. C.S., Chapter 63).

These requirements were expanded with the passage of Act 29 of 2014 which amended the CPSL at 23 Pa. C.S. § 6336 (relating to information in the statewide database). Act 29 of 2014 allows DHS to establish a Statewide Database of Protective Services and to collect reports of child abuse and children in need of general protective services from the CCYAs via an electronic database. The reports shall include information relating to the subject of the report, the nature of the occurrence, information on the family, services provided, legal actions initiated, and other details required by DHS to track the safety and welfare of Pennsylvania's children. Act 29 of 2014 also provides for the establishment of a pending complaint file and dispositions of complaints received. Access to information in CWIS is limited to persons authorized as defined under 23 Pa. C. S. § 6335 (related to access to information in the statewide database).

Both the CCYAs and County IT System Owners will use the data in order to fulfil their roles and responsibilities in delivering services required by the CPSL, the Juvenile Act, CAPTA program requirements, and, in later CWIS phases, for making eligibility determinations for the federal Title IV-E programs and supporting case planning and other requirements of Title IV-B programs.

This Data Sharing Agreement helps ensure that all users access and maintain CWIS data in accordance with applicable Commonwealth of Pennsylvania Information Technology policies and procedures as set forth in the Commonwealth Business Partner Account Registration Policy. All individuals registering for a Commonwealth Business Partner Account must read and acknowledge *Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy*. In addition, this Data Sharing Agreement ensures that all CCYA Case Management Information Systems are accessed and maintained in accordance with the applicable Commonwealth and DHS Security Policies.



CWIS Data Sharing Agreement October 1, 2017 – September 30, 2018 CWIS Data Sharing Agreement

2.0 Definitions

Authorized User – Commonwealth of Pennsylvania employees, contractors, consultants, volunteers or any other user who utilizes or has access to IT resources. This includes all users with business partner accounts.

Business Partner - Generally, a user belonging to a non-Commonwealth entity whose access to Commonwealth systems is required as part of a contract with or legal requirement placed on that entity.

IT Resources – Any commonwealth computer system, Electronic Communication System, or electronic resource used for electronic storage and/or communications including but not limited to: servers; laptops; desktop computers; copiers; printers; wired or wireless telephones; cellular phones or smartphones; tablets; wearables; pagers; and all other mobile devices.

Information Technology Systems or Systems - Information Technology Systems or Systems include computer applications, servers, laptops, databases, routers, switches, wireless devices, mobile devices and other computer related hardware and software.

3.0 CWIS Data Sharing Agreement

This CWIS Data Sharing Agreement is entered by and between the Commonwealth of Pennsylvania (Commonwealth) and the respective CCYA as noted by the signature lines in Section 5 of this Agreement and is effective for the time period October 1, 2017 through September 30, 2018. The following information is included as appendices:

- Appendix A – CWIS Overview
- Appendix B – State and Federal Laws Regarding Confidential Records
- Appendix C – Referenced Commonwealth and Department of Human Services (DHS) IT Policies
- Appendix D – General Password Policies and Recommendations

As a user of the CWIS data, CCYAs must meet the following terms and conditions:

3.1 CWIS Use Policy & Related OA Policies

1. Understand that CWIS resources are intended for business use and should be used only for that purpose.
2. Ensure that use of CWIS data is compliant with the provisions of Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy.
3. Retain a signed copy of this agreement which may be stored in an electronic format.



CWIS Data Sharing Agreement October 1, 2017 – September 30, 2018 CWIS Data Sharing Agreement

4. Understand and comply with the provisions of DHS's Incident Reporting and Response Policy. **(DHS POL-SEC004)**
5. Understand the permissible and non-permissible uses of CWIS data as defined by the CPSL as amended in 2014 and other state and federal laws that provide for the confidentiality of information including health related and other personal identifying information.
6. Only access information in the Statewide Database for purposes authorized under the CPSL.
7. Complete any CWIS specific training if requested by DHS's Office of Children, Youth, and Families.

3.2 Security Requirements - Management & Operational Requirements

1. Comply with the Commonwealth and DHS policies and procedures on IT security as outlined in this section.
2. Establish and maintain a strong password and logon consistent with DHS policy. **(DHS POL-SEC012)**
3. Do not disclose a password used to access any system that maintains or stores CWIS data. **(COPA MD 205.34)**
4. Make every effort to ensure that privileged user access to any system containing CWIS data will be restricted to only staff that require access to perform operational work.
5. Secure all electronic CWIS communications (e.g. encrypted email or similar security measures) when exchanging system-derived confidential or restricted data. **(COPA ITP-SEC008)**
6. Retain a list of authorized county users who have access to any system that maintains or stores CWIS data and the contact information for the County IT Security Officer. Provide this list to DHS upon request.
7. Ensure that county users participate in annual security awareness training and sign a data privacy, confidentiality, and usage agreement which shall be maintained onsite for review and inspection by DHS officials upon request. **(DHS POL-SEC010)** An example of security awareness training used by the commonwealth is provided and may be adapted for use by counties. Successful completion of annual training includes user's annual acknowledgment of Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy.

3.3 Security Requirements - Technical Security Controls

1. Ensure that system connectivity to CWIS and all end users sessions are secure and can be electronically audited at all times. **(COPA MD 205.34)**
2. Ensure that county system owner(s) notify DHS CISO (ra-itsecurity@pa.gov) within one hour of determining a security/privacy incident related to their county case management systems and submit a follow-up investigative report within 24 hours. A security incident includes any unauthorized user accessing or obtaining CWIS data **(DHS POL-SEC004)**



CWIS Data Sharing Agreement October 1, 2017 – September 30, 2018 CWIS Data Sharing Agreement

3. Maintain required firewall settings as well as virus and intrusion protection at all times as defined in the commonwealth and DHS security policies. **(DHS POL-SEC007)**
4. Notify DHS CISO at ra-itssecurity@pa.gov in the event of disaster or other contingency that disrupts normal operation of the county networks.
5. Monitor county compliance with commonwealth and DHS security policies and procedures referenced in this agreement and keep records in a format that is conducive to periodic audits.

3.3 Records Access/Data Sharing

1. Comply with CWIS records access and data sharing policies, procedures, and standards as defined in **Commonwealth Management Directive 205.34**.
2. Understand that there is no expectation of CWIS user privacy when using any system that maintains or stores CWIS data.
3. Subject CWIS data to monitoring or other access by authorized commonwealth personnel.
4. Safeguard all CWIS data including CWIS data which could be cached, stored, and/or printed.
5. Limit data usage to “official purposes” and not for personal use under any circumstances.
6. For any system that maintains or stores CWIS data, users shall not have unauthorized data and should take measures to protect the security of their data.
7. Ensure that contractors do not disclose, duplicate, disseminate, or otherwise release CWIS data without obtaining prior written approval from DHS.
8. Ensure that CWIS data is maintained and provided consistent to the requirements of 23 Pa. C.S. § 6301 *et seq.*
9. Be mindful of penalties associated with the inappropriate release of data, including those set forth under 23 Pa. C.S. § 6349.
10. Disseminate information only for legitimate and official purposes consistent with all federal, state, and local laws.
11. Do not distribute CWIS derived data to the public or to unauthorized recipients unless otherwise specified in CWIS policy and procedures.
12. Maintain documentation as required by agency or CWIS (e.g. dissemination logs) to track who has had access to any system that maintains or stores CWIS data over the prior three-year period. Documentation must be available upon request.
13. Coordinate any planned system disconnection 60 working days prior to the actual disconnection with DHS, the CCYA, and the County Information System Owner.



CWIS Data Sharing Agreement October 1, 2017 – September 30, 2018 CWIS Data Sharing Agreement

4.0 Applicable Dates

- A. *Effective Date.* The effective date of this agreement is October 1, 2017.
- B. *Term.* The term of this agreement shall be for the period through September 30, 2018.
- C. *Renewal.* This agreement shall be renewed annually as part of the annual Needs-Based Plan and Budget Process.
- D. *Modification.* The Parties may not modify this Agreement at any time either by verbal or by written modification.
- E. *Termination.* The confidential and privacy requirements shall survive any decision to terminate this agreement.

5.0 Signatory Approvals

This Agreement constitutes the entire CWIS Data Sharing Agreement and supersedes all other data exchange agreements between the DHS Office of Children, Youth and Families Parties that pertains to the disclosure of data between CWIS, CCYAs, and the County IT System Owners for the purposes described in this Agreement. Neither Party has made representations, warranties, or promises outside of this Agreement. This Agreement takes precedence over any other documents that may be in conflict with it. The terms and conditions of this CWIS Data Sharing Agreement will be carried out by authorized officers, employees, and contractors of CWIS, CCYAs, and County IT System Owners. For each agency signatory to this agreement, CWIS and the relevant entities are each considered to be a "Party" and collectively they are known as "the Parties". By entering into this Agreement, the Parties agree to comply with the terms and conditions set forth herein and any other unstated applicable laws.

Access to CWIS Data may be suspended or revoked for:

- 1. Violating this agreement.**
- 2. Violating agency, commonwealth, or federal laws, regulations, policies, and/or procedures.**
- 3. Failing to cooperate with investigators during a misuse investigation.**

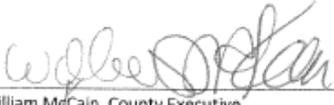
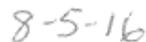
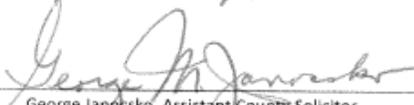
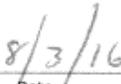


CWIS Data Sharing Agreement
October 1, 2017 – September 30, 2018

PA Department of Public Welfare

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

Signatories

 _____ Marc Cherna, Executive Director	 _____ Date
 _____ William McCain, County Executive	 _____ Date
 _____ Andrew Szef, County Solicitor	 _____ Date
 _____ George Janosko, Assistant County Solicitor	 _____ Date
 _____ Walter Smith, Deputy Director, Office of CYF	 _____ Date
